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

Presenters

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- Lesley Manson, PsyD, Clinical Assistant Professor, Assistant Chair of Integrated Initiatives
- Holly Cleney, MD, Managing Physician, Latham Medical Group
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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

Learning Objectives

At the conclusion of this session, the participant will be able to:

- Identify challenges and solutions of integrated care training for behavioral health providers in primary care.
- Describe basic competencies needed for licensed professional 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.

Bibliography / Reference

1. Canady, V.A. (2015). New APA training recommendations for integrated care. Mental Health Essential Information. 25(11). DOI: 10.1002/mhw.30109
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4. Hoover, M. & Andazola, J. (2012) Integrated behavioral care training in family practice residency: opportunities and challenges. Journal of Clinical Psychology in Medical Settings. 19(4).
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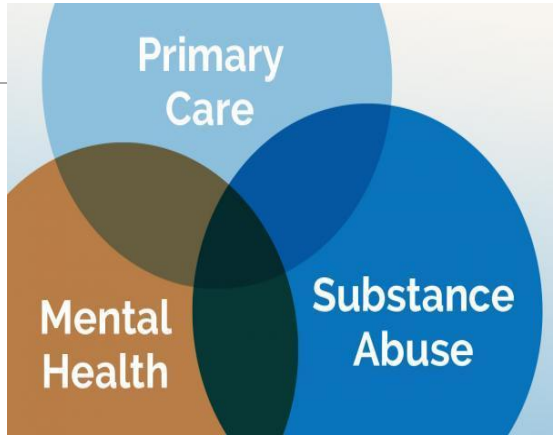
Integrated Behavioral Health

THE NEED FOR A NEW WORKFORCE



Facts

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.

Facts

Approximately 70% of primary care visits driven by behavioral health concerns including poor health behaviors

- conventional psychological interventions are not compatible with the complexity and fast pace of primary care (Hunter, Goodie, Oordt & Dobmeyer, 2009).

Physician Comments "Nature of Office Visits"

HOW OFTEN CAN YOU USE A BHC?

Problem

The integrated behavioral health provider in primary care is paramount

- yet this provider (one trained in supporting primary/ speciality care) is a new healthcare workforce and not readily available.

Fact

As practices move toward integrated care, the need is greater than the supply, making practical solutions imperative (Glueck, 2015).

- Currently
  - Barriers are greater than solutions

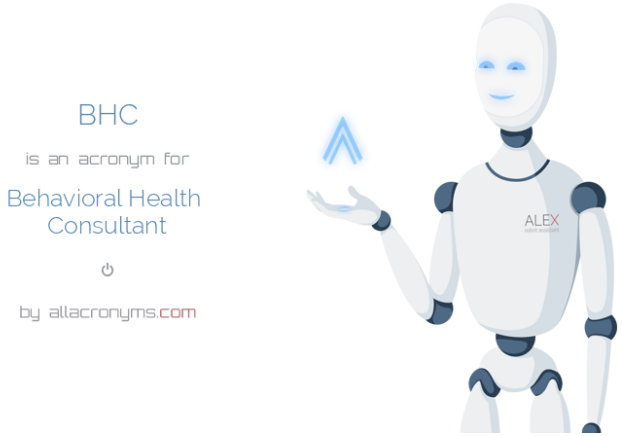
Physician Perspective Why a BHC?

WHY DO YOU NEED “MORE” THAN A MENTAL HEALTH PROVIDER?

WHAT DO BHCS DO THAT IS SO DIFFERENT THAN A MENTAL HEALTH PROVIDER?

Dimension	Consultant	Therapist
Primary consumer	PCP	Patient/Client
Care context	Team-based	Autonomous
Accessibility	On-demand	Scheduled
Visit length	15-30	50-60
Ownership of care	PCP	Therapist
Referral generation	Results-based	Independent of outcome
Productivity	High (60 pts weekly)	Low (25-30 weekly)
Care intensity	Low (target problem)	High
Problem scope	Wide (generalist)	Narrow/Specialized
Length of treatment	Brief (1-6 visits)	Ongoing
Termination of care	Pt progressing toward goals	Pt has met goals

Team Members?



