(PBL) Integrating Behavioral Health into Primary Care

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Jennifer Funderburk, PhD

Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse VA Medical Center, New York; Adjunct Associate Professor, Department of Psychology, Syracuse University, New York; Adjunct Associate Professor, Department of Psychiatry, University of Rochester, New York

Funderburk earned a doctorate in clinical psychology from Syracuse University. For the last 15 years, she has been working clinically and conducting research on the integration of behavioral health in primary care. Her specific areas of interest are the development and implementation of brief interventions designed to address depression, alcohol use, insomnia, or multiple risk factors in primary care. She is an elected member of the board of directors for the Collaborative Family Healthcare Association (CFHA) and one of the current co-chairs for the Integrated Primary Care Special Interest Group within the Society of Behavioral Medicine (SBM).

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Andrew S. Valeras, DO, MPH

Associate Program Director, Dartmouth-Hitchcock Leadership Preventive Medicine Residency, Lebanon, New Hampshire; Core Faculty Physician, NH Dartmouth Family Medicine Residency, Concord, New Hampshire

Dr. Valeras received his undergraduate degrees in biology and philosophy from Boston College in Massachusetts. He earned his medical degree from the Arizona College of Osteopathic Medicine at Midwestern University, Glendale, and his Master of Public Health (MPH) degree from The Dartmouth Institute, Lebanon, New Hampshire. He completed residency at the NH Dartmouth Family Medicine Residency and the Dartmouth-Hitchcock Leadership Preventive Medicine Residency. Currently, he seeks to integrate quality improvement and systems-based thinking with the clinical practice and education of family medicine providers in integrated teams. He does this through the [Systems] course, which is taught to primary care teams via 320 hours of longitudinal experiential learning over three years. Dr. Valeras currently serves as president of the Collaborative Family Healthcare Association.

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Learning Objectives

1. Practice applying new knowledge and skills gained from Integrating Behavioral Health into Primary Care sessions, through collaborative learning with peers and expert faculty.
2. Identify strategies that foster optimal management of behavioral health conditions within the context of professional practice.
3. Formulate an action plan to implement practice changes, aimed at improving patient care.

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Associated Sessions

- Integrating Behavioral Health into Primary Care

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Consider this Patient:

Maria Casey: 40 year old female, married, stay-at-home mom; routine follow-up; last seen by diabetes clinic 2 weeks ago, A1Cs are well controlled, hx of migraine headaches

Would This Patient Benefit From Integrated Behavioral Health Services?

- Yes
- No

Consider this Patient:

Jackson Black: 70 yo male, married, full-time business owner; establishing care; hx of bipolar dx; requesting medication refill from Abilify and off meds for several months

Would This Patient Benefit From Integrated Behavioral Health Services?

- Yes
- No

Consider this Patient:

Zoe Sampson: 26 yo female, married, works part-time; 6 kids; pre-hypertensive; BMI=30; trouble sleeping

Would This Patient Benefit From Integrated Behavioral Health Services?

- Yes
- No

Consider this Patient:

Drew Caney: 32 yo male, married, unemployed; outbreak of a rash on his body; frequently comes to clinic (you have seen him monthly for various medical complaints)

Would This Patient Benefit From Integrated Behavioral Health Services?

- Yes
- No

Summarizing the Results

Mental Health
Substance Use

Chronic Disease
Behavioral

Functional

Family
Contextual

Do you currently have access to an embedded behavioral health provider in your clinic?

- Yes
- No

Do you currently have access to care management for depression or other mental health conditions?

