PCBH 2:

GETTING STARTED WITH PCBH

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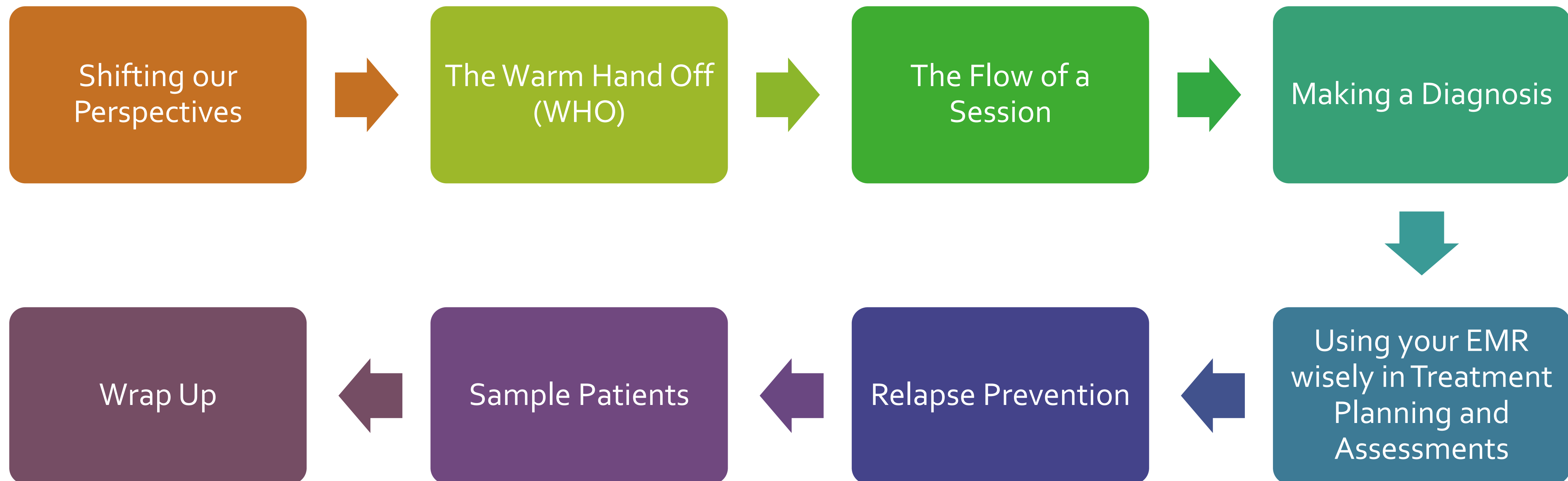
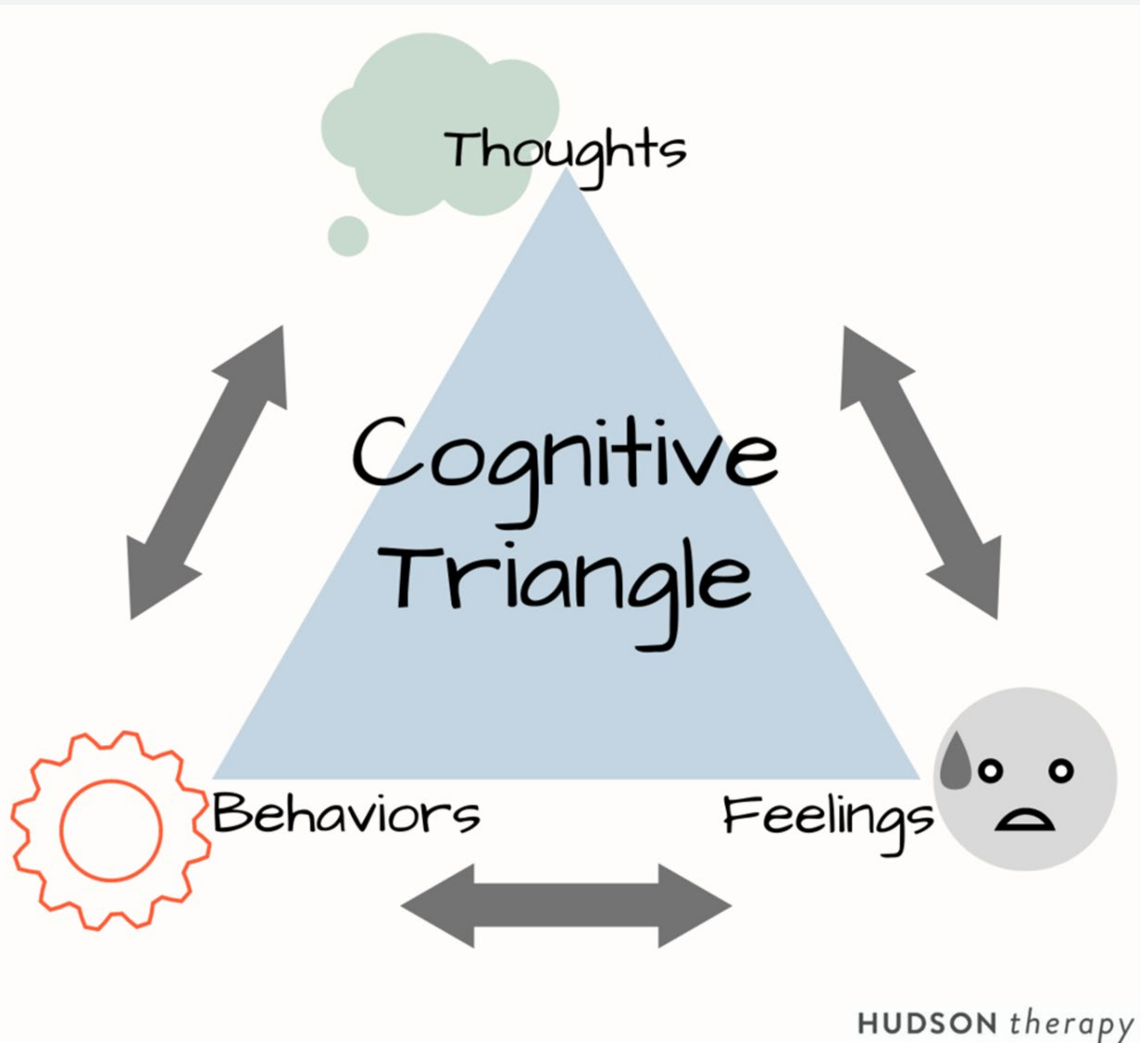
Setting the Stage:



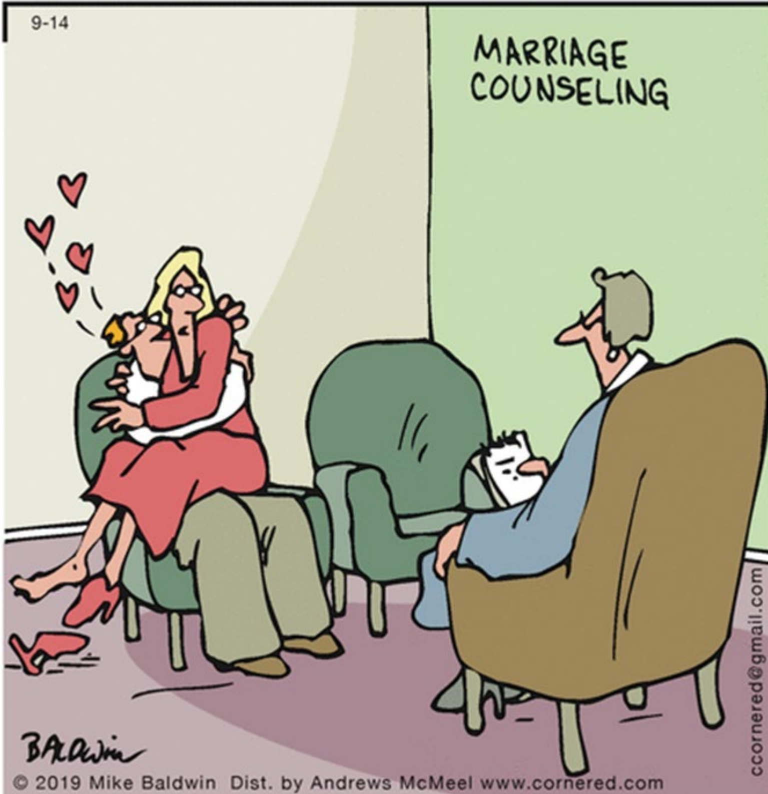


A Perspective Shift

- Collaborate with the Primary Care Team to improve overall health and wellbeing through targeted behavioral interventions
- Reduce hospitalizations and cost of healthcare
- Reduce bias of receiving mental health and substance use services
- Improve patient functioning regardless of situations and mental or physical health
- Touch as many lives as possible quickly and efficiently using best practices for Primary Care Behavioral Health

Warm Hand Off

- Initial face-to-face in real time while in the office for another reason or a walk-in patient
- Introduced as a member of the Care Team – no long rapport building
- BH Provider may be interrupted from another session to meet with patients for warm hand off at any time
- **Quick 5-7 min**
  - Introduction to PCBH Model
  - Discuss what screening means if one is given (symptoms of…) or reason for hand off
  - Communicate behavioral health as holistic and team approach
  - Quick assessment of problem and brief intervention – could be your only opportunity! I tend to teach Distress Tolerance or negative self-talk in WHO's.
  - Make an appt. if they are willing
- Close the loop with referring team member or provider

