USING INTEGRATED BEHAVIORAL HEALTH TO REDUCE HEALTHCARE DISPARITIES:

PRIMARY CARE BEHAVIORAL HEALTH STRATEGIES SERVING RURAL POPULATIONS

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"No amount of sophisticated technology can do what health professionals have done these past few months — offered care with uncertain evidence, sat with the dying, comforted family members from afar, held one another in fear and grief, celebrated unexpected recoveries, and simply showed up. We have asked and expected clinicians to show up in ways they were never trained to do. No one has been trained in how to emotionally manage months of mass casualties. No one has been trained on how to keep showing up despite feeling feckless on the job. No one has been trained how to keep regular life afloat at home and anxiety at bay, while working day after day with a little known biohazard."

- Dr. Christine Runyan

Banksy, The Game Changer

SUMMARY

- This training will outline the foundations of the primary care behavioral health PCBH model of integration and discuss a variety of clinical applications to why meeting patients where they are at and working within the primary care system provides holistic and quality to patient care. The presenter will also provide statistics and case examples highlighting how this approach covers gaps in our healthcare system and works towards true population health strategies.

- Attendees will:
- Understand what PCBH is and how this is defined
- See examples of how this model address social determinants of health to reduce healthcare disparity
- Learn clinical applications about how holistic primary care that encompasses behavioral health allows for improved outcomes in behavioral health and physical health metrics.

NEFTALI SERRANO

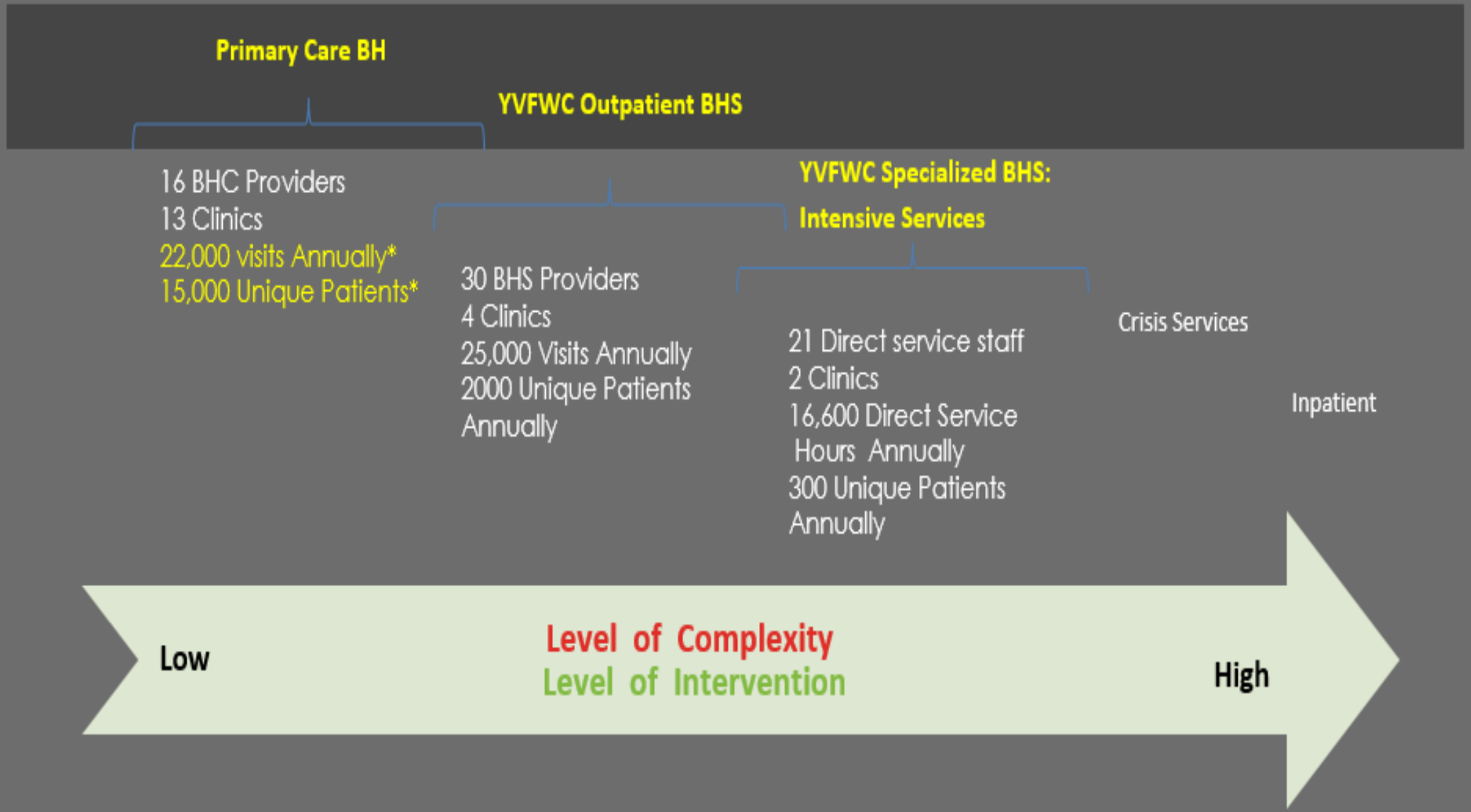
CEO OF COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION (CFHA)

- "Our community is a rarity in the healthcare world. We do not represent a guild. We do not represent a sector of the healthcare industry. We do not represent a disease category. **We represent an idea**.

- That idea is that healthcare works best when professionals, in tandem with families and their communities, work together within systems that support their "together" work. That's why our mission is: "To support healthcare professionals in integrating physical and behavioral health.""

