PRIMARY CARE PROVIDER ENGAGEMENT IN INTEGRATED SETTINGS

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PRESENTER: LORI RANEY MD

Dr. Raney is a board-certified staff psychiatrist at Mountain Area Health Center (MAHEC) and the owner of Collaborative Care Consulting. She works with health centers integrating primary care and behavioral health services. She worked for 15 years as the medical director of a rural community mental health center, where she helped start integrated care programs. She also works as a consulting psychiatrist for several primary care practices in western NC.

LEARNING OBJECTIVES FOR SERIES

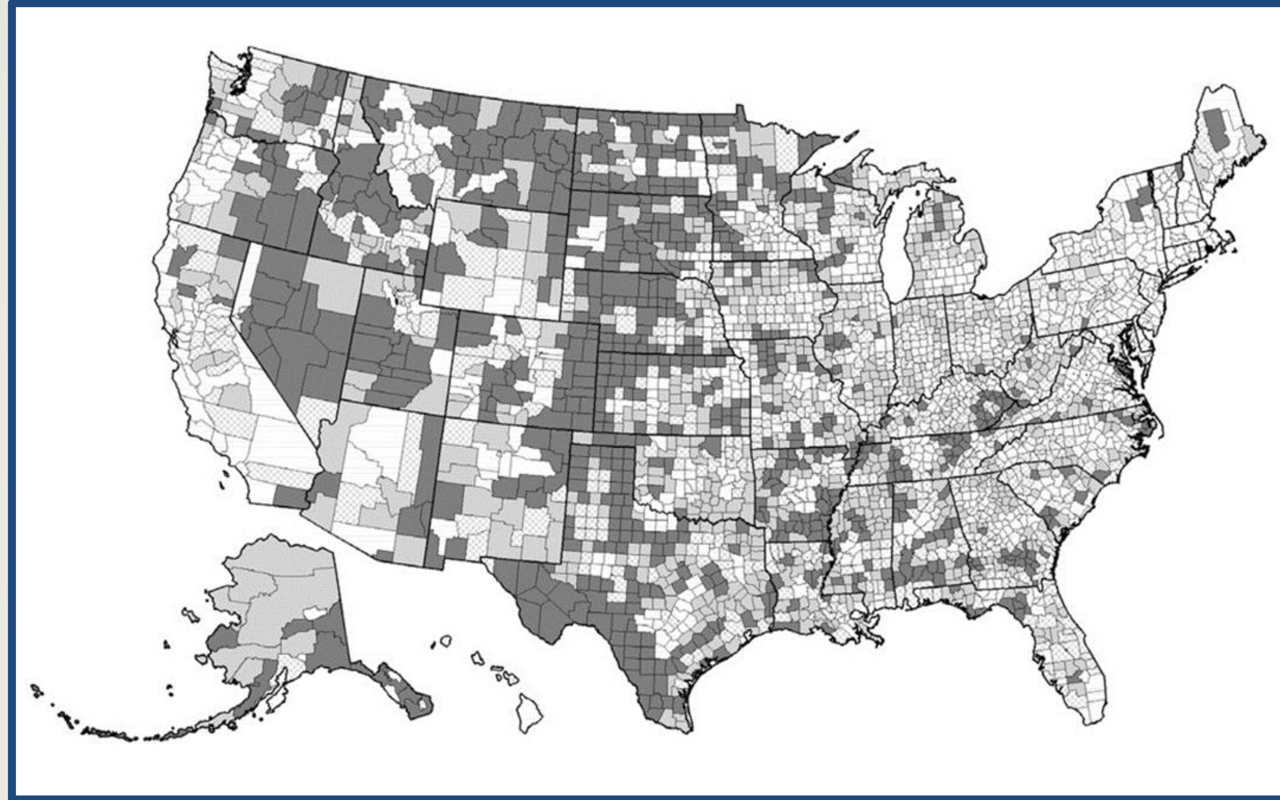
- **Session 1: Describe one approach for engaging primary PCPs in behavioral health in referring to the integrated behavioral health team**
- Session 2: Apply an evidence based brief intervention in your treatment approach
- Session 3: Understand at least one approach to treating behavioral health conditions in geriatric, pediatric or perinatal patients
- Session 4: List at least two validated tools to measure effectiveness of treatment and decision on adjustment to care
- Session 5. Name at least one strategy to increase access to psychiatric expertise in your center