- BHC are members of the primary care team
- As such, most MH providers will need additional training in:
  - Integrated workflow
  - Brief intervention
  - Medical
    - Medication
    - Disease states
    - Health behavior change
      - Lifestyle medicine
  - Population health
  - Quality improvement

Challenges in Obtaining BHCs

Hiring

- Newly graduated?
- Seasoned professional?
- New professional?

- Hiring for “talent” not experience

Hired? Now Train!

- Issues with training
  - **Time**
  - Material
  - Availability
  - Structure
  - **TIME!!!!!**

How Can We Solve This Problem?

Solution

- A unique brief online training program for behavioral health consultants in primary care

Format

- Didactic and interactive asynchronous learning platform
  - Designed to enhance the knowledge and competency of additional skills needed in primary care including, but not limited to
    - Behavioral medicine
    - Disease management
    - Primary care behavioral health practice and intervention
    - Collaborative team-based care

Goal

Goal: Remove the time constraints of training “new BHCs” and provide these professionals with the key elements of what they need to know to begin functioning as part of the primary care team.

Contributions

- History
- Program has nationwide contributions medical and behavioral
  - Professionals
  - Students
- Across the United States in a joint collaborative effort.

Delivery

- Training is brief
  - »(estimated at 4-8 weeks)
    - We currently do 6 weeks
- Uses an online platform removing barriers to obtaining material, making this process as seamless as possible.

Pilot Programs

- 8 and 4 weeks (respectively)
  - Combined with on-the-job training in a primary care setting.

- Different timelines for online delivery/ module assignment
  - Spread out
  - Front loaded

Training Program

WHAT WE DID

Platform

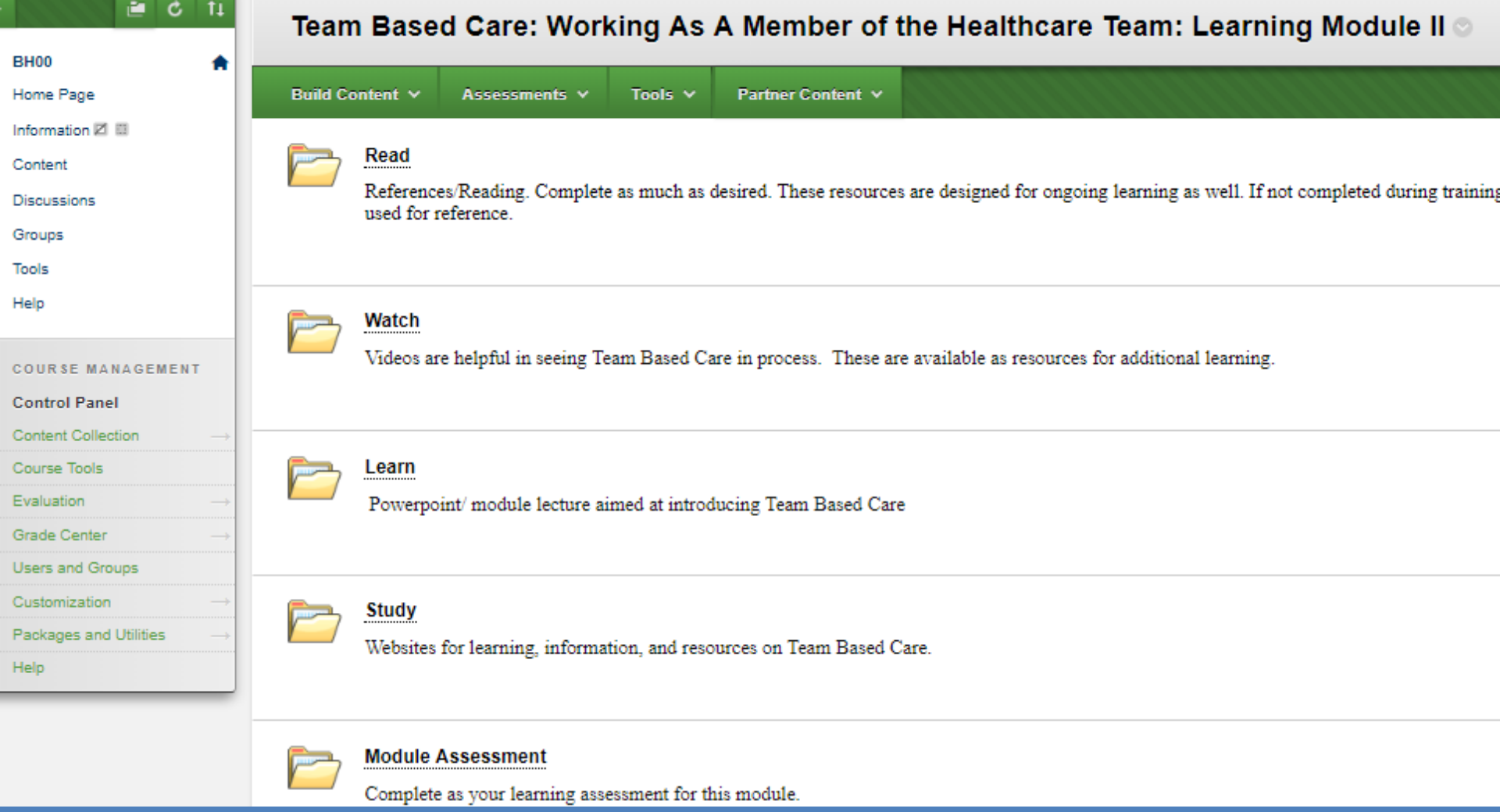
- Blackboard “Coursesites”
  - Free BBO online platform
  - Completed online/ onsite
  - Material structured by Modules
    - Modules structured by topic/ material
    - Assigned by week
  - Didactic learning
  - Asynchronous interaction-
    - With “instructor” and other trainees (Discussion Boards)

