CONSULTATION, COORDINATION, AND COLLABORATION: HOW PRIMARY CARE AND BEHAVIORAL HEALTH CLINICIANS WORK TOGETHER IN ADVANCING CARE TOGETHER (ACT) PRACTICES

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Background

Mental health and primary care are inseparable; any attempts to separate the two leads to inferior care

- IOM, 1996

- Regional and national policy initiatives encourage integrated care
- Clinicians from diverse professional backgrounds work together in integrated settings
- Limited research describes ***how*** these teams work together and what factors facilitate or impede these interactions

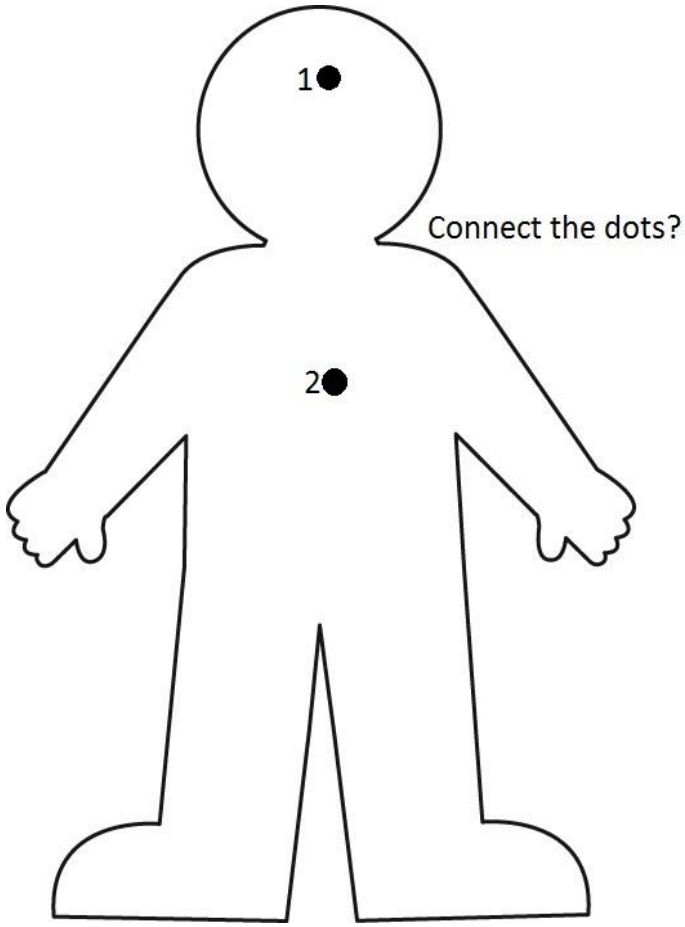


Image courtesy of
Ben Miller, PsyD

Definitions

Behavioral health care: Term encompassing care for mental health, substance abuse conditions, health behavior change (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, or ineffective patterns of health care utilization.

Integrated care: Care rendered by a team of primary care and behavioral health providers, working together with patients and families, using a systematic and cost-effective approach to provide patient-centered behavioral health care.

Peek, C. J. National Integration Academy Council. (2013). Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus. In Agency for Healthcare Research and Quality (Ed.), *AHRQ Publication No.13-IP001-EF*.

Method

Study Design: Multi-site, comparative case study of Advancing Care Together (ACT). ACT is a demonstration project to test strategies for implementing evidence-based integrated care

Sample: 11 primary care and community mental health clinics located in Colorado

Data Collected:

- Documents (Grant application, semi-annual reports)
- Online implementation diaries
- Clinic observations
- Interviews with clinic and study team members

Data Analysis:

- Grounded theory; concurrent data collection and analysis
- Multiple immersion-crystallization cycles

ACT Innovator Characteristics

ID	Type (Primary Care unless specified)	Ownership	Geography	Annual visits
1	Single specialty	FQHC, Private	Rural	21,200
2	Multispecialty	FQHC, Hosp		
3	Multispecialty	Clinician		
4	Mental health	CMHC, Non-		
5	Multispecialty	Clinician		
6	Single specialty	FQHC, Hospital	Urban	17,680
7	Single specialty	Clinician	Urban	15,600
8	Mental health	CMHC, Non-H		
9	Multispecialty	HMO, Hospita		
10	Single specialty	Clinician		
11	Multispecialty	FQHC, Private	Urban	14,924

C5: Private behavioral health practice expands services to private family medicine clinic. Uses collaborative care schedule and provides integrated care training.

C7: Private primary care practice partners with a CMHC to hire, train, and supervise co-located behavioral health provider.

