

# Characteristics of Primary Care Physicians working in the Same Practice as Behavioral Health Providers

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*Policy Studies in Family Medicine and Primary Care*

# PURPOSE

# Purpose of the Study

- To examine the likelihood that a primary care physician (PCP) works in the same practice as a behavioral health (BHP) provider
- Sought to better understand the variation in these rates across geographic areas as well as physician and group characteristics

# BACKGROUND

# Background

- In the course of a year, > 30% of the population experience some form of a behavioral health disorder.
  - less than a third seek care from a BHP
- Nearly two thirds of patients with behavioral health conditions are seen primarily in a primary care setting

# METHODS

# Methods

- 2013 Physician Compare Data from CMS
  - Identified all PCPs and BHPs eligible to bill Medicare
- Data includes a practice identifier to identify PCPs and BHPs in same practice

# Methods

- PCPs characterized by graduation year, gender and practice address
- Linked Physician Compare practice address data to identify different areas of rurality using Rural-Urban Commuting area (RUCA) codes



# Statistical Analysis

- Estimated the percentage of PCPs working in the same practice as BHPs, stratifying across select physician characteristics
  - gender, primary care specialty, IMGs, year of graduation from medical school, practice size and level of rurality
- Multivariate logistic regression models were estimated
  - to understand the impact of different physician characteristics on the likelihood of practicing with BHPs, with and without controls for practice size
- Estimated a model that added fixed effects for each of the US states and the District of Columbia

# KEY FINDINGS

## Characteristics of Primary Care Physicians and Behavioral Health Providers Eligible to Provide Care to Medicare Beneficiaries

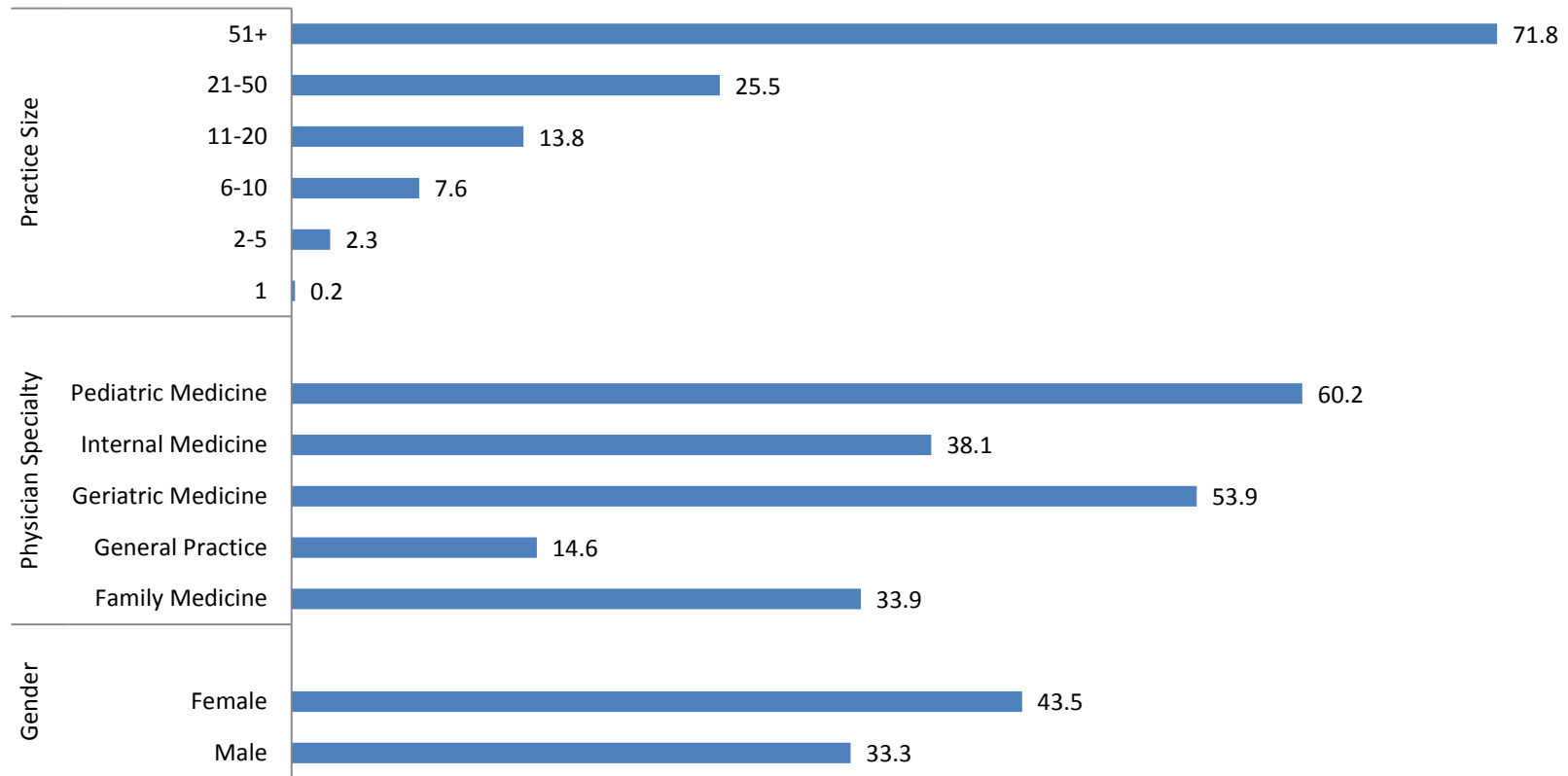
	Behavioral	Primary Care
Female	57.6%	35.2%
International Medical School	12.5%	37.1%
<b>Medical School Graduation Year</b>		
1941-1979	22.9%	18.0%
1980-1989	27.0%	24.4%
1990-1999	27.0%	29.9%
2000-2009	21.8%	26.9%
2010-2013	1.4%	0.7%
<b>Number of Physicians in Practice</b>		
0	15.7%	0.0%
1	7.4%	11.9%
2-5	12.1%	12.4%
6-10	7.3%	6.3%
11-20	5.5%	7.2%
21-50	5.0%	10.9%
51+	14.2%	45.0%
Not in Practice	32.8%	6.2%

