

The Webinar will begin promptly at 12 pm EST

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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IS A 20-MINUTE BEHAVIORAL HEALTH CONSULTATION REALISTIC?

PRESENTED BY:
Neftali Serrano, PsyD
Suzanne Daub, LCSW

Tuesday, February 21, 2023
12:00 pm – 1:00 pm EST

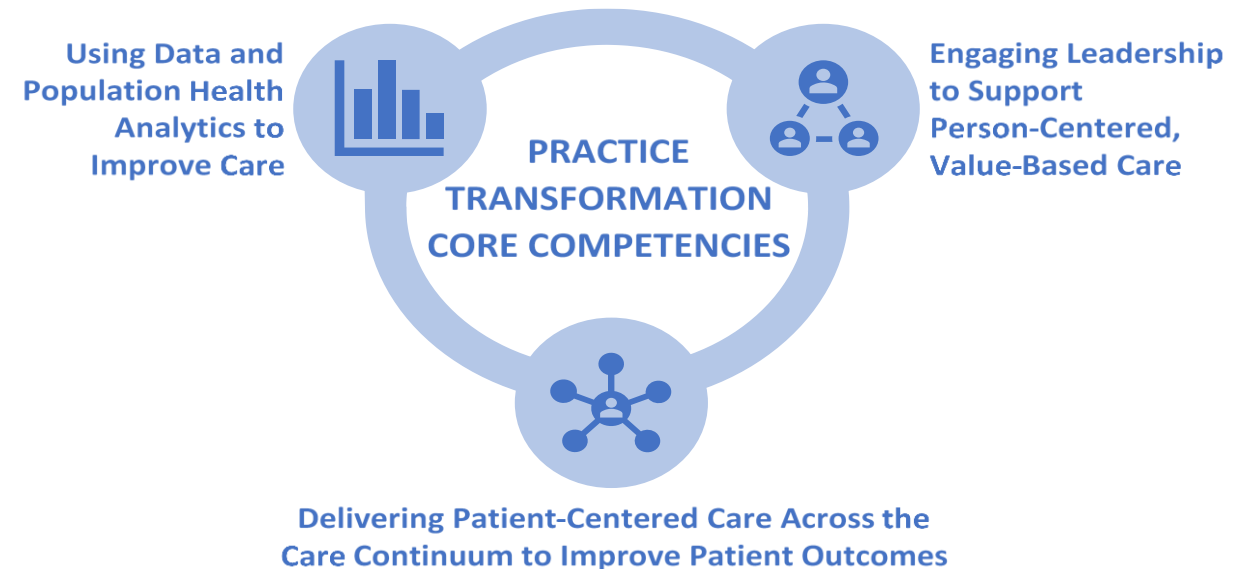
Integrated Care DC is managed by the DC Department of Health Care Finance (DHCF) in partnership with the DC Department of Behavioral Health (DBH). This project is supported by the Centers for Medicare and Medicaid Services (CMS) of the U.S. Department of Health and Human Services (HHS) as part of a financial 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 the physical, behavioral health, substance use disorder, 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 program's goal is to improve care and outcomes for Medicaid beneficiaries 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 program website: <https://www.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/>



PRESENTERS



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Faculty	Elizabeth Wolff, MD, MPA CME Reviewer	Shelly Virva, LCSW, FNAP / Muriel Kramer, LCSW CE Reviewer	Neftali Serrano, PsyD Presenter	Suzanne Daub, LCSW Presenter
Company	No financial disclosures	No financial disclosures	No financial disclosures	No financial disclosures
Nature of relationship	N/A	N/A	N/A	N/A

HMA discloses all relevant financial relationships with companies whose primary business is producing, marketing, selling, re-selling, or distributing health care products used by or on patients.

- » Health Management Associates, #1780, is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved as ACE providers. State and provincial regulatory boards have the final authority to determine whether an individual course may be accepted for continuing education credit. Health Management Associates maintains responsibility for this course. ACE provider approval period: 09/22/2021 – 09/22/2025. Social workers completing this course receive 1.0 continuing education credits.
- » To earn CE credit, social workers must log in at the scheduled time, attend the entire course and complete an online course evaluation. To verify your attendance, please be sure to log in from an individual account and link your participant ID to your audio.
- » The AAFP has reviewed Integrated Care DC Webinar Series and deemed it acceptable for AAFP credit. The term of approval is from 01/31/2023 to 01/30/2024. Physicians should claim only the credit commensurate with the extent of their participation in the activity. This session is approved for 1.0 Online Only, Live AAFP Prescribed credits.
- » 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.

Is a 20- Minute Behavioral Health Consultation Realistic?

