

Blending Behavioral Health and Primary Care

Applying the Model

Brittany Tenbarge, Ph.D.
Behavioral Health Consultant
Licensed Clinical Psychologist



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Overview

- Introducing the Model to Patients
- Key Components of BHC Interventions
- Common BHC Targets: Prevention to Intervention



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Introducing the Model to Patients



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Introducing the Model: Key Points

- The best approach to wellness involves treating the mind and body
- Systematic screening for and treatment of behavioral health concerns in primary care are standard of care
- Care is team-based, coordinated, and collaborative
- Care is patient-centered



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Sample PSR Model Introduction

“At our clinic, we have a team of primary care providers who will partner with you to address your healthcare needs. Assessing and treating medical and behavioral health concerns are a routine part of the care we provide.”



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Sample Nurse Model Introduction

“Our model of care involves treating the entire patient, both mind and body. Our team of primary care providers want to partner with you to treat your health conditions. Just as we take your blood pressure each time you come for a visit, we’ll be asking you some questions about your behavioral health. These screenings help us identify and address all of your concerns.”



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Sample PCP Model Introduction

“In this clinic, we have a team of primary care providers who work together to address your healthcare needs. We believe that the best way for us to help you be healthy is to treat both your mind and body. I’ll be asking you questions about both your physical and behavioral health and there may be times when I ask you see other members of the primary care team to help me help you.”



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Role of Behavioral Health Consultant

- Responsible for enhancing the primary care team’s:
 - Management of psychosocial aspects of chronic and acute diseases
 - Application of behavioral principles to address lifestyle and health risk issues
 - Consultation and co-management in the treatment of mental disorders and psychosocial issues



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Sample Introduction of the BHC

“We have a provider on the primary care team who specializes in _____. I’d like you to meet with him/her today so that he/she can help me help you with _____.”



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BHC Self Introduction

“Hello, my name is _____ and I am a Behavioral Health Consultant. I am trained as a (psychologist/social worker/psychiatrist) and a member of the primary care team. I work as a consultant to Dr. _____ and work with our primary care patients to improve their mood, manage chronic health conditions, or _____. Generally, things we discuss are private and confidential, but there are some limits to confidentiality. Those include situations where you are at-risk of hurting yourself or others or if the safety of a child is involved. I will also be consulting with Dr. _____ and any other provider you see within our clinic to provide you with the best quality of care.”



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General Considerations in Introducing the BHC

- Resistance is the product of interaction
- Introduction of order or referral
 - Labs
 - X-ray
 - Specialty Referral
- BHC is a member of the Primary Care Team



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Typical BHC Services in Primary Care

- | | |
|----------------------------------|-------------------------------------|
| • Triage/Liaison | • Conjoint Consultation |
| • Behavioral Health Consultation | • On-Demand Medication Consultation |
| • Behavioral Health Follow-Up | • Care Management |
| • Adherence Enhancement | • Psychiatric Consultation |
| • Relapse Prevention | • PCP Consultation |
| • Behavioral Medicine | • School/Agency Consultation |
| • Consultative Co-Management | • Prevention |
| • Group-based interventions | • Telephone Consultation |



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Usually Does Not Include

- Specialized case management
- Long-term psychotherapy
- Diagnostic and Testing Procedures (e.g. IQ testing)
- Specialized Occupational/Disability Assessment and/or Management



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When to Consult BHC

Wellness Promotion

- Healthy lifestyle development
- Anticipatory guidance
- Health enhancing behavior change

Behavioral Health Concern

- Positive screener
- Lack of discernable medical etiology
- Clinical judgment

Behavioral Medicine Need

- Treatment interfering behaviors
- Poor health literacy
- Limited engagement or motivation



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Key Components of BHC Interventions



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Essential Components of Interventions

- Brief Encounters
- Emphasis on Self-Management
- Focus on Functional Outcomes vs. Cure
- Flexible Follow-up
- Liaison with Specialty Services



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Brief Encounters

- Brief redefined
 - 15-30 minute visits
 - Limited number of contacts
 - Episodes of care within context of longitudinal relationship
- Multiple change agents
- Patient is the primary agent of change
- Capture teachable moments



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Features of Effective Brief Interventions

- Solution focused
- Targets specific behavior change
- Active and empathic therapeutic style
- Support increase in quality and meaning in life
- Incorporate patient values and beliefs
- Measurable outcomes
- Enhance self-efficacy
- Patient responsible for change



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Emphasis on Self-Management

- The patient is your guide
- Support with strategies
- Monitor level of engagement and motivation for change
- Provide behavioral rehearsal & resources



