



BEHAVIORAL HEALTH INTEGRATION INTO PRIMARY CARE: WARM HANDOFF FOR BEHAVIORAL HEALTH REFERRALS



CASE STUDY:

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About Mr. Kyle Anderson and Avera Medical Group Family Health Center

In this interview, we talk with Mr. Kyle Anderson, Clinic Manager at Avera Medical Group Family Health Center, about behavioral health integration into primary care and their “warm handoff” approach to improving the quality of care for patients. Avera Medical Group Family Health Center is a large facility in Sioux Falls that offers services in behavioral health, internal medicine, occupational medicine, orthopedics, pediatrics, therapy and rehabilitation, and women’s health. This facility serves anyone, infant through geriatric, rather than a specific population.

Thank you to Kyle Anderson for sharing this story.

Why would behavioral health be integrated into primary care?

Primary care is often the one place where patients have an established provider, and may be the only way that some patients access care. There is a great need for behavioral health services and integrating these services into primary care can help patients get the care they need in one place. If a patient needs to make additional appointments at multiple locations, they are less likely to keep, or even make, those appointments. “The more that we can help with patients’ overall health at one time, the better it will be,” says Kyle Anderson. His facility integrates behavioral health services into their primary care practice by using a warm handoff to connect patients with behavioral health services.

How does the warm handoff work?

Avera Medical Group Family Health Center employs a licensed behavioral health counselor on-site which Mr. Anderson says is nice for both patients and physicians.

“With a warm handoff, the physician can introduce the patient to the counselor and the counselor can meet with that patient that same day.”

The physician can begin building the relationship between the counselor and the patient by “talking up” the counselor, letting the patient know they are in good hands. Having the physician direct the patient to see the on-site counselor greatly increases patient compliance.

Physicians at this facility routinely screen patients for depression and substance use. If the patient’s screening indicates the need for help with one of these issues, they are able to immediately meet with the counselor. This is ideal in situations where a patient is in crisis or needs counseling services, as the counselor can either come into the exam room and provide brief counseling in that moment, or the patient can meet with the counselor in their office right away.

The counselor does scheduled appointments as well, but keeps several openings available throughout the day to receive warm handoffs from physicians. If a single counseling session is not the end of treatment for the patient, the counselor will schedule the patient for additional sessions. If a patient needs more than 5-6 sessions, the counselor will refer them to an outpatient therapist.

How was care provided before this?

Before the warm handoff process was in place, the physician would write a referral for behavioral health counseling with an outpatient therapist. This referral would be called in by a nurse, and the patient would then need to make an appointment with a behavioral health provider. It could take several weeks to months before the patient would be able to be seen. Patient compliance in making and keeping these appointments was low, as less than half of patients referred to behavioral health services actually attended an appointment.

What are the benefits of warm handoffs?

“Patients benefit by being able to get the care they need, when they need it.”

Mr. Anderson explains, “Patients love that it’s a one stop shop, where everything is handled at that same visit, and they don’t have to make another trip.” Physicians appreciate not having to make a referral and determine how to care for the patient in the several weeks or months it might take them to get an outside appointment. One of the biggest benefits of warm handoffs is that patient compliance for attending these appointments is extremely high, which has resulted in better outcomes for receiving behavioral health services.

What are the challenges?

The biggest challenge is when the on-site counselor is out of office for a day. If a physician has a patient needing behavioral health services and the counselor is out that day, the counselor will follow up with a phone call to the patient the next day and try to have the patient come in for an appointment. Unfortunately, only about half of patients come back in for an appointment.

How successful has this been?

The warm handoff has been extremely successful in getting patients the care they need, when they need it. It’s been so successful, in fact, that the counselor has needed to look at alternative scheduling for returning clients, as the counselor has had up to 78 warm handoff patients in one month!

Any advice for facilities wanting to integrate behavioral health into primary care?

Mr. Anderson highly recommends other facilities try doing this. His advice is to have the counselor on site and to make sure the counselor is present, making their face seen to providers. “That physical presence in the building is definitely key.”

To learn more about warm handoffs and behavioral health integration into primary care at Avera Medical Group Family Health Center, you can contact Kyle Anderson at kyle.anderson@avera.org.