



THE PRIMARY CARE BEHAVIORAL HEALTH MODEL: A REVIEW

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AGENDA

Our why...

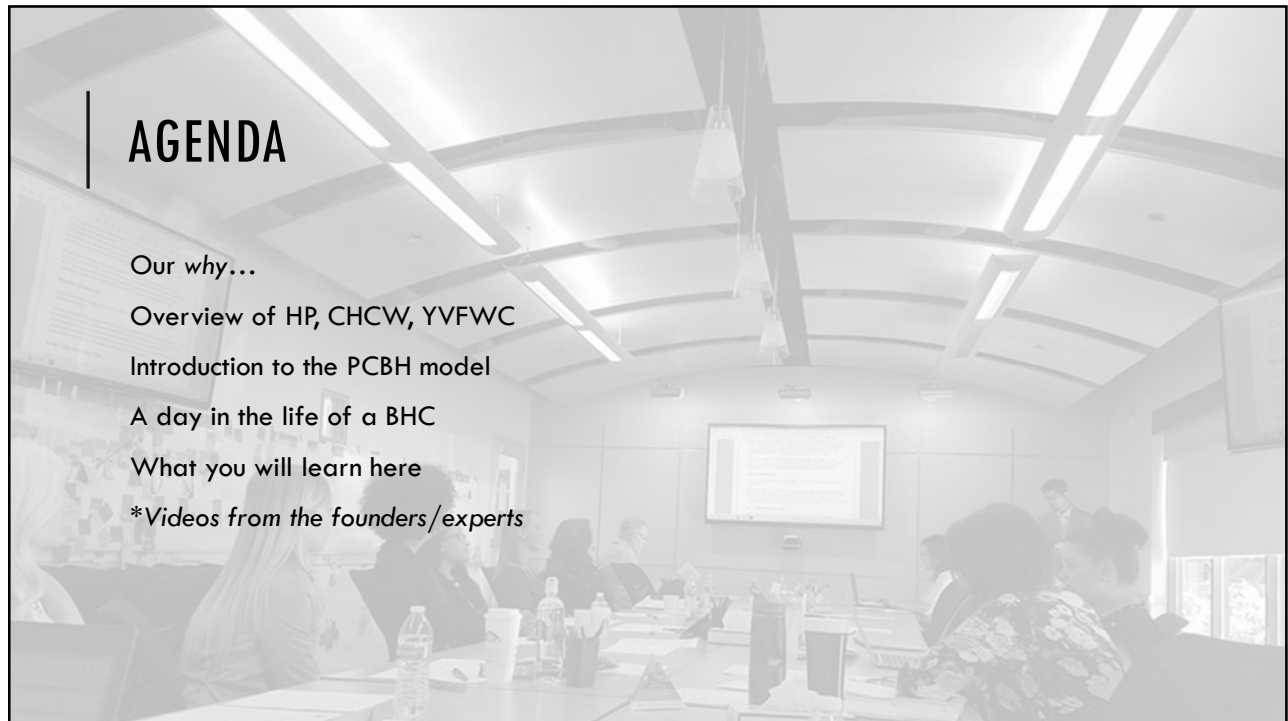
Overview of HP, CHCW, YVFWC

Introduction to the PCBH model

A day in the life of a BHC

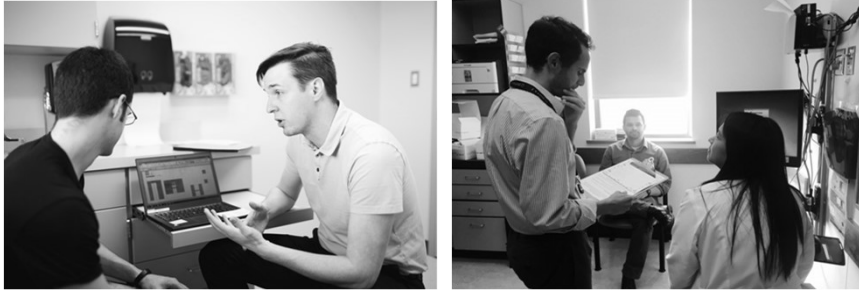
What you will learn here

**Videos from the founders/experts*



BEFORE WE GO ON... #WHYPCBH

Our why...



YVFWC HISTORY

27 medical clinics

One of the largest CHCs in the PNW

BH program started in early 2000s with Patti Robinson; relaunched in 2012

Current staffing:

- 17 BHCs
- Internship program started in 2022
 - Three interns

Offer specialty BH, dental, pharmacy, WIC, Nutrition, and community resource center

Family Medicine Residency in Grandview, WA



YVFWC INFO

- 1,651 employees
- 171,861 patients served
- 200+ learners
- 98.7% of patients are low income
- 18% are still uninsured
- 64.5% identify as Hispanic/Latinx
- 40% require care in another language than English



HEALTHPOINT HISTORY

20 medical clinics (4 school-based; CMHC-based), all in suburban Seattle

Largest CHC (FQHC) in King County

BH program started in 2002. Current staffing:

- 19 psychologists, 5 post-docs, 7 pre-doctoral interns, 1 pre-intern students
- Student/Intern programs started in 2004
- Internship merged with NPTC in 2017

Health Care Home Model/Holistic Care: Acupuncture, Nutrition, Natural Medicine, Dental, Pharmacy

•ATSU medical student and Family Medicine Residency programs





HEALTHPOINT INFO

950+ employees

100,000+ patients

200+ learners

94% of patients have very low incomes

16% are still uninsured

69% represent a race or ethnicity other than white

28% require care in another language

50% of our patients have at least one chronic condition

CHCW HISTORY

6 medical clinics throughout central WA.

