

## BACKGROUND

- Behavioral health (BH) conditions significantly affect the overall health of primary care patients and increase inappropriate health care utilization.<sup>1,2</sup>
- At Boston Medical Center's Family Medicine Clinic, barriers exist for effective BH care.
- Barriers include:
  - lack of systematic BH screening and
  - delivery of BH care in a separate location
- These gaps have led to missed opportunities for early identification of BH conditions as well as limited access and coordination of care.

## MISSION

To improve the mental and physical health of our patients by providing safe, high quality, evidence based, efficient, patient centered, behavioral healthcare services in the primary care setting .

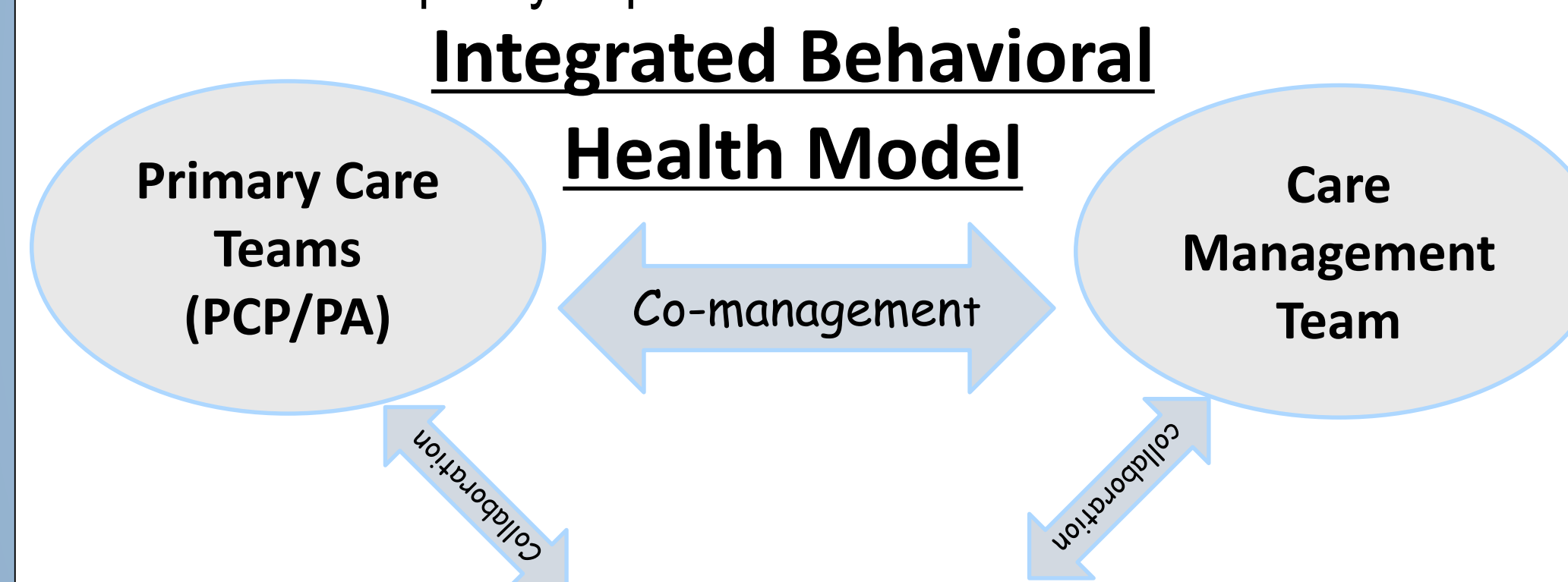
## AIM

To collaborate with the Psychiatry and General Internal Medicine Departments of Boston Medical Center to develop a multidisciplinary service agreement that servers as a roadmap to a fully integrated behavioral health team in Family Medicine

## COLLABORATIVE MODEL

### Principles of Collaboration

- Teamwork and Citizenship:** commitment to co-development and co-management of the program
- Clarity of Responsibility:** clear roles for each position and accountability
- Access to Care:** ensuring all patients with behavioral Health needs have access to care
- Excellence in Education :** Joint staff training and resources
- Excellence in Research:** joint research programs and development of health outcome focused projects
- Open Communication:** appropriate sharing of clinical information while complying with regulatory requirements
- Continuity of Care:** Behavioral health resources that are co-located and clinically integrated with seamless transitions between providers
- High Efficiency:** Adoption of operationally sound work flows
- Quality and Evidence-Based Care:** Commitment to continuous quality improvement



Behavioral Health Team		
Patient Navigator	LICSW	Psychiatrist
<ul style="list-style-type: none"> <li>Resource expert</li> </ul>	<ul style="list-style-type: none"> <li>Crisis intervention</li> <li>Short course psychotherapy for moderate complexity patients</li> <li>Substance use counseling</li> <li>Group sessions</li> </ul>	<ul style="list-style-type: none"> <li>Direct patient care (high risk)</li> <li>PCP education</li> <li>BH oversight</li> <li>Group sessions</li> </ul>