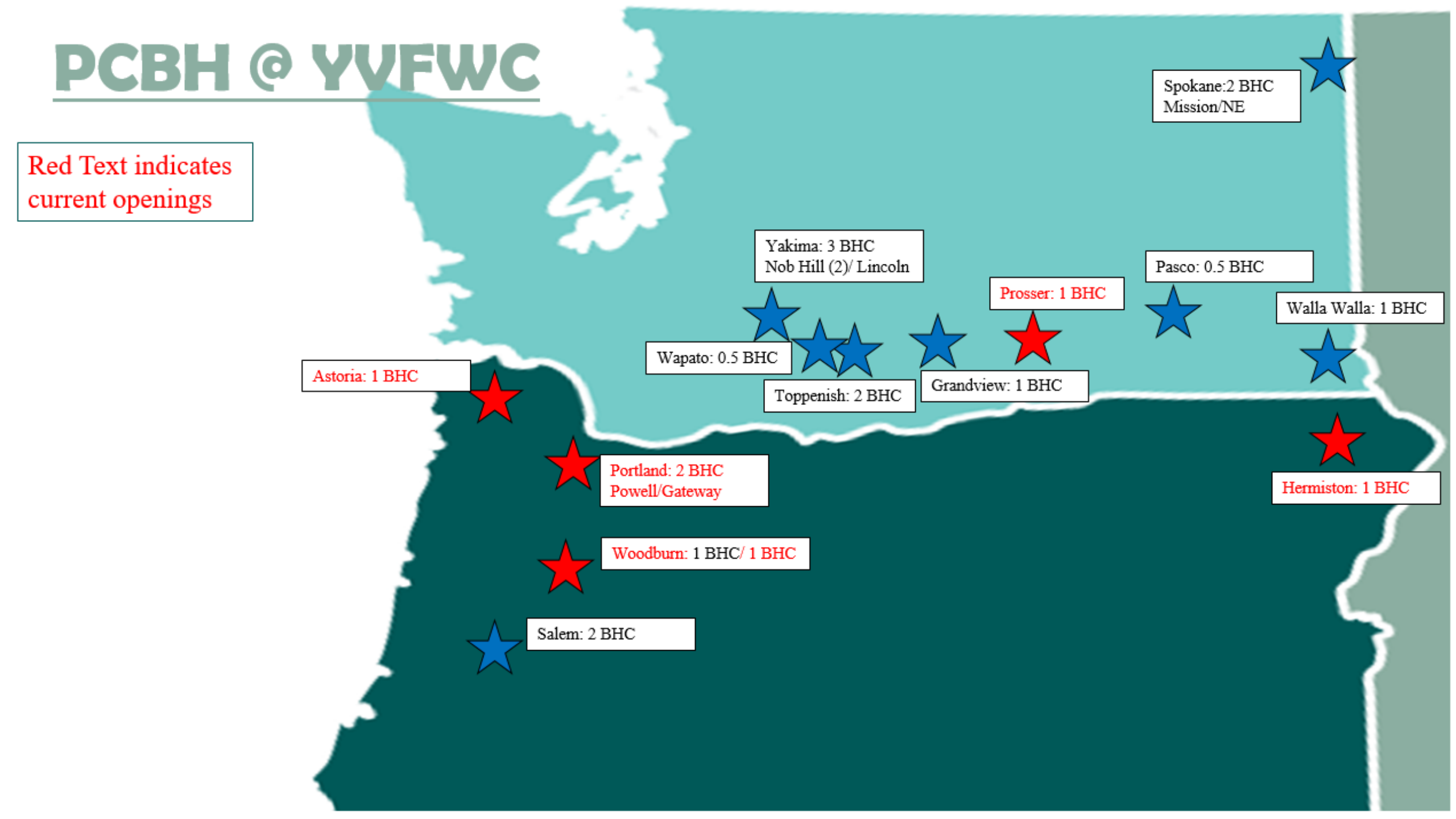
Yakima Valley Farm Workers Clinic
we are family

- At Yakima Valley Farm Workers Clinics we utilize the primary care behavioral health model of integration. Behavioral Health Consultants (BHC) provide expert access in primary care to meet this primary care behavioral health needs.
- With over 1,000 visits each year per BHC, we recognized the need to be innovative in the delivery and collaboration efforts to better need the needs of our busy clinic and community.

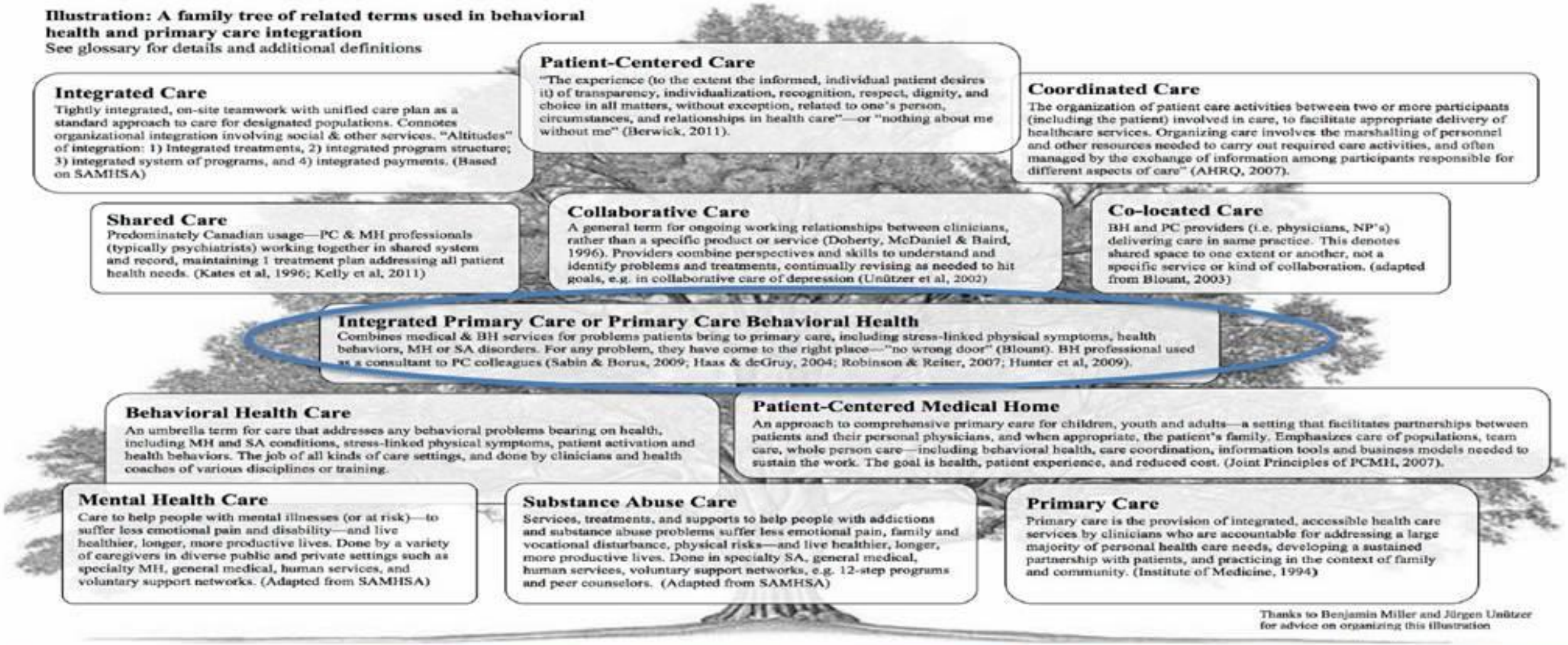

Primary Care BH
YVFWC Outpatient BHS
16 BHC Providers
13 Clinics
22,000 visits Annually*
15,000 Unique Patients*
YVFWC Specialized BHS:
Intensive Services
30 BHS Providers
4 Clinics
25,000 Visits Annually
2000 Unique Patients Annually
21 Direct service staff
2 Clinics
16,600 Direct Service Hours Annually
300 Unique Patients Annually
Crisis Services
Inpatient
Low
Level of Complexity
Level of Intervention
High

