Putting Behavioral into Health:
A Model for Integrated Care Teams

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Institute for Integrated Behavioral Health
College of Medicine

Disclosures

- In the past 24 months, neither Jodi Polaha, PhD nor Matthew Tolliver, PhD have had a financial relationship with an ineligible company

Overview

- Discuss Rationale for Integrated BH
- Describe a Model for Integrated BH Delivery
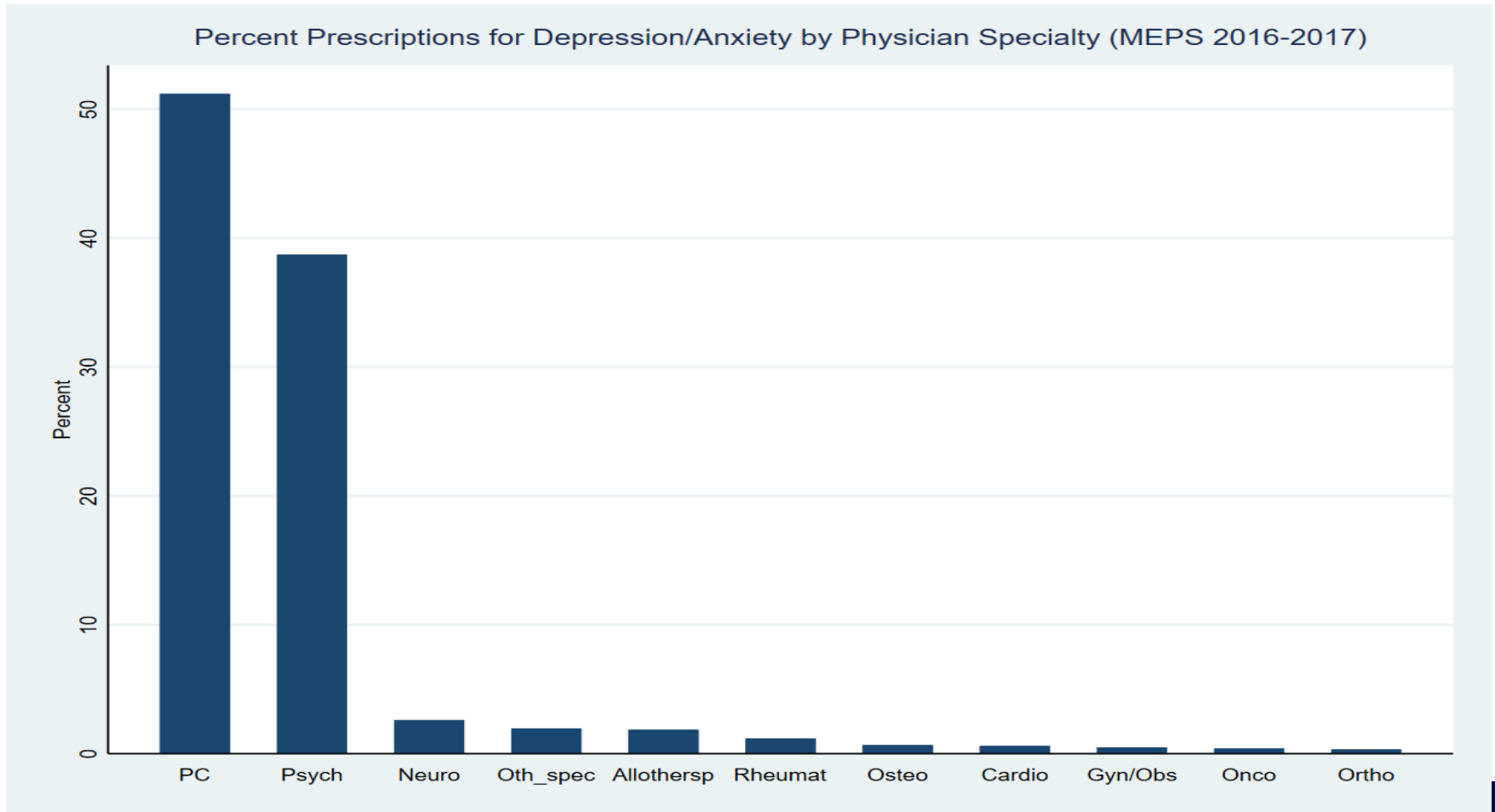- Discuss an Effort to Build Regional Capacity

Answer in the Chat

- What are some advantages to putting behavioral health services into primary care?

