Primary Care Behavioral Health

Past Present Future

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Primary Care Behavioral Health Implementation Project

UTRGV School of Medicine

Objectives

- Define Primary Care Behavioral Health (PCBH) Consultation model.
- Describe the development of the PCBH model over time.
- Identify at least one future direction in PCBH Consultation model.

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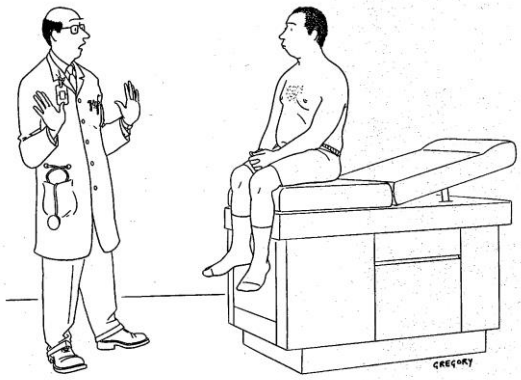
What do we know about Healthcare?



"Whoa—way too much information."

Patients do not present their illness as physical vs. mental

Comorbidity is **the commonality**

Chronic disease account for 7/10 deaths in the US
(includes heart disease, cancer & stroke which account for 50%)

25% of people with chronic conditions
have difficulty with activities of daily living

Chronic diseases share **common**
risk factors which are modifiable

BH Comorbidity is linear with physical health
concerns & costs 46% more

Largest percent of frequent ED users present
with mental / behavioral health issues

80% of healthcare dollars are spent by 20% of the population
66% of Medicare spending = patients with 5 or more chronic disease

(MedPac, 2012; Hastings Center, 2015); Original source data is the U.S. Dept of HHS the 2002 and 2003 MEPS. AHRQ as cited in Peterson et al. "why there must be room for mental health in the medical home. (Graham Center One-Pager)

CANCER:

- 50% of cancers could be prevented if people made lifestyle improvements

HYPERTENSION:

- 1 in 4 adults have hypertension, 1/3 don't know it
- Less than 1/3 are controlled

ASTHMA:

- Asthma is 3rd leading cause of presentation in ED
- 60% people with asthma are not properly controlled

DIABETES:

- Almost 9% of adult world population has diabetes

Behavioral Health & Primary Care

67% with a behavioral disorder do not get behavioral health treatment.

30-70% of referrals from primary care to an outpatient behavioral health clinic or provider don't make the first appointment.

Top disability concerns are behavioral.

50-80% with depression/anxiety present physical complaints primary.

Top 5health care costs:

Depression

Obesity

Arthritis

Pain

Anxiety

84% of the time, the 14 most common physical complaints have no identifiable organic etiology

80% with a behavioral health disorder will visit primary care at least 1 time in a calendar year

50% of all behavioral health disorders are treated in primary care

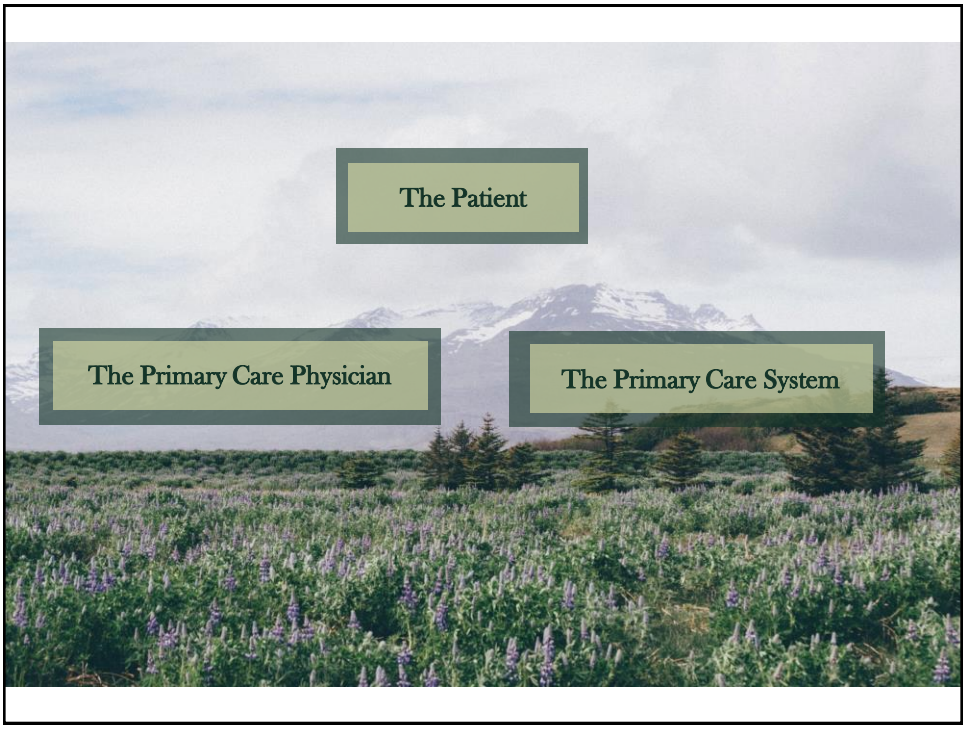
48% of the appointments for all psychotropic agents are with a non-psychiatric primary care provider

