

# Mapping the Territory: Using a Practical Tool to Assess Provider Perceptions of Presenting Problems Across System and Time

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# Faculty Disclosure

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The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

# Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at [https://www.cfha.net/page/Resources\\_2019](https://www.cfha.net/page/Resources_2019) and on the conference mobile app.



# Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

# Bibliography / Reference

1. Fisher, L., Dickinson, W., & Anderson, Norman B. (2014). Psychology and Primary Care. *American Psychologist*, 69(4), 355-363.
2. Miller, B., Brown Levey, S., Payne-Murphy, J., & Kwan, B. (2014). Outlining the scope of behavioral health practice in integrated primary care: Dispelling the myth of the one-trick mental health pony. *Families, Systems & Health : The Journal of Collaborative Family Healthcare*, 32(3), 338-43.
3. Hunter, C.L., Dobmeyer A.C., Reiter (2018) Integrating Behavioral Health Services into Primary Care: Spotlight on the Primary Care Behavioral Health (PCBH) Model of Service Delivery. *Journal of Clinical Psychology in Medical Settings* 25, 105–108.
4. Sandoval, B. E., Bell, J., Khatri, P., & Robinson, P. J. (2017). Toward a unified approach: Uniting diverse primary care strategies under the primary care behavioral health (PCBH) model. *Journal of Clinical Psychology in Medical Settings*.
5. Hunter, C. L., Funderburk, J. S., Polaha, J., Bauman, D., Goodie, J. L., & Hunter, C. M. (2017). Primary care behavioral health (PCBH) model research: Current state of the science and a call to action. *Journal of Clinical Psychology in Medical Settings*. <https://doi.org/10.1007/s10880-017-9512-0>.

# Learning Objectives

At the conclusion of this session, the participant will be able to:

- Attain a consultative tool that can be used to enhance any Behaviorally Integrative setting
- Identify areas of program development or training opportunities in one's own practice
- Practice interprofessional consultation skills

# Primary Care Landscape

- Primary care settings are ever-growing
  - Interdisciplinary teams needed to treat patients
  - Limited resources and endless list of expectations
  - Efficient workflows and patient care strategies require coordination of these limited resources

# Biggest Questions

- How can Behavioral Health Providers...
  - Care for patients where and when they need it the most
  - Collaborate with PCPs and APCs to support their work with patients
  - Offer interprofessional education within the everchanging healthcare landscape
  - Be their own program development advocates
  - Optimize limited resources for sustainability and effectiveness
- Sound familiar!?

# Providence Medical Group

- Oregon and SW Washington
- 58 Family Medicine, Internal Medicine, and Medical Specialty Clinics with at least one embedded BHP
  - Usually a Licensed Psychologist
- North Portland clinic is one of the first clinics to have a BH Integration program full time.
  - Around 10,000 registered patients currently
  - Currently 1 FTE Licensed Psychologist and .4 Psychologist graduate students in-training

# Quality Improvement Survey

- Quantify the frequency and type of issues seen by medical providers
  - Patient issues relevant to BHPs
- Educate APCs/PCPs about:
  - Role of BHPs within the PMG system
  - What interventions or functions look like
- How to access BHPs

# Quality Improvement Survey

- To inform Behavioral Health Providers (BHP) of medical providers' impressions of the most frequently seen behavioral health related concerns
- To increase provider awareness of the services offered by BHPs system wide
- Consisted of the 36 most prevalent health concerns with behavioral health interventions
  - 5-point likert scale survey
- Completed by 78 APCs & PCPs across 12 PMG clinics
  - Completed biannually by the North Portland Clinic, 6 iterations

# Screening Tool

Providence Medical Group

Updated 10/2/19

**Primary Care Psychologists (Behavioral Health Providers)** specialize in a broad range of services to patients and care providers including education, assessment, and brief intervention. Working with BHI Providers can optimize the care plans regarding patient issues such as disease management and health behavior change.

**Patient Referrals:** ANYTHING you think might be helped through behavioral, cognitive, or emotional changes as well as collaborative care needs and patient education

**Services:** Brief interventions (generally 1-6 sessions), symptom evaluation and diagnostic assistance, crisis triage, patient and staff education, as well as consultation surrounding issues of chronic diseases, treatment compliance, and referrals.

Please rate below how often you see patients present with the following issues:

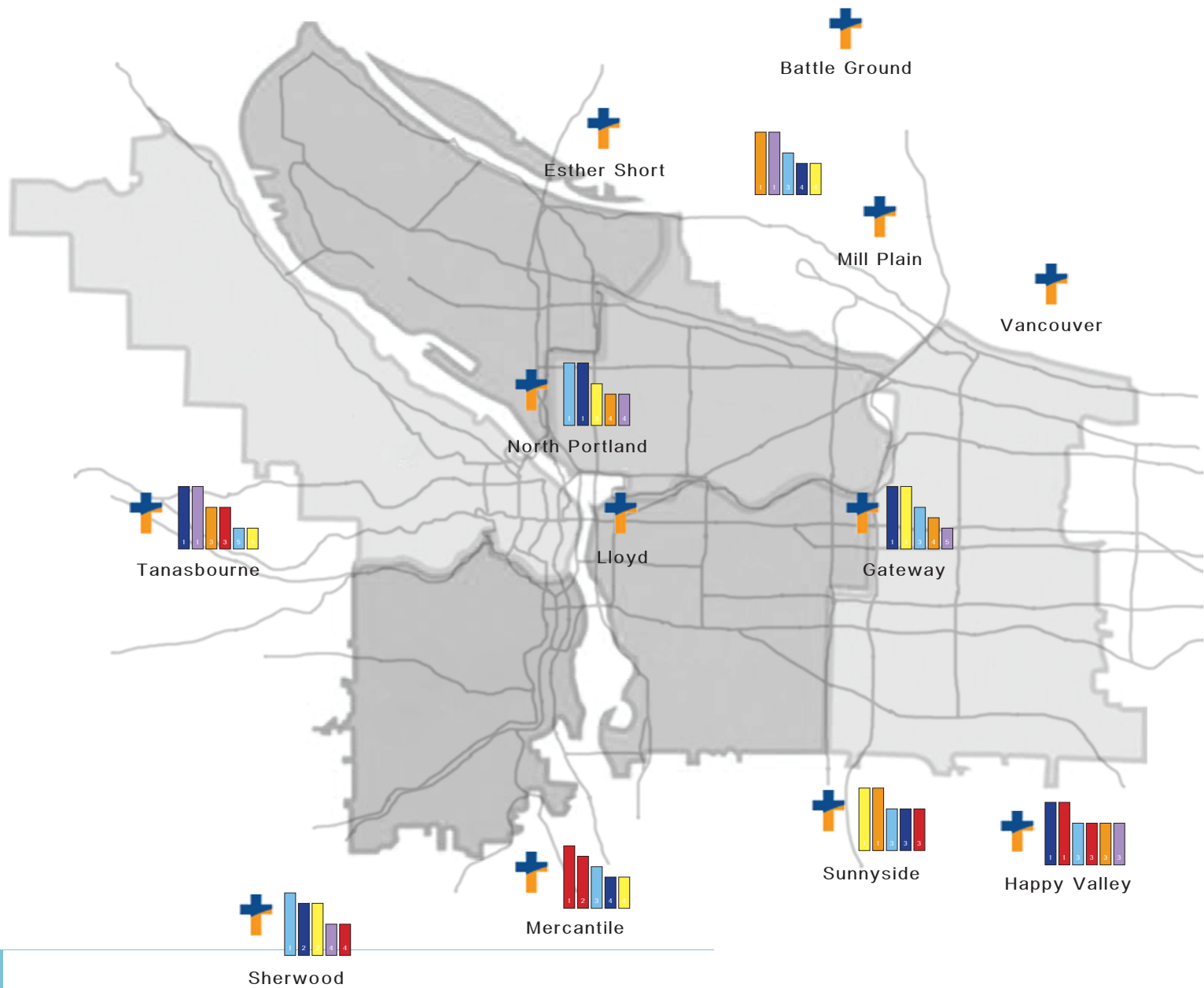
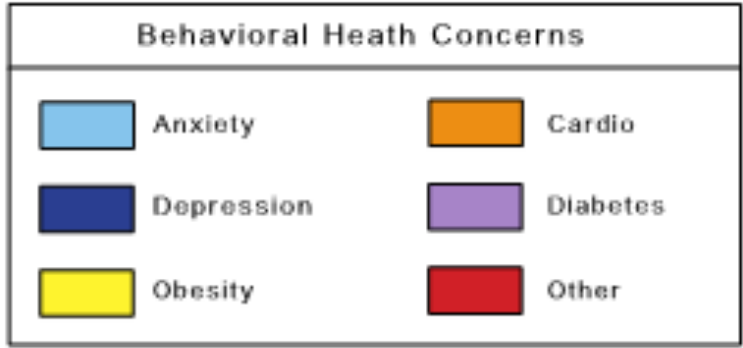
	Never	Rarely	Sometimes	Often	Continually
SPMI (Schizophrenia, Bipolar, etc.)	0	1	2	3	4
Attention/impulse problems, stimulant medication issues	0	1	2	3	4
TBI recovery, dementia, seizures	0	1	2	3	4
Anxiety, panic, social issues	0	1	2	3	4
Depression, isolation, anhedonia	0	1	2	3	4
Trauma-related symptoms, PTSD	0	1	2	3	4
Marital/family/child relationship problem	0	1	2	3	4
Psychiatric medication questions	0	1	2	3	4
Chronic pain, fibromyalgia	0	1	2	3	4
Tension/migraine headache	0	1	2	3	4
Grief and loss	0	1	2	3	4
OB/GYN, perinatal	0	1	2	3	4
Sexual functioning issues	0	1	2	3	4
Drug abuse, harm reduction	0	1	2	3	4
Excessive alcohol/cannabis use	0	1	2	3	4
Smoking cessation, tobacco use	0	1	2	3	4
Eating disorder, dietary problem	0	1	2	3	4
Obesity/weight loss, sedentary lifestyle	0	1	2	3	4