1. Primary Care is the De Facto Mental Health System

Percent Prescriptions for Depression/Anxiety by Physician Specialty (MEPS 2016-2017)

1. Primary Care is the De Facto Mental Health System

- 75% of all mental health care treatment is done in primary care, including pediatrics [1,3]

- 25% of pediatric primary care visits involve behavioral, developmental, emotional, educational and/or psychosocial concerns [3]

2. Neglected Intersection of Health and Behavior

- **Chronic disease management**
  - Diabetes, hypertension, COPD, heart disease, etc.
  - PCPs assist patients with lifestyle changes
- **Physical symptoms with lifestyle/stress component**
  - Chronic pain, obesity, chronic fatigue, headaches, etc.
  - PCPs assist with lifestyle change and counseling for stress
- **Psychosocial problems**
  - Marital problems, IPV, child behavior problems, grief, etc.
  - PCPs counsel patients, connect them with resources
- **Preventive health**
  - Tobacco cessation, diet/exercise change, safe sex practices, etc.
  - PCPs educate, assist patients regarding preventive lifestyle change
- **Treatment non-adherence**
  - Incorrect use of medications, lack of follow-through on referrals, etc.
  - PCPs educate, problem-solve with patients to improve adherence

3. Barriers to Accessing Specialty Mental Health

66% of PCPs report having no access to MH[4]

25% of US population has a MH disorder [5], but only 6% visit MH [6]

Only 20% of children with a MH problem see a MH provider [7]

Answer in the Chat

- What keeps patients from accessing mental health services?

3. Barriers to Accessing Specialty Mental Health

- Long wait times to see mental health
- Lack of resources
- Stigma[8]
- Patient views the problem as physical

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In Sum:
Primary Care Takes a Team

4. Resilience

1. Integrated BH can save provider time[9]
2. Shared "burden" can reduce stress/burnout
3. BH provider can do on-the-job training on stress-management for providers/staff

Implications for Integration

Takeaway	Implication: To Succeed, Integrated Care Should…
Primary care provides the most mental health care of any specialty	Be prepared for a high volume of care
Primary care treats all ages and all types of psychiatric conditions	Utilize a generalist approach
Behavior factors into PCP visits in myriad ways	Help with more than the DSM disorders
Long waitlists are a barrier to SMH	Avoid waitlists
Lack of resources is a barrier to SMH	Minimize resource demands on patients
Negative experiences and stigma is a barriers to mental health care	Look different /look like healthcare
Improving identification and treatment of MH problems may lower costs	Help primary care improve identification and treatment
Primary care is a high-demand environment for PCPs, team	Subtract from the PCP/team workload
Most primary care team members have insufficient training in bx change	Bolster the entire team's skills for behavior change

SAMHSA-HRSA Center for Integrated Health Solutions

COORDINATED KEY ELEMENT: COMMUNICATION		CO LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Behavioral health, primary care and other healthcare providers work:					
In separate facilities, where they:	In separate facilities, where they:	In same facility not necessarily same offices, where they:	In same space within the same facility, where they:	In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where they:
▸▸ Have separate systems ▸▸ Communicate about cases only rarely and under compelling circumstances ▸▸ Communicate, driven by provider need ▸▸ May never meet in person ▸▸ Have limited understanding of each other's roles	▸▸ Have separate systems ▸▸ Communicate periodically about shared patients ▸▸ Communicate, driven by specific patient issues ▸▸ May meet as part of larger community ▸▸ Appreciate each other's roles as resources	▸▸ Have separate systems ▸▸ Communicate regularly about shared patients, by phone or e-mail ▸▸ Collaborate, driven by need for each other's services and more reliable referral ▸▸ Meet occasionally to discuss cases due to close proximity ▸▸ Feel part of a larger yet non-formal team	▸▸ Share some systems, like scheduling or medical records ▸▸ Communicate in person as needed ▸▸ Collaborate, driven by need for consultation and coordinated plans for difficult patients ▸▸ Have regular face-to-face interactions about some patients ▸▸ Have a basic understanding of roles and culture	▸▸ Actively seek system solutions together or develop work-a-rounds ▸▸ Communicate frequently in person ▸▸ Collaborate, driven by desire to be a member of the care team ▸▸ Have regular team meetings to discuss overall patient care and specific patient issues ▸▸ Have an in-depth understanding of roles and culture	▸▸ Have resolved most or all system issues, functioning as one integrated system ▸▸ Communicate consistently at the system, team and individual levels ▸▸ Collaborate, driven by shared concept of team care ▸▸ Have formal and informal meetings to support integrated model of care ▸▸ Have roles and cultures that blur or blend