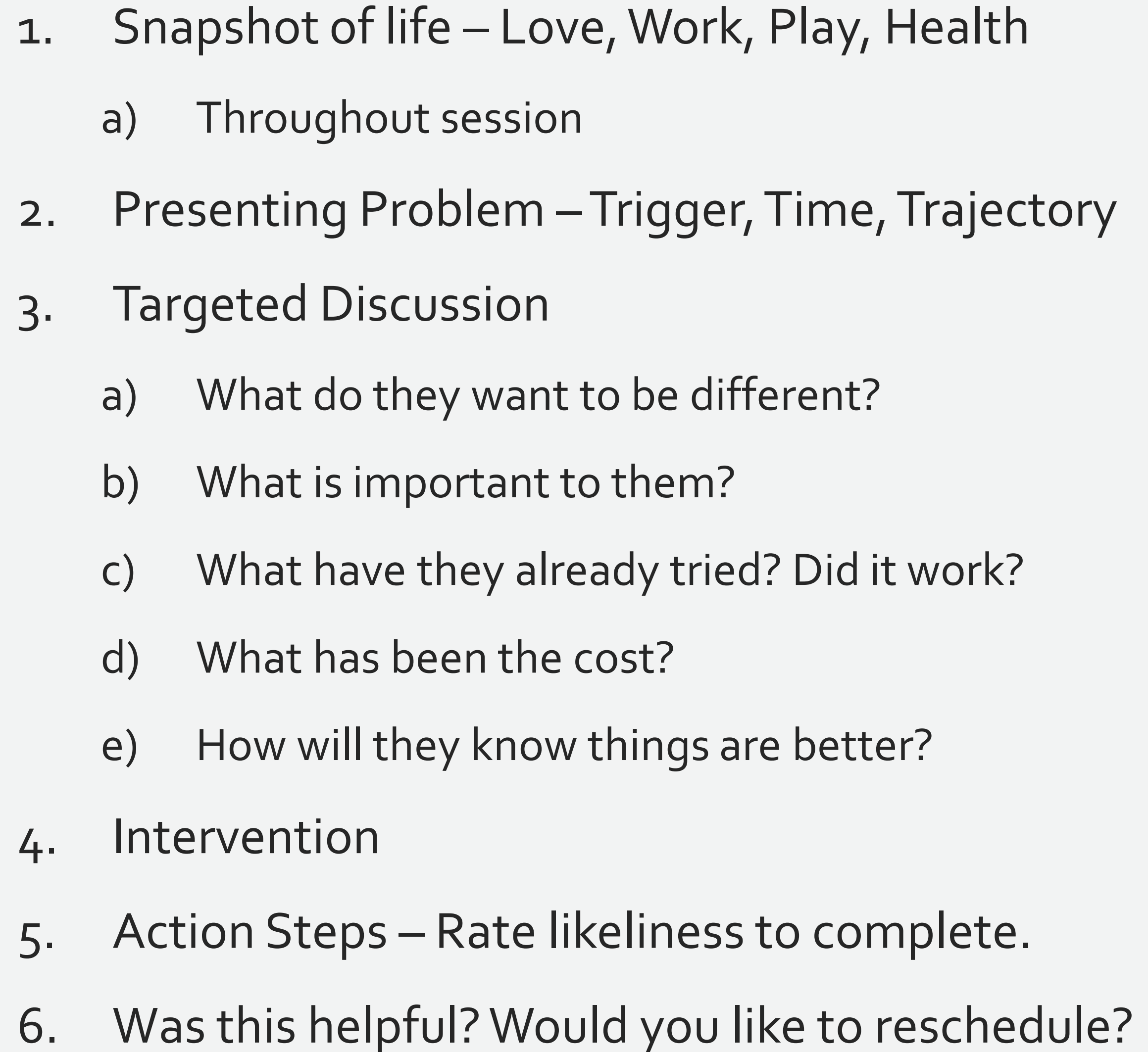


"He's been like this ever since we got your bill."

Targeted Therapy

- Appointments are scheduled at 30 minutes but take as long as they take
- There is no preset number of sessions – sessions are scheduled as therapeutically needed
- Patient are never "discharged" in Primary Care

Flow of the Sessions



Diagnoses

- Life context – Work, Love, Play, Health
- Presenting Problem – Reason for Engaging
- Trigger, Time, Trajectory
- Information already in medical chart from the team
- Diagnose based on what you know
    - As you know more, you can make adjustments to your diagnosis, just like the PCP does as they learn more about symptoms.

Utilize Your Team and EMR

- Set up your smart phrases to auto drop into assessments and patient care plans.
- The team has gathered the medical info, substance use info, med list, family history, medical goals, etc.
- Assessments do not have to be done in the first appointment and sometimes, not at all.
- Type as little as possible!

Medical History and Current Medication

Patient Active Problem List

Diagnosis

- Diabetes (HCC-CMS)
- Contusion, foot
- Depression
- Hypertension
- Tobacco dependence
- Pain medication agreement
- Depressive disorder due to another medical condition, with depressive features
- Inadequate housing
- Posttraumatic stress disorder

Current Outpatient Medications

Medication	Sig	Dispense	Refill
