



How a Health System Doubled Its Initial Behavioral Health Appointment Attendance Through Collaborative Care

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Executive Summary

Most behavioral health conditions are managed in the primary care setting. Access to specialized behavioral health treatment remains a challenge for patients and primary care providers (PCPs), with 30-50% of patients never receiving the care they need.¹

LifeStance partnered with a large primary care medical group to close this gap and improve access to behavioral health care by implementing two parallel programs: a coordinated behavioral health referral pathway and an integrated behavioral health (IBH) program using the **Collaborative Care Model (CoCM)**.

Over a one-year period, **patients enrolled in CoCM were more than twice as likely to attend their initial behavioral health visit—78% attended compared to 38% of patients referred through the coordinated referral pathway.** These results demonstrate that IBH can substantially improve patient engagement and provide a scalable model for health systems to expand access to evidence-based behavioral health care.

PROGRAM OUTCOMES

38%

of primary care patients referred through the **coordinated referral pathway** attended their first behavioral health appointment

78%

of all patients enrolled in **CoCM** attended their first behavioral health appointment



Barriers to Behavioral Health Treatment Initiation:

Primary care remains the setting where most people obtain their behavioral health treatment. Half of all behavioral health disorders are treated in the primary care setting² while more than 60% of psychotropic medications are prescribed by PCPs.³ For patients requiring behavioral health treatment from a licensed specialist (e.g., psychiatrist, therapist), PCPs struggle to connect these patients to care. PCPs often cite behavioral health as one of the most difficult specialties to access,⁴ with 30-50% of patients referred never attending their first appointment.¹ As a result, many patients with a behavioral health condition do not get the treatment they need, resulting in worse quality of life,⁵ higher mortality rates, reduced life expectancy,⁶ and higher overall health care cost.⁷

Health care systems have made strides to improve access to behavioral health care through strategic referral partnerships with community agencies and practice groups.⁸ These partnerships often offer streamlined referral workflows, systematic referral tracking, and proactive outreach attempts to increase the likelihood that patients get connected to the care they need. However, even with reliable referral partnerships, the rate at which patients attend their initial behavioral health appointment after being referred remains suboptimal.

Integrated Behavioral Health Significantly Improves Attendance Rates:

Beyond employing strategic behavioral health referral partners, many organizations are opting to integrate behavioral health directly into the primary care setting to further improve access to treatment. IBH means physically embedding or virtually dedicating behavioral health resources (typically a licensed therapist) into the medical setting. This clinician resource operates as a member of the primary care team and works with the patient and PCP to improve behavioral health symptoms, functioning, and other health-related outcomes. Evidence demonstrates markedly higher attendance rates for initial visits in IBH models compared to traditional specialty referrals.⁹ Several factors contribute:

Timeliness: The less time that elapses between behavioral health referral and initial appointment, the more likely the patient will attend the visit.¹⁰ IBH utilizes same-day or rapid-access appointments, which reduces dropout between referral and first visit.

Barrier Removal: Because a licensed mental health clinician is embedded in the primary care practice's EHR and scheduling system, patients can schedule their visit at checkout, avoiding separate calls, insurance navigation, or waitlists.

Reduced Stigma: Embedding behavioral health in a familiar setting normalizes that behavioral health care is part of the typical provision of health care, which promotes engagement.



LifeStance Case Study:

LifeStance Health partnered with a large primary care medical group to support its access to behavioral health services through two parallel pathways:

1. Coordinated Referral Program: PCPs submitted referrals through an integrated order set in the electronic health record. Referrals were tracked in a dashboard that PCPs could easily access to see if the patient had been scheduled for an initial behavioral health visit.
2. IBH Program: Eighteen PCPs (five adult medicine physicians and five pediatric medicine physicians, and their partnering advanced practice providers) participated in an IBH program using CoCM.

CoCM, developed by the AIMS Center at the University of Washington,¹¹ is the most widely studied model of IBH, demonstrating improved clinical outcomes across ages and presenting problems.¹²⁻¹⁵ The CoCM team consists of the PCP, a collaborative care clinician (licensed therapist), a psychiatric consultant, and the patient.

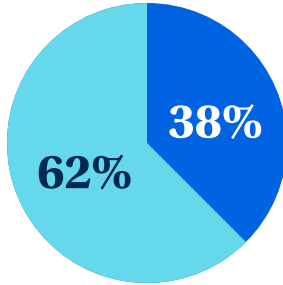
All CoCM team members work together to create and execute a treatment plan designed to help the patient feel better quickly. All patients engage in measurement-informed care wherein symptoms are tracked via established symptom inventories (i.e., Patient Health Questionnaire – 9 item [PHQ-9] and Generalized Anxiety Disorder – 7 item [GAD-7])^{16,17} throughout their treatment episode to ensure the patient is improving at the expected rate. Care activities and symptom inventories are tracked via a registry platform to ensure patients are not lost to follow up.

As part of LifeStance's CoCM program with this primary care medical group, a LifeStance licensed mental health clinician was embedded on-site with a dedicated schedule, enabling immediate and seamless appointment booking. Additionally, where available, patients were able to meet the clinician in-office prior to making an appointment to further eliminate any hesitation about attending their first visit.

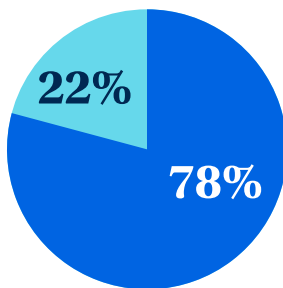
Results:

Patients enrolled in CoCM were over two times more likely to attend their initial appointment, demonstrating the impact of IBH on patient access and engagement.

COORDINATED REFERRAL PROGRAM



CoCM PROGRAM



■ Attended First Appointment ■ Did Not Attend First Appointment

Data between 12/1/2024 and 11/30/2025.

Conclusion:

Embedding behavioral health services within primary care substantially improves timely access to treatment. Compared to traditional referral pathways, the CoCM model yielded significantly higher initial appointment attendance. These findings reinforce IBH as a critical strategy for reducing barriers to care, improving patient outcomes, and supporting PCPs in addressing their patients' behavioral health needs.

CLINICAL OUTCOMES

62%

of patients who entered the CoCM program with elevated PHQ-9 and/or GAD-7 scores showed symptom improvement within 90 days

47%

of patients achieved remission of symptoms

1. Symptom improvement is defined as a 5+ point reduction on the PHQ-9 and/or a 4+ point reduction on the GAD-7.
2. Remission is defined as a PHQ-9 and/or GAD-7 score of 5 or less.
3. These measurements exceed epidemiological data on CoCM program effectiveness.¹⁸

About LifeStance:

Founded in 2017, LifeStance Health is reimagining mental health. We are one of the nation's largest providers of virtual and in-person outpatient mental health care for children, adolescents and adults experiencing a variety of mental health conditions. Our mission is to help people lead healthier, more fulfilling lives by improving access to trusted, affordable and personalized mental health care. LifeStance and its supported practices employ more than 8,000 psychiatrists, advanced practice nurses, psychologists and therapists and operate across 33 states and more than 550 centers. LifeStance also provides **turnkey CoCM services** to health systems looking to scale IBH.

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