Principles on Integrating Behavioral Health Into Medical Homes Must Not Designate Leaders as “Physicians Only”

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Nurse practitioners have long included high-quality behavioral health in the care they provide to individuals and families nationwide. Just as the principles of the medical home have been an integral part of nurse practitioners’ practice, so has the concept of whole person orientation incorporating both physical and mental or behavioral health care. It is therefore encouraging that organized medicine has embraced integrated physical and behavioral health care in patient-centered medical homes, a position that could help improve the wellbeing of patients all throughout the United States. Although the American Association of Nurse Practitioners (AANP) has long supported such integration, we do not support the physician-centric joint principles included in the current issue of *Annals of Family Medicine* (The Working Party Group on Integrated Behavioral Healthcare et al., 2014), as they create provider and leadership roles that are too narrow and restrictive for the provision of health care in the 21st century. As written, they limit access to high-quality care and restrict patient choice of health care providers.

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AANP recommends that medical homes integrating behavioral health follow principles that extend leadership and participation to all fully qualified providers, including nurse practitioners. This recommendation is consistent with the medical home definition established by the Agency for Healthcare Research and Quality (AHRQ) and the policies of the four certifying bodies for medical homes, which all recognize nurse practitioner practices as such (AHRQ, 2014).

For nearly 40 years, nurse managed health clinics (NMHCs) have been at the forefront of integrated physical and behavioral health care, and exemplars in conversations surrounding best practices. NMHCs epitomize ideal working partnerships between nurse practitioners and behavioral health clinicians, often with colocations, shared health care records and billing activities, and care provided at a fraction of the cost of a traditional medical model. These working partnerships have led to improvements in the lives of patients and families in diverse communities, including those that are geographically isolated and medically underserved (NNCC, 2014).

To continue these improvements, medical homes must follow principles that ensure behavioral health services are key components of care, whether led by physicians or nurse practitioners. Guiding principles should grant all authorized clinicians—including psych/mental health advanced practice nurses and nurse practitioners—the ability to provide behavioral health services within the context of the medical home. In addition, all disciplines leading and participating in care delivery must play a role in the development of the medical home’s policies and ongoing activities.

Although AANP does not support the joint principles’ physician-centric language and policies, we agree with several points outlined by organized medicine. For example, we believe that behavioral health care should be provided and accessible within the context of primary
care services whenever possible, and that this care should be coordinated, integrated, and documented through shared registries, health care records, and decision-making and care processes. We also agree that services should be developed that are compatible and possible in the community where care delivery is taking place. We further agree that interdisciplinary education and training would have a significant positive impact on the integration of behavioral health services in the medical home.

AANP has long recognized the importance of including behavioral health care in primary care practice and is supportive of efforts to bring this to fruition. However, when considering the delivery of primary care through medical homes, all eligible providers, including nurse practitioners, must be recognized as leaders in and providers of medical home services. Leadership and participation must not be confined to “physicians only.”

References


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