

CFHA 2017 Conference – To Integration & Beyond: Creating Solutions for a Connected, Sustainable Future

Last Updated October 13, 2017 – Subject to Change

Thursday, October 19, 2017 – Pre-Conference Sessions

PC1	Toolkit for PCBH in Pediatric Primary Care	<ul style="list-style-type: none">• Lesley Manson, Psy.D., Clinical Assistant Professor, Arizona State University, Phoenix, AZ• Tawnya Meadows, Ph.D., BCBA-D, Chief of Behavioral Health in Primary Care-Pediatrics, Geisinger Health System, Danville, PA• Jodi Polaha, Ph.D., Associate Professor, East Tennessee State University, Johnson City, TN• Sarah Trane, Ph.D., Pediatric Psychologist, Integrated Behavioral Health, Mayo Clinic Health System, La Crosse, WI• Matthew Tolliver, Ph.D., Postdoctoral Fellow and BHC, East Tennessee State University Pediatrics, Johnson City, TN• Allison Allmon Dixson, Ph.D., Pediatric Psychologist, Gundersen Health System• Julie M. Austen, Ph.D., Clinical Trainer and BHC, Moncure Community Health Center, Piedmont Health Services, Durham, NC• Hayley Quinn, Psy.D., Behavioral Health Specialist, Clinical Psychologist, Swedish Medical Group, Seattle, WA• Sonny Pickowitz, LCSW, Primary Care Behavioral Health Coordinator and BHC, OSF Healthcare, Peoria, IL
10/19/2017		
8:30 to 11:30 am		
3 hours		
Pre-Conference Session		
Highlight: Pediatrics	<p>There has been a consistent need to continue to establish mental health care in pediatric primary care, and considerable interest in gaining knowledge and skills to develop behavioral health in different settings. The physical and mental health needs of children and adolescents are distinctly different than that of adults and a preponderance of research supports the benefits of integrated pediatric care. The benefits of mental, physical, and psychosocial health related behavioral interventions for children, adolescents, and families are numerous.</p> <p>With a shortage of pediatric medical and behavioral health providers, we must focus on quality evidence-based and best practice standards of team based care. This session will provide participants with the knowledge, skills, and a physical toolkit to begin operating in pediatric integrated care settings. Further, participants will explore critical decision making on best practice innovations for pediatric integrated care and return on investment analysis for successful and effective implementation.</p> <p>With the growing interest and need in developing and maintaining successful mental health programs for pediatric primary care, we believe the audience will greatly benefit from this topic. We will continue to work closely with the conference committee to ensure that the material works well with the conference you envision and will keep you informed as we progress.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none">• Discuss a broad range of best practices in pediatric integrated care.• Build and utilize a toolkit of integrated pediatric care resources for immediate implementation in medical settings• Identify common care pathways, brief interventions, and screening measures/assessment strategies for the most common issues in pediatric integrated care.	

PC2

10/19/2017

12:30 to 3:30 pm

3 hours

Pre-Conference Session

Highlight:

Early Career Professionals

Your Dream Job: Achieving Organization and Resilience with our Professional Network

Early Career Professionals (ECPs) face barriers that may impact their ability to contribute to the field of integrated care. One common barrier reported by ECPs is modifying skills to improve organization and efficiency in the work environment. Challenges in efficiency may be related to difficulties in establishing work-life “balance,” discovering that one cannot say “yes” to everything, difficulty delegating, and competing short and long-term goals. As a result, this may affect their ability to design, conduct, and disseminate research/scholarship even when it is a priority to them or the organizations for which they work. Additionally, the long term effect can be burnout and work place dissatisfaction. This workshop will focus on addressing common challenges that ECPs face by discussing time management strategies, identifying networking opportunities, and effective teamwork skills to achieve professional efficiency. Facilitators will provide experiential opportunities to use tangible skills to overcome obstacles.

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

- Recognize signs and symptoms of burnout
- Identify individual challenges in the workplace and strategies to decrease burnout
- Implement strategies and skills to achieve professional efficiency

- Laura E. Sudano, PhD, Assistant Professor, Director of Behavioral Sciences, Wake Forest Baptist Medical Center, Winston-Salem, NC
- Lauren N. DeCaporale-Ryan, PhD, Assistant Professor, University of Rochester Medical Center, Rochester, NY
- Colleen T. Fogarty, MD, MSc, University of Rochester - Department of Family Medicine, Rochester, NY
- Jodi Polaha, PhD, Associate Professor, East Tennessee State University, Johnson City, TN
- Jennifer Funderburk, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Pittsford, NY
- Randall Reitz, PhD, Director of Behavioral Medicine, St Mary's Family Medicine Residency, Grand Junction, CO

PC3

10/19/2017

12:30 to 3:30 pm

3 hours

Pre-Conference Session

Mindfulness, Self-Compassion, and Personal Resiliency in Medicine

Abstract

Burnout is defined as emotional exhaustion, depersonalization (treating patients as objects), and low sense of accomplishment. Physician burnout has been linked to reduced entry into the primary care workforce, reduced productivity, poor quality of care, patient dissatisfaction, increased medical errors, and decreased ability to express empathy. Integrating behavioral health clinicians (BHCs) into primary care is known to increase physician satisfaction and decrease burnout. However, the literature is vacuous about the potential for and impact of BHC burnout in integrated care settings. BHCs see a high volume of patients, experience vicarious trauma, and are additionally sought out for support and consultation by medical providers, trainees, and staff. If the BHCs are taking care of everybody else ... who is taking care of them?

This experiential workshop will include brief didactic material to set the stage by defining burnout, its causes and consequences. The majority of the session will then be devoted to experiential exercises for maximizing wellness and resiliency for both medical and behavioral health clinicians. Ways to imbue these techniques and skills into training environments will also be discussed.

Summary

The landscape of burnout prevention for BHCs is nascent and lacking definitive solutions; however, this workshop will offer strategies drawing upon a growing body of evidence from the physician well-being literature and from diverse fields including neuroscience, compassion research, positive psychology, and mindfulness. The hope for this workshop is raise awareness and open the conversation about why and how clinicians working on the front lines of medicine need to pause and take a dose of their own medicine. With full recognition that enormous responsibility and need for change rests in the healthcare system as whole, this workshop will focus on individual strategies to promote resiliency regardless of setting and system inefficiencies. The workshop will begin with a review of the burnout literature: prevalence, causes, consequences, and strategies to address burnout (~45 minutes). Both individual and organizational strategies will be reviewed. Mindfulness as it relates to clinician well-being (Mindfulness Practice and Mindful Communication) will be defined and exercises to build the skills of 'attention' and 'noticing' with regard to one's internal landscape will be practiced (~60 minutes). The distinction between compassion and empathy will be discussed. The concept of self-compassion will be presented and formally practiced with several experiential exercises (~45 minutes). Strategies for finding and reclaiming the meaning in medicine will be introduced and practiced (~30 minutes). Resiliency will thus be framed as an outcome of self-care, self-compassion and mindfulness practice.

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

- Describe the contributors to and consequences of clinician burnout.
- Understand the concepts of mindfulness and self-compassion and how they relate to clinician well-being and burnout prevention.
- Participate in a variety of mindfulness and self-compassion exercises to enhance resiliency and reduce burnout.

- Christine Runyan, PhD, ABPP, Professor, Dept. of Family Medicine and Community Health, University of Massachusetts Medical School, Worcester, MA

Thursday, October 19, 2017 – Plenary Session

PS1	The Future of Integrated Care	<ul style="list-style-type: none">• Neftali Serrano, PsyD, Executive Director, Collaborative Family Healthcare Association, Chapel Hill, NC
10/19/2017	Want a sneak peak at the future of integrated care? Dr. Neftali Serrano, the new Executive Director of the Collaborative Family Healthcare Association, will provide a glimpse into the major upcoming features of integrated care and the ways in which the movement must organize itself to be adequately prepared. From wearables sending continuous data back to primary care homes, Behavioral Health Consultants stationed beyond primary care into specialty and emergency departments, proliferation of tele-consults, to more sophisticated population health technology tools, the future of integrated care has never been brighter. But we must be prepared!	
4:30 to 6:00 pm		
1.5 hours		
Plenary Session		
	At the conclusion of this presentation, participants will be able to:	
	<ul style="list-style-type: none">• To identify the major trends in health information technology and healthcare delivery that are likely to impact integrated care• To identify the workforce development challenges associated with preparing the workforce for emerging trends in integrated care• To contextualize current trends within the stream of the history of the integrated care movement and the recent history of developments in healthcare	

Friday, October 20, 2017 – Plenary Session

PS2	Health Reform After the ACA: What's Next for the CFHA's Four Ps (Practice, Programs, Policy, and Partnerships)?	<ul style="list-style-type: none">• Len Nichols, Director, Center for Health Policy Research and Ethics, Fairfax, VA
10/20/2017	This talk will describe the state of the ACA Repeal and Replace legislation in Congress as of October 19, 2017. Len Nichols will lay out implications for public and private coverage, as well as for the prospects for continued support of behavioral and primary care integration and more wholistic approaches to patient centered care in general, including increasing attention to social determinants of health. Coverage expansion or rollbacks are of first order importance, but the specifics of surviving or evolving Medicare and Medicaid reform initiatives will matter as well. So MACRA implementation decisions, ACA section 1332 waivers, and lessons learned from recent behavioral and acute integration stemming from some Medicaid expansions and CMMI State Innovation Model activities are also relevant.	
8:00 to 9:45 am		
1.75 hours		
Plenary Session		
	At the conclusion of this presentation, participants will be able to:	
	<ul style="list-style-type: none">• To clarify the policy and legislative landscape in Washington DC as of October 19, 2017;• To highlight major implications of that environment for patient centered integrated care;• To identify challenges and opportunities to enhance delivery of patient centered integrated care in the next 3-5 years.	

Friday, October 20, 2017 - Concurrent Education Sessions – Period A

<p>A1</p> <p>10/20/2017 10:30 to 11:30 am</p> <p>60 minutes</p> <p>Track 1: Practice</p> <p>Highlight: Primary Care Behavioral Health</p>	<p>CFHA Debate 4.0</p> <p>The CFHA Debate is back with 4 new competitors. Our debate will answer the question "Is the Primary Care Behavioral Health (PCBH) model evidence-based?" We will use a fast-paced rhetorical format to elucidate and analyze the PCBH research base. Come for deep analysis and erudite humor.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Critically evaluate the strength of evidence supporting the PCBH model. • Describe next steps in developing the research base for integrated care. • Assess whether health-care practices in their clinic are evidence-based. 	<ul style="list-style-type: none"> • Randall Reitz, PhD, Director of Behavioral Medicine, St. Mary's Family Medicine Residency, Grand Junction, CO • Lesley Manson, PsyD, Assistant Chair of Integrated Initiatives, Arizona State University - Behavioral Health Program, Phoenix, AZ • Eboni Winford, PhD, Behavioral Health Consultant, Cherokee Health Systems, Knoxville, TN • Alexandra Schmidt, PhD, LMFT, Integrated Behavioral Health Advisor, Rocky Mountain Health Plans, Grand Junction, CO • Larry Mauksch, MEd, Clinical Professor Emeritus, University of Washington - Department of Family Medicine, Seattle, WA
<p>A2</p> <p>10/20/2017 10:30 to 11:30 am</p> <p>60 minutes</p> <p>Track 2: Programs</p>	<p>Narrative Writing as Resilience Tool: Personal Reflection and Beyond</p> <p>Healthcare clinicians are grappling with rapid change in healthcare, and the risk for burnout is high among primary care physicians and trainees; others are also at risk. Personal reflection is one strategy to enhance resilience and may protect against burnout. Essays, Poetry, Fifty-five word stories and other forms are creative writing formats that are useful for stimulating reflection in trainees and practitioners. Writers and readers of creative writing by healthcare clinicians gain insight into key moments of the healing arts; Writing exercises may be used with trainees to stimulate personal reflection on key training experiences, be shared among colleague groups to reflect on collaborative experiences or deepen intra-team connection, or may be used by individual practitioners as a tool for personal reflection and professional growth. This workshop will introduce participants to free writing and discuss narrative essays, poetry, and 55-word stories as formats that be used for reflection and dissemination.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Learn techniques to use "free writing" as a stimulus for self-reflection in small groups. • Experience a group sharing of the written word to reflect and understand others' experiences in collaborative healthcare. • Discuss potential uses of personal writing in training, team building, collaboration, and self-reflection. 	<ul style="list-style-type: none"> • Colleen T. Fogarty, MD, MSc, University of Rochester - Department of Family Medicine, Rochester, NY

<p>A3</p> <p>10/20/2017 10:30 to 11:30 am</p> <p>60 minutes</p> <p>Track 3: Policy</p> <p>Highlight: Primary Care Behavioral Health</p>	<p>Laying the Quality Foundations for a Transition to a Value-Based Purchasing Environment in an Integrated Behavioral Health Plan Network</p> <p>Integrated health plans, managed care organizations (MCO), provider networks, and other healthcare organizations are finding themselves having to rapidly shift from a fee-for-service (FFS) environment focused on volume and encounter value to a value-based purchasing (VBP) environment focused on outcomes. One way to conceptualize VBP is as a mechanism that incentivizes quality improvement (QI), and so a healthcare organization's ability to conduct robust QI will be critical. Providers need to be able to develop the skills necessary to implement quality improvement interventions and leverage data for improvement in order to be successful in this new environment. Furthermore, tools, such as dashboards and supporting scorecards, can be used to proactively predict key performance measures and provide both data for improvement and data for accountability to stakeholders. Tools such as these assume the consumer of the data has the skills to appropriately interpret and understand it.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Evaluate a program designed to lay a quality improvement foundations for a transition to a Value-Based Purchasing (VBP) environment in an integrated behavioral health plan network • Identify effective training components validated by the literature • Discuss the need to prepare for a move to VBP, including the quality metric mechanisms that drive revenue, like that found in a shared savings pool. 	<ul style="list-style-type: none"> • Anthony Lee Martinez, MA, LAC, CPHQ, Manager of Provider Contract Performance, Cenpatico Integrated Care, Tempe, AZ
<p>A4</p> <p>10/20/2017 10:30 to 11:30am</p> <p>60 minutes</p> <p>Track 1: Practice</p> <p>Highlight: Primary Care Behavioral Health</p>	<p>California's Inland Empire's Behavioral Health Integration and Complex Care Initiative: Field Notes on Process and Outcomes</p> <p>This presentation will summarize the roadmap towards behavioral health integration for complex patients facing both health and psycho-social challenges. Sponsored by the Inland Empire Health plan for \$25,000,000 and running through July 2018, 33 sites across the Inland Empire receive dedicated staff triads and practice coaching and resources to guide practice transformation within and across a number of care delivery systems. Presenters will describe our model, approach and outcomes thus far.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Articulate the core components of a multi-county coordinated approach to behavioral health integration for complex patients. • Understand the successes and challenges in deploying a project of this scale. • Describe the initial outcomes regarding the impact of this project on the quadruple aim of improving the patient experience of care (including quality and satisfaction), improving the health of populations, and reducing the per capita cost of healthcare. 	<ul style="list-style-type: none"> • Jeffrey Ring, PhD, Principal, Health Management Associates, Glendale, CA

