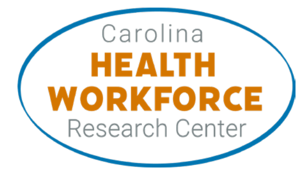
Interrupted Integrated Healthcare? How Primary Care Adapted Core Components of Integrated Healthcare in Responses to COVID-19



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Integrated behavioral health (IBH) delivered in primary care is critical to addressing the growing behavioral health crisis in the US. COVID-19 prompted changes to the core components of IBH causing the model to shift. Little is known about how IBH teams adapted and what these adaptations mean for the future of IBH teams in primary care. This qualitative study focused on how IBH teams adjusted their integrated workflows and core components of care and what this might mean for the future of IBH teams. Qualitative in-depth interviews with a convenience sample of IBH health care workers working in primary care settings (N=20) representing nine states. Study participants included behavioral health (BH) clinicians (n = 15) and medical providers (e.g., family medicine physicians, nurse practitioners; n = 5). Four themes emerged: (1) Permanent changes to the physical structure of the team occurred; (2) Increased reliance on technology for team communication; (3) Team collaboration occurred asynchronously; (4) Overall team embraced telehealth for IBH. Changes to physical proximity of team members disrupted all other components of IBH, requiring adapted workflows, communication via digital channels, virtual team building, asynchronous care coordination, and remote service delivery. Long term evaluation of these innovations is needed to examine if shifts in core components impact model efficacy. Training family medicine, primary care, and behavioral health clinicians for these adapted models of IBH will be needed.

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