Session # C6

Building a PCBH Toolbox: Tips and Tricks to Grow and Innovate your Practice

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CFHA Annual Conference
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CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

Faculty Disclosure

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

OR

The presenters of this session currently have or have had the following relevant financial relationships (in any amount) during the past 12 months.

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Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.

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Learning Objectives

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

1. Distinguish skills that are helpful in structuring unique patient encounters that occur in an integrated care practice from that of traditional mental health encounters.
2. Summarize and demonstrate at least two PCBH tools that can help expand a behavioral health's scope of services and utilization within a clinic setting
3. Identify and practice individualized strategies to improve interdisciplinary communication and collaborate effectively with other providers
4. Design and practice a personalized pitch or other technique for educating others (and themselves) about PCBH consultation model

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2. Serrano, N. Cordes, C., Cubic, B., & Daub, S. (2018). The state and future of Primary Care Behavioral Health model of service delivery workforce. Journal of Clinical Psychology in Medical Settings, 25(2), 157 - 168.
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5. Cohen D.J., Davis M, Balasubramanian B.A., Gunn R, Hall J, Peek C.J., Green L.A., Stange K.C., Pallares C, Levy S, & Pollack D. (2015). Integrating behavioral health and primary care: consulting, coordinating and collaborating among profession

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Learning Assessment

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

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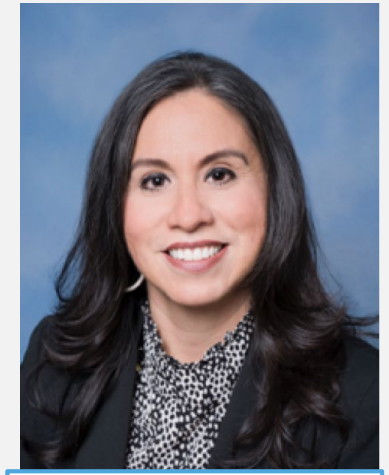
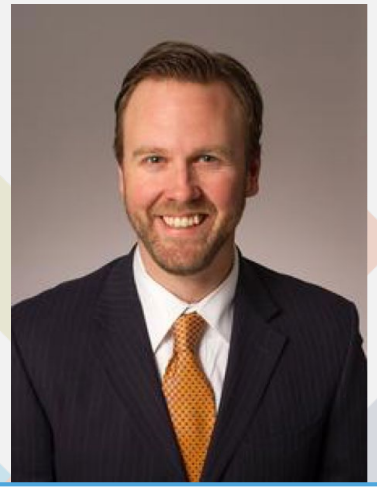
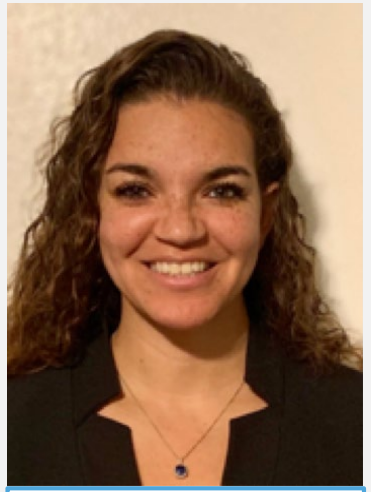
PCBH SIG Leadership Team



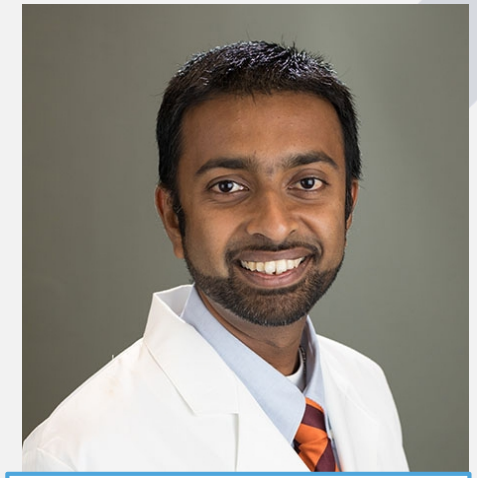
Clarissa Aguilar
2019-20 Co-Chair



Jonathan Novi
2019-20 Co-Secretary



Brittany Houston
2019-20 Student Representative



Deepu George
2018 Co-chair

Melissa Baker
2018 Co-Secretary

Zeke Sanders
2018 Student Representative

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LOOK for this Symbol throughout the presentation!!

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CASE VIGNETTE

Mrs. Parker is a 37-year-old female with hypertension, hyperlipidemia, and chronic low back pain. She works full-time as a manager in a clothes retail store. She and her husband, Steve (38 years of age), have one daughter who is 8 years of age. The patient denies substance use and tobacco use. The patient reports little to no hobbies due to "my hectic schedule." Mrs. Parker doesn't engage in formal exercise but is physically active through her work. The patient has been married for 10 years. She presents to her PCP for "trouble sleeping" and during the PCP visit, it found that Mrs. Parker's sleep problems (trouble falling and staying asleep) started 2 months ago, when she and her husband started having increased marital conflict. The PCP informs you the fights are verbal and very emotional, but not physical. Mrs. Parker reports she and Steve are fighting about "everything" and "stupid things." Mrs. Parker has been experiencing increased stress at work due to staff turnover which has meant the patient working longer hours to help her team at work until more staff is hired. The patient also states that her low back pain has been "acting up" again over the past 2 months and that her husband "doesn't understand my pain and blows me off when I talk about it" which causes more frustration from the patient. **The PCP consults you, the BHC, to help the patient with "chronic pain."**

- **Medications:**
- Atorvastatin 40mg qd (cholesterol)
- lisinopril 5mg qd (hypertension)
- tramadol 50mg bid (or PRN; chronic low back pain)

