

Conversations that Count: Curbside Consultations

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About PCDC

PCDC provides capital financing, expertise, and advocacy to expand primary care access and advance health equity in communities that need it most.



Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).



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“Operationalizing Integration” Webinar Series Tip Sheets

MITIGATING BURNOUT THROUGH INTEGRATED HEALTHCARE

IMPACT OF BURNOUT

HOW INTEGRATION CAN MITIGATE THE IMPACT OF BURNOUT

Resources for Health Care Worker Well-Being: 6 Essential Elements

Please click the image above for more resources on each of the essential elements.

“Mitigating Burnout through Integrated Healthcare”

tip sheet can be accessed here:
https://www.thenationalcouncil.org/wp-content/uploads/2023/12/1.-Mitigating-Burnout-Tip-Sheet_Final.pdf

COLLABORATIVE CARE MANAGEMENT 101

STEPPED STRATEGIES FOR INTEGRATION¹

Principles of Collaborative Care¹

- Patient-Centered Team.** The patient, primary care, and mental health providers collaborate effectively using shared care plans that incorporate patient goals.
- Population Based.** A registry is used to facilitate engagement and outcome tracking in a defined group of patients at the case load and clinic level.
- Measurement-based Treatment to Target.** Progress is measured regularly, and treatments are actively changed until clinical goals are achieved.
- Evidence-Based Treatments.** Providers use treatments that have research evidence for effectiveness.
- Accountable.** The care team is accountable to the patient and other care team members for quality of care and clinical outcomes, not just the volume of care provided.

COLLABORATIVE CARE FOR VARIOUS BEHAVIORAL HEALTH CONDITIONS¹

Established Evidence-Based

- Depression**
 - Adolescent Depression
 - Depression, Diabetes, and Heart Disease
 - Depression and Cancer
 - Depression in Women's Health Care
- Anxiety**
- Post Traumatic Stress Disorder**
- Chronic Pain**
- Dementia**
- Chronic Substance Use Disorder**
- Bipolar Disorder**

“Collaborative Care Management 101”

tip sheet can be accessed here:
https://www.thenationalcouncil.org/wp-content/uploads/2023/12/2.-Collaborative-Care-Management-Tip-Sheet_Final.pdf

MATERNAL MENTAL HEALTH CONSIDERATIONS

Burden of Untreated Perinatal Mood and Anxiety Disorders (PMADs) in the United States

High-Level Solutions to Address the Burden of Untreated PMADs in the United States

Policy	Infrastructure	Health Care System
Support policies to expand insurance eligibility, enrollment, and provider and services covered	Incentivize providers to practice in low resource areas	Encourage the creation of multi-disciplinary teams and team based coordinated care processes
Provide patient navigation to insurance and alternative providers	Widen providers' care area potential	Have mental health providers consult with obstetricians
	Provide flexibility by offering extended hours or after-hours care	Screen for PMADs, report quality measures, and use maternity mental health safety bundles

“Maternal Mental Health Considerations”

tip sheet can be accessed here:
https://www.thenationalcouncil.org/wp-content/uploads/2023/12/3.-Maternal-Mental-Health-Tip-Sheet_-Final-06.16.23.pdf

PROVIDING EQUITABLE AND RESPONSIVE CARE

Defining Equity

Social Determinants and Intersectionality³

“Providing Equitable and Responsive Care”

tip sheet can be accessed here:
https://www.thenationalcouncil.org/wp-content/uploads/2023/12/4.-Equitable-and-Responsive-Care-Tip-Sheet_-Final.pdf

“Operationalizing Integration” Webinar Series Tip Sheets



CENTER OF EXCELLENCE for Integrated Health Solutions

Operationalizing Integration by Addressing Maternal Mental Health

Maternal Mental Health (MMH) 1,2,3,4,7

1 in 5 Pregnant/postpartum people are impacted by MMH conditions

75% Of people impacted by MMH conditions remain untreated

>80% Of maternal deaths due to MMH conditions are preventable

Individuals who experience racial or economic inequities, are more likely to experience maternal mental health conditions, but less likely to get help.

