

Behavioral Health Integration: Assessing Family Medicine Physicians' Satisfaction of Access & Quality to Mental Healthcare

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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:

- Identify the necessity of integrated behavioral health within primary care settings.
- Understand physician satisfaction of *access* and *quality* to integrated mental healthcare.
- List specific areas of mental health training physicians desire to competently treat complex mental health disorders.

Bibliography / Reference

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5. Siebel, W., Kallenberg, G., & Patterson, J. (2014). *Provider Survey* [Unpublished measurement instrument].
6. Ward, M. C., Miller, B. F., Marconi, V. C., Kaslow, N. J., & Farber, E. W. (2016). The role of behavioral health in optimizing care for complex patients in the primary care setting. *Journal of General Internal Medicine*, 31, 265-267.

Learning Assessment

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

Ascension Via Christi Family Medicine: Demographics & Background

Clinical Setting

Two Urban Family Medicine Residency Clinics in Wichita, Kansas

- 13,390 Patients
 - Underserved
 - Medicaid (50%)
 - Medicare (19%)



Residency Setting

- Community-Based Residency Program
 - 54 Residents
 - 24 Core Faculty
- Broad Training
 - High-Volume Maternity Care
 - Emphasis on Procedures
 - Adult & Pediatric Inpatient Care
 - Fellowships:
 - Sports Medicine
 - International Family Medicine



Via Christi Family Medicine: Behavioral Health Integration

Review of Literature

- 70% of Primary Care Visits are Driven by Patients' Psychological Problems
 - Physician Perspective of Integrated Behavioral Health Providers:
 - Improve Quality of Treatment & Health Related Outcomes
 - Increase Patient Behavioral Health Show Rate
 - Reduce Personal Stress

APA, 2014; Ede et al., 2015; Marlowe et al., 2014; Miller-Matero et al., 2016; & Ward et al., 2016

Behavioral Health Integration



- Three Behavioral Health Providers:
 - Director
 - 2 Master's Level Interns
 - Brief Consultations
 - Traditional Care
 - >60% Clinical Coverage

Methods

Study Design

- Cross-sectional
- Mixed Methods
- Modified Provider Survey

Data Analyses

- Standard Descriptive Summary Statistics
- T-Statistic & Grounded Theory Analysis



Siebel, Kallenburg, & Patterson, 2014

Provider Survey

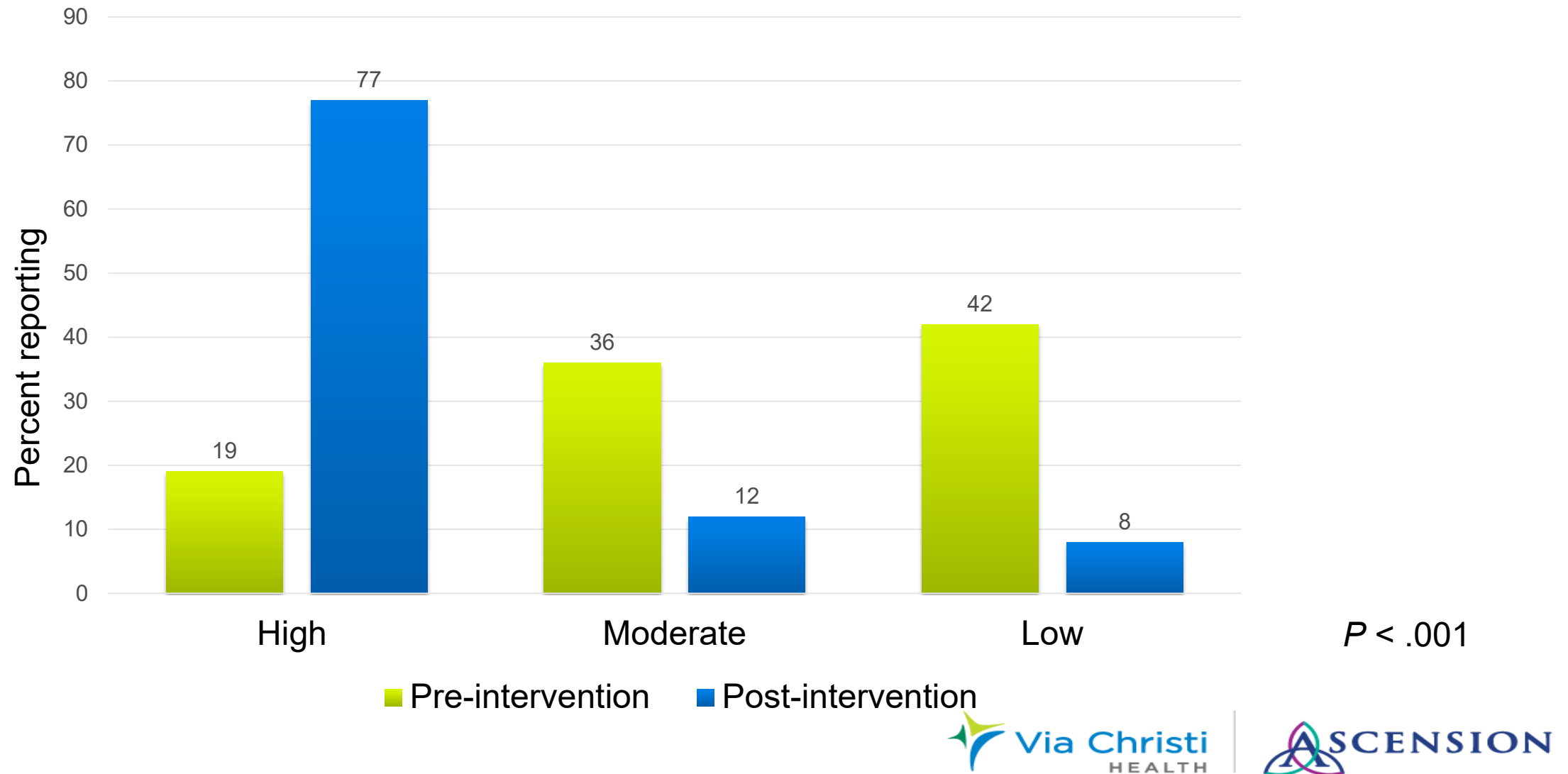
Phase 1: Pre-BH Integration (2016)

