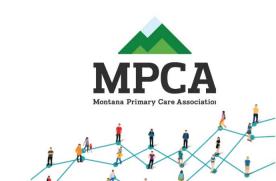
Brief Interventions: Communication with the PCP

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Setting and Role:

- ☐Generalist: "Can do" attitude.
- □Accessible: Warm Hand Offs, Same Day Appointments.
- ☐ Team-Based: Participate in meetings the patient is the responsibility of the entire team.
- ☐ High Production: Many, short visits per day.
- □Education: For both team-members and the patient.
- □Routine: Normalize and de-stigmatize BH care as a part of your physical healthcare.



Proactive also means you have a Can-do Attitude



Can-Do People	No-Can-Do People
Take initiative to make it happen	Wait for something to happen to them
Think about solutions and options	Think about problems and barriers
Act	Are acted upon



Challenges/Benefits:

- ■BH Providers that do not "buy in" to **GATHER**
- □ Lack of "closing the loop" with the medical provider
- □BH Providers feeling intimidated to interrupt medical providers
- □Pods can be noisy! (and friendly)

- ☐Shared EHR
- ☐ Immediate BH access
- ☐ Verbally discuss reason for referral in the moment
- Provider well-being knowing patient need was addressed *in that visit*



Key Ideas:

- ☐ Know your role.
- ☐ Be confident in your role.
- ☐ Be willing to learn new things!
- ☐ Close the loop.
- ☐ Be brief.
- ☐ Know your providers.
- ☐ Behavioral Health Integration Fact Sheet (apa.org)





