An Integrated Approach to Primary Care Behavioral Health (PCBH) Part 1

Robin Landwehr, DBH, LPCC, NCC

January 8, 2024

SAMHSA
Substance Abuse and Mental Health Services Administration

Mountain Plains (HHS Region 8)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

Disclaimer and Funding Statement

This presentation was prepared for the Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) under a cooperative agreement from the Substance Abuse and Mental Health Services Administration (SAMHSA). All material appearing in this presentation, except that taken directly from copyrighted sources, is in the public domain and may be reproduced or copied without permission from SAMHSA or the authors. Citation of the source is appreciated. Do not reproduce or distribute this presentation for a fee without specific, written authorization from the Mountain Plains MHTTC. For more information on obtaining copies of this presentation please email casey.morton@und.edu.

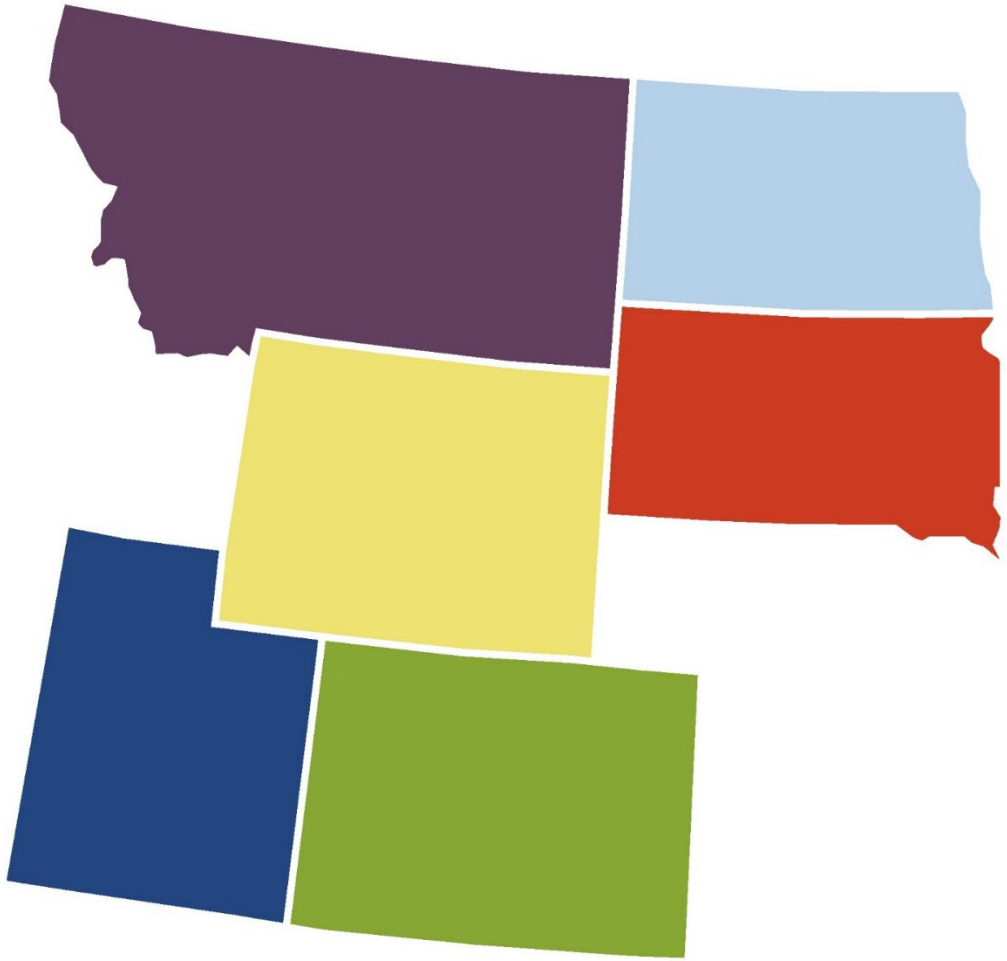
At the time of this presentation, Miriam E. Delphin-Rittmon, PhD served as Assistant Secretary for Mental Health and Substance Use in the U.S. Department of Health and Human Services and the Administration of the Substance Abuse and Mental Health Services Administration. The opinions expressed herein are the views of Robin Landwehr and do not reflect the official position of the Department of Health and Human Services (DHHS), or SAMHSA. No official support or endorsement of DHHS, SAMHSA, for the opinions described in this presentation is intended or should be inferred.

