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Integrating Behavioral Health
and Primary Care

Provider- and Practice-Level Competencies for Integrated Behavioral Health in Primary Care

A Literature Review



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Provider- and Practice-Level Competencies for Integrated Behavioral Health in Primary Care

A Literature Review

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Prepared by:

Westat

Rockville, Maryland

Authors:

Carissa R. Kinman, M.A.

Emma C. Gilchrist, M.P.H.

Jessica C. Payne-Murphy, M.A.

Benjamin F. Miller, Psy.D.

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Health care in the United States is highly fragmented and often falls short in multiple performance areas, including general quality of care, preventive care, and chronic disease care.¹ Rapid changes in health care, particularly the implementation of the Affordable Care Act of 2010, have initiated a surge of health care redesign efforts.^{2,3} Many of these efforts seek to improve the primary care system and deliver comprehensive care for the whole person, thereby defragmenting care and achieving the Triple Aim (i.e., better population health, enhanced patient experience, and reduced cost of care, which are the guiding principles of health care reform established by Donald Berwick, M.D., former administrator of the Centers for Medicare & Medicaid Services). Integrating behavioral health into primary care is seen as a critical step in providing comprehensive care, and has been shown to improve outcomes.⁴⁻⁶

The Lexicon for Behavioral Health and Primary Care Integration, recently published by the Agency for Healthcare Research and Quality, defines integrated behavioral health care as follows:⁷

The care that results from a practice team of primary care and behavioral health clinicians, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population. This care may address mental health and substance abuse conditions, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and ineffective patterns of health care utilization (p. 9).

Team-based care that includes behavioral health providers is quite different than traditional primary care, and requires a unique set of skills among providers and staff. Each member of the team—including front office staff, medical assistant, nurse, behavioral health provider, and physician—plays an important role on the integrated primary care team. Each team member must develop certain competencies to effectively carry out their role. There is no clear consensus, however, about the specific competencies that are necessary for providers and staff who are members of integrated primary care teams.

Integrated care also requires that practices shift their culture and make significant system-level changes. Practices must develop new workflows and clinical operations in order to effectively deliver integrated care. As discussed in this review, the literature suggests that practice-level competencies may be as important as provider- and staff-level competencies.

Purpose of This Literature Review

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The original goal of this literature review was to understand current thinking about workforce competencies with regard to integrated behavioral health in primary care. We reviewed the literature to identify the competencies necessary for providers and staff who work in an integrated primary care setting. During the review process, we identified a few articles that also addressed practice- or system-level competencies that are necessary to achieve effective integration. We decided to include these competencies as well, but we did not modify or expand the search strategy. The resulting review highlights a comprehensive set of competencies, practices, providers, and staff required to advance integration efforts and provide comprehensive care to improve patient outcomes.

The review team searched for articles published in 2000–2013, using the following databases: PubMed, PsycInfo, CINAHL (Combined Index to Nursing and Allied Health Literature), PILOTS (Published International Literature on Traumatic Stress), ASSIA (Applied Social Science Index and Abstracts), Sociological Abstracts, Social Services Abstracts, and ERIC (Educational Resources Information Center). The searches used a systematic search strategy based on keywords, including integration, competencies, education, professional development, personnel training, professional competence, and integrated care models. A panel of experts on integrated care reviewed the initial search results, and a few articles were added to the list based on their suggestions. In addition, we searched relevant organization and government Web sites to ensure the inclusion of relevant documents.

Next, the review team established a set of parameters for the inclusion and exclusion of articles to ensure a comprehensive collection of sources, including contextual and research evidence. In order to be included in the review, an article had to discuss one of two main topics:

- **Areas of competence for providers or staff working in integrated primary care.** Provider types could include, but were not limited to, psychologists, psychiatrists, primary care physicians, nurses, patient navigators, care coordinators, social workers, or pharmacists.
- **Practice-level competencies for primary care settings.** Integrated care may take place in various settings, but the review included only papers that focused on behavioral health services provided in primary care settings. Therefore, we excluded papers describing services in specialty mental health settings, addiction treatment facilities, or inpatient settings, for example. Papers focused on specialty clinics—HIV clinics, for example—also were beyond the scope of the review.

We also excluded from the initial review articles that focused on populations outside the United States, because this project focused only on U.S. settings and research. Furthermore, we excluded sources that were of poor quality, and sources such as book reviews, replies to an article, introductions to special journal topics, Web sites, periodicals, newsletters, and conference presentation abstracts. Finally, we excluded articles or books that exclusively described education or training methods, because their focus was not on the application of skills or education within the primary care setting.