PCBH @ YVFWC

Red Text indicates current openings



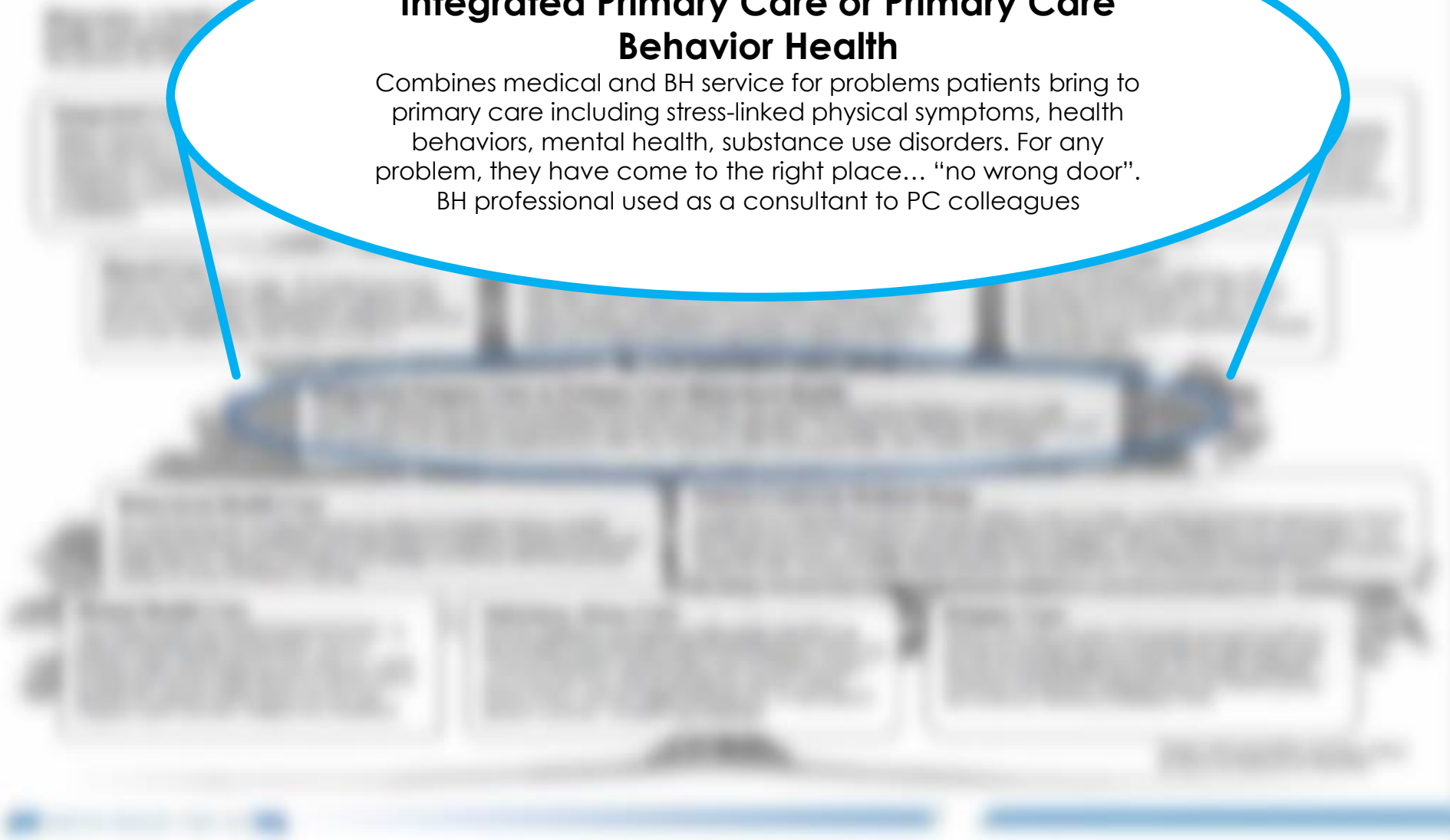
What is Behavioral Health Integration?



