Welcome to PCBH

(and other integrated care systems)!

- Bridget Beachy, PsyD
- David Bauman, PsyD

Beachy Bauman Consulting, PLLC

Wednesday, August 18th, 20221

WHO WE ARE…

Bridget Beachy, PsyD

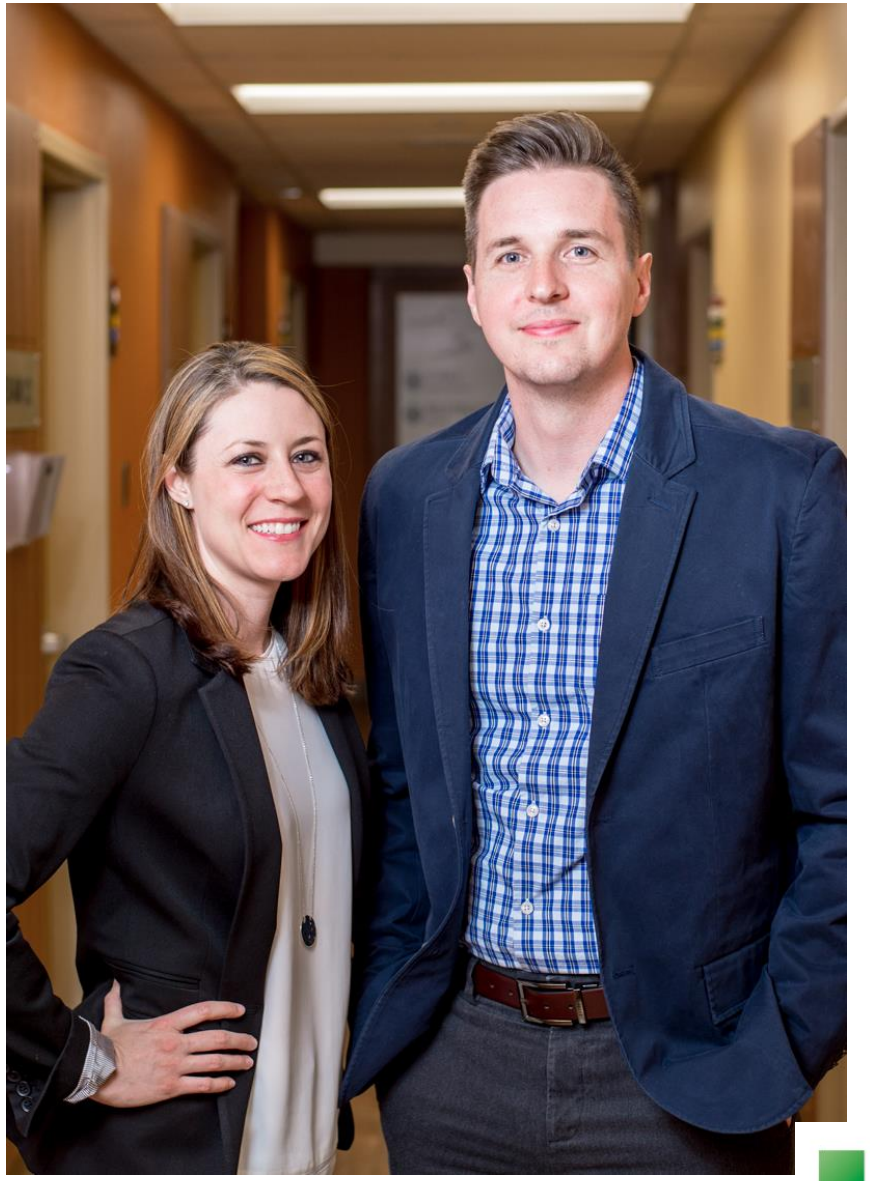
- Principal Member, Beachy Bauman Consulting
- Director of Behavioral Health, at a Community Health Center (CHC) in Central WA
  - **Roles**: BHC, administrator, primary supervisor for interns and fellows, faculty for FM residency

David Bauman, PsyD

- Principal Member, Beachy Bauman Consulting
- Behavioral Health Education Director at a CHC in Central WA
  - **Roles**: BHC, administrator, primary supervisor for interns and fellows, faculty for FM residency

We both live and breathe PCBH and contextual approaches (e.g., Acceptance and Commitment Therapy)

Our values live through our presentations… the people that mean the most to us are with us today…



OUR JOURNEY TODAY (AGENDA)
6+ HOURS

1. Logistics of Zoom
2. Introductions – "Who you are"
3. Let's gather your *context!!!*
4. Connecting to your why…

LOGISTICS

Zoom format

- Chat box
- Keep self muted
- Breakout sessions
- This will go by quickly

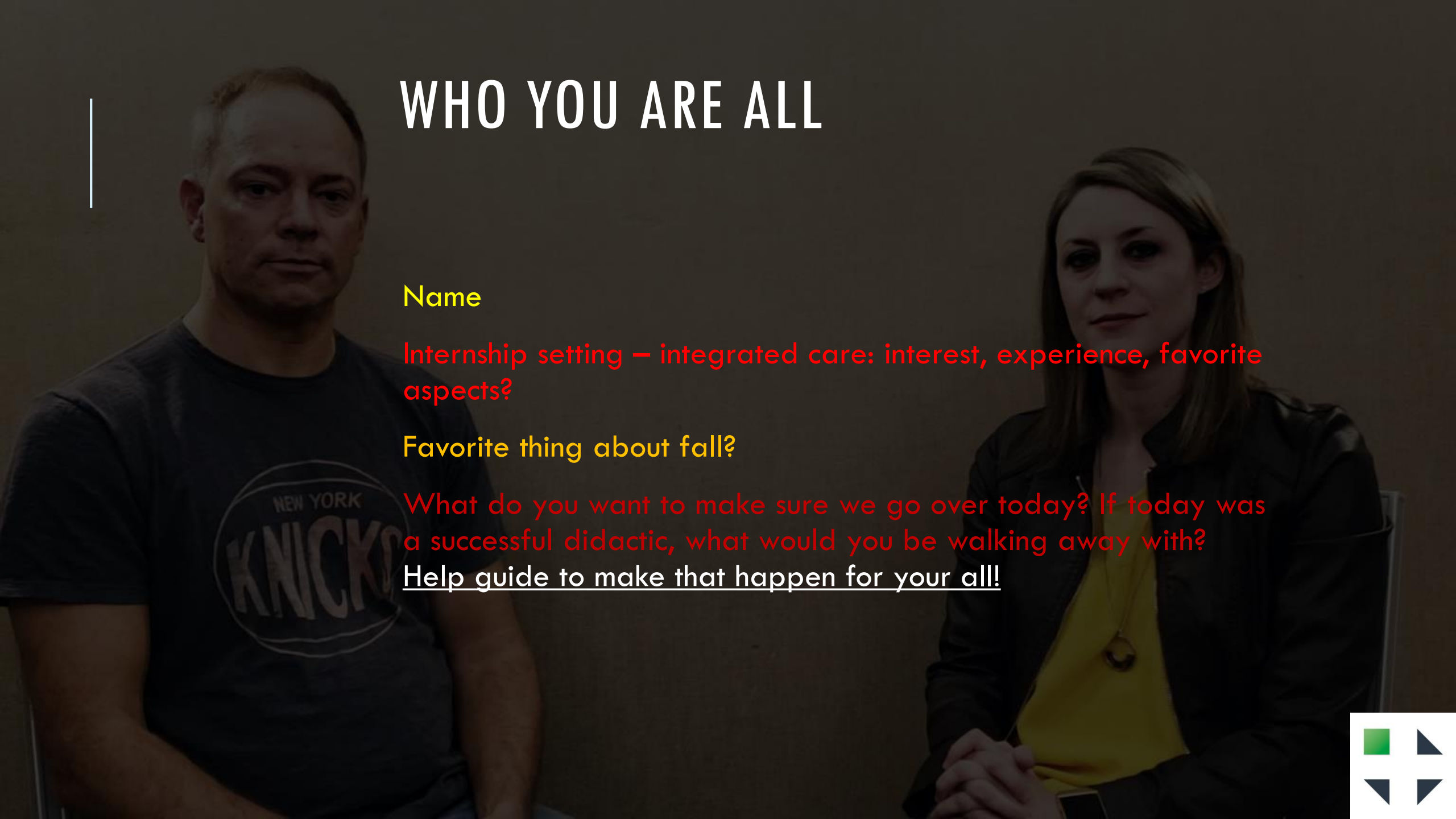
What you have today is *individualized* (to *<u>your</u>* context)

Organized into three sections

- Part I: PCBH overview (the why, primary care, and GATHER)
- Part II: Nuts and bolts of the role
- Part III: Discussion and questions from the day…

Our gratitude for you being here today…

WHO YOU ARE ALL



Name

Internship setting – integrated care: interest, experience, favorite aspects?

Favorite thing about fall?

What do you want to make sure we go over today? If today was a successful didactic, what would you be walking away with? Help guide to make that happen for your all!

