INTEGRATED BEHAVIORAL HEALTH IN A PRIMARY CARE

SHELIA M. CUNDIFF, LCSW, LCADC
AGENDA

THE DIFFERENCE BETWEEN INTEGRATED BEHAVIORAL HEALTH, PRIMARY CARE AND CO-LOCATED BEHAVIORAL HEALTH AND PRIMARY CARE AND OFF-SITE BEHAVIORAL HEALTH.

THE ROLES AND RESPONSIBILITIES OF A BEHAVIORAL HEALTH CONSULTANT FOR CHRONIC DISEASE MANAGEMENT, SOCIAL DETERMINANTS OF HEALTH, MENTAL HEALTH DISORDERS, AND SUBSTANCE USE DISORDERS.

THE IMPACT INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE HAS ON PATIENT’S PHYSICAL HEALTH, MENTAL HEALTH, AND SUBSTANCE USE DISORDERS.

UNDERSTAND CARE COLLABORATION IN INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE.

UNDERSTAND SOME OF THE BARRIERS CURRENTLY EXPERIENCING IN INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE.
TERMS

• PCP-PRIMARY CARE PROVIDER- A MEDICAL DOCTOR, ADVANCED PRACTICE REGISTERED NURSE, OR PHYSICIANS ASSISTANT.

• BHC- BEHAVIORAL HEALTH CONSULTANT OR BHP- BEHAVIORAL HEALTH PROVIDER- A LICENSED MENTAL HEALTH THERAPIST; LCSW, LPCC, LMFT.
TERMS

• INTEGRATED CARE – ADDRESSING PHYSICAL AND BEHAVIORAL HEALTH CONDITIONS CONCURRENTLY IN VARIOUS SETTINGS- PRIMARY CARE, COMMUNITY MENTAL HEALTH CENTERS, INPATIENT, ERS, ETC. MANY “MODELS” – MANY NOT EVIDENCE-BASED BUT HAVE MERIT

• COLLABORATIVE CARE - OFTEN USED INTERCHANGEABLY WITH THE TERM INTEGRATED CARE. IT’S HOW WE INTERACT WITH OTHER DISCIPLINES. SOMETIMES USED AS SHORTHAND FOR THE COLLABORATIVE CARE MODEL

• THE COLLABORATIVE CARE MODEL – PIONEERED BY WAYNE KATON, HAS THE MOST ROBUST EVIDENCE BASE OF ANY APPROACH IN PRIMARY CARE SETTINGS FOR ADDRESSING DEPRESSION AND OTHER PSYCHIATRIC DISORDERS. SPECIFIC CORE FEATURES, PSYCHIATRIC CONSULTATION NEEDED TO REACH OUTCOMES, ALLOWS ACCOUNTABILITY FOR OUTCOMES AND COST
RANGE OF OPPORTUNITIES FOR COLLABORATIVE CARE

• TREAT BEHAVIORAL HEALTH IN PRIMARY CARE SETTINGS
• TREAT GENERAL MEDICAL CONDITIONS IN BEHAVIORAL HEALTH SETTINGS
• HIGH UTILIZERS ICU/MED/SURGE AND EMERGENCY DEPARTMENTS.
DEFINITION OF COLLABORATIVE CARE

• COLLABORATIVE CARE IS A SPECIFIC TYPE OF INTEGRATED CARE THAT OPERATIONALIZES THE PRINCIPLES OF THE CHRONIC CARE MODEL TO IMPROVE ACCESS TO EVIDENCE-BASED MENTAL HEALTH TREATMENTS FOR PRIMARY CARE PATIENTS.

