



CFHA 2020 Conference – Sessions and Posters

Last updated October 6, 2020

All times listed are EDT

NEW THIS CONFERENCE! The Pediatric SIG is sponsoring a certificate for attending pediatric focused sessions over the course of the conference. To obtain a certificate:

- Attend at least *three* concurrent pediatric sessions (30 or 60 minutes), or
- Attend the Pediatric Extended Learning Opportunity (ELO) and at least *one* concurrent pediatric session

You may request your certificate at https://www.cfha.net/page/Peds_Certificate_2020

Please direct any questions to Rachel Petts, Pediatric SIG Research Chair: rachel.petts@wichita.edu

The Research and Evaluation Committee also has a certificate available for attending three of the REC sessions.

Plenary Sessions

PS1 - Our Community at the Intersection of COVID19 and Black Lives Matter: Reflections on 2020 and Where We Go Next

This visually inspired panel session begins with 7 minute reflections, using pictures and data, to reflect on where we have been as a community of champions of integrated care. Five panelist from within the CFHA community provide their reactions to the COVID-19 pandemic and the Black Lives Matter protest movement and challenge each other and the CFHA community to rise to the challenges of the moment in a sustained fashion. Participants will be encouraged to reflect on their own experiences and engage the panelists in answering the hard questions of where we go from here. A key focus of the panel will be identifying key action steps across the continuum of the systems of healthcare delivery and policymaking (eg. CLAS standards implementation, revisioning quality metrics, telehealth maintenance plans etc.)

Presenter(s):

- Eboni Winford, PhD, Director of Research and Health Equity, Cherokee Health Systems, Knoxville, TN
- Deepu George, PhD, LMFT, Associate Professor, University of Texas Rio Grande Valley School of Medicine, Edinburg, TX
- Jeffrey Ring, PhD, Principal, Health Management Associates, Los Angeles, CA
- Monica Williams Harrison, MSW, Behavioral Health Consultant, Hartford Healthcare, Northfield, CT
- Andrew Valeras, DO, MPH, FAAFP, Associate Program Director, Dartmouth Hitchcock Leadership Preventive Medicine Residency, Concord, NH

Date: Wednesday, 10/7/2020

Time: 4:00 PM - 5:30 PM

Session Type: Plenary

Keywords:

- COVID-19
- Health Policy

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify the key responses on the part of the healthcare community to COVID-19.
- Identify the key responses on the part of the healthcare community to the Black Lives Matter movement.
- Describe key action steps to sustain pandemic adaptations and anti-racist

PS2 - Using Nudges to Improve the Delivery of Health Care

Medical decision-making is often suboptimal. Sometimes we conduct unnecessary tests and treatments and in other cases we fail to follow evidence-based guidelines. Nudges are subtle changes to the design of choices or the way information is framed that can have an outsized impact on behavior. The Penn Medicine Nudge Unit is the world's first behavioral design team embedded within the operations of a health system. This talk will describe how nudges can be used within the electronic health record to improve medical decision-making and highlight examples from different contexts in health care.

Presenter(s):

- Mitesh Patel, MD, MBA, Director of the Penn Medicine Nudge Unit, Associate Professor, University of Pennsylvania, Philadelphia, PA

Date: Thursday, 10/8/2020

Time: 4:00 PM - 5:30 PM

Session Type: Plenary

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Learn the definition of a nudge
- Understanding principles of behavioral economics and how they can be used to design interventions
- Learn how nudges have been implemented to improve health care

PS3 - Our American Dilemma: Placing an Equity Lens on the Struggle for Diversity and Inclusion

With the backdrop of the protests over police brutality against minorities in 2020, and in the midst of the COVID-19 pandemic which unveiled marked health disparities, physician Will Ross will talk about the ongoing struggle to achieve inclusivity and diversity in healthcare and its relationship to the goal of health equity for all. Dr. Ross argues that as public health leaders have declared the epidemic of gun violence in America a public health threat, they must similarly call out the root cause of police brutality towards people of color and the devastating impact of COVID-19 on the African American, Latino, and Native American population. Embracing racism as a public health crisis requires affirming racism as a structural determinant of health and developing a strategic plan to unravel and excise it from the fabric of our community.

Presenter(s):

- Will Ross, MD, MPH, Associate Dean Diversity, Alumni Endowed Professor of Medicine, Principal Officer for Community Partnerships, Division of Nephrology, Washington University School of Medicine, St. Louis, MO

Date: Friday, 10/9/2020

Time: 4:00 PM - 5:30 PM

Session Type: Plenary

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Explore the dynamic nature of pluralism, cultural diversity, and inclusion as it relates to resolution of health disparities
- Recognize America's unique social-political history, the social determinants of health and their contribution to health inequities

Gain a greater appreciation of structural racism as a public health crisis

PS4 - Health Policy After the Election and Covid-19

Instead of debating ACA+ vs. Repeal and Replace 3.0, Covid-19 and our nation's varied responses to it have altered many landscapes, some permanently. The weaknesses of employment-based insurance, the limits of rugged individualism, the dangers of anti-science agitation and the reverberating consequences of multi-dimensional socio-economic inequities are things that cannot be unseen. The political risk of government overreach is also dangerously heightened. How to fashion a broader American policy consensus out of these real time lessons coming at us relentlessly, for a polarized electorate, that is the question before us all.