SETTING THE STAGE

We are passionate about integrated behavioral health in primary care

We ~~may~~ will most likely say things that challenge some assumptions…

…And that is okay… that is our hope… we are here with you…

Our perspectives aren't truths…

Integrated care, while great, is hard to do…

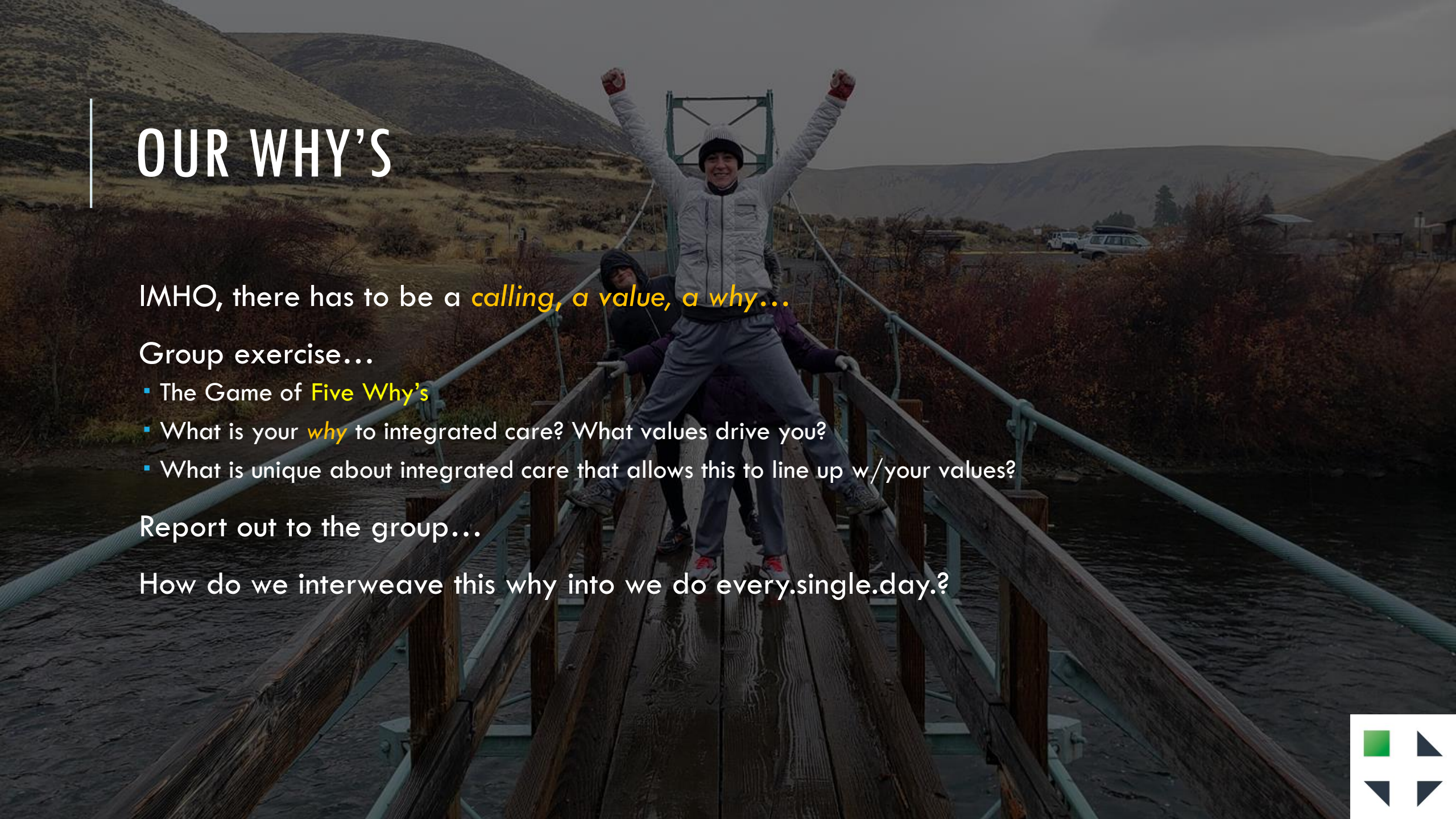
…Be kind on the journey…

INTEGRATED CARE CAN FEEL LIKE…

(LET ALONE DURING INTERNSHIP YEAR!!!!!!!!!!)

Anyone that says PCBH is *easy*…

…probably hasn't done it…



OUR WHY'S

IMHO, there has to be a *calling, a value, a why…*

Group exercise…

- The Game of Five Why's
- What is your *why* to integrated care? What values drive you?
- What is unique about integrated care that allows this to line up w/your values?

Report out to the group…

How do we interweave this why into we do every.single.day.?

THE *WHY* OF PCBH

A lot of the stories (and accidents!)…

- Alexander Blount
- Neftali Serrano
- Kirk Strosahl and Patti Robinson
- Jeff Reiter

The biopsychosocial philosophy has been around for a while[1]

- Up-taken most by family medicine
- Influence on primary care

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]

Figure 51 Table. Any Mental Illness in the Past Year among Adults Aged 18 or Older: 2008-2019												
Age	2008	2009	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019
18 or Older	17.7+	18.1+	18.1+	17.8+	18.6+	18.5+	18.1+	17.9+	18.3+	18.9+	19.1+	20.6
18 to 25	18.5+	18.0+	18.1+	18.5+	19.6+	19.4+	20.1+	21.7+	22.1+	25.8+	26.3+	29.4
26 to 49	20.7+	21.6+	20.9+	20.3+	21.2+	21.5+	20.4+	20.9+	21.1+	22.2+	22.5+	25.0
50 or Older	14.1	14.5	15.1	15.0	15.8+	15.3	15.4+	14.0	14.5	13.8	14.0	14.1

THE *WHY* OF PCBH

But, where do they get treatment?[2]

Figure 74 Table. Type of Mental Health Services Received in the Past Year among Adults Aged 18 or Older: 2002-2019

Service Type	02	03	04	05	06	07	08	09	10	11	12	13	14	15	16	17	18	19
Any 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
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
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
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

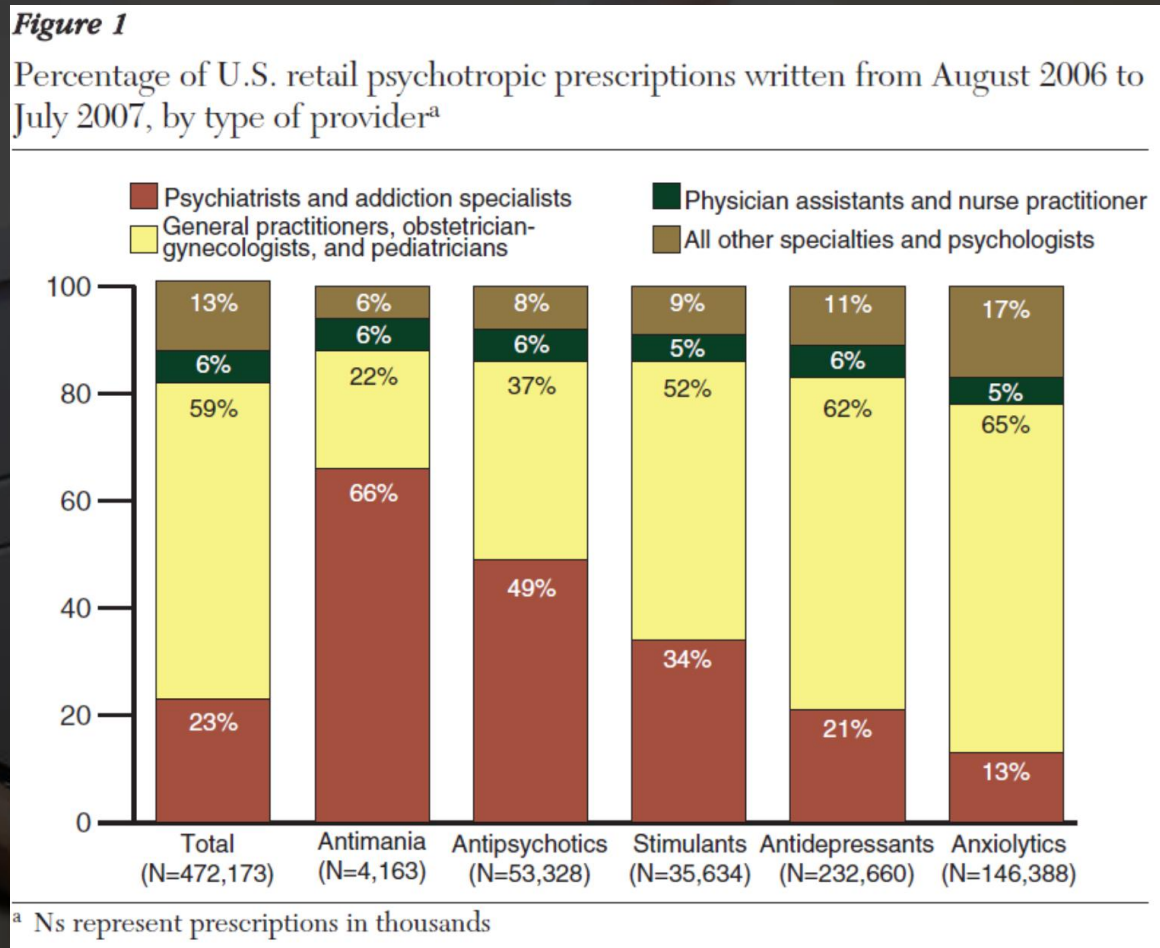
+ Difference between this estimate and the 2019 estimate is statistically significant at the .05 level.

THE *WHY* OF PCBH

That 13.1% 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-through[4]

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

THE *WHY* OF PCBH

We all know this data…

…which is why primary care continues to be the de facto mental health care system…[2,5]

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 interventions[6]

- 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…

THE *WHY* OF PCBH

And… interventions are great… but, isn't that limited?

We want to influence our teams

We want to influence our system

We want to influence our communities

We need a philosophy that helps us do that…

And… that is what Primary Care Behavioral Health is all about… at least to us ☺

GROUP DISCUSSION

Who learned about healthcare delivery in high school, undergrad or graduate school? What'd you learn?

Currently, what do you know about primary care?

