Behavioral Health In Primary Care: Mastery of the Basics

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Today's Topics

- Basic Concepts in BHC Practice
- BHC Core Competencies
  - Initial and Follow-up Consults
  - Evidence-based Interventions for PC
  - Classes, Pathways
- Program Evaluation
- Sustainability (. . . and flourishing!)

Basic Concepts: Getting Started in Primary Care

- "Top of mind" awareness is everything
  - Develop a BHC brochure
  - Distribute weekly newsletters
  - Get regular agenda time at staff meetings
  - Patrol the halls when you are not busy
  - Schmooze the staff
  - Always say "Yes"
  - Always have your door open

Basic Concepts: Getting Started in Primary Care

- "Top of Mind" Awareness (cont'd.)
  - Be interruptible
  - Survey PCM's regarding major concerns
  - Shadow each willing PCM
  - Locate your work area around the PCM's
  - Work late one night a week
  - Identify and work with a PCM "champion"
  - Post signs in exam rooms advertising service

Basic Concepts: The Primary Care Milieu

- Pace: Full health care exam in 15 mins.
- Unpredictable schedule (1/2 same-day; double booking common)
- Advanced access scheduling common in PC
- Present-focused and pragmatic
- Action orientation (leave with treatment plan; advice is change-focused)
- Decision-making with limited information
- Huge and continuous patient flow

Basic Concepts: The Primary Care Milieu

- Transparent clinical work
- Care across the lifespan
- Less attention to “boundaries” (space is shared, interruptions are common)
- Noisy and lots of multi-tasking
- Communication brisk and to the point

Basic Concepts: Consultation Vs. Psychotherapy

- Primary customer is the referring PCM
- Consultation is designed to provide answers to a specific referral question
- Consulting role is brief and focused
- Primary medical provider remains “in charge” of patient care

Basic Concepts: Consultation Vs. Psychotherapy

- Consultation practice is totally dependent upon referral from providers
- The rate of referral is strongly linked to the quality of the consultations
- Patients must understand the role of the consultant and the referring provider
- Consultation is a much more varied practice than psychotherapy

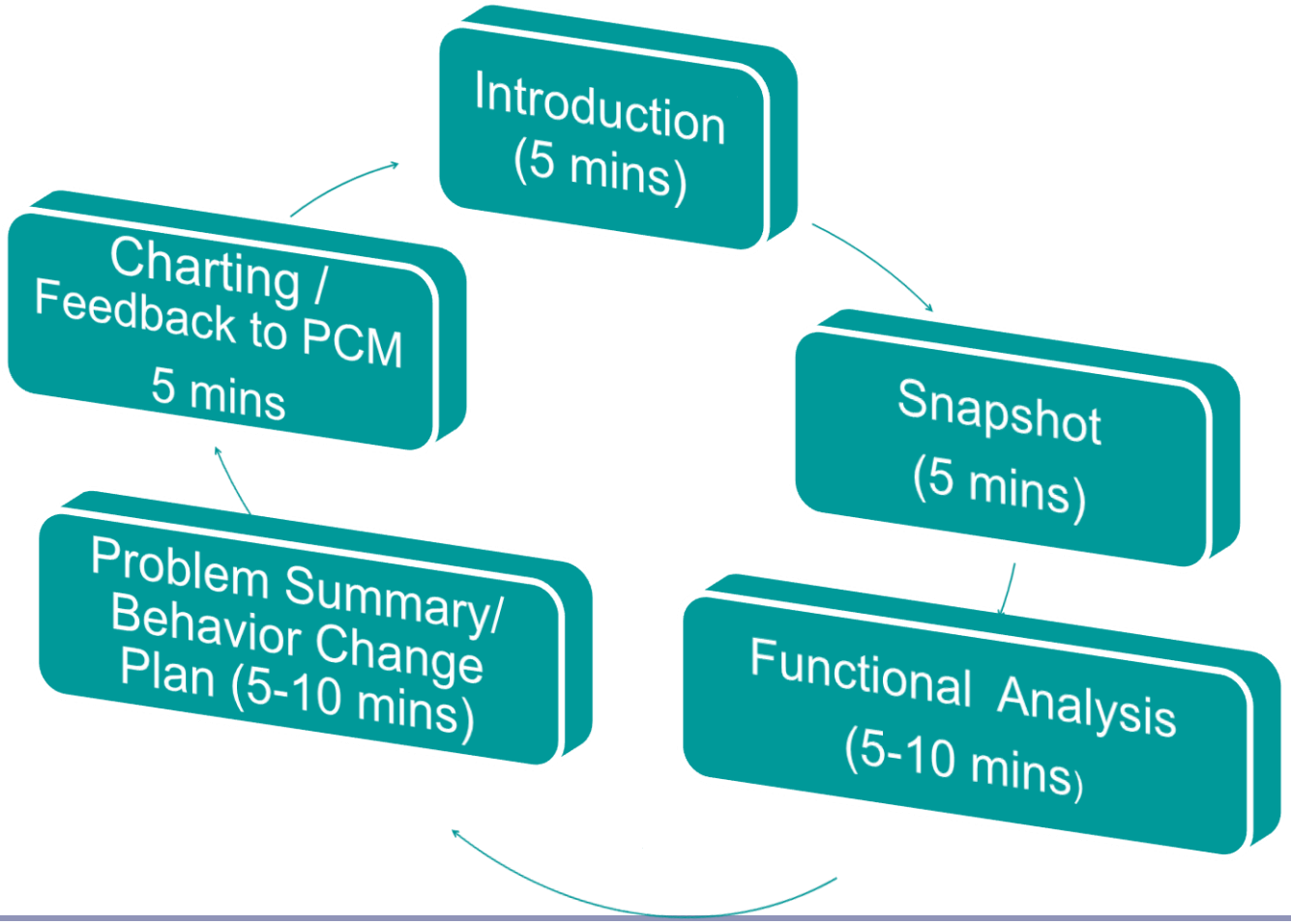
Core Competencies: Clinical Practice Skills

