



Integrated Care: Clinical Volume

April 11, 2012

Jefferson City, MO

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“If you build it they will come.”

(Field of Dreams)

Paradox

PCP Supportive

Not Equal

Referrals

Referral Expectation

- 30-60 % of Primary Care Patients
- Track the data

Potential Reasons/Barriers

- PCP enjoys patient contact
- PCP good at behavioral interventions
- Takes too much time to refer
- Out of sight out of mind

Potential Reasons/Barriers (cont.)

- Response of BHC too long
- PCP not identify behavioral reason to refer
- Not wanting to interrupt
- Medication working

Potential Reasons/Barriers (cont')

- Primary Care provider's referral language = patient refusal
- Not wanting to interrupt
- Ease of referral process

Potential Reasons/Barriers (cont')

- PCP not experience helpful feedback from BHC
- PCP concern patient will be resistant
- Patient already seeing a therapist

Potential Reasons/Barriers (cont')

- It is medical not psychological
- Is the BHC working that day?
- Large FQHC and BHC is at another clinic

Strategies to Build Referrals

1. Education/joining the PCP Team
 - Shadowing the PCP
 - Develop one page education sheet on behavioral aspect of primary care
 - Ask PCP and other members of staff for feedback on your work.

Strategies to Build Referrals (cont')

- Brief talks to medical staff e.g. 15-minute talk on insomnia
- Screening vs. assessment
- Good, brief clinical information in the hallway

Strategies to Build Referrals (cont)

- Work with medical director on building Integrative Care Practice ex. share referral data
- Develop referral form
- Preview next day's schedule

Strategies to Build Referrals (cont)

- Brochures for PCP to give to patients
- Care paths
- Propose 10-minute meeting pre-clinic to review cases

Strategies to Build Referrals (cont)

- Track referrals by providers
- Physical presence
- Informal discussions on how you could be helpful
- Presence at medical staff meetings

Strategies to Build Referrals (cont')

2. Patients/Family Members

- Inclusion in informational brochures/letters on the medical practice in general

Strategies to Build Referrals (cont')

- Information rooms in the waiting room and exam rooms on clinical topics, ex. depression, parenting
- Information sheet/brochures on behavioral consultation services

Strategies to Build Referrals (cont')

3. Other Professionals

- Develop relationships with community resources
- Develop relationship with mental health specialty services, e.g. social workers, psychiatrists, psychologists.

Strategies to Build Referrals (cont')

4. Formal Assessments of Barriers to Referrals

Strategies to Build Referrals (cont')

5. Care Paths

- Understand practice and PCP's perceived need
- Need and volume not always the same

Strategies to Build Referrals (cont')

- PCP buy in
- Develop care path as a team
- One aspect is automatic referrals

Strategies to Build Referrals (cont')

6. Elevator Statement (Stmnt)

- Most professionals and lay people have no idea what integrative care.
- Most have not heard title: “Behavioral Health Consultant.”

Strategies to Build Referrals (cont')

- Elevator stmt: marketing language
 - 30-60 seconds to differentiate yourself in the marketplace
- Imagine a patient asking you what you do for a living

Strategies to Build Referrals (cont')

- Today: focus on a PCP
 - Why is it important
 - How impact my practice
 - What do you do
 - Why should I be supportive

Strategies to Build Referrals (cont')

- Exercise:
 - 1) Divide into pairs
 - 2) PCP/BHC
 - 3) BHC give elevator stmt and physician occasionally ask questions

Contact Information

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