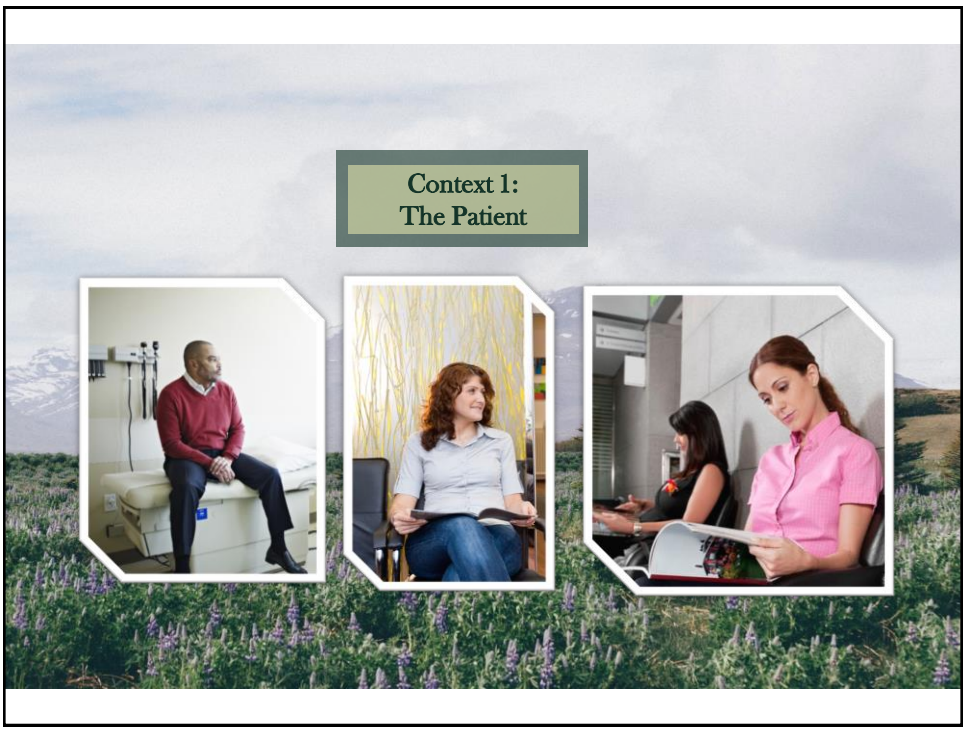
1. Kroenke & Mangelsdorf, Am J Med. 1989;86:262-266.
2. Narrow et al., Arch Gen Psychiatry. 1993;50:5-107.
3. Kessler et al., NEJM. 2006;353:2515-23.
4. Pincus et al., JAMA. 1998;279:526-531.

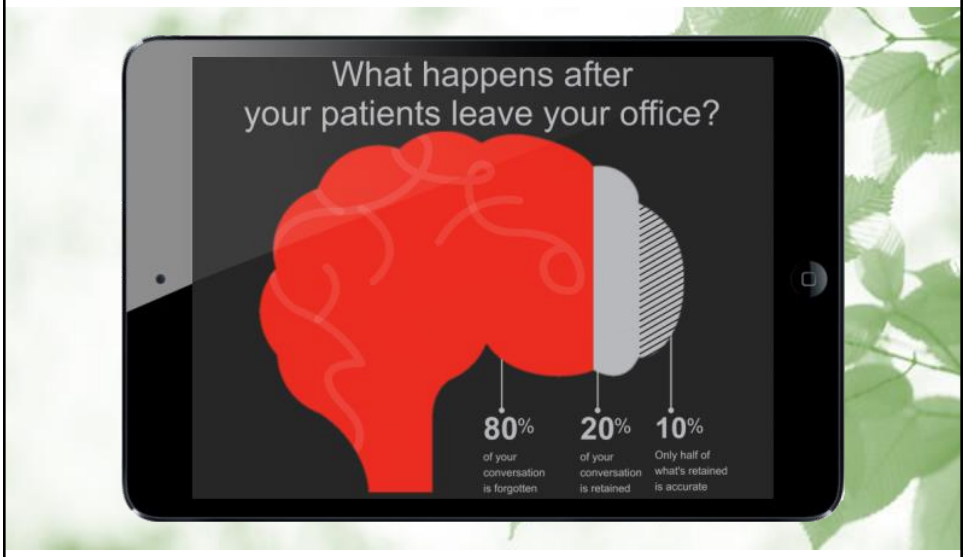
45% of completed suicides see PC within 30 days

