

Title: Integrated Behavioral Health Care in the Pediatric Primary Care Setting

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Background: The top five reasons for pediatric office visits in the US today are behavioral health concerns, a departure from the physical concerns that were once the most prominent chronic illnesses of our nation's youth. Yet children and families face multiple barriers to accessing behavioral healthcare. This paper describes a Quality Improvement project that utilizes a co-located behavioral health and care coordination integration model in a private pediatric primary care office that is a Patient Centered Medical Home. The project was designed to align with the IHI goals of the Triple Aim, targeting improved patient and provider experience, population health quality, and healthcare costs.

Methods: A Licensed Clinical Social Worker (LICSW) was co-located into the practice along with a parent partner/care coordinator. Children with behavioral health disorders were provided interventions involving consultation with the primary care physician, short-term treatment or referral for treatment of more complex cases, and care coordination by the parent partner/care coordinator. Outcomes measuring improvement in patient and provider experience, population health quality, and cost savings were examined.

Results: The LICSW had 1573 encounters with over 366 patients in the practice over a 2 year period. Improvements in all aspects of the triple aim resulted. Cost savings averaged \$336mpm for the total patient population and \$716mpm for patients with behavioral health disorders.

Conclusion: Behavioral Health Integration improved patient and provider experience, population health quality, and lowered overall cost.

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