

The Border of Change: Evaluating the Impact of the Primary Care Behavioral Health (PCBH) Model in a Predominantly Latino Population

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Faculty Disclosure

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 and on the conference mobile app.



Learning Objectives

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

- **Learn** about the mitigation of challenges from implementing the PCBH model in Family Medicine Residency clinics
- **Learn** about the mitigation of challenges from conducting high-level research and evaluating the PCBH model in a predominantly Hispanic, low-income region
- **Outline** and discuss the impact of the UTRGV Si Texas Project's findings and its contribution to gaps in PCBH literature

Bibliography / Reference

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5. Robinson, P., Oyemaja, J., Beachy, B., Goodie, J., Sprague, L., Bell, J., & ... Ward, C. (2018). Creating a primary care workforce: Strategies for leaders, clinicians, and nurses. Journal Of Clinical Psychology In Medical Settings, doi:10.1007/s10880-017-



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Objectives:

- Learn about the mitigation of challenges from implementing the PCBH model in Family Medicine Residency clinics.
- Learn about the mitigation of challenges from conducting high-level research and evaluating the PCBH model in a predominantly Hispanic, low-income region.
- Outline and discuss the impact of the UTRGV Si Texas Project's findings and its contributions to gaps in PCBH literature.

Special Thanks: Si Texas Funding Partners



Special Thanks:

UTRGV Partners & Leadership

UTRGV

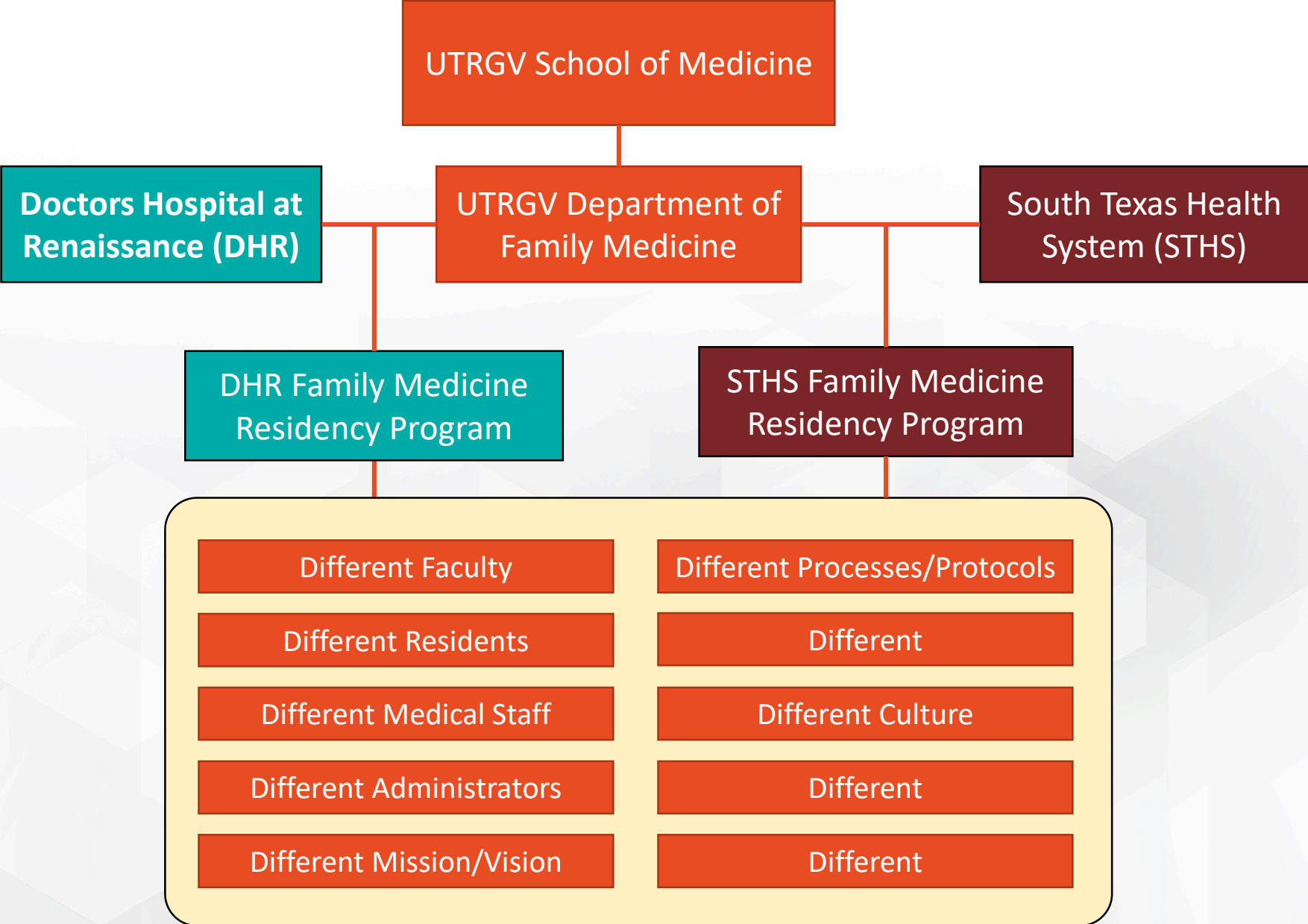


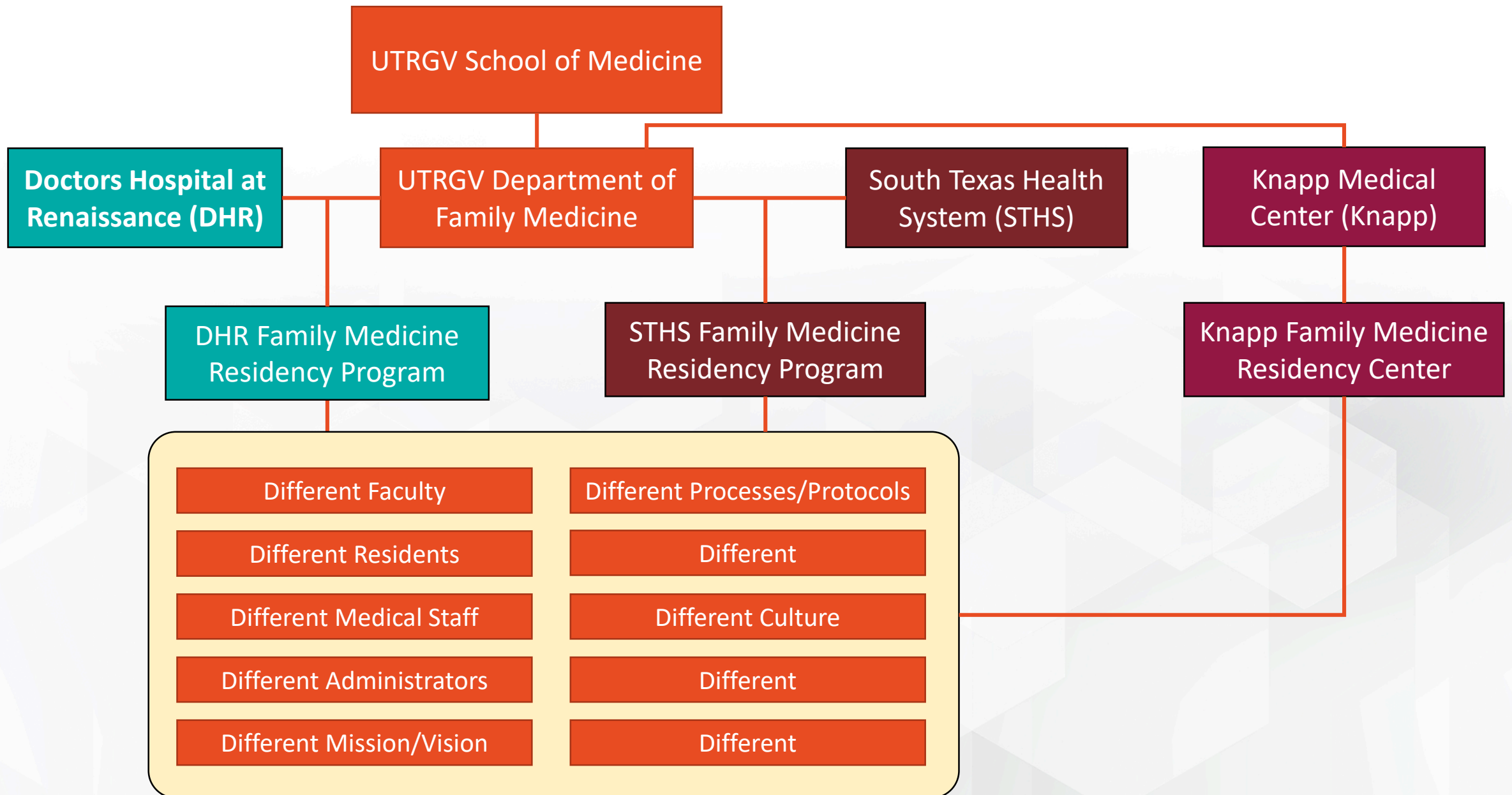
UT Health
Rio Grande Valley

Implementing the PCBH Model in a Residency Setting

MITIGATION STRATEGIES

What
Organizations Did
The Project
Engage?





