Help for the Front Line: Approaches to Behavioral Health Consultation for Primary Care Providers

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IMPROVING ACCESS TO BEHAVIORAL HEALTH CARE: THE ROLE OF PROVIDER CONSULTATION PROGRAMS

According to a recent survey, in 2020–2021, more than a quarter (27%) of Massachusetts adults reported needing behavioral health (BH) care* for themselves over the past 12 months.[1] The need for BH services has escalated over the course of the pandemic as patients all across the United States are reporting increases in anxiety, depression, substance use, and suicidal ideation.[2] Recently, the health care environment has evolved toward a delivery system that supports access to services through telehealth, including for mental health and substance use disorder (SUD) services, in part driven by changes implemented as a result of the COVID-19 pandemic.[3]

Nonetheless, patients with behavioral health needs have difficulty accessing care. They experience long wait times and often only can find providers with limited availability.[4] Primary care providers (PCPs) find themselves on the front lines of BH care because primary care is easier to access than BH specialty care and many adults have a connection with a PCP. BH conditions are of interest to PCPs because of a desire to provide whole person care and because of BH connections to physical health conditions, including management of diabetes, heart disease, and obesity, among others.[5]

KEY DEFINITIONS

Primary Care Provider (PCP) —In this report, references to PCPs include internists and internal medicine physicians, family physicians, residents, geriatricians, nurse practitioners, and physician assistants.

Behavioral health specialist—In this report, the term behavioral health specialist includes behavioral health professionals, including prescribers (e.g., psychiatrists, psychiatric nurse practitioners) and non-prescribers (e.g., other licensed professionals like psychologists, clinical social workers, mental health counselors, marriage and family therapists, and alcohol and drug counselors).

Persistent mental health conditions—Persistent mental health conditions cause significant functional impairment, substantially limit major life activities, and require ongoing treatment and management, such as schizophrenia-spectrum disorders, severe bipolar disorder, and severe major depression as specifically and narrowly defined in DSM.

Read more at: https://mentalillnesspolicy.org/serious-mental-illness-not/

One option for assisting PCPs in treating their patients with BH needs is a PCP-to-expert provider consultation model. PCP-to-expert provider consultation programs give PCPs timely access to specialists. Provider consultation models have developed over the last two decades but few in the United States focus on adult BH. The Commonwealth of Massachusetts has been a renowned innovator of BH policies and programs over this period, especially the development of certain specialized BH consultation programs. The state began offering pediatricians real-time consultation with a psychiatrist or licensed BH clinician through the Massachusetts Child Psychiatry Access Program (MCPAP) for child psychiatric needs. Implemented statewide in 2004, MCPAP has more recently become a model for new provider consultation programs targeting additional populations. For example, MCPAP for Moms began in 2014 to address the mental health and SUD conditions of pregnant and postpartum patients. Massachusetts Consultative Service for Treatment of Addiction and Pain (MCSTAP) started in 2019 to help providers with patients with SUD and chronic pain, and MCPAP for ASD-ID (autism spectrum disorders and intellectual disabilities) launched in 2020, supporting crisis services providers with patients with ASD-ID who are under the age of 26 and have BH needs. However, there is no existing statewide program for PCPs to consult with BH professionals broadly about adult BH conditions.

In January 2019, the Blue Cross Blue Shield of Massachusetts Foundation released a report, *Ready for Reform: Behavioral Health Care in Massachusetts*, which highlighted critical gaps in access to needed services throughout the BH care continuum, including in primary care.[6] It is within this context—recognizing challenges in access to BH care services generally, and particularly in primary care, and the lack of a consultation program for PCPs to rely on broadly for adult patients with BH conditions—that the Foundation commissioned this needs assessment to better understand how a provider-to-provider consultation model might fill current system gaps.

* For the purposes of this report, behavioral health is inclusive of mental health conditions, substance use disorders (SUDs), and co-occurring mental health disorders and SUDs.

The goal of this study was to better understand whether PCPs and potentially other provider types identify a need for a BH consultation program for adult patients and whether they would utilize this type of program, if available. Additionally, the study sought to understand the greatest challenges PCPs face in supporting adult patients with BH needs and how a consultation program might be best structured to provide evidence-based support to PCPs and, in turn, their patients with BH needs.

As explained in this report, this mixed-methods research found that PCPs would be likely to use a consultation program for adult patients with a variety of BH needs if it is easy to access and if specialists are responsive. This research also demonstrated that the number of adults with BH needs is growing. These findings suggest a BH consultation program for PCPs treating adults with BH conditions may be a promising approach for improving access to BH services. While this research focused specifically on the interest and needs of PCPs in such a program, effective use of such a model may benefit not only the experience of patients with BH needs and providers in the primary care setting but could have broader systemic impacts across the care continuum.

NEEDS ASSESSMENT: RESEARCH APPROACH

The report authors used a mixed-methods approach to research whether Massachusetts PCPs identify a need for and would use a BH consultation program for their adult patients. The research included a review of the literature, a survey of PCPs, and in-depth interviews with PCPs.

LITERATURE REVIEW AND FINDINGS

The comprehensive literature review of existing academic and grey literature* revealed that PCPs are the audience most consultation models serve, especially for physical health conditions and to address children's psychiatric needs. As described above, Massachusetts has been a leading innovator in developing BH consultation models including MCPAP, MCPAP for Moms, MCSTAP, and MCPAP for ASD-ID.

The University of Washington and the Washington State Health Care Authority recently established the only provider-to-provider consultation model for PCPs with BH concerns about their adult patients.[7] In this system, the PCP completes a short intake form about the patient and schedules a consultation with a psychiatrist. Following the meeting, the psychiatrist sends written documentation of their recommendations to the provider. As the consultation program was only recently implemented, there are no existing evaluations of the Washington model.

Another consultation approach used in the United States and Canada is electronic consultation, known as e-consultation, where the PCP typically posts a question about a specific patient in an electronic health record (EHR).[8] The PCP can select the desired consultation within an ordering menu in the EHR, and an electronic form populated with patient information and the reason for the consult is sent to the specialist, who replies electronically.[9,10] PCPs and specialists who use e-consultation for physical and behavioral medicine describe this asynchronous consultation model as easy to use, and PCPs believe it helps them with diagnoses, treatment decisions, and treatment regimens.[11] E-consultations between primary and specialty care clinicians result in reduced costs from minimizing avoidable specialty care visits, increase the convenience of a visit for a patient, decrease threats to continuity of care, reduce waiting time, and increase overall patient satisfaction.[12] More studies are needed to determine whether BH e-consultations improve the speed of delivering appropriate BH services to the patient or the frequency with which PCPs consult with specialists.

