



MyHealth**GPS**
Healthy Starts Here



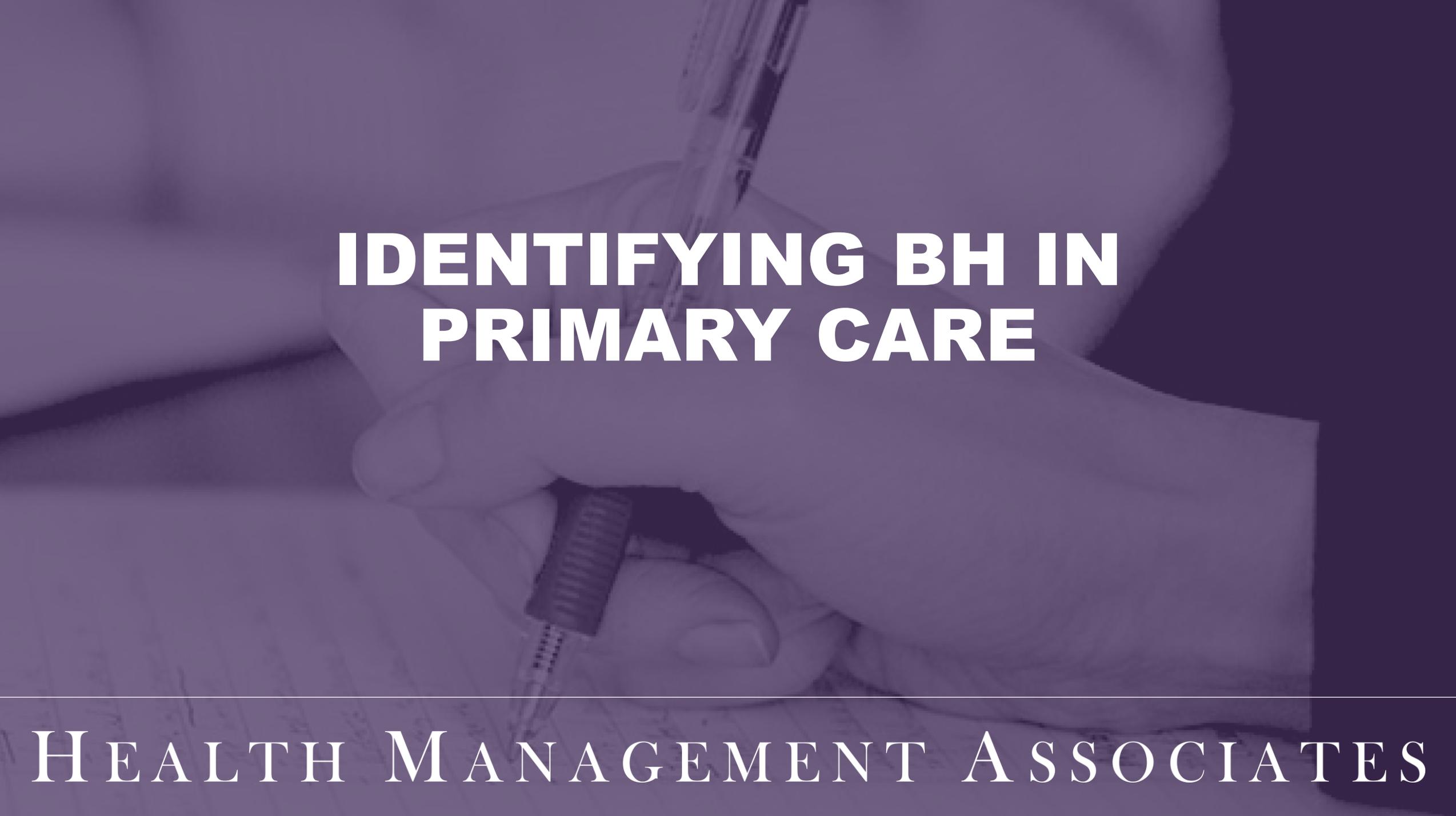
Stepped Behavioral Health Care in Primary Care

October 10, 2018

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Principal, Health Management Associates

■ MHGPS LEARNING COLLABORATIVE SERIES: CME Credit

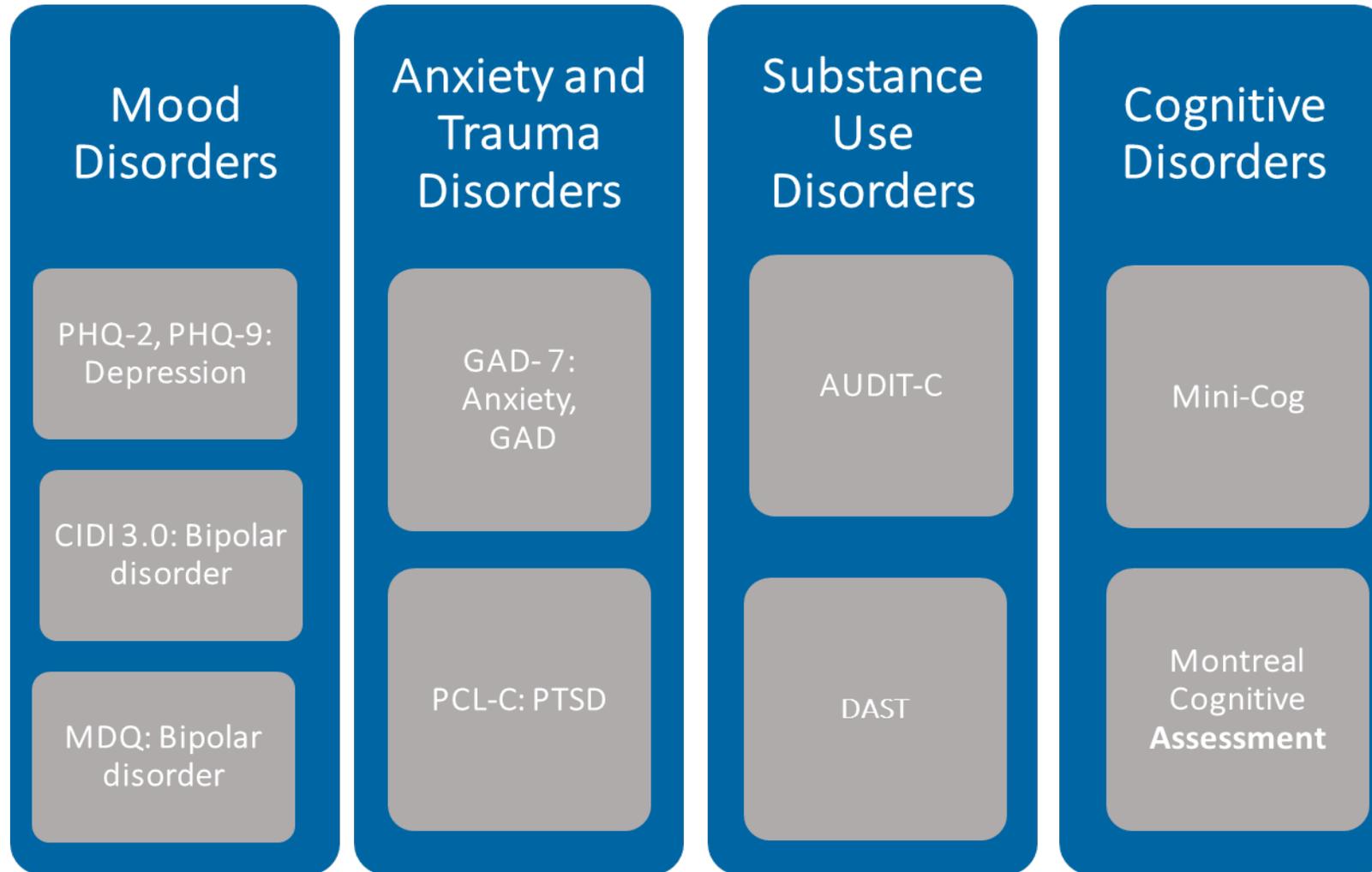
- You can now receive Continuing Medical Education credit for participation!
- We were approved for the “Learning Collaborative Series”
 - Monthly one-hour webinar
 - October 2018 through September 2019
 - Through the American Academy of Family Physicians; however, also recognized by other clinical organizations for CEU credit. Check with your licensing organization.
- In order to receive credit:
 - You must complete and submit the evaluation after each webinar.
 - You must participate in the live session (not recorded).
- You will receive a certificate via email in the next two weeks.