The UTRGV Department of Family & Community Medicine



Clinical Challenges

- **Two clinics** to integrate simultaneously
- **Training** Faculty and Resident providers on PCBH model components in a short amount of time.
- Gaining **buy-in** from providers to **utilize** PCBH services.
- Building **buy-in** from **leadership** to push for PCBH services to be supported.



Clinical Solutions

- **Bringing the experts** in from the start to train BHCs, PCPs and clinic staff.
- Conducting **inclusive quality improvement assessments** with both clinical sites.
- **Multi-faceted, multi-leveled approach** to buy-in.



Provider & Staff Trainings

Quality Improvement Projects



Building Buy-In for PCBH Services

CLINIC STAFF

Front Office & Medical Assistants

- Provided training on the model from experts
- Engaging clinic staff during clinic specific staff meetings
- Lunch & Learn sessions covering a wide range of topics (research protocols, PCBH language, proper delivery of screening tools)

PROVIDERS

Faculty & Residents

- Provided continuous training on the PCBH model with related topics
- Monthly exposure to PCBH services via clinical rotation
- Daily exposure in clinical setting for increased uptake in service utilization

ADMINISTRATION

Hospital & University Leadership

- Transparency in project goals and research
- Development & alignment of internal strategic plan to organizational strategic plan
- Held strategic meetings with key leadership and stakeholders

Conducting High-Level Research

MITIGATION STRATEGIES

Project Background



Doctors Hospital at Renaissance
Family Medicine Residency Clinic



South Texas Health System
Family Medicine Residency Clinic



366
Participants



Eligibility Criteria:

Participants who met
with their **Primary Care
Provider** and who met
with a **Behavioral
Health Consultant**

TIMEPOINTS



KEY METRICS

BMI



Blood
Pressure



PHQ-9
Score



Project Background



**Doctors Hospital at Renaissance
Family Medicine Residency Clinic**



**South Texas Health System
Family Medicine Residency Clinic**



**Doctors Hospital at Renaissance
OB/GYN Residency Clinic**

**PROJECT
COMPLETE**

**Expanded
Services Site**

Research Challenges

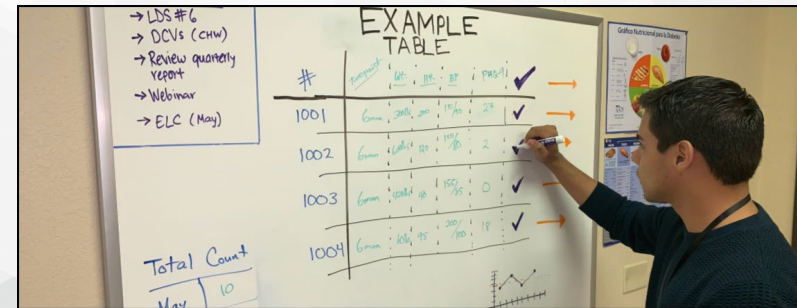
- Three (3) IRB Committees



- Integrating the research protocols to two different clinics without disrupting the clinical flow
- Difficulty in retaining participants, due to:
 1. The **cost** of returning to clinic (participants could not afford co-pay & facility fee)
 2. Lack of **time** (most participants had hourly jobs)
 3. Lack of transportation (some participants had no mode of transportation)
 4. Political climate

Research Solutions

- Transparency to all IRB committees
- Identifying areas where research protocol will have least disruption – **post-QI workflow assessment**
- Community Health Worker (CHW)
 - Continued **Contact Attempts**
 - Conducting **Home Visits**
 - Offering no-charge **Research Visit**



Build & Sustain PCBH Model Fidelity

BHC Training

“Ensuring the success of a new BHC requires a multifaceted training approach and finding training resources specific to PCBH, including mentors and/or consultants, is very important.” (Robinson, 2016)

- High-level training opportunities for BHCs:
 - Courses by leaders in the field of PCBH
 - Online training and webinars
 - Attending conferences such as CFHA

Management Strategies

“When clinic leaders are unable to anticipate necessary changes to clinic infra-structure, the newly hired and minimally trained BHC will lack the operational foundation for integrating fully.” (Robinson, P., Oyemaja, J., Beachy, B. et al., 2018)

Working with clinic leadership has been a key component of building a foundation for BHCs to integrate. It has been equally important to involve and inform leadership of workflow and process changes that lead to better integration of PCBH.

Build & Sustain PCBH Model Fidelity

Clinical Education

“Implementation is an incremental and ongoing process, involving frequent reeducation of PCPs and staff.” (Robinson, 2016)

Designing an IBH educational component was a crucial part in building competencies of PCPs and support staff at our Family Medicine Residency sites. In doing so, the clinics were able to support and help shape the BHC’s practice to toward model fidelity.