- 2 in Yakima (1 pediatric), 2 rural clinics, SBHC and a clinic in Ellensburg

2 FM residencies in Yakima (27 residents) and Ellensburg (6 residents)

- Oldest dually accredited program in WWAMI
- Part of the inaugural class of Teaching Health Centers

BH program started in 2006. Current staffing:

- Seven psychologists, 4 master's level, 3 pre-doctoral interns, 3 fellows*
- Holistic Care: Dental, Pharmacy
- Internship program with NPTC 2017-18

0:04 / 8:02



400+ employees
30,000 patients
76% of pts have very low incomes
5.3% are still uninsured
46.3% represent a race or ethnicity other than white
11.2% require care in another language

CHCW INFO

LET'S GO BACK TO THE BEGINNING...

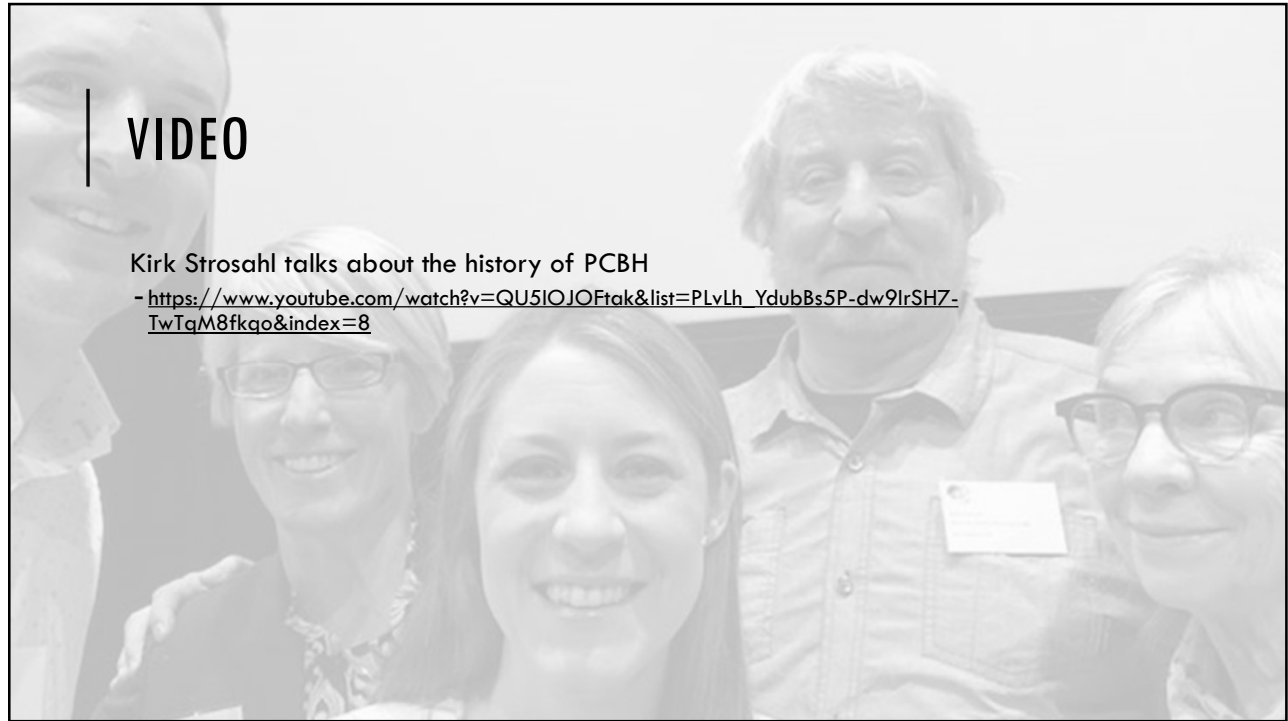
Why have behavioral health in primary care in the first place?

Any thoughts?

Privilege of talking to the founders... (side note)

• PCBH Corner's - https://www.youtube.com/playlist?list=PLvLh_YdubBs5P-dw9lrSH7-TwTqM8fkqo





THE WHY OF PCBH

And... the data that you all are aware of...