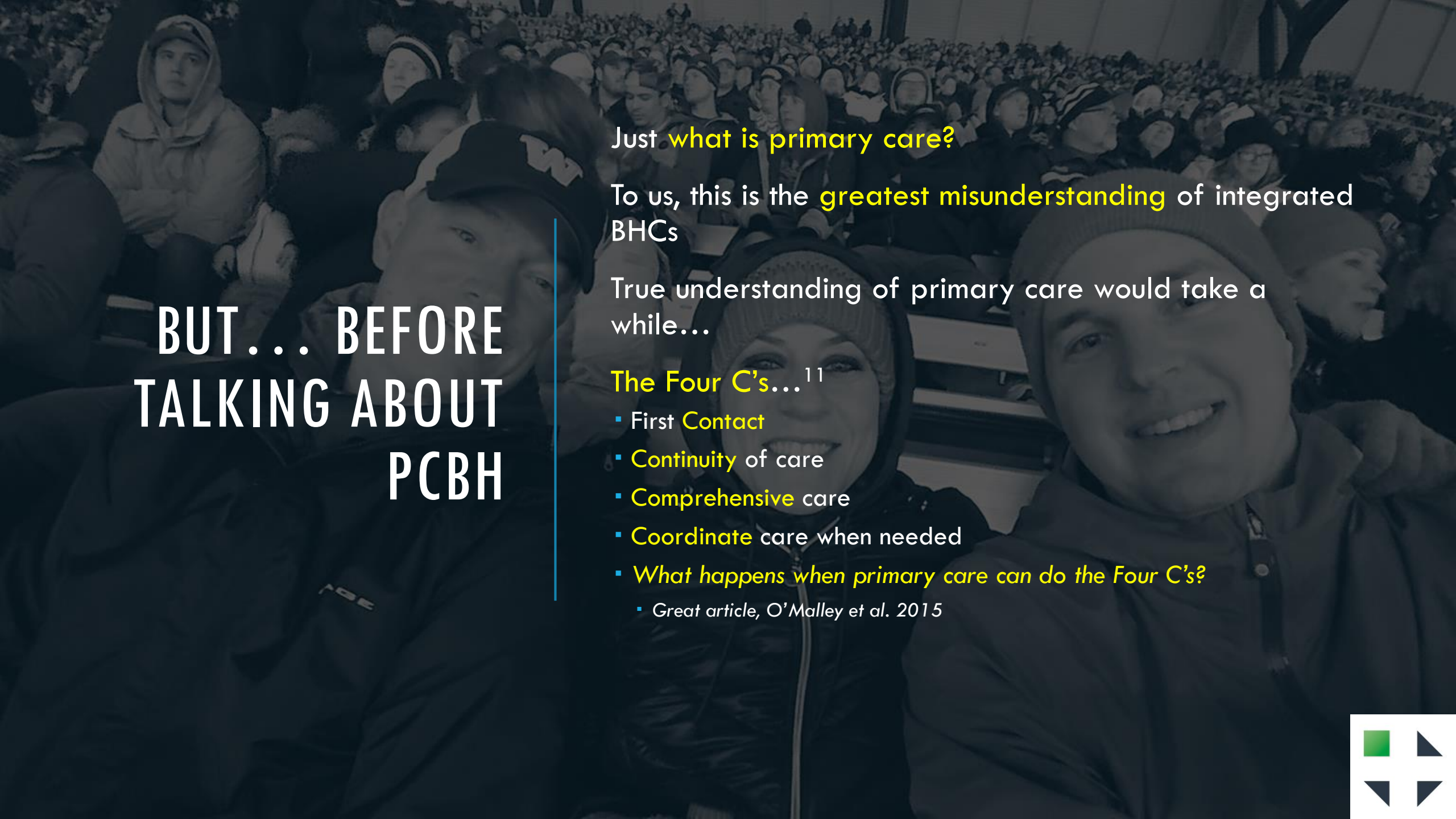
Just what *is* primary care?

It's mission?

1 PITFALL OF STRUGGLING BHCS

LACK UNDERSTANDING OF PRIMARY CARE

IT'S CALLED PRIMARY CARE BEHAVIORAL HEALTH



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*

FIRST CONTACT

Primary Care's Four C's

CONTINUITY OF CARE

Primary Care's Four C's

COMPREHENSIVE CARE

Primary Care's Four C's

COORDINATE CARE WHEN NEEDED

Primary Care's Four C's

OUR COMPASS GATHER

Great special edition on PCBH from the Journal of Clinical Psychology in Medical Settings[1,2]

G – Generalist

A – Accessible

T – Team oriented

H – Highly productive

E – Educator

R – Routine

QUIZ TIME!

Use the chat box to describe *GATHER*

GENERALIST

GATHER

ACCESSIBLE

GATHER

TEAM ORIENTED

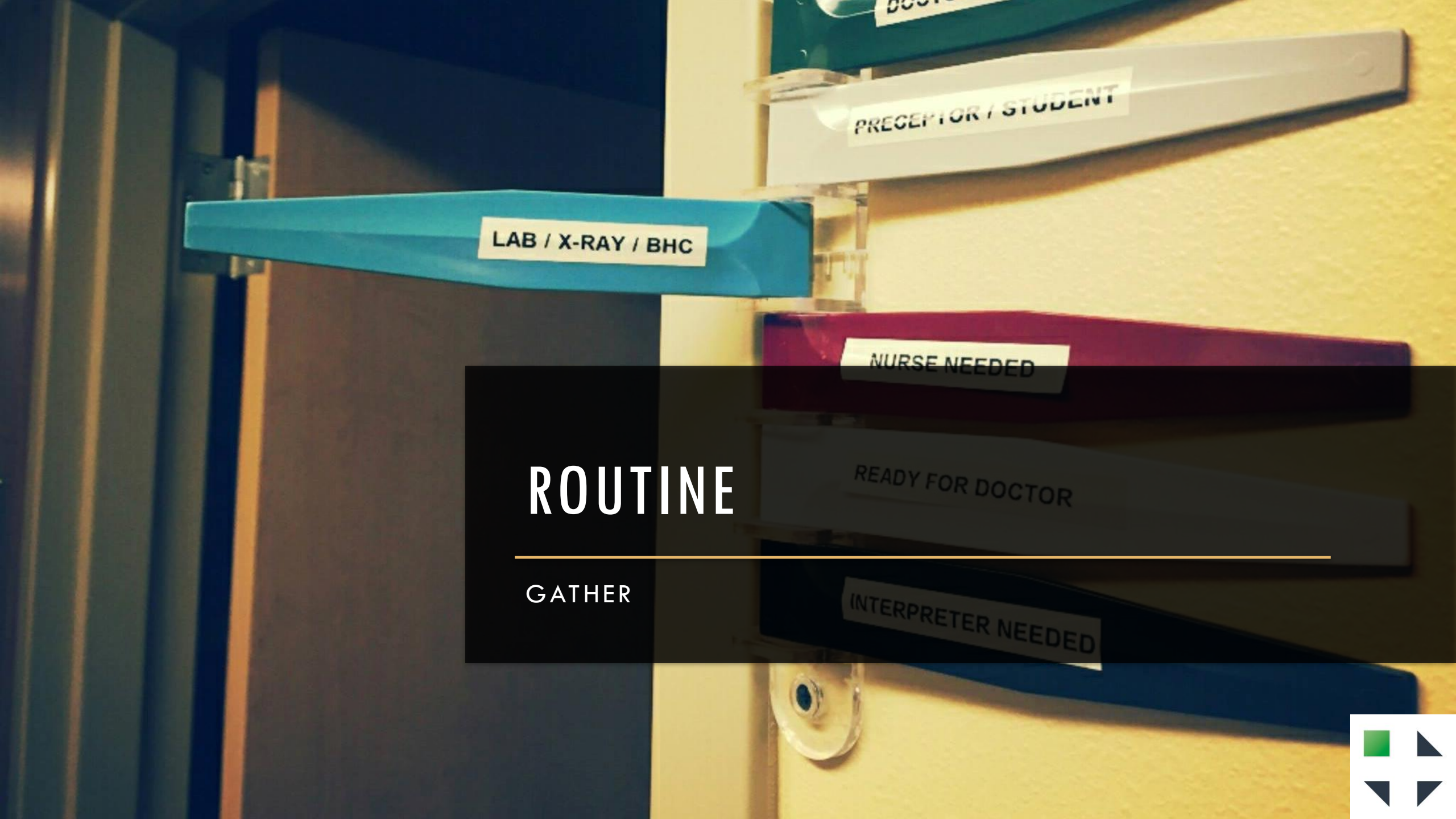
GATHER

HIGH PRODUCTIVITY

GATHER

EDUCATOR

GATHER



ROUTINE

GATHER

WHAT ALL THIS MEANS TO US…

We see ourselves as primary care providers, not necessarily 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? That's next…

QUESTIONS?

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PART II: HOW TO EXECUTE THE ROLE!

One solution causes a whole other set of challenges.

