Frontiers in Primary Care:  
Potential Minefields & Ethical Issues  

Anthony Zamudio, Ph.D.  
Associate Professor of Clinical Family Medicine  
Director, Behavioral Science  
USC-Family Medicine Residency Program  
at California Hospital  
1400 S. Grand Avenue, Suite 703  
Los Angeles, California 90015  
(213)741-1106  
azamudio@usc.edu
Goals & Objectives

1. Define Primary Care and the Medical Home
2. Describe the medical culture to help psychologists become an effective member of the medical team.
3. Identify how the APA Ethical Principles & Code of Conduct apply in primary care settings.
Health Care Reform:... Oh My!!!
Possibilities Exits...
PSYCHOLOGIST NEEDED!

within

PRIMARY CARE BASED CLINICS
SAMPLE JOB ANNOUNCEMENT
The Ideal Candidate….

- Can work in a face paced medical environment
- Competence and comfort consulting to medical staff
- Communicates rapidly in a short specific solution focused manner
- Conducts rapid assessments

- Competence in:
  - Brief treatments
  - Group treatment
  - Evidence based approaches
- Strong interpersonal skills
- Professional presentation skills.
- Competence working with children and adults.
What is Primary Care?

• A patient’s first contact
• Clinicians who manage and accountable for a large majority of health care needs.

American Psychological Association, 2012; McDaniel & Fogarty, 2009
Where is Primary Care?

• Variety of Settings:
  – Outpatient Clinics
  – Hospitals
  – Critical care
  – Long term facilities
  – Home care
Medical Services in Primary Care

• Health:
  – Education
  – Maintenance
  – Prevention
From the Womb to the Tomb:

• Comprehensive care: Treat all stages of life
  – Pregnancy
  – Newborns & infants
  – Children
  – Adolescents
  – Adults
  – Geriatrics

McDaniel & Fogarty, 2009
Current Health Care System

• Fragmented System
  – Pts don’t know where to go

• Alienated
  – Feel at odds with providers & system

• Expensive
  – Duplicate services

Blount et al., 2007
What Do We Do?
Medical Home

• An **approach**, not a building!
• Place where providers:
  – Know their patients
  – Guides them through the system
  – Place patient needs front & center
• Also called:
  – Patient-Centered Medical Home
  – Integrated Care
  – Patient-Centered Care

*American Psychological Association, 2012*
Goals of Medical Home

• Help keep patient out of the hospital & emergency rooms
• Facilitate partnership between patients, their providers, & family (when appropriate):
  – Physician becomes an advocate instead of a gatekeeper who restricts access to services
• Provides more satisfaction, cost-effective, safe, improves health

Funderburk et al, 2011
Medical Home Providers Offer:

• Proactive & ongoing management of all patient needs
• Prevention screening
• Enhanced access for acute illnesses
• Evidenced based management of chronic diseases
• Care coordination
• Integration of behavioral health needs

Kelly & Coons, 2012; Patient Centered Medical Home Recognition website
Why Psychology in Primary Care?

• Primary care settings become de facto mental health system
  – 80% of PC visits involve some mental health disorder
  – Only 50% will visit a mental health professional

Blount, 1998
Behavioral Health Care Models

• Patients often prefer receiving behavioral health services in primary care settings

• Primary care settings can help overcome barriers:
  – Stigma
  – Time
  – Mistrust
  – Cost
  – Access

Blount, 1998
Patient Presenting Problems

- Medication compliance
- Pain management
- Weight management
- Smoking cessation
- Substance abuse services
- Posttraumatic stress
Co-Morbidities

• Diabetes & hypertension with:
  – Depression
  – Anxiety & panic attacks
  – Violence across the lifespan

Callahan, Bertakis, Azari, Robbins, Helms, Miller, 1996
Primary Care Psychologist

• Shorter & less frequent sessions
  – 30 to 45 initial evaluation
  – 15 – 30 minutes follow-up visits
  – 3-4 to 4-6 sessions
  – Referrals to mental health settings

• Integrative Primary Care is NOT:
  – “Doing the same things, just faster”

• Requires a different mind set & techniques

Vogel et al, 2012
Psychologist’s Role

1. Identify, confirm, or refine psychiatric diagnoses
2. Clarify salient points of the patient’s history
   – Example: Prior suicide attempts
3. Address specific problems impacting health and wellness
4. Provides input on the patient’s treatment plan

Vogel et al., 2012
Psychological Assessment in PC

• Ascertain a description & evaluation of presenting problem & symptoms
  o Often use of closed ended questions
• Assess if the problem can be managed in primary care or need to refer to a specialty mental health setting.