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A Multi-specialty, Interdisciplinary Practice

- **Physicians**
  - Attending physicians
  - Resident physicians
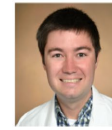 - Medical students (MS3 and MS4)
- **Nursing**
  - Licensed Practical Nurses
  - Medical Assistants
  - Family Nurse Practitioners (Genetics)
- **Registered Dietician**
- **Behavioral Health and Resource Team**
  - Clinical psychologist
  - Psychology students
  - Licensed Medical Social Worker
  - Social Work students

- **Neonatology Follow-Up Clinic/Baby Steps Clinic**
  - Registered Dietician
  - Therapy services (Speech, Physical, and Occupational)
  - Audiologist

DEPARTMENT *of* PEDIATRICS
Quillen College of Medicine
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**Pediatric Residents
2021-2022**

Nathan Beasley, MD
Chief Resident

Leslie Thompson, MD
Chief Resident

Ianna Blanchard, MD • Leanna Hollander, DO • Natasha Khan, MD • Pooja Kumar, MD • Ishita Patel, MD

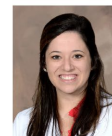Karen Adkins, MD • Kacie Denton, MD • Jessica Jones, MD • Brianna Lancaster, DO • Cassaundra Saunders, DO • Kara Shafer, DO • Sarah Tolliver, MD
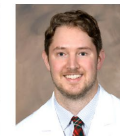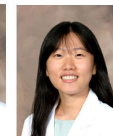
Morgan Cantor, MD • Margaret Dorn, MD • MacGregor Hall-Wurst, DO • Heeyun Kim, DO • Andrea Mosley, DO • Victoria Pigg, DO • Jordan Stroud, DO
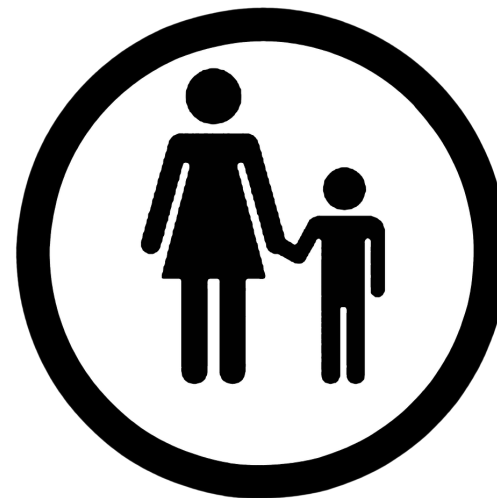
"Caleb"

6 y/o well child check

TEAM Care Screener

- Created by our office
- Designed to help detect issues with the social determinants of health
  - Food security
  - Housing and utility issues
  - Transportation
  - Language barriers
  - Domestic violence
  - Substance use (including tobacco)
  - Family member depression
- Also allows us to intervene for safety
  - Medication lock boxes
  - Gun locks

TEAM CARE

Patient Name **Caleb** _____ Date of Birth _____
Parent/Caregiver Name _____ Date _____
Best Phone Number to reach you at _____

At ETSU Pediatrics we use a team approach. In order to make sure that we serve you to the best of our ability we want to make sure all of your needs are met. Please complete the questions below so that we can assist you or connect you with the resources you need.

	Check for YES	Check for NO
Do you have any problems reading, writing, or understanding English? (Z55.0)		
In the last six months, did you ever run out of money or the ability to pay for food, housing, and utilities? (Z59.80)	X	
In the last six months, have you ever worried about your own or someone else's alcohol or drug use? (Z63.79)		
Does your partner or anyone else hit you or say things to you that make you feel bad about yourself? (Z84.89)		
Are you feeling sad, hopeless or worried a lot of the time?(F48.9)		
Do you ever miss appointments because you do not have transportation? (Z59.8)		
Does worry about money affect your health, personal relationships, or job performance?		
Would you be interested in getting help with managing your money, getting out of debt, or building your credit score?		
To increase child safety, is your household in need of a lockbox for medications?	X	
If you have firearms in the home it is recommended that firearms be locked and separate from ammunition. To increase child safety, is your household in need of a Project Childsafe gun lock?	X	
If you use tobacco products, would be interested in information about quitting?		