Measuring Impact

“Fidelity metrics help BHCs understand how innovations or changes they make affect their overall service” (Robinson, 2016)

Based on best practices and project funding requirements, the tracking of impact measures has been a priority for implementation at both residency sites since the beginning. The successes and challenges of collecting these metrics has been a tool for our program to help BHCs work toward model fidelity.

The UTRGV Si Texas Project

FINDINGS & CONCLUSIONS

Project Metrics

Demographic Metrics	Health Metrics	Behavioral Metrics
<ul style="list-style-type: none">• Name• Age• Gender• Ethnicity• Preferred Language• Contact Information• City• County• Level of Education• Employment Status• Marital Status	<ul style="list-style-type: none">• Health History<ul style="list-style-type: none">• <i>Diabetes</i>• <i>Hypertension</i>• <i>Obesity</i>• <i>Cholesterol</i>• <i>Depression</i>• Blood Pressure<ul style="list-style-type: none">• <i>Systolic</i>• <i>Diastolic</i>• Body Mass Index (BMI)• Height• Weight• Hemoglobin A1c<ul style="list-style-type: none">• <i>Diabetic History Only</i>	<ul style="list-style-type: none">• Depression Screening Score - (PHQ-9)<ul style="list-style-type: none">• Patient Health Questionnaire 9-item• Anxiety Screening Score - (GAD-7)<ul style="list-style-type: none">• Generalized Anxiety Disorder 7-item• Quality of Life Screening Score - (DUKE)<ul style="list-style-type: none">• Duke Health Profile 17-item

Sample Demographics

Measure	Full Sample (n=569)		Intervention (n=364)		Comparison (n=205)	
	n	%	n	%	n	%
Sex						
Male	188	33.0	111	30.5	77	37.6
Female	381	67.0	253	69.5	128	62.4
Ethnicity						
Hispanic/Latino	538	94.6	342	94.0	196	95.6
Non-Hispanic/Non-Latino	27	4.8	21	5.8	6	2.9
Other	4	0.7	1	0.3	3	1.5
Age						
≤ 34	151	26.5	88	24.2	63	30.7
35-44	149	26.2	94	25.8	55	26.8
45-54	136	23.9	92	25.3	44	21.5
55-64	92	16.2	58	15.9	34	16.6
65+	41	7.2	32	8.8	9	4.4
Mean (SD)	44.5 (13.5)		45.5 (13.7)		42.7 (13.2)	
County						
Cameron County	136	23.9	8	2.2	128	62.4
Hidalgo County	418	73.5	341	93.7	77	37.6
Other Counties	15	2.6	15	4.1	0	0.0

