



Successfully Integrating Behavioral Health Care Into Clinical Workflow

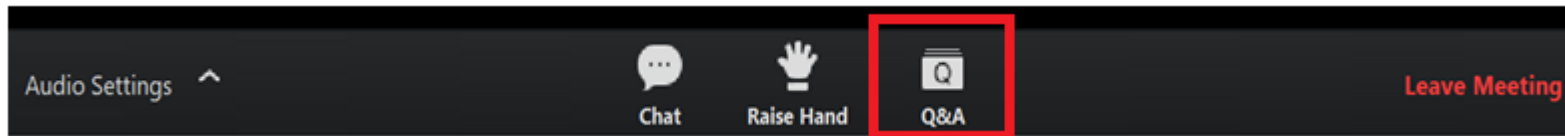
Wednesday, May 10, 2023
2:30–3:00 p.m. ET

Vision: Healthy Communities, Healthy People

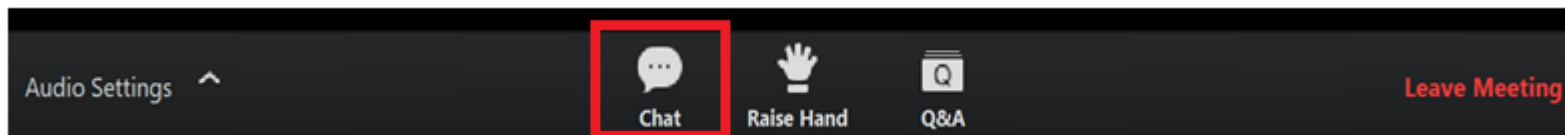


Submitting Questions and Comments

- Submit questions by using the Q&A feature. To open your Q&A window, click the Q&A icon in the bottom center of your Zoom window.



- If you experience any technical issues during the information session, please message us through the chat feature, or email healthcenter_BHTA@jbsinternational.com.



Continuing Education (CE) Credit

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- You must complete the Health Center Satisfaction Assessment at the end of the workshop to receive CE credit.
- We will provide more information about how to complete the Satisfaction Assessment and details about applying for CE credit at the end of the workshop.



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Presenter



Lori Raney, MD

Faculty Psychiatrist

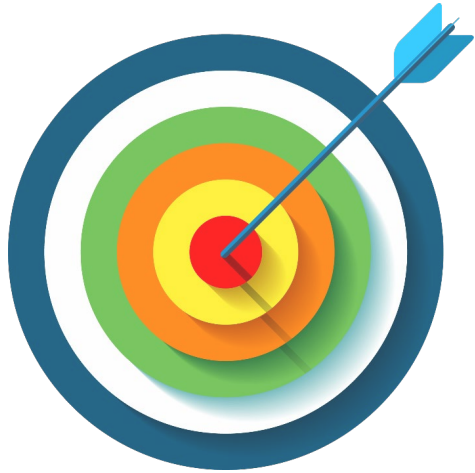
Mountain Area Health Education Center

Asheville, NC

Successfully Integrating Behavioral Health Care Into Clinical Workflow



Objectives



Source: iStock

After participating in this webinar, you will be able to:

- Apply lessons learned to develop an integrated care workflow
- Describe the roles of key team players in integrated care
- Understand how issues with role clarity may affect successful workflow design

Integrated Care Workflow

Core Components and Specific Tasks



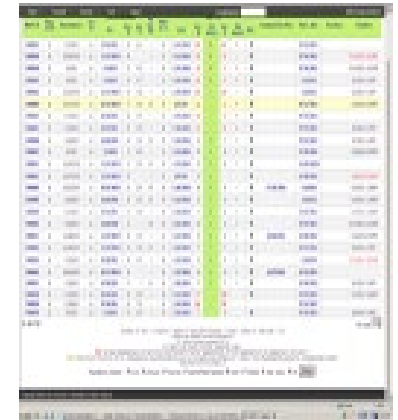
Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "1" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—like you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fast or so much that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3

add columns:

(Healthcare professional: For interpretation of PHTAI, please refer to accompanying scoring card)

TOTAL:



Identification—Detail



Source: Unsplash

- Who needs to be screened?
 - Patients coming for their annual Medicare wellness visit only or all patients during the first 3 months to build volume?
 - Use morning huddle to identify patients in advance.
- Who will do the screening?
 - Review chart the day before to identify staff assigned.
 - Staff at front desk, medical assistants (MA) while rooming patients, or other staff?
 - ✓ Tool to use: clipboard, iPad, kiosk, other
- Does the electronic medical record (EMR) have the screening tools built in? Where in the EMR will results be entered?