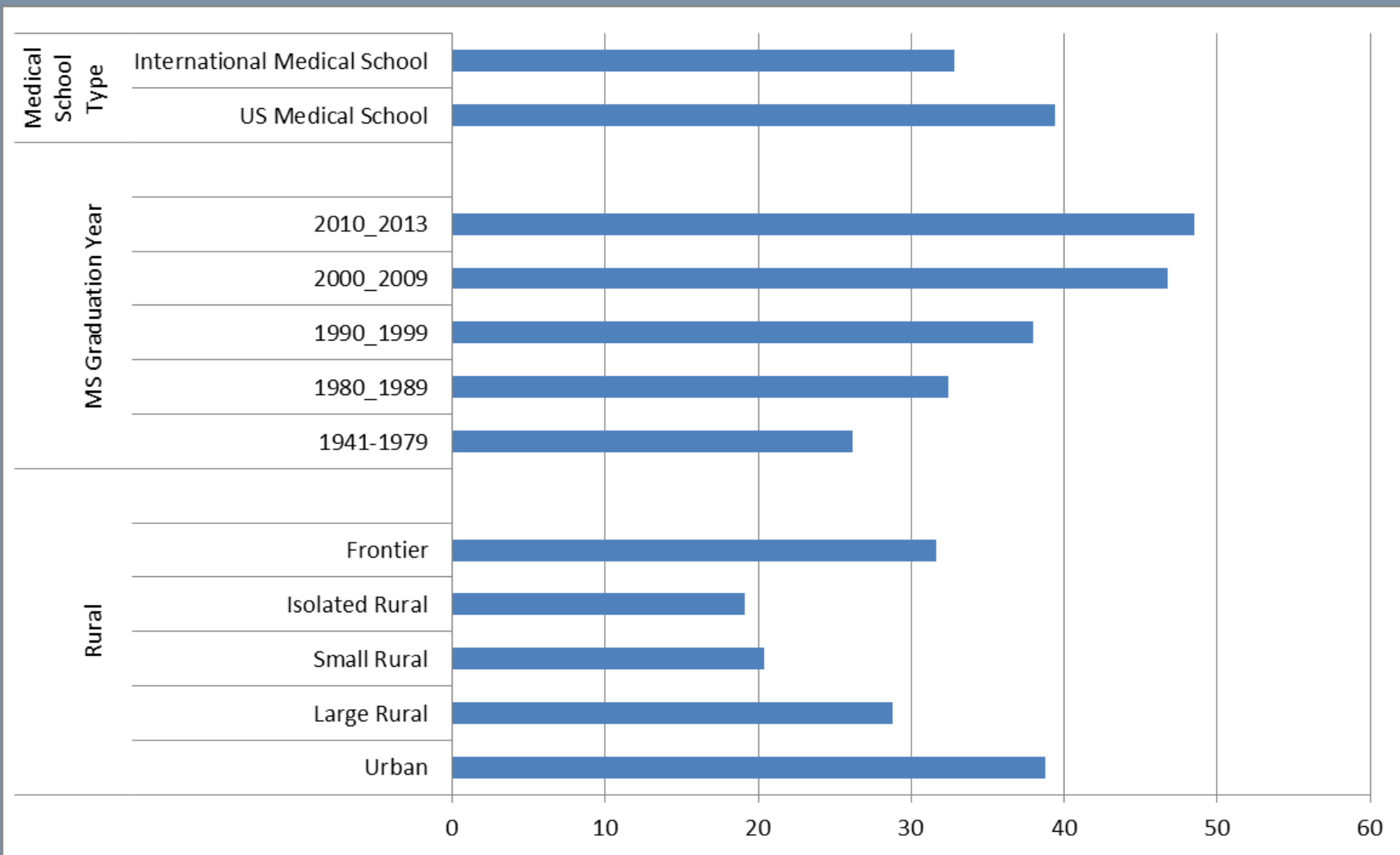
## Characteristics of Primary Care Physicians and Behavioral Health Providers Eligible to Provide Care to Medicare Beneficiaries