Increasing complexity of behavioral health need

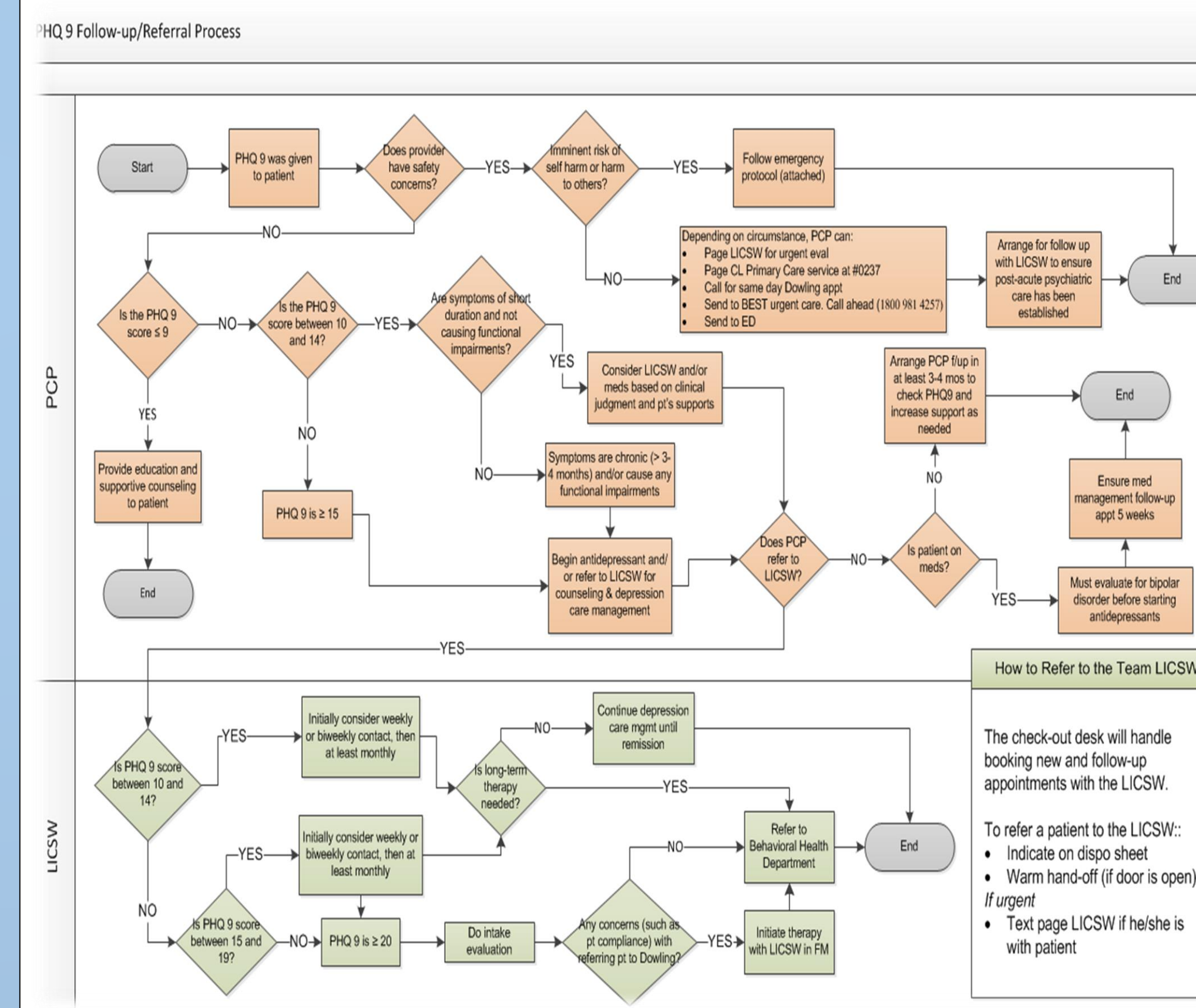
### Work To Date

- ✓ Monthly Collaborative meetings ( Depts. Of Psychiatry, Internal Medicine and Family Medicine)
- ✓ Principles of Collaboration Developed
- ✓ Hired Family Medicine Behavioral Health Team
- ✓ Agreement of screening tools to be administered by the Primary Care Team ( PHQ2, Single Question drug and alcohol)
- ✓ Screening and Referral Workflows
- ✓ Training on screening tools, work flows, Brief Intervention and Motivational Interviewing
- ✓ Participation in the Massachusetts Primary Care Payment Reform Initiative ( PCPRI)
- ✓ Initiation of monthly Interdisciplinary Behavioral Health Forums
- ✓ Identified Metrics to track success of program

