

Behavioral Health Integration in Primary Care Continuum Based Framework

Evidence-Based Care & Self-Management

March 31, 2021 | 12-1PM



- Healthcentric
Advisors
- Qlarant

Today's Speaker



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Behavioral Health Integration Domains

- 1 Case finding, screening, and referral to care
- 2 Decision support for measurement-based stepped care
- 3 Information exchange among providers
- 4 Ongoing care management
- 5 **Self-management support that is culturally adapted**
- 6 Multi-disciplinary team (including patients) used to provide care
- 7 Systematic Quality Improvement
- 8 Linkages with community and social services
- 9 Sustainability

BHI Framework Domains & Subdomains



- 1. Case finding, screening, referral to care**
 - 1.1 Screening, initial assessment, and follow-up for BH conditions**
 - 1.2 Facilitation of referrals, feedback**



- 2. Decision support for measurement-based stepped care**
 - 2.1 Evidence-based guidelines/ treatment protocols**
 - 2.2 Useful psychiatric medication**
 - 2.3 Access to evidence-based psychotherapy with BH provider(s)**



- 3. Information exchange among providers**
 - 3.1 Sharing treatment information**



- 4. Ongoing care management**
 - 4.1 Longitudinal clinical monitoring and engagement**

BHI Framework Domains & Subdomains (Cont'd)



5. Self-management support that is culturally adapted

5.1 Use of tools to promote patient activation and recovery with adaptations for literacy, language, local community norms