Detail on the literature review appears in Appendix A.

* By grey literature we mean materials or reports produced outside of traditional publishing and distribution channels. Grey literature can include materials such as annual reports or evaluations produced by nongovernmental organizations, government agencies, or private companies. https://libraryguides.fullerton.edu/grey_literature

PROVIDER SURVEY

The provider survey sought to understand the type and prevalence of BH needs that Massachusetts PCPs encounter among their adult patients, how equipped they feel to address those BH needs, their interest in a provider-to-provider consultation program, and the services and features that a potential consultation program should offer. The survey used a convenience sampling approach and leveraged multiple sources of providers—the Massachusetts Medical Society, Massachusetts Academy of Family Physicians (MassAFP), Massachusetts League of Community Health Centers, Massachusetts Behavioral Health Partnership (MBHP), and the MassHealth Payment and Care Delivery Innovation initiative (PCDI)—to achieve a reliable base size of completed surveys to address the research objectives. The online survey was administered between April and May 2021 and yielded completed surveys from 492 providers. Survey respondents reflected a mix of primary care provider types and practice types and were representative of all regions of Massachusetts.* As described in the report below, results of the survey support the need for an adult BH consultation program. Detail on the survey's methodology and results appears in Appendix C, and a copy of the survey appears in Appendix B.

PROVIDER INTERVIEWS

Semi-structured interviews were conducted with 10 survey respondents to further explore the survey findings. The PCPs interviewed represented all regions of Massachusetts and were from a variety of practice types. All participants were interviewed individually. Half of the participants were internal medicine physicians and half were family physicians. This is notable because family practitioners, unlike internists, receive some training in BH conditions during their residencies. The researchers thought it important to explore any differences in needs or interests between these two provider types, given their differing training. More information on interview participants is included in Appendix E. This report includes findings from these interviews, illustrated by quotations, to provide additional context for information gathered through the survey. A copy of the interview guide appears in Appendix D, and detail on interview methodology and findings appears in Appendix E.

THE NEED FOR AN ADULT BEHAVIORAL HEALTH CONSULTATION PROGRAM: SURVEY AND INTERVIEW FINDINGS

The survey results, based on responses from 492 PCPs practicing in Massachusetts, indicated low levels of satisfaction with current approaches to addressing BH needs in primary care and limited awareness and usage of current BH provider consultation programs in Massachusetts. While 57 percent of PCPs who responded to the survey are in practices with co-located BH providers, the majority of those are nonprescribing BH providers. At the same time, the survey revealed that nearly all PCPs are treating patients with a broad range of BH conditions, some of which the PCPs feel ill-equipped to manage. The survey found considerable interest among PCPs in a BH consultation program, provided the program is designed to their preferences.

The following section includes information on:

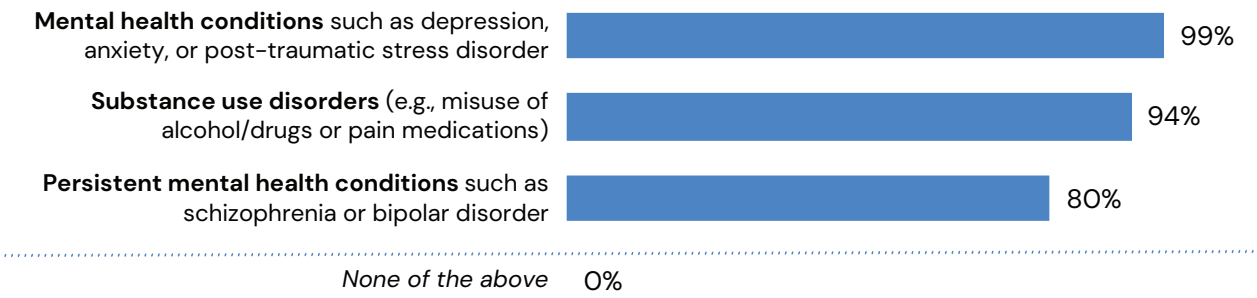
- Adult BH needs encountered by PCPs
- PCPs' current approaches to meet adult BH needs

* Survey respondents included mostly internal medicine physicians and family physicians, and to a lesser extent, residents, geriatricians, nurse practitioners (NPs), and physician assistants (PAs). Practice types included private practices, single and multiple specialty group practices, community health centers, and hospital outpatient facilities.

ADULT BEHAVIORAL HEALTH NEEDS ENCOUNTERED IN PRIMARY CARE

PCPs are on the front lines of BH care. All PCPs report encountering some types of BH conditions among their adult patients. Nearly all PCPs (99%) report encountering patients with mental health conditions such as depression and anxiety, 94 percent of PCPs report encountering patients with SUDs, and 80 percent report encountering patients with persistent mental health conditions. See Figure 1.