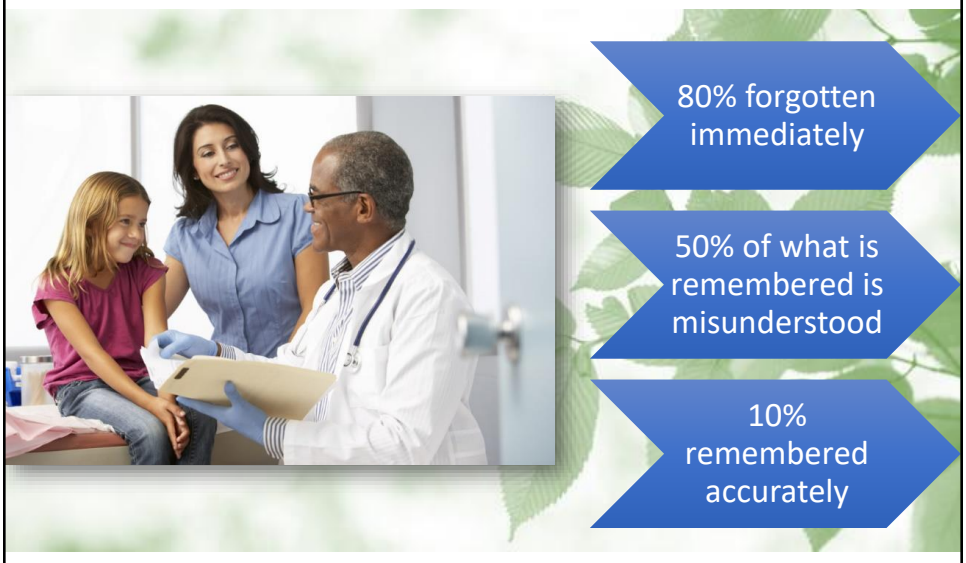
20-40% of general primary care patients have behavioral health needs

30-70% presenteeism and absenteeism due to behavioral health concerns and conditions


The Patient
The Primary Care Physician
The Primary Care System


Context 1:
The Patient


What happens after
your patients leave your office?
80%
of your conversation is forgotten
20%
of your conversation is retained
10%
Only half of what's retained is accurate


80% forgotten immediately
50% of what is remembered is misunderstood
10% remembered accurately

Context 2: The Primary Care Physician

- Provide **high quality care** in a **time limited** setting (Mauksch, Dodson, Epstein, 2008).
- Address **bio-medical** concerns in a **psychosocial** context (ACGME FM Milestones).
- PCP is generally presented with **3-6 concerns per visit** or more (Braddock, Edwards, Hasenberg, Laidley, Levinson, 1999).
- **Insufficient training** in conceptualizing **behavioral health issues** or in **applying behavioral principles** for change (Brandt-Kreutz, Ferguson,Sawyer, 2015).
- Overworked, underpaid with **high rates of burnout** (Philips, 2015).

Context 3: The Primary Care System

Better Care | Better Health | Lower Costs

Focus on all health needs

Continuous person-centered care

Responsible for keeping people healthy (primary)

Treatment occurs before major problems develop

Spend less money, make less referrals, prevent over treatment

Produce an effective healthcare system

Institute of Medicine, 1996; World Health Organization; Phillips & Bazemore, 2010

"Primary care is the provision of integrated, accessible health care services by clinicians who are accountable for addressing a large majority of personal health care needs, developing a sustained partnership with patients, and practicing in the context of family and community."

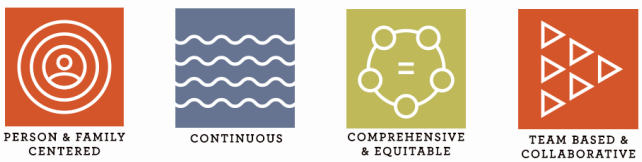
Defining Primary Care: An Interim Report.
Institute of Medicine Committee on the Future of Primary Care.
National Academy Press, Washington DC, 1994

Past

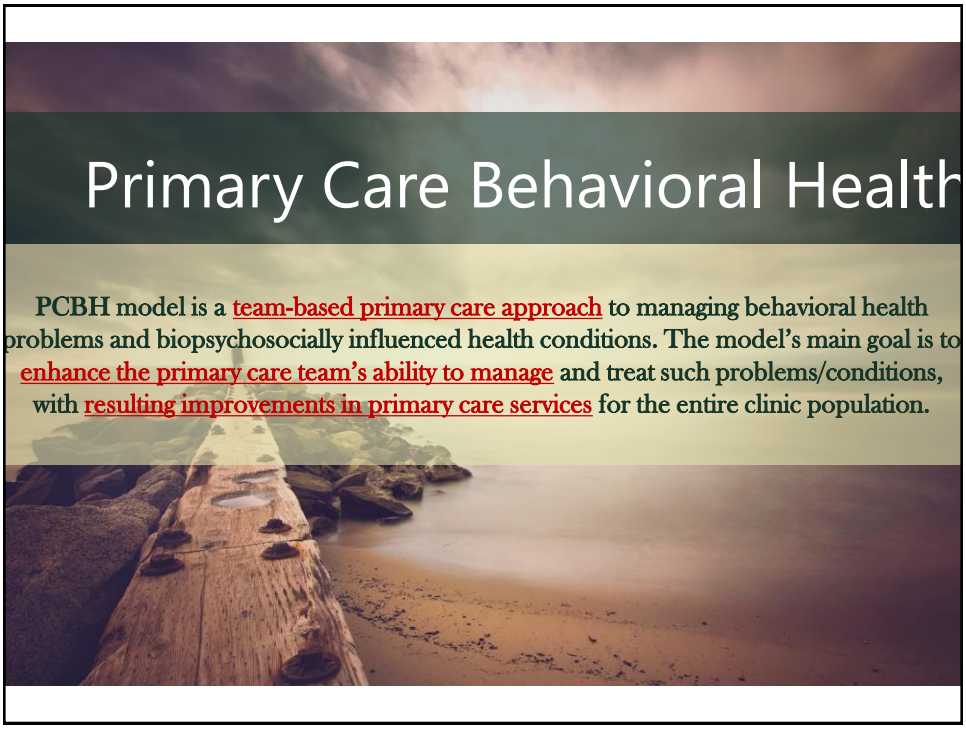
Solution?

