

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

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 behavioral health 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

The following general principles should inform clinician's decision making when providing in-person behavioral health encounters during the pandemic.

- 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. For example, be sure to assess if patient's are sharing a household with someone who is immunocompromised.
- There are clinical scenarios in which it may be appropriate for an in-person encounter. Clinicians should use their professional judgement and consult with colleagues to identify when the benefits outweigh the risks.
- When deciding whether 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.
- The unique physical space and staffing of each practice will dictate the number of patients who can safely be seen each day. Behavioral health clinicians will need to closely coordinate in-person appointments with the office manager, nurse manager, and the medical director.
- Clinicians should use a combination of tele-health and in-person encounters to achieve their established targets for billable encounters.

Guidelines

In-person behavioral health encounters in primary care should adhere to the following guidelines. These guidelines are intended to reduce the risk to both patients and employees.

Selecting Patients Appropriate for In-Person Encounters

- Behavioral health clinicians have a responsibility to understand each patient's risk and health status related to COVID. In instances where the behavioral health clinician is unclear about a patient's COVID related risk they should consult with a physician to clarify the patient's status.
- Patients Under Investigation for COVID (PUI) should not be seen in-person for behavioral health encounters.
- Patients with active COVID infections should not be seen in-person for behavioral health encounters.

- BH clinicians wishing to schedule an in-person encounter for a patient who was previously treated for COVID should confirm with the patient's PCP or another physician that the patient is safe for an in-person encounter.

Physical Space and Precautions

- Social distancing and appropriate PPE should be used by both the patient and the clinician during in-person 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 waiting room as possible.
- 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 clinicians will need to coordinate in-person visits with staff who are responsible for cleaning rooms between encounters.
- Patients arriving at the practice for in-person behavioral health encounters should be treated with the same precautions and screening protocols used for medical and nursing appointments. Behavioral health clinicians should be notified if a patient screens positive for COVID symptoms upon arrival at the practice. In this case, the behavioral health clinician should consult with a physician to determine next steps in addressing the patient's behavioral health needs.
- After a behavioral health clinician completes an in-person encounter, the clinician should ensure the room is marked as unavailable and notify nursing staff that the room is ready to be cleaned.

Strategies

- It can helpful to plan to have a medical assistant immediately room a patient who arrives for an in-person behavioral health encounter. This is especially true if there is a chance a BH clinician may be running late for a scheduled in-person encounter. The goal is to minimize the time the patient spends in the waiting room.
- When clinically appropriate, patients scheduled for in-person behavioral health encounters should be encouraged to have back-to-back or joint encounters with behavioral health clinicians and PCPs. This will reduce the number of visits to the practice 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