



Making Integration Possible: Proactive Practices for Successful Collaboration

Today's Moderator



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About PCDC

Primary Care Development Corporation (PCDC) is a national nonprofit organization and a community development financial institution catalyzing excellence in primary care through strategic community investment, capacity building, and policy initiatives to achieve health equity.

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).

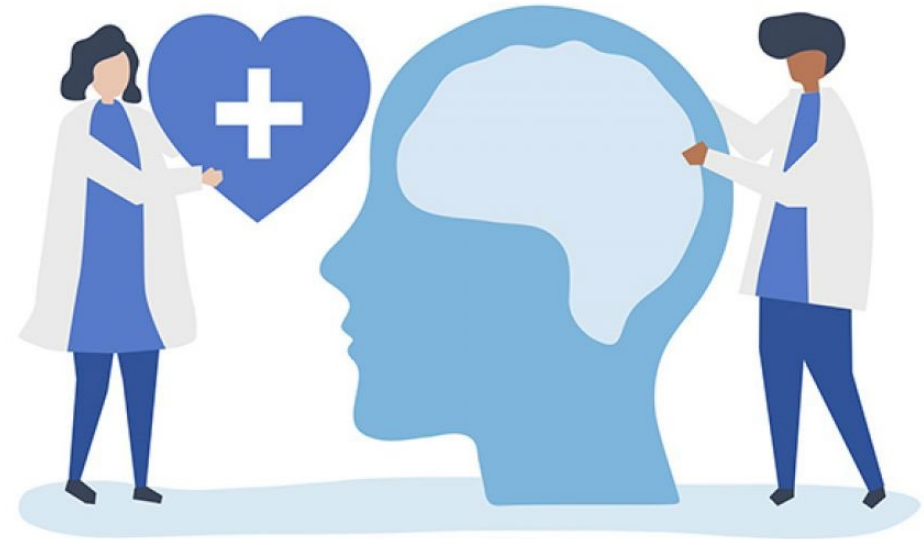


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Integration at Work

This year we will be covering critical concepts to support your practice of integrated care such as:

- Integration models
- Quality improvement
- Funding and relationship development
- Behavioral health screenings for primary care
- Primary care considerations for behavioral health



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 implementing procedures and policies that operationalize cross-team collaboration within integrated care settings.

1. Very Low
2. Low
3. Moderate
4. High
5. Very High

Tip Sheet

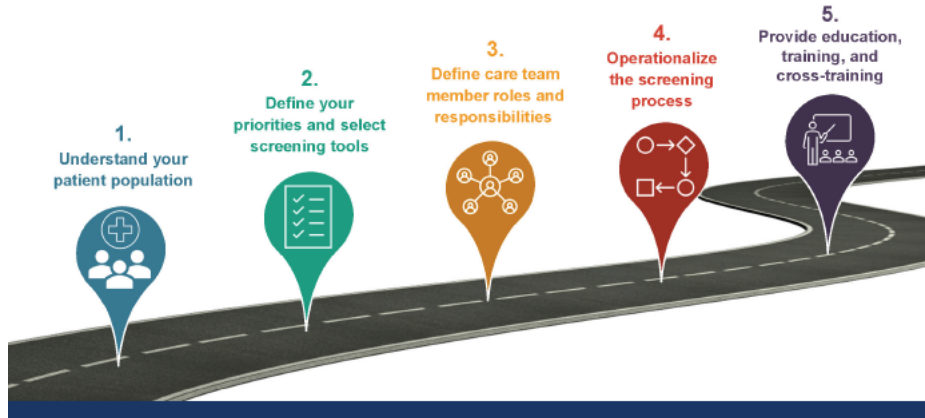


CENTER OF EXCELLENCE for Integrated Health Solutions
Funded by Substance Abuse and Mental Health Services Administration and operated by the National Council for Behavioral Health