Assessment: Screening Measures
  – Patient Health Questionnaire
    – PHQ-2 or PHQ-9
  – Edinburgh Postnatal Depression Scale (EPDS)
  – GAD-7 (Anxiety)
  – Folstein Mini-Mental Status
  – CAGE (Alcoholism)

Funderburk et al., 2011
Clinical Interventions in PC:

Evidence Based Models:
• Supportive therapy
• Behavioral activation
• Cognitive techniques
• Relaxation techniques

Medication management:
– Education about diagnosis, symptoms, & treatment about disorder
• Sleep hygiene
• Pain management

Funderburk et al., 2011
Integrative Behavioral Health (IBH):

- Warm Handoff:
  - Further screening
  - Short term intervention
  - Referral

- Demonstration of warm handoff:
  - YouTube: Sierra Family Clinic
    - Post MI Patient

Sierra family clinic.org
Case Study
Post MI Patient
Psychologists’ Challenges in Primary Care:

• Understand the language and world of primary care
• Know how to translate our language into their language
• Make what we do useful to primary care providers
TEACH

- Time
- Educational methods
- Authority structure
- Communication
- Human relationships
## Time orientation

<table>
<thead>
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<th>Real Time</th>
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<th>Physician Time</th>
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<tr>
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<td>Weeks</td>
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</table>
Psychologists as Providers:

Knowledge of:

- Assessment methods
- DSM
Educational methods

• Socratic Method
Educational methods

“See one, Do one, Teach one”
Educational methods

- See, Touch, Smell, & Listen
Educational methods

- Call system
Call

• Pushing limits:
  – Physical
  – Emotional
  – Psychological

• Preparation for the future
Authority structure

- Attending (faculty supervisor)
- Chief Resident
- Senior Resident
- Junior Resident
- Intern
- Medical Student
Communication

Medical thinking:
• Why is this problem important?
• How do I fix it?
• What will my efforts accomplish?
Human relationships

Medical School

• Human relations training:
  – Human anatomy
Physician Well-Being

- Professional burn-out
- Substance abuse
- Relationship distress
Avoiding Ethical Minefields & Blunders
Ethic’s Call

Ethical

Legal
Who Can Blunder

• Blunders can occur at all developmental stages:
  – Students
  – Seasoned professionals

Tjeltveit & Gottlieb, 2010
Prevention of Ethical Blunders

Learn:
1. APA Ethics Code
2. State rules & regulations
3. Standard of care
4. Federal statues & court decisions
5. Risk management workshops/seminar

Tjeltveit & Gottlieb, 2010
But wait..........

• Research shows that cognitive methods are not enough to save us from making ethical blunders.

Tjeltveit & Gottlieb, 2010
What also Shapes Ethical Responses?

- Awareness
- Social & Cultural influences
- Habits
- Emotions
- Intuitions
- Identity
- Virtues

- Character
- Multiple & competing motivations
- Prior decisions
- Executive & organizational skills

Tjeltveit & Gottlieb, 2010
Primary Prevention Approach

• Build resilience
• Identify vulnerabilities
• Address emotions & personal values before ethical problems arise

Tjeltveit & Gottlieb, 2010
Four Factors Affecting Resilience & Vulnerability:

**DOVE**

1. **Desire** to help
2. A powerful **Opportunity**
3. **Values**
4. **Education**

Tjeltveit & Gottlieb, 2010
Desire to Help

• The desire to help others often lead us to become psychologists
• Our greatest resilience and…
  – Our most significant vulnerability
• According to Behnke:
  – “There’s no one thing that has gotten more psychologist in [ethical] trouble than the desire to be helpful.”