Presenter(s):

- Len Nichols, PhD, Fellow, Health Policy Center, Urban Institute, Washington, DC
- Dan Gorenstein, Host and Executive Producer, Tradeoffs, Philadelphia, PA
- Rodney Whitlock, PhD, Vice President, McDermott + Consulting, Washington, DC

Date: Saturday, 10/10/2020

Time: 12:00 PM - 1:30 PM

Session Type: Plenary

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Explain how Covid-19 changed the health policy debate in our country
- Lay out the implications of the election and policy choices before us
- Identify some areas of policy consensus (not bi-partisan, but

broader left-right consensus in the citizenry and in the health and social service sectors)

Extended Learning Opportunities (ELOs)

ELO 1: Clinician Rising: Transforming from Frontline Warrior to Large-System Change Leader

We are all change agents. But can we rise to be change leaders? In this ELO, five leaders in integrated healthcare, population health and large-system change will offer specific principles—including partnering, creating a value proposition, and developing an adaptive leadership stance—for applying skills gained as an integrated care clinician to wield influence on the large-system level. We will engage attendees in distinguishing between managing and leading change and in developing the personal and professional authority to foster—even force, at times—innovation. We'll talk specifically about building the communication, influence, and leadership skills to gain the attention and respect of prime decision-makers while remaining true to the values and best practices of integrated healthcare.

This ELO will expand upon a panel presentation at last year's conference, "Oh, the Places You'll Go!" When expert clinicians in integrated care try to bring their knowledge and best practices to the organizational level, they often encounter skepticism, resistance, and pressure to compromise. These experiences can dissuade them from ever again attempting to change the larger system. In this workshop, five clinician-population health leaders from medicine, psychology, and social work will describe the general principles of leadership development and their own challenges transforming from frontline warriors to effective organizational leaders. We will focus specifically on those skills from clinical care—including partnering and creating motivation to change through a demonstrated value proposition—that can be translated to the large-system level. Drawing on the work of organizational development guru Peter Senge, this highly participatory workshop will challenge participants to reflect on their personal development as leaders, including an examination of self-leadership, leading others and leading systems. The session will use group exercises to help attendees clarify their core work values, define their personal missions, and design future visions and immediate next steps. We will share our personal experiences to describe the gratification and frustrations of transforming from problem-solving clinician to innovation leader. Programmatic examples will be used throughout.

Presenter(s):

- Suzanne Bailey, PsyD, Chief Operating Officer, Cherokee Health Systems, Knoxville, Tennessee
- Suzanne Daub, LCSW, Principal, Health Management Associates, Philadelphia, PA
- Jena Fisher, PhD, Executive Director of Innovation, Merakey, Wynnewood, PA
- Barry Jacobs, PsyD, Principal, Health Management Associates, Philadelphia, PA
- Andrew Valeras, DO, MPH, FFAFP Associate Program Director, Leadership Preventive Medicine Residency, NH Dartmouth Family Medicine Residency, Concord, NH

Date: Thursday, 9/17/2020

Time: 2:00 PM - 5:00 PM

Session Type: ELO

Content Level:

Keywords:

- Mentorship
- Professional Identity
- Self-care/Self-management
- Skills building/Technical training
- Training/Supervision
- Workforce development

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Distinguish between authority, seniority, and leadership
- Define the meanings and importance of technical and adaptive leadership
- Understand current evidence regarding leadership style variation and effectiveness
- Develop a personal statement of vision and mission for leading self, others, and systems
- Communicate a value proposition for integrated care to their organization's senior leadership

ELO 2: Toolkit for Sleep Concerns in Pediatric PCBH

Sleep problems are among the most common childhood concerns providers face in primary care, and thorough understanding of how to assess and treat these concerns is essential for any pediatrics provider. Using a multidisciplinary approach and interactive teaching methods, this extended learning opportunity will provide participants with the knowledge, skills, and virtual toolkit needed to screen, assess,

Date: Thursday, 9/24/2020

Time: 2:00 PM - 5:00 PM

Session Type: ELO

Content Level:

and treat pediatric sleep concerns in integrated care settings. Emphasis will be placed on helping participants learn the practical skills needed to respond to the distinct needs of children and all participants will receive a virtual toolkit to use in their practices.

Abstract

Sleep is critical for healthy growth and development (Faruqui, Khubchandani, Price, Bolyard, & Reddy, 2011; Meltzer & Mindell, 2006; Owens, Rosen, & Mindell, 2003). Sleep issues can negatively impact a child's physical health, behavior, socioemotional functioning, cognition, mood, academic performance and may even impact parental and family stress (Honaker & Saunders, 2018; Meltzer & Mindell, 2006; Owens et al., 2003). Further, sleep apnea has been linked to socioemotional difficulties as well as cardiac problems (Faruqui et al, 2011). There is a 25-40% prevalence rate for sleep issues in childhood and adolescence (Honaker & Saunders, 2018), with bedtime problems, insomnia, and night wakings among the most common complaints in pediatrics (Faruqui et al., 2011; Owens et al., 2003; Owens, Rosen, Mindell, & Kirchner, 2010). Despite this, sleep disorders are often underreported, under assessed, underdiagnosed, and untreated in pediatric patients (Faruqui et al., 2011; Honaker, & Saunders, 2018; Mindell & Meltzer, 2008; Owens et al., 2003). It is strongly recommended that all pediatric providers consider the impact of and assess sleep issues in their assessment of growth and development (Mindell & Meltzer, 2008).

