

Stronger Together

Session 4

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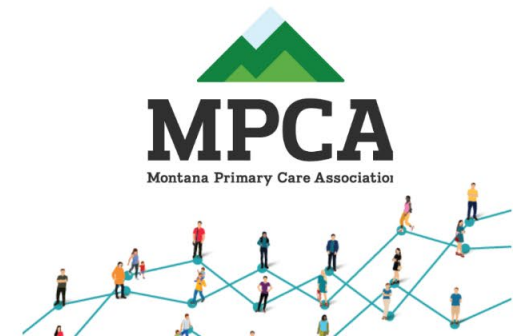
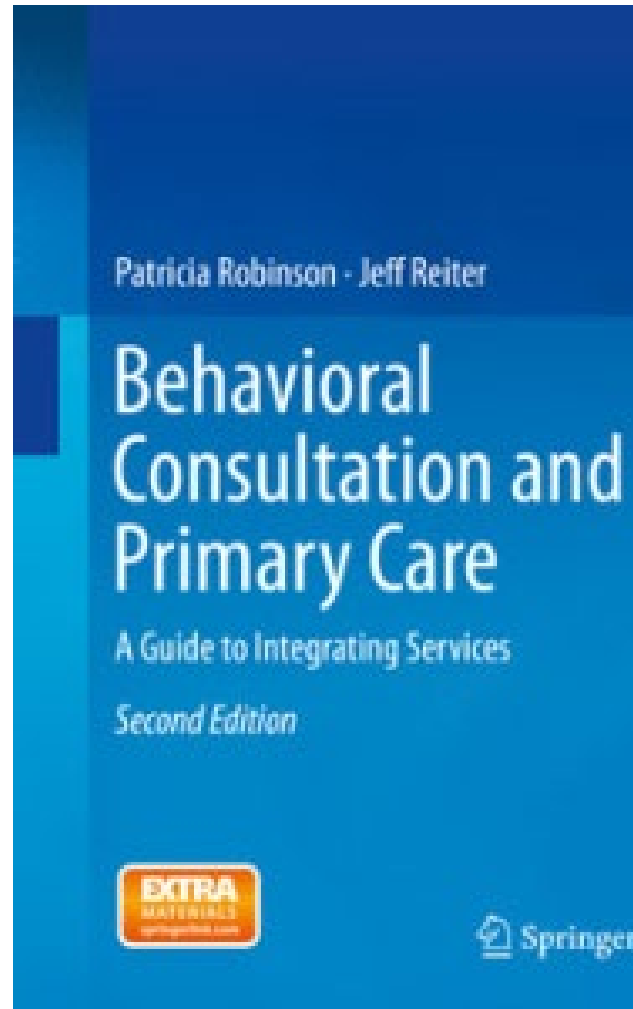


Agenda

- The Quick Review
- On Boarding and Orientation – Core Competencies
- Hiring and Recruiting
- Being an Integrated Care Champion



The Blue Book



De Facto Mental Health

“The MH system in this country simply does not meet the needs of the population, and the PC system has been left to pick up the slack.”

- *Behavioral Consultation and Primary Care*



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The Data

- **There are roughly 313.9 Million people in the U.S.**
- *30% have a diagnosable MH disorder*
- *50% have experienced a diagnosable MH Disorder in their life*
- *Only 20% received MH services*
- *21% PC services*
- *59% had no care at all*
- **60% of all psychotropic medications were prescribed in PC**
- **1/3 of patients seen in specialty MH do NOT have a diagnosable MH disorder**
- *Wang et. Al., 2005*
- **6% of the US population gets care from specialty MH in a given year**
- **80% of US population will visit PC in a given year**
- *Kessler et al., 1996*
- *National Center for Health Stats 2012*

○ Behavioral Consultation and Primary Care



The Quick Review

- ❑ Everyone on the team matters.
- ❑ Integration means that we are providing whole-person care.
- ❑ This isn't just what the BH Provider does.
- ❑ This is what the TEAM does.