Annual MMH costs in the U.S. = \$14.2 billion

\$32,000 per parent/child dyad

Per parent cost: \$19,520 (Lost wages and productivity)

Per child cost: \$12,480 (Treating impact)

Untold Costs

Impact on relationships with partner, other children

May choose not to have additional children

Impact on Mother and Baby

Women with untreated MMH during pregnancy are more likely to:

- Experience more barriers to prenatal care
- Have inadequate diets/nutritional needs
- Use substances (alcohol, tobacco, drugs)
- Experience physical, emotional, and sexual abuse

Women with untreated MMH postpartum are more likely to:

- Be less responsive to baby's cues
- Have fewer positive interactions with baby
- Experience breastfeeding challenges
- Question their competence as mothers



Children born to mothers with untreated MMH are at higher risk for:

- Low birth weight
- Small head size
- Pre-term birth
- Stillbirth
- Longer stay in the NICU

Children living with mothers with untreated MMH are at higher risk for:

- Excessive crying
- Impaired parent-child interactions
- Behavioral, cognitive, or emotional delays
- Adverse Childhood Experiences (ACEs)



CENTER OF EXCELLENCE for Integrated Health Solutions

Lessons Learned: Integrating Primary and Behavioral Health Care

Promoting Integration of Primary and Behavioral Health Care (PIPBHC) in Iowa³

Background

The Promoting the Integration of Primary and Behavioral Health Care Grant's (PIPBHC), also known as Iowa's Integration Project, goal was to improve primary and behavioral health outcomes for individuals with substance use disorders. The PIPBHC grant was implemented by the Iowa Department of Health and Human Services and funded by the Substance Abuse and Mental Health Services Administration Center (SAMHSA). Using the care coordination model, team-based care was provided through co-located team members between the three participating health centers and their community partner for behavioral health services:

- Primary Health Care, Inc. & Community and Family Resources
- Siouxland Community Health Center & Rosecrance Jackson Centers
- Community Health Care, Inc. & Centers for Alcohol and Drug Services



This model also included a special population focus for our soldiers which was facilitated between the Iowa Army National Guard & two behavioral health service providers - House of Mercy and UCS Healthcare. This partnership ensured that soldiers received screening, brief interventions and referrals to treatment as needed. It also funded the coordination of primary and behavioral healthcare for soldiers.

Oversight of the PIPBHC grant was provided by the Iowa Department of Health and Human Services, who provided subject matter expertise, facilitated technical assistance and led data collection between the health centers and behavioral health organizations.

Implementation Approach

- Promoting integrated healthcare services through a bidirectional model utilizing an integrated care team approach.
- Supporting the improvement of integrated health services provided to individuals with SUD, serious mental illness (SMI), and co-occurring health conditions.
- Increasing the number of integrated healthcare services provided to individuals with SUD, SMI, and co-occurring health conditions.
- Implementing an innovative and comprehensive care team approach between the Iowa Army National Guard (IANG) and co-located substance use/mental health professionals.

Grant Activities that Supported Success

- Weekly care team care coordination meetings and monthly provider calls to identify and discuss challenges as well as facilitate communication between organizations and providers to improve coordination of care.
- Annual site visits to assess barriers to implementation and define and determine sustainability goals.
- Frequent data collection and analysis to monitor progress towards program goals.
 - Monthly: training of PIPBHC funded staff in evidence-based practices, number of services provided, inpatient hospitalization data
 - Quarterly: number of integrated health care services provided, volume of prevention and recovery services, and wellness and health promotion activities
 - Annually: overall outcomes and impacts on physical health

Patients Received Focused Attention to Support Whole-Person Care Through:

- Consultation and dedicated time to work with the ICT
- Collaboration with Recovery Peer Coaches
- Incentives for completing follow-up interviews
- Recovery Support Services including but not limited to childcare, education, transportation, and recovery peer coaching
- Wellness activities focused on nutrition, exercise, and whole health management



CENTER OF EXCELLENCE for Integrated Health Solutions

Using a High Performing-Team to Successfully Achieve Integrated Care

How Leaders Demonstrate Active Support

Organizational leadership's support is critical to creating an integrated care delivery model, as leadership's buy-in influences access to resources, funding, and moral support.

To demonstrate commitment and active support of integrated care initiatives, leaders should:



Evaluate

Implement a strengths, weaknesses, opportunities, and threats (S.W.O.T.) analysis to determine whether your organization is ready for integration. Assess your current state and discuss your desired future state, documenting barriers and facilitators that may impact your success.



Excite

Host kick-off event(s) where key leaders "brag" and speak positively about integrated care.

Who should attend?

- Include champions from:
 - C-Suite
 - Clinic Operations
 - Primary Care
 - Behavioral Health
 - Nursing
 - Front Desk
 - Billing and Coding
 - IT
 - Pharmacy



What should you do at a Kickoff Event?

- Show enthusiasm
- Express hope
- Share positive stories
- Share evidence
- Encourage feedback
- Teach the clinical model
- Discuss qualitative difference in care models
- Normalize anxiety
- Make an action plan



Empower

Strive to develop your workforce while empowering team members to implement rapid change and give them the authority to surface issues associated with integrated care.

Hire team members who are a good fit with your organizational values, culture, and work ethic. While surface-level attributes are essential, deep-level attributes like personality, values, abilities, optimism vs. pessimism, value working in groups, and high conscientiousness have the most impact on team performance.