The work of the Mountain Plains MHTTC is supported by grant H79SM081792 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

The Mountain Plains Mental Health Technology Transfer Center

The Mountain Plains Mental Health Technology Transfer Center (Mountain Plains MHTTC) provides training and technical assistance to individuals who serve persons with mental health concerns throughout Region 8 (Colorado, Montana, North Dakota, South Dakota, Utah and Wyoming).

We belong to the Technology Transfer Center (TTC) Network, a national network of training and technical assistance centers serving the needs of mental health, substance use and prevention providers. The work of the TTC Network is under a cooperative agreement by the Substance Abuse and Mental Health Service Administration (SAMHSA).



Land Acknowledgement Statement

Today, the University of North Dakota rests on the ancestral lands of the Pembina and Red Lake Bands of Ojibwe and the Dakota Oyate - presently existing as composite parts of the Red Lake, Turtle Mountain, White Earth Bands, and the Dakota Tribes of Minnesota and North Dakota. We acknowledge the people who resided here for generations and recognize that the spirit of the Ojibwe and Oyate people permeates this land. As a university community, we will continue to build upon our relations with the First Nations of the State of North Dakota - the Mandan, Hidatsa, and Arikara Nation, Sisseton-Wahpeton Oyate Nation, Spirit Lake Nation, Standing Rock Sioux Tribe, and Turtle Mountain Band of Chippewa Indians.

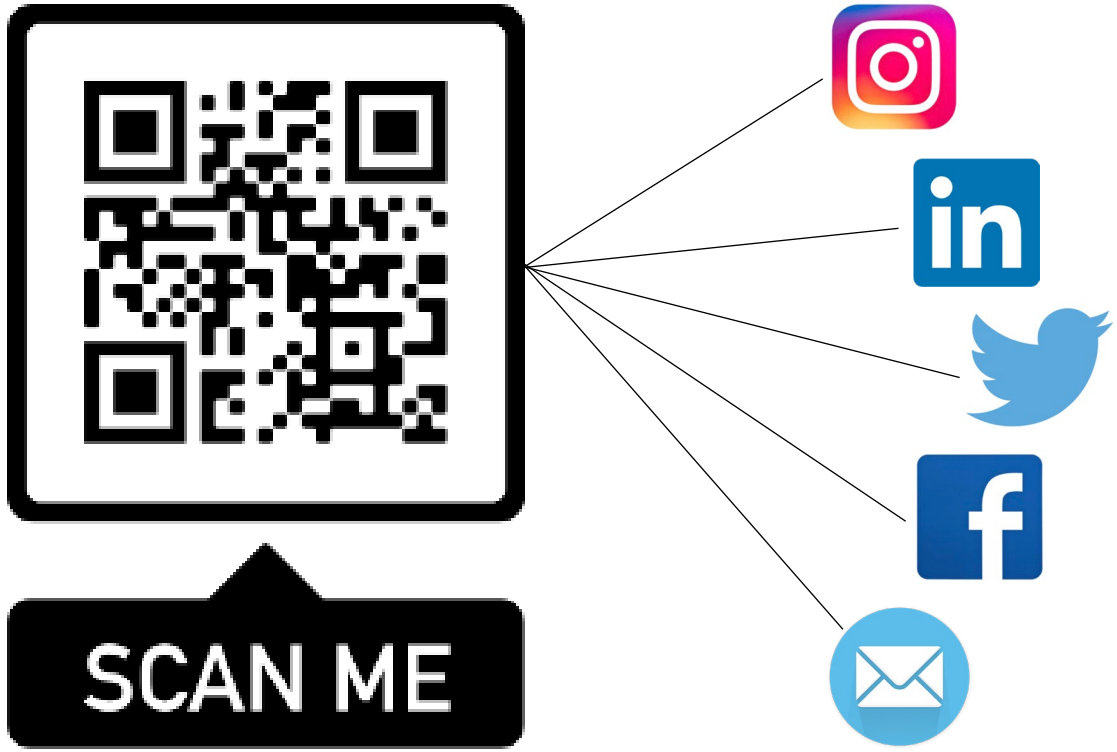
The MHTTC Network uses affirming, respectful and recovery-oriented language in all activities. That language is:

- Strengths-based and hopeful
- Inclusive and accepting of diverse cultures, genders, perspectives, and experiences
- Healing-centered and trauma-responsive
- Inviting to individuals participating in their own journeys
- Person-first and free of labels
- Non-judgmental and avoiding assumptions
- Respectful, clear and understandable
- Consistent with our actions, policies, and products

Adapted from: https://mhcc.org.au/wp-content/uploads/2019/08/Recovery-Oriented-Language-Guide_2019ed_v1_20190809-Web.pdf

Stay Connected

Scan this QR code to follow us on Instagram, LinkedIn, Twitter, and Facebook. You can also join our e-mail newsletter!



An Integrated Approach to Primary Care Behavioral Health (PCBH)

Presenter

Robin Landwehr, DBH, LPCC, NCC

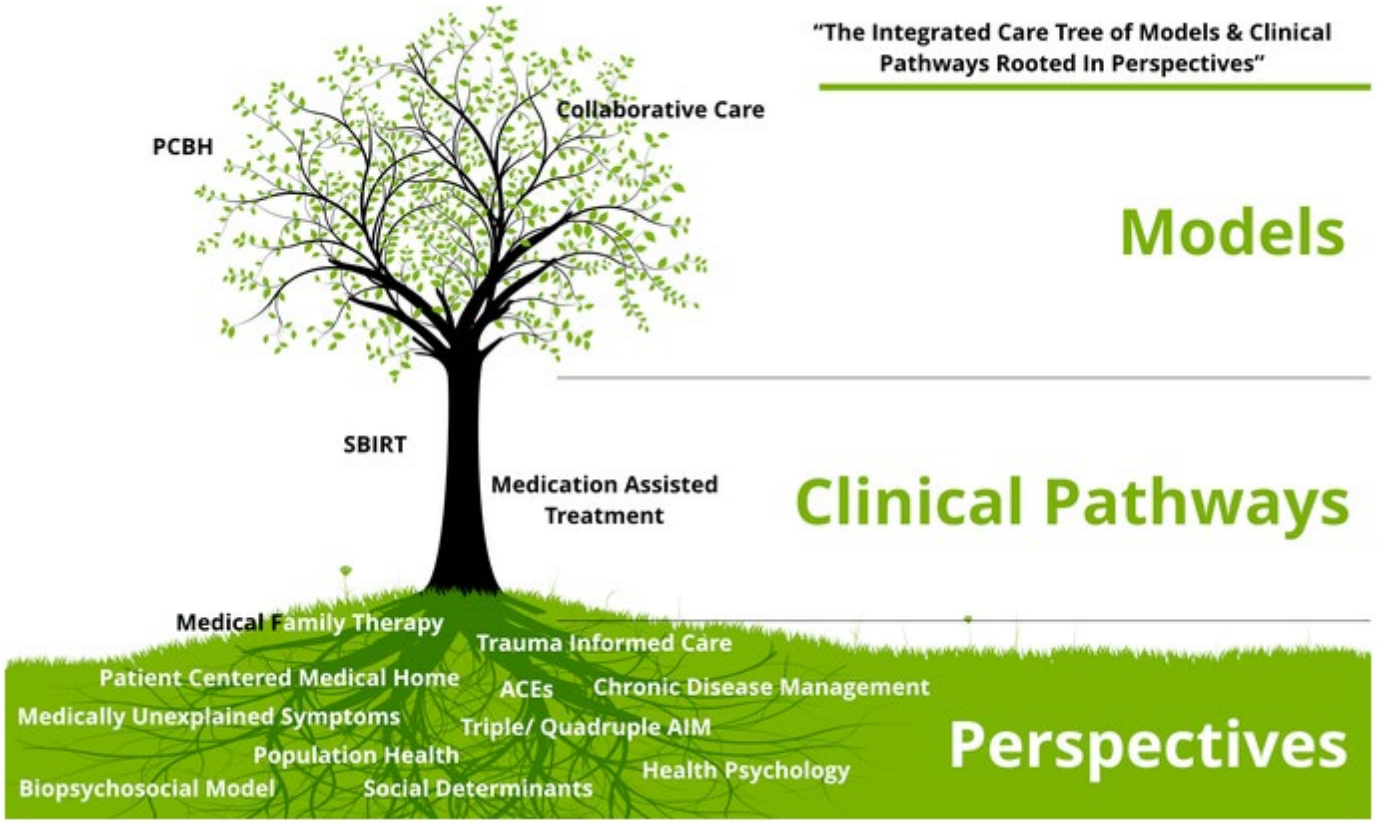
Mountain Plains (HHS Region 8)
MHTTC Mental Health Technology Transfer Center Network
Funded by Substance Abuse and Mental Health Services Administration

