

Behavioral Health in a Primary
Care Setting
Keys to Success !!

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A world of opportunities

- Develop new skills and specialties for behavioral health providers
- Opportunities for profession to grow and for professional growth
- Participate in new research around chronic illness, co-morbid disorders
- Health care reform , medical homes and transdisciplinary care teams
- Track abstract dollars and impact of behavioral health services in primary care settings
- Track improved health outcomes



A new world, a new way

- Very different from traditional mental health practice
- Less structured
- More patient centered
- Best practices
- Two sets of “consumers”
- Utilization of tools (phq9, GAD7, MCHAT)



Why are Tools Important ?

- Everyone speaks the same language
- Helps focus care and symptom reduction
- Allows for quantifying treatment progress and goals
- Very different experience for many behavioral health providers
- Electronic health records



Types of Behavioral Health Providers who are Successful

- Used to working in less structured setting
- Walk in or drop in settings
- Outreach work (homeless, ACT)
- Emergency room
- Some medical training, experience with or knowledge of medical diagnosis
- Experience with and “buy in “ to shorter treatment models/modalities



Strategies for Success

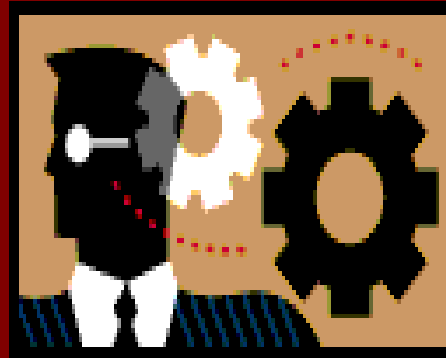
- Engaging medical providers (sometimes one at a time)
- Preparing the practice
- Figuring out the billing and workflows first
- The “warm hand off”
- Pro-active vs. reactive
- Documentation changes

Proactive..what do we mean ?

- Changing to role to preventive
- Reviewing idea of pre-visit

Populations for Proactive ..

1. Prenatal
2. Infants/toddlers
3. Seniors
4. Post MI, Stroke



Reactive...what do we mean

- New diagnosis (diabetes, pregnancy , cancer, hiv)
- Stress related (stress related)
- Crisis
- Responding to information from primary care providers during visit
- Implementation of screening program(s)

Screening Programs

The Good the Bad and

- Difficult to implement requires organizational buy in and selected target populations or diagnosis
- Need to prepare for all stages
- Traditionally done around depression, family violence
- More common now with integrated care and electronic health records
- Increases volume for behavioral health

Speaking of Increased Volume

- Open access to facilitate hand offs and decrease down time, patient centered
- Shorter visits, no wait time for appts
- Less history more symptom reduction
- Special evidence based practices (pst-pc)
- Being interrupted is okay !
- Shorter treatment duration



Open Access- No Way !

- Can be partial or full open access (scheduling in admin times for providers or less busy times like mornings)
- Not everyone needs more then one appointment
- Decreases no show rates
- Evens out over time
- Provider and patient satisfaction
- Most resistance from providers in beginning



How Short Term is Short Term ?

- 6-8 weeks for many models like PST-PC, SFT , CBT
- Less then 12 weeks
- My patients are complex and have long histories of trauma so this wont work for me syndrome
- Yes short term is therapy

Where Do We Go From Here ?

- National Council web site
- IMPACT (www.impact-uw.org)
- California
- Ohio Coordinating Center for Integrated Care

Questions ?????

Thank You !!