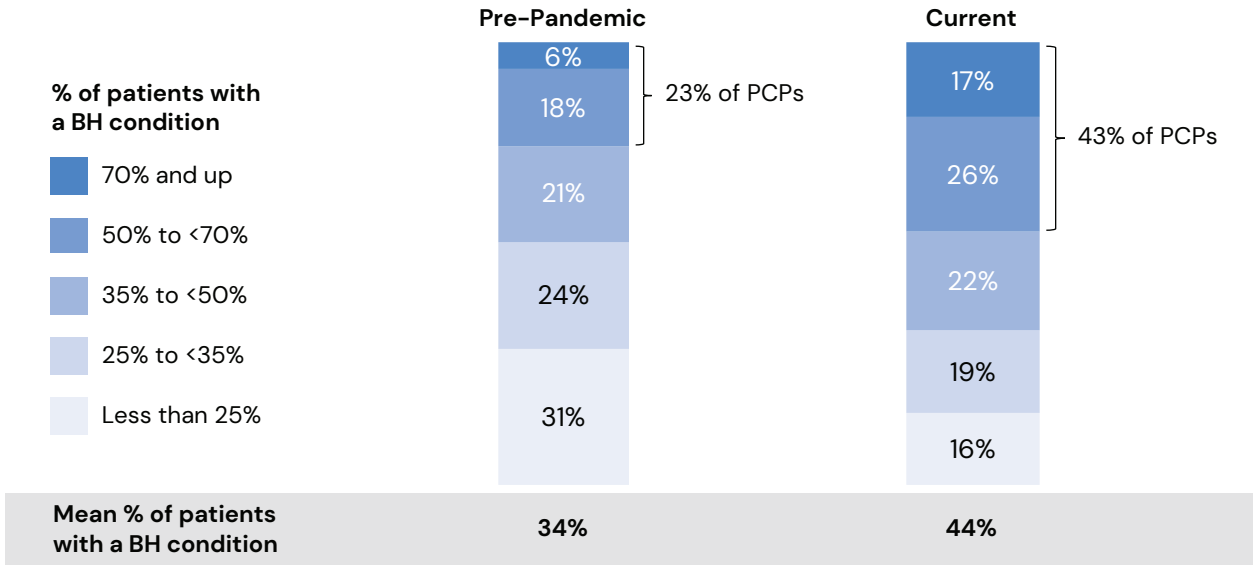
FIGURE 1. TYPES OF BH CONDITIONS PROVIDERS CURRENTLY ENCOUNTER



Q3. Which of the following behavioral health conditions do you encounter among your adult primary care patients? Please select all that apply. (n=492)

The number of adults with BH needs is growing. As shown in Figure 2, 23 percent of PCPs report that half or more of their patients had BH conditions pre-pandemic, compared to 43 percent who report that now half or more of their patients have BH conditions.

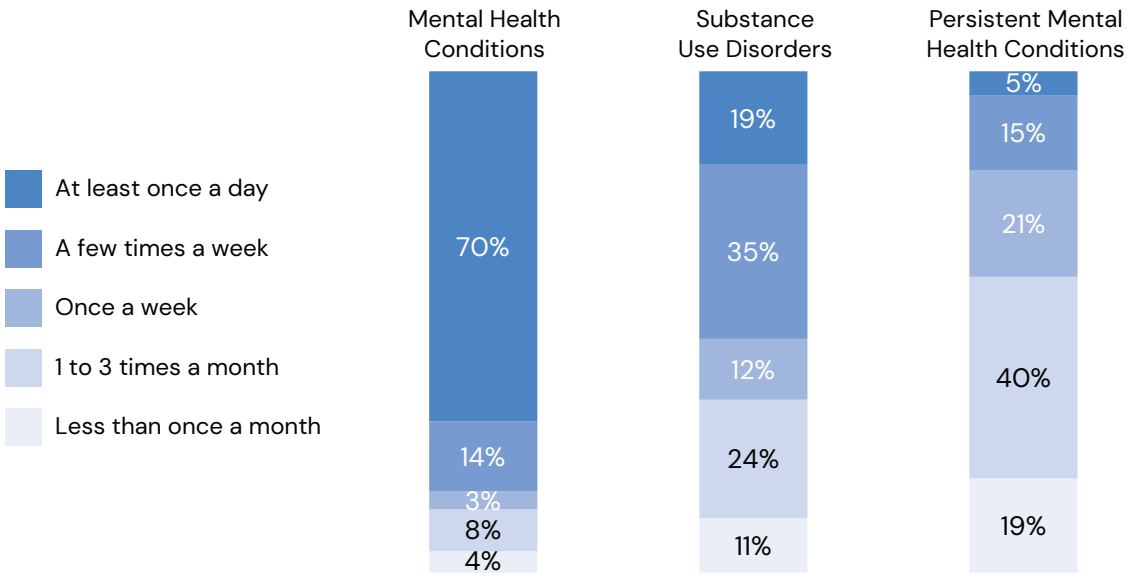
FIGURE 2. PROPORTION OF TOTAL ADULT PRIMARY CARE PATIENTS WITH BH CONDITIONS



Q5. What percentage of your total adult primary care patients would you estimate had a behavioral health condition before the COVID-19 pandemic began in March 2020 compared to the percentage you encounter now? Please include all behavioral health conditions in your estimates. [Open-ended numeric response] (n=489)

Note: Due to rounding, net percentages in stacked bars may not add up to the sums presented, and the total might not sum to exactly 100%.

FIGURE 3. FREQUENCY OF SEEING PATIENTS WITH BH CONDITIONS (AMONG PROVIDERS WHO ENCOUNTER THE CONDITION)



Q6. On average, how frequently do you see adult primary care patients with the following behavioral health conditions? Please select a response for each item. (n: MH=488; SUD=461; SPMI=395)

Note: Due to rounding, percentages in stacked bars might not sum to exactly 100%.

Of PCPs who see patients with the corresponding type of BH condition, 84 percent report seeing patients with mental health conditions such as depression and anxiety at least once a day or a few times a week, and 54 percent report seeing patients with SUDs with that frequency. PCPs encounter patients with persistent mental health conditions much less frequently, with only 20 percent reporting seeing those patients at least once a day or a few times a week. See Figure 3.

CURRENT APPROACHES TO ADULT BEHAVIORAL HEALTH NEEDS

Nearly all PCPs report encountering patients with some type of BH condition, and consequently, have developed multiple approaches to assist them in treating patients. The most common approaches that PCPs report for treating adult patients with BH conditions are as follows:

- For patients with mental health conditions such as anxiety and depression: prescribe medication themselves (98%), refer to an external nonprescribing BH provider (79%), coach patients on self-care (78%), refer to an external psychiatrist or psychiatric clinical nurse specialist (78%).
- For patients with substance use disorders: provide information about resources and community supports (72%), refer to an external SUD treatment/recovery program (70%), coach patients on self-care (69%), refer to an external nonprescribing BH provider (64%), and refer to an external psychiatrist, psychiatric clinical nurse specialist, or medication-assisted treatment provider (62%).
- For patients with persistent mental health conditions such as bipolar disorder or schizophrenia: refer to an external psychiatrist or psychiatric clinical nurse specialist (89%) and refer to an external nonprescribing BH provider (58%).

PCPs express high levels of dissatisfaction with their current approaches for addressing the BH needs of their adult patients. Roughly 50 percent of PCPs are dissatisfied with their current approaches for treating patients with SUDs or mental health conditions such as anxiety and depression, and as many as 62 percent are dissatisfied with their current approaches for treating patients with persistent mental health conditions.