- N=36
 - 26 Residents (72%)
 - 10 Faculty (28%)

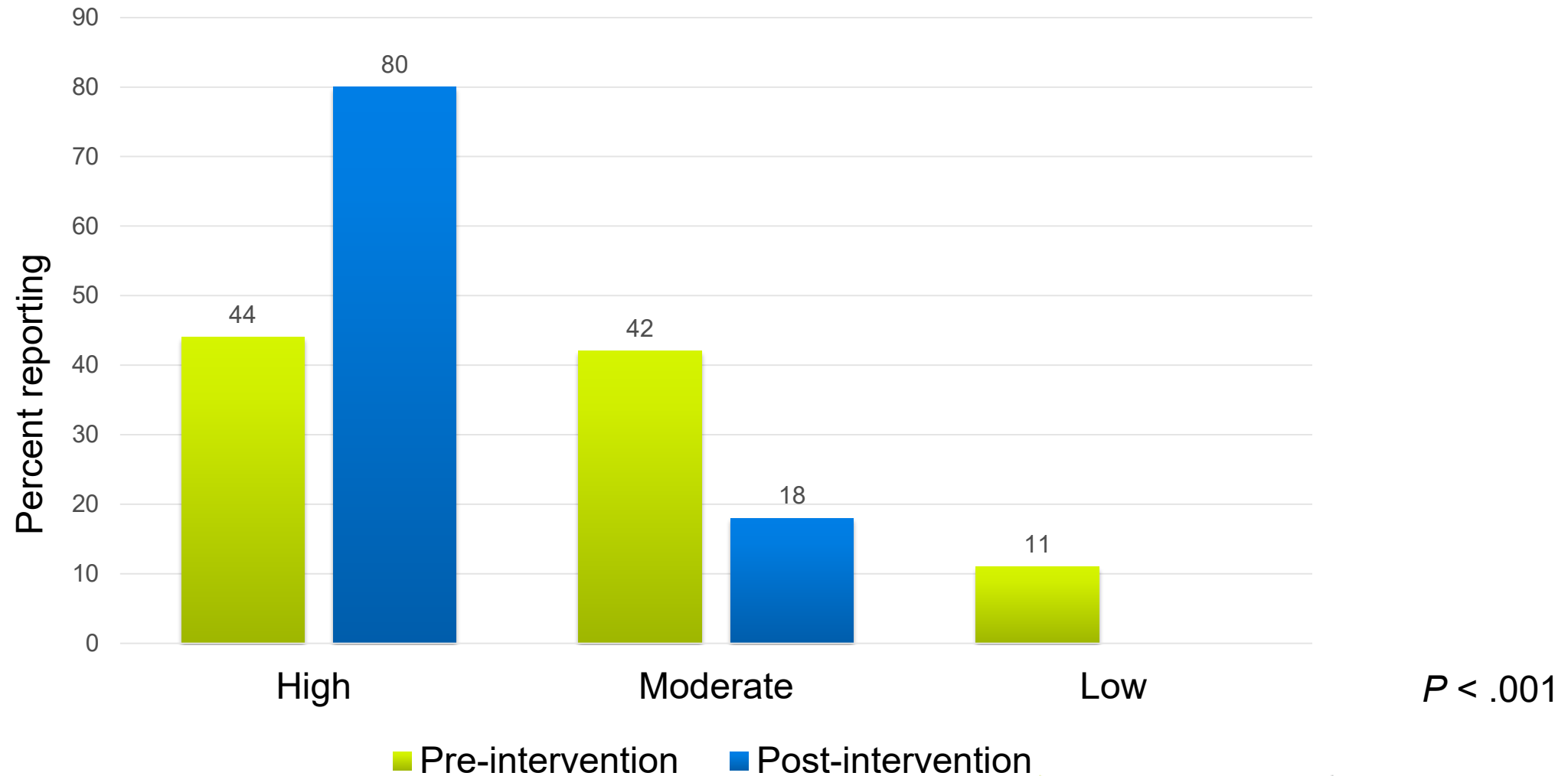
Phase 2: Post-BH Integration (2018)

