Primary Care Behavioral Health: Program Overview and Best Practices

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CAPT Bhagwat received his Bachelor of Science degree in Psychology from McGill University in Montreal, Canada, his Masters and Doctoral degrees in Counseling Psychology from The Ohio State University in Columbus, OH, and completed his postdoctoral fellowship in Clinical Neuropsychology at the National Rehabilitation Hospital in Washington DC. He commissioned into the US Air Force in 2000 as a psychology intern and served at Andrews Air Force Base (AFB) and Wright-Patterson AFB before separating from the Air Force in 2007. He then began working with the Defense and Veterans Brain Injury Center at the original Walter Reed in Washington DC. Missing being in uniform, when the opportunity arose, he pursued commissioning as an officer in the United States Public Health Service (USPHS) and has served as a PHS officer since 2009.

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CDR Pulliam received her Bachelor of Science degree in Psychology from State University of New York at Geneso, and her Master's and Doctoral degrees in Clinical Psychology from Pacific University in Portland, OR. She commissioned into the US Air Force in 2007 as a psychology intern and served at Wright-Patterson AFB and Shaw AFB before completing an Interservice Transfer to the United States Public Health Service in 2011. She then served at Robins AFB as the Mental Health Element Chief until 2016.

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Dr. June Taheri is a board-certified Internal Medicine physician who has been a Primary Care Behavioral Health Program Manager with the Defense Health Agency (DHA) since 2021. She has been with DHA since 2019, initially as the Section Chief of Medical and Collaborative Care with the Psychological Health Center of Excellence.

Prior to joining DHA, Dr. Taheri was a primary care provider in clinics in Washington and in Virginia. Dr. Taheri received her medical degree in 2002 from Rush Medical College in Chicago, IL and completed her Internal Medicine residency in 2005 at the Medical College of Wisconsin in Milwaukee, WI.

Disclosures

- CAPT Bhagwat, CDR Pulliam, and Dr. Taheri have no relevant financial or non-financial relationships to disclose relating to the content of this activity
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Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Summarize the Primary Care Behavioral Health Program (PCBH) primary goals as it relates to patient care in the Primary Care setting.
2. Compare Behavioral Health Consultants (BHCs) and Behavioral Health Care Facilitators (BHCFs) models and roles that make up the PCBH Program.
3. Differentiate Specialty Behavioral Health (SBH) and PCBH in regard to scope of care.
4. Describe best practices regarding how to optimize the PCBH Program, including use of warm handoffs.

Key DHA Personnel

- DHA PCBH Program Director: CAPT Anne Dobmeyer
- DHA PCBH Program Managers
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- DHA Psychological Health Center of Excellence, PCBH Branch staff
- DHA PCBH Website: https://info.health.mil/hco/clinicsup/hsd/pcpcmh/bhi/Pages/Home.aspx

DoD and DHA Policy

- DoDI 6490.15 “Integration of Behavioral Health Personnel into Patient-Centered Medical Home (PCMH) Primary Care and Other Primary Care Service Settings” (Aug 8, 2013)
- DHA PI 6025.27 “Integration of Primary Care Behavioral Health (PCBH) Services into Patient-Centered Medical Home (PCMH) and Other Primary Care Service Settings within the Military Health System” (Oct 18, 2019)
- DHA PM 6025.01 “Primary Care Behavioral Health (PCBH) Standards” (Dec 20, 2019)

Why Integrate Behavioral Health into Primary Care?

- Problem and opportunity:
  - 67% of people with a behavioral health (BH) disorder do not get BH treatment
  - 80% with BH disorder will visit Primary Care (PC) at least once in a calendar year
- Primary care is the de facto mental health system in the U.S
  - 50% of all BH disorders are treated in PC
  - 48% of the appointments for all psychotropic agents are with non-psychiatric primary care provider
  - 30-50% of referrals from PC to outpatient BH do not make the first appointment
  - 50% of Primary Care Managers (PCMs) can only sometimes, rarely or never get high-quality behavioral health referrals for patients

(Kessler et al, 2005b)
(Narrow et al 1993)
(Pincuset et al, 1998)
(Fisher & Ransom, 1997)
(Hoge, Auchterlonie, & Milliken, 2006)
(Trude & Stoddard, 2003)