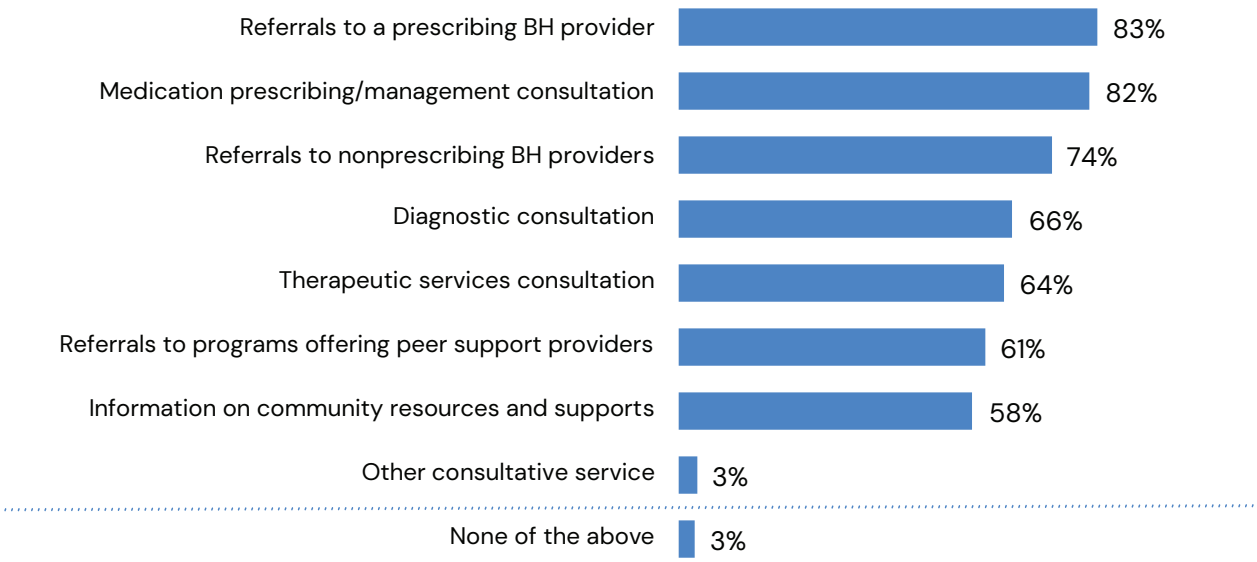
KEY CONSIDERATIONS FOR DEVELOPING THE CONSULTATION PROGRAM

The study explored which specific services PCPs would like included in the consultation program, how they would prefer to access the service, and when consultation should be available. The results show that the consultation program must offer referrals, medication, and diagnostic consultation; be easy to use with multiple modes of access; and include as close to real-time response as possible.

CONSULTATION SERVICES TO INCLUDE

Based on the survey, the most desirable consultation services are referrals to a prescribing provider (83%) and medication consultation (82%). The PCP survey respondents also show considerable interest in referrals to nonprescribing BH providers (74%), diagnostic consultation (66%), therapeutic services consultation (64%), referrals to programs with peer supports (61%), and information about community resources and supports (58%). See Figure 4.

FIGURE 4. SERVICES THAT WOULD ENCOURAGE PCPs TO USE THE PROGRAM



Q18. The potential program could be designed to offer a variety of consultative services. Which of the following consultative services would make you likely to use the program? Please select all that apply. (n=492)

In the interviews, PCPs offered more in-depth explanations about why an adult BH consultation program should include services for referrals and medication management and address the needs of patients with complex, persistent mental health conditions.

Referrals

PCPs want the consultation program to include referral services to connect their adult patients to available specialists and recovery programs. PCPs interviewed for the study want to make sure that their patients have access to psychiatry, counseling, and other resources but note the challenges of getting their patient to the next step in care. *"I want to be able to be in the room, calm my patient down, make the phone call to a group, and say this is the situation, get an appointment [for my patient]."* One PCP interviewed focused particularly on the desire for advice on service referrals through their EHR: *"If I have a patient who completes a PHQ-9 [a depression screening survey] before a visit, and it demonstrates they're really depressed, perhaps I could have an Epic-generated [note: Epic is a software system] list of resources that says, 'Have you*

considered using x resource?'" PCPs also reported that they expect to see more patients with BH needs because of losses suffered during the COVID-19 pandemic: *"We're trying to help people to find counseling .... [This] was hard before … and it's going to become even more impossible."* Interviewees are interested in the consultation program because of the growing number of their patients with BH needs, which they believe is exacerbated by limited access to BH treatment. As one PCP noted, *"It's by force of the job as being a primary care physician. ... We are the only place that people can access for mental health care. ..."*

Medication Management

The survey results show that 82 percent of PCPs desire consultation on medication prescribing and management for their adult patients with BH needs. As further explained by the findings from the follow-up interviews with PCPs, the consultation program should include giving the BH specialist access to the patient's medical record and allow for the PCP to leave questions for the specialist. One interviewee requested *"someone who can help manage medications."* The interviewee continued, *"That'd be important, especially if they're getting to a point where they [may be] requiring one, two, three, four medications."* One PCP described the consultation they would need while treating a patient on anti-psychotic medication as they waited for specialty BH services: *"I need a detailed plan with what to look for, what to monitor, how often to monitor, and what's the next step if it's not working."*

Persistent Behavioral Health Needs

In addition to services noted above, PCPs interviewed for the study report needing consultation for a subset of adult patients with more complex, persistent mental health conditions, as well as for instances when they encounter patients for whom typical medications are not effective. Most interviewees report being uncomfortable treating complex BH conditions that are beyond their scope of training for primary care practice, including schizophrenia and bipolar disorder. Because PCPs are not trained to use antipsychotic medications, which often are prescribed to treat individuals with schizophrenia and bipolar disorder, they can fail to order blood tests for their patients to monitor the negative side effects of psychotropic medications. One noted, *"Due to high volume [of patients], generally when a patient comes to me in this situation [with a complex BH condition] and they have a list or there is actual clarity around what medications they are on, I just sort of mindlessly continue the medications." "... I might order monitoring labs, if I see that they're on clozapine [a psychiatric medication often used when other medications have been insufficiently effective] or something."*