<p>A5</p> <p>10/20/2017 10:30 to 11:30 am</p> <p>60 minutes</p> <p>Track 1: Practice</p> <p>Highlights: Primary Care Behavioral Health Texas Showcase: Waco</p> 	<p>Sharing the Care: Maximizing Integrated Behavioral Health at an FQHC</p> <p>In this interactive workshop, participants will re-visit the six levels of integration according to the Center for Integrated Healthcare Solutions and peek at the world beyond that event horizon. This transdisciplinary presentation (offered by a family physician, clinical psychologist and social worker) will outline the characteristics of an augmented 6 model operating at a large FQHC. Significant attention will be given to how and why a shared-care model enhances quality and satisfaction within primary care. The team will identify funding and program implementation opportunities and barriers for the shared-care model. Additionally, the presentation will demonstrate how chronic disease care management can be extended through fully-integrated behavioral health professionals, with emphasis on the Medicare Chronic Care Management program.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Participants will be able to articulate the key components of an augmented level 6 integrated care model within a FQHC. • Participants will be able to identify the positive outcomes that a hybrid IBH/chronic care management shared care model can provide in a primary care setting. • Participants will be able to articulate main funding considerations for making a hybrid IBH/chronic care management shared care program as fiscally healthy as possible. 	<ul style="list-style-type: none"> • Lance P. Kelley, PhD, Director of Primary Care Behavioral Health, Waco Family Health Center, Waco, TX • Jackson Griggs, MD, Associate Program Director, Waco Family Medicine Residency Program, Waco TX • Becky Bell Scott, MSW, LCSW, Senior Lecturer, Baylor University - Diana R. Garland School of Social Work, Waco, TX
<p>A6</p> <p>10/20/2017 10:30 to 11:30 am</p> <p>60 minutes</p> <p>Track 2: Programs</p> <p>Highlight: Ethics</p>	<p>Addressing and Exploring Professional Stereotypes</p> <p>Team-based approaches to patient care provide opportunities for interprofessional collaboration; however, profession-centrism can lead to stereotypes that impact team function and overall patient care. Explicit discussion of profession centrism and stereotypes is challenging. This presentation and interactive workshop will highlight some of the strategies that we have used to support these challenging conversations.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Identify personal profession-specific stereotypes. • Identify common profession-specific stereotypes that are prevalent in interprofessional care teams. • Demonstrate strategies for increasing awareness of professional stereotypes. 	<ul style="list-style-type: none"> • India C. King, PsyD, Psychologist, CoEPCE, Boise VAMC, Boise, ID • Amber Fisher, PharmD, Pharmacy Program Director, Boise VA Medical Center, Boise, ID • Jennifer Wersland, PsyD, Psychologist, Boise VAMC, Boise, ID

<p>A7a</p> <p>10/20/2017</p> <p>10:30 to 10:55 am</p> <p>25 minutes</p> <p>Track 1: Practice</p> <p>Highlights:</p> <p>Primary Care Behavioral Health</p> <p>Texas Showcase: Houston</p> 	<p>The Reality: A Behavioral Health Provider's Experience with Integration</p> <p>The Council on Recovery has over 10 years of experience in integration of behavioral health services across multiple systems, including healthcare, criminal justice, education, social service, sober living facilities, residential care, homeless outreach and mental health. The presenters will share their experience through pilot data, qualitative responses from community partners, anecdotal evidence, real-life stories from select initiatives along with key elements and pitfalls of implementation - you will hear the good, the bad and the ugly!</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Discuss the value of integration of behavioral healthcare services in specialty settings. • Identify and discuss key elements of success and challenges to implementation of integrated services. • Identify strategies to create systems of change through real-life examples. 	<ul style="list-style-type: none"> • Mary H. Beck, LMSW, CAI, Chief Strategy Officer, The Council on Recovery, Houston, TX • Jessica Davison, MA, Manager of Evaluation and Program Development, The Council on Recovery, Houston, TX • TBD - physician or nurse • TBD - recovery coach • TBD - clinician/case manager
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<p>A7b</p> <p>10/20/2017</p> <p>11:05 to 11:30 am</p> <p>25 minutes</p> <p>Track 1: Practice</p> <p>Highlights:</p> <p>Primary Care Behavioral Health</p> <p>Texas Showcase: Houston/Baytown</p> 	<p>Building from the Ground Up: Merging Integrated Care with a Community Based Family Residency Clinic</p> <p>The purpose of this presentation is to share the lessons learned from the implementation and expansion of an integrated behavioral health program within a Family Medicine Residency continuity clinic based in a Texas-based FQHC. The initial goals of the program were to increase and sustain measurable outcomes through depression, anxiety, and post-partum depression screening as well as maximize billing and reimbursements to make the program sustainable. Legacy Community Health's IBH program at the San Jacinto campus in Baytown has proven itself to be successful and sustainable and has since entered expansion into other clinic campus locations within the Legacy system. The integration into the Family Medicine clinic has provided exposure and training in IBH to the residents, their faculty and preceptors.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Identity barriers and strategies when integrating IBH within a Family medicine residency. • Understand the value and benefit of immersing and training Family Medicine residents in IBH. • Identify and provide integrated treatment for patients with complex medical and behavioral co-morbidities (super utilizers). 	<ul style="list-style-type: none"> • Diane Dougherty, PhD, Psychologist, Clinical Lead - Integrated Behavioral Health, Legacy Community Health, Houston, TX • Kimberly Valdez, LCSW, Behavioral Health Consultant, Legacy Community Health, Baytown, TX • Ryan Johnson, LCSW-s, LCDC, Behavioral Health Consultant, Legacy Community Health, Houston, TX
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<p>A8</p> <p>10/20/2017</p> <p>10:30 to 11:30 am</p> <p>60 minutes</p> <p>Track 5: Special Sessions for Training in Research and Evaluation</p> <p>Highlight: Primary Care Behavioral Health</p>	<p>Listening to and Collaborating with Patients: A Pragmatic Approach to Determining Patient Needs and Interests</p> <p>While patient-centered care is receiving increased attention, patients are often absent from the efforts to develop patient-centered care practices. This presentation is intended to equip participants with specific strategies and steps for involving patients in the QI processes designed to review and refine clinical programs and services.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Identify a clinic process that needs review. • Identify the steps for recruiting and involving patient partners in a QI process designed to address the identified clinic need. • Develop a sustained plan for eliciting patient partners' feedback and reviews of clinic programs and services. <p><i>Note: If you attend 2 or more sessions in Track 5 you are eligible to receive a certificate to document the research training.</i></p>	<ul style="list-style-type: none"> • CR Macchi, PhD, LMFT, Clinical Associate Professor, Arizona State University, Phoenix, AZ • Jen Lavoie, BA, Patient Partner Co-Investigator PCORI IBHPC, University of Vermont, Burlington, VT • Richard Pickney, MD, MPH, Associate Professor of Medicine, University of Vermont - College of Medicine, Burlington, VT • Gail Rose, PhD, Assistant Professor of Psychiatry, University of Vermont College of Medicine, Burlington, VT
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Friday, October 20, 2017 - Concurrent Education Sessions – Period B

<p>B1</p> <p>10/20/2017</p> <p>1:00 to 2:00 pm</p> <p>60 minutes</p> <p>Track 1: Practice</p> <p>Highlights: Medically Unexplained Symptoms (MUS) Primary Care Behavioral Health</p>	<p>Identifying and Treating Adults who were Traumatized as Children: A New Path in Primary Care</p> <p>Adverse childhood experiences (ACEs) have been found to be among the most potent predictors of chronic diseases, addictions, and mental health problems in adults. Many adults with multiple ACEs are frequent consumers of primary care services, leading to the conclusion that effective screening and treatment of ACEs in primary care could lead to significant improvements in the health outcomes of these individuals. In this presentation, members of the EMBRACE research group share the results of two studies. In the first, we present results of a large scale study (n = 4,004 primary care patients) showing the relationships between ACEs and healthcare utilization, health risk behaviors, chronic diseases and mental health problems, highlighting the moderating influence of resilience, emotional dysregulation and interpersonal problems on these relationships. In the second, we present a novel treatment that has been developed for adults with traumatic childhoods, focusing on results achieved in 12 primary care clinics in Calgary, Canada. Unique perspectives about the promise of addressing ACEs in primary care settings are shared by a family physician and a healthcare consumer with a history of childhood trauma.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • identify the impact of early childhood trauma on adult physical and mental health outcomes • describe specific factors that moderate/mediate the relationship between early life trauma and adult health outcomes • articulate a treatment approach for adults with childhood trauma that follows population-based care and stepped care principles in primary care settings 	<ul style="list-style-type: none"> • Dennis Pusch, PhD, Psychologist, Private Practice, Calgary, AB, Canada • Chantelle Klassen, MA, Psychologist, Alberta Health Services, Calgary, AB, Canada • Cynthia Clark, Advisory Group Chair, embrACE Advisory Group, Calgary, AB, Canada • Zane C. Webber, MSc, RPsych, Behavioral Health Consultant, Alberta Health Services, Calgary, AB, Canada • Penny Borghesan, MD, Mental Health Physician Lead, South Calgary PCN
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<p>B2</p> <p>10/20/2017</p> <p>1:00 to 2:00 pm</p> <p>60 minutes</p> <p>Track 2: Programs</p> <p>Highlight:</p> <p>Primary Care Behavioral Health</p>	<p>Building the PCBH Workforce by Developing Non-Clinician Team Members</p> <p>Non-clinician team members, e.g., MAs, Care Managers, Navigators, Health Coaches, Community Health Workers and Medical Interpreters, are have been part of delivering evidence based behavioral health interventions in many settings. This session will describe the current evidence base for their participation, the a set of training approaches that can prepare these new BH team members, and a current statewide approach to develop these "care enhancers" into a substantial new stream of diverse, primary care savvy, licensed clinicians by setting up a training ladder structure between academic programs and health service settings that allows care enhancers to achieve clinical credentials while maintaining an income.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Be able to describe the growing roles of non-clinician "care enhancers" (such as medical assistants, health coaches, care coordinators, and community health workers) in the successful delivery of behavioral health in primary care. • Identify practice based training interventions to develop the competencies of "care enhancers" to provide behaviorally enhanced routine care and evidence-based behavioral health interventions. • Describe the state-wide steps that can be done to develop a substantial new stream of diverse, primary care savvy, licensed clinicians by setting up a training ladder structure that allows care enhancers to achieve clinical credentials while maintaining an income. 	<ul style="list-style-type: none"> • Alexander Blount, EdD, Professor of Clinical Psychology, Director of the Major Area of Study in Behavioral Health Integration and Population Health, Antioch University New England • Daniel Mullin, PsyD, MPH, Associate Professor, University of Massachusetts Medical School, Worcester, MA
<p>B3a</p> <p>10/20/2017</p> <p>1:00 to 1:25 pm</p> <p>25 minutes</p> <p>Track 1: Practice</p> <p>Highlight:</p> <p>Primary Care Behavioral Health</p>	<p>Utilizing Effective Pain Strategies in a Primary Care Environment</p> <p>Chronic pain is a challenging problem for primary care providers, notably due to barriers to patient improvement, the large psychosocial component of treatment, and the ongoing opioid epidemic. The focus of this presentation will be to share safety-oriented approaches for prescribing and evidence-based techniques for addressing chronic pain in an integrated primary care setting. In addition, clinical outcome data will be shared via a two-tier group intervention, demonstrating the effectiveness of the treatment approach. Finally, advice on how to apply these techniques simply in clinical settings will be shared.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Identify the challenges of pain management, including medication risks and medical provider stressors • State two key interventions for addressing persistent pain, including evidence-based techniques. • Understand how different group interventions can aide pain management 	<ul style="list-style-type: none"> • Travis A. Cos, PhD, Supervising Behavioral Health Consultant, Public Health Management Corporation, Philadelphia, PA • Rachel Fox, PA-C, Physician Assistant, Public Health Management Corpotation - Care Clininc, Philadelphia, PA • Jason Goslin, PA-C, Clinical Director, Public Health Management Corporation

<p>B3b</p> <p>10/20/2017 1:35 to 2:00 pm</p> <p>25 minutes</p> <p>Track 1: Practice</p>	<p>A Relationship-Based Solution for Chronic Pain: Southcentral Foundation's Success Story</p> <p>Overdoses from prescription pain medications have become a serious public health problem all over the United States. As a result, healthcare providers are looking for more effective ways to help patients suffering from chronic pain. Southcentral Foundation in Alaska has implemented a comprehensive multidisciplinary approach to help patients with chronic pain that has resulted in improved outcomes for patients. This presentation will provide a detailed look at the ways in which SCF helps patients with chronic pain, and the system that makes this approach possible. Thanks to this approach, SCF has managed to reduce the amount of opioids dispensed to patients by approximately 34 percent over the last two years, and patients on Wellness Care Plans (which includes all patients on controlled medications) saw reduced negative healthcare visits (e.g., ER, urgent care, etc.).</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe the key elements of SCF's approach to helping patients with chronic pain • Identify the skills necessary for providers to employ SCF's approach to helping people with chronic pain, and describe the ways SCF helps build those skills in providers • Analyze their own organization's approach to chronic pain and identify opportunities for improvement 	<ul style="list-style-type: none"> • Melissa Merrick, LCSW, MSW, CDC I, Clinical Director of Brief Intervention Services, Southcentral Foundation, Anchorage, AK • Daniel Hartman, MD, Medical Director, Southcentral Foundation, Anchorage, AK
<p>B4</p> <p>10/20/2017 1:00 to 2:00 pm</p> <p>60 minutes</p> <p>Track 5: Special Sessions for Training in Research and Evaluation</p> <p>Highlight: Texas Showcase: McAllen</p> 	<p>Beyond the Veil of Numbers: Introducing Ethnographic Tools in PCBH Impact Evaluation</p> <p>The norm of studying and evaluating the impact of IBH initiatives often involve quantitative and at times mixed method approaches. Even when mixed methods are used, researchers use direct interviews which are later coded for specific meaning and extraction. Beyond these traditional "ways of knowing", evaluation designs rarely capture the culture that is developing within clinical settings around integrated behavioral health. Our study focuses on using rigorous ethnographic methods through trained participant observers in a clinical setting and incorporates views of providers, allied health professionals, front desk, and most importantly the patients. Moving beyond just interviews, we introduce depth to the evaluation by rigorous observational and multi-media data to document the developing culture around integration in a family medicine residency clinic.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Identify at least (2) benefits of using anthropological or ethnographic methods to evaluate PCBH implementation • Summarize at least (2) process related observations about PCBH implementation based on ethnographic accounts • Recognize at least (1) innovative component of this research method to be applied in your home organization <p><i>Note: If you attend 2 or more sessions in Track 5 you are eligible to receive a certificate to document the research training.</i></p>	<ul style="list-style-type: none"> • Rosalynn Vega, PhD, Assistant Professor of Anthropology, University of Texas Rio Grande Valley, Edinburg, TX • Deepu Varughese George, PhD, Assistant Professor, University of Texas Rio Grande Valley School of Medicine, McAllen, TX • Evan Garcia, MS, Research Associate I, The University of Texas Rio Grande Valley School of Medicine, Department of Family and Community Medicine, Edinburg, TX

<p>B5</p> <p>10/20/2017</p> <p>1:00 to 2:00 pm</p> <p>60 minutes</p> <p>Track 1: Practice</p>	<p>Can't We All Just Get Along? Once Competing Approaches Come Together to Address the Diverse Population Needs in an FQHC setting</p> <p>Primary Care Behavioral Health (PCBH) and Collaborative Care (CoCM) models have often been viewed as competing approaches to primary care integration. This session is aimed at demonstrating how these horizontal and vertical integration strategies can function in a synergistic, complimentary manner. We will share our stepped-care framework and relevant pilot data to illustrate how these models together can lead to better outcomes, improved engagement, and more appropriate utilization of health resources. The session will also discuss how organized stratification processes and careful adaption of PCBH and CoCM workflows can streamline stepped-care efforts. We will also share systemic, technological, and practice-level challenges faced during our iterative process in an effort to encourage future innovation in this area.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe strengths and limitations of the PCBH and CoCM models and how their clinical aims foster a stepped-care approach • Create logical algorithms to stratify patients across horizontal and vertical integration practices • Understand the practical barriers that arise when combining traditionally disparate integration strategies 	<ul style="list-style-type: none"> • Brian E. Sandoval, PsyD, Primary Care Behavioral Health Manager, Yakima Valley Farm Workers Clinic, Toppenish, WA • Vanessa Mousavizadeh, MA, Continuous Improvement Lean Consultant, Seattle Children's Hospital, Seattle, WA • Marc Avery, MD, Clinical Professor, University of Washington, Medicine, Seattle, WA
<p>B6</p> <p>10/20/2017</p> <p>1:00 to 2:00 pm</p> <p>60 minutes</p> <p>Track 2: Programs</p> <p>Highlight: Primary Care Behavioral Health</p>	<p>Helping Those Who Help Others: Building a Medical Resident Wellness Program</p> <p>Medical residency can be trying for providers due to difficulties such as long and stressful work hours, having little control over daily events, sleep deficiency, treating complex patients, loneliness and managing high levels of responsibility. Implementing a wellness program during residency can help mitigate these problems, which have been shown to greatly increase the likelihood of experiencing toxic stress and burnout. There are two purposes of this presentation. The first purpose is to provide an overview of the resident burnout experience, using photographs taken by residents, which illustrate their experiences of burnout, as a guide. The second is to utilize the evidence-based components of our biopsychosocial resident wellness program as a model for session participants to consider strategies for beginning resident wellness programs or modifying existing programs at their home institutions.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe the resident perspective of burnout and factors that increase the chances of developing burnout. • List and describe evidence-based components of a resident wellness program. • Discuss strategies for beginning or enhancing resident wellness programs. 	<ul style="list-style-type: none"> • Tyler Lawrence, MA, Doctoral Intern, University of Nebraska Medical Center, Omaha, NE • Jennifer S. Harsh, PhD, Assistant Professor, University of Nebraska Medical Center - Department of Internal Medicine, Omaha, NE • Jill Wagoner, MD, Resident Physician, University of Nebraska Medical Center, Omaha, NE

B7

10/20/2017

1:00 to 2:00 pm

60 minutes

Track 1: Practice

Highlight:

Texas Showcase: Houston



Integrating Care for a Homeless Population: Moving Toward Team-Based Care and Risk Management within PCBH Integration

Caring for individuals experiencing homelessness can be challenging, and if individual members of the care team operate in silos, clinicians are limited to individual skill sets. This leaves gaps in care and lost opportunities to connect services to clients. This presentation will explore our experiences as a Healthcare for the Homeless clinic that has successfully implemented a Level 6 PCBH model and is currently developing a team-based care model incorporating the patient, physician, medical assistants, in-clinic nurse, social work/case managers, community health workers, and behavioral health consultants. To illustrate team-based care in action, this presentation will discuss our clinic's efforts to implement an evidence-based approach for risk management, specifically patient expression of suicidal thoughts and behaviors.

