



# Welcome to Behavioral Health Technical Assistance (BH TA) Virtual Brown Bag TA Sessions

Supported by the HRSA Bureau of Primary Health Care (BPHC), Office of Quality Improvement (OQI)

Vision: Healthy Communities, Healthy People







# Virtual Brown Bag TA Effective Referrals in Integrated Care

Eboni Winford, Ph.D., M.P.H.

Amber Murray, B.S.N., M.A., PMP
Virtual Brown Bag TA Task Lead & Facilitator

Wednesday, April 26, 2023, 11 a.m. – 12 p.m. ET

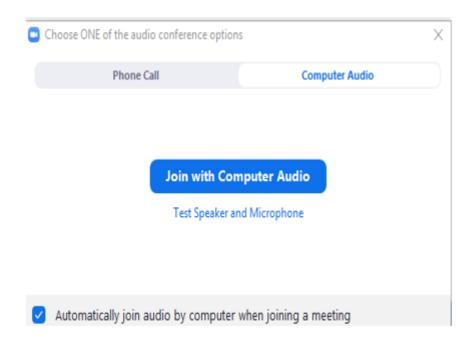
Vision: Healthy Communities, Healthy People



# **Housekeeping – Connecting to Audio**

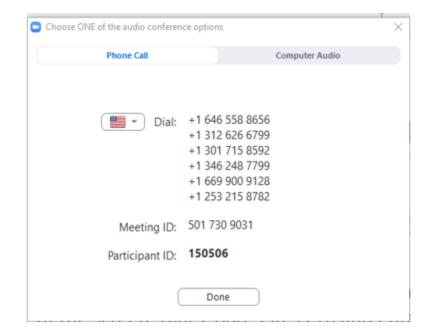
### By computer:

Click Join with Computer Audio.



### By phone:

 Click the Phone Call tab, dial a listed phone number, and enter Meeting ID and Participant ID.







## **Housekeeping – Zoom Participation**

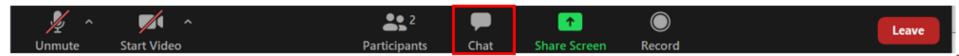
 You will begin muted. To unmute/mute, click the microphone icon located at the bottom left of your Zoom window.



 We encourage everyone to keep their video enabled. Click Start Video to join by webcam.



 To ask a question using the Chat feature, click the Chat icon located at the bottom center of your Zoom window.







# **Continuing Education (CE)**

- We will be offering 1 CE credit for your attendance at today's session.
- You must complete the Health Center Satisfaction Assessment to be eligible for CEs.
- CE credits will be distributed within 6 weeks of the event.



This course has been approved by JBS International, Inc. as a NAADAC Approved Education Provider, for educational credits. NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.



JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442. Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all aspects of the programs.





### **Virtual TA: Presenters & Facilitators**



Presenter:
Eboni Winford, Ph.D., MPH
Director of Research and Health Equity,
Clinical Director of National
Training and Consulting
Cherokee Health Systems



Facilitator:
Amber Murray, B.S.N., M.A., PMP
Deputy Project Manager

JBS International, Inc.





# Today's Agenda

- Welcome and Introductions
- Presenter Presentation
  - "Effective Referrals in Integrated Care"
  - Facilitated Discussion
- Announcements
  - Discussion session for this event
  - Future TA events
  - Satisfaction assessment form



Source: iStock









# **Effective Referrals in Integrated Care**

Vision: Healthy Communities, Healthy People



# **Effective Referral Tips and Best Practices**

1

### Daily

Chart scrubbing strategies

2

#### **Evaluation**

Identifying PCP & patient needs

3

### Visibility

Out of sight, out of mind

4

### Marketing

Tell the team what you can do

5

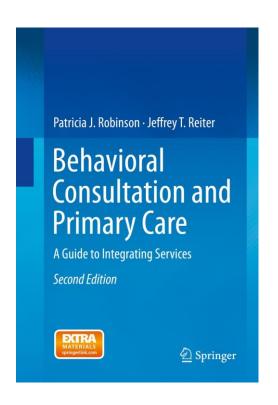
### Learning

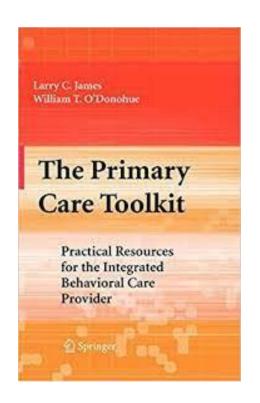
Always iterating, changing, and revising

