Primary Care Behavioral Health Consultation Services: What it is and How to Make it Happen in Your Organization
Saturday October 22, 2011
Block 2: 10:25 – 11:15 AM
Integrated Physical/Mental Health Track
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THE SPEAKER HAS NO CONFLICTS OF INTEREST TO DISCLOSE

Effect of the ACA on Practice
• General medical sites deliver exclusively over half of all formal mental health care, making primary care the de facto mental health care system in the United States today. (Narrow et al., 2002; Narrow et al., 1993; Reiger et al., 1993)
• 70 percent of all healthcare visits have primarily a psychosocial basis. (Fries et al., 2003)
• More than 25 percent of all healthcare recipients have a diagnosable mental disorder, yet more than half of mental disorders go undiagnosed in primary care. (U.S. Dept. of Health and Human Services, 2001)

Effect of the ACA on DNP Practice
The ACA is Coming!
The ACA is Coming!
• As 32 million more patients become eligible for primary care in 2014 under the Affordable Care Act, the need to better integrate behavioral health services into primary care settings has never been greater

Effect of the ACA on Practice
• One-third of all patients with chronic illnesses have co-existing depression that when left untreated amplifies physical symptoms, increases functional impairment, and interferes with self-care and adherence to medical treatment. (Unützer et al., 2006)
• In large cities, behavioral health disorders may account for 69 percent of hospitalizations among homeless adults, compared with 10 percent of non-homeless adults (New York City Depts. of Health and Mental Hygiene and Homeless Services, 2005)
Practice Model 1: Improving Collaboration between Separate Providers

Practice Model 2: Medical-Provided Behavioral Health Care

Practice Model 3: Co-location

Practice Model 4: Disease Management

Practice Model 5: Reverse Co-location

Practice Model 6: Unified Primary Care and Behavioral Health
Practice Model 7: Primary Care Behavioral Health

- Behavior records often integrated with the medical treatment chart
- Therapist workday often involves jumping from activity to another
- Care responsibility returned to medical provider once behavioral treatment is concluded
- Frequent consultation with medical provider for clients with co-occurring health and mental health condition
- Clients often seen, at least briefly, on same day as referral

Practice Model 8: Collaborative System of Care

- Mental health records stand-alone
- Therapist can focus on one-to-one client interaction
- Therapist remains contact point if needed
- Often little or no interaction with medical provider regarding medical condition
- Often substantial wait-time for services in non-emergency cases

Questions for Preparation

- How will clients be identified?
- Who will prescribe psychotropic medication?
- Who will provide counseling/psychotherapy?
- Who will provide mental health back-up?
- Who will track clinical outcomes and how?
- How will treatment changes be initiated?
Questions for Preparation

- How will we measure success?
- How can the model be sustained?

Goals

1. Design a new integration project PCBHCS according to the tenets of the PCBH model.
2. Improve patient care by effective integration of medical care and behavioral health strategies in primary care services.
3. Foster intra-professional and inter-professional collaboration by primary care providers and behavioral health providers through a successful phased implementation of the PCBHCS project.
4. Assure adherence to the PCBH model and standards by the training of (organization) staff and Behavioral Health Consultants (BHCs) through on-going evaluation.

Timeframe

<table>
<thead>
<tr>
<th>Activities</th>
<th>Responsibilities</th>
<th>Dates</th>
</tr>
</thead>
<tbody>
<tr>
<td>PCBHCS program design</td>
<td>Project Director</td>
<td>Approx. 2 weeks</td>
</tr>
<tr>
<td>Present Assessment results to Admin.</td>
<td>Project Director</td>
<td>1 day</td>
</tr>
<tr>
<td>Staff Orientation sessions</td>
<td>Project Director</td>
<td>Same day ± 5 weeks</td>
</tr>
<tr>
<td>PCC Orientation Sessions</td>
<td>Project Director</td>
<td>Same day ± 2 weeks</td>
</tr>
<tr>
<td>PCC Lunch/Q&amp;A</td>
<td>Project Director</td>
<td>1 day</td>
</tr>
</tbody>
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Adapted from: Air Force Manual - Primary Behavioral Health Services Practice Manual

1a. Conduct a site assessment of (organization) using the Worksheet for Assessing Organizational Climate (Air Force Manual) or based on questions listed above

1b. Modify or adapt the clinical forms and evaluation tools to be used in the project implementation

1c. Complete the training materials and orientation package for primary care providers and (organization) staff

1d. Complete the orientation package for the Behavioral Health Consultants
Objectives & Activities

2. The Project Director will conduct 3 staff orientation sessions, offer 2 primary care provider orientation sessions and complete BHCs orientation. The Project Director will present results at the clinic management meeting on (date).