What percent of adults have Any Mental Illness in a given year?²

Table A.29B Level of Mental Illness in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2008-2020

Mental Illness/Age Group	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017
AMI	17.7 (0.30)	18.1 (0.31)	18.1 (0.30)	17.8 (0.30)	18.6 (0.31)	18.5 (0.31)	18.1 (0.23)	17.9 (0.25)	18.3 (0.24)	18.9 (0.27)
18-25	18.5 (0.34)	18.0 (0.32)	18.1 (0.35)	18.5 (0.37)	19.6 (0.35)	19.4 (0.36)	20.1 (0.39)	21.7 (0.38)	22.1 (0.43)	25.8 (0.49)
26-49	20.7 (0.42)	21.6 (0.43)	20.9 (0.42)	20.3 (0.43)	21.2 (0.44)	21.5 (0.45)	20.4 (0.34)	20.9 (0.34)	21.1 (0.33)	22.2 (0.36)
50 or Older	14.1 (0.59)	14.5 (0.54)	15.1 (0.55)	15.0 (0.53)	15.8 (0.55)	15.3 (0.52)	15.4 (0.40)	14.0 (0.42)	14.5 (0.40)	13.8 (0.42)
SMI	3.7 (0.14)	3.7 (0.14)	4.1 (0.16)	3.9 (0.14)	4.1 (0.14)	4.2 (0.16)	4.1 (0.12)	4.0 (0.12)	4.2 (0.12)	4.5 (0.12)
18-25	3.8 (0.16)	3.3 (0.15)	3.9 (0.17)	3.8 (0.17)	4.1 (0.17)	4.2 (0.18)	4.8 (0.21)	5.0 (0.21)	5.9 (0.24)	7.5 (0.26)
26-49	4.8 (0.21)	4.9 (0.22)	5.2 (0.23)	5.0 (0.22)	5.2 (0.23)	5.3 (0.25)	4.9 (0.18)	5.0 (0.18)	5.3 (0.18)	5.6 (0.19)
50 or Older	2.5 (0.24)	2.5 (0.23)	3.0 (0.27)	2.8 (0.22)	3.0 (0.25)	3.2 (0.26)	3.1 (0.19)	2.8 (0.20)	2.7 (0.20)	2.7 (0.19)

NOTE: Footnotes and source information are shown at the end of the second half of this table.

Table A.29B Level of Mental Illness in the Past Year: Among Adults Aged 18 or Older; by Age Group, 2008-2020 (continued)

Mental Illness/Age Group	2018	2019	2020
AMI	19.1 (0.26)	20.6 (0.25)	21.0 (0.39)
18-25	26.3 (0.44)	29.4 (0.48)	30.6 (0.84)
26-49	22.5 (0.35)	25.0 (0.36)	25.3 (0.54)
50 or Older	14.0 (0.42)	14.1 (0.40)	14.5 (0.63)
SMI	4.6 (0.12)	5.2 (0.13)	5.6 (0.23)
18-25	7.7 (0.25)	8.6 (0.27)	9.7 (0.53)
26-49	5.9 (0.18)	6.8 (0.19)	6.9 (0.31)
50 or Older	2.5 (0.19)	2.9 (0.20)	3.4 (0.35)

THE WHY OF PCBH

But, where do they get treatment?²

Figure 49. Type of Mental Health Services Received in the Past Year: Among Adults Aged 18 or Older; 2002-2020

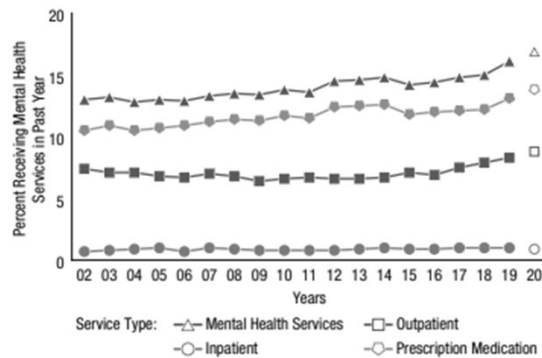


Figure 49 Table. Type of Mental Health Services Received in the Past Year: Among Adults Aged 18 or Older; 2002-2020

Service Type	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19	20
Mental Health Services	13.0	13.2	12.8	13.0	12.9	13.3	13.5	13.4	13.8	13.6	14.5	14.6	14.8	14.2	14.4	14.8	15.0	16.1	16.9
Inpatient	0.7	0.8	0.9	1.0	0.7	1.0	0.9	0.8	0.8	0.8	0.8	0.9	1.0	0.9	0.9	1.0	1.0	1.0	0.9
Outpatient	7.4	7.1	7.1	6.8	6.7	7.0	6.8	6.4	6.6	6.7	6.6	6.6	6.7	7.1	6.9	7.5	7.9	8.3	8.8
Prescription Medication	10.5	10.9	10.5	10.7	10.9	11.2	11.4	11.3	11.7	11.5	12.4	12.5	12.6	11.8	12.0	12.1	12.2	13.1	14.8

Note: Mental Health Services include any combination of inpatient or outpatient services or receipt of prescription medication.