- Yes
- No

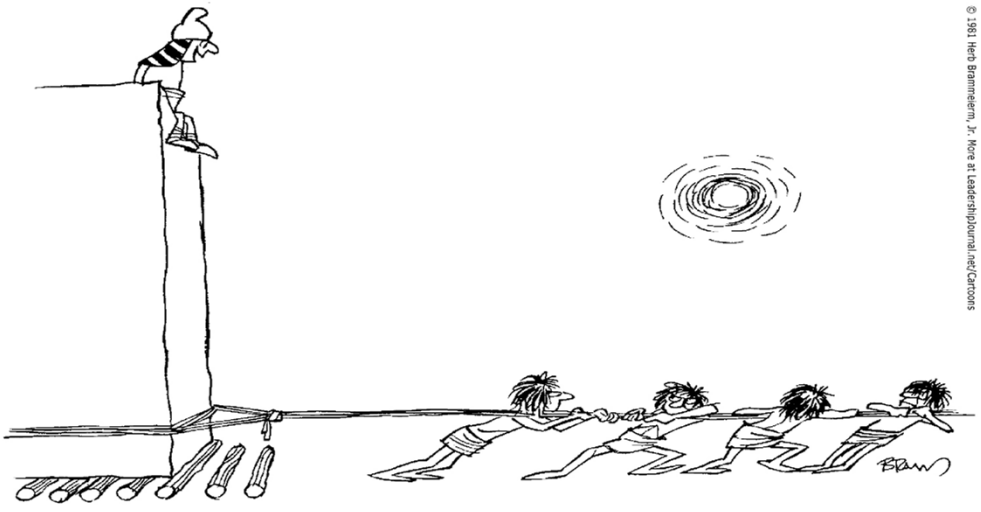
Do you currently have a relationship with some community behavioral health providers?

- YES
- NO

What Condition Does Your Team Have a Clinical Pathway Established Involving Multiple Members of the PC Team?
(if more than 1, just choose favorite)

- Hypertension
- Diabetes
- Depression
- Obesity

Acknowledgment
Different Ways You Can Integrate Behavioral Health Into Primary Care



"Believe me, fellows, everyone from the Pharaoh on down is an equally valued member of the team."

Some Elements that Both Facilitate and Hinder Essential Elements of Teamwork

Communication

Trust & Respect

Coordination

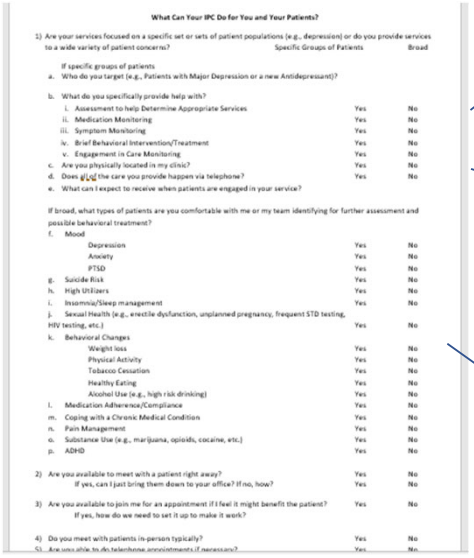
Collaboration

STEP 1:

If you have a service: You & Your Team Need to Fully Understand What YOUR Integrated Behavioral Health Service Can Do

If you don't have a service: You & Your Team can Reach Out to Local BH providers and see What You Can Set Up

Checklist Can Help Initiate that Discussion



What Can Your IPC Do for You and Your Patients?

1) Are your services focused on a specific set or sets of patient populations (e.g., depression) or do you provide services to a wide variety of patient concerns? Specific Groups of Patients / Broad

If specific groups of patients

a. Who do you target (e.g., Patients with Major Depression or a new Antidepressant)?

b. What do you specifically provide help with?

i. Assessment to help Determine Appropriate Services Yes No
ii. Medication Monitoring Yes No
iii. Symptom Monitoring Yes No
iv. Brief Behavioral Intervention/Treatment Yes No
v. Engagement in Care Monitoring Yes No

c. Are you physically located in my clinic? Yes No
d. Does all of the care you provide happen via telephone? Yes No
e. What can I expect to receive when patients are engaged in your service?