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Assessment & Intervention

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2019 Co-Chair

Zeke Sanders
2018 Student Representative

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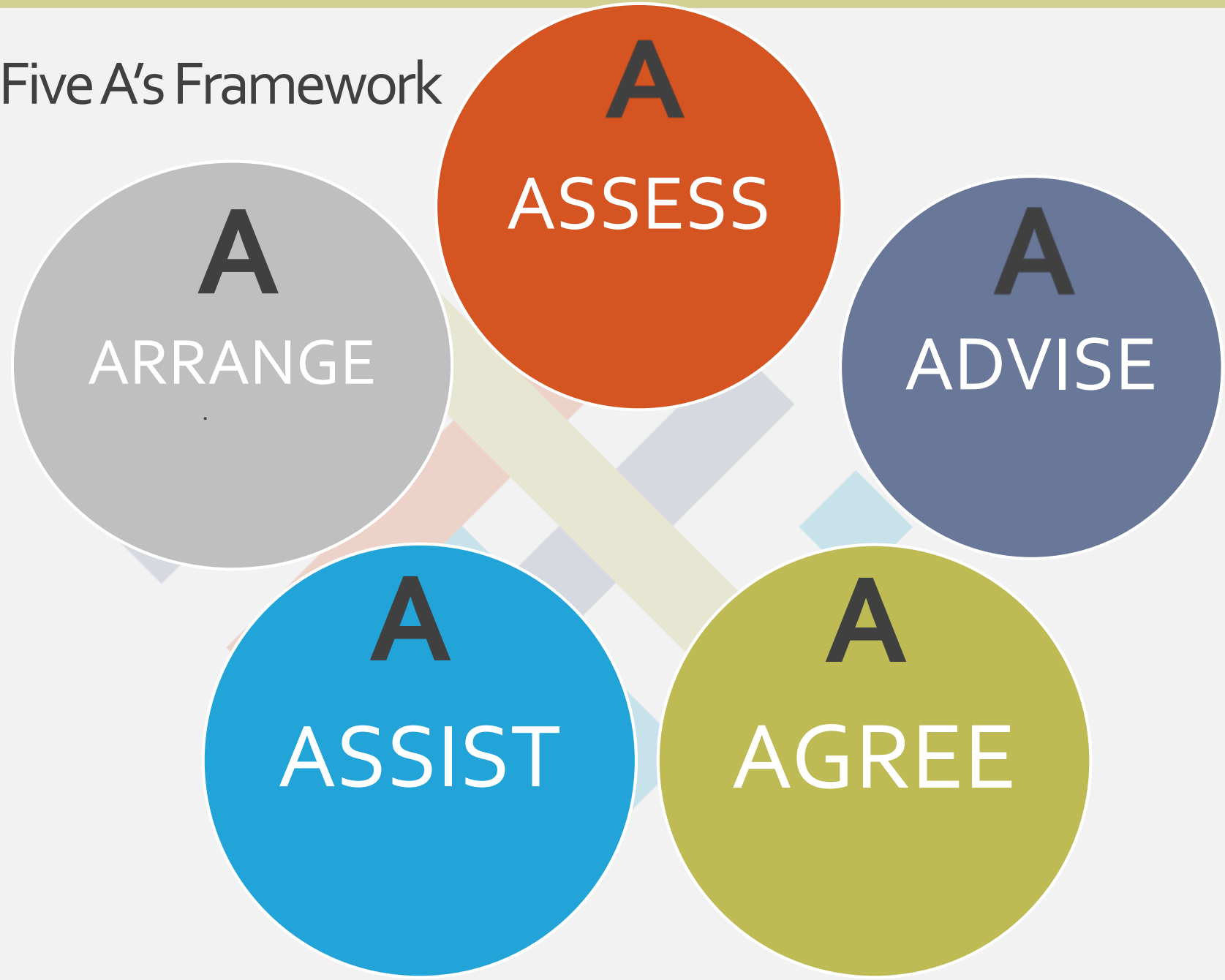
The Five A's Framework



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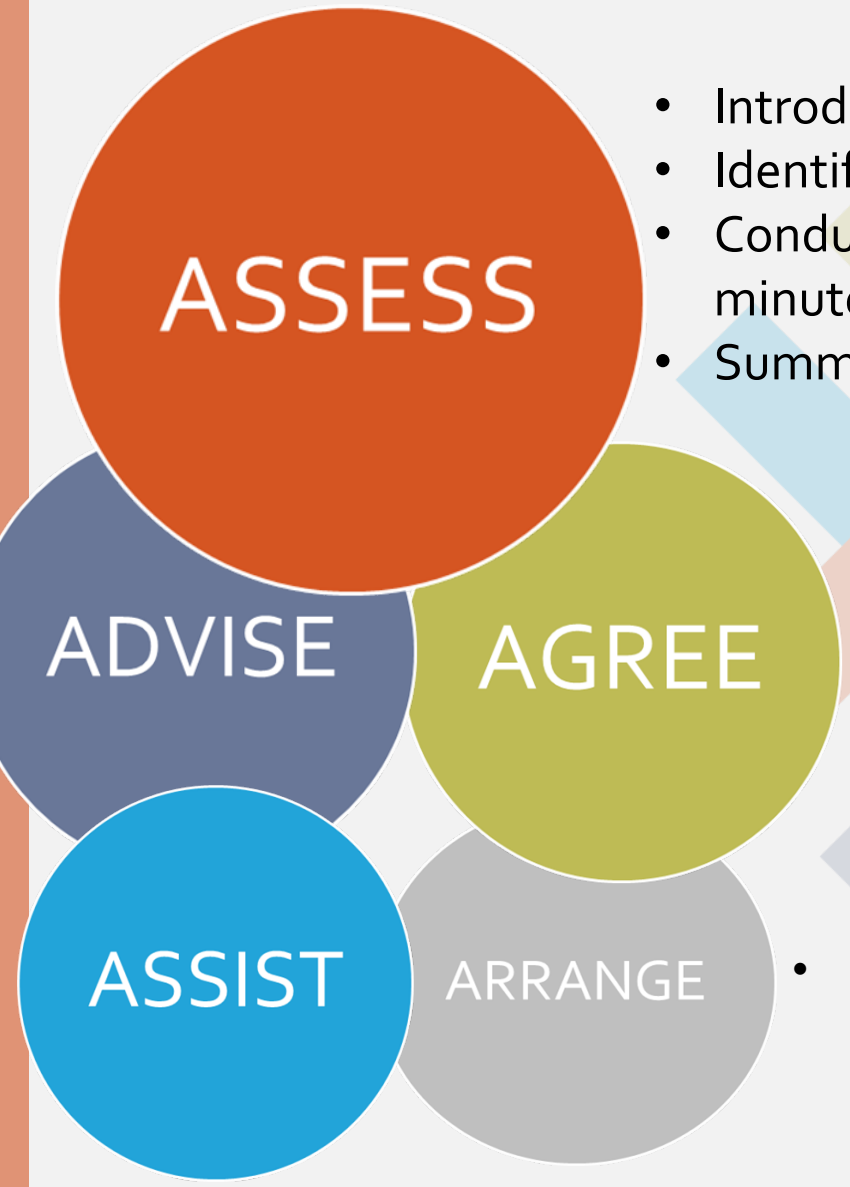
Phases of a 30 minute appointment



- Introduction of BHC Services (1-2 minutes)
- Identifying / clarifying consultation problem (10-60 seconds)
- Conducting functional analysis OR Contextual Interview (12-15 minutes)
- Summarizing your understanding of the problem (1-2 minutes)

