“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
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 (Stmt)

- 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
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