Identification—Detail (continued)

- For patients with Patient Health Questionnaire (PHQ)-9 (depression module) score > 9, Generalized Anxiety Disorder (GAD) score > 7, positive Alcohol Use Disorders Identification Test-C, is the process to alert primary care provider (PCP) needed or not?
 - Flag
- PCP discusses results with patient, and they decide if collaborative care is appropriate.
 - Typically, collaborative care is feasible if patient has no serious mental illness, complex trauma, or complex substance use, but there is no real cutoff for PHQ if the PCP feels they can handle it.
 - Pitch collaborative care to patient, including initiating visit and cost sharing with 20% copay (Medicare).
 - Get “general” consent; sufficient to just note in chart in Plan section.

Note: In ramp-up phase, run a list of all patients in the practice with a behavioral health (BH) diagnosis and positive PHQ-9 or other tool, and then review chart, reach out to patients, and schedule appointment with PCP, if appropriate.



Leadership Role

- Encourage and support your team.
- REMOVE BARRIERS from integrated care.
- SOLVE problems.
- Provide constructive feedback on progress.
- Ensure that your team has adequate training resources and time.



Source: Unsplash

Patient Role



Source: Unsplash

- Be ready and willing to engage in care.
- Keep appointments, so care can continue.
- Participate in regular measurement.
- Communicate preferences and concerns.

Reception Role

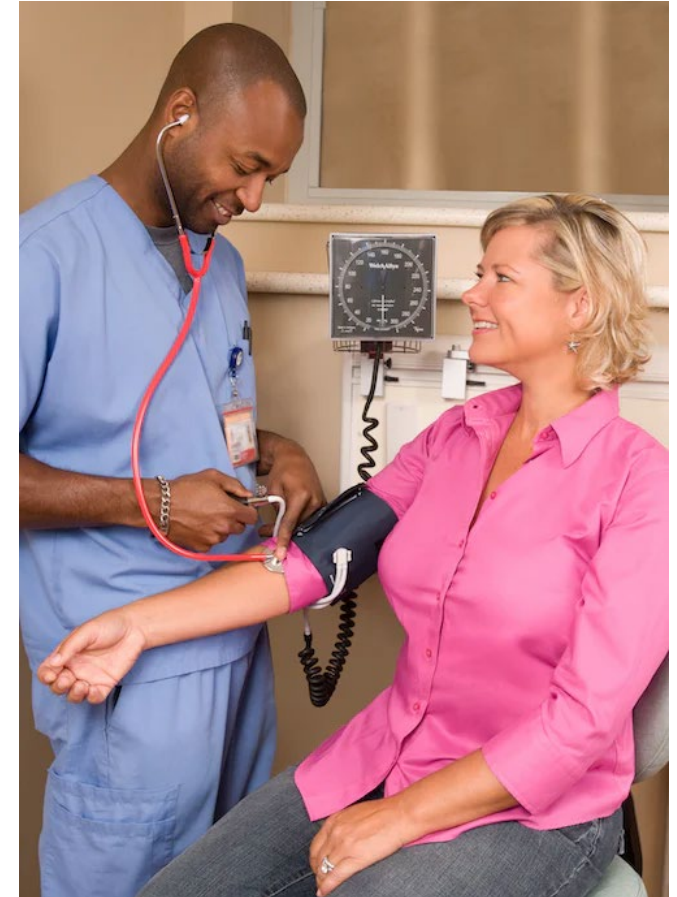
- Check the patient in.
- Identify the patient.
- Provide screening tools for the patient.
- Look ahead in the schedule.
- Schedule follow-up appointments in short time slots.



Source: Unsplash

Nursing/Medical Assistant Role

- Room the patient.
- Review/ask/enter the patient's screening tool answers.
- Note any BH symptoms.
- Encourage and support integrated care.
- Introduce the BH provider to patient.



Source: Unsplash

PCP Role



Source: iStock

- IDENTIFY an individual who needs BH support.
- ENGAGE the patient in the treatment model.
- Utilize screening tools to track progress (e.g., PHQ-9).
- Have a sufficient knowledge of psychopharmacology to be able to talk to the patient about it.
- Pitch integrated care to the patient.
- Give a “warm handoff” to the BH provider (BHP).
- Provide 1–2 (or more) referrals each day to the BHP, as feasible.