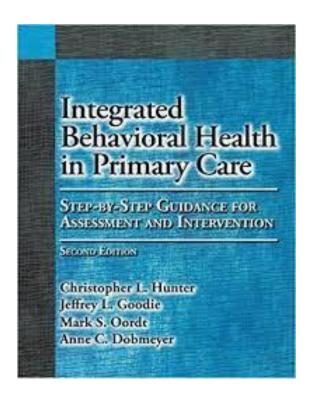


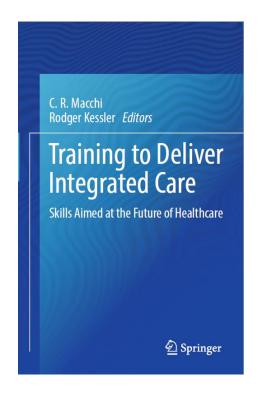


# **Some Helpful Resources**













#### **AM Review**

- Who's on the schedule today?
  - New patients?
  - New to you?
  - Returning patients?
- What are the reasons for the visit?
- Do they have BH diagnoses?
- Are they taking BH medications?
- Do they have previously elevated BH screenings?
- Do they have chronic health conditions?
- What is their history of kept vs. missed appts.?

#### **PM Review**

- Who's on the schedule tomorrow?
- Any no-shows from yesterday?
- Who does the PCP want you to see tomorrow?
- Any "special" visits? Medicare wellness, well child checks?
- Any highly complex patients scheduled?



- If a BH patient is returning, review the most recent note—no matter who rendered the service.
- Be mindful of previously established treatment goals, new meds added, etc.
- If the patient has received care at an outside provider, whether ER, specialty care, or hospitalization, review any notes that have been added/scanned into the chart since last seen by your team.





- Strategies to try based on scrubbing:
  - After observing charts and schedules for a while, work with admin/operations to modify your schedule.
    - ✓ Are new patients scheduled at the same time for each provider? If so, ask if you can have a "new integrated care patient" slot right after that new PCP appt. slot. Make a plan to see every new PCP patient routinely. Introduce services, assess for needs, do a wellness promotion intervention.
    - ✓ Are there times when you are consistently busy when PCPs are also consistently booked (or double booked like our providers...)? You need a warm hand off, no scheduling allowed spot there.





- Strategies to try based on scrubbing:
  - Does one provider see more of a specific diagnosis/presentation than others?
    - ✓ All new MAT patients can see BHC the same day.
    - ✓ Have a BHC ready to assist with well child checks.
    - ✓ If prescribing PrEP or ART, BHCs can assist with new diagnoses and/or education on the importance of daily meds.





### **Polling Question #1**

To what extent does daily chart scrubbing occur in your health setting?

Source: iStock

- 1. Effective, daily chart scrubbing occurs.
- 2. We chart scrub daily but not as effectively as possible.
- 3. We don't chart scrub daily but do so frequently.
- 4. We don't chart scrub often.
- 5. I don't know.





# **Evaluation: Primary Care Providers (PCPs)**



n.	DT A. I	Almost Never	OiII	Ed
PA (a yo	RT A: In your practice, when you consider using any BHC service class, warm-handoff, consult, etc.), how often do these factors determined the service class.	(0)	Occasionally (1)	Frequently (2)
1.	Patient is already seeing a therapist.			
2.	I run out of time.			
3.	Other needs/tasks distract me.			
4.	Patient refuses the referral.			
5.	Patient has seen BHC before for same problem, doesn't want to see again.			
6.	Worry about alienating patient by recommending a behavioral health consult.			
7.	Not sure how to refer to BHC.			
8.	Not sure how to have patient schedule an appointment.			
9.	BHC is unavailable or seems busy.			
10	BHC doesn't speak patient's primary language.			
11	Patient is responding well to medications alone; no need for BHC.			
12	Don't want to overwhelm the BHC.			
13	Not sure what to say about cost of BHC visit.			
14	Not sure which patients to send to BHC.			
15	Patient needs specialty psych care.			
16	Unlikely BHC could help with this type of problem.			
If	ou answered "occasionally" or "frequently to 16, what was/were the	problem(s)?		
Ot	ner barrier(s)? Please explain:			
P.A	RT B: Overall, how helpful is the BHC service for your patients? P	lease circle a ni	umber below.	
	•			
1	To benefit 0 1 2 3 4 5 6 7 8 9 10 Ex	tremely benefic	rial (good patien	nt feedback)
	RT C: Overall, how helpful is the BHC service to you (i.e., helps you mber below.	u better serve	patients, etc.)?	Please circle
	Not helpful 0 1 2 3 4 5 6 7 8	9 10 Ext	remely helpful	

helpfulness of the BHC service for both you and your patients? Use the backside of this paper to answer if needed.