- Listing out / Advising on options for interventions / change (1-2 minutes)

- Clinical Intervention ; Creating your change plan (5-10 minutes)

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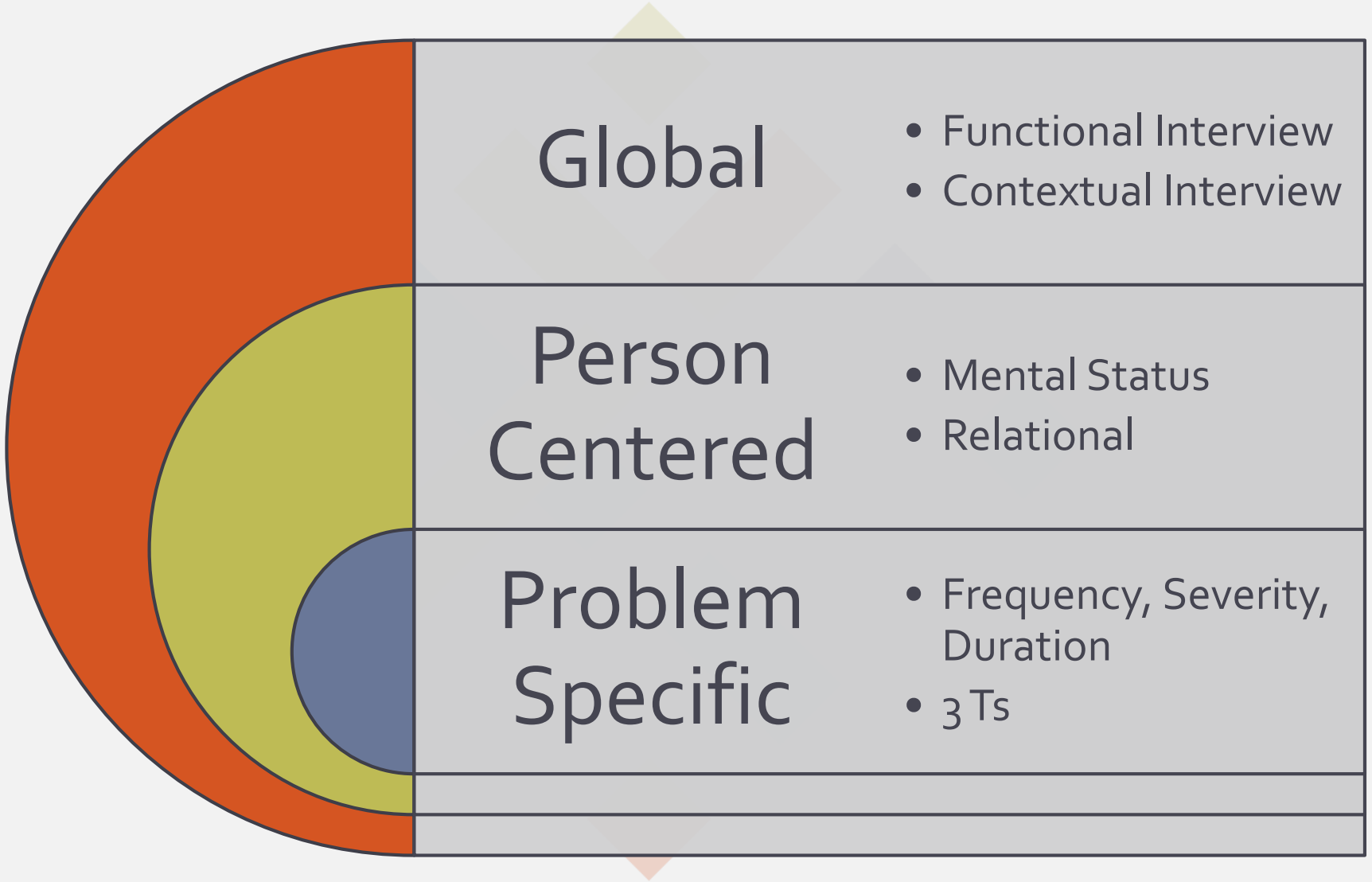
ASSESSMENT AND INTERVENTION



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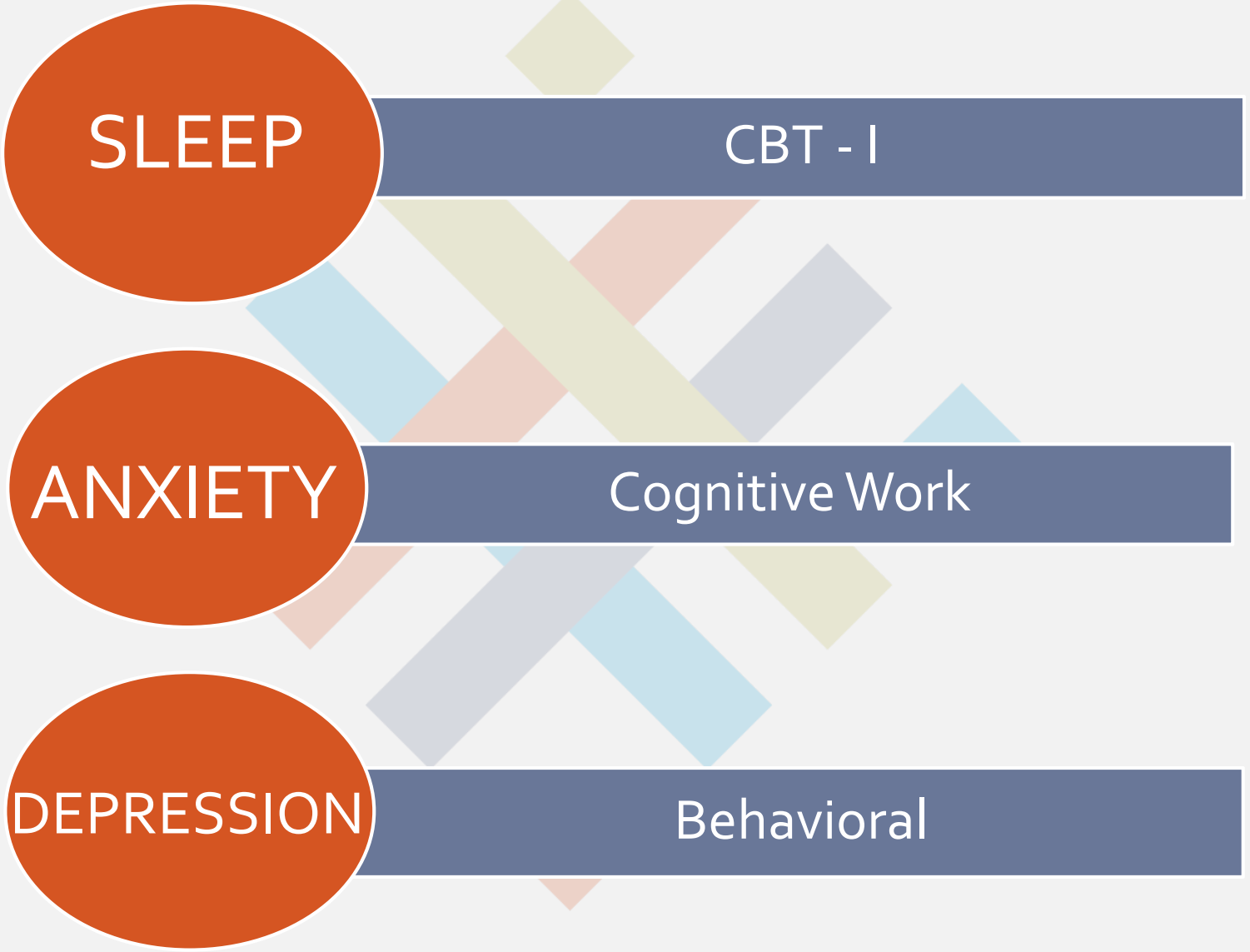
INTERVENTION