- Consistent, thorough role definition
- Rapid problem identification
- Focused assessment
- Limited problem definition
- Use of population-based care strategies
- Biopsychosocial orientation
- Use empirically-supported interventions

Core Competencies: Clinical Practice Skills

- Base interventions on measurable, functional outcomes
- Emphasize home-based, self-mgmt plans
- Use simple, concrete strategies easily supported by PCM
- Basic knowledge of psychoactive meds
- Multi-patient intervention skills

Clinical Practice Skills: The 30-Minute Consult



The 30 Minute Consult: Introduction

- Your profession & title (psychologist/SW/other & Behavioral Health Consultant)
- Explain BHC role (Enhance usual care; consultant to PCP and pt, biopsychosocial care)
- Structure of appointment (15 to get a snapshot of your life and look at the referral concern, then 5 mins to offer suggestions to help you improve your quality of life and make a follow-up plan)
- Commonalities with PCP (chart to medical record, same reporting requirements)
- Linkage back to PCP

The 30 Minute Consult: Functional Analysis

- Not a diagnostic assessment
- Focus questions on referral problem/concern
  - Onset and Course
  - Trigger(s)?
  - Duration, Intensity, Frequency of problem
  - Consequences
  - What makes the problem worse? Better?
  - How do current coping strategies work? In short-term? Long-term?

The 30 Minute Consult: Functional Analysis

- How is the problem affecting functioning?
  - Work/School (absenteeism, performance)
  - Intimacy (marital satisfaction, dating)
  - Family (parenting or family conflicts, avoidance of family)
  - Social (withdrawal, conflicts), Recreation (lack of “fun” or relaxing activities), Physical (cessation of physical activity)

The 30 Minute Consult: Snap Shot

- Where do you live? How long? With whom? How's that going?
- Relationships with spouse/partner/roommate/children?
- Relationship with friends?
- Work? What do you do? Do you like it? Attend school? How's that going?
- What do you do for fun? Relaxation?
- Spiritual practice or community involvement?

The 30 Minute Consult: Snap Shot

- Health status (chronic disease, meds)
- Health risk / health protection behaviors? (Excessive TV, video games, tobacco, drugs, alcohol, exercise, sports, outside play, clubs)

The 30 Minute Consult: Snap Shot

- Listening for / asking as time allows
  - What does a typical day look like?
  - What does a typical weekend day look like?
  - Potential clinical issues that may require further attention from PCP:
    - Medication related issues
    - ETOH or drug use
    - Domestic violence, child abuse

The 30 Minute Consult: Problem Summary

- Empathy / Engage the patient (This sounds very difficult and I can see that you've tried . . .)
- Process Check (So, at this point, you're interested in . . . ?)
- Strategic Reframe: Simplify and reduce the magnitude of the problem (So, you've been feeling a lot of stress since loosing your job and it appears to be affecting your ability to relax and sleep at night)
- Create a "do-able" framework for change (Let's take it one step at a time. I think the first step could be x or y; what makes sense to you?)

The 30 Minute Consult: Behavior Change Plan

- Focus on function, not cure (My job is to help you and your doctor improve your overall quality of life; often one or two small changes in our daily routine can make a big difference over time.)
- Assess patient values related to problem (In terms of what you think is really important in life—your core values—why does making this change seem important at this time?)
- Assess patient confidence in plan (Lacking skills?)

