Identifying and Addressing Complexity in Integrated Behavioral Health in Primary Care

Primary care is fraught with fragmentation and complexity. Providers and team members are faced with integrating and balancing multiple dynamics within systems of care, the patient's psychosocial context, along with core physical health and medical needs. Working with complexity to meet the needs of patients and stimulate team learning requires population-based and person-centered interventions. There is no rulebook or best practices for how to go beyond medical diagnoses and chronic disease management strategies to address issues embedded in a complex adaptive system. However, the need to develop systems of care that can attend to these complex aspects of healthcare is critical. In this session, the presenters will discuss a) approaches to systematically identify patient complexity and b) specific organizational strategies to provide direct complexity care.

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

- Identify factors that define patient complexity and how to combine them in a way that preemptively identifies complex patients.
- Discuss developmental learning experiences that build a culture of population-focused, team-based care
- Identify attitudes, cultural issues, and systems of care barriers that impede change.

Andrew S Valeras, DO, MPH, Faculty Physician, NH Dartmouth Family Medicine Residency
Mary Talen, PhD, Faculty, Northwestern Family Medicine Residency
Martin Aramburu, MD, Faculty, Northwestern Family Medicine Residency
Aimee Burke Valeras, PhD, LICSW, Faculty, NH Dartmouth Family Medicine Residency
Session #E2
10/15/2016
Period E
9:00 AM to 10:00 AM
60 minutes

Track 3. Population and Public Health

How Multi-Sector Collaboration Can Help You Prepare Your Integrated Care Site for Audits While Improving Patient Care and Building Efficiency Along the Way.

This presentation will describe why a multi-sector collaborative work-group was formed to proactively address potential barriers to the delivery of behavioral health services in integrated care settings. Behavioral health providers, billing for Medicaid services in an integrated setting, will eventually be audited. How will state auditing tools designed for traditional mental health providers be applied to integrated care settings? Members from an inter-agency work-group will discuss how working together can help to chart a course in uncharted territory. Perspectives shared will include those of existing integrated care clinical providers, behavioral health system administrators seeking to build new models, regional care management and consultation agencies, and managed care / compliance agencies. Audience questions, shared experiences, and general discussion will be encouraged.

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

- Describe a state Provider Monitoring Tool used in behavioral health audits.
- Identify key partners to include in audit preparation work groups.
- Identify ways to plan for behavioral health services when utilizing a medically oriented electronic health record.

Valerie Krall, MA, LPA, LPC, Behavioral Health Faculty / Provider MAHEC-Family Health Center and Residency Program
Darren Boice, LCSW, System Coordinator Behavioral Health Mission Health System
Eric Christian, MAEd, LPC, NCC, Manager of Behavioral Health Integration, Community Care of Western North Carolina Consultant, Center of Excellence for Integrated Care
Patty Wilson, PhD, LPC, CI, Sr Director, Contract Performance and Special Investigations Smoky Mountain MCO
Jim Hartye, MD, Behavioral Health Medical Director, Mission Health System
Session #E3
10/15/2016
Period E
9:00 AM to 10:00 AM
60 minutes

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

What Do Patients and the Community Want (or Not Want) from Fully Integrated Behavioral Health in Primary Care?

To effectively develop a patient-centered approach to integrated behavioral health in primary care, understanding what is important to patients is critical yet understudied. We will present results from a study involving 381 diverse participants that elicited community perceptions of two integrated care models (Primary Care Behavioral Health and Collaborative Care). Attendees will leave with an understanding of our results, the engagement framework that guided our research, and how similar participatory action methods might be applied in their own context. At the conclusion of this presentation, participants will be able to:

- Describe what is known about patient preferences for care through the Collaborative Care and PCBH models.
- Describe and apply a framework for patient and community engagement.
- Develop ideas for using participatory action methods for evaluating perceptions of integrated care models in their own clinical setting.

Nancy Pandhi, MD MPH PhD, Assistant Professor, Department of Family Medicine, University of Wisconsin Madison School of Medicine and Public Health
Elizabeth Zeidler Schreiter, PsyD, Chief Behavioral Health Officer, Access Community Health Center
Natalie Wietfeldt, BS, Research Specialist, Department of Family Medicine, University of Wisconsin Madison School of Medicine and Public Health
Neftali Serrano, PsyD, Associate Director, Center of Excellence for Integrated Care
Session #E4
10/15/2016
Period E
9:00 AM to 10:00 AM
60 minutes

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

Defining Family in Family Healthcare: Perspectives on the Controversy

The purpose of our presentation is to raise awareness about how provider conceptions/definitions of “family” impact health care, explore the definition of “family-centered” care and how it relates to patient-centered care, and compare how families are included in healthcare care across different providers/settings. Interactive self-reflection exercises will stimulate participants to consider how their values and personal definitions of “family” impact the care they provide patients. A multidisciplinary panel representing providers across different practice settings will discuss and demonstrate a variety of views of how to provide family care.