GROUP DISCUSSION

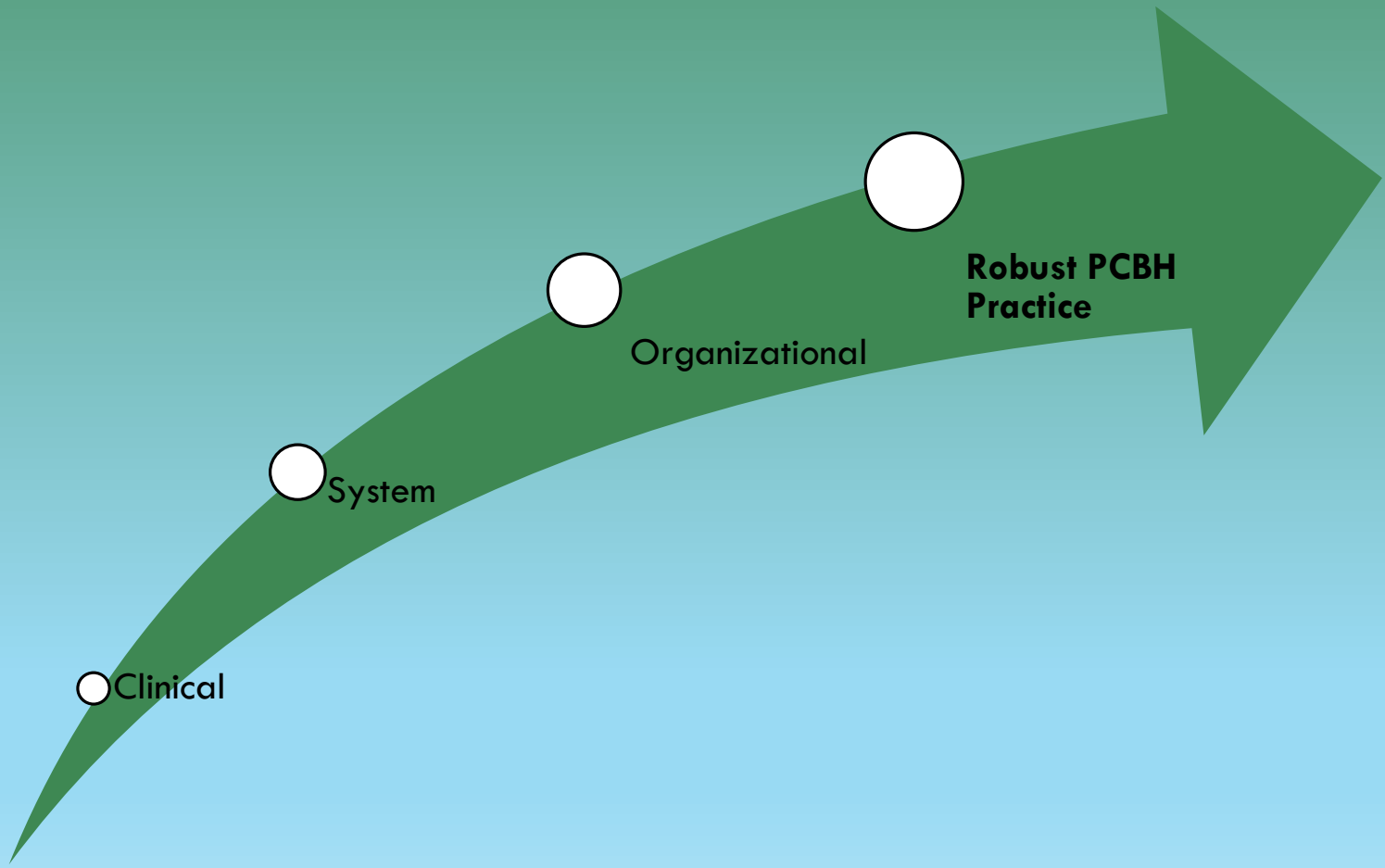
- What do you expect are the greatest barriers to integrated care in primary care?
- What about at your particular site?

Primary Care Behavioral Health (PCBH) Model

(Robinson & Reiter, 2016)

Philosophy & Setting	• Team-based, population based health approach • Improve efficacy & efficiency of primary care • Share pods, office centrally located, exam rooms • Routine part of care
Behavioral Health Consultants (BHCs)	• Doctoral level psychologists • LCSWs, MHCs, LMFTs and other master's level clinicians
BHCs' Interventions	• Functional improvement vs symptom reduction • CBT, ACT & SFBT; Psychoeducation & coping skills
BHCs' Qualities	• Accessible (on demand, warm handoffs) • Generalist (sees all patients) • Highly productive (average 8-10 pts per day) • Educator (provide formal & informal training)
Nature of Visits	• < 30 minutes • Episodic care • 10-15% long term

3 MAJOR TYPES OF BARRIERS[1,3]



COMMON CLINICAL BARRIERS[1,3]

What can be difficult as a clinician?

Where do you get stuck? Where do others get stuck?

Do you ever feel you're not doing enough for the patient?

WHAT CAN I DO?

- Imagine what type of care the patient gets if you.are.not.there. (what is the training of NPs, PAs, MDs, DOs? What about your training?)
  - Just need to offer at least the same care
  - Mere presence helps the team
- You can do a lot based on behavioral principles
  - You know more than you think you do
- You can help set the context for the medical team
- Do not "over-own" – TRAJECTORY!
- Do not "obsess" about whether you a BHC or a therapist (remember, your litmus test is the 4Cs and GATHER)

Sound introduction

Structure

Pace

HOW YOU PRESENT YOURSELF MATTERS

WHEN DO WE END TREATMENT IN BH/MH?

What were you taught?

How's that differ in PCBH?

Any implications of this? Implications of longitudinal care?

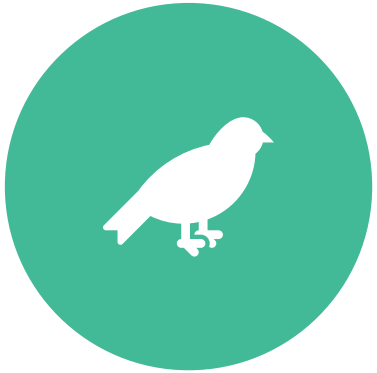
COMMON SYSTEMS BARRIERS[1,3]

What's difficult about working in the primary care system?

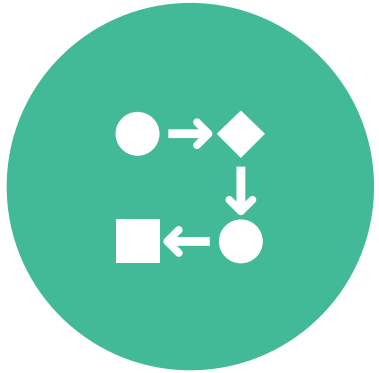
- Scheduling?
- Working with the team?
- Communicating?
- How the BHC role is described?