This extended learning opportunity will provide participants with the knowledge, skills, and a virtual toolkit to master the management of pediatric sleep concerns. Specifically, participants will be provided with a comprehensive background of the etiology, prevalence, and important developmental considerations of common pediatric sleep concerns as a foundational base for effective anticipatory guidance, education, and treatment planning. The workshop will emphasize evidenced-based interventions to apply in their practice.

Throughout the workshop, presenters will employ a variety of didactic and interactive methods of teaching including videos, live modeling, role-plays, and participant skill building activities that support the active learning of skills. For instance, participants will view sleep diaries and engage in diagnosing and role-playing treatment interventions.

Presenter(s):

- Jodi Mindell, PhD, Associate Director of Sleep Clinic, Children's Hospital of Philadelphia, Pediatric Sleep Council; Professor, Saint Joseph's University, Philadelphia, PA
- Lesley Manson, PsyD, Assistant Chair of Integrated Initiatives, Clinical Assistant Professor
- Arizona State University, Phoenix, AZ
- Allison Allmon Dixon, PhD, Medical Director of Integrated Care & Psychologist, Gundersen Health System, La Crosse, WI
- Tawnya Meadows, PhD, BCBA-D, Co-Chief of Behavioral Health in Primary Care-Pediatrics, Geisinger, Danville, PA
- Cody Hostutler, PhD, Pediatric Psychologist, Nationwide Children's Hospital & Assistant Professor, The Ohio State University, Columbus, OH
- Catherine Wubbel, MD, Associate, Geisinger, Danville, PA
- Jeffrey Shahidullah, PhD, Assistant Professor of Psychiatry, University of Texas at Austin, Austin, TX

Keywords:

- Adolescents, Behavioral Medicine Topics (e.g., insomnia, medication adherence), Evidence-based interventions, Pediatrics

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Build and utilize a toolkit of pediatric sleep resources for immediate implementation in medical settings
- Use screening measures/assessment strategies to identify and accurately diagnose sleep concerns in pediatric integrated care.
- Effectively implement a range of brief interventions for sleep concerns within a pediatric primary care visit

ELO 3: Collaborative Care: An Advanced Implementation Workshop

Stuck in your implementation efforts for CoCM (Collaborative Care Model)?

Wondering how you can take your CoCM work to the next level? Well this session, led by AIMS Center psychiatrist and world-leader in the CoCM world, Dr. Jurgen Unutzer is for you. The Collaborative Care Model will be briefly reviewed before attending to the keys to successful implementation and moving toward your 2.0 version of the model. The discussion will center around the best implementation evidence out there and efforts to move the model beyond depression to the co-management of other prevalent conditions in primary care.

Presenter(s):

- Jürgen Unutzer, MD, MPH, MA, Professor and Chair, University of Washington Department of Psychiatry, Seattle, WA

Date: Thursday, 10/1/2020

Time: 2:00 PM - 5:00 PM

Session Type: ELO

Content Level:

Keywords: CoCM

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Appreciate and articulate the value of implementing an evidence-based collaborative care program in primary care.
- Help adapt an evidence-based collaborative care program to unique primary care settings and populations served.
- Develop a training and implementation support program for unique primary care settings.

Mental Health Provider Diabetes Education Program

ELO Partnership with American Diabetes Association

Registration is separate from CFHA conference registration.

Register here <https://cvent.me/9aMmzV>

The American Diabetes Association (ADA) and the Collaborative Family Healthcare Association have partnered to deliver a two-part continuing education program about diabetes for licensed mental health professionals.

Diabetes is one of the predominant presentations for chronic conditions in primary care. This deep dive in diabetes, a collaboration between the American Diabetes Association and CFHA, will provide attendees with a certificate for assisting patients with diabetes self-management. Expect your competencies and confidence to be raised as you learn how to guide patients in living with diabetes. Led by Dr. Doug Tynan, PhD, this event is certified by the ADA and includes hands on (even in the virtual environment) learning as you explore the world of food. Purchase of the event will be occur through the ADA website.