Provider/staff use: _____ resolved _____ in progress _____ need BHART follow u

Dr. Gayatri Jaishankar
Pediatrician

Mom: "he keeps having pooping accidents"

Behavioral Health and Resource Team

Behavioral Health

Home or school behaviors
ADHD
Toileting / Bed wetting
Temper tantrums
Picky eating
Medical/developmental concerns
Sleep problems
Anxiety and Depression
Weight management
Pill swallowing
Perinatal mental health
Trauma

Resource Team

Review social determinants
Provide referrals
Basic needs
Food, housing,
clothing, utilities,
and transportation
Domestic violence
Substance issues
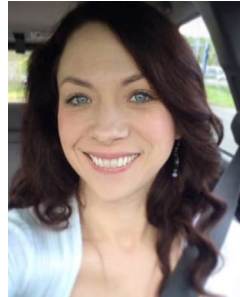Links to other community resources
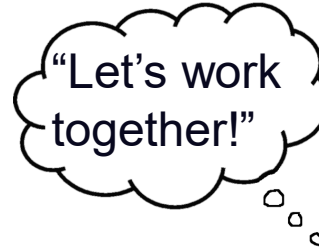High EPDS

Behavioral Health and Resource Team

Matthew Tolliver, PhD
Behavioral Health Consultant
BHC, Psychologist

Morgan Treaster, PhD
Postdoctoral Fellow

Brandi Johnson, LMSW
Behavioral Health Consultant
Resource Team/SW
Supervisor

"Let's work together!"

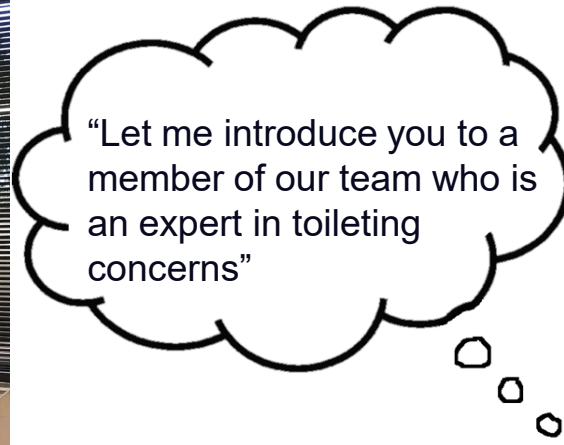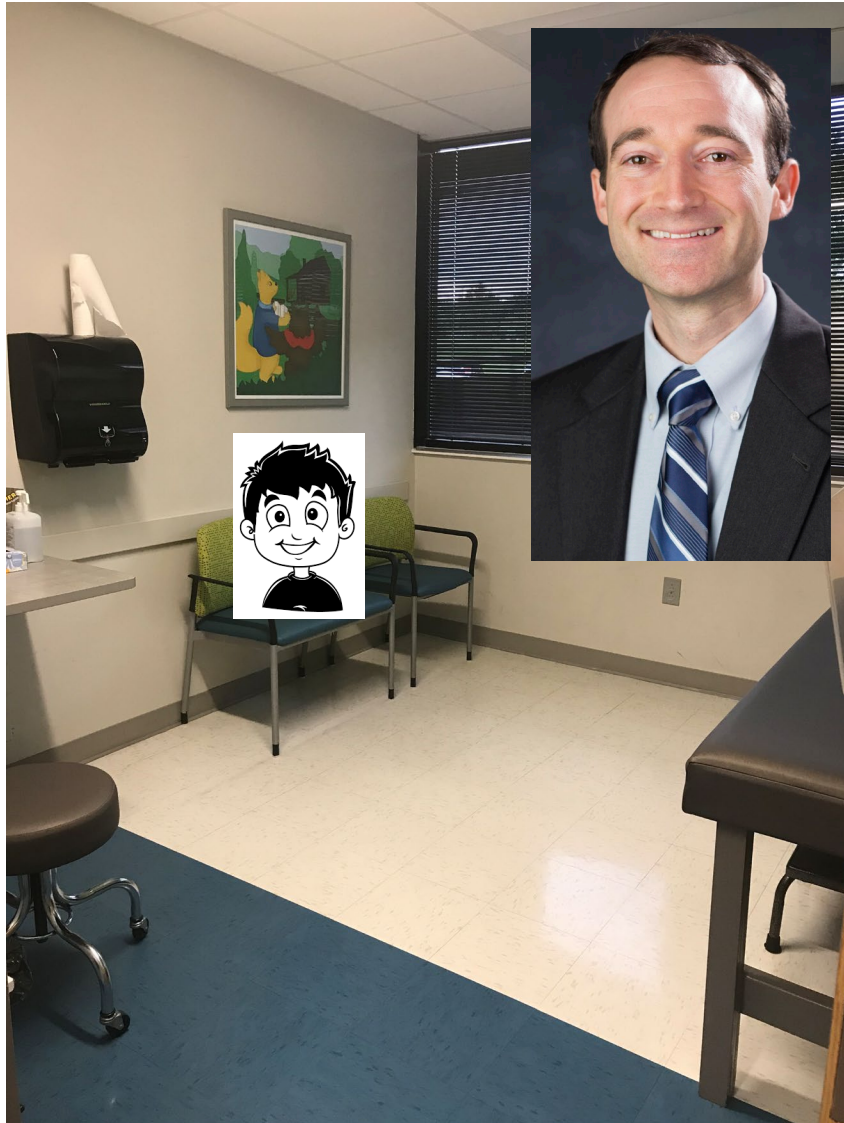Meg Clingensmith, MA
Behavioral Health Consultant
Doctoral Clinical Psychology
Extern

