ETHICS IN PRIMARY CARE & PSYCHOLOGY: OVERLAP & POTENTIAL DILEMMAS

CARA DALBEY, PSY.D

BHC | HEALTHPOINT

FACULTY | THE WRIGHT CENTER NATIONAL FAMILY MEDICINE RESIDENCY AT HEALTHPOINT

CLINICAL INSTRUCTOR | UNIVERSITY OF WASHINGTON SCHOOL OF MEDICINE, DEPT. OF FAMILY MEDICINE

A LITTLE ABOUT ME…

- Joined HealthPoint in 2008
- BH Lead for our program from 2015-2020
- Behavioral Science Faculty with our FM residency clinic since 2015
- In private practice doing Neuropsych Assessments for Social Security
- Married and mom of 4 humans ☺
- I love distance running and anything outdoors!!

NOW A LITTLE ABOUT EACH OF **YOU**!

1. What profession would you be in if not psych
2. Biggest pet peeve
3. One item on your bucket list

OUTLINE & OBJECTIVES FOR TODAY

- Review and discuss the main ethical areas that are unique to integrated care
  - Confidentiality/privacy
  - Informed consent
  - Multiple relationships
  - Assessment
  - Intervention
  - Provider competence

ETHICS:

-MORAL PRINCIPLES THAT GOVERN A PERSON'S BEHAVIOR

-HOW PEOPLE PRACTICE ETHICAL DECISION MAKING IS HEAVILY BASED ON PERSONAL VALUES

APA ETHICS CODE

"THE ETHICS CODE IS INTENDED TO PROVIDE GUIDANCE FOR PSYCHOLOGISTS AND STANDARDS OF PROFESSIONAL CONDUCT…THE CODE IS NOT INTENDED TO BE A BASIS OF CIVIL LIABILITY.

WHETHER A PSYCHOLOGIST HAS VIOLATED THE ETHICS CODE STANDARDS DOES NOT BY ITSELF DETERMINE WHETHER THE PSYCHOLOGIST IS LEGALLY LIABLE IN A COURT ACTION…OR WHETHER OTHER LEGAL CONSEQUENCES OCCUR."

AMA ETHICAL PRINCIPLES

STEPS IN ETHICAL DECISION MAKING

- 1. State the question or dilemma
- 2. Anticipate who will be affected by the decision
- 3. Figure out who is the client
- 4. Assess whether our area of competence is a good fit
- 5. Review relevant ethical standards
- 6. Review relevant legal standards
- 7. Review relevant research and theory
- 8. Consider whether personal feelings, biases or self-interest might affect judgement

STEPS CONTINUED

- 9. Consider whether social, cultural, religious or similar factors affect the situation and best response
- 10. **Consult, Consult, Consult!!!**
- 11. Develop alternative courses of action and think them through
- 12. Try to adopt the perspective of each person who will be affected
- 13. Decide what to do, review it, and take action
- 14. Document the process and results

Pope, K., & Vasquez, M. (2007). *Steps in Ethical Decision-Making*. New Jersey: John Wiley.

PRIMARY ROLES OF BHCS

1. Consultation to the PCPs on how to manage behavioral health concerns

2. Brief assessments and interventions directly to patients

DIFFERENCES BETWEEN INTEGRATED CARE AND MH SETTINGS

Collaborative team-based care led by PCP

PCP maintains primary responsibility for the pt's care

Focusing treatment on the primary problem identified by PCP

Brief episodes of care

Open/immediate access to BHC

4 CORNERS EXERCISE

CHOOSE ONE:

- STRONGLY AGREE
- SOMEWHAT AGREE
- SOMEWHAT DISAGREE
- STRONGLY DISAGREE

PCBH PROVIDERS SHOULD AVOID TREATING MORE THAN ONE MEMBER OF THE SAME FAMILY

VERBAL CONSENT SHOULD BE OBTAINED FROM A PATIENT BEFORE GOING IN FOR A WARM HANDOFF

PCBH PROVIDERS SHOULD NOT PROVIDE CARE TO A CO-WORKER OR CO-WORKER'S FAMILY MEMBER

PCBH PROVIDERS SHOULD AVOID ASSIGNING PERSONALITY DISORDER DIAGNOSES

A PCBH PROVIDER SHOULD NOT SEE A PATIENT FOR A PRESENTING CONCERN THEY ARE UNFAMILIAR WITH WITHOUT FIRST RECEIVING SUPERVISION OR ADDITIONAL TRAINING ON THE TOPIC

