THE ART OF THE BHC CONSULT

BHC Core Competencies, Utilizing 15-30 Minutes Effectively, and Common Challenges

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Connectus Health
LEARNING OBJECTIVES

■ UNDERSTAND:
  1. Core competencies of a behavioral health consultant in primary care
  2. How mastering core competencies can ensure efficacy of an integrated program
  3. Methods for training new BHC’s to effectively utilize the 15-30 minute window

■ IDENTIFY:
  1. Main components of a 15-30 minute brief consultation
  2. Common challenges in adhering to the 15-30 minute brief consult
  3. Common issues surrounding billing and reimbursement for BHC services
CORE COMPETENCIES OF THE BHC IN PRIMARY CARE

Role of the BHC

Core Competencies

Impact of a competent BHC
The Role of the BHC

Rationale for Integrating BH with PC

- Flaws in the traditional medical model
- Burden on primary care system
- Primary care is a crucial point of access to mental health services
  - Primary care providers deliver at least half of all mental health care in the United States (Kessler et al., 2005).
  - 30-80% of primary care appointments are driven by problems stemming from psychosocial and BH issues (Gatchel & Oordt, 2003).
  - Half of all individuals with a psychiatric disorder seek NO specialty care, but 80% of them visit their PCP at least yearly (Narrow et al., 1993).
The Role of the BHC

Supporting the Medical Team

- Management of acute behavioral health conditions
- Engage in screening, assessment, and brief intervention for mild to moderate behavioral health conditions
- Address lifestyle change issues for chronic medical conditions and high-risk patients
- Collaborate on treatment plans to enhance patient engagement in care
- Educate and provide plans for various behavioral health issues
- Provide consultation to primary care team on behavioral and mental health components of care
- Assist with community resources and referrals
- Deliver brief, concise, and clear communication through documentation and curb-side consultation
- Serve as liaison between patient and medical staff to support clinic flow, patient/provider satisfaction, and adherence to treatment goals
The Role of the BHC

The Ideal Candidate

- Licensed master’s or doctoral level clinician with a background in social work, behavioral health counseling, health psychology, or marriage and family therapy
- Experience with substance abuse treatment
- Self-starter, curious, eager to learn, and flexible
- General attitude of understanding and acceptance
- Strong active listening skills
- Focus on immediate goals
- Generalist vs. specialist
- Working knowledge of motivational interviewing, stages of change, CBT, and solution-focused approaches
CORE COMPETENCIES OF THE BHC IN PRIMARY CARE

Role of the BHC

Impact of a competent BHC

Core Competencies
Core Competencies

- Clinical Practice Skills
- Practice Management Skills
- Consultation Skills
- Documentation Skills
- Team Performance Skills
- Administrative Skills
## Core Competencies

### Clinical Practice Skills

<table>
<thead>
<tr>
<th>ELEMENT</th>
<th>ATTRIBUTES</th>
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<tbody>
<tr>
<td><strong>Role Definition</strong></td>
<td>Sets accurate expectations</td>
</tr>
<tr>
<td><strong>Problem Identification</strong></td>
<td>Identifies referral problem within 1&lt;sup&gt;st&lt;/sup&gt; consult</td>
</tr>
<tr>
<td>Assessment</td>
<td>Functional impact of current problem</td>
</tr>
<tr>
<td><strong>Problem Focus</strong></td>
<td>Hones in on problem without probing</td>
</tr>
<tr>
<td>Population-Based Care</td>
<td>Continuum of primary prevention to tertiary care</td>
</tr>
<tr>
<td>Biopsychosocial Approach</td>
<td>Medical and psychological connections</td>
</tr>
<tr>
<td>Use of empirically-supported interventions</td>
<td>Evidence based, suitable for primary care</td>
</tr>
<tr>
<td><strong>Intervention Design</strong></td>
<td>Strategic, measurable functional outcomes</td>
</tr>
<tr>
<td>Pharmacotherapy</td>
<td>Basic understanding, remains within scope, effective collaboration</td>
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Core Competencies

Clinical Practice Skills (Role Definition)

SAMPLE INTRODUCTORY SCRIPT

“Hello, my name is ____________ and I’m the behavioral health consultant for the clinic. I work as a part of the primary care team here. At our clinic, we pay attention to the whole person – physical, mental, and social health. Your [primary care/women’s health] provider will ask me to assist whenever there is a concern about any area of your health.