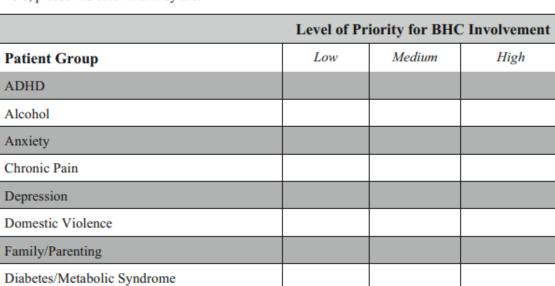
### **Evaluation: PCPs**

#### Survey

For Which Patients Would You Most Like BHC Services?

Below is a list of possible high-impact patient groups. Please indicate if each is a low, medium or high priority for BHC involvement.

If you would like the BHC to assist you with high-impact patient groups other than those listed here, please indicate what they are.



Overweight/Obese

Other: Other:

Comments:



High





Health Center Program

### **Evaluation: Patients**



- What are your patients' top 3 behavioral health needs?
  - Have you asked them?
  - Options:
    - ✓ Leave SHORT surveys in the exam rooms.
    - ✓ Add surveys to check-in paperwork.
    - ✓ Put a box or folder in the exam room and at check out; include signage to place completed surveys there.
    - ✓ Talk to nurses and front office staff about helping (not PCPs).





### **Polling Question #2**

To what extent does evaluation to improve patient services and referral processes occur in your health setting? (Select all that apply)

- 1. We evaluate both providers' and patients' perceptions.
- 2. We evaluate only providers' perceptions.
- 3. We evaluate only patients' perceptions.
- 4. We evaluate more than once a year.
- 5. We evaluate annually.
- 6. We evaluate less than once a year.
- 7. We don't evaluate for this at all.





Source: iStock



# Visibility

- Where are you located?
- How often are you behind a closed door?
- What barriers exist to visibility?
- If you're not easily visible, what strategies have you used to ensure providers know you're available?
- Do you go into or avoid the chaos?
- Can providers interrupt you?
- How does your schedule allow you to readily accept warm hand offs?







### **Chat Discussion**

### Please enter into the chat:

- 1. What are your greatest visibility barriers?
- 2. What opportunities exist at your site to reduce visibility barriers?



Source: iStock





- BHC newsletter
  - Highlight team members:
     What are your interests?
     Where did you go to school?
     Fun facts about yourself?
- Let them know what you can do and the value you add to the care plan.
- Problem of the week.

### Request of the Week

Hello, teammates!

Evidence suggests that many patients diagnosed with diabetes have a difficult time accepting the diagnosis emotionally. This may lead to difficulties with beginning to make multiple changes to daily routines.



Here is my Request of the Week:

When you diagnosis a patient with diabetes, offer the patient a same-day BHC visit.

I will teach them several skills to help them accept the diagnosis and pursue an active, approach to self-management.

Thank you!

Your BHC









 Provide scripts and prompts for PCPs to use to introduce you to increase utilization of BHC services.

Referral Tips What to Say					
ABOUT					
Reason for Referral	Identify a specific reason for the visit; if the patient resists, try finding a problem he is concerned about. For example:  "I want you to see Dr. Reiter, as I think he can help us develop a plan for quitting cigarettes."  "I want you to see Dr. Robinson, as she is an expert on stress and I think stress is affecting your diabetes management."				
Role of the BHC	Emphasize the BHC's consultative role. For example:  "Dr. Reiter's job is to help me help you."  "Dr. Robinson is my colleague. I ask all of my parents to see her if they are having problems with their child's behavior."				
Activities During Visit	Emphasize the problem-solving nature of the visit with an emphasis on learning new skills. For example:  "Dr. Robinson will try to get a quick picture of your situation and then perhaps be able to teach you something new to try, even starting today."				
Access	Emphasize ease of access and the availability of brief, same-day visits. For example:  "Dr. Reiter's schedule is pretty open because he likes to see patients right after me. That way patients don't have to make another trip to the clinic."				
Positive Regard	Display confidence in the BHC. For example:  "Dr. Reiter is just down the hall, and he often sees my patients right away. I always find his ideas useful."  "Dr. Robinson is a warm and caring person, and my patients give me very good feedback about her."				
Reassurance	Offer a quick meet-and-greet with the BHC. For example:  "Okay, if you're not sure or don't have time today, I still would like for you to meet Dr. Reiter. He's an important member of our team and I want you to know his face."				







Give handouts to team members.

#### Connecting Patients with the BHC

Tips for PCPs and RNs

#### WHO?

Any patient, any age!