FQHC = Federally Qualified Health Center; CMHC = Community Mental Health Center; HMO = Health Maintenance Organization; SBIRT = Screening, Brief Intervention, and Referral to Treatment

Results: Elements of Collaboration

Elements	Description
Identification of need	Clinicians or other staff detect a behavioral health need (e.g., systematic screening, during clinical encounter, patient request)
Preparing the Patient	Language used to let a patient know the clinician/staff plan to engage another member of the team in the patient's care.
Locating and Engaging BHP	How the medical provider, or other members of the team, engage the behavioral health clinician (e.g., physical search, sending a flag/message in the EHR, calls on radio devices)
Briefing	Clinicians provide summary of patient's presenting symptoms and request for services (e.g., depression care, stress reduction).
Transition/ Encounter	How professionals speak about one another and their role on the care team; May lead to 1-on-1 or joint encounter.
Debriefing and Care Plan	Reconnecting after an encounter to discuss the treatment plan or course of action (e.g., cced EHR note, verbally).

Identification of Need, Encounter

…later in the day I had a very difficult patient with chronic pain, whose medical problems and noncompliance issues make pain medication/sleepers contraindicated. We had already been battling and getting nowhere positive so I was dreading the visit. I called the BHP to go in with me, thinking I needed the support to help the patient understand the gravity of the situation. But I also had the feeling that the patient would feel we were ganging up on her. What happened in the room was the exact opposite. The patient bonded almost immediately to the BHP and felt she had an advocate in the room rather than another oppressor.

- C4, Medical Clinician, Diary

Debriefing, Care Plan

The physician and BHP discuss the patient in room 6 (28 year old pregnant mother with depression). The BHP says she has some depression and anxiety but doesn't want counseling. The physician starts documenting in the comments that the patient is "hesitant on counseling." The physician says she'll encourage but won't make the hard sell. She says that this patient is "a red flag for postpartum." The BHP says that she can continue to follow-up with the patient every two weeks [during medical appointments].

- C11, Fieldnotes

Barriers and Facilitators of Collaboration

Interpersonal: How professionals work together/view each other

- Leadership vision and individual understanding
- Willingness to adjust practice/share care

Organizational: The infrastructure and work processes in place to support integrated care

- Physical proximity, scheduling, documentation
- Additional staff support and treatment resources (e.g., case managers, consulting psychiatrists)
- Staff training/onboarding

Policies: Local, regional, and state policies that shape care

- Payment encourages co-located, siloed care
- Intake requirements

Patient Complexity

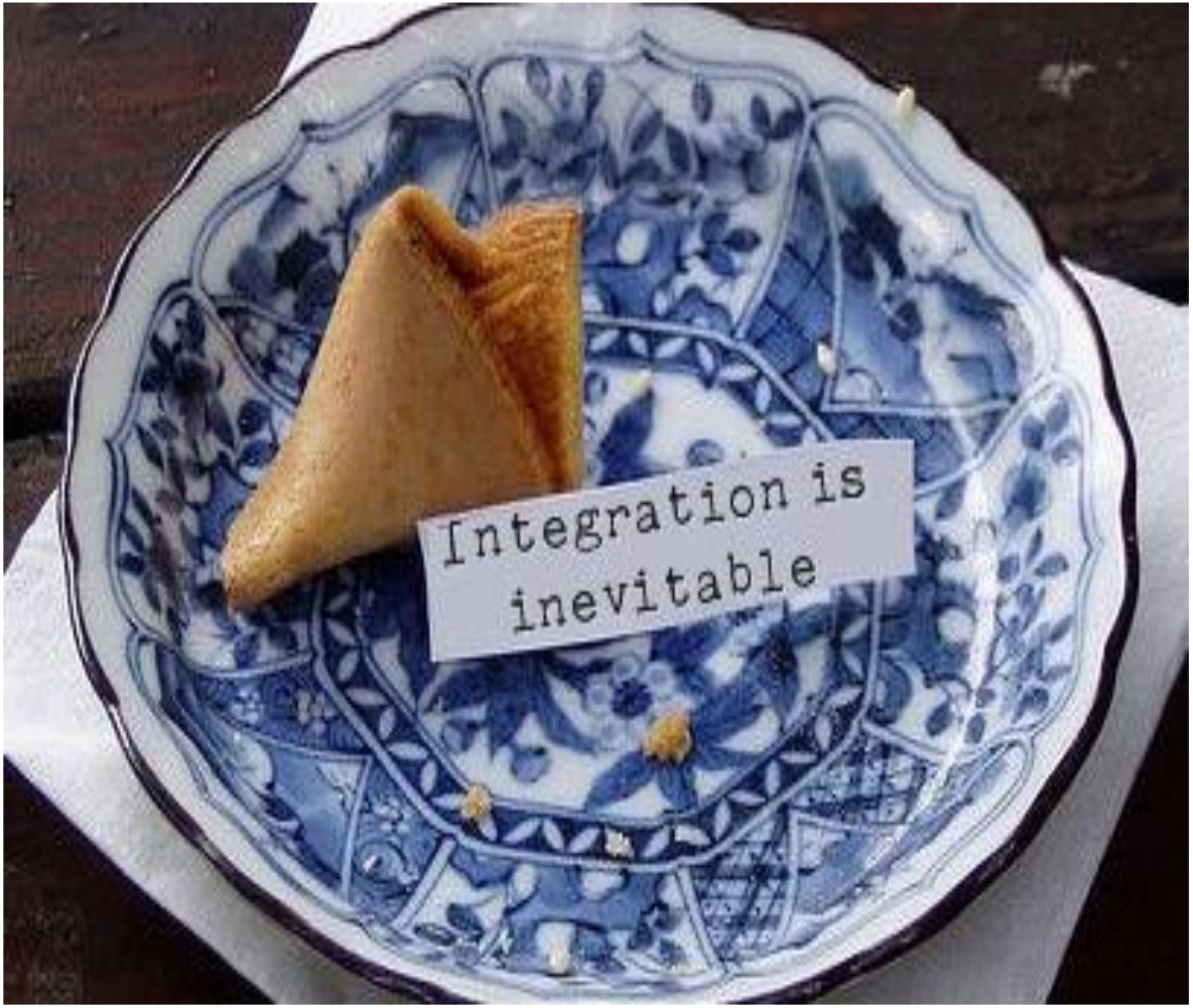
Anticipated and Actual Approaches to Delivering Integrated Care