Maddie Hinkle, MA
Behavioral Health Consultant
Doctoral Clinical Psychology
Extern

Marissa Dietz
Social Work Intern

TEAM CARE

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to the best of our ability we want to make sure all of your needs are met. Please
complete the questions below so that we can assist you or connect you with the
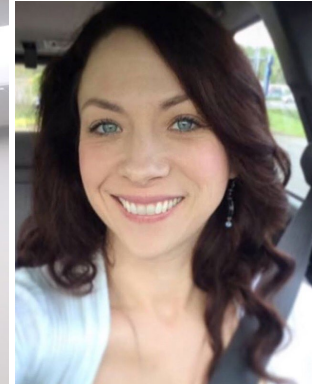resources you need.

	Check for YES	Check for NO
Do you have any problems reading, writing, or understanding English? (Z55.0)		
In the last six months, did you ever run out of money or the ability to pay for food, housing, and utilities? (Z59.80)	X	
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If you use tobacco products, would be interested in information about quitting?		

Provider/staff use: _____ resolved _____ in progress _____ need BHART follow

Brandi Johnson, LMSW

The Model

G.A.T.H.E.R.

The Essentials of Primary Care Behavioral Health

Here's a way to remember the key features of PCBH work:

G ENERALIST — The BHC is a generalist who sees any behavioral issue and all ages.

A CCESSIBLE — Most BHC services are available on a same-day basis.

T EAM-BASED — The BHC is a regular member of the team and is ready to help in a variety of ways, such as pre-PCP visits, after-PCP visits, classes, group medical visits, and assisting with resources.

H IGH PRODUCTIVITY — The BHC sees 10 or more patients every day.

E DUCATOR — The BHC teaches behavioral interventions to others on the team.

R OUTINE PATHWAYS — The BHC helps the team develop pathways or protocols that routinely involve BHC help in care for high-impact patient groups.

Let's **G.A.T.H.E.R.** together!

Building the infrastructure

ADHD Management
- Assessment protocol
- Follow-up management

Family Check Up
- Screening
- Intervention

Resource Development
- Community resource book
- In-home visits – follow-ups

TEAM Care Screener
- Warm hand-offs
- Referrals / linking to resources
- Follow-ups

Baby Steps to Success
- Screening for ACES
- Warm hand-offs
- Incredible Years
- Care Coordination
- Linking to
  - Nurturing Parenting
  - HUGS

Extern — 2009 — 2010 — 2011 — 2012 — 2013 — 2014 — Social Worker 2015 — 2016 — Psychologist 2017 — 2018 — Full time Social Worker

PCBH
- warm hand-offs
- hallway consults
- referrals
- follow-ups

Read-n-Play
- Nutrition
- Reading
- Physical Activity

Postpartum Depression
- Screening
- Brief Intervention
- Follow-up

Social Determinants
- Case Management/Coordination
- Warm hand-offs
- Hallway consults
- Referrals / linking to resources
- Follow-ups

Postpartum Depression
- Ecomaps for high scoring moms
- Link to resources
- Follow ups

Standardize Process
- Improving use of EHR
- EPDS
- PHQ9
- PSC 17

PCMH
Distinction in BH Integration

- Obtained Oct 2019
- Population Health essential
- Helped guide areas to improve
- Champion Teams to move process forward, ensure clinical utility