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IDENTIFYING BH IN PRIMARY CARE

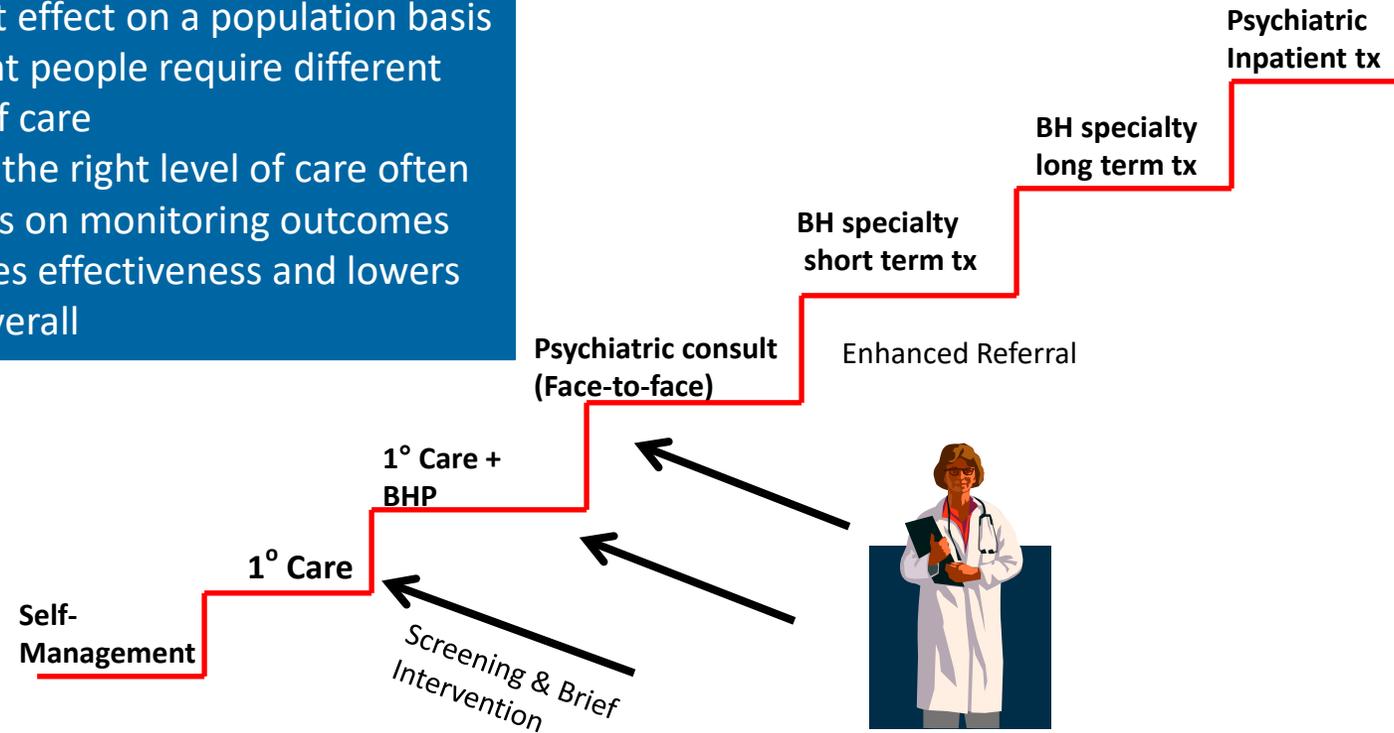
HEALTH MANAGEMENT ASSOCIATES

VALIDATED SCREENING TOOLS



STEPPED CARE APPROACH

- + Uses limited resources to their greatest effect on a population basis
- + Different people require different levels of care
- + Finding the right level of care often depends on monitoring outcomes
- + Increases effectiveness and lowers costs overall



Adapted from
Van Korff et al 2000

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**SCENARIO 1
MILD BEHAVIORAL
HEALTH**