2a. Conduct 3 weekly orientation sessions for reception staff and medical assistants, introducing service goals, methods, flow and paperwork/forms to be used

2b. Offer two 30-minute orientation services to PCPs and follow-up with weekly lunch hour Q&A sessions for 4 weeks

2c. Orient and organize Psychiatric Mental Health Nurse Practitioners or BHCs to initially provide services at BHC I level, as measured by the Training Core Competency

Objectives & Activities

3. The PCBHCS project will have initiated services to (number) selected patients; with each BHC providing at least 5 visits each week. This reach will be monitored by the Project Director reviewing the Referral Log of each BHC weekly. The adoption of skills by BHCs will be evaluated by the Project Director using the Training Core Competency Tool Part I by (date).

3a. Using vertical integration strategies, select appropriate patients to offer preventive care (weight management and smoking cessation) and mental health brief counseling (depression and anxiety)

3b. BHCs provide basic level skill (above) plus triage and crisis intervention services as needed

3c. Project Director mentors the BHCs and monitors productivity and compliance with skills using the Training Core Competency Tool Part I and the PCBHCS Chart Audit form with each BHC weekly

Objectives & Activities

4. PCBHCS project will expand to the full range of services; with BHCs providing at least 15 visits each week. This reach will be monitored by the Project Director reviewing the Referral Log of each BHC weekly. The adoption of skills by BHCs will be evaluated by the Project Director using the Training Core Competency Tool Part II by (date).

4a. During the month of (date), increase Psychiatric Mental Health Nurse Practitioner services to the level of BHC II as measured by the Training Core Competency – Part II

4b. Beginning in (date), BHCs provide the full range services

4c. Project Director mentors BHCs and monitors productivity and compliance with skills using the Training Core Competency Tool Part II and the PCBHCS Chart Audit form with each BHC weekly

Objectives & Activities

5. The Project Director will complete the summative evaluation portion of the formal evaluation to evaluate reach, adoption and maintenance of the PCBHCS. This will be demonstrated in a formal presentation to clinic management and Glide Foundation administrators on (date).

5a. Collect all BHC Provider Referral logs and compare utilization to national averages to determine project reach

5b. Evaluate initial to subsequent Behavior Health Questionnaire-36 questionnaires for change in symptoms to determine project efficacy

5c. Summarize findings of the on-going evaluation of PCBHCS Audit Forms to determine final project adherence to project standards and their maintenance

5d. Project Director will administer a PCP Satisfaction Survey Form quarterly for evidence of progress and maintenance of the project implementation. Front desk staff will collect the Patient Satisfaction Survey Form at each visit for the Project Director to use for on-going feedback to BHCs and to evaluate maintenance in the final report

Objectives & Activities

Based on the RE-AIM format. See: http://www.re-aim.org/2003/defined2.html

<table>
<thead>
<tr>
<th>Measure</th>
<th>Form</th>
<th>Change Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reach</td>
<td>Referral logs</td>
<td>Monthly</td>
</tr>
<tr>
<td>Effectiveness</td>
<td>BHC II</td>
<td>Monthly</td>
</tr>
<tr>
<td>Adoption</td>
<td>Worksheet for Assessing Organizational Climate &amp; Staff Training Core Competency Tool Part I &amp; II</td>
<td>Monthly sessions (site – see (Obj. 3 &amp; 4))</td>
</tr>
<tr>
<td>Implementation</td>
<td>BHC Peer Record Review Form</td>
<td>Monthly</td>
</tr>
<tr>
<td>Maintenance</td>
<td>BHPC-SR Chart Audit Form</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>Patient Satisfaction Survey Form</td>
<td>Monthly</td>
</tr>
<tr>
<td></td>
<td>BHC-II-SR Chart Audit Form</td>
<td>Monthly</td>
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<tr>
<td></td>
<td>PCP Satisfaction Survey Form</td>
<td>Each visit</td>
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</tbody>
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Forms referenced are from the RE-AIM Manual. Appendix: http://www.re-aim.org/2003/defined2.html

Objectives & Activities

What’s different with a PMHNP prepared specifically to work in Primary Care?