6. Multi-disciplinary team (including patients) used to provide care

6.1 Care team

6.2 Systematic multi-disciplinary team-based patient care review processes



7. Systematic Quality Improvement

7.1 Use of quality metrics for program improvement



8. Linkages with community and social services

8.1 Linkages to housing, entitlement, and other social support services

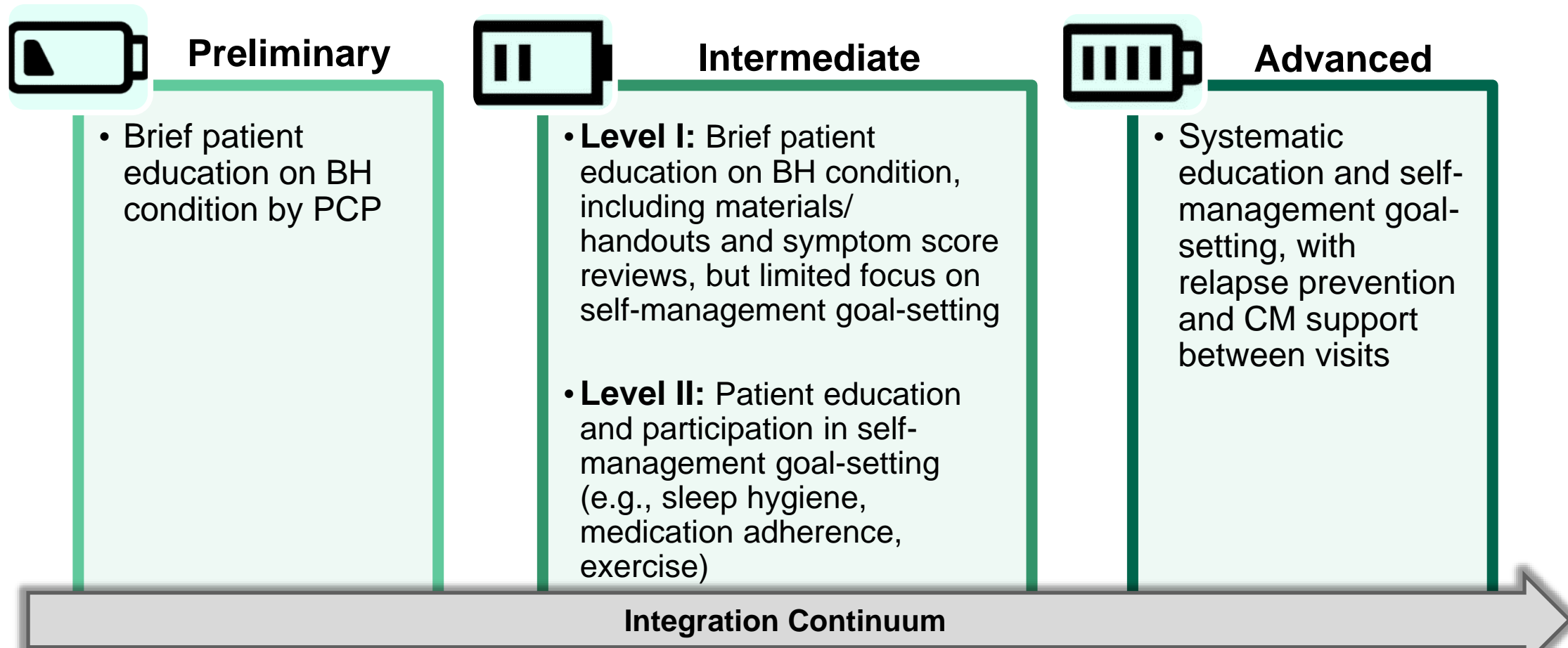


9. Sustainability

9.1 Build process for billing and outcome reporting to support sustainability of integration efforts

Framework Levels of Integration

- **Domain 5: self-management support that is culturally adapted.**
- **Subdomain 1:** *use tools to promote patient activation and recovery, with adaptations for literacy, language, local community norms.*



