NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

Tips and Tools for Implementing the Primary Care Behavioral Health Model

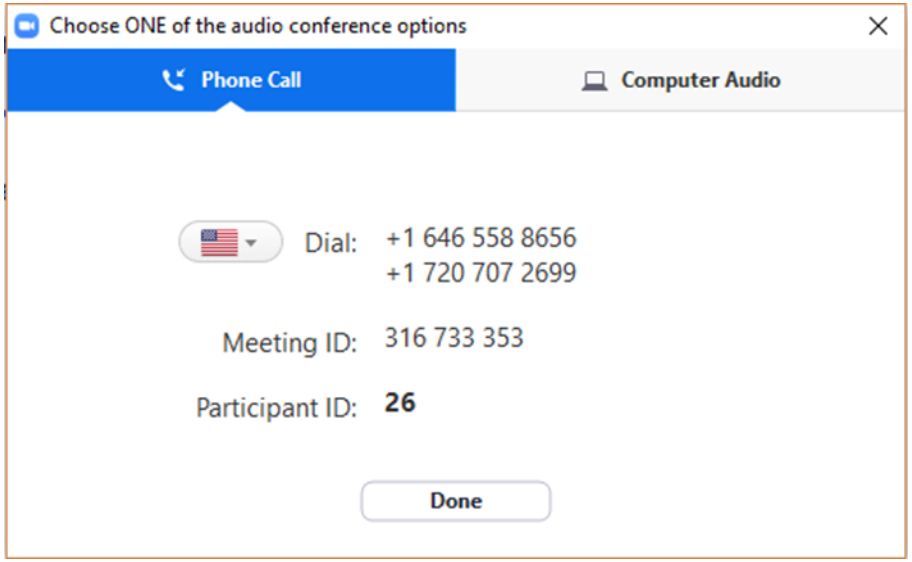
Wednesday, January 22, 2019
2:00-3:00pm ET

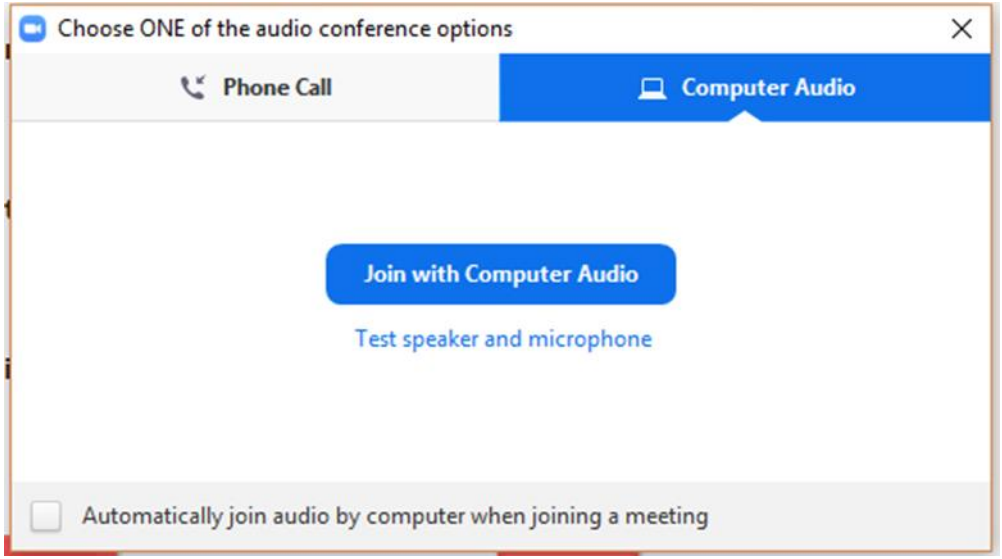
CoE
Center of Excellence for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration
Operated by the National Council for Behavioral Health

Audio Logistics

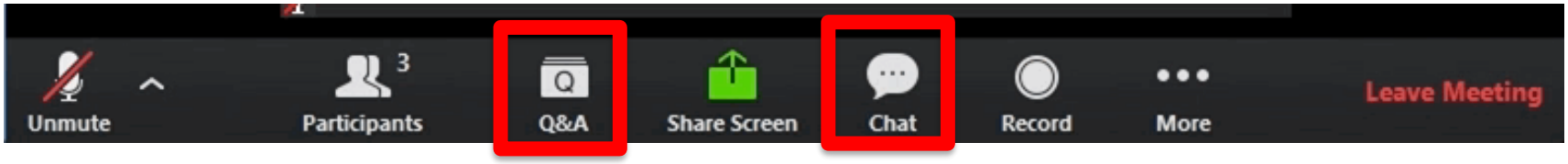
- Call in **on your telephone**, or use your **computer audio option**

- **If you are on the phone, remember to enter your Audio PIN**





How to Ask a Question/Make a Comment



Type in a **question** in the **Q&A box**
Type in a **comment** in the **chat box**

Both are located at the bottom of your screen.
We'll answer as many questions as we can at the end of the presentation.

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA
Substance Abuse and Mental Health Services Administration

www.samhsa.gov

Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)

Poll #2: What best describes your organization? (check all that apply)

- Behavioral Health Provider
- Primary Care Provider
- Mental Health Provider
- Substance Abuse Provider
- Other (specify in chat box)

Introductions

Clarissa Aguilar, PhD
Behavioral Health Consultant in Primary Care
Director of Psychology and Training
The Center for Health Care Services
San Antonio, TX

Andrew Philip, PhD
Senior Director of Clinical & Population Health
Primary Care Development Corporation
New York, NY

About PCDC

- Primary Care Development Corporation (PCDC) is a national nonprofit organization and a community development financial institution catalyzing excellence in primary care through strategic community investment, capacity building, and policy initiatives to achieve health equity.

About The Center for Health Care Solutions

THE CENTER
FOR HEALTH CARE SERVICES
Mental Health & Substance Abuse Solutions

- **Our Mission**
  - The Center for Health Care Services provides *integrated* care to improve the lives of children and adults with mental health conditions, substance use challenges and intellectual and developmental disabilities.

- **Our services for children and adults include**:
  - Mental Health
  - Intellectual and Developmental Disabilities (IDD)
  - Substance Use Treatment

Objectives

By the end of this webinar, you will be able to…

- Understand a general overview of the Primary Care Behavioral Health model
- Learn a practical/applied focus*
- Understand an in-depth discussion of a case scenario
- Describe your experience with this model

*For a great academic review, see:

- Reiter, J.T., Dobmeyer, A.C. & Hunter, C.L. J Clin Psychol Med Settings (2018) 25: 109. https://doi.org/10.1007/s10880-017-9531
- Robinson, P. J., & Reiter, J. T. (2007). Behavioral consultation and primary care: A guide to integrating services. Springer Science + Business Media. https://doi.org/10.1007/978-0-387-32973-4

Poll #3: What's your organization's experience with integrating primary care and behavioral health?