Example of PCP Workflow

- Evaluate adherence to the treatment plan.
- Maximize dose of current antidepressant if feasible.
- Switch to another antidepressant—SSRI, SNRI, or bupropion after 4 to 6 weeks at maximum tolerable dose.
- Augment existing antidepressant with buspirone, bupropion, or aripiprazole (Abilify).
- Add medication if only using talk therapy.
- Add talk therapy if only on medication (rarely switch to therapy only).
- Repeat PHQ-9 or GAD-7 every 6-8 weeks after each treatment adjustment; continue to adjust to target remission on PHQ-9 or GAD-7 < 5 or as close as possible.
- Evaluate for comorbidities, e.g., substance use disorder (SUD).
- Reconsider diagnosis for possible bipolar depression (see CIDI-Bipolar tool).
- Refer to specialty care if not improved after several treatment adjustments.



Source: Unsplash

Roles for Non-specialist BHPs

- Support and closely coordinate mental health care with the patient's PCP and, when appropriate, other mental healthcare providers.
- Screen and gather information from the patient regarding common mental illnesses and SUDs.
- Provide the patient with information about common mental illnesses and SUDs and available treatment options.
- Use measurement-based tools to track the patient (in person or by telephone) for changes in clinical symptoms, and gather information about treatment side effects or complications.
- Support management of psychotropic medication prescribed by PCP by asking questions about treatment adherence, side effects and other complications, and effectiveness of treatment.



Source: Unsplash

Role of the Psychiatric Provider

- Deal with diagnostic dilemmas.
- Provide education about diagnoses or medications.
- Talk with patients who have complex conditions, such as pregnancy or medical complications.
- ***Recognize patterns.***
- ***Educate.***
- ***Build confidence and competence.***



Source: iStock

Role Clarity is Crucial!



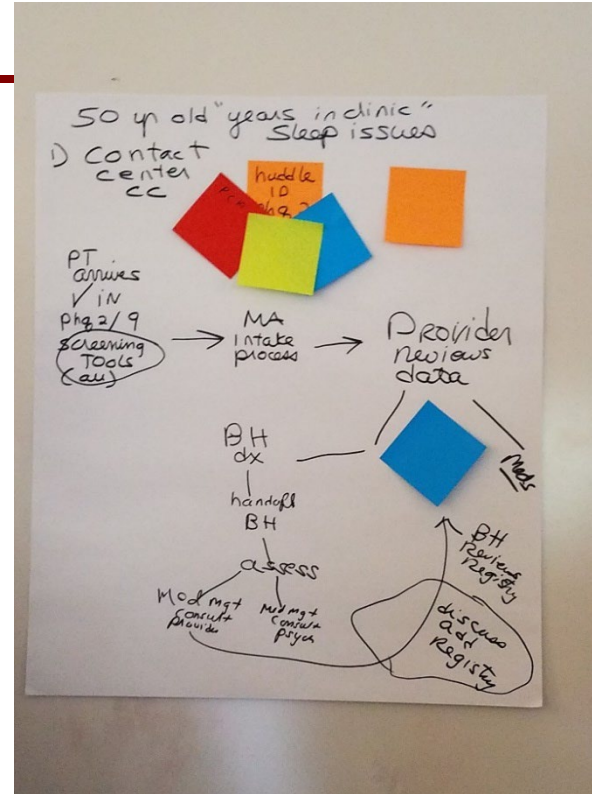
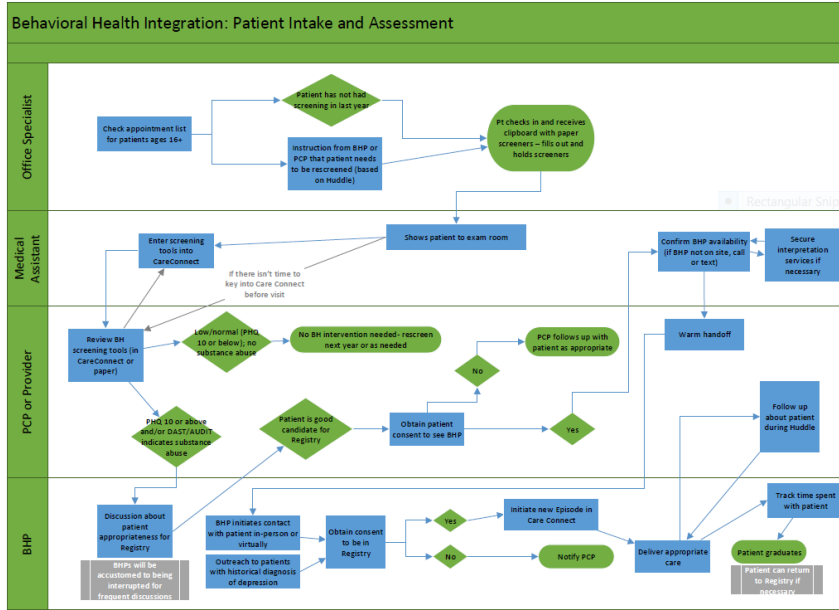
Source: iStock