Principles of PCBH

- A team-based PC approach to managing behavioral health problems and biopsychosocially-influenced health conditions
- Aims to enhance the primary care team's ability to manage and treat such problems/conditions, with resulting improvements in PC services for the entire clinic population
- Integrates BHCs and BHCFs to extend and support the PCM and team

Benefits of Implementation at the Local Level

- More medically and psychologically healthy population
- Improved patient access to behavioral health services
- Real-time behavioral health consultation for PCMs
- Team-based approach to managing complex patients
- Greater availability for prevention/early intervention
- Additional in-clinic resource to help patients change health behaviors
- Increased access to care for medical home
- Less network leakage for behavioral health patients
- Better health outcomes

Primary Care Behavioral Health: Roles

PCBH Models of Care

- Blends two models of care
- **Primary Care Behavioral Health Model:** Psychologists, social workers, or licensed professional counselors (LPCs), serving as BHCs within the Primary Care Medical Home
- **Care Management Model:** Registered nurses serving as BHCFs, providing telephone follow-up with patients diagnosed with depression, anxiety, and/or posttraumatic stress disorder (PTSD) whose symptoms are not managed

How BHCs Practice

- Function as consultants, not co-located Specialty Behavioral Health (SBH)
- Accessible: same-day warm handoffs are preferred to link patients to BHC
- Provide focused assessment/intervention
  - Wide range of BH, medical conditions, and adverse health behaviors
  - 20 to 30-minute appointments; shorter episodes of care
  - Consultative feedback to PCM; shared treatment plan
- Work with patients until functioning and/or symptoms begin to improve
  - Once improving, sole oversight of care returns to PCM
  - No maximum limit on number of appointments per patient
  - Patients not improving are referred to a higher level of BH care

Example of Conditions BHC can treat

- Disease Prevention/Health Promotion:
  - Stress
  - Anger
  - Diet (weight loss, adherence)
  - Exercise
  - ETOH Misuse
  - Tobacco Use
- Psychological Health:
  - Anxiety/worry
  - Panic
  - Depression
  - Relationship problems
  - Bereavement
- Pain Management:
  - Chronic and Acute Pain
  - Headache
  - Fibromyalgia
- Other General Medical:
  - Insomnia/hypersomnia
  - Respiratory diseases
  - Diabetes
  - Hypertension
  - Cardiovascular disease
  - Gastrointestinal problems
  - Women's health issues
  - Chronic Illness
  - Sexual dysfunction
  - Medication Adherence

Example Sleep Referral

- The BHC can…
  - Assess and identify biopsychosocial factors affecting sleep
  - Provide Brief Behavioral Treatment for Insomnia, an evidence-based, five-appointment intervention including:
    - Education on factors affecting sleep problems
    - Monitoring of sleep patterns with a sleep log
    - Implementing stimulus control procedures (e.g., get out of bed if not asleep in 15 minutes)
    - Conducting a modified sleep restriction plan
  - Establish follow-up with the patient to re-evaluate and plan next steps

Care Management Model: How BHCFs Function

- Provides care management to adult patients with anxiety, depression, PTSD
- Has phone contact with patients at specified intervals to assess symptoms and monitor/address adherence to treatment plan
- Communicates with PCM and BHC to inform ongoing treatment plans
- Tracks patient care on a registry; follows patients until remission
- Provides staff for cases with the External Behavioral Health Consultant, a BH prescriber (in SBH) who provides installation support to PCMs

