

Changing the Culture: Adopting a Primary Care Short Term Treatment Model

Virna Little, Institute for Urban Family Health (NY)
Clare Scott, MHCBB (CO)
Matt Chambers, Three Rivers Health Center (MI)
Kathleen M. Reynolds, WCHO (MI)
National Council for Community Behavioral Healthcare
Annual Conference
May 2, 2008

- Agenda for the Workshop
 - The Pace in Primary Care – M. Chambers (10 minutes)
 - Models for Short Term BH Treatment in Primary Care
 - IMPACT – Virna Little (15 minutes)
 - Short Term Solution Focused Work - Clare Scott (15 Minutes)
 - Keys to Training Existing BH Staff in Short Term models (30 minutes)
 - Claire (Keys from your experience)
 - Virna (Keys from your experience)
 - Matt (Staff Characteristics that are important)
 - Questions (20 minutes)
 - Wrap Up (5 minutes) Kathy

The Pace of Primary Care

- Historical Framework
- Drivers
- Reimbursement Mechanisms
- Recent Developments

Historical Framework

- The 20 minute visit
- Medicare/Medicaid
- July 30, 1965
- Harry S. Truman

Drivers

- Coding Systems
- Reimbursement Mechanisms
- Business Models
- Care Models

Coding Systems

- World Health Organization
- ICD-10-CM
- CPT
- DSM-IV

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE **BOSTON** 1988 National Council of Excellence

Reimbursement Mechanisms

- Chicken or the Eggs
- Cash
- The Golden Age
- Cost-Based Reimbursement
- Prospective Payment
- Outcomes; Evidence Based Practices

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE **BOSTON** 1988 National Council of Excellence

Models of Care

- Medical
- Episodic
- Disease
- Acute
- Problem
- Symptom Driven
- Nursing
- Wholistic
- Health & Wellness
- BioPsychoSocial
- Relationship Centered

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE **BOSTON** 1988 National Council of Excellence

A Case In Point...


NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE **BOSTON** 1988 National Council of Excellence

Business Models

- Kaiser-Permanente
- Mayo Clinic
- Independent Practice
- Primary Care Group Practice
- Multi-Specialty Group Practice
- Hospital Owned

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE **BOSTON** 1988 National Council of Excellence

Project Impact



- ❑ Collaborative model that provides primary care and mental health services for seniors suffering from late-life depression in a primary care setting
- ❑ Targets to improve quality life of seniors, increase adherence in treatment, augment the number of seniors receiving mental health and reduce health care costs

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE **BOSTON** 1988 National Council of Excellence

TWO PROCESSES	TWO NEW 'TEAM MEMBERS' collaborate with PCPs	
	Care Coordinator	Consulting Psychiatrist
1. Systematic diagnosis and outcomes tracking e.g., PHQ-9 to facilitate diagnosis and track depression outcomes	- Patient education / self management support - Close follow-up to make sure pts don't 'fall through the cracks'	- Caseload consultation for care manager and PCP (population-based) - Diagnostic consultation on difficult cases
2. Stepped Care a) Change treatment according to evidence-based algorithm if patient is not improving b) Relapse prevention once patient is improved	- Support medication Rx by PCP - Brief counseling (behavioral activation, PST-PC, CBT, IPT) - Facilitate treatment change / referral to mental health - Relapse prevention	- Consultation focused on patients not improving as expected - Recommendations for additional treatment / referral according to evidence-based guidelines

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

BOSTON 2008 National Council of Confidence

Effective Collaboration

Prepared, Pro-active Practice Team

Informed, Activated Patient

Practice Support

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

BOSTON 2008 National Council of Confidence

Workflow

- Screening
 - PCPs screen the patient for depression using a PHQ-9 on a regular visit
- Referral
 - Patients who scored positive on a PHQ-9 are given a referral to see a depression care manager/social worker
- Assessment
 - Biopsychosocial assessment is conducted

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

BOSTON 2008 National Council of Confidence

Workflow

- Education
 - Patient education about depression and treatment
- Discuss Treatment options with patient
 - Therapy, Medication or BOTH
- Coordinate care with PCP
- Referral to psychiatrist
- Start Initial Treatment Plan

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

BOSTON 2008 National Council of Confidence

Workflow

- Arrange follow-up Contact
 - In person or by phone
 - In one week or earlier
 - 3, 6, 9 12 month follow-up screening
- Documentation
- Referral to outside resources (if necessary)