Benefits of completing this program include:

- ADA professional membership
- 7.0 CE credits; plus an additional 5.0 CE credits available online in follow up programs.
- Eligibility for listing in the Mental Health Provider Directory

Presenter(s):

- W. Douglas Tynan PhD, ABPP, Professor of Pediatrics, Thomas Jefferson University, Philadelphia, PA
- Kimberly Driscoll, PhD, Associate Professor, College of Public Health & Health Professions, University of Florida
- Sarah Westen, PhD, Assistant Professor, College of Public Health & Health Professions, University of Florida

Date: Sunday, 10/11/2020

Time: 10:00 AM – 6:00 PM

Session Type: ELO

Learning Objectives:

- Describe major challenges of living with diabetes that may be the focus of mental health treatment
- Apply general knowledge of diabetes to mental health care of people with diabetes
- Discuss potential roles of mental health professionals in the care of people with diabetes
- Integrate supportive terminology to interactions with people with diabetes and with other healthcare professionals

ELO 4: PCBH Community Forum

This must attend event is your deep dive into the world of the Primary Care Behavioral Health (PCBH) model of service delivery. Your emcee, Dr. Jeff Reiter, will lead this reprise of last year's hit event, focused on the world of PCBH as it has been impacted by COVID-19 and the emerging health inequities/ racial justice discussion. A series of breakouts will allow for ample live discussion and a schedule that includes multiple key national leaders in the movement are sure to keep the half-day event moving. To register just add this item to your cart during the conference registration process.

[See page 8 for full Forum description](#)

Date: Sunday, 10/11/2020

Time: 10:00 AM – 5:00 PM

Keywords: PCBH Model

ELO 5: A New Take on Patient-Centered Care: Making Partnerships with High Utilizing Disadvantaged Patients

This workshop will be an introduction to a language for building partnerships in care with patients who cope with significant complexity (physical, psychological, and social). Participants will hear how current “patient-centered” approaches have difficulty making partnerships with these patients. They will practice reframing professional language for writing open notes and for having team clinical conversations in the presence of the patient. They will practice using empowering language as part of trauma-informed care, and learn attributions that support increased patient self-efficacy. Finally, they will practice creating patient-centered care plans in which patients are truly partners.

The concept of “patient-centered care,” along with its “sibling” concept “the medical home” were created to be guiding principles for positive transformation in medical care. Unfortunately, after all the time and money expended to bring about this transformation, the medical home effort, (changing practice patterns to improve information management, increase coordination of care, and promote access) has been more successful than the patient-centered care effort, (changing the doctor-patient relationships to improve transparency, accommodate to patient preferences and values, and make partnership with patients. This is especially true for patients we term “multiply-disadvantaged,” (patients called “complex” in literature about high utilizing people with multiple chronic illnesses, also called “disadvantaged patients” who cope with poverty and bias, and finally, described in literature on victims of trauma. These are patients who tend to experience interaction with healthcare professionals more as encounters with authorities who want to control them rather than as time with highly trained benevolent helpers. The possibility of partnership with their doctor is not attractive to many of these people.

Using evidence-based methods, it is possible to create a process for interacting with these patients that builds their self-efficacy in regard to their health and their healthcare. These methods promote an experience of care for health team members and for patients that is transparent, empowering, activating and mutual. This workshop will be an introduction to language for building partnerships in care with multiply-disadvantaged patients. Participants will practice reframing professional language for writing open notes and for having team clinical conversations in the presence of the patient. They will practice using empowering language as part of trauma-informed care, and learn attributions that support increased patient self-efficacy. Finally, they will practice creating patient-centered care plans in which patients are truly partners. Time will be 1/3 lecture and 2/3 audience interaction.

Date: Thursday, 10/15/2020

Time: 2:00 PM - 5:00 PM

Session Type: ELO

Content Level:

Keywords:

- Patient-centered care, team-based care, patient partnership, behavioral health integration, strength-based care.

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Communicate clinical information in language that is communicative to colleagues and non-stigmatizing to patients.
- Elicit information about patients' strengths and successes in caring for their own health.
- Transition information from patients about their successes into attributions toward the patient that promote more success.

Presenter(s):

- Alexander Blount, EdD, Professor Emeritus of Family Medicine, University of Massachusetts Medical School, Worcester, MA

ELO 6: Mixed Methodologies in Research and Quality Improvement: At the Intersection of Numbers and Stories

Mixed method approaches to research and quality improvement include both quantitative and qualitative elements. When these components are combined in thoughtful and intentional ways, they add depth and context to our understanding of health settings. The workshop aims to introduce participants to the nuances of using mixed methods for research and quality/process improvement within integrated healthcare environments. It will include discussion of innovative designs, data collection methods, and cutting edge analysis. In small group exercises, participants will have the opportunity to work thorough elements of designing/conducting a mixed methods project around a chosen research or quality/process improvement topic.

Mixed method approaches to research and quality improvement include both quantitative and qualitative elements. When these components are combined in thoughtful and intentional ways, they add depth and context to our understanding of health settings. This workshop aims to introduce participants to the nuances of using mixed methods for research and quality/process improvement within integrated healthcare environments. Together presenters and participants will explore the synergy between quantitative and qualitative research design. This will include discussion of innovative designs, data collection methods, and cutting edge analysis. Presenters will begin with a broad overview of the two components of mixed methods research with more comprehensive focus on qualitative methods. Discussion will focus on four major types of mixed methods design (Triangulation, Embedded, Explanatory, and Exploratory). Examples will illustrate how when applied appropriately, mixed method approaches can yield results that are greater than the sum of their individual quantitative and qualitative parts. Presenters will end with introduction to techniques and considerations for data collection and analysis, with a focus on qualitative data. This will include an overview of strategies, advice on when to select one strategy over another, and how to use both the quantitative and the qualitative to tell a story of the data. At set time points throughout the workshop participants will engage in small group exercises designed to apply elements of designing/conducting a mixed methods project to a chosen research or quality/process improvement topic. To facilitate learning, participants will be asked to come prepared with a question they want to explore in their own practice or research. In the small group exercises participants will assist each other in identifying whether a quantitative, qualitative or mixed methods approach is best suited to addressing their question. This will lead into small group sharing of ideas for specific data collection and analysis methods.