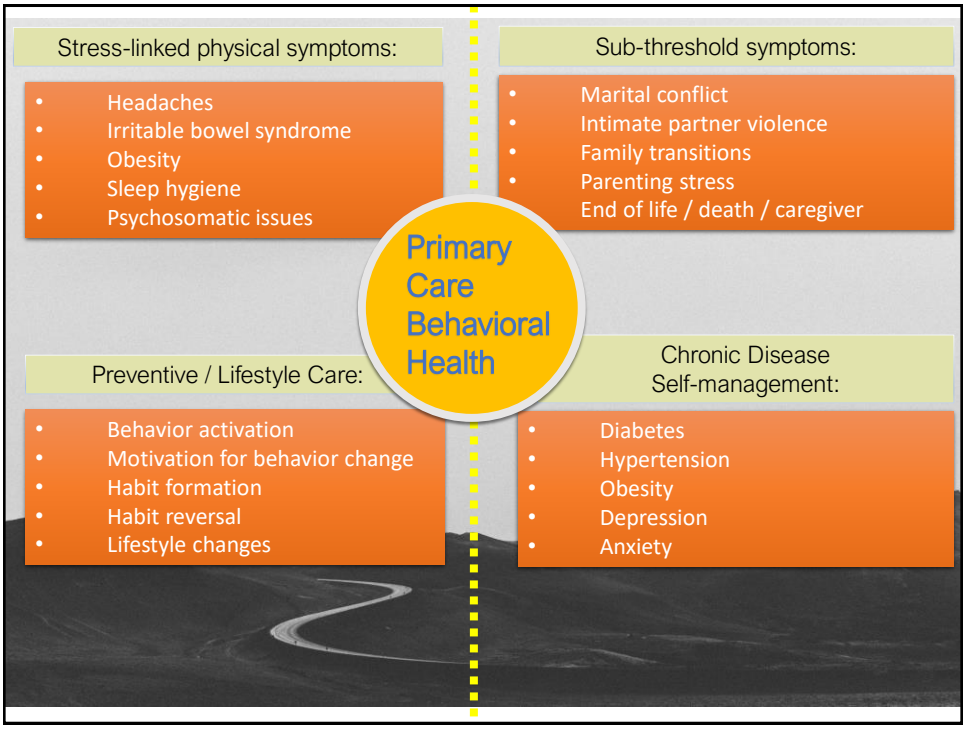
A **culture of health** could be enabled by closing the artificial division between mind and body and focusing, instead on **health and wellness** that address comprehensive, **whole person care**.