- N=51
 - 36 Residents (71%)
 - 15 Faculty (29%)

Satisfaction with **Access** to Behavioral Health Services



Satisfaction with **Quality** of Behavioral Health Services



Provider Survey Results

Phase 2: Post-BH Integration (2018)

- Open-Ended Question: *What are some of the areas (in working with psychiatric problems) you would like to have more background and skills in?*
- Themes:
 - Mental Health Management
 - Effective Communication Skills
 - Utilization of Brief Interventions



Focus Group Results

Six Themes:

1. Thankful for patients having access to behavioral health providers within the clinic setting:

*“With the behavioral health integration, I’ve been able to get people seen **during their encounters** and established with our behavioral health team or community resources.”*

*“I feel like, compared to intern year, it’s **easy** for me to walk up to a behavioral health provider and be like, ‘hey, could you come see this patient?’.”*

2. Patients have increased show rates for on-site behavioral health appointments if an initial behavioral health consultation is completed.

*“**Patients show up for behavioral health intakes** if they’ve met a behavioral health provider during a brief consultation, rather than getting referred to someone they haven’t met.”*

*“Initial behavioral health consultations make a huge difference in **increasing buy-in for behavioral health appointments** and whether or not patients will show for these appointments.”*

Focus Group Results

3. Behavioral health providers foster an educational environment for residents through curbside consultations & comprehensive documentation. However, some would like deeper discussion of behavioral interventions in order to replicate.

*“...**helpful in guiding my management** of someone who is in crisis. I also receive documentation after psychotherapy sessions that depict a written plan of treatment.*

*“I would like to learn how to do what they do, **learn how they talk with patients**. I don’t feel like I necessarily learn anything for the future from consulting with them.”*

4. The behavioral health rotation has increased residents’ abilities to support patients in positive health related behavior changes through patient centered, motivational interviewing—there is still room for growth.

*“...it’s changed the way I talk to patients about smoking cessation. **I’ve had a higher success rate** based on implementing these techniques into my everyday practice...”*

*“I feel behavior modification is a large portion of what we do in clinic, and **I don’t feel confident** in my motivational interviewing skills.”*

Focus Group Results

5. Increased desire for training in screening and managing mental disorders with psychotropics.

*“I’d really like to **know how to pharmacologically manage mental health disorders**, because I think once we graduate we’ll be expected to.”*

*“I’m weak in **identifying and treating mental health disorders with psychotic features** collaboratively with patients. I’m not sure how to approach psychosis with patients.”*

6. An overall lack of resources poses barriers to patients attending behavioral health appointments and primary care appointments.

*“We have such a high number of patients that need a lot of mental health services. **More behavioral health providers would be helpful.**”*

*“We’re always working at a deficit when it comes to providers. We see very at-risk patients that have a large demand for behavioral health resources. **The more help that we can get, the better off patients will be.**”*

Via Christi Family Medicine: Outcomes of Behavioral Health Integration

Current Outcomes

- Continued Education Targeted at Identified Treatment Domains
 - Mental Health Management
 - Three Psychiatric Focused Didactic Presentations
 - Screening/Treating Bi-Polar
 - Screening/Treating Treatment Resistant Depression
 - Panel of Psychiatric Experts
 - Utilization of Brief Interventions
 - Didactic Workshop
 - Effective Communication Skills
 - Continued Focus on Patient Centered, Motivational Interviewing Techniques

Future Directions

- Further Expansion of Behavioral Health Program
 - Hire Full-Time Behavioral Health Provider(s)
 - Integrate Psychiatry Residents
 - Consultation Services
 - Management of Patient Registry
 - Assess Patient Perception of Access & Quality of Behavioral Health Services

Small Group Activity

Application

- Behavioral Health Expansion
 - Integration
 - Access, Quality, Other...
 - Available Resources/Needed Resources
 - Key Players
 - Resident Education
 - Assess Need
 - Collaborators
 - Refine Skills

Q & A

Presenter Contact Information



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Session Survey

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



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