Presenter(s):

- Nyann Biery, MS, Manager of Program Evaluation, Lehigh Valley Health Network, Allentown, PA
- Allison Brenner, PhD, MPH, Director of Population Health Research and Innovation, Cascadia Behavioral Healthcare, Portland OR
- Casey Gallimore, PharmD, MS, Associate Professor, University of Wisconsin School of Pharmacy, Madison, WI
- Laura Gano, PhD(c), MPH, Indiana University School of Medicine, Indianapolis, Indiana
- Stephanie Trudeau, PhD, Postdoctoral Research Fellow, The Thrive Center for Human Development, Pasadena, CA & Faculty Associate, Doctor of Behavioral Health Program, Arizona State University College of Health Solutions

Date: Thursday, 10/22/2020

Time: 2:00 PM - 5:00 PM

Session Type: ELO

Content Level:

Keywords:

- Implementation science, Outcomes, Quality Improvement programs, Research and evaluation

Objectives: *At the conclusion of this presentation, participants will be able to...*

- □ Understand how quantitative and qualitative data can be used synergistically within a mixed methods approach.
- □ Determine whether a quantitative, qualitative or mixed methods approach is best suited to answer a specific research or evaluation question.
- □ Discuss the strengths and challenges of various quantitative and qualitative data collection methods.
- □ Describe mixed methods approaches to data analysis.
- Apply principles of mixed methods to guide design of a research or quality improvement project from their own practice site.

ELO 4: PCBH Community Forum II – Ensuring Our Broadest Reach
October 11, 2020 (Sunday), 10:00-5:00 EDT

Date: Sunday, 10/11/2020

Time: 10:00 AM – 5:00 PM

Session Type: ELO

For a second consecutive year, this professional gathering focused on the PCBH model of integrated care will feature national experts, top tier researchers and proven on-the-ground clinicians discussing the toughest and most interesting aspects of PCBH work. It is open to all levels of experience with PCBH. This year's Forum will have a particular focus on strategies for reaching the broadest range of patients possible. Join us!

10:00-10:15 Welcome Remarks

(Neftali Serrano, PsyD)

10:15-10:55 Opening Address:

(Jeff Reiter, PhD, ABPP)

In this year's opening address, Dr. Reiter will discuss the social justice goals and potential of the PCBH model. He will also highlight ways in which implementation of the model has at times undermined such goals and potential. Using content from the day's sessions that will follow, he will outline strategies for ensuring the broadest reach of PCBH moving forward.

Learning Objectives:

- 1) Detail the limits of the mental health system for serving the population
- 2) Outline the proven benefits of primary care for reducing health disparities
- 3) List strategies BHCs can use to broaden their population impact

11:00-12:25 (A) Ask a Trainer

(Kent Corso, PsyD; Patricia Robinson, PhD; Kirk Strosahl, PhD; Anne Dobmeyer, PhD, ABPP; Neftali Serrano, PsyD)

(Moderator: Alexander Blount, EdD and Bridget Beachy, PsyD)

Ask top PCBH trainers for help with your toughest PCBH implementation challenges in this open Q&A between trainers and audience members. There are no didactics in this session; only answers and discussion in response to your questions.

Learning Objectives:

- 1) Overcome common challenges to understanding and implementing the PCBH model at a systems level.
- 2) Overcome common challenges to understanding and implementing the PCBH model at a clinical level.
- 3) Overcome common challenges to understanding and implementing the PCBH model at the operational level.

11:00-12:25 (B) New and Emerging PCBH Research Part I: PCBH Innovations

(Matt Martin, PhD, Ana Bridges, PhD; Bridget Beachy, PsyD; Jeff Cigrang, PhD; Ryan Landoll, PhD, ABPP)

(Moderator: Clarissa Aguilar, PhD and Aditya Bhagwat, PhD, ABPP)

Get an edge by learning about significant emerging and recently published PCBH research projects. These studies are helping define the PCBH model and illustrate its potential for wide-ranging benefit.

Learning Objectives:

- 1) Detail the research findings on the benefits of using a brief marriage checkup in primary care
- 2) Describe the research project that is investigating the characteristics of high-volume BHC's
- 3) List the demonstrated population benefits of shifting first-line care for mental health problems to primary care

11:00-12:25 (C) New and Emerging PCBH Research Part II: More PCBH Innovations

(Travis Cos, PhD; Jeff Goodie, PhD, ABPP; Bridget Beachy, PsyD; Ana Bridges, PhD)

(Moderator: Andrew Philip, PhD)

But wait, there's more! Running concurrently with the Part I research session, this session will highlight even more published and emerging studies pertinent to the model and illustrating its potential for benefit. Remember each session is recorded so you can attend one live and view the other later.