OVERCOMING SYSTEM BARRIERS:
TRADITIONAL APPOINTMENTS → PRIMARY CARE PACE

PRIMARY CARE TIME



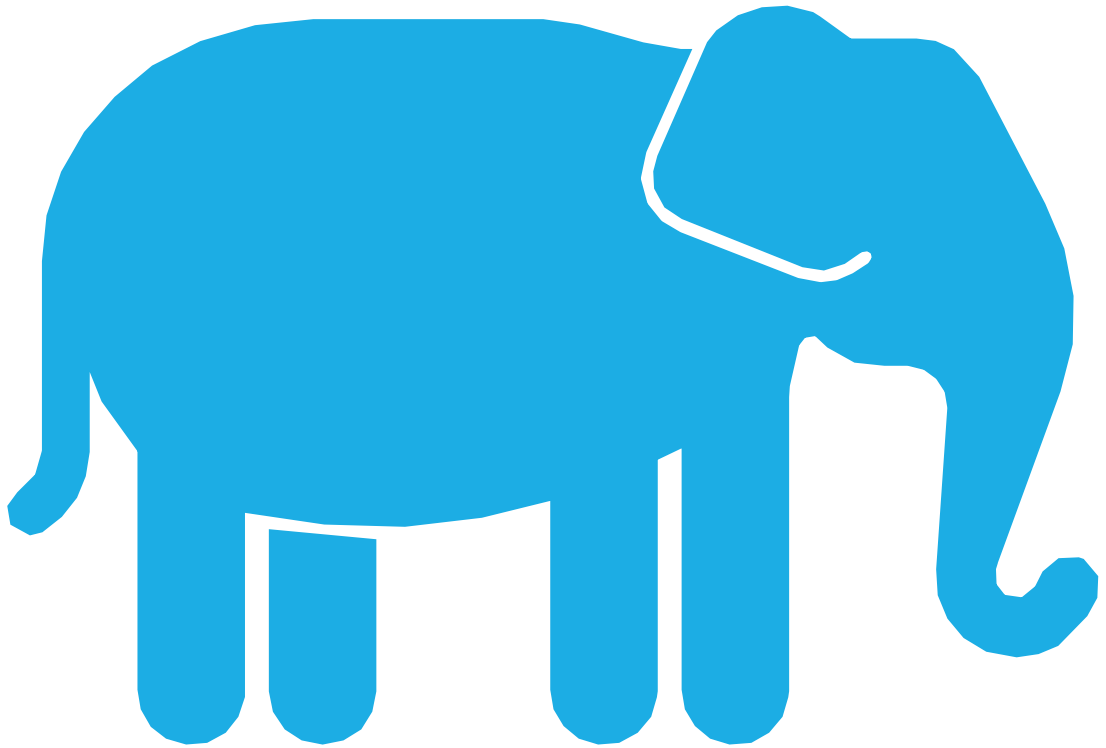
BIRD IN THE HAND



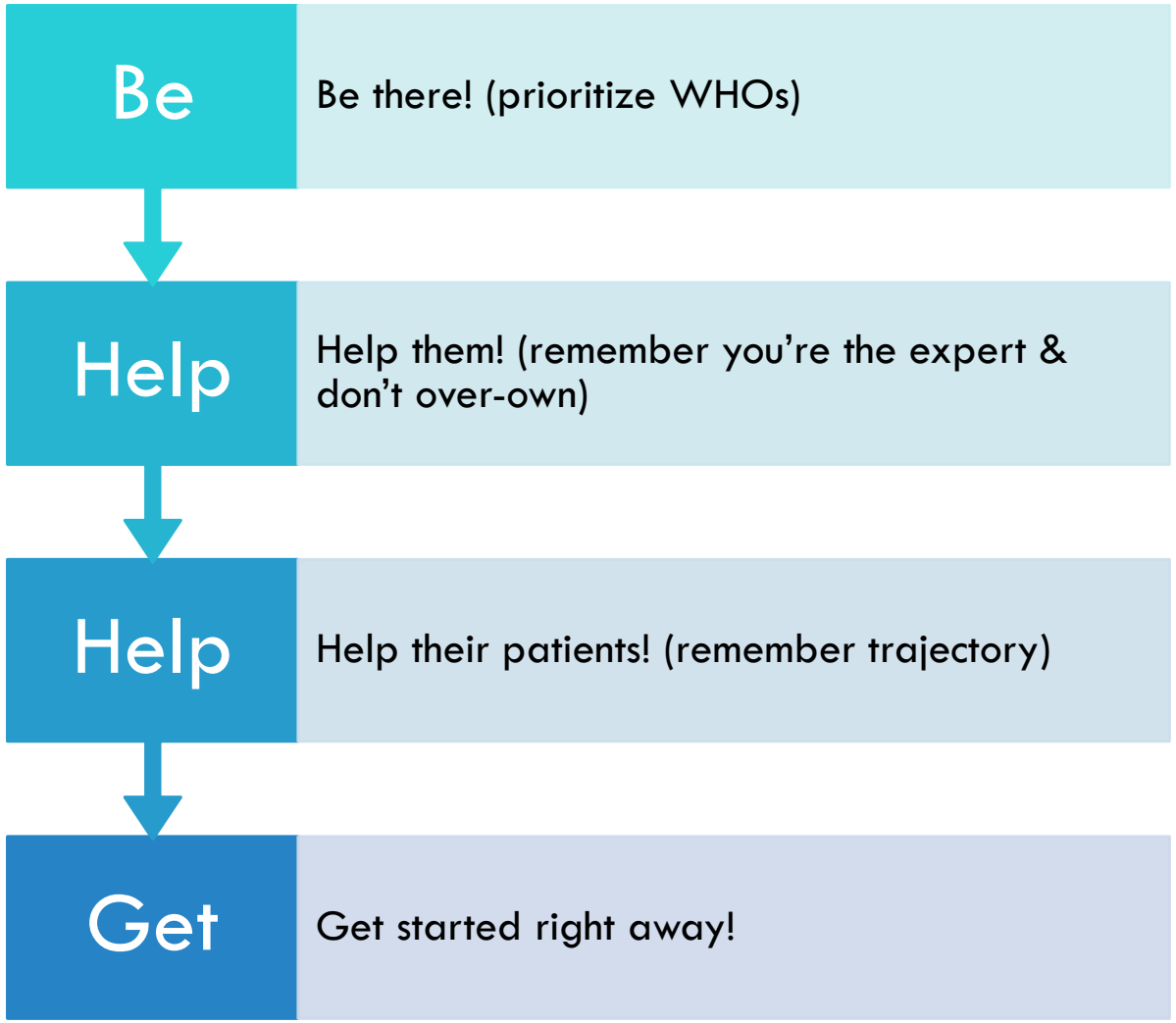
BUILD CLEAR PROCESS TO ASCERTAIN WHO

ELEPHANT IN THE ROOM

BHC Inferiority Complex

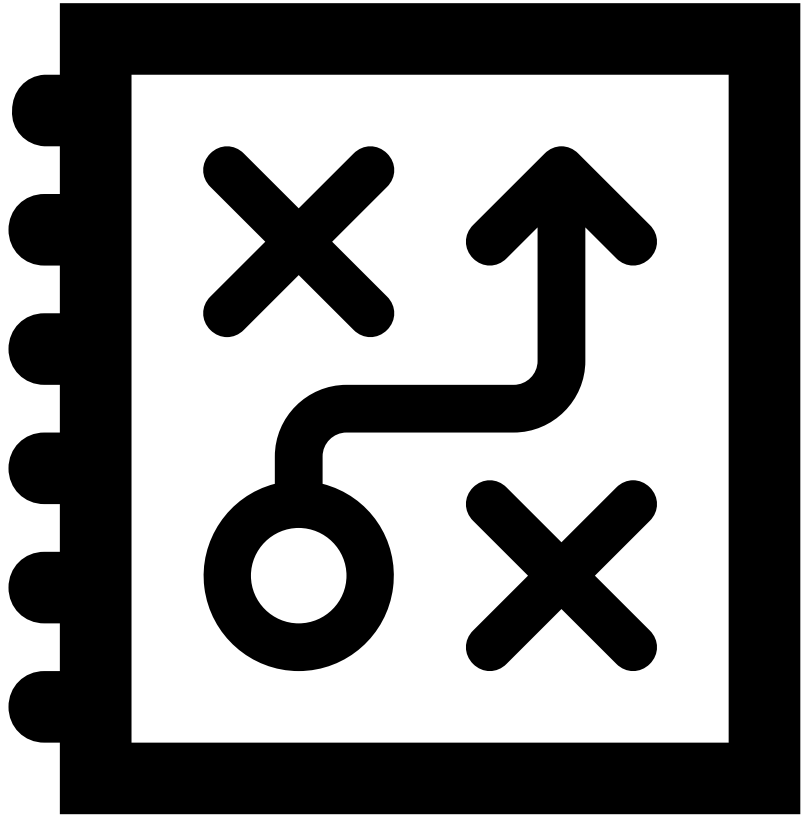


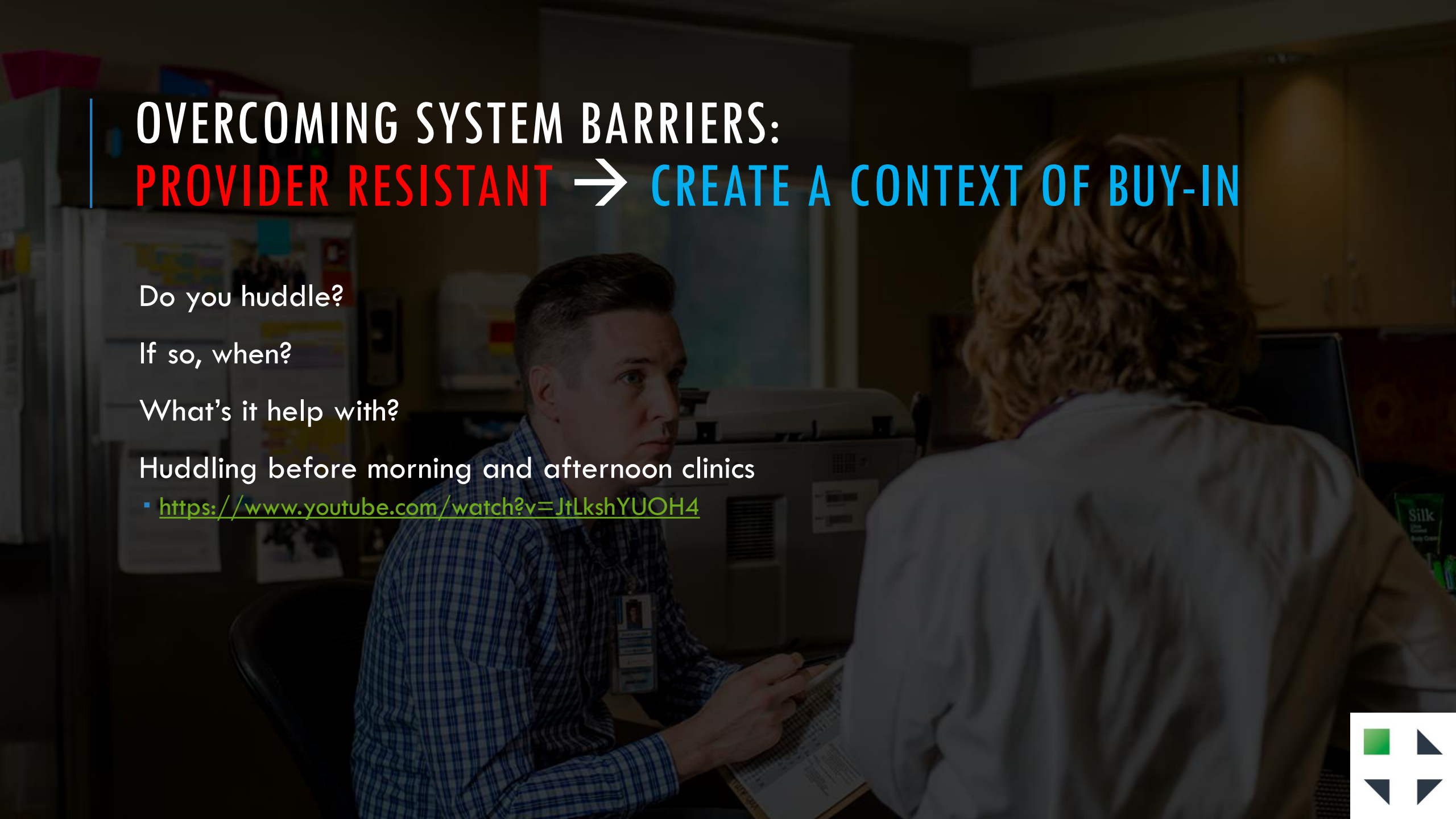
CREATING A CONTEXT OF BUY-IN!



