The screening to referral process during the first two years of CBHP implementation revealed a few interesting findings, including differences in predictive value between sociodemographic variables. First, patients with private insurance and patients whose ethnicity was “not Hispanic or Latino” were more likely to be screened yet less likely to be eligible or referred. For the variable of race, “Asian” was more likely to be screened, but all races (except “Native American/Pacific Islander”) were less likely to be referred. Also, “Age >65” was less likely to be screened or referred. The predictive value discrepancies between these sociodemographic variables may reflect biases within the healthcare setting. Our results suggest that systemic challenges may be associated with specific sociodemographic variables that hinder access to collaborative care services.

There are several factors which may have limited our results. A portion of the study occurred during the COVID-19 pandemic; during this time, there were many changes to healthcare delivery including conversion to tele-visit health. This may have affected screening to referral rates or preferentially influenced this process for patients with specific demographic characteristics. Additionally, poor documentation, errors in data reporting, and internal disagreement about data interpretation limit our analysis.

The collaborative care model can be used to increase access to mental health services from within a primary care setting. While further research is needed to better understand the cause of these variables as barriers, characterizing these screening and referral processes can help inform the need for strategies to optimize equity and sustainability in collaborative care programs.

### References