External Behavioral Health Consultants

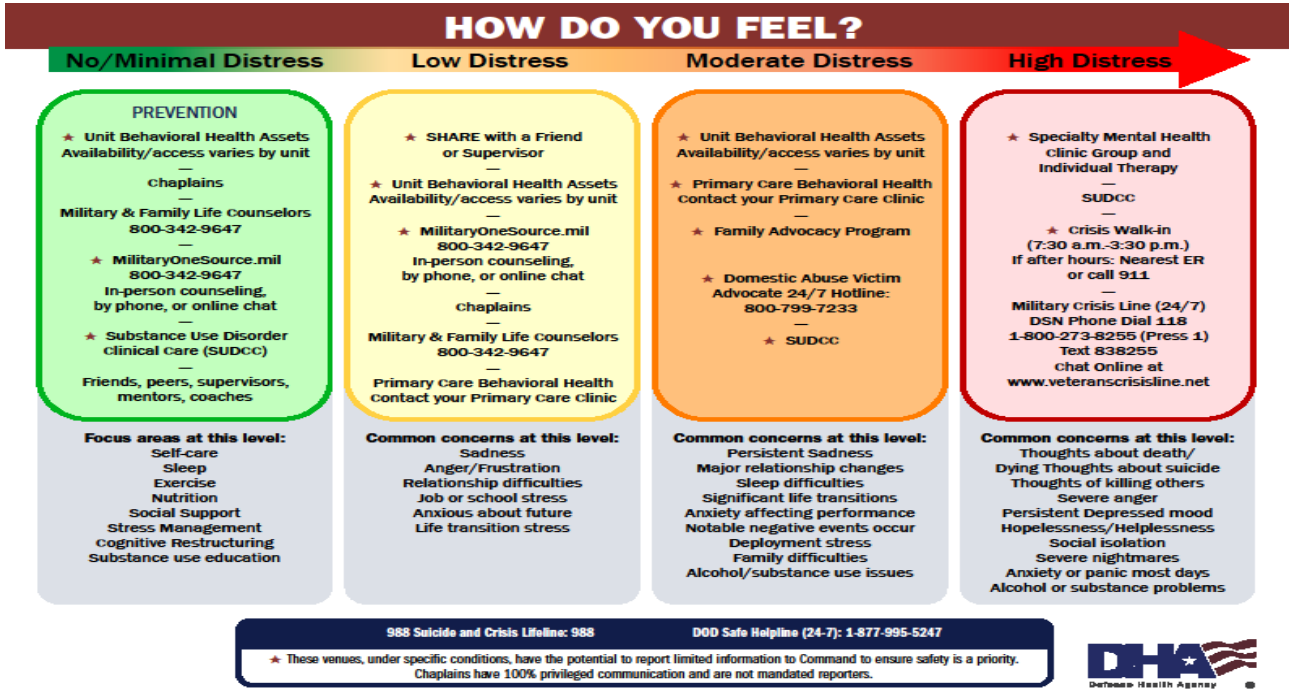
- Are designated behavioral health prescribers (usually psychiatrists, psychiatric nurse practitioners or, in some cases, prescribing psychologists) in SBH
- Provide installation-level support to PCMs on management of psychotropic medications

Best Practices

Specialty Behavioral Health & Targeted Care Initiative

- Targeted Care Initiative is being implemented across the Military Health System in SBH
- Traditional SBH Model
  - Treat nearly everyone in the SBH care setting no matter what
  - One-on-One, weekly 50-minute appointments
  - Limited coordination with other base counseling resources
- Targeted Care
  - Each person walking-in or calling BH is assessed quickly to determine their optimal available counseling resource
  - Members connected to all installation helping resources (e.g., PCBH, Military Family Life Consultant, Chaplain, OneSource, Embedded care, etc.)
  - Use of group therapy for most members seeking services
  - Reserves One-on-One care for those assessed as most in need

Specialty Behavioral Health & Targeted Care Initiative, continued



PCBH v. SBH Services

Dimension	BHC	Specialty Mental Health
1. Model of care	Population based, focused on improving care for enrolled population	Individual client based
2. Primary customer	PCM then patient	Client, then others
3. Primary goals	• Promote PCM efficacy • Treat only until improvement is visible	Resolve client's mental health issues
4. Service delivery	Integrated into primary care services	A specialized service usually outside of primary care
5. Who is "in charge" of patient care?	PCM	Therapist

(Reiter, Dobmeyer, & Hunter, 2018)

PCBH v. SBH Services, continued

Dimension	BHC	Specialty Mental Health
6. Primary modality	Consultation model	Specialty treatment model
7. Team Structure	Part of the patient centered medical home integrated team	Part of specialty mental health team
8. Access standard	• Determined by PCM preference • Goal is to maximize same day warm handoffs	Determined by client preference
9. Cost per episode	Potentially decreased	Highly variable, related to client condition

(Reiter, Dobmeyer, & Hunter, 2018)

What is a “Warm Handoff”?

