Barriers and Facilitators to Implementing Behavioral Health Integration in Pediatric Primary Care: A Qualitative Study

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**METHODS**

**BACKGROUND**

- Behavioral health integration (BHI) is a delivery model that addresses patients’ behavioral health alongside physical health within primary care.
- Despite potential effectiveness of integrating behavioral health services into pediatric primary care, there is a paucity of literature describing the barriers/facilitators to health services into pediatric primary care.

**AIM**

- To qualitatively examine perceived factors affecting the adoption and sustainability of pediatric BHI among providers and staff at three federally qualified health centers (FQHCs) in greater Boston.

**METHODOLOGY**

- 34 semi-structured interviews with pediatric primary care providers (PCPs) (47%), behavioral health clinicians (BHCs) (35%), and other non-clinician staff (18%).
- Data analyzed by five researchers using methods informed by grounded theory.
- Themes inductively identified and then deductively categorized into relevant constructs of the Consolidated Framework for Implementation Research (CFIR), a conceptual framework explaining organizational change.

**SELECTED THEMES**

**Perceived Barriers**

- Ongoing training and technical assistance on pediatric BHI billing models
- Negotiating directly with payers to advocate for changes in reimbursement policies that support BHI
- Hiring more BHCs, CHWs, and administrative support; hiring more diverse BHCs
- Using alternative staffing models for BHCs (e.g., on-call “floating” BHC; scheduling BHCs every other half-hour)
- Increasing provider and staff salaries
- Including CHWs as part of the integrated care team

**Perceived Facilitators**

- Dedicated, private space for integrated BHCs to meet with patients in primary care
- Recurrent case review meetings among PCPs, integrated BHCs, and specialty BHCs
- Protecting provider and staff time BHI-related case review
- Co-location of integrated BHCs within primary care
- Co-location of integrated BHCs with primary care team
- Protected time for provider and staff social gatherings
- Integrating financial resources: global budget to mitigate power imbalances between BHC and PCP staff
- Behavioral health education for all staff

**CONCLUSIONS**

- Successful adoption and sustainability of BHI in urban pediatric practices may depend upon health system context and internal clinic structures.
- Coordinated, multi-level approach in collaboration with state- and local- health policymakers, payers, community organizations, and healthcare providers required to ensure reimbursement policies and practices support the sustainability of pediatric BHI.
- Successful implementation will require adequate funding for: protected provider and staff time to learn and sustain the practice changes; ongoing professional development; physical space changes; and new staff; it will also require attention to structures and processes that promote provider and staff wellbeing.

**SELECTED REFERENCES**


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