If broad, what types of patients are you comfortable with me or my team identifying for further assessment and possible behavioral treatment?

f. Mood
Depression Yes No
Anxiety Yes No
PTSD Yes No
g. Suicide Risk Yes No
h. High Utilizers Yes No
i. Insomnia/Sleep management Yes No
j. Sexual Health (e.g., erectile dysfunction, unplanned pregnancy, frequent STD testing, HIV testing, etc.) Yes No
k. Behavioral Changes
Weight loss Yes No
Physical Activity Yes No
Tobacco Cessation Yes No
Healthy Eating Yes No
Alcohol Use (e.g., high risk drinking) Yes No
l. Medication Adherence/Compliance Yes No
m. Coping with a Chronic Medical Condition Yes No
n. Pain Management Yes No
o. Substance Use (e.g., marijuana, opioids, cocaine, etc.) Yes No
p. ADHD Yes No

2) Are you available to meet with a patient right away? Yes No
If yes, can I just bring them down to your office? If no, how? Yes No

3) Are you available to join me for an appointment if I feel it might benefit the patient? Yes No
If yes, how do we need to set it up to make it work?

4) Do you meet with patients in-person typically? Yes No
5) Are you able to do telephone appointments if necessary? Yes No

Focuses on 1 or More Specific Groups of Patients or More Broad?

What do they provide for that specific group?

Focuses on 1 or More Specific Groups of Patients or More Broad?

SMALL GROUP ACTIVITY

"Integrated Behavioral Healthcare"
How is it different than primary care clinic with access to specialty mental health clinic?

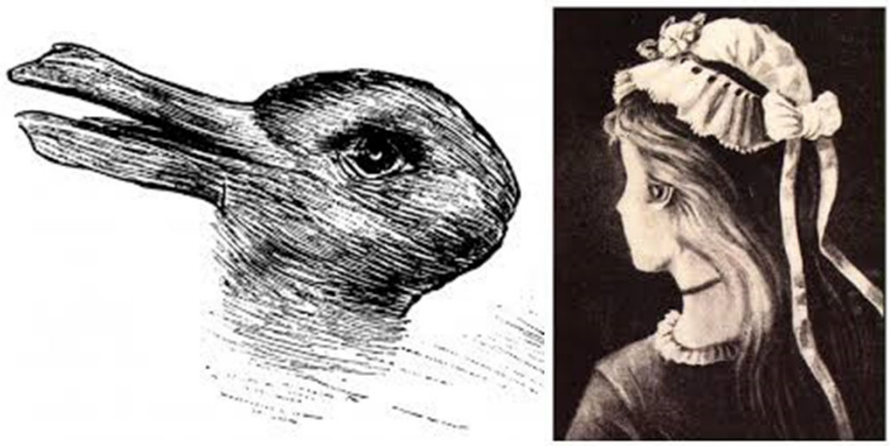
- Role of a PCP
- Role of a Nurse
- Role of a BHP

How to Utilize Integrated Behavioral Health Service in Your Daily Clinical Practice?

Option #1: Team Briefing

- Focus on a specific clinical pathway
- Have the Full Teamlet, including the behavioral health provider present
- Discuss roles in the process and how to communicate with one another at various transitional points

What do you see?



Option #2: When you huddle or review your patients for the day/morning, begin to scrub IPC issues

8am - Douglas Shaw

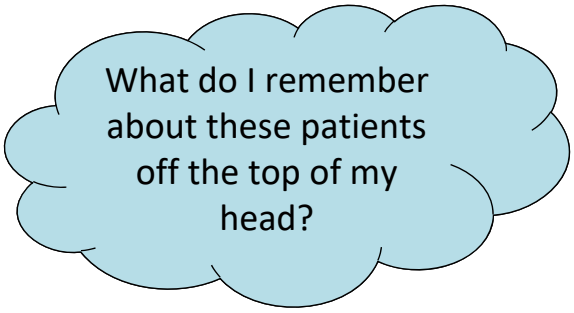
8:30am - Irving Nunez

9:00 - Sarah Maldonado

10:00 - Lisa Garrett

What does this morning's schedule of patients look like?