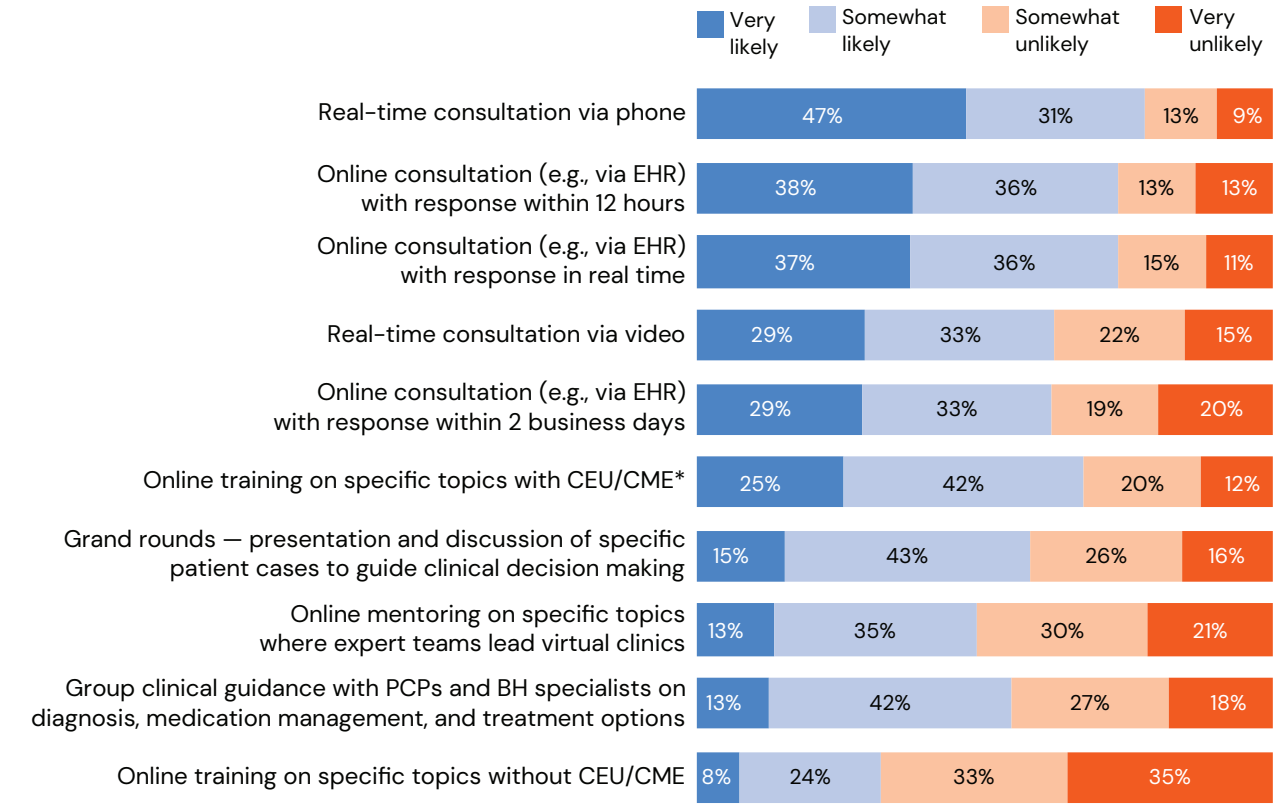
PROGRAM FEATURES TO INCLUDE

Among a variety of features that the potential program could be designed to offer, PCPs express the most interest in real-time consultation via phone and online consultation with response in real time or within 12 hours. See Figure 5.

Methods of Access

The follow-up interviews with PCPs highlight the need for consultation to fit in their flow of work. They prefer phone and secure online modalities, including video, as their methods of access. The service should be designed for ease of use, requiring few clicks or logins. All 10 PCPs interviewed want phone access to the consultation program. Other methods mentioned during the interviews included text, email, web access, and a treatment algorithm that could walk PCPs through treatment options based on the patient's presenting symptoms. One PCP noted the importance of timeliness and mentioned the service should have a web portal with a *"friendly interface, [that is] easy to find, time-sensitive, and specific."* A second PCP described how they would use web and email access: *"It would be nice to have a portal where I can send a message to somebody. It doesn't have to be live, but then—maybe I can send an email or a message or something and say, "Hey, this is what I need. Please send me resource[s]."* Another PCP described consultation fitting best in their workflow after hours, *"I could see getting ... a basket of let's say two patients for the end of the day and calling a consultant ... and presenting those two." "... Of course, then they'd have to be there, you know, after five o'clock."* The consultation program should include giving the BH specialist access to the patient's medical record and allow for the PCP to leave questions for the specialist.

FIGURE 5. LIKELIHOOD OF USING POTENTIAL PROGRAM FEATURES



Q19. The potential program to consult with a psychiatrist or other behavioral health provider for your patients' behavioral health needs could be designed with several possible features. For each feature listed below, please indicate how likely you would be to use that feature of the consultation service. Please select a response for each item. (n=492)

*CEU/CME refers to continuing education credits or continuing medical education.

Note: Due to rounding, percentages in stacked bars might not sum to exactly 100%.