MORE PRACTICAL STRATEGIES

BEHAVIORS – BEHAVIORS - BEHAVIORS





OVERCOMING SYSTEM BARRIERS:
PROVIDER RESISTANT → CREATE A CONTEXT OF BUY-IN

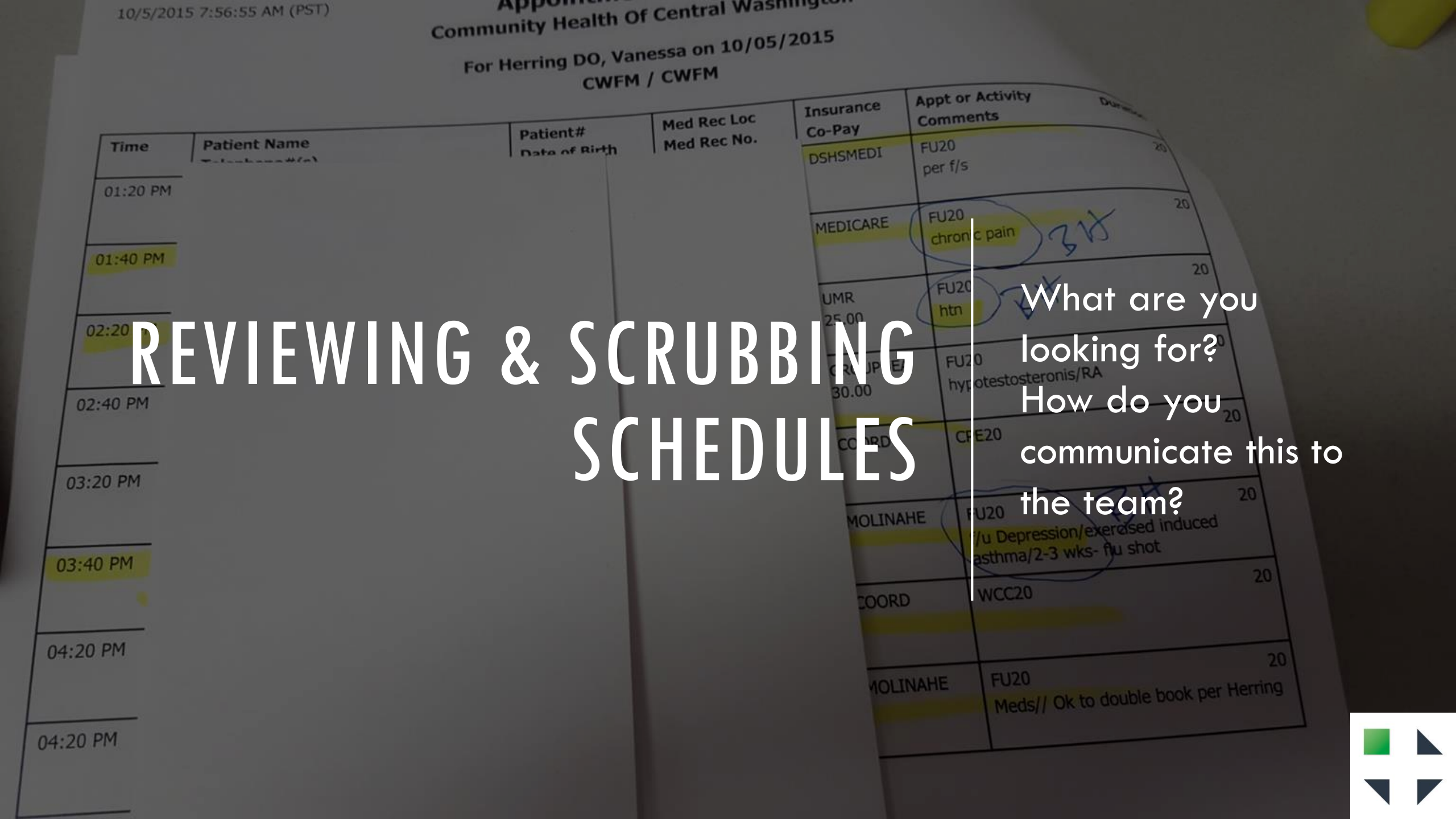
Do you huddle?

If so, when?

What's it help with?

Huddling before morning and afternoon clinics

- https://www.youtube.com/watch?v=JtLkshYUOH4



REVIEWING & SCRUBBING SCHEDULES

What are you looking for?

How do you communicate this to the team?

YOU TRY!

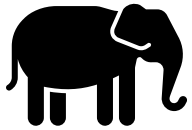
Appointment Schedule
Community Health of Central Washington

For Doe, MD, Joe on 01/16/2018

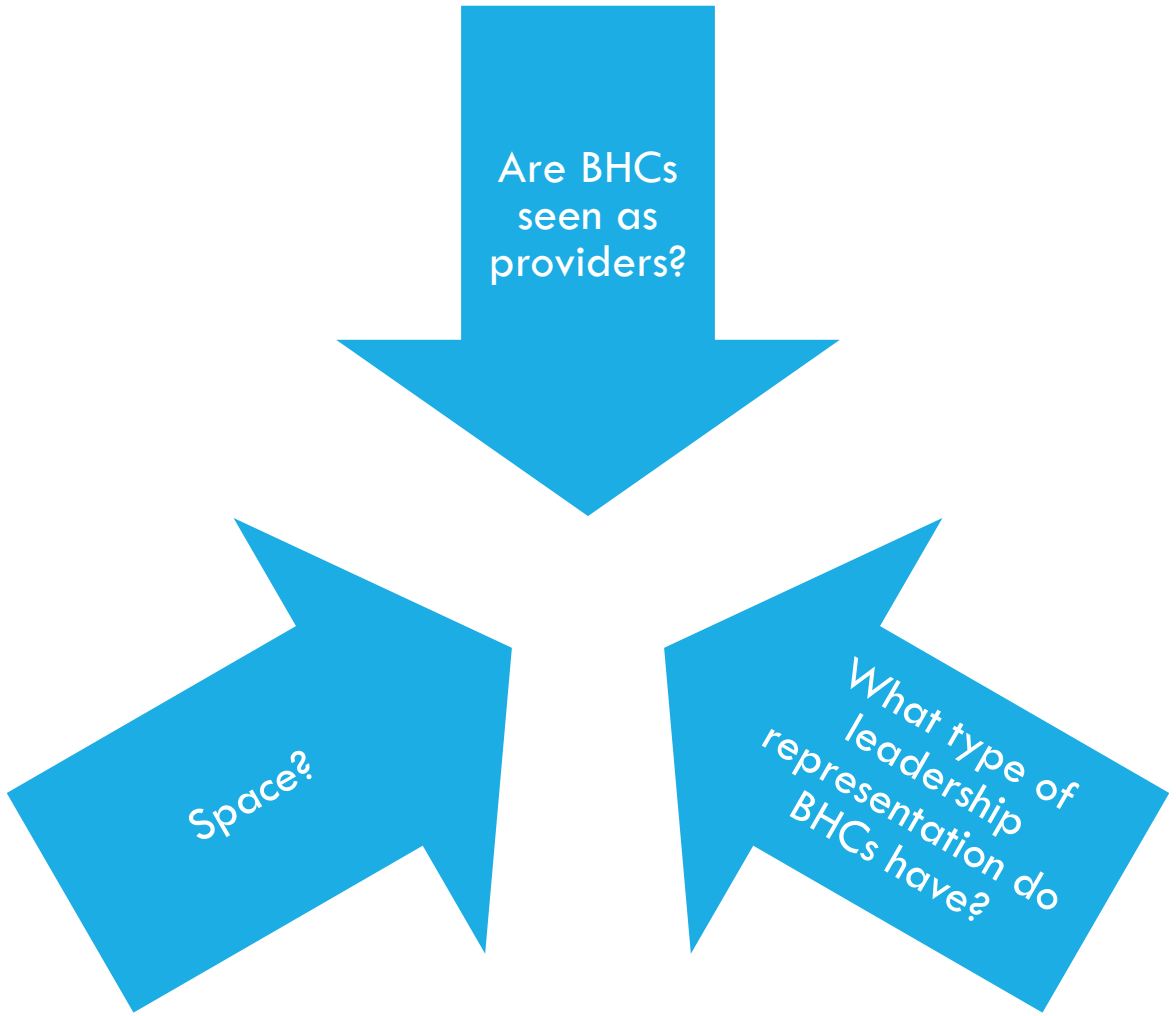
Time	Patient Name	Age	Appt or Activity Comments
8:20 AM	Patient 1 Male	15 years	NEWPT Aneurysm
8:40 AM	Patient 2 Female	35 years	DM/Obesity
9:00 AM	Patient 3 Male	46 years	Smoking/lice
9:20 AM	Patient 4 Male	30 years	CPE
9:40 AM	Patient 5 Male	2 years	WCC
10:00 AM	Patient 6 Female	39 years	Med review
10:20 AM	Patient 7 Female	25 years	WWE
11:00 AM	Patient 8 Female	89 years	Memory concerns
11:20 AM	Patient 9 Female	26 years	Substance use
1:20 PM	Patient 10 Male	52 years	BP
1:40 PM	Patient 11 Male	21 years	Concentration
2:00 PM	Patient 12 Female	18 years	INITIAL OB
2:20 PM	Patient 13 Female	50 years	HTN
3:00 PM	Patient 14 Male	78 years	Cough/DM
3:20 PM	Patient 15 Female	45 years	Chronic pain
4:00 PM	Patient 16 Female	33 years	Palpitations/anxiety

ROLE CONFUSION → STANDARDIZATION OF BHC ROLE

- Refer to BHC as a "team member" instead of counselor or therapist
- The BHC is an "expert" in helping with _____ condition
- Emphasize to the patient that you routinely involve the BHC in the care of a specific problem
- Inform the patient that BHC is flexible with the amount of time the BHC spends with them
- Let the patient know that this will help you (the PCP) help them (the patient) better

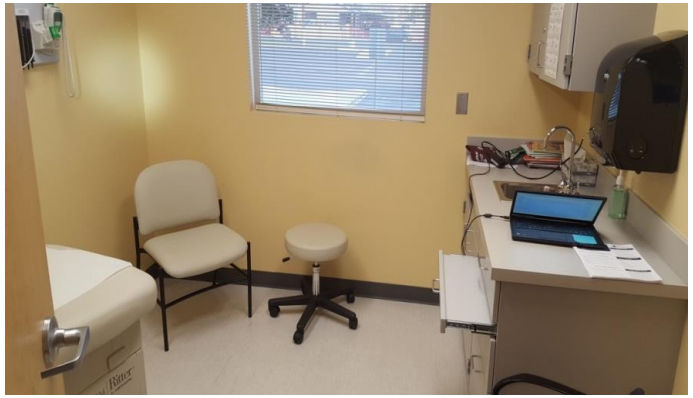
LET'S BE HONEST… 

- What mediums of communication have you found to be most helpful?
- Would you read your own note?
- Do your providers read your note?
- What can do to increase the likelihood they will read it?
- What do you do when you get interrupted by the team? What message does this send to the team?