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

- List the unique challenges associated with providing PCBH and team-based care to a highly vulnerable population (i.e., those experiencing homelessness).
- Describe the role of team-based care in meeting the Quadruple Aim of healthcare in Healthcare for the Homeless populations.
- Conceptualize a process for establishing teams and systematic workflows within a high functioning primary care team.

- Elaine Hess, PhD, Lead Behavioral Health Consultant, Healthcare for the Homeless-Houston, Houston, TX
- Mark Sperber, MA, LPC-S, LMFT, Behavioral Health Consultant, Baylor College of Medicine, Sperber Counseling, Houston, TX
- Naomi McCants, MD, MPH, Physician, Medical Director, Assistant Professor, Healthcare for the Homeless, Baylor College of Medicine - Family and Community Medicine, Houston, TX

B8

10/20/2017

1:00 to 2:00 pm

60 minutes

Track 5: Special Sessions for Training in Research and Evaluation

Highlight:

Primary Care Behavioral Health

The Primary Care Behavioral Health (PCBH) Model: Engaging in Practice-Based Research to Assess the Impact of Your Clinic Work and Move the Scientific Research Base Forward

A recent literature review highlights several notable gaps in the PCBH scientific research base surrounding its impact on patient and implementation outcomes and identified practices/clinicians as the individuals who can help fill those gaps. However, it can be challenging to design program evaluation or quality improvement efforts that provide actionable data locally to a clinic while also contributing to the scientific research base that informs the work of others. This workshop will review the gaps in the PCBH model literature based on the recent literature review and identify ways practices/clinicians can help fill those gaps. Our workshop activities will help practices/clinicians develop strategies to improve the rigor of their local research/program evaluation efforts while simultaneously contributing to the PCBH model science base.

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

- Discuss the current gaps in PCBH model literature that can be addressed by practice-based research
- Identify scientifically robust practice-based research methods that can be used in their clinic
- Develop an initial plan to improve current program assessment or initiate program assessment

Note: If you attend 2 or more sessions in Track 5 you are eligible to receive a certificate to document the research training.

- Jennifer Funderburk, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse, NY
- David Bauman, PsyD, Behavioral Health Education Director, Central Washington Family Medicine Residency Program, Selah, WA
- Jodi Polaha, PhD, Associate Professor, East Tennessee State University - Department of Family Medicine, Johnson City, TN

Friday, October 20, 2017 - Concurrent Education Sessions – Period C

<p>C1</p> <p>10/20/2017 2:15 to 3:00 pm</p> <p>45 minutes</p> <p>Track 2: Programs</p> <p>Highlight: Primary Care Behavioral Health</p>	<p>"You are NOT fired!" Using the PCBH Model to Fortify Efforts to Care for Vulnerable Patients in Primary Care</p> <p>Where do those patients who get "fired" from specialty services end up? Primary care clinics act as safety nets which strive to take all comers. The Primary Care Behavioral Health (PCBH) Model provides an important platform to catch those who are about to fall through the cracks. Behavioral health consultants (BHCs) help provide care for the vulnerable patients who need it the most while simultaneously providing support to the medical providers who care for this complex population. The presenters aim to discuss how to use the PCBH Model to fortify the last line of defense in healthcare: primary care.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • State the attendance patterns of patients with mental and physical health co-morbidities at specialty and primary care settings. • Identify the systemic benefits of using Behavioral Health Consultants for same-day, on demand services • Identify strategies Behavioral Health Consultants utilize to provide support to PCPs in the management of patients with co-morbid mental and physical health conditions. 	<ul style="list-style-type: none"> • Bridget Beachy, PsyD, Director of Behavioral Health, Psychologist, Community Health of Central Washington, Yakima, WA • Stacy Ogbeide, PsyD, MS, Assistant Professor/Clinical, University of Texas Health Science Center - Departments of Family & Community Medicine and Psychiatry, San Antonio, TX • David Bauman, PsyD, Behavioral Health Education Director, Central Washington Family Medicine Residency Program, Selah, WA • Jacob Christensen, DO, Resident Physician, Central Washington Family Medicine, Yakima, WA
<p>C2</p> <p>10/20/2017 2:15 to 3:00 pm</p> <p>45 minutes</p> <p>Track 2: Programs</p>	<p>Creating Psychiatry and Primary Care Partnerships at Every Level</p> <p>As Behavioral Health Integration expands across primary care, the traditional specialty practice based role of psychiatry needs to align with integrated practice. This presentation will use the Levels of Integration to delineate a menu of roles and functions for psychiatry at every level and offer actual examples of changes made across a large healthcare system. Change processes will be discussed focusing on the facilitating and connecting role of the behavioral health integration program. Tools used to create partnerships will be offered as well as explanations from both psychiatry and primary care providers around what they learned and what they recommend to others doing this work.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Identify roles and functions for psychiatry at all levels of integrated practice. • Describe tools used to create primary care and psychiatry partnerships. • Plan a strategy for creating change in their own organization. 	<ul style="list-style-type: none"> • Mary Jean Mork, LCSW, Vice President for Integrated Programming, Maine Behavioral Healthcare, Portland, ME • Stacey Ouellette, LCSW, Director of Behavioral Health, Maine Behavioral Healthcare, Portland, ME • Cindy Boyack, MD, Psychiatrist, Maine Medical Center, Portland, ME

<p>C3</p> <p>10/20/2017</p> <p>2:15 to 3:00 pm</p> <p>45 minutes</p> <p>Track 1: Practice</p>	<p>Increasing Access to Primary Care: A Patient Engagement Clinic Pilot Project</p> <p>In 2015, 21.5% of adults surveyed in the U.S. did not have a healthcare provider; 13.3% of respondents could not afford to see a doctor during this same survey period (Kaiser Family Foundation, 2015). Community health centers, FQHCs included, are charged with providing services to these individuals who do not receive routine healthcare services; however, in doing so, they encounter the "bottleneck" problem when it comes to ensuring timely access to primary care - the number of patients requesting appointments quickly outweighs the number of appointments and providers available to accommodate them. To alleviate this concern locally where 22.4% of individuals surveyed in Tennessee did not have a healthcare provider and 15.5% could not afford to see a doctor in 2015 (Kaiser Family Foundation, 2015), in August 2016, Cherokee Health Systems undertook a pilot project entitled the "Patient Engagement Clinic." New patients are scheduled for an initial visit where they receive services from several team members including a patient service representative, a nurse, a behavioral health consultant, and a community health coordinator who each play a role in triaging and assessing patient's priority need for scheduling with the primary care provider. This presentation will present preliminary findings on the effectiveness of this model including but not limited to data on provider satisfaction, rate of kept vs. no-showed appointments for patients whose entry point into our healthcare system is via the patient engagement clinic, and length of time between requesting a new patient appointment and being seen by a primary care provider.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe two (2) implications of the nationwide healthcare shortage • Identify the responsibilities of team members involved in the operations of a patient engagement clinic. • Discuss two (2) benefits of implementing a patient engagement clinic to improve access to and effectiveness of primary care visits. 	<ul style="list-style-type: none"> • Eboni Winford, PhD, Behavioral Health Consultant, Cherokee Health Systems, Knoxville, TN • Jean Cobb, PhD, Behavioral Health Consultant, Cherokee Health Systems • Mark McGrail, MD, Director of Addiction Medicine, Cherokee Health Services, Knoxville, TN • Michael Caudle, MD, Director of Women's Health, Cherokee Health Systems, Knoxville, TN
<p>C4</p> <p>10/20/2017</p> <p>2:15 to 3:00 pm</p> <p>45 minutes</p> <p>Track 4: Partnerships</p>	<p>Developing a Public/Private Partnership for Violence Reduction</p> <p>Learn about a program to enhance collaboration between a managed care plan, non-profit organization, and community stakeholders to address the prevalence of violence (gun, gang, domestic violence) by combining public health approaches with care coordination. We describe the pressing need to address violence as a root cause driving healthcare outcomes and expenditures, the design of an innovative collaboration, and the results and lessons learned so far.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Understand the impact of violence as a root cause in driving healthcare outcomes and expenditures. • Utilize demonstrated tools to create a public-private partnership designed to address violence, using public health and care coordination approaches. Understand the program design and lessons learned. • Appreciate social determinants of health. Trauma informed approaches to violence intervention and the impact of holistic integrated mental health, substance use disorder, and physical healthcare services in improving outcomes for individuals. 	<ul style="list-style-type: none"> • Thomas Hart, JD, Disability Policy Engagement Director, Anthem, Washington, DC • Jennifer Tripp, MPH, Director, Anthem, Virginia Beach, VA • Mark Fox, President Market Place Solutions Incentive Project

<p>C5</p> <p>10/20/2017 2:15 to 3:00 pm</p> <p>45 minutes</p> <p>Track 1: Practice</p> <p>Highlight: Texas Showcase: Houston</p> 	<p>A Model for Treatment of Depression and Anxiety in an Integrated OB/GYN Behavioral Health Medical Home</p> <p>This presentation will outline a successful model of treatment of anxiety and depression within an integrated OB/GYN and Behavioral health medical home. Topics discussed will outline the complementary roles of the BH consultant , OB/GYN provider and psychiatrist in collaborative care management, as well as processes for screening, diagnostics, and treatment of perinatal anxiety and depression. Outcome data (screening rates, identification rates, therapy and medication utilization rates) will also be discussed.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe clinic process that support successful interdisciplinary and integrated treatment of perinatal depression and anxiety disorders. • Describe interdisciplinary skill competencies and care roles in the treatment of perinatal depression anxiety disorders. • Describe outcome data related to the center care of women served during the 2016 fiscal year, including expectations related to screening rates, base rates of anxiety and depressive disorders, and rates of treatment engagement (both therapy and medication utilization). 	<ul style="list-style-type: none"> • Stephanie Chapman, PhD, Assistant Professor, Baylor College of Medicine, Houston, TX • Ritu Dutta, MD, FACOG, Associate Medical Director, OBGYN, Center for Children and Women, Baylor College of Medicine, Houston, TX • Patricia Perkins, MSN, APRN, CNM, Associate Director of Midwifery Services, Baylor College of Medicine - Texas Children's Health Plan, Houston, TX • Arlene Gordon-Hollingsworth, PhD, Assistant Professor, Licensed Psychologist, The Center for Children and Women, Baylor College of Medicine, Houston, TX
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<p>C6</p> <p>10/20/2017 2:15 to 3:00 pm</p> <p>45 minutes</p> <p>Track 1: Practice</p>	<p>Peer Support in Integrated Primary Care: Provider and Patient Feedback on Potential Peer Roles</p> <p>Peer support, in which individuals in recovery offer support and assistance to others facing similar struggles, is a patient-centered approach that can help support the goals of integrated primary care. Yet little research has examined how best to utilize peer support in primary care. We will present data from semi-structured interviews with a range of providers (n = 25; peer support specialists, primary care providers, integrated behavioral health providers, and peer supervisors) and patients (n = 15), as well as their ratings and rankings of 10 potential peer roles. Facilitating engagement in care, patient navigation, and patient advocacy emerged as key roles for peers. These findings will help inform future clinical and research directions for peer support in integrated primary care.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Define peer support • Identify at least five roles that a peer support specialist could serve within integrated primary care • Summarize patient and provider input on how to best utilize peers in primary care 	<ul style="list-style-type: none"> • Robyn L. Shepardson, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse, NY • Emily M. Johnson, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse, NY
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C7

10/20/2017

2:15 to 3:00 pm

45 minutes

Track 4: Partnerships

Highlight:

Texas Showcase: Houston



Expanding Integrated Services: Implications for Partnerships and Practice within VHA

The Eating Disorder Consult Team (EDCT) answered a call from the Veterans Healthcare Administration to provide better, more efficient, more satisfactory care to a special population of Veterans. The interdisciplinary team (e.g., internist, psychiatrist, psychologists, clinical social workers, dietician) functions as a behavioral health consultation service, spanning primary care and mental healthcare lines. The EDCT primarily aims to consult with mental health clinicians treating Veterans with disordered eating, providing specialized assessment, comprehensive recommendations for care, education and targeted treatment, and referrals to community resources, as needed. This presentation will highlight how the EDCT has developed as a partnership between interdisciplinary clinicians, community resources, and Veterans. The facilitators will provide an overview of our experiences and lessons that could inform other such collaborative services.

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

- Consider the role of interdisciplinary partnerships in accomplishing the Quadruple Aim: better health, better care, lower costs, greater satisfaction.
- Identify benefits of partnerships between clinicians, Veterans or clients, and their families, in addressing a specific problem (e.g., eating disorders).
- Describe challenges and successes of partnering across primary care and mental health settings within the VA or other large hospital settings, as well as with community resources outside of the hospital.

- Alison C. Sweeney, PsyD, Clinical Psychologist, Michael E. DeBakey VA Medical Center, Houston, TX
- Rola El-Serag, MD, Medical Director of Women Veteran's Health Program, Women's Health Center, Michael E. DeBakey VA Medical Center, Houston, TX
- Nancy Graham, LCSW, Clinical Social Worker, Michael E. DeBakey VA Medical Center, Cypress, TX
- Shelley Eitel, MS, RD, CDE, Primary Care Clinical Dietitian, Michael E. DeBakey VA Medical Center, Houston, TX

C8

10/20/2017

2:15 to 3:00 pm

45 minutes

Track 5: Special Sessions for Training in Research and Evaluation

But Will it Work Here? How to Systematically Adapt Evidence-Based Interventions

Evidence-based practice and programs are highly valued by researchers, evaluators, administrators, and funders. However, front-line clinicians and program planners often question the feasibility and fit of "off-the-shelf" interventions for their settings and patient populations. The field of implementation science recognizes the tension between adaptability and fidelity and is actively developing systematic approaches for carefully adapting programs/interventions while maintaining their effectiveness. In this training session, participants will learn about specific adaptation frameworks from implementation science as used in two ongoing studies. Small group activities and Q&A will provide the opportunity for attendees to apply adaptation frameworks to their own practice settings.

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

- Describe the tension between adaptation and fidelity and how this tension impedes adoption of evidence-based interventions in clinical settings.
- Identify the common steps for systematic adaptation of evidence-based interventions across multiple frameworks developed in the implementation science field.
- Generate a set of systematic adaptation steps that could inform adaptation of an evidence-based intervention to increase its acceptability and feasibility with a specific (real or hypothetical) patient population or clinical setting.

Note: If you attend 2 or more sessions in Track 5 you are eligible to receive a certificate to document the research training.