Content Formatting

- Each module structured in the same way including
  - **Read**-Journal articles
  - **Study**- Relevant websites
  - **Watch**- appropriate learning videos
  - **Learn**- PowerPoint with voiceover
  - **Module assessment**
    - Quiz
    - Discussion Board Post (graded)

Modules

Brief Interventions and Treatment in Integrated Care
Medically Unexplained Symptoms
Health Behaviors
Pathophysiology
Motivational Interviewing
Psychopharmacology
Integrated Workflow
Performance Metrics
Population Health
Quality Improvement in Healthcare


Team Based Care: Working As A Member of the Healthcare Team: Learning Module II
Build Content
Assessments
Tools
Partner Content
BH00
Home Page
Information
Content
Discussions
Groups
Tools
Help
COURSE MANAGEMENT
Control Panel
Content Collection
Course Tools
Evaluation
Grade Center
Users and Groups
Customization
Packages and Utilities
Help
Read
References/Reading. Complete as much as desired. These resources are designed for ongoing learning as well. If not completed during training
used for reference.
Watch
Videos are helpful in seeing Team Based Care in process. These are available as resources for additional learning.
Learn
Powerpoint/ module lecture aimed at introducing Team Based Care
Study
Websites for learning, information, and resources on Team Based Care.
Module Assessment
Complete as your learning assessment for this module.

Blackboard

Module Assessment

Build Content | Assessments | Tools | Partner Content

Team Based Care

Please follow the link to the Discussion Board and submit your response there to the follow questions:

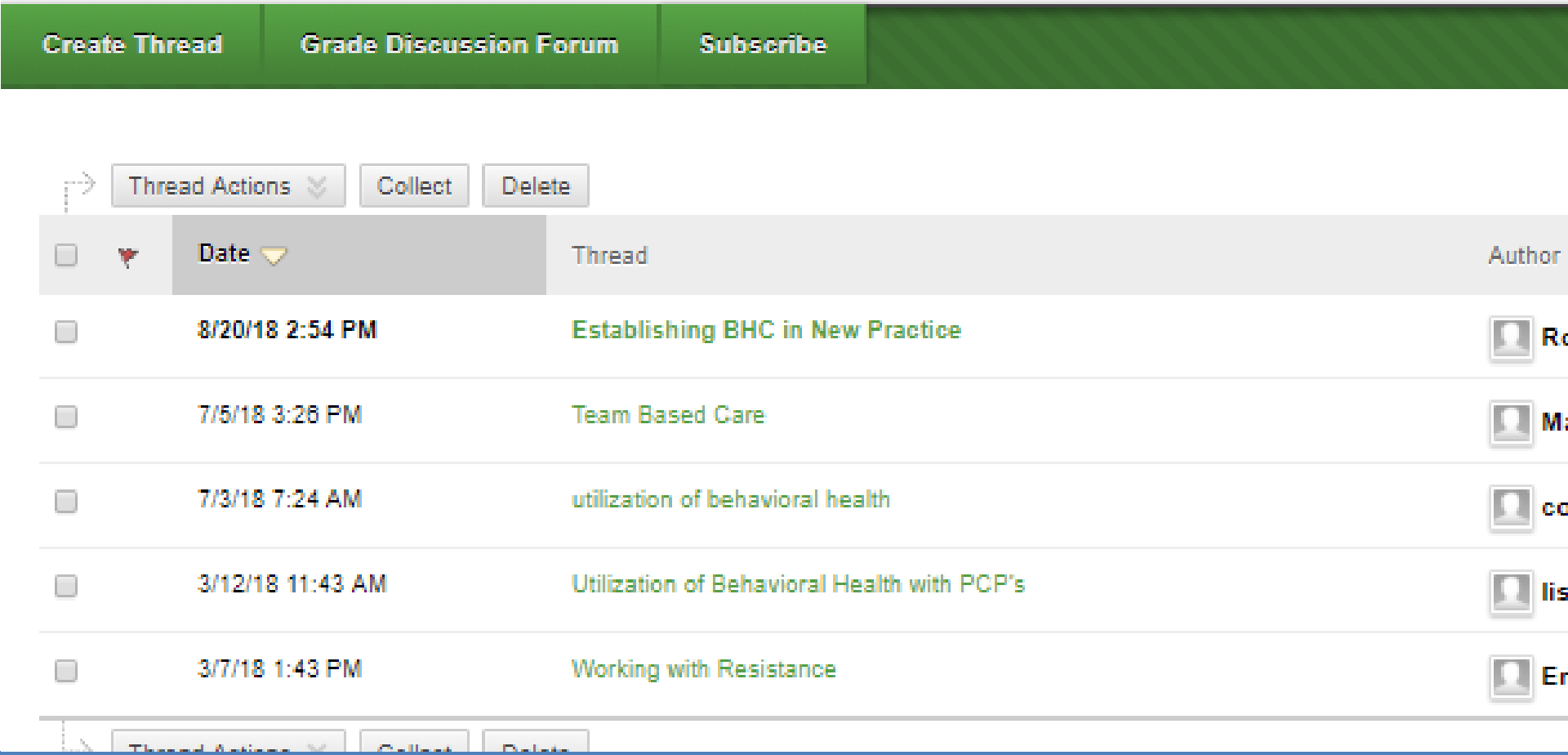
You may be in practices/ clinics where either the PCPs are not utilizing you fully or at all. You may hear things lik the room", implying there is either "no need for BH" or the patient will be upset by the BHCs presence.

1. How would you go about addressing these (or similar) issues?
2. What else might you recommend to increase your referrals and with warm hand offs- think outside the box.
3. How can you educate and make the PCPs more comfortable with your services?
    - Trying to engage your PCPs more- how?
4. How can you assure a patient would be "ok" with your joining the visit?

