“Sowing seeds” to grow your own integrated care workforce

Bridget Beachy, PsyD & David Bauman, PsyD
LEARNING OBJECTIVES

At the conclusion of this session, the participant will be able to:

Learning Objective 1: Participants will be able to identify a core competency tool for BHCs and medical professionals.

Learning Objective 2: Participants will be able to state at least two strategies for increasing interdisciplinary presence in hiring and on-boarding practices among primary care team members.

Learning Objective 3: Participants will be able to identify at least three important metrics to track for delivering team-based healthcare.
Who we are

Bridget Beachy, PsyD
- Director of Behavioral Health for Community Health of Central Washington
- **Roles include**: PCBH clinical, admin, and faculty for FM residency residents and psych interns

David Bauman, PsyD
- Behavioral Health Education Director for Central Washington Family Medicine
- **Roles include**: PCBH clinical, core faculty for FM residency, RTD of PCBH psychology internship

We both live and breathe PCBH and contextual approaches (e.g., Acceptance and Commitment Therapy)
Before we go on... #ourwhy

Our why... seeing patients that otherwise we’d never see...

...we care just as much about the patients we don’t see as the ones we do...

- **Fortifying Primary Care**
| Philosophy & Setting                                           | Team-based, population based health approach  
|                                                               | Improve efficacy & efficiency of primary care  
|                                                               | Share pods, office centrally located, exam rooms  
|                                                               | Routine part of care  
| Behavioral Health Consultants (BHCs)                          | Doctoral level psychologists  
|                                                               | LCSWs, MHCs, LMFTs and other master’s level clinicians  
| BHCs’ Interventions                                          | Functional improvement vs symptom reduction  
|                                                               | CBT, ACT & SFBT; Psychoeducation & coping skills  
| BHCs’ Qualities                                              | Accessible (on demand, warm handoffs)  
|                                                               | Generalist (sees all patients)  
|                                                               | Highly productive (average 8-10 pts per day)  
|                                                               | Educator (provide formal & informal training)  
| Nature of Visits                                              | < 30 minutes  
|                                                               | Episodic care  
|                                                               | 10-15% long term  

Building the Team in Team-based Integrated Health Care

2018 Integrated Health Care Conference
Hosted by Arizona State University’s Doctor of Behavioral Health Program
## PCBH: Trident Approach

<table>
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<tr>
<th>Direct Clinical Services</th>
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<td>• Provide brief, evidence-based interventions during patient visits</td>
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<td>• ( \leq 30 ) min, limited follow-up</td>
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<td>• Flexible</td>
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<td>• Improving quality of life vs. symptom reduction</td>
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<td>• Develop group interventions that utilize multiple professionals</td>
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<td>• Transdiagnostic approaches</td>
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<th>BHC Presence/Training</th>
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<td>• Give presentations at meetings</td>
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<td>• Distribute educational flyers</td>
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<td>• Clinical pathways incorporating the BHC</td>
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<td>• Develop shared treatment plans containing straightforward behavioral interventions</td>
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<th>Supporting PC System</th>
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<td>• Follow-up with patients instead of PCPs</td>
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<td>• See patients before PCP to help</td>
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<td>• Take over care during a PCP visit so PCP can move to next patient</td>
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<td>• Phone visits for behavioral issues</td>
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<td>• Review outside mental health records and brief PCPs</td>
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So... why is “training” so important?

- Our experiences:
  - New programs (e.g., ASU’s DBH, grad schools, internships, post-docs, etc.) are great!!!
  - But still…
    - Still difficult to find well trained individuals
    - Even those that have training…
      - Dangerous assumption: “They have experience, they are good.”
  - Training new BHCs is vital
  - To reach the “Trident Approach”:
    - Need to train medical providers, support staff
    - Change the system/culture of primary care
What we will discuss today:

- Training of BHCs, of course
- Training medical providers
- Training support staff
- Embedding into the medical culture/system
- Tracking metrics
Training new BHCs
Training new BHCs

• BHC core competency tool

• Hardwiring process
  • Shadow and follow along w/contextual interview
  • Shadow and act as scribe
  • Conduct visits while “shadower/trainee” scribes
  • Then…put it all together!
  • Demonstrate:
    • Huddling, scrubbing schedules, sitting in pods, giving feedback to providers* etc.

• Shadow each major position in the clinic → Learning primary care culture
  • Front desk
  • Nursing
  • Medical assistant
  • Medical providers

• REINFORCE POSITIVE BEHAVIOR!
Training new medical providers

Our process
Training new medical providers

- Core competency tool
- Hardwiring process
  - Given packet
    - BHC program overview
    - How to introduce BHC services
    - Contextual interview
  - Shadow BHC while observing “contextual interview”
  - Shadow during follow-up visits
  - BE INTENTIONAL WITH NEW PCPs*
  - Explain how to request a BHC
  - Show where to find chart notes (drop the “psycho-babble”)
  - Medical provider can request shadowing of BHC in their clinic
    - To help teach behavioral interventions
    - Support patient centered communication
      - Agenda setting skills
      - Learning contextual interview
  - REINFORCE POSITIVE BEHAVIOR!
Training support staff
Training support staff

- Often overlooked
  - Pause…
- Medical assistants and nursing staff
  - The lifeline of clinics
  - How:
    - All new MA’s and RN’s
      - How to get BHCs
      - How to introduce
      - What to watch for
      - How to support the PCPs
      - Basic motivational interviewing techniques

- Front desk staff/call center
  - The first contact
  - How:
    - How to introduce BHC services
    - Can they see a BHC instead of the PCP?
    - How to interact with upset patients

- REINFORCE POSITIVE BEHAVIOR!
Embedding in medical culture
Embed into medical culture/system

• Vastly under valued/overlooked (is intimidating)
  • Pause…
• How:
  • Orientation
  • Interview processes
  • Leadership positions
  • Meetings
  • Wellness/Resiliency programs
  • Workflows/pathways for the majority of the concerns
  • REINFORCE POSITIVE BEHAVIOR!
Tracking metrics

Crucial for fidelity (self monitoring)
Tracking metrics

• Vital for successful implementation
• What to track:
  • Penetration rates
  • Productivity
    • Pts/clinic
  • Initial vs follow up
  • Same-day/warm-handoff vs schedule
  • Number of handoffs covered in a row
  • Provider satisfaction
  • Patient satisfaction
  • Top ten diagnosis
Tracking metrics

- **Our numbers:**
  - Penetration rates: **19% at CWFM** (15% organization wide)
    - Goal = >15%
  - Productivity: **4.1 pts/clinic**
    - Goal = >4.2 pts/clinic
  - Same-day vs scheduled: **51%**
    - Goal = 50%
  - Initial vs f/u: **45% initial**
    - Goal = 50%
  - BHC Quotient
Tracking metrics

- **Provider satisfaction:**
  - How often do you use a BHC:
    - Every or most days = 50%
  - Overall Satisfaction w/BHC Services
    - $M=4.5$
    - Extremely/somewhat: 100%
  - How helpful for your patients:
    - $M=4.6$
    - Extremely/somewhat: 100%
  - How helpful for you:
    - $M = 4.67$
    - Extremely or somewhat: 100%
  - Patients are more compliant with medical recommendations:
    - $M = 3.54$
    - Stro. agree/agree: 58.34%
  - BHC makes job easier
    - $M = 4.5$
    - Stro. agree/agree: 92%
Review

- Trainings of BHCs, of course
- Training medical providers
- Training support staff
- Embedding into the medical culture/system
- Tracking metrics
- …BE KIND AND PATIENT… Rome wasn’t built in a day…
References


Questions/Comments