94.6% Hispanic

**Average Age =
45 years**

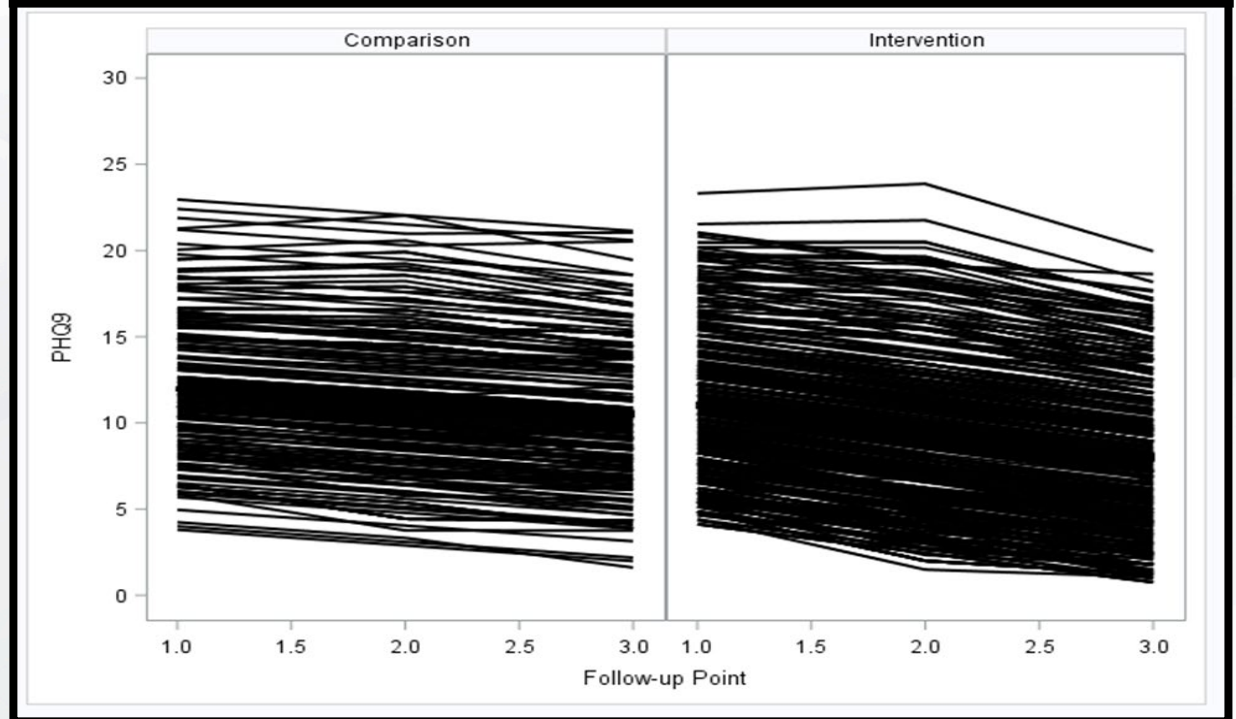
**Hidalgo County
(Central Valley)**

PHQ-9 Score

Results indicated:

- PHQ-9 scores of intervention participants which were on average, lower (-1.94 points) than comparison participants at 12-months.
- A greater trajectory of improvement in depression over the 12-month period for intervention participants, which was statistically significant [Figure 1].

Figure 1: Individual Trajectories of PHQ-9 Across 12-Month Study Period by IBH Intervention and Comparison Group

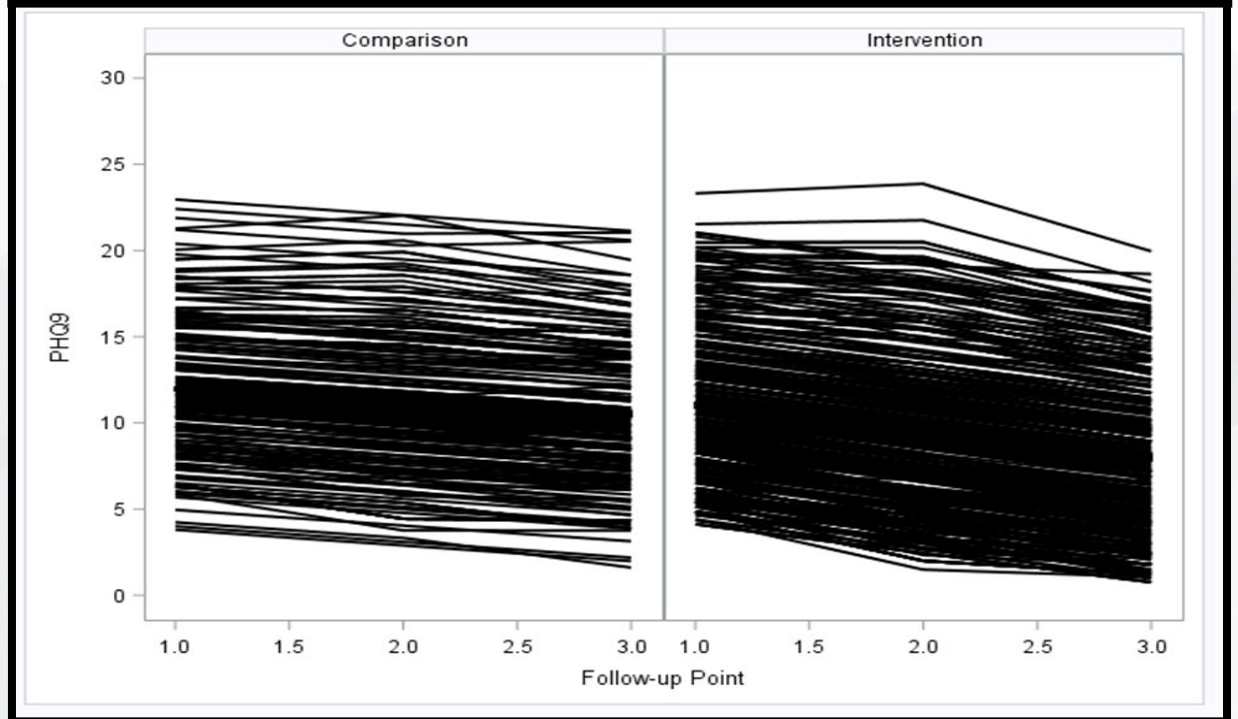


PHQ-9 Score

Results indicated:

- When stratifying for age, findings indicated a significant association of the intervention with a lower PHQ-9 score with participants under the age of 45.