HEALTH MANAGEMENT ASSOCIATES

ADJUSTMENT CHALLENGES

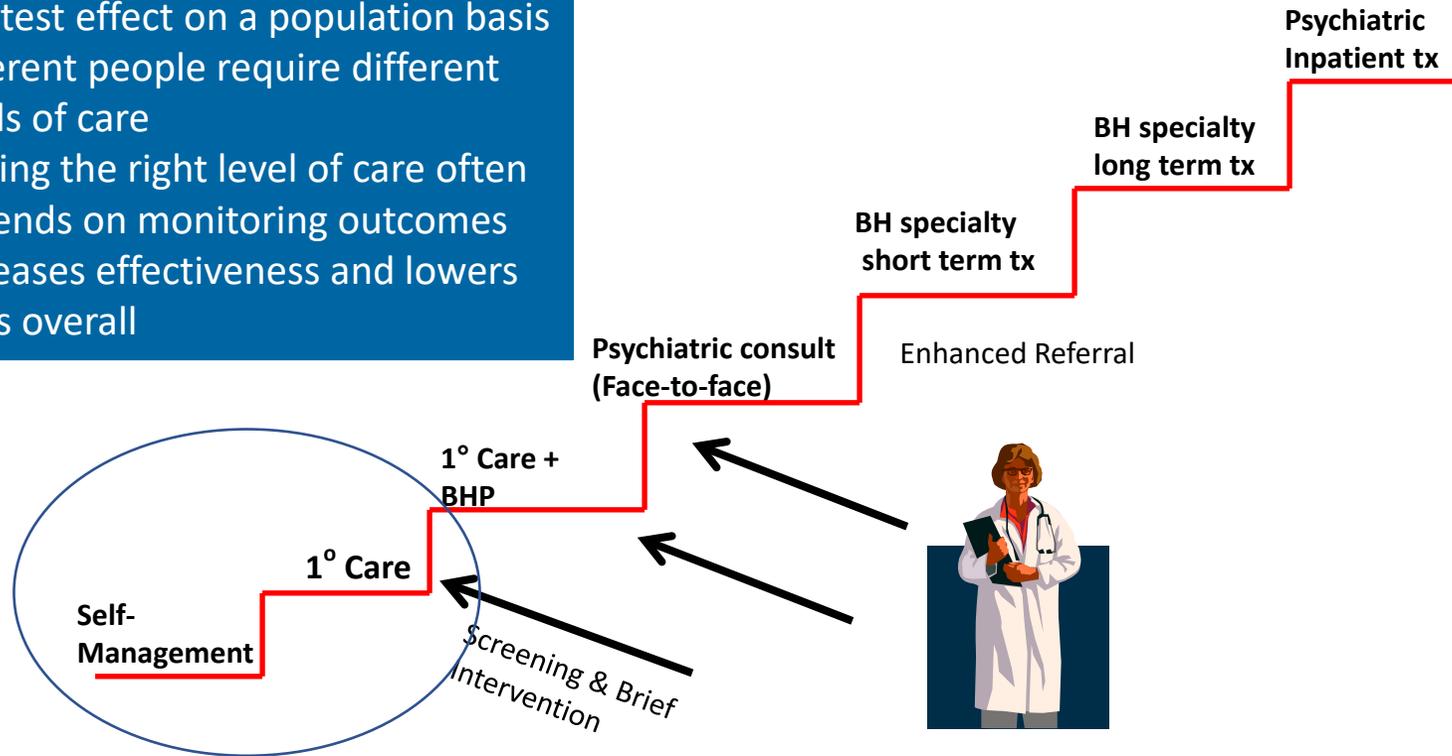


A college student comes in for an annual visit and completes the PHQ-9 and the GAD-7 as part of annual paperwork. PHQ-9 score is an 5 (mild) and GAD-7 score is a 5 (mild)

The student raises with the provider questions about the screening and shares that she has been feeling sad at times, missing home and is worried about school work and making friends.

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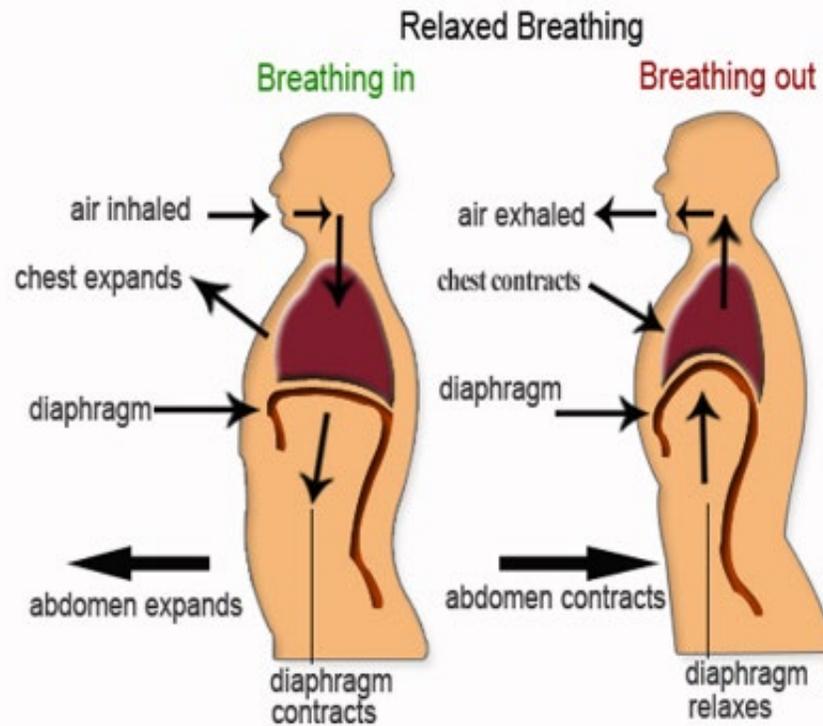
ADJUSTMENT CHALLENGES: Primary Care Role



- ✓ **Education**-- on adjustment and normal feelings in times of transition.
- ✓ **Health Promotion**—Importance of healthy eating, adequate sleep and exercise as part of emotional health.
- ✓ **Specific skill** –
 - ✓ Diaphragmatic breathing exercise for managing anxiety
 - ✓ Provide her handout
- ✓ **Resources**—Reminders about resources on campus including college counseling center.
- ✓ **Check-in**—Check in on symptoms in a month and call if symptoms worsen.

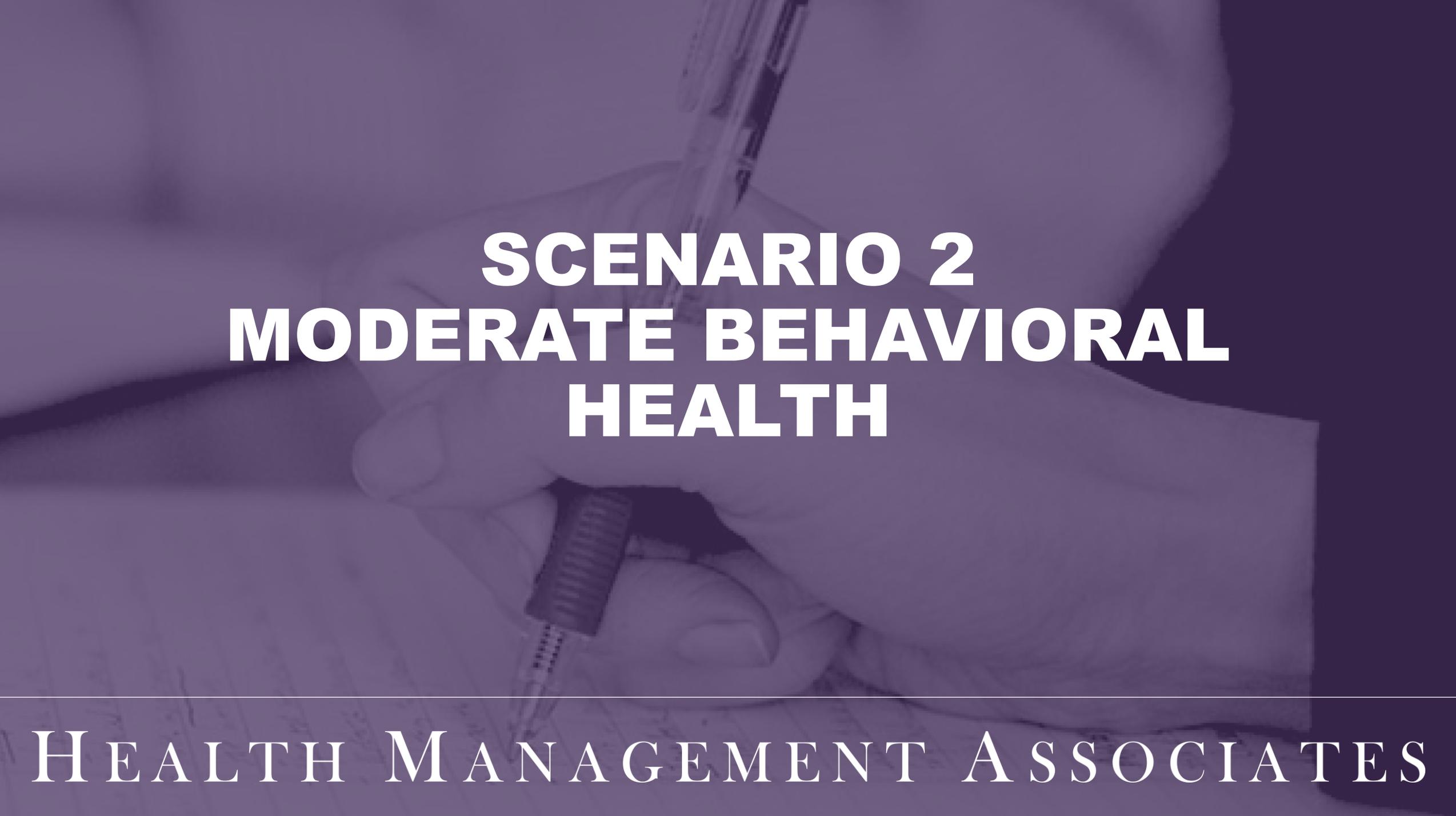
■ BRIEF PSYCHOTHERAPEUDIC INTERVENTIONS: Diaphragmatic Breathing

- Providing stress management techniques: Relaxation training such as diaphragmatic breathing and introduction to mindfulness-based stress reduction



All together now.....

