



Community of Practice (CoP) Supporting Behavioral Health Integration into Your Health Center

Joe Hyde, Project Director, CoP Session Facilitator
Andrea Coleman, CoP Co-Facilitator/Coordinator

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Vision: Healthy Communities, Healthy People



Welcome Back!



Session 5 Agenda

- A quick check-in
- Review of today's objectives
- Brief presentation: *"Roadmaps for Integration: Diabetes and Comorbid Depression, a Case Example"*
- Discussion/Q&A
- Between-session activity
- Plus/Delta



Source: iStock

Today's Learning Objectives

At the end of this session, participants will be able to:

- Describe an integrated care pathway for a population of focus,
- Identify the available evidence,
- Discuss and explore practices that best fit in your clinic,
- Discuss how your EHR can guide and support your efforts, and
- Identify specific capacity building that will support your success.

Today's Presentation

Roadmaps for Integration: Diabetes and Comorbid Depression, a Case Example

Presenter: Joe Hyde, MA, LMHC, CAS



What Is a Clinical Pathway?

Definition:

An organized and clinic-defined strategy to bring evidence-based content into the practice, workflow, and your EHR to maximize quality of care for a particular population

Start with the Population of Focus

What we know about patients with diabetes and depression:

- Diabetes is a serious national health issue.
- Persons with diabetes are two to three times more likely to experience depression.
- In 50% of diabetes patients with depression, the depression is undiagnosed and untreated.
- Untreated or poorly managed depression is a confounding variable that negatively impacts diabetes.
- Depression is correlated with negative behaviors such as smoking, alcohol use, and dysregulation of appetite.
- Depression should be considered a major risk factor for patients with diabetes, and periodic screening for depression and intervention is indicated.

Aligning Medical Care and Behavioral Health Yields Better Overall Outcomes

- Medical care customarily includes metabolic screening (A1C), medication, education, and dietary guidance.
- Behavioral health support customarily includes screening for depression and other conditions including anxiety, alcohol and tobacco use, and health literacy.
- Behavioral support for depression can include cognitive behavioral therapy (CBT), behavioral activation, and medications.
- Certain medications can impact weight gain, weight loss, and metabolism.

What Would a Pathway Look Like?

Content and Structure of Integrated Clinical Pathway

- Have an identified start point (screening and identifications)
- Have identified finish points (reduced A1C and PHQ scores)
- Understand the patient's journey (i.e., moving along the service continuum of weeks/months/stages/objectives/goals)
- Form the record of care for an individual patient aligned with the journey
- Allow documentation to be individualized to meet the patient's needs

Service Options Are Aligned with Evidence

- Best medical evidence-based practice
- Best psychosocial evidence-based practice
- Practices fit within context of clinic

What Would Behavioral Health Services Look Like?

- Engagement and collaborative care planning as part of team
- Patient engagement and collaboration (use your motivational interviewing (MI) skills))
- Psychosocial screening and assessment
- Depression risk stratification (mild, moderate, severe) guides level of psychosocial intervention
- MI and CBT addressing depressive symptoms, with focus on activation
- Care coordination to address SDOH that adversely impact care
- Scheduled monitoring of depressive symptoms (PHQ-9)
- Other screening (alcohol, drugs, tobacco, anxiety)
- Care plan adjustment as indicated by screenings (A1C and PHQ)



Patient Activation is Essential to Success

1. I am the person who is responsible for taking care of my health.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
2. Taking an active role in my own health care is the most important thing that affects my health.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
3. I am confident I can help prevent or reduce problems associated with my health.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
4. I know what each of my prescribed medications do.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
5. I am confident that I can tell whether I need to go to the doctor or whether I can take care of a health problem myself.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
6. I am confident that I can tell a doctor or nurse concerns I have even when he or she does not ask.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
7. I am confident that I can carry out medical treatments I may need to do at home.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
8. I understand my health problems and what causes them.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
9. I know what treatments are available for my health problems.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
10. I have been able to maintain lifestyle changes, like healthy eating or exercising.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
11. I know how to prevent problems with my health.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
12. I am confident I can work out solutions when new problems arise with my health.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A
13. I am confident that I can maintain lifestyle changes, like healthy eating and exercising, even during times of stress.	Disagree Strongly	Disagree	Agree	Agree Strongly	N/A

Source: Hibbard et al. (2004, August).

What the Team Will Need to Be Successful

- A workflow that makes sense in your clinic
- Targeted staff capacity building
- Regular team huddles
- A pathway that is built into the EHR and aligned with workflow
- Certain data triggers for a “Red Flag” (A1C or PHQ not trending in right direction, poor patient follow through with plan)
- Care monitoring that is part of continuous quality improvement (CQI)

Training

- Train to the model
- Train to team process
- Train to the specific EBPs
- Cross train staff

Open Discussion



Report Out Following Breakout



Source: iStock by Getty Images

Between-Session Activity

Identify the elements of an integrated clinical pathway for your population of focus.

Reflecting on Today: Plus/Delta

- + What worked for you today?
- Δ What would you change?



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 - Virtual Site Visits
 - Communities of Practice (CoPs)



Weekly Office Hours During the CoP

What are office hours?

An opportunity to:

- Dive deeper into a topic area
- Better clarify needs and plans



CoP Satisfaction Assessment

- Please complete a satisfaction assessment of today's session.
- If you plan to obtain CEUs for your time in this CoP, the Satisfaction Assessment is required.
- There are two ways navigate to the assessment:
 1. Follow the link provided in the chat here.
 2. You will be emailed a link from us via Alchemer, our survey platform.

Continuing Education

- We will be offering **1.5 CE credit per session** attended for a maximum of 18 CEs for participation in all 12 CoP sessions.
- You **must** complete the Health Center Satisfaction Assessment after **each** session you plan on receiving CEs for.
- **CE credits will be distributed for all sessions at the conclusion of the CoP.**



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TA Offerings for Health Centers

- One-on-One Coaching
- Webinars
- Strategies for Community Outreach: How Health Centers Can Use Social Media for Social Marketing
- Virtual Site Visits to Improve Outcomes
- Communities of Practice (CoPs)



Upcoming TA Opportunities!

- **Webinars**

- **Charting the Roadmap to Value-Based Reimbursement for Integrated Care**

March 3, 2021 at 3:00–4:00 p.m. EST

Registration link: https://zoom.us/webinar/register/WN_xC0s7kugRauCUNeeOVxFNA

- **Social Determinants of Health and Addressing Health Disparities in Integrated Care Settings**

April 7, 2021, 3:00–4:00 p.m. EST

Registration link: https://zoom.us/webinar/register/WN_gidstu1QRfGspYkBhZtQ1A

Registration links for webinars can also be found on the BH TA Portal.

You can receive **1 hour of Continuing Education** credit for your participation





Thank You!

Contact Information:

Joe Hyde jhyde@jbsinternational.com

Andrea Coleman acoleman@jbsinternational.com

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