# Screening Tool

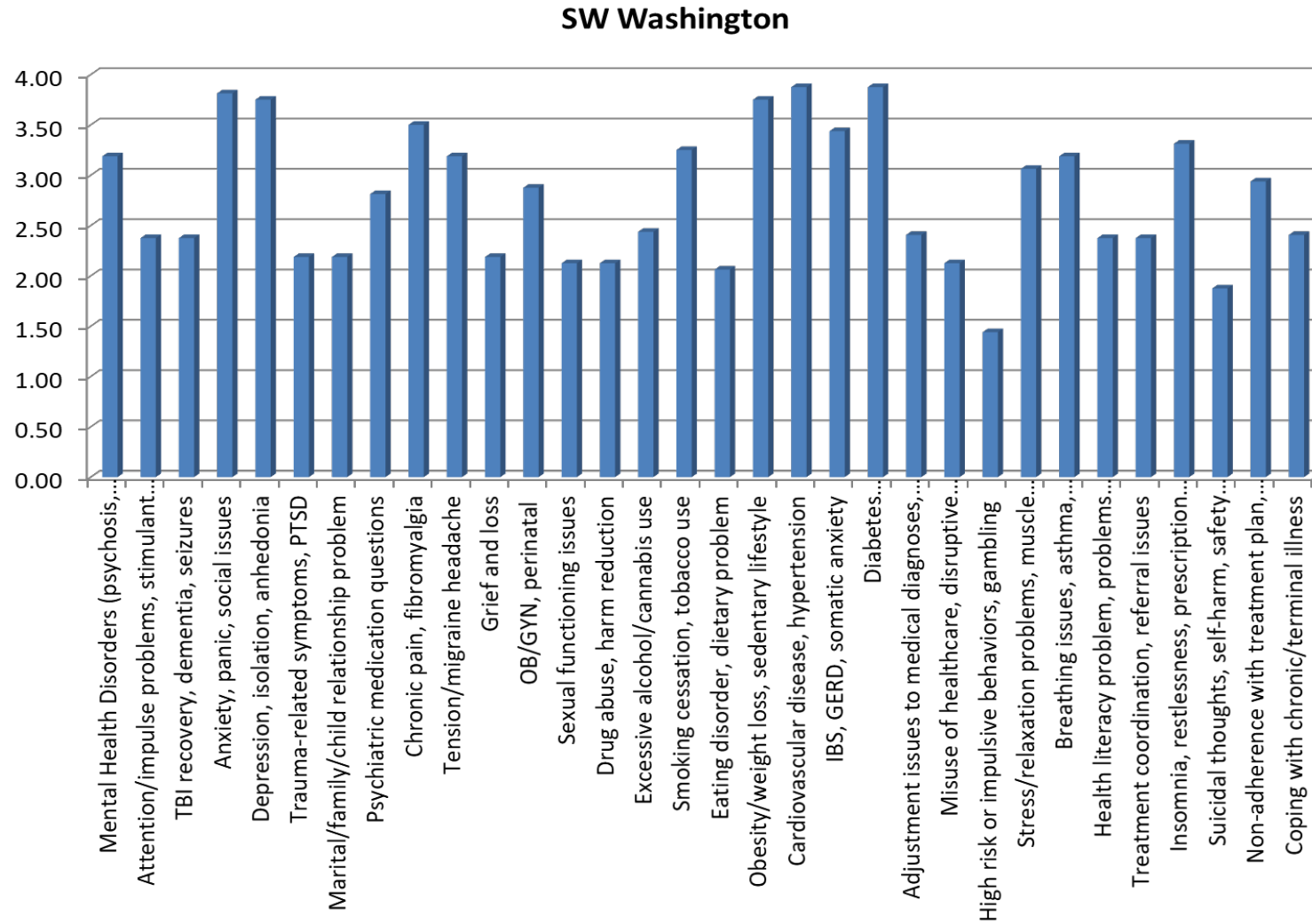
Psychiatric medication questions	0	1	2	3	4
Chronic pain, fibromyalgia	0	1	2	3	4
Tension/migraine headache	0	1	2	3	4
Grief and loss	0	1	2	3	4
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Smoking cessation, tobacco use	0	1	2	3	4
Eating disorder, dietary problem	0	1	2	3	4
Obesity/weight loss, sedentary lifestyle	0	1	2	3	4
Cardiovascular disease, hypertension	0	1	2	3	4
IBS, GERD, somatic anxiety	0	1	2	3	4
Diabetes management/education/compliance	0	1	2	3	4
Adjustment issues to medical diagnoses, health anxiety	0	1	2	3	4
Misuse of healthcare, disruptive behaviors	0	1	2	3	4
High risk or impulsive behaviors, gambling	0	1	2	3	4
Stress/relaxation problems, muscle tension	0	1	2	3	4
Breathing issues, asthma, hyperventilation, COPD	0	1	2	3	4
Health literacy problem, problems understanding plans	0	1	2	3	4
Treatment coordination, referral issues	0	1	2	3	4
Insomnia, restlessness, prescription sleep medication	0	1	2	3	4
Suicidal thoughts, self-harm, safety planning	0	1	2	3	4
Non-adherence with treatment plan, medication	0	1	2	3	4
Coping with chronic/terminal illness	0	1	2	3	4

To involve BHI: Find me in my office; feel free to knock and interrupt if I am with a patient, it is part of my informed consent disclosure. InBasket messages can also be used after hours or for patients unable to meet with BHI during same day visit.