Learning Objectives:

- 1) Outline the effects on BHCs of the coronavirus pandemic
- 2) Outline findings regarding symptom improvement in primary care patients receiving behavior therapy with and without concurrent medication use
- 3) Describe the demonstrated benefits of a four-visit protocol developed to treat PTSD in primary care

12:30-1:55 (A) Tackling Complexity

(Patricia Robinson, PhD; Kirk Strosahl, PhD; Parinda Khatri, PhD; Russell Maier, MD)

(Moderators: Jeff Reiter, PhD, ABPP and Bridget Beachy, PsyD)

If you have ever struggled to understand how a BHC can help complex patients with the most needs, then this session is for you. The discussants will offer not only the rationale for intervening with patients of any complexity, but also the perspective and strategies for doing so. It's essential learning for BHCs and even their primary care team members.

Learning Objectives:

- 1) Explain why working with conditions of all severities and complexities is crucial for clinical and programmatic success as a BHC
- 2) Describe clinical strategies for working with high complexity conditions as a BHC
- 3) Outline the strategies PCPs are trained to use for successful management of complex conditions in brief primary care visits

12:30-1:55 (B) High-Performing BHCs Part II: Their PCMH Partners

(Carlos Lopez, LCSW; Melissa Baker, PhD, ABPP; Phillip Hawley, PsyD + their PCMH team members). (Moderator: Julie Oyemaja, PsyD and Alexander Blount, EdD)

The high-performing BHCs are back – with friends! Selected last year (based on superior practice metrics) to give us insight into what makes a BHC successful, the same BHCs will this year bring their PCMH team members. Hear from their PCP, MA and other team partners about what they think makes a good BHC. We'll also hear how they are adapting PCBH to our pandemic times, and how the teams utilize BHCs for the full range of patients on their panels.

Learning Objectives:

- 1) List BHC practice behaviors that primary care team members view as important for success as a BHC
- 2) Describe strategies used by high-performing BHCs to stay productive despite the coronavirus pandemic
- 3) Outline ways the primary care team utilizes BHCs to help maximize their benefit to both patients and the team

2:00-2:55 What Exactly is Primary Care?

(Yalda Jabbarpour, MD)

What are the basic goals and functions of primary care? How is primary care changing now? In order to function effectively in primary care and add value to the team, BHCs need to understand these basics. Fortunately, we'll have the Director of the Robert Graham Center to teach us all about it.

Learning Objectives:

- 1) List the core components of primary care
- 2) Describe primary care's role in the healthcare system
- 3) Outline what is known about the population benefits of good primary care

3:00-4:25 (A) Making the Most of One Visit: Lessons From Single-Session Therapy

(Robert Rosenbaum + Melissa Baker, PhD, ABPP and Phillip Hawley, PsyD). Moderator: Deepu George, LMFT

Research tells us that most patients will only complete one visit. This is probably particularly true in primary care, and particularly again among the most challenged patients. Yet, research also suggests that many patients actually benefit from just one visit. What does all of this tell us about what patients want from care? And how do we make the most of that one visit as a BHC? One key to reaching the widest range of patients lies in the answers to these questions, which one of the world's leading experts in Single-Session Therapy (SST) will give us in this session. Two top BHCs will also join to discuss how SST applies in their work.

Learning Objectives:

- 1) Describe Single-Session Therapy and the rationale for it
- 2) Apply basic principles from Single Session Therapy to make the most of every initial patient visit as a BHC
- 3) Explain how a Single-Session Therapy perspective might enable a BHC to reach and help a broader range of patients and conditions

3:00-4:25 (B) New and Emerging PCBH Research Part III: Maximizing Our Reach

(Ana Bridges, PhD, Patti Robinson, PhD, Stacy Ogbeide, PsyD, MS, ABPP, Kathryn Kanzler, PsyD, ABPP, Elizabeth D'Amico, PhD) (Moderator: Eboni Winford, PhD)

Grow your knowledge of the PCBH literature even farther by attending this third session on emerging and recently published PCBH research projects. Each of the studies in this session highlight the potential of PCBH for reaching typically underserved populations, perhaps in ways that will surprise you.

Learning Objectives:

- 1) Describe the demonstrated benefits of a one-visit procedure used in primary care with teens at risk of substance abuse
- 2) Detail findings regarding the receptivity of Latinx patients to PCBH
- 3) Outline initial findings from nationwide implementation of PCBH in New Zealand amongst the Maori population
- 4) Describe patient reports of the likelihood of seeking care in primary care versus specialty care.

4:30-5:00 Concluding Remarks

(Jeff Reiter, PhD, ABPP)

Review the day's highlights, lessons learned, new questions generated, and ideas for moving the PCBH model forward.