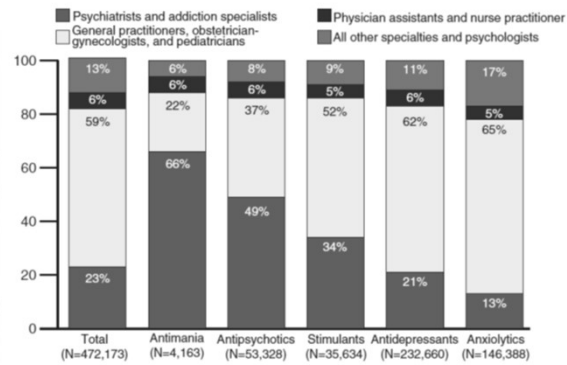
Note: The estimate in 2020 is italicized to indicate caution should be used when comparing estimates between 2020 and prior years because of methodological changes for 2020. Due to these changes, significance testing between 2020 and prior years was not performed.

THE *WHY* OF PCBH

That 13.8% of prescriptions... where are they coming from?³

Figure 1

Percentage of U.S. retail psychotropic prescriptions written from August 2006 to July 2007, by type of provider^a



^a Ns represent prescriptions in thousands

THE *WHY* OF PCBH

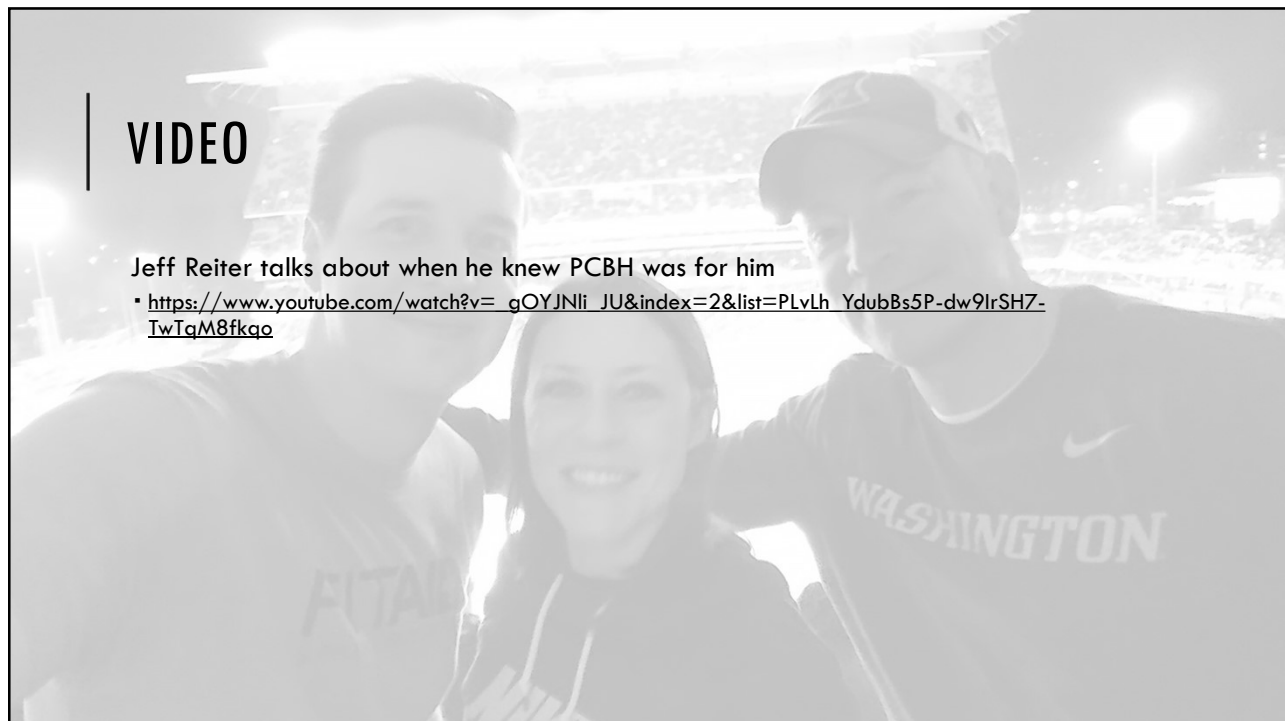
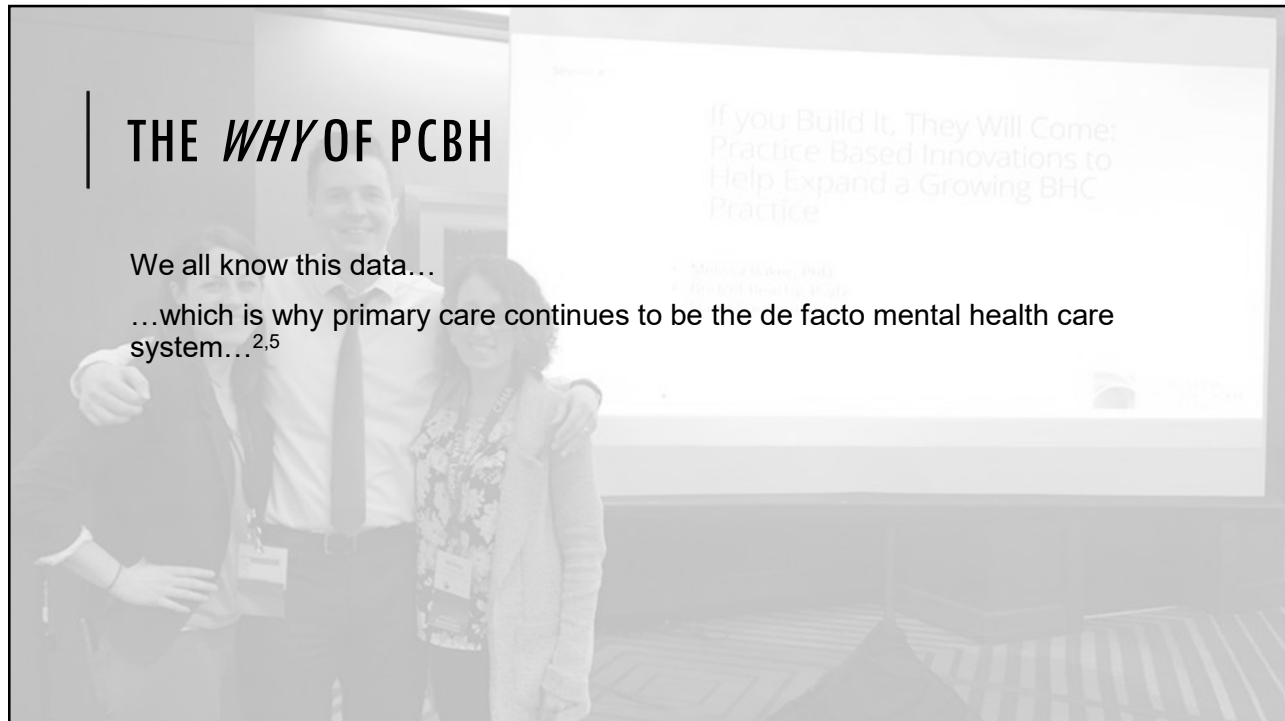
Well, just refer to SMH

