

The Webinar will begin promptly at 12pm

Due to the number of participants, you will be automatically placed on mute as you join to ensure good quality sound. If you would like to comment or ask a question, please use the “chat feature”

Send your questions to the host via the chat window in the Zoom meeting.

Q+A will open at the end of the presentation.

Follow-up questions?

Contact



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THE PRIMARY CARE BEHAVIORAL HEALTH (PCBH) MODEL OF INTEGRATED CARE

PRESENTED BY:
Suzanne Daub, LCSW
Marsha Johnson, LCSW
Oscar Flores, LICSW

Tuesday,
April 26, 2022
12:00 pm – 1:00 pm EST

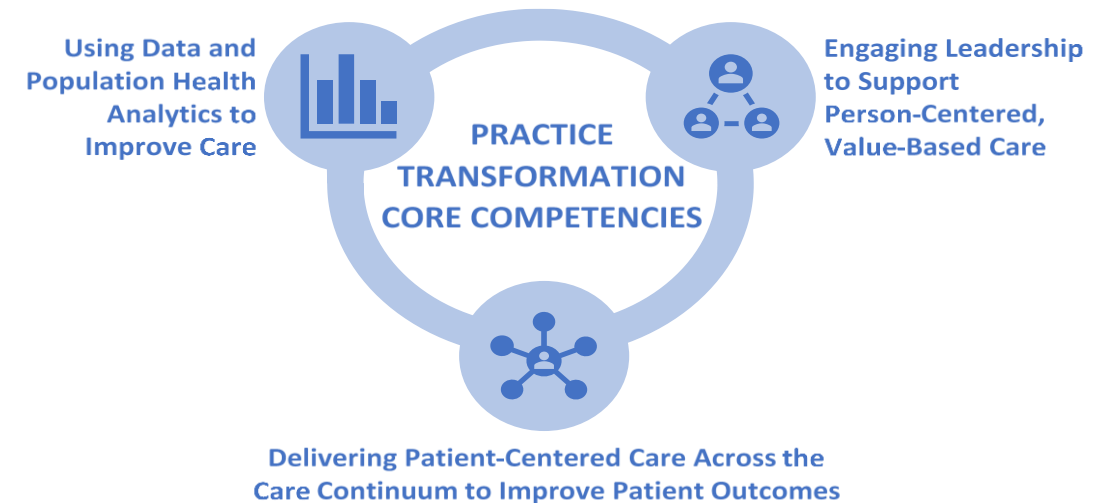
Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial assistance award totaling \$4,616,075.00 with 100 percent funded by CMS/HHS. The contents are those of the author(s) and do not necessarily represent the official views of, or an endorsement by, CMS/HHS, or the U.S. Government.

WHAT IS INTEGRATED CARE DC?



- » Integrated Care DC is a five-year program aimed to enhance Medicaid providers' capacity and core competencies to deliver whole person care for physical, behavioral health, SUD and social needs of beneficiaries.
- » Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). Health Management Associates will provide the training and technical assistance.

The goal is to improve care and Medicaid beneficiary outcomes within three practice transformation core competencies:



- » The program offers several components of coaching and training. Material is presented in various formats. The content is created and delivered by HMA subject matter experts with provider spotlights.
- » All material is available on the project website: [Integratedcaredc.com](https://integratedcaredc.com)
- » Educational credit is offered at no cost to attendees for select elements.



>> Are you receiving our Integrated Care DC Newsletters?

Check your inbox at the beginning of the month for the Monthly Newsletter and around the 15th for the Mid-Month Update.



>> Got ideas?

Take this short survey to share suggestions and requests for trainings.

<https://www.integratedcaredc.com/survey/>



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Faculty	Elizabeth Wolff, MD, MPA CME Reviewer	Shelly Virva, LCSW, FNAP CE Reviewer	Suzanne Daub, LCSW Presenter	Marsha Johnson, LCSW Presenter	Oscar Flores, LICSW Guest Presenter
Company	No Financial Disclosures	No Financial Disclosures	No Financial Disclosures	No Financial Disclosures	No Financial Disclosures
Nature of relationship	N/A	N/A	N/A	N/A	N/A

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- ❖ Application for CME credit has been filed with the American Academy of Family Physicians. This session is approved by AAFP for up to 1 AMA Level 1 CME credit.
- ❖ **If you would like to receive CE/CME credit, the online evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.
- ❖ Certificates of completion will be emailed within 10-12 business days of course completion.