COMPLEX RELATIONSHIPS IN PRIMARY CARE

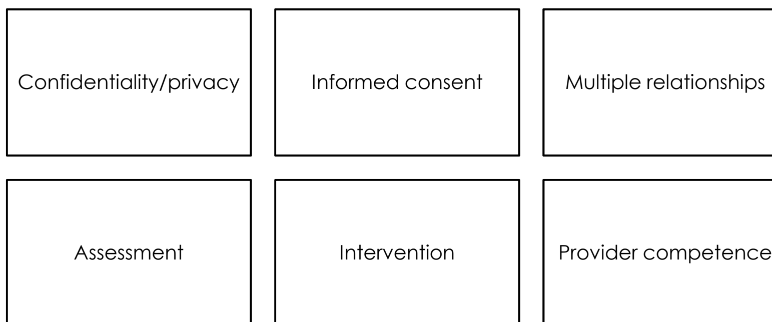
Table 1

Factors Influencing the Presentation of Ethically Challenging Relationships in Primary Care Versus Specialty Mental Health

Dimension	Primary care	Specialty mental health
Whole family care	Common	Uncommon
Care delivery	Team-based	Autonomous
Care model	Longitudinal/Whole person	Episodic
Patient volume	High	Low

REITER, J, & RUNYON, C. (2013) THE ETHICS OF COMPLEX RELATIONSHIPS IN PRIMARY CARE BEHAVIORAL HEALTH. FAMILIES, SYSTEMS, & HEALTH, VOLUME 31, (1), 20-27.

UNIQUE ETHICAL CONSIDERATIONS IN INTEGRATED CARE



CONFIDENTIALITY, INFORMED CONSENT, AND PRIVACY

APA CODE ON CONFIDENTIALITY

4.02 DISCUSSING THE LIMITS OF CONFIDENTIALITY

(A) PSYCHOLOGISTS DISCUSS WITH PERSONS AND ORGANIZATIONS WITH WHOM THEY ESTABLISH A SCIENTIFIC OR PROFESSIONAL RELATIONSHIP

(1) THE RELEVANT LIMITS OF CONFIDENTIALITY AND (2) THE FORESEEABLE USES OF THE INFORMATION GENERATED THROUGH THEIR PSYCHOLOGICAL ACTIVITIES.

(B) UNLESS IT IS NOT FEASIBLE OR IS CONTRAINDICATED, THE DISCUSSION OF CONFIDENTIALITY OCCURS AT THE OUTSET OF THE RELATIONSHIP AND THEREAFTER AS NEW CIRCUMSTANCES MAY WARRANT.

APA CODE ON DISCLOSURES

4.05 Disclosures

(a) Psychologists may disclose confidential information with the appropriate consent of the organizational client, the individual client/patient or another legally authorized person on behalf of the client/patient unless prohibited by law.

(b) Psychologists disclose confidential information without the consent of the individual only as mandated by law, or where permitted by law for a valid purpose such as to

- (1) provide needed professional services;
- (2) obtain appropriate professional consultations;
- (3) protect the client/patient, psychologist, or others from harm

APA CODE ON CONSULTATIONS

4.06 When consulting with colleagues,

(1) psychologists do not disclose confidential information that reasonably could lead to the identification of a client/patient, research participant or other person or organization with whom they have a confidential relationship unless they have obtained the prior consent of the person or organization or the disclosure cannot be avoided, and

(2) they disclose information only to the extent necessary to achieve the purposes of the consultation.

CONFIDENTIALITY, INFORMED CONSENT, AND PRIVACY IN INTEGRATED CARE

- Sharing of confidential information among the team in order to provide care
- The EHR
- BHCs may be referred members of the same family at different times

CASE EXAMPLE #1

- State the question or dilemma
- Who will be affected by the decision?
- Who is the client?
- Competence is a good fit for the situation?
- Which ethical and/or legal standards are involved?
- What personal feelings, biases or self-interest might affect your judgement?
- What are the social, cultural, religious or similar factors affecting the situation?
- What are the perspectives of each person involved?
- What is your decision and next steps?
- What are the alternative courses of action?