- »» Welcome and program announcements
- »» Demonstration of a consultation through role play
- »» Overview of the key elements of a behavioral health consultation
- »» Closing remarks/Q&A

OBJECTIVES

1. Describe an effective primary care clinician (PCP) to behavioral health consultant (BHC) warm handoff
2. Identify strategies to focus a behavioral health (BH) consultation, functional analysis, and plan
3. Identify key clinical transitions to functional analysis, problem formation/problem-solving, and planning with the patient



Stock Image

**IS A 20-MINUTE BEHAVIORAL HEALTH
CONSULTATION REALISTIC?**

Generalist
Accessible
Team-based
High productivity
Education
Routine

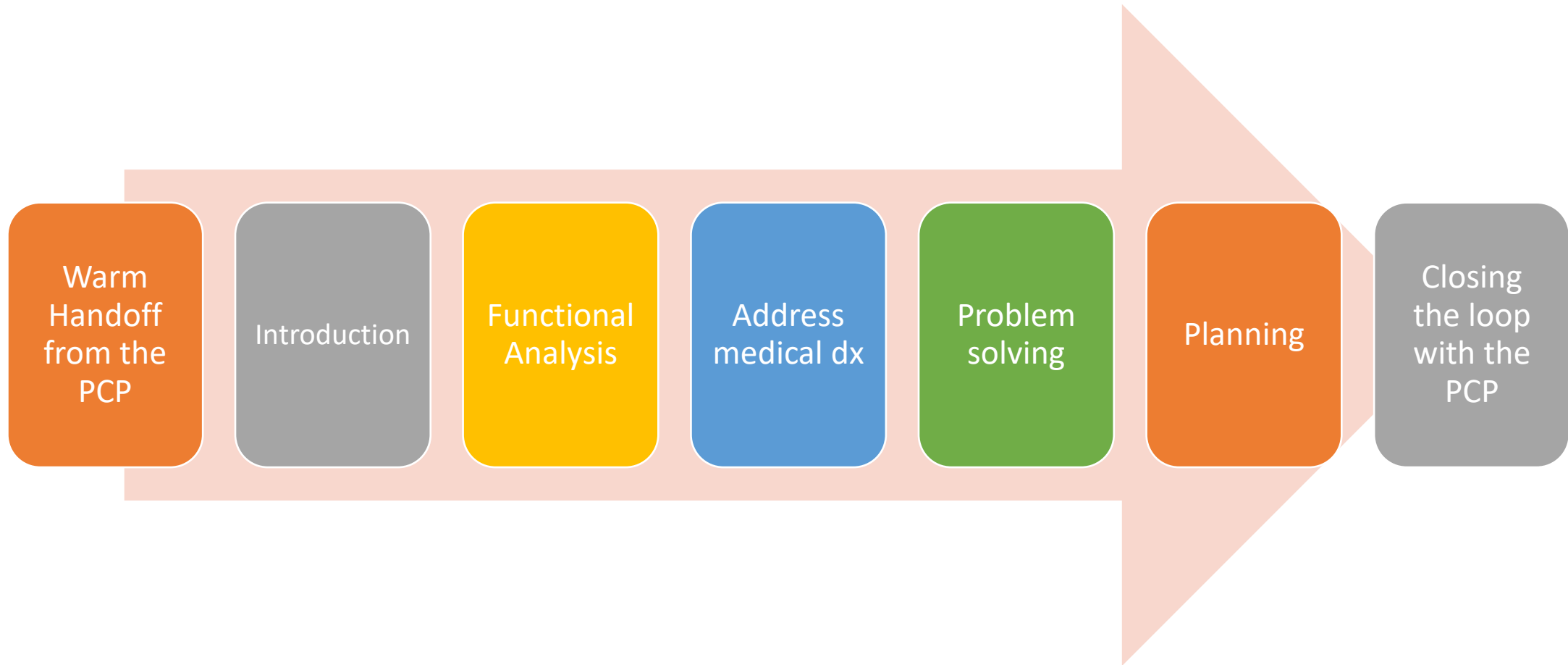
The Primary Care Behavioral Health Consultation model (PCBH) is a psychological approach to **population-based clinical health care** that is simultaneously **co-located, collaborative, and integrated** within the primary care clinic

Source: Collaborative Family Healthcare Association, <https://www.cfha.net/>

SIMULATION

**PCP: SUZANNE DAUB
BHC: NEFTALI SERRANO
PATIENT: TIFFANY KIDD**

BHC CONSULTATION WORKFLOW



- Ask at least one clarifying question to understand the provider's agenda
- Discuss flow to ensure efficient throughput of patient care (e.g., any other stops for the patient today?)
- Ask PCP about a follow-up plan for the patient (e.g., when was the patient told to come back to see PCP?)
- Conduct efficient pre-visit chart review (e.g., 60–120 seconds)

- » Explains BHC role
- » Highlights collaboration with PCP and medical team
- » Explains that BHC will be charting in the record and discussing all findings with PCP for optimal care

- » Directs the conversation to a targeted and functional aspect of the patient's life
- » Demonstrates a contextual understanding of the patient's behavioral concerns
- » Elicits information about how the problem impacts the patient's daily life
 - Considers a wide context (family, work, spiritual, health, recreation)
 - Uses motivational interviewing skills
 - Builds discrepancy respectfully through the BHC between values and conflicting behavior choices