NC RANKED 38TH IN ACCESS TO BEHAVIORAL HEALTH SERVICES

Highest Ranked Lowest Ranked

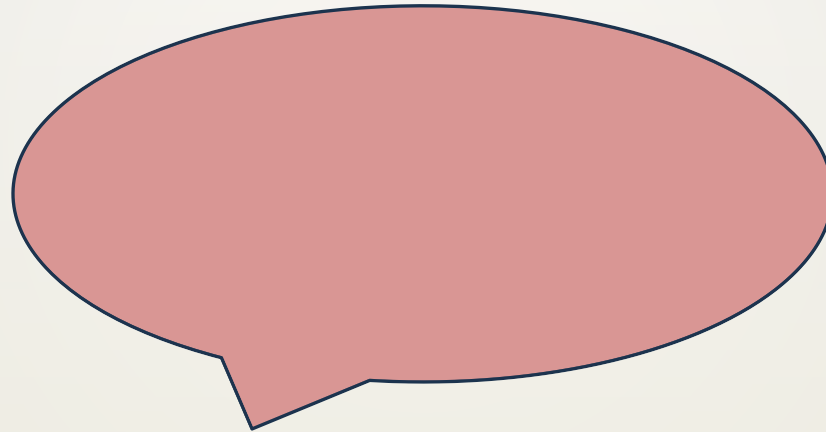
[Access to Care Data 2022 | Mental Health America (mhanational.org)](https://mhanational.org)