The Primary Care Behavioral Health (PCBH) Model of Integrated Care

- » Welcome and Program Announcements
- » Concept Overview
- » Integrated team roles
- » GATHER model
- » La Clinica del Pueblo case examples
- » Closing Remarks/Q&A

OBJECTIVES

1. Describe primary, secondary, and tertiary care levels
2. Differentiate case-based care from population-based care
3. Describe the roles in the integrated team
4. Describe the framework of the GATHER model
5. Explain consultation in practice



Image permitted by DC Department of Health Care Finance

THE PRIMARY CARE BEHAVIORAL HEALTH (PCBH) MODEL OF INTEGRATED CARE

>> Alisha is a 45-year-old woman

- Insomnia
- Anxiety
- PCP is reluctant to give her medication only, and refers for therapy
- Three weeks later she calls back to say she hasn't slept in days and her appointment with the therapist is still weeks away
- She again requests a sleep aid

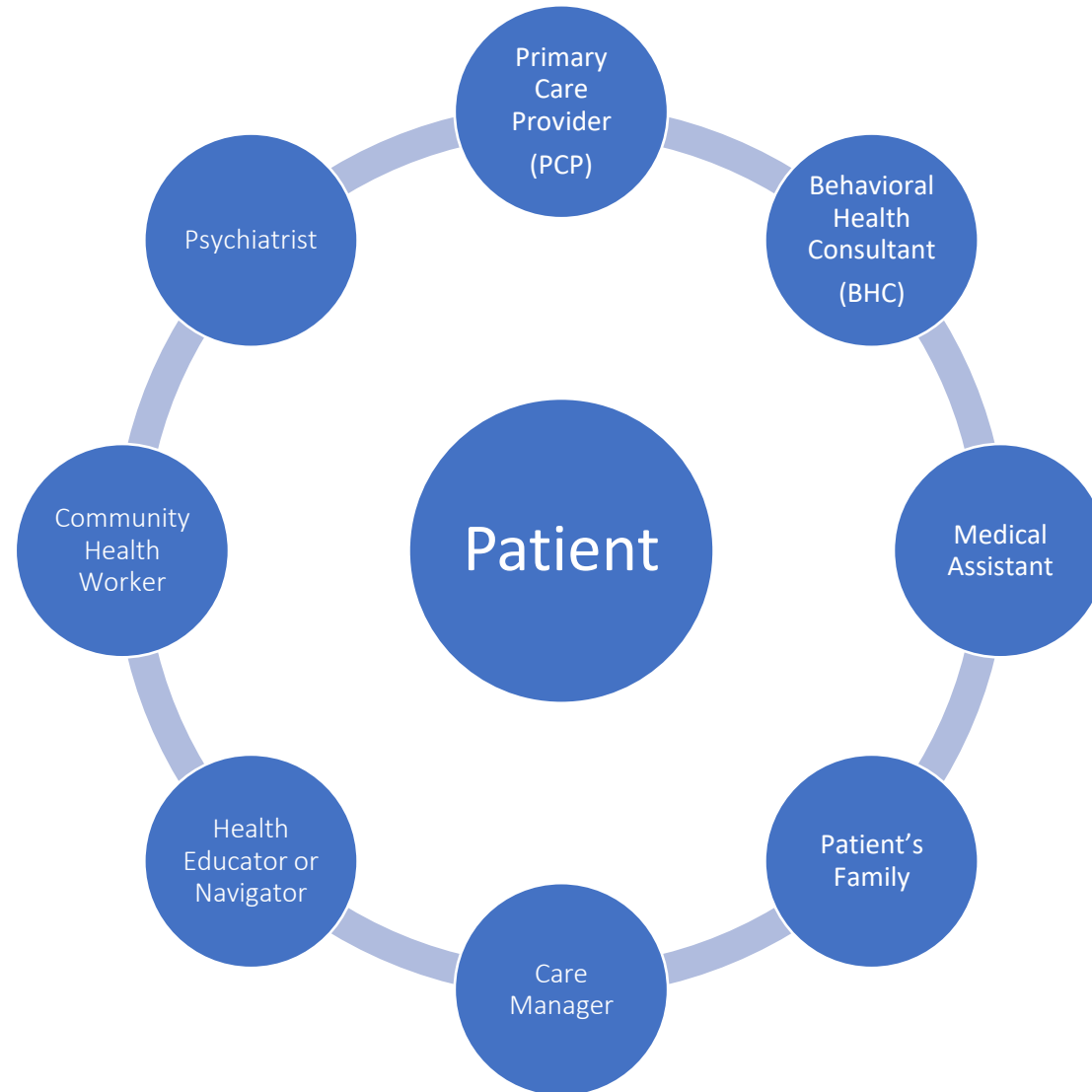
- » Up to 75% of primary care visits include mental or behavioral health components
- » This includes behavioral factors related to
 - chronic disease management
 - mental health issues
 - substance use
 - smoking or other tobacco use
 - the impact of stress, diet, and exercise on health

