Treating Opioid Dependence as a Chronic Condition in Primary Care: Implications for the Training and Practice of Medical and Behavioral Health Providers

The increase in patients with opioid use disorders (OUD) presenting to primary care has broadened the role medical and behavioral health providers have in providing care for this population. We will highlight provider and practice-based challenges and successes of treating patients with OUD in primary care. This presentation will draw on existing evidence that supports the treatment of opioid dependence in primary care as a chronic condition as well as evidence supporting the use of buprenorphine maintenance. The facilitators will discuss implications for training, the role of integrated behavioral health, enhancing treatment through family and community supports, the importance of staff education, and an overview of our experiences providing treatment for patients with OUD in a rural primary care practice.

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

- Describe the role of primary care and collaborative care teams in responding to the opioid epidemic.
- Identify the challenges and successes of caring for patients with opioid use disorders in primary care from the perspective of a physician and a behavioral health provider, with an emphasis on skill development and interdisciplinary training.
- Describe a practice-specific model of buprenorphine and counseling services highlighting procedures such as the treatment contract, a tiering system, behavioral health integration, and the role of family support and staff education.

Daniel Mullin, PsyD, MPH, Director of the Center for Integrated Primary Care, University of Massachusetts Medical School, Department of Family Medicine and Community Health
Amber Hewitt, PsyD, Behavioral Health Fellow, University of Massachusetts Medical School, Department of Family Medicine and Community Health
Lauren Eidt-Pearson, MSW, LICSW, Behavioral Health Consultant, UMass Memorial Healthcare
Judy Hsu, DO, Assistant Professor, University of Massachusetts Medical School, Department of Family Medicine and Community Health
Session #A2
10/14/2016
Period A
10:30 AM to 11:30 AM
60 minutes

Track 1. Focus on a Patient and Family-Centered Approach to Care

The Wounded Healer: Sharing Illness Narratives to Improve Collaborative Care

When clinicians reflect on their own inevitable experiences as patients, myriad questions arise about the assets and liabilities of this dual role. Does drawing on personal experience generate valuable empathy for expedited rapport-building? Or does it put the clinician at risk of compromised objectivity in a fast-paced setting? These and other questions will be explored in the context of a highly engaging modified Pecha Kucha format, where presenters will reflect on their personal patient narratives and work in collaborative care in a visually driven, concise format. Current evidence in the area of dual roles in collaborative care will be presented to fuel informed discussion.

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

- Critically consider how personal experiences impact clinical work in collaborative care settings.
- Discuss assets and liabilities of incorporating personal patient experience into professional functioning.
- Describe why collaborative care may be the ideal setting within healthcare to shift the culture to one where clinicians’ experiences as patients are welcomed.

Samantha Pelican Monson, PsyD, Clinical Psychologist, Denver Health Medical Center
Macaran Baird, MD, MS, Professor and Head, Department of Family Medicine and Community Health, University of Minnesota
Barry J Jacobs, PsyD, Director of Behavioral Sciences, Crozer-Keystone Family Medicine Residency
Randall Reitz, PhD, LMFT, Director of Behavioral Sciences, St Mary's Family Medicine Residency
Jeffrey Ring, PhD, Principal, Health Management Associates
Session #A3
10/14/2016
Period A
10:30 AM to 11:30 AM
60 minutes

Track 4. Financial Sustainability and Cost Control

Proving Your Value: Optimizing the Business Case for Integrated Behavioral Health

Integrated healthcare and interprofessional programs are springing up at an exponential rate. In order to maximize program efficiencies and ensure success in this rapidly evolving healthcare environment, healthcare professionals and administrators must demonstrate competency in integrated program construction and implementation to include strategic planning for financial viability and sustainability. This presentation will review industry standard key concepts and strategies for building and optimizing integrated healthcare programs. Attendees will gain practical tools for optimizing their value, with a particular focus on calculating and demonstrating this.

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

- Identify process and outcome improvement metrics which promote sustainable models of integrated care delivery for families and patients.
- Describe and discuss data mining options for collecting metrics to demonstrate fidelity, quality improvement, and fiscal sustainability related to integrated care programs.
- Identify, evaluate and select tools for effective financial strategic planning and management in integrated care.