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

- Discuss how their values and personal definition of “family” impact how they provide family-centered care.
- Differentiate between patient-centered and family-centered care.
- Cite which aspects of family-centered care are best supported by the scientific literature.

Lisa Zak-Hunter, PhD, LMFT, Behavioral Science Coordinator, Via Christi Family Medicine Residency
Stephanie Trudeau, MS, LAMFT, PhD candidate, Department of Family Social Science (University of Minnesota) & North Memorial Family Medicine Residency
Kaitlin Leckie, PhD, LMFT, Director of Behavioral Health Education, Southern Colorado Family Medicine Residency
Randall Reitz PhD LMFT, Director of Behavioral Sciences, St Mary's Family Medicine Residency
Tai Mendenhall, PhD, LMFT, CFLE, Associate Professor, Department of Couple and Family Therapy, University of Minnesota
Alex Hubbell, MD, Resident, North Memorial Family Medicine Residency
Jeff Reiter, PhD, ABPP, Lead Psychologist, Primary/Ambulatory Care, Swedish Medical Group
**Innovations in Interprofessional Workplace Learning**

An interprofessional panel of primary care educators (internal medicine, nurse practitioner, pharmacy, and psychology) will present three workplace learning innovations that have successfully connected interprofessional trainees with opportunities to improve patient care in a Veterans Affairs Center of Excellence in Primary care Education. A brief overview of these learning innovations will be presented along with focused discussion on training objectives from each profession, barriers and facilitators, and evaluation status. Innovations presented are at various stages of development and provide the opportunity for attendees to witness the progressive process of innovation. This presentation will provide ample time for questions to allow attendees to learn about the process of implementing interprofessional workplace learning initiatives.

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

- Identify opportunities to use interprofessional workplace learning activities to meet the educational and patient care needs of training clinics.
- Describe shared educational goals across different healthcare professions.
- Acquire information on the process of implementation for three workplace learning programs.

**Using Psychosocial Screening and Family Voices to Enhance Integrated Pediatric Primary Care**

Integrated, team-based approaches to pediatric primary care (PPC) can reduce racial/ethnic and language disparities (Coker et al., 2010). Universal screening efforts may help to further ameliorate these disparities (Becker Herbst et al., 2015). We present an innovative psychosocial screening initiative within an integrated, community PPC clinic. Quantitative and qualitative data indicate that psychosocial screening is an acceptable, sustainable approach to enhancing integrated care and expanding a culture of health for diverse communities.

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

- Describe how psychosocial screening aids in the identification of social determinants of health.
- Identify strategies for implementing psychosocial screening tools.
- Discuss how psychosocial screening can enhance integrated care initiatives.
Session #E6b
10/15/2016
Period E
9:35 AM to 10:00 AM
25 minutes

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

Teens, Parents, and Providers: Exploring How Families and Providers Perceive Poorly Controlled Type 1 Diabetes in Adolescents

This session builds on the preliminary findings presented at the CFHA 2014 Conference in Austin and centers on a qualitative study of adolescents with poorly controlled type 1 diabetes, their families, and their healthcare providers. Cross-disciplinary experts in primary and diabetes care settings will review new and more in-depth findings resulting from more rigorous qualitative analyses. The presenters will discuss the primary barriers and issues related to effective diabetes management in these adolescents through triangulation of the perspectives of the patients, families, and providers.

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

- Identify the systemic relationships and dynamics related to poorly controlled type 1 diabetes in adolescents.
- Explain key barriers to diabetes management for adolescents with poorly controlled type 1 diabetes and their families from patient, family, and provider perspectives.
- Identify potential points of intervention in the patient/family/provider dynamics to improve diabetes management in this at-risk population.

