

OVERVIEW

Primary care is often the entry point for identifying behavioral health conditions and accessing care. While primary care has addressed behavioral health needs for decades, increased volume and severity of behavioral health needs has placed significant stress on primary care providers, who often have limited training in behavioral health and few resources.

The [Virginia Task Force on Primary Care](#) identified behavioral health as a priority area of investment and research. To better understand the intersection of primary care and behavioral health, the Task Force conducted an analysis using the Virginia Health Information (VHI) [All Payer Claims Database](#) for services provided in 2019 – 2021 and the [Virginia County Health Rankings data](#).ⁱ Analyses using the APCD do not include uninsured Virginians, who are at risk for behavioral health needs. For the purposes of this report, behavioral health is defined using the U.S. Agency for Healthcare Research and Quality Clinical Classification System and includes mental health conditions and substance use disorders.ⁱⁱ

KEY FINDINGS

- 67% of visits related to behavioral health are conducted by a primary care provider.
- Virginia has 224 behavioral health providers per 100,000 Virginians, which is significantly fewer than the national average of 295 providers per 100,000 residents.
- Only 20% of Virginia localities have as many behavioral health providers as the national average. Rockbridge and Westmoreland counties have the fewest while the city of Fairfax has the greatest number of behavioral health providers per 100,000 residents.
- Medicaid is the largest payer of child and adolescent behavioral health services; however, commercial plans experienced a greater increase in the number of children and adolescents served and behavioral health expenditures since 2019.
- Lack of capacity to care for behavioral health needs is one of the top reported reasons for burnout.

PRIMARY CARE IS A KEY PROVIDER OF BEHAVIORAL HEALTH CARE

In 2021, family practice physicians treated more Virginians for conditions related to behavioral health needs than any other provider type. In fact, 3 of the top 5 provider types were all primary care providers, including nurse practitioners (ranked 3rd) and internists (ranked 4th). Pediatricians ranked 7th, just below clinical psychologists in terms of the number of individuals served. A report by the Virginia Ambulatory Care Outcomes Research Network (ACORN) on data from the VHI APCD found that 67% of all behavioral health services in Virginia were billed by primary care providers, such as family medicine, general practitioners, pediatricians, or geriatricians.

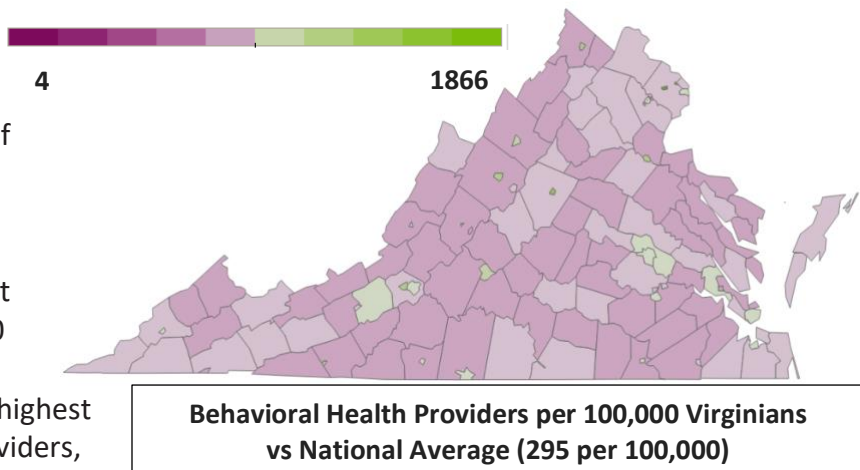
This trend of primary care providers caring for behavioral health began before the COVID-19 pandemic, with a national study finding that most visits related to anxiety and depression were conducted by a primary care

provider, and primary care provided one-third of the care for serious mental illness (SMI), including prescribing 25% of the prescriptions for SMI.ⁱⁱⁱ

Even before national trends of increased mental health needs and increased severity of behavioral health conditions that have come with the pandemic, the [American Psychological Association](#) reported that psychological issues accounted for up to 70% of primary care visits. And importantly, demonstrating the critical role of primary care in behavioral health, 40% of individuals who commit suicide had seen their primary care provider in the month prior. Yet, the VTFPC found that primary care providers report feeling ill-equipped to care for the severity and volume of patients needing behavioral health services and report lack of adequate referral options.

On closer look, Virginia's primary care providers do lack referral options for patients with behavioral health needs. Virginia lags well behind the nation in terms of behavioral health workforce per 100,000 residents. On average, Americans have 295 behavioral health providers per 100,000 residents; however, in Virginia, that ratio shrinks to 224 behavioral health providers per 100,000 residents.^{iv} As a result, primary care fulfills a particularly important role in behavioral health in Virginia. Team-based care models, integration of primary care and behavioral health, and expansion of e-consult platforms such as [VMAP](#) are critical to ensuring Virginians have access to high quality, whole person care.