INTEGRATION is the standard

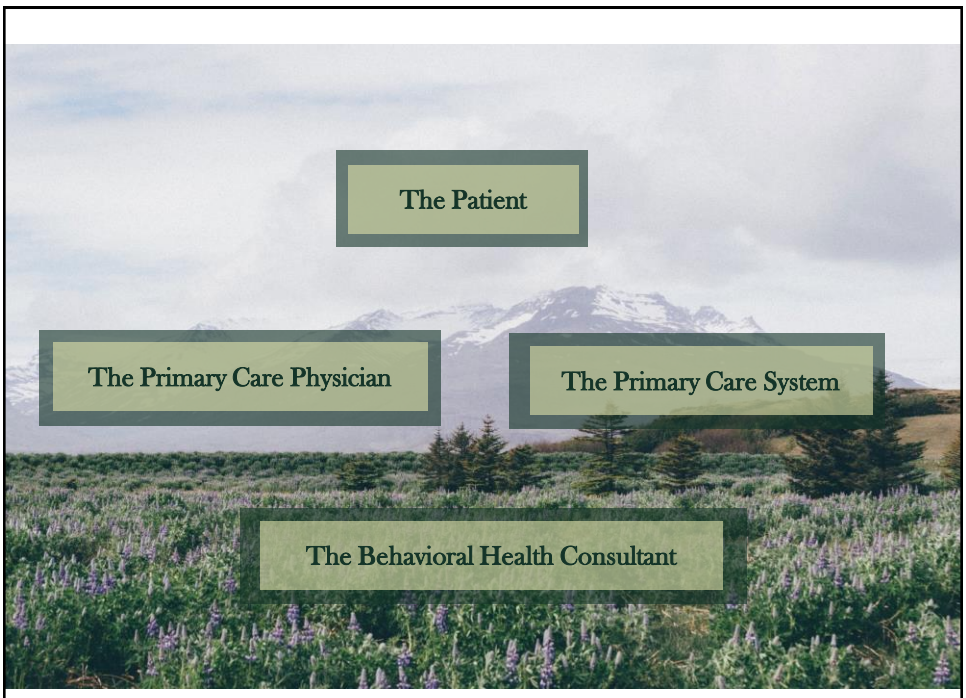


How do we integrate than **should we** integrate?


Primary Care Behavioral Health
PCBH model is a team-based primary care approach to managing behavioral health problems and biopsychosocially influenced health conditions. The model's main goal is to enhance the primary care team's ability to manage and treat such problems/conditions, with resulting improvements in primary care services for the entire clinic population.


Stress-linked physical symptoms:
Headaches
Irritable bowel syndrome
Obesity
Sleep hygiene
Psychosomatic issues
Sub-threshold symptoms:
Marital conflict
Intimate partner violence
Family transitions
Parenting stress
End of life / death / caregiver
Primary Care Behavioral Health
Preventive / Lifestyle Care:
Behavior activation
Motivation for behavior change
Habit formation
Habit reversal
Lifestyle changes
Chronic Disease Self-management:
Diabetes
Hypertension
Obesity
Depression
Anxiety


Primary Care Behavioral Health
Behavioral Health Consultant (BHC) extends and supports the Primary Care Provider and team. BHC works as a generalist and an educator who provides high volume services that are accessible, team-based, and routine part of primary care.


The Patient
The Primary Care Physician
The Primary Care System
The Behavioral Health Consultant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Past
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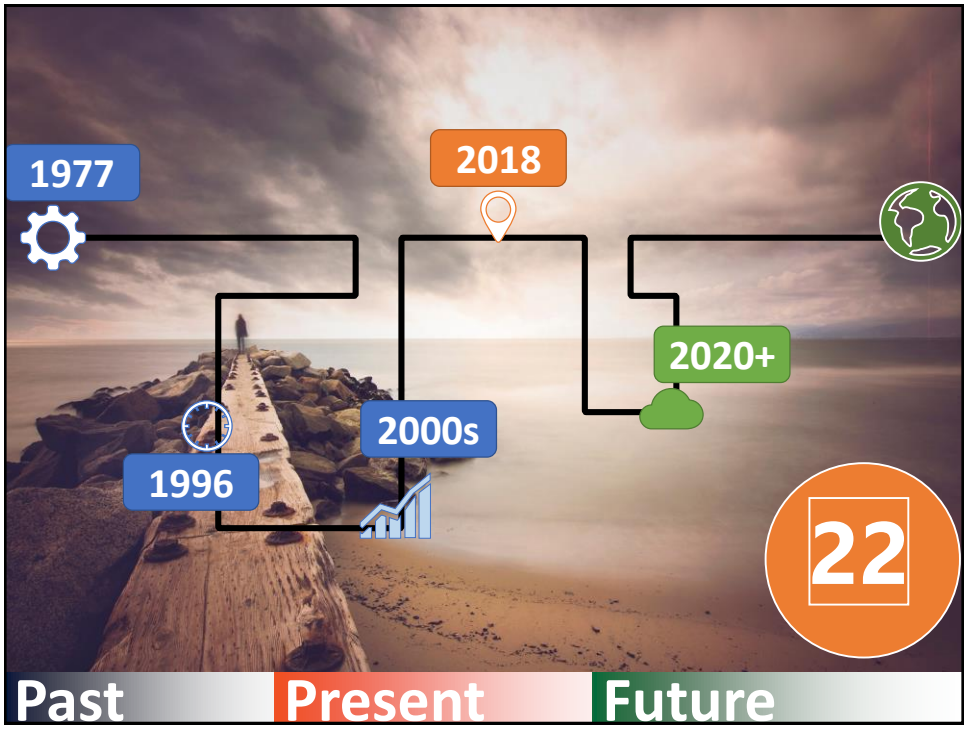
Future