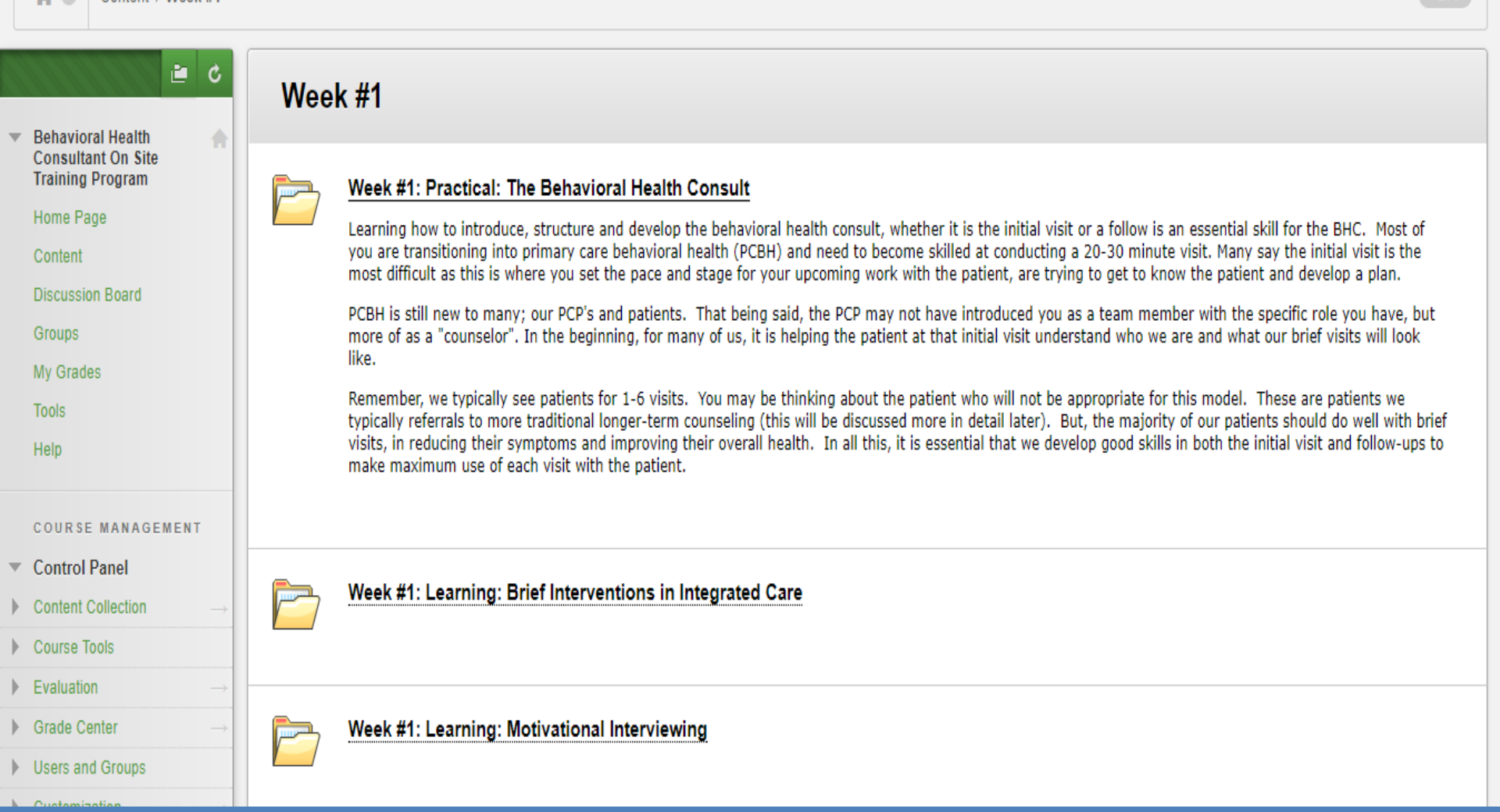
Address all of the questions above in a synthesized plan for developing fully integrated behavioral health within y issue. For example, educate PCPs on how you can help with smoking, then develop a pathway: at the time of the intervention. Please be specific; how would you provide education, how would you get your plan going etc.

Discussion Board Interaction

Organize Forum Threads on this page and apply settings to several or all threads. Threads are listed in a tabular format.



Posts



Coursesites

Free; Powered by BlackBoard

Discussion Board

↕ ☐	Wk 1: Introduction Script	After reviewing the course materials for the BH consult (particularly the PCBH Introduction Script) write your own script using the components addressed. Use your own words and try to come up with something you feel comfortable with that has the needed information, but sounds welcoming and natural. You will be asked to "Introduce" yourself at our first training. Post your "own" introduction script in the discussion board. In addition, be prepared to "Introduce" yourself at our first training.	11	1	6
☐	Wk 1: Warm Hand Off- Depression; Brief Interventions	You are seeing a patient for depression in a warm hand-off. What screening tool(s) could you use? How would you administer it to your patient and what would you do with the results. Briefly, describe a case study using a depression screening tool with your patient.	5	1	5
☐	Wk 2: Health Behaviors	Consider the health behaviors discussed in the PowerPoint and module material. Choose one and briefly describe a hypothetical "reason for referral" for your patient (for example weight loss/ obesity etc). Then pick an appropriate health behavior and explain how you, as the behavioral health consultant, would use work with the patient: educating, and implementing treatment focused on this health behavior change. Be specific: what resources would you use to assist the patient, examples of SMART goals established, etc.	8	2	6
☐	Wk 2: PCP Buy-In	You are in situations where either the PCPs are not utilizing you fully or there are appointments, such as physicals where the PCP may say "there is no need for BH". 1. How would you go about trying to engage your PCPs more? 2. Looking at the two health screens in this module would these be tools you might offer obtaining a "health profile" of their patients? 3. What else might you recommend to increase your use in visits and with warm hand offs?	8	3	6
☐	Wk #3: Pathophysiology	Consider the conditions discussed in the PowerPoint and module material. Choose one condition, briefly explain the condition, and then describe what you, as the behavioral consultant, can do to improve the health of the patient with this condition.	7	7	5