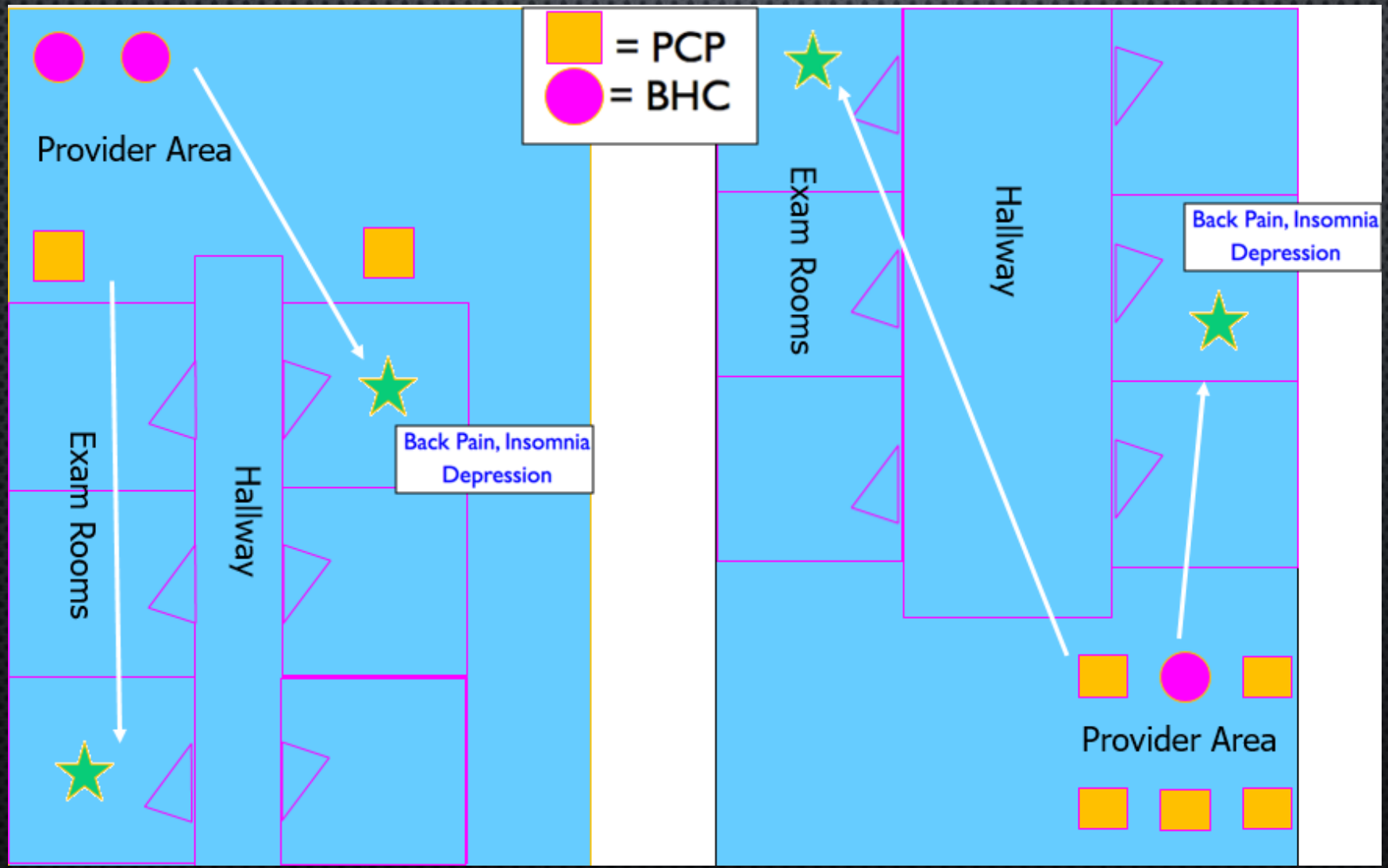
What is Behavioral Health Integration?

Integrated Primary Care or Primary Care Behavior Health

Combines medical and BH service for problems patients bring to primary care including stress-linked physical symptoms, health behaviors, mental health, substance use disorders. For any problem, they have come to the right place… "no wrong door". BH professional used as a consultant to PC colleagues



Primary Care Culture and Working in the PCP space



PCBH

G.A.T.H.E.R.

The Essentials of Primary Care Behavioral Health

Here's a way to remember the key features of PCBH work:

G ENERALIST	The BHC is a generalist who sees any behavioral issue and all ages.
A CCESSIBLE	Most BHC services are available on a same-day basis.
T EAM-BASED	The BHC is a regular member of the team and is ready to help in a variety of ways, such as pre-PCP visits, after-PCP visits, classes, group medical visits, and assisting with resources.
H IGH PRODUCTIVITY	The BHC sees 10 or more patients every day.
E DUCATOR	The BHC teaches behavioral interventions to others on the team.
R OUTINE PATHWAYS	The BHC helps the team develop pathways or protocols that routinely involve BHC help in care for high-impact patient groups.

Let's **G.A.T.H.E.R.** together!

PCBH vs. Traditional MH

Feature	BHC	Traditional MH
Model of Care	Population based	Patient based
Primary "Customers"	PCP, then patient	Patient, then others
Primary Goals	- Promote PCP efficacy - Support change efforts related to patient's medical care	Resolve patient's mental health issues
Service delivery structure	- Brief, intermittent - 1-3 Sessions (15-30 min) - Education/Self-Management Focus - "Present" Centered	- Long-term, scheduled - 10+ sessions (50 min) - Insight focused - Etiology Centered
Who is "in charge" of patient's care	PCP	Therapist

PCBH GOALS

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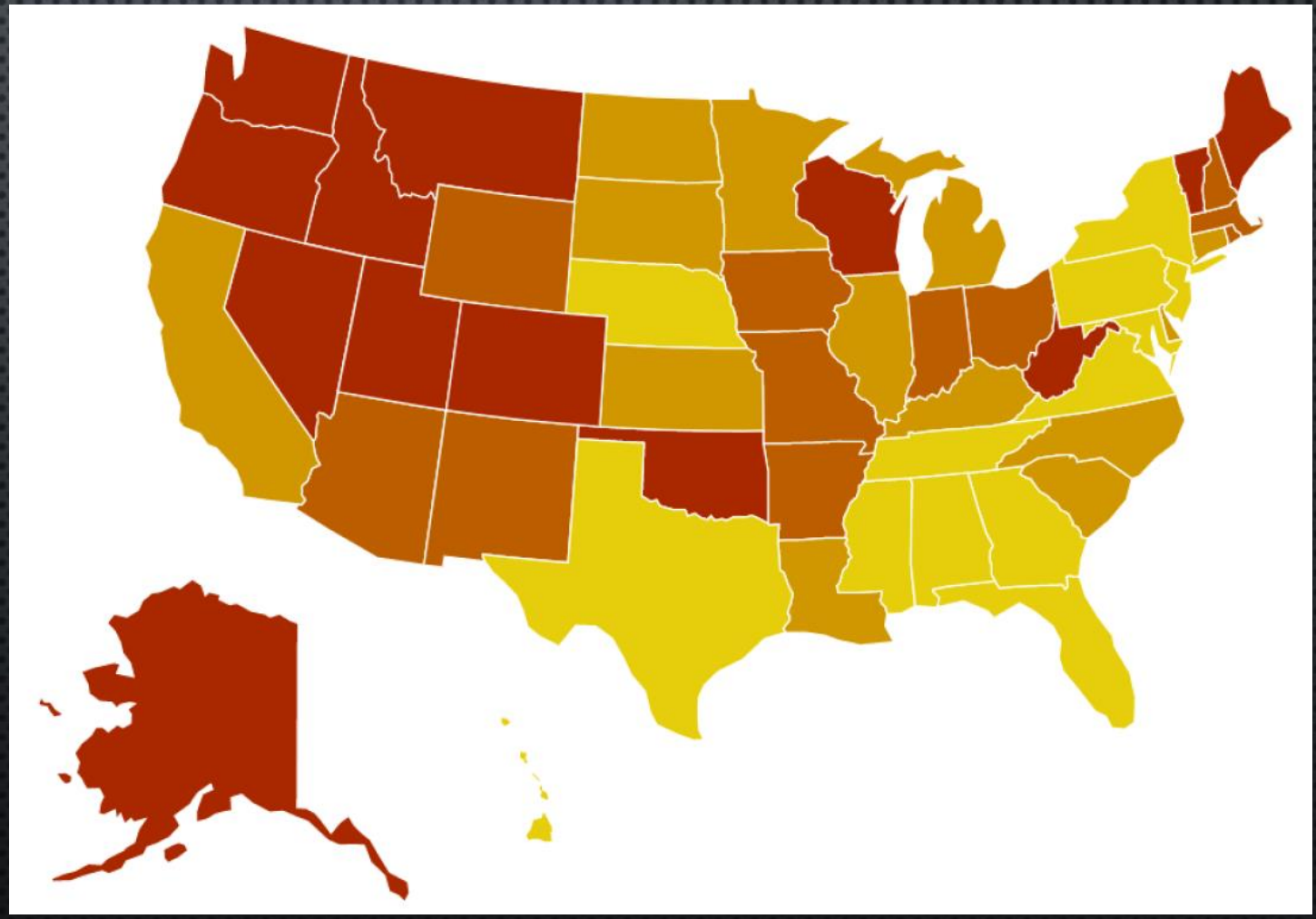
PREVALENCE