- Sit or stand in a comfortable position with your back straight and your feet flat on the floor
- Place one hand on your chest and one on your stomach if you want
- Slowly inhale through your nose, counting slowly to 4
- Slowly exhale through the mouth, counting slowly to 6
- That's it! Repeat several times.

A hand holding a pen over a document, with a purple overlay. The text is centered and reads:

SCENARIO 2
MODERATE BEHAVIORAL
HEALTH

HEALTH MANAGEMENT ASSOCIATES

VALIDATED SCREENING AND MEASUREMENT TOOLS

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: John Q. Sample DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems? (use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	✓ 2	3
2. Feeling down, depressed, or hopeless	0	✓ 1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	✓ 2	3
4. Feeling tired or having little energy	0	1	2	✓ 3
5. Poor appetite or overeating	0	✓ 1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	✓ 2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	✓ 2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite—being so fidgety or restless that you have been moving around a lot more than usual	0	1	✓ 2	3
9. Thoughts that you would be better off dead, or of hurting yourself in some way	✓ 0	1	2	3
add columns:		2	+ 10	+ 3
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).		TOTAL: 15		



10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult ✓ _____

Very difficult _____

Extremely difficult _____

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PHQ 9 > 9

- < 5 – remission
- 5 - mild
- **10 - moderate**
- 15- moderate severe
- 20 - severe



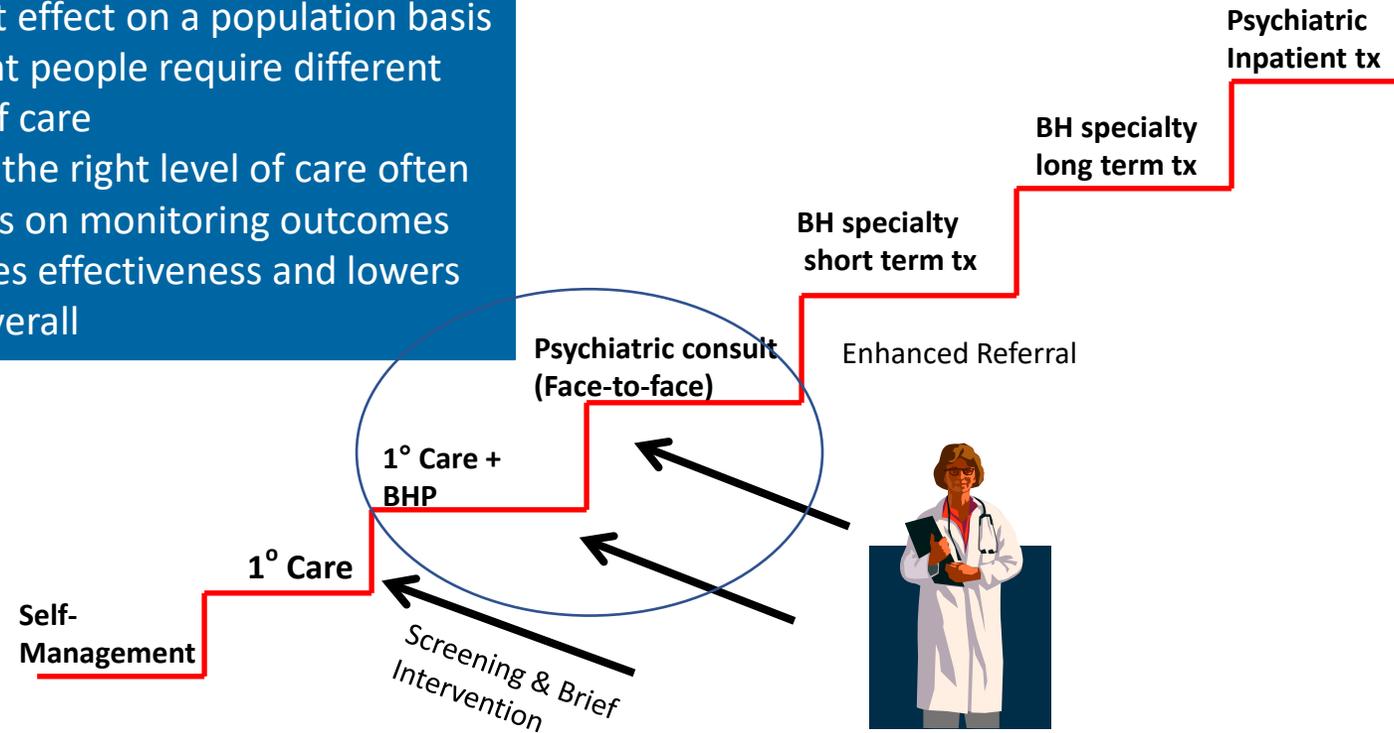
■ MODERATE DEPRESSION

A single mother, Ellen comes in for asthma treatment and responds positively to the PHQ-2 questions with the MA. She gets a little tearful as she answers. The MA provides the PHQ-9 and her score is a 15. During the exam with the provider, Ellen reports:

- ✓ Feeling sad often and worried about her son
- ✓ Being tearful more often and feeling “more emotional”
- ✓ Trouble staying asleep—waking up in the middle of the night and thinking she should be doing more in life
- ✓ Feeling less energetic and not wanting to do her normal routine (time with friends, etc.)
- ✓ Having a harder time at work getting her work done on time

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■ MODERATE DEPRESSION: Behavioral Health in Primary Care

What is the process for the provider to introduce the behavioral health provider at this point?

How does the provider explain this introduction?

What would the behavioral health provider do in this scenario?

Would the primary care provider prescribe medications? How does that process work?

How many times would the behavioral health provider see this individual in the clinic? What types of interventions would be used?