Prioritize hiring the people who:

- Are committed to excellence and quality
- Enjoy change
- Are attentive to details
- See the big picture
- Are flexible and willing to try new ideas
- Want to make a difference
- Enjoy working in teams
- Are excellent communicators
- Are computer literate/scribes



“Addressing Maternal Mental Health”

tip sheet can be accessed here:

<https://www.thenationalcouncil.org/wp-content/uploads/2024/01/MMH-Webinar-1-11.16.23-Tip-Sheet-1.24.24.pdf>

“Lessons Learned”

tip sheet can be accessed here:

<https://www.thenationalcouncil.org/wp-content/uploads/2023/12/Lessons-Learned-Webinar-1.31.24-Tip-Sheet-Final.pdf>

“Using a High-Performing Team”

Audience Demographics Poll

Do you work in a:

- Primary care setting
- Behavioral health setting
- Integrated care setting

Are you working primarily as a:

- MD/DO
- Nurse Practitioner/Registered Nurse
- Physician Assistant
- Medical Assistant
- Therapist
- Social Worker
- Care Manager
- QI Manager
- Informatics
- Other

Please rate your current skills and comfort with initiating warm hand-offs.

- Very Low
- Low
- Moderate
- High
- Very High



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Poll

Do you know your communication style?

- Yes
- No



Communication Styles



Analyze
r



Director

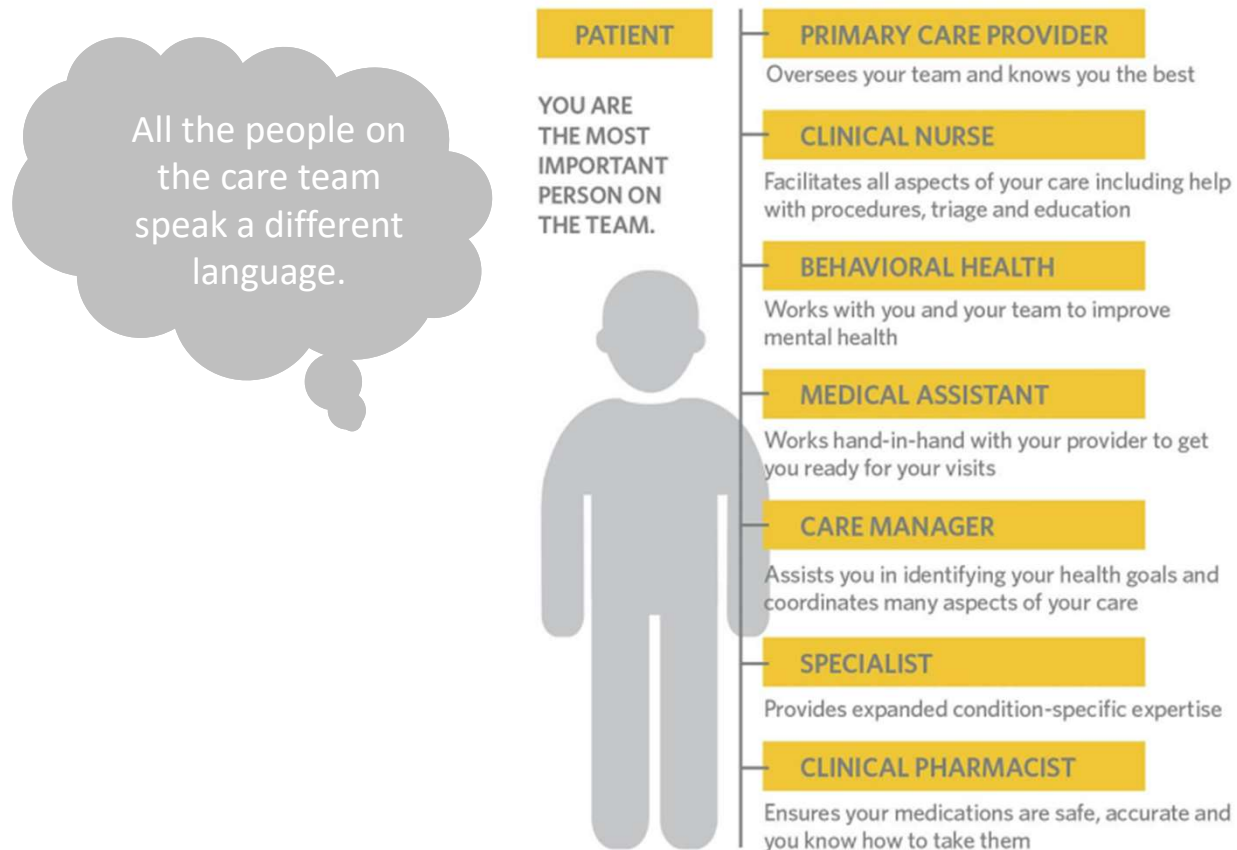


Relater





Socializ
er

The Integrated Care Team



Differences in Language

	<u>Conditions Treated</u>	<u>Language Differences</u>	<u>Summary</u>
<u>Medical Providers</u> 	<ul style="list-style-type: none"> • Allergies • Diabetes • Asthma • Chest Pain • Routine Check-Ups • Anxiety • Depression • BH referrals 	<ul style="list-style-type: none"> • When did the pain start? • On a scale of 1-10, how much does it hurt right now? • How often do you forget to take your medications? 	<ul style="list-style-type: none"> • More quantitative • Questions are asked that typically elicit shorter responses
<u>Behavioral Health Providers</u> 	<ul style="list-style-type: none"> • Anxiety • Bipolar disorder • Depression • Eating Disorder • Substance Use • Trauma 	<ul style="list-style-type: none"> • How have you been feeling this week? • Why do you think that might be? • Tell me about your childhood. 	<ul style="list-style-type: none"> • More qualitative • Use words that demonstrate emotion • Painting a picture with words

8 Tips for the Behavioral Health Clinician to Concisely Present a Warm Hand-Off to a Primary Care Provider

What to leave in	What to leave out
Ask the PCP if they are available and ready for a quick consult. The BHP adjusts to the pace of the PCP to avoid disrupting the PCP's pace.	<i>Prior</i> to your consult, determine what information the PCP needs to know. Leave out the other information and be ready to answer if the PCP wants a deeper dive into your clinical formulation and assessment.
Presenting problem. The PCP may want to know important demographics such as age, gender, culture and the main care concerns. Know this before you start the consult. PCPs only want to know information that will directly impact how they approach the patient.	Background and details of how you arrived at the diagnosis. Pertinent negatives are not usually necessary. (One important pertinent negative might be 'patient is not suicidal.')

