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# **What We Didn't (and Won't) Learn in School:**

## **Training Providers Using a Consultative Model of Integrated Care**

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# Before Training

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- Don't Forget the Medical Providers
  - Educate on the model and what they can expect
- Train according to how to make their practice more effective and efficient
  - Core Knowledge Competencies
  - Core Clinical Competencies
  - Core Program-Level Competencies

# Before Training

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- Make it east to do the right thing
  - Using clinic-wide screenings and algorithms
- Examine the clinic's readiness for integration and available support
  - Behavioral Health Assistants
- Know the financial model of the clinic and the constraints
  - Coding and reimbursement for BH visits

# Before Training

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- Acknowledge the hurdles to overcome
  - We do not speak the same language or practice similarly
  - Ensure common understanding of goals and model
- Pre-Training Core Competencies
  - Cognitive-behavioral techniques
  - Dialectical behavioral therapy skills
  - Psychopharmacology knowledge
  - Motivational Interviewing Techniques
- Integrated Care is Not for everyone ...

# Does this Sound Fun or Painful? ...

## A Day in the Life of a BHC

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- All PCPs in setting have access to refer
- Triage nurses and medical assistants can also pull in a BHC for emergencies
- Schedule 10 patients / day with 4 -5 additional 'walk-in' appointments available for same day consultations
- Accepts all referrals from providers, clarify inappropriate referrals on the back-end
- Wide range of presenting problems
- Expect the unexpected

# Training BH Providers

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- Must have both didactic and experiential components
- All Training Targets Core Competencies
  - Clinical Practice Skills
  - Documentation Skills
  - Consultation Skills
  - Training and Administrative Skills if relevant
- Shadowing PCPs at the outset

# Training BH Providers

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- Familiarize trainees with resources, screening tools, assessment tools (symptom based assessments), and BHC Handouts
- Handouts on everything from depression and anxiety to hypertension and diabetes
  - Using handouts – A BHC Prescription
  - Use existing or develop based on evidence
- See One, Do One Model of Training

# Training BH Providers

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- Documenting the BH visit
  - EMRs
  - Coding BH visits
- Giving feedback to PCPs
- Real-time feedback to BH trainee is key component in developing skill-set
- The Backbone of BH Consultation -- The 30 Minute Consult

# The 30 Minute Consultation

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In The 30-Minute Consult / Interview is a Good Strategy for Brief, Focused Interventions ... May not be the standard of care for specialty mental health treatment

# Components of a Consult

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1. Introduction (~2 Minutes)
2. Functional Analysis (~15 minutes)
3. Summary (~ 2 Minutes)
4. Patient's Ideas on Intervention Target (~ 2 Minutes)
5. Behavioral Change Plan (~10 Minutes)

# Introduction

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- Purpose: Sets the stage for the appointment
- Tell Them Your Profession and Your Role
- Discuss the Structure of Appointment
  - Get a snapshot
  - Discuss possible intervention strategies and what seems doable to you right now
  - Develop a plan
- Discuss Possible Outcomes of the Evaluation
  - No follow-up, follow-up, referral, etc.
- Ensure Understanding and Clarify any Questions

# Functional Analysis

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- Based on Referral Question (Primary Reason for Visit)
  - Clarify patient's understanding for visit
  - Define Problem
    - Duration, Intensity, Frequency
    - What Makes Problem Better or Worse
    - Current Interventions and Outcomes
  - Be aware of cardinal signs of more severe disorders
  - Minimize open-ended questions, Limit reflective statements
  - Focus on the Present

# Functional Analysis

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- What is the Functional Impairment?
  - Work, Performance or Relationships
  - Family Relations
  - Social Activities
  - Recreational Activities
  - Exercise
- Assess for Changes In:
  - Sleep
  - Energy
  - Concentration
  - Appetite

# Functional Analysis

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- Other Habits
  - Caffeine Consumption
  - ETOH Consumption
  - Tobacco
  - OTC Medication or Supplements
- What does a Typical Work Day Look Like?
- What does a Typical Week-End Look Like?
- What Would Change if Problem was Improved (Gone)?

# Problem Summary

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- Empathy is critical
  - Hooks the Patient Into the Interaction ...or Loses them
- Make Sure You Have Understood Problem
- Add education into summary as appropriate
- Get Feedback from patient (Did I get it right?)
  - Ties together information received
  - If on target, then weave in some interpretive statements

# Identify Target Intervention

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- Ask patient to identify one or two changes that would impact his/her life the most
- Be specific in selecting goals
- How would he/she know they were improving?

# Change Plans

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## 1. Behavior Change Plan

- ❏ Provide “big picture” of recommendations
- ❏ Offer Several Options, Shared-Decision Making
- ❏ Provide rationale for interventions
- ❏ Follows from functional assessment

## 2. Typical Change Plans

- ❏ Reasonable changes to increase self-efficacy
- ❏ Patient (and PCP) Management Focused
- ❏ Use educational materials / handouts
- ❏ Clear, measurable targets
- ❏ “Behavioral Prescriptions”

# Follow-Ups

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- There is nothing magic about 50 minutes
- There is nothing magic about once/week
- Give them time to practice change plan
- Let plan dictate when follow-up occurs (may be sooner than one week or much longer)
- Be creative – use of telephone follow-ups, coordinate with next PC visit, etc.
- Stick to 30 minute structure ... patients will learn the structure and respond accordingly

# Final Notes on Training

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- Ongoing consultation and support can be effective to maintain integrity of service
  - Consider turnover rates
  - Consider train the trainer models
- Peer review and consultation opportunities
  - Establishing the standard of care
- In house quality improvement to determine satisfaction (patients and providers) and level of impact
  - Are the goals for this integration effort being met?
- Group Medical Appointments