- Christina R. Studts, PhD, LCSW, Assistant Professor, University of Kentucky College - Public Health, Lexington, KY

Friday, October 20, 2017 - Concurrent Education Sessions – Period D

<p>D1a</p> <p>10/20/2017</p> <p>3:45 to 4:10 pm</p> <p>25 minutes</p> <p>Track 2: Programs</p> <p>Highlight: Primary Care Behavioral Health</p>	<p>If You Build It They Will Come, But Who will Provide the Care? A Brief Online Training Program for Licensed Professionals in Integrated Behavioral Health.</p> <p>The value of integrated behavioral health in primary care is evidenced based; however, there is little attention to the training needs of integrated behavioral health providers to adapt in primary care. The presenters will describe a primary care onboarding training program for behavioral health providers which includes specific training modules to enhance the knowledge and competency of behavioral medicine, primary care behavioral health practice, and collaborative team-based care.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> Identify challenges and solutions of integrated care training for behavioral health providers in primary care. Describe basic competencies needed for professionals to transition into the primary care setting as behavioral health consultants (BHCs). Discuss effectiveness of brief educational training modules for BHCs in a primary care setting 	<ul style="list-style-type: none"> Cynthia Stone, DBH, Director of Behavioral Health, Community Care Physicians, Slingerlands, NY Lesley Manson, PsyD, Assistant Chair of Integrated Initiatives, Arizona State University - Behavioral Health Program, Phoenix, AZ Sheryl Brown, MD, Family Physician, Latham Medical Group, Latham, NY Meghan Wheeler, RN, Care Coordinator, Community Care Physicians Elizabeth Locke, Shareholder, Community Care Physicians
<p>D1b</p> <p>10/20/2017</p> <p>4:20 to 4:45 pm</p> <p>25 minutes</p> <p>Track 2: Programs</p> <p>Highlight: Primary Care Behavioral Health</p>	<p>Preparing Physicians to Practice Integrated Behavioral Health: A Competency-Based Curriculum</p> <p>The purpose of this presentation is to introduce educators and managers to a competency-based curriculum that prepares physicians to practice integrated behavioral health in primary care. The curriculum is based on findings from a Delphi study involving experts in the field and includes online modules, videos, and a live workshop. We will review the curriculum and share learning outcomes from a pilot study.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> Describe a competency-based, multi-modal curriculum for medical residents. Practice core physician skills for integrated behavioral health practice. Discuss strategies for implementing the curriculum. 	<ul style="list-style-type: none"> Matt Martin, PhD, LMFT, Clinical Assistant Professor, Arizona State University, Phoenix, AZ Leslie Allison, MS, LMFT, Clinical Counseling Services Manager, Methodist Healthcare Ministries, San Antonio, TX Thomas Bishop, PsyD, Assistant Professor, Clinical Psychology, University of Michigan - Family Medicine Department, Chelsea, MI Elizabeth Banks, PhD, LMFT, Clinical Assistant Professor, East Carolina University, Greenville, NC Jennifer S. Harsh, PhD, Assistant Professor, University of Nebraska Medical Center - Department of Internal Medicine, Omaha, NE David Bauman, PsyD, Behavioral Health Education Director, Central Washington Family Medicine Residency Program, Selah, WA Amber L. Hewitt, PsyD, Assistant Professor, Massachusetts Medical School - Department of Family Medicine and Community Health, Worcester, MA Max Zubatsky, PhD, LMFT Assistant Professor, Department of Family and Community Medicine, Saint Louis University

<p>D2</p> <p>10/20/2017</p> <p>3:45 to 4:45 pm</p> <p>60 minutes</p> <p>Track 1: Practice</p>	<p>Addressing Complexity Through Cross-Setting, Integrated Primary Care and Intensive Care Management: How to Reduce Emergency Department Utilization</p> <p>Providing primary care for our most complex, high-utilizing patients requires integrated team-based care employing alternative modalities and goals to address the full range of biopsychosocial determinants of health. Using systems thinking and exploring perceived complexity this talk will compare two initiatives to reduce ED utilization at academic sites in New Hampshire and Pennsylvania.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Understand and utilize the learning pathways to determine level of change required. Single loop, double loop, or triple loop learning • Engage with examples of complexity and recognize methodologies for identifying complexity and explore the healthcare teams perception of complexity. • Understand Emergency Department Utilization as systems issue requiring novel approaches to care. 	<ul style="list-style-type: none"> • Andrew Valeras, DO, MPH, Family Medicine and Preventive Medicine Faculty, New Hampshire Dartmouth Family Medicine Residency, Concord, NH • Barry Jacobs, PsyD, Director of Behavioral Sciences, Crozer Keystone Family Medicine Residency Program, Swarthmore, PA
<p>D3a</p> <p>10/20/2017</p> <p>3:45 to 4:10 pm</p> <p>25 minutes</p> <p>Track 2: Programs</p>	<p>Productivity, Quality, and Beyond in Integrated Behavioral Health Care: Identifying, Measuring, and Developing a System of Tracking and Evaluating Key Performance Indicators.</p> <p>This presentation will highlight the importance of establishing expectations and developing measurable organizational benchmarks for productivity and quality in integrated behavioral healthcare. Developing productivity benchmarks for financial sustainability will be discussed, as will the identification and measurement of additional key performance indicators (KPIs). Presenters will draw upon experiences from and current practices in establishing, measuring, and tracking behavioral health quality and productivity within a Federally Qualified Health Center.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Understand the importance of establishing productivity and quality and performance indicators in integrated behavioral healthcare. • Gain knowledge on how to define productivity in integrated behavioral healthcare. • Gain knowledge on how to implement key performance indicators (KPIs) as part of an ongoing evaluation and monitoring program. 	<ul style="list-style-type: none"> • Victoria Frehe-Torres, PhD, Director of Behavioral Health, Healthcare Network of Southwest Florida, Immokalee, FL • Courtney Whitt, PhD, Licensed Psychologist, Healthcare Network of Southwest Florida, Naples, FL • Monica Villa, Report Analyst, Healthcare Network of Southwest Florida, Immokalee, FL

<p>D3b</p> <p>10/20/2017</p> <p>4:20 to 4:45 pm</p> <p>25 minutes</p> <p>Track 2: Programs</p>	<p>Evaluating Behavioral Health Integration: Use What You've Got, Do What You Can</p> <p>MaineHealth, an integrated delivery system, has integrated behavioral health clinicians into about 50 primary care practices. This presentation will describe how data generated in the course of providing patient care can be used to evaluate the impact of integration. The presentation will also address principles of designing a balanced program evaluation.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Explain the rationale for using a balanced set of measures • Create a balanced set of measures to evaluate a behavioral health integration program • Explain why time trend analysis is useful in evaluating healthcare interventions 	<ul style="list-style-type: none"> • Neil Korsen, MD, MS, Physician Scientist, Center for Outcomes Research and Evaluation, Maine Medical Center, Portland, ME • Mary Jean Mork, LCSW, Vice President for Integrated Programming, Maine Behavioral Healthcare, Portland, ME
<p>D4</p> <p>10/20/2017</p> <p>3:45 to 4:45 pm</p> <p>60 minutes</p> <p>Track 3: Policy</p>	<p>CMS/CMMI Cooperative Agreement to Advance Integrated Care: Essential to Payment for Quality and Outcome</p> <p>This presentation sits at the intersection of policy and practice. Attendees will receive both policy information as well as boots on the ground examples of how integrating psychology into ongoing transformation efforts can be achieved and can effect change. As members of multi-disciplinary teams and working with various models of delivering behavioral health integration the presentation will describe the American Psychological Association's Support and Alignment Network funded by a cooperative agreement by the Center for Medicare and Medicaid Services (CMS) Center for Medicare and Medicaid Innovation (CMMI) Transforming Clinical Practice Initiative.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe the essential common elements of all of the effective primary care behavioral health models. • Define the role of integrated behavioral health within the context payment for value and outcome. • Describe development of integrated teams compared to collaborative models, or coordinating existing services. 	<ul style="list-style-type: none"> • Douglas Tynan, PhD, Director of Integrated Health Care, American Psychological Association, Washington, DC • Elena Eisman, EdD, ABPP, Director, Center for Psychology and Health, American Psychological Association, Washington, DC • Christopher Nettles, PhD, Program Manager - Integrated Health Care Alliance, American Psychological Association, Arlington, VA

<p>D5a</p> <p>10/20/2017 3:45 to 4:10 pm</p> <p>25 minutes</p> <p>Track 3: Policy</p> <p>Highlight: Primary Care Behavioral Health</p>	<p>Statewide Behavioral Health and Primary Care Integration Implementation: Challenges and Successes in Missouri</p> <p>Missouri was the first state to receive approval for an Affordable Care Act Section 2703 Health Home State Plan Amendment by the Centers for Medicare & Medicaid Services in 2011. The presenters will share how training and consultation focused on integrated care delivery in the Primary Care settings, has evolved over the years in response to barriers and challenges related to the implementation of integrated primary care behavioral health. These will include looking at individual workforce issues, variance in team performance, and system change necessary to support integrated care efforts. The session will include an overview of effective team practice, core competencies of behavioral health providers in primary care and the challenges faced with implementing change for a statewide initiative.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe the barriers to statewide implementation of primary care behavioral health integration. • Discuss why integrated healthcare delivery requires workforce training and systematic change. • Identify various levels of training and consultation approaches for enhancing behavioral health integration into primary care settings. 	<ul style="list-style-type: none"> • Ronald B. Margolis, PhD, CEO, St. Louis Behavioral Medicine Institute, St. Louis, MO • Dawn Prentice, LCSW, Director of Integrated Care and Health Psychology, St. Louis Behavioral Medicine Institute, St. Louis, MO
<p>D5b</p> <p>10/20/2017 4:20 to 4:45 pm</p> <p>25 minutes</p> <p>Track 4: Partnerships</p> <p>Highlight: Pediatrics</p>	<p>Mental Health Consultation: Going Where the Children Are</p> <p>Project LAUNCH Louisiana has developed a multi-domain Mental Health Consultation Model working in Primary Care, Early Childhood Education and Early Intervention Part C. The overarching goal is to strengthen child-serving provider's ability to identify and address concerns, but each consultant reaches these goals differently. This session will discuss the model, each unique domain and the cross-over that has helped to strengthen the local community.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • The participant will be able to demonstrate increased knowledge of mental health consultation in different contexts, including physicians' offices, childcare centers, and early intervention programs. • The participant will be able to describe common factors in ECMHC across all consultation domains and will be able to identify factors that shape health-related consultation compared to developmental consultation • The participant will be able to identify opportunities in a community to increase the provision of supportive services focusing on social-emotional development of young children. 	<ul style="list-style-type: none"> • Betsy Wilks, LCSW-BACS, ACSW, BCD Project LAUNCH Louisiana, Baton Rouge, LA

<p>D6</p> <p>10/20/2017</p> <p>3:45 to 4:45 pm</p> <p>60 minutes</p> <p>Track 1: Practice</p>	<p>Measuring Clinical Change in a Meaningful Way: Moving Away from Symptoms and Towards Functioning to Evaluate and Promote Patient Progress</p> <p>Research suggests that an individual's level of functioning, specifically one's engagement in value-based actions, can predict health outcomes, disability, and overall costs. Currently, there is a lack of consensus about how to effectively and feasibly evaluate one's level of functioning in a primary care context. This presentation will introduce a brief tool (3 questions) designed to obtain this information in an efficient manner. We will highlight the process of developing our functional measure, share lessons learned, and examine pilot data obtained from our clinics. We will also demonstrate how the use of a functional tool can foster more sophisticated approaches in the exam room and how it can be incorporated into large scale quality initiatives.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Understand the advantages of measuring patients' functional progress in primary care in addition to traditional symptom-based screeners • Discuss the challenges and opportunities associated with developing an effective functional screening tool for a primary care setting • Learn how assessment of a patient's value behaviors can help inform clinical intervention strategies and inform quality improvement initiatives 	<ul style="list-style-type: none"> • Brian E. Sandoval, PsyD, Primary Care Behavioral Health Manager, Yakima Valley Farm Workers Clinic, Toppenish, WA • Beth Briggs, PsyD, Behavioral Health Consultant, Yakima Valley Farm Workers Clinic, Portland, OR
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<p>D7b</p> <p>10/20/2017</p> <p>4:20 to 4:45 pm</p> <p>25 minutes</p> <p>Track 1: Practice</p> <p>Highlight:</p> <p>Texas Showcase: Houston; FH SIG</p> 	<p>Is There Gold At The End Of The Rainbow</p> <p>Kinship caregivers of children in Protective Services custody often take on the caregiver role during a time of family crisis. They may not be prepared for the additional responsibilities of meeting the complex needs of children who have experienced abuse and neglect. Kinship caregivers are often not reimbursed financially for their caregiving and experience financial strain. The protective services system can be complex and confusing. Without support, there is risk of placement failure, additional disruption for the child, or possible re-abuse. The assistance of a Family Navigator, a paraprofessional with lived experience, demonstrated a reduced stress level in 74% of kinship caregivers at the Harris County Protective Services Clinic during a pilot project in 2015. These services were supported by a grant from the Hogg Foundation and were part of the clinic's Integrated Care Model.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Participants will be able to identify 3 aspects of service provided by Family Support Navigators. • Participants will learn 3 sources of stress typical for kinship caregivers. • Participants will learn at least 2 services that helped lower stress in kinship caregivers. 	<ul style="list-style-type: none"> • Jacquelyn McMillon, LCSW, Director of Children's Services, Harris County Protective Services for Children and Adults, Houston, TX • Shelly Wilson-Scott, MSW, Care Manager, HCPS Clinic Harris County Protective Services for Children and Adults, Houston, TX • Haydee Cruz, Family Support Navigator, HCPS Clinic Harris County Protective Services for Children and Adults, Houston, TX • Eileene Chappelle, RN, Parent Partner and Community Stakeholder IHC Steering Committee Member, Harris County Protective Services for Children and Adults, Houston, TX
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D8

10/20/2017

3:45 TO 4:45 PM

60 minutes

Track 2: Programs

Enhancing Medical Professionals' Compassion: An Interdisciplinary Collaborative Approach

This presentation will provide results from a collaborative research study in which behavioral health and medical professionals jointly trained medical residents in enhancing their compassionate response in breaking bad news to patients and family members. Discussed will be the unique approach undertaken resulting in a statistically significant change in participants' self-perceived skills and preparedness in compassionate communication using relevant adult learning theories, knowledge of medical culture, and a family systems perspective. Also addressed will be implications of this educational intervention that are relevant to behavioral health and medical professionals as well as how to best use this information in collaborative/integrated healthcare settings.

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

- Design, implement, and evaluate a training program to enhance compassionate communication skills in breaking bad news to patients and family members.
- Describe relevant concepts of adult learning theory, behavioral health and medical cultures, and family systems theory as they relate to the acquisition of communication skills.
- Identify areas where behavioral health and medical professionals can collaborate in interdisciplinary training interventions in integrated healthcare settings.

- Abel Arvizú Whittemore, LMFT, Behavioral Health Clinician, Social Action Community Health System, San Bernardino, CA
- Jackie Williams-Reade, PhD, LMFT, Associate Professor, Loma Linda University, Redlands, CA
- Elsie Lobo, MS, MFTI, Doctoral Student, Loma Linda University, Loma Linda, CA

PS3

10/21/2017

8:15 to 9:45 am

1.75 hours

Plenary Session

Shark Tank: Season 1, Episode 1 on Channel CFHA

Tune in to Channel CFHA for this morning plenary and first-ever episode of Shark Tank. Clinician innovators will enter the tank to pitch proposals for integrated care in the areas of: 1) Primary Care Behavioral Health, 2) patients with complex health and social health needs, and 3) family-based interventions for children with disruptive behavior. A rigorous evaluation of each of these is sorely needed in the field of integrated care and sharks will come ready to bite! Come find out which design elements get the biggest shark snarls or shark smiles. Learn strategies for practical but strong evaluation in real-world settings that can inform the field!

Abstract

There is a gap in the evidence for integrated care and clinicians and administrators –the real world players-- are best positioned to fill it. But how can busy health care professionals do rigorous research? This plenary session will inspire and prepare attendees to contribute to science. Specifically, we propose to: 1) expose key gaps; 2) identify practical yet methodologically rigorous strategies for addressing them; and 3) underscore the importance of “in the trenches research” through an innovative and fast-paced format. The Research and Evaluation Committee proposes to sponsor this plenary session borrowing the format from the show, “Shark Tank,” in which entrepreneurs pitch their new business schemes to investors hoping to gain start-up funding. In the plenary, researcher “contestants” (Drs. Polaha, Funderburk, and Studts) will pitch study proposals (4-5minutes) to the panel of “sharks,” seasoned investigators chosen for their diverse perspectives, who will ask questions and provide entertaining and informative feedback as well as “buy-in” (in support of) proposals.