COMMON ORGANIZATIONAL BARRIERS[1,3]

LITMUS TEST

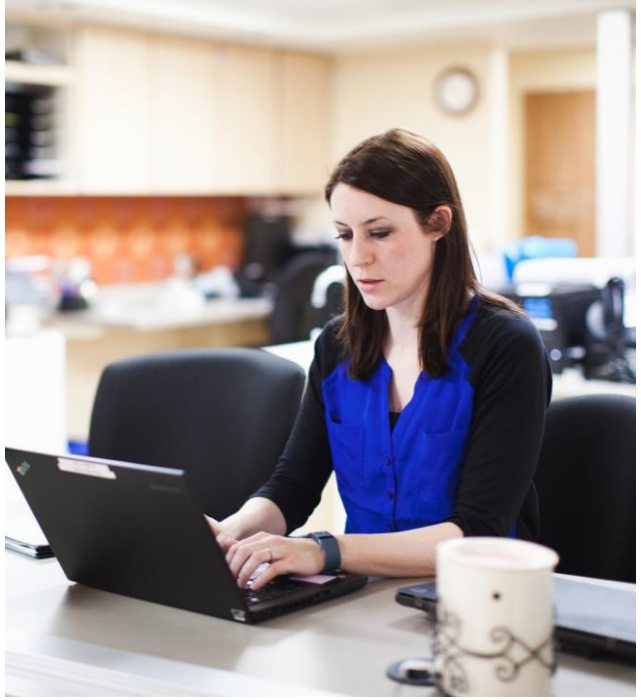


Where should the BHCs see patients?

What should the rooms look like?

Where should the BHC sit when not in with a patient?

SPACE?



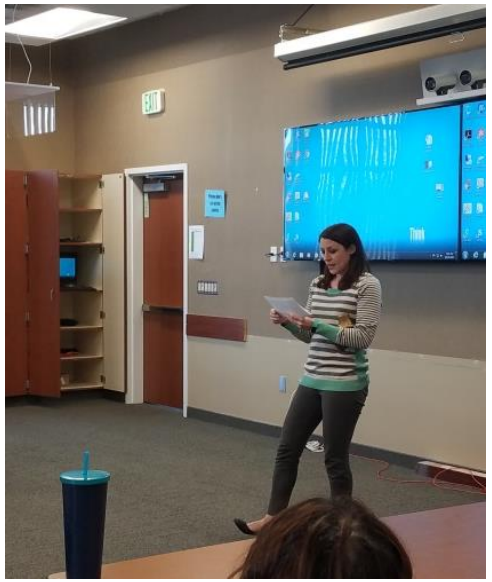
OVERCOMING ORGANIZATIONAL BARRIERS: SILOED OPERATIONS → INTEGRATED OPERATIONS

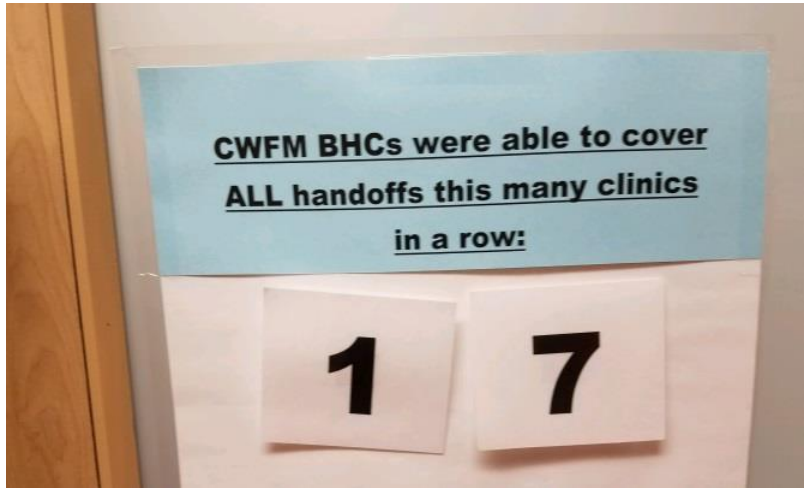
What's the procedure for operational aspects?

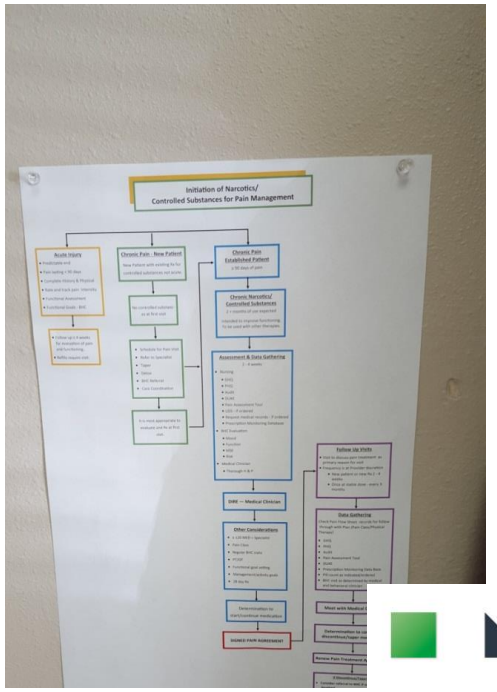
- Waiting room
- Patent check-in/out
- Scheduling follow-ups
- Triage
- Phone calls/voicemails
- Faxing
- ROIs

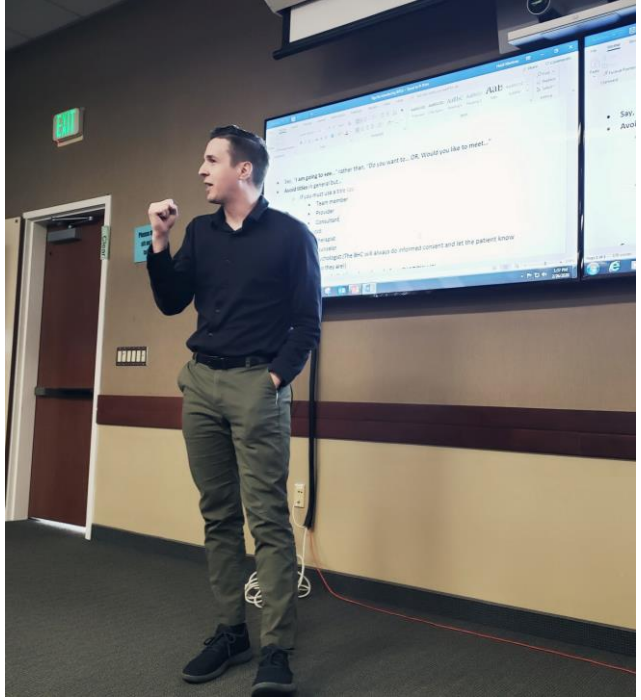
OVERCOMING ORGANIZATIONAL BARRIERS: BHCS? → PROVIDERS

What can you do to demonstrate that BHCs are core to the clinic?









OVERCOMING ORGANIZATIONAL BARRIERS: BHC BEING A "PROGRAM" → BEING PART OF THE CULTURE

What can you do to demonstrate that BHCs are core to organization?

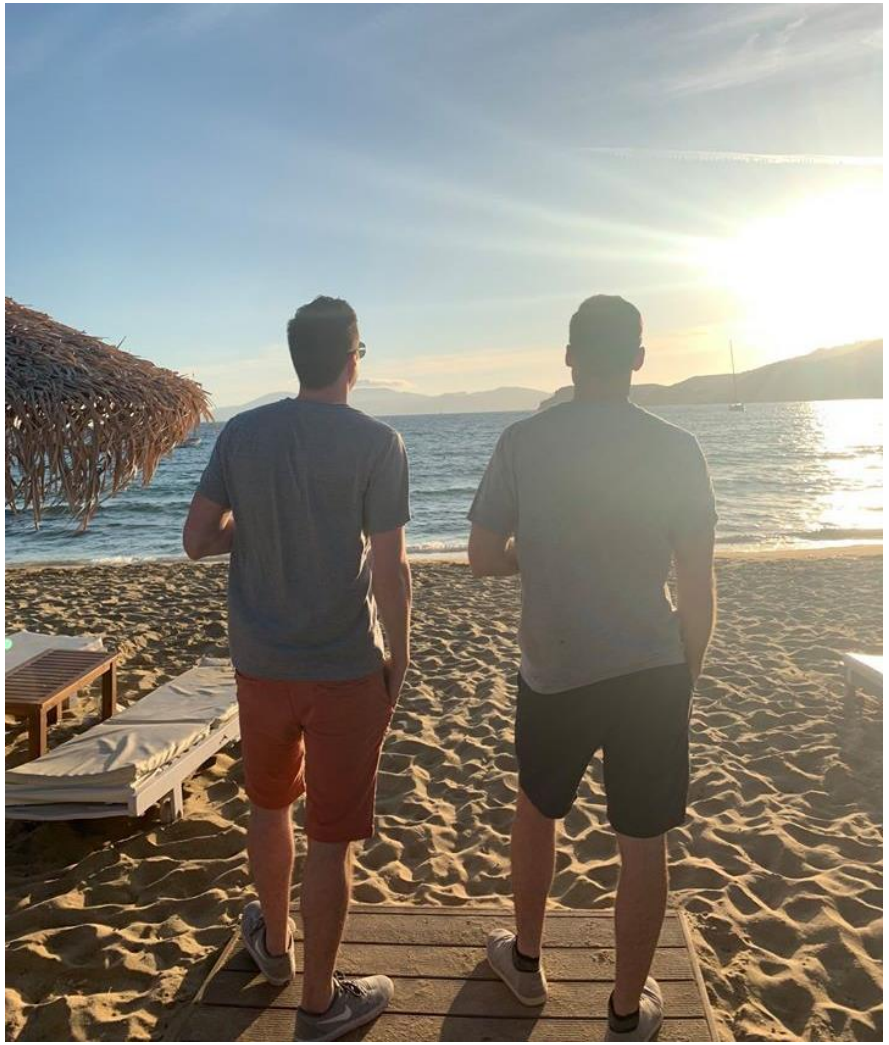
What about in future organizations? Or, with your next role?