SAMHSA
Substance Abuse and Mental Health Services Administration

Objectives

- What is Integrated Care and why should we do it?
- What is the Primary Care Behavioral Health (PCBH) Model
- Organizational Readiness
- Considerations for implementation
- Mix and Match

Integrated Care



https://www.cfha.net/learn-network/what-is-integrated-care/
Collaborative Family Healthcare Association

Integrated Healthcare: A longer history than you think..

1960's Kaiser Permanente discovery of medical cost off-set through brief, targeted interventions

60% of visits were somatization or exacerbation. Brief therapy reduced medical utilization by 60%

1981 Hawaii Medicaid Project Study sponsored by the Health Care Financing Administration. 7-year study looking at the impact of a new, collaborative behavioral health system among thousands of Medicaid beneficiaries and federal employees. Compared the medical cost-offset among patients who received brief and targeted interventions, a 52-session annual psychotherapy benefit, and those who received no treatment. Results showed brief, targeted interventions saved $350 per patient per year while psychotherapy increased costs by $750 per year.

1987 Humana in Florida

Brief behavioral intervention among Medicare recipients in Florida, with the intention of reducing medical utilization among recent widows and widowers. Humana learned after 2 years $1400 could be saved per patient via brief group intervention for bereavement.

U.S Department of Veteran Affairs

Federally Qualified Health Centers

Why do Integrated Care?

Reason # 1: Medical-Cost Offset

- When full integration is implemented into a primary care setting, there is a 20-30% reduction in medical and surgical costs (Cummings and O'Donohue, 2011).

Reason # 2. Patient Care Improvement/Satisfaction

- Patients like to receive all their care, medical or otherwise, from their primary care facility. 85% of psychotropic medications are prescribed by a PCP supports this assertion. Other reasons patients choose this route:
  - Less stigma in primary than a "mental health facility"
  - Patients have an already established, trusted relationship with their PCP. Helps with "warm handoffs"
  - Increases the amount of treatment options available in one place

Reason # 3. Better Disease Management (cont.)

- Physical Disease and Behavioral Intervention Example:
  - BCP can help design weight-loss interventions for patients with cardiovascular disease, diabetes, obesity, etc. (Working with PCP)

What is the Primary Care Behavioral Health Model?

- “The Primary Care Behavioral Health Consultation model (PCBH) is a psychological approach to population-based clinical health care that is simultaneously co-located, collaborative, and integrated within the primary care clinic. The goal of PCBH is to improve and promote overall health within the general population.”

~Neftali Serrano and JB Robinson

- Use of a Behavioral Health Consultant (BHC) integrated into primary care

- If not this model, choose some framework or model

Primary Care Behavioral Health Model

Dimension	PCBH	Specialty Behavioral Health (BH)
Model of Care	Population-based	Client-based
Primary Care Receivers	PCC, then patient	Client, then others
Key goals	1. Promotes PCC efficiency and increases impact on many patients. 2. Supports small change efforts in many patients. 3. Prevents morbidity in high risk patients. 4. Achieves medical cost savings.	1. Provides intensive services to fewer clients with high acuity in order to resolve MH and SA issues. 2. Less capacity to delegate resources to prevention in less acute clients.
Therapist model	Part of an array of primary care services to many clients.	A specialized and separate referral service available to few clients.
Care Manager	PCC	Specialty behavioral health provider
Dominant modality	Consultation	Specialty behavioral health treatment
Access to care	Same day, every day	Determined by resources, usually with some waiting periods.
Cost per episode of care	Potentially decreased	Highly variable, related to client condition.

Primary Care Behavioral Health (PCBH)

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

How is PCBH Funded?