- We're interested and researching what's involved
- We have a referral relationship where we can send patients
- We have a co-located with another organization to provide services
- We offer both primary care and behavioral health services within our organization
- We offer integrated primary care and behavioral health using a defined model (e.g., Collaborative Care Model, Primary Care Behavioral Health Model)

Case Vignette

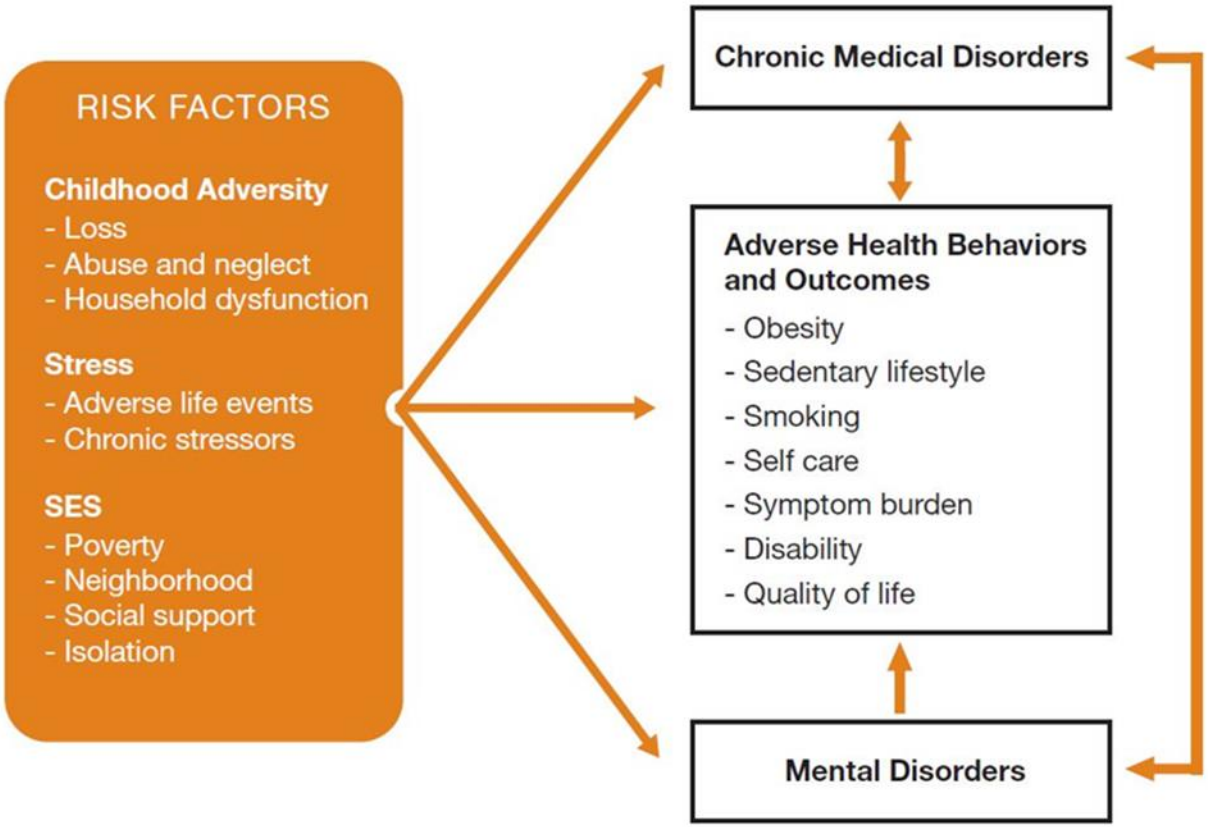
- 65-year-old HF presenting with HTN, asthma, mixed hyperlipidemia, Type II DM w/neuropathy, abdominal pain, obesity, sleep problems
- 5 ER visits in past 3 months (admitted twice)
- SLEEP / Somatic complaints
  - Chest pain
  - Right Side numb
  - Palpitations
  - Fall
  - Reported a seizure disorder

The Current Healthcare System: Dis-integrated

- Mental Health, substance use, and physical health care providers are typically:
  - **Located in different facilities**/spaces
  - **Non-holistic in approach**: focus only on a narrowly defined set of problems (assessment, treatment, and outcomes)
  - **Lacking in communication/coordination of services** for patients with multiple needs
  - Limited in interactions with other provider types
  - **Regulated, licensed, and credentialed by separate agencies**
  - Lacking in understanding of the interdependence of emotional functioning, physical health, and substance use
  - **Unfamiliar with multi-disciplinary team-work**

Comorbidity and Complexity

Figure 3: Model of the interaction between mental disorders and medical illness



Source: Modified from Katon (80)

"Tobacco use, excessive alcohol and substance use, lack of physical activity, and poor nutrition are four modifiable health risk behaviors responsible for much of the high rates of comorbidity, burden of illness, and early death related to chronic diseases" (**Druss & Resinger-Walker, 2011, p. 8).**

Health in Context

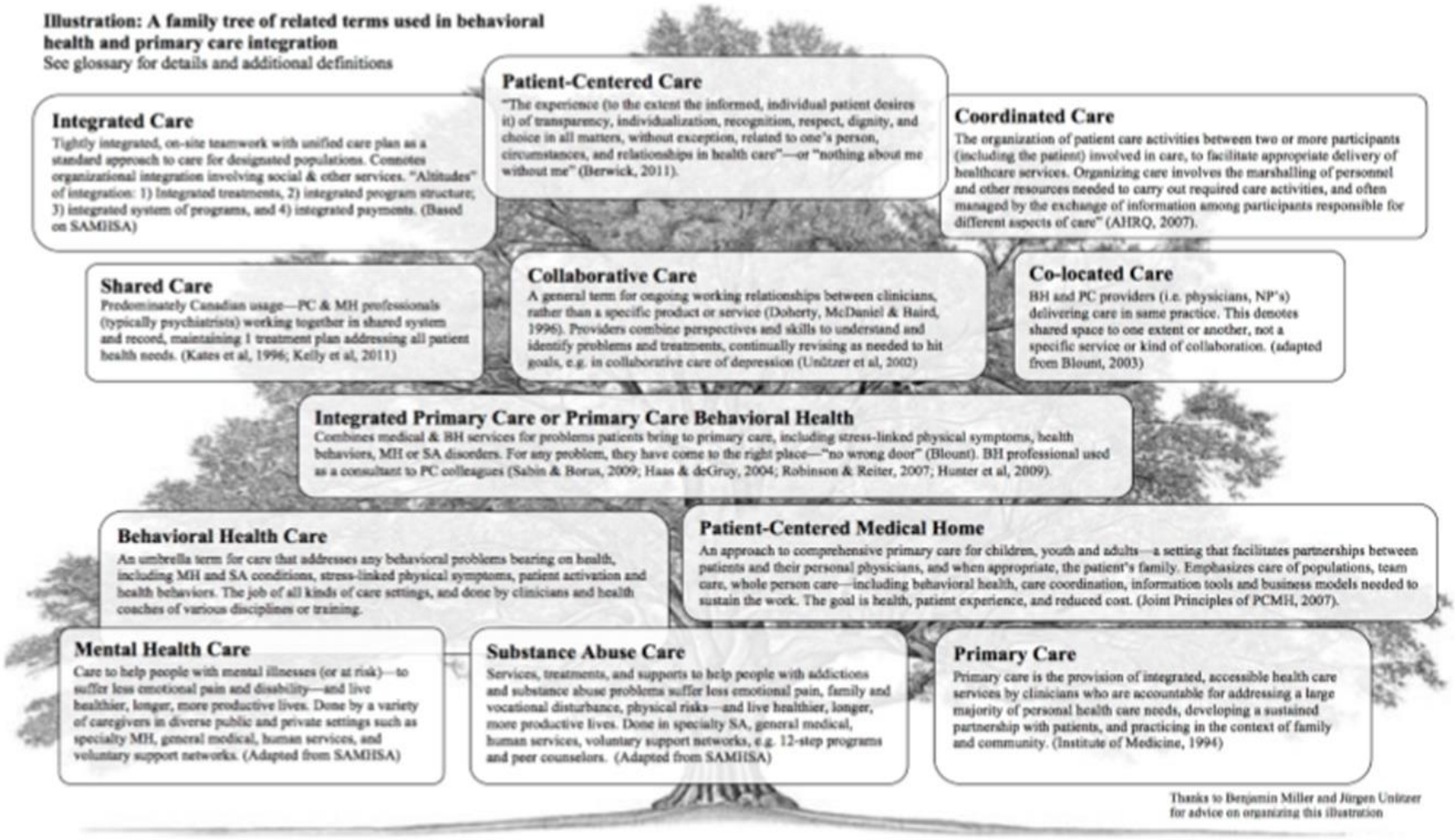
Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes

Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

KFF
HENRY J KAISER FAMILY FOUNDATION

From Roots to Leaves
(or leaves to roots?)



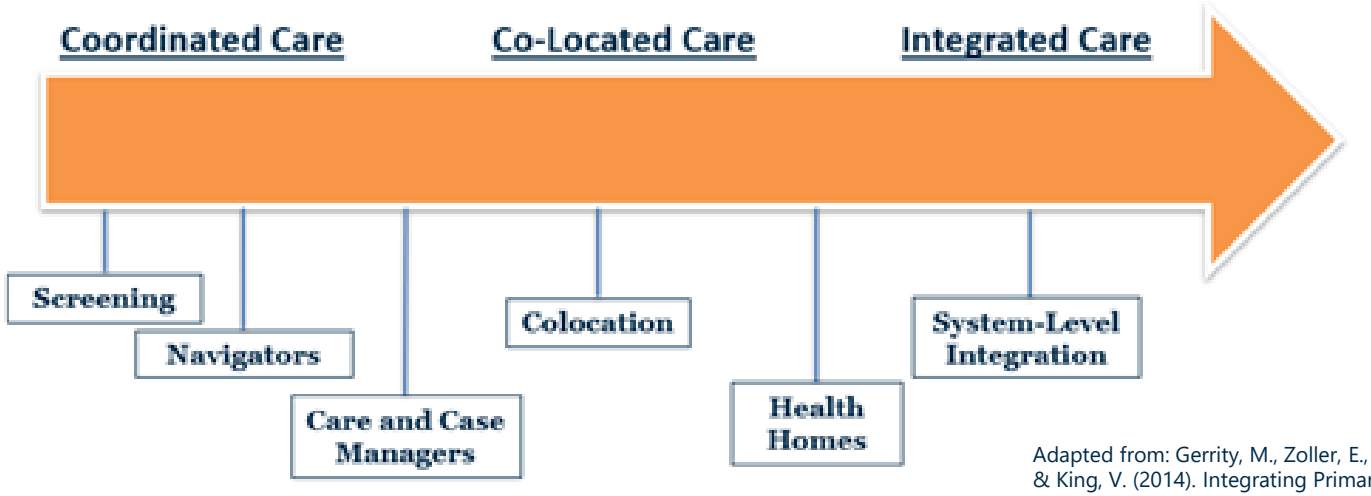
From: Peek CJ and the National Integration Academy Council. *Lexicon for Behavioral Health and Primary Care Integration:* AHRQ Publication No.13-IP001-EF. Rockville, MD: Agency for Healthcare Research and Quality. 2013. Available at http://integrationacademy.ahrq.gov/sites/default/files/Lexicon.pdf.

What is Behavioral Health Integration?

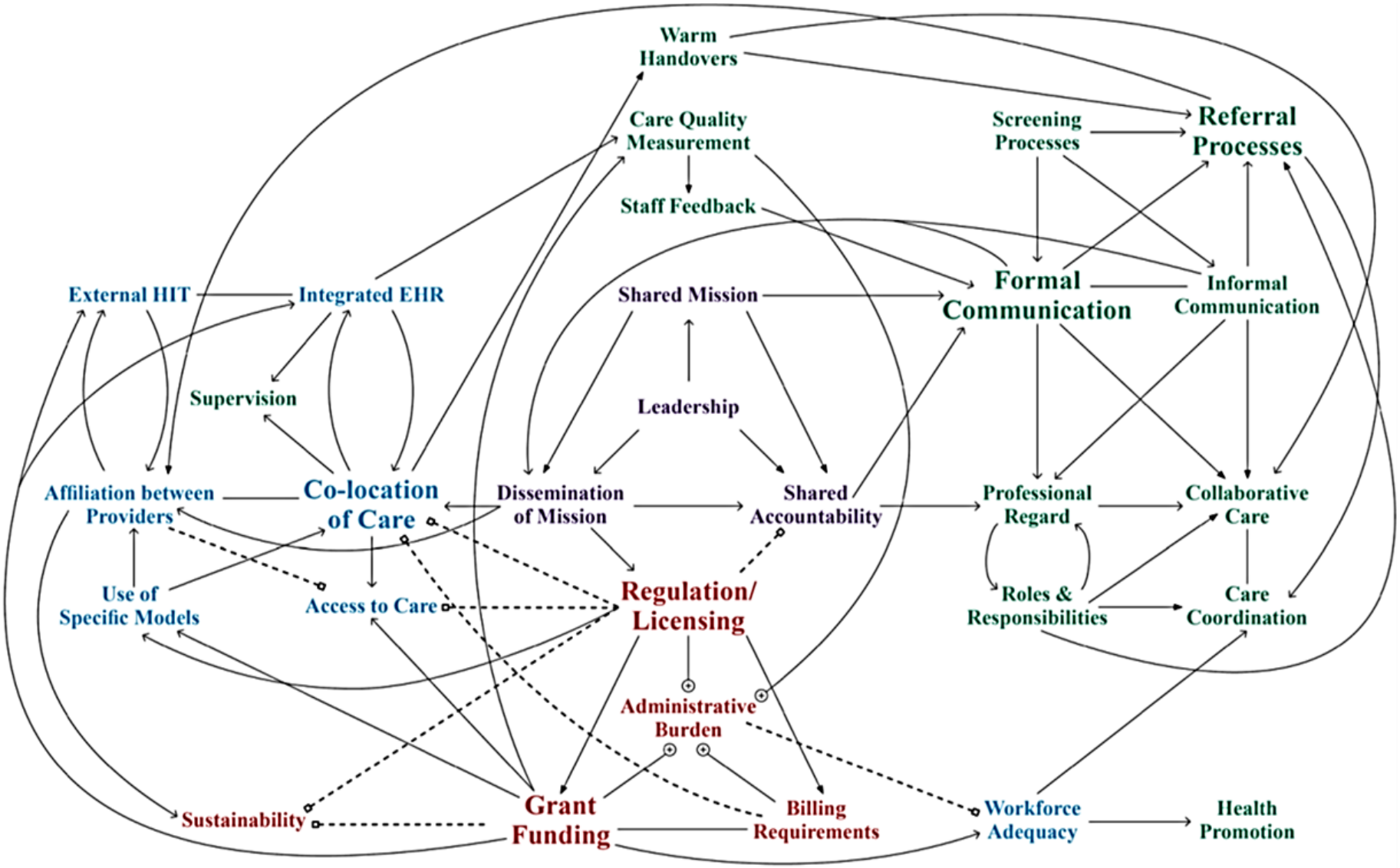
"The care a patient experiences as a result of a **team of Primary Care & Behavioral Health clinicians, working together** with patients and families, using a systematic and cost-effective approach to provide patient-centered care for a defined population."