COUNTY LEVEL ESTIMATES OF UNMET NEED

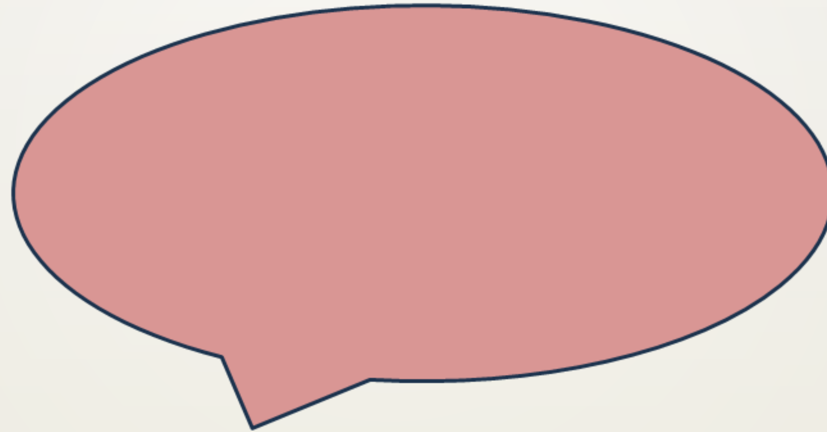


Thomas KC et al., 2009

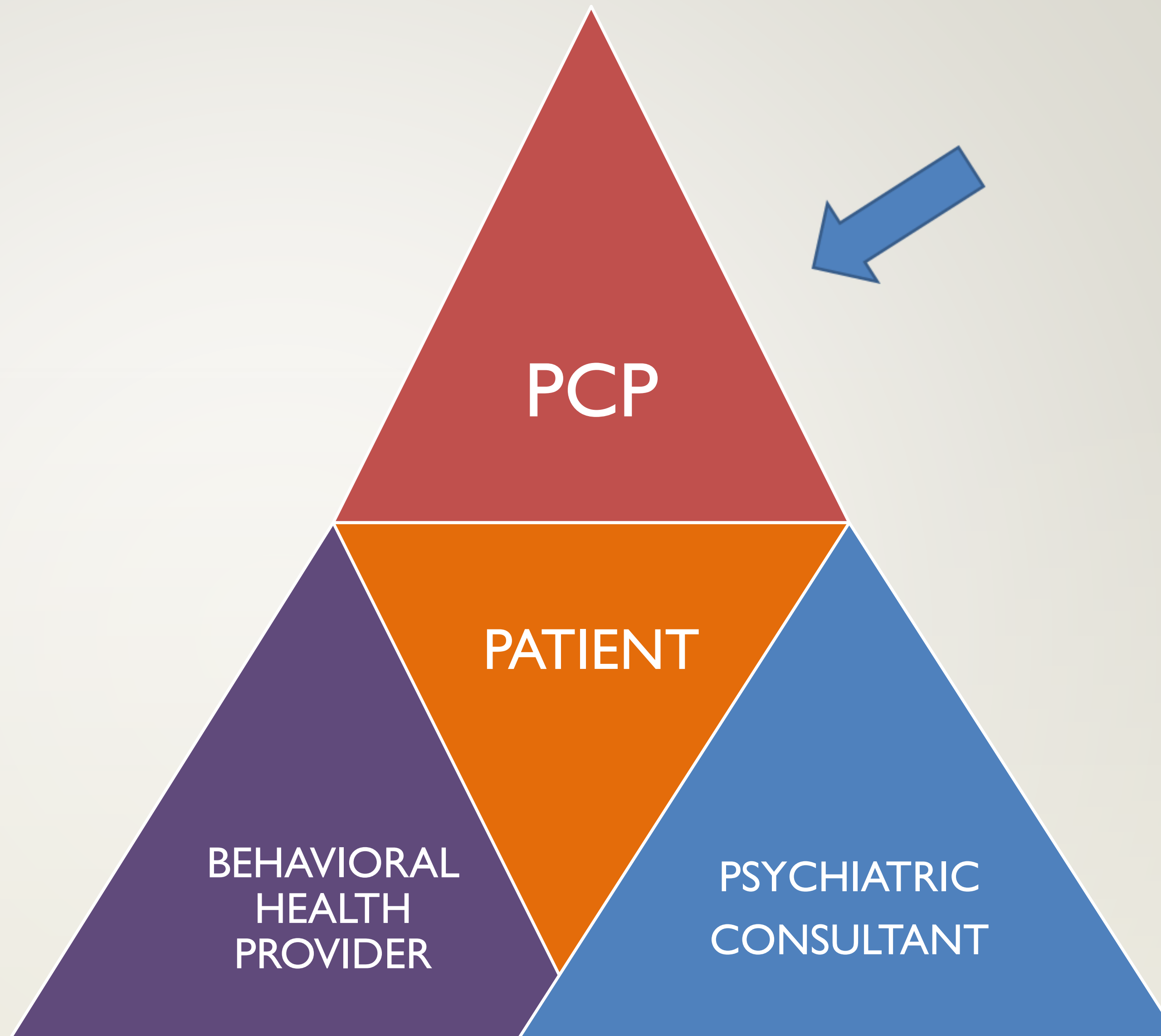
IN THE CHAT BOX DESCRIBE YOUR INTEGRATED CARE TEAM (IF YOU HAVE ONE)



NAME ANY CONCERNS YOU HAVE HAD WITH ENGAGING PCPS IN INTEGRATED CARE



INTEGRATED CARE:
PCP ESSENTIAL MEMBER OF THE TEAM TO ADDRESS BH SHORTAGE



PCP "BUY-IN" – ENGAGEMENT BETTER TERM!

Landscape

- Are overextended and can be difficult to engage
- Have to learn to use behavioral health providers effectively
- Patients with behavioral health concerns are already their patients and are not going away

Selling integrated care

- Expect questions and possible skepticism/resistance
- Promote yourself as a resource; be engaging
- Resist "regression to co-location"
- Look at patient outcomes together

WHAT ARE PCPS CONCERNED ABOUT WITH INTEGRATED CARE?

BEFORE IMPLEMENTATION

- **This is going to slow me down**
- **I don't have time to address one more problem**
- **I already do a good job of treating mental illness**

AFTER IMPLEMENTATION

- **This takes a load off my plate**
- **This speeds me up**
- **I always want to practice like this**
- **I am giving better care to my patients**

"If you aren't uncomfortable with your practice, you aren't practicing integrated care."