Tasks and Responsible Parties

IDENTIFY AND ENGAGE PATIENTS				
COLLABORATIVE CARE TASKS	WHO Name / Discipline	HOW Process (Including Hand-offs) & Communication Methods (e.g., telephone, mail)	WHEN In terms of patient flow and time constraints	WHERE Clinic? Partner agency? Through an external referral?
Identify People Who May Need Help				
Screen for Behavioral Health Problems Using Valid Measures				
Diagnose Behavioral Health Disorders				
Engage Patient in Collaborative Care Program and Introduce Care Team				
Needed Organization-Level Changes <input type="checkbox"/> Staff Hires <input type="checkbox"/> Staff Training <input type="checkbox"/> Clinical Supervision <input type="checkbox"/> Administrative Supervision <input type="checkbox"/> Other Resources needed	Notes:			

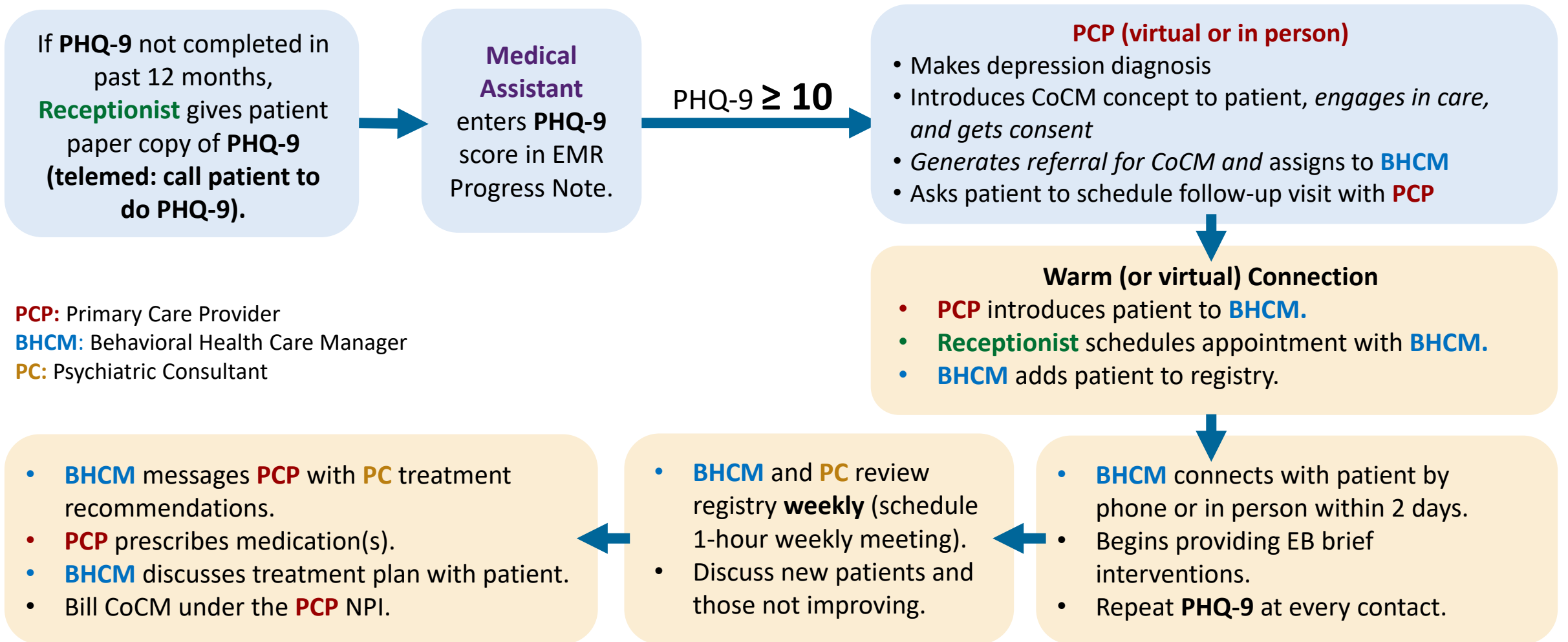
AIMS Center. (2022). *Team Building and Workflow Guide*. University of Washington, Psychiatry & Behavioral Health Sciences, Division of Population Health, Advancing Integrated Mental Health Solutions. <https://aims.uw.edu/resource-library/team-building-and-workflow-guide>





Sit Down With Staff and Map It Out

Example of Collaborative Care Model (CoCM) Workflow



Key Takeaways for Integrated Care Implementation



- Define the key tasks and roles that will complete the steps in the workflow.
- Have everyone participate in mapping out the workflow to include the details and create buy-in.
- Identify a PCP champion and empower him/her to know the model and engage patients with a solid pitch.
- Meet with your team often: discuss what's working and areas to improve.