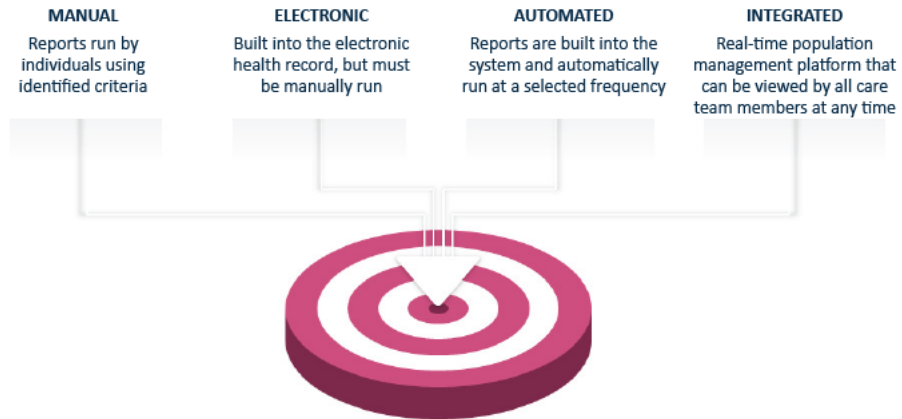


PREVENTIVE SCREENING IN INTEGRATED CARE

START YOUR JOURNEY WITH THE PREVENTIVE SCREENING ROAD MAP:



TYPES OF REGISTRIES TO HELP MEET YOUR SCREENING GOALS:



REMEMBER: SCREENING NEEDS TO BE LINKED TO SUPPORT AND REFERRALS



Reality Check List:

- Screening for behavioral health conditions does not automatically mean you have access to support/referrals
- Screening does not necessarily mean an increase in billable service
- Screening and patient education does not equal adherence
- Finding referral support may require the PCP network with behavioral health providers to develop referral compacts

BEST PRACTICES



Clearly identify which standardized tools will be used to complete the screenings



Ensure the essential tools are integrated into the electronic health record



Clarify who will conduct the screening and how often

Some of the evidence-based, standardized tools recommended for screening purposes:

1. Tobacco Screening
2. Depression - PHQ-2 and PHQ-9 for all patients 18 years and older
3. Alcohol and Substance Abuse - SBIRT pre-screen for adults, CRAFFT for adolescents
 - Alcohol - Audit and Audit C for Adults, CRAFFT for adolescents
 - Substance Use - DAST-10 for adults
4. Childhood Developmental Screening
 - PEDS administered during Well-Child Care (WCC) visit for ages 0 to 7 years
 - PSC administered during WCC visit for ages 8 to 13 years
 - CRAFFT administered during WCC visit for ages 14 to 17 years
5. Social Determinants of Health Screening (SDOH)
 - PREPARE tool used for all patients

Contact us to discuss how our services can help your care teams. Email: cqp@pcdc.org

This resource was developed in partnership with the Center of Excellence for Integrated Health Solutions with acknowledgments to Deborah Johnson Ingram, Maia Morse, and Kimberly Mirabella.

Presenters



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Setting the Stage



Today's key objectives

- Identify real world mechanisms that support cross-team collaboration between providers within integrated care settings
- Understand key aspects of procedures and polices which facilitate the successful operationalization for supporting collaboration
- Review concrete examples that can inform ways your organization can lay the foundation for more effective integrated care plans

Case study

Alan is a 53-year-old contractor who has diabetes. At his most recent doctor's appointment he complains that he has been feeling more tired for the last 6 months. His doctor, Dr. Caring, draws his blood, takes a urine sample and schedules him for a follow up appointment 2 weeks later. At his follow up, he again complains of increasing fatigue, restlessness and insomnia.

Review of Alan's medical history includes the following:

- 1/2 pack a day smoker x 30 years
- Type 2 Diabetes
- Hypertension
- BMI=32

Case study

Medications include:

- ACE inhibitor
- Oral hypoglycemic

Labs:

- A1c **9.2%** (was **8%**)
- Cholesterol **216**
- LDL **124**
- HDL **68**
- Creatinine .90
(BUN/Cr ratio 16)

On physical exam:

- BMI=**34**
- BP **145/85**
- PHQ 9 = **27**

- GFR 77
- TSH .99
- K+ 5.0
- B12 756
- Urinalysis - normal

Assessment and Plan

Dr. Caring reviews all the labs and pertinent changes on physical exam with Alan

He and Alan create the following management plan:

- Maintain the current diabetic medication regimen with diet and exercise
- Return for follow up in 3 months to check in
- Behavioral health referral for severe depression

Alan meets with Janice Soothing, his therapist, two weeks later.