	Behavioral	Primary Care
<b>Level of Rurality</b>		
Urban	87.8%	83.4%
Large Rural	7.8%	9.2%
Small Rural	2.8%	4.5%
Isolated Rural	0.6%	1.1%
Frontier	0.5%	1.3%
Rurality Missing	0.5%	0.5%
<b>Speciality</b>		
Psychologists	30.5%	---
Psychiatrists	30.9%	---
Social Worker	38.6%	---
Family Medicine	---	42.2%
Pediatrics	---	3.7%
Internal Medicine	---	50.4%
Geriatricians	---	0.9%
General Practice	---	2.8%
Observations	84,289	203,144

Data: Physician Compare, 2013. For behavioral health providers, International Medical School and Medical School Graduation Year is restricted to psychiatrists.

## Percent of Primary Care Physicians Working in Same Practice as Behavioral Health Provider



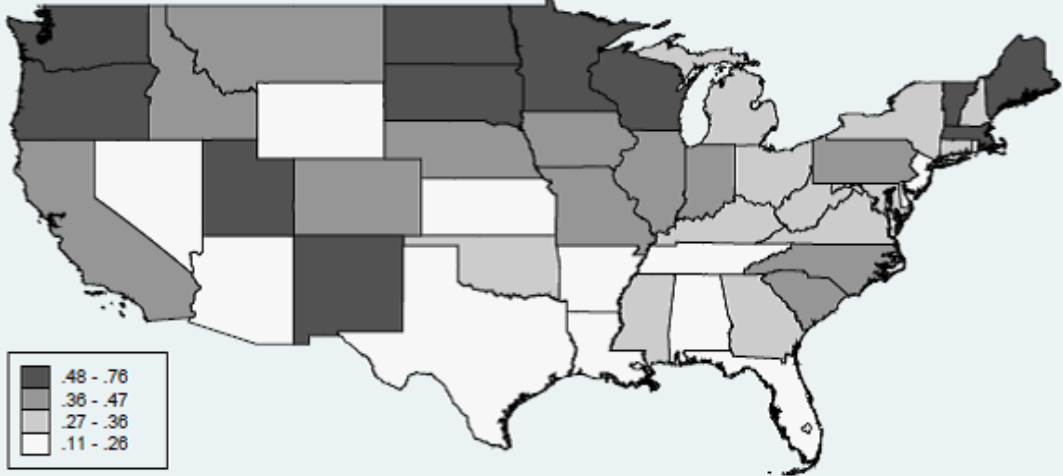


**Table 3. Multivariate Logistics Regression Analysis**

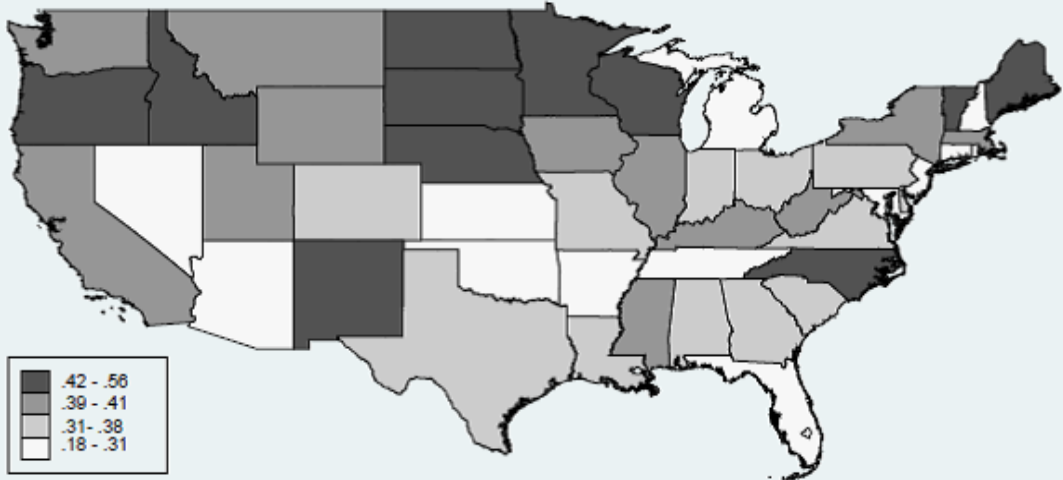
	OR	(95% CI)	OR	(95% CI)	OR	(95% CI)
<b>Gender</b>						
Male	1.000		1.000		1.000	
Female	1.285	(1.260 - 1.310)**	1.166	(1.137 - 1.196)**	1.145	(1.116 - 1.175)**
<b>Medical School Location</b>						
United States	1.000		1.000		1.000	
International	0.700	(0.686 - 0.713)**	0.846	(0.824 - 0.867)**	0.912	
<b>Specialty</b>						
Internal Medicine	1.000		1.000		1.000	
Family Medicine	0.823	(0.807 - 0.839)**	1.020	(0.994 - 1.046)	0.994	(0.968 - 1.021)
Geriatrics	1.910	(1.740 - 2.097)**	1.667	(1.468 - 1.894)**	1.747	(1.531 - 1.993)**
Pediatrics	2.352	(2.240 - 2.470)**	1.541	(1.453 - 1.635)**	1.535	(1.446 - 1.631)**
General Practice	0.356	(0.330 - 0.384)**	1.016	(0.905 - 1.140)	1.070	(0.953 - 1.201)
<b>Medical School Graduation Year</b>						
1949-1979	1.000		1.000		1.000	
1980-1989	1.268	(1.230 - 1.307)**	0.971	(0.930 - 1.014)	0.980	(0.938 - 1.025)
1990-1999	1.549	(1.504 - 1.594)**	0.930	(0.892 - 0.969)**	0.940	(0.902 - 0.981)**
2000-2009	2.248	(2.183 - 2.316)**	0.985	(0.946 - 1.027)	0.994	(0.953 - 1.036)
2010-2013	2.520	(2.270 - 2.798)**	1.003	(0.882 - 1.140)	0.913	(0.798 - 1.044)
<b>Rurality</b>						
Urban			1.000		1.000	
Large Rural	0.662	(0.640 - 0.685)**	1.014	(0.967 - 1.063)	0.903	(0.860 - 0.948)**
Small Rural	0.432	(0.410 - 0.455)**	1.436	(1.348 - 1.530)**	1.179	(1.101 - 1.263)**
Isolated Rural	0.418	(0.376 - 0.465)**	1.252	(1.078 - 1.455)**	1.037	(0.892 - 1.206)