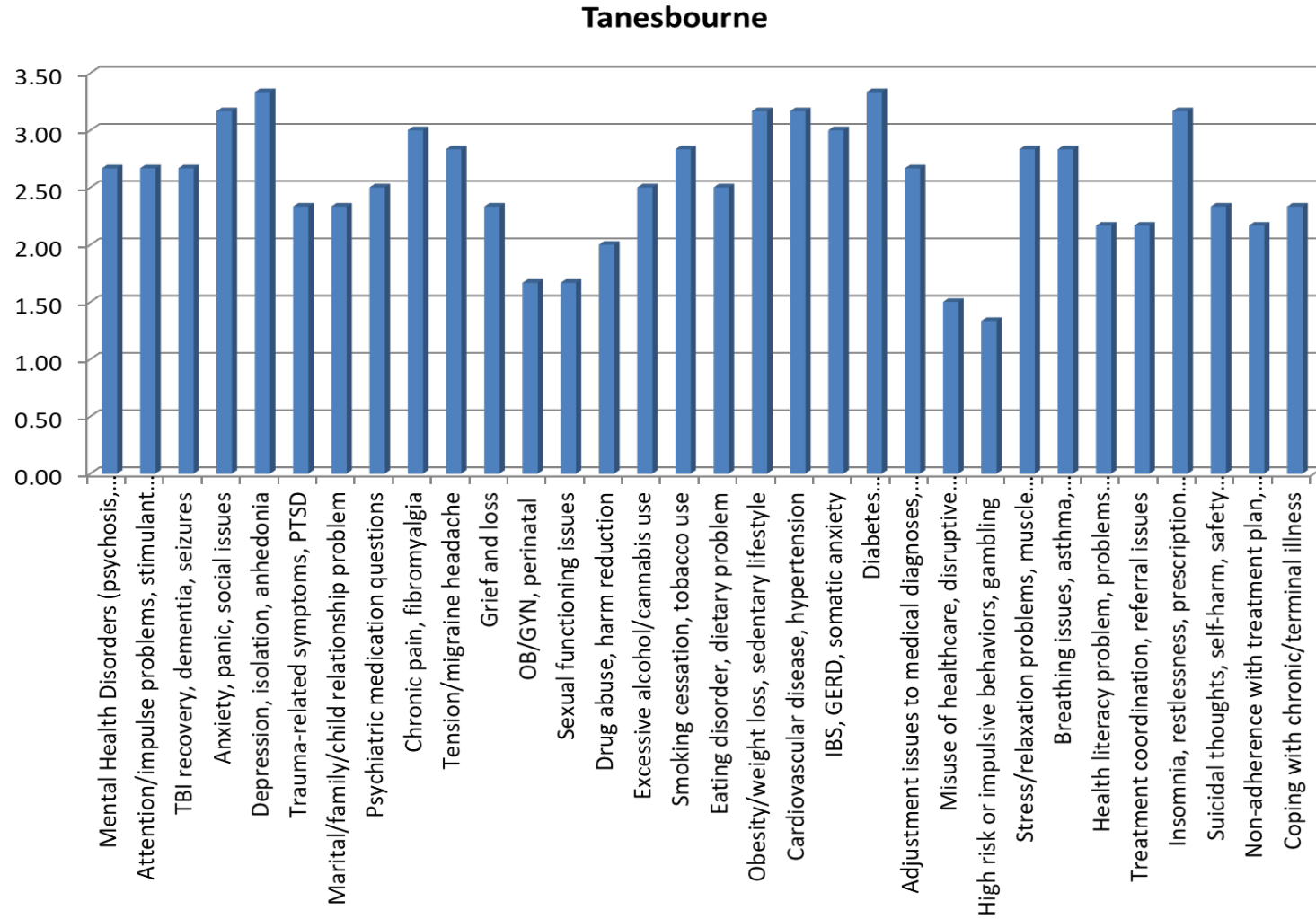
# Survey Results



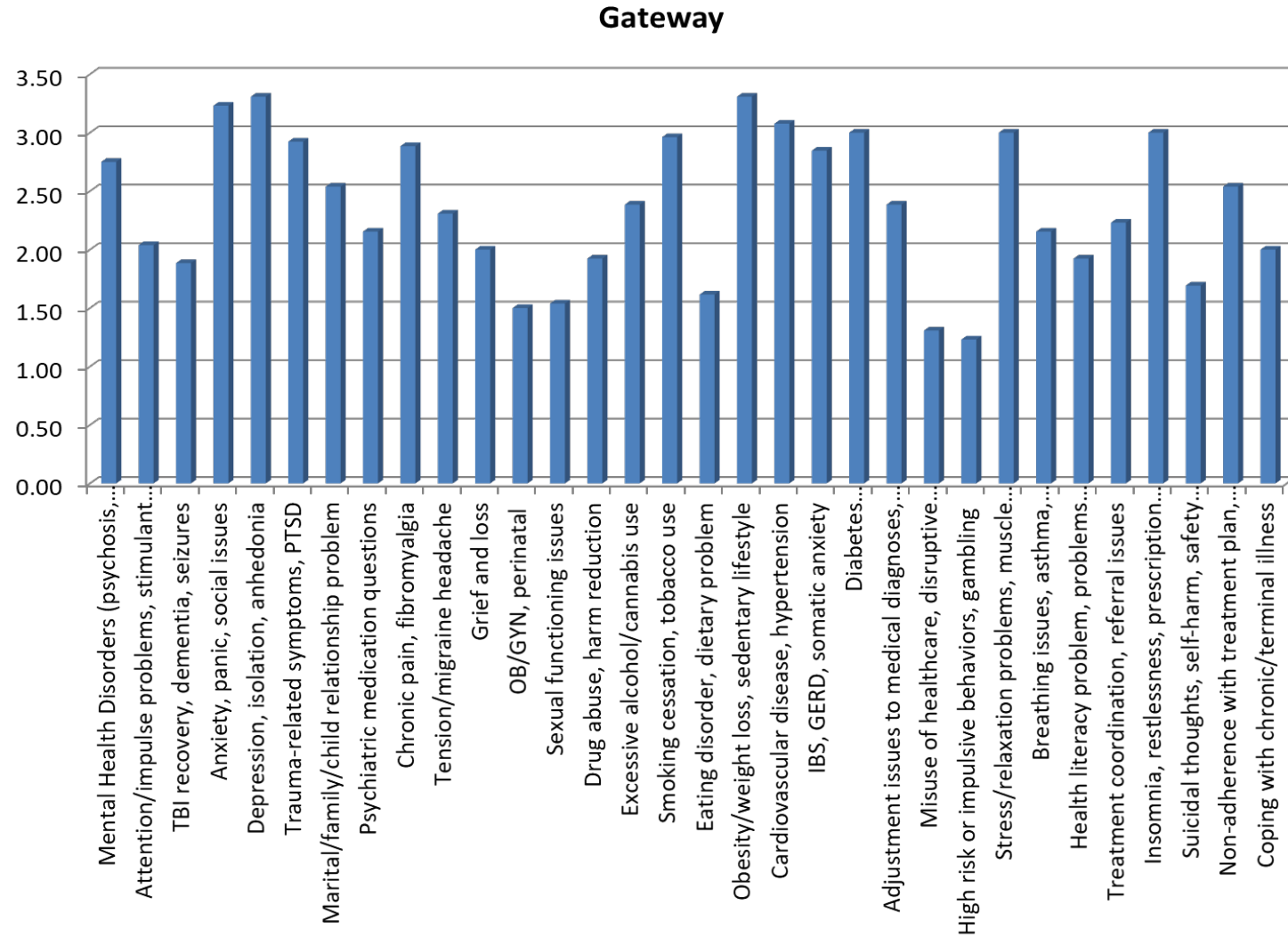
# Survey Results, e.g.