Three independent readers reviewed for relevancy the abstracts of 629 articles included in the initial review, and categorized the articles as either included in the final review, excluded, or “needs further assessment” based on the inclusion and exclusion criteria. The reviewers then determined that 72 articles should be included or needed further review for relevance based on the aims of the project. The 72 articles were read, and 24 were identified to be included in the final review.

To guide our review, we used the following definitions of competencies:

- **Provider and staff:** The knowledge, skills, and attitudes that allow an individual to perform tasks and roles in an integrated primary care setting.
- **Practice:** The supports, structures, systems, and values that a practice needs to have for a successful integrated primary care practice.

Each article was reviewed to look for (1) competencies for providers and staff working within integrated primary care settings, and (2) practice- and system-level competencies. Many articles did not explicitly mention these competencies, but may have described “essential components” or “best practices” for integrated care practices. Within each type of competency (i.e., provider or practice), multiple categories of competencies emerged. The findings within each of these categories are described below.

Provider and Staff Competencies

Identification and Assessment of Behavioral Health Needs

The articles included in this literature review indicated that one of the key competencies for providers working in primary care is being able to quickly identify patients with behavioral health needs. This requires providers to be knowledgeable about the mental illnesses, substance use disorders, and adverse health behaviors commonly seen in primary care.^{8,9} Additionally, they need to be knowledgeable about the cognitive, affective, biological, behavioral, and social aspects of health and medical conditions.^{8,10}

In pediatric primary care organizations, providers should be able to identify children with psychosocial problems and further assess the following:^{9,11}

- Developmental problems;
- Developmental milestones;
- Potentially difficult situations in childcare, including bedtime, toileting, and feeding;
- Learning difficulties; and
- Attention deficit hyperactivity disorder.

Providers need to be skilled at selecting evidence-based, brief screening tools to identify patients who have or who are at risk for behavioral health problems.^{9,12,13} Secondly, providers must have strong clinical assessment skills to further evaluate patients.^{14,15} Providers need to be able to assess specific behavioral health disorders, and need to be skilled in assessing functional impairment.¹⁵

Because of the fast-paced environment of primary care, behavioral health providers in primary care need to be skilled at quickly identifying and assessing the behavioral health needs of patients.¹⁰ Providers therefore must be able to quickly clarify diagnoses, identify co-morbidities, evaluate memory, assess intellectual functioning, and determine the need for further neuropsychological assessment.¹³

Patients with lower severity levels can typically receive adequate treatment in the primary care setting, while those with more complex problems often need to be referred to specialty care. Therefore, providers also need to be competent in identifying patient severity level in order to triage care.¹³

Treatment of Behavioral Health Needs

The articles discussed multiple competencies related to the treatment of behavioral health conditions in primary care. Some articles stressed the need for behavioral health treatments and interventions to adhere to the primary care model, meaning that they should be brief and solution-focused. Discussion of treatment skills focused primarily on providing behavioral health services to patients with less-complex presentations. Because of the unique nature of behavioral health services delivered in primary care, there was significant discussion about the additional training and knowledge that behavioral health providers need in order to be successful in integrated primary care organizations, including the following:

- Strong generalist training and knowledge of development that will enable them to competently provide basic behavioral health services to patients of various ages.^{13,15}
- Ideally, training in health psychology, family therapy, brief therapy, behavioral medicine, child development, and techniques for addressing behavioral health problems in primary care.⁹
- Other suggested training or knowledge, covering topics such as:^{9,10,16}
 - Common chronic illnesses in primary care (e.g., asthma, diabetes, heart disease, irritable bowel syndrome), including symptoms, mechanisms, common co-occurring behavioral health problems, and appropriate treatment;
 - Biological components of health and disease;
 - Interaction between biology and behavior;
 - Other factors that may influence health, including memory, perception, cognition, emotions, and motivation; and
 - Child and adult psychotropic medications, and their uses and common side effects.

Providers should be competent in selecting and using the appropriate evidence-based therapies and intervention techniques for a patient's presenting problem, and should be able to monitor progress and coordinate care.^{9,10,13,16,17} Considering the high rate of co-occurring disorders in primary care, providers need to be knowledgeable about population-based interventions, rather than just interventions that are disease-specific.¹³

A provider also should be skilled at implementing interventions that focus on improving patient function, rather than personality or symptom reduction.^{14,18} Most authors agreed that many patients with behavioral health needs can be treated appropriately in primary care; however, patients with more complex problems may need to be referred to specialty services.