CONFIDENTIALITY AND INFORMED CONSENT: RECOMMENDATIONS FOR INTEGRATED CARE

- Information included in new patient enrollment forms
- BHC should:
  - clarify their role
  - explain their relationship w/the PCP
  - how services are used in care
  - limits of confidentiality
- Also be cautious about patient coercion
  - Is the BHC appointment framed as voluntary or optional?
  - Do PCPs always obtain consent before a handoff?

MULTIPLE RELATIONSHIPS

APA CODE ON MULTIPLE RELATIONSHIPS

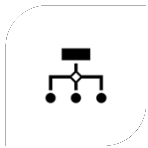
3.05 GUIDES US TO REFRAIN FROM ENTERING INTO MULTIPLE RELATIONSHIPS THAT ARE EXPECTED TO:

- IMPAIR OUR OBJECTIVITY
- IMPAIR OUR COMPETENCE
- OR RISKS EXPLOITATION OF THE PATIENT

MULTIPLE RELATIONSHIPS IN INTEGRATED CARE

MEDICAL STAFF ARE COMMONLY PTS W/IN THE CLINIC IN SOME SETTINGS (MILITARY, ETC.)

RURAL SETTINGS



BHC AS 'CARETAKER' TO PRIMARY CARE STAFF

CASE EXAMPLE #2 AND 3

- STATE THE QUESTION OR DILEMMA
- WHO WILL BE AFFECTED BY THE DECISION?
- WHO IS THE CLIENT?
- COMPETENCE IS A GOOD FIT FOR THE SITUATION?
- WHICH ETHICAL AND/OR LEGAL STANDARDS ARE INVOLVED?
- WHAT PERSONAL FEELINGS, BIASES OR SELF-INTEREST MIGHT AFFECT YOUR JUDGEMENT?
- WHAT ARE THE SOCIAL, CULTURAL, RELIGIOUS OR SIMILAR FACTORS AFFECTING THE SITUATION?
- WHAT ARE THE PERSPECTIVES OF EACH PERSON INVOLVED?
- WHAT IS YOUR DECISION AND NEXT STEPS?
- WHAT ARE THE ALTERNATIVE COURSES OF ACTION?

MULTIPLE RELATIONSHIPS: RECOMMENDATIONS FOR INTEGRATED CARE

- SETTING APPROPRIATE BOUNDARIES WITH STAFF
- AVOID ENGAGING IN FORMAL ASSESSMENT AND TREATMENT OF COWORKERS
- WHEN POSSIBLE, AVOID TREATING PATIENTS WITH A CLOSE, PERSONAL RELATIONSHIP TO COWORKERS
- WHEN OUTSIDE ACCESS IS AN ISSUE, BHCS MAY BE ETHICALLY OBLIGATED TO PROVIDE CARE
  - IN THIS CASE, ENGAGE IN CAREFUL, PATIENT-ORIENTED DECISION-MAKING PRIOR TO ENTERING THE DUAL RELATIONSHIP

Assessment and Intervention In Integrated Care

SCOPE OF PRACTICE FOR BHCS

- Can differ substantially from a traditional psychotherapist
- 3 main areas of ethical concern here:
  - 1. defining scope of practice
  - 2. sufficient clinical intervention
  - 3. duplication of existing behavioral health services

CLINICAL HEALTH PSYCHOLOGY

PER THE APA: A PROFESSIONALLY RECOGNIZED SPECIALTY THAT INVESTIGATES AND IMPLEMENTS CLINICAL SERVICES ACROSS DIVERSE POPULATIONS AND SETTINGS TO PROMOTE HEALTH AND WELL-BEING AND TO PREVENT, TREAT AND MANAGE ILLNESS AND DISABILITY.

SEES HEALTH AS THE CONFLUENCE OF PSYCHOLOGICAL, SOCIAL, CULTURAL, AND BIOLOGICAL FACTORS AND APPLIES THIS UNDERSTANDING TO PROFESSIONAL ACTIVITIES INCLUDING:

- RESEARCH
- CLINICAL SERVICES
- CONSULTING WITH, EDUCATING AND SUPERVISING OTHER PROVIDERS
- ADVISING ORGANIZATIONS, INSTITUTIONS, THE PUBLIC AND POLICYMAKERS

CLINICAL HEALTH PSYCH CONT.