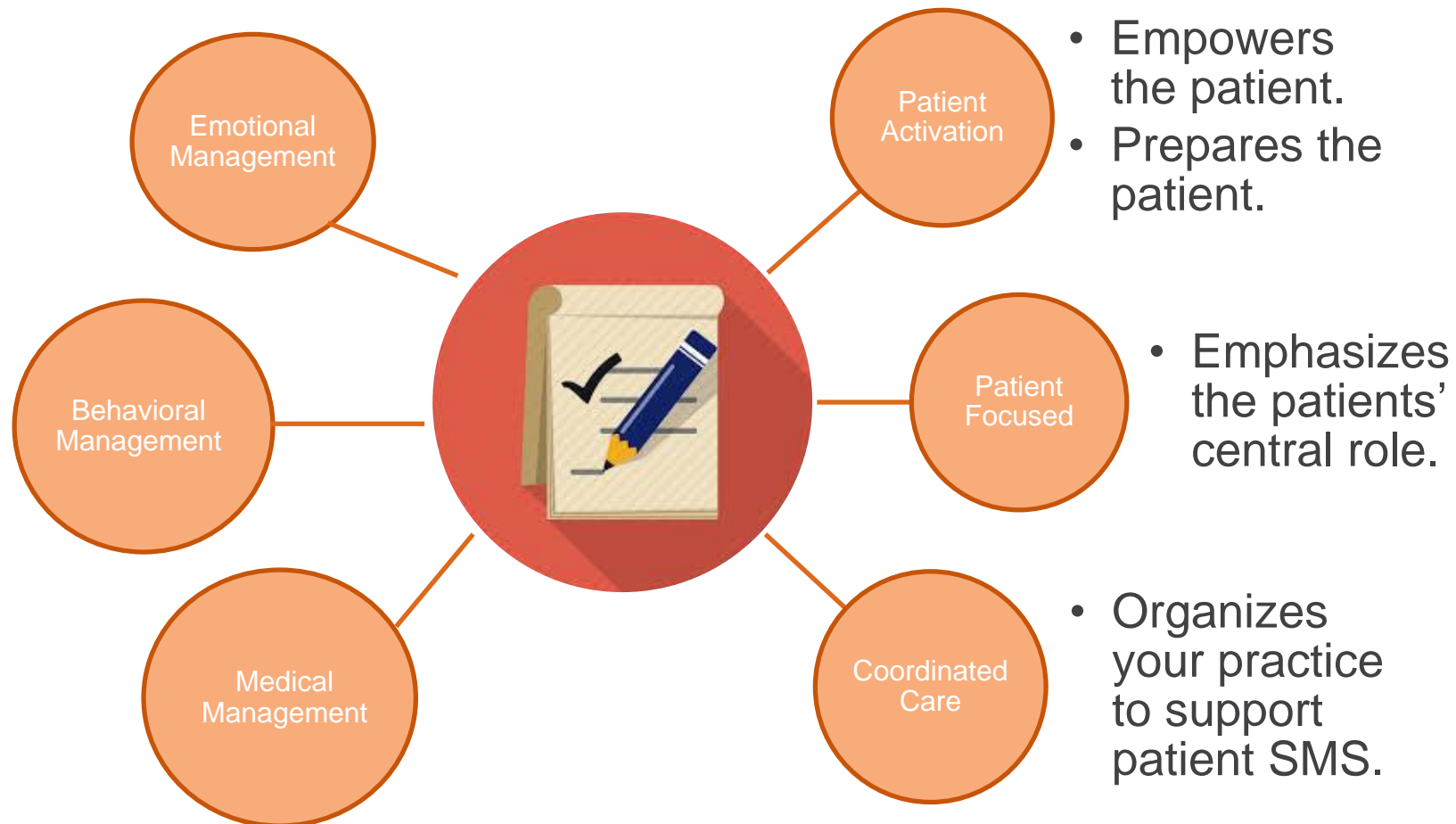
Polling Question

Please select the choice below that best describes your current practice for patient self management occurring at least 70% of the time

- A. Brief patient education on BH condition by PCP
- B. Level I: Brief patient education on BH condition, including materials/handouts and symptom score reviews, but limited focus on self-management goal-setting
- C. Level II: Patient education and participation in self-management goal-setting (e.g., sleep hygiene, medication adherence, exercise)
- D. Systematic education and self-management goal-setting, with relapse prevention and CM support between visits

What is Self-Management Support (SMS)?

“The individual’s ability to manage the symptoms, treatment, physical and social consequences and lifestyle changes inherent in living with a chronic condition.”



High Quality SM Goal Setting

MORE

Patient
Centered

LESS

Paper
Centered

Keep in mind that...

- Goals should emerge from the patient's own desires and not from a clinician's directives.
- Patient-centered tools provide evidence base to educate patients and assist them to make their own choices.

