Efficacy of Treating Behavioral Health Issues in the Military Health System’s Primary Care Setting

Background

In August 2013, DoD mandated integration of behavioral health personnel into Patient-Centered Medical Homes (PCMHs) as primary care setting. This mandated move is projected to be in all services by 2015 (Keller, 2013). Prior to this mandate, there were numerous initiatives to integrate behavioral health into primary care. These initiatives have been characterized by a lack of universal adoption and a lack of standards. (Keller, 2013). In the Military Health System (MHS), Behavioral Health Consultants (BHCs) work with primary care providers to enhance the assessment and management of behavioral health. BHCs are Health Providers (PHs) who work within the primary care environment as part of the interdisciplinary primary care team.

BHCs collect administrative data in the MHS. This data is used to make data-driven decisions and it translates into conditions ranging from patient management to depression to chronic disease management. BHCs work with patients to create an individualized health plan and assist in the treatment and improvement in mental health and behavioral health outcomes. In the author’s primary care affiliation, BHCs are integrated into the patient’s primary care and chronic conditions are now managed at an administrative level.

In an integrated primary care model, behavioral health providers act as consultants to their primary care providers. This model is meant to:

• Improve patient outcomes
• Improve access to behavioral health care
• Improve monitoring and evaluation data in evaluations of health-focused interventions.

Objectives

1. Describe the key steps involved in program evaluation and demonstrate informed decision-making within the MHS Patient Centered Medical Home (PCMH).

2. Discuss benefits and drawbacks of using administrative data in evaluations of health-focused interventions.

3. Apply key terms involved in program evaluation from a secondary prevention program aimed at a high-risk (military) population in a as we describe this project’s approach to program evaluation.

4. Apply key terms involved in program evaluation from a secondary prevention program aimed at a high-risk (military) population.