Leveraging the BHC to develop and strengthen a care team's capacity to improve patient health outcomes through primary prevention.

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- Taneyea Cooley, DBH, LCSW, Phoenix
- William O'Connell, Ed.D., LMHC, Seattle

Presenters are Behavioral Health Consultants with Iora Health representing three markets.

CFHA Annual Conference
October 17-19, 2019 · Denver, Colorado

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships 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:

- Identify the unique contributions of social work, psychology and counseling to primary prevention
- Be oriented to Iora's model of integrated care
- Learn an example of team oriented mental health education
- Discuss strategies to improve population health as the result of continuous follow up with care teams.

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Bibliography / Reference

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Thom, D. H., Wolf, J., Gardner, H., DeVore, D., Lin, M., Ma, A., … Saba, G. (2016). A Qualitative Study of How Health Coaches Support Patients in Making Health-Related Decisions and Behavioral Changes. *Annals of Family Medicine*, *14*(6), 509–516. https://doi-org.proxy.seattleu.edu/10.1370/afm.1988

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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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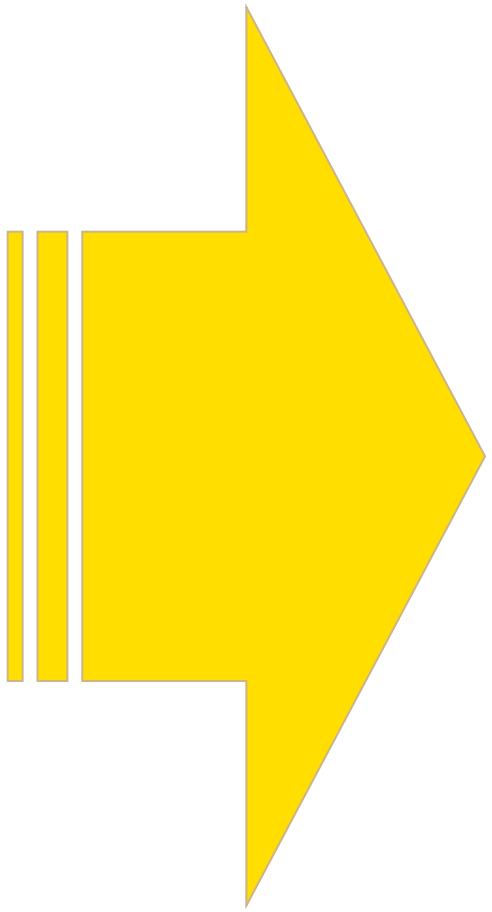
WE'RE RESTORING HUMANITY TO HEALTH CARE

Primary Prevention

Social Work

Psychology

Counseling



Behavioral Health Consultant

Primary Prevention

"Well-designed interventions (strategies) that achieve improvements in lifestyle-related risk factors could result in sufficient savings in the short and medium term to substantially offset intervention costs (Ormond, et al. 2011)."

The Behavioral Health Program

Goals

- Address behavioral drivers of health and healthcare utilization
- Promote effective treatment of comorbid mental health conditions
- Develop team skills in behavior change and communication

How

- Direct care: brief, focused, evidence based treatments, open access/warm handoffs and **group services**
- Consultation: live availability for teams for advice and recommendations
- **Training and Development:** for all members of the care team
- Population Health: review of registries, and **panel rounding**
- External Coordination: mental health and social resource networking

Strategies to Improve Population Health

- High Worry Score Panel Rounding
- Team Based Training
- Patient Group Visits for Chronic Conditions

Panel Rounding

Health coach reviews independently

Multidisciplinary team reviews as group

High Worry Score Panel Rounding

HIGH

Every 30 days

Multidisciplinary team reviews as group

- What makes them a high worry score?
- What is our plan, including what we are doing now and next steps (that align with patient goals)?
- Update Care Plan with next steps
- Reassess and update worry score
- Health coach (or appropriate team member) follows up on next steps outlined in plan

Team Based Training

Teaching Topics

5-15 minutes
Can be implemented weekly
Behavior led or collaborative with physicians
Participants: Physicians, receptionists, health coaches, behavioral health consultants, clinic managers, nurses

Health Coach Consult Groups

1 hour sessions held monthly
Education, skill building or communication based
Participants: Heath coaches

Team/Clinic Level Training

30-60 minutes
Topic is often specific to meet the needs of a clinic need or team
Participants: Physicians, receptionists, health coaches, behavioral health consultants, clinic managers, nurses

Market Level Training

Scheduled as needed
Often utilizing video conferencing
Participants: Physicians, receptionists, health coaches, behavioral health consultants, clinic managers, nurses, upper management

Example of team oriented group education to prevent chronic disease-diabetes group visit.

Eligibility: Patients identified who have the highest A1C (>9)
Invitation: Letter to patient with invite and RSVP

Session 1	**Session 2**	**Session 3**	**Session 4**
Introductions (Health Coach) Exercise (Health Coach) Diabetes Education (RN) Motivation Education (BHC) SMART Goal Plan (BHS/HC) Log Books for Blood Sugar Levels (RN/HC) Metformin started (PCP)	Review from Session 1 Exercise Goal Plan Follow up and recalibration Foot Care Education Measurements for Shoes	Review from Session 2 Exercise Goal Plan Follow up and recalibration Nutrition Education Sample meals and time to dine	Review from Session 3 Exercise Goal Plan Follow Medication Education Review of Log Books with HC Review of A1C with RN Summary and Evaluation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Session Survey

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

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