# Busting the Visit Buster": A Tele-Behavioral Health Intervention for Managing Acute Psychosocial Crises in Primary Care

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**Project Description:** I wanted to address the unmet need for immediate behavioral health support for patients with complex psychosocial issues within the primary care visit (AKA "visit busters"), which we linked to PCPs' sense of overwhelm in our fast-paced safety net setting. I believed investing in tele-behavioral health could help us do this in order to (1) increase access to needed same-day behavioral health services for patients across MCC's 5+ service sites, and (2) reduce symptoms of burnout for primary care colleagues associated with running behind.

**Outcome - Oriented Objective:** A SMART Objective that is tied, specifically and quantitatively, to the achievement of the ultimate purpose (Goal) of the project. This should naturally link to the data in the results part of your poster.
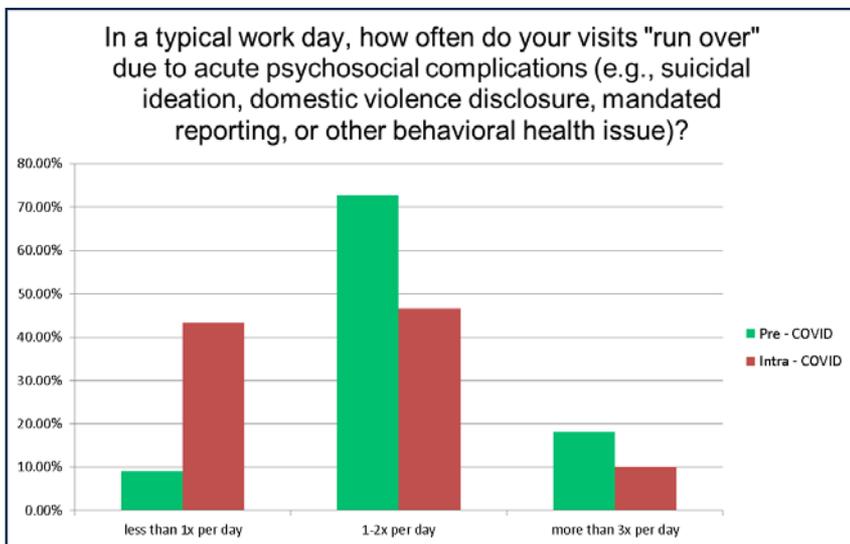
**Solution:** I proposed using grant funding to hire a "triage" telehealth clinician and build a telehealth triage service to be available across multiple primary care sites. Ultimately, the goal of the implementation was to improve access to needed behavioral health services for patients and reduce the frequency of providers reporting unmet need for same-day behavioral health services for complex psychosocial issues.

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## Results

- I started this project in December 2019, and we are now at the (iterative) implementation and reassessment phase d/t COVID-19 changes in care delivery.

- The data we have collected so far include: 33 qualitative interviews, quantitative survey data (n=41), and qualitative patient feedback on experience of telehealth (n=10).

- We launched an intra-COVID survey and discovered a reduction in frequency of visit busters and nearly 20% improvement in BH services, overall. However, qualitative data suggest unmet need for same-day BH



In a typical work day, how often do your visits "run over" due to acute psychosocial complications (e.g., suicidal ideation, domestic violence disclosure, mandated reporting, or other behavioral health issue)?

## Next Steps

- The project is still being implemented but the context has changed, given COVID-19 and Behavioral Health moving entirely to telehealth;

- Based on the current data and qualitative feedback, despite increase in satisfaction with integrated BH services and overall reduction in frequency of visit busters, there remains a perception of BH services being difficult to access when-desired by PCPs;

- We will begin piloting "back-up" triage role to support triage clinician and further expand same-day access in spite of decrease in open slots d/t patient demand;

- Gathering Q3 patient and provider data to assess successes as well as unmet need in this new context

## Lessons Learned

- When the ground shifts underneath you, let go of the plan and adapt;

- Timing is everything. I'd been worried about change fatigue related to implementing telehealth… but then change fatigue became irrelevant due to the pandemic;

- Early buy-in and building project champions is the key to building and maintaining momentum. No such thing as "one and done" CHIP;

- Mixed methods of data gathering, and analysis is critical!