• beclomethasone dipropionate (QVAR) 80 mcg/actuation inhaler	Inhale 2 Puffs into the lungs 2 (two) times daily	1 Inhaler	1
• benazepril-hydrochlorothiazide (LOTENSIN HCT) 20-25 mg per tablet	Take 1 Tab by mouth once daily	30 Tab	0
• etonogestrel (NEXPLANON) 68 mg implant	68 mg by subdermal route every 3 (three) years.	1 Each	0
• insulin aspart (NOVOLOG) 100 unit/mL injection	Inject into the skin 3 (three) times daily before meals. Inject as per sliding scale for mealtime coverage. BG = 0-149 = 0		

Relapse Prevention Plan:

GOAL:

Teach the patient to notice the problem (or any problem) returning, to manage it, and to call if they need to.

Date: ________________

Purpose: Depression can occur multiple times during a person's lifetime. The purpose of a relapse prevention plan is to help you understand your own personal warning signs. These warning signs are specific to each person and can help you identify when depression may be starting to return so you can get help sooner – before the symptoms get bad. The other purpose of a relapse prevention plan is to help remind you what has worked for you to feel better. Both of these put YOU in charge!

Instructions: 1. Fill out this form with your care manager. 2. Put it where you'll come across it on a regular basis. 3. Use the PHQ-9 on the back to self-assess yourself. 4. If you see signs of returning depression, use your prevention plan.