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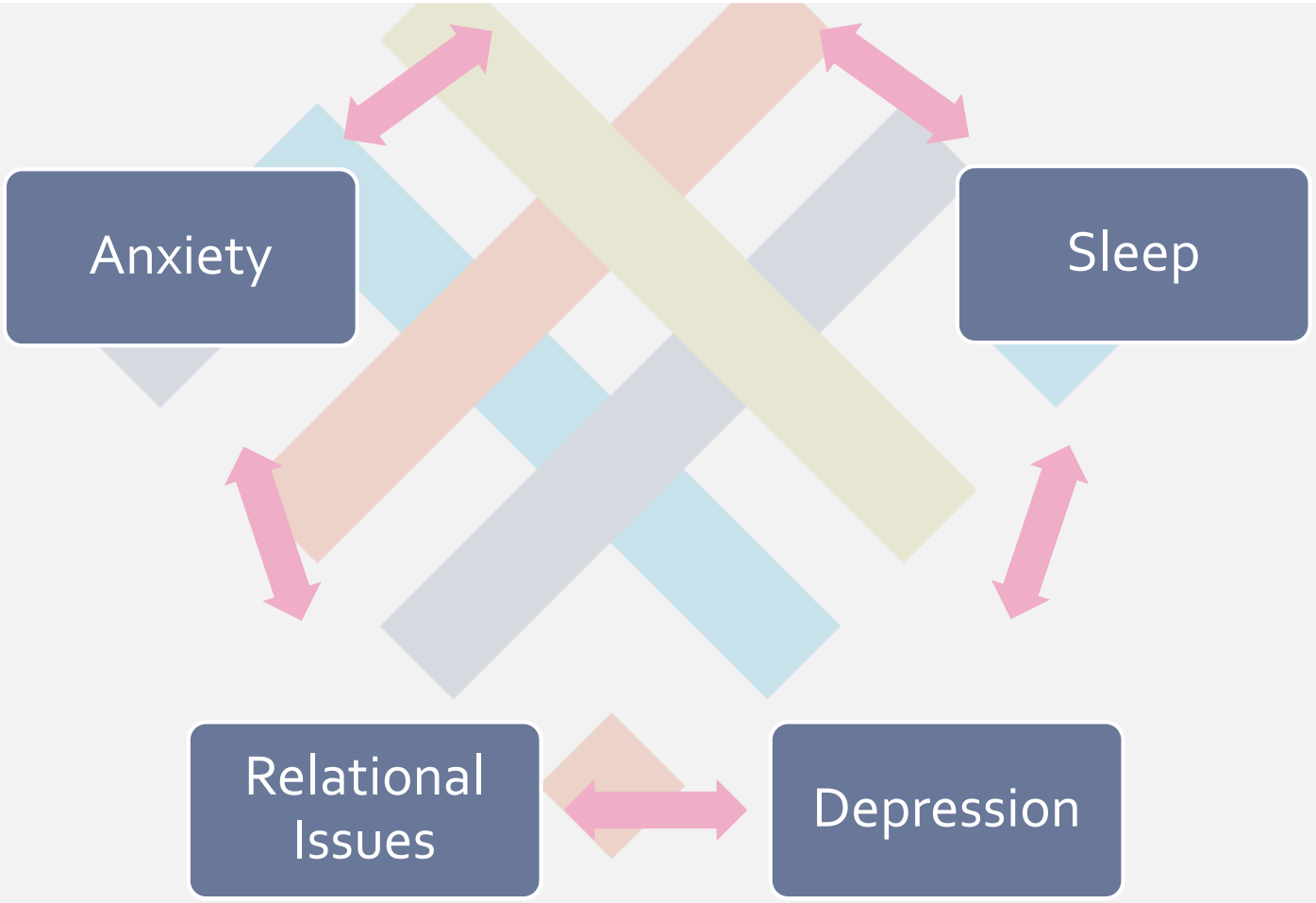
INTERVENTION

Trans-diagnostic Approaches



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Behavioral	Cognitive	Third wave
Collaborative problem solving	CBT	FACT/ACT
Behavioral activation	• Identifying pain related maladaptive thoughts/distortions	• Values
Relaxation techniques	• ABC work sheets	• Committed action
• **Deep breathing**	• Disputation (how to question your thinking)	• Mindfulness
• **PMR**	• Common beliefs about chronic pain/sleep/grief/etc	• Defusion
• **Meditation**	• Self-talk	• Acceptance
• **Visualization**	• Psychoeducation	• Self as context
• **Cue-relaxation**	CBT-i	Mindfulness
Pacing	CBT-CP	• Mindfulness based stress reduction
SMART Goals	Distractions techniques	• Mindful breathing
Prioritizing		• Mindfulness meditations
Solution focused therapy		• Mindful eating
Analyzing previous treatment		
Increase social support		
Connect to social services		
Develop coping plan		DBT skills training
Grounding techniques		• Distress tolerance
Sleep hygiene		• Emotional regulation
General health behavior changes		• Mindfulness
• **Diet**		• Interpersonal effectiveness
• **Medication adherence**		
• **Exercise**		
• **Modifying eating habits**		Motivational interviewing
• **CRAMES**		• Stages of change
Food diary		• Advantages and disadvantages to change
Mood diary		• Confidence motivation ruler
Crisis response planning		• Elicit change talk
Cognitive compensatory skills training		
Stimulus control		
Journaling		Interpersonal Psychotherapy
Apps/books/videos		
Communication skills		
Premack principle		
Self reinforcement		
Relapse prevention plan		
Smoking cessation		
Stress management		
Assertiveness training		
Parenting skills training		
Greif education		
Anger management		
• **Psychoeducation**		
• **Warning signs**		
• **Triggers**		
• **Preventions skills**		
• **Social skills training**		