Kent A Corso, PsyD, BCBA-D, President, NCR Behavioral Health
Lesley Manson, PsyD, Clinical Assistant Professor and Assistant Chair of Integrated Initiatives, Arizona State University, Doctor of Behavioral Health Program
Managing Population Health Need with Integrated Primary Care - Tools and Tips for Successful Implementation

Nearly 10 years ago, the Veterans Health Administration mandated the integration of mental health into primary care in all of its facilities. In this session, VA some of the policy makers, clinicians, administrators, educators and implementation scientists who have moved this forward will present an overview of integrated care in VA and discuss the use of evidence based implementation facilitation to help clinics to meet this mandate and improve care to Veterans.

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

- Describe the applicability of the VA model of integrated care in other population based settings
- Identify barriers and facilitators to implementation of integrated care
- Assess the utility of an evidence based implementation facilitation model in various settings

Andrew S Pomerantz, MD, National Mental Health Director for Integrated Services, Veterans Health Administration
Jo Ann E Kirchner, MD, VA QUERY for Team Based Behavioral Health, Veterans Health Administration
Laura O Wray, PhD, Executive Director, VA Center for Integrated Healthcare, Veterans Health Administration
Katherine M Dollar, PhD, Associate Director, Education/Clinical Core, VA Center for Integrated Healthcare, Veterans Health Administration
Eva Woodward, PhD, Postdoctoral Fellow, South Central Mental Illness Research, Education and Clinical Center, Veterans Health Administration
Joseph R Grasso PhD Postdoctoral Fellow, VA Quality Scholars, Veterans Health Administration
Thrive Infants, Thriving Families: A Collaborative Model for High Risk Postpartum Individuals and Couples

Swedish Medical Center’s Lytle Center, serving high-risk postpartum mothers with social work, psychiatry and lactation services, joined forces with Seattle Pacific University’s Medical Family Therapy program to provide couples therapy to couples and parents struggling after the birth of an infant. Currently in its third year, this program improves patient care by providing couples therapy in a holistic, fully integrated family-focused treatment model. During this session we will review the qualifications for a referral into the program, the treatment protocol, and lessons learned. We will also discuss partnering opportunities that might exist in other communities of care.

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

- Illustrate a current working model of integrated care that treats the individual and family system in a way that is both unique and systemic.
- Describe a system that treats high-risk individuals who may otherwise not receive the necessary care for themselves and/or their families.
- Illustrate a model of collaboration that treats the individual and their families from a bio-psycho-social-spiritual perspective.
**Session #A6a**

10/14/2016  
Period A  
10:30 AM to 10:55 AM  
25 minutes  

*Track 5. Workforce Development and Inter-professional Education*

**Integrating Spirituality into Supervision of Clinicians in the Medical Setting**

Spirituality, beliefs, and values are increasingly being regarded as an essential element of holistic, patient-and-family-centered healthcare, yet these issues are often left out of the integrated care exam room. In this workshop, clinical supervisors of behavioral health interns will describe best practices used to increase the utilization of evidence-based spiritual assessments and interventions in their supervisees' clinical work with an emphasis on a model that includes supervisee self-reflection. They will also specifically address strategies for decreasing discomfort, anxiety, and indifference that supervisees often experience when bringing up conversations regarding beliefs and values that may differ from their own.

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

- Identify unique aspects of spirituality and meaning that are relevant to your particular medical setting.
- Learn ways to help engage and train supervisees in the importance and practical application of evidence-based spiritual assessments and interventions.
- Understand ways to overcome supervisees discomfort and challenges in providing spiritual-based clinical care.

Jackie Williams-Reade, PhD, LMFT, Associate Professor, Director of Medical Family Therapy, Loma Linda University  
Zephon Lister, PhD, LMFT, Director of Collaborative Care Program, Clinical Associate Professor, UCSD Family Medicine
Training Primary Care Residents In Integrated Settings-Tailoring Behavioral Health to a Variety of Medical Specialties and Residency Programs

Behavioral Health Integration (BHI) has transformed the continuity practices of many residents in Family Medicine, Internal Medicine and Pediatrics. Behavioral health professionals have the potential to significantly impact medical residents' knowledge and attitudes in behavioral health at a critical time during their training. This workshop will discuss findings from a multi-site, multi-specialty survey of residents practicing in clinics with BHI. We intend to highlight best practices and potential pitfalls for both behavioral health clinicians and attending physicians.