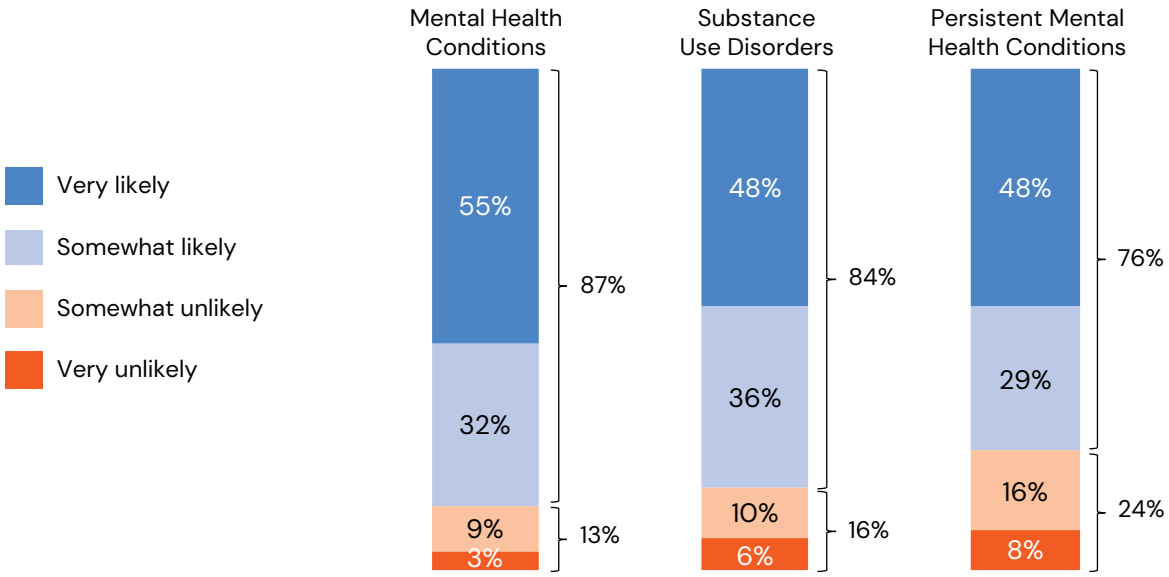
Consultation Program Availability

The research supports the desire for a responsive, synchronous, and asynchronous consultation program. Both from the survey and follow-up interviews, timeliness of response emerged as particularly important for the consultation program to be useful. The consultation program must include as close to real-time consultation as possible, such as real-time consultation via phone and online consultation (e.g., via EHR or secure email) with response in real time or within 12 hours. *"It would have to be almost immediate, because usually this comes up right in the office with the patient. So, it'd have to be pretty quick."* A "curbside consult"—as one PCP mentioned, consisting of a brief phone consultation on a specific question—would be ideal. *"You know, that could be very useful if I give a five-minute vignette over the phone because the phone is answered immediately and the person on the other end says, well, I'd recommend this and this. You know, so it has the potential to be the most efficient pathway."* PCPs said they would never try to use the service again if it took too long to get a response.

INTEREST IN AND UTILIZATION OF A BEHAVIORAL HEALTH CONSULTATION PROGRAM

PCPs have considerable interest in a BH consultation program if it is easily accessible and designed according to PCP preferences as described above. Roughly half of PCPs surveyed report being very likely to use such a service. The interest is highest for consultation on mental health conditions such as depression and anxiety, followed by SUDs and persistent mental health conditions. See Figure 6.

FIGURE 6. LIKELIHOOD OF USING PREFERRED SERVICE CONFIGURATION



Q20. Assuming that the consultation service was designed with your preferred features, how likely would you be to use the service to address your adult primary care patients' behavioral health needs in each of the following areas? Please select a response for each item. (n=491)

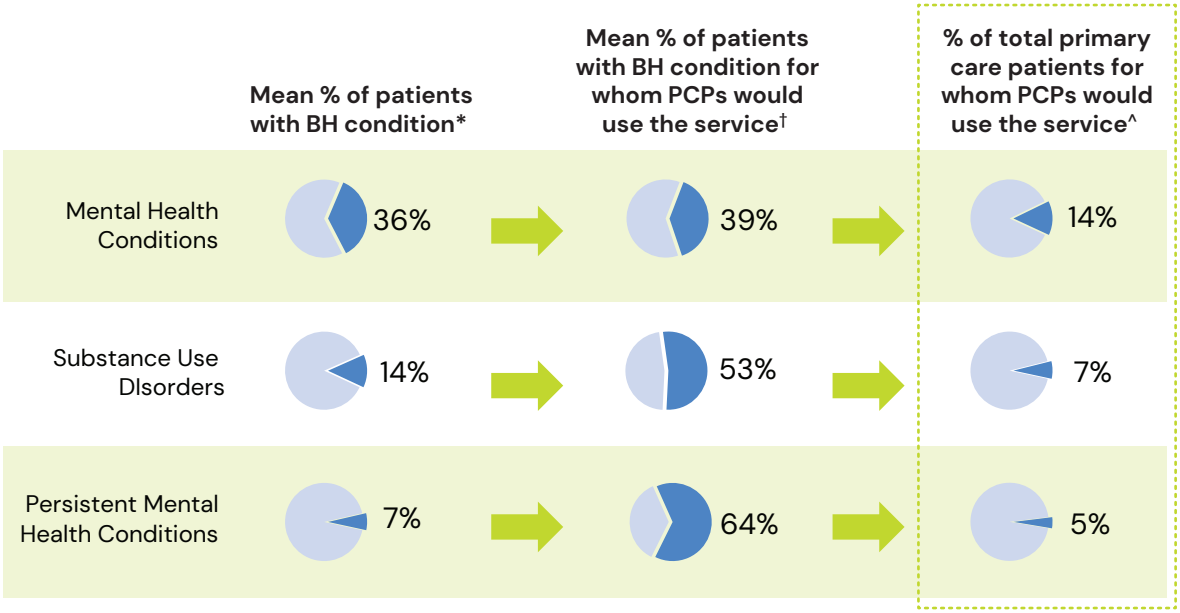
Note: Due to rounding, net percentages in stacked bars may not add up to the sums presented, and the total might not sum to exactly 100%.

The survey also asked PCPs to estimate the proportion of patients with behavioral health conditions for whom they would use their preferred service configuration. Combining these estimates with the proportion of patients with mental health conditions that PCPs encounter yields a rough estimate of the proportion of total adult primary care patients for whom PCPs may be expected to use the service. Figure 7 displays these estimates for each of the three categories of behavioral health conditions. The estimated proportion of adult patients for whom PCPs are likely to use the service ranges from 5 percent for persistent mental health conditions to 14 percent for the more prevalent mental health conditions such as depression and anxiety. Assuming a panel of 2,000 patients,[13] a hypothetical Massachusetts PCP would use their preferred configuration of the consultation program for approximately 280 patients with mental health conditions such as anxiety and depression, 140 patients with SUD, and 100 patients with persistent mental health conditions.*

The expected frequency of consultation program usage among interested PCPs also varies by the type of BH conditions, with more frequent expected usage reported for conditions that are more commonly encountered by PCPs. For example, over a quarter of interested PCPs who encounter mental health conditions such as anxiety and depression expect they would use the service at least once a week, almost one in five interested PCPs who encounter SUDs expect they would use the service at least once a week, and almost one in 10 who encounter persistent mental health conditions expect they would use the service at least once a week. When looking at the data on a monthly basis, 75 percent of interested PCPs who encounter mental health conditions such as anxiety and depression expect they would use the service at least once a month, while 64 percent of those who encounter SUDs and 47 percent of those who encounter persistent mental health conditions expect they would use the service at least once a month. See Figure 8.

* These estimates may include double counting as some patients for whom a PCP may use the consultation service have multiple behavioral health conditions.