- Behavioral health factors have an outsized influence on morbidity and mortality and are the source of a large portion of family physicians' frustrations with the health care system
- **Integrating behavioral health improves patient outcomes and makes medical practice more satisfying**

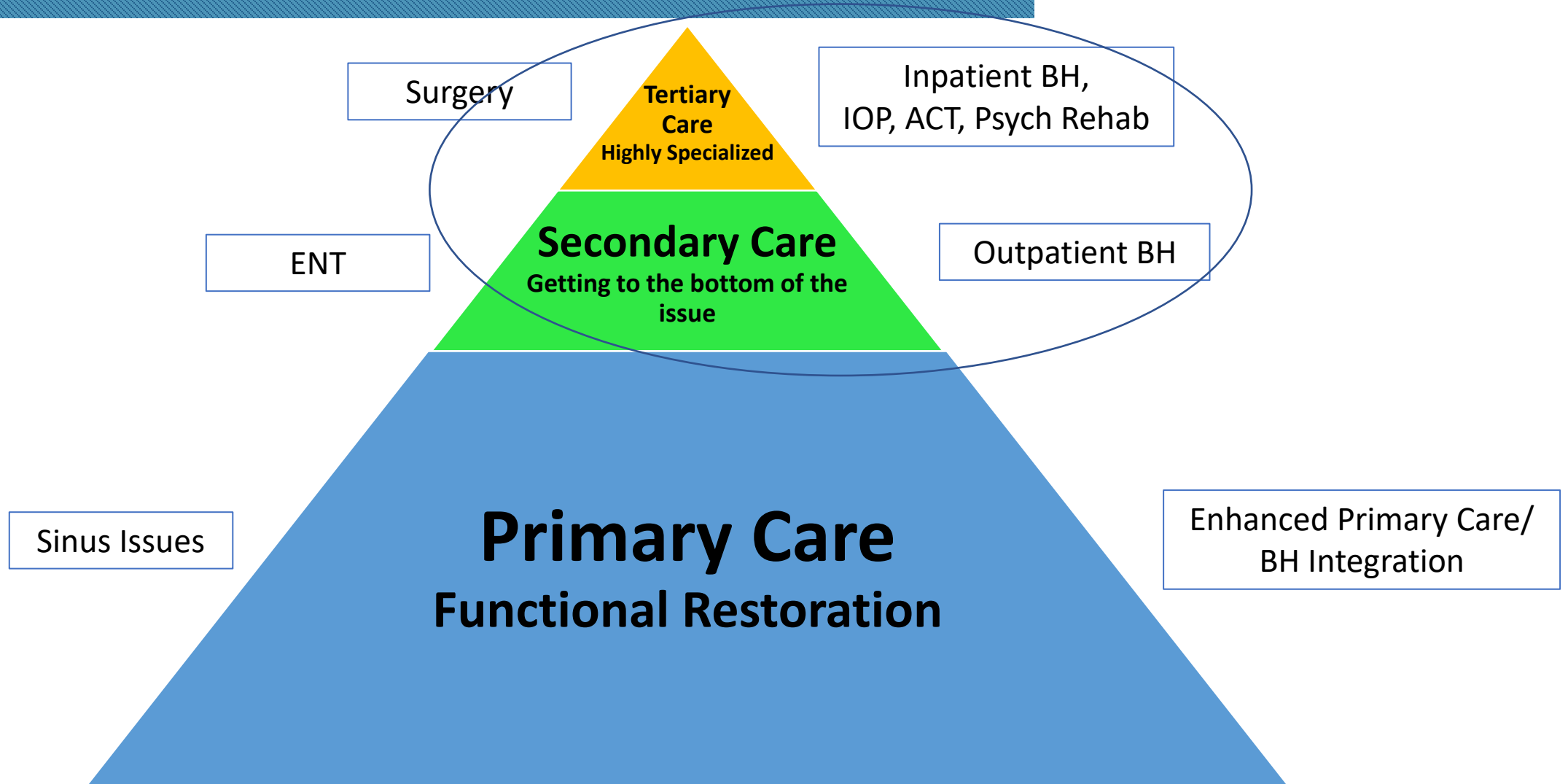
Schrager, S., Integrating behavioral health improves patient outcomes and makes medical practice more satisfying. Here's one way to do it . *Fam Pract Manag.* 2021 May-June;28(3):3-4