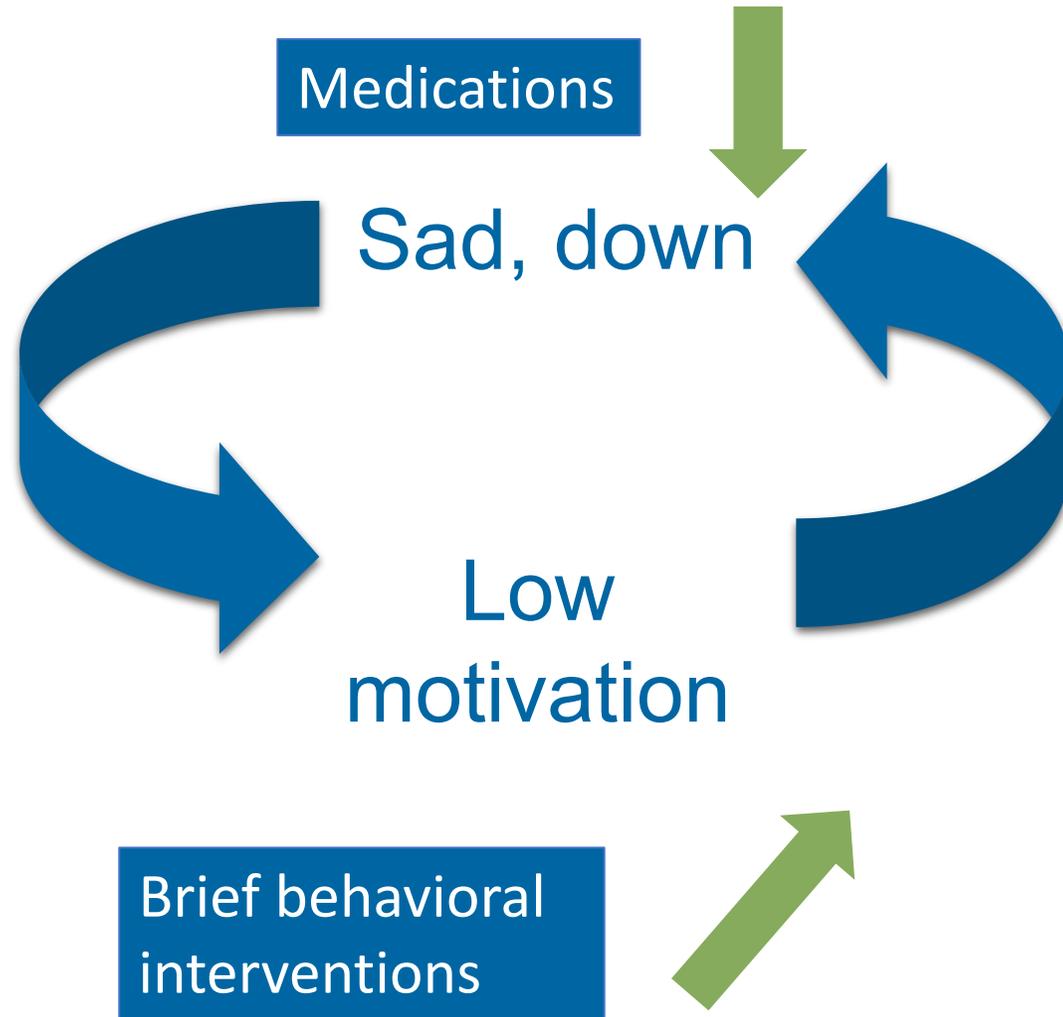
What else would occur?



MODERATE DEPRESSION: Primary Care

- ✓ **Education**—on depression
- ✓ **Self-Management Techniques**—Focusing on self-care especially adequate sleep (reduction of caffeine, sleep hygiene for insomnia, exercise during the day)
- ✓ **Specific skill** –
 - ✓ Diaphragmatic breathing exercise for relaxing at night
 - ✓ Handout for breathing
 - ✓ Sleep hygiene handout
 - ✓ Pleasurable activity handout—try to do 1 this week
- ✓ **Medications**—Start on an anti-depressant if appropriate
- ✓ **Referral**—Provide referral to outpatient provider. Is her EAP a possibility?
- ✓ **Check-in**—Follow up once a week on symptoms, set new goals with materials until referral is complete and she has adequate support.

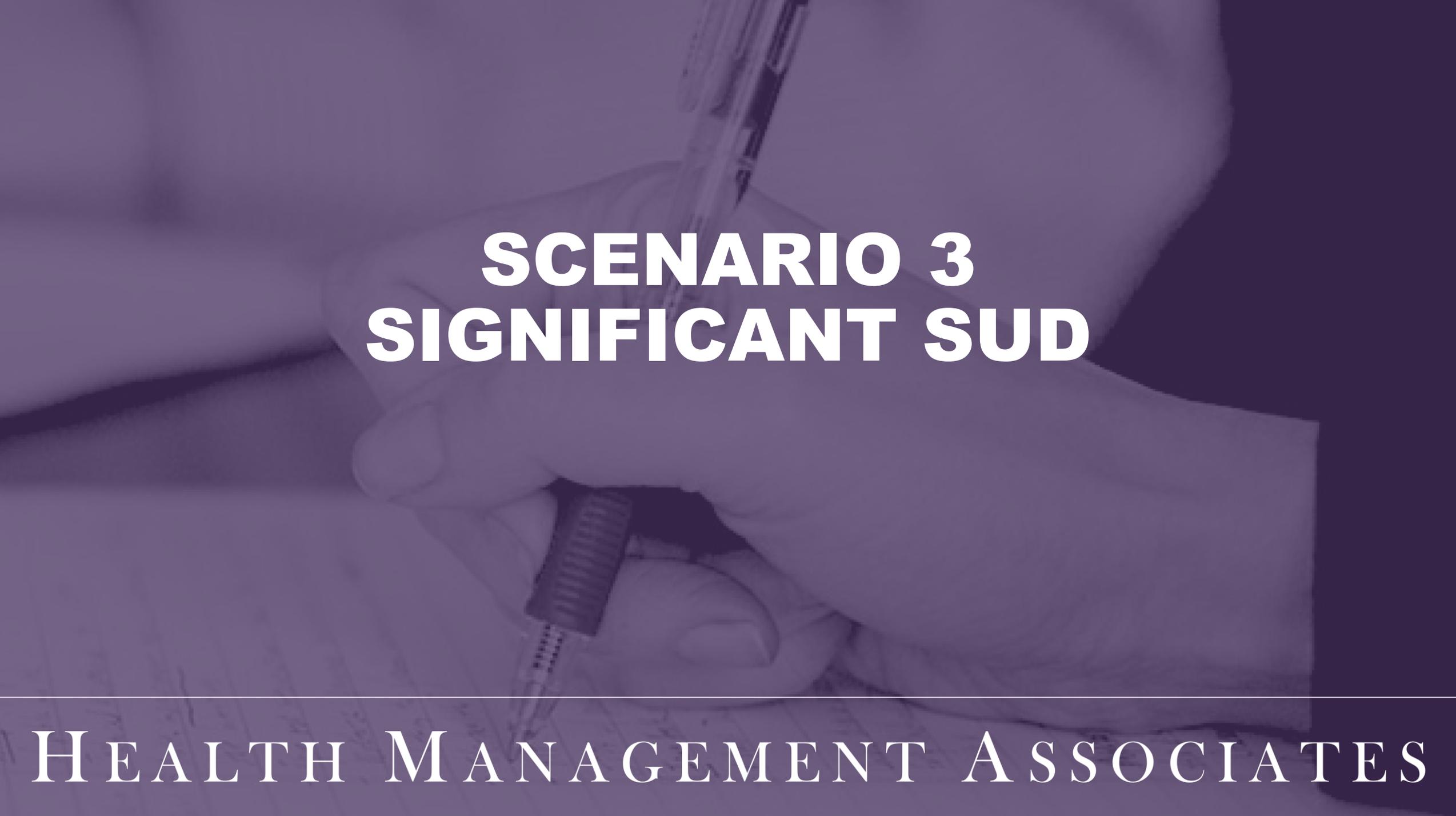
■ BRIEF INTERVENTIONS ARE GEARED TOWARDS ACTIVATION



