

The Webinar will begin promptly at 12 pm

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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?

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BEHAVIORAL HEALTH CONSULTATION: PLANNING WITH THE PATIENT

PRESENTED BY:
Suzanne Daub, LCSW
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Tuesday,
August 16, 2022
12 pm – 1 pm EST

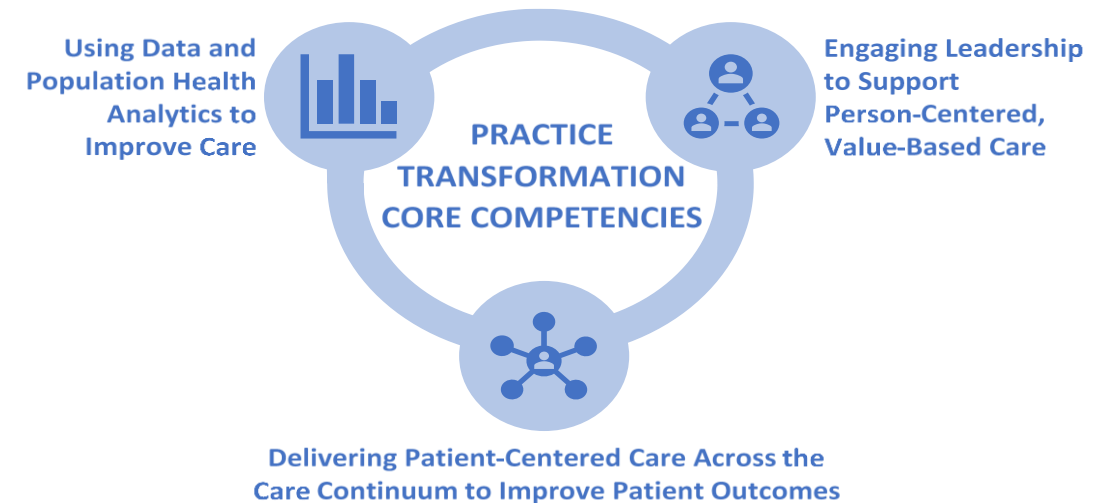
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WHAT IS INTEGRATED CARE DC?



- » 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.



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Company	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures
Nature of relationship	N/A	N/A	N/A	N/A

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- ❖ Certificates of completion will be emailed within 10-12 business days of course completion.

Behavioral Health Consultation: Planning with the Patient

- » Welcome and Program Announcements
- » Brief PCBH model overview
- » Four planning steps
- » Case presentation and discussion
- » Closing Remarks/Q&A

OBJECTIVES

1. Describe the Primary Care Behavioral Health model
2. Outline the steps in planning with a patient
3. Explore tools and questions that support person-centered planning
4. Apply planning concepts to a case



Image permitted by DC Department of Health Care Finance

BEHAVIORAL HEALTH CONSULTATION: PLANNING WITH THE PATIENT

- » The Primary Care Behavioral Health Consultation model (PCBH) 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, <https://www.cfha.net/>

