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## Integrated Behavioral Health

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HealthPoint

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# Video

- Kirk Strosahl talks about the history of PCBH
  - [https://www.youtube.com/watch?v=QU5IOJOFtak&list=PLvLh\\_YdubBs5P-dw9lrSH7-TwTqM8fkqo&index=8](https://www.youtube.com/watch?v=QU5IOJOFtak&list=PLvLh_YdubBs5P-dw9lrSH7-TwTqM8fkqo&index=8)



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# Where did integration come from?

- About 40 years ago...the **biopsychosocial model** was introduced to medicine<sup>1</sup>
- Where do patients go for the MH care?<sup>2</sup>
  - 20% – SMH
  - 21% – PC
    - 92% of all elderly patients receive MH care from PCP
  - **59% No treatment**
  - **HOWEVER<sup>3</sup>...**
    - 6-10% of general population goes to SMH
    - 60-95% go to PC



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# Why do we need BHPs in Primary care?

- **80%** of individuals w/BH disorders will visit PCP >1 time in calendar year<sup>5</sup>
  - **45%** of patients who commit suicide have contact w/ their PCP in the past month, 2x's that of SMH provider<sup>6</sup>
- **48%** of the appointments for all psychotropic agents are with a non-psychiatric primary care provider<sup>7</sup>
- **84%** common physical complaints have no identifiable organic etiology<sup>4</sup>



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# Why do we need BHPs in Primary care?

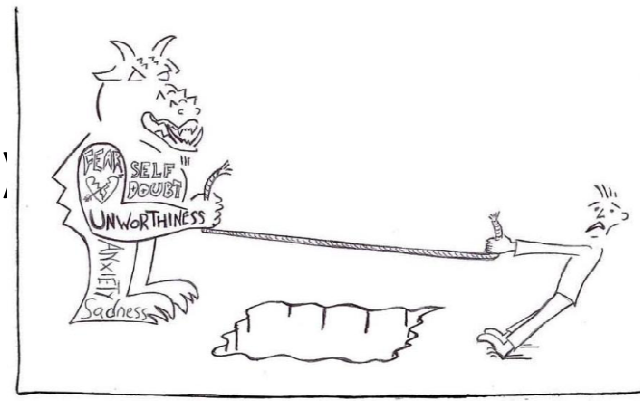
- Top 10% of healthcare utilizers consume 33% of outpatient services & 50% of inpatient services
- 50% of high utilizers have MH or CD disorders
- Pts w/ psych d/o use 50% more physical health care services per yr than those without d/o
- Chronic medical conditions fastest growing part of PC; 60% don't adhere to treatment



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# Why not just refer?

- Why not just refer to SMH?
  - 6-10% of population goes to SMH<sup>9</sup>
  - **20%** of referred patients follow-through<sup>10</sup>
- Why don't people go to specialty MH? <sup>10</sup>
  - Lack of insurance
  - Stigma
  - View their problem as “physical”
  - Inconvenience (including long waitlists)
  - Better familiarity, comfort with PCP
  - Prior negative experiences



# Video

- Jeff Reiter talks about when he knew PCBH was for him
  - <https://www.youtube.com/watch?v=gOYJNliJU&index=2&list=P LvLh YdubBs5P-dw9lrSH7-TwTqM8fkqo>



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# Laying the foundation for PCBH<sup>16</sup>

- EBT for mental health disorders:
  - How long are typical visits?
  - How frequently do patients meet with providers?
  - How many visits do providers typically have with patients?
  - Now...what about for primary care providers?
- *So, just taking our SMH approach to PC is not the answer... we not only need to BE in PC but we need to change HOW we practice*
  - Robust research base showing effectiveness of brief interventions<sup>17</sup>
    - Even for intense mental health conditions (e.g., PTSD)

*“To get population reach – we need a philosophy to improve access to help us work with everyone & everything that walks into PC...”*