Coordinated	Co-located	Integrated
Behavioral and physical health clinicians practice separately within their respective systems. Information regarding mutual patients may be exchanged as needed, and collaboration is limited outside of the initial referral.	Behavioral and physical health clinicians delivery care in the same practice. Co-location is more of a description of where services are provided rather than a specific service. Patient care is often still siloed to each clinician's area of expertise.	Behavioral and physical health clinicians work together to design and implement a patient care plan. Tightly integrated, on-site teamwork with a unified care plan. Often connotes close organizational integration as well, perhaps involving social and other services.

Discussion

- Medical and behavioral health professionals engage in multiple types of interactions in integrated settings
- Interpersonal, organizational, and policy structures can facilitate or impede the potential for collaboration
- More research needed:
  - When and why are coordination or collaboration most effective?
  - How are these interactions associated with clinical outcomes?
  - How does patient complexity shape what is necessary versus sufficient for delivering integrated care?
  - What is the cost-benefit of different interactive models in integrated care settings?


ACT
ADVANCING CARE TOGETHER
Creating Systems of Care for the Whole Person
25
Fort Collins
76
Fort Lupton
Westminster
Wheat Ridge
Denver
70
Basalt
Grand Junction
70
Colorado Springs
La Junta
25
Durango
Special Thanks!
ACT Innovator Sites &
Project Leads


Integration is
inevitable

Questions? Contact Info:

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Locating the BHP, Briefing, Debriefing

…if you were to say at the start of a program…now you have to go look for somebody, the [medical provider] might be like, ah, what's taking [so long]...but in reality it saves you time…if I go look for [the BHP], then I can tell them as we're walking back what's going on with my patient and why I want them to see them…so that saves me time [and] it frees me up so I can move on to my next patient while they're dealing with that other aspect. [To debrief] the BHP [will] wait outside until I'm done. And sometimes if they're really busy, then I just tell them to knock on the door, to ask me…

- C11, Medical Clinician, Interview.

Organizational/Policy Challenges

I believe in rural areas the control of primary health care has so long been in the hands of local doctors that it is a struggle for them to see a different way to work together… additionally they are used to telling everyone what to do and how to do it, basically controlling the situation. Thus when they can't control us or our services, they don't like it. For example they complain about our process for intakes, paper work that must be completed and such… but they have the same systems, all of their patients must complete paper work and intake when they are new to the practice… I know because I am a patient there and every time I go in it takes at least 15 minutes and sometimes longer for the patient facilitator to review your history and everything that they require…so why would our system be any different?

- C1, Behavioral Health Leader, Fieldnotes