MORE

Concrete,
behaviorally
specific
goals

LESS

Vague goals,
lacking in
incentive for
behavioral
change

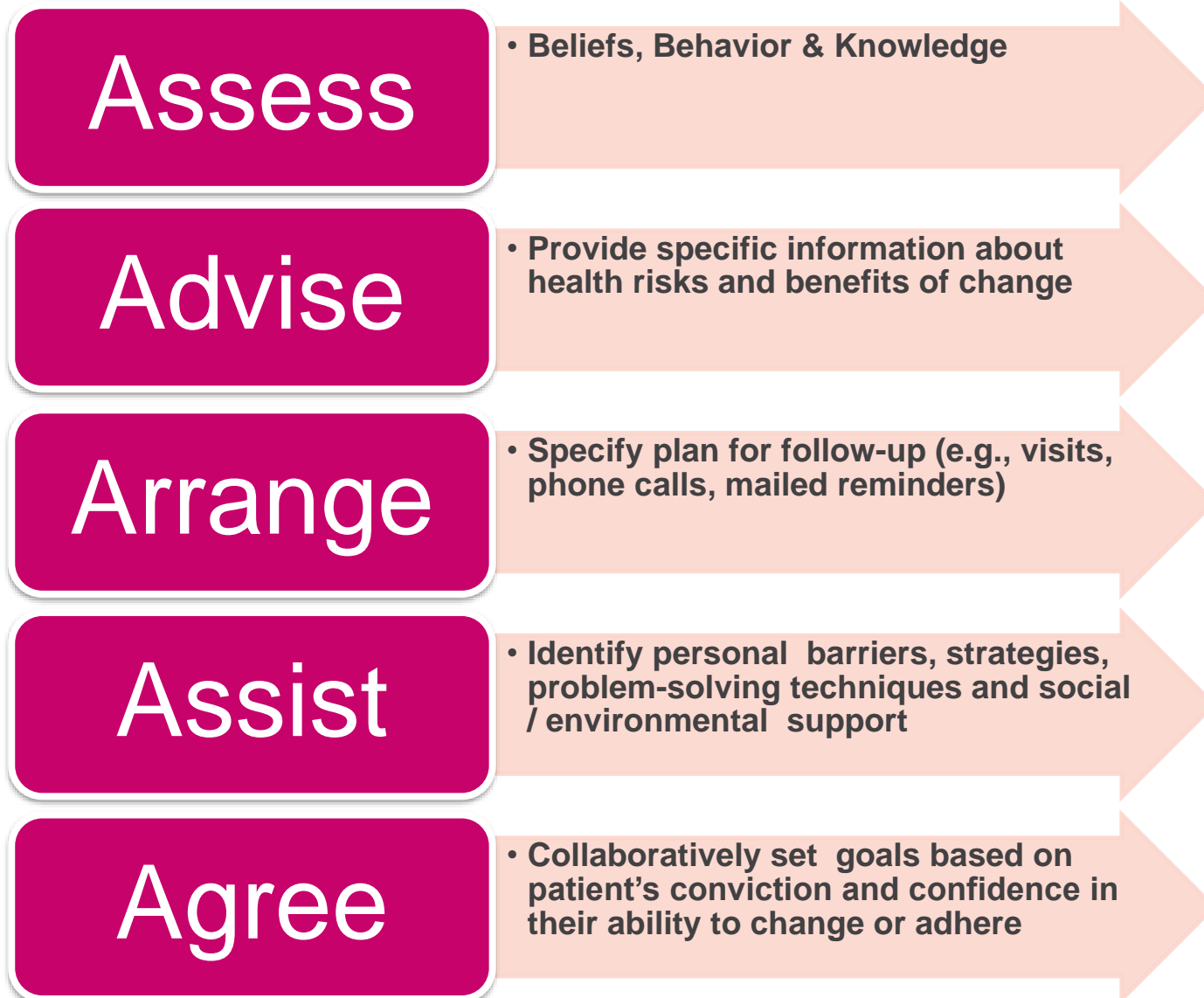
Keep in mind that...

- When goals are too general, "I will take my medication," they are not helpful for motivating self-action.
- Increase level of specificity of goals.
 - I will walk more this week.
 - I plan a 20min walk this week.
 - I will walk for 20 min Mon, Weds, and Fri.

Using the PHQ-9 to Monitor & Adjust Treatment at 4-6 Weeks

PHQ-9	Treatment Response	Treatment Plan
Drop of 5 points from baseline	Adequate	No treatment change needed Follow-up in four weeks
Drop of 2-4 points from baseline	Possibly Inadequate	May warrant an increase in antidepressant dose or other change in treatment plan.
Drop of 1 point, no change or increase	Inadequate	Increase dose; augmentation; informal or formal psychiatric consultation; add psychotherapy

The 5 A's of Self-Management: Creating an Action Plan



Personal Action Plan

1. List specific goals in behavioral terms.
2. List barriers and strategies to address barriers.
3. Specify Follow-up plan.
4. Share plan with practice team and patient's social support.

Effective Implementation of a Patient Action Plan

Is there anything you like to do for your depression between today and the next time I see you?

Negotiate a behaviorally specific plan

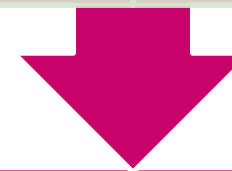
Be concrete, patient-centered, and very specific



What is your confidence level that you can carry out this plan?