FIGURE 7. NET ESTIMATED USAGE OF PREFERRED SERVICE CONFIGURATION



*Among providers who encounter the condition

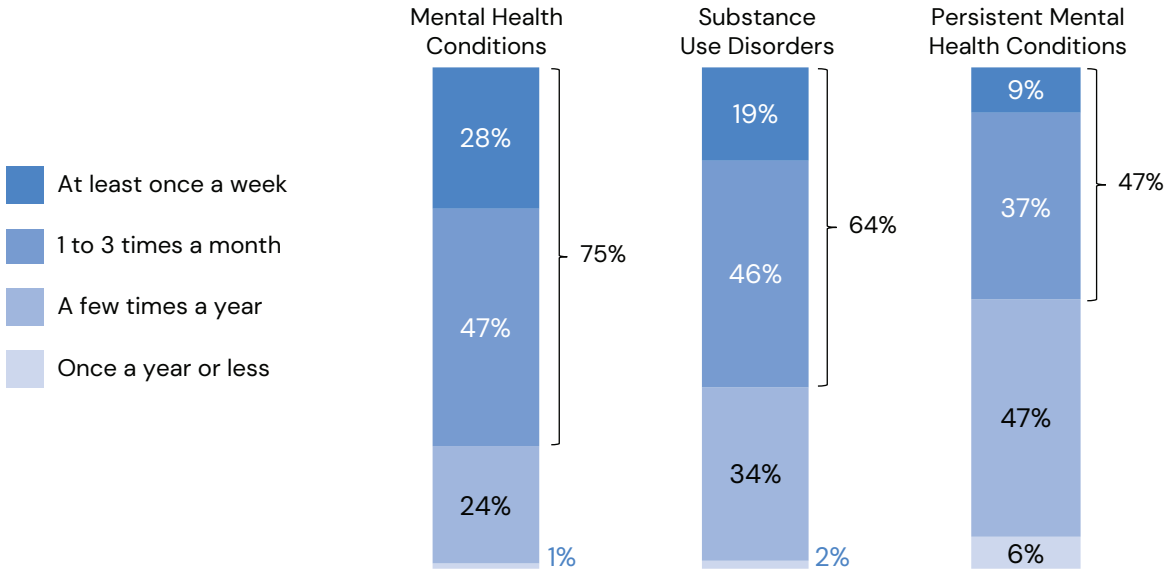
† Among providers who encounter the condition and are very/somewhat likely to use the service

^ Does not take into account practice size or the size of patient panels since that information is not available

Q4. Approximately what percentage of your total adult primary care patients have the following behavioral health conditions? Please provide your best estimate. (n: MH=488; SUD=461; SPMI=395)

Q21. You indicated earlier that you encounter the following behavioral health conditions among your adult primary care patients. For what percentage of patients in each category would you be likely to use the consultation service assuming it was designed with your preferred features? Please provide your best estimate. (n: MH=420; SUD=382; SPMI=310)

FIGURE 8. EXPECTED FREQUENCY OF USAGE OF PREFERRED SERVICE CONFIGURATION (AMONG PROVIDERS WHO ENCOUNTER THE CONDITION AND ARE VERY/SOMEWHAT LIKELY TO USE THE SERVICE)



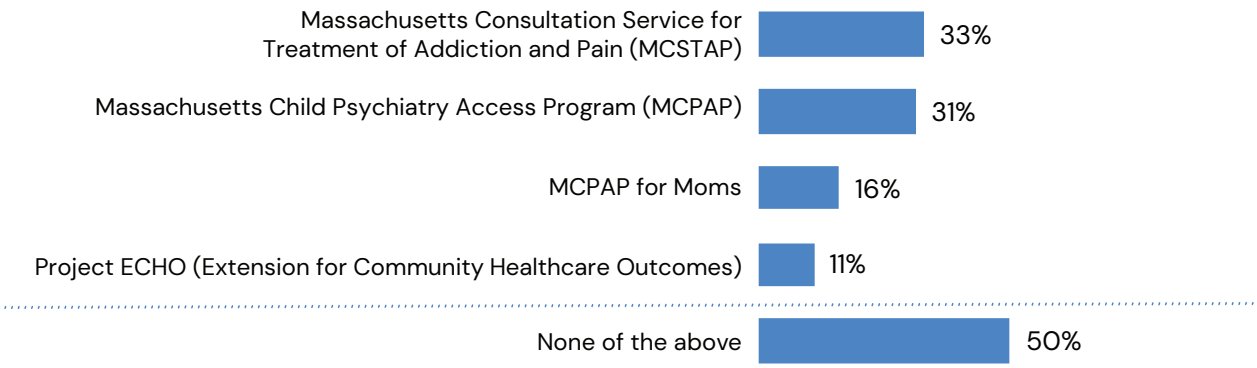
Q22. Assuming the consultation service was designed with your preferred features, how frequently would you expect to use the service for patients with the following types of conditions? Please select a response for each item. (n: MH=416; SUD=378; SPMI=307)

Note: Due to rounding, net percentages in stacked bars may not add up to the sums presented, and the total might not sum to exactly 100%.

MARKETING THE CONSULTATION PROGRAM

Marketing of the consultation program should take a multifaceted approach to ensure that the information reaches PCPs and promotes its adoption. Study results showed that Massachusetts providers have relatively low levels of awareness of existing consultation programs. See Figure 9. Half of PCPs surveyed were not aware of any of the provider consultation programs in the state. As shown below (see Figure 10), even among those familiar with the consultation programs, providers rarely use them. The survey did not directly explore the reasons the consultation programs are rarely used by PCPs for their adult patients with BH needs and focused instead on PCPs' preferred accessibility and design features for a future consultation program. Findings from the literature review on the use of MCPAP and MCPAP for Moms, however, suggest that educating providers about a service and providing targeted implementation support, such as technical assistance and change management support, is important for adoption and utilization.[14,15]