Chronic Disease Treatment



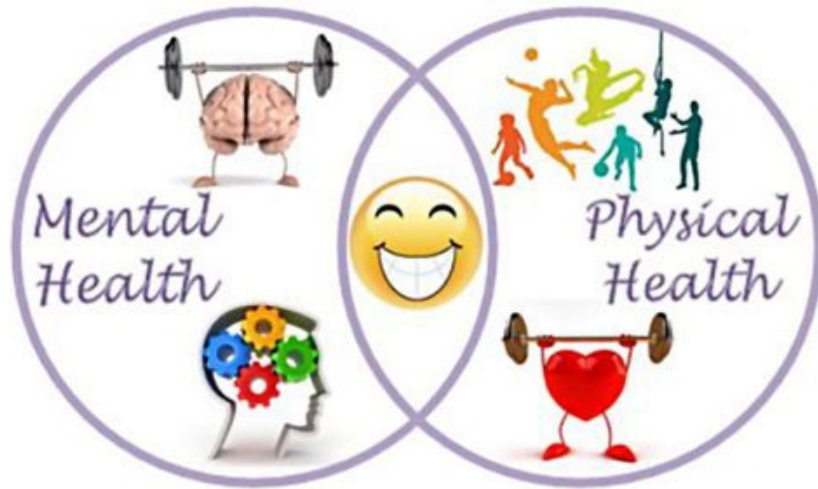
- Screenings
- Checkups
- Coordinating Treatment
- Patient education

These measures are not only management of chronic illnesses, but preventative measures.

In traditional care of SUD, we do not offer treatment until patients are proven ill enough to meet criteria for treatment.



Integrated Care Goals



- Improve overall health and wellness of patients
- Improve health outcomes for all patients
- Reduce hospitalizations
- Reduce the cost of healthcare
- Reduce bias for receiving behavioral health and substance use treatment
- Enhance motivation and empower patients to live with vitality!

*Value-based Care - **integrated care**, providers address **physical, mental, behavioral and social needs**.*



In Real Time...

1. Patient Greet Warmly by Front Desk
2. Handed Screener Using Script to Describe the Screener
3. MA/Nurse Rooms Patient, Reviews Screener, Inputs to EMR
4. PCP Provides Care
5. Pages Team-Mate as Needed
6. Attempt to Meet as many Needs as Possible in Same Visit



Orientation and Onboarding

Everyone in the clinic needs BH training of some sort – Core Competencies

- De-Escalation – Speaking to difficult patients
- Motivational Interviewing
- Culture of Poverty
- How to make a referral or warm handoff
- How to introduce your team-mate
- The Mission and Vision
- Importance of Access
- Ethical Boundaries



Screeners and Scripts

How does the Front Desk staff respond to questions about the screeners they hand patients?

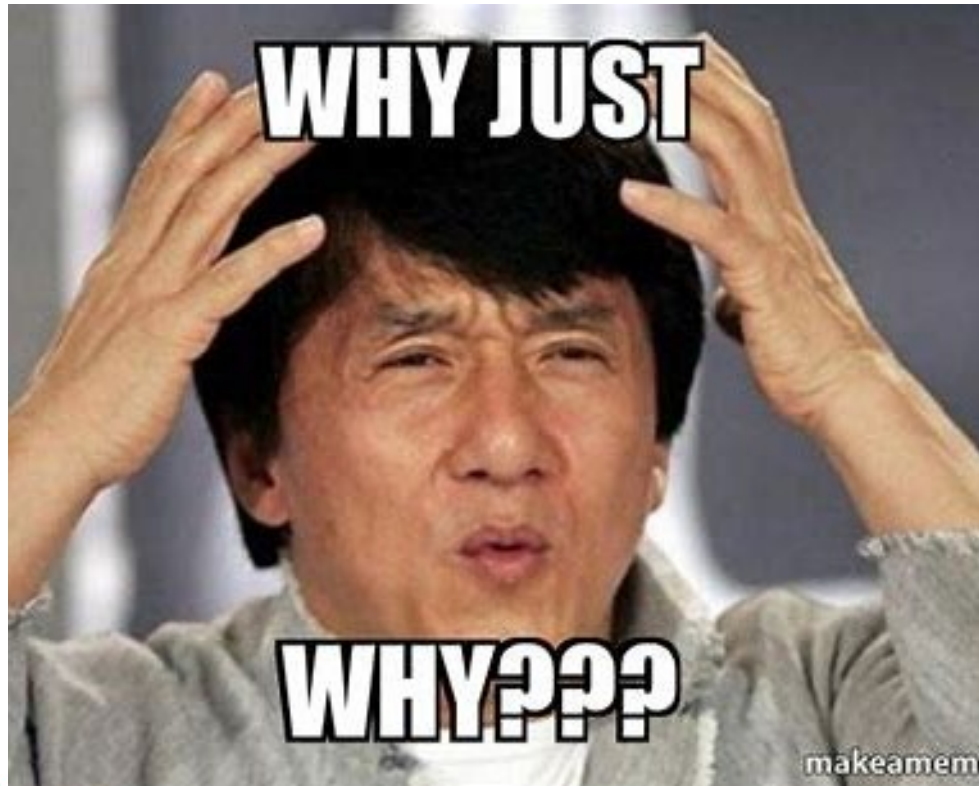
"This is a health questionnaire that you will hand to the nurse when she calls you back. Our providers believe in whole-person care treating both mental and physical health."