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Tips and Tricks #1

Nail Down the Referral Question

Medical Provider

- Speak with the PCP in person
- Ask the providers follow up questions
- If intervention different from PCP referral, justify in feedback or documentation

BHC

Patient

- Ask the patient what is their understanding of the reason they are being referred
  - Help assess their knowledge
  - If different from PCP referral try and relate them
- Explore alternative etiologies (don't assume PCP has seen the whole picture)

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Tips and Tricks #2

Provide a Good Introduction

- Create expectancy
  - Need to understand brief nature of the treatment
  - Easier to redirect your patient
  - Help build rapport and and make them feel comfortable
- A multidisciplinary medical team can be very confusing to patients
  - Helps the patient help you

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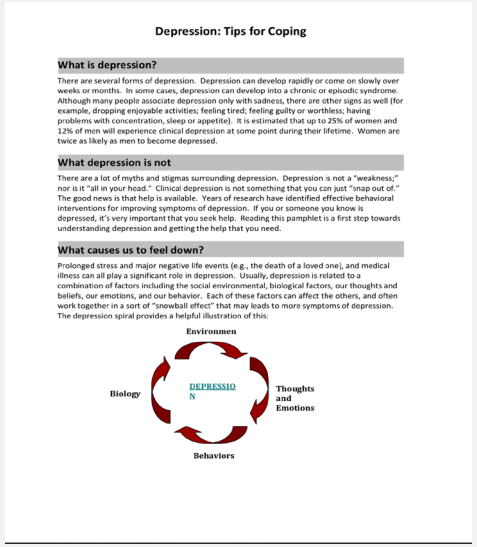
Tips and Tricks #3

Don't Reinvent The Wheel

Get training, mentoring, or consultation

Use resources

Handouts are key



Depression: Tips for Coping

What is depression?

There are several forms of depression. Depression can develop rapidly or come on slowly over weeks or months. In some cases, depression can develop into a chronic or episodic syndrome. Although many people associate depression only with sadness, there are other signs as well (for example, dropping enjoyable activities; feeling tired; feeling guilty or worthless; having problems with concentration, sleep or appetite). It is estimated that up to 25% of women and 12% of men will experience clinical depression at some point during their lifetime. Women are twice as likely as men to become depressed.

What depression is not

There are a lot of myths and stigmas surrounding depression. Depression is not a "weakness;" nor is it "all in your head." Clinical depression is not something that you can just "snap out of." The good news is that help is available. Years of research have identified effective behavioral interventions for improving symptoms of depression. If you or someone you know is depressed, it's very important that you seek help. Reading this pamphlet is a first step towards understanding depression and getting the help that you need.

What causes us to feel down?

Prolonged stress and major negative life events (e.g., the death of a loved one), and medical illness can all play a significant role in depression. Usually, depression is related to a combination of factors including the social environmental, biological factors, our thoughts and beliefs, our emotions, and our behavior. Each of these factors can affect the others, and often work together in a sort of "snowball effect" that may leads to more symptoms of depression. The depression spiral provides a helpful illustration of this:

Environmen

Biology

DEPRESSIO N

Thoughts and Emotions

Behaviors

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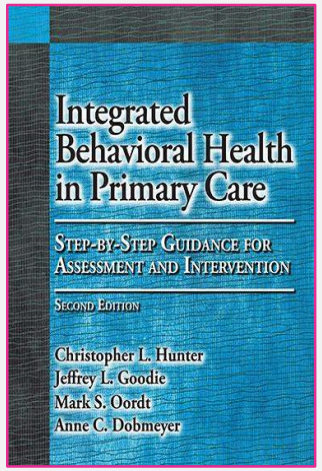
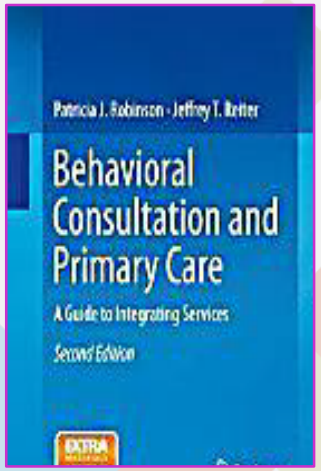
Resources



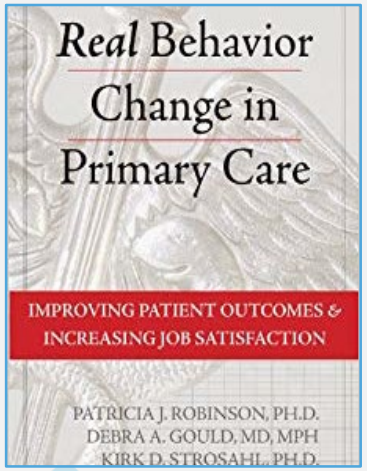
Integrated Behavioral Health in Primary Care

Christopher Hunter
Jeffery Goodie
Mark Oordt
Anne Dobmeyer



Behavioral Consultation and Primary Care

Patricia Robinson
Jeffrey Reiter



Real Behavior Change in Primary Care

Patricia Robinson
Debra Gould
Kirk Strosahl

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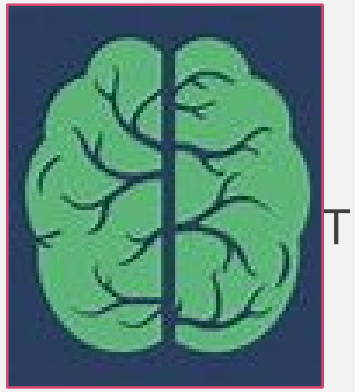
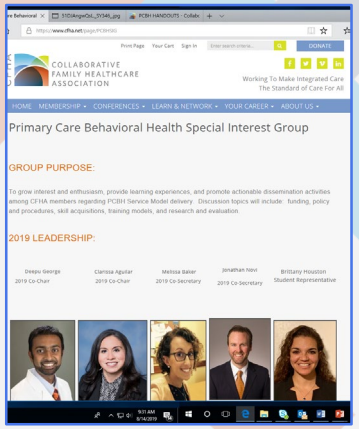
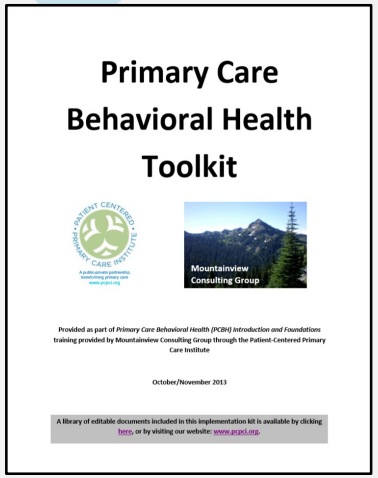