Overview

There is a gap in the evidence for integrated care and clinicians and administrators –the real world players-- are best positioned to fill it. But how can busy health care professionals do rigorous research? This plenary session will inspire and prepare attendees to contribute to science. Specifically, we propose to: 1) expose key gaps; 2) identify practical yet methodologically rigorous strategies for addressing them; and 3) underscore the importance of “in the trenches research” through an innovative and fast-paced format.

The Research and Evaluation Committee proposes to sponsor this plenary session borrowing the format from the show, “Shark Tank,” in which entrepreneurs pitch their new business schemes to investors hoping to gain start-up funding. In the plenary, researcher “contestants” (Drs. Polaha, Funderburk, and Studts) will pitch study proposals (4-5minutes) to the panel of “sharks,” seasoned investigators chosen for their diverse perspectives, who will ask questions and provide entertaining and informative feedback as well as “buy-in” (in support of) proposals.

We believe the audience is primed for a plenary on this topic. Policy evolution around demonstrating value and the Triple Aim is orienting end-point health care professionals toward measurement, study design, and the possibility of generating evidence that closes a research gap. Moreover, over the past three years, our committee has been closely monitoring membership interest in evaluation and research in terms of response to our various outreach/educational efforts and we have seen significant growth.

- Jodi Polaha, Ph.D., Associate Professor, East Tennessee State University, Johnson City, TN
- Jennifer Funderburk, Ph.D., Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse, NY
- Tina Studts, Ph.D., Assistant Professor, University of Kentucky, Lexington, KY
- Mark Vosvick, Ph.D. Associate Professor, University of North Texas, Denton, TX
- J.D. Smith, P.D., Assistant Professor, Northwestern University, Chicago, IL
- Nadiya Sunderji, M.D., Associate Scientist, St. Michaels Medical Center, Toronto, Canada
- Lesley Manson, Ph.D., Assistant Professor, Arizona State University, Phoenix, AZ
- Larry Mauksch, M.Ed., Emeritus Faculty, University of Washington, Seattle, WA

As R&E Committee leaders, we feel we have a keen sense of the content that would inspire our members and aid them in increasing the rigor of their work. Moreover, many lessons were learned around this topic in the development of our special issue of Families, Systems and Health which will be published this June. By casting ourselves as the proposers, we plan to “stage” enough of the content to ensure that this material is “taught.” Importantly, as we build this material, we plan to consult with professionals outside of our group regarding the content to gain a broader perspective and insure the content has wide appeal.

We will continue to work closely with the conference committee to ensure that the material works well with the conference you envision and will keep you informed as we progress.

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

- Discuss the importance of placing their internal evaluation in the context of the literature before pursuing data collection.
- Define the term “fidelity” and describe its place in the study of an established model or intervention.
- Discuss strategies for honing project ideas to make them “doable” in real world settings.
- Discuss the importance of using established models and methods wherever possible.
- Be inspired to contribute to science!

Saturday, October 21, 2017 – Concurrent Education Sessions – Period E

<p>E1</p> <p>10/21/2017</p> <p>10:15 to 11:15 am</p> <p>60 minutes</p> <p>Track 1: Practice</p> <p>Highlight: Ethics</p>	<p>Legal, Ethical, and Professional Shared Decision Making</p> <p>Mutual understanding and cross-training are key to ethical, efficient decision-making within a multidisciplinary healthcare team. While integrated care team members share the same goal - providing ethical treatment of patients and their families -- the professional framework from which each member views patient issues may differ, at least in the language used to articulate key ethical principles and to interpret laws and guidelines. This presentation will offer participants an opportunity to examine and explore current codes of ethics and legal responsibilities for behavioral, allied, and medical professionals which are applied in integrated, team-based care settings. The presenters will provide legal, ethical, and professional dilemmas consistently faced in integrated care and explore approaches for avoiding and/or resolving the problems that commonly emerge in clinical practice and organizational policy-making. Topics will include financial, cultural competency, communications (consent to treat and exchange of information), patient/provider relationships, and other common ethical issues posed in practice. Participants will practice multidisciplinary shared decision making and problem solving techniques and tools in small groups.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Utilize an integrated care decision making and problem solving tool to resolve interprofessional legal, ethical, and professional challenges in integrated healthcare systems. • Compare and contrast codes of ethics for various members of the integrated care team and identify the common ethical principles across integrated care professionals. • Apply integrated shared decision making best practices to improve patient care and safety. 	<ul style="list-style-type: none"> • Lesley Manson, PsyD, Assistant Chair of Integrated Initiatives, Arizona State University - Behavioral Health Program, Phoenix, AZ • Cathy M. Hudgins, PhD, LMFT, LPC, Faculty and Consultant, Arizona State University Doctorate of Behavioral Health Program • David D. Clarke, MD, President, Psychophysiologic Disorders Association, Happy Valley, OR • Sue Dahl-Popolizio, DBH, OTR/L, CHT, Assistant Clinical Professor, Occupational Therapist, Arizona State University, Phoenix, AZ • Lisa Tshuma, PA-C, MPAS, MPA, Associate Clinical Professor, Northern Arizona University • Robynne M. Lute, PsyD, Assistant Professor and Director of Training, Midwestern University
<p>E2</p> <p>10/21/2017</p> <p>10:15 to 11:15 am</p> <p>60 minutes</p> <p>Track 1: Practice</p> <p>Highlight: FH SIG</p>	<p>Collaborative Family Healthcare in Specialty Settings - A Live Family Interview</p> <p>The purpose of this presentation is to highlight the intersection of illness and family issues. A therapist will conduct a live interview with a local family and a panel of physicians and therapists will discuss the case. Audience members will have time at the end for questions.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Demonstrate family-centered care. • Highlight the experience of illness within the context of family. • Demonstrate how medical and behavioral health clinicians can discuss such a case. 	<ul style="list-style-type: none"> • Matt Martin, PhD, LMFT, Clinical Assistant Professor, Arizona State University, Phoenix, AZ • Matt Brown, PhD, LMFT, Assistant Professor, University of Houston - Clear Lake, Houston, TX • Kaitlin Leckie, PhD, LMFT, Assistant Professor, UTMB, Galveston, TX • John Rolland, MD, MPH, Professor of Psychiatry & Behavioral Sciences, Northwestern University Feinberg School of Medicine, Chicago, IL • Julie McKee, MD, Assistant Dean Student Affairs, University of Texas Medical Branch, Galveston, TX

<p>E3</p> <p>10/21/2017 10:15 to 11:15 am</p> <p>60 minutes</p> <p>Track 1: Practice</p>	<p>Collaboration North of the Border - The Canadian Approach to Collaborative Mental Health Care</p> <p>This presentation summarises the evolution of collaborative mental healthcare in Canada and the 4 pathways Canadian programs follow. It then outlines the key components of the Canadian Model of Integrated Care, the supports required to facilitate its effectiveness, the competencies practitioners require, the quality framework used to plan and evaluate collaborative projects and the potential ways in which better collaboration allows primary care to address broader issues facing Canada's healthcare systems.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe the key components and functions of the Canadian model of collaborative mental healthcare. • Identify the principles that should underlie all collaborative projects • Recognise the supports required and the changes systems of care need to make to support effective collaborative care. 	<ul style="list-style-type: none"> • Nick Kates, MD, McMaster University, Dundas, Ontario, Canada
<p>E4</p> <p>10/21/2017 10:15 to 11:15 am</p> <p>60 minutes</p> <p>Track 4: Partnerships</p> <p>Highlight: Texas Showcase: McAllen</p> 	<p>Tale of 8 Cities Continued: Preliminary Results from Evaluating Integrated Behavioral Health</p> <p>In 2016 CFHA conference, a large portfolio of IBH evaluation strategy for 8 organizations across 12 counties near the US-Mexico border was presented. Organizations ranging from Health Science University systems, volunteer based community clinics, to county wide partnerships for IBH will present research implementation process and preliminary results for ongoing work among a predominantly Hispanic, low-income population. With the charge to improve physical and mental health, 8 organizations 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 (Sí TexasUpdae the pres) have completed evaluation of various IBH solutions that have been implemented in a variety of primary care and community settings. With 6 core metrics (Blood pressure, HbA1c, BMI, Depression, Anxiety, and Quality of Life) and each organization using either a RCT or quasi-experimental design, the learner will be introduced to methods of implementation, challenges, and preliminary results. The presenters will also focus on how locally adapted IBH solutions and integration efforts (level of integration) have impacted health metrics of patients in the southern, bi-national region of the United States.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Identify at least (2) strategies for implementing an Randomized Control Trial or Quasi Experimental Design evaluation plan in primary care • Summarize at least (2) pros and cons for using RCT or QED designs to evaluate IBH in primary care • Recognize at least (1) innovative component used by an organization to implement their evaluation plan 	<ul style="list-style-type: none"> • Santiago Garcia, BA, Program Officer, Methodist Healthcare Ministries of South Texas, San Antonio, TX • Thabiso Batsell, MSW, IBH Program Director, Hope Family Health Center, McAllen, TX • Natalie Burkhalter, RN, MSN, FNP-BC, ACNP-BC, Family Nurse Practitioner, Program Manager, Mercy Ministries of Laredo, Laredo, TX • Stephanie McClain, PMP, Project Impact Manager, Methodist Healthcare Ministries of South Texas, San Antonio, TX • Deepu Varughese George, PhD, Assistant Professor, University of Texas Rio Grande Valley School of Medicine, McAllen, TX • Jim Banks, BA, Business Development Director, Tropical Texas Behavioral Health, Edinburg, TX • Evan Garcia, MS, Research Associate, UT Rio Grande Valley School of Medicine • Maia Baker • Ellyn Jeager, BA, Consultant, Advocate, Person with Lived Experience, Anthem, Atlanta, GA • San Juana V. Martinez, MS LCDC CART, Si Texas - Juntos for Better Health, Texas A&M International University Blvd, Laredo, TX • Maia Baker, RN, MSN, Director of Integrated Care and Clinical Nursing, Tropical Texas Behavioral Health, Edinburg, TX

<p>E5</p> <p>10/21/2017 10:15 to 11:15 am</p> <p>60 minutes</p> <p>Track 1: Practice</p> <p>Highlight: Primary Care Behavioral Health</p>	<p>New! Collaborative Health Care Ethical Decision Making Model for Interprofessional Teams</p> <p>Similar ethical virtues and decision-making models underpin each healthcare profession, but there exists differences in emphasis and sometimes even conflicting principles across disciplines. These inconsistencies can make team based collaborative approaches confusing and hard to navigate. At the core of inter-professional education is the importance of learning about, from, and with other professions. To do this, it is suggested that students train in the same interdisciplinary context they will eventually work in (Johnson, 2016; p. vi). We propose a new model of ethical decision-making that can be taught to all healthcare professionals early in their respective programs to increase collaborative learning and practice. Ultimately, this unified model benefits future patients as healthcare teams will have similar language and model in which to make prudent healthcare decisions.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Differentiate the key differences among four professions' healthcare ethical decision-making models. • Describe how multiple healthcare professionals discuss patient care from their own understanding of ethics code. • Define and use a new ethical decision-making model that honors the important aspects of four separate healthcare professions. 	<ul style="list-style-type: none"> • Joanna Stratton, PhD, LMFT, LP, Psychologist, Professor, Regis University, University of Colorado - Denver, Golden, CO • Bobbi Miller, PhD, LMFT, Associate Professor, Regis University
<p>E6</p> <p>10/21/2017 10:15 to 11:15 am</p> <p>60 minutes</p> <p>Track 2: Programs</p>	<p>Web-based Patient Simulations to Enhance Mastery of SBIRT Skills</p> <p>This presentation will review the findings of a current SAMHSA-funded, interprofessional initiative at Arizona State University. This initiative trains clinical and counseling psychologists, doctors of nursing practice, social work, and behavioral health students in the provision of SBIRT interventions in primary care and other health settings. The presentation will discuss how technology, specifically web-based patient simulations, is used to provide clinical practice opportunities for students in online coursework. Findings from a pilot study regarding the effectiveness of these simulations in promoting student mastery of SBIRT skills will be presented, as well as the implications of such findings in training the behavioral health workforce.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Define the Screening, Brief Intervention, and Referral to Treatment (SBIRT) model and describe its implications for integrated behavioral healthcare. • Describe two forms of web-based, SBIRT-related learning and practice. • Explain the potential impact on clinician SBIRT proficiency of avatar-based patient simulations. 	<ul style="list-style-type: none"> • CR Macchi, PhD, LMFT, Clinical Associate Professor, Arizona State University, Phoenix, AZ • Colleen Cordes, PhD, Director of Behavioral Health Program, Clinical Associate Professor, Arizona State University - Behavioral Health Program, Phoenix, AZ

<p>E7a</p> <p>10/21/2017</p> <p>10:15 to 10:40 am</p> <p>25 minutes</p> <p>Track 1: Practice</p>	<p>More Than a Gut Feeling: Examining the Effectiveness of an Integrated Healthcare Team in an IBD Specialty Medical Home</p> <p>A new model of chronic disease care, the UPMC Total Care inflammatory bowel disease (IBD) program, provides the first specialty medical home to patients with IBD. Patients with IBD are diagnosed at a relatively young age compared to other chronic diseases, have high medical costs, and a growing consensus indicates that IBD is correlated with higher rates of anxiety and depression. To address these concerns, a specialty medical home was created in June 2015 at the University of Pittsburgh Medical Center through a payer-provider partnership. The Total Care program provides patient-centered integrated healthcare. A complexity grid, developed by the team, utilizes the biopsychosocial assessment to examine both current and historical complexities in five domains, and effectively predicts patients' future medical utilization patterns. The score is utilized to develop personalized care pathways and link patients to effective medical and behavioral treatment as well as care coordination and case management. Unique peer volunteer programs and use of technology enhance care and quality of life while minimizing costs.</p>	<ul style="list-style-type: none"> • Emily Weaver, LSW, Total Care - IBD program • Alyssa Culp, MSN, FNP, Certified Registered Nurse Practitioner, University of Pittsburgh Medical Center, Pittsburgh, PA
<p>Highlight:</p> <p>Primary Care Behavioral Health</p>	<p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Participants will be able to identify three core features of how a medical home is organized to treat complex subspecialty disorders using inflammatory bowel disease as a model. • Participants will learn how to use a complexity grid to organize information from patients to determine the best areas to target with treatment. • Participants will be able to list three strategies for how to incorporate peer support specialists on the treatment team and leverage their expertise to help patients and their caregivers better cope with complex chronic diseases. 	
<p>E7b</p> <p>10/21/2017</p> <p>10:50 to 11:15 am</p> <p>25 minutes</p> <p>Track 1: Practice</p>	<p>Medication Management of Pediatric Behavioral Health Disorders In An Integrated Pediatric Medical Home</p> <p>This presentation will outline a successful model of medication management for treatment of pediatric behavioral health disorders within a patient-centered medical home.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe clinic process that support successful interdisciplinary and integrated treatment of pediatric behavioral health disorders. • Describe the role of psychiatric providers as curbside consultants to behavioral health and pediatric providers. • Describe outcome data related to the care of pediatric behavioral health diagnoses, including clinic prevalence rates, rates of engagement of patients in behavioral health services, and rates of patients receiving medication management from the PCP versus a psychiatric provider. 	<ul style="list-style-type: none"> • Stephanie Chapman, PhD, Assistant Professor, Baylor College of Medicine, Houston, TX • Mudassar Tariq, MD, Assistant Professor, The Center for Children and Women, Baylor College of Medicine, Houston, TX • Arlene Gordon-Hollingsworth, PhD, Assistant Professor, Licensed Psychologist, The Center for Children and Women, Baylor College of Medicine, Houston, TX • Stephanie Marton, MD, MPH, Assistant Professor of Pediatrics, Baylor College of Medicine - Texas Children's Health Plan, Houston, TX
<p>Highlight:</p> <p>Texas Showcase: Houston</p>  <p>Pediatrics</p>		