- An interaction between the PCM (or other PCMH staff), patient, and BHC to effectively link patients to the BHC for a same-day visit. Warm handoffs are the expected and preferred method for PCMs to link patients to the BHC for any problem of any severity.

- A warm handoff includes the following key components:
  1) Communication between the PCM (or other PCMH staff) and BHC about the reason for referral, pertinent history, and PCM plan of care.
  2) Introduction of the patient to the BHC.*
  3) Arranging an appointment that occurs as close as possible to the warm handoff (i.e., same-day).

  * Ideal but not necessary component

What is a “Warm Handoff”?

- The goal of a warm handoff is always to follow it with a same-day appointment with the BHC. This encounter may be a standard or an abbreviated consultation based on the availability of the patient and/or BHC.
- If a same-day completed consultation is not feasible, the warm handoff may result in a “meet-and-greet” interaction in which the BHC and patient are introduced, but the patient is scheduled to return for their BHC appointment on a later day.

Warm handoff goal: Do today’s work today!

Example Warm Handoff PCM Language

I know we've been talking about you losing weight for awhile to help with your diabetes, but that it's been hard to do. I have a team member in the clinic who works with people to create doable plans to improve their health, including weight loss. I really think it would help for you to meet with him to work on making progress on your weight goals.

Would you have time to meet with him after this appointment? The meeting could be as short as 5 to 10 minutes, and not longer than a half hour.

- *If yes*: Great! I'll step out for a minute to help arrange the meeting.
- *If no*: You don't have time now? That's okay. Let's try to do a quick introduction and then set you up with an appointment before you leave today. Sound ok?

Benefits of Warm Handoffs

Benefits for the PCM:

- Frees PCM time for other tasks.
- Ensures patient sees BHC for at least one visit.
- Provides immediate assistance in addressing patient biopsychosocial needs.
- Assists in management of high risk or complex patients in real time.

Benefits for the BHC:

- Clear information from PCM helps shape focus of BHC visit.
- Reduces no show rates.
- Can help BHC meet clinical productivity goals.
- Promotes positive connection with patient.

Benefits of Warm Handoffs, continued

Benefits for the patient:

- Saves a patient a separate return visit.
- Problem is addressed the day it is identified.
- Capitalizes on the momentum from the patient's visit with their PCM.
- Patient receives team-based care (rather than care solely from PCM).

Additional benefits:

- Encourages patient to see that BHC services are a routine part of care.
- Promotes good communication among patient, PCM, and BHC.

Warm Handoffs to BHCFs

- Warm Handoffs to BHCFs are preferred so that the BHCF can introduce themselves to the patient, describe their role, and schedule their initial phone call with the patient
- If a warm handoff is not possible, the patient should be informed to expect a phone call in about a week from the BHCF who will check in with them on how things are going with the current treatment plan

Leader Feedback

- Patients gave positive feedback about being seen via a warm handoff.
- PCMs appreciated being able to do warm handoffs and didn't voice many challenges.
- PCMs felt reassured by reminders that interruptions are wanted.
- Some PCMs who weren't referring many patients started referring more frequently.

BHC and BHCF Optimization

- All members of PCMH are responsible for ensuring BHCs and BHCFs are utilized
- BHCs and BHCFs should regularly engage in activities to increase utilization, such as:
  - “Scrubbing” PCM appointment lists to identify potential referrals
  - Actively encouraging same-day warm handoffs
  - Participating in huddles/meetings; being visible when not with patients
- PCMH staff can increase BHC utilization by:
  - Including the BHC in the care of a wider range of patients
  - Linking patients with the BHC via warm handoffs whenever possible
  - Implementing clinical pathways that routinely incorporate the BHC (e.g., pain, sleep, etc.)
  - Limit referrals directly to SBH, instead refer to BHC first

Key Takeaways

- PCBH is a team-based PC approach to managing behavioral health problems and biopsychosocially-influenced health conditions
- BHC can see any patient that presents to PC as they can address a wide range of BH, medical conditions, and adverse health behaviors
- Same-day warm handoffs are the preferred way to link patients to BHCs and BHCFs
- All members of PCMH are responsible for ensuring BHCs and BHCFs are utilized

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