Tjeltveit & Gottlieb, 2010
A Powerful Opportunity

• Opportunity & power contribute to knowledge, clinical services, teaching, & social policy

• We can be vulnerable in these powerful opportunities:
  – Self deception/self serving bias
  – Personal feelings & intuitions may obscure good judgment & intellectual decision making

Tjeltvet & Gottlieb, 2010
Values

• Professional values are a source of resilience & help accomplish goals:

• Vulnerability
  – Values that are misguided, rigid, or self serving
  – Some of us may confuse personal values with therapeutic values.

Tjeltveit & Gottlieb, 2010
Education

• Education provides specialized knowledge, & training
  – Also provides personal resilience & allows one to contribute to the community

• Must recognize our weaknesses, needs & resources, as well as limitations in our abilities

• Vulnerability:
  – Failure to continue learning & neglect new ways of understanding

Tjeltveit & Gottlieb, 2010
Ethical Challenges for Psychologists in Primary Care
Primary Care Behavioral Health

Ethical Consideration

- Informed Consent (3.10 & 10.01)
- Confidentiality (4.01 & 10.02)
- Therapy
  - Involving Couples or Families (10.02)
- Multiple Relationships/ (3.05 & 3.06)

Conflict of Interest

APA, 2010
Case Illustrations

Names and demographic background information on all cases have been changed for confidentiality purposes.
Patient Uproar

• A 68-year old female is agitated & depressed
• Hospitalized to heal a foot infection (6 weeks)
• Physicians & staff complain she’s difficult, resistant, & “causes uproars.”
• Dr. Tired, M.D. requests an inpatient consultation on his patient who he’s known for over 20 years.
Initial Introduction

• Patient in a communal room
• Visitors are at her neighbor’s bedside
• Multiple interruptions during your session
  – Sugar level checks & medications admin
  – Food tray delivered
  – Dr. Tired updates patient on her progress
Several Visits Later:

• Your provided her with guided imagery which reduced her feeling helpless & ‘out of control’
• She’s more collaborative with her team:
  – Dietician,
  – Wound care specialist
  – Occupational therapist
• The physician & team are thrilled!
Oops.....Inpatient Blunder

- You review patient information for billing:
  - She has Medicare
    - You’re not a Medicare provider

- She admits that her listed address is incorrect:
  - She’s homeless and doesn’t want the medical team to know.
  - Medical team may delay discharge if they know that she’s homeless given a higher risk for infection
Informed Consent

• Make sure patient understands mental health services involve:
  – Assessment, mental health diagnoses, & treatment
  – Billing
  – Communication & follow up includes other providers

• Informed consent is not always a one-time event but on-going process especially in primary care.
Informed Consent Debate

Universal consent form VS Separate consent form

– Consent form is addressed @ time of patient registration
– One written consent form that encompasses all providers
  • e.g. Physicians, physician assistants, physical therapists, dieticians, psychologists, etc.
– Addressed verbally by psychologist @ time of first patient meeting
– A separate written consent form may or may not be presented.

Hodgson, Mendenhall, & Lamson, 2013
Informed Consent Reviews:

- What is integrated primary care
- What services are offered
- Who has access to health information
- What roles different providers and accompanying support persons may play in the overall course of services
- Must understand information will be documented in their record

Hodgson, Mendenhall, & Lamson, 2013
Another Minefield: Privacy & Confidentiality

• Communal room
  – Curtains separate patient beds
  – Visitors @ roommate or patient’s bedside

• Patient care interruptions during session
  – e.g. Blood pressure & sugar level checks, medication, procedures.
  – Physician, specialists, & staff drop-ins,
Privacy & Confidentiality

• Clarify if patient is comfortable discussing mental health content @ moment

• Plan ahead how to handle if and when support person(s), staff, and/or providers are unexpectedly present
Sleepless

- Dr. Tired makes a warm handoff:
  - 38-year old female
  - Stress & insomnia

- Before you meet her you review her medical file:
  - Recently separated from her husband
  - Terminated a pregnancy 6 months ago
Sleepless

• Upon entering medical exam room, she bursts into tears and shares:
  – Financial pressures
  – Unable to find work

• An older female seated next to her, consoles her.