- Can vary widely state-to-state
  - North Dakota
- Options
  - Fee for service under existing psychotherapy or health and behavior codes. Can vary from insurance to insurance, state laws, licensure requirements, etc.
  - A service that is allocated in the budget with no fee attached (VA)
  - Grant funding

- Challenges:
  - Same-day service restrictions with MH and PC.
  - Prior authorization requirements before seeing a MH specialist.
  - Co-payments or deductibles

  ***This is a challenge that unfortunately does prevent some orgs from attempting PCBH.

https://members.cfha.net/page/PCBHFAQFunding
Collaborative Family Healthcare Association

Organizational Readiness

- PCBH as a core philosophy of the organization
  - Obtain leadership training
  - Determine what services you may want to offer. How much integration??
  - Standards/Scope of practice
  - Work with program leadership to create job descriptions/Hiring the right person
  - Appropriate training for providers and support staff/address concerns/Buy-in
  - Development of policies and procedures
  - Keeping the model sustainable

Other Readiness Considerations

- Sharing EMR/Documentation standards
- Workflow and BHC station
- Patient messaging (Informed consent, normalizing service)
- Department leadership integration efforts
- Warm handoff procedures/Internal referrals
- Peer review or QA/QI
- Emergency mental health procedures
- Ethics

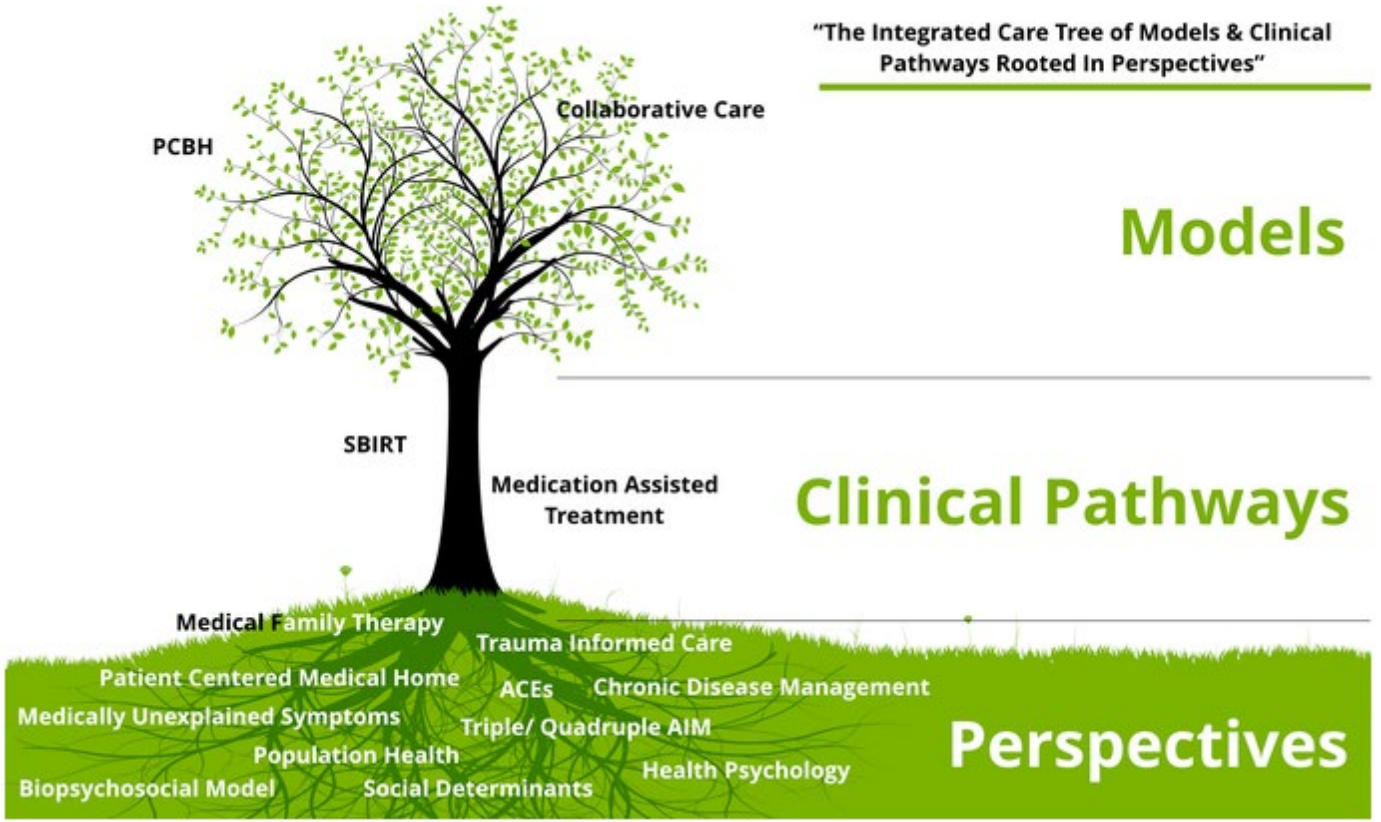
Creating Workflows

- Where will the BHC primarily work?
- What is your workspace like? (Circle, wings, different floors)
- How are appointments scheduled? And for how long?
- Do you want standing orders for certain BH matters?
- BHC visits are generally 15-20 minutes tacked on to a medical visit.
  - How many exam rooms do you have?
  - Is there space for BHC to take the patient elsewhere if needed?
  - Visits can be before or after PCPs visit, depending on time
  - Assessments can be give before the visit and placed in chart prep to save time
  - Work with nursing on clearing room for next visit

Integration Between Departments

- What does a BHC offer and where?
- Medical
- Dental
- Specialty mental health
- Addiction treatment services
- Optometry
- Chiropractic Services
- Peer support
- Everywhere support (crisis management, 6911 phone)

Integrated Care



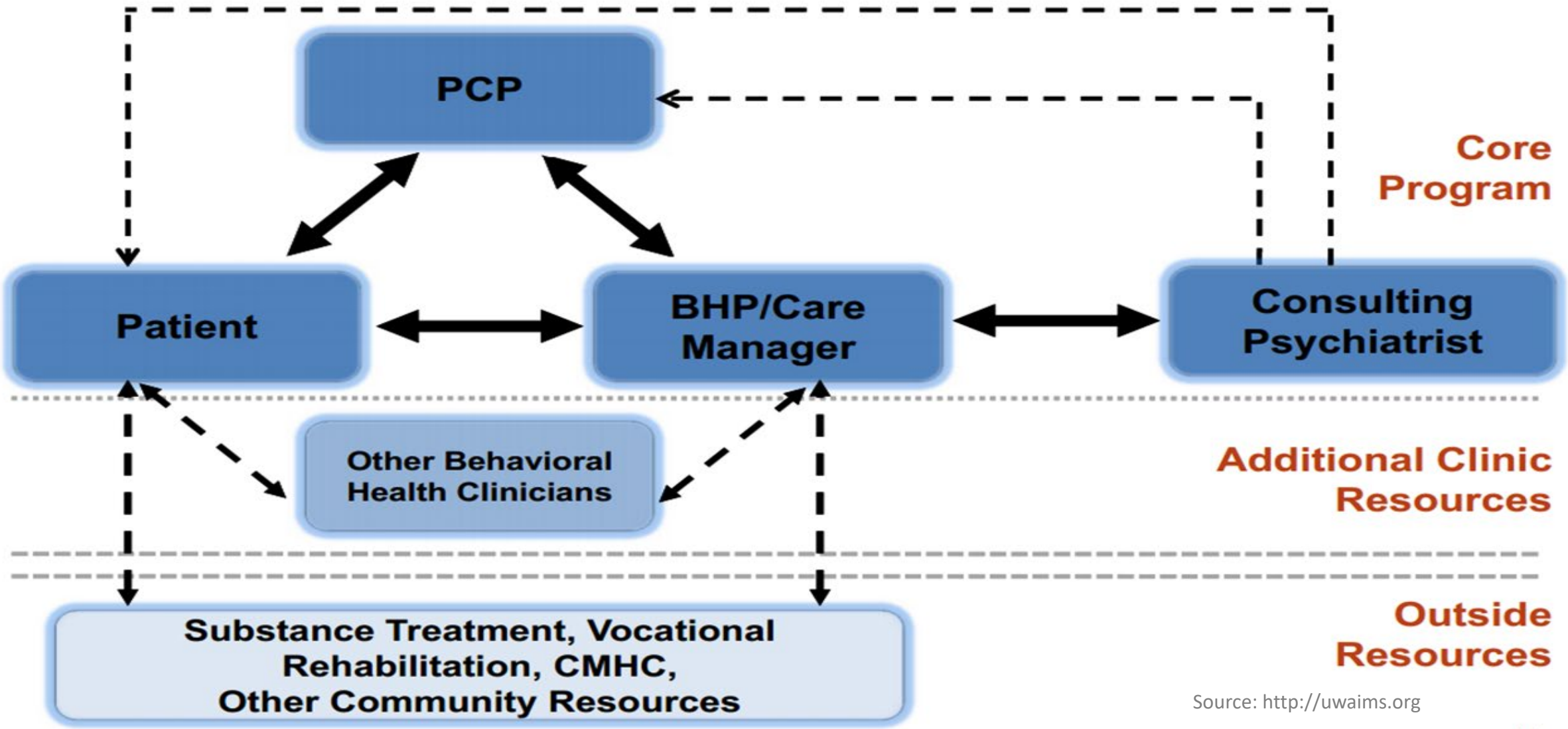
https://www.cfha.net/learn-network/what-is-integrated-care/
Collaborative Family Healthcare Association