Measure confidence levels

Must be ≥ 7 on a 1-10 scale, review barriers to develop solutions, and revise goal (realistic)



Let's **arrange follow-up**

Establish clear follow-up plan

Phone call, email, involve care manager/family, and schedule clinic visit

Engage the Patient's "Community"

- Involving family, friends and patient's community (to the extent possible) will make SMS truly patient centered.
- **Referral to educational and support groups** such as for pain management and Step by Step program for tobacco cessation.
- **Follow-up** on plan accountability and treatment progress.



Integrating Psychotropic Medication into Self Management

Why me? I'm not a prescriber...

- SW, nurses, and other staff have a vital role in providing information and reassurance to patients when starting or continuing medication.
- Patients usually tell you things they are reluctant to tell their prescriber—especially if they are not taking the medication or can't afford it.
- Prescribers rely on you to check in with the patient regarding side effects, benefit, adherence, barriers.
- The patient does best when the whole team has the same message about wellness and the role of medications.

Talking about medications is NOT in my scope of practice!

- This is an important concern; you will not be asked to work outside the scope of your practice.
- Talking about specific medications and medication choice should be left up to the prescriber
- Talking about the process of taking medications along with patients' related experiences, thoughts and behaviors is everyone's job.
- If you can't answer a question, you can tell the patient you will help them find the information

Helping Patients Understand Medication

- Make the case for trying medications
- Educate about side effects and the time it takes for medication to reach full benefit.
- Address fears and barriers; be aware of any cultural factors.
- Encourage adherence



Assessing Adherence

- Did you pick it up from the pharmacy? Was the copay affordable?
- What effects are you hoping for from the medication?
- Did you take any of the pills yet? What time of day do you take it? How do you remember to take it?
- Do you feel any difference since you started the medication or after you took a pill.
- Do you have any physical symptoms you think are side effects?
- About how many days out of the past week did you take the medication?

What do patients worry about?

- Side effects: it's important to reassure the patient that any SE they have will go away when they stop the medication. Most SE are due to the body getting used to the new chemistry.
- Drug Interactions: The prescriber checks this and the pharmacy does as well.
- Being different (zombie): some people feel not quite like themselves as the antidepressant starts to work. Often people are less emotional. This is usually a good thing. Medications for depression and anxiety do not cause a zombie effect.
- Friends and family: people may be criticized by others for taking medication. It's good to ask about this and help patient have an answer ready
- Doses: people worry if the starting dose is 50-100 mg—it sounds like a lot. The starting dose depends on how well the drug is absorbed and how efficiently it works. Comparing milligrams of different medications is like comparing apples and bananas.



Self-Management Support Tools

Montefiore
DOING MORESM

TAKE ACTION



Things to Know About Your Antidepressant Medication

▶ Your antidepressant medication is **NOT ADDICTIVE OR HABIT FORMING**. They are NOT uppers or downers. It is safe for you to take according to your provider's orders. If you are using alcohol or other drugs, please discuss this with your provider.

▶ Target symptoms for antidepressant medications are sleep, appetite, concentration, mood and energy.

▶ It takes time for your medication to work. Most people begin to feel better in 1-4 weeks. Don't give up if you don't feel better right away.

Important things for you to do:

- **Keep all your appointments**
- **Take the medicine exactly as your provider prescribes—even if you feel better**
- **If you forget a dose DO NOT DOUBLE DOSE - take your next dose at the regular time**

Examples of Patient Education Hand-Outs

My Depression Action Plan

This week I will _____ (What)
_____ (How Much)
_____ (When)
_____ (How many days)
and my confidence level is _____ (how certain are you on a scale of 0 – 10 with 0 being totally unsure and 10 being totally confident).

Progress Report

Check each day that you accomplish your action plan and list any comments or problems that you have.