What role can Alan's therapist play?

- She has no role beyond addressing Alan's depression. Alan's condition is being managed by his PCP Dr. Caring.
- She can provide Alan with support to maintain his current treatment regimen.
- She can speak with Dr. Caring during next case consult about how Alan's severe depression may intersect with his diabetes care plan, and they can agree to collaboratively center Alan's care around a shared set of person-centered goals informed by Alan.
- She can ask Dr. Caring to explain aspects of Alan's labs that are unfamiliar to her to ensure she and Dr. Caring are conveying the same messaging to Alan.
- She can provide Dr. Caring with upskilling on Alan's needs, reactions and how to message information to Alan.

Communication is Key



BH providers are critical partners within integrated care

- Help patients understand how their emotions effect how they feel physically
- Promote greater adherence to treatment regimens for chronic conditions
- Focus patients on establishing “person centered” goals to manage physical and behavioral conditions
- Improve the skills of primary care providers to recognize behavioral disorders
- Improve the skills of behavioral health providers to recognize how behavioral health conditions may manifest physical symptoms
- Share in the chat more ways BH providers are critical partners!

Navigating each other's worlds

Part of why it is critical to have collaboration is why communication can present a challenge:

- Often when communicating with each other BH providers and PCPs use acronyms, phrases, and information that wasn't part of their trainings
- It's ok to ask questions and clarify!
- BH and PCP (and many other types of health service providers) need each other in this work

Abbreviations: Cheat Sheet

VS	Vital Signs
VSS	Vital Signs Stable
BP	Blood Pressure
HR	Heart Rate
P	Pulse
RR	Respiratory Rate
T	Temperature
SpO2/SaO2	Oxygen Saturation
Ht/Wt	Height/Weight
BMI	Body Mass Index

CBC	Complete Blood Count
WBC	White Blood Cells
RBC	Red Blood Cells
Plt	Platelets
BMP	Basic Metabolic Panel
CMP	Comprehensive Metabolic Panel
LFT	Liver Function Test
H&H	Hemoglobin & Hematocrit
Hb/HGB	Hemoglobin
HCT	Hematocrit

Na	Sodium
K	Potassium
Ca	Calcium
UA	Urinalysis
ABG	Arterial Blood Gas
PT	Prothrombin Time
PTT	Partial Thromboplastin Time
INR	International Normalized Ratio
T&S	Type & Screen
T&C	Type & Cross

Decoding PC labs and lingo

- Type 2 Diabetes – inability of the body to handle sugar; if left untreated may result in complications like blindness, peripheral amputations, chronic kidney disease
- Hypertension – high blood pressure (e.g. BP **145/85**)
- BMI=**34** – body mass index
- A1c **9.2%** (was **8%**) – measures the level of sugar circulating in the blood over a period of months; one of several screening tests for diabetes
- Cholesterol **216** - measure of cardiac health
- LDL **124** – measure of cardiac health

Policy Informs Process



Procedures Bring Life to Policies

- The actionable component of a policy is the procedure
- The procedure details the process that supports the policy statement

The devil is in the details...

Policy Statement: To ensure our patients get access to clinical, social and emotional wellness services, PCDC Family Health Center will have an integrated Behavioral Health service deliver structure...

Procedure: To support the delivery of BHI, the practice will conduct the Screening, Brief Intervention, Referral for Treatment (SBIRT) protocol.

- Procedures remove variability in how activities are carried out.
- The stakeholders (staff) in the process are informed of their roles and tasks via a workflow diagram or detailed procedure.

Question to the Participants

Have you reviewed your organizations' Behavioral Health integration policies and procedures?

- Yes, I read them
- No, I haven't read them, but I know our practice policy exists
- No, I haven't read them, not even sure they exist

Procedures Continued: Who Does What... When?

