Iowa Psychological Association

Preparing for Healthcare Change

PRIMARY CARE BEHAVIORAL HEALTH

A New Frontier for Psychological Practice

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"Mental health services will no longer be delivered primarily by **solo-practice** mental health practitioners. Instead, mental health care will be routinely provided as part of **larger inter-professional group** practices and in institutional settings. Further, the mental health expert on the team will need a **flexible** armamentarium of interventions, and cannot rely solely on the traditional **50-minute** psychotherapy session.... In addition, the mental health expert must be able to address a host of other behavioral issues important to **health and well-being** — medical regimen compliance, pain management, coping with disability or a life-threatening diagnosis, lifestyle behavior change."

Dr. Suzanne Bennett Johnson
APA President (June 2012)

SO WHAT'S IN IT FOR Ψ?

- Fostering integrated health care
- Improving access to mental and behavioral health care
- Enhancing prevention and wellness (depression, trauma)
- Focus on research and quality improvement
- Eliminating health disparities
- Collaborating with consumers and caregivers

(Clay, 2010)

PATIENT CENTERED MEDICAL HOME

- Personal physician - Personal and ongoing relationship
- Team approach - Collective responsibility for the patient's care
- Whole-person orientation - New focus on this ideal
- Coordinated care - Care coordination, registries, EMRs
- Quality and safety - Evidence-based, decision support tools, and information technology
- Enhanced access to care - Open scheduling, expanded hours, and communication methods
- Payment reform - Reward coordination of care

(Joint Principles of the Patient-Centered Medical Home, 2007)

WHY INTEGRATION?

- 84% of the time, the 14 most common physical complaints have no identifiable organic etiology
- 80% of people with a behavioral health disorder will visit primary care at least one time in a calendar year
- Primary Care is the De Facto MH System
    - 50% of all behavioral health disorders are treated in primary care
    - 48% of the appointments for all psychotropic agents are with a non-psychiatric primary care provider
- 67% of people with a behavioral health disorder do not get behavioral health treatment
- 30-50% of referrals are not successful
- Two-thirds of PCP reported unable to access MH care

(Source: http://www.pcpc.net/content/benefits-integration)

FINANCIAL BENEFITS

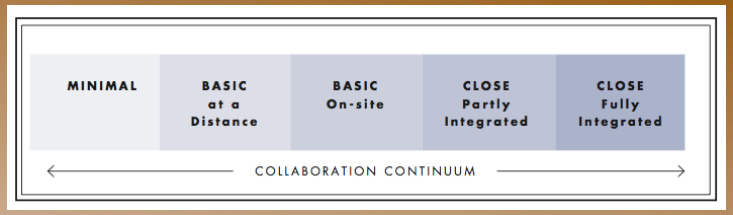
- Medical use decreased 15.7% for those receiving BH and increased 12.3% for who did not
- Of the top five conditions driving overall health cost (work related productivity + medical + pharmacy cost), depression is number one
- Behavioral Health disorders account for half as many disability days as all physical conditions

(Source: http://www.pcpc.net/content/benefits-integration)

BIG PICTURE

- Triple Aim outcomes of better health, better care and lower costs are being achieved.
- Medical home expansion has reached the tipping point with broad private and public sector support.

(Benefits of Implementing the Primary Care Patient-Centered Medical Home, 2012)



Close collaboration in a fully integrated system - Part of the same team. The patient experiences the mental health treatment as part of his or her regular primary care.

BENEFITS OF FULL INTEGRATION

- Lessen the stigma
- Improve use of physician time and appointment availability
- Increase successful mental health referrals
- Quick access to mental health emergency and crisis help
- Help with psychosocially complex and chronic cases
- Implement on-site "curbside" consultation

(Collins et al, 2010, p. 44)

SPECIALTY VS. CONSULTATION

50 minutes	→	15-20 minutes
Same therapist	→	Team-based
Structured, intensive	→	Time effective /episodic
Reflection-based / relational	→	Action-based / functional approach
Client-based / requirements	→	Population-based/open
Client is primary	→	PCP is main client
Private, formal	→	Informal, interruptions welcomed
Varies / preference	→	MI, CBT, PsychoEd

ESTABLISHING PROGRAM

- Be realistic about the time/effort required
- Shadow program & meet with Medical Director (buy-in)
- Discuss details of referral flow, charting, and billing
- Hire for skills instead of discipline (generalist, fit)
- Provide basic utilization and outcome data

(Blount, 1998)

PRACTICE HABITS

1. Learn to Address Medication Issues.
2. Get Your Foot In The Door.
3. (At first) Act Like a Guest.
4. Be Flexible.
5. See All Comers.
6. When in Doubt, Seek Consultation.
7. Privacy? There Is No Privacy.
8. Schmooze The Staff
9. Know Where Doctors Are When
10. Be Proactive But Not Pushy.
11. Principle of Relentless Follow-Up.
12. Mimic The Work Pace.
13. Be Available At All Times.
14. Be A Visitor -- And A Peer.

(Strosahl, 1996)