• COLLABORATIVE CARE IS:
  – TEAM-BASED COLLABORATION AND PATIENT-CENTERED
  – EVIDENCE-BASED AND PRACTICE-TESTED CARE
  – MEASUREMENT-BASED TREATMENT TO TARGET
  – POPULATION-BASED CARE
  – ACCOUNTABLE CARE
PRIMARY CARE LANDSCAPE

• FAST PACED “CADENCE OF CARE”
• PRIMARY CARE PROVIDERS
  • ARE OVEREXTENDED AND CAN BE DIFFICULT TO ENGAGE
  • MAY BE CONCERNED ABOUT TAKING ON CHALLENGING PATIENTS AND
  • PREFER REFERRAL TO BEHAVIORAL HEALTH SPECIALIST
  • HAVE TO LEARN TO USE CARE MANAGERS EFFECTIVELY
• PRIMARY CARE-BASED BHPS/CARE MANAGERS
  • DO NOT ALL EMBRACE THE COLLABORATIVE / CARE MANAGEMENT MODEL
  • MAY SEE THEMSELVES AS CO-LOCATED THERAPISTS OR MORE TRADITIONAL
  • SOCIAL WORKERS AND NOT ENJOY WORKING CLOSELY WITH PCP’S AND CONSULTING PSYCHIATRIST.
STEPPED CARE APPROACH

• SELF-MANAGEMENT
• PRIMARY CARE PROVIDER
• PRIMARY CARE PROVIDER AND BEHAVIORAL HEALTH CONSULTANT
• FACE TO FACE PSYCHIATRIC CONSULT
• BEHAVIORAL HEALTH SHORT TERM
• BEHAVIORAL HEALTH LONG TERM
• INPATIENT PSYCHIATRIC TREATMENT
INTEGRATED CARE: CORE COMPONENTS AND TASKS

• PATIENT IDENTIFICATION AND DIAGNOSIS
• ENGAGEMENT IN INTEGRATED CARE PROGRAM
• EVIDENCE BASED TREATMENT
• SYSTEMATIC FOLLOW-UP, TREATMENT ADJUSTMENT, RELAPSE PREVENTION
• COMMUNICATION, CARE COORDINATION, AND REFERRALS
• SYSTEMATIC CASE REVIEW AND PSYCHIATRIC CONSULTATION
• PROGRAM OVERSIGHT AND QUALITY IMPROVEMENT
COLLABORATIVE TEAM APPROACH

PCP HAS ACCESS TO PATIENT, BHC/ CARE MANAGER AND CONSULTING PSYCHIATRIST.

BHC HAS ACCESS TO PATIENT, PCP, AND CONSULTING PSYCHIATRIST.

BHC HAVING ACCESS TO THE CONSULTING PSYCHIATRIST IS A NEW ROLE.

THE PATIENT HAS ACCESS TO OTHER BEHAVIORAL HEALTH CLINICIANS FOR SUBSTANCE TREATMENT, VOCATIONAL REHABILITATION, COMMUNITY MENTAL HEALTH CENTERS, AND OTHER COMMUNITY RESOURCES.
ROLE OF PRIMARY CARE PROVIDER

PROVIDE USUAL MEDICAL CARE

IDENTIFY INDIVIDUALS WHO NEED BH SUPPORT

AND ENGAGE THEM IN THE TREATMENT MODEL

COLLABORATE AND CONSULT WITH BHP AND

PSYCHIATRIC PRESCRIBER TO ENHANCE BH CARE

WARM HAND OFFS

UTILIZE SCREENING TOOLS TO TRACK PROGRESS (E.G., PHQ-9)
ROLE OF PRIMARY CARE PROVIDER

• INVOLVE BHC/BHP AND FOR
• CHRONIC DISEASE SELF-MANAGEMENT TECHNIQUES
• LISTEN FOR PATIENT CHANGE TALK
PSYCHIATRIST ROLES

- Psychiatry: Caseload Consultant
- Caseload reviews scheduled (ideally weekly)
- Prioritize patients that are not improving
- Make recommendations
- Availability to consult urgently
- Diagnostic dilemmas
- Education about diagnosis or medications
- Complex patients, such as pregnant or medical complicated
- Pattern recognition**
TRADITIONAL ROLES

• PCP- REFER TO OUTSIDE PSYCHIATRIST, BEHAVIORAL HEALTH AND SUBSTANCE ABUSE SPECIALIST.

• PSYCHIATRIST-PRESCRIBE MEDICATION AND PROVIDE THERAPY.