- » The Primary Care Behavioral Health Consultation model is a **psychological approach to population-based clinical health care that is simultaneously co-located, collaborative, and integrated within the primary care clinic**
- » The goal of PCBH is to improve and promote overall health within the general population – *Collaborative Family Healthcare Association*

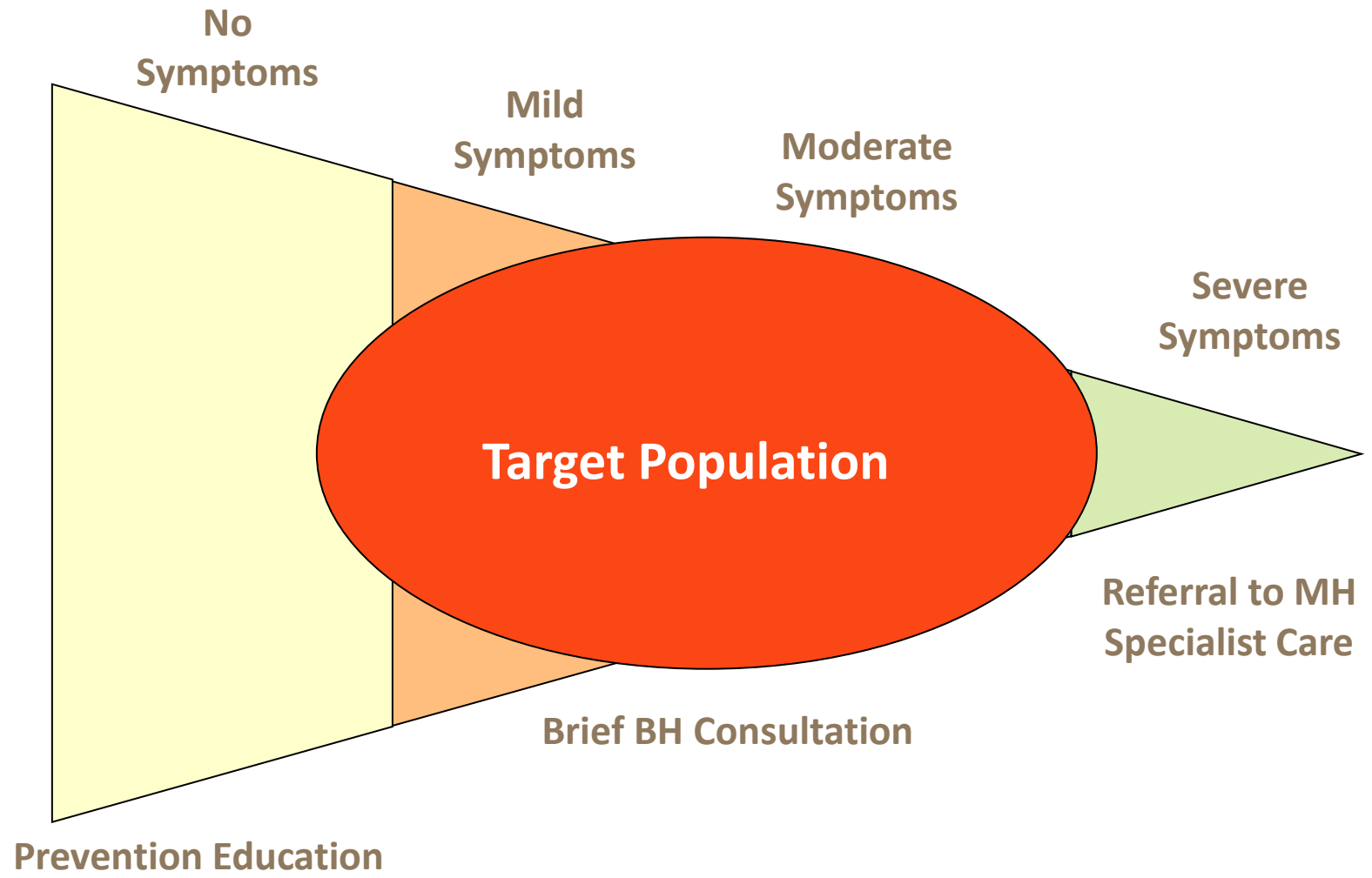
PCHB IS TEAM-BASED CARE



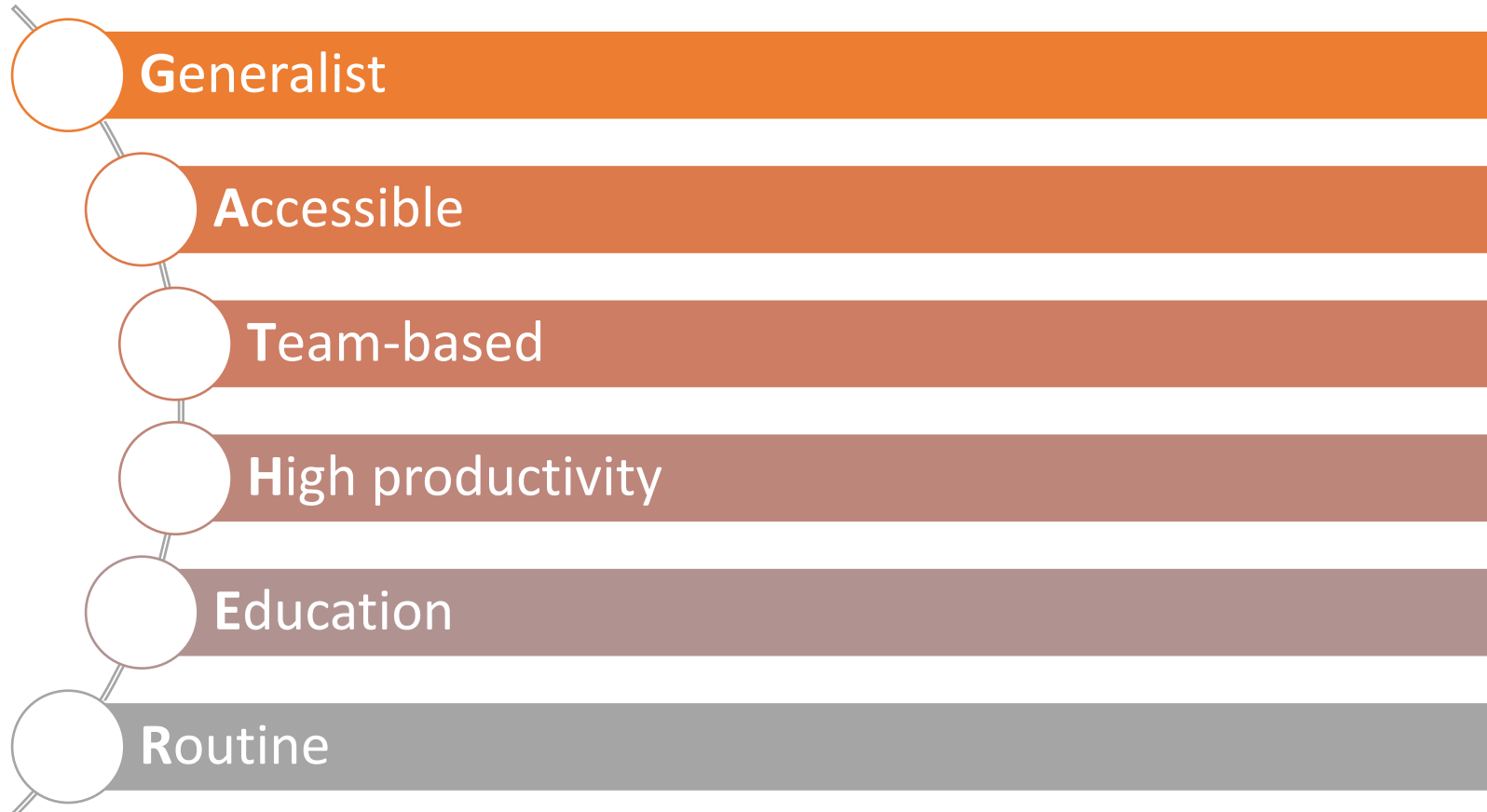
LEVELS OF HEALTH CARE



BEHAVIORAL HEALTH CONSULTATION MODEL



GATHER MODEL: SIX PRINCIPLES FOR INTEGRATING BEHAVIORAL HEALTH





Generalist: The goal is to have the BHC work with patients of any age and any behavioral concern, from anxiety or tobacco use to parenting strategies