A *Spectrum* of Integration

- **Coordinated care (off-site)**
  - Level 1: Minimal collaboration
    - Patients are referred to a provider at another practice site, and providers have minimal communication
  - Level 2: Basic collaboration
    - Providers at separate sites periodically communicate about shared patients
- **Co-located care (on-site)**
  - Level 3: Basic collaboration
    - Providers share the same facility but maintain separate cultures and develop separate treatment plans for patients
  - Level 4: Close collaboration
    - Providers share records and some system integration
- **Highly integrated care**
  - Level 5: Close collaboration
    - Providers develop and implement collaborative treatment planning for shared patients but not for other patients
  - Level 6: Full collaboration
    - Providers develop and implement collaborative treatment planning for all patients

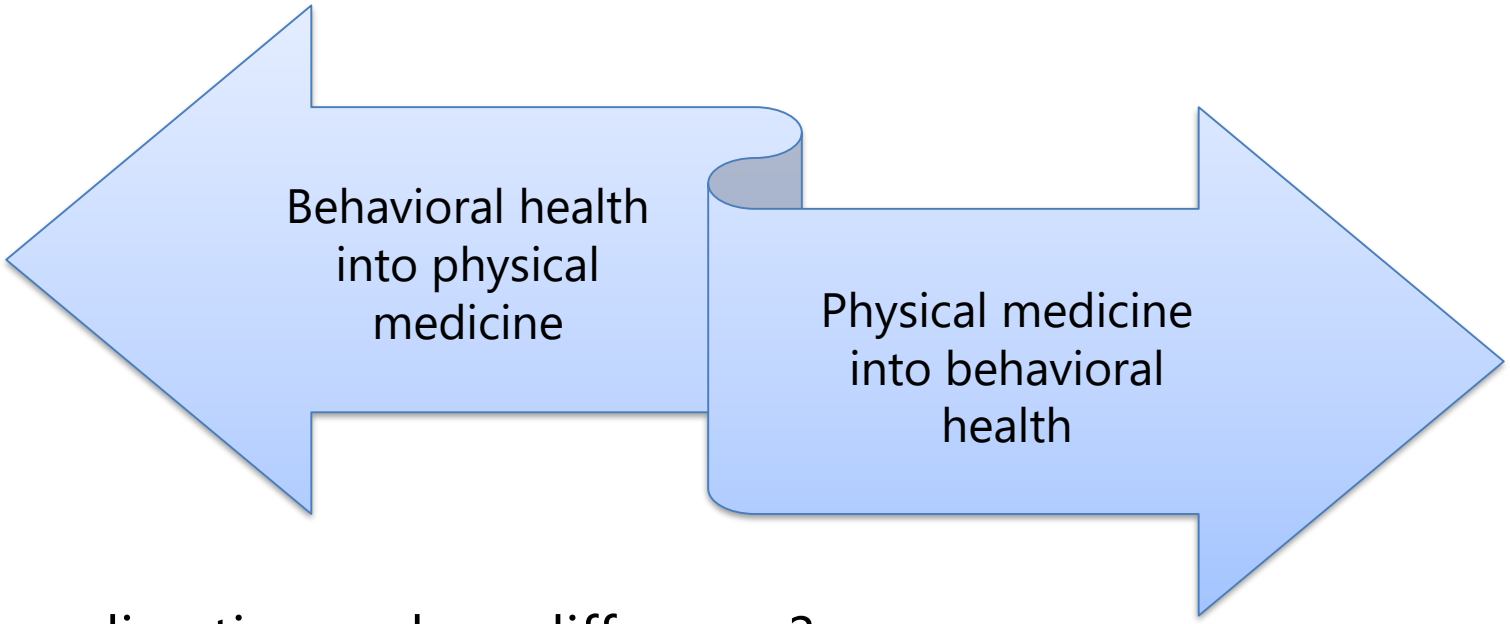


Adapted from: Gerrity, M., Zoller, E., Pinson, N., Pettinari, C., & King, V. (2014). Integrating Primary Care into Behavioral Health Settings: What Works for Individuals with Serious Mental Illness. New York, NY: Milbank Memorial Fund



Source: Ramanuj, Talley, Breslau, Wang and Pincus (2018). Integrating Behavioral Health and Primary Care Services for People with Serious Mental Illness: A Qualitative Systems Analysis of Integration in New York. Community Mental Health Journal 54: 1116-1126. Available at https://doi.org/10/1007/s10597-018-0251-y

Bi-Directional Opportunities in an Integrated System of Care



- Does direction make a difference?
  - For CCBHC?
  - FQHC?
  - Small Practice?

What is PCBH? Why is it different?

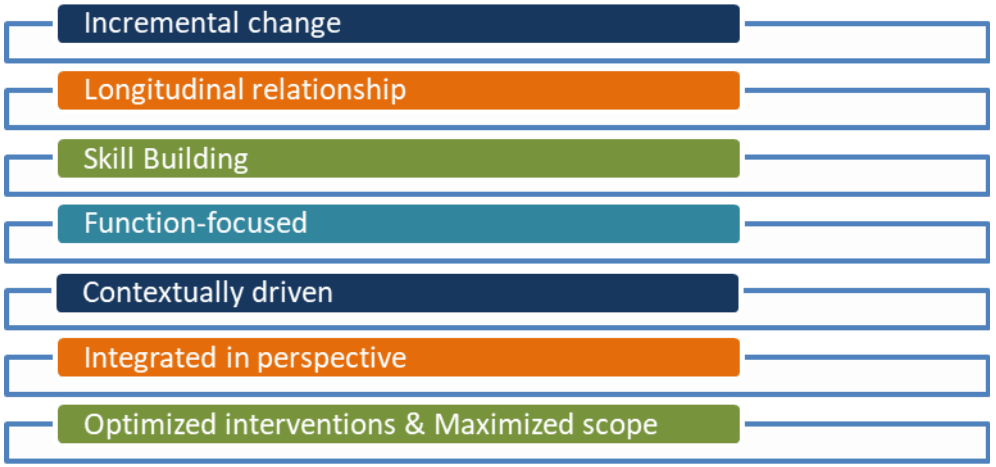
- **The PCBH model**
  - **team-based** primary care approach
  - managing behavioral health problems and **biopsychosocially** influenced health conditions.
- **The model's main goal:**
  - enhance the primary care team's ability to manage and treat such problems & conditions

What is incorporated into the PC team:

- **behavioral health consultant** (BHC), sometimes referred to as a behavioral health clinician, **to extend and support the primary care provider (PCP) and team**.
- The BHC works as a generalist and an educator who provides high volume services that are accessible, team-based, and a routine part of primary care.