Laura Lynch, PhD Collaborative Healthcare Clinical Practice Educator Drexel University Department of Couple and Family Therapy
Maureen Davey, PhD, LMFT Associate Professor Drexel University Department of Couple and Family Therapy
Brianna Bilkins, MFT Doctoral Student Drexel University Department of Couple and Family Therapy
Gloria Henriquez-Lopez, LCSW BD Diabetes Center Goryeb Children's Hospital
Harold Starkman, MD Director BD Diabetes Center Goryeb Children's Hospital
All Models are Wrong but Some are Useful: Key Principles for Making Integrated Care Successful Across Settings

Despite over two decades of research supporting the integration of behavioral health providers into primary care, translation of these findings into effective, sustainable programs continues to be difficult. Those seeking to implement such programs face an array of potential models that may often appear to be incompatible with each other. Despite the wide variety of approaches and models, there are core features, common to all, that can be used to guide development of integrated care programs. This session will review several models of integrated care in research and practice and present the core features common to all. The presenters will draw from their experiences in public and private sectors as well as fee for service versus capitated reimbursement methodologies and assist participants to identify resources to help them develop plans for how they might implement an effective program in their own setting.

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

- Describe several models of integration.
- Describe the key principles of integrated care.
- Identify existing tools to support development of integration in their own setting.

Neil Korsen, MD, Medical Director, Behavioral Health Integration Program, MaineHealth  
Andrew Pomerantz, MD, National Mental Health Director for Integrated Care, Veterans Health Administration
One Goal Many Pathways: Achieving Same Day Access in VA Integrated Care

Same day or advanced/open access to mental and behavioral health services is one of the key features of integrated care. Diverse program design solutions have been identified and implemented in clinic locations across the Veterans Health Administration (VHA). This presentation will describe six different models of program design for implementing same day access that have been adopted at various VHA primary care clinics. Participants will have the opportunity to describe the unique features of their own settings and gather feedback from presenters and other attendees.

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

- Describe the importance of same day or advanced/open access to mental and behavioral health services as part of integrated care.
- Identify six different models of program design for implementing same day access.
- Discuss key same day access implementation considerations, including barriers, facilitators and strategies for success.

Katherine M Dollar, PhD, Associate Director, Education/Clinical Core VA Center for Integrated Healthcare
Lisa K Kearney, PhD, ABPP, VA Senior Consultant, National Mental Health Technical Assistance
Laura O Wray, PhD, VHA/CM Executive Director VA Center for Integrated Healthcare
Andrew S Pomerantz, MD, VA National Mental Health Director for Integrated Services
Evaluating Integrated Behavioral Health: A Tale of 9 Cities

While national attention to border towns in South Texas often focus on immigration, the surrounding cities and counties also face severe challenges in health related metrics, especially in chronic disease and mental health. With the charge to improve physical and mental health, 9 organization across 12 counties are recipients of the Social Innovation Fund (SIF) through Methodist Healthcare Ministries (MHM). Through this partnership and other non-federal resources, the Social Innovations for a Health South Texas (Si: Texas) will focus on evaluating the portfolio of Integrated Behavioral Health solutions that can be scaled and replicated nationally. Each program aims to achieve integrated behavioral health in unique ways while also developing innovative solutions to adapt to regional needs. Evaluation will focus on effectiveness of each program’s IBH approach, correlation between changes in health outcomes and increasing level of integration in each IBH model, the combined impact of project’s interventions, and the collective impact that contributed to project’s successes. This presentation introduces the learner to 9 methods of rigorous evaluation strategies employed by each organizations. Additionally, the presentation will focus on the higher health risks in the Hispanic population of the South Texas area, impact of socio-economic factors and how native adaptations of IBH addresses these issues. We will also highlight the unique cultural aspects of the local culture and its fit with assumptions of the integrated behavioral health models.

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

- Describe at least (2) integrated behavioral health models that are being implemented with a majority Hispanic population.
- Identify at least (2) methods of evaluating integrated behavioral health models.
- Recognize at least (1) one innovative element in the IBH models delivered in this study.

Deepu George PhD, Behavioral Science Faculty,
Department of Family & Preventive Medicine, UT Rio Grande Valley School of Medicine
Matiana Gonzalez-Wright, PhD, Director of Quality Improvement, Graduate Medical Education, UT Rio Grande Valley School of Medicine
Erica Bonura, PhD, Clinical Psychologist, Nuestra Clinica Del Valle,
Stacy Ogbeide, PsyD, Behavioral Science Faculty, Department of Family & Community Medicine, UT Health Science Center at San Antonio
Curtis Galke, DO, Program Director of UT-RGV DHR Family Medicine Residency, Behavioral Science Faculty, Department of Family & Preventive Medicine, UT Rio Grande Valley School of Medicine
Melinda Melo, BA, Project Coordinator, Nuestra Clinica Del Valle