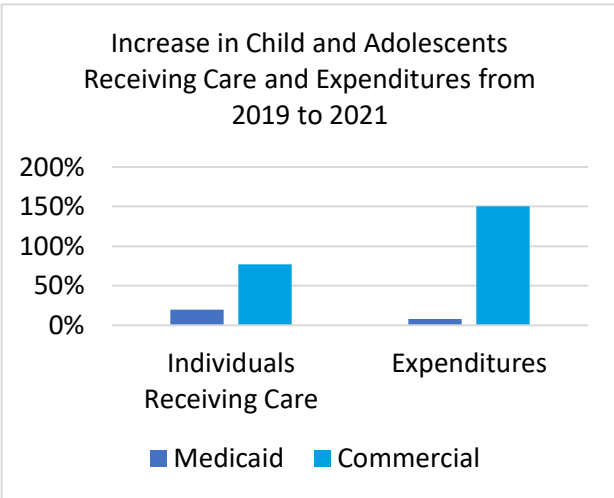
Behavioral health providers, like primary care providers, are not evenly distributed across the state. Only 20% of localities in Virginia have as many behavioral health providers as the national average. Rockbridge and Westmoreland counties have the fewest behavioral health providers per 100,000 residents with 4 and 11 providers respectively. The city of Fairfax has the highest per capita rate of behavioral health providers, with 1,866 providers per 100,000 people.



CHILDREN AND ADOLESCENTS WITH BEHAVIORAL HEALTH NEEDS

Mirroring national trends, Virginians are increasingly requiring support for behavioral health concerns. Mood disorders, including major depressive disorder, were the most common condition treated in 2021, followed by developmental disorders and anxiety disorders. Children in particular are being diagnosed with behavioral health conditions at an increased rate.^v The most common conditions among Virginia's children in 2021 were attention deficit conduct and disruptive behavior disorders (22%), followed by anxiety disorders (18%) and mood disorders (16%).

Medicaid is the largest payer for child behavioral health care, covering 265,000 members under the age of 22 with a behavioral health diagnosis in 2021. This number has grown steadily over the last few years from 220,000 in 2019 (an increase of 20%). Similarly, behavioral health expenditures for children in Medicaid has increased. In total, Medicaid paid \$616.9 million for their behavioral health care in 2021, up from \$569.7 million in 2019 (an increase of 8%).

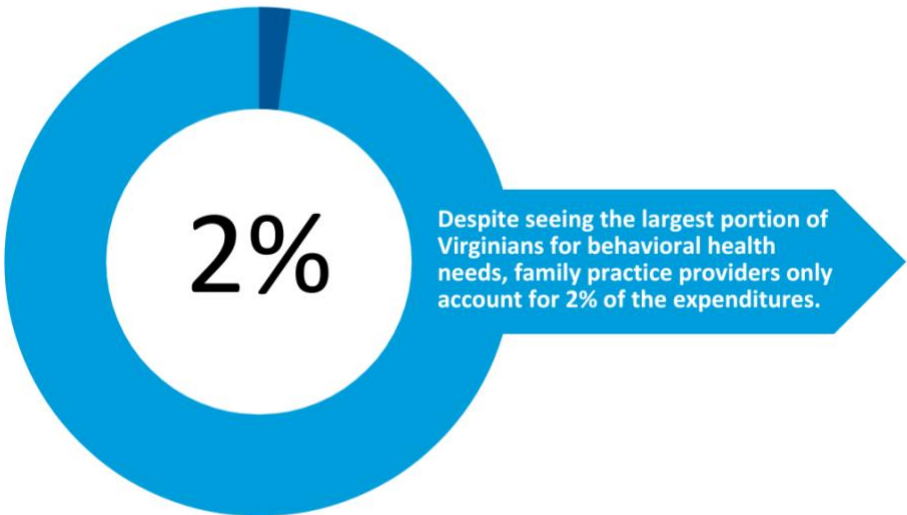


While Medicaid is the leading payer for child behavioral health services in Virginia, commercial payers have experienced a significantly greater increase in the number of children and adolescents receiving care and expenditures. Based on data from the VHI APCD, commercial plan expenditures increased by 150% between 2019 and 2021. This may be compared to the 8% increase in expenditures in Medicaid. Similarly, while in Medicaid, the number of children receiving care increased by 20%, in commercial plans, 2021 had 77% more children and adolescents receiving behavioral health services compared to 2019.

Children and adolescents are more likely than adults to be regularly seeing a primary care provider. As the behavioral health needs of children and adolescents increase, primary care providers play a crucial role in identification and treatment. The VTFPC found that pediatricians and family practice physicians caring for children and adolescents in particular reported needing assistance with the increased load and severity of behavioral health needs of their patients. The VTFPC recommends piloting a payment model that would support further integration of behavioral health and primary care for the child and adolescent populations.