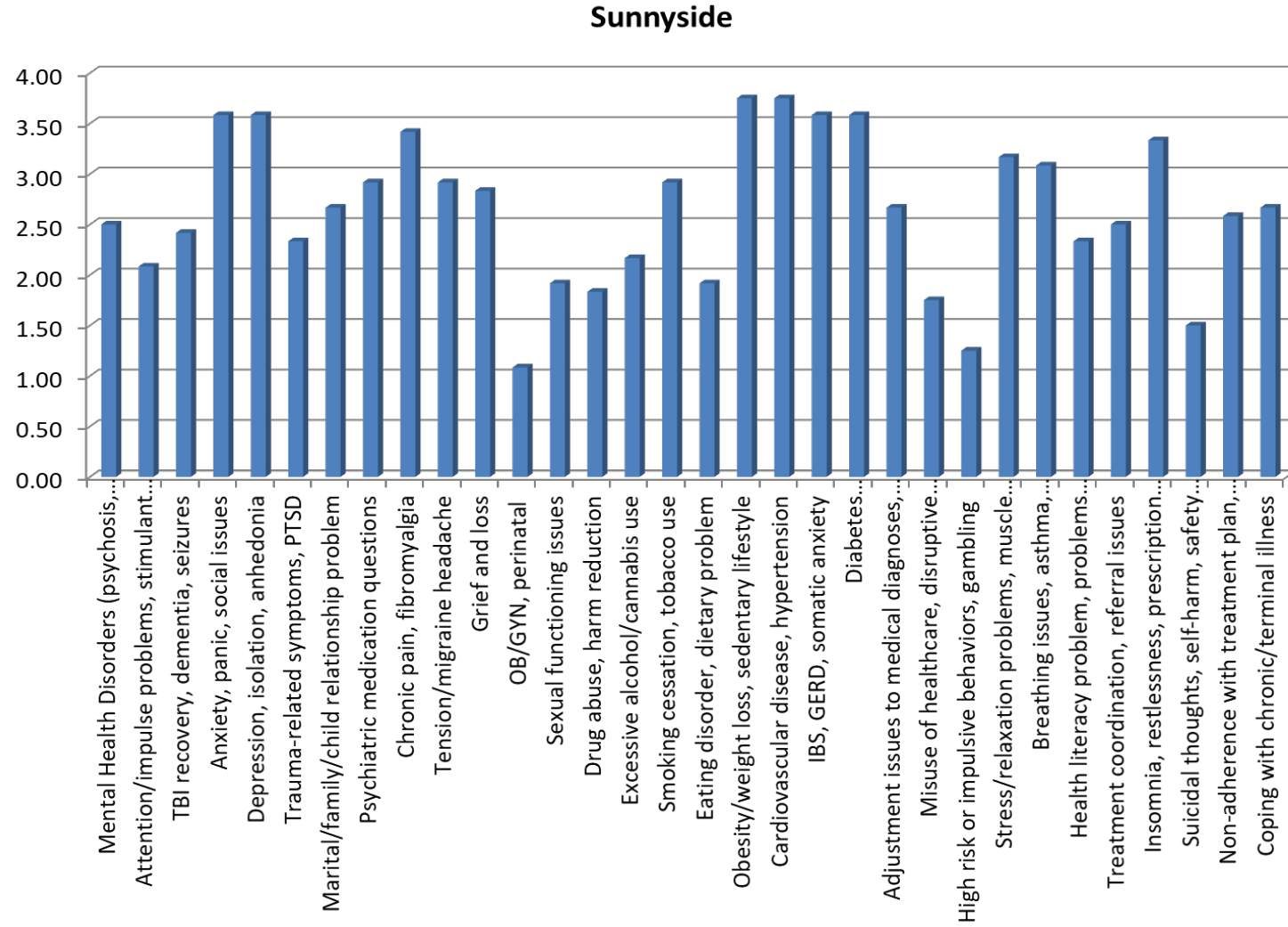
# Survey Results, e.g.