FIGURE 9. AWARENESS OF CURRENT PROVIDER CONSULTATION PROGRAMS



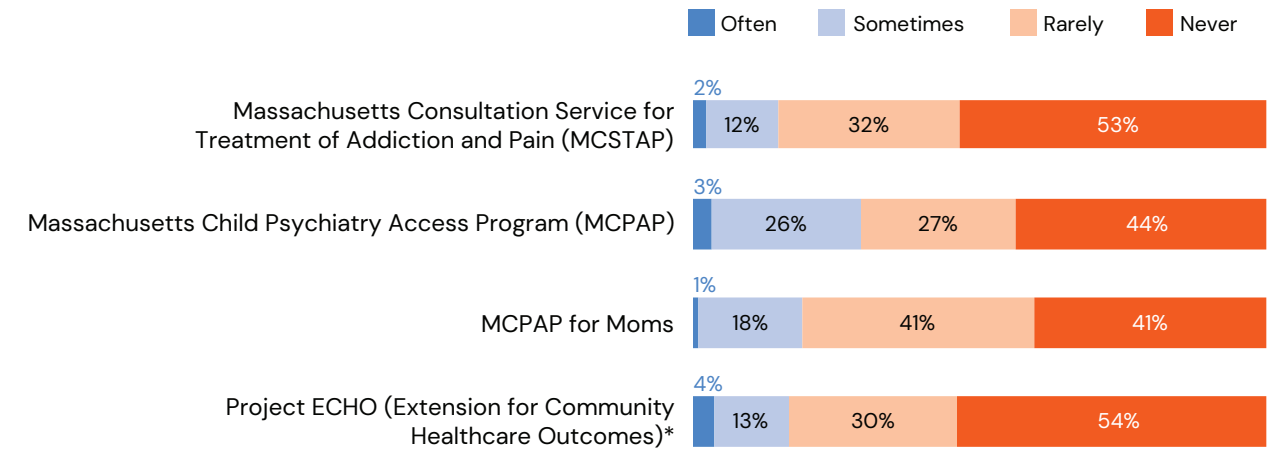
Q15. There are some provider consultation programs currently available in Massachusetts. Are you aware of any of the following provider consultation programs? Please select all that apply. (n=488)

Among PCPs who were aware of specific current provider consultation programs, usage of the programs is relatively low. See Figure 10. Even among PCPs who reported at least some degree of experience with existing consultation programs, satisfaction is at moderate levels, with MCSTAP receiving a relatively higher level of satisfaction (48% very satisfied, 41% somewhat satisfied) and MCPAP receiving a lower level of satisfaction (35% very satisfied, 47% somewhat satisfied). As described above, the survey did not focus on evaluating existing consultation programs. It is possible, though not analyzed in this research, that part of the reason for only moderate satisfaction with these programs may be that they are not perceived as easily accessible or they do not include all the features and services PCPs identified as critical to supporting their utilization.

Because this research suggests existing models are not well known and are infrequently utilized, an investment in awareness building is critical to achieving high program adoption rates. Awareness building campaigns should target all PCPs with a focus on adult care or family practice and place a special focus on practices that do not have co-located BH providers because those practices cannot access an onsite BH provider for a specialist's consultation.

More specifically, when asked about how the consultation program should be communicated to PCPs, interview participants report that they give varying levels of attention to different messengers and communication channels. The most common preferred messenger is a PCP's own practice or organization, and the most common preferred communication channel was direct-to-physician communication (e.g., in person or over Zoom at their practice/organization). PCPs also said that a message coming from a reputable source, like the Massachusetts Medical Society or Department of Public Health, is important. Other awareness building suggestions included direct mail, using a digital access point (e.g., Doximity) or social media to raise awareness, communications from insurance plans, and providing

FIGURE 10. USAGE OF CURRENT PROVIDER CONSULTATION PROGRAMS (AMONG PROVIDERS WHO ARE AWARE OF THE PROGRAM)



*Low base size (n<75); interpret results with caution

Q16. How frequently have you used the following program(s)? Please select a response for each item. (n: MCSTAP=161; MCPAP=153; MCPAP for Moms=79; Project ECHO=54)

Note: Due to rounding, percentages in stacked bars might not sum to exactly 100%.

the information at license renewal. Several PCPs point out that emails often get lost and may not always be the best mode of communication for their community. An education and outreach approach that implements more than one communication channel will be necessary for building awareness of the service. Awareness building campaigns should be broad, deep, and multidimensional to reach the highest number of providers.

FINANCING THE CONSULTATION PROGRAM

The cost of funding this type of consultation program was beyond the scope of this research. The current provider consultation programs in place in Massachusetts are financed primarily through the Executive Office of Health and Human Services and major commercial insurances.* The literature identified programs that compensate specialists for their services[16,17] and recognized the possibility of adapting payment strategies to cover eConsult in fee-for-service or accountable care organizations.[18] For example, if a doctor consults with another doctor on a complicated case (regardless of whether it is related to BH), they most likely can bill Evaluation and Management codes for a complex visit. According to the American Psychiatric Association, sometimes two providers, such as an ER physician and psychiatrist, are both able to bill for the same consultation. PCPs interviewed indicate that they would not be willing to pay for the service and they do not want their patients to pay for the service.

* MCPAP and MCPAP for Moms are funded by DMH and major commercial insurances, MSTAP and MCPAP for ASD-ID are funded by EOHHS.

CONCLUSION

The Commonwealth of Massachusetts has a growing need for adult BH services, a trend echoed nationwide. Even with the recent evolution of telehealth, adult patients continue to experience challenges in accessing BH services, and it is not yet known if and how the growth in telehealth has exacerbated inequities in access to care for those who are racially, ethnically, or socioeconomically marginalized. Giving PCPs timely access to BH specialists for their adult patients offers one way to bridge this gap. This research finds that PCPs would be likely to use a BH consultation program for their adult patients if it is easy to access and designed according to PCP preferences:

- Consultation must be as close to real-time as possible, such as via phone and secure online consultation, including video, with response in real time or within 12 hours.
- It must offer referrals to prescribing and nonprescribing providers; advice for diagnosis, treatment, and medications; and recommendations for programs with peer supports and other community resources.
- It should be designed for ease of use, requiring few clicks or logins.

BH CONSULTATION PROGRAM PREFERENCES:

WHEN: Consultation must be as close to real-time as possible, with response within 12 hours.

WHAT: It must offer referrals and advice for diagnosis, treatment, medications, and community resources.

HOW: It should be designed for ease of use, requiring few clicks or logins.

Marketing of the consultation program should take a multifaceted approach for the information to reach PCPs and promote adoption, since Massachusetts providers have relatively low levels of awareness of existing consultation programs. Building a consultation service to fit PCPs' needs and providing targeted communication about the program should result in a utilized service that gives adult patients greater access to BH care when they need it.

There must continue to be a focus on implementing a wide range of policy and program solutions to improve access to services for individuals with behavioral health care needs along all parts of the care continuum. This study suggests a consultation program designed for PCPs who need assistance in caring for adult patients with general BH needs may be one important option to consider as part of a comprehensive and multipronged strategy. Though a BH consultation program will not solve all the challenges to accessing BH services, this type of program could support PCPs in responding to the BH needs of their patients and provide patients with quicker access to expert-informed care in the primary care setting. Moreover, there may be broader benefits across the system associated with augmenting capacity for treatment in this part of the care continuum.

ENDNOTES

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