- Procedures detail activities to be specific to the staff tasked to conduct the activities
- Strategies for well documented procedures:
 - Convening stakeholders to develop PC-BH policy/recommendations
 - Allow for the doers to walk through the process- input is relevant as to how the process gets carried out
 - Should include communication amongst staff, when, where is it entered in the EHR
 - State the method of monitoring and measurement

Procedures Continued: Who Does What... When?

Communication at work

- The PCP is looking for specific clinical markers during the encounter
- BH providers look for social and emotional markers
- Both have screening tools, yet patients fall through the crack due to lack of communication
 - PCP warm handoff to BH – Yes or No?



DM patient post hospital DX not taking meds admission Dx CHF, history of not taking meds. Screened positive for mild depression today but severe depression over past 2 years. Provider encourages change diet, take meds and check blood sugar regularly- 4 months later patient arrives to ED. Blood sugar level 240.

BHI Procedural Considerations



Primary care providers are central point of medical access for many patients



Allow for stakeholder input to develop a sustainable process



Spread tasks to care team members



Informed and engaged staff – support informed and engaged patients



BH providers are trained to elicit patient treatment goals that intersect with the patients' lifestyle.



Ask patient's permission to conduct hand offs. They have the ultimate say in their treatment plan

Integrated Care Planning



Integrated Care Plan


- What are fundamental components?
- What are possible limitations?
- Let's take a look at some actual examples...

Integrated 'Team'


PCP and BH Provider part of the patient's Care Team

Care Team

PCPs

 **MD**
PCP - General, Medicine, Family Medicine
Since 12/16/2016

Other Patient Care Team Members

 **Social Worker, Social Work**
Since 6/30/2021
[Chat](#)

PCP signed off on the BH Treatment Plan

Behavioral Health Treatment Plan

Adjustment disorder with mixed anxiety and depressed m
Social Work Dx





Additional Documentation

SmartForms: 
Encounter Info: [Billing Info](#), [History](#), [Allergies](#), [Detailed Report](#)

Behavioral Health Plan of Care

Cosigned by:  MD at 8/3/2021 10:40 AM

Initial Treatment Plan of Care

Name: 
MR#: 
Age: 
DOB: 

Goals Tracked and Addressed

Patient Stated Goal(s)

Initial Admission Date: 06/07/2021
 Treatment Plan prepared for date: 7/13/2021

Patient Stated Goal(s): I want to come up with ways to help me remember better (I get blamed for being forgetful) scale 6 for memory skill (10=the best) to feel happier (less worry, being able to control my worries). I want to be able to talk to someone without wanting to punch the wall) to not

Tracked Goal(s): Goals Addressed

- Pt will comply with psychotherapy appointments

Anger/Objectives:
 The patient will learn to talk about anger issues.
 The patient will learn to take a time-out when situations are upsetting.
 Patient will reduce arguments with family members.

Depression/Objectives:
 The patient will talk about hurt feelings in therapy sessions.
 Patient will report feeling less sad/dysphoric.
 The patient will report an increased ability to concentrate and a decrease in overwhelmed feelings.
 Patient will identify positive statements about self during session clinician.
 The patient will learn to reframe negative cognitions to support improved mood.
 The patient will be able to articulate the relationship between his/her thoughts, feelings and behaviors.

Anxiety/Objectives:
 Patient will learn relaxation and grounding techniques including deep breathing and mindfulness exercises, which will be utilized when symptoms arise.
 Patient will implement thought stopping techniques to reduce the frequency of obsessive thoughts.
 Patient will learn and implement relaxation techniques, positive self-talk, problem-solving and communication skills to help manage stress.

Insomnia/Objectives:
 The patient will be able to sleep throughout the night.
 The patient will learn about and follow the principles of sleep hygiene.