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

BOSTON 2008 National Council of Confidence

Workflow – Follow Up

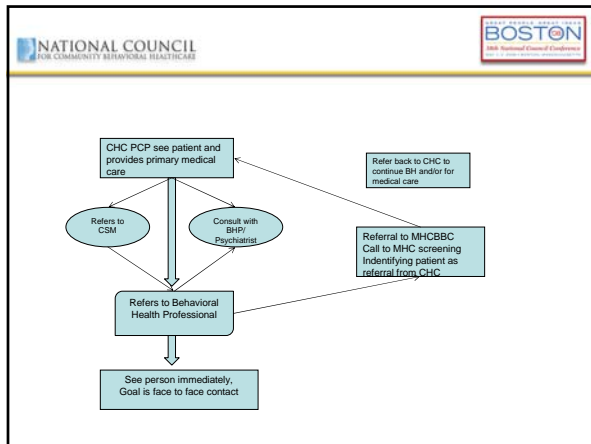
- Weekly or every other week during acute phase
- In person or by telephone to evaluate symptom severity and treatment response
- Initial focus on
 - adherence to medications
 - discuss side effects
 - follow-up on activation and PST plans
- Later focus on
 - complete resolution of symptoms and restoration of functioning and long term treatment adherence

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

BOSTON 2008 National Council of Confidence

Boulder, Broomfield County Model

- Vision
 - Need/Problem Identified
 - Everyone Agrees on the Problems
 - Aligning MHCs strategic initiatives and CHCs strategic initiatives
 - Supporting Research



- NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE BOSTON 2008 National Council of Excellence
- Solution Focused Brief Treatment
 - Strengths Based
 - Patient Centered
 - Single Session therapy – consultation
 - Bridging the chasms
 - Cultural Shifts
 - MHCBBC to CHC and Workfirst Sites

- NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE BOSTON 2008 National Council of Excellence
- ### Key Issues in Training - Colorado
- Existing Personnel
 - Change Process
 - Role defining and negotiation
 - New
 - Hiring criteria of behavioral health staff
 - Psychiatrist needs and roles (consultation)
 - Credentialing and Privileging
 - Everyone
 - Integration of Mental Health staff with Primary Care Staff
 - Clinical Model, Solution Focused Brief Treatment
 - Supervision
 - Clinical and Administrative

- NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE BOSTON 2008 National Council of Excellence
- ### Evidence of a Solution Focused Attitude
- See Handout


- NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE BOSTON 2008 National Council of Excellence
- ### Fear and Change
- Managing Fears and Change
 - Agreement with the “problem”
 - Changing Practice
 - Changing Roles
 - Remember Guiding Principles and Mission
 - Managing Expectations
 - Guide understanding
 - Consistent communication at each milestone
 - Remind stakeholders of scope and deliverables
 - Demonstration through outcomes

- NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE BOSTON 2008 National Council of Excellence
- ### Things to Come - Colorado
- Ongoing support and training
 - Readiness for continued change
 - Agility and flexibility
 - Quality Improvement and efficiency reviews
 - Motivation and Encouragement
 - Solution Focused Brief Treatment Training
 - Maintain Perspective

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

BOSTON 2016 National Council of Confidence

Training




- ❑ Short, pragmatic, and evidence-based treatment developed by Dr. Mark Hegel from Dartmouth University
- ❑ A method of breaking down an overwhelming problem into small parts and possible solutions
- ❑ Usually lasts for about 6-8 sessions

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

BOSTON 2016 National Council of Confidence

Training



- ❑ Self-care treatment plan is a way for a patient to be more involved in decisions about current health and treatments.
- ❑ Treatment decisions are made based on goals that are important to the patient.

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

BOSTON 2016 National Council of Confidence

Staff Characteristics

- Relationship Oriented
- High levels of Self-awareness
- Measurable levels of empathy
- Teambuilding Skills
- Certified in BH/SA & Addiction Recovery
- Change Embracing

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

BOSTON 2016 National Council of Confidence

Staff Characteristics

- High Levels of EQ
- Warm, Kind, Caring
- Servant Leadership Traits
- High Levels of Integrity & Accountability
- Evidence Based Mindset

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

BOSTON 2016 National Council of Confidence

Questions????

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

BOSTON 2016 National Council of Confidence

Contact Information

- Matt Chambers
(Mchambers@threeivershealth.org)
- Clare Scott (cscott@mhcbbc.org)
- Virna Little (vlittle@institute2000.org)
- Kathleen Reynolds
(reynoldk@ewashtenaw.org)