

# BU and BMC find pediatric behavioral health care integration shows promise

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Integrating behavioral health services into pediatric primary care in three Boston-area community health centers increased primary care visits by children with mental health diagnoses without raising Medicaid costs.

In mid-2016, the Dimock Center in Roxbury, Codman Square Health Center in Dorchester, and the Lowell Community Health Center began working with Boston University (BU) and Boston Medical Center (BMC) to implement the Transforming and Expanding Access to Mental Health Care in Urban Pediatrics (TEAM UP) model of fully-integrated pediatric behavioral health within [primary care](#), with support from the Richard and Susan Smith Family Foundation.

Now, a new study published in *Health Services Research* and led by a Boston University School of Public Health (BUSPH) researcher finds that, in the first year and a half of the program, [children](#) with mental health diagnoses who were served by the TEAM UP sites went for more primary care visits than similar children served by nearby non-participating community health centers.

Despite this increase in visits, children who were part of TEAM UP did not see a change in avoidable health care utilization (such as emergency department visits or hospitalizations) or in healthcare costs.

"Notwithstanding the direct investment of implementing the intervention, integrating behavioral health into the pediatric medical home for low-income children has measurable value in as little as one

and a half years, without further increasing patient spending," says lead study author Dr. Megan Cole, assistant professor of health law, policy & management at BUSPH. "If increased engagement in primary care leads to earlier and improved treatment for children with mental health conditions, longer-term cost savings could result."

An estimated one in five children in the US has a behavioral health issue, but there are major unmet needs and systemic barriers to access care. Progress to integrate behavioral [health](#) into [pediatric primary care](#) has been slow, especially at centers serving [low-income families](#) who already face the greatest barriers.

**More information:** Megan B. Cole et al. The effects of integrating behavioral health into primary care for low-income children, *Health Services Research* (2019). [DOI: 10.1111/1475-6773.13230](https://doi.org/10.1111/1475-6773.13230)

Provided by Boston University School of Medicine

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