<table>
<thead>
<tr>
<th>Providers of PCBH</th>
<th>Focus &amp; Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Clinical Social Worker</td>
<td>Case management, community liaison</td>
</tr>
<tr>
<td>Clinical Psychologist</td>
<td>In-depth counseling, specialty connections</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>Psychopharm, specialty connections, medical background</td>
</tr>
<tr>
<td>Health Psychologist</td>
<td>Chronic illness counseling</td>
</tr>
<tr>
<td>Primary Care Psychologist</td>
<td>Risk reduction &amp; behavior change</td>
</tr>
<tr>
<td>PMHNP</td>
<td>Psychopharm, medical bkgd, pt. ed., risk reduction</td>
</tr>
</tbody>
</table>
What’s different with a PMHNP prepared specifically to work in Primary Care?

Clinical Skills
• Brief focused counseling using motivational interviewing & behavioral activation methods
• Performs patient-centered narrative interviewing to compliment and augment medical interviews
• Coordinates and incorporates care for acute & chronic medical conditions
• Conducts supportive & psychoeducational group therapy sessions
• Provides brief cognitive-behavioral psychotherapy sessions for patients with chronic illness
• Offers risk-reduction behavioral change sessions for tobacco cessation, weight loss, physical activity, etc.

Practice Management Skills
• Conducts practice analysis and plan for implementation of PCBHCS
• Employs population-based approach for case-finding of pts. needing behavioral health services via screening practices, chart review, database & tickler file use
• Trains MAs, RNs, IT, billing and reception staffs in pt. identification, referral, support, and billing for behavioral health services
• Trains MD/NP/PA staff on use PCBHCS
• Develops EHR or chart forms, and sets up referral & liaison interface with mental health specialty services
• Establishes and maintains behavioral health registries for appropriate conditions

Other Management Skills
• Develops grant proposals for new or improved services
• Crafts policy analysis documents for Board of Directors, community agencies, and legislators rt practice issues
• Performs evaluations of services (e.g., PDSA, formative, summative, etc.)
• Precepts PMHNP students in DNP programs, serves on their doctoral committees, advises on practice project design and implementation

Educational Preparation

New PCBH Roles for APRNs
• PNCB certification for PNPs & FNPs
• Dually-certified FNP/PMHNP
• PMHNP with PCBH experience/rotation
• Primary Care Behavioral Health NP

How could a DNP program prepare APRNs for PCBH roles?
1. What are the different types of roles in PCBH of NPs?
2. What would a PCBHCS educational program look like?

Educational Preparation
• PCBH focus in core DNP courses
  - Integrated care emphasis in Health Policy
  - Grant writing/publication in PCBH - project planning, development, evaluation
  - pathophysiology of stress
• 500 additional hours:
  - in PCBH consultation services sites, incl. coding & billing
  - with emphasis on CNS role preparation
• Final project in PCBH site
• Additional coursework in PCBH
  - Health psychology, behavioral medicine
  - Clinical Nurse Specialist role/skills
  - Motivational Interviewing
  - Positive psychology & coaching
Questions?

Additional Resources

<table>
<thead>
<tr>
<th>Resource Title</th>
<th>URL</th>
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<tbody>
<tr>
<td>Integrated Behavioral Health Project (California)</td>
<td><a href="http://www.impactpartnership.org">www.impactpartnership.org</a></td>
</tr>
<tr>
<td>Bureau of Primary Care (BPC)</td>
<td><a href="http://www.rand.org/health/projects/pic">www.rand.org/health/projects/pic</a></td>
</tr>
<tr>
<td>Hogg Foundation for Mental Health</td>
<td><a href="http://www.hoggfoundation.org">www.hoggfoundation.org</a></td>
</tr>
<tr>
<td>Community Health Organization Networks (CHONET)</td>
<td><a href="http://www.chonet.org">www.chonet.org</a></td>
</tr>
<tr>
<td>Integrated Primary Care</td>
<td><a href="http://www.thenationalcouncil.org">www.thenationalcouncil.org</a></td>
</tr>
<tr>
<td>Michigan Initiation and Dissemination in Primary Care</td>
<td><a href="http://www.depressioninnovation.com">www.depressioninnovation.com</a></td>
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References