SPECIALIZED KNOWLEDGE

A SPECIALTY AREA OF KNOWLEDGE AND PRACTICE WITH FOUNDATIONS IN HEALTH PSYCHOLOGY, THE FIELD OF PSYCHOLOGY THAT ADDRESSES THE INTERACTIONS OF PSYCHOLOGICAL, SOCIAL, CULTURAL AND BIOLOGICAL FACTORS AS THEY RELATE TO HEALTH AND WELL-BEING ACROSS DIVERSE POPULATIONS AND SETTINGS.

SKILLS AND PROCEDURES

- **ASSESSMENT**
- **INTERVENTION**
- **CONSULTATION**
- **EVALUATION**

DEFINING SCOPE

Intervention may focus on a wide variety of approaches

Interventions may be completed in a single consult or in a handful of follow ups

reason for visit is more complicated and requires multiple visits and referrals

'bridge' visits

Patients may decline a referral but continue to schedule or have contact with the BHC

CLINICAL INTERVENTION

Are PCBH services sufficient to address a variety of presenting problems?

Patients in need of more intensive outpatient therapy often have many obstacles

Patient may not receive any appropriate care if the BHC does not provide brief treatment

Brief treatments may not be sufficient for some conditions

ETHICAL CONSIDERATIONS FOR INTERVENTION

- WHEN DECIDING ON INTERVENTION, BHCS NEED TO CONSIDER:
  - PATIENT'S PRESENTATION
  - SEVERITY OF DISTRESS
  - TREATMENT MOTIVATION, ACCESS
  - ABILITY FOR TREATMENT COMPLIANCE

CASE EXAMPLE #4

- STATE THE QUESTION OR DILEMMA
- WHO WILL BE AFFECTED BY THE DECISION?
- WHO IS THE CLIENT?
- COMPETENCE IS A GOOD FIT FOR THE SITUATION?
- WHICH ETHICAL AND/OR LEGAL STANDARDS ARE INVOLVED?
- WHAT PERSONAL FEELINGS, BIASES OR SELF-INTEREST MIGHT AFFECT YOUR JUDGEMENT?
- WHAT ARE THE SOCIAL, CULTURAL, RELIGIOUS OR SIMILAR FACTORS AFFECTING THE SITUATION?
- WHAT ARE THE PERSPECTIVES OF EACH PERSON INVOLVED?
- WHAT IS YOUR DECISION AND NEXT STEPS?
- WHAT ARE THE ALTERNATIVE COURSES OF ACTION?

DUPLICATION OF BH SERVICES

- ANOTHER COMMON PROBLEM FOR THE BHC IS BEING CAUTIOUS AGAINST DUPLICATING SERVICES DELIVERED BY AN OUTSIDE BH PROVIDER
- PCPS/OTHER PROVIDERS DO NOT ALWAYS KNOW IF PTS ARE RECEIVING OUTSIDE CARE
- THIS CAN BECOME EVEN MORE COMPLICATED IF:
  - A PT CONTINUES TO SEEK BHC SERVICES DESPITE BEING ENGAGED ELSEWHERE
  - PERSON IS UNSATISFIED WITH OUTSIDE CARE

CASE EXAMPLE #5

- STATE THE QUESTION OR DILEMMA
- WHO WILL BE AFFECTED BY THE DECISION?
- WHO IS THE CLIENT?
- COMPETENCE IS A GOOD FIT FOR THE SITUATION?
- WHICH ETHICAL AND/OR LEGAL STANDARDS ARE INVOLVED?
- WHAT PERSONAL FEELINGS, BIASES OR SELF-INTEREST MIGHT AFFECT YOUR JUDGEMENT?
- WHAT ARE THE SOCIAL, CULTURAL, RELIGIOUS OR SIMILAR FACTORS AFFECTING THE SITUATION?
- WHAT ARE THE PERSPECTIVES OF EACH PERSON INVOLVED?
- WHAT IS YOUR DECISION AND NEXT STEPS?
- WHAT ARE THE ALTERNATIVE COURSES OF ACTION?

ASSESSMENT

Per APA, "psychologists base the opinion contained in their diagnostic or evaluative statements on information and techniques sufficient to substantiate their findings."