-Reiter, Dobeyer & Hunter, 2018

- **PCBH Principles and Orientation**

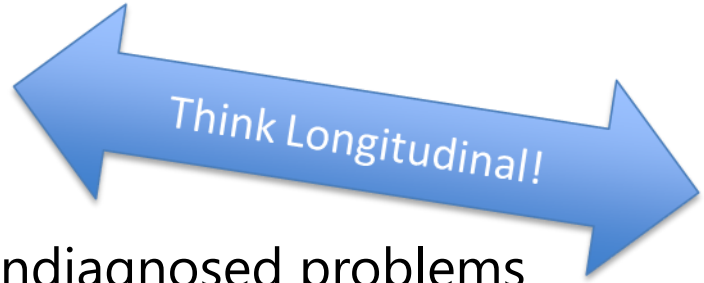


Principles of PCBH Integration Model

- ~~Principle #1: The BHC's role is to identify, treat, triage, and manage primary care patients with medical and/or behavioral health problems.~~ (in traditional settings, more complicated in BDIC)
- **Principle #1**: The BHC'S role is to identify, treat, triage, and manage primary care patients' **complexity** of medical and BH problems in an ***integrated*** manner.
- **Principle #2**: The BHC functions as a core member of the primary care team, providing consultative services.
- **Principle #3**: The PCBH Model is grounded in a population-based care philosophy.
- **Principle #4**: The BHC seeks to enhance delivery of behavioral health services at the primary care level and works to support a smooth interface between primary care and specialty services (MH and SA treatment).

Reference: Robinson, P., Mountainview Consulting Group. Patient Centered Primary Care Institute. (Oct/Nov 2013) Primary Care Behavioral Health Toolkit. Retrieved from http://www.pcpci.org/sites/default/files/resources/PCBH%20Implementation%20Kit_FINAL.pdf

Robinson and Reiter (2016)



- Integration must improve identification of undiagnosed problems
- Integration must help with all behaviorally influenced conditions
- Integration must subtract from, not add to, the workload of PCPs
- Integration must help PCPs improve behavior change skills
- Integration must improve care outcomes in PC
- Integration must help decrease the medication culture of PC (and BH)
- Integrated care must be accessible
- Patients must perceive integrated care as routine health care.
- Long visits and frequent follow ups must be avoided to enable access
- Integrated care must avoid rigid rules that make care less accessible

Role of the BHC in PCBH

- Work in tandem with PCP
- Immediately accessible
  - Curbside consultations
  - On demand exam room visits (15-30 minutes)
  - Same day visits
  - Flexible, relevant location

(Image courtesy J. Reiter)

Role of the BHC in PCBH

- Documentation in [shared] record using SOAP note
- Reimbursement by medical dx using H&B codes*
- In the pod, viewed as another PC Clinician – no office, no caseload

*Are codes available in your state? An opportunity for advocacy!

(Image courtesy J. Reiter)

Behavioral Health Consultation in Bi-Directional Integrated Care

Consultation

- PCP Medical Team
- BH Team
- Care Coordinators & Care Managers/Navigators

Intervention

- Patient
- Family/Support System

Change Agent

- Integrated Care perspective of patient in context
- Enlisting external resources together with Integrated Care coordinators and managers

Behavioral Health Consultation in Bi-Directional Integrated Care

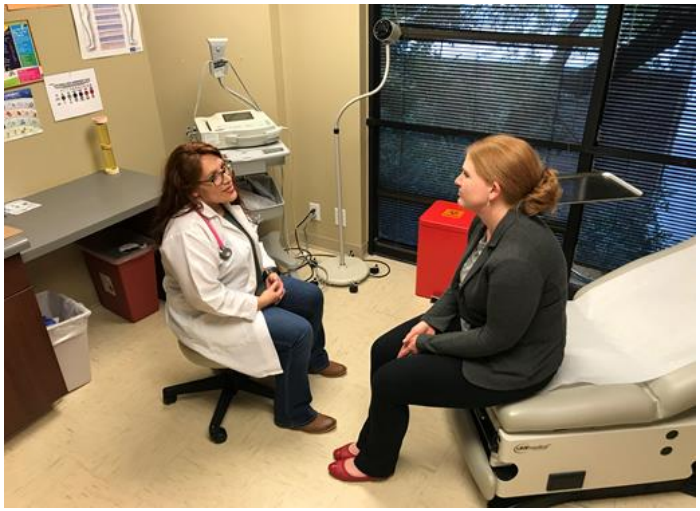
- ✓ Primary Care support re: SI, anxiety, trauma, depression
- ✓ Primary Care support re: response to physical illness
- ✓ Smoking Cessation or reduction
- ✓ Weight Management
- ✓ C&B intervention for Chronic Pain management
- ✓ SBIRTs
- ✓ Medically unexplained symptoms
- ✓ Cognitive Screenings
- ✓ Self-management of chronic health conditions
- ✓ Increasing self-efficacy
- ✓ Increasing engagement in care & health
- ✓ Managing complex, comorbid psychiatric and health decision making/issues
- ✓ Readiness to change
- ✓ Prevention activities