THE BEHAVIORAL HEALTH CONSULTANT (BHC) ROLE IN PCBH MODEL: GATHER



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

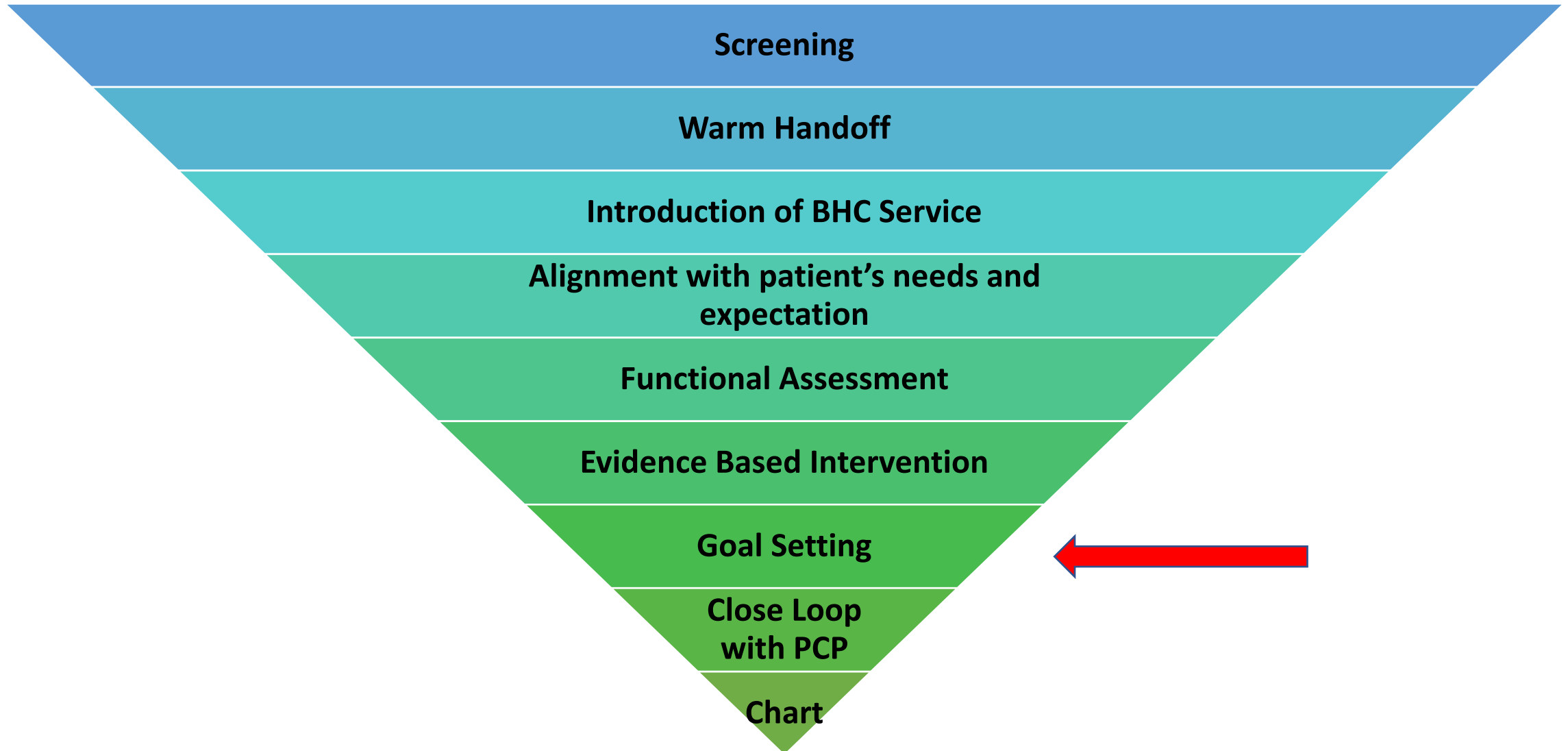
Accessible: The BHC should be available to help the primary care provider at all times during the workday

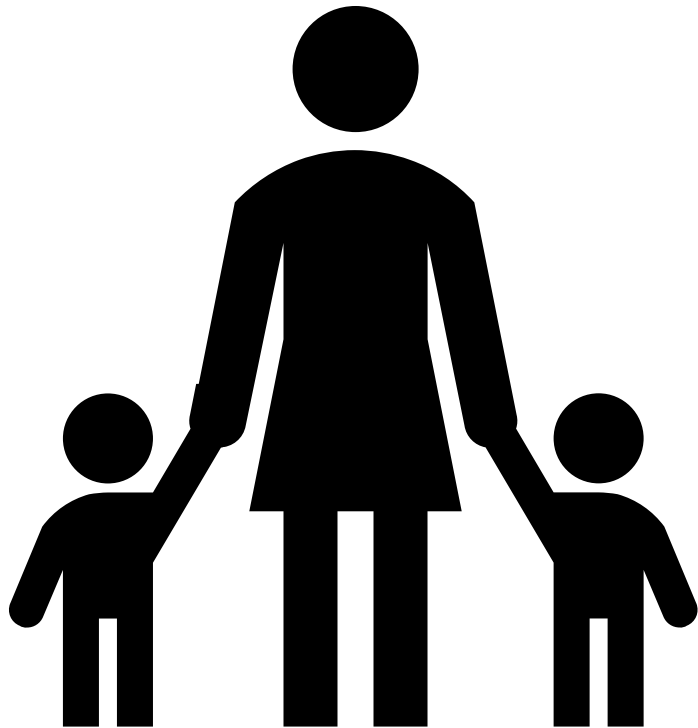
Team-based: The BHC is part of the health care team and participates in meetings and huddles about patient care

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

Education: The BHC educates patients about health issues and the health care team about 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





