Succeeding in Behavioral Health Integration: Strategies and Experiences from Hunter Health
Introducing our speakers

• Kaitlin Boger, EdD, LMSW, LMAC
• Newman Washington, LAC
• Benjamen Benson, LMSW, LMAC
Integrated Care program

Beginning

■ Began March 2017 with Director of Integrated Care
■ Now staffed with one full-time BHC for each location plus the Director of Integrated Care that meets with patients 50% of her time
■ Plan to hire two new additional full-time BHCs
Native peoples outreach via community health representatives
The Role of community health workers in tribal communities

- Education of available services at Hunter Health Clinic and other IHS clinics to connect patient needs to available partners
- Advocacy on a per-patient basis to address unmet needs
integrating traditional practices into behavioral health models

- Referrals from BHCs to community health worker and vice versa to address patient needs
- Referrals to community health worker to address cultural needs
Improving community health outcomes through cultural teachings
Patient story

Traditional approach + Integrated care = a win for this patient
Screening

Screening patients for risk factors

• Native patients
• Patients with history of alcohol/substance abuse
• Patients with history of mental health treatment
• Patients that meet criteria for additional screening per two question evidenced based screening tools during vitals
Identifying patient needs and desire for treatment or change

• Suicide prevention and assessment of suicide risk are paramount
• Identifying diagnosis of mental health or substance abuse condition
• Discussing with patient the potential risks of treating versus not treating their condition
• Motivational interviewing to determine patient’s level of desire to make changes
• Planning with patients how they can work with their provider to make changes and reduce their symptoms and increase their functioning
Medication-assisted treatment

• BHCs can quickly screen for appropriateness of this treatment
• BHCs can educate patient about the treatment and their substance abuse condition during initial assessment
• BHCs can participate in the ongoing maintenance of MAT by providing supportive individual and group sessions
Making Behavioral Health Consulting “worth it” to providers (part 1)

• Optimizing and maximizing provider’s time by collecting necessary mental health and chronic disease management information prior to the provider’s visit to the room

• Identifying patients on provider schedules that may benefit from BHC assessments or interventions
  
  • This includes identifying these patients during the daily “huddle” so that provider, BHC, nurse, and medical assistant are prepared to facilitate BHC intervention with patient
Making Behavioral Health Consulting “worth it” to providers (part 2)

• Visiting patients before/after/with provider to provide the best care and doing what works with a providers particular style

• It is important for BHCs to discuss with providers what works best for their schedules/style and be adaptable to provider needs — most providers see high volumes of patients and it should be the BHC’s goal to optimize provider time
Making Behavioral Health Consulting “worth it” to providers (part 2)

• Brief summaries of patient conditions including diagnosis and BHC recommendations for treatment
• Brief summaries of patient risk factors, symptoms, and areas of primary concern
• Saves providers time in the room with patients, allowing them to spend more time with all their patients
• Provider and BHC should plan behavioral, mental health, and substance abuse treatment plan together with patient
Integration at Hunter Health Clinic

Providers love it!

• Providers listed having behavioral health consultants on their teams as one reason they enjoy working at Hunter Health.
• It removes the burden of mental health diagnosing from providers.
• It helps the providers know that they are providing excellent, comprehensive care to their patients.
Patients can follow up with provider, BHC, or both for their next appointment

• When does follow up happen?
• Continued BHC presence on patient’s primary care team.
SMART Goals

• Simple, Measurable, Attainable, Realistic, Time-limited

• For Example:
  • Reduce soda intake from five sodas per day to two sodas per day within the next month
  • Go walking for 30 minutes per day three times per week, up from no walking at all. Do this every week for the next month
  • Check blood sugar levels twice per day, up from not checking at all.

Utilizing BHCs for chronic conditions
Using BHCs for “difficult” situations

• Complaints
• Managing the lobby or agitated patients
• Tough conversations with patients
Versatility and sustainability of BHC role

• In Kansas there are already several codes that are billable to insurance for BHC services
• More codes are expected to open to allow BHCs to bill for their assessments and interventions
• BHC services, if implemented efficiently, can optimize provider’s time and improve provider productivity.
Patient story

Undiagnosed bipolar disorder, PTSD, and substance abuse in 40yo male
Challenges/Pitfalls

• Scheduling
• Availability of BHCs to answer or return phone calls
• Patients’ experience when receiving multiple services in one visit
• Patients with mental health conditions requiring referral to outside psychiatry
It would be normal to have questions! What can we answer for you?