Clinical Tenets of the BHC

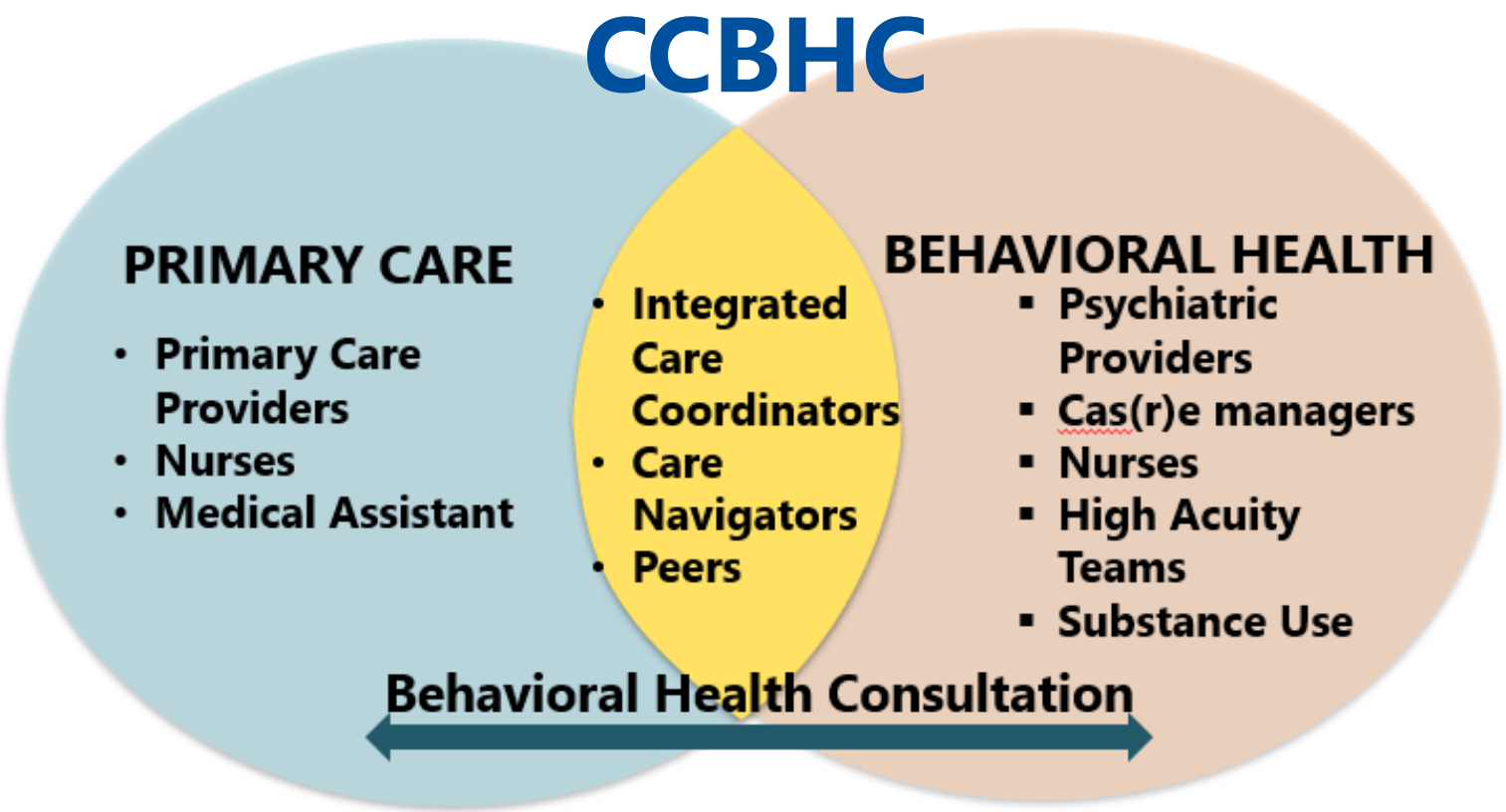
- Evidence based
- Problem-focused with goal of improving quality of life
- Patient-centered
- Functional and/or contextual assessment
- Brief interventions (consultations)
  - CBT
  - Motivational Interviewing
  - Focused Acceptance and Commitment Therapy (fACT) or ACT
  - SBIRTs
- Clinical Pathways

Role of Primary Care Providers in PCBH

- Focal point of the PCBH model
- Key player in making model work
- Productivity and impact of BHC is tied to flow of PCP identifying and "referring" to BHCs
  - Refer at the time the problem is identified
  - Integrates BHC into routine daily practice
  - Receptive to consultative feedback form BHC
  - Maintains real time fluid communication
- Uses BHC consistently across *wide range* of issues that are not just psychiatric nature (e.g., chronic pain, initial dx of diabetes, HTN)



How can many pieces fit together?



Integrated Care in Practice

Universal screenings for common needs (depression, anxiety, substance use) and use of a registry to monitor population needs

Providers accessible for both curbside and in-exam room consults, same-day visits (15–30 minute consultation), and prevention education/ guidance

Same day and **'warm hand-off'** availability to reduce no-shows and ensure connection to care

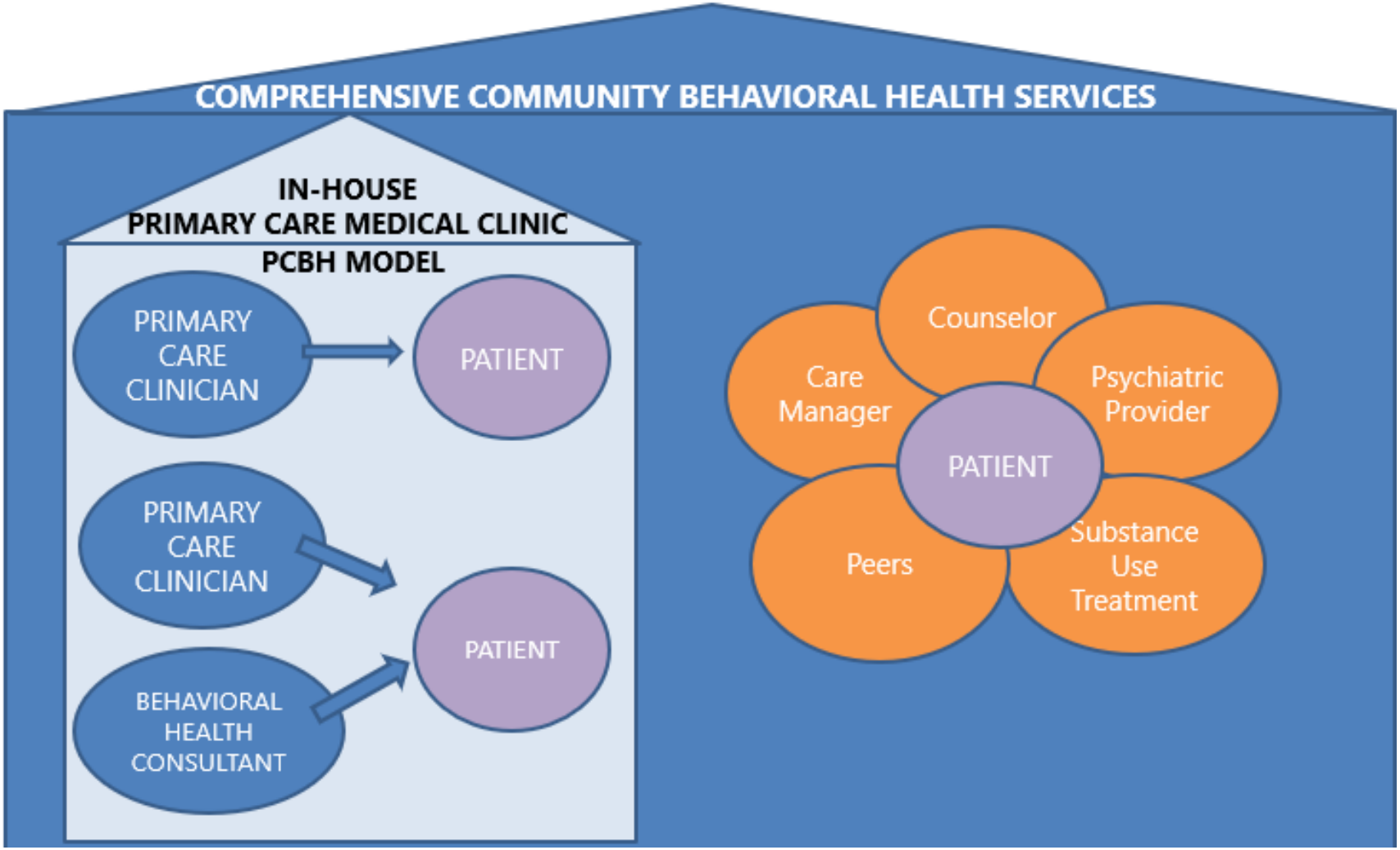
Behavioral health & primary care providers **working side-by-side, along with other disciplines** (social work, nutrition, pharmacy, others)

Shared health records and care plans: All providers and members of the care management team have access to and document the patient's care in a single medical record

Partially adapted from: Robinson, P.J. and Reiter, J.T. (2007). Behavioral Consultation and Primary Care (pp 1-16). N.Y.: Springer Science + Business Media.