Frontier	0.848	(0.780 - 0.922)**	2.991	(2.676 - 3.343)**	2.064	(1.825 - 2.334)**
<b>Practice Size (Physicians)</b>						
1	---		1.000		1.000	
2-5	---		16.782	(12.62 - 22.3)**	16.811	(12.6 - 22.3)**
6-10	---		56.381	(42.56 - 74.6)**	55.041	(41.5 - 72.9)**
11-20	---		113.342	(85.8 - 149.6)**	111.996	(84.7 - 147.9)**
21-50	---		250.192	(189.9 - 329.4)**	247.027	(187.4 - 325.5)**
51+	---		1,891.534	(1,438.1 - 2,487.8)**	1,809.831	(1,375.4 - 2,381.5)**
US State	No		No		Yes	

# Percent of PC Physicians in Practice with Behavioral Health Providers

Unadjusted



Adjusted



Physician Compare, 2013



# CONCLUSIONS

# Conclusions

- Observed differences across specialty type and rurality are attributable to variation in practice size
- When adjusting for practice size, there are *no* differences between general IM, GPs and FPs in the likelihood of practicing with BHPs.
- PCPs in larger practices are more likely to work in the same practice as BHPs.

# Conclusions

- Understanding the current proximity of PCPs and BHPs within group practices
  - will lead to further research on how such proximity impacts the team-based integrated care delivery model and population health
  - why some states appear better poised to integrate behavioral and primary care
  - identify areas of opportunity and obstacles

# Policy Implications

- Integration of our healthcare workforce is **key** to addressing the fragmentation of our health care delivery system

# Policy Implications

- States can, within limits, shape the delivery of health care, through Medicaid reimbursement policy, workforce planning, and regulation of insurance.

QUESTIONS ??



# Key Findings

- Total of 203,144 PCPs
  - 45.2% were internal medicine
  - 36.9% were family medicine
- 32.7% of PCPs were in the same practice as a BH provider
  - female PCPs, US medical school graduates, PCPs in larger practices, and those with fewer years of practice



# Key Findings

- 19.5% of PCPs in rural areas practiced with behavioral health providers
- 25.3% of PCPs in frontier areas worked with BHPs
- Differences in rates across states
  - 5.2% in Nevada and 8.4% in New Jersey to 70.3% in Minnesota and 72.3% in North Dakota