Psychiatry Consultation Model

- University of Washington AIMS Center Collaborative Care Model

- Access Community Health Centers and the UW Health Innovation Program Access Community Health Center Integrated Primary Care Consulting Psychiatry Toolkit

Collaborative Team Approach



Source: http://uwaims.org

Caseload Review

MRN	Name	Status	Date follow up due	Actual contact	PHQ-9	% change	GAD-7	% change
1236	Robert Sled	Active	2/1/17	2/4/17	15	0%	11	0%
			2/15/17	2/15/17	13	-13%	11	0%
			3/9/17	3/10/17	15	0	9	-18%
			3/23/17	3/23/17	13	-13%	6	-45%
			4/6/17	4/7/17	12	-20%	7	-36%
			4/20/17	4/20/17	11	-27%	7	-36%
			5/04/17	5/04/17	9	-40%	6	-45%

https://aims.uw.edu/resource-library/patient-tracking-spreadsheet-example-data

State Examples

- California: The Integrated Behavioral Health Project (IBHP)
- The Massachusetts Child Psychiatry Access Project (MCPAP)
- DIAMOND (Depression Improvement Across Minnesota Offering a New Direction)
- Missouri: Community Mental Health Case Management (CMHChttps://catalog.pesi.com/showtime/27527931?ClassroomTab=custom32375_27527923_12_0M)
- ICARE Partnership North Carolina Project
- Tennessee: Cherokee Health Systems Model
- Vermont Blueprint for Health
- Washington IMPACT program

Resources

- Bass C, Benjamin S. The management of chronic somatization. *Br J psychiatry.* 1993;162:472-80.
- Regler D, Goldberg I, Taube C. The de facto mental health services system. *Arch Gen Psychiatry.* 1978;35:685-93.
- Bass, CM. Assessment and management of patients with functional somatic symptoms.(pp. 40-72). In Bass CM (Ed.) *Somatization: physical symptoms and psychological illness.* Oxford, UK: Blackwell; 1990.
- Fries J, Koop C, Beadle C. Reducing health care costs by reducing the need and demand for medical services. *New England J of Medicine*. 1993;329:321-25.
- Katon W, Sullivan M, Walker E. Medical symptoms without identified pathology: relationship to psychiatric disorders, childhood and adult trauma, and personality traits. *Ann Intern Med.* 2001;134:917-25.
- Gavard JA, Lustman PJ, Clouse RE. Prevalence of depression in adults with diabetes: an epidemiological evaluaito. *Diabetes Care*. 1993;16:1167-78.
- O'Donohue, W.T., Cummings, N.A, Cucciare, M.A., Runyan, C.N., & Cummings, J.L. (2006). *Integrated behavoral health care: A guide to effective Intervention.* Humanity Books: Amherst, NY.
- Strosahl, K., Robinson, P., & Gustavsson, T. (2012). *Brief intervevntions for radical change.* Oakland, CA: New Harbinger
- Cherokee Health Systems Integrated Care Training Academy : http://www.cherokeetraining.com/pdf/Registration.pdf
- Collaborative Family Healthcare Association https://www.cfha.net/
- Beachy Bauman Consulting: https://www.beachybauman.com/

Questions?