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

- Describe at least three best practices for how behavioral health clinicians can positively impact medical residents’ learning about behavioral health through co-management of patients.
- Identify common reasons why residents may feel less involved with their patient when behavioral health providers are involved and at least one strategy to mitigate this.
- List at least 3 ways in which family medicine training differs from internal medicine and pediatrics, and how principles from family medicine training can be adapted to different training models.

Patrick Hemming, MD MPH, Medical Instructor, Duke University Division of General Internal Medicine
Larry Greenblatt, MD, Associate Professor, Duke University Division of General Internal Medicine
Amber Hewitt, PsyD, Post-Doctoral Fellow, University of Massachusetts-Worchester, Department of Family Medicine and Community Health
Optimizing the Health of Individuals with Serious Mental Illness: The Behavioral Health Home Plus Model

Many people with Serious Mental Illness (SMI) receive most of their health care services in community mental health centers. Often these individuals may be unable or unwilling to receive care in a primary care clinic, and even when they do, the care may be sub-optimal especially with respect to preventive services. Furthermore, coordination between behavioral health and medical services may be poor. This presentation highlights the key elements of Behavioral Health Home Plus, a model developed by Community Care Behavioral Health, the largest not-for-profit behavioral health managed care organization in the country. Behavioral Health Home Plus is a comprehensive model aimed at enhancing the capacity of behavioral health providers to assist individuals with SMI in becoming better informed and more effective managers of their overall health, and in developing a population health focus for the individuals they serve. In addition to reviewing the key elements of the model, the presentation will provide implementation results from an evaluation of the model funded by the Patient Centered Outcomes Research Institute (PCORI) and will discuss the strategies used to spread model implementation.

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

- Articulate the need for and describe the key components of an effective behavioral health home model such as Behavioral Health Home Plus.
- List the steps used in wellness coaching to effect clinical and health outcomes.
- Identify the population management components to improving population health.

Suzanne Daub, LCSW, Senior Director of Integration Initiatives, Community Care Behavioral Health, University of Pittsburgh Medical Center
Jaspreet Brar, MD, Senior Fellow, Department of Psychiatry, Western Psychiatric Institute and Clinic, UPMC Pittsburgh
Reverse Integration: A Collaboration for Wellness

This presentation describes a model of primary and behavioral health care integration that serves individuals with serious and persistent mental illnesses and/or substance abuse disorders. NHS Delaware County, a community mental health center, and Sharon Hill Medical, a primary care practice, are collaborating to provide a Health Home at the site of the community mental health center. The on-site integrated care treatment team provides whole health services for a population of individuals who historically have been undertreated by physical health care and whose behavioral health and physical health care have been separate and uncoordinated.

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

- Identify action steps that facilitate coordination of care between behavioral health and primary care practices for individuals with serious and persistent mental illnesses and/or substance abuse disorders
- Identify chronic illness self-management strategies for this population.
- Identify evidence based practices that facilitate improved health and wellness for this population.
Let's Talk! Identifying Ways to Improve the Quality and Generalizability of Program Evaluation or Quality Improvement Data (Part 1)

It can be challenging to design program evaluation or quality improvement efforts that can provide generalizable knowledge to the integrated healthcare field. An overview of ways to improve these projects quality and generalizability will include examples of how changes to the designs and methods of actual projects could have strengthened results to inform the field. Presenters will then lead small groups to discuss their own current or upcoming program evaluation or quality improvement efforts.

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

- Describe how to determine the quality and rigor of a quality improvement/program evaluation project
- Identify general strategies for improving the quality and generalizability of quality improvement/program evaluation efforts
- Describe how you can improve the quality and/or generalizability of a project that you are planning or currently implementing

Jennifer S Funderburk, Clinical Research Psychologist, VA Center for Integrated Healthcare
Christina Studts, PhD, Assistant Professor, University of Kentucky College of Public Health
William Lusenhop, PhD, Assistant Professor, University of New Hampshire
Mary Peterson, PhD, Department Chairperson, George Fox University
Jennifer Wray, PhD, Postdoctoral Fellow, VA Center for Integrated Healthcare