

## **Small primary care practices work to screen patients for depression**

Small primary care practices across the state are using a [new framework](#) for screening patients for depression and coordinating their medical and mental health needs. A [report](#) from the United Hospital Fund, Montefiore Health System and the New York State Health Foundation found the approach is yielding improvements in depression screening and detection rates.

The framework was designed to fill the gaps for the 1 in 5 New Yorkers who suffer from a mental health disorder. The vast majority of those individuals don't have access to treatment. It includes performing a self-assessment and an environmental scan of available resources, such as Medicaid Performing Provider Systems and supportive health plans, to help with integration. It also includes setting measurable three- to 12-month goals.

"Our framework is about identifying evidence-based strategies," said Dr. Henry Chung, project director and senior medical director of behavioral health integration strategy at Montefiore's care-management organization. "We have steps that you can choose as a goal within those domains, and you choose goals based on what you think is realistic for your practice."

For instance, a practice may start with screening just diabetic patients for depression, Chung said. If that screening is successful and manageable, it may expand to screening all patients during their annual physical exam.

An evaluation of 11 medical practices with less than five primary care providers using the framework found that depression screening rates improved from a baseline of 25% to 33%, according to the report, and depression detection rates increased by 78%. Referrals, patient tracking and information-sharing between primary care doctors and behavioral health specialists also improved.

But challenges remain for small primary care practices when it comes to determining how they will support such an investment—including the need for more payers and funders—and improving documentation and billing for screening, he said. Additionally, there continues to be a dearth of behavioral health providers, particularly ones that take insurance.

"Integrating medical, mental health and social services can help small primary care practices better meet the needs of their patients. We hope to see more collaboration among funders and practices alike in addressing this service gap," said David Sandman, president and CEO of the New York State Health Foundation, in a statement.

Chung and Dr. Harold Pincus of New York–Presbyterian Hospital led the team that developed the framework with support from United Hospital Fund. The fund and the New York State Health Foundation provided additional support for Chung and Pincus to conduct the yearlong evaluation.

"We're hoping more people around the state and country will take notice of this tool and utilize it for the national priorities around behavioral health integration," Chung said.