## METHODS

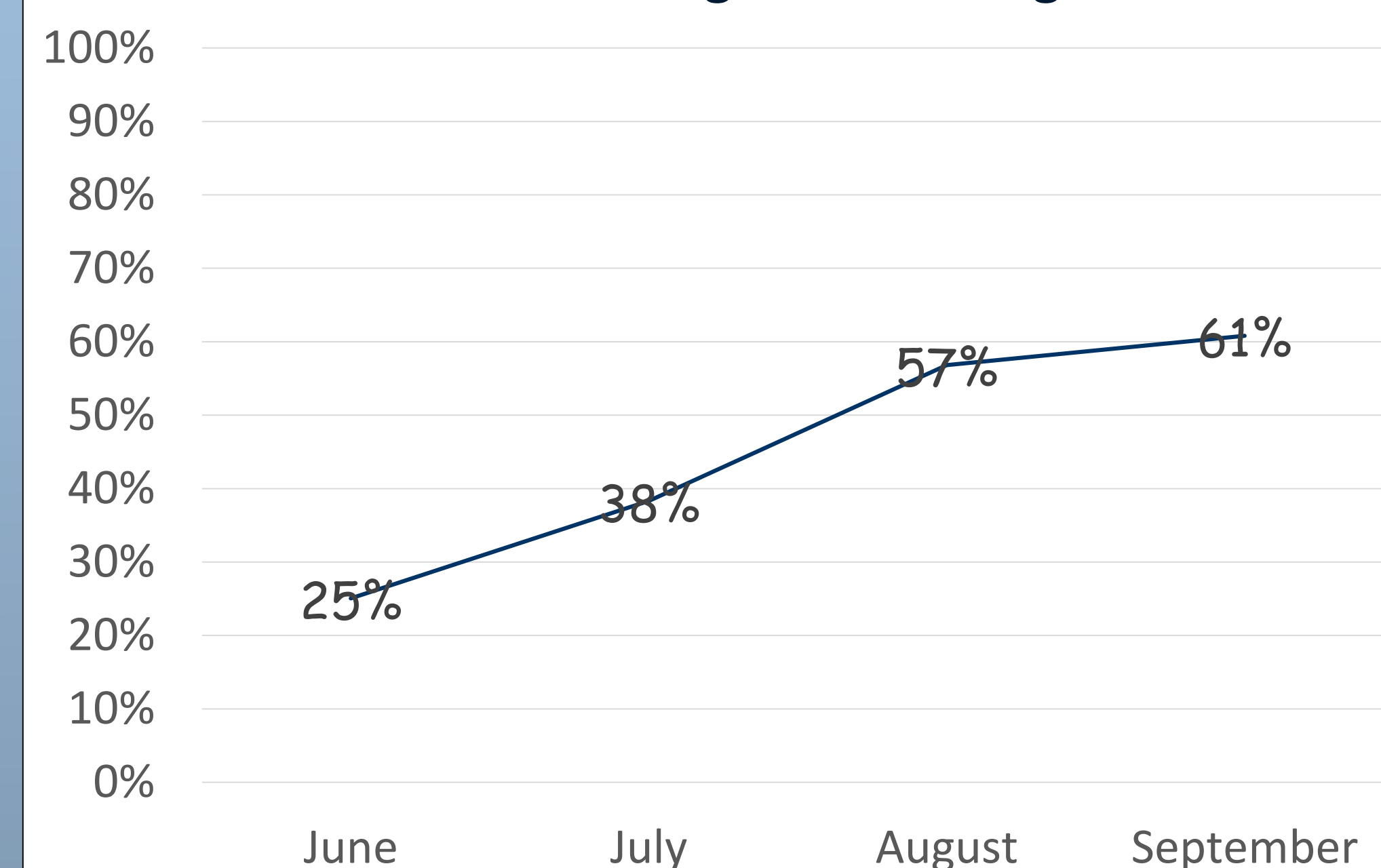
### Behavioral Health Screening Method

- Front Desk**
  - Gives screen to patient
  - Single Item alcohol, drug and PHQ2
- Practice Assistant**
  - Scores screen , gives follow-up tool for (+) response
  - AUDIT, DAST and/or PHQ9
- Provider**
  - Scores follow-up tool, if given
  - As needed, conducts brief intervention and / or conducts warm hand off or referral to Behavioral Health team