"This is a questionnaire that you will hand to the nurse when she calls you."

- "We know that caring for physical health includes outside factors and offer multiple services to help with this."
- NOT – "We are required to do this for a grant."
- "I'm not clinical, so I don't know all the reasons, but you can ask the nurse and provider when they call you."



More Questions about Screeners



- ❖ “Thank you for finishing your screener. May I see it?”
- ❖ “This helps me to know what we need to target in our session today.”
- ❖ “This helps me to know what symptoms are improving or not improving.”
- ❖ “It’s a more objective way for me to see how I can be helpful and measure symptoms.”



Scripts, Scripts, and More Scripts

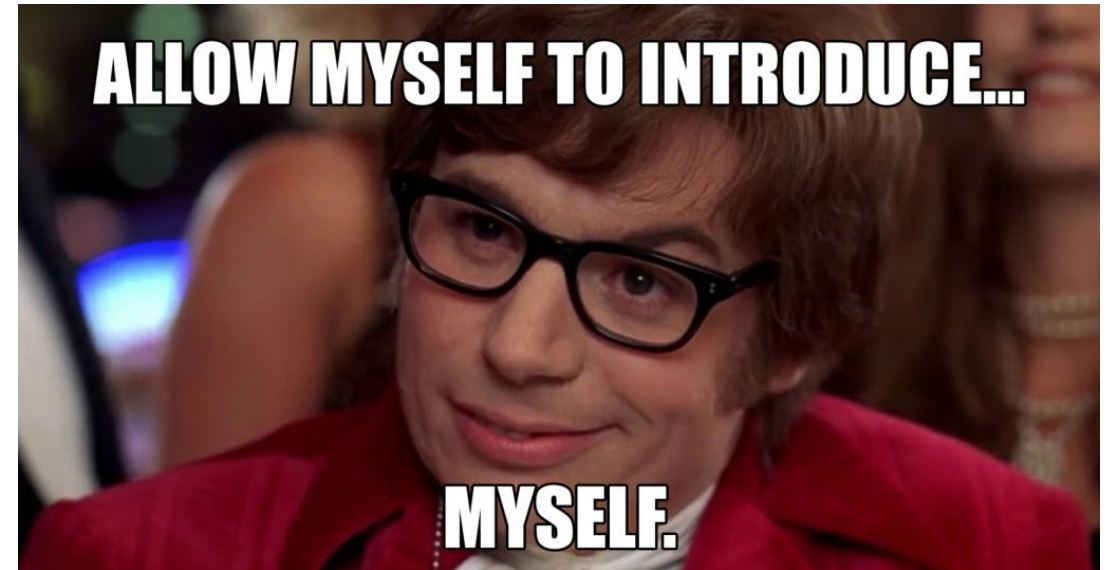


- How to talk to a patient about a warm hand off.
- How to schedule a patient with a team member for different types of appointments.
- How to transfer a phone call.
- How to talk to an angry patient.
- How to talk to a patient about a missed appointment.
- How to screen for SDH.
- Elevator Speech in a WHO.