CHECK IN

Remember

- Rome wasn't built in one day…
- If you are on the cutting edge… you will get cut… *be kind*…

QUESTIONS???



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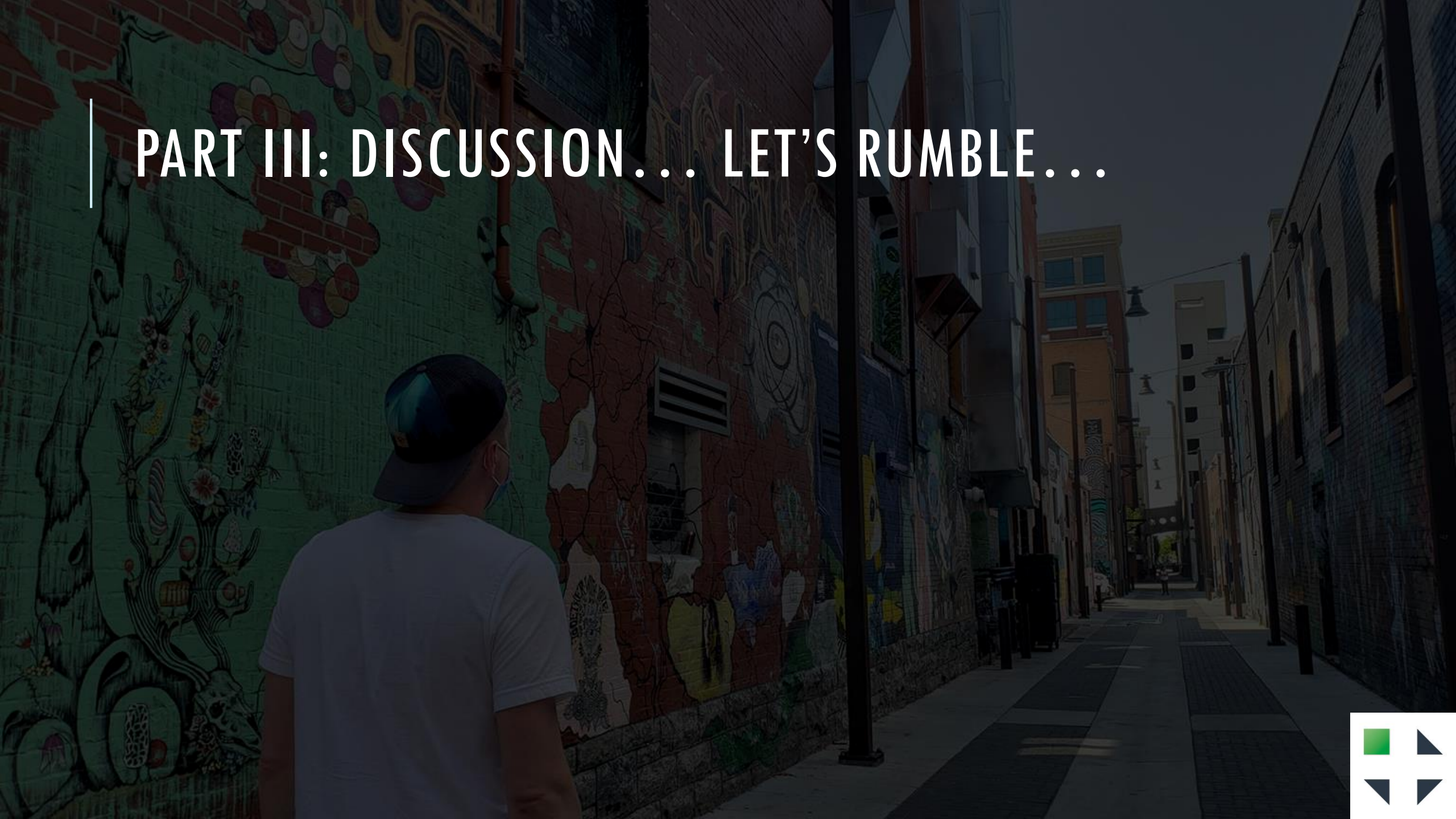
PART III: DISCUSSION… LET'S RUMBLE…



FIRST… WHAT *ISN'T* SITTING WELL?

SECOND... WHAT *IS* SITTING WELL?

On your own, pick one SMART goals you can apply in your clinics

- Or, with your next role?

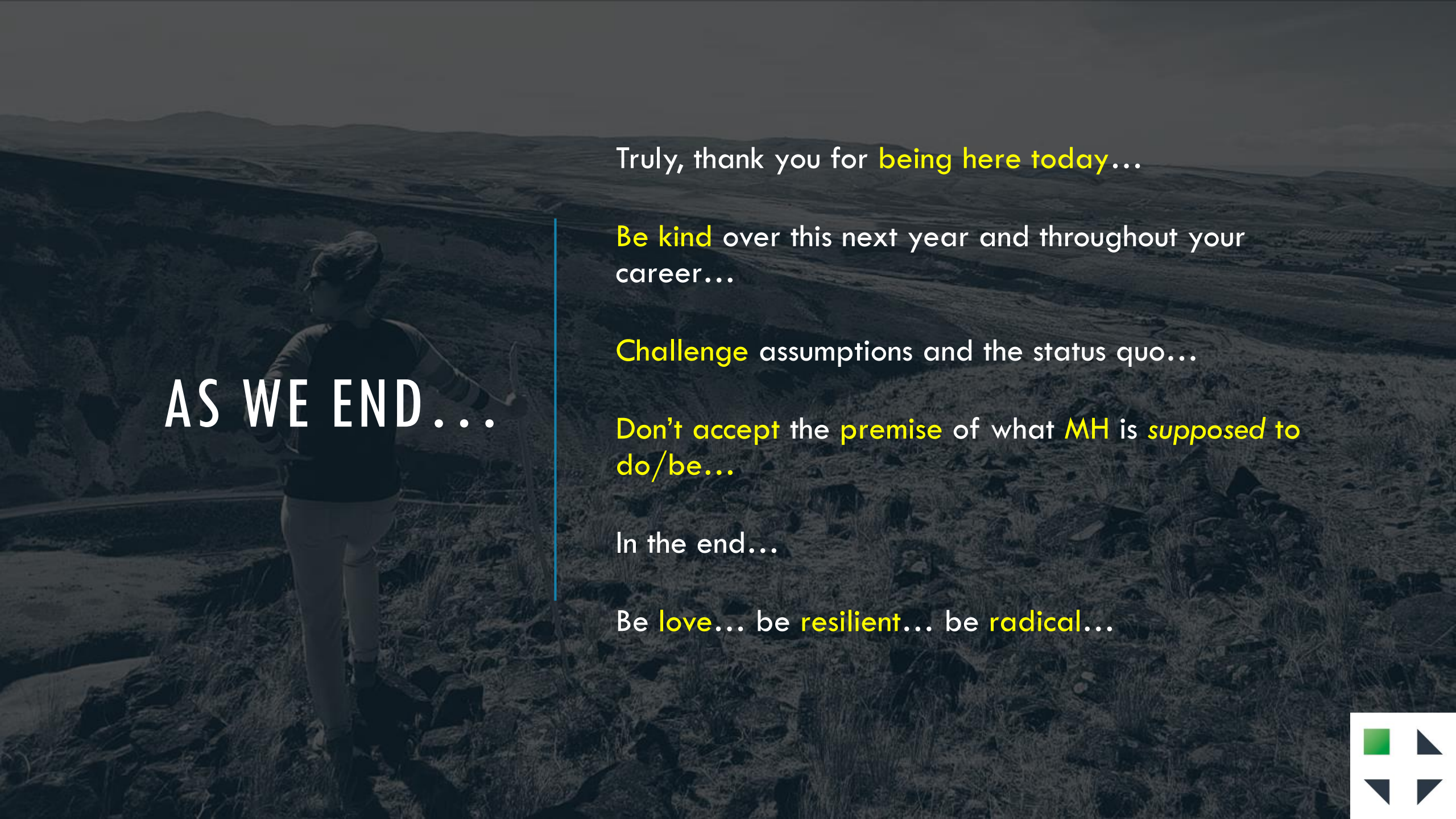
What'd you come up with!

SMART PLAN

GROUP DISCUSSION

What ***values*** do these goals reflect?

WHAT ELSE CAN WE ANSWER?



AS WE END…

Truly, thank you for being here today…

Be kind over this next year and throughout your career…

Challenge assumptions and the status quo…

Don't accept the premise of what MH is *supposed* to do/be…

In the end…

Be love… be resilient… be radical…

QUESTIONS???

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YouTube: https://www.youtube.com/channel/UCR_hf_LGVtUOoLa_KFvqvtQ
& https://www.youtube.com/user/commhealthcw/videos