BHC discusses medication and/or physical health concerns as part of the exploration of the patient agenda or plan and explores:

- Adherence issues
- Patient understanding of the medical diagnosis
- Patient openness to psychotropic medication

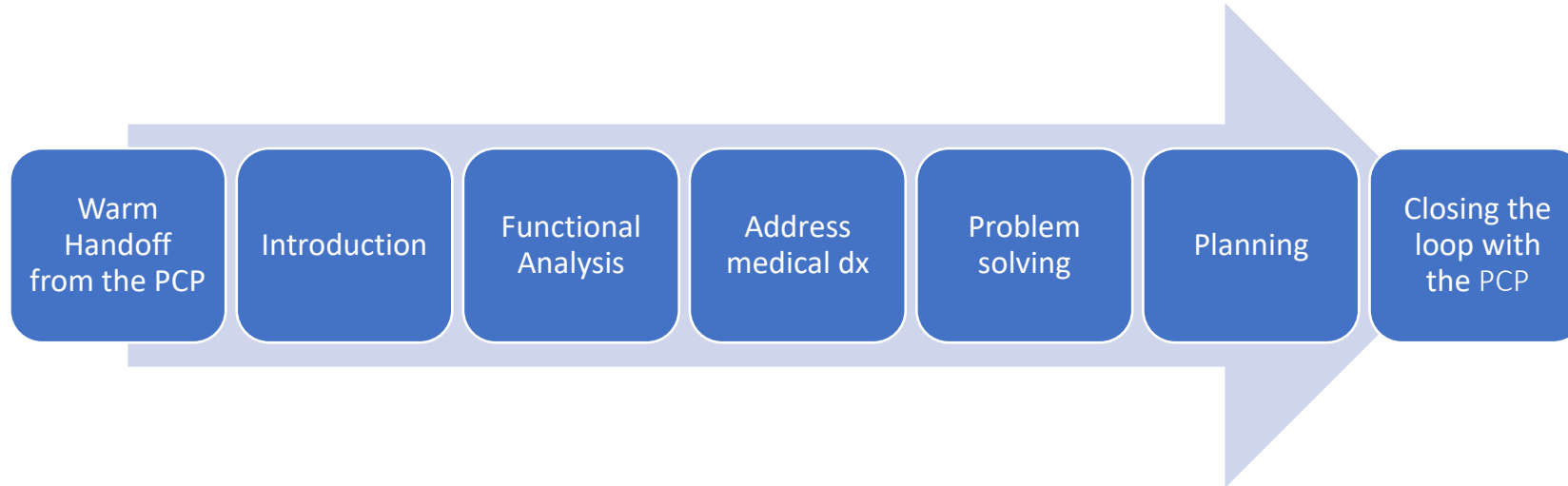
BHC pivots effectively from gathering data in the functional analysis to engaging the patient in developing a plan of action:

- Problem is well-defined and collaboratively agreed upon by BHC and patient
- Willingness to work on the problem is provided by the patient, explicitly or implicitly
- Leaves adequate time for problem-solving

- » Plan of action is collaboratively generated and agreed upon and is clear to BHC and patient
- » Plan ideally involves significant patient input and is well matched to the patient's stage of change
- » The plan is definable and measurable

Efficient, confident, professional communication with the primary care provider:

- Demonstrates awareness of the need for brief, well-paced curbside consultations
- Effective communication of proposed plan including follow-up recommendation



- » What was it like to be the recipient of this consultation?
- » Strengths
- » Missed opportunities
- » Was this a useful/meaningful consultation?
- » What else did you notice/learn?



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- >> Collaborative Family Healthcare Association, <https://www.cfha.net/>
- >> 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.
- >> Robinson, P. J., & Reiter, J. T. (2016). (2nd ed.). Springer International Publishing. <https://doi.org/10.1007/978-3-319-13954-8>
- >> Serrano N, Cos TA, Daub S, Levkovich N. Using standardized patients as a means of training and evaluating behavioral health consultants in primary care. *Fam Syst Health*. 2017 Jun;35(2):174-183. doi: 10.1037/fsh0000272. Epub 2017 May 1. PMID: 28459259.
- >> Staab, E. M., Wan, W., Li, M., Quinn, M. T., Campbell, A., Gedeon, S., Schaefer, C. T., & Laiteerapong, N. (2022). Integration of primary care and behavioral health services in midwestern community health centers: A mixed methods study. *Families, Systems, & Health*, 40(2), 182–209. <https://doi.org/10.1037/fsh0000660>

- » Please complete the online evaluation! **If you would like to receive CE or CME 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:
<https://www.integratedcaredc.com/learning/>

- » **Upcoming Webinar:**
 - » *Addressing Grief in PCBH (PCBH Series Part 9)*, March 21, 2023, 12 – 1 pm EST

- » For more information about Integrated Care DC, please visit:
<https://www.integratedcaredc.com/>