

Information for Behavioral Health Providers in Primary Care

A Guide to Overcoming Referral Barriers

Acknowledgement:

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Table 1

Common Referral Barriers in Primary Care and Strategies for Reducing Them

Barrier ^a	BHC Counter-Strategies
1. Patient is already seeing a therapist.	Offer to coordinate care (call the therapist, procure records). Emphasize establishing a relationship with the patient, in case therapy ends prematurely (crisis visits may be needed) or relapse occurs. Consider seeing the patient for problems not addressed in therapy (e.g., headaches or obesity).
2. No time to fetch the BHC and make the referral.	Try communicators (walkie-talkies, pagers). Locate the BHC office in a convenient spot. Work with each PCP to find an efficient referral strategy. Keep handoff time to a minimum by avoiding lengthy discussion. Demonstrate long-term time saving to PCP's by assuming management tasks (phone calls to schools, letter-writing, completing

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- disability forms, etc.). Do not require a written referral.
3. Forgot by the end of the visit. Place passive behavioral health screening posters in exam rooms and waiting areas (and change often). Develop signs to advertise your service. Increase visibility by coming out of your office or charting in the PCP office. Begin each day by meeting with each PCP to review potential referrals on the schedule. (If appropriate, offer to see patients *before* or *instead of* the PCP.) Empower nurses or medical assistants to remind PCP's to refer. Make a BHC referral part of the clinical pathway for appropriate conditions.
 4. Patient refused the referral. Be willing to see a patient very briefly, if limited time is the problem. Train PCP's to say, "It would help me help you." Demystify your service by talking in classes, posting signs, being visible and friendly.
 5. Patient has seen BHC before for same problem, isn't likely to benefit from another referral. Provide trainings on readiness for change (via BHC Newsletters or Drop-in lunch hour class using case illustrations). Remind the PCPs to view you as a routine part of care ("Anytime the treatment plan needs changed have the patient see me.").
 6. Worry about alienating patient by recommending a BH referral. Train PCP's to phrase referrals using terms like "lifestyle change", "stress", "consultation". Present the BHC as a primary care provider and part of usual care, and emphasize the consultative role.
 7. Not sure how to make the Discern specific questions PCP's have. Train them to

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- referral. interrupt you as needed; to find a referral issue the patient is concerned about (even if it's not the PCP's primary concern); and to describe you as a "consultant" or "team member".
8. BHC is unavailable or seems busy. Use this feedback to seek increased hours, if needed. Keep your door open when alone. Let PCPs know if you're not busy. Post work hours on your door. Welcome interruptions. Wear a pager or use walkie-talkies. *Be flexible*; if short on time, a 10-minute initial visit is better than no visit. Avoid complaining about your workload.
9. BHC doesn't speak patient's primary language. Train to work with an interpreter. Teach interpreters common interventions. Develop picture-based patient education materials. Translate handouts into the most commonly encountered languages. Demonstrate cultural competence to staff via case discussions and newsletters.
10. Patient is responding well to medications alone; no need for referral. Educate PCPs about relapse potential and the benefits of relapse prevention training. Leave study abstracts on these topics in the PCPs' office.
11. Don't want to overwhelm the BHC. If overwhelmed, seek more hours or investigate group visits or ways to be more efficient. Reassure PCPs. Avoid comments or behaviors suggesting you're overwhelmed.
12. Not sure what to say about cost of BHC visit. Train PCP's to use motivational techniques to overcome pt's concerns. Develop fee structures that reduce resistance.
13. Unlikely BHC could help Encourage PCPs to refer freely. Accept all referrals.

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with this type of problem.	Distinguish BHC care from mental health care. Use
What was/were the	newsletters, talks, shadowing to educate PCPs about
problem(s)?	psychosocial factors and the variety of problems seen.
14. Other barriers:	Identify specific barriers and talk with PCP's and staff regarding how to overcome them.

^a Items in this column are from the Referral Barriers Questionnaire (RBQ).