- | | |
|------------------------------------|-----------------------------------|
| <input type="checkbox"/> Monday | <input type="checkbox"/> Friday |
| <input type="checkbox"/> Tuesday | <input type="checkbox"/> Saturday |
| <input type="checkbox"/> Wednesday | <input type="checkbox"/> Sunday |
| <input type="checkbox"/> Thursday | |

I will take my _____ mg at _____ AM/PM every day. Confidence level: _____

I will keep my follow-up appointment with _____ on _____ at _____ AM/PM.
Confidence level: _____

Comments: _____

Problems: _____

I am very satisfied that my health care team told me in a clear way how I could help take care of my depression.

YES

NO

Patient's Signature

Behavioral Health Signature

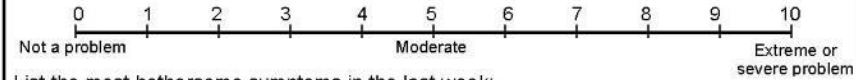


Track BH Progress to Assess Action Plan

Symptom and Side Effect Sheet

Depression

Circle that number that best describes how much a problem your symptoms were:

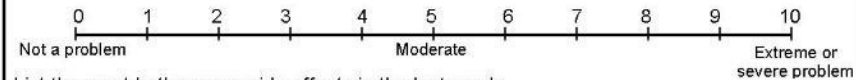


List the most bothersome symptoms in the last week:

-
-
-

Things I did for me: _____

Circle that number that best describes how much a problem your side effects were:



List the most bothersome side effects in the last week:

-
-
-

Things I did that helped: _____

List medications that you are currently taking:

- 1.
- 2.
- 3.
- 4.

About how long have you been taking each medication? Weeks Months Years

SYMPTOMS



Not sleeping or sleeping too much



Restlessness or slowness observable by others



Can't make decisions and can't concentrate



Feeling down all day



Blaming yourself too much and feeling worthless



Fatigue or loss of energy nearly every day



Significant change in weight or appetite

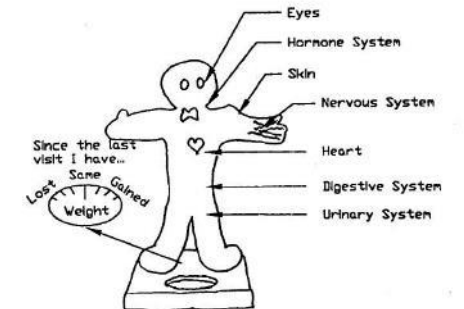


Thinking about death frequently



No longer interested in favorite activities

Medications can cause side effects in many parts of the body. Some may go away in time, others can be treated by your doctor.



Illegal drugs and alcohol may increase the side effects of medications or keep them from working.



Depression Self-Care Action Plan

Patient: _____
 Provider: _____
 Clinic: _____
 Phone Number: _____



Depression is treatable!

1. Stay physically active.



Make sure you make time to address your basic physical needs, for example, walking for a certain amount of time each day.

Every day during the next week, I will spend at least _____ minutes (make it easy, reasonable) doing _____.

2. Make time for pleasurable activities.



Even though you may not feel as motivated, or get the same amount of pleasure as you used to, commit to scheduling some fun activity each day - for example, doing a hobby, listening to music, or watching a video.

Every day during the next week, I will spend at least _____ minutes (make it easy, reasonable) doing _____.

3. Spend time with people who can support you.



It's easy to avoid contact with people when you're depressed, but you need the support of friends and loved ones. Explain to them how you feel, if you can. If you can't talk about it, that's OK - just ask them to be with you, maybe accompanying you on one of your activities.

During the next week, I will make contact for at least _____ minutes (make it easy, reasonable) with _____ (name) doing/talking about _____ (name) doing/talking about _____ (name) doing/talking about _____.

4. Practice relaxing.



For many people, the changes that come with depression - no longer keeping up with our usual activities and responsibilities, feeling increasingly sad and hopeless - lead to anxiety. Since physical relaxation can lead to mental relaxation, practicing relaxing is another way to help yourself. Try deep breathing, or a warm bath, or just finding a quiet, comfortable, peaceful place and saying comforting things to yourself (like "It's OK.")