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Focus on Functional Outcomes

- Target improved functioning
- Symptom reduction is not the only target
- Follow the referral question
- Outcomes are measurable



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Flexible Follow-up

- Intervention unified and congruent with overall primary care plan
- Intervention plan is dynamic and evolves based on ongoing assessment of symptoms, functioning, engagement, and motivation
- Flexible scheduling and follow-up strategies
- Conjoint and coordinated appointments



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Define a Target

- Follow PCP referral
- Assess symptoms, functioning, and health behaviors
- Defined target focuses brief interventions



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Common BHC Targets: Prevention to Intervention



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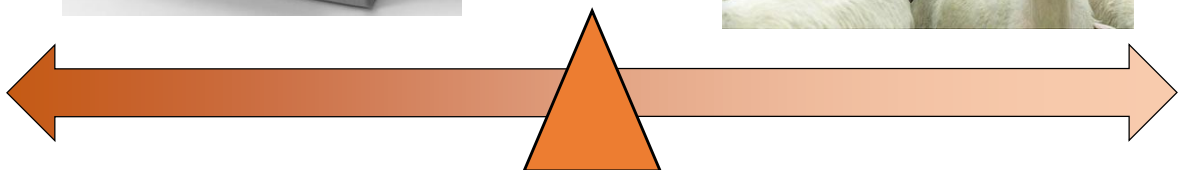
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Balancing Act

Prevention



Complex Care



Prevention

“Advocacy to improve the health of large numbers of people can be a lonely trail. It is far easier to arouse public sympathies for health care—for named victims, heroic healers, and miracle therapies. Health improvement initiatives, on the other hand, can take a long time to grow roots. Costs avoided are rarely savings recognized. Prevention is nameless and faceless.”

Christopher F. Koller
President, Milbank Memorial Fund



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Behaviorally Enhanced Well-Child Checks

- Socio-emotional anticipatory guidance to parents regarding developmental issues
- Parenting Skills
- Early identification of and intervention for developmental and behavioral problems
- Coordination with schools/teachers to address academic concerns



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Behaviorally Enhanced Well-Child Checks: Common Targets

- Milestones (age and stage)
- Developmental Delays
 - ASD
 - Referrals (Speech & OT)
- Behavior Problems
 - Tantrums to truancy
- ADHD
- Anxiety, depression, and trauma
- Elimination Problems
- Sleep Problems
- Nutrition problems
 - Overfeeding
 - Failure to thrive
 - Toddler food wars
 - Obesity



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BHC Role in Pediatrics

- Providing preventative information
 - Anticipatory Guidance (age & stage)
 - Safety
 - Healthy Lifestyle Habits
- Providing early detection and intervention
 - Screeners (M-CHAT; PSC; EPDS, CDI & IDI)
 - Referrals
- Providing Treatment
 - Assessment followed by Best Practice Recommendations
 - Parent Training
 - Medication Adherence



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Behaviorally Enhanced Prenatal care

- Screening and Assessment
- Anticipatory Guidance
- Health Education
- Basic Skills
- Prevention based interventions and monitoring for those at-risk
- Care coordination with OB



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Screening & Assessment

- Behavioral health vitals are a routine part of care (PHQ-2 & PHQ-9, CAGE-AID, EDPS) for early detection
- BHC reviews screeners, assesses current symptoms & history



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Anticipatory Guidance

- Normalizing baby blues, warning signs of PPD (**with all women regardless of their history**), early identification
- Encouraging adequate sleep, anticipating lack of sleep postpartum and its effects on stress management
- Eliciting understanding of safe sleep practices (A, B, Cs of safe sleep), problem-solving alternatives to co-sleeping
- Breastfeeding (building motivation when appropriate, normalizing challenges, lactation consultants)



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Wellness Promotion

- Healthy behaviors during pregnancy
 - Balanced diet, water consumption
 - Regular exercise
 - Minimal caffeine intake
 - Avoiding drugs & alcohol (intervention when difficult to stop)
 - Stress management



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Intervention



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Hypertension

- Providing dietary information
 - Salt restriction
 - DASH diet
 - Limited ETOH intake
- Setting goals for physical activity
 - Aerobic exercise
- Monitoring for anxiety that could mimic/exacerbate hypertension



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Diabetes

- Medication Compliance
 - Using medications correctly
 - Blood sugar logs
 - Resistance to medications
- Dietary education
 - Basic carbohydrate counting
 - DM education classes
- Setting physical activity goals