DISTINCTION

NCQA

BEHAVIORAL HEALTH INTEGRATION

Stepped care using EPDS

Score 13+

Clinical range

Follow all action steps for "Borderline"

Score 9-12

Borderline

Brief education and brochure

Consider as appropriate: Warm handoff to BHC, Phone call follow-up, Brief intervention (BHC), Referral to outside provider (e.g., OB, Frontier, PCP)

Score <8

General psychoeducation by physician. Refer based on clinical judgement

Provider Satisfaction

"Having behavioral health readily available in our clinic has had such a great impact, not only for me, but also for our patients. Having the opportunity to observe our BHC team in action has given me the knowledge and resources to be able to integrate this into my own practice, making me a much better pediatrician."
-PGY-3 Resident, Pediatrics

"Having behavioral health resource, such as Dr. Tolliver's team has enriched my training and made me a better physician…As I complete my training, I am starting to realize how many things I will be able to incorporate into my practice that I have learned from working with our behavioral health team. It has been an invaluable asset."
-PGY-3 Resident, Pediatrics

"My job satisfaction is 100% whenever I work with our BHC team! I could honestly use the expertise of the BHC with almost every patient due to such a high risk patient population. Our BHC team is very well versed in the current science of their specialty. I have seen numerous success stories for problem behaviors…"
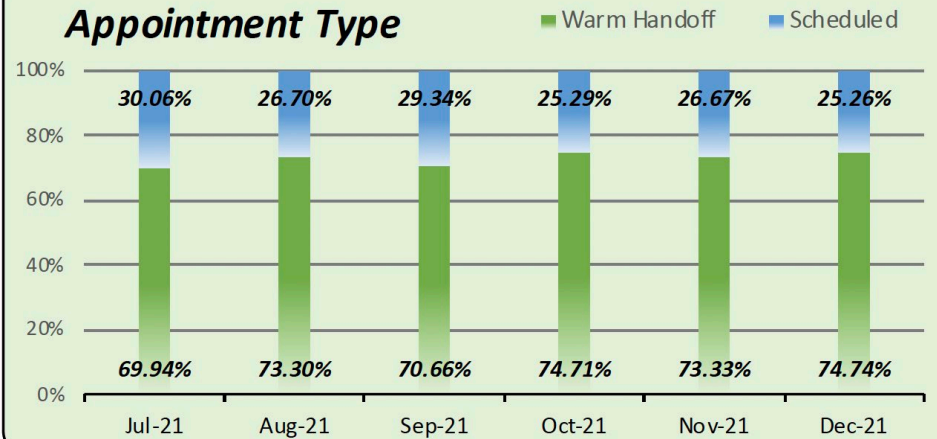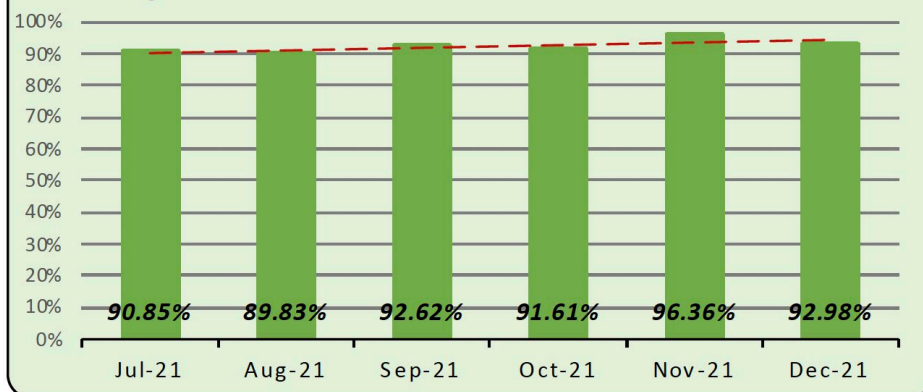-Pediatrician