Accessible: The BHC should be available to help the primary care physician at all times during the workday, whether that entails a warm handoff to take over care or just a quick curbside consultation



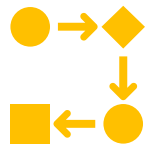
Team-based: The BHC is part of the health care team and participates in meetings and huddles about patient care



High productivity: To make this model work financially, the BHC must be able to see a large number of patients each day. Many of these visits are short



Education: The BHC educates patients about health issues and is also a teacher and coach for the rest of the health care team regarding patients' psychosocial needs. The BHC supports the primary care physician in continued care of the patient



Routine: When making referrals to the BHC becomes part of the clinic's normal daily workflow, the BHC becomes an integrated part of the team, and the normalization of behavioral health care destigmatizes the process of working with a behavioral health provider



- » Team leader
- » Screens for depression, anxiety and trauma
- » Refers a broad range of patients to BHC
- » Uses BHC consistently at certain types of visits (chronic pain, initial dx of diabetes, well child visits...)
- » Supports BHC visits
- » Makes intermittent referrals to BHC over the life span of the patient
- » Conducts medication evaluation, prescribing and monitoring



- » Supports the PCPs by enhancing the primary care visit
- » Supports health center screening for BH conditions
- » Provides prevention education on a range of topics
- » Teaches evidence-based skills to patients and PCPs
- » Provides medication education and supports adherence
- » Emphasizes home-based self-management



- » As a BH generalist sees patients for 15 to 30-minute consults
- » Conducts a functional assessment
- » Intervenes adapting/drawing from evidence-based interventions
 - Motivational Interviewing (MI)
 - Problem Solving Treatment (PST-PC)
 - Behavioral Activation (BA)
 - Cognitive Behavioral Treatment (CBT)
 - Functional Acceptance and Commitment Therapy (F-ACT)
 - Solution Focused Therapy
 - Relaxation/Stress Reduction/Distress tolerance skills
 - SBIRT



- » Consultant to the PCP, not typically a prescriber
- » Starts care, PCP continues
- » Panel review, typically does not see the patient
- » Medication education and recommendations
- » Treatment planning recommendations

**INTERVIEW WITH OSCAR FLORES, LICSW
LA CLINICA DEL PUEBLO**



- » Primary healthcare aims to restore functioning; secondary/specialty care aims to resolve the problem
- » Behavioral health integration enhances the delivery of primary care
- » Behavioral Health Consultants (BHC) support primary care providers (PCPs) by applying behavior change strategies to health and mental health problems
- » Daily BHC workflow for initial and return visits emphasizes person centered engagement and planning

- » Robinson, P. J., & Reiter, J. T. Behavioral Consultation and Primary Care: A Guide to Integrating Services (2016). (2nd ed.). Springer International Publishing
- » Schrager, S., Integrating behavioral health improves patient outcomes and makes medical practice more satisfying. Here's one way to do it . *Fam Pract Manag.* 2021 May-June;28(3):3-4
- » Collaborative Family Healthcare Association, <https://www.cfha.net/page/PCBHFAQDefinition>
- » Reiter JT, Dobmeyer AC, Hunter CL. The primary care behavioral health (PCBH) model: an overview and operational definition. *J Clin Psychol Med Settings.* 2018;25(2):109–126

Q&A

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- >> Please complete the online evaluation! **If you would like to receive CME or CE credit, the evaluation will need to be completed.** You will receive a link to the evaluation shortly after this webinar.

- >> The webinar recording will be available within a few days at:
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- >> **Upcoming Webinar:**
 - ***Harm Reduction Series Session 2: Overdose Prevention or Naloxone in the Community, May 3, 12:00pm-1:00pm EST***
 - ***Providers Responsibility in Managing Medical Conditions: Making Clinical Improvements and Meeting Quality Metrics, May 11, 12:00pm-1:00pm EST***

- >> For more information about Integrated Care DC, please visit:
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