— PCP, Colorado

TEAM-BASED INTEGRATED CARE: PCP ROLE

- ***IDENTIFY*** individuals who need BH support
- ***ENGAGE*** patients in the treatment model – "pitch"
- ***GET CONSENT*** to participate – broad consent and cost-sharing
- Remains involved through ongoing oversight, management, collaboration, and reassessment
- Utilize measurement tools to track progress (e.g., PHQ-9)
- Sufficient knowledge of psychopharmacology with feedback from psychiatric consultant

PCP PITCHING INTEGRATED CARE

- We have ***a new way we are providing mental health care at the clinic*** for patients like you**.**
- In this program, ***you will still have appointments with me to continue working with your medications***, <u>and</u>
  - ***You will be working with a care manager***, whose job it is ***to help you improve your day-to-day function***, while we work on your medications, if you choose to take them.
  - **They *will be in communication with me about your care* and function. *They will really be my "eyes and ears" between our appointments*** to let me know how you're doing and if what we are doing is working to improve your function; so, ***it is really important that you work closely with them* so** they can give me the clearest picture of what's going on with you. They can also provide therapy.
- ***I want to set up an appointment for you to meet them***, so that they can meet you and assess your situation.

STRATEGIES TO GAIN PCP BUY-IN

- Leadership level
- Presentation at medical staff meetings
- Role of a PCP champion
- Building trust
- Providing education
- Introducing the BHP to the clinic/PCPs/staff
- Using performance and efficiency metrics to demonstrate your value

MEDICAL LEADERSHIP BUY-IN

- Include the medical staff leadership in the early stages of planning for integrated care

- Have the CEO, CMO, and Behavioral Health Director (preferably with their psychiatrist) meet and discuss the vision and expectations around integrated care

INITIAL CONVERSATIONS WITH THE MEDICAL STAFF

- Improved workflow and efficiency
- Shared care for difficult, time-consuming patients
- Improved clinical skills through care-based learning opportunities for PCPs and BHPs
- Improved provider satisfaction → decreased provider burnout
- Cost effective
- Improves overall wellness – chronic diseases, compliance/adherence to care, high utilizers
- Reduces stigma
- Patients trust PCP – many do not accept referral (60%) or only keep an average of 2 visits (with many no-shows, so behavioral access is still limited)
- Doc to Doc discussions – use the PCP leadership or psychiatrist (even better together) to present the concepts during a medical staff monthly meeting (example of using PCP peer)

BUILDING THE RELATIONSHIP WITH PCPS

- Plan at least one meet and greet before the start of program – find out what their pain points are
- Attend med staff meetings – get to know the team
- Have lunch with PCPs, or at least the PCP champion
- Provide written materials – brief education, articles, algorithms, etc.
- Respond to curbside requests in 2 hours or less, or at least by the end of the day
- Behavioral health staff present to the medical staff
  - Keep it short – 15 minutes on their standing agenda
  - Add psychiatric team if you have one

PCP "CHAMPION"

- Committed to the goal of transforming the practice to integrated care
- Demonstrates natural leadership, has respect of peer clinicians and all team members
- Understands behavioral health integration and team-based care approach in primary care
- Respects and demonstrates that all team members are vitally important
- Fosters trust among team members as they collaborate through sharing of work
- Is given time to truly lead – meetings as needed, aid in implementation, educating other providers and team members (implementation coaching calls, etc.)

How to start:

- Find a PCP "champion" in the crowd (someone who is interested in integration, excited, natural leader, preferably an M.D.) and work directly with them to get to the other PCPs on board
- Start with a pod or specific clinic to "pilot" integration – with a PCP champion, make it successful then spread to other pods/clinics/individual PCPs – watch for FOMO (Fear of Missing Out) as the word spreads.