Monthly Dashboard

The Key:
The Warm Handoff
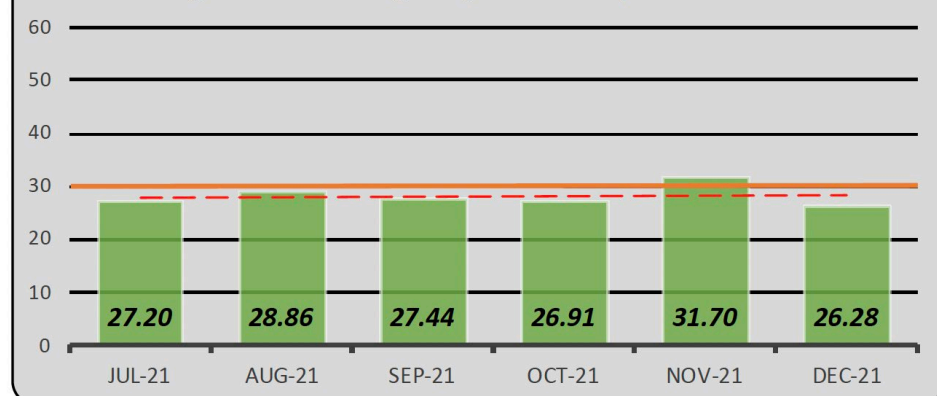
- Patients want support and problem-solving in the moment of distress

BUT

- Due to stigma, expectations, culture, patient who come for medical exam may resist opportunity

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Breakout Topic: Warm Handoff

- 5 min breakout
- How would you introduce a behavioral health provider if you had concerns that the patient would be resistant?

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Warm Handoff Tips

- Normalize
- Put team (with patient in it) at forefront
- Avoid labels
- Express confidence

The Institute for Integrated Behavioral Health
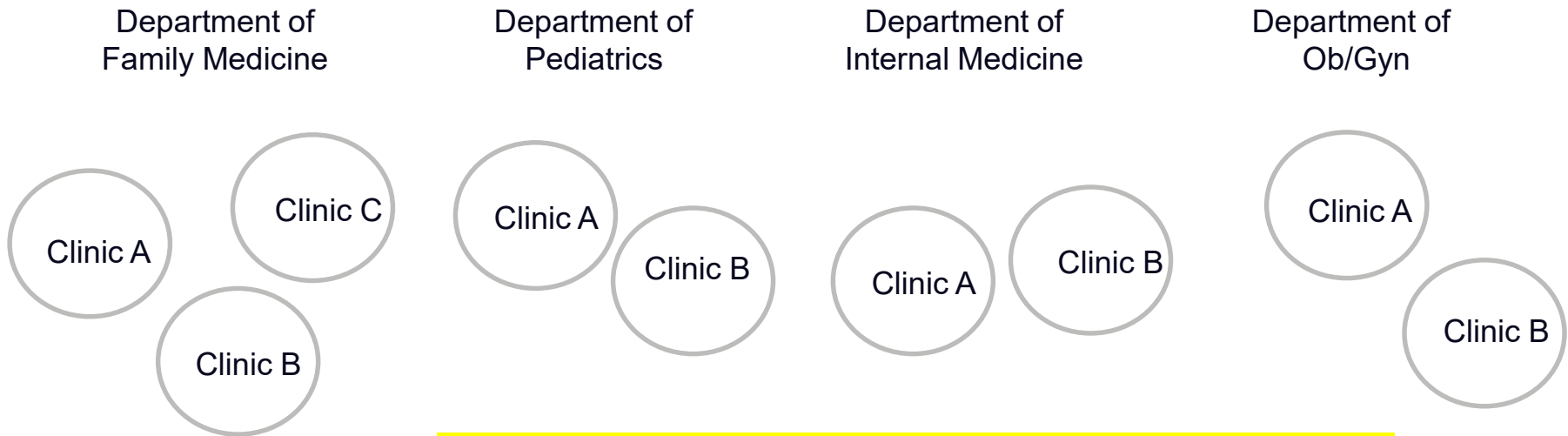

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Institute for Integrated Behavioral Health