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Hepatitis C

- Alcohol + Hepatitis C = Gas + Fire
 - IOP treatment
 - Facilitate detox if necessary
- Monitor for increased depressive symptoms during treatment



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Smoking Cessation

- Educating patient on the health risks
- Identifying triggers for smoking
- Investigating viable options for treatment
- Individualizing a plan for the patient
- Consistent encouragement from team
- Follow up visits
- Adjust the plan when needed



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Obesity

- Major driver of increased health costs
- Requires lifestyle change to treat
- BHC is a lifestyle change specialist
- Small goals with follow up



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Obesity

- Dietary information
 - Food log
 - Healthy eating on a budget
- Setting physical activity goals
 - Modifying activities for patient's current level of functioning
- Overcoming barriers
 - Physical and emotional
- Identifying social supports



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Depression

- Treat DIAGNOSIS of depression, not symptom
- Nurse or PCP screens (PHQ-9)
- BHC clarifies diagnosis and subtype
- PCP + BHC collaborate on treatment plan:
 - BHC interventions only OR
 - PCP med treatment + BHC OR
 - Consult primary care psychiatry
 - Rarely requires referral to specialty therapy or psychiatry



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Anxiety

- Treat the right diagnosis, not symptom
- Nurse or PCP screens with GAD 7
- BHC clarifies diagnosis and subtype
- PCP + BHC collaborate on treatment plan:
 - BHC interventions only OR
 - PCP med treatment + BHC OR
 - Consult primary care psychiatry
 - Rarely requires referral to specialty therapy or psychiatry



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Care Coordination Options

Face-to-Face	Phone	EHR
<ul style="list-style-type: none"> • Visit type & timing • Clinical needs of patient 	<ul style="list-style-type: none"> • Severity & acuity of problem • Overall primary care plan 	<ul style="list-style-type: none"> • Overall primary care plan • Clinical needs of patient



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Assess Response to Intervention at Each Visit

- Monitor level of motivation and confidence
- Monitor symptoms and functioning
- Active problem-solving
- Discuss obstacles
- Review and reinforce progress



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Follow-up Strategies

Intensive (1-2 weeks)	Intermediate (1 month)	With PC Visits, PRN, or None
<ul style="list-style-type: none"> • Severity & acuity of problem 	<ul style="list-style-type: none"> • Clinical needs of patient • Overall primary care plan 	<ul style="list-style-type: none"> • Level of motivation and engagement • Clinical needs of patient



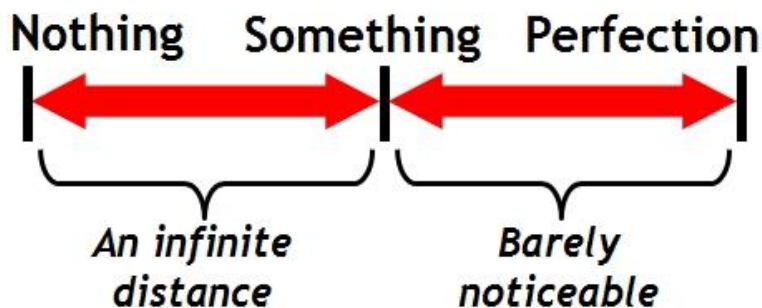
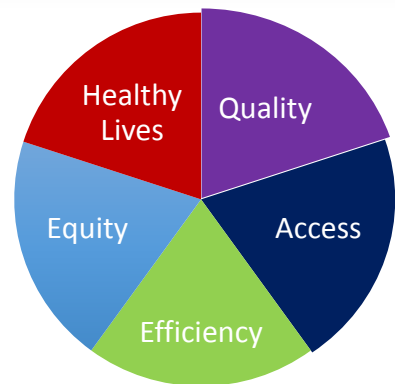
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Applying the Model to Your Own Clinic

- Goal of maintain some core fidelity to the model/organizational mission while also adapting these concepts to best serve your community and patient panel
 - What are some challenges in your clinic that may benefit from increased involvement of behavioral health providers on the team?
 - What clinical/practical challenges do you anticipate in implementation?
 - Are there specific patient populations/specialties that may benefit from behaviorally-enhanced well visits?

“The perfect Is the enemy of the good.” *voltaire*



A photograph of a forest path with a quote overlay. The path is a narrow, dirt trail that leads into a dense forest of tall, thin trees. The ground is covered in green grass and fallen leaves. The trees are mostly deciduous with green foliage. The quote is written in white text over the center of the image.

“When you can’t see the
forest for the trees, go for a
walk in the forest.”

Gail Lynn Goodwin