8 Tips for the Behavioral Health Clinician to Concisely Present a Warm Hand-Off to a Primary Care Provider

What to leave in	What to leave out
Specific data such as a PHQ-9 score and presenting symptoms.	PCPs may not have time to hear the dynamics behind the symptoms, so start with a symptom list and allow the PCP to ask for more detail if they require it.
Relevant background information. Clinical diagnoses, current medications with prescribed doses, associated social circumstances.	Historical narratives. Wait for a prompt from the PCP if they want more details.

8 Tips for the Behavioral Health Clinician to Concisely Present a Warm Hand-Off to a Primary Care Provider

What to leave in	What to leave out
Any safety concerns and if there is a plan to address these concerns.	The PCP may not want the details of the plan, but only that one is in place.
Current mental status. The PCP needs to establish rapport quickly – what mood, concerns, and orientation should the PCP be aware of?	Don't directly tell your PCP how to approach their patient, provide them the facts they need to be able to adjust.

8 Tips for the Behavioral Health Clinician to Concisely Present a Warm Hand-Off to a Primary Care Provider

What to leave in	What to leave out
Communicate and understand if the PCP wants you in the room together, available after, or any other ways you can support her during the visit.	Don't abandon your PCP – your role is to support the patient <i>and</i> the PCP.
Have a recommendation ready for the PCP's review and approval.	Ask the PCP what they would like from you to help the patient.

Examples of Two Sentence Curbside Consults: Discussing Medications with a Primary Care Provider



“This is a 34-year-old woman who delivered her second baby four weeks ago, and now she is scoring 18 on the PHQ-9. She has good supports at home, and the baby is safe, but I think she would benefit from antidepressants.”

Examples of Two Sentence Curbside Consults: Addressing Substance Use in Primary Care



“This is a 55-year-old man who has cut down his drinking from 12 beers per day to 2 or 3. His A1C score is down from 8.5 to 6.5; he agrees to continue focusing on his nutrition and physical activity goals and maintain his current alcohol use.”

Examples of Two Sentence Curbside Consults: Navigating Benzodiazepines



“The patient is a 24-year-old male with a chief complaint that he is anxious and cannot sleep. The patient has a history of requesting benzodiazepines – I explained our policy about prescribing these meds, the dangers, and addiction issues. He is accepting that you may not choose to prescribe these medications, and he is willing to see me for a follow-up appointment to work on a sleep hygiene plan that we started today. Would you like me to join you in the exam room?”

Post-presentation Poll

After attending this webinar, please rate your current skills and comfort with initiating warm hand-offs.

- Very Low
- Low
- Moderate
- High
- Very High

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