The brief, focused nature of PCBH can limit the extent of assessment

Based on limited assessment, we run the risk of the diagnosis being inaccurate or failing to identify co-occurring disorders

ASSESSMENT CONTINUED

- *AND KEEP IN MIND
- **A PRIMARY FOCUS OF PCBH IS TO IMPROVE FUNCTIONING** VS. ASSIGNING AND TREATING CLINICAL DIAGNOSES

COMPETENCE

APA ON COMPETENCE

- 2.01, 2.03. PSYCHOLOGISTS ARE OBLIGATED TO PROVIDE SERVICES ONLY WITHIN THE BOUNDARIES OF THEIR COMPETENCE AND TO SEEK THE NECESSARY TRAINING TO OBTAIN AND MAINTAIN COMPETENCE IN THEIR DOMAIN OF SERVICE
- THERE ARE NO BROADLY ACCEPTED GUIDELINES OR STANDARDS FOR BHC COMPETENCE

GENERAL COMPETENCE IN INTEGRATED CARE

Consultation and collaboration with health providers

Working as part of an integrated team

Understanding medical terminology

Familiarity with psychosocial interventions for health conditions

Conducting brief assessment and interventions

Understanding the interaction effects between multiple systems

COMPETENCE IN INTEGRATED CARE CONT.

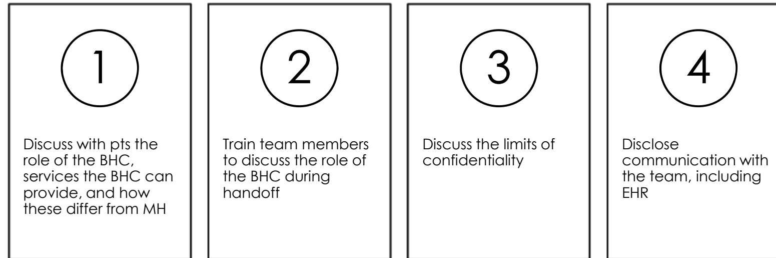
- BHCs also need to be mindful of their competence when:
  - providing health-focused interventions
  - When discussing medications
- Training is most readily available:
  - Hiring organizations themselves
  - Certificate programs from some schools
  - Graduate training
  - Professional conferences (Collaborative Family Healthcare Association, Society of Behavioral Medicine)

CASE EXAMPLE #6

- State the question or dilemma
- Who will be affected by the decision?
- Who is the client?
- Competence is a good fit for the situation?
- Which ethical and/or legal standards are involved?
- What personal feelings, biases or self-interest might affect your judgement?
- What are the social, cultural, religious or similar factors affecting the situation?
- What are the perspectives of each person involved?
- What is your decision and next steps?
- What are the alternative courses of action?

Summary and Review: Recommendations for Ethical Practice in Integrated Care

INFORMED CONSENT, PRIVACY AND CONFIDENTIALITY



MULTIPLE RELATIONSHIPS

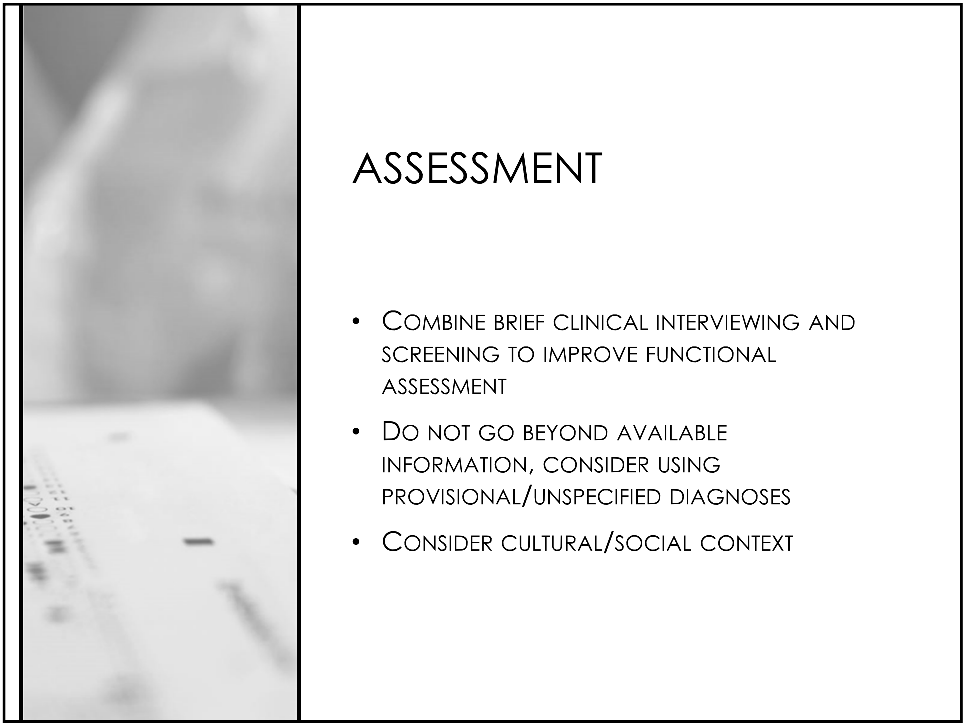
- AVOID TREATING COWORKERS, THEIR FRIENDS OR FAMILY
- OFFER TO FACILITATE REFERRALS
- WHEN COWORKERS HAVE POOR OUTSIDE ACCESS, TAKE ADDITIONAL STEPS TO MAINTAIN CONFIDENTIALITY AND PREVENT HARM
  - DOCUMENT INFORMED CONSENT, DECISION MAKING, AND CONSULTATION

