



Title: Initial Outcomes of TABBICAT™: A Data-Driven Model of Behavioral Health Integration

Authors

Eva Szigethy, MD, PHD; Michael Oravec, MPH, PhD; Amanda Gogol- Tagliaferro, DO; Katheryn Saucier, BS; Meredith Strassburger, MSW; Chelsea Weyand, ABPP, PsyD

Learning Objectives

- Understand how the TABBICAT™ model can be implemented in primary care practices.
- Examine how TABBICAT may impact access to behavioral health care.

Abstract

Objectives:

- 1) Examine the effects of TABBICAT™ behavioral health (BH) integration into primary care implementation model
- 2) Evaluate engagement rates in behavioral health services at integrated TABBICAT™ pediatric practices vs. non-integrated pediatric practices and explore barriers and demographics

Methods: Engagement rates for BH referrals from all primary care pediatric practices affiliated with Akron Children's from February 2024 through December 2024 were analyzed in this IRB-approved study to determine the effectiveness of the TABBICAT™ model on engagement. TABBICAT™ (Triage-Assessment-Brief Behavioral Intervention-Care Coordination-Tracking) is a standardized BH approach to screen, assess need, provide brief evidence-based therapy, offer concierge level coordination of care, and track outcome data. By design, to make sure we are doing this in the highest quality manner, TABBICAT™ implementation of new sites was staggered. Referrals from seven practices who self-selected as early adopters where TABBICAT™ was implemented for at least 3 months (N=1161) were compared to the remaining 38 practices with a co-located therapist (N=3250) to determine if the model improved engagement, defined as a completed BH appointment within 12 weeks of a referral. We used multivariable logistic regression to model the odds of engagement for TABBICAT™ practice referrals vs. usual care, controlling for potential confounders.

Results: We observed a higher rate of engagement in the TABBICAT™ practices vs. usual care practices (42.6% vs. 34.3%, $\chi^2=25.3$, $df=1$, $p<0.001$). In the adjusted model, TABBICAT™ practices had increased likelihood of engagement vs. usual care (OR 1.4, 95% CI 1.2-1.6, $p<0.001$). Other significant predictors for engagement included patients from rural vs urban areas (OR 1.2, 95% CI 1.1-1.4, $p=0.003$) and Medicaid vs. commercial insured (OR 1.3, 95% CI 1.1-1.5, $p<0.001$).

Conclusions: This study supports the utility of a standardized implementation approach to behavioral integration and helped us identify that additional mental health therapists are needed in urban areas to meet demand. We continue to evolve the model to assess clinical outcomes with better defined control groups. Limitations include potential bias in site selection though we did account for co-variates statistically.