My job as a consultant is to help you and your provider better target any problems that have come up for you at this point. To do this, I’m going to spend about 20 minutes with you to get a snapshot of your life—what’s working well and what’s not working so well. Then together we’ll come up with a plan that seems doable. The recommendations might be things you try on your own and you might never see me again. Or, we may decide to have you come back to see me a couple times, if we think that would be helpful. We might also decide that you’d benefit from going to a more intensive specialty service outside of the clinic. In that case, I’d talk with your primary provider and, if that was something they wanted for you, I’d help them arrange a referral. Your provider and I will work together with you on this plan, and my chart note will be integrated in your healthcare record.

My limits of confidentiality are the same as other providers in this clinic, which includes a responsibility to report cases in which there is a disclosure of any plans to harm yourself or anyone else, or any type of child/elder abuse. Do you have any questions about any of this before we begin?

*If yes: Spend time needed to make sure the patient understands the purposes of this service.

*If no: “Your provider is concerned about (referral reason). Is that your sense of what is going on here as well, or do you have another take on this?”
Core Competencies

Clinical Practice Skills (Problem Identification)

■ **STEP 1: Adequate Preparation**
  - Communicate with your team!
  - Determine referral question, current medical plan, last contact with BHC, history of compliance/non-compliance, etc.

■ **STEP 2: Review the Chart**
  - Review the last 1 or 2 BHC notes
  - Review the most recent PCP note
  - Any pending patient messages?
  - Med list?

■ **STEP 3: Set your mental framework**
  - What do you need to accomplish today?
Core Competencies

Clinical Practice Skills (Problem Focus)

- **STEP 1: Explore Presenting and Additional Concerns**
  - *But WITHOUT excessive probing!*
  - *Hone in on REFERRAL QUESTION*

- **STEP 2: Assessment**
  - *Symptoms*
  - *Functioning*
  - *Risk*

- **GOAL: To Get a Working Diagnosis and Begin Treatment**
Core Competencies

Clinical Practice Skills (Intervention Design)

- Factors to Consider:
  - Symptom Severity
  - Readiness to Change
  - Psychosocial Stressors
  - Co-morbid conditions
  - Patient preference
  - Cultural beliefs
  - Resources
  - Health beliefs
## Core Competencies

### Practice Management Skills

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<tr>
<td><strong>Visit Efficiency</strong></td>
<td>Works to avoid common pitfalls</td>
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<tr>
<td><strong>Time Management</strong></td>
<td>Effective communication and boundaries</td>
</tr>
<tr>
<td>Follow-Up Planning</td>
<td>Strategic prescription of f/u based on severity, momentum, and patient engagement</td>
</tr>
<tr>
<td>Intervention Efficiency</td>
<td>Treatment episode completed in 4 or fewer consults</td>
</tr>
<tr>
<td><strong>Visit Flexibility</strong></td>
<td>Scheduled, unscheduled, phone consult, secure messaging</td>
</tr>
<tr>
<td>Triage</td>
<td>Attempts to manage most problems in PC</td>
</tr>
<tr>
<td>Case Management</td>
<td>Internal and external care coordination</td>
</tr>
<tr>
<td>Community Resource Referrals</td>
<td>Strong knowledge of available resources</td>
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Core Competencies

Practice Management Skills (Visit Efficiency)

- **STEP 1**: Stay Within 15-30 Minute Timeframe
- **STEP 2**: Stick to the Steps
  - *Introduction*
  - *Assessment*
  - *Intervention*
  - *Plan/Follow Up*
- **STEP 3**: Avoid Common Pitfalls!
  - *Focus on symptoms, diagnosis, treatment plan, and needed action steps*
Core Competencies

Practice Management Skills (Time Management)

■ STEP ONE: Utilize Your Resources
  – *Communicate what you need and what you’re doing*

■ STEP TWO: Set Your Boundaries
  – *With patients*
  – *With providers*

■ STEP THREE: Use Downtime Wisely
  – *Take advantage of free moments for charting, phone calls, research, etc.*