INTERVENTION

- Explain the brief nature and goals of BH services in initial session
- If pts decline referrals, continue to see the pt while attempting to build motivation to transition to more intensive care
- Provide bridge support for high risk pts during the referral process
- For pt's w/o access to outside care, BHCs should provide care

MINIMIZING DUPLICATION OF SERVICES

- Provide clear discussion of role
- Assess for current outside care
- When outside providers are involved, define each provider's role and connect w/the outside provider
- In cases where pts are unhappy w/outside services, help pts address the issues or seek reassignment



COMPETENCE

- Attain necessary knowledge/training for PCBH work
- Seek opportunities for continued learning
- Be cautious about providing medical advice/education unless you are competent
- WORK WITHIN YOUR SCOPE!

Questions?

REFERENCES

- Akerson, E., Stewart, A., Baldwin, J., Bryson, B., Gloeckner, J., Cockley, D., (2013). Got Ethics? Exploring the value of interprofessional collaboration through a comparison of discipline-specific codes of ethics. MedEdPORTAL Publications. 2013;9:9331. http://doi.org/10.15766/mep_2374-8265.9331
- Fivecoat, H., Cos, T. , & Possemato, K. (2017). Special Ethical Considerations for Behavioral Health Consultants in the Primary Care Setting. *Professional Psychology: Research and Practice).* Retrieved from: http//dx/doi.org/10.1037/pro00001333
- Goodie, J., Kanzler, K., Hunter, C., Glotfelter, M., & Bodart, J. (2013). Ethical and Effectiveness Considerations With Primary Care Behavioral Health Research in the Medical Home. *Families, Systems & Health, Vol 31*(1), 86-95.
- Hudgins, C., Rose, S., Fifield, P., & Arnault, S. (2013). Navigating the Legal and Ethical Foundations of Informed Consent and Confidentiality in Integrated Primary Care. *Vol 31*(1), 9-19.
- Kanzler, K., Goodie, J., Hunter, C., Glotfelter, M., & Bodart, J. (2013). From Colleague to Patient: Ethical Challenges in Integrated Primary Care. *Families, Systems & Health, Vol 31*(1), 41-48.
- Pope, K., & Vasquez, M. (2007). *Steps in Ethical Decision-Making.* New Jersey: John Wiley.
- Reiter, J. & Runyan, C. (2013). The Ethics of Complex Relationships in Primary Care Behavioral Health. *Families, Systems & Health, Vol 31*(1), 20-27.
- Robinson, P.J. & Reiter, J. (2015). *Behavioral Consultation and Primary Care*. Switzerland: Springer.
- Robinson, P., & Rickard, J. (2013). Ethical Quandries in Caring for Primary-Care Patients With Chronic Pain. *Families, Systems, & Health, Vol 31*(1), 52-59.
- Runyan, C., Carter-Henry, S., & Ogbeide, S., Ethical Challenges Unique to the Primary Care Behavioral Health (PCBH) Model. (2018). *Journal of Clinical Psychology in Medical Settings. DOI 10.1007/s10880-017-9502-2*