Maintenance medications

1. _________________; ________tablet(s) of _______mg ______Take at least until_________________
2. _________________; ________tablet(s) of _______mg ______Take at least until_________________
3. _________________; ________tablet(s) of _______mg ______Take at least until_________________
4. _________________; ________tablet(s) of _______mg ______Take at least until_________________

Call your primary care provider or your care manager with any questions (see contact information below).

Other treatments

1. ____
2. ____
3. ____

Personal warning signs

1. ____
2. ____
3. ____
4. ____

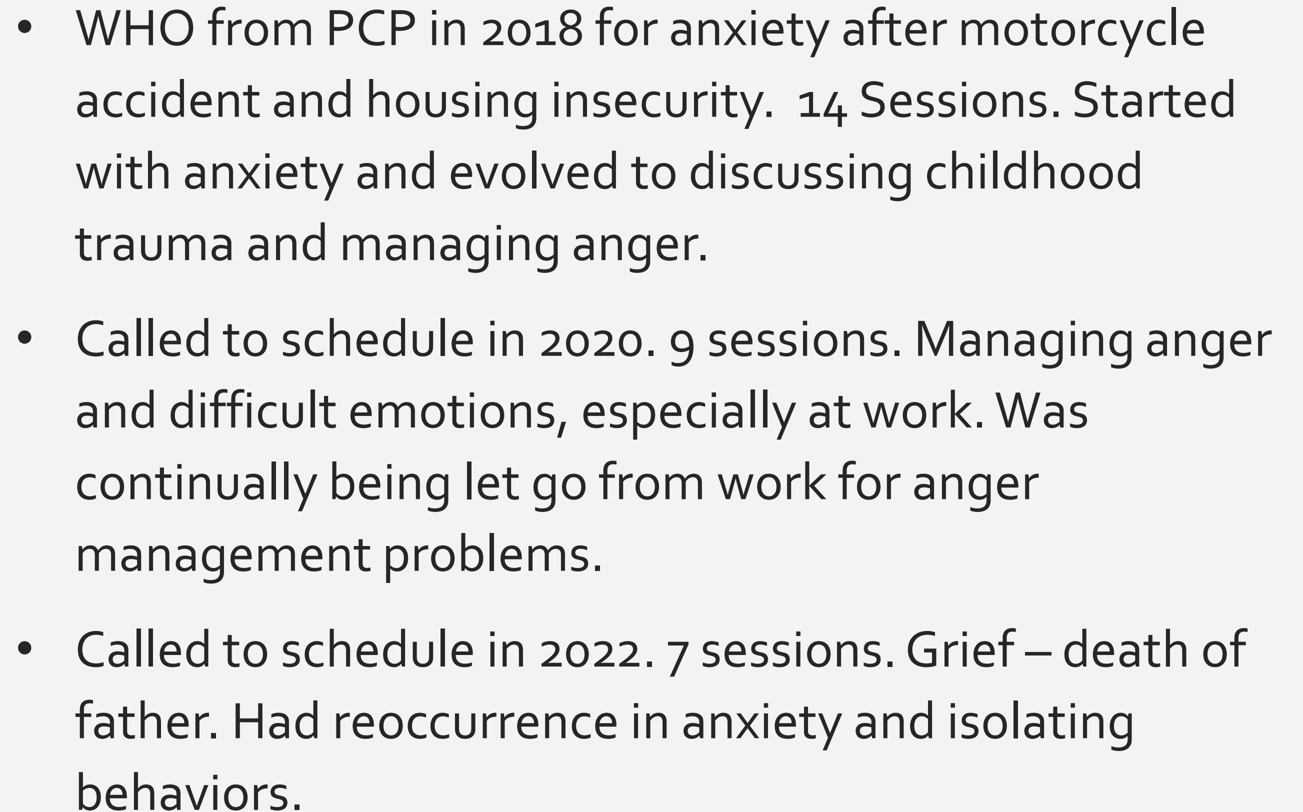
Things that help me feel better

1. ____
2. ____
3. ____
4. ____

If symptoms return, contact:____

Primary Care Provider: _________________________ Phone: ___________________ Email: ______________
Care Manager: _________________________ Phone: ___________________ Email: ______________