#### WHAT?

#### There are no wrong referrals!

- Psychiatric problems (depression/anxiety, psychosis, substance abuse)
- Chronic disease self-management (diabetes, hypertension, hyperlipidemia)
- Life problems (relationship problems, job stress, school problems)
- Preventive care (smoking cessation, healthy lifestyle changes)
- Stress influenced somatic problems (chronic pain, insomnia, chronic fatigue)
- · Any health issue with a significant behavioral component...

#### WHEN?

Same-day appointment (preferred)

• Notify BHC (call, page, instant message, text - interruptions welcome)

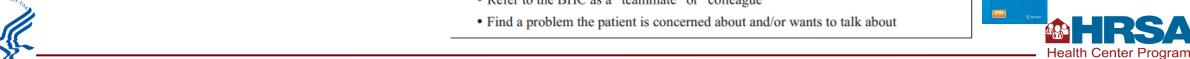
Future appointment (if BHC unavailable)

· Give patient BHC brochure; ask patient to schedule through front desk

#### HOW?

- Tell patients, "It will help me to help you."
- Refer to the BHC as a "teammate" or "colleague"





- Give <u>handouts</u> to patients.
- Hang flyers in the exam rooms.
- Place information in bathrooms and waiting rooms.
- Wear buttons.

Stressed? Sad? Worried? Trying to eat well? Wanting to do better about taking your medicines?

Ask your PCP about the BHC!







### **Polling Question #3**

What marketing strategies do you currently employ in your health setting? (select all that apply)

Source: iStock

- 1. BHC newsletter.
- 2. Promoting BHC value to other providers.
- 3. Scripts and/or prompts for PCPs to use to increase BHC utilization.
- 4. BHC handouts/flyers for patients.
- 5. BHC handouts/flyers for providers.
- 6. Buttons or other wearable "flare" to promote BHC.
- 7. None of the above.





### **Polling Question #4**

What marketing strategies could you most easily implement in your health setting? (select all that apply)

- 1. BHC newsletter.
- 2. Promoting BHC value to other providers.
- 3. Scripts and/or prompts for PCPs to use to increase BHC utilization.
- 4. BHC handouts/flyers for patients.
- 5. BHC handouts/flyers for providers.
- 6. Buttons or other wearable "flare" to promote BHC.







## Learning

- Interdisciplinary learning
- Use opportunities to learn from RNs, case managers, PCPs, psychiatrists—anyone who is not you!
- Shadow

#### Use this sheet to record your observations and opinions when you shadow a PCP/RN. If invited, you can share the results of your observations with the PCP/RN at the end of the shadowing period. PCP/RN being shadowed: Patient 1 Identified Problem for Visit: Other problems noted in visit: Problems BHC could assist with: Potential benefits of BHC involvement: Patient Potential benefits of BHC involvement: PCP Patient 2 Identified Problem for Visit: Other problems noted in visit: Problems BHC could assist with: Potential benefits of BHC involvement: Patient Potential benefits of BHC involvement: PCP Patient 3 Identified Problem for Visit: Other problems noted in visit: Problems BHC could assist with: Potential benefits of BHC involvement: Patient Potential benefits of BHC involvement: PCP Patient 4 Identified Problem for Visit: Other problems noted in visit: Problems BHC could assist with: Potential benefits of BHC involvement: Patient Potential benefits of BHC involvement: PCP Patient 5 Identified Problem for Visit: Other problems noted in visit: Problems BHC could assist with: Potential benefits of BHC involvement: Patient Potential benefits of BHC involvement: PCP

**BHC Shadowing Note Sheet** 





### **Chat Discussion**

Please enter into the chat:

What opportunities exist at your site to promote cross-departmental learning?



Source: iStock





### **Polling Question #5**

Which of these effective referral strategies does your setting do well? (select all that apply)

- 1. Chart scrubbing
- 2. Evaluation
- 3. Visibility
- 4. Marketing
- 5. Learning







### **Polling Question #5**

Which of these effective referral strategies would you prioritize improving in your clinical setting? (select all that apply)

- 1. Chart scrubbing
- 2. Evaluation
- 3. Visibility
- 4. Marketing
- 5. Learning









# **Wrap-Up Polling Question**



What were the main reasons for your participation in today's event? Select all that apply.

- 1. To learn more about the topic from the presenter.
- 2. To engage with other health centers.
- 3. To raise questions about this topic as it relates to my health center.
- 4. To learn about the experiences other health centers have related to this topic.