Real-world Example: CHCS

Real-world Example: CHCS



Case Vignette – Primary Care Perspective

- 65-year-old HF presenting with HTN, asthma, mixed hyperlipidemia, Type II DM w/neuropathy, abdominal pain, obesity, sleep problems
- 5 ER visits in past 3 months (admitted twice)
- BHC Consult for SLEEP / Somatic complaints
  - Chest pain
  - Right Side numb
  - Palpitations
  - Fall

Integrated Perspective & PCBH Intervention

CONTEXTUAL VARIABLES	REASON FOR REFERRAL	BHC DIRECT INTERVENTION	RECOMMENDATIONS TO TREATMENT TEAM
Schizoaffective Disorder - Bipolar Type	Sleep problems Insomnia Severity Index – clinically moderate	Sleep Hygiene Grounding – 5 senses	
Multiple ER Visits – 6 in last 3 months			BHC recommended to PCP for weekly conjoint medical & BHC visits for 4 weeks
Pt reports Medically Unexplained Symptoms (MUS)			"
Chronic back pain		Grounding – Mental/Soothing	
Lives alone-divorced twice;			Recommended CM talk with family, sisters to help with socialization, face-to-face check ins
Anxiety	PTSD-PC - positive	Grounding – Both kinds Diaphragmatic Breathing (introduced at follow up session 2)	CM enlisted to coordinate transportation to specialists

The Case for Integration: Improved Functioning

- Nearly all individuals experience an increase in functioning across studies
  - Also six studies found improvements in:
    - Anxiety
    - Depression
    - PTSD
    - Sleep
    - Tobacco

(Hunter, 2017; DOI: 10.1007/s10880-017-9512-0)

The Case for Integration: Satisfaction

- Patients in integrated primary care behavioral health settings have reported high levels (e.g., 97%) of satisfaction and increased functioning
  - Angantyr, 2015; https://doi.org/10.2224/sbp.2015.43.2.287;
  - Runyan, 2004; https://doi.org/10.1089/1093507033224255 27
- Team-based primary care-behavioral health care has also been shown to improve provider satisfaction and decrease provider burn-out
  - Blount, 2003; 10.1037/1091-7527.21.2.121

The Case for Integration: Cost Savings

- Numerous studies have revealed cost savings with regard to decreased use of ED and admissions (Lute & Manson, 2015; 10.1007/978-3-319-19036-5_2)
  - 19% reduction in ED visits and overall reduction in number of primary care visits (Institute for Healthcare Improvement, October 31, 2008)
- Individuals participating in primary care depression management experienced a reduction in workplace absenteeism by over 28% (Smith & Dickinson, 2004)

Documentation

- Medical Chart
- SOAP Note

Table 4 The primary care behavioral health chart review tool

The Primary Care Behavioral Health Chart Review Tool				
Confidential: The purpose of this tool is to assure quality in documentation by Behavioral Health Consultants working in the PCBH Model.				
BHC: MR#: Date of service:				
Date of review: Reviewer:				
	YES	NO	N/A	Comments:
Documentation in Medical Record				
1. Entries are brief, specific, and accurate.				
2. Each encounter contains written or electronic signature of the BHC.				
3. All entries are completed and signed within 3 working days. *				
Behavioral Health Documentation Content				
4. Includes name of referring provider and referral problem or question.				
5. Subjective includes life context assessment.				
6. Subjective includes functional analysis of target problem.				
7. Subjective includes suicide/homicide risk assessment as indicated.				
8. Follow-up notes assess change and patient experience with the initial consult plan.				
9. Objective includes description of patient behavior and/or outcomes instrument measure (e.g., Duke for adults, PSC-17 for children).				
10. Assessment includes medical diagnosis by referring PCP (as applicable) and/or other diagnosis by PCP or BHC.				
11. Functional analysis problem conceptualization is in the note. **				
12. Plan includes interventions for patient and follow-up plan.				
13. Plan includes recommendations for PCP.				
Feedback to BHC from Reviewer (including any corrective action needed):				

*This may vary depending on clinic policy

**Depending on note format, may be described in the plan, the assessment, or an open general comments field

Robinson & Reiter 2018

Billing

Retrieved from:

https://www.apaservices.org/practice/reimbursement/health-codes/crosswalk.pdf

HEALTH & BEHAVIOR INITIAL ASSESSMENT AND RE-ASSESSMENT		HEALTH BEHAVIOR ASSESSMENT OR RE-ASSESSMENT	
2019 CPT Code	**2019 CPT Descriptor**	**2020 CPT Code**	**2020 CPT Descriptor**
96150	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; initial assessment	96156	Health behavior assessment or re-assessment (e.g., health-focused clinical interview, behavioral observations, clinical decision making)
96151	Health and behavior assessment (e.g., health-focused clinical interview, behavioral observations, psychophysiological monitoring, health-oriented questionnaires), each 15 minutes face-to-face with the patient; re-assessment		

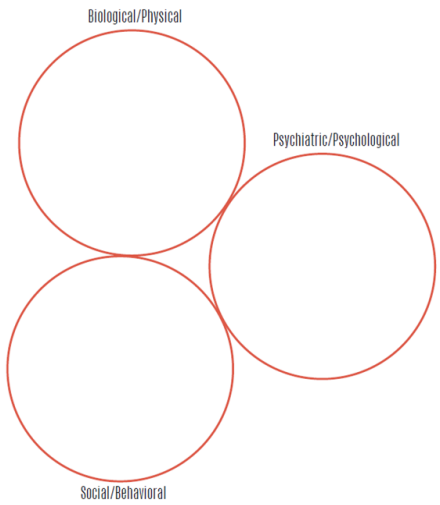
HEALTH & BEHAVIOR INDIVIDUAL INTERVENTION		HEALTH BEHAVIOR INDIVIDUAL INTERVENTION	
2019 CPT Code	**2019 CPT Descriptor**	**2020 CPT Code**	**2020 CPT Descriptor**
96152	Health and behavior intervention, each 15 minutes, face-to-face; individual	96158	Health behavior intervention, individual, face-to-face; initial 30 minutes
		+96159	Health behavior intervention, individual, face-to-face; each additional 15 minutes (List separately in addition to code for primary service)

HEALTH & BEHAVIOR GROUP INTERVENTION		HEALTH BEHAVIOR GROUP INTERVENTION	
2019 CPT Code	**2019 CPT Descriptor**	**2020 CPT Code**	**2020 CPT Descriptor**
96153	Health and behavior intervention, each 15 minutes, face-to-face; group (2 or more patients)	96164	Health behavior intervention, group (2 or more patients), face-to-face; initial 30 minutes
		+96165	Health behavior intervention, group (2 or more patients), face-to-face; each additional 15 minutes (List separately in addition to code for primary service)

