Integration 101: Integrating Behavioral Health into Primary Care

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Trends in Locus of Mental Health Services for Underserved Populations

- Restricted scope of CMHC’s has led to diminished access
- FQHC’s had 1.4 million visits for depression in 2004, third most common presentation after diabetes and hypertension
- Are FQHC’s becoming the nation’s community mental health system?
Safety Net Paradigm Shift

- Traditional Mental Health safety net (CMHCs) shifted course
- Health status of the seriously mentally ill – a new health disparity (NASMHPD, 2006)
- Expanded mental health service capacity of CHCs
- Recognition of the behavioral health nature of primary care

“Mental Health” Care in Primary Care Settings

- Psychological distress drives primary care utilization
- Most somatic complaints don’t have an identifiable cause (Kroenke & Mangelsdorf, 1984)
- Only 30% of primary care visits are for an identified medical condition (Strosahl, 1998)
- 50% of Cherokee medical patients reported complaints on the SF36 supporting a diagnosis of depression
- More mental health interventions occur in primary care than in specialty mental health settings
- Behavioral health problems inflate medical costs and impede outcomes
Additional Factors Prompting Integration

- MH/SU services system can’t accommodate demand, let alone need
- Failure of referral
- Stigma endures
- Co-morbidities

Primary and Behavioral Health Care Integration Strategies in Search of a Model

- Preferential Referral Relationship
- Formalized Screening Procedures
  - Circuit Riding
  - Co-Location of Services
- Disease Management
- Behaviorist on Primary Care Team
Blending Primary and Behavioral Health Care

Cherokee Health Systems’ Clinical Model

A Framework to Integrated Care

• Behavioral Health is ROUTINE part of medical care

• Shifting Boundaries
  – Location
  – Staffing

• The Behavioral Health Consultant
Cherokee’s Blended Behavioral Health and Primary Care Clinical Model

- Embedded Behavioral Health Consultant on the Primary Care Team
- Real time behavioral and psychiatric consultation available to PCP
  - Focused behavioral intervention in primary care
  - Behavioral medicine scope of practice
- Encourage patient responsibility for healthful living
  - A behaviorally enhanced Healthcare Home

Integrated Care at Work: The Nitty Gritty Details

- Schedule
- Space
- Documentation
- Communication
Co-location and Design

- Offices for behavioral providers in primary care area
- Behavioral consultation in the medical exam room
- Shared common areas for patients and providers

Meshing Treatment Cultures

- Pace
- Scheduling
- Population vs case focus
- Lifespan vs episodic care
  - Confidentiality
  - Documentation
Clinical Processes

- Screening
- Assessment
- Follow-up and Monitoring
- Evidence-based clinical guidelines
- Provider trainings
- Psychiatry Consultation

Communication Model

- Co-location and Facility Design
  - Integrated Charts
- Regular, face to face verbal feedback
  - Brief consultations
- Formal treatment team/case conference
  - Phone/Telemedicine Consultation
The Behavioral Health Consultant (BHC) in Primary Care

- Management of psychosocial aspects of chronic and acute diseases
- Application of behavioral principles to address lifestyle and health risk issues
  - Emphasis on prevention and self-help approaches, partnering with patients in a treatment approach that builds resiliency and encourages personal responsibility for health
  - Consultation and co-management in the treatment of mental disorders and psychosocial issues

Considerations for PCP Referral for Behavioral Health Consultation Services

MENTAL HEALTH BEHAVIORAL ISSUES
- Diagnostic clarification and intervention planning
- Facilitate consultation with psychiatry regarding psychotropic medications
  - Behavior and mood management
  - Suicidal/homicidal risk assessment
- Substance abuse assessment and intervention
  - Panic/Anxiety management
- Interim check of psychotropic medication response
- Co-management of somaticizing patients
  - Parenting skills
  - Stress and anger management
Considerations for PCP Referral for Behavioral Health Consultation Services

HEALTH BEHAVIOR / DISEASE MANAGEMENT
  • Medication Adherence
  • Weight Management
  • Chronic Pain Management
  • Smoking Cessation
  • Insomnia / Sleep Hygiene
  • Psychosocial and Behavioral Aspects of Chronic Disease
  • Any Health Behavior Change
  • Management of High Medical Utilization

Blending Behavioral Health into Primary Care
Cherokee Health Systems’ Clinical Model

Behaviorist on the Primary Team
The Behavioral Health Consultant (BHC) is an embedded, full-time member of the primary care team. The BHC is a Psychologist. A Psychiatrist is available, generally by telephone, for medication consults.

Service Description
The BHC provides brief, targeted, real-time interventions to address the psychosocial aspects of primary care.

Typical Service Scenario
The Primary Care Provider (PCP) determines that psychosocial factors underlie the patient’s presenting complaints or are adversely impacting the response to treatment. During the visit the PCP “hands off” the patient to the BHC for assessment or intervention.
The Behavioral Health Consultant in Primary Care - Characteristics, Skills and Orientation

Flexible, Independent & Action Oriented
Solution Rather than Process Oriented
Impact Functioning, Not Personality
Prevention Oriented
Finely Honed Clinical Assessment Skills
Behavioral Medicine Knowledge Base
Cognitive Behavioral Intervention Skills
Group and Educational Intervention Skills
Consultation Skills
Utilizes Clinical Protocols & Pathways
Team Oriented

Clinician Skills

• Knowledge of Integrated Care Model
• Strong traditional clinical skills
• Bio-psycho-social model of health
• Brief, creative, and effective treatment
• Evidence-based Treatment
• Prevention and Patient Education
Clinician Characteristics

- Match primary care pace and style
- Respect cultural differences
- Be *FLEXIBLE*
- Communication skills
- Consultant skills
- Team Player
- Be visible and available

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Job Description

**Job Title:** Behavioral Health Consultant

**Education/License:** Licensed Clinical Social Worker (Masters) or a Licensed Clinical Psychologist (Doctoral)

**Position Requirements:**
- Excellent working knowledge of behavioral medicine and evidence-based treatments for medical and mental health conditions.
- Ability to work through brief patient contacts as well as to make quick and accurate clinical assessments of mental and behavioral conditions.
- Should be comfortable with the pace of primary care, working with an interdisciplinary team, and have strong communication skills.
- Good knowledge of psycho-pharmacology
- Ability to design and implement clinical pathways and protocols for treatment of selected chronic conditions.
Measuring the Impact of the Behavioral Health Consultant in Primary Care

- Increases the efficiency of primary care
- Provides alternatives to psychoactive pharmaceuticals
  - Improves patient adherence
- Decreases referrals to specialty mental health care
- Increases provider and patient satisfaction

The Safety Net Organization of the Future: Emerging Models

- The re-configured CMHC
- Co-locating mental health services in CHCs
  - FQHC-CMHC Hybrids
- Behaviorally Focused Healthcare Homes
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