• BEHAVIORAL HEALTH SPECIALIST-PROVIDE SHORT OR LONG TERM THERAPY.

• COMMUNITY MENTAL HEALTH CENTERS-PROVIDE LONG TERM THERAPY AND MEDICATION.

• THE DIFFICULTY IS COMMUNICATION BETWEEN PROVIDERS WHICH REQUIRES ALL TO RELY ON THE WHAT THE PATIENT KNOWS OR DOES NOT KNOW ABOUT THEIR CARE.
SCREENING TOOLS

- BEHAVIORAL HEALTH SCREENERS:
  - IDENTIFY THE PROBLEM.
  - NEED FURTHER ASSESSMENT TO UNDERSTAND THE CAUSE OF THE ISSUE.
  - HELP WITH ONGOING MONITORING TO MEASURE TO RESPONSE TO TREATMENT.
SCREENING TOOLS

- MOOD DISORDERS: PHQ-9: DEPRESSION
- MDQ (MOOD DISORDER QUESTIONNAIRE): BIPOLAR DISORDER
- ANXIETY DISORDERS: GAD-7
- PLC-C: PTSD
- OCD-YOUNG-BROWN
- SOCIAL PHOBIA: MINI SOCIAL PHOBIA
SCREENING TOOLS

- PSYCHOTIC DISORDERS: BRIEF PSYCHIATRIC RATING SCALE, POSITIVE AND NEGATIVE SYNDROME SCALE
- SUBSTANCE USE DISORDERS: CAGE-AID, AUDIT, DAST
- COGNITIVE DISORDERS-MINI-COG, MONTREAL COGNITIVE ASSESSMENT
BEHAVIOR HEALTH PROVIDER

• FACILITATES PATIENT ENGAGEMENT AND EDUCATION
• WORKS CLOSELY WITH PCP AND HELPS MANAGE A CASELOAD OF PATIENTS IN PRIMARY CARE
• PERFORMS SYSTEMATIC INITIAL AND FOLLOW-UP ASSESSMENTS
• SYSTEMATICALLY TRACKS TREATMENT RESPONSE
• SUPPORTS MEDICATION MANAGEMENT BY PCP’S (WHERE WILL PATIENT GET MEDICATION, PLANNING FOR MEDICATION ADHERENCE, FACILITATING PCP VISIT TO DISCUSS SIDE EFFECTS)
BEHAVIORAL HEALTH PROVIDER

• PROVIDES BRIEF, EVIDENCE-BASED COUNSELING OR REFERS TO OTHER PROVIDERS FOR COUNSELING SERVICES

• REVIEWS CHALLENGING PATIENTS WITH THE CONSULTING PSYCHIATRIST WEEKLY

• FACILITATES REFERRALS TO OTHER SERVICES (SUBSTANCE ABUSE TREATMENT, SPECIALITY CARE, AND COMMUNITY RESOURCES) AS NEEDED.

• PREPARES CLIENT FOR RELAPSE PREVENTION
EVIDENCE-BASED BRIEF INTERVENTIONS

- MOTIVATIONAL INTERVIEWING
- DISTRESS TOLERANCE SKILLS
- BEHAVIORAL ACTIVATION
- PROBLEM SOLVING THERAPY
BEHAVIORAL HEALTH TOOL BOX

CLINICAL SKILLS
• BASIC ASSESSMENT SKILLS
• USE OF COMMON SCREENING TOOLS
• CONCISE, ORGANIZED PRESENTATIONS

BEHAVIORAL MEDICINE & BRIEF PSYCHOTHERAPY
• MOTIVATIONAL INTERVIEWING
• DISTRESS TOLERANCE SKILLS
BEHAVIORAL HEALTH TOOL BOX

• BEHAVIORAL ACTIVATION
• PROBLEM SOLVING THERAPY

OTHER SKILLS
• HEALTH BEHAVIOR CHANGE
• SPECIFIC POPULATION SKILLS (PEDIATRICS)
• REFERRALS TO OTHER BEHAVIORAL HEALTH PROVIDERS AND COMMUNITY RESOURCES.
<table>
<thead>
<tr>
<th>BHP BRIEFLY REPORTS ON:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>DEPRESSIVE SYMPTOMS</td>
<td></td>
</tr>
<tr>
<td>BIPOLAR SCREEN</td>
<td></td>
</tr>
<tr>
<td>ANXIETY SYMPTOMS</td>
<td></td>
</tr>
<tr>
<td>PSYCHOTIC SYMPTOMS</td>
<td></td>
</tr>
<tr>
<td>SUBSTANCE USE</td>
<td></td>
</tr>
<tr>
<td>EATING DISORDERS</td>
<td></td>
</tr>
<tr>
<td>PERSONALITY TRAITS</td>
<td></td>
</tr>
<tr>
<td>PAST TREATMENT</td>
<td></td>
</tr>
<tr>
<td>SAFETY/SUICIDE</td>
<td></td>
</tr>
<tr>
<td>PSYCHOSOCIAL FACTORS</td>
<td></td>
</tr>
<tr>
<td>MEDICAL PROBLEMS</td>
<td></td>
</tr>
<tr>
<td>CURRENT MEDICATION</td>
<td></td>
</tr>
<tr>
<td>PATIENT GOALS</td>
<td></td>
</tr>
</tbody>
</table>
TIPS FOR WORKING WITH PCP’S

AVAILABILITY AND ACCESSIBILITY

• EASY ACCESS FOR PCP, UNLIMITED RESOURCE FOR EDUCATION
• TYPICALLY BY PAGER, EMAIL, CELL PHONE

SELLING INTEGRATED CARE

• EXPECT QUESTIONS AND SKEPTICISM, AT FIRST
• PROMOTE YOURSELF AS A RESOURCE
• RESIST REGRESSION TO CO-LOCATED SERVICES
• TEACH THE MODEL-ASSESS PATIENT FIRST-KEEPER TO PSYCHIATRIST
• NEW ROLE TO SUPPORT TREATMENT TEAM
COMMUNICATION WITH PCP

RECOMMENDATIONS

• BRIEF AND FOCUSED
• NEXT STEPS FOR ASSESSMENT AND DIAGNOSIS
• MEDICATION RECOMMENDATION AND BEHAVIORAL RECOMMENDATION

PROVIDE EDUCATION
THROUGH PATIENT-FOCUSED RECOMMENDATIONS
WEBINARS OR IN PERSON AT PROVIDER MEETINGS
WHO IS BEST SUITED TO BE A BHP?

• FLEXIBLE, ADAPTABLE
• SELF-CONFIDENT, OUTGOING
• APPRECIATE CULTURE AND DIFFERENT PACE OF CARE
• AVAILABLE AND WILLING TO TOLERATE INTERRUPTIONS
• HAVE A PUBLIC HEALTH PERSPECTIVE, OPTIONS FOR THOSE WHO CAN NOT GET TREATMENT
• LIKE TO WORK AS A TEAM MEMBER
• SHORT TERM, GOAL ORIENTED THERAPIST WORKING WITH THE HERE AND NOW
IS THIS TYPE WORK FOR ME?

TRIAGE A VARIETY OF PATIENTS
DEVELOP NEW SKILLS AS AN EFFECTIVE MEMBER OF A PRIMARY CARE TEAM
FAST PACED, INTERRUPTIONS, FLEXIBLE, AND ADAPTABLE
WORKING WITH PCP’S
WORKING WITH PSYCHIATRIC CONSULTANTS
A DIFFERENT TYPE OF PRACTICE
BARRIERS TO INTEGRATED CARE

• LACK OF FINANCIAL FUNDING
• PCP’S RESISTING THE CHANGE
• BHP’S WORKING IN TRADITIONAL BEHAVIORAL HEALTH DO NOT UNDERSTAND OR LIKE THE ROLE OF A BHP.
• LACK OF UNDERSTANDING AND TRAINING ON HOW IT WORKS AND PROVIDE QUALITY CARE TO PATIENTS.