- 20% of referred patients follow-through⁴

Why many don't go to specialty MH?⁴

- Lack of insurance
- Stigma
- View their problem as "physical"
- Inconvenience
- Better familiarity, comfort with PCP
- Prior negative experiences
- I don't want/need to go

David F. Bauman
&
Company Inc.



THE *WHY* OF PCBH – LET’S DO IT!

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



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 interventions⁶

- Even for intense mental health conditions (e.g., PTSD)

THE *WHY* OF PCBH

And... that is usually where the story ends... its about mental health and substance abuse....

Yet, close to half of all Americans have a chronic health concern (e.g., HTN, DM, heart disease, etc.)⁷

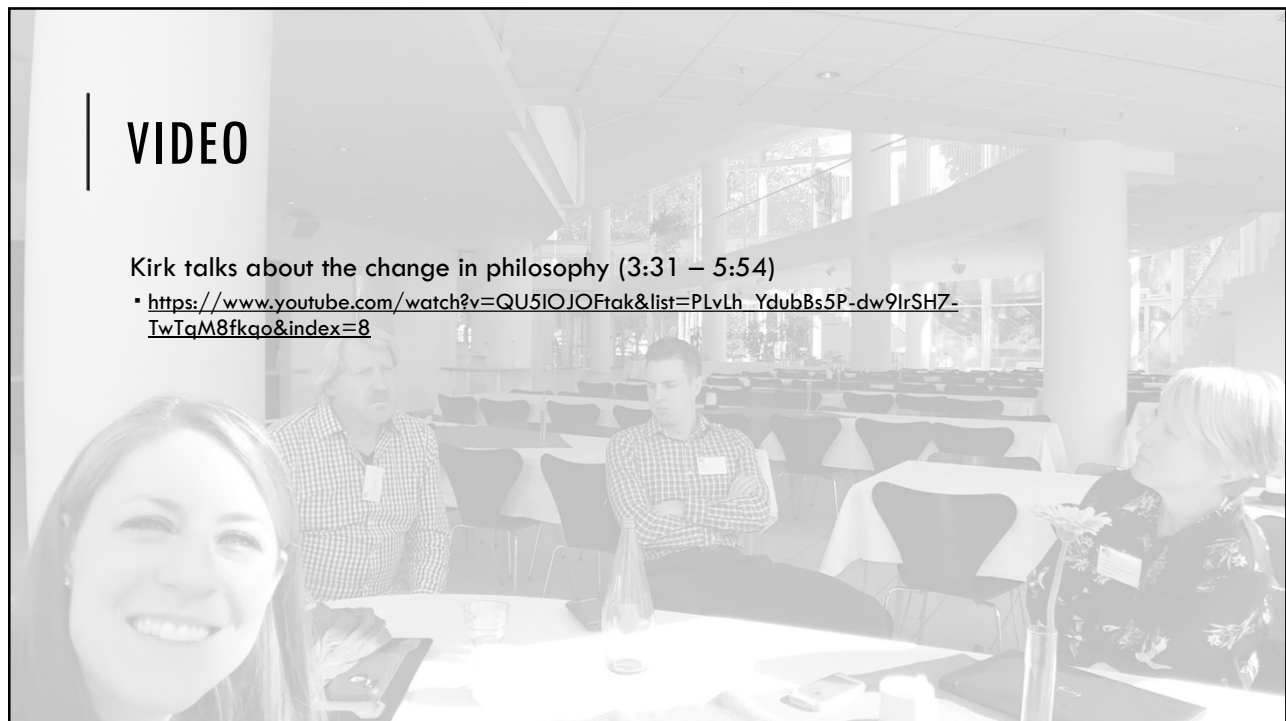
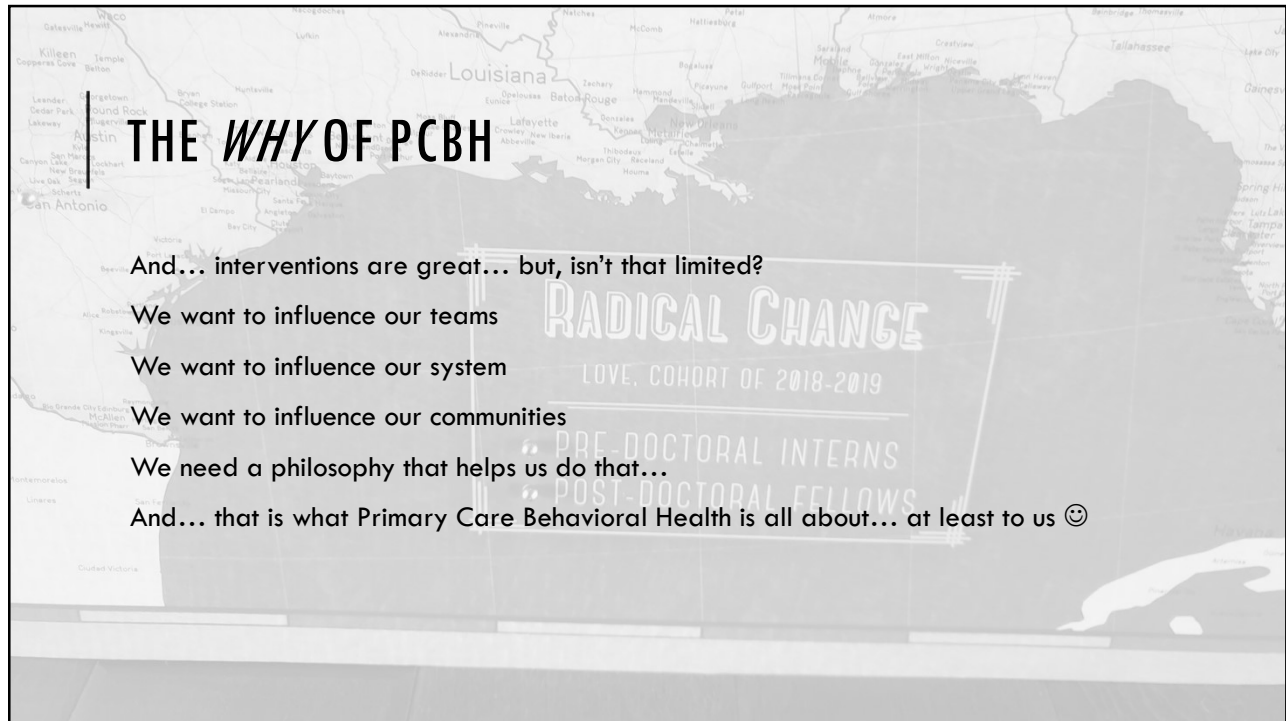
- Nearly two-thirds of all deaths in US are contributed to heart disease, cancer, stroke, COPD, & DM

What is one universal recommendation for chronic conditions?

What are the realities of treatment adherence in primary care?⁸⁻⁹

What does the research Adverse Childhood Events say?¹⁰

This isn't a mental health intervention... this is a healthcare intervention...



PCBH Corner with Dr. Chris Hunter Part I

Press **Esc** to exit full screen

VIDEO

When Chris Hunter knew PCBH was for him...

- https://www.youtube.com/watch?v=5egkskCGW68&list=PLvLh_YdubBs5P-dw9lrSHZ-TwTqM8fkqo&index=6

BUT... BEFORE TALKING ABOUT PCBH

Just what is primary care?

To us, this is the greatest misunderstanding of integrated BHCs

True understanding of primary care would take a while...

