Candidate: Rachel Petts
For the degree of: Doctor of Philosophy
Department: Psychology

Title: Implementing the Primary Care Behavioral Health Model in a Pediatric Setting: Description, Satisfaction, and Potential Economic Outcomes

Committee: Dr. Scott Gaynor, Chair
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Dr. Amy Damashek
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Time/Place: Monday, May 22, 2017
12:30-2:30 p.m.
3715 Wood Hall

There is growing support for the value of integrating behavioral health consultants (BHCs) into primary care medical offices to address mental and behavioral health concerns; however, the actual practice of BHCs in pediatrics and associated patient and provider experience is largely unknown. Descriptive data from patient contacts with three BHCs in a large pediatric primary care practice examined the nature of, and patient and provider satisfaction with, the integrated behavioral health services provided. Over the course of 6 months of data collection, 109 patient contacts were recorded. The mean age of the patients served was 9.51 (SD = 4.38, range 1-20). BHC patient contacts were almost evenly split between consultations (51%) and intake screenings (49%). BHC consultations covered a wide range
of behavioral health concerns, with externalizing behavior problems appearing to drive the greatest number of referrals and behavior management strategies characterizing the main focus of the interventions. The problems identified in the intake screenings were most often ADHD symptoms and related school problems. Moreover, both patients and providers reported high satisfaction with BHC services. These results suggest that BHC services were implemented in a manner consistent with the integrated care model, addressed problem domains within the BHC scope of practice, emphasized targeted strategies drawn from the existing evidence-base, and offered value to the practice that was recognized by patients and providers alike. Future research should continue to outline the scope of practice of BHCs with increased emphasis on collecting data that speak directly to the effectiveness of BHCs in fulfilling the quadruple aim of treating more patients, more effectively, and more efficiently, with less provider burnout.