Every day during the next week, I will practice physical relaxation at least _____ times, for at least _____ minutes each time. (make it easy, reasonable)

5. Simple goals and small steps.



It's easy to feel overwhelmed when you're depressed. Some problems and decisions can be delayed, but others cannot. It can be hard to deal with them when you're feeling sad, have little energy, and aren't thinking clearly. Try breaking things down into small steps. Give yourself credit for each step you accomplish.

The problem is _____
 My goal is _____
 Step 1: _____
 Step 2: _____
 Step 3: _____



How likely are you to follow through with these activities prior to your next visit?
 Not Likely 1 2 3 4 5 6 7 8 9 10 Very Likely

Things you should know about your antidepressant medication



Depression is treatable!

Your antidepressant medication is **NOT ADDICTIVE OR HABIT FORMING.**

They are NOT uppers; they are NOT downers.

It is safe for you to take according to your provider's orders. If you are using alcohol or other drugs, please discuss this with your provider.



Did you know? Antidepressants only work if taken every day!

Target symptoms for antidepressant medications are:



sleep
 appetite
 concentration
 mood
 energy

It takes time for your medication to work. Most people begin to feel better in **1-4 weeks.** Don't give up if you don't feel better right away.



Let's talk about side effects:

Always ask your pharmacist for a print-out of side effects for you medications. Your provider wants you to know about these:

1) _____ 2) _____ 3) _____



The first week is the hardest.

Some people have mild side effects, but they don't feel the medicine working yet.

Try to stick it out.

The side effects usually go away in a few days, and the medicine should start to work soon.



If you're thinking about stopping your medication, **CALL YOUR PROVIDER FIRST.**

IMPORTANT things for YOU to do:

Keep all your appointments
 Take the medicine exactly as your provider prescribes- even if you feel better
TALK TO YOUR PROVIDER - ask questions; tell how you feel
 If you forget a dose **DO NOT DOUBLE DOSE**- take your next dose at the regular time



Stop taking your medication and call the clinic if any of the following happen:

rash
 severe side effects



Clinic/Provider Name: _____

Phone #: _____

Depression Self-Care Action Plan

DEPRESSION IS TREATABLE!

▶ Stay Physically Active.

Make sure you make time to address your basic physical needs, for example, walking for a certain amount of each time each day. Every day during the next week, I will spend at least _____ minutes (make it easy, reasonable) doing _____.

▶ Make Time For Pleasurable Activities.

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_____ (name) doing/talking about _____
_____ (name) doing/talking about _____

▶ Practice Relaxing.

For many people, the change that comes with depression—no longer keeping up with our usual activities and responsibilities, feeling increasingly sad and hopeless—leads to anxiety. Since physical relaxation can lead to mental relaxation, practicing relaxing is another way to help yourself. Try deep breathing, or a warm bath, or just a quiet, comfortable, peaceful place and saying comforting things to yourself (like “It's OK”).

Every day during the next week, I will practice physical relaxation at least _____ times, for at least _____ minutes each time. (make it easy, reasonable)

▶ Simple Goals And Small Steps.

It's easy to feel overwhelmed when you're depressed. Some problems and decisions can be delayed, but others cannot. It can be hard to deal with them when you're feeling sad, have little energy, and not thinking clearly. Try breaking things down in to small steps. Give yourself credit for each step you accomplish.

The problem is _____

My goal is _____

Step 1: _____

Step 2: _____

Step 3: _____

How Likely Are You To Follow Through With These Activities Prior To Your Next Visit?

Not Likely 1 2 3 4 5 6 7 8 9 10 Very Likely

Discussion

We welcome your questions and comments!



Next Steps

Readiness Assessment

- Be on the look out for an email with a link to the assessment
- Complete by May 12, 2021

Bi-weekly Learning Circles from 12-1PM

- April 14 – Community and Social Services Linkages
- April 28 – Coding for Behavioral Health Services
- May 26 – Where to Go From Here

Publications

- Read the resources shared during the sessions

Community & Social Services Linkages

April 14, 2021 • 12-1PM EDT

Connecting patients to community resources for social determinants of health.