Raney, Lasky, Scott: Integrated Care: A Guide for Effective Implementation APPI, 2017

PCP INTRODUCING THE BEHAVIORAL CARE MANAGER (BHCM) TO PATIENTS TO ENGAGE

- LOCATION is KEY! BHCM is visible/close or readily accessible by telehealth when possible
- Make existing BHCM "indispensable" in the clinic – show their worth through improved patient outcomes.
- Provide brief description of the integrated care team and who is on the team (including the consulting psychiatrist)
- Spend one day working with one PCP all day as an observer only – jot down what you might be able to do with each patient and present this to the PCP at the end of the day – they are typically quite surprised with what you have to offer

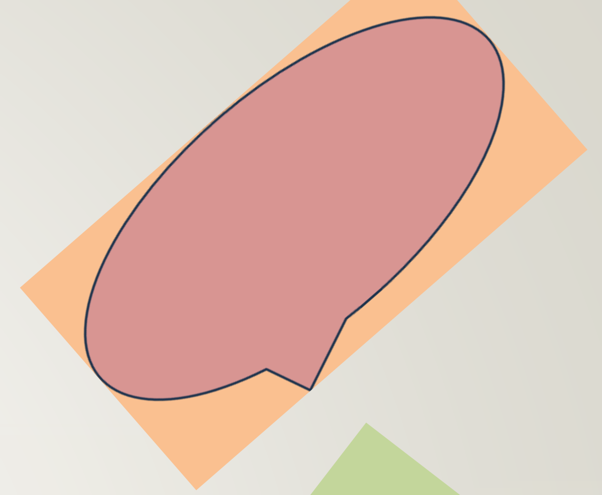
OTHER STRATEGIES

- Start with a pod or specific clinic to “pilot” integration, make it successful then move on to additional pods/clinics/individual PCPs – watch FOMO (Fear of Missing Out) in action as the word spreads
- Compare PHQ scores across providers that refer to integrated care and those that don’t and look at the differences. Also compare health metrics like A1c, blood pressure, etc. Docs don’t like to be outliers. Develop a “dashboard”
- Use PDSAs and quality measures for sustaining motivation. Post results in non-competitive but transparent manner with focus on improved care and teamwork.
- Have sites review team-based care best practices
- Do a time cycle study to see baseline clinic flow times with integrated care

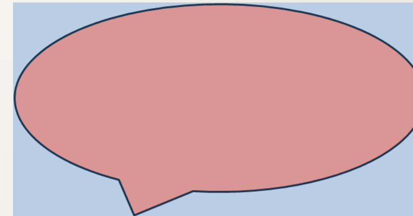
NC MEDICAID IS REIMBURSING COCM AT 120% OF MEDICARE 2022 RATES OR PPS RATE

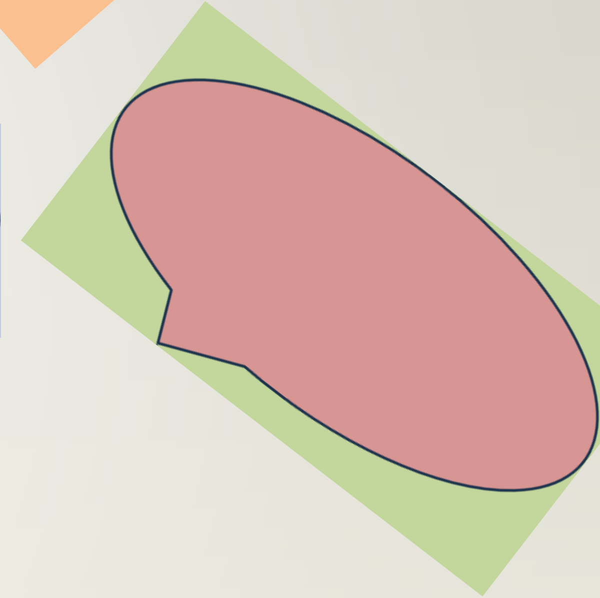
CPT CODE	DESCRIPTION	PAYMENT PRIMARY CARE	PAYMENT FACILITIES
99492	FIRST MONTH 70 MINUTES	$176.23	$109.94
99493	SUBSEQUENT MONTHS 60 MINUTES	$171.30	$120.82
99494	ADD ON 30 MINUTES TO 99492 OR 99493	$73.14	$49.24
G2214	30 MINUTES OF COCM (NOT IN COMBINATION WITH ABOVE	$50.93	$32.70
G0512	FQHC/RHC	$124.53	NA

DISCUSSION TIME



- What is one thing you can do this week to promote Primary Care engagement?





- Who is a "natural" PCP champion at your site, and why do you think this role fits for them?

END

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