• During your conversation, she doesn’t reference:
  – Marital separation
  – Pregnancy termination
Do I Explore.......... 

Marital Separation??? Pregnancy Termination???
After meeting with your patient…

- Dr. Tired stops you in clinic’s hallway as he’s about to return to see patient, Sleepless
  - He asks your impression and recommendation on patient, Sleepless
  - You’re uncertain if he’s aware of patient’s separation & pregnancy termination since there have been multiple providers and he may not have reviewed all notes.
Confidentiality: Minefields

• Shared record visitation & multiple providers
  – Patient centered care
  – Maximize provider to provider collaboration
• Family & friends accompanying patient to visit
• Inadequate clinic space & hallway conversations
• Providers’ busy schedule = “Tell me now”

Hodgson, Mendenhall, & Lamson, 2013
Avoiding Blunders:

• Ask the patient to introduce their support person(s) attending the visit
  – Clarify whether s/he is comfortable discussing health care content with support person(s) in room

• Update if previously held agreements have changed

• Boundary issues between staff & patients:
  – Address if, when & how should confidential information be shared with other providers.

Hodgson, Mendenhall, & Lamson, 2013
Family Affair!
Family Affair

- Mrs. Lonely is a 29 year old married female
- Positive pregnancy test
- PHQ-9 = mild depression
- Dr. Tired makes an IBH referral & you discover:
  - Patient’s pregnancy is unplanned
  - She’s concerned over spouse’s reaction to pregnancy
  - She agrees to a future couple session
A New Referral

- **Dr. New** makes an IBH referral
- Mr. Ambivalent is a 30 year old married male
- Diagnosed with UTI (urinary tract infection)
- PHQ-9 = moderate depression:
  - He’s having an extra-marital affair with same sex partner
  - Agrees to return to discuss sexuality
Weeks Later

- Mrs. Lonely returns but without her husband
- Husband is “happy” over pregnancy
  - He doesn’t feel that a couple session is necessary.
- Describes her husband as “distant”
- During session you realize:
  - Mr. Ambivalent is married to Mrs. Lonely!!
Dilemma of Multiple Relationships in Primary Care

Therapy Involving Couples or Families & Maintaining Confidentiality
Whole Family Care

- Primary care provides family based medical services to multiple members of the same family
  - Same clinic
  - Same provider

Reiter & Runyan, 2013
Context of an Outpatient FHC

• My clinic can average of 1,200 patients per month
• 24 health care providers
  – Physicians, physician assistants, physical therapist, dietician, social worker, case manager
• As the sole behaviorist, you can provide 30-38 patient visits per week
Multiple Relationships: Minefield

- Referring medical provider often offer behaviorist only a brief review of patient
  - Medical providers’ high volume of patients may not be aware of complex multiple relationships
  - Warm handoff only allows for a quick review of the patient’s medical record
  - Conducting the social history is when you may discover a multiple relationship

Ivey & Doenges, 2013
Factors Influencing the Presentation of Ethically Challenging Relationships in **Primary Care** versus **Specialty Mental Health**

<table>
<thead>
<tr>
<th>Dimension</th>
<th>Primary Care</th>
<th>Specialty Mental Health</th>
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<tbody>
<tr>
<td>Whole Family</td>
<td>Common</td>
<td>Uncommon</td>
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<tr>
<td>Care Delivery</td>
<td>Team Based</td>
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<tr>
<td>Whole Person</td>
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<td></td>
</tr>
<tr>
<td>Pt Volume</td>
<td>High</td>
<td>Low</td>
</tr>
</tbody>
</table>

Reiter & Runyan, 2013
Primary Care: Different Mindset

• Rather than ask:
  “Can I see this patient?”