Online Training Complimented By

- Weekly face-to-face training
  - 1 hour
  - At primary care site (or asynchronously)
- Shadowing PCPs
- Shadowing BHCs (if available)

Physician Perspective A BHC Shadowing?

IS THAT GOOD FOR YOU? DO YOUR PATIENTS MIND”

Shadowing PCPs Extended Full Day

"MY TEAM MEMBER AND I"

Training Program

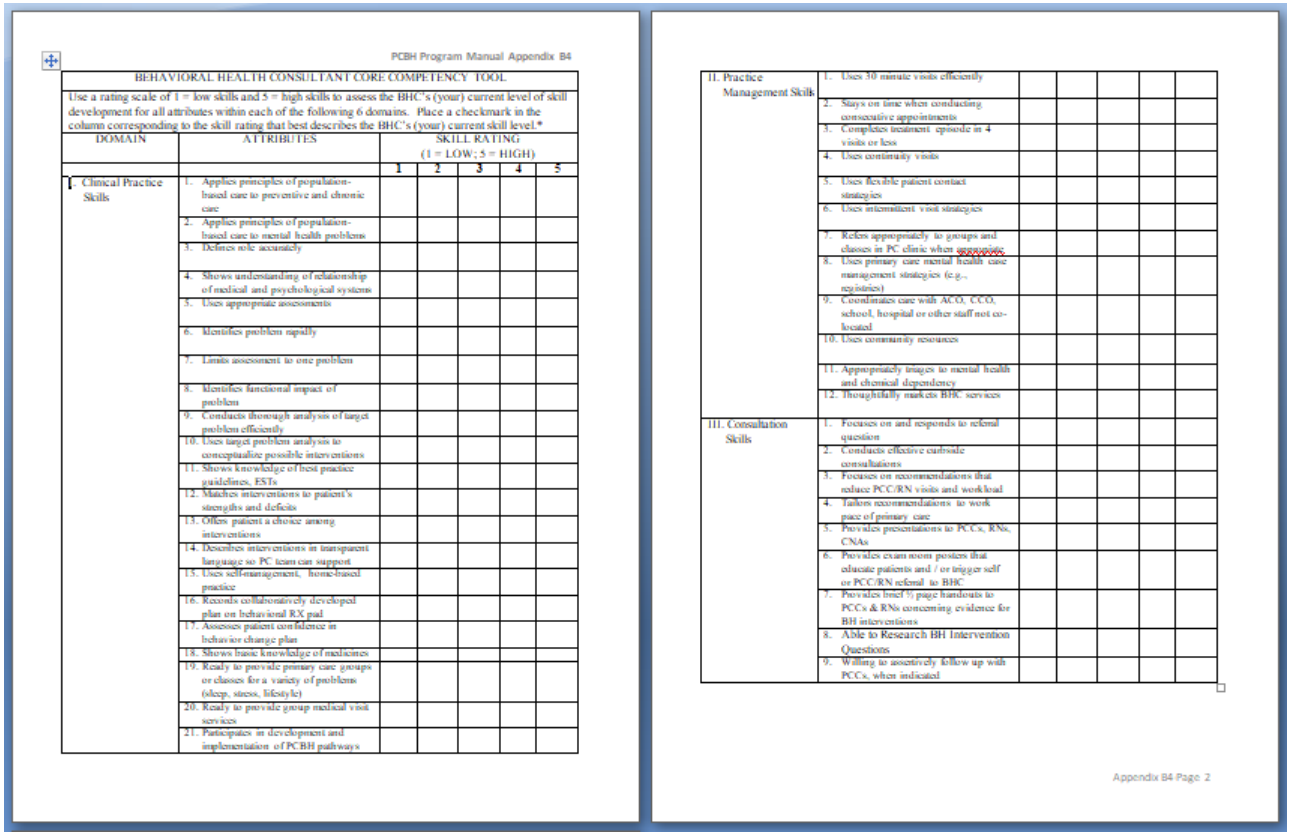
MEASUREMENT AND OUTCOMES

Pilot Study

- Measuring BHC
  - Core competencies
  - Learning domains (modules)