<p>E8</p> <p>10/21/2017</p> <p>10:15 to 11:15 am</p> <p>60 minutes</p> <p>Track 5: Special Sessions for Training in Research and Evaluation</p>	<p>Primary Care System Re-design: Using EHR data to evaluate impact of PCBH implementation on anxiety, depression, emergency department visits and patient engagement.</p> <p>After Primary Care Behavioral Health (PCBH) implementation, how can healthcare systems measure program effectiveness? Presenters studied PCBH impact in 3 clinics over a 4-year period using EHR and survey data. The evaluation sought to determine the impact of services delivered by an embedded behavioral health consultant (BH) on patient engagement, patient symptoms of anxiety and depression, patient rates of emergency room admission, and provider satisfaction. The presentation will discuss evaluation methodology, clinical impact, patient engagement, and provider satisfaction, and offer recommendations for PCBH implementation.</p>	<ul style="list-style-type: none"> • Jennifer Yturriandobeitia, MSW, Behavioral Health Programs Manager, St. Luke's Health Partners, Boise, ID • Amy Walters, PhD, Director of Behavioral Health, St. Luke's Health System Humphrey's Diabetes Center, Boise, ID • Jon Schott, MD, Clinical Integration Medical Director, St. Luke's Health Partners • Tyler Hemsley, PharmD, Pharmacy Clinical Integration, St. Luke's Health Partners
<p>Highlight:</p> <p>Primary Care Behavioral Health</p>	<p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe a practical approach to investigating the impact of behavioral health services • Name important components of a dashboard for behavioral health consultants • Describe the importance of quality assurance planning on integrated program sustainability <p><i>Note: If you attend 2 or more sessions in Track 5 you are eligible to receive a certificate to document the research training.</i></p>	

Saturday, October 21, 2017 – Concurrent Education Sessions – Period F

<p>F1</p> <p>10/21/2017</p> <p>11:30 am to 12:15 pm</p> <p>45 minutes</p> <p>Track 5: Special Sessions for Training in Research and Evaluation</p>	<p>Testing a Unique Clinical Pathway: Acceptance and Commitment Therapy for Chronic Pain in an Integrated Primary Care Setting</p> <p>Over 100 million Americans suffer from chronic pain and cannot access recommended psychosocial treatment for chronic pain. Acceptance and Commitment Therapy (ACT) reduces disability and improves functioning for patients with chronic pain, but is not usually delivered in primary care settings. This presentation will present our study that is examining if brief ACT treatment reduces physical disability and medication misuse in patients with chronic pain when delivered by an integrated behavioral health consultant in a clinic following the Primary Care Behavioral Health model. This inter-disciplinary presentation will focus on teaching audience members specific skills needed to do a similar project through discussion of the research methodology, the treatment protocol, population health implications, and preliminary findings.</p>	<ul style="list-style-type: none"> • Kathryn E. Kanzler, PsyD, ABPP, Assistant Professor, University of Texas Health Science Center, San Antonio, TX • Patti Robinson, PhD, Director of Training and Program Evaluation, Mountainview Consulting Group, Portland, OR • Mariana Munante, MD, Medical Director, University of Texas Health Science Center, San Antonio, TX
<p>Highlights:</p> <p>Primary Care Behavioral Health</p> <p>Texas Showcase: San Antonio</p> 	<p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe at least 2 problems with current pain management in primary care. • Discuss the concepts of vertical integration and population health in primary care. • Identify at least 2 skills useful in developing and executing a small clinical research study in integrated primary care. <p><i>Note: If you attend 2 or more sessions in Track 5 you are eligible to receive a certificate to document the research training.</i></p>	

F2

10/21/2017

11:30 am to 12:15 pm

45 minutes

Track 3: Policy

Integrating an Entire State: How Colorado Ensures Equal Access from Rural Areas to Urban Centers

The Colorado State Innovation Model (SIM) - an effort funded through a \$65 million award from the Centers for Medicare and Medicaid Innovation - aims to influence the healthcare of 80 percent of Coloradans by increasing access to integrated behavioral and physical healthcare and encouraging practices to test alternative payment models. This presentation will highlight the details of the Colorado SIM initiative and its strategy for supporting 400 primary care practices and four community mental health centers throughout the state. We will also demonstrate how another initiative, Expanding Access to Rural Team-based Healthcare (CO-EARTH), is collaborating with the SIM Office, the University of Colorado, Rocky Mountain Health Plans, private foundations, and St Mary's Family Medicine Residency to ensure that all types of healthcare systems--from rural clinics and small primary care offices to multi-site urban organizations.

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

- To apply a model for statewide advancement of integrated behavioral health services in their policy and practice environment.
- To identify the needs of small rural clinics and apply a model for rural-focused assistance to create integrated care infrastructure.
- To describe methods for horizontal and vertical integration and collaboration to ensure that all types of healthcare systems are supported in navigating the challenges of integration.

- Randall Reitz, PhD, Director of Behavioral Medicine, St. Mary's Family Medicine Residency, Grand Junction, CO
- Nicole King, MA Program Implementation Manager for Colorado SIM Office
- Stephanie Kirchner, MSPH, RD Practice Transformation Program Manager
- Michael Olson, PhD, Principal Investigator of CO-EARTH, St Mary's Family Medicine Residency
- Alexandra Schmidt, PhD, LMFT, Integrated Behavioral Health Advisor, Rocky Mountain Health Plans, Grand Junction, CO
- Heather Stocker, MA, Program Manager, University of Colorado - Department of Family Medicine, Denver, CO

F3

10/21/2017

11:30 am to 12:15 pm

45 minutes

Track 4: Partnerships

Behavioral Health Homes Study: Leading the Way to Optimal Health for Individuals with Serious Mental Illness

Individuals with serious mental illness (SMI) are vulnerable to chronic disease and have decreased life expectancy according to the literature, ranging from 8 to 25 years. Community Mental Health Centers can serve an important role in addressing the unmet medical needs of individuals with SMI, as they are often a primary point of contact with the healthcare system for this population. In community mental health, determining how to integrate physical and behavioral healthcare in an efficient way, and understanding which interventions work best and for whom, is of great benefit to the patients they serve. To address this need, Community Care Behavioral Health, the largest non-profit behavioral health managed care organization in Pennsylvania, collaborated with the UPMC Center for High-Value Health Care, and leveraged ongoing partnerships with healthcare providers, policy makers, community and patient stakeholders to design and conduct a Patient-Centered Outcomes Research Institute (PCORI) sponsored study. This four year project compared the effectiveness of two behavioral health home interventions aimed at improving healthcare access, coordination and outcomes for individuals with SMI, a population that remains largely underserved and understudied in real world settings. This presentation will describe and discuss considerations for successfully implementing complex research designs in real world settings. We will examine the role of stakeholder partnerships in developing and conducting research. Discussion will focus on applying lessons learned from the Optimal Health study design, intervention model, outcomes and research to their work.

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

- Describe and discuss considerations for successfully implementing complex research designs in real world settings
- Examine the role of stakeholder partnership in developing and conducting research
- Apply lessons learned from the Optimal Health study; intervention model outcomes and research, to their work

- Patricia Schake, MSW, LSW, Senior Director Program Innovation, Community Care Behavioral Health Organization
- Cara Nikolajski, MPH, Senior Program Administrator, University of Pittsburgh Medical Center for High-Value Health Care, Pittsburgh, PA
- Suzanne Daub, LCSW, Senior Director of Integrated Care Initiatives, Community Care Behavioral Health Organization, Pittsburgh, PA

<p>F4</p> <p>10/21/2017 11:30 am to 12:15 pm</p> <p>45 minutes</p> <p>Track 2: Programs</p>	<p>Real Life Lessons from Implementation of a New Peer Support Program in Primary Care</p> <p>We will examine real life lessons learned from a local implementation of peer support into a VA Medical Center primary care team as part of a broader national program, including discussion with the Peer Support Specialist on his clinical experiences. Initial feedback suggests that local implementation has been well received by primary care staff. The presentation will include discussion of the role of the Peer Support Specialist providing navigation, support, and coaching in primary care; preliminary program evaluation data; lessons learned on overcoming implementation barriers; and discussion of implementation facilitators. Local clinical and administrative implementation experiences will be reviewed in the context of the broader literature on peer support to inform generalizability to other settings. Our Peer Support Specialist will engage in a brief role play to demonstrate his approach, and we will discuss clinical case examples.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Discuss the key aspects of peer scope of practice, integration experiences of clinical staff, and clinical encounters of a Peer Support Specialist in a primary care team. • Discuss they key administrative aspects of implementing a Peer Support Specialist into a primary care team. • Summarize initial program evaluation data regarding the clinical impact of integrating peer support into a primary care setting. 	<ul style="list-style-type: none"> • Emily M. Johnson, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse, NY • Laura O. Wray, PhD, Executive Director, VA Center for Integrated Healthcare, Buffalo, NY • Brad Webster, BA, Certified Peer Specialist, VA Center for Integrated Healthcare, Syracuse, NY
<p>F5</p> <p>10/21/2017 11:30 am to 12:15 pm</p> <p>45 minutes</p> <p>Track 1: Practice</p>	<p>Challenging Myths About Medication Assisted Treatment for Opioid Use Disorder: A Team-Based Model of Care</p> <p>Successful implementation of buprenorphine treatment into primary care requires a cultural shift in attitudes toward medication assisted treatment and opioid use disorder. This presentation will describe the team-based approach Salud Family Health Centers has taken to dispell myths and misconceptions, and to foster profound changes in the culture of the clinic to optimize patient care. Qualitative data from healthcare providers, staff, and patients and their families will be provided, as well as preliminary objective findings pertaining to treatment retention and patient adherence to treatment.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe the opioid epidemic and factors that contributed to this public health crisis. • Identify common myths and misconceptions of medication assisted treatment and opioid use disorder. • Understand the process of integrating buprenorphine treatment into primary care and the role of a team-based approach in dispelling myths and optimizing care. 	<ul style="list-style-type: none"> • Yajaira Johnson-Esparza, PhD, Director of Medication Assisted Treatment, Salud Family Health Centers, Commerce City, CO • Jonathan P. Muther, PhD, VP of Medical Services - Behavioral Health, Salud Family Health Centers, Commerce City, CO • Michael W. Noonan, DO, Physician, Salud Family Health Centers, Commerce City, CO • Yaira Oquendo, PhD, Director of Training for Behavioral Health, Salud Family Health Centers, Longmont, CO

<p>F6</p> <p>10/21/2017 11:30 am to 12:15 pm</p> <p>45 minutes</p> <p>Track 2: Programs</p> <p>Highlight: Pediatrics</p>	<p>Pediatric Residency Training and Behavioral Health: Models and Outcomes from a Multi-site Study</p> <p>Training in managing behavioral health issues is inadequate in medical schools and residency program across the nation. Because of their accessibility and favorability by parents, primary care pediatricians are often considered the "de facto" behavioral health providers for commonly occurring behavioral health conditions. A network of faculty across three pediatric residency training programs in the northeastern United States have evaluated the effects of 3 different approaches to residency training: (1) didactic exposure plus integrated service delivery exposure, (2) didactic exposure only, and (3) training as usual (ACGME-mandated 1 month developmental-behavioral pediatrics rotation). The innovative curricula are delivered by behavioral health providers. This presentation will discuss the models, results on improving residents' attitudes, knowledge and skills in behavioral health, and implications for how this information could serve as a model for other training sites.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Identify current training needs related to behavioral health in pediatric residency programs. • Describe existing models of behavioral health training and the advantages/weakness of each. • Discuss how aspects of the enhanced training curricula discussed in this presentation may be tailored/adapted for implementation in other training programs across the country. 	<ul style="list-style-type: none"> • Jeffrey D. Shahidullah, PhD, Assistant Professor, Rutgers University - School of Psychology, New Brunswick, NJ • Paul W. Kettlewell, PhD, Director of Pediatric Psychology, Geisinger Health System, Danville, PA • Mohammed H. Palejwala, MA, Doctoral Student, Michigan State University, East Lansing, MI • Kathryn A. DeHart, MD, Pediatrician and Pediatrics Residency Program Associate Director, Geisinger Health System, Danville, PA
<p>F7</p> <p>10/21/2017 11:30 am to 12:15 pm</p> <p>45 minutes</p> <p>Track 1: Practice</p> <p>Highlight: Primary Care Behavioral Health</p>	<p>Challenges and Solutions for Successful Integration of Pharmacy Services: What Lessons can be Learned from Integrated Behavioral Health?</p> <p>In pursuit of the Quadruple Aim, today's environment of innovation encourages healthcare systems to experiment with integration strategies for various health professions. Integrating behavioral health and pharmacy services within Medical Homes methodically and purposefully supports the Patient-Centered Medical Home (PCMH) model and Quadruple Aim. However, it can be challenging to develop effective workflow models, train patients and staff to use both services concurrently, and avoid confusion, silos or duplication of efforts. A multidisciplinary team of presenters will discuss program development, and challenges and potential solutions for practice managers and other clinic leaders interested in integrating these two specialties in the Medical Home.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe how integration of behavioral health and pharmacy services within Medical Homes supports the Patient-Centered Medical Home (PCMH) model and facilitates achievement of the Quadruple Aim. • Identify potential challenges to successful interdisciplinary integration of both behavioral health and pharmacy within the Medical Home. • Propose solutions that overcome common barriers and facilitate successful and meaningful integration of collaborative interdisciplinary services within the Medical Home. 	<ul style="list-style-type: none"> • Casey Gallimore, PharmD, Associate Professor, University of Wisconsin - School of Pharmacy, Madison, WI • Kent A. Corso, PsyD, BCBA-D, President, NCR Behavioral Health, Fairfax Station, VA

<p>F8</p> <p>10/21/2017</p> <p>11:30 am to 12:15 pm</p> <p>45 minutes</p> <p>Track 5: Special Sessions for Training in Research and Evaluation</p>	<p>From Documentation to Data Collection: Envisioning EMR Patient Information as Clinical Data</p> <p>The purpose of this presentation is to provide tools and tips on how to make the most of EHR data by focusing on the appropriate questions and identifying variables that can be streamlined in the data extraction process. This presentation will highlight the efforts of an integrated FQHC to develop a comprehensive EHR data collection procedure by showcasing sample research questions and data for patient, program, and population outcomes. This presentation will also demystify the process of transitioning traditionally qualitative treatment outcomes in to quantitatively-measurable research and treatment variables.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Explain how data from EHRs can be used to measure patient-outcomes, program evaluation, and influence clinical population health needs. • Translate common qualitative behavioral health documentation phrases into quantifiable variables appropriate for both documentation and research. • Develop concise and specific research questions based on the variables commonly captured in electronic medical records. <p><i>Note: If you attend 2 or more sessions in Track 5 you are eligible to receive a certificate to document the research training.</i></p>	<ul style="list-style-type: none"> • Rola Amar, PhD, Postdoctoral Scholar, East Carolina University, Greenville, NC • Angela Lamson, PhD, Associate Dean of Research, East Carolina University, Greenville, NC • Francisco Limon, PhD, Director of Behavioral Health, Greene County Health Care, Snow Hill, NC • Jennifer Hodgson, PhD, LMFT, Professor and Director of Medical Family Therapy Doctoral Program, East Carolina University Department of Human Development & Family Science, Greenville, NC
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Saturday, October 21, 2017 – Concurrent Education Sessions – Period G