Provider: [Redacted]

Service(s) provided: Individual Psychotherapy (Frequency: once a week; Specific technique used to achieve objective: Cognitive Behavioral Therapy, Mindfulness-Based CBT, and Problem Solving Therapy)

End date: 7/13/2022

Shared Medication List

- Single care team
- Single list of goals
- Single medication list shared among providers

The screenshot displays a 'Medication List' window with the following content:

- Medication List**
As of 7/16/2021 4:53 PM
- benzoyl peroxide 5 % Topical apply 2 times a day
- clotrimazole/betamethasone dip 1-0.05 % Topical apply 2 times a day
- epinephrine
 - 0.15 mg IntraMuscular Once PRN
 - 0.15 mg/0.3 mL Atin, No dose, route, or frequency recorded.
- Medication Changes

Below the main window, a smaller 'Medication List' window is visible, highlighted with a red box. A red arrow points from this box to the 'epinephrine' entry in the main window. The word 'None' is visible in the background interface.

Identification of Goals and Corresponding Provider

Goals Addressed	This Visit's Progress
<ul style="list-style-type: none">• Pt will comply with psychotherapy appointments <p>Depression/Objectives: Patient's mood will be less depressed as evidenced by patient engaging in more activities outside the home.</p> <p>Anxiety/Objectives: Patient will learn and implement relaxation techniques, positive self-talk, problem-solving and communication skills to help manage stress.</p> <p>Primary Care Goals/Objectives: Helping the patient build awareness of the connection between physical health and mental health.</p>	
<p>Provider: [REDACTED]</p> <p>Service(s) provided: Individual Psychotherapy (Frequency: bi-weekly; Specific technique used to achieve objective: Supportive Therapy) End date: 02/13/2022 Review of this objective (treatment plan review only): none</p>	

Chat Question:

- Do you have an integrated care plan?
- What is missing? What might make it better?
(chat in your response)

The Future

- Graduate medical education is changing – MI, patient centered, culturally relevant care
- Research has demonstrated the value of integrated care for patient and provider
- Primary care of support programs (e.g. LCP) that involve BH support
- Functional goals as key – helping patients determine their motivation and leveraging that to encourage behavior change and improved adherence

Post-webinar Skills and Comfort Poll

After attending this webinar, please rate your skills and comfort with implementing procedures and policies that operationalize cross-team collaboration within integrated care settings.

1. Very Low
2. Low
3. Moderate
4. High
5. Very High

Office Hour



office hours

you've got questions... we might have answers

Upcoming Center of Excellence Events:

CoE-IHS Office Hour: Racial Equity & Social Justice in Integrated Care Settings

[Register for the office hour](#) on Tuesday, April 26, 3-4pm ET

CoE-IHS Webinar: Comprehensive Health Integration Series

- **Part 1: Introducing a New Framework -** [Register for the webinar](#) on Wednesday, April 27, 12-1pm ET
- **Part 2: Domains & Constructs –** [Register for the webinar](#) on Wednesday, May 25, 1-2pm ET

CoE-IHS Webinar: Perinatal Health Series

- **Part 1: The Case for Integration & Considerations Across the Continuum of Care -** [Register for the webinar](#) on Tuesday, May 10, 1-2pm ET
- **Part 2: Integrating Services for Pregnant & Post-Partum People in High Need Settings -** [Register for the webinar](#) on Thursday, May 12, 2-3pm ET
- **Office Hour: Health Equity in Perinatal Health –** [Register for the office hour](#) on Thursday, May 26, 2-3pm ET

Contact Us



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Solving for Sleep SAMHSA Webinar Series

Integrating Care Through a Biopsychosocial Approach to Health

PCDC, in collaboration with the SAMHSA Center of Excellence for Integrated Health Solutions, is engaging in a year-long virtual initiative focused on addressing sleep and related social and health needs through advancing integrated primary and behavioral health care. The initiative will include live virtual learning opportunities, free tools and resources, and linkage to experts in the field. An anchor for the year will be a monthly webinar series focused on building foundations and advanced applications of sleep knowledge.

Unseen Impacts: Health Disparities and Sleep

Thursday, January 9, 2020
10:00 to 11:00am, ET

Speakers:
Marlene Haskins, PhD, Associate Professor of Social Work, Indiana University School of Social Work
Kris Prasadaram, PhD, Director of Social Determinants of Health, Community Care Consortium (CC)
Tanya Yeh, PhD, Professor of Psychiatry, Harvard University Department of Psychiatry
Andrew Price, PhD, UK, Senior Director, Clinical & Population Health, PCDC Primary Care Development Corporation

Addressing the unseen aspects of our nation's sleep-wake disorder, unseen impacts health disparities and sleep. This expert panelists from across the country for an essential conversation on how disparities related to key determinants including housing, income, employment, and race influence who sleep and health outcomes. Joining panel January 9 from 10:00 to 11:00am ET and immediately followed by an interactive 30-minute Q&A from 11:00am ET.