Introductions

- 1) Normalize using every member of your team.
- 2) Introduce your Care Manager for Social Driver's of Health
- 3) Introduce your BH Provider for Behavioral Needs
- 4) Utilize the Clinical Pharmacist and Dietician
- 5) "I know you've been struggling with ... my team-mate, Jamie, is great at helping my patients cope with these types of situations so I'm going to have her visit with you for a minute, and then I'll be back to finish up our appointment."



Culture of Poverty

POVERTY

Driving Force: Relationship & Survival

Prevention/Treatment: Go when there's a problem.

Destiny: Not many choices/fate.

Time: Present moment/survival.

Communication: Most dramatic first; common language.

Environment: Unpredictable; chaotic.

Food: Seek to satisfy hunger.

MIDDLE

Driving Force: Achievement & Stability

Prevention/Treatment: Schedule Wellness.

Destiny: Good choices = improve life.

Time: Future planning.

Communication: Linear; some medical terminology.

Environment: Stable; typically controlled.

Food: Nutritional value and taste.

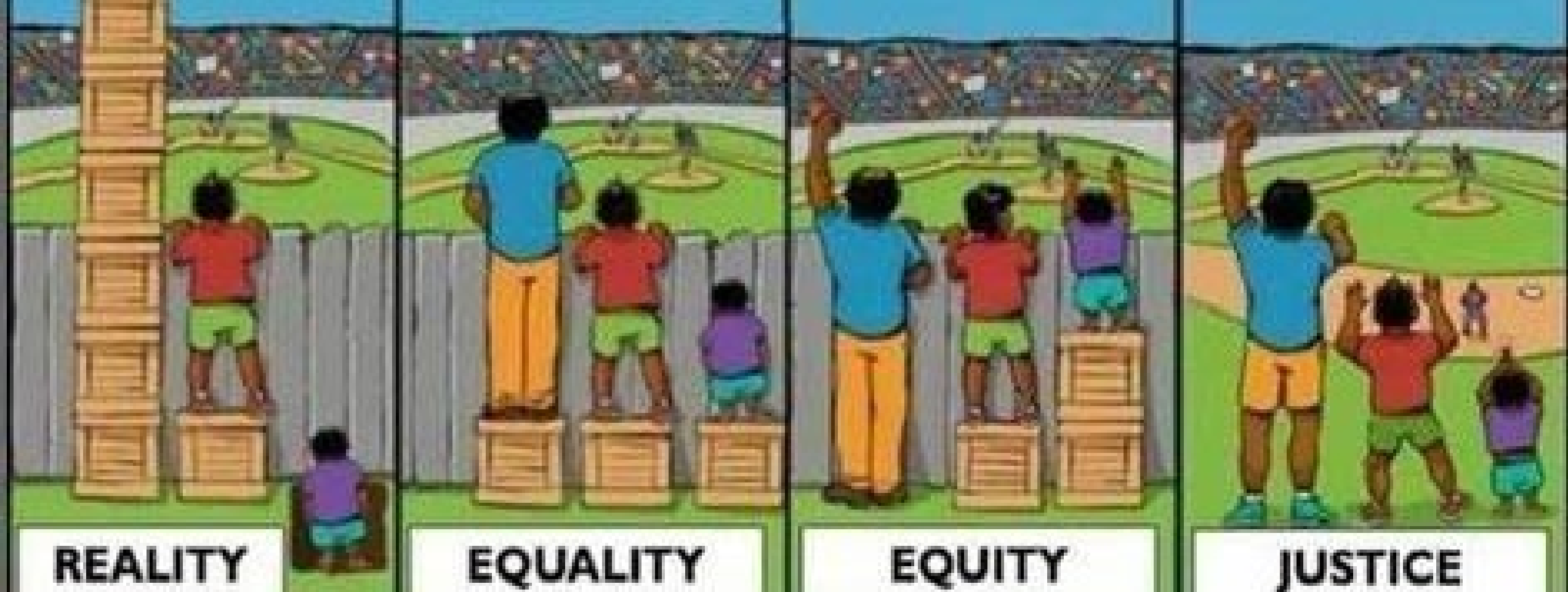


Ethical Boundaries

There are few resources, and we all want to be helpful...with Boundaries.

