



Session C6 - Building a PCBH Toolbox: Tips and Tricks to Grow and Innovate your Practice



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Clarissa Aguilar, Jonathan Novi, Melissa Baker, Brittany Houston, Zeke Sanders, Deepu George

Assessment and Intervention

- Structural Framework
 - 5 A's
 - Contextual Interview or Functional Assessment
- Utilize your tools (screening measures, handouts, etc.) to inform your intervention
- Customized / Individualized Treatment
 - Psychoeducation IS intervention
 - Behavioral Interventions (see slide 16)
 - Cognitive Interventions (see slide 16)
 - Trans-diagnostic / Third Wave approaches (see slide 16)
- “Tips and Tricks”
 - Always clarify referral question (with provider, patient) – crucial for referral, targeted intervention
 - Practice your introduction
 - Don't Reinvent the wheel (i.e., rely on tools, resources available)
 - Less is more
 - Give homework (always) and write it down
 - Explain what you're doing and why
 - Templates, templates and templates

Multiple Roles of the BHC

- Entrepreneur
 - Perfect your “Elevator pitch” to staff (e.g., Tx conditions, best way to refer, key descriptors of who you are and what you do)
 - Anticipate common concerns or presenting issues for your clinic
 - Collect data (surveys, questionnaires, tracking referrals/handoffs, ask!)
 - Strategize (population health, scrubbing charts, groups and team education)
- Educator
 - Create a shared drive of patient materials and marketing items
 - Utilize online storage or shared network drives
 - Collaborate and divide labor for content
 - Use existing materials
 - Organize by: Intervention, Diagnosis, Condition, Frequency
 - Review, revise annually
- Team Builder
 - SBAR (Situation, Background, Assessment, Recommendation) – Keep it brief!
 - Get to get to know your teams
 - Attend work functions (birthdays, physician dinners); Document at nursing stations; Eat lunch in the breakroom

- Identify preferred communication styles
 - Observe, Ask, Get and Give Feedback – Learn how those around you want to communicate
 - Via EMR, in-person, skype/messenger

Practice Management Tips

- Specify BHC roles and activities, know percentages
- Align goals of broader health system with integrated care practice
- Know your payors and state regulations (including funding options, value-based metrics)
- Clarify goals and strategies targeting broader healthcare system including:
 - Operational (e.g., mission statement, metrics, EHR and analytics, ROI, provider competencies)
 - Clinical (e.g., visit efficiency, time mgmt., follow-up mgmt.)
 - Financial (e.g., payor mix, billing regulations, claims data, empanelment)
- BHC Metrics
 - Patients per hour (e.g., similar to PCP structure of 15 min appts, targeting 3/4 utilization per hour)
 - Patient volume
 - # of visits per month/# of available “slots” per month
 - E.g., 7 hour work day, 30 min appts, lunch
 - Penetration rate (% of population seen by BHC)

SUGGESTED READINGS:

Corso, Hunter, Dahl, Kallenberg & Manson (2016). Integrating behavioral health into the medical home: A rapid implementation guide. Green branch Publishing, MD.

Reiter, J.T., Dobmeyer, A.C. & Hunter, C.L. (2018). The Primary Care Behavioral Health (PCBH) Model: An Overview and Operational Definition. Journal of Clinical Psychology in Medical Settings, 25(2) 109-126. <https://doi.org/10.1007/s10880-017-9531-x>

Miller, B. F., Gilchrist, E. C., Ross, K. M., Wong, S. L., Blount, A., & Peek, C. J. (2016). Core competencies for Behavioral Health providers working in primary care. Prepared from the Colorado Consensus Conference. February 2016.

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