[WATCH RECORDING](#) [DOWNLOAD PRESENTATION](#)

Sleep: Behavioral Health Lens on Sleep: Assessment and Intervention

Thursday, February 4, 2020
10:00 to 11:00am, ET

Speakers:
Meredith Gombard, PhD, Assistant Professor & Clinical Psychologist, Department of Psychiatry and Behavioral Sciences, University of North Carolina School of Medicine
Liz Auerbach, Senior Director of Behavioral Health, Casey & Austin Legal

This session will address sleep with behavioral health treatment: assessing for sleep needs, behavioral interventions for sleep, interdisciplinary collaboration, and more.

[WATCH RECORDING](#) [DOWNLOAD PRESENTATION](#)

Sleep: One Good Night: Experiences of Patients and Families Across the Lifespan

Thursday, March 4, 2020
10:00 to 11:00am, ET

Patients and families sharing their unique sleep journey, this interactive session shines a light on the lived experience of sleep difficulty with us for this critical conversation in our Seeking for Sleep series as we learn from their how to improve our understanding of supporting comprehensive patient sleep needs.

[WATCH RECORDING](#) [DOWNLOAD PRESENTATION](#)



Physical Health and Primary Care Lens on Sleep: Assessment and Intervention

Thursday, April 9, 2020
10:00 to 11:00am, ET

An Integrative Approach to Addressing Diabetes Learning Series

With over 100 million Americans living with diabetes, more providers than ever before recognize chronic disease screening and management as a best practice of integrated primary and behavioral health care.



In this free virtual learning series by Primary Care Development Corporation (PCDC) and the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Center of Excellence for Integrated Health Solutions, national experts provide guidance through seven multifaceted sessions — each addressing a different aspect of team-based care to improve diabetes screening and management. Topics range from behavioral treatment to reimbursement to operational decision-making.

[SEEK OUT FOR TOOLS, RESOURCES, AND BEST PRACTICES](#)

Providers can round out their practice and earn a certificate in recognition of completion after completing this seven-part virtual learning series. Watch recordings and download the presentations below.

Behavioral Treatment: Impacting Diabetes Risk and Management in the Visit

February 24, 2020 at 1:00 PM – 2:00 PM EST

[WATCH RECORDING](#) [DOWNLOAD PRESENTATION](#)

Evidence-Based Prescribing Practices for Behavioral Health and Diabetes

March 23, 2020 at 1:00 PM – 2:00 PM EST

[WATCH RECORDING](#) [DOWNLOAD PRESENTATION](#)

Focusing on Nutrition in Integrated Care for Diabetes

April 20, 2020 at 1:00 PM – 2:00 PM EST

[WATCH RECORDING](#) [DOWNLOAD PRESENTATION](#)

Integrating Clinical Pharmacy with Diabetes Management

May 18, 2020 at 1:00 PM – 2:00 PM EST

[WATCH RECORDING](#) [DOWNLOAD PRESENTATION](#)

Expanding Quality Improvement: Data, Health Records, and Diabetes Reimbursement

June 15, 2020 at 1:00 PM – 2:00 PM EST

[WATCH RECORDING](#) [DOWNLOAD PRESENTATION](#)

Operational and Clinical Pathways: Improving Diabetes Screening, Monitoring, and Management

June 29, 2020 at 1:00 PM – 2:00 PM EST

[WATCH RECORDING](#) [DOWNLOAD PRESENTATION](#)

Persons with Lived Experience: Advice and Best Practices from Expert Peers

July 27, 2020 at 1:00 PM – 2:00 PM EST

[WATCH RECORDING](#) [DOWNLOAD PRESENTATION](#)

pcdc.org/sleep

pcdc.org/diabetes