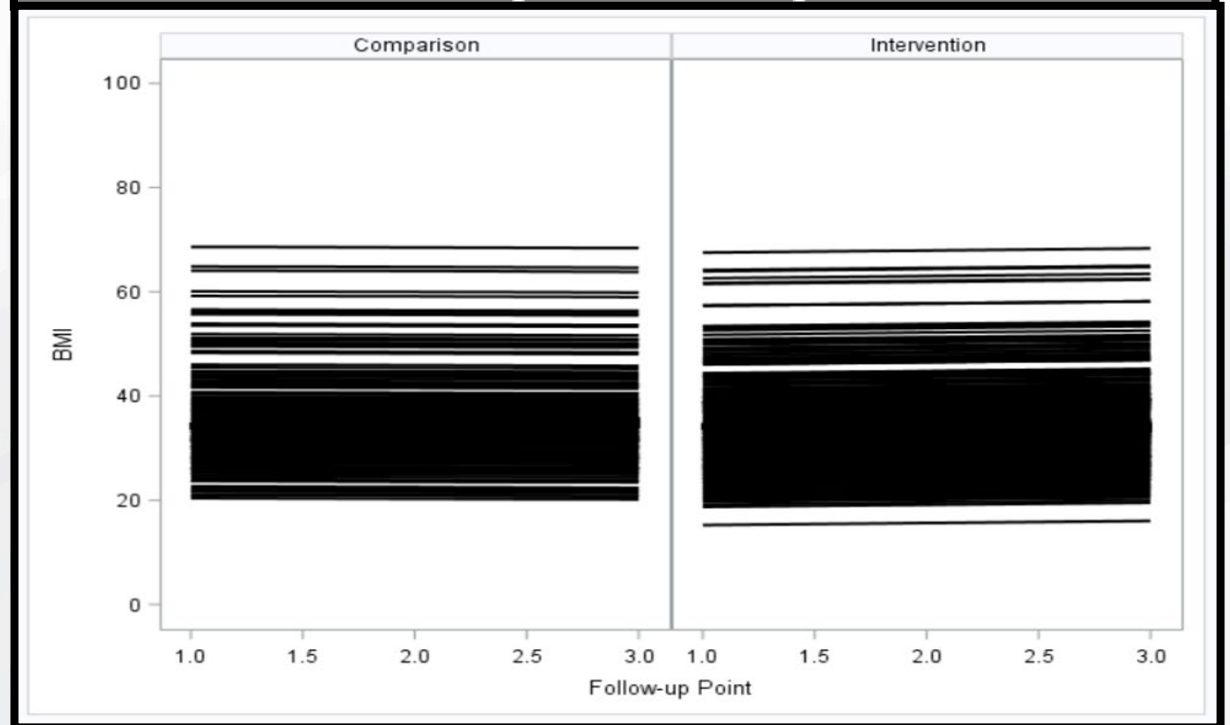
Figure 1: Individual Trajectories of PHQ-9 Across 12-Month Study Period by IBH Intervention and Comparison Group



BMI

- BMI data demonstrated that **on average** intervention participants were **1.12 kg/m² higher** after 12-months than comparison participants.

Figure 2: Individual Trajectories of BMI Across 12-Month Study Period by IBH Intervention and Comparison Group



Blood Pressure (Systolic/Diastolic)

Figure 3: Individual Trajectories of **Systolic Blood Pressure** Across 12-Month Study Period by IBH Intervention and Comparison Group