Concurrent Livestreamed Sessions

A1 - Reverse Engineering: Infusing Compassion into PCBH and Healthcare

Growing research is detailing the importance of healthcare being delivered in a compassionate manner. Unfortunately, and quite ironically, during this same time (i.e., increasing evidence detailing the importance of compassionate care), an equal amount of research is showing that healthcare in the US is becoming less compassionate. This decrease in compassion has correlated to worse health outcomes, lower treatment adherence, and provider burnout, among other healthcare outcomes. Integrated behavioral health models are not immune to this reality and while not empirically researched, one could posit that models such as Primary Care Behavioral Health (PCBH) are vulnerable to succumbing to the dearth of compassion in healthcare, and, at times, promoted an algorithmic and biomedical approach to behavioral health needs. To this end, this presentation will discuss the concept of "Reverse Engineering" and provide attendees actionable steps to help them infuse compassion within their PCBH and medical visits. Data will be presented regarding a clinic's patient satisfaction and provider engagement scores that support compassion being cultivated in the medical clinic through these initiatives. Further, this presentation will discuss how compassionate care can create a context where evidence-based/informed interventions can be "uptaken" by patients, especially patients that are coming from complex psychosocial contexts. Lastly, reflections from the three presenters will be discussed and how this "Reverse Engineering" and compassionate approach helps their clinical work become rewarding, engaging, and buffer against burnout.

Presenter(s):

- David Bauman, PsyD, Behavioral Health Education Director, Community Health of Central Washington, Yakima, WA
- Bridget Beachy, PsyD, Director of Behavioral Health, Community Health of Central Washington, Selah, WA
- William Summers, PsyD, Behavioral Health Consultant-Post Doc, Community Health of Central Washington, Yakima, WA

Date: Wednesday, 10/7/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Patient-centered care/Patient perspectives
- PCBH Model
- Compassionate healthcare

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the importance of compassionate healthcare as it relates to healthcare outcomes, patient engagement, and provider burnout
- Describe the concept of "Reverse Engineering" and how to apply this to healthcare visits to promote compassionate care
- Identify strategies to increase compassionate care to create contexts that allow evidence-based medicine/interventions to be uptaken

A2 - Integrative Medicine for Vulnerable Populations with Opioid Use Disorder

The American healthcare system has failed to address the needs of vulnerable patients with multiple, chronic, co-morbid conditions. We focus our attention on the opioid epidemic as it kills Americans by the tens of thousands and is currently the greatest threat to health. Decreased cost and improvements in treatment outcomes for complex patients demand that providers learn a new set of clinical skills. These skills are not given enough focus in current medical school curricula or post-graduate psychology training programs. This has never been more important than now, a time where the iatrogenic opioid epidemic has occurred along with the widening illicit use of fentanyl and fentanyl opioid derivatives. We have published a textbook on this subject entitled, Integrative Medicine for Vulnerable Populations: A Clinical Guide to Working with Chronic and Comorbid Medical Disease, Mental Illness, and Addiction. Our model of Integrative Medicine provides a methodology and a skill set that has been successful at treating individuals with co-existing chronic physical and

Date: Wednesday, 10/7/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Complex Patient Care
- Interprofessional teams
- Opioid management

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the syndemic of opioid use disorder, infectious disease, and severe mental illness that more frequently leads to poor health

mental health conditions including substance use, severe mental illness, chronic pain, trauma, infectious disease, and other chronic conditions that are comorbid and syndemic, difficult or impossible to treat in isolation and occur more commonly in impoverished communities and people of color. We are currently focusing our attention in Kensington and North Philadelphia, areas of Philadelphia that have been most hard hit by the syndemic with high rates of overdose death, new HIV infection, and epidemic Hepatitis A. Our model focuses on comprehensive evaluation, an integrated formulation that adequately addresses all of the problems, and a rehabilitative holistic treatment plan that targets both physical and mental health conditions provided by a highly coordinated interdisciplinary team of providers. This practice requires that the team understands each discipline's role and that team communication is built into practice. At a time when "burnout" threatens the integrity of our field, this model improves outcomes, decreases costs, and improves staff and patient retention. We will describe the kind of patients who require this high intensity service, the essential elements of the method, empiric outcomes data, barriers and facilitators to effectiveness, the implications of the structure of the team, and the financial model that we have developed for our work. Finally, we will focus on an extended case study of a patient our team has treated for more than 10 years.

Presenter(s):

- Trisha Acri, MD, MSCE, AAHIVM, Medical Director and Chief Financial Officer, Courage Medicine Health Center, Philadelphia, PA
- Kevin Moore, PsyD, Director of Integrative Medicine, Crossroads Treatment Centers, Philadelphia, PA
- Julia Hodgson, PsyD, Center for Integrative Medicine, AIDS Care Group, Sharon Hill, PA
- Glenn Treisman, MD, PhD, Professor, Johns Hopkins University School of Medicine, Baltimore, MD

outcomes in impoverished communities and people of color

- Summarize the essential elements of a methodology that can be used to improve treatment outcomes in complex patients with opioid use disorder
- Apply integrative methodology for treatment of opioid use disorder and discuss the utility of an integrated whole-person and rehabilitative treatment plan with complex patients

A3 - How can ACEs, Self-Compassion, and Psychological Flexibility Impact Professional Quality of Life and Burnout?