BEHAVIORAL HEALTH AND PRIMARY CARE BURNOUT

Inpatient hospital care accounts for the greatest proportion of behavioral health expenditures, with nearly \$1 in \$4 spent on behavioral health in Virginia going to inpatient care. Yet, family practice providers serve the great number of Virginians with behavioral health needs. Despite reaching the largest number of Virginians, family practice providers account for only 2% of behavioral health expenditures. The majority of the care provided by family practice or other primary care clinicians for behavioral health is generally directly provided by the clinician. In a survey of Virginia’s primary care practices, only 21% of primary care practices reported having co-located behavioral health providers.^{vi}



VTFPC conducted two assessments of clinicians to identify significant contributors to primary care provider burnout. One of the most commonly reported stressor for primary care providers was lack of capacity to care for behavioral health and social needs. Primary care providers reported concern that lack of capacity to care for these needs were negatively impacting patient health. Additionally, primary care providers frequently shared their perception that resources outside of primary care practices were also lacking, leading to

additional concerns among providers about referral options and feeling of helplessness to meet the need of patients. Indeed, only two-thirds have offer referrals to behavioral health providers. In fact, patient access to mental health resources is the #1 response from primary care providers when asked what would enable them to see more Medicaid members.^{vii}

CONCLUSION

Primary care providers are most likely to care for a patient with a behavioral health need in Virginia, yet their current capacity and structure does not meet the demand for comprehensive well-integrated services. Despite the fact team-based models have long been shown to be evidence-based care models, the integration of primary care and behavioral health has been minimal in Virginia. This is due in part to both payment and regulatory barriers. Few Virginia providers have implemented either Certified Community Behavioral Health Clinics (CCBHC) or the Collaborative Care Model (CoCM), both evidence-based team models, and neither are covered by Medicaid.

Virginia should undertake efforts to build the behavioral health workforce, training and recruiting new providers. However, these efforts take time. Given Virginia's limited behavioral health workforce, with fewer behavioral health providers in the Commonwealth than on average in the country, the state must take steps in parallel to maximize the support provided to other first line providers who are seeing patients now – especially primary care. Expanding the capability of primary care to address behavioral needs is imperative in a system that is currently heavily relying on these providers to fulfill an urgent need.

Importantly, despite a smaller behavioral health workforce than other states, Virginia's behavioral health needs mirror national trends. Children and adolescents, in particular, are experiencing an increase in behavioral health needs. While Medicaid is by far the largest payer of behavioral health services, commercial plans are quickly seeing an increase in need and behavioral health expenditures. Supporting our workforce is critical to ensuring that Virginians are able to access timely and high-quality care. Support may require including primary care as part of the team in team-based models for behavioral health and establishing payment models that incentivize integration of behavioral health and primary care, allowing for infrastructure development and flexible time. The Virginia Task Force on Primary Care recommends piloting a payment model to support team-based approaches to primary care, focusing on children and adolescents – where providers are experiencing the greatest needs.

ⁱThe VHI All Payers Claims Database includes claims and encounters provided by Medicaid fee-for-services, Medicaid Managed Care entities, Commercial plans, Medicare Advantage plans, and Medicare fee-for-service. ERISA, military, and federal employee plans are not included. Claims for uninsured individuals are not included. Medicaid fee-for-service skilled nursing facility payments and Medicare FFS pharmacy claims have been excluded due to missing data. Analyses are based on actual paid amounts adjusted for trends in payment reversals, with the exception of integrated health plans. For integrated plans, proxy paid amounts are used to determine equivalent service-based payments.

- ⁱⁱ Healthcare Costs and Utilization Projects. [Clinical Classifications Software \(CCS\) for ICD-9-CM](#). March 2017
- ⁱⁱⁱ Sage Journals. [Assessing Primary Care Contributions to Behavioral Health: A Cross-sectional Study Using Medical Expenditure Panel Survey](#). June 2021
- ^{iv} County Health Rankings and Roadmaps. [Virginia](#). 2022
- ^v Journal of the American Medical Association. [Five-Year Trends in US Children’s Health and Well-being, 2016-2020](#). March 2022
- ^{vi} Virginia Commonwealth University. [Primary Care in Virginia](#). November 2019
- ^{vii} Virginia Ambulatory Care Outcomes Research Network. [Primary care main provider of mental health care in Virginia](#). 2022.

The Virginia Task Force on Primary Care (VTFPC) was launched in August 2020 as a multi-stakeholder collaboration. It is tasked with addressing the sustainability challenges facing primary care that came to light during the COVID-19 pandemic and continue to challenge our communities. The Task Force is led by the Virginia Center for Health Innovation. To learn more about the work of the VTFPC visit our [website](#).