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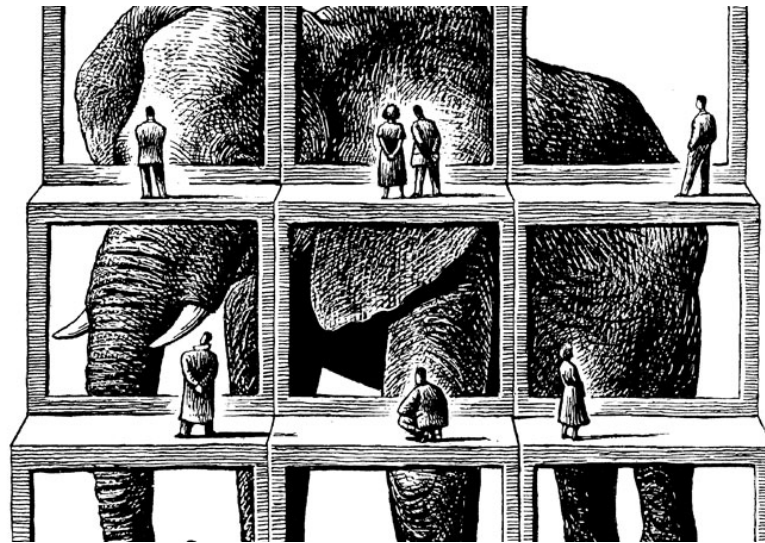


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# Video

- Kirk talks about the change in philosophy (3:31 – 5:54)
  - [https://www.youtube.com/watch?v=QU5IOJOFtak&list=PLvLh\\_YdubBs5P-dw9lrSH7-TwTqM8fkqo&index=8](https://www.youtube.com/watch?v=QU5IOJOFtak&list=PLvLh_YdubBs5P-dw9lrSH7-TwTqM8fkqo&index=8)



# Population-Based Care: A Framework for Integration

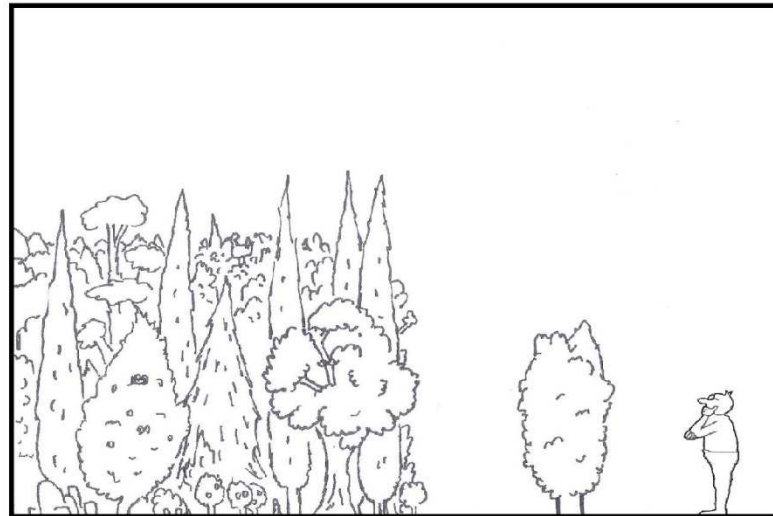
- Based in public health & epidemiology
  - Focus on raising health of population
  - Emphasis on early identification & prevention
  - Designed to serve high percentage of population
  - Provide triage and clinical services in stepped care fashion
  - Uses “panel” instead of “clinical case” model



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# Video

- When Chris Hunter knew PCBH was for him...
  - [https://www.youtube.com/watch?v=5egkskCGW68&list=PLvLh\\_YdubBs5P-dw9lrSH7-TwTqM8fkqo&index=6](https://www.youtube.com/watch?v=5egkskCGW68&list=PLvLh_YdubBs5P-dw9lrSH7-TwTqM8fkqo&index=6)



P. KLAMMER



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# Primary Care Behavioral Health Model (PCBH)

- An approach to population-based mental health clinical care that is:
  - Co-located
  - Collaborative
  - Integrated within the primary care clinic
- A consultant model; not a psychotherapy model
- Will meet the needs of the majority of patients in PC
- ...we care just as much about the patients we don't see as the ones we do...



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# BHC Mission Statement

“We are behavioral health *consultants* who, as part of the *clinic team*, aim to improve health for our *entire* clinic population.”



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# Model or philosophy?

