Background

Individuals with chronic infectious diseases are at increased risk for comorbid mental health conditions that may impair chronic disease management. Integrated behavioral health (IBH) models improve access to mental health care in primary care. A key strategy is the “warm handoff” (WHO), in which patients are directly introduced to a behavioral health provider during a visit to promote engagement. Its effectiveness in this population is not well characterized.

Objective

This study examined whether WHO completion is associated with IBH engagement among patients with chronic infectious diseases.

Data and Methods

We conducted a retrospective cohort study using electronic health record data from 10 primary care clinics. Adults ≥18 years with HIV (n=52), chronic hepatitis B (n=63), long COVID (n=25), or no chronic infectious disease (n=26,289) seen between 2018–2023 with an IBH referral or WHO were included. Variables included demographics, WHO completion, and IBH engagement. Patient complexity was derived from diagnoses and problem lists. Logistic regression assessed associations with IBH engagement.

Results

There was no difference in WHO completion by chronic infectious disease status. IBH engagement also did not differ by disease status or WHO completion. Higher patient complexity was associated with lower likelihood of IBH engagement.

Conclusions and Implications

Patient complexity, rather than chronic infectious disease status, was the strongest predictor of IBH engagement. Targeting complexity may improve integrated care outcomes.