1977
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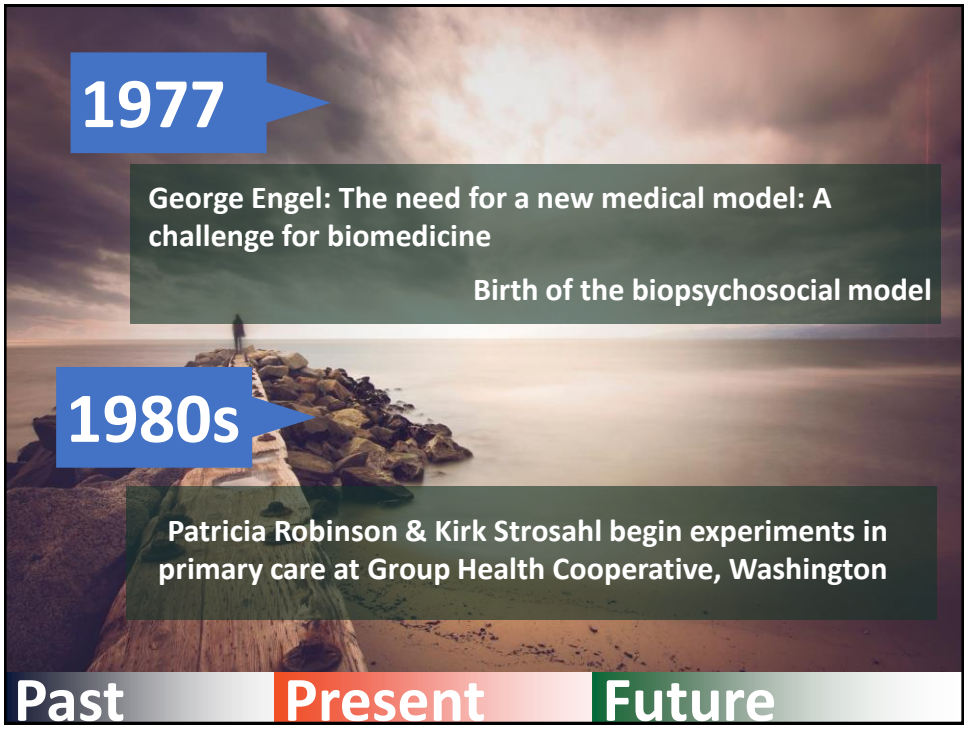
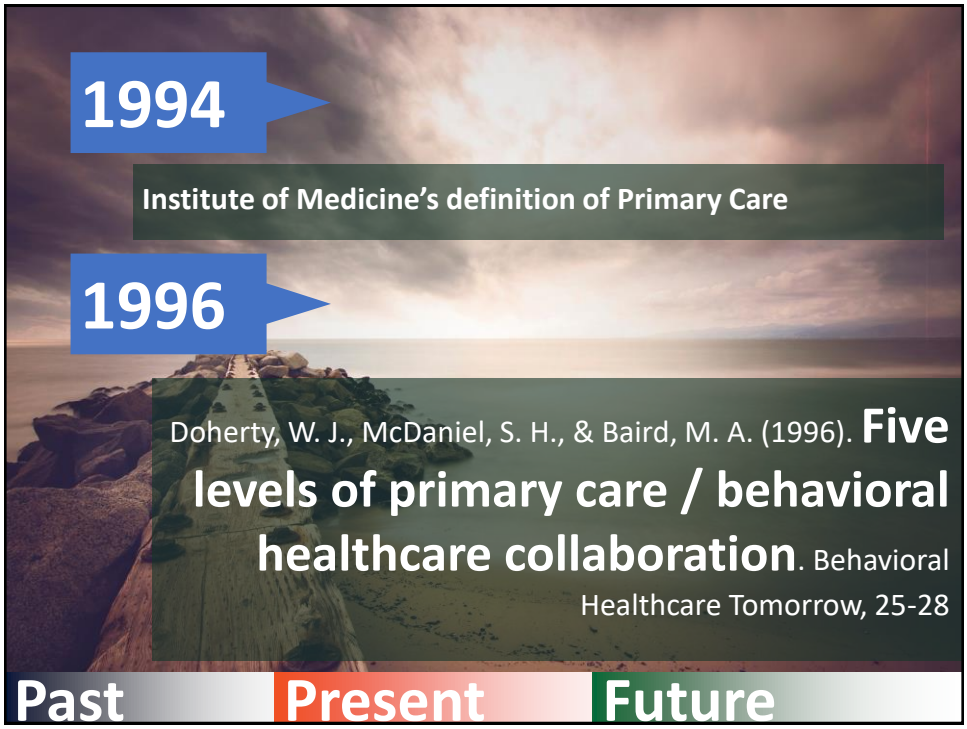

1977
George Engel: The need for a new medical model: A challenge for biomedicine
Birth of the biopsychosocial model
1980s
Patricia Robinson & Kirk Strosahl begin experiments in primary care at Group Health Cooperative, Washington
Past
Present
Future


1994
Institute of Medicine's definition of Primary Care
1996
Doherty, W. J., McDaniel, S. H., & Baird, M. A. (1996). Five levels of primary care / behavioral healthcare collaboration. Behavioral Healthcare Tomorrow, 25-28
Past
Present
Future


1996
Strosahl, K. (1996). Primary mental health care: A new paradigm for achieving health and behavioral health integration. Behavioral Healthcare Tomorrow, 5, 93 – 96.
Past
Present
Future