Therapistaid.com



CFHA PCBH Sig Web Page

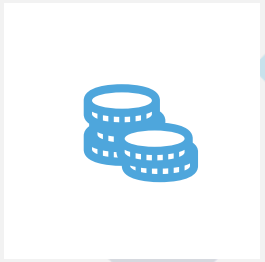


Primary Care Behavioral Health Tool kit

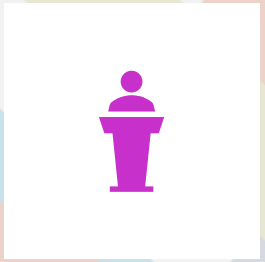
Mountainview Consulting Group through the Patient-Centered Primary Care Institute

Tips and Tricks #4

Don't Over Do It



Less is more



Patients are often seeing multiple team members in same day

Psychoeducation is enough

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Tips and Tricks #5

Always Give Homework

- Often long periods of time in between visits
- Know your populations' health literacy
- Rate confidence and motivation
- Teach back is helpful tool….

"tell me what your plan is over the next couple of weeks"

How To Question Stressful, Angry, Anxious, or Depressed Thinking

1. Am I upsetting myself unnecessarily? How can I see this another way?
2. Is my thinking working for or against me? How could I view this in a less upsetting way?
3. What am I demanding must happen? What do I want or prefer, rather than need?
4. Am I making something too terrible? Is that awful? What would be so terrible about that?
5. Am I labeling a person? What is the action that I don't like?
6. What is untrue about my thoughts? How can I stick to the facts?
7. Am I using extreme, black-and-white language? What words might be more accurate?
8. Am I fortune-telling or mind-reading in a way that gets me upset or unhappy? What are the odds or chances that it will really turn out the way I'm thinking or imagining?
9. What are my options in this situation? How would I like to respond?
10. What are more moderate, helpful, or realistic statements to replace the upsetting ones?
11. Have I had any experiences that show that this thought might not be completely true?
12. If my best friend or someone I loved had this thought, what would I tell them?
13. If someone I cared about knew I was thinking this thought, what would they say to me?
14. Are there strengths in me or positives in the situation that I am ignoring?
15. When I am not feeling this way, do I think about this situation any differently? How?
16. Have I been in this type of situation before? What happened? What have I learned from prior experiences that could help me now?
17. Five years from now, if I look back on this situation, will I look at it any differently? Will I focus on any different part of my experience?
18. Am I blaming myself for something over which I do not have complete control?
19. Thinking Mistakes That Create Stress, Anger, Depression, Anxiety, and Worry

All-or-nothing thinking. You see things in black-and-white categories. It is either one thing or another; there is no room for anything in between. "I'm 100% healthy or I must have a fatal disease."
Jumping to conclusions. You make a negative interpretation even though there are no definite facts that convincingly support your conclusion. "My husband is late because he is in a car accident and is injured on the side of the road."
Fortune-telling. You anticipate things will turn out badly, convinced the prediction is a fact. "Not getting this job will cause us to lose the house."
Should statements. "Musts" and "oughts" are also offenders. Emotional consequences can include anxiety and anger. "I should be able to handle this."
Overgeneralization. Assuming one event is actually a pattern. "My hand is a little shaky today, I must have Parkinson's Disease."
Disqualifying the positive. Filtering out or rejecting positive experiences to maintain negative beliefs. Upon hearing that your spouse has checked all the doors and windows and they are all locked you think, "But someone could cut out a piece of glass and open the window."
Catastrophizing. Predicting the worst possible outcome imaginable. "Terrible," "awful," "horrible," "worst ever" might be key words. "If I can't get my heart to stop pounding I'm going to die."
Superstitious thinking. The thought that something you do prevents something awful from happening. "Giving my spouse a hug and telling her to be careful before going to work will prevent her from getting in a wreck. I do it every morning and she hasn't gotten in a wreck yet."
Emotional reasoning. The belief that because you feel a certain way means that the assumptions and associations you have with that feeling are true. "The fear, doom, and constant anxiety must mean something is seriously wrong with me."

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Tips and Tricks #6

Give Rationale Behind Your Intervention

- One is less likely to engage in an intervention if they don't know why they should be doing it
- Know the research and have good reason for introducing the intervention
- Good opportunity to provide some psychoeducation
- Stay in your lane
- Don't move on to a new intervention until they have mastered it or have good reason not use the intervention

Why?

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Tips and Tricks #8

Make and Use Templates

- Saves time
  - Allows you to see more patients
  - Provides consistency for the medical providers
  - Self care
    - Everyone wants to get home on time

Pt reported a hx of XXX. Pt explained that he/she lives in a XXX with XXX. Pt indicated that she/he works full/part time but also receives XXX. Pt identified his/her relational status as single/married/divorced. Pt noted that she/he has supportive friends and family that she regularly/rarely see's. Pt identified her/his hobbies as XXX. Pt indicated that he/she is/is not religious/spiritual. Pt reported that he/she has difficulties falling and staying asleep. Pt explained that he/she gets XXX hours of sleep a day. Pt denied any exercise and described eating XXX meals a day. Pt denied any current drug or alcohol use.

He/she explained that her/his primary concern is XXX. Pt described experiencing XXX for the past XXX years. PT reported recent increase/decrease in symptoms over the past XXX. Pt identified her/his triggers as XXX. He/she is currently using XXX to help manage her/his symptoms.

