1

Disclosures

- Dr. Ogbeide currently has the following relevant financial relationships (in any amount) during the past 12 months.
  - Primary Care Behavioral Health Strategies, LLC

2

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Evaluation

Please be sure to complete an evaluation for this presentation.

Behavioral Health Integration in Primary Care Helps Everyone

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Objectives

- At the end of this presentation, participants will be able to:
- 1: Report on current research trends related to behavioral health integration in primary care.
- 2: Describe the current state of primary care and behavioral health workforce shortages in the United States impacting ongoing behavioral health integration efforts.
- 2: Explain at least one (1) evidence-informed approach to improve clinical training and workforce shortages.
- 4: Identify at least one (1), macrosystem approach to support clinical training in primary care within the community.

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You're in a pediatric clinic waiting room with your son Liam. He's been having a tough time lately managing Type 1 DM. The nurse calls you both in and finds that Liam's scores on the depression and anxiety screeners are high. Your doctor gives you a referral for an in-network behavioral health clinician who can work with Liam further. After you get home and call behavioral health, you find that the next available appointment is not for six months. There's an out-of-network behavioral health clinician available sooner, but you can't afford it. In the meantime, your son's symptoms are getting worse.

Nguyen, Williams, & Marcello, 2025

6

6

The Challenges

- **Organizational:**
  - Space!
  - EMR for data management
- **Attitudinal:**
  - Workforce Development Challenges
  - Siloed training and lack of training or consistency in training in behavioral health in primary care
- **Financial:**
  - Insufficient reimbursement rates
  - Value-based care not the savior we thought it would be

Nguyen, Williams, & Marcello, 2025

7

7

Current Research Trends with Behavioral Health Integration in Primary Care

8

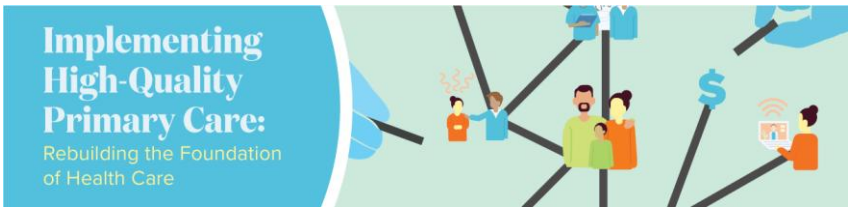
Why is integrated behavioral health important?

Research shows that integrating behavioral health and primary care:

- Increases patient satisfaction
- Increases provider satisfaction
- Reduces healthcare costs
- Reduces healthcare utilization
- Improves quality of care
- Improves patient health outcomes

9

High Quality Primary Care (May 2021) – National Academy of Medicine



SCAN ME

10

IBH-PC – In Progress

- Integrating Behavioral Health and Primary Care (IBH-PC) to improve patient-centered outcomes in adults with multiple chronic medical and behavioral health conditions: Study protocol for a pragmatic cluster-randomized control trial
- IBH-PC Comparative Effectiveness Trial supported through PCORI
- To evaluate the outcomes of co-located and integrated models of behavioral care as part of primary care for over 45 primary care practices

And patients prefer it…

American Psychological Association | CFHA Collaborative Family Healthcare Association

Families, Systems, & Health

© 2018 American Psychological Association
1091-7527/18/$12.00

http://dx.doi.org/10.1037/fsh0000374

BRIEF REPORT

To Go or Not Go: Patient Preference in Seeking Specialty Mental Health Versus Behavioral Consultation Within the Primary Care Behavioral Health Consultation Model

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Current State of Primary Care and Behavioral Health Workforce Shortages

13

Primary Care Right Now…What Some May Think…

14

The Reality of Primary Care…

15

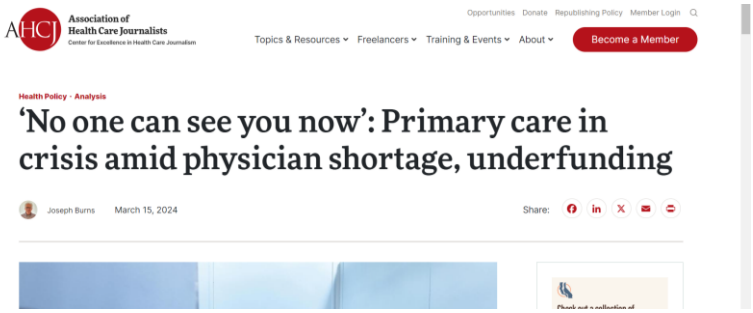
Integrated Behavioral Health Works and Saves Money. Why Aren't We Doing It? *May 2025*

Milbank Memorial Fund

Using evidence to improve population health

SCAN ME

16



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17

5 Reasons for concern…

1. The primary care workforce is not growing fast enough to meet the population's needs.
2. The number of trainees who enter and stay on the professional pathway to primary care is too low, and too few of those residents have community-based training.
3. The U.S. continues to underinvest in primary care.
4. Technology (meaning electronic health record systems) is a burden in primary care.
5. Research is lacking to identify, implement, and track novel care delivery and payment models.

18

18

It's estimated that more than 83 million people in the U.S. currently live in areas without sufficient access to a primary care physician…

AMA, 2023

19

19

State of Primary Care Workforce Shortages

- In 2021, there were **268,297** primary care physicians in the U.S.
- In 2022, there were an estimated **270,660 NPs** delivering primary care and **26,455 PAs** also working in primary care.
- There is a **projected shortage of 68,020 full-time equivalent (FTE) primary care physicians by 2036**, which will be particularly acute in nonmetro areas.
- Primary care physicians, NPs, and PAs earn less than counterparts in other specialties.
- Burnout has increased in many healthcare occupations, but especially among primary care physicians. More than half reported feeling burnout in 2022.

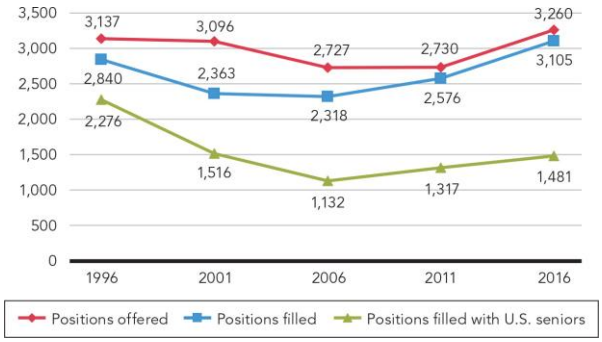
National Center for Health Workforce Analysis, 2023

20

20

State of Primary Care Workforce Shortages

- The 2024 MATCH:
- **38,941 positions filled**
- There were a total of **19,423 primary care positions, or 46.8%** of all positions offered in the Match, comprising family medicine, internal medicine, internal medicine-pediatrics, and pediatrics
- The **primary care fill rate fell by 1.4%** this year, largely due to changes in **pediatrics** (252 unfilled positions)



AAFP, 2017; NRMP, 2024

As of December 2023, more than half (169 million) of the U.S. population lives in a Behavioral Health Professional Shortage Area (Behavioral Health HPSA)....

National Center for Health Workforce Analysis, 2023

State of Behavioral Health Workforce Shortages

- Substantial shortages of addiction counselors, marriage and family therapists, mental health counselors, psychologists, and psychiatrists are projected in 2036.
- Rural counties are more likely than urban counties to lack behavioral health providers. **SO:** Residents of rural counties are also more likely to receive behavioral health services from primary care providers.

National Center for Health Workforce Analysis, 2023

State of Behavioral Health Workforce Shortages

- **Reimbursement problems:** Many behavioral health providers do not participate on insurance panels. Compared to physical health care providers, behavioral health providers are less likely to accept insurance
- 2008 Parity Act – Did it help?
- Retention – lack of pay equity; turnover higher in rural communities
- Behavioral Health Clinicians – burnout high as well
  - High stress environments
  - Lack of career progression
  - Low salaries
  - Lots of patients

National Center for Health Workforce Analysis, 2023

State of Behavioral Health Workforce Shortages

Table 2. Projected Shortages of Selected Behavioral Healt… …ber and percent adequacy

Profession	Status Quo	Unmet Need	…evated Need
Addiction counselors	-87,630 (53…)	-125,010 (45%)	-153,190 (40%)
Adult psychiatrists	-37,980 (45…)	-51,680 (38%)	-82,920 (27%)
Child and adolescent psychiatrists	-4,150 (75…)	-7,470 (63%)	-20,050 (39%)
Child, family, and school social workers	25,270 (112…)	-15,250 (94%)	-15,920 (93%)
Healthcare social workers	-3,920 (96…)	-26,080 (80%)	-31,640 (77%)
Marriage and family therapists	-27,450 (64…)	-42,840 (54%)	-51,140 (49%)
Mental health and substance use disorder social workers	-8,250 (93…)	-32,350 (78%)	-61,120 (65%)
Mental health counselors	-69,610 (62…)	-105,950 (52%)	-138,670 (45%)
Psychiatric physician assistants/associates	530 (111…)	-490 (92%)	-2,190 (71%)
Psychologists	-62,490 (63…)	-95,970 (52%)	-110,600 (49%)
School counselors	-21,030 (89…)	-60,010 (74%)	-

Note: Data are expressed in full-time equivalents (FTEs). Negative values … Positive values indicate a projected surplus. Dashes indicate that projections were not available. Percent adequacy is calculated by dividing supply by demand. Unmet Need assumes increased demand and Elevated Need assumes both increased demand and improved access. Full descriptions of scenarios are found on the HRSA Workforce Projections Dashboard.[22]
Source: Health Resources and Services Administration's (HRSA) Workforce Projections.

National Center for Health Workforce Analysis, 2023

25

25

URiM in Primary Care

Table 2a. Race/Ethnicity Composition of Primary Care Physicians by Specialty Type in 2021*

Race/Ethnicity	Family Medicine	Internists	Geriatricians	Pediatricians
White**	66.3%	52.7%	44.1%	64.5%
Black/African American**	6.7%	7.8%	7.2%	7.4%
Asian**	16.2%	29.4%	35.4%	17.0%
Other**	2.9%	2.9%	3.9%	2.4%
Hispanic or Latino	7.9%	7.2%	9.4%	8.7%

Source: Race/ethnicity data are from the AAMC Physician Specialty Data Report prepared based on analysis of AMA Physician Masterfile (Dec. 31, 2021), with race and ethnicity obtained from a variety of AAMC sources, including DBS, ERAS, APP, MCAT, SMDEP, GQ, MSQ, PMQ, FACULTY, GME, and STUDENT, with priority given to the most recent self-reported source. * Data include hospitalists. **Non-Hispanic or Latino.

Non-Hispanic White primary care physicians constitute a majority in all specialties except for geriatricians, which also has the highest percentages of Asian physicians and individuals of Hispanic or Latino ethnicity.

National Center for Health Workforce Analysis, 2023

26

26

URiM in Primary Care

- The percentage of the population that identifies as a minority group (groups other than non-Hispanic White) will increase from **41.1% in 2022 to 55.1%** in 2060.
- A more diverse workforce can help to address health care disparities by providing culturally sensitive care that meets the unique needs of each segment of the population.
- A recent study found a positive association between a **higher percentage of Black or African American practitioners and higher Black or African American life expectancy.** This finding suggests that **a primary care workforce that is as diverse as the community it serves leads to higher life expectancy**.
- **The Minority Tax…**

Campbell et al., 2023; National Center for Health Workforce Analysis, 2023

27

27

URiM in Behavioral Health

- The majority of the behavioral health workforce identifies as female and non-Hispanic White and may not be representative of the communities they serve.
- **The Numbers (Black/Hispanic):**
- 15.3% are marriage and family therapists
- 20.1% are licensed professional counselors
- 22% are licensed clinical social workers
- 10% are psychologists
- **The Minority Tax – The Double Disparity (2024)**


Family Medicine

SPECIAL ARTICLE

Clinical Efforts Double Disparity for Nonphysician URiM Faculty: Implications for Academic Family Medicine

Stacy A. Ogbeide, PsyD, ABPP[1]; Deepu George, PhD, LMFT[2]; Adrian Sandoval, PharmD, EdD[3]; Yajaira Johnson-Esparza, PhD[2]; Maria Montanez Villacampa, MD[3]

ABSTRACT

With a new definition of *high-quality primary care* and the shift in nonphysician faculty's role as core faculty members in family medicine residency programs, new attention is needed on the delineation of clinical efforts and clinical efforts disparities across disciplines (eg, psychology, marriage and family therapy, pharmacy) within departments of family medicine. Additionally, those who identify as underrepresented in medicine (URiM), specifically those who are nonphysician faculty, are dually impacted by the clinical efforts double disparity. This paper examines the current landscape of clinical efforts in academic family medicine for physician faculty and nonphysician faculty as well as discusses how to build equity in clinical efforts for nonphysician faculty and URiM faculty within academic family

28

Campbell et al., 2023; National Center for Health Workforce Analysis, 2023; Ogbeide et al., 2024

28

The Answer – Well, Just Integrate Primary Care and Behavioral Health…

The End!

29

29

It is not that simple…Integration is HARD.

30

30

How Do We Meet the Needs so Everyone Can Benefit?

31

What Can We Do?

Keep this in Mind - Contextual Factors At Play…

- Value of "advice giving" (cognitive work) versus "procedures" (procedural work) = lack of parity with reimbursement between disciplines
- Mental Model Shift
- Advocacy Matters – Speak Up!
- Stigma and Bias are Present
- Capacity building for training programs

Sinsky & Dugdale, 2013

32

32

Training Matters

33

What Can We Do?

- ACGME Shifts – Focus on Behavioral Health Integration in Primary Care
- Consistency with how we train – are we speaking the same language?

COMMENTARY

— What Should We Teach? —

Proposed Requirements for Behavioral Health in Family Medicine Residencies

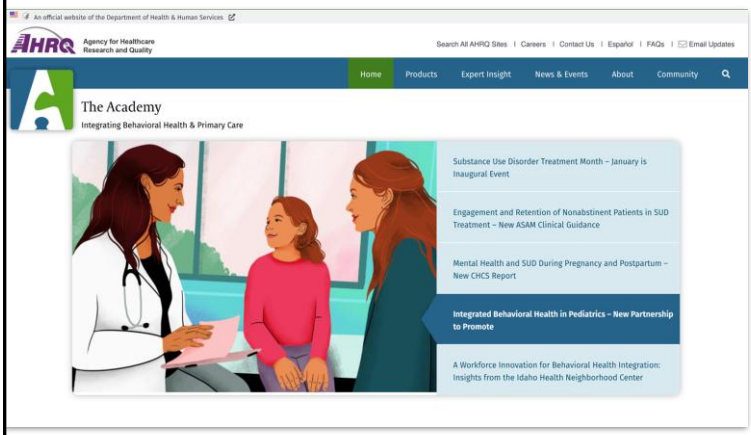
Frank Verloin deGruy III, MD, MSFM; Susan H. McDaniel, PhD

(Fam Med. 2021;53(7):516-9.)
doi: 10.22454/FamMed.2021.380617
Published Online First June 11, 2021

34

34

What is the Integration Academy?



The Integration Academy is a robust website of resources to support integration of behavioral health in primary care settings, with a key focus on providing care for patients with mental health conditions and substance use disorders, including opioid misuse.

35

35

What is the purpose of the Integration Academy?

The Integration Academy serves clinicians, healthcare executives, healthcare administrators, practices, delivery systems, health plans, patients, communities, researchers, and policymakers seeking to understand, implement, or improve behavioral health and primary care integration.

Its purpose is to analyze, synthesize, and produce actionable information and practical resources that promote the use of best practices for integrated behavioral health.

36

36

What does the Integration Academy offer?

Foundational Definitions, Practices and Competencies

The Lexicon

A dictionary that practically defines terms commonly used in the field and provides guidance to users for effective communication and concerted action for widespread implementation of integrated behavioral health.

37

37

What does the Integration Academy offer?

Research Evidence on Best and Promising Practices

The Literature Collection

A regularly updated, searchable collection of >11,000 peer-reviewed and grey literature references on the integration of behavioral health and primary care.

38

38

What does the Integration Academy offer?

Research Evidence on Best and Promising Practices

Topic Briefs

Summaries of best practices, practical information, and resources for current issues in integration.

- Telehealth
- COVID-19
- Stimulant use disorders
- Polysubstance use
- Pregnancy and postpartum
- Health equity
- Mental health apps

39

39

What does the Integration Academy offer?

Research Evidence on Best and Promising Practices

PCOR Webinars

Ninety-minute webinars on mental and behavioral health integration featuring experts and researchers sharing Patient-Centered Outcomes Research (PCOR) findings.

- Integrated Behavioral Health: The Journey to Becoming the Standard of Care
- Patient Outcomes from the Early Childhood Support Specialist Model (coming soon)
- Patient Outcomes from the Integrating Behavioral Health and Primary Care Toolkit and the Collaborative Care Model for opioid use disorder and co-occurring mental health symptoms (coming soon)

40

40

What does the Integration Academy offer?

Resources for Planning and Preparation

Playbooks

Self-guided feasibility assessments and how-to manuals to plan and implement locally tailored behavioral health integration.

- **The Integration Playbook**: Guides practices through the integration process.
- **The Medications for Opioid Use Disorder Playbook**: Provides specific guidance for integrating medications for opioid use disorder into primary care.

41

41

What does the Integration Academy offer?

Resources for Implementation and Maintenance

Substance Use Resources

Targeted, searchable collections of tools and resources for integrated care practices to use for education, training, implementation, and quality improvement.

- Substance Use
- Unhealthy Alcohol Use
- Older Adults (coming soon)

42

42

Who guides the Integration Academy?

- AHRQ's Integration Academy established the National Integration Academy Council (NIAC) in 2011 to guide its work.
- This expert panel is made up of clinicians, patients and leaders with expertise in the areas of primary care, behavioral health, finance, education, advocacy, policy, and technical assistance.
- Many NIAC members are pioneers in integrating behavioral health and primary care in their own health systems.

Instead, imagine that you and Liam walked into a pediatric clinic. He's seen first by the doctor but this time, the doctor brings in a colleague who is a behavioral health clinician *and* member of Liam's care team. This clinician spends 30 minutes with you both in the same room where you just met with the doctor. The clinician talks with you about specific behavioral changes that Liam can make and sets up a follow-up appointment. Before you and Liam leave, the clinician checks in with the doctor to update the care plan.

Nguyen, Williams, & Marcello, 2025

Everyone deserves integrated care…

45

Summary

- 1: There is work to be done.
- 2: We cannot do this alone.
- 3: We need EVERYONE on board because integration helps EVERYONE.

46

Thank You

47

Questions?

SCAN ME

Questions? E-mail:
pcbhtx@gmail.com
www.stacyogbeide.com
References available upon request

48

48