- MHA-2020 Ranks WA as 46th and OR as 51st in Prevalence of Mental Illness



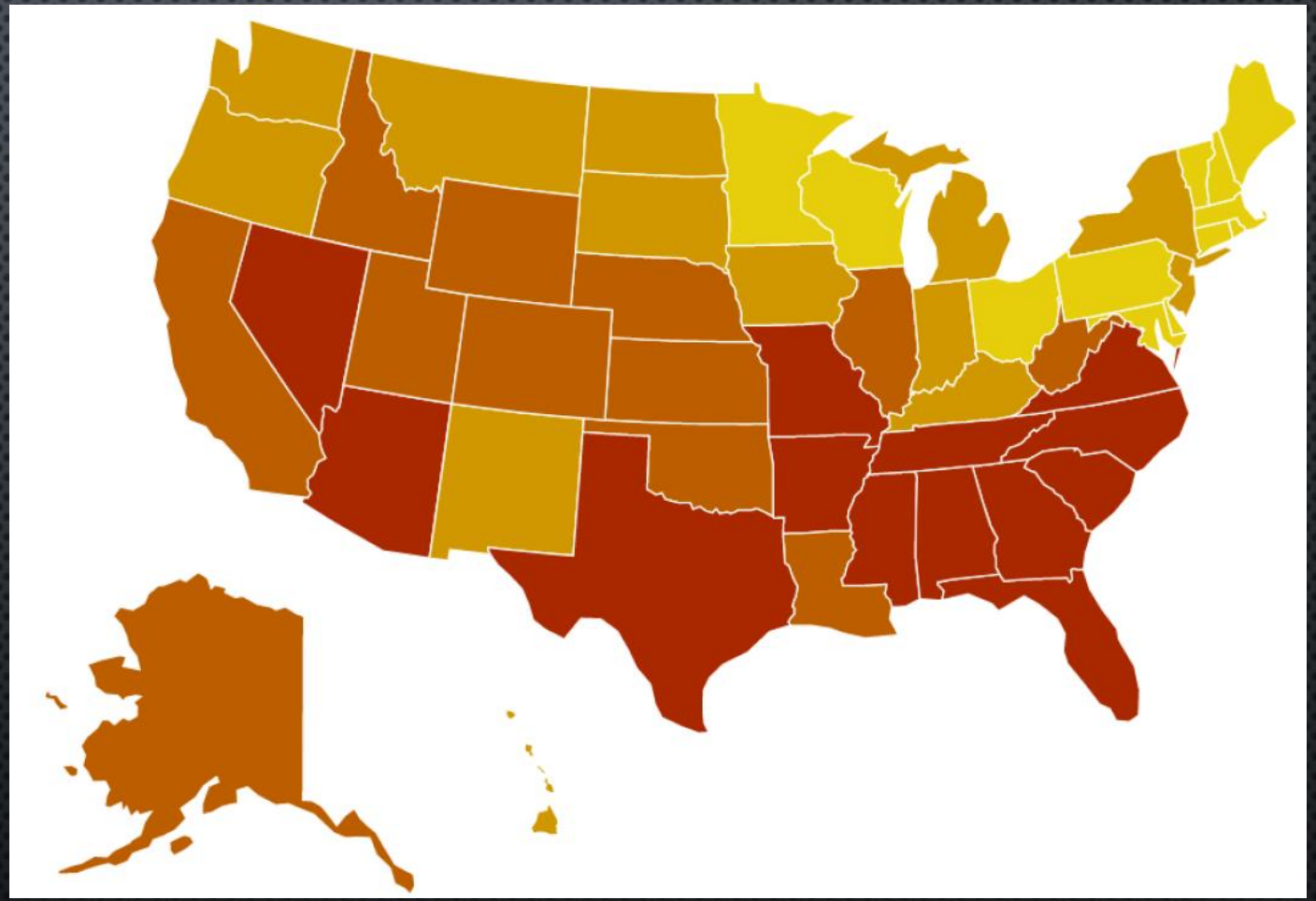
Reach

Year	BHC Visits	Unique Patients
2015	16,215	N/A
2016	19,675	13,176
2017	21,858	14,891
2018	19,439	15,637
2019	21,312	14,901
2020	17,867	14,687