Love – Work – Play
Relationship status
Living situation
Family
Friends
Spiritual life
Work/Income
Fun/hobbies
Health Risk & Behaviors
Alcohol/Drugs/Tobacco
Exercise
Sleep

Time – Trigger – Trajectory
Onset of problem
Recent change, why now?
Triggers
Things that make it better, worse
Effect on love – work – play

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Tips and Tricks #7

Use Screeners/Outcome Measures

- Tool to help assess symptomology
- Monitor progress
- Helps patient recognize change

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? *(Use "✓" to indicate your answer)*	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

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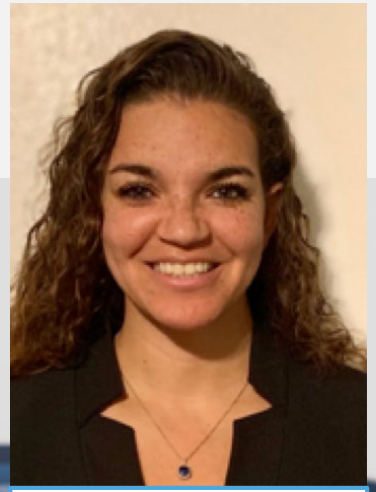

Brittany Houston
2019 Student Representative

Jonathan Novi
2019 Co-Secretary

The Multiple Roles of the BHC

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A Word on Communication

- Key to all things in the life of a BHC!
  - *Functional*
  - *Broad Impact*
  - *Inherent Challenges*

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The Many "Hats" of a BHC

Team Builder

Entrepreneur

Educator

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Case Vignette

Team Builder

"Closing the Loop"

Entrepreneur

Piloting pain or stress groups

Scrubbing charts

Educator

In-service on MI skills or psychosocial factors of pain

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Questions every BHC should ask

- "How do I communicate with my PCPs and clinic staff?"
  - Not just process, practical too
- "How do I let others know I can help?"
  - New(er) kids on the block
- "How can I best serve our population and the clinicians caring for them?"
  - KSAs that you can share
  - Ex: Interventions, patient population, conditions

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Tips and Tricks for the Educator

Develop strategies to store and share materials

- Utilize online storage or shared network drives
- Collaborate and divide labor for content
- Don't re-invent the wheel
  - Ex: PCBH SIG Resources (https://www.cfha.net/general/custom.asp?page=PCBHHANDOUTS)
- Organize by -
  - Intervention
  - Diagnosis
  - Condition
  - Frequency of use
- Be sure to review, revise based on need (at least annually)

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Tips and Tricks for the Entrepreneur

Perfect your BHC "Introduction"

- Can you tell someone who you are and what you do in 30 seconds?
- Key points:
  - Title and credentials
  - Role in the team
  - Purpose of encounter
  - Expectations for the encounter (i.e., goals or outcomes)
- Benefits
  - Education
  - Agenda setting
  - Rapport building (and permission to interrupt)
  - Useful for new providers, clinicians as well!

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Tips and Tricks for the Entrepreneur

Anticipate common concerns or presenting issues

- Gather Data
  - Informal surveys
  - Formal questionnaires
  - Referral/Handoff tracking
  - Just ask!
    - "What type of diagnoses/issues do you notice are most difficult in your practice?
- Strategize
  - Emphasis on population health
  - Identify best approach
    - Chart scrubbing
    - Develop a group
    - Provide education to team/clinic

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Tips and Tricks for the Team Builder

Prioritize communication – Strive for continuous improvement

- SBAR Format
  - Situation, Background, Assessment, Recommendations
  - 60 second target
  - Practice/Example

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Tips and Tricks for the Team Builder

Prioritize communication – Strive for continuous improvement

- Get to know your clinic staff (as providers and people!)
  - Eat lunch in the breakroom
  - Document at nurses stations
  - Attend work-related functions (e.g., birthday parties, professional gatherings
- Identify preferred communication styles for provider feedback
  - In-person? Messenger? Chart notes? Post-its?
  - Observe, Ask, Be Flexible

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Practice Management

Melissa Baker
2018 Co-Secretary

Deepu George
2018 Co-chair

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Practice management for PCBH:

- **Efficiency in running day-to-day operations that result in patient satisfaction and office efficiency**

Manage the revenue cycle to maximize cash flow

- Specificity in BHC roles, with appropriate percentage of activities (clinical, admin, etc.,)
- Corso, Hunter, Dahl, Kallenberg & Manson (2016). *Integrating behavioral health into the medical home: A rapid implementation guide.* Green branch Publishing, MD.

Mitigate risk with strong compliance programs

- Clear understanding of Health system goals and aligning BHC / PCBH to value based metrics. For example, improved diabetes / blood pressure control, depression

Strengthen business with good financial planning and corporate structure

- Understand the limitations of the fees-for service system
- Seek local, state, and federal funding
- Consider other cost-mitigating strategies:
  - Gouge, Polaha, Rogers, & Harden (2016). Integrating behavioral health into pediatric primary care: Implications for provider time. The Southern Medical Association.

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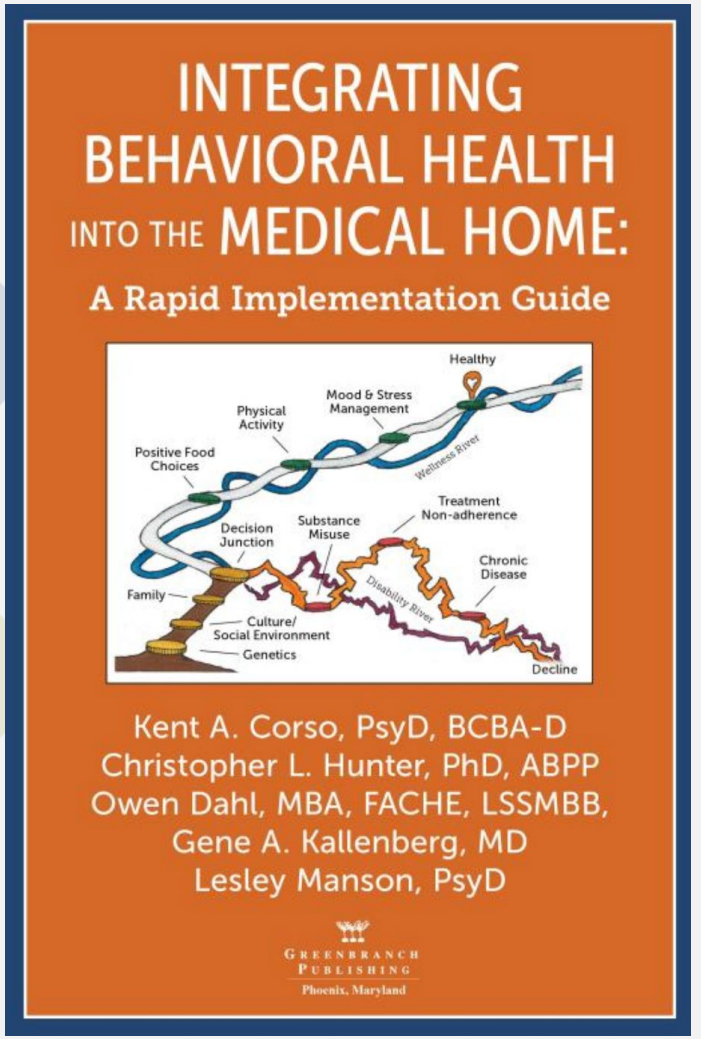
Adapted from American Academy of Professional Coders (2019)