- Pre and Post Training
  - Core Competencies
    - Using Behavioral Health Consultant Core Competency Tool
      - Standardized, evidence-based assessment
  - Module pre/ post outcomes

Behavioral Health Consultant Core Competency Tool Short Version



PCBH Program Manual Appendix B4

BEHAVIORAL HEALTH CONSULTANT CORE COMPETENCY TOOL

Use a rating scale of 1 = low skills and 5 = high skills to assess the BHC's (your) current level of skill development for all attributes within each of the following 6 domains. Place a checkmark in the column corresponding to the skill rating that best describes the BHC's (your) current skill level.*

DOMAIN	ATTRIBUTES	SKILL RATING (1 = LOW; 5 = HIGH)				
		1	2	3	4	5
I. Clinical Practice Skills	1. Applies principles of population-based care to preventive and chronic care					
	2. Applies principles of population-based care to mental health problems					
	3. Defines role accurately					
	4. Shows understanding of relationship of medical and psychological systems					
	5. Uses appropriate assessments					
	6. Identifies problem rapidly					
	7. Limits assessment to one problem					
	8. Identifies functional impact of problem					
	9. Conducts thorough analysis of target problem efficiently					
	10. Uses target problem analysis to conceptualize possible interventions					
	11. Shows knowledge of best practice guidelines, ESTs					
	12. Matches interventions to patient's strengths and deficits					
	13. Offers patient a choice among interventions					
	14. Describes interventions in transparent language so PC team can support					
	15. Uses self-management, home-based practice					
	16. Records collaboratively developed plan on behavioral RX pad					
	17. Assesses patient confidence in behavior change plan					
	18. Shows basic knowledge of medicines					
	19. Ready to provide primary care groups or classes for a variety of problems (sleep, stress, lifestyle)					
	20. Ready to provide group medical visit services					
	21. Participates in development and implementation of PCBH pathways					

II. Practice Management Skills	1. Uses 30 minute visits efficiently						
	2. Stays on time when conducting consecutive appointments						
	3. Completes treatment episode in 4 visits or less						
	4. Uses continuity visits						
	5. Uses flexible patient contact strategies						
	6. Uses intermittent visit strategies						
	7. Refers appropriately to groups and classes in PC clinic when appropriate						
	8. Uses primary care mental health case management strategies (e.g., registries)						
	9. Coordinates care with ACO, CCO, school, hospital or other staff not co-located						
	10. Uses community resources						
	11. Appropriately triages to mental health and chemical dependency						
	12. Thoughtfully markets BHC services						
III. Consultation Skills	1. Focuses on and responds to referral question						
	2. Conducts effective curbside consultations						
	3. Focuses on recommendations that reduce PCC/RN visits and workload						
	4. Tailors recommendations to work pace of primary care						
	5. Provides presentations to PCCs, RNs, CNAs						
	6. Provides exam room posters that educate patients and / or trigger self or PCC/RN referral to BHC						
	7. Provides brief ½ page handouts to PCCs & RNs concerning evidence for BH interventions						
	8. Able to Research BH Intervention Questions						
	9. Willing to assertively follow up with PCCs, when indicated						

Appendix B4 Page 2

BHC Core Competencies

- **Research Question:**
  - What is the impact of an online training program designed to enhance the knowledge and competency of additional skills needed for primary care including, but not limited to behavioral medicine, primary care behavioral health practice and intervention, and collaborative team based care for mental health professionals.

- **Measured Success Through:**
  - T-Test results were significant, $t(4) = 7.20$, $p = .001$

- **Results indicate:**
  - BHCs core competencies (BHC-CCT Short Version) significantly increased by an average of 17.50 points.