EXCERPTS FROM “172 FUN ACTIVITIES CATALOG”

- + 1. Soaking in the bathtub
- + 2. Planning my career
- + 3. Collecting things (coins, shells, etc.)
- + 4. Going for a holiday
- + 5. Recycling old items
- + 6. Relaxing
- + 7. Going on a date
- + 8. Going to a movie
- + 9. Jogging, walking
- + 10. Listening to music
- + 11. Thinking I have done a full day's work
- + 12. Recalling past parties
- + 13. Buying household gadgets
- + 14. Lying in the sun
- + 15. Planning a career change
- + 16. Laughing
- + 17. Thinking about my past trips
- + 18. Listening to others
- + 19. Reading magazines or newspapers
- + 20. Spending an evening with good friends
- + 22. Planning a day's activities
- + 23. Hobbies (stamp collecting, model)
- + 23. Meeting new people
- + 24. Remembering beautiful scenery
- + 25. Saving money
- + 26. Card and board games
- + 27. Going to the gym, doing aerobics
- + 28. Eating
- + 29. Thinking how it will be when I finish school
- + 30. Getting out of debt/paying debts
- + 31. Practicing karate, judo, yoga
- + 32. Thinking about retirement
- + 33. Repairing things around the house
- + 34. Working on my car (bicycle)
- + 35. Remembering the words and deeds of loving people
- + 36. Wearing sexy clothes
- + 37. Having quiet evenings
- + 38. Taking care of my plants
- + 39. Buying, selling stocks and shares
- + 40. Going swimming
- + 44. Going to a party
- + 45. Thinking about buying things
- + 46. Playing golf
- + 47. Playing soccer
- + 48. Flying kites
- + 49. Having discussions with friends
- + 50. Having family get-togethers
- + 51. Riding a motorbike
- + 52. Sex
- + 53. Playing squash
- + 54. Going camping
- + 55. Singing around the house
- + 56. Arranging flowers
- + 57. Going to church, praying (practicing religion)
- + 58. Losing weight
- + 59. Going to the beach
- + 60. Thinking I'm an OK person
- + 61. A day with nothing to do
- + 62. Having class reunions
- + 63. Going ice skating, roller skating/blading
- + 64. Going sailing
- + 65. Travelling abroad, interstate or within the state
- + 66. Sketching, painting
- + 67. Doing something spontaneously
- + 68. Doing embroidery, cross stitching
- + 69. Sleeping
- + 70. Driving
- + 71. Entertaining
- + 72. Going to clubs (garden, sewing, etc.)
- + 73. Thinking about getting married
- + 74. Going birdwatching
- + 75. Singing with groups
- + 76. Flirting
- + 77. Playing musical instruments
- + 78. Doing arts and crafts
- + 79. Making a gift for someone
- + 80. Buying CDs, tapes, records
- + 81. Watching boxing, wrestling
- + 82. Planning parties
- + 83. Cooking, baking
- + 84. Going hiking, bush walking
- + 85. Writing books (poems, articles)
- + 86. Sewing
- + 87. Buying clothes
- + 88. Working
- + 89. Going out to dinner
- + 90. Discussing books
- + 91. Sightseeing
- + 92. Gardening
- + 93. Going to the beauty salon
- + 94. Early morning coffee and newspaper
- + 95. Playing tennis
- + 96. Kissing
- + 97. Watching my children (play)
- + 98. Going to plays and concerts
- + 99. Daydreaming
- + 100. Planning to go to school

<http://www.cci.health.wa.gov.au/docs/ACFB003.pdf>



SCENARIO 3
SIGNIFICANT SUD

HEALTH MANAGEMENT ASSOCIATES

VALIDATED SCREENING AND MEASUREMENT TOOLS

The Drug Abuse Screening Test (DAST)

Directions: The following questions concern information about your involvement with drugs. Drug abuse refers to (1) the use of prescribed or “over-the-counter” drugs in excess of the directions, and (2) any non-medical use of drugs. Consider the past year (12 months) and carefully read each statement. Then decide whether your answer is YES or NO and check the appropriate space. Please be sure to answer every question.

	YES	NO
1. Have you used drugs other than those required for medical reasons?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. Have you abused prescription drugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3. Do you abuse more than one drug at a time?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. Can you get through the week without using drugs (other than those required for medical reasons)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5. Are you always able to stop using drugs when you want to?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6. Do you abuse drugs on a continuous basis?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
7. Do you try to limit your drug use to certain situations?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Have you had “blackouts” or “flashbacks” as a result of drug use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. Do you ever feel bad about your drug abuse?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
10. Does your spouse (or parents) ever complain about your involvement with drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
11. Do your friends or relatives know or suspect you abuse drugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12. Has drug abuse ever created problems between you and your spouse?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
13. Has any family member ever sought help for problems related to your drug use?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
14. Have you ever lost friends because of your use of drugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
15. Have you ever neglected your family or missed work because of your use of drugs?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
16. Have you ever been in trouble at work because of drug abuse?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
17. Have you ever lost a job because of drug abuse?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
18. Have you gotten into fights when under the influence of drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
19. Have you ever been arrested because of unusual behavior while under the influence of drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
20. Have you ever been arrested for driving while under the influence of drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
21. Have you engaged in illegal activities in order to obtain drug?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
22. Have you ever been arrested for possession of illegal drugs?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
23. Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	<input checked="" type="checkbox"/>	<input type="checkbox"/>
24. Have you had medical problems as a result of your drug use (e.g., memory loss, hepatitis, convulsions, bleeding, etc.)?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
25. Have you ever gone to anyone for help for a drug problem?	<input type="checkbox"/>	<input type="checkbox"/>
26. Have you ever been in a hospital for medical problems related to your drug use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
27. Have you ever been involved in a treatment program specifically related to drug use?	<input type="checkbox"/>	<input checked="" type="checkbox"/>
28. Have you been treated as an outpatient for problems related to drug abuse?	<input type="checkbox"/>	<input checked="" type="checkbox"/>

DAST

- **< 6 – No SUD**
- **6-11 More Assessment**
- **>12-Clear SUD**

Total Score of 13—
Clear indication of SUD

MODERATE SUD

Mark is a 26 year old Graphic Artist who came in for difficulty with sleep and stomach complaints. He completed screening tools and had a PHQ-9 score of 7 and a DAST score of 13. In the exam room he described episodes of stomach cramping, diarrhea, nausea, and chills as well as routine difficulty sleeping. After review of the screening he reported:

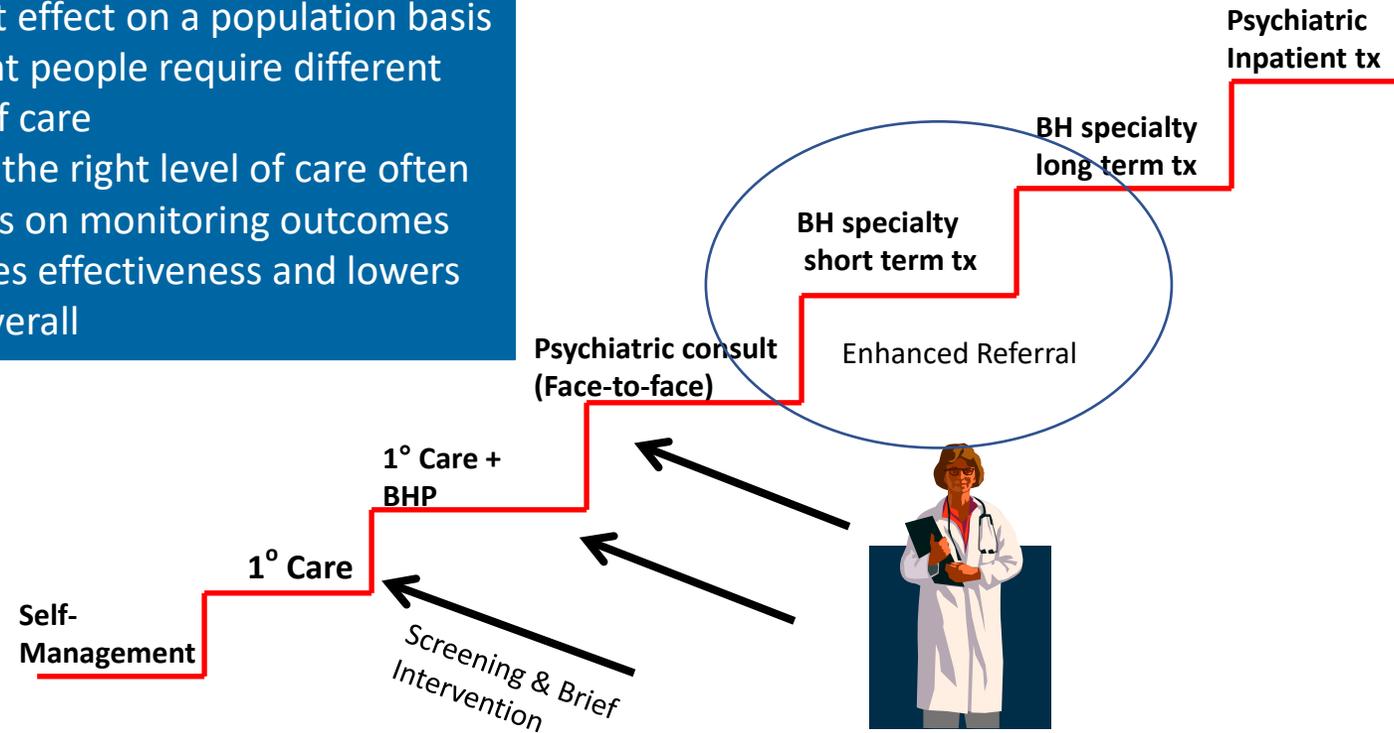
- ✓ Routine but not constant use of prescription pain medication (OxyContin and Percocet)
- ✓ Often wanting to escape and feel dulled in the evenings
- ✓ Significant drinking on the weekends with friends (Beer and Hard Alcohol)

After some discussion, he acknowledged that his family has questioned his drug use and some of his friends have given him a hard time when he uses prescription drugs while he's drinking.



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MODERATE SUD: Behavioral Health in Primary Care



What capacity is there in the clinic for Mark?

Does the team offer any education on OUD use and harm reduction?

What is the process for the provider to introduce the behavioral health provider at this point?

How does the provider explain this introduction?

What would the behavioral health provider do in this scenario?

Does the primary care provider prescribe Medication Assisted Treatment? How does that process work?

What else would occur?

MODERATE SUD: Primary Care



Engage in motivational interviewing?

- ✓ **Education**—on SUD and physical health impacts.
- ✓ **Self-Management Techniques**—Focusing on harm reduction of use and engagement of other tools to improve cravings. Education on sleep hygiene and impact of drugs on sleep (eating well, sleep hygiene for insomnia, exercise during the day)
- ✓ **Specific skill –**
 - ✓ Diaphragmatic breathing exercise for relaxing at night
 - ✓ Handout for breathing
 - ✓ Sleep hygiene handout
 - ✓ Distress tolerance when cravings and desire to be “dulled”
- ✓ **Medications**—Are medications appropriate for cravings? Can PCP prescribe?
- ✓ **Referral**—Provide referral to SUD outpatient provider. Is his EAP a possibility?
- ✓ **Check-in**—Follow up once a week on symptoms, set new goals with materials until referral is complete and he has adequate support.

DO (ACE)

Honor Autonomy: Allow the freedom not to change

“How ready are you to change?”

Collaborate

“What do you think you’ll do?”

Elicit Motivation

“What would you like to change about your drinking?”

AVOID

Making judgmental statements

“You really need to stop drinking.”

Push for commitment

“If you delay getting sober, you could die.”

Dictate

“I would urge you to quit drinking.”

