

Resuming In-Person Behavioral Health Encounters in Primary Care: General Principles, Guidelines, and Strategies

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Goal

- To provide limited, in-person behavioral health services in primary care, while minimizing the risk of COVID-19 exposure to patients and employees.

Context

- In-person primary care behavioral health services were discontinued in March 2020. Since that time BH clinicians have delivered services via phone and videoconferencing.
- Principles, guidelines, and strategies are needed to inform the limited resumption of in-person behavioral health services in primary care.

General Principles

- Patient preferences, values, health status, and social/familial responsibilities should be considered when deciding whether a visit should, or should not take place in-person.
- There are diverse scenarios in which a patient may be appropriate for an in-person encounter. Clinicians should use their professional judgement and consultation with colleagues to identify when the benefits outweigh the risks.
- When deciding whether or not a behavioral health visit should occur in-person vs. tele-health clinical and safety considerations should be given more weight than the practice's financial considerations.
- Each primary care practice's unique physical space and staffing will dictate the number of patients that can safely be seen each day in a practice. For this reason, behavioral health providers will need to closely coordinate in-person appointment with the office manager, nurse manger, and the medical director.
- Providers should use a combination of tele-health and in-person encounters to achieve their established targets for billable encounters.

Guidelines

- Behavioral health providers have a responsibility to understand each patient's risk and health status related to COVID-19. In instances where the behavioral health provider is unclear about a patient's risk they should consult with a physician to clarify the patient's status.
- Medical exam rooms should be used for in-person behavioral health encounters. These spaces are explicitly equipped and managed in ways that allows for effective

infection control practices. Behavioral health providers will need to coordinate in-person visits with staff who are responsible for cleaning rooms between encounters.

- Patients arriving for behavioral health encounters should spend as little time in communal spaces as possible. For example, once a patient arrives at the practice they should spend as few minutes in the practice's waiting room as possible.
- During in-person encounters social distancing and PPE should be used by both the patient and the provider.
- Patients Under Investigation for COVID (PUI) should not be seen in-person for behavioral health encounters. Those with active COVID infections should not be seen in-person for behavioral health encounters.
- Behavioral Health providers wishing to schedule an in-person encounter for patients who were previously treated for COVID should confirm with the patient's PCP that the patient is safe for an in-person encounter.

Strategies

- When clinically appropriate, patient's scheduled for in-person behavioral health encounters should be encouraged to have back-to-back or joint encounters with behavioral health providers and PCPs. This will reduce the total number of visits to the health center by the patient, the total number of employees interacting with the patient, and the number of rooms that need to be cleaned once the patient leaves.
- Examples of scenarios in which in-person encounters may be preferable to tele-health include but are not limited to:
 - Intimate partner violence
 - Psychotic or delusional disorders that interfere with tele-health
 - Patients without reliable access to phones or the internet
 - Family encounters including work with children
 - Patients in need of a thorough assessment of risk of self-harm