Total of 116,366 BHC visits since 2015

ACCESS

- MHA-2020 Ranks WA as 16th and OR as 21st in Access of Mental Illness



Ways that a BHC can help in the PCBH model: The BHC menu

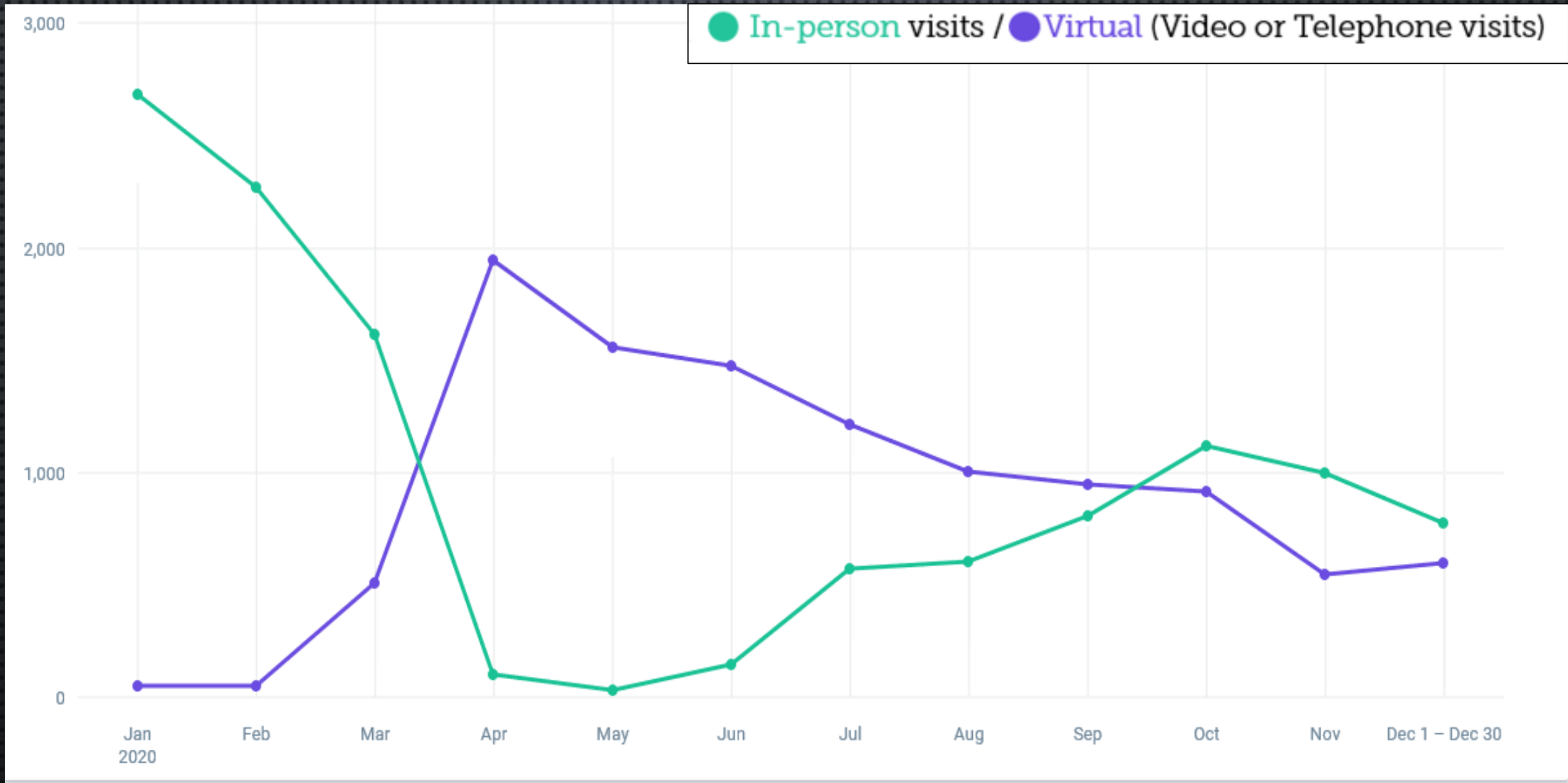
General Physical/Mental Health Problems

- ❑ Stress
- ❑ Anxiety/Fears
- ❑ Depression
- ❑ Anger
- ❑ Relationship Problems
- ❑ Grief or Bereavement
- ❑ Diet (weight loss)
- ❑ Exercise
- ❑ Chronic Illness Management:
- ❑ Sexual Dysfunction
- ❑ Parenting Skills/ Strategies for ADHD
- ❑ Diabetes, GI Problems, COPD, Medication Adherence
- ❑ End of Life Discussions
- ❑ Insomnia
- ❑ Chronic Pain
- ❑ Headache
- ❑ Fibromyalgia
- ❑ Temporomandibular Disorders
- ❑ Low Back Pain
- ❑ Tobacco Use
- ❑ ETOH Use
- ❑ Cognitive/ Dementia Screening
- ❑ Support during/after pregnancy
- ❑ Adjustment/ Transitions (moving, school, etc.)

2020 TOTAL NUMBERS

- BHCs saw a total of 14,687 unique patients in 2020
- Population reach average across clinics was 12.17%
  - Range: 7.00%- 21.92%
- 17,867 BHC encounters
- +7,407 additional patient touches
  - These include telephone calls, EPIC documentation notes, care coordination, and PCP consultation w/o patient present visits.
- =25,274 total BHC patient touches

SPECIAL FOCUS AREA- TELE-BHC



TELE-BHC CLINICAL OUTCOMES

TeleBHC vs Live Visits
(Pre/Post Measures)

PHQ-9	TeleBHC	Live
Significant Improvement	33.3%	30.8%
Significant Decline	13.6%	11.1%
No Change	53.0%	58.1%

GAD-7	TeleBHC	Live
Significant Improvement	24.2%	24.8%
Significant Decline	15.2%	13.7%
No Change	60.6%	61.5%