- >> Ms. Jones, aged 64, arrived for a follow up appointment with her PCP for newly diagnosed hypertension
- >> Blood pressure is still high, and she is reluctant to start the prescribed hypertension medication
- >> Prefers making dietary changes and improvements to managing the stress of caring for her grandchildren



>> Situation

- Primary caregiver to her daughter's children, ages 6 and 7 years old
- Daughter is in jail, their relationship is strained
- Prioritizes her grandchildren's needs

>> Background

- Historically, does not like taking any medication (Believes she should be able to improve her health by managing her stress)
- Retired now, worked full time as a bookkeeper
- Socially isolated since taking responsibility for grandchildren
- Sleep is poor, constant thoughts of worry about her grand children
- Anxious and depressed mood
- Anhedonia—loss of a sense of pleasure

>> Assessment

- Adjustment disorder with mixed depressed mood and anxiety
- Stage of Change
- Precontemplation about medication
- Contemplation about implementing new stress management strategies

The PCBH goal is to target functional restoration and attempt to treat patients first with the primary care team

- » Refer to specialty mental health care only when:
- The patient needs emergency psychiatric care
 - The patient specifically requests specialty mental health care
 - The PCP wants medication guidance or feels patient needs additional resources
 - The patient fails to improve in response to care from the PCP and BHC

- >> What matters to the patient?
- >> Do they feel they need to make a change?
- >> How will their life change/improve if they make a behavior change?
- >> What will happen if they don't make a change?

STEP 1 PLANNING TOOL: DECISION BALANCE WORKSHEET



	Not Changing Behavior	Changing Behavior
Pros	Box 1: What is something good that could come from not taking this action ?	Box 4: What is something good that could come from taking this action?
Cons	Box 2: What is something bad that could come from not taking this action?	Box 3: What is something bad that could come from taking this action?

- » If the patient starts to feel better, what small changes would they notice in
 - Daily routine
 - Self care
 - Relationships
 - Physical health
 - Mental health
 - Other important areas

- » Think small: try to identify things on a granular level

- » Invite the patient to think back to what life was like when they were feeling better

- » Generate “5% Solutions”
 - What is one small action the person could take in the next week?
 - What can you do without more resources or power?
- » Identify next step facilitators and anticipate barriers
- » Make it a SMART Action Step



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>> How **important** is it to take this step?

1 2 3 4 5 6 7 8 9 10

>> How **confident** are you that you can take this step?

1 2 3 4 5 6 7 8 9 10

>> How **ready** are you to take this step?

1 2 3 4 5 6 7 8 9 10

» *“This Sunday, I will bring my grandchildren to church and put them in the children’s program. I will stay for coffee and chat with one fellow churchgoer”*

**PROVIDER CASE EXAMPLE AND PEER
DISCUSSION
JASON WALLIS, LICSW
UNITY HEALTH CARE**

S: Ms. K is a 22 y/o woman who came to the clinic seeking follow-up for back and abdominal pain. Ms. K's concern prompting the warm hand-off to the BHC included depression symptoms with postpartum onset ~16 months ago.

B: Ms. K recently moved to DC where she and her son currently live with a friend and that friend's 2 children. She reported the living arrangement is adequate on a short-term basis. She recently had a falling out with her mother and sister and now the friend with whom she lives is her primary support. Ms. K has a history of depression and was connected briefly to counseling 2x in high school. She recognizes that her depression symptoms manifest as irritability/anger and she does not often express needs and boundaries with others, which leads to increased negative feelings toward herself.

A: PHQ9= 12, no SI. Adjustment disorder with depressed mood. Strengths-resourcefulness, motivation (requested f/u from PCP related to depression; wants to feel better for her son). Stage of change: Preparation

R: Are there strategies that you use for anger management in IBH settings? How would you structure follow-up with this patient? Under what circumstances would you refer a patient "out" for psychotherapy?

Q&A



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- » Robinson, P. J., & Reiter, J. T. (2016). (2nd ed.). Springer International Publishing. <https://doi.org/10.1007/978-3-319-13954-8>
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- » The webinar recording will be available within a few days at:
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- » **Upcoming Webinar:**
 - » ***The Basic Basics of Advance Care Planning—What It Is, Why It’s Helpful, and How to Ensure It Matters***, September 7, 12 pm EST
 - » ***Making Brief Interventions Radical: Infusing focused Acceptance and Commitment Therapy Integrated Primary Care***, September 20, 12 pm EST

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