<p>G1</p> <p>10/21/2017</p> <p>2:00 to 3:00 pm</p> <p>60 minutes</p> <p>Track 1: Practice</p> <p>Highlight: FH SIG</p>	<p>Family-Oriented Care Presents Obstacles, We Present Solutions</p> <p>This presentation will address common challenges associated with treating patients with their families in integrated care practices and settings. The presenters will provide a brief overview of three key barriers, will review current best practices and evidence-based guidance, and will illustrate dilemmas and the solutions in a role-play based on an actual patient/family clinical scenario.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Identify barriers in current EHR systems (e.g., Meaningful Use, HIPAA) that inhibit delivery of family-centered care and propose solutions that foster growth in this underdeveloped area of healthcare. • Implement best practices for promoting family continuity and family involvement in primary care medical services. • Apply ethical decision-making best practices when facing complex issues in providing optimal integrated care to patients and their families. 	<ul style="list-style-type: none"> • Cathy M. Hudgins, PhD, LMFT, LPC, Faculty and Consultant, Arizona State University Doctorate of Behavioral Health Program • Randall Reitz, PhD, Director of Behavioral Medicine, St. Mary's Family Medicine Residency, Grand Junction, CO • Stephanie Trudeau, MS, ABD, LAMFT, PhD Candidate - Family Social Science, University of Minnesota Behavioral Health Clinician, Minneapolis, MN • Jennifer Hodgson, PhD, LMFT, Professor and Director of Medical Family Therapy Doctoral Program, East Carolina University Department of Human Development & Family Science, Greenville, NC • Rachel Hughes, PhD, LMFT, Associate Faculty, Maryville University, Grand Junction, CO • Daniel Blocker, PhD, Behavioral Scientist, Pomona Valley Family Medicine Residency, Pomona, CA
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<p>G2</p> <p>10/21/2017 2:00 to 3:00 pm</p> <p>60 minutes</p> <p>Track 1: Practice</p>	<p>Using Team-Delivered Interventions for Behavioral Health Concerns in Primary Care: A Review</p> <p>This presentation aims to present a review of the literature on team-delivered healthcare practices for issues of behavioral health (e.g., diabetes, cardiac diseases, smoking). We define team-delivered care as an intervention that is delivered by at least two providers working in tandem with the patient to address the same goal. We will describe and discuss group medical visits, conjoint appointments, and collaborative handoffs, including various models for implementation, efficacy found in the literature, and proposed mechanisms. We will end the presentation by discussing future directions for this burgeoning method of healthcare delivery and will solicit from the audience any ideas about team-delivered care.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe various forms of team-delivered care that can be utilized in primary care settings for a variety of presenting issues. • Understand gaps in the literature on team-delivered care and generate ideas for future research or practice. • Understand the literature on efficacy and acceptability of team-delivered care. 	<ul style="list-style-type: none"> • Julie C. Gass, PhD, Psychology Postdoctoral Fellow, VA Center for Integrated Healthcare, Buffalo NY • Jennifer Funderburk, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse, NY • Robyn L. Shepardson, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse, NY
<p>G3</p> <p>10/21/2017 2:00 to 3:00 pm</p> <p>60 minutes</p> <p>Track 1: Practice</p> <p>Highlight: Pediatrics</p>	<p>It's All in the Handshake: Patterns and Outcomes from Warm Handoffs in Integrated Pediatric Clinics</p> <p>Warm hand offs and consultation are an integral part of clinical work in IBH settings, but research on impact of WHO's in pediatric IBH settings is limited. This presentation will present a model for tracking WHO and evaluating the impact of this service within pediatric IBH clinics. Attendees will gain insight into patterns of WHOs, understand how WHO data can be used to inform practice changes, and consider impact of WHO on appointment outcome variables. Presentation will discuss how WHO data can be used to advocate for payment for "value added" to clinical care.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Participants will gain insight into system for monitoring & tracking characteristics of WHOs in pediatric IBH clinics. • Attendees will understand key summary characteristics. of WHO patterns and consider options for data collection in their own practice • Participants will be presented with main conclusions from current collection of WHO, consider implications for their own practice, and consider implications for future research studies and advocacy efforts 	<ul style="list-style-type: none"> • Shelley J. Hosterman, PhD, Pediatric Psychologist, Geisinger Medical Center, Danville, PA • Monika Parikh, PHD, Pediatric Psychologist, Geisinger Medical Center, Orwigsburg, PA

<p>G4</p> <p>10/21/2017</p> <p>2:00 to 3:00</p> <p>60 minutes</p> <p>Track 1: Practice</p> <p>Highlight: Pediatrics</p>	<p>Meeting Pediatric Behavioral Health Needs in Primary Care</p> <p>APA recently highlighted the need for innovative models to meet behavioral health needs within the pediatric patient-centered medical home (Asarnow et al., 2017). Integrated primary care behavioral health has proven to be an effective method of improving patient care, increasing access to services, and reducing costs for adult patients, but pediatric and family medicine clinics are just beginning to address the behavioral health needs of their pediatric patients. This session discusses the benefits and challenges of expanding integrated behavioral health to pediatric primary care and presents the data collected from a needs assessment, identifications of barriers, and provider education intervention within a large Northwest health system.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Broad understanding of pediatric behavioral health needs in primary care including family medicine • Identify barriers to expanding primary care behavioral health services in primary care settings • Identify strategies for improving behavioral health reach in pediatric populations. 	<ul style="list-style-type: none"> • Shaun Davis, PsyD, Behavioral Health Resident, Providence Medical Group, Newberg, OR • Jeri Turgesen, PsyD, Clinical Psychologist, Providence Medical Group, Newberg, OR • Mary Peterson, PhD, Department Chairperson, George Fox University - Graduate Department of Clinical Psychology, Newberg, OR • Vanessa Casillas, PsyD, Director of Behavioral Health Integration, Providence Medical Group, Portland, OR • Sarah Rahkola, MD, Primary Care Clinic Medical Director, Providence Medical Group, Newberg, OR • Tyson Payne, PsyD, Resident Psychologist, Providence Medical Group-Southwest Pediatrics, Portland, OR
<p>G5</p> <p>10/21/2017</p> <p>2:00 to 3:00 pm</p> <p>60 minutes</p> <p>Track 1: Practice</p> <p>Highlights: Primary Care Behavioral Health Medically Unexplained Symptoms (MUS)</p>	<p>Medically Unexplained Symptoms: A Training Program for Primary Care Clinicians in Integrated Care</p> <p>Medically unexplained symptoms (MUS) occur in approximately 30% of primary care patients. However, despite the prevalence and high cost of MUS patients, few primary care clinicians have had formal training in their diagnosis and treatment. This presentation will describe training of primary care clinicians in MUS diagnosis and treatment. This training is provided by the behavioral health consultant in an integrated practice that uses the primary care behavioral health (PCBH) model. Outcome measures for clinician satisfaction and patient outcomes will be reported.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Identify the importance of diagnosis and treatment in primary care of MUS patient leading to improved physician-patient care, reduced physician stress, enhanced patient satisfaction, reduced cost of care and improved. • Understand how diagnosis and treatment of MUS patient in primary care supports the quadruple aim • Describe key components of the intervention in the diagnosis and treatment of MUS patients that will improve patient care and reduce both clinician stress and healthcare costs. 	<ul style="list-style-type: none"> • Cindi Stone, DBH, LMHC, NCC, Behavioral Health Director, Community Care Physicians • David D. Clarke, MD, President, Psychophysiologic Disorders Association, Happy Valley, OR • Kristine Campagna, DO, Physician, Latham Medical Group, Latham, NY • Holly Cleney, MD, Family Physician, Latham Medical Group of Community Care Physicians, Latham, NY • McKenzie Robillard, PharmD, Clinical Pharmacist, Community Care Physicians, Latham, NY

<p>G6</p> <p>10/21/2017 2:00 to 3:00 pm</p> <p>60 minutes</p> <p>Track 2: Programs</p>	<p>The 'Breakthrough' Approach to Implementing and Scaling Integrated Care Initiatives</p> <p>There is an urgent need for strategies to bring evidence based integrated care models to scale. This "how to" presentation will transfer knowledge and expertise about developing and running a successful learning collaborative using the Institute for Healthcare Improvement's "Breakthrough Series" model. The scaling of Adolescent Behavioral Health Home Plus to school based and community mental health providers will be used as a "case example". Attendees will learn the key steps to successfully running a Breakthrough collaborative, including developing strong process and outcome aims, facilitating useful technical assistance calls and collecting and reporting on evaluation data to collaborative members. To demonstrate the effectiveness of this approach, results will be presented from a mixed-methods, 2-year evaluation including process measures, change in outcomes over time, and qualitative findings.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • At the conclusion of this presentation, participants will be able to cite three wellness and health focused strategies associated with a behavioral health home to improve physical and behavioral healthcare integration. • At the conclusion of this presentation, participants will be able to identify five key components to scaling an evidence based integrated care model. • At the conclusion of this presentation, participants will be able to plan an evaluation including developing at least three process or outcome measures to determine the effectiveness of implementation of a learning collaborative. 	<ul style="list-style-type: none"> • Suzanne Daub, LCSW, Senior Director of Integrated Care Initiatives, Community Care Behavioral Health Organization, Pittsburgh, PA • Leslie Washington, LCSW, Program Director of PHBH, Community Care Behavioral Health Organization, Pittsburgh, PA • Shari Hutchinson, MS, PMP, Project Director, Community Care Behavioral Health, Pittsburgh, PA
<p>G7</p> <p>10/21/2017 2:00 to 3:00 pm</p> <p>60 minutes</p> <p>Track 5: Special Sessions for Training in Research and Evaluation</p>	<p>Disseminating your Ideas: A conversation with the editors of Families, Systems, and Health</p> <p>The field of collaborative family healthcare has evolved over the past several decades, due to clinicians and scholars disseminating their ideas about how to work together within healthcare to provide whole-person care and improve health related outcomes. The field continues to advance, and it remains important to share ideas through the peer-reviewed publication process. This seminar, facilitated by the co-Editors of Families, Systems, and Health: The journal of collaborative family healthcare, will define strategies for preparing a manuscript for publication. The workshop will include tips for success, especially for clinicians and others new to the writing and publishing experience. Our goal is to help participants contribute the field by sharing their knowledge and experience through submitting one of several article formats.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe major steps in the preparation of a peer reviewed manuscript. • Name one idea for publication. • Identify personal barriers to pursuing publication and define some tips for publication success. <p><i>Note: If you attend 2 or more sessions in Track 5 you are eligible to receive a certificate to document the research training.</i></p>	<ul style="list-style-type: none"> • Colleen T. Fogarty, MD, MSc, University of Rochester - Department of Family Medicine, Rochester, NY • Larry Mauksch, MEd, Clinical Professor Emeritus, University of Washington - Department of Family Medicine, Seattle, WA

<p>G8</p> <p>10/21/2017</p> <p>2:00 to 3:00 pm</p> <p>60 minutes</p> <p>Track 5: Special Sessions for Training in Research and Evaluation</p>	<p>How to Use a Quality Framework to Guide Implementation and Evaluation of Integrated Behavioral Health Care</p> <p>Integrated behavioral healthcare models have demonstrated effectiveness but are variably implemented in primary care settings, leading to a "quality chasm" between the research evidence and real-world performance. We developed a quality framework to evaluate and drive improvements in integrated care based on a systematic review of the literature, healthcare provider and mental health service user ('client') interviews, and input from a knowledge translation advisory group, which included clients. We are now implementing quality measures based upon the framework in several primary care settings. In this workshop, we discuss key findings from all phases of the research to develop the framework and implement measures and improvement projects. We will guide workshop participants in applying the quality framework to their own clinical settings by identifying priorities and developing plans for measurement and evaluation.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Discuss the role for quality measurement and quality improvement in integrated care, and identify relevant domains and dimensions of quality; • Apply a quality framework for integrated care in order to select a specific dimension of quality as a target for improvement or evaluation in their own setting; • Develop a plan for implementing integrated care measurement in their own setting. <p><i>Note: If you attend 2 or more sessions in Track 5 you are eligible to receive a certificate to document the research training.</i></p>	<ul style="list-style-type: none"> • Nadiya Sunderji, MD, MPH, FRCPC, Associate Scientist, Assistant Professor, St. Michael's Hospital, University of Toronto, Toronto, ON, Canada • Name for Program • Allyson Ion, MSc, Research Coordinator, Mental Health, St. Michael's Hospital, and PhD Candidate, Department of Social Work, McMaster University, Ontario, Canada
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Saturday, October 21, 2017 – Concurrent Education Sessions – Period H

<p>H1</p> <p>10/21/2017</p> <p>3:15 to 4:00 pm</p> <p>45 minutes</p> <p>Track 1: Practice</p>	<p>Advancing Recovery: Implementing and Evaluating a Peer Support Initiative</p> <p>The recovery movement is a consumer driven paradigm shift in the field of mental health. This movement aims to shift the definition of mental illness from that of an enduring disability that must be treated by experts, towards an obstacle that consumers have the capability to manage and even overcome. A key strategy in this movement is to employ peer support workers to supplement mental health providers. The Hogg Foundation is currently funding an initiative to place peer support workers into three integrated behavioral health settings and to evaluate their impact. This presentation provides a description of the peer support models implemented and offers preliminary data from the evaluation.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe the evidence base for peer support programs • Identify implementation strategies for including peer support specialists in integrated behavioral healthcare • Discuss evaluation strategies for assessing peer support initiatives 	<ul style="list-style-type: none"> • Toni Watt, PhD, Professor of Sociology, Texas State University, San Marcos, TX • Rick Ybarra, MA, Program Officer, Hogg Foundation for Mental Health, Austin, TX • Joyce Foreman, LCSW, Director of Behavioral Health Services, Gulf Coast Health Center, Port Arthur, TX • Eustachia Hudson-Wagner, CPS, CHW, Certified Peer Specialist, Gulf Coast Health Center, Port Arthur, TX
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Highlight:
Texas Showcase: Port Arthur



<p>H2</p> <p>10/21/2017</p> <p>3:15 to 4:00 pm</p> <p>45 minutes</p> <p>Track 3: Policy</p> <p>Highlight: Primary Care Behavioral Health</p>	<p>Building A Fiscally Sustainable Integrated Care Service - Part 1 of 2</p> <p>Integrated health care and interprofessional programs are rapidly springing up across the country. In order to maximize program outcomes and ensure sustainability in this rapidly growing health care environment, health care professionals must demonstrate business acumen in integrated program proposals and strategic planning, including financial viability. This presentation will review industry standard key concepts and strategies for building, evaluating and sustaining integrated care programs.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Identify various program 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. 	<ul style="list-style-type: none"> • Lesley Manson, PsyD, Assistant Chair of Integrated Initiatives, Arizona State University - Behavioral Health Program, Phoenix, AZ • Kent A. Corso, PsyD, BCBA-D, President, NCR Behavioral Health, • Fairfax Station, VA
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<p>H3</p> <p>10/21/2017</p> <p>3:15 to 4:00 pm</p> <p>45 minutes</p> <p>Track 2: Programs</p>	<p>Integrated Behavioral Health (IBH) Training to Transform the Health Care Landscape</p> <p>Penn Medicine, with the support of the Health Resources and Services Administration (HRSA), has established the National Center for Integrated Behavioral Health (NCIBH) as a resource to advance innovative models which improve access to care for mental health conditions and substance use disorders. We will provide an overview of our work thus far including, findings from a literature review of training in integrated behavioral health, a national survey of undergraduate medical education and graduate medical education programs, and identified barriers to integrating behavioral health in primary care.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe the current state of literature and research in IBH for primary care trainees. • Identify the National Center for Integrated Behavioral Health (NCIBH) mechanisms for establishing "best practices" for training models in IBH. • Discuss how the work you (conference attendees) are doing or planning at your institution may align with the research efforts of the NCIBH. 	<ul style="list-style-type: none"> • Chyke Doubeni, MD, FRCS, MPH, Chair of Family Medicine and Community Health, University of Pennsylvania - Perelman School of Medicine, Philadelphia , PA • Julie A. Sochalski, PhD, FAAN, RN,Co-lead, Community of Practice Core, NCIBH, University of Pennsylvania, Philadelphia, PA • Heather Klusaritz, PhD, MSW, Associate Director, Center for Community and Population Health; Director of Community Engagement for the Center for Public Health Initiatives, University of Pennsylvania, Philadelphia, PA
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<p>H4</p> <p>10/21/2017 3:15 to 4:00 pm</p> <p>45 minutes</p> <p>Track 1: Practice</p> <p>Highlight: FH SIG</p>	<p>Deepening our understanding of physical, emotional, and relational pain through interdisciplinary practitioner, patient, and family collaboration.</p> <p>This presentation will describe how a collaborative approach between family therapists, a physician, the patient, and family facilitated an effective treatment outcome for an adolescent patient dealing with chronic pain. A deeper understanding of the bi-directional impact of the medical condition and the psychosocial stressors of adolescence and parent-child relationships will be discussed as well as a description of the treatment model and interventions that resulted in the treatment gains.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe diverse conceptualizations of pain based on medical and/or mental health perspectives and personal experiences. • Discuss a specific case example where collaboration among family therapists, a physician, a patient, and the patient's family facilitated deeper understanding of physical, emotional, and relational pain that then led to individual growth, relational repair • Identify key components of the collaborative process that were challenging to develop but eventually contributed to an effective treatment outcome. 	<ul style="list-style-type: none"> • Miyoung Yoon Hammer, PhD, LMFT, Associate Professor of Marriage and Family Therapy, Graduate School of Psychology, Fuller Theological Seminary, Pasadena, CA • Morgan C. McGannon, BS, MFT Trainee, Didi Hirsch Mental Health Services, Glendale, CA
<p>H5</p> <p>10/21/2017 3:15 to 4:00 pm</p> <p>45 minutes</p> <p>Track 4: Partnerships</p> <p>Highlight: Texas Showcase: Statewide</p> 	<p>Public-private sector partnerships through Inter-Institutional Interprofessional Practice and Education: The Texas IPE Task Force</p> <p>Statewide institutional and academic health professions silos in Texas are giving way to collaboration around IPE as evidenced by initiatives begun in 2015. The Executive Leadership of the University of Texas System (Texas A&M System, Texas Tech, University of Texas Health Sciences Centers, and the University of North Texas Health Science Center) created an IPE Task Force in Texas; the purpose of which is to facilitate inter-institutional collaboration around interprofessional education (IPE). The task force brings together representatives from the state's academic health professions institutions to foster collaboration around interprofessional education. This statewide collaborative of less than two years now includes 33 members from 19 health-related and one healthcare agency from both the private and public sectors. The history, development, purpose, and outcomes of the IPE Task Force will be discussed.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Articulate the history, development, purpose, and outcomes of the Texas IPE Task Force. • Discuss how in-roads made by the Texas IPE Task Force can facilitate interprofessional collaboration for a connected and sustainable future in healthcare delivery and education. • Understand how the Texas IPE Task Force is helping break down institutional silos and fostering inter-institutional collaboration around IPE. 	<ul style="list-style-type: none"> • Ricky Joseph, PhD, OTR, MA-HRM, IPE Task Force Representative, University of Texas Health Science Center at San Antonio, San Antonio, TX • Juliana Brixey, PhD, MPH, MSN, RN, Associate Professor, School of Biomedical Informatics, University of Texas Health Science Center at Houston, Houston, TX • John Ronnau, PhD, Senior Associate Dean for Interprofessional Education, University of Texas - Rio Grande Valley School of Medicine, Edinburg, TX • Shelley Smith, MEd, Director of Interprofessional Education, University of Texas Medical Branch, Galveston, TX • Joshua Utay, MEd, CPO, LPO, Assistant Director of Orthotics & Prosthetics Program, Baylor College of Medicine, Houston, TX