N = 183 Total Patients

TeleBHC = 66
Live = 117

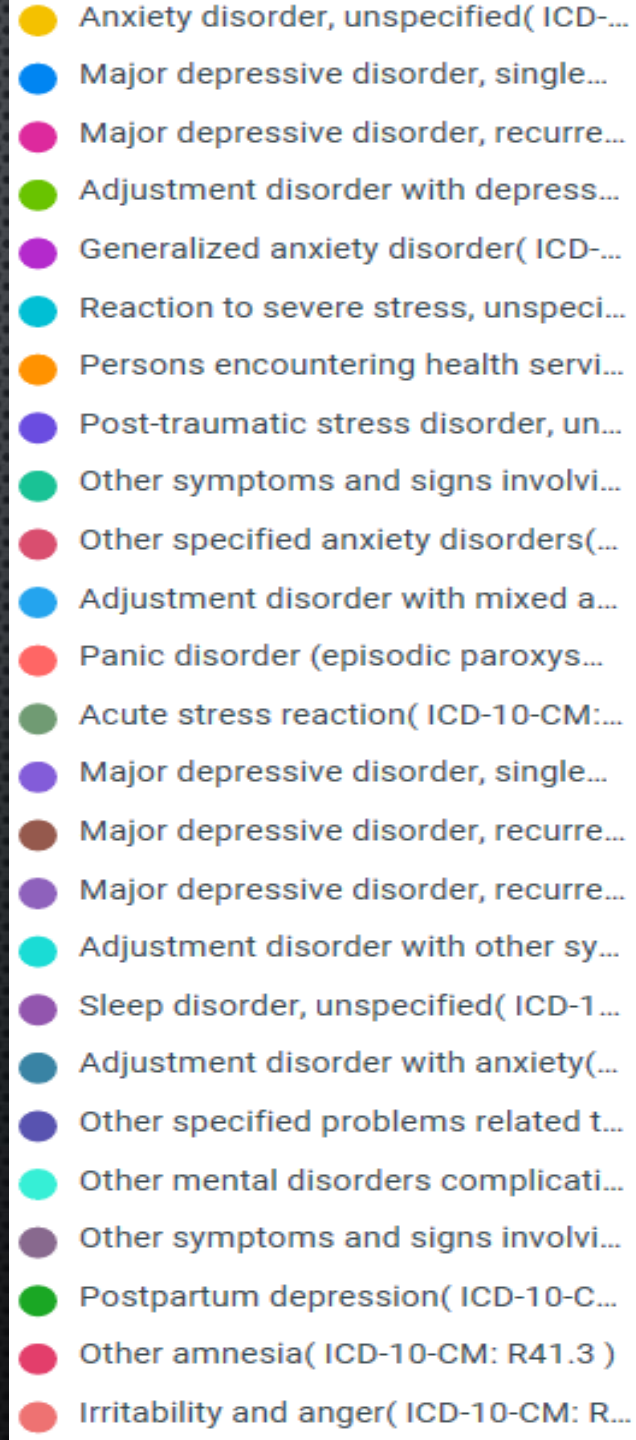
TMDC POPULATION DEMOGRAPHICS (PATIENTS RECOMMENDED FOR COGNITIVE SCREENING)

- Education
  - Average Grade level of patients seen for cognitive screening: 4 years of education
  - 20/110 or 18% had a High school education.
  - 18 of those 20 speak English (Average Grade Level for Spanish speaking patients in this group: 2.2 years)
  - The modal number with 26 patients was 0 years of education (no formal education for longer than 1 year)
  - Compared to Yakima County this population was 2.5 times more likely to not have graduated High School and almost 10 times more likely to not have completed High school when compared to the US population

SPECIAL FOCUS AREA- GENERALIST FOCUS

In 2020 PCBH Piloted a Diagnostic Variability Metric to demonstrate generalist focus. This table shows some of the most common diagnosis associated with patients seen by BHC

In 2020 BHC saw 4.9 different combinations of diagnosis each day



What does a BHC see in a month

- Anxiety- 521
- Depression – 511
- Stress – 339
- Grief – 80
- PTSD – 88
- Behavior – 38
- Sleep – 33
- Insomnia – 31
- Alcohol – 38
- Cognitive - 9
- Violence – 19
- Marijuana – 15
- ADHD - 25
- Methamphetamine – 11
- Pain – 18
- Autism Spectrum – 7
- Gender – 16
- Eating – 9
- Encopresis – 1
- Enuresis - 2

What does a BHC see in a month

- Hallucinations
- Speech Delay
- Sexual Abuse
- Anorexia
- Dizziness
- OCD
- Sibling Relationship
- Trichotillomania
- Foster Care Status
- Anger
- Avoidant Personality Disorder
- Bipolar Disorder
- BPD
- Social Anxiety
- Memory Disturbance
- Fibromyalgia
- Learning Disability
- Marital Conflict
- Nightmares
- and..... COVID-19

EVIDENCE BASED PRACTICE WITHIN PCBH

How is this different from mental health services?

A BHC visit is not like seeing a regular "therapist" or "counselor" because we tend to have shorter visits and meet with you less often. Sometimes an issue requires more support, and if that is the case we can help you find this kind of support. Your BHC is here to help you with everyday problems that we all encounter.

We work closely with your provider and share information. This information will be in your medical record, not a separate mental health record.

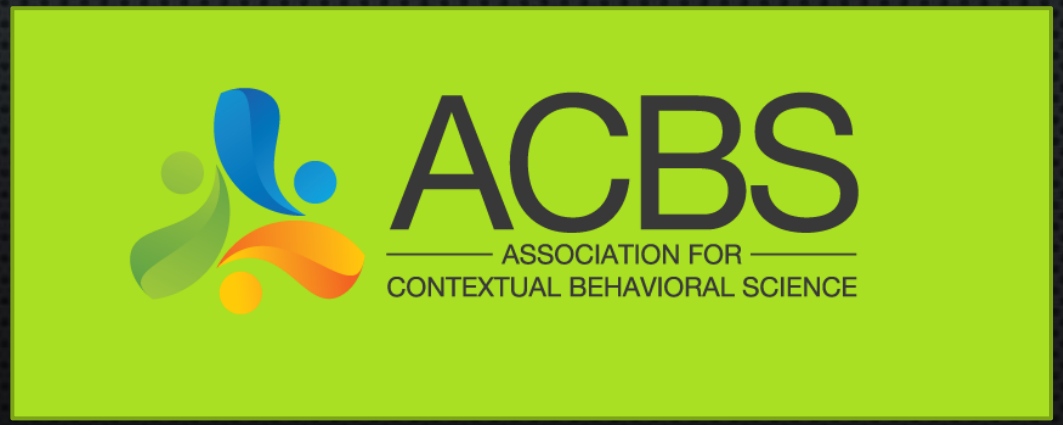
We make every effort to protect your privacy. Like all providers, however, we may have to report information regarding abuse or if we feel a person is at risk of harming themselves or others.

COMMON BHC INTERVENTIONS IN PRIMARY CARE

- BEHAVIORAL
- CBT
- ACT

ACCEPTANCE AND COMMITMENT THERAPY (ACT)

- Research shows ACT has been effective for:
  - Chronic pain
  - Depression
  - Anxiety disorders
  - Psychosis
  - Obsessive compulsive disorder

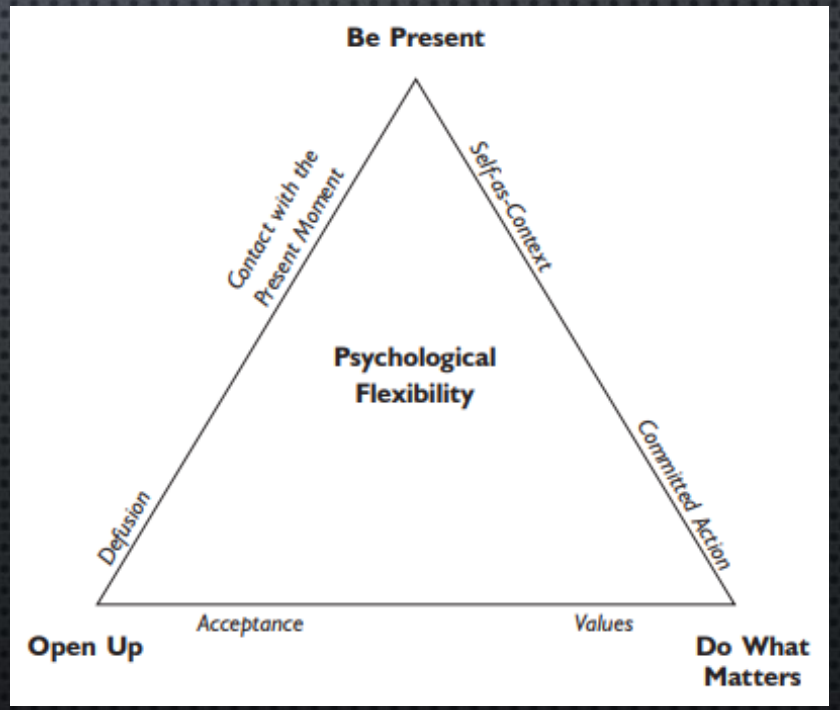


WHAT IS ACT?

- An orientation of therapy that assumes difficult thoughts and feelings cannot be changed.
- Not a set of techniques, but a theory that focuses on how language impacts emotional health and suffering.
- ACT takes an approach that focuses on helping you engage on what is important in your life, regardless of the feelings, emotions, and thoughts that show up each day.

A FEW MAIN PROCESSES

- Acceptance
- Cognitive defusion
- Being Present
- Committed Action
- Values
- Self as Context

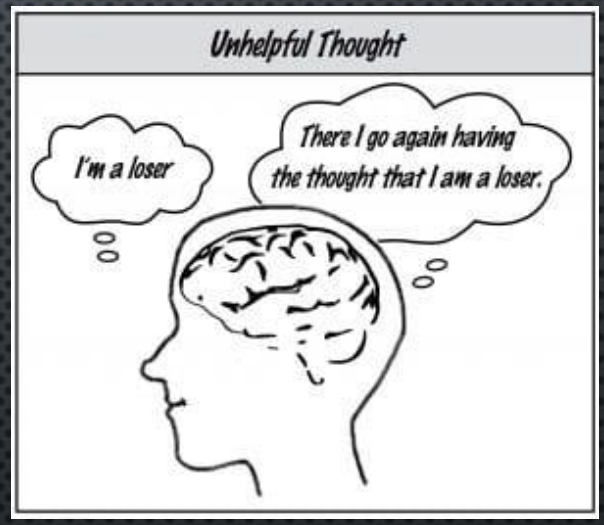


ACCEPTANCE

- Acceptance is not giving up, it is an embrace of experiences without trying to avoid feelings.
- Rather than struggling with uncomfortable feelings or experiences, one can use various strategies to better tolerate these experiences and live full lives.
- It's like being stuck in quicksand. The harder you fight, the deeper you sink.
- *When we accept that "life's challenges" are inevitable, we are more likely to manage them more effectively and live the type of life that we desire*

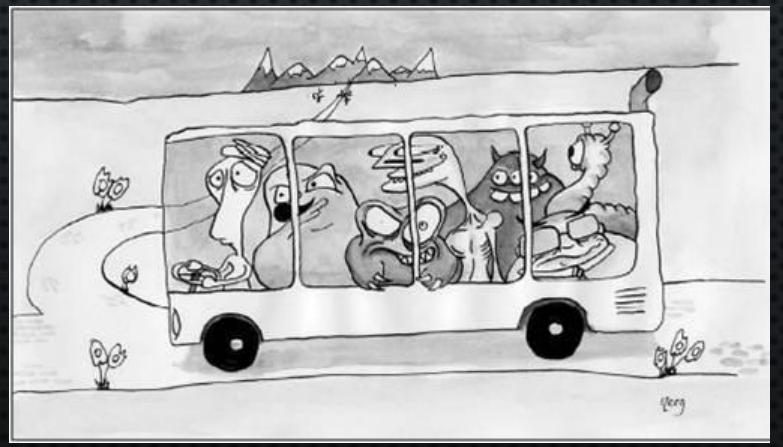
COGNITIVE DEFUSION

- STRATEGY THAT ATTEMPTS TO CHANGE ONE'S RELATIONSHIP WITH THOUGHTS RATHER THAN CHANGING THE THOUGHT ITSELF.
- CREATES DISTANCE FROM THOUGHTS AND ATTEMPTS TO REDUCE THE POWER OF UNCOMFORTABLE THOUGHTS.
- SOME THOUGHTS ARE HELPFUL, SOME ARE UNHELPFUL.



VALUES AND COMMITTED ACTION

- VALUES ARE QUALITIES OR WAYS OF LIVING THAT MOTIVATE AND DIRECT OUR LIVES.
- COMMITTED ACTION INVOLVES TAKING STEPS TOWARDS OUR VALUES.
- PASSENGERS ON A BUS.



BEING PRESENT

- ENCOURAGES BEING OPEN, NON-JUDGMENTAL, AND AWARE OF THOUGHTS, FEELINGS, AND MEMORIES.
- WE DON'T NEED TO CHANGE, CONTROL, OR MANIPULATE HOW WE FEEL OR THINK, AS THIS CAUSES MORE STRUGGLE.
- PROMOTES PSYCHOLOGICAL FLEXIBILITY, WHICH CAN HELP PEOPLE CONNECT MORE STRONGLY TO WHAT IS MOST IMPORTANT IN THEIR LIVES.

SCHEDULE/ CASE EXAMPLES

- Patient #1: Jeff: 1 year Well Child Check. Family reports patient is meeting developmental mile stones. Normal birth without complication. No present concerns
- Patient #2: Andy A. (56 y/o male). Pt here today to discuss his high blood pressure. Also has severe chronic back pain and the surgeon has suggested surgery. However, they will not complete surgery until pt quits smoking. Smokes 1 ppday.
- Patient #3: Barbara B. (43 y/o female). Pt here today for a DM check. Pt diagnosed with Type 2 Diabetes about 6 months ago with an A1C of 8.1 and started Metformin. In the last 6 months, her A1C levels have increased to 8.8.

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