## Primary Care Behavioral Health (PCBH) Model

(Robinson & Reiter, 2016)

<b>Philosophy &amp; Setting</b>	<ul style="list-style-type: none"><li>• Team-based, population based health approach</li><li>• Improve efficacy &amp; efficiency of primary care</li><li>• Share pods, office centrally located, exam rooms</li><li>• Routine part of care</li></ul>
<b>Behavioral Health Consultants (BHCs)</b>	<ul style="list-style-type: none"><li>• Doctoral level psychologists</li><li>• LCSWs, MHCs, LMFTs and other master's level clinicians</li></ul>
<b>BHCs' Interventions</b>	<ul style="list-style-type: none"><li>• Functional improvement vs symptom reduction</li><li>• CBT, ACT &amp; SFBT; Psychoeducation &amp; coping skills</li></ul>
<b>BHCs' Qualities</b>	<ul style="list-style-type: none"><li>• Accessible (on demand, warm handoffs)</li><li>• Generalist (sees all patients)</li><li>• Highly productive (average 8-10 pts per day)</li><li>• Educator (provide formal &amp; informal training)</li></ul>
<b>Nature of Visits</b>	<ul style="list-style-type: none"><li>• &lt; 30 minutes</li><li>• Episodic care</li><li>• 10-15% long term</li></ul>



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# Video

- Jeff Reiter discusses moving beyond PCBH being a “brief therapy, co-located model” (1:03)
  - [https://www.youtube.com/watch?v=kbAkB4dVYGU&index=4&list=PLvLh\\_YdubBs5P-dw9IrSH7-TwTqM8fkqo](https://www.youtube.com/watch?v=kbAkB4dVYGU&index=4&list=PLvLh_YdubBs5P-dw9IrSH7-TwTqM8fkqo)



# “Trident Approach” to achieve population based care & “Get it in the water”

<b>Direct Clinical Services</b>	<ul style="list-style-type: none"><li>• Provide brief, evidence-based interventions during patient visits<ul style="list-style-type: none"><li>• ≤ 30 min, limited follow-up</li><li>• Flexible</li><li>• Improving quality of life vs. symptom reduction</li></ul></li><li>• Develop group interventions that utilize multiple professionals</li><li>• Transdiagnostic approaches</li></ul>
<b>BHC Presence/ Training</b>	<ul style="list-style-type: none"><li>• Give presentations at meetings</li><li>• Distribute educational flyers</li><li>• Clinical pathways incorporating the BHC</li><li>• Develop shared treatment plans containing straightforward behavioral interventions</li></ul>
<b>Supporting PC System</b>	<ul style="list-style-type: none"><li>• Follow-up with patients instead of PCPs</li><li>• See patients before PCP to help</li><li>• Take over care during a PCP visit so PCP can move to next patient</li><li>• Phone visits for behavioral issues</li><li>• Review outside mental health records and brief PCPs</li></ul>

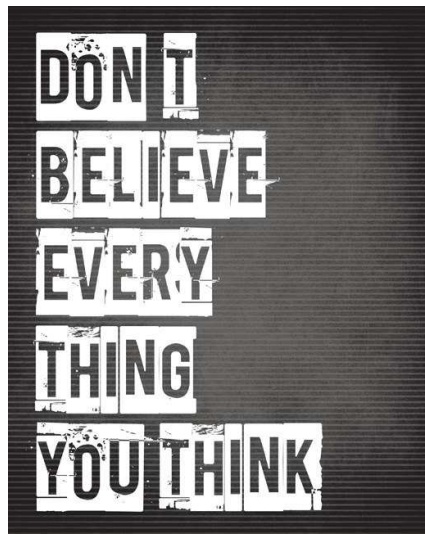


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# Video

- Jillian Calhoun talks about what she enjoys about PCBH
  - [https://www.youtube.com/watch?v=tEpya6nOnig&list=PLvLh\\_YdubBs6EWenUaD1PP3EF4k8-P0mW&index=1](https://www.youtube.com/watch?v=tEpya6nOnig&list=PLvLh_YdubBs6EWenUaD1PP3EF4k8-P0mW&index=1)
- Taj Heer talks about what she enjoys about PCBH
  - [https://www.youtube.com/watch?v=2JFzTj1Orjo&index=2&list=PLvLh\\_YdubBs6EWenUaD1PP3EF4k8-P0mW](https://www.youtube.com/watch?v=2JFzTj1Orjo&index=2&list=PLvLh_YdubBs6EWenUaD1PP3EF4k8-P0mW)



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# The BHC...