[Register](#)

Our Speakers

Laura Benzel
Qlarant

Therese Wetterman
*Director Program
Services Team, Health
Leads*

Kevin Fiori, MD
*Medical Director of
Montefiore's Office of
Population and
Community Health*

Your SWEEP Team



- Healthcentric Advisors
- Qlarant

Have a question? Contact us!

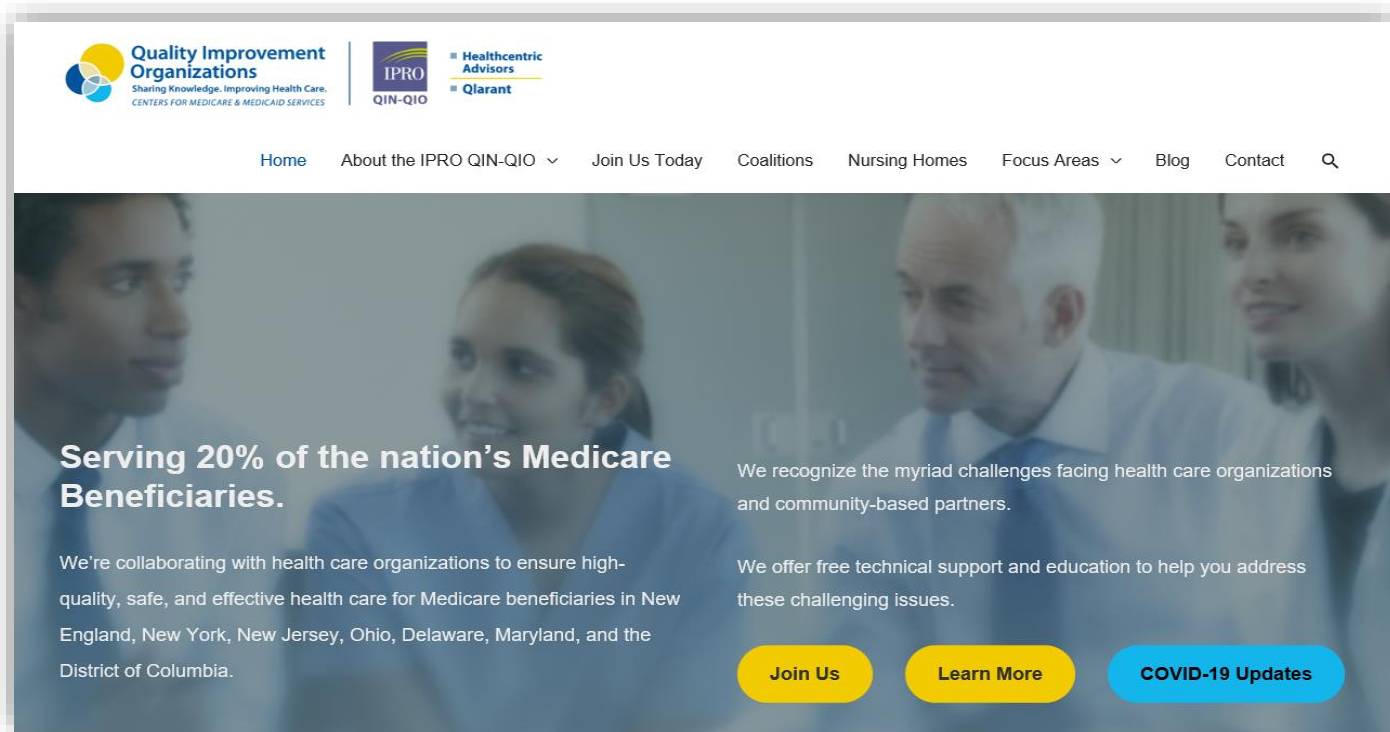
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[Integrating Behavioral Health with Primary Care: Series Information & Materials](#)

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<https://qi.ipro.org/>

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