<p>H6</p> <p>10/21/2017</p> <p>3:15 to 4:00 pm</p> <p>45 minutes</p> <p>Track 1: Practice</p>	<p>SBIRT Meets Feasibility and Sustainability in Primary Care: Full Electronic Medical Record Integration</p> <p>Risky drinking and drug use are common and cause significant individual, familial, and societal problems. While these issues can be effectively addressed through screening, brief intervention, and referral to treatment (SBIRT), barriers such as time constraints, difficulties with integration into clinic workflow, and provider skill deficits often prevent this method from being successfully adopted. During this presentation, we will highlight how we successfully integrated SBIRT into our internal medicine primary care clinic by fully incorporating the protocol into our healthcare system's electronic health record (EHR). EHR integration of the SBIRT tool and pathway significantly reduced aforementioned barriers to providing appropriate care to patients with risky substance use. We will describe integration of SBIRT into the EHR, our workflow, and how this method provides a systematic way to screen and meaningfully intervene with our underserved patient population.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Identify a strategy for incorporating SBIRT into an EHR • Describe how a clinic workflow could operate with an EHR-integrated SBIRT protocol • List the benefits of fully integrating SBIRT into an EHR 	<ul style="list-style-type: none"> • Jennifer S. Harsh, PhD, Assistant Professor, University of Nebraska Medical Center - Department of Internal Medicine, Omaha, NE • Tyler Lawrence, MA, Doctoral Intern, University of Nebraska Medical Center, Omaha, NE • Tanvir Hussain, MD, Assistant Professor, Internal Medicine, University of Nebraska Medical Center, Omaha, NE
<p>H7</p> <p>10/21/2017</p> <p>3:15 to 4:00 pm</p> <p>45 minutes</p> <p>Track 1: Practice</p> <p>Highlight: Primary Care Behavioral Health</p>	<p>Unlocking radical behavioral change with PCBH and ACT: Applying contextualism within the PCBH framework and primary care system</p> <p>Have you struggled with the idea that PCBH interventions are superficial? Have you ever wondered how to apply concepts from Acceptance and Commitment Therapy into brief PCBH formats? This presentation will focus on the philosophy of contextualism and interventions that are not only harmonious within the primary care and PCBH setting, but strive to produce radical change within patients. A brief background of contextualism will be provided and attendees will receive a toolkit that will include a contextual interview assessment, as well as metaphors, experiential exercises and other interventions that will transform your PCBH practice. This presentation will be relevant for both behavioral health and medical providers working in primary care.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe the basic philosophy of contextualism and how it fits harmoniously with the PCBH model. • Identify contextual interventions and techniques within the PCBH framework for a variety of common medical and behavioral health conditions. • Identify ways of inundating their medical clinics with contextualism. 	<ul style="list-style-type: none"> • David Bauman, PsyD, Behavioral Health Education Director, Central Washington Family Medicine Residency Program, Selah, WA • Bridget Beachy, PsyD, Director of Behavioral Health, Psychologist, Community Health of Central Washington, Yakima, WA

H8	Mind your Ps and Qs: Conducting QI in PCBH using the PPAQ and PDSA	<ul style="list-style-type: none"> Gregory P. Beehler, PhD, MA, Associate Director for Research, VA Center for Integrated Healthcare, Buffalo, NY Katherine M. Dollar, PhD; Associate Director for Implementation; VA Center for Integrated Healthcare, West Haven, CT Paul R. King, Jr., PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Buffalo, NY
10/21/2017	This presentation will describe how to employ a simple, provider-focused toolkit to identify areas of low fidelity in your Primary Care Behavioral Health practice using the Primary Care Behavioral Health Provider Adherence Questionnaire (PPAQ). The PPAQ is an empirically-validated measure that assesses critical practice behaviors across multiple domains of integrated behavioral health practice. We will illustrate how participants can use PPAQ results in the context of Plan-Do-Study-Act to engage in highly feasible individual and team-based quality improvement initiatives.	
3:15 to 4:00 pm		
45 minutes		
Track 5: Special Sessions for Training in Research and Evaluation	At the conclusion of this presentation, participants will be able to:	
Highlight: Primary Care Behavioral Health	<ul style="list-style-type: none"> Discuss the purpose and development of the Primary Care Behavioral Health Provider Adherence Questionnaire (PPAQ) Toolkit Describe how the PPAQ Toolkit can be used as a diagnostic self-assessment of usual PCBH practice behaviors Implement Plan-Do-Study-Act on an individual or team basis to engage in quality improvement in local clinic settings 	
	<i>Note: If you attend 2 or more sessions in Track 5 you are eligible to receive a certificate to document the research training.</i>	

Saturday, October 21, 2017 – Concurrent Education Sessions – Period I

I1	If you Build It, They Will Come: Practice Based Innovations to Help Expand a Growing BHC Practice	<ul style="list-style-type: none"> Melissa Baker, PhD, Behavioral Health Consultant, HealthPoint, Bothell, WA David Bauman, PsyD, Behavioral Health Education Director, Central Washington Family Medicine Residency Program, Selah, WA Bridget Beachy, PsyD, Director of Behavioral Health, Community Health of Central Washington, Yakima, WA
10/21/2017	The presenters will build upon their presentation from CFHA 2016 Charlotte in introducing the audience to practical, real world strategies for enhancing team-based care. The specifics of these innovative strategies will be presented in order to maximize the impact of behavioral consultants (BHCs) in the primary care environment. The presenters will demonstrate BHC training protocols for new BHCs, BHC students, and new medical providers as well as how BHCs can become more involved with treatment (and prevention) of chronic medical conditions, health behaviors, and other aspects of social health. Additional strategies to increase BHC utilization within the primary care medical team will be discussed. (e.g. provider wellness incentives, team warm handoff trophy). Videos and small group case scenarios will be used to enhance audience participation and learning.	
4:15 to 5:00 pm		
45 minutes		
Track 1: Practice	At the conclusion of this presentation, participants will be able to:	
Highlight: Primary Care Behavioral Health	<ul style="list-style-type: none"> 1. Discuss obstacles commonly experienced in starting a new or expanding a BHC service 2. Identify innovative strategies to increase utilization of BHC services by the medical team 3. Identify advanced strategies for maximizing population-based BHC services in the primary care setting. 	

<p>12</p> <p>10/21/2017</p> <p>4:15 to 5:00 pm</p> <p>45 minutes</p> <p>Track 3: Policy</p> <p>Highlight: Primary Care Behavioral Health</p>	<p>Building A Fiscally Sustainable Integrated Care Service (Advanced) - Part 2 of 2</p> <p>This interactive session will build on the earlier session (Building A Fiscally Sustainable Integrated Care Service) by highlighting the various differences in revenue generation across an array of diverse of settings and clinical models. Attendees will also learn how to develop a pro forma using real data from their integrated behavioral health practice. Advance registration for this session is required and attendees must submit data prior to the conference so that the presenters can help prepare effectively. Once a CFHA conference attendee decides to attend this advanced session, please email the presenters at kentcorso@gmail.com and lesley.manson@asu.edu to discuss submitting your data to them for this learning activity. Those who do not submit data in advance may gain little benefit from this advanced session.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Select various program metrics which promote sustainable models of integrated care delivery for families and patients. • Analyze the metrics you've selected to demonstrate fidelity, quality improvement, revenue generated, cost offset, cost savings or fiscal sustainability of your integrated care programs. • Develop one pro forma to help support your integrated care program. 	<ul style="list-style-type: none"> • Lesley Manson, PsyD, Assistant Chair of Integrated Initiatives, Arizona State University - Behavioral Health Program, Phoenix, AZ • Kent A. Corso, PsyD, BCBA-D, President, NCR Behavioral Health, Fairfax Station, VA
<p>13</p> <p>10/21/2017</p> <p>4:15 to 5:00 pm</p> <p>45 minutes</p> <p>Track 1: Practice</p> <p>Highlight: Texas Showcase: San Antonio</p> 	<p>Optimizing Primary Care Behavioral Health in the US Air Force: Re-directing mental health services, evaluating job satisfaction and model fidelity, & collaboratively addressing weight loss in primary care</p> <p>This panel presentation will discuss ongoing efforts to optimize the delivery of behavioral health services via the US Air Force's primary care behavioral health program (Behavioral Health Optimization Program [BHOP]). An introductory presentation will provide an overview of the BHOP program, and ongoing efforts to evaluate the program's effectiveness. A second presentation will discuss results of a pilot study in which Mental Health services were re-routed to Primary Care, and subsequent efforts to use these results to guide the future delivery of behavioral health across the Air Force. A final presentation will cover collaborative efforts among behavioral health, internal medicine, family medicine, endocrinology, and nutritional medicine to develop and implement a patient-centered weight management clinic for which BHOP is the primary touch-point. Presentations will be followed by a question and answer period to allow for further discussion.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Better understand the US Air Force's Behavioral Health Optimization Program and ongoing efforts to measure its effectiveness • Better understand efforts undertaken in the US Air Force to re-imagine the delivery of mental health services in order to more effectively and efficiently meet the larger behavioral needs of the served population. • Better understand collaborative efforts undertaken to better meet the weight-loss needs of the population using primary care behavioral health services. 	<ul style="list-style-type: none"> • Mario G. Nicolas, PhD, Deputy Program Manager, USAF PCBH Program (BHOP), Knowesis, INC. - Contractor for US Air Force Medical Service, San Antonio, TX • William C. Isler, PhD, Behavioral Health Optimization Program Manager, United States Air Force - Medical Operations Agency, San Antonio, TX • Daniel G. Cassidy, PhD, Associate Program Director, Clinical Health Psychology Fellowship, Wilford Hall Ambulatory Surgical Center, Joint Base San Antonio - Lackland, TX • Erin A. Chicoin, MD, Resident Physician, Internal Medicine, San Antonio Uniformed Services Health Education Consortium (SAUSHEC), San Antonio, TX

<p>I5</p> <p>10/21/2017 4:15 to 5:00 pm</p> <p>45 minutes</p> <p>Track 1: Practice</p>	<p>Together at Last: Addiction Medicine and the Behaviorally Enhanced Healthcare Home</p> <p>The integration of three disciplines, addiction medicine, primary care, and behavioral health, is essential to optimizing care for the substance use disorder patient. This presentation describes the addition of addiction medicine into an already integrated primary care-behavioral health federally qualified health center. The discussion will include concept formation, staff development, implementation, and a review of early effectiveness data.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe the epidemiology of substance use disorders and co-morbid psychiatric and medical illnesses that supports the integration of addiction medicine with behavioral health and primary care. • Identify the main components of the Cherokee Program with regard to addiction medicine levels of care, staff, and implementation. • Discuss the importance and utility of community partnerships for the execution of a successful integrated addiction medicine program. 	<ul style="list-style-type: none"> • Mark McGrail, MD, Director of Addiction Medicine, Cherokee Health Services, Knoxville, TN • Suzanne Bailey, PsyD, Director of Integrative Services, Cherokee Health Systems, Knoxville, TN • Brittany Tenbarge, PhD, Behavioral Health Consultant, Cherokee Health Systems, Knoxville, TN
<p>I6</p> <p>10/21/2017 4:15 to 5:00 pm</p> <p>45 minutes</p> <p>Track 1: Practice</p>	<p>Interprofessional Annual Wellness Visits in Family Medicine Residency Training</p> <p>Learn about an interprofessional approach to Medicare's Annual Wellness Visit (AWV). This seminar will provide the following: An overview of Annual Wellness Visits and benefits for the patient and family, how these visits can be modified to better address biopsychosocial needs of patients based on our community in Southern New Mexico, components necessary for billing purposes, benefits for implementation of an interprofessional approach utilizing family medicine, behavioral medicine, and pharmacy, and a case example of AWVs for Family Medicine Residency education. This presentation will include stories from patients who have participated in an AWV at our clinic.</p> <p>At the conclusion of this presentation, participants will be able to:</p> <ul style="list-style-type: none"> • Describe Medicare Annual Wellness Visits (AWV): Components of visit, documentation requirements, and billing. • Describe benefits of utilizing an integrated healthcare team with AWVs. • Discuss implementation/strategies for completing AWVs in your clinic. 	<ul style="list-style-type: none"> • Daubney Boland, PhD, Psychologist, Behavioral Science Faculty, Southern New Mexico Family Medicine Residency Program, Memorial Medical Center, Las Cruces, NM • Salvador Adame-Zambrano, MD, Family Medicine Faculty, Southern New Mexico Family Medicine Residency Program, Memorial Medical Center, Las Cruces, NM • Davena Norris, PharmD, PhC, BCPS, Pharmacist, Southern New Mexico Family Medicine Residency Program, Memorial Medical Center, Las Cruces, NM

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10/21/2017

4:15 to 5:00 pm

45 minutes

Track 1: Practice

Creating a Foundation for Measurement Based Care in Integrated Primary Care

Measurement based care (MBC) refers to the systematic collection of data to monitor treatment progress, assess outcomes, and guide treatment decisions, from initial screening to completion of care. However, few integrated primary care (IPC) clinics have implemented a standardized clinic-wide process for routine MBC. This standardization and wide spread implementation of MBC is a crucial next step for IPC. This presentation will provide step-by-step guidance for developing and implementing screening and MBC processes in IPC.

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

- Define measurement-based care.
- Describe the importance and key benefits of implementing measurement based care in integrated primary care.
- Apply step-by-step guidance for developing and implementing screening and MBC processes in IPC.

- Katherine M. Dollar, PhD, Associate Director Implementation Core, VA Center for Integrated Healthcare, West Haven, CT
- Lisa K. Kearney, PhD, ABPP, Associate Director Education Core, VA Center for Integrated Healthcare
- Paul R. King, Jr., PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Buffalo, NY
- Laura O. Wray, PhD, Executive Director, VA Center for Integrated Healthcare, Buffalo, NY