## **Upcoming Virtual Brown Bag Sessions**

### "Effective Referrals in Integrated Care - Discussion"

Date: Wednesday, May 3, 2023

Time: 11: 00 – 12:00 PM ET

Presenters: Eboni Winford, PhD, MPH

**Description:** Please join us for this interactive Virtual Brown Bag Lunch session that builds on the 4/26 presentation on building effective primary care and behavioral health provider communication and relationships. Participants will discuss strategies to increase behavioral health service utilization by providing comprehensive care to patients in a primary care setting.

### **Registration Link:**

https://us06web.zoom.us/meeting/register/t ZMrc-igrjwvGNxj5-UrueSWf9vGp4RUgDyg







### **BPHC-BH TA Portal**

### https://bphc-ta.jbsinternational.com/

- Access Past BH TA Resources
- Request TA
- Access Learning Management System (LMS) modules
- Learn more about BH TA options

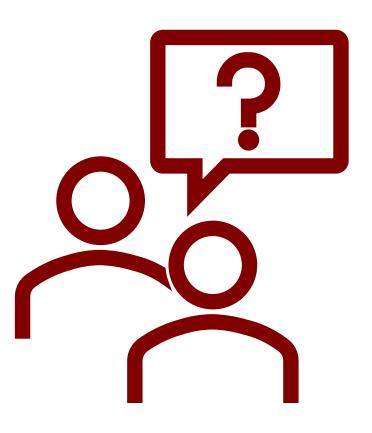






### **TA Opportunities for Health Centers**

- One-on-One Coaching
- Communities of Practices (CoPs)
- Virtual + On-site Site Visits T/TA
- Oral Behavioral Health Learning Collaborative (LC)
- Virtual Brown Bag TA Sessions
- Webinars





# **Upcoming Oral Health and Behavioral Health Learning Collaborative Sessions**

### "Applying a Motivational Interviewing Foundation in Oral Health"

Date: Wednesday, May 10, 2023

**Time**: 1:00 – 2:30 p.m. ET

Presenters: Matt Allen, DDS, Tamanna Tiwari, MPH, MDS, BDS

**Description:** Participants will gain knowledge about the application of "Motivational Interviewing" (MI) in oral health care. MI is a therapeutic tool used to lay the foundation for patient-centered care, leading to improved outcomes.

### **Registration Link:**

https://us06web.zoom.us/meeting/register/t ZAscuCtpj8pHd1PMeyP5ouuxsT61Mtw3jzb







## **Upcoming Communities of Practice**

### "Behavioral Health Integration Skills and Practices"

Session 1: Core Strategies and Skills Used by Behavioral Health Providers in Integrated Care

Date: Tuesday, May 2

**Time**: 2:00 – 3:30 PM ET

Presenters: Joe Hyde LMHC, Laura Ross LMFT

**Description:** Participants will receive a brief orientation to the Community of Practice (CoP) 8 (eight) session series, including introductions, ground rules for participation, and use of Office Hours. Discussion of the topic area will follow.

#### **Registration Link:**

https://us06web.zoom.us/meeting/register/tZUld-iuqzkrEt0i07M2YKAFyGIBwdH8oRK9





## **Upcoming Webinars**

### "Documentation, Billing, and Coding for Behavioral Health Integration"

Date: Monday, May 15

Time: 1:00 – 2:00 PM ET

Presenters: Aylin Edelman, MD, RHIA, CCS, Gary Lucas, MS, Health Care Informatics

**Description:** Participants from Federally Qualified Health Centers (FQHCs) are invited to attend this information session on documentation, coding, and billing practices that support quality reporting and coordinated care for **integrated medical and behavioral health services.** Includes an overview of key issues around using CPT, HCPCS-II, and ICD-10-CM.

### **Registration Link:**

https://us06web.zoom.us/webinar/register/WN cdcq0uZ3QEyd9Qbobmb5VQ







### **CEs and the Satisfaction Assessment**



We'd love your feedback – please complete a satisfaction assessment.

https://survey.alchemer.com/s3/7210742/Health-Center-TA-Satisfaction-Assessment-Brown-Bag-Session-5

We are offering 1 CE credit for your participation – you must complete a satisfaction assessment within 2 weeks.

- There are two ways navigate to the assessment:
  - 1. Follow the link provided in the chat here.
  - 2. Receive a link through email via Alchemer, our survey platform.



JBS International, Inc. has been approved by NBCC as an Approved Continuing Education Provider, ACEP No. 6442.

Programs that do not qualify for NBCC credit are clearly identified. JBS International, Inc. is solely responsible for all

NAADAC Provider #86832, JBS international, Inc. is responsible for all aspects of their programming.









# Thank You!

Please submit questions to

Amber Murray: amurray@jbsinternational.com

Vision: Healthy Communities, Healthy People