Traumatic childhood events have the potential to shape later life experiences and choices (Layne et al., 2014). Felitti et al. (1998) found that higher numbers of adverse childhood experiences (ACEs) correlate to an increase in health risks and risky behaviors in adulthood. There is currently a lack of research regarding ACEs scores among graduate students in the helping profession. Thomas (2016) noted that graduate students in the helping profession have been overlooked in ACEs research although they tend to have higher rates of adverse childhood experiences than peers in comparable graduate programs. The current study sought to discover the rate of ACEs and if, among graduate students in the helping profession, self-compassion and psychological flexibility ameliorate the impact of ACEs on professional quality of life. Ninety-two participants were sampled from doctoral and master's programs at George Fox University. Data analysis shed light on how ACEs scores, level of Self-Compassion, and level of Psychological Flexibility predicted self-reported Professional Quality of Life. A strong positive relationship was found between the abilities of self-compassion and psychological flexibility. In this sample, 25.8% endorsed 4 or more ACEs. Overall, they reported significantly more ACEs than the Felitti et al. (1998) sample and were more likely to report emotional abuse, emotional neglect, parental separation or divorce, having a household member incarcerated, and a household member struggling with mental health concerns. These adversities should become a strong consideration in

Date: Wednesday, 10/7/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- ACE/Trauma
- Burnout
- Early Career Professionals
- Training/Supervision

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Discuss the role of ACEs in a provider's own professional quality of life.
- Identify personally applicable strategies to combat burnout.
- Describe ways to foster the important skills of Self-Compassion and Psychological Flexibility in early career helping professionals.

program development, student support systems, and early career guidance. The present findings suggest that psychological flexibility and self-compassion may be important antidotes to the adverse impact of childhood suffering. Level of psychological inflexibility was shown to predict burnout; a concerning element of professional work. These data point to the importance of strengthening responses characterized by psychological flexibility and self-compassion during the educational stage of early career. The results of this study have implications for individuals, organizations, and the populations served by helping professionals. Often, the focus of trauma-informed policies is on the consumer. These data indicate the need for increased awareness of the trauma histories of providers and the development of self-compassion and psychological flexibility skills.

Presenter(s):

- Heather Harris, PsyD, Post-Doctoral Fellow, Cherokee Health Systems, Knoxville, TN

A4 - "I don't see color": An Introduction to Race Equity and Cultural Humility in Health and Behavioral Healthcare

Have you ever wanted to talk about race in health and behavioral healthcare, but find it challenging for you or your organization to make real progress in this area? You are not alone. While most professional training programs and organizations emphasize the importance of cultural humility in practice, there are few opportunities to sustain conversations on race in healthcare. This session provides a "101" on race equity in healthcare and provides cultural humility and culturally responsive care frameworks for achieving race equity in this sector. We will provide clarification on major concepts such as race, racism, prejudice, internalized oppression, implicit bias, and equality versus equity. We will use an interactive, case-based, and discussion-based approach to ensure attendees leave the session with concrete steps they can take to begin or continue conversations on race equity at their home institutions.

Presenter(s):

- Andrea Trejo, MA, Marriage and Family Therapy Trainee and Doctoral student, University of Georgia, Athens, GA
- Will Lusenhop, MSW, PhD, LICSW, Clinical Assistant Professor, Department of Social Work, University of New Hampshire, Durham, NH
- Stacy Ogbeide, PsyD, MS, ABPP, CSOWM, Associate Professor/Clinical, Dept. of Family & Community Medicine, UT Health San Antonio, San Antonio, TX
- Nida Emko, MD, Professor/Clinical, Dept. of Family & Community Medicine, UT Health San Antonio, San Antonio, TX
- Jeffrey Ring, PhD, Principal, Health Management Associates, Los Angeles, CA

Date: Wednesday, 10/7/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Cultural Humility/ Health Equity
- Ethics
- Population and public health
- Training Models
- Underserved populations

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Define race equity, cultural humility, culturally responsive care, and related terms.
- Describe at least two ways, institutional bias and implicit bias produce negative outcomes in health and behavioral healthcare
- Describe at least two actions one can take at the direct service and organizational levels toward improving race-equity in healthcare.

A5 - An Integrated Approach to Combating Provider Burnout: The COT

Delaware Valley Community Health is a Philadelphia-based FQHC. In 2018, medical providers from our largest and busiest center brought to leadership some significant concerns around burnout. Looking at the issue from all angles, we decided to pilot a group for medical providers, over lunch, to discuss patient care and the challenges faced daily that contributed to burnout. Based on the principles of a Balint group, the Circle of Trust was created. The monthly group is led by the Director of Integrated Behavioral Health with significant support from the center's

Date: Wednesday, 10/7/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Burnout
- Innovations
- Mentorship
- Patient-centered care/Patient perspectives

Medical Director. These discussions of patient care guided by both a licensed clinical social worker and a medical doctor, began to bring new perspectives to shared frustrations, as well as opening doors for organizational change. Starting with only a few attendees, the Circle of Trust now regularly has 100% attendance and participation. Together, we have structured an opportunity to speak with and listen to one another, impart strategies for mitigating burnout, build skills around effective patient communication, boundary setting, and problem solving. In this session, we will share the foundation and structure of Circle of Trust, some of the topics covered, and the changes it has effