

Patient Experience and Engagement in Behavioral Health Care

- **Patient Experiences and Preferences for Integrated Care**
(15 min) – Rachel Wick
- Small Group Discussion (20 min)
- **Community Partners in Care**
(25 min) – Michael Ong and Felicia Jones
- Small Group Discussion (20 min)
- Closing Reflections (10 min)

exploring low-income Californians' needs and preferences for behavioral health care


Presenter:

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Program Officer, Health Care and Coverage



about the survey



blue  of california
foundation

exploring low-income Californians'
needs and preferences
for behavioral health care

February 2015

LANGER RESEARCH ASSOCIATES
SURVEY RESEARCH DESIGN • MANAGEMENT • ANALYSIS

Blue Shield of California Foundation is an independent licensee of the Blue Shield Association.

- Extends Foundation-initiated research (2011) aimed at helping California safety net facilities better understand and serve low-income clients in a changing healthcare marketplace.
- 2014 survey: telephone interviews (English and Spanish) with 1,033 low-income Californians (at 200% of FPL) between 19 and 64 years of age.
- Two resulting reports:
 - *Delivering on a Promise: Advances and Opportunities in Health Care for Low-income Californians*
 - *Exploring Low-Income Californians' Needs and Preference for Behavioral Health Care*

research questions addressed

How many low-income Californians felt they needed help with a behavioral health issue in the past year?

What behavioral health-related services are available to patients at their primary care facilities?

What barriers prevent patients with behavioral health needs from seeking help?

What models of behavioral healthcare services do patients prefer, and what factors influence those preferences?

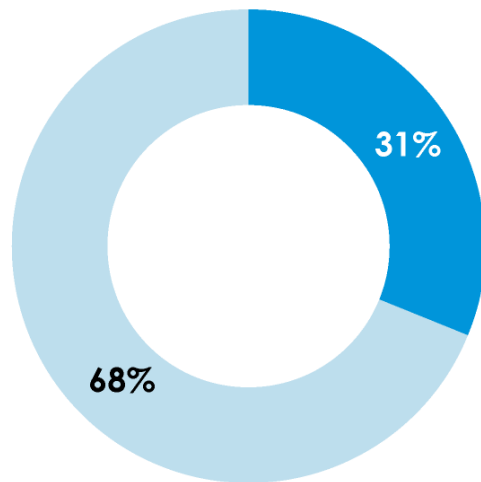
"Which services are or are not available at the place you (usually go/last went) for care:

- o A counselor to talk to about any stress, anxiety or emotional issues
- o Help for people with drug or alcohol issues
- o Referrals to social services for things like housing, employment or legal issues"

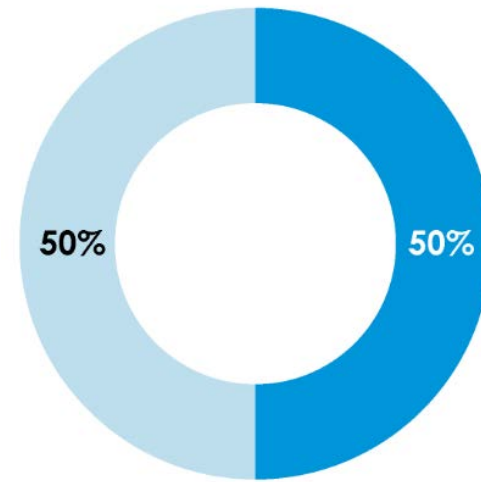
"How comfortable would you feel talking with your healthcare provider about any stress, anxiety or emotional issues you might be having?"

the treatment gap

Needed to talk about a behavioral health issue
(among low-income Californians)

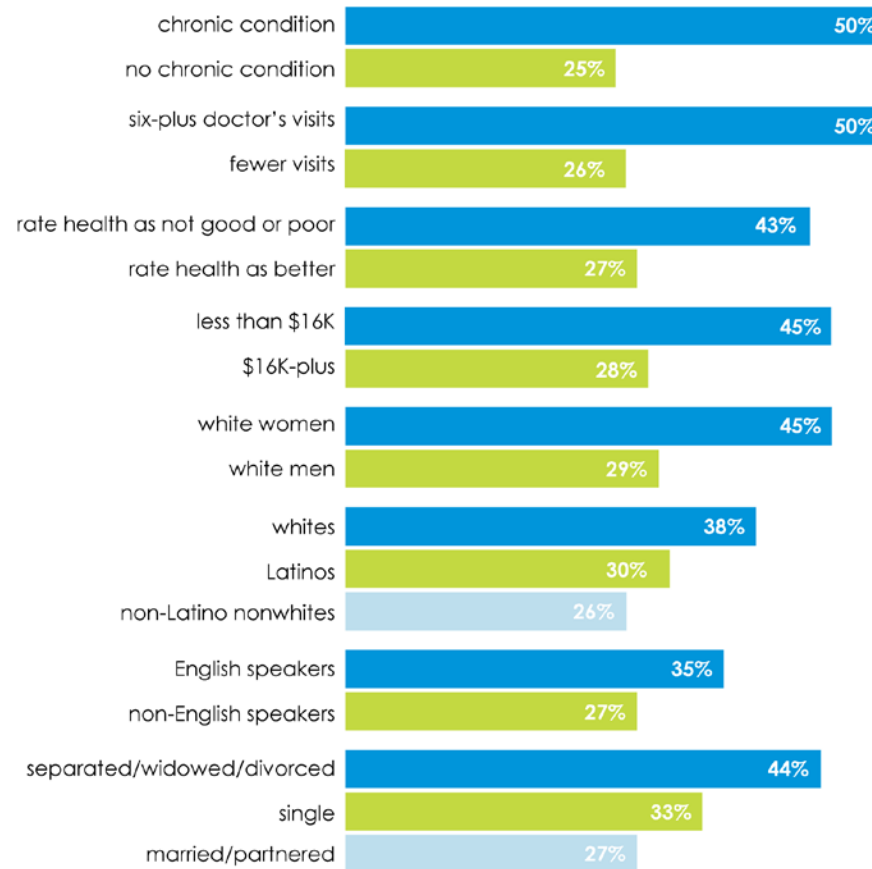


If needed to talk, actually spoke with a healthcare professional
(among low-income Californians)



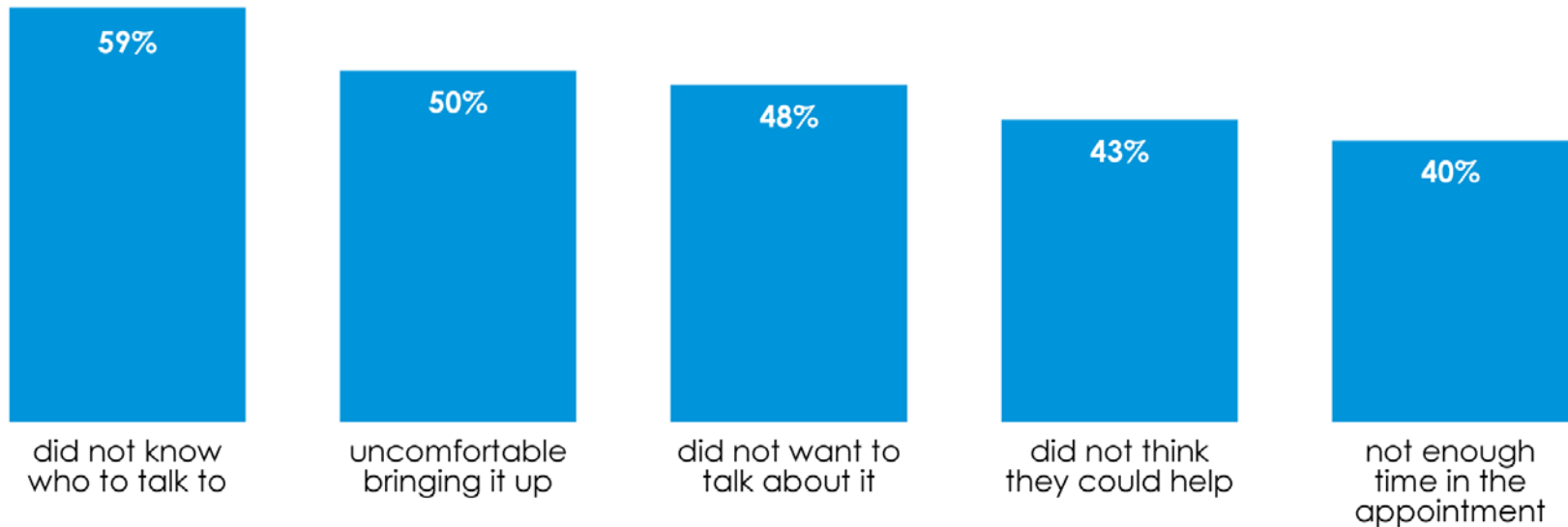
the treatment gap

Percent who wanted to talk with a healthcare professional about behavioral health concerns in the past year
(among low-income Californians)



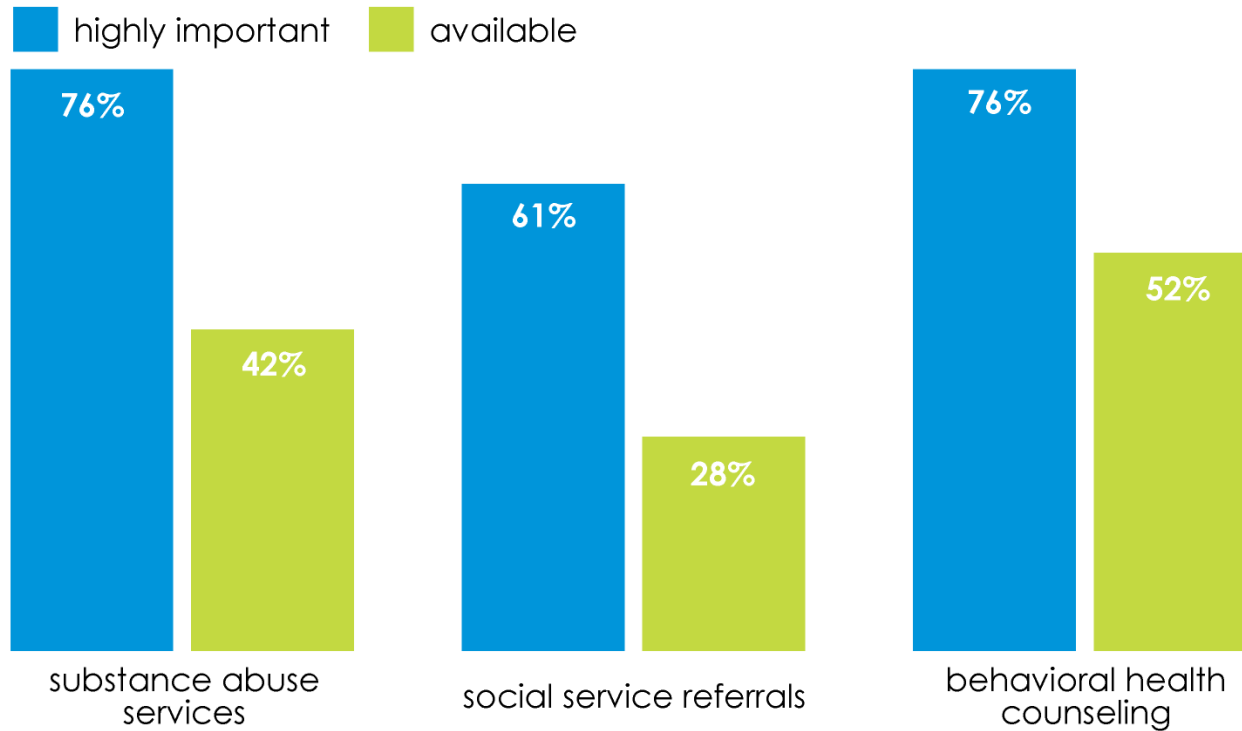
barriers to seeking help

Percent saying each item is a reason for not speaking with a healthcare professional about behavioral health issues
(among low-income Californians)



interest vs. availability

Importance of behavioral health-related services vs. availability
(among low-income Californians)



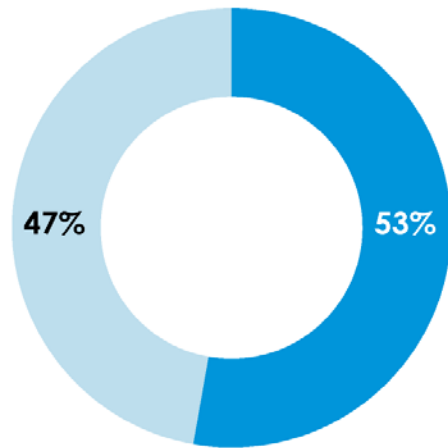
interest vs. availability

Availability of behavioral health-related services by facility type (among low-income Californians)

	counselor	substance abuse services	referrals to social services
kaiser permanente	77%	57%	29%
all clinics	50%	42%	31%
CCHC	55%	43%	38%
non-CCHC	46%	41%	26%
private doctor	42%	34%	21%

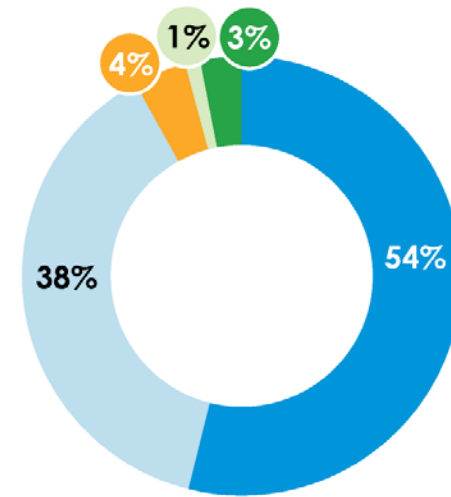
location of behavioral health care

Among those who saw a counselor, where was it?
(among low-income Californians)



- place you usually go for care
- somewhere else

Where would you like to see a counselor in the future?
(among low-income Californians)



- place you usually go for care
- somewhere else
- no preference (vol.)
- wouldn't want to (vol.)
- no opinion

summary of findings

1

A broad gap exists between need for behavioral health services and eventual treatment.

2

Patient interest in receiving behavioral health services far exceeds availability.

3

Primary care providers can do a better job of asking about stress, anxiety, and emotional issues.

4

Patients who have behavioral health services experience higher levels of connectedness and continuity, which in turn, enhance patient satisfaction.

recommendations

- 1 Implement **team-based care** that include **behavioral health specialists** as integral part of team.
- 2 Provide **culturally sensitive, linguistically capable** behavioral health staff.
- 3 Inquire about **patients' emotional well-being** – a simple opening that, when effectively presented, encourages their engagement on behavioral health needs.
- 4 Increase **patient awareness** of behavioral health resources.
- 5 Provide access to **substance use treatment** and **referrals to social services**.
- 6 Focus on **empowering and engaging patients** through connectedness, continuity, and strengthened patient-provider relationships.



questions for discussion

- 1) What is your health center doing well in terms of advancing integration of mental health and substance use services?
- 2) What progress have you made? What's working?
- 3) What could you do to improve your integration efforts and to close the gaps highlighted in this report?
- 4) What are potential barriers to your progress?

Issues to consider

- Buy-in from leadership
- Provider ratios
- Provider and staff communication, empathy, culture & language
- Marketing of behavioral health services
- Patient ability to schedule directly with behavioral health



questions?

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