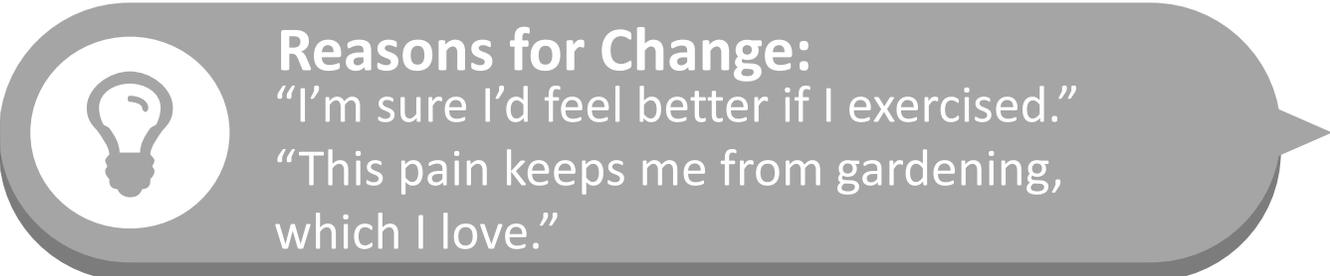




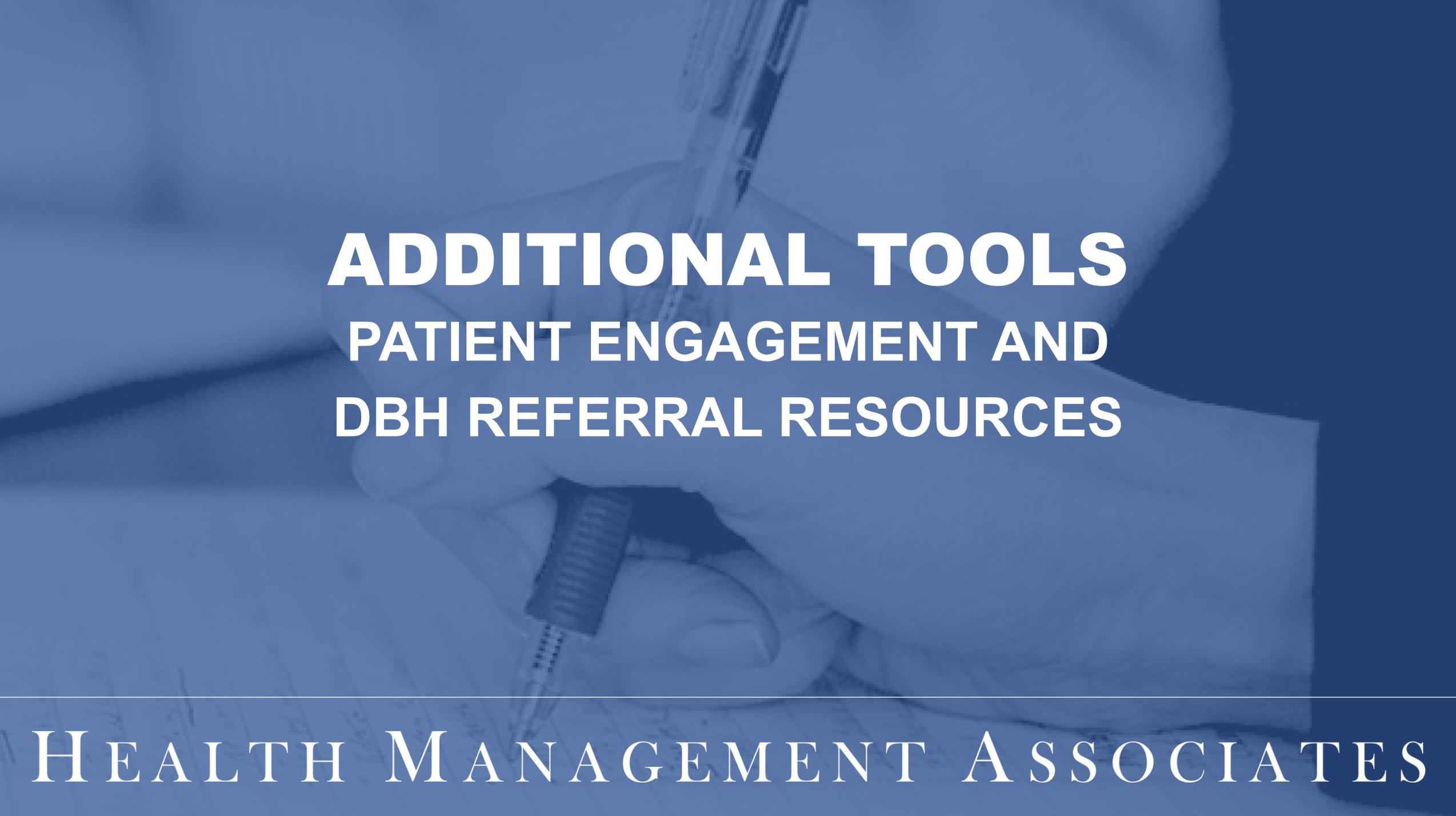
Desire to Change:
“I wish” “I want” “I like the idea.”



Ability to Change
“I could probably take a walk every morning.”
“I think I can come next week for group.” “I might be able to cut out soda at lunch.”



Reasons for Change:
“I’m sure I’d feel better if I exercised.”
“This pain keeps me from gardening, which I love.”

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ADDITIONAL TOOLS
PATIENT ENGAGEMENT AND
DBH REFERRAL RESOURCES

HEALTH MANAGEMENT ASSOCIATES

Essential Elements for Patient Engagement in Enhanced Referral Process

<p>Provide education about need or rationale for referral</p> <ul style="list-style-type: none">✓ Utilize Motivational Interviewing✓ Provide quantitative information (e.g., screening score).	<p>Provide warm-handoff or cool to referral contact to enhance engagement.</p> <ul style="list-style-type: none">✓ Immediate connection?✓ PCP leverage trust✓ Shared treatment planning	<p>Explore barriers or challenges to completing referral with the patient.</p> <ul style="list-style-type: none">✓ Focus on <i>guiding</i> rather than <i>lecturing</i>✓ Share decision-making
<p>Identify administrative tasks to support referral and minimize reliance on patient for completing tasks.</p> <ul style="list-style-type: none">✓ Obtain insurance authorization✓ Schedule Appointment	<p>Provide training and regular review of patient engagement and interaction.</p> <ul style="list-style-type: none">✓ Train team members on patient engagement;	<p>Ask patients for feedback/satisfaction.</p> <ul style="list-style-type: none">✓ Explore referral experience with patients;✓ Ask about satisfaction of referral;



**Handout
Provided**

DBH REFERRAL RESOURCES

Resource	Purpose	When to access	Contact
Access Helpline	24 hour staffed line that can assist in connecting individuals to BH services and a Core Service Agency. This call center can help with the following: Emergency Psychiatric care, problem solving, resource for the different types of services, identifying the availability of services. Some additional services for youth includes: family drama, death, school, drugs, gangs, violence, feelings of hopelessness, anger grief and stress.	Gateway door to behavioral services at DBH for individuals that desire to begin behavioral services, behavioral consults, to verify if individual is eligible for services .	24 hours 7 days a week 1-888-7WE-HELP, 1-888-793-4957 or, TTY:711
Mobile Crisis	Works with families and community providers to assist individual that are experiencing a psychiatric crisis in the community who may be unwilling to travel and get mental health services. The team will attempt to stabilize the individual through medications dispensing and/or an assessment, for the need for voluntary and involuntary hospitalization, linkages to crisis beds, detoxification and treatment.	An individual that is experiencing psychotic or other concerning mental health behaviors that could be a danger to themselves or others.	Available 9am-1am everyday By calling 202-673-9300  Handout Provided

DBH REFERRAL RESOURCES

Resource	Purpose	When to Access	Contact
Assessment and Resource Center (ARC)	Same day comprehensive assessment (substance use, mental and physical health) for individuals seeking treatment for substance use. Individual will then be offered a choice of providers and programs that are appropriate for their needs. Same day HIV testing for those practicing risky behavior under the influence of substance uses	Individuals seeking substance use treatment and HIV testing	Monday- Friday from 7am- 6pm Must be 21 years old or older- bring ID Location: 75 P Street, NE Washington, DC 202-727-8473 Walk-ins by 3:30
Comprehensive Psychiatric Emergency Program (CPEP)	Emergency psychiatric services center that is open 24hour 7 days a week for individual 18 years or older. Also manages the mobile crisis program and extended observation beds	For individuals experiencing psychiatric emergencies and need evaluation and need management/intervention	24 hours 7 days a week Location: DC General Hospital Compound, Building 14 at 12905 E Street, SE Washington, DC 20003 Services can be accessed by telephone or in person 202-673-9319- office 202-698-3171-fax
Adolescent Substance-Abuse Treatment Expansion Program (ASTEP)	Same day comprehensive assessment (substance use, mental and physical health) for individuals seeking treatment for substance use. Individual will then be offered a choice of providers and programs that are appropriate for their needs.	Individuals seeking substance use treatment	For individuals under the age of 21 years seeking Substance Use Treatment. Federal City Recovery Services (Ward 6) 316 F Street, NE, Suite 118 (202) 710-1850 Hillcrest Children’s Center (Ward 4) 244-46 Taylor Street, NW (202) 232-6100 Latin American Youth Center (Ward 1) 1419 Columbia Rd., NW (202) 319-2229



**Handout
Provided**

PROGRAM REMINDERS AND ANNOUNCEMENTS

- Work with your site coach to develop and/or enhance your behavioral health workflows and ask questions about today's webinar.
- Provide input for this and future sessions using the feedback form (and get CME credit!)
- Check the website (myhealthgps.org) for the webinar recording and materials.
- Save the dates for the next My Health GPS Learning Collaborative Series Webinars.
 - November 14: Care Team Development, with Dr. Jeff Ring
 - December 12: Care Coordination and Care Management
 - More invites to come as we finalize dates for the rest of 2018 and into 2019.

Thank you!