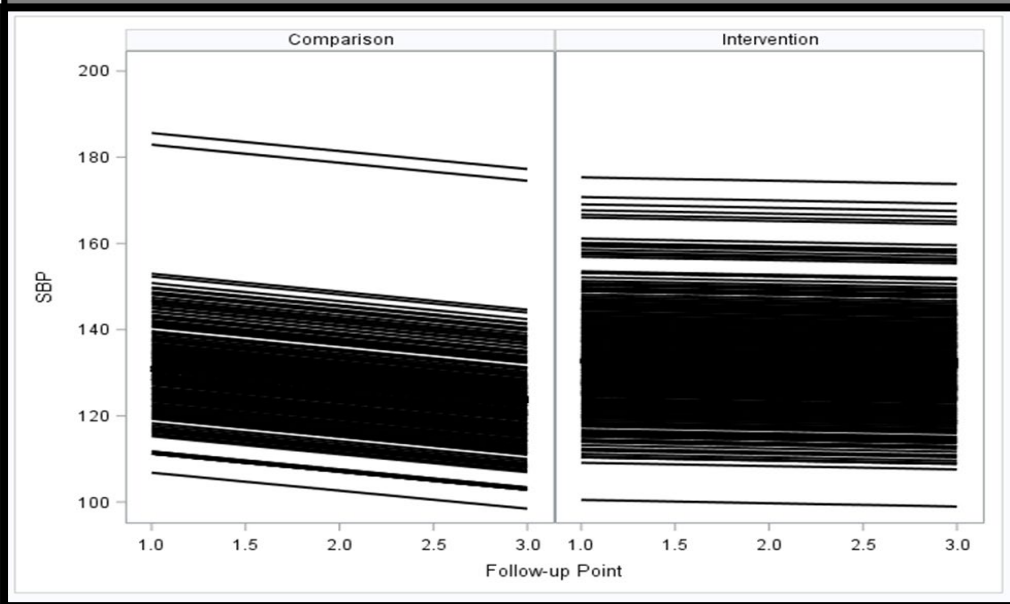
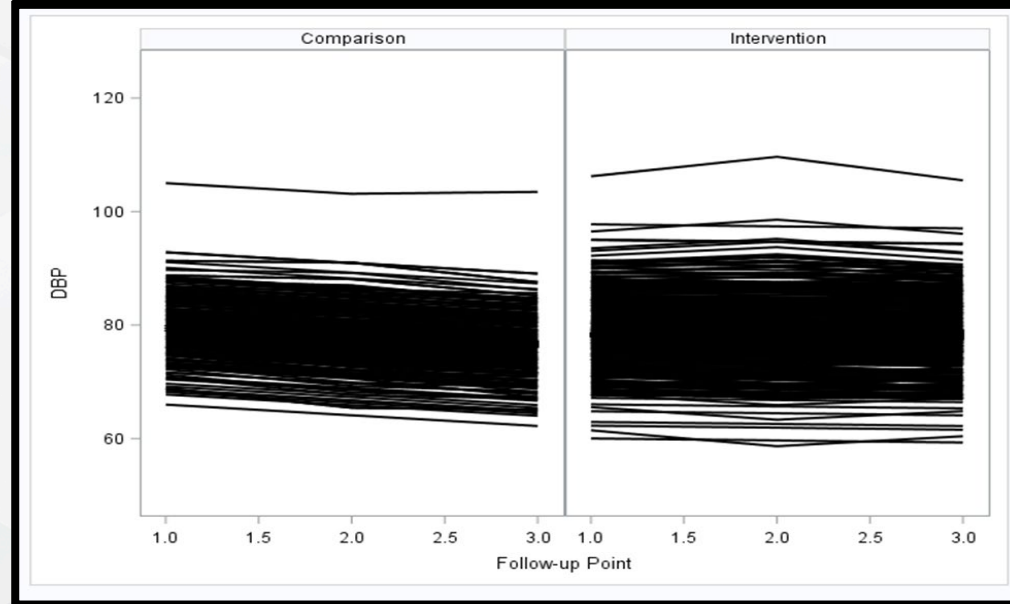


Figure 4: Individual Trajectories of **Diastolic Blood Pressure** Across 12-Month Study Period by IBH Intervention and Comparison Group



Blood Pressure (Systolic/Diastolic)

- Blood pressure in intervention participants was **higher** in both systolic (+7.56 mmHg) and diastolic (+2.76 mmHg) than the comparison group. *However...*

Figure 3: Individual Trajectories of Systolic Blood Pressure Across 12-Month Study Period by IBH Intervention and Comparison Group

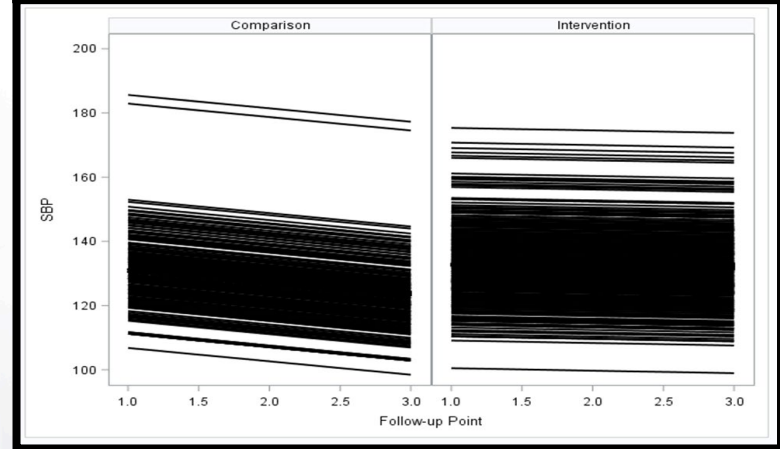
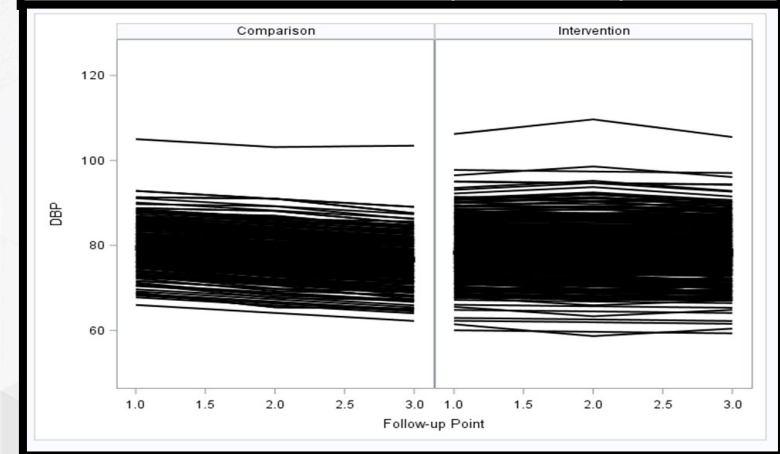