The 30 Minute Consult: Behavior Change Plan

- Look for patient strengths to use in plan
- Emphasize idea of small positives
- Use external supports to promote success
- Frame plan as an “experiment”; collect “data”
- Assess patient confidence in plan (scale back if need be)
- PCP F-U plans: Be specific with pt and PCP

Sample Interventions

- Depression/Fatigue/Insomnia/Lack of interest*:
  - PHQ-9 scores (to plan and assess tx)
  - Demystify depression, focus on sx of concern
  - Ask about patient's world view
  - Explain the "lethargy cycle", make behavioral activation plan
  - Mindfulness training
  - Relapse prevention plan
  - QOL drop in class

* The appropriate intervention is determined by the functional analysis results

Sample Interventions

- Anxiety
  - Teach relaxation / mindfulness / acceptance strategies (square breathing, up back & down, courage breathing, CALM, de-catastrophizing, reframing anxiety to arousal)
  - Set up self-guided exposure (based on valued directions)

Sample Interventions

- Insomnia:
  - Review sleep hygiene guidelines
  - Teach stimulus control strategy
  - Offer CBT / Mindfulness Drop-in Class (“Getting to Sleep”)
- Chronic pain:
  - Bull’s Eye RX Pad (to prevent onset, to intervene 1:1 and in pathway monthly classes)
  - Educate regarding the chronic pain cycle
  - Teach skills that address barriers to improved QOL (pacing, relaxation, defusion, mindfulness, acceptance, committed action

Sample Interventions

- Chronic Disease/Lifestyle
  - Motivational Interviewing
  - Team-based support of specific goals
  - Classes
  - Workshops
  - Internet-based with BHC phone call support

Sample Interventions

- Parenting Stress
  - Explain proper use of rewards, Time-Out, guidelines for play
  - Enuresis
  - Overweight / obesity prevention
  - PC Parenting Protocol, Triple P Parenting Program
- Marital Dissatisfaction
  - Caring Days
  - Active Listening
  - Problem Solving

The 30 (or 15) Minute Consult: Follow-up Visits

- Repeat QOL or symptom screen
- Review progress with change plan (same measure-based questions)
- Troubleshoot barriers to adherence (including wrong choice of interventions in initial visit)
- Reinforce any attempt at behavior change, normalize lack of success
- Teach new skill(s)
- Cease planned f/u if pt is progressing and link back to PCM
- Leave the “door open” for easy return

The 30 Minute Consult: Consult Note

- Chart note includes:
  - Referring PCM, referral question
  - Pt given standard information about BHOP
  - Pertinent history, functional analysis data
  - Results of any self-report measures administered
  - Clinical impression / Referral response
  - Recommendations for PCM (& given to PCM)
  - Recommendations for pt; BHC f/u plan

The 30 Minute Consult: Feedback to PCM

- Verbal, and same day, if possible
- Feedback includes
  - Problem statement and impact on function
  - Behavior change plan developed
  - Recommendations to PCM and ways to support behavior change plan
  - BHC role in follow up and support to PCM
  - Time frame to assess response and adjust/update plan

Core Competencies: Practice Management Skills

- Visit efficiency (complete full visit and consult in 30 minutes)
- Stay on time with consecutive appts
- Space follow-ups according to need
- Intervention efficiency (≤ 4 visits for 85% of pts)
- Use flexible contact strategies
- Triage appropriately to specialists

Core Competencies: Practice Management Skills

- Primary care case management
- Know and utilize community resources (half sheet on back of RX pad)

Core Competencies: Consultation Skills

- Focus on and respond to referral question
- Conduct effective curbside consultations
- Assertively f/u with PCM when indicated
- Deliver brief presentations in PC meetings
- Tailor recommendations to PC work pace
- Recommendations reduce PCM work load

Core Competencies: Documentation Skills

- Routinely and accurately (and promptly) complete documentation
- Clear, concise chart notes
- Get notes / feedback to PCM on same day patient is seen

Core Competencies: Team Performance Skills

- Fit into the primary care culture
- Know/ Assist/ Utilize all team members
- Responsiveness to unscheduled service provision
- Maximize availability
- Active role in pathway development work

Program Evaluation

And The Winner Is . . . The Person Who Has Data

- Clinical Outcomes
  - Brief measures of functioning, quality of life (e.g., Duke Health Profile, Pediatric Symptom Checklist)
  - Brief assessment of symptoms, as appropriate (e.g., PHQ-9)
  - Brief condition-specific screens as needed (to help plan interventions)
  - Brief assessments at class meetings (e.g., Healthy Days Questionnaire, Pain Disability Questionnaire)

Program Evaluation: Other Outcome Data

- Physician Satisfaction
- Patient Satisfaction
- Cost Effectiveness
- Reductions in medical service use

Program Evaluation: Model Fidelity Data

- New: Follow-up
- Scheduled: Same-day
- Referral from PCM (should receive referrals from all PCMs)
- Referral Problem (should reflect prevalence of conditions / concerns for overall clinic)
- Nature of Visit (Child/Adult, Individual/Couple/Family/Group/Telephone)
- Presentations / teaching activities (PCMs, Nursing)

Program Evaluation: Process Data

- Primary Care Behavioral Health—Integration Tool (PCBH-IT)
  - Purpose: Assess current level of integration of behavioral health services into a primary care setting in a specific clinic (or clinic system)
  - 94 items

PCBH-IT: 7 DOMAINS

I. Didactics
II. Practice Competencies
III. Clinic Systems and Facility Factors
IV. Management Practices
V. Program Evaluation
VI. Communication Practices
VII. Population Impact Strategies

Mountainview Consulting Website

- www.behavioral-health-integration.com