Case Example:



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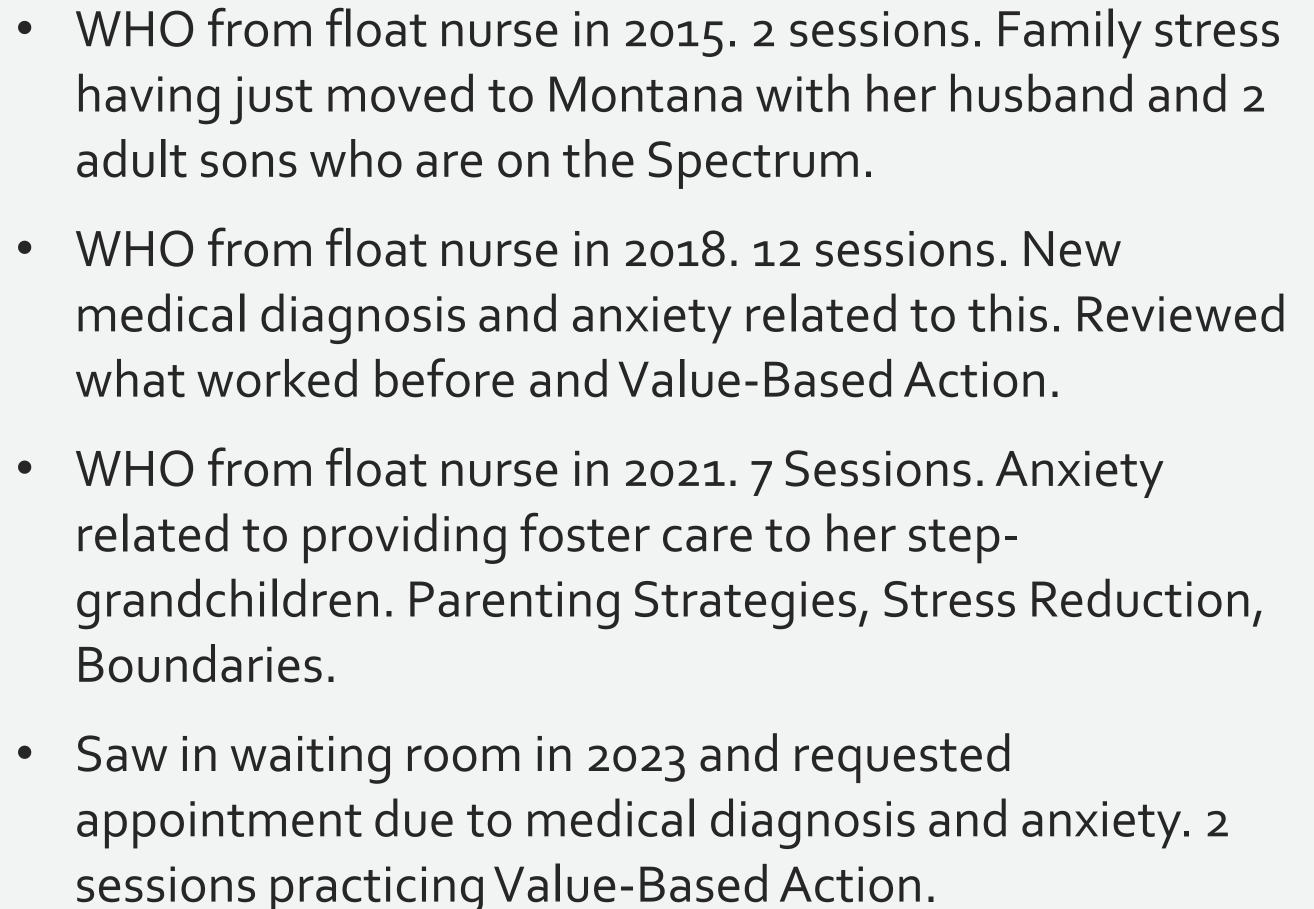