2007
Behavioral Consultation and Primary Care
A Guide to Integrating Services
Patricia J. Robinson
Jeffrey T. Reiter
EXTRA MATERIALS
extras.springer.com
Past
Present
Future


2009
Integrated Behavioral Health in Primary Care
Step-by-Step Guidance for Assessment and Intervention
Christopher L. Hunter
Jeffrey L. Goodie
Mark S. Oordt
Anne C. Dobmeyer
Past
Present
Future


2010
Real Behavior Change in Primary Care
Improving Patient Outcomes & Increasing Job Satisfaction
Patricia J. Robinson, Ph.D.
Debra A. Gould, MD, MPH
Kirk D. Strosahl, Ph.D.
Past
Present
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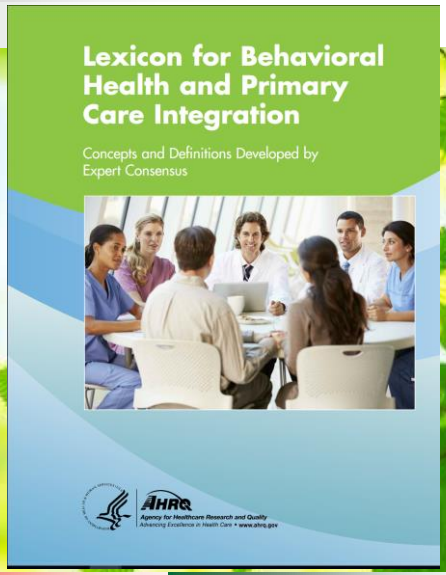
2013



Past Present Future

2013

A STANDARD FRAMEWORK FOR LEVELS OF INTEGRATED HEALTHCARE AND UPDATE THROUGHOUT THE DOCUMENT

SAMHSA-HRSA
Center for Integrated Health Solutions

NATIONAL COUNCIL FOR COMMUNITY BEHAVIORAL HEALTHCARE

SAMHSA

MARCH 2013

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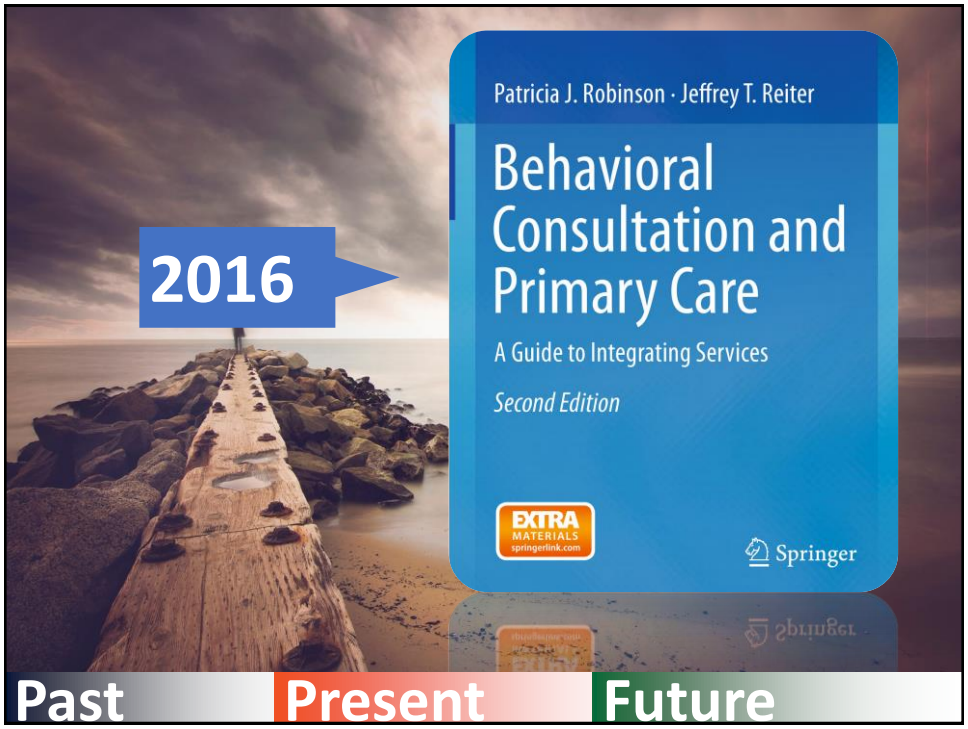
Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

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 ill-defined 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