The Four C's...¹¹

- First Contact
- Continuity of care
- Comprehensive care
- Coordinate care when needed
- *What happens when primary care can do the Four C's?*
 - Great article, O'Malley et al. 2015









THE LEXICON OF PRIMARY CARE

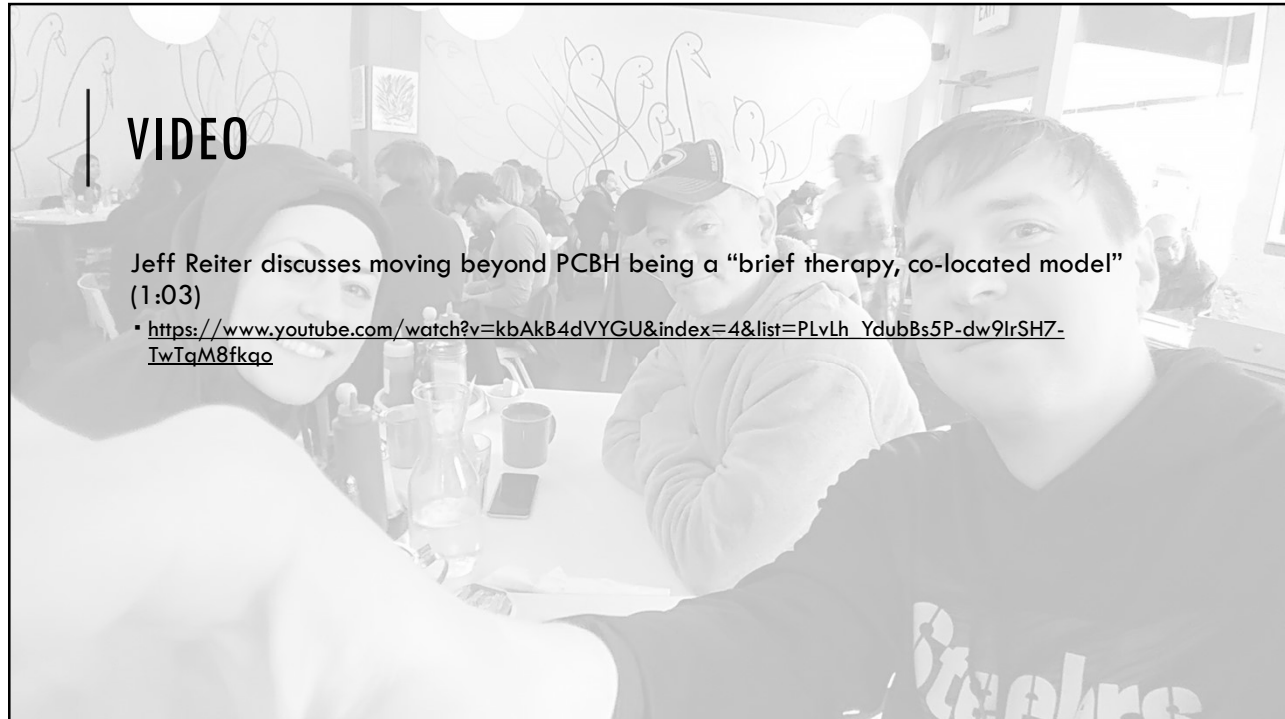
Specialty Mental Health	Primary Care Behavioral Health
Therapist/Counselor	BH Consultant, BHC, Provider, Clinician
Therapy/Counseling	Interventions, Treatment, Care
Session	Visit, Encounter
Staff	Consult
Clients	Patients
<p>*If there are others, let us know... and CALL US OUT ON THESE!!! #Lexi https://www.youtube.com/watch?v=ILPNpsGvcFk</p>	