- ❑ Leverage the Patient's Strengths
- ❑ Engage the Team and Community
- ❑ EMPOWER the Patient
 - ❑ WHO – Patient with high CSSRS and unmanaged diabetes.
 - ❑ Adjust your Care Plan based on what is reasonable for the patient and the resources available.
 - ❑ They may not tell the PCP details that they would tell a Peer Supporter or BH Provider.
- ❑ Recognize even small steps towards Behavioral Change!





REALITY

EQUALITY

EQUITY

JUSTICE

Mission and Vision

To provide access to high quality healthcare regardless of ability pay.

Core Competencies:

The skills needed in YOUR clinic to be successful.

How do you on-board and orient new staff to your clinic?

Why does this matter?

How does it impact patient care?

How does this impact retention...



Community & Family Care Association



Hmmm...But How!!

- Leadership that is committed to Integration
- Leadership that holds one another accountable when we begin to silo ourselves.
- Representation from BH at the Leadership Table.
- Representation from Depts involved in decision-making.
- Hiring and Training Employees with a desire to practice and learn Integration.
- Train and Retain and Train and Retain



Desirable Traits for PCBH



- ❑ Knows and believes in your clinic's mission and vision.
 - ❑ Concern for the current barriers to mental healthcare.
 - ❑ Prioritizes ACCESS to healthcare and recognizes the importance of whole-person care.
- ❑ A self-starter who wants to learn and try new things.
 - ❑ Be skeptical of a provider with a narrow scope – You're looking for a "generalist."
- ❑ Willingness and flexibility with time constraints and open to high productivity and same day appointments.
 - ❑ Efficient use of time and targeted in their communication.



The Dilemma

- It is worthwhile to wait for the right employee.
- It's much harder to manage someone that is not a fit for the position than to have a vacancy.
- Every type of Mental Health Service is **IMPORTANT** and PCBH is not for every therapist.
- Therapists are not trained to work in the way we do in Primary Care.
- The therapist with the traits needed to be great in PCBH will most likely be driven, energetic, and goal oriented...
 - *And learn great things from your clinic then leave to do great things in your community.*



Perspective

- ❖ Social workers and therapists burn out faster when they are in the wrong positions.
- ❖ Supporting professionals and training professionals results in a stronger workforce.
- ❖ All the Mental Health Services are vital to our communities!



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To me, a leader is a visionary that energizes others. This definition of leadership has two key dimensions: a) creating the vision of the future, and b) inspiring others to make the vision a reality.

— *Vince Lombardi* —

AZ QUOTES



Maturing in the Model

❖ Plan

- ❖ What resources do you have available in your community and clinic?
- ❖ How can you train the entire clinic on Integration?
- ❖ Where do the different Departments fit?
- ❖ What are the care gaps?
- ❖ What are your goals?

❖ Do

- ❖ Create Workflows.
- ❖ Train.

❖ Study

- ❖ Measure success.
- ❖ Assess workflow.

❖ Act

- ❖ Continue or make adjustments.



Upcoming Trainings

- [Events Calendar - Montana Primary Care Association \(mtpca.org\)](https://mtpca.org)
 - Collaborative Documentation – May 30th at 9:00
- Requests for Trainings or Suggestions –
 - jvanderlinden@mtpca.org



Resources

[Behavioral Health Integration Fact Sheet \(apa.org\)](#)

<https://legacy.ahaprocess.com/wp-content/uploads/2019/05/JAANP-article-Dreussi-Smith.pdf>

[Behavioral Consultation and Primary Care - Patricia Robinson, PhD](#)

[Russ Harris on Psychwire - ACT as a Brief Intervention | Psychwire](#)