Past **Present** **Future**



Past **Present** **Future**


2017
Integrated Behavioral Health in Primary Care
Step-by-Step Guidance for Assessment and Intervention
Second Edition
Christopher L. Hunter
Jeffrey L. Goodie
Mark S. Oordt
Anne C. Dobmeyer
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2018
Journal of Clinical Psychology in Medical Settings
Special Edition:
Primary Care Behavioral Health
June, 2018
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2018
The Integrated Care Podcast
Listen in as our experts discuss timely topics in the world of integrated care. Part education, part entertainment, this podcast aims to keep you infomed and engaged as we reimagine the universe of healthcare. Subscribe on iTunes or Soundcloud.
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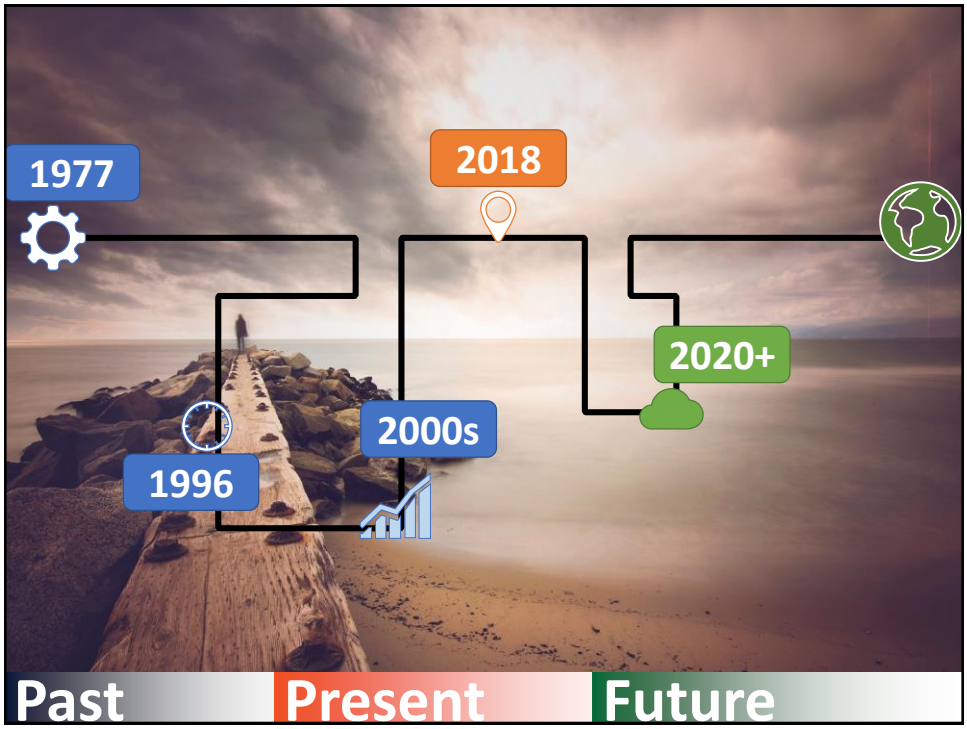
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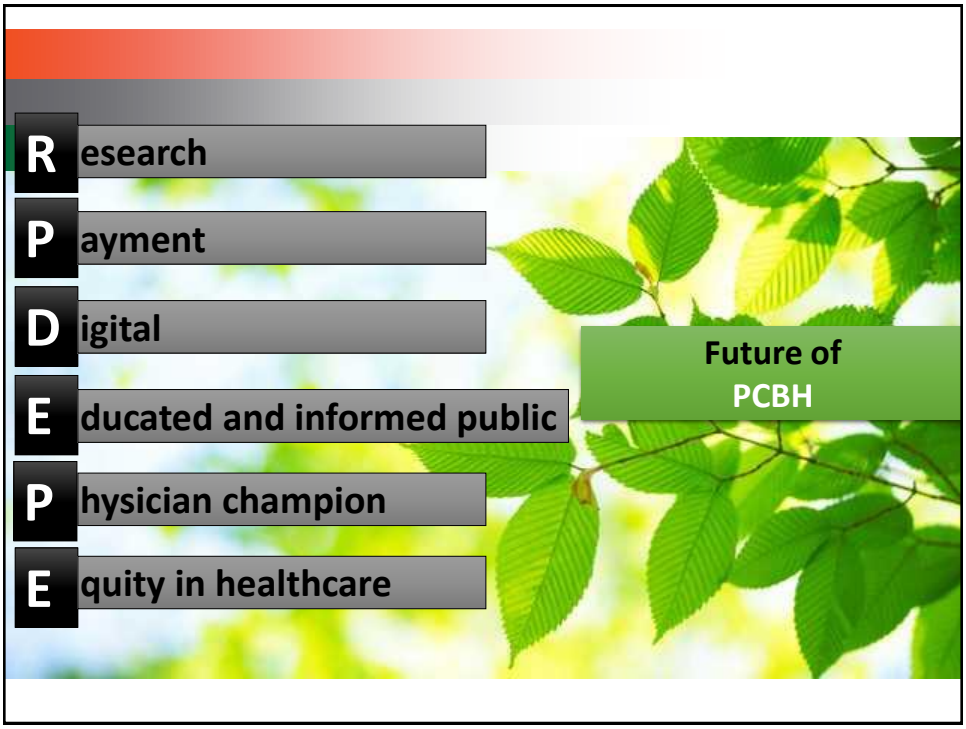
Research
Payment
Digital
Educated and informed public
Physician champion
Equity in healthcare
Future of PCBH

Health

Past Present Future

Present

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