■ STEP FOUR: Keep Your Consults on Track
  – *Use The 3 R’s*
Core Competencies

Practice Management Skills (Visit Flexibility)

■ STEP ONE: Be Open to Multiple Methods of Service Delivery
  – 15-30 Minute Brief Consultation in Clinic
  – Phone Consultation
  – Secure Messaging

■ STEP TWO: Limit Engagement in 40+ Minute Consults
  – Some high needs appointments are inevitable

**Focus on Reducing Healthcare Burden for Patient and Workflow Burden for Provider**
## Core Competencies

### Consultation Skills

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<tr>
<td>Referral Clarity</td>
<td>Develop understanding of, focus on, and respond to referral question from providers</td>
</tr>
<tr>
<td>Curbside Consultation</td>
<td>Clear, direct, concise consults with providers on general issues or specific patients</td>
</tr>
<tr>
<td>Assertive Follow-Up</td>
<td>Understands when to use multitude of follow up methods (verbal, written, urgent interruptions)</td>
</tr>
<tr>
<td>Provider Education</td>
<td>Capitalizes on teachable moments and provides educational support on connection b/t physical and mental health</td>
</tr>
<tr>
<td>Recommendation Efficacy and Value</td>
<td>Tailor recommendations to pace of primary care and with intention of reducing PCP workload</td>
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Core Competencies

Consultation Skills (Referral Clarity)

■ **STEP ONE: Ask Strategic Questions**
  - Based on what the provider needs from the patient
  - In consideration of what you already know
  - What do you need to accomplish what you need to today?

■ **STEP TWO: Quickly Determine Your Target**
  - By gathering information from:
    ■ Patient
    ■ Provider
    ■ Support staff
## Core Competencies

**Documentation Skills**

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<tr>
<td><strong>Concise Charting</strong></td>
<td>Concise, includes only pertinent info in PC setting, and written from the lens of BHC vs. traditional therapist</td>
</tr>
<tr>
<td>Prompt Feedback</td>
<td>Documentation and feedback completed/delivered on same day basis</td>
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<tr>
<td>Appropriate Format</td>
<td>SOAP, consistent with curbside consultation recommendations</td>
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Core Competencies

Documentation Skills (Concise Charting)

- **STEP ONE: Document for Primary Care**
  - Documentation is NOT primary mode of communication
  - Timely and concise
  - Medical vernacular
  - Include observed and reported symptoms, functioning, intervention, and plan

- **STEP TWO: Include Only Pertinent Historical/Contextual Information**
# Core Competencies

## Team Performance Skills

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<tbody>
<tr>
<td>Fit with primary care culture</td>
<td>Operates comfortably within fast-paced, action oriented, team-based culture</td>
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<tr>
<td>Knows team members</td>
<td>Awareness of multidisciplinary team member’s roles</td>
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<tr>
<td>Responsiveness</td>
<td>Effectively communicate availability and deliver unscheduled services as needed</td>
</tr>
<tr>
<td>Availability and approachability</td>
<td>Approachable demeanor, ensures staff are aware of whereabouts at all times, available for on-demand consultation prn</td>
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Core Competencies

Administrative Skills

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<td>IBH program policies and procedures</td>
<td>Understands clinic scheduling, templates, privacy, informed consent policies, etc.</td>
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<tr>
<td>Billing/CPT Coding</td>
<td>Routinely completes all billing and coding activities</td>
</tr>
<tr>
<td>Quality measures and data tracking</td>
<td>Completes all data tracking procedures and assists with quality metrics</td>
</tr>
<tr>
<td>Clinic materials</td>
<td>Maintains exam room posters/fliers regarding BHC services</td>
</tr>
<tr>
<td>Program support and development</td>
<td>Assists with program development tasks when requested</td>
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CORE COMPETENCIES OF THE BHC IN PRIMARY CARE
Impact of a Competent BHC