Figure 4: Individual Trajectories of Diastolic Blood Pressure Across 12-Month Study Period by IBH Intervention and Comparison Group



The UTRGV Si Texas Project

WHAT'S NEXT?

Current Sites

Doctors Hospital at Renaissance
OB/GYN Residency Program



1

Doctors Hospital at Renaissance
Family Medicine Residency Program



2

UT Health RGV
McAllen Family Medicine Residency Program



3

Impact from PCBH Services

- 3 Years -

2500+ Individual Patients have received PCBH services.

100+ Doctors trained in PCBH clinics

- 75+ UTRGV **Residents** (Family Medicine & OB/GYN)
- 25+ UTRGV **Faculty** (Family Medicine & OB/GYN)

60+ Medical Staff trained in PCBH clinics

- 5+ Clinic Administrators
- 20+ Front Office Specialists
- 30+ Medical Assistants
- 3+ Nurses
- 2+ Laboratory Staff



Primary Care Behavioral Health (PCBH) & Family Medicine Educator Post-Doctoral Fellowship



Program Description:

- 52-week experience for two (2) trainees: **July – June**
- On-site supervision from an inter-disciplinary team led by behavioral science faculty.
- Innovative curriculum focused on **[1]** building expertise on the Primary Care Behavioral Health model, and **[2]** preparation for an academic appointment or clinical career.
- Each fellow will complete a **scholarly project**, play an **active role in resident education**, participate in ongoing **IBH research** and benefit from **ample opportunities** for other scholarly activities.

Future Sites



UT Health RGV
Employee Health Clinic
Edinburg



4

UT Health RGV
Employee Health Clinic
Harlingen



5

UT Health RGV
Multispecialty Clinics



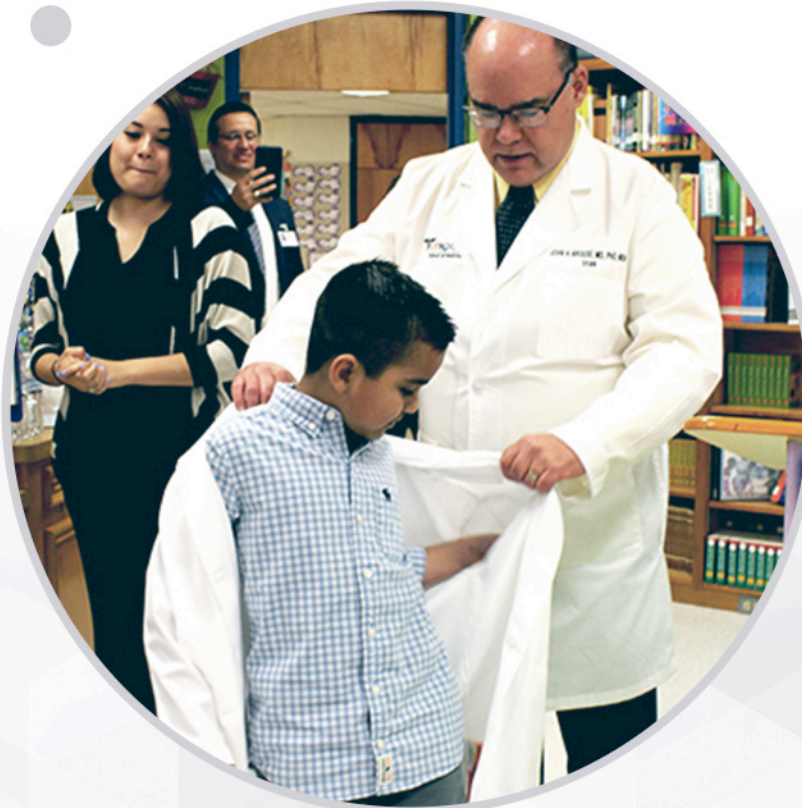
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UT Health RGV
Laguna Vista Clinic



7

Questions?



Thank You!

Session Survey

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



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