"+" Indicates an Add-On Code to be reported with primary service/base code

Other Clinical Tools

LOVE *Who do you live with? Do you have children? Are they living w/you? Do you get along w/them? Are you married? Do you have a partner? Do you have friends?*	**WORK** *Are you working? How do you like your JOB? Do you get along with your peers? Are you disabled to work? Why? For how long?*	**PLAY** *What do you do for FUN? What else do you do for fun? When was the last time you did any of these things? Do you EXERCISE on a regular basis? What kind? How often? When was the last time? 7. Do you go to church or have a SPIRITUAL life? When was the last time you did something like this?*
HEALTH RISK BEHAVIORS *Do you DRINK? Do you use any street DRUGS, such as pot, meth, cocaine, or narcotics? How often? Have you ever had a problem w/using drugs? Do you smoke CIGARETTES? How many per day? How long? CAFFEINE Do you drink coffee, sodas, or energy drinks? How much per day?*	**HEALTH BEHAVIORS** *Are you SEXUALLY ACTIVE? Have you had more than one sexual partner? How many in the last year? Do you have protected sex? What protection do you use? How is your SLEEP? How many hours do you average per night? Do you have problems falling asleep? Do you have problems staying asleep? Anything help you sleep better or worse? Do you eat regular MEALS? What kind of FOOD do you eat in a typical day? Do you use any over the counter medicines, VITAMIN SUPPLEMENTS or alternative remedies?*	
TIME *When did this problem first start? How long has this [problem] been happening?When did this start bothering you?*	**TRIGGER** *Is there something that has happened lately that made it worse? What situation/events trigger this problem?*	**TRAJECTORY** *Is there anything that you do that makes it better? Worse? How is this problem affecting your life in terms of work, r/s's, play.*



PRE VISIT CHECKLIST

- ☐ Clarify referral question
- ☐ Gather contextual information
- ☐ Psychiatric Chart Look Up
- ☐ Psych Diagnosis
- ☐ Medical Chart look up
- ☐ PHQ-9
- ☐ CSSRS

INITIAL VISIT CHECKLIST

- ☐ *Step 1: Greeting and intro script*
- ☐ *Step 2:* Identify multiple intersecting issues.
- ☐ Clarify presenting problem
- ☐ **Step 3:** Assessment of issue with brief primary care screener – evergoing Mental Status
- ☐ **Step 4:** Contextual Interview (LWP) or Functional Analysis or
- ☐ **Step 5:** Contextual Interview (**3Ts-Triggers, Time, Trajectory**) or Functional Impairment Assessment
- ☐ *Step 6: Conceptualization* Draw a line between results, CI & biopsychosocial formulation of problem
- ☐ *Step 7: Advise on intervention options*
- ☐ **Step 8:** Target treatment
- ☐ Pt & BHC chooses tx options to target during remainder of appointment
- ☐ **Step 9:** SMART Goals & Rulers
- ☐ *Step 10: Write out reminder, BHC Rx, or handout*
- ☐ Specify plans for follow-up (visit, phone calls, coordination)

POST-VISIT CHECKLIST

- ☐ Provide overview of visit and plan to PCP
- ☐ Consult to Psych provider
- ☐ Consult to CM
- ☐ Engage care coordinator / Peer
- ☐ Launch IC tx conceptualization and tx plan – see tripartite conceptualization

Free Resources

- Pcdc.org/resources

- Case studies
- Guides
- Measurements
- Assessments
- Reports
- Webinars

Questions: Let's stay connected!

Join us in February for a 6-part series on integrated care and diabetes!

Andrew Philip, PhD
Primary Care Development Corporation
Aphilip@PCDC.org

Clarissa Aguilar, PhD
The Center for Health Care Services
Caguilar@CHCSBC.org

Upcoming Webinars & Events

New Framework for Enhancing Physical Health Integration in Behavioral Health; its potential for quality and sustainability

February 19, 2:00-3:00pm ET

Register from our website here: https://www.thenationalcouncil.org/integrated-health-coe/training-events/

Learning Communities and ECHOs – Learn more on our website here: https://www.thenationalcouncil.org/integrated-health-coe/learning-collaboratives/

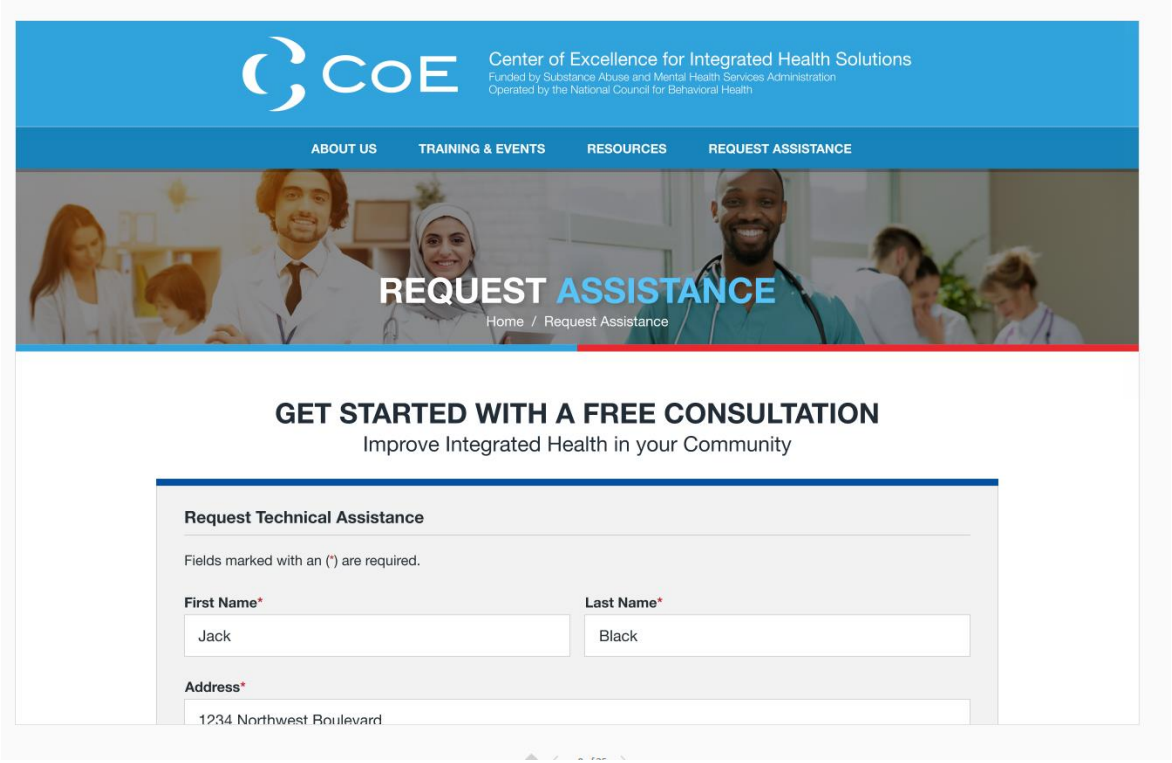
HRSA Center of Excellence for Behavioral Health Technical Assistance (CoE BHTA)

- **John Snow Institute's HRSA Center of Excellence**
  - Website: https://www.hrsa.gov/behavioral-health/behavioral-health-technical-assistance-bhta
  - **Upcoming Webinar**: Screening for Alcohol Use with SBIRT: Facilitators and Barriers to Implementation; January 30, 1:00 – 2:00pm ET
  - Register here

Request a consult today!

Visit our website and complete the Request Technical Assistance form at the bottom of the home page.

https://www.thenationalcouncil.org/integrated-health-coe/request-assistance/



Thank You

Questions?

Email integration@thenationalcouncil.org

SAMHSA's Mission is to reduce the impact of substance abuse and mental illness on America's communities.

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