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The literature described a variety of treatments or techniques that providers should know how to implement when working in an integrated practice:^{9,11,14,19-23}

- Behavioral medicine techniques such as relaxation training, sleep promotion skills, and biofeedback;
- Motivational interviewing;
- Stages of change model;
- Health behavior change interventions related to smoking, alcohol abuse, and obesity;
- Group interventions;
- Case management skills;
- Chronic disease management;
- Cognitive behavioral therapy techniques;
- Solution-focused therapy;
- Behavioral activation;
- Stepped-care approaches to problems;
- Individual and family interventions for children and adults;
- Psychotropic medication;
- Techniques for treating somatizing patients, and the ability to discuss with such patients bodily symptoms that do not yield medical findings; and
- Interventions for promoting healthy lifestyles, including exercise, healthy sleep habits, optimal nutrition, and stress management.

In addition to being familiar with and knowing when to use specific interventions, the literature suggested other competencies related to clinical skills. For example, in order to effectively conduct interventions, providers need strong clinical interviewing skills and the ability to demonstrate empathy.¹⁷ Providers also should be equipped to competently provide psychoeducation, explain ways to manage symptoms, help patients implement self-management strategies, and help patients develop skills to successfully implement treatment goals.^{11,16,17}

The literature also suggested that behavioral health providers should have strong consultation skills in order to assist primary care providers with more complex cases and advise them on treatment interventions.^{11,15,16} Behavioral health providers may need to provide consultations to primary care physicians on topics such as assessment and diagnosis, psychoeducation, therapeutic interventions, health behavior change interventions, suicide risk, and crisis management services.¹³

Additional competencies suggested in the literature include the ability to:^{11,12,16,21-24}

- Recognize when to make recommendations for treatment changes if patients are not improving;
- Modify treatment as needed, including starting or modifying psychotropic medications and altering therapeutic interventions;
- Use treatment tools such as the Patient Health Questionnaire (PHQ-9)²⁵ to monitor patient progress;
- Monitor adherence to treatment and patient outcomes;
- Implement population management strategies;
- Support medication management;
- Conduct relapse prevention planning;
- Facilitate referrals to specialty care when patients need more intensive care;
- Use collaborative treatment approaches and involve family members and other providers involved in the patient's care;
- Establish collaborative relationships with support groups and other community resources that can serve as referral resources for patients; and
- Work in the fast-paced, action-oriented culture of primary care.

Primary Care Culture: Agenda Setting, Prioritization, and Strategizing Provider Workflow

The fast-paced primary care culture requires providers to become skilled at managing their brief encounters with patients. The literature suggested that behavioral health visits in primary care should be 15–30 minutes, rather than the traditional 50-minute session.^{15,19} Behavioral health providers therefore must know how to introduce themselves quickly, describe their role in the patient's care, and obtain proper informed consent.¹⁵

Evaluations should be brief to quickly identify and focus on the patient's primary problem.^{15,19} During the brief behavioral health visit, providers should conduct the appropriate evidence-based intervention and arrange follow-up care for the patient.¹⁹

Other competencies necessary for working within the primary care culture and effectively managing sessions include the ability to:^{13,17,24,26}

- Orient the patient to the visit;
- Quickly elicit behavioral health problems and patient history;
- Be flexible and comfortable with frequent interruptions;
- Work and adapt quickly; and
- Understand the medical culture and common medical terms.

Patient Engagement

Providing effective integrated care requires that providers and staff know how to properly engage patients in treatment. Care managers are often added to the team to fulfill this role. The literature noted that providers and staff need to have strong interpersonal skills in order to enhance patient engagement by helping patients feel comfortable, impacting patient characteristics (e.g., motivation), and improving the therapeutic relationship.^{12,17,22}

Suggested competencies for patient engagement include the ability to:^{11,12,21,22,24}

- Skillfully discuss and address treatment adherence and barriers to care;
- Use motivational interviewing techniques to increase the patient's motivation and desire to change;
- Engage the patient's family in care to enhance the patient's social support;
- Use behavioral contracts to promote consensus on the patient's goals and treatment plan;
- Provide adequate follow-up support to ensure continuity of care;
- Provide patients with self-management support;
- Educate patients about their illness; and
- Involve patients and provide support when making treatment decisions.

Whole-Person Care and Cultural Competency

The literature indicated that providers need to conceptualize patient problems using the biopsychosocial model and be competent in providing culturally sensitive, whole-person care. Specific competencies in this area include:^{8-10,14,21}

Knowledge of:

- The impact of culture on health, illness, health practices, health beliefs, and participation in treatment;
- The role of social functioning and family in health, illness, health practices, health beliefs, and participation in treatment; and
- The effect of cultural factors on access to care.

The ability to:

- Incorporate patient beliefs into treatment planning;
- Use family and multiperson treatment approaches;
- Effectively and sensitively use family treatment meetings in patient care;
- Develop relationships with community organizations that offer resources to more fully meet patient needs;
- Act as a liaison with schools and other community agencies when necessary;
- Be flexible and quickly adapt treatment approaches based on cultural factors;
- Understand the impact of stigma related to behavioral health problems; and
- Engage parents in the care of children.

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Team-Based Care and Collaboration

Collaboration and interdisciplinary team care are central to the vitality and success of integrated primary care organizations. Specifically, good communication and shared understanding and acceptance of integrated care were frequent themes that authors cited as contributing to the foundation of highly functioning teams. A culture of acceptance of integrated care and respect for each provider's role and training was stressed as a critical aspect of facilitating team-based care.^{14,16}

Particularly beneficial behaviors that encourage collaboration include:^{15,27}

- Engaging in shared decisionmaking and treatment planning;
- Soliciting and showing appreciation for input from team members;
- Sharing responsibility for patient care and outcomes;
- Integrating the knowledge and experience of all team members to inform treatment decisions;
- Engaging other professions as appropriate to provide patient-centered care;
- Having a mutual understanding of ethical principles to guide clinical services and teamwork; and
- Regularly implementing process improvement strategies to enhance teamwork and clinical care.

Many articles discussed the importance of collaboration between primary care and behavioral health providers. Most described regular contact between primary care physicians and behavioral health providers as essential; informal consultations and regularly scheduled meetings are both appropriate. To foster strong collaboration, it is critical that behavioral health providers have strong consultative skills.

Specific competencies suggested in the literature include understanding how and when to approach primary care physicians, knowing when to provide input to primary care physicians about medications, and being able to teach and advise primary care physicians.^{9,18} Furthermore, it is recommended that behavioral health providers be competent in teaching primary care providers and staff about mental illnesses, assessments, treatments, comorbidities, and interventions to improve patient adherence and care.^{12,18,23}

Communication

Competencies in this area involved communication between primary care physicians and behavioral health providers; communication between all providers and patients; and the use of styles of communication that are the most efficient and effective in improving patient understanding, satisfaction, and health outcomes. Authors stressed that frequent and clear communication between all staff members is very important to facilitate effective team-based integrated care.

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The literature described many types of encounters in which providers and staff must be comfortable communicating verbally or in writing.⁹ Primarily, these included:

- Weekly meetings;
- “Huddles” or brief daily meetings;
- Telephone follow-ups;
- Warm handoffs;
- Curbside consultations; and
- Shared medical records.

For each patient encounter, providers are responsible for communicating clearly and efficiently with other staff members to relay all pertinent information about the patient.^{8,9,27} Providers should choose communication tools that are effective, brief, and conducive to integrated care. Providers also should work to develop strong listening skills and be open to the ideas, opinions, and feedback that other team members provide. Another competency in this area is the ability to offer feedback to other providers sensitively and respectfully, while clearly expressing one’s knowledge and opinions about a patient’s treatment.

The literature also noted the behavioral health provider’s responsibility to clearly and briefly communicate with primary care physicians regarding each patient’s presenting needs and the recommended treatment, particularly during warm handoffs, curbside consultations, and case note reporting, as well as following positive screens on psychodiagnostic questionnaires.

Behavioral health providers should embrace the communication style of the primary care physician and be able to summarize a patient’s problems succinctly in both verbal and written communications.^{10,15} It was also recommended that they avoid using “psycho-babble” when describing the patient and the patient’s health beliefs, treatment approaches, and progress.²⁸ Instead, behavioral health providers should use language that is easy for medical providers and patients to understand.^{16,27}

Similarly, clear and efficient communication is needed between providers and patients. Providers and staff need to have strong interpersonal skills and communicate with patients in a warm and open manner.¹⁷ Specific communication competencies include the ability to:^{8,9,16,21,27}

- Elicit behavioral health concerns from patients and their families;
- Communicate information to patients and their families using terms that are easy to understand and culturally acceptable;
- Use language that is appropriate to the patient’s age and education level, to facilitate understanding of the rationale for treatment techniques and plan; and
- Address the patient using culturally appropriate terms, in the patient’s primary language.

It is the provider’s role to explain diagnosis, prognosis, and treatment rationale clearly to patients early in their sessions with them. This can be facilitated through patient handouts. It is critical that providers ask patients direct questions about their level of understanding, and then alter their language as needed in order to improve patients’ understanding.

Professional Values and Attitudes

For integrated primary care to be successful, behavioral health providers must have values and attitudes that are consistent with the culture and mission of integrated care. Providers need to value the culture of primary care and be open to modifying their own professional behavior. Most importantly, providers should understand the value of including behavioral health services in primary care.⁹ Behavioral health providers should feel comfortable working in primary care, have an attitude of flexibility, and be willing to quickly adapt their work as may be needed in order to serve the best interest of the patient.⁸

Other necessary values and attitudes described in the literature include the following:^{8,21,27}

- Understanding the ethical issues unique to integrated care;
- Understanding one's professional limitations and working within one's scope of practice;
- Familiarity with legal issues common in integrated care;
- Valuing interdisciplinary team-based care;
- Appreciating the unique roles, values, cultures, and expertise of each team member;
- Identifying and performing appropriate learning activities;
- Establishing learning and improvement goals; and
- Developing trusting relationships with patients, families, and other team members.

Practice-Level Competencies

Workflow and Operations

Authors frequently stressed the need to develop the appropriate operational and system supports needed for the successful implementation of integrated clinical services. Organized and streamlined procedures that place primary care physicians, behavioral health providers, outside referral specialists (e.g., substance abuse counselors, support group leaders), and patients in frequent communication enhance whole-person, team-based, integrated care.²⁴

The literature emphasized the importance of including the behavioral health provider in the workflow of the clinic, rather than creating a separate space for behavioral health providers and encounters.^{13,24} The physical space of the clinic and the flow of the clinic must support collaboration and the variety of clinical services that an integrated practice provides.^{24,29-31}

Specific processes or workflows that were described in the literature include:^{11,13,19,21,22,24,26,31,32}

- Clear workflows that support regular screening of behavioral health needs;
- Workflows that allow behavioral interventions to occur at the time the need is identified;
- Workflows that support quick consultations and warm handoffs;
- Systematic caseload review by the care team;
- Defined processes for triaging patients and referring patients with more complex problems to specialty services (e.g., substance abuse treatment);
- Shared medical records (preferably electronic) between medical and behavioral health staff;
- Proactive outreach and follow-up contact with the patient and systematic tracking of outcomes;
- A patient registry that systematically tracks each patient's progress and facilitates the adjustment of treatment as needed when a patient is not responding;
- Protocols for monitoring and tracking children and adults with identified behavioral health needs; and
- Protocols for coding and billing services.

Administration and Leadership

Repeatedly, authors stressed the importance of having strong administrative support of integrated care and strong relationships between the leadership team and clinic providers and staff.²⁹⁻³²

For integrated care to work, practices need strong leadership that (1) aligns clinical, operational, and financial processes and (2) ensures appropriate allocation of resources.^{24,32} In order to obtain the support necessary to implement integrated care services, the leadership team should focus on obtaining buy-in on all levels, including key staff/providers in the clinic.^{12,18,30} Practices can benefit from identifying champions who can help promote the mission of integrating care.³¹

Other administration and leadership practice-level competencies described in the literature include:^{13,24,29-33}

- Clear and regular communication between leadership, staff, and providers about the purpose of integration and about expectations for clinic services;
- Appropriate financial support;
- Program design efforts that include the involvement of clinic providers and staff, and regular consultation by professionals or organizations with integration experience;
- Involvement of behavioral health providers in staff meetings; and
- Ongoing training for providers and staff to build relationships and teach the value of integration. The practice should provide regular training to teach providers and staff how to provide integrated services, to enhance their clinical skills, and educate them on procedures such as how to code and bill for integrated care.

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Practice Culture

The literature noted that for integrated care to be successful, the primary care practice must have a culture that supports the mission of integration. Practices must adopt a culture of team-based care that includes medical and behavioral health providers and staff.^{12,13} Also, practices must create an infrastructure in which behavioral health providers are integrated into the clinic.²¹ The practice culture also should focus on providing population-based, whole-person, patient-centered care rather than specialty behavioral health services.^{13,18,31}

To establish this culture, it is important to obtain buy-in for integration among the providers and staff as well as within the community.³⁰ This can be done by creating a culture in which all providers feel that they are valued members of the team and an integral part of the practice. All providers and staff need to have a shared understanding of their roles, identity, and purpose on the team; be able to relate to one another; and understand how to engage in the integrated care system.^{27,31}

This culture is created by leaders who clearly communicate the vision of the practice and cultivate a culture that promotes team-based care. The literature suggests that when providers and staff are provided with good training in key elements of integrated primary care, this increases their belief in integration as a superior way to provide health care and do business.^{29,31}

Authors suggested a variety of training topics and methods for promoting a practice culture that supports integrated care, including:

- Regular training opportunities for providers across disciplines to learn about the unique skills and roles of each discipline;
- Trainings on topics such as integrated care and effective communication; and
- Training on evidence-based guidelines for common mental health disorders.

Team Structures and Roles

In order to provide effective team-based care, it is crucial for practices to have the appropriate team members and clearly defined roles for individuals to fulfill all of the functions that support integrated primary care.³² The literature regularly suggested having a team that consists of the following members: care manager/care coordinator/disease manager, behavioral health provider (may be a licensed social worker, a doctoral-level psychologist; or a psychiatric advanced practice nurse); psychiatrist; and primary care physician.^{22,31}

Team members should have mutual respect for one another and understand the unique role that each provider plays on the team.³¹ Providers should have common beliefs and values about health care, such as valuing collaboration and using the biopsychosocial model when treating patients. Many authors described some of the specific functions that need to be provided by the team, with suggested team members to fill these roles, as described below:

Psychiatrists consult with primary care physicians about psychotropic medication management and patient treatment, supervise care managers, systematically review the patient caseload, and provide consultation on difficult cases.^{24,31}

Care managers enroll patients in services, complete patient intakes, provide patients with screening tools, follow up with patients to discuss treatment adherence and any barriers, provide ongoing case management and coordination, monitor treatment and outcomes, provide support to patients during treatment, and facilitate referral to specialty care or other community resources.^{11,12,22}

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Behavioral health providers evaluate patients for behavioral health needs, confirm patient diagnosis, clarify patient behavioral health history, assess readiness for treatment, identify treatment preferences, consult with primary care physicians on patient treatment, and intervene to address problems that impact patients' health and overall wellness.^{15,26}

Organizational Support

Authors stressed the importance of implementing necessary system-level changes and aligning clinical, operational, and financial systems to support integrated behavioral health services.²⁹ This includes building strong community relationships, creating self-management supports for patients, implementing technological supports for clinical care, and using decision supports for clinical care.^{11,22,29} Practices also should work to create unified payment coverage policies across payers and should regularly seek funding support for integration.^{31,33}

Finally, because integrated care efforts are constantly evolving, practices should develop built-in processes that support continuous quality improvement efforts.¹² Practices must have measureable goals and implement measurement-based care along with processes to track outcomes.²⁴ This requires a structured and well-organized information tracking system such as an electronic health record system.²² An electronic health record system can help practices manage data related to patient screening, follow-up, patient contact, medications, and scores on clinical tools such as the PHQ-9 and can support other complex information-based tasks such as shared care plans.

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Providers and staff working in integrated primary care settings require a unique set of skills to provide comprehensive, whole-person care for their patients. The 24 articles reviewed identified competencies specific for providers and staff as well as for practices and systems. Provider and staff competencies included identification, assessment, and treatment of behavioral health needs; patient engagement; whole-person care; cultural competencies; team communication; and team-based care and collaboration. Additionally, behavioral health providers must adjust their work style to accommodate the fast-paced culture of primary care.

Also necessary for an integrated primary care practice are practice- and system-level competencies, such as workflow and operations processes for integrated care; establishing a practice culture, team structure and support; and organizational, leadership, and administrative support for integration. Overall, this literature review highlights a comprehensive set of competencies, practices, providers, and staff required to advance integration efforts and provide comprehensive care to improve patient outcomes.

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