

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 \(apa.org\)](#)



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