- Is a member of the primary care team
- Provides consultations, (not “therapy”)
  - Brief visits, limited and few follow-ups
  - Prompt feedback to PCP
- Focus on improving overall health/QOL
- Goal is immediate access for any health issues
- Emphasizes population management and psychoeducation



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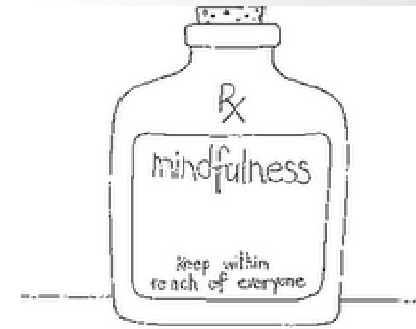
# BHC Integration Model: Session Structure Guidelines

- 1-4 consult visits in typical case
- 15-30 minute visits to mimic primary care pace and promote visit volume
- Focus is on functional analysis and restoration
- Use classes and group medical appointments to increase volume & depth of intervention
- High risk, high need patients seen more often as part of team-based mgmt plan



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# Common BHC Referrals



- Typical Psych: mood disorders, SA, etc.
- Chronic Pain
- Smoking cessation
- Obesity/weight management
- Sleep disorders
- Diabetes
- Headaches
- Alcohol/drug problems
- Hyperlipidemia and hypertension
- Fatigue
- Parenting and pediatric behavioral issues
- Sexual health
- Medication/treatment compliance
- Bereavement
- Stress Management

# Other Appropriate Referrals

- Newly diagnosed chronic illness
- IBS and other GI issues
- Completing Advance Directives
- Anticipatory Guidance during Well Child Checks
- Brief Cognitive Assessment
- Some dermatological problems
- Patients currently functioning well but with a higher risk of relapse or non-compliance



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# Video

- Suggestions for new students:
- Kirk Strosahl, PhD
  - [https://www.youtube.com/watch?v=HRqA5C7oV1s&index=9&list=PLvLh\\_YdubBs5P-dw9lrSH7-TwTqM8fkqo](https://www.youtube.com/watch?v=HRqA5C7oV1s&index=9&list=PLvLh_YdubBs5P-dw9lrSH7-TwTqM8fkqo)
- Jeff Reiter, PhD, ABPP
  - <https://www.youtube.com/watch?v=LFY5AuUZP58>
- Chris Hunter, PhD, ABPP
  - <https://www.youtube.com/watch?v=UFqewsYzAss&t=82s>



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# What you will learn here...

- Fully integrated care
- Brief assessment and intervention skills
  - Note that “brief” ≠ superficial or simplistic
- Generalist (wide variety of problems)
- Evidence-based practice
- Physician consultation/Team care skills
- Cultural diversity, interpreter skills
- Trauma-informed care
- Pharmacology basics & psychiatric consultation



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# Train to be a Generalist

- Become a Psychologist with a wide skill set
  - Diagnose and treat common mental disorders
  - Encounter and learn about uncommon diagnoses
  - Learn behavioral treatments for many physical diagnoses
- Understand mind-body interaction
  - Understand how stress physiology informs the bio-psycho-social model
  - Cross-treat mental and physical symptoms
    - Stress reduction for hypertension and diabetes
    - Diet and exercise in anxiety and depression treatment
    - Help with life style changes



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# Evidence-based Practice

- Including providing treatments for mental health concerns (depression, anxiety, stress)
  - Mindfulness
  - Behavioral activation
  - DBT(lite)
  - MHIP
- But also interventions for medical concerns (insomnia, chronic pain, diabetes)
  - CBT-I
  - ACT
  - Motivational Interviewing
- And also includes educating team about and implementing system-wide evidence-based practices
  - E.g., trauma-informed care, annual depression screenings



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# Physician Consultation/Team Care

- Physician Consultation
  - Your role is a consultant to the PCP and team
  - You will hone your skills providing brief feedback to providers regarding their patients
- Team Care Skills
  - Learn how to use the whole team to improve patient care
  - Acupuncture, Nutrition, Naturopath, Pharmacy, Patient Navigator, Care Coordinator, Consulting Psychiatrist, Referral Coordinators, Dental and PCP



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# What PSM means to a physician

- Mindy Udell, MD
  - [https://www.youtube.com/watch?v=LEk5-rLQeP0&index=8&list=PLvLh\\_YdubBs6EWenUaD1P\\_P3EF4k8-P0mW](https://www.youtube.com/watch?v=LEk5-rLQeP0&index=8&list=PLvLh_YdubBs6EWenUaD1P_P3EF4k8-P0mW)



# Questions/Comments



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