T-Test Results by Domain

Clinical

T-Test results were significant, $t(4) = 10.16$, $p = .001$

Practice Management

T-Test results were significant, $t(4) = -5.79$, $p = .004$.

Consultation Skills

T-Test results were significant, $t(4) = -5.74$, $p = .005$.

Documentation

T-Test results were significant, $t(4) = -5.69$, $p = .005$.

Team Performance

T-Test results were significant, $t(5) = -7.16$, $p = .002$.

Administration

T-Test results were significant, $t(5) = -5.36$, $p = .006$.

MODULES	% of Prior Knowledge	IMPROVEMENT METRICS
Integrated Workflows	0	Highly Significant
Pathophysiology	0	Significant
Health Behaviors	0	Highly significant
Medically Unexplained Symptoms	0	Significant
Quality Improvement	0	Highly significant
Population Health	0	Highly significant
Motivational Interviewing	(80%)	Improved
Psychopharmacology	50%	Significant
Brief Intervention	65%	Highly significant

MODULE OUTCOMES

Performance Metrics

Proficiency Measures

- Module assessments
  - Metrics:
    - Numerical grade 0-10
    - Passing grade: 8
- Weekly Performance Metrics
  - Case Study
  - 90 second PCP consult
  - BH Note types
  - Documentation: see attached files for weekly reports (5 pts each).Weekly report- data
  - Report- program management and development
- Behavioral Health Consultant Core Competency Tool (PCBH Program Manual Appendix B4)
  - 6 domains

Study Overview

DISCUSSION, CONCLUSIONS AND RECOMMENDATIONS

Training Revisions

Adapted:

- Module assignment schedule revised
  - To adapt to training time
    - Originally spread out
  - Training schedule
- Content
  - Contained too much information
    - Limited content staying with basics and key concepts/ skills

Additional Revisions

Added:

- Addition of performance metrics and skills:
  - Record keeping
  - Writing progress notes
  - Billing
  - EMR

After Revisions

- Online platform
  - Adjusted online training schedule
    - Front loaded in first few weeks

- Module formatting and content
  - Material reviewed
    - revised to maximize limited time frame
      - (1.5-3 hours per module)

Physician Perspective

HOW DOES THIS TRAINING PROGRAM BENEFIT YOU? YOUR PRACTICE?

Training Benefits for PCPs & Practice

- Additional workforce for practice during training
  - WHOs
- Enhanced cross training opportunities
- Promote culture of team-based care for office and patients
- Improve workflow and pathways

Conclusions

- There is a need.
  - Training takes time as does the development of an optimal learning platform.
  - Online modality has the capacity to
    - greatly enhance and facilitate training
    - Allow practice to train new hires without allocating a substantial time component to this training
      - Time spent training equated to lost revenue (time away for patient care)

Recommendations

- Search what is currently available
- Develop train the trainer platforms
- Understand that the availability of these materials
  - Can be adapted to your specific needs
  - Specific performance metrics of your organization
  - Open access to module material to be adapted by you for your site

Physician Comments

TAKE HOMES FOR YOU AND YOUR PRACTICE

Training Program Interest?

- Email the developers below
  - Cynthia A Stone, DBH.
    - Email: cstone@communitycare.com
  - Lesley Manson, PsyD
    - Email: lesley.manson@asu.edu

- Training program/ material upon request.

Questions

Contact and Consultation Information

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BH Workforce Training Project Volunteers- Special Thanks!

Cynthia A Stone, DBH. Lesley Manson, PsyD, Allison Allmon Dixson, PhD, Dr. Mercedes M. Williams, DBH, MPH, ABVE, CCBT, CCM, Jeffrey M. Ring, Ph.D., Bonnie Mitchell, LPC, Dr. Angela Giles, DBH, LCSW, BCD, DAPA , Stacy Ogbeide, PsyD, MS, David Clark. MD, Hayley Quinn, PsyD, Chris Tomlinson, Dr. Jasna Haller, DBH, MEd, MMIS, ACAS, BCPC, Marianne T. Kramer, DBH, Gary, Waters, DBH, Kendra Stewart, DBH, Dr. KTG, DBH, Kathryn L. Vennie, DBH, Bonnie J. Mitchell , LAC