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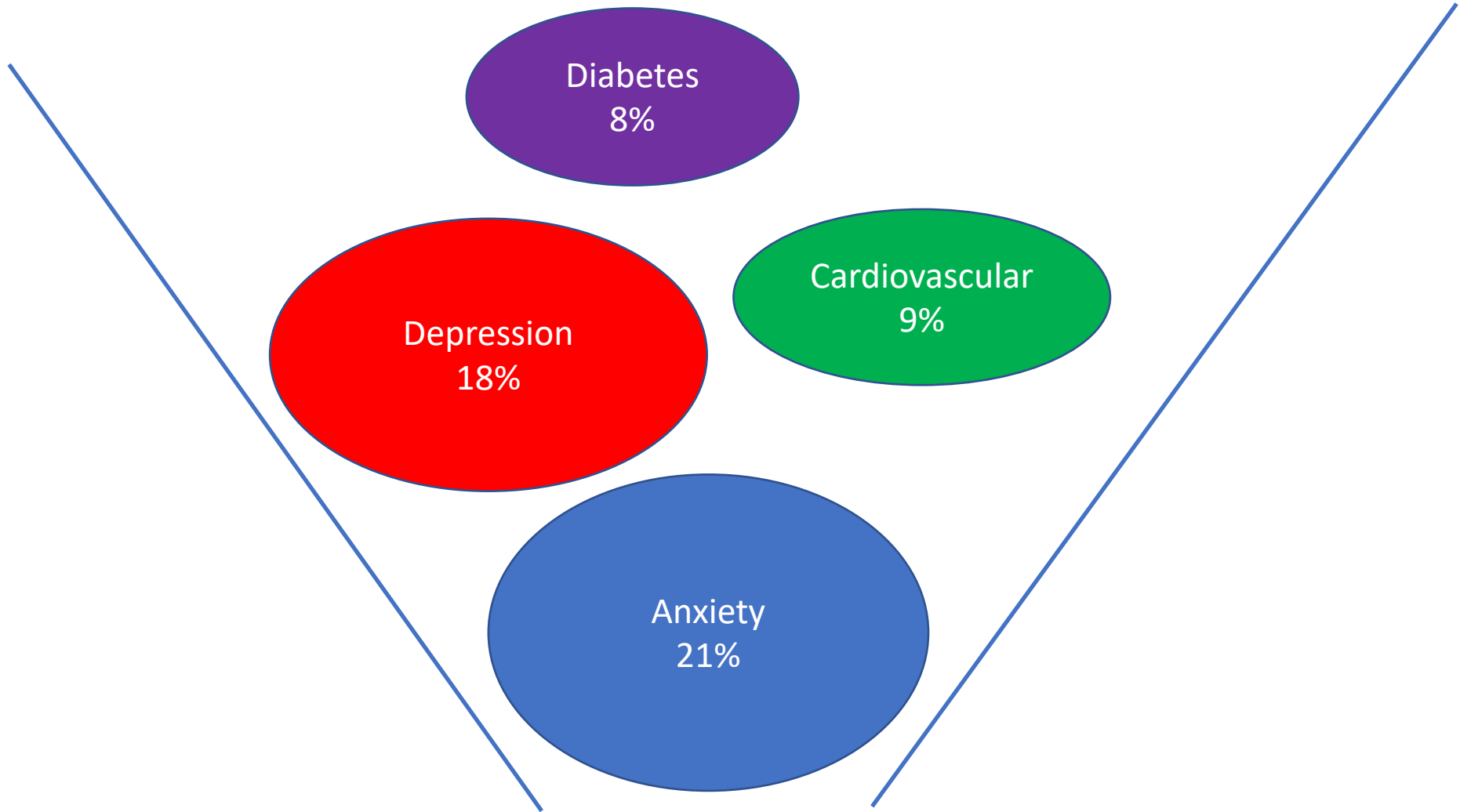


# Survey Results



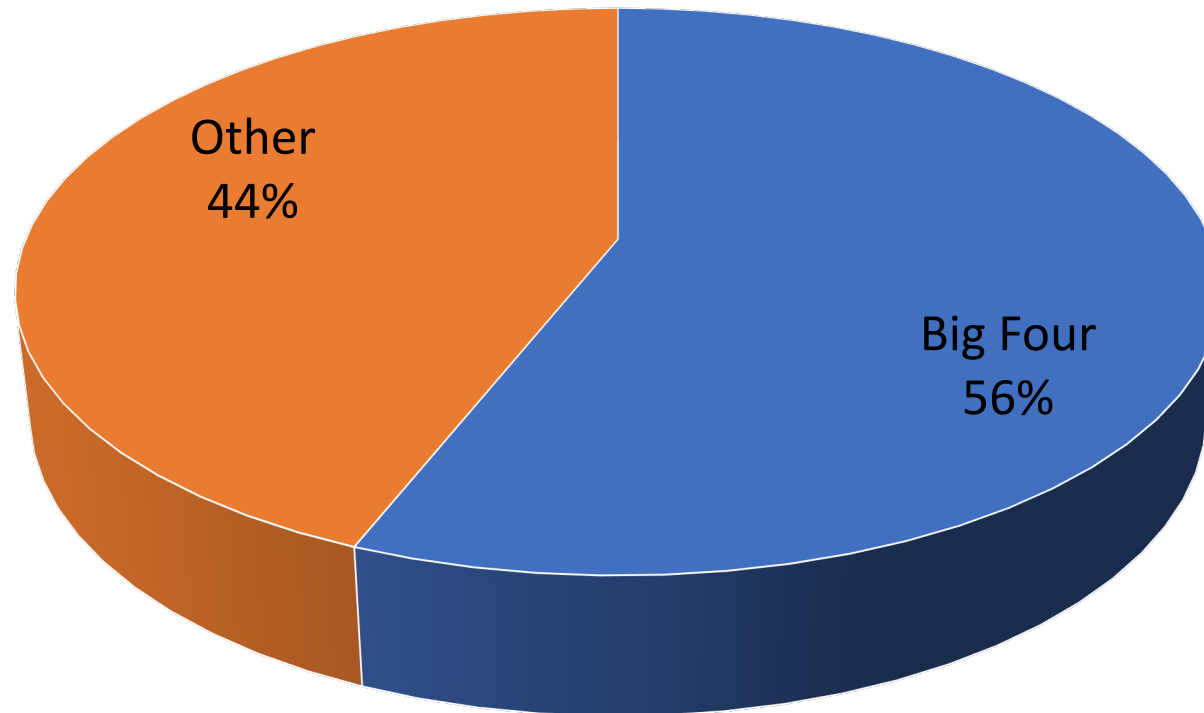
- Most prevalent concerns of **each APC & PCP:**
    - Anxiety
    - Depression
    - Obesity
    - Cardiovascular issues
    - Diabetes
  - Top quartile across **clinics:**
    - Anxiety
    - Depression
    - Cardiovascular issues
    - Diabetes
- 

# Presenting Problems Overall “The Big Four”



# Total Percent of Variance

## Presenting Problems



# Clinic Specific Differences



## North Portland

- Anxiety
- Depression
- Substance use
- Chronic medical conditions

# Clinic Specific Differences



## Sherwood

- Anxiety
- ADHD
- Depression

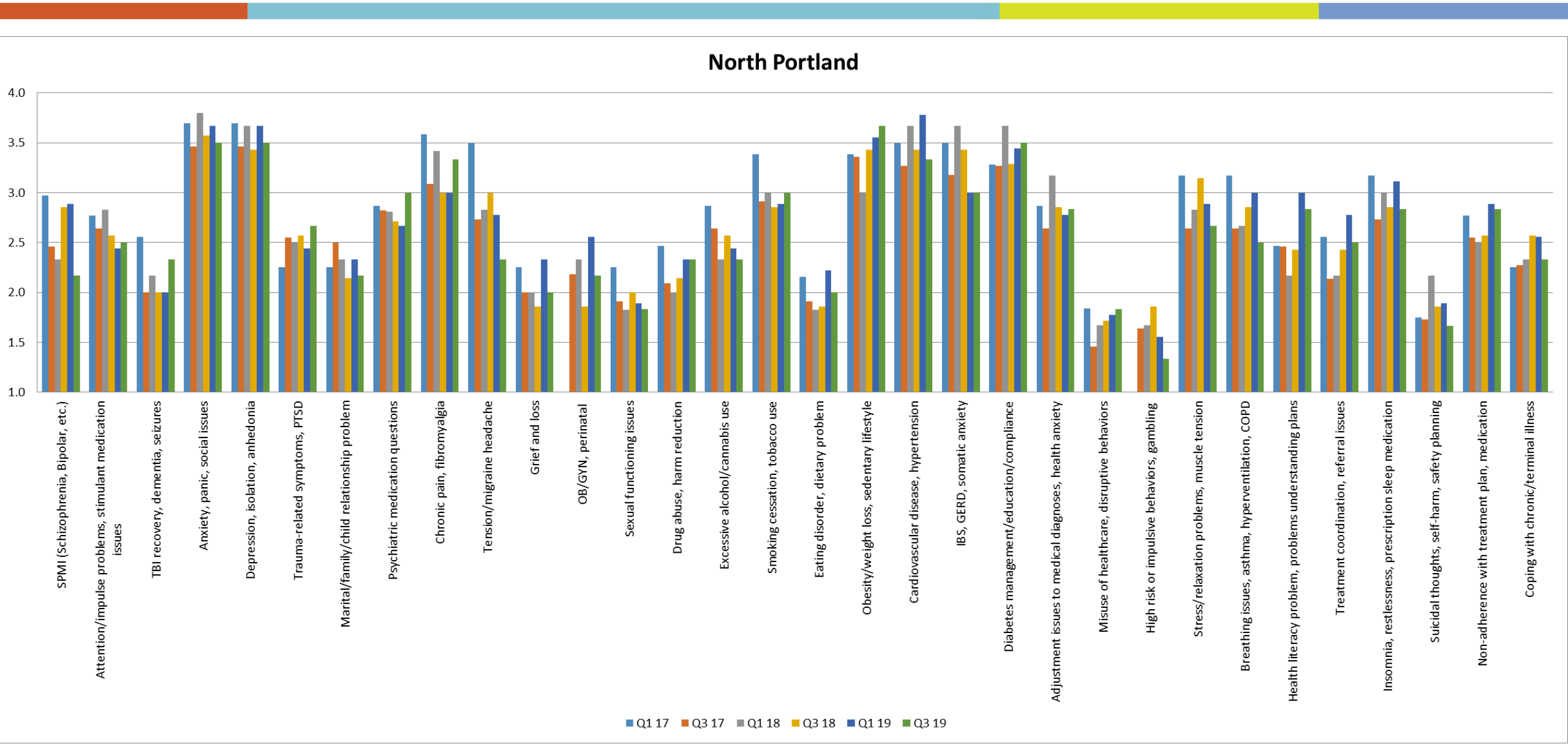
# Clinic Specific Differences



## Sunnyside

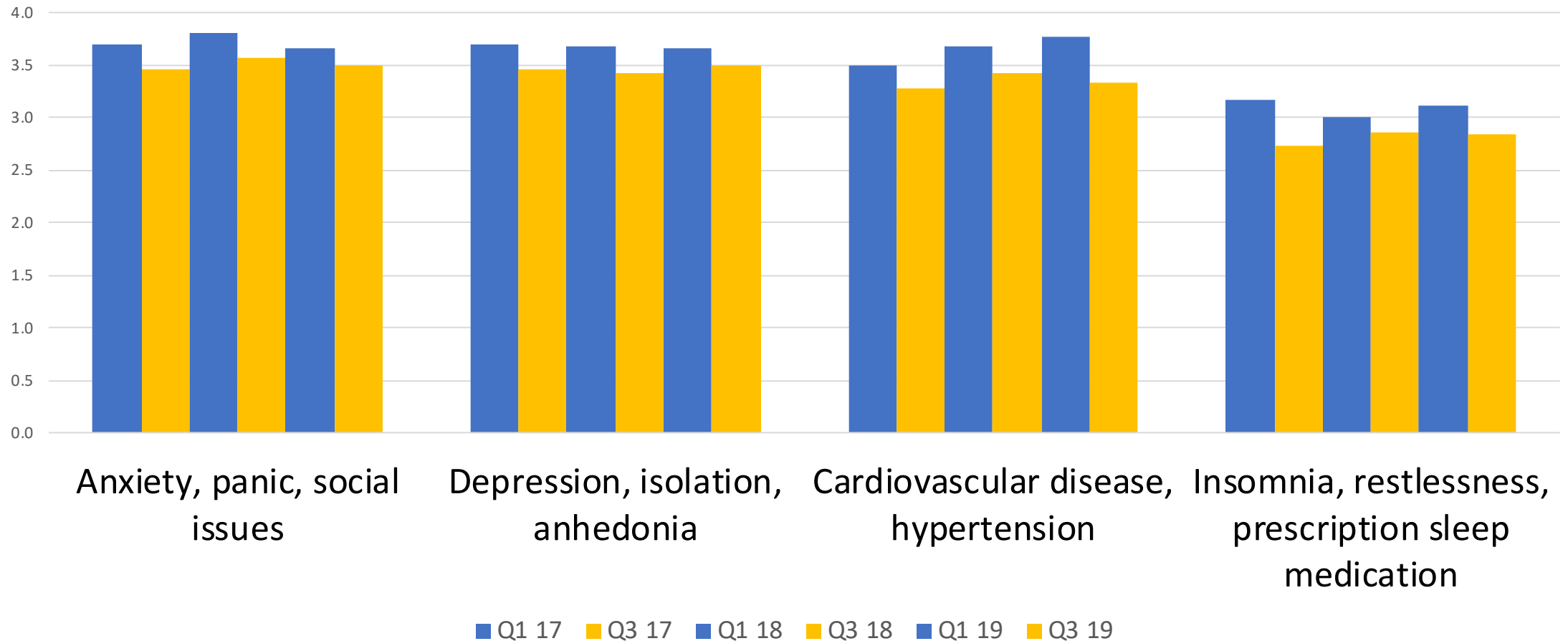
- Depression
- Anxiety
- Obesity

# North Portland Longitudinal Results



# Deeper dive!

## Seasonal Variation



# QI Projects

## Providence Medical Group

- Pain Education Class
- Interprofessional Collaboration Survey Evaluation
- Trauma Informed Care trainings
- Optimizing Psychiatry Consultation
- ADHD Evaluation Protocol
- Suboxone Prescription Credentialing
- Suicide Risk Assessment and Safety Planning
- School/Community Partnerships

## North Portland Family Medicine Clinic

- BH Specific
  - Stages of Change training
  - Challenging Patient Situations trainings
  - Seasonal Affective Disorder workflow changes
  - Community referral workflow updates
  - Quarterly "BH Updates" with research and workflow updates
  - Tobacco Cessation trainings
  - Topical CE trainings
- Clinic Wide
  - Diabetes Educator and groups
  - Patient intake changes
- Upcoming:
  - Memory screening training for PCPs/APCs

# Utilization Opportunities

- Longitudinal study to track changes over time or season
- Evaluation of collaboration between medical and behavioral providers
- Updating workflows for specific patient care issues
- Guide resource utilization choices
- Pre-Post tool to assess interventions
- Shared Medical Appointments
- Evaluate Utilization of BHP

# Utilization Opportunities

- Take 2-3 minutes
- Note what make your clinic “your clinic”
  - What are Provider variables unique to your clinic
  - Geographical variables
  - Population variables
  - Psychosocial factors

# Utilization Opportunities

- Take 2-3 minutes
- Imagine ways to utilize this in your workspace to impact:
  - Interprofessional collaboration
  - Treatment effectiveness
  - BHP trainings
  - Provider effectiveness
  - Resource utilization

# Utilization Opportunities FOR YOU!

- What are common barriers with BH Integration in your clinic and patient population?
- What is your vision for your Integration program and what are practical next steps?
- Who is on your team? Who makes the next steps with you?

# Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.

The survey tool referenced in this survey is available through CFHA app and Resource Page



**Join us next year in Philadelphia, Pennsylvania! Thank you!**