• Reframe the question:
  “What services can I ethically provide to this patient to maximize benefits and avoid harm?”

Ivey & Doenges, 2013
What Services Can I Offer?

- Brief therapy
- Psycho-education
- Motivational interviewing
- Health behavior change interventions
- Consultation
- Referral
- Co-facilitation with a physician for group visits

Ivey & Doenges, 2013
More Dilemmas of Multiple Relationships

To Treat or Not To Treat: Colleagues as Patients
In Gratitude

• Two years ago, you were successfully treated for an illness by a specialist who is also a colleague
• You receive a call from this specialist asking about your health then says:
• “BTW, I want to talk with you about some personal matters…….”
American Medical Association 2012: “Peers As Patients”

“The opportunity to care for a fellow physician is a privilege and may represent a gratifying experience and serve as a show of respect or competence”

• “In emergencies or isolated or rural settings when options for care by other physicians are limited or where there is no other qualified physician available, physicians should not hesitate to treat peers.”

AMA, 2012, Opinion 8.191
• “There are, however, a number of ethical considerations to weigh before undertaking the care of a colleague”

• Recommendations exist on how to support & assist physician peers in need and range from:
  – Provide encouragement to get a referral
  – Report concerns to licensing authority

3.05a Multiple Relationships:

• “A psychologist refrains from entering into a multiple relationship if the multiple relationship could reasonably be expected to impair the psychologist’s objectivity, competence, or effectiveness in performing his or her functions as a psychologist, or otherwise risks exploitation or harm to the person with whom the professional relationship exists.”

• “Multiple relationships that would not reasonably be expected to cause impairment or risk exploitation or harm are not unethical”

APA, 2010
Secret Life

• Dr. Resident completing his final year of training
• He asks to speak with you “confidentially”
• He discloses that he’s been struggling with addiction and wants to see you in your practice after he completes his residency
• You’re a member of the medical staff where Dr. X currently provides inpatient care.
APA 2010 Ethics Code

• 1.02 Conflicts between Ethics and Law, Regulations, or Other Governing Legal Authority
  – “…take reasonable steps to resolve the conflict consistent with the General Principles and Ethical Standards of the Ethics Code.”

APA, 2010
3.05c Multiple Relationships

• “When psychologists are required by law, institutional policy, or extraordinary circumstances to serve in more than one role in judicial or administrative proceedings, at the outset they clarify role expectations and the extent of confidentiality and thereafter as changes occur. (See also Standards 3.04, Avoiding Harm, and 3.07, Third-Party Requests for Services.)”

APA, 2010
3.06 Conflict of Interest

• “Psychologists refrain from taking on a professional role when personal, scientific, professional, legal, financial, or other interests or relationships could reasonably be expected to
  – (1) impair their objectivity, competence, or effectiveness in performing their functions as psychologists or
  – (2) expose the person or organization with whom the professional relationship exists to harm or exploitation.”

APA, 2010
Temptation

• You’re going on an international cruise
• Neglected to refill an important medication
  – Your’ physician’s office is closed
  – You share this with your medical colleagues
• A resident offers you a prescription & samples.
3.08 Exploitative Relationships

• “Psychologists do not exploit persons over whom they have supervisory, evaluative, or other authority such as clients/patients, students, supervisees, research participants, and employees.”

APA, 2010
“While they were saying among themselves it cannot be done, it was done”

-Helen Keller-
That's all Folks!
References


References


References


References


Resources

• CalMHSA: Integrative Behavioral Health Project
  – www.ibhp.org
  – A virtual library for those contemplating, planning, or operating treatment programs in integrate behavioral and medical services

• Sierra Family Medical Clinic: you tube
  – The SFMC provide a series of provider-patient encounters using Integrative Behavioral Health (IBH)
Resources

• Trauma Resiliency Model
  – http://traumaresourceinstitute.com
  – Teach skills to working with traumatic stress reactions

• University Massachusetts Medical Center:
  – www.integratedprimarycare.com
  – Information & tools for the integration of behavioral health and primary care