Aim

To develop, implement, and evaluate an integrated primary care training and service delivery program that strengthens primary care clinics and workforce and serves as regional capacity building entity.
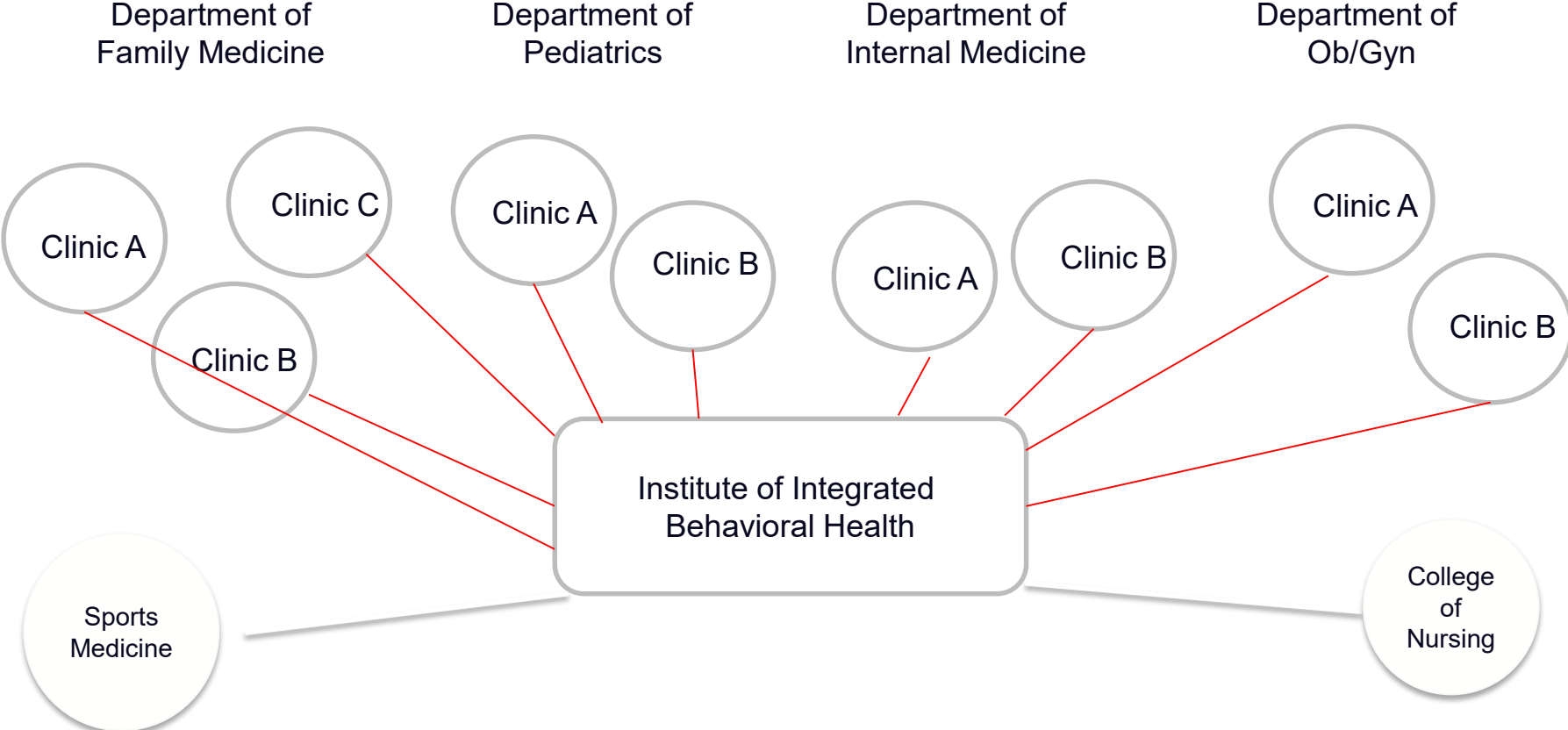
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Quillen College of Medicine and ETSU Health
East Tennessee State University

Department of
Family Medicine

Department of
Pediatrics

Department of
Internal Medicine

Department of
Ob/Gyn

Clinic C

Clinic A

Clinic A

Clinic A

Clinic B

Clinic B

Clinic A

Clinic B

Clinic B

Institute of Integrated
Behavioral Health

Sports
Medicine

College
of
Nursing

Areas of Activity

- Documentation and Billing/Revenue
- Navigation of Value Based Payment Landscape
- Best Practices in Screening/Follow-Up
- Best Practices in Integration
- Shared Educational Materials
- Training and Professional Development for Behavioral Health
- Improved Opportunities for Research/Evaluation
- Advocacy/Policy

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Appalachian Mountain Family Medicine Behavioral Health (AMFM) Project ECHO

Integrating Behavioral Health into Primary Care
Dr. Jodi Polaha
Friday, March 4, 2022
12:15pm- 1:15pm Eastern Time

Please visit the website for details on upcoming sessions, gaining CME credits, and submitting case presentations:
https://www.etsu.edu/com/cme/amfm_echo.php

Interesting in being an expert presenter? Email etsuamfmecho@etsu.edu

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THANK YOU!

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