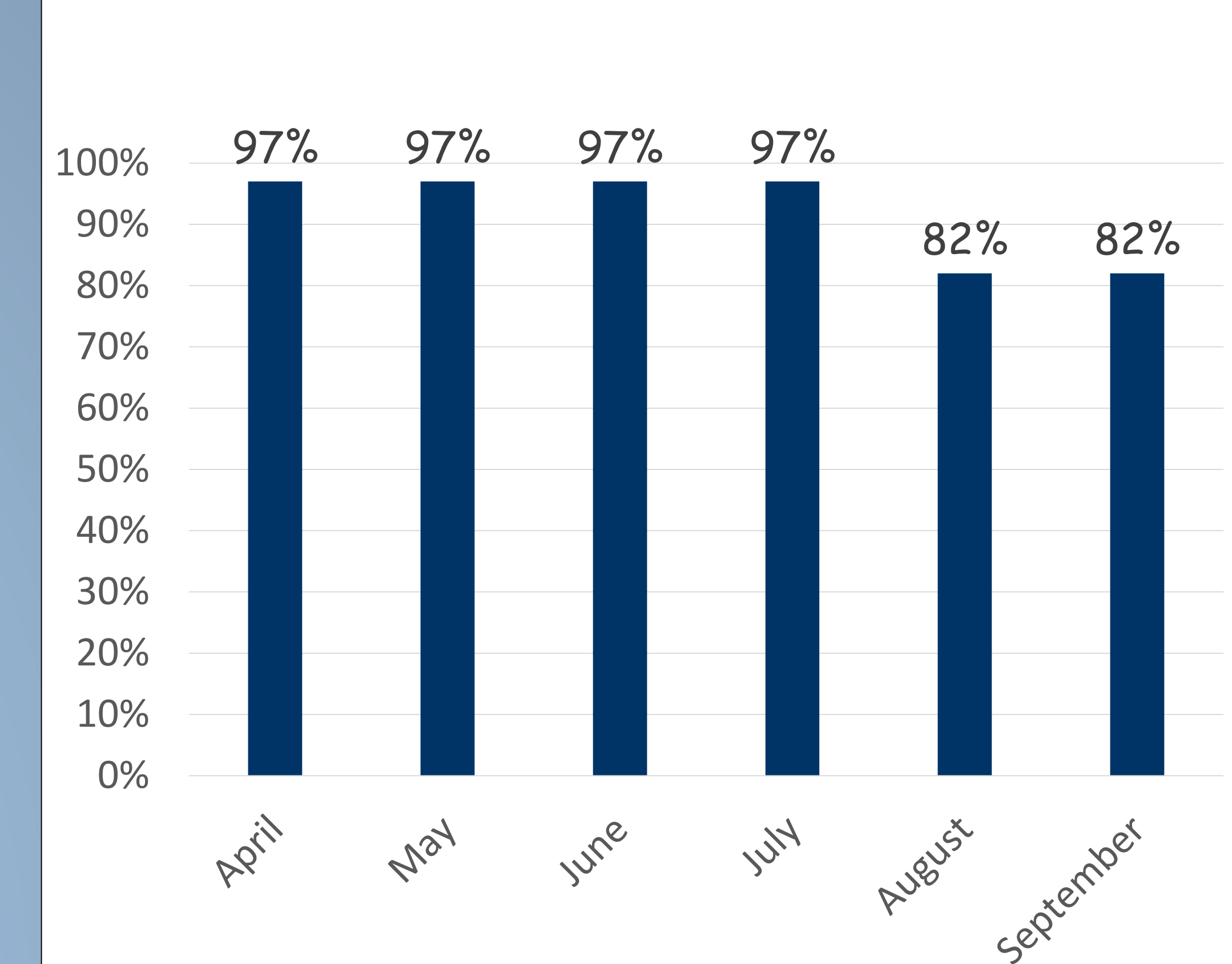
## METRICS

### Percentage of Arrived Team Fire Patients Receiving BH Screening



## METRICS

### Patients Seen by LICSW in 14 Days or Less



## NEXT STEPS

### Screening

- Spread Behavioral Health Screening Training to all Practice Assistants.
- Train all Providers on Behavioral Health screening, interpretation and interventions.

### Access

- Hire 1 FTE Behavioral Health Nurse Practitioner
- Adjust LICSW schedules to reflect an Open Access format

### Quality and Coordination of Care

- Psychiatrist to start Group Visits for patients with unhealthy substance use co-facilitated with a Family Medicine Provider
- LICSW to partner with Behavioral Health NP and Family Medicine NPs to begin drop in group visits focused on depression and anxiety.
- Coordinate Depression Care Management process with Behavioral Health NP, LICSWs and Provider teams
- Monthly Family Medicine Interdisciplinary Behavioral Health Forums
- Monthly Team Action Planning Rounds with LICSW, Psychiatrist and Behavioral Health NP

## REFERENCES

- Wang PS, Lane M, Olson M. et al. Twelve-month use of mental health services in the United States: Results from the National Comorbidity Survey Replication. Arch Gen Psych 2005;62:629-40.
- Blount A. Integrated primary care: Organizing the evidence. Families, Systems & Health Sum;21:121-33.