8am - Douglas Shaw
8:30am - Irving Nunez
9:00 - Sarah Maldonado
10:00 - Lisa Garrett



Things that come to mind by just seeing the names

8am - Douglas Shaw
8:30am - Irving Nunez
9:00 - Sarah Maldonado
10:00 – Lisa Garrett

This patient struggles with treatment adherence

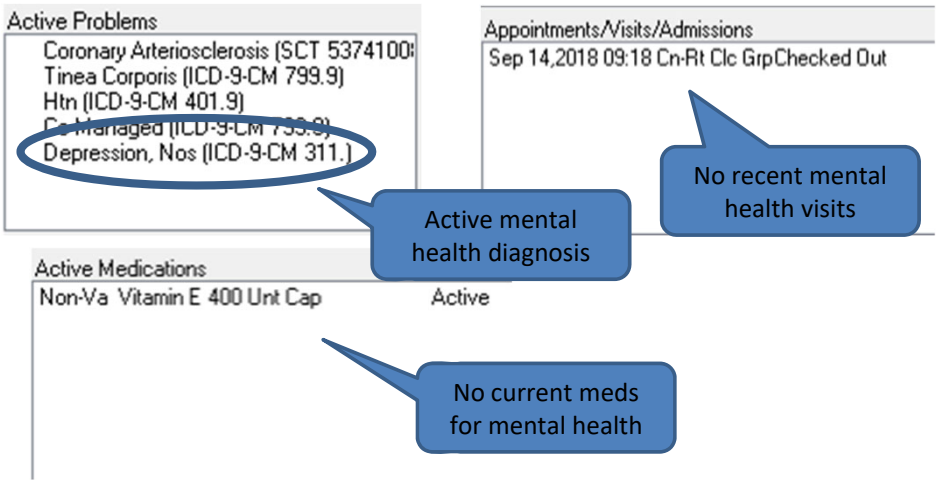
This patient is very familiar to me – a "frequent flyer"

I DON'T remember this patient?

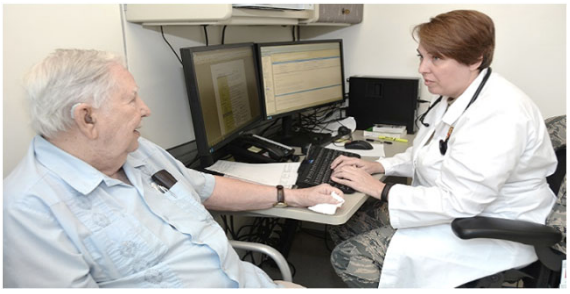
8am - Douglas Shaw
8:30am - Irving Nunez
9:00 - William Maldonado
9:30am - Alton Manning
10:00 – Lisa Garrett

Let's look at the "cover page" for his medical chart as well as my last note.

What to look for in the medical chart or last note:



A Majority of Patients Could Benefit



Success Also Depends On How You Discuss the BHP with a Patient

Example: IPC Mantras for PC Team

It sounds like this is a difficult time for you, there is someone on our primary care team that has really helped my other patients. Is it alright if I see if he/she is available and he/she can describe how she can specifically help.

Example: IPC Mantras for PC Team

There is a member on our primary care team that knows a lot about _____. Even if you don't end up deciding to change, I have seen lots of patients benefit from briefly talking with her/him. Is it alright if I see if he/she is available?

Example: IPC Mantras for PC Team for Collaborative Care

There are members on our primary care team that call patients regularly to check on how they are doing and sometimes offer suggestions on how to help for a period of time. If things get worse, they will notify me and then I can call you up and see if you might want to come in to talk about something else to do.

Let's Put It All Together

Contact Information

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Questions

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Resources/Supplemental Material

- https://www.integration.samhsa.gov/integrated-care-models
- www.cfha.net
- https://aims.uw.edu
- www.sbm.org

Integrated Primary Care Special Interest Group