Manage relationship with payers and suppliers to maximize reimbursement and reduce costs

- Accurate understanding of payor mix and changing regulations
- Negotiating rates for special services, such as pathways (Cherokee Health Systems example)

Lead efforts with information technology that will meet the demands for providing quality care and necessary communication within the medical community

Effectively lead the practice into the future creating value and stability for advancing PCBH practice



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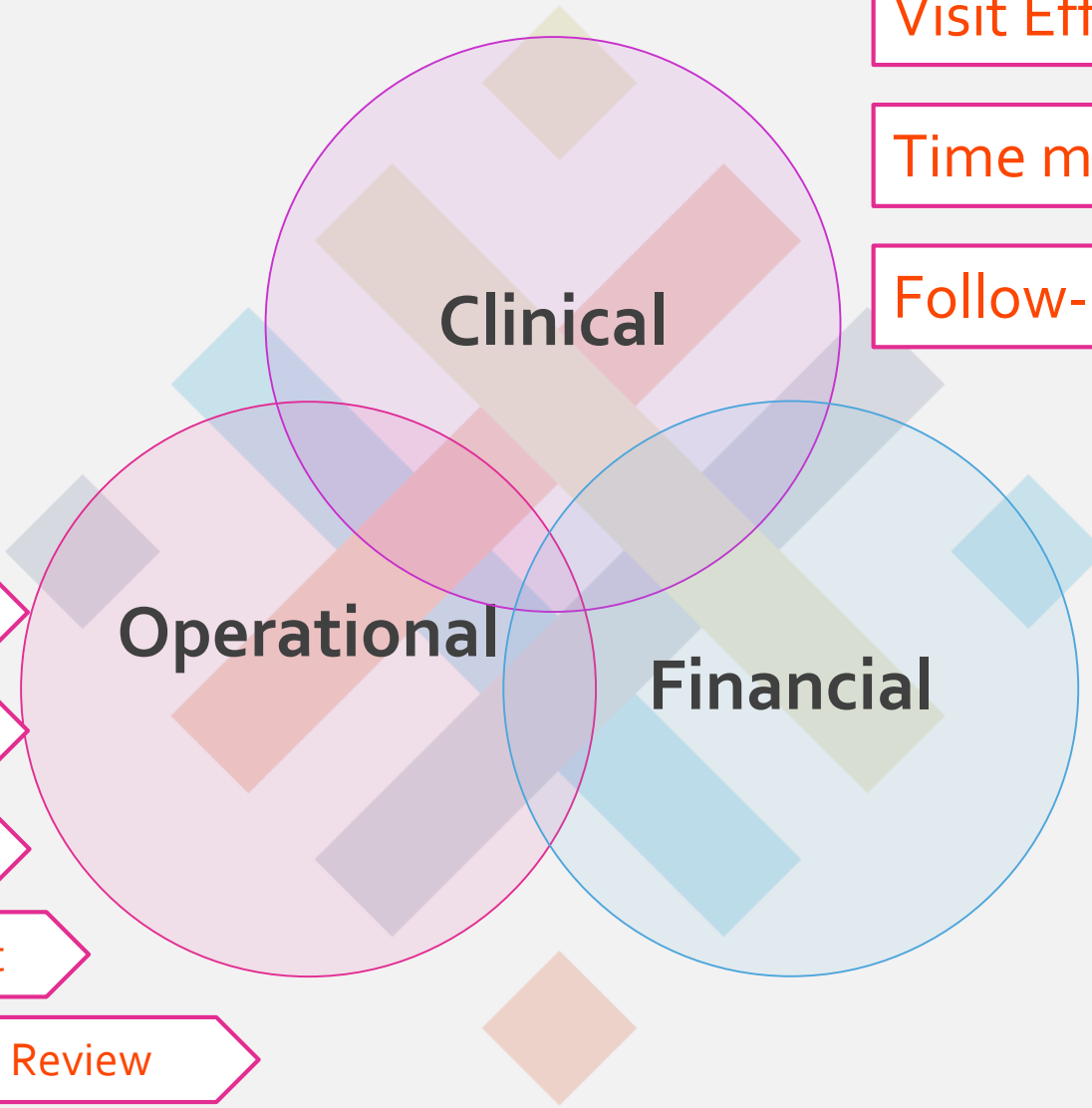
Practice Management:



- Visit Efficiency
- Time management
- Follow-up management
- Mission Statement
- Metric review
- EHR data & analytics
- Return on Investment
- Provider Competency Review
- Payor Mix
- Billing Regulations
- Empanelment
- Claims data
- Incentive programs

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Example & Discussion:

- Central Washington Family Medicine center: Dr. Bauman and Dr. Beachy
  - 4.8 Patients per clinic, which is 9.6 patients per day
  - 4.68 paired visits per day with PCPs; with 3 BHCs on the service, clinic averaged 14 paired visits
  - 368 unique patients in one month

Patients Per hour:

- Calculates only the hours the BHC is in clinic
- PCPs follow a similar structure: 15 minute visits, fill three of the four visit slots each hour
- Aligns with clinic culture

Patients Volume:

- Part time BHC worked 11 days and saw 110 patients.
- Volume: 71% (110/11 x 14=0.71)

Population penetration:

- Percentage of population that had a BHC visit
- Measured at 3 or 6 months / monthly
- All 3 of these metrics needs to be high as possible

Table 8.1 A method for calculating patient volume[a]

1. Tally the number of days worked by the BHC
2. Tally the number of patient encounters the BHC completed for the month
3. Multiply the number of days the BHC worked (#1) by 14 to get the number of patient encounters the BHC would see if 100% productive[a]
4. Divide 2 above by 3 above
5. This is a productivity score, with a range of 0–100%

[a]Assumes a clinic day is always 7 hours, using 30-minute visits

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- ASSESSMENT & INTERVENTION
- BHC ROLES
  - EDUCATOR
  - TEAM FACILITATOR
- PRACTICE MANAGEMENT

Summary

Q&A Time

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- **PCBH SIG Meeting and Social**
  - Friday, October 18, 2019 7 am
  - Friday, October 18, 2019 7 pm
    - Yardhouse
    - Free appetizers!
- **PCBH Community Forum**
  - Sunday, October 20th
- **The Integrated Care Podcast**
  - Available monthly
  - Look for us in your favorite podcasting app
  - www.integratedcarenews.com

Thank You

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Session Survey

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

CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

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