Behavioral Health Consultation in Practice Part 1

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Primary Goals

- Support/build on PCP interventions or suggestions
- Educate patient on targeted area of skill acquisition and behavior change

Behavioral Health Consultation Model

- 25-30 minute (initials); 1-3 visits
- Open access – open scheduling, "interruptable"
- No limits on patient problem or # per day
- BHC available any time a PCP is present
- PCP in charge of treatment plan
- ¼ - ½ page notes
- Population management (leads to prevention, better access, and disease mgmt)

Population Management

- PCP behavior in population management
  - Meet with whoever is on the schedule
  - Refer to specialty services as needed

- BHC role in population management
  - Meet with any pt PCP needs help with
  - Referring out: complexity, severity, and pt interest/willingness to meet with specialty care

Integrated Care – Flow

- PCP meets with pt
- Warm hand-off to BHC
- BHC meets with pt for 25-30 minutes
  - Introduction about program
  - Functional Assessment
  - Intervention – e.g. education, behavioral activation
  - Action plan – review, 'Teach Back'
- Feedback to PCP – verbal, medical record

The 30-minute Consult

- Four basic components
  - Introduction (5 minutes)
  - Diagnostic screening & functional assessment (10-15 minutes)
  - Intervention (5 minutes)
  - Action Plan (5 minutes)

Introduction

Purpose: Set the stage for the appointment

- Your profession & title
- Explain BHC role
- Structure of appointment
- Possible dispositions
- Linkage back to PCP

Functional Assessment

- Focus on referral question
  - Briefly explore related issues
- Close-ended questions
  - Antecedants
  - Behaviors
  - Consequences
- Less reliance on batteries of standardized tests
  - Brief measures/screeners

Intervention

- Motivating Change
- Action Plan

Motivating Change

Is the patient willing and able to change?

"On a scale of 1 to 10, how important is this change to you?"

"On a scale of 1 to 10, how confident are you about being able to make the change?"

Motivating Change

Match interventions with both of these variables

- If importance is low, education is key.
- If importance is high and confidence is low, building self-efficacy is key.

Intervention

- Treatment
  - Empirically based
  - Focus on observable/ measurable outcomes
  - Focus on changing behaviors

Intervention

- Identify the problem behavior, discuss impact, decide what to change
- Specific and goal directed interventions
  - Use monitoring forms
  - Use behavioral health “prescription”
- Multiple interventions simultaneously

Action Plan

- Focus on function, not cure
- Offer several options
- Look for existing coping responses
  - "When was the last time you did _____"?
- PCP management focus
- Identification of external supports
- Assessment of patient confidence in plan
- Next follow-up contact

Goal Setting

Goals need to be SMART

- S: Specific
- M: Measurable
- A: Attainable
- R: Relevant
- T: Time-bound.

Action Plans – other considerations

- Importance of tracking
- Education
  - Handouts
  - "Teach back" strategy
  - Tailored to specific issue
- Health literacy

Feedback to PCP

- Clear, concise, BRIEF
- Focused on referral question
- Description of action plan
- Plan for follow-up

Follow-up Visit

- Review progress with action plan
- Troubleshoot barriers to adherence
- Reinforce any attempt at behavior change
- Normalize failure
- Terminate if goals are being achieved
- Leave the “door open” for easy return

BHC Role….expanded

- Meetings: practice meetings, meetings with medical director, planning meetings
- Data collection: program evaluation, outcome data, practice management
- PCP education
- Staff management (complexity of multiple roles): different approaches with PCPs, BHC, clinic manager, nursing staff, clerical, grant investigators

To be continued…