Source: iStock

Resources

- [Microsoft Word - TeamBuildingWorkflow Step 3.docx \(uw.edu\)](#)



Polling Question

As a result of this webinar, in what ways might we further support your health center?

- Developing an integrated care workflow
- Identifying key team players in integrated care
- Clarifying roles in integrated care workflow



Source: iStock

Questions and Answers



Accessing Additional Training and Technical Assistance (TA) Opportunities



Bureau of Primary Health Care BH TA PORTAL ONLINE REQUEST FORM

<https://bphc-ta.jbsinternational.com/ta-request-form>



EMAIL

healthcenter_BHTA@jbsinternational.com



BH TA WEEKLY UPDATE

healthcenter_BHTA@jbsinternational.com

Upcoming Communities of Practice

"Behavioral Health Integration Skills and Practices"

Session 2: An Approach to Team-Based Care

Date: Tuesday, May 16

Time: 2:00 – 3:30 PM ET

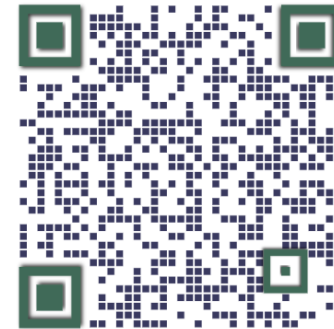
Presenters: Joe Hyde LMHC, Laura Ross LMFT

Description: Participants will learn about processes and strategies for effective team-based care that support integrated behavioral health services.

Registration Link:

<https://us06web.zoom.us/join/91182820000?pwd=ZUJkd-iuqzkrEt0i07M2YKAFyGIBwdH8oRK9>

**Registration
QR Code:**



Upcoming Oral Health and Behavioral Health Learning Collaborative Sessions

"Motivational Interviewing for Behavioral Health in an Oral Health Setting-Discussion"

Date: Wednesday, May 17, 2023

Time: 1:00 – 2:00 PM ET

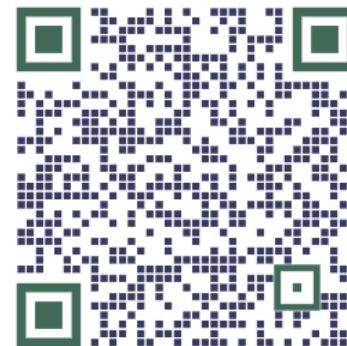
Presenters: Matt Allen, DDS; Tamanna Tiwari, MPH, MDS, BDS

Description: To build on the information and discussion generated in the Didactic Session (5/10) on this topic area, participants will gain practice in applying the core skills of Motivational Interviewing (MI) through role-playing scenarios and small group discussions.

Registration Link:

<https://us06web.zoom.us/meeting/register/tZYtdeiqrjwsGtleSuK07SlppT6WeIAFSiAk>

Registration QR Code:



Intensive TA for Sustainable Behavioral Health Integrated (BHI) Care

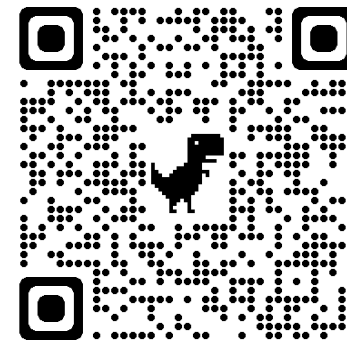
- **Topics:** Medicaid Billing and Coding for BHI Services; Screening, Brief Intervention, Motivational Interviewing in Primary Care; Effective Clinical Workflows; Sustainable Training Strategies; Addressing Health Center Staff Secondary Trauma
- **Date/Time:** 4-6 hours as one-to-one coaching or on-site TA; planned around health center staff availability
- **Presenter:** BHTA Team of Senior Technical Expert Leads & Subject Matter Experts
- **Description:** Complete the simple request form and the BHTA will schedule a meeting to discuss the technical assistance you are interested in receiving

Request form link:

<https://bphc-ta.jbsinternational.com/ta-request-form>

Request form

QR Code:



CE Credit Revisited

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- You can also click the link for the Satisfaction Assessment provided in the Zoom chat feature; click the link now to make the browser open.
- We will also email you a link to the Satisfaction Assessment.

Please take 2–3 minutes to complete the Satisfaction Assessment immediately after this session.

THANK YOU!





Thank You!

Lori Raney, MD

Vision: Healthy Communities, Healthy People