Positive Patient Outcomes

- Decrease patient symptoms and increase functioning/quality of life (Balestrieri, Williams, and Wilkinson, 1988; Moore, Von Korff, Cherkin, Saunder, & Lorig, 2000)
- Greater improvement in anxiety, depression, and quality of care (Roy-Byrne, et al., 2010; Lang, 2003)
- Reduction of panic attacks in COPD patients (Livermore, Sharpe, & McKenzie, 2010)
- Increased self-management skills (Battersby, et al., 2010; Damush et al., 2008; Kroenke et al., 2009)
- Improved quality of life for patients with chronic cardiopulmonary conditions (Cully, et al., 2010)
- Reduction of substance abuse (Whitlock, et al., 2004)
- Reduction of somatization (Escobar, et al., 2007; Kronke & Swindle, 2000)
Impact of a Competent BHC

Positive Provider/Clinic Outcomes

- Improve medical provider satisfaction (Katon, et al. 1995; Corney, 1986)
- Reduce healthcare costs (Blount, 1998; Chiles, Lambert & Hatch, 1999)
- Improving treatment adherence for patients with comorbid diabetes and depression (Lamers, Jonkers, Bosma, Knottnerus, & Van Eijk, 2011; Osborn, et al., 2010)
- Increase patient likelihood of attending behavioral health appointments, as opposed to being referred to off-site providers (90% vs 15%) (Strosahl, 1998)
THE 15-30 MINUTE CONSULT

Components of an effective consult

Common Challenges

Training Considerations

Making it work
Components of an Effective Consult

1. Introduction
2. Assessment
3. Intervention
4. Plan
Components of an Effective Consult

Introduction Phase (2-3 Minutes)

MAIN ELEMENTS:
- Introduction and disclosure statement
- Setting expectations
- Defining role and time frame
- Refining “referral question” from provider

COMMON PITFALLS:
- Failure to completely and clearly define role
- Failure to hone in on referral question
Components of an Effective Consult

Assessment (7-10 Minutes)

MAIN ELEMENTS:
- Assessment of symptoms based on the referral question
- Assess for daily functioning, safety, risk, need, symptom severity
- Determine actions already taken to improve
- Assess for strengths and stage of change
- Use of screening tools

COMMON PITFALLS:
- Tendency to “go fishing” for additional problems
- Moving too fast towards intervention
Components of an Effective Consult

Intervention (5-7 Minutes)

**MAIN ELEMENTS:**
- Concrete, practical, patient-centered interventions
- Focus on symptom reduction and improvement in functioning
- Acquire patient buy-in through behavioral activation
- Elicit patient engagement and empowerment through use of a “menu of options” and handouts

**COMMON PITFALLS:**
- Failure to provide adequate direction to begin self-management skills
- Tendency to limit interventions
- Lack of awareness of BHC’s role in continuity of care
Components of an Effective Consult

Plan/Follow Up (3-5 Minutes)

MAIN ELEMENTS:
- Scheduling is done in collaboration with patient and provider
- Follow up is based on clinical necessity
- Identify when bridging/staggering appointments can be helpful

COMMON PITFALLS:
- Scheduling too brief of an interval between appointments
- Scheduling unnecessary appointments
- Failure to recommend follow up
Making 15-30 Minutes Work

- Communication
- Setting Realistic Expectations
- Graceful Interruption
- Connecting supportive therapy with direction and purpose
- Thinking algorithmically early
- Adequate prep
THE 15-30 MINUTE CONSULT

Components of an effective consult
Common Challenges
Training Considerations
Making it work
Training Considerations for New BHC’s

- Shadowing
- Peer Review
- Documentation Evaluations
- Ongoing training topics
Common Challenges

- The Talker
- The Unclear Presenting Issue
- The “Where Do I Even Begin” Dilemma
- Determining which hat to wear
- The Paradigm Shift
ADDITIONAL TOPIC:
ISSUES SURROUNDING BHC BILLING AND REIMBURSEMENT

- Revenue Producers vs. Enhancing Team and System Functioning
- Grant Funding
- CPT Codes
- Getting Paid
RESOURCES


RESOURCES


Narrow, W., Reiger, D., Rae, D., Marderscheid, R., & Locke, B. (1993). Use of services by persons with mental and addictive disorders: Findings from the National Institute of Mental Health Epidemiological Catchment Area Program. *Archives of General Psychiatry, 50*, 95-107