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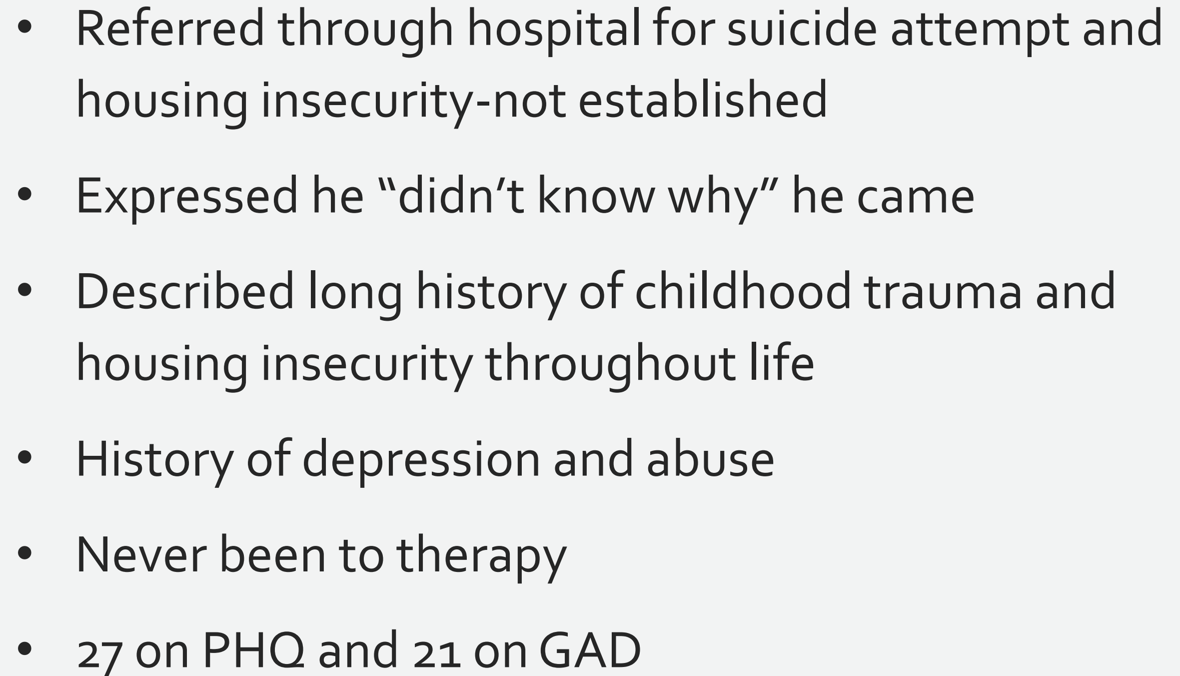

21 YO Male

- Referred through hospital for suicide attempt and housing insecurity-not established
- Expressed he “didn’t know why” he came
- Described long history of childhood trauma and housing insecurity throughout life
- History of depression and abuse
- Never been to therapy
- 27 on PHQ and 21 on GAD

Keys to Happiness in PCBH

Treat every session – including the WHO – like it could be all they need.

Be the kindest, most available person in the building. Even when you don't want to be.

Normalize BH Services. Say "hi" to patients you see in the halls or waiting room. You are just another provider in the building!

Teach patients relapse prevention – normalize reoccurrence, using coping skills, or reaching out for another appointment.

Let your schedule be open – anyone in your organization can direct schedule!

When your patient has a need, meet it right that moment! Engage your whole team while the patient is still in the room with you.

QUESTIONS, COMMENTS, CONCERNS?

WHAT'S YOUR WORLDVIEW?

Do all the good YOU CAN.
BY all the means you can.
IN ALL THE WAYS YOU CAN.
IN ALL THE PLACES YOU CAN.
At all the times YOU CAN.
To ALL THE PEOPLE you can.
AS LONG as you ever can.

john wesley

References I love:

- The Big Book of ACT Metaphors
  - Jill Stoddard and Niloofar Afari
- Anything by Russ Harris
- Anything by Patti and Kirk or David Bauchmann and Bridget Beachy