HIGH PRODUCTIVITY

GATHER

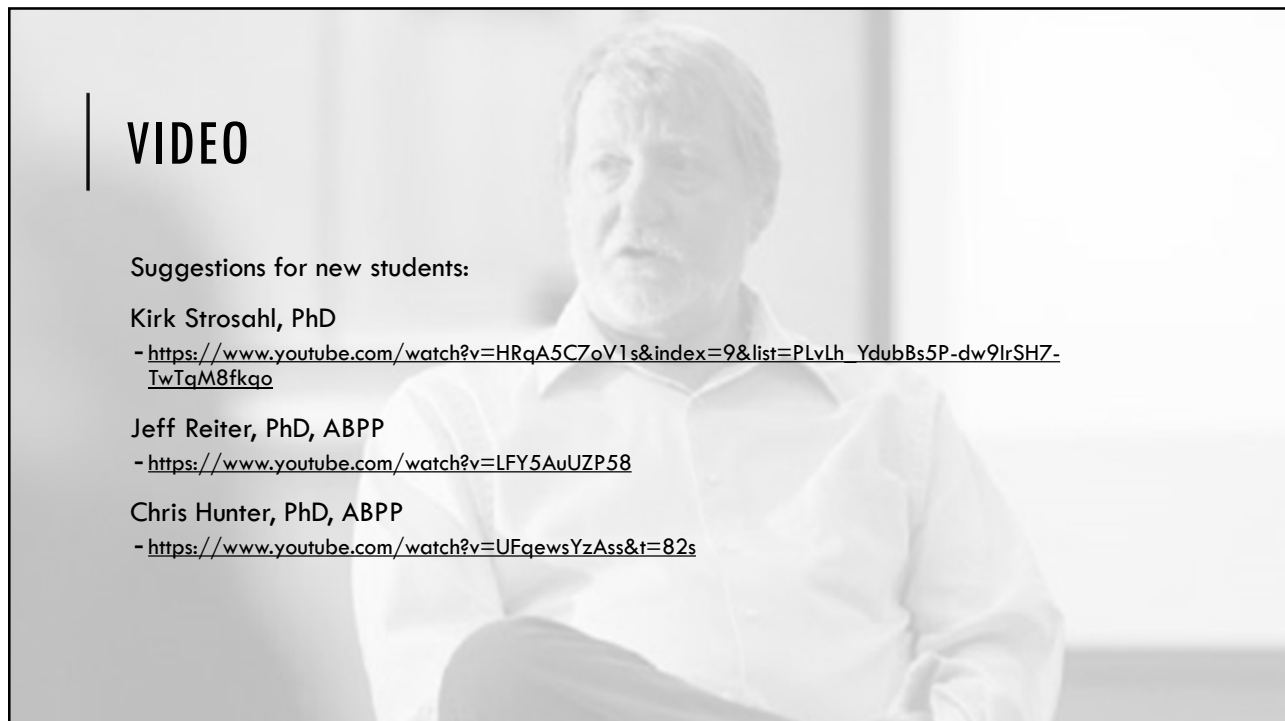




VIDEO

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-dw9lrSHZ-TwTqM8fkqo



VIDEO

Suggestions for new students:

Kirk Strosahl, PhD

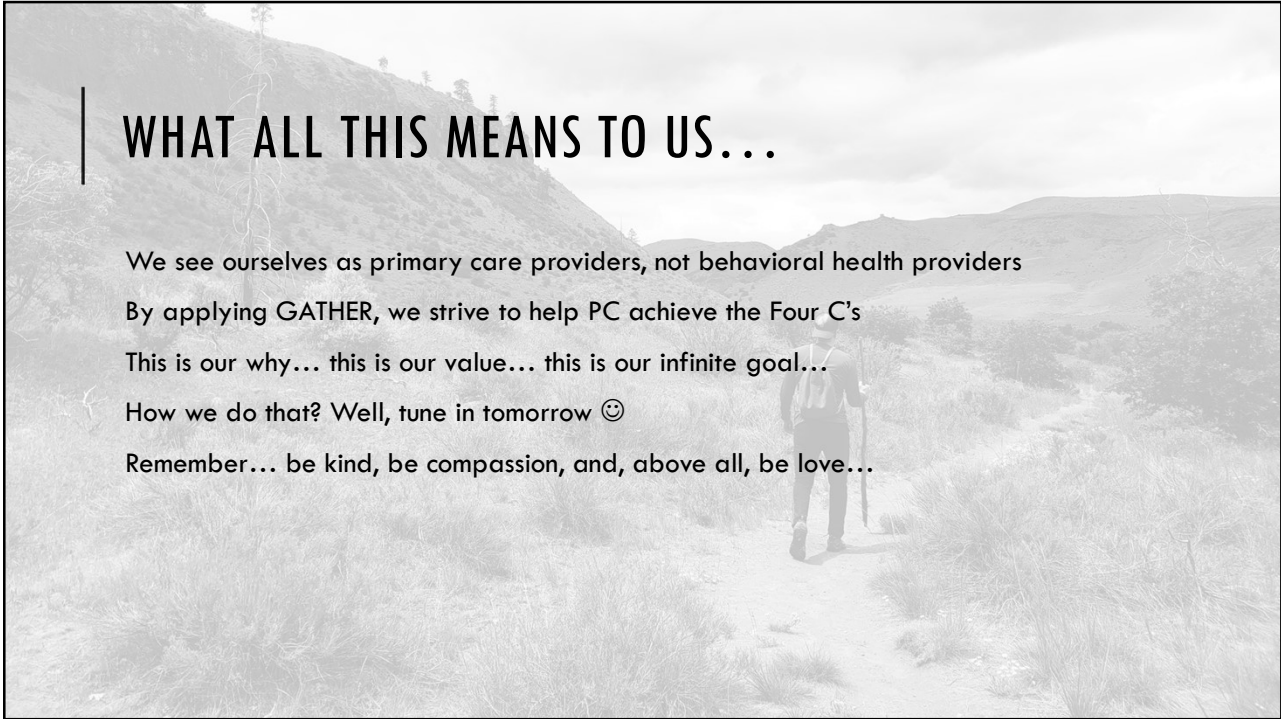
- https://www.youtube.com/watch?v=HRqA5C7oV1s&index=9&list=PLvLh_YdubBs5P-dw9lrSHZ-TwTqM8fkqo

Jeff Reiter, PhD, ABPP

- <https://www.youtube.com/watch?v=LFY5AuUJP58>

Chris Hunter, PhD, ABPP

- <https://www.youtube.com/watch?v=UFqewsYzAss&t=82s>



WHAT ALL THIS MEANS TO US...

We see ourselves as primary care providers, not behavioral health providers

By applying GATHER, we strive to help PC achieve the Four C's

This is our why... this is our value... this is our infinite goal...

How we do that? Well, tune in tomorrow ☺

Remember... be kind, be compassion, and, above all, be love...



QUESTIONS/COMMENTS

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