

Behavioral Health Integration, Readiness to Change, and Patient-reported Outcomes in Primary Care Residency Clinics Versus Non-residency Clinics

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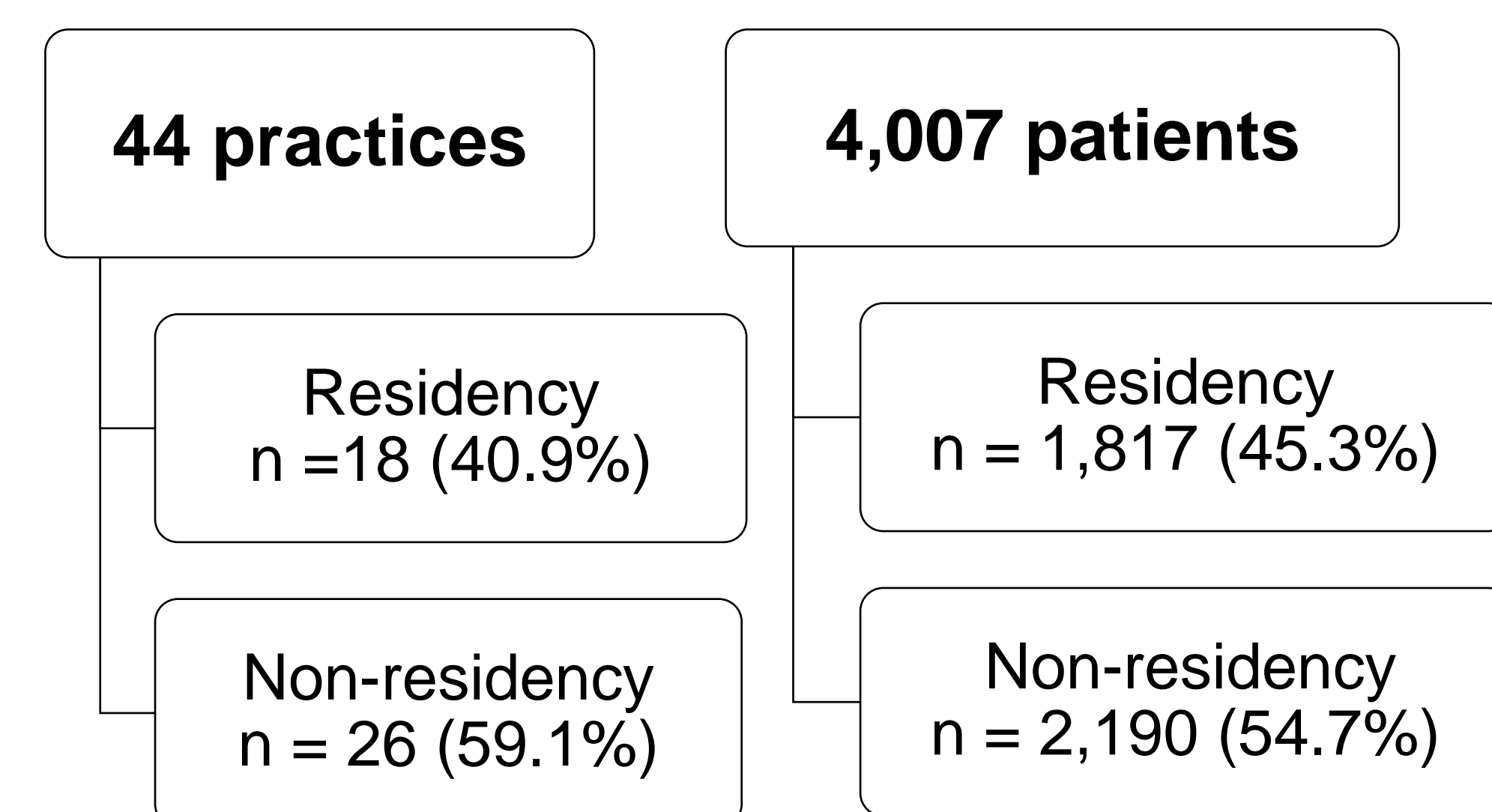
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INTRO: There have been documentation of high degree of behavioral health (BH) integration in primary care residency clinics, but less is known about BH integration in general practices or non-residency clinics that may have different organizational characteristics.

AIM: To compare residency and non-residency clinics on their degree of BH integration, readiness to change, patient-reported outcomes, and patient-provider relationship.

METHOD:

Sample



- This study is part of a pragmatic clustered randomized trial evaluating two models of BH integration funded by PCORI.
- Baseline survey data collected from providers/staff and patients before COVID-19.
- Baseline data on readiness to change were available for 21 practices, with responses from nine residency clinics and twelve non-residency clinics.

Measures

- Practice Integration Profile (PIP)
- 15-item Readiness to change measure
- PROMIS-29
- Consultation and Relational Empathy scale

Primary care residency clinics were not different from non-residency clinics with integrated BH in their level of integration, readiness to change, patient-reported outcomes and patient-provider relationship, when adjusting for practice and patient characteristics.



PRACTICE CHARACTERISTICS:

Residency clinics were more likely to be a part of hospital/health system or academic medical center, include family medicine or internal medicine, and in urban areas, as compared to non-residency clinics.

PATIENT CHARACTERISTICS:

Patients in residency clinics were more likely to be younger, female, identify as Black or Asian, not married, have college or advanced degrees. not full-time employed, have an annual income <\$30K, and identify as disabled, as compared to those in non-residency clinics.

DISCUSSION:

- Primary care residency clinics did not differ from non-residency general practices that have BH integration.
- Contextual factors at practice- and patient-levels, once considered, made differences between residency and non-residency clinics in BH integration, readiness to change, patient-reported outcomes and provider-patient relationship not significant.
- Other practice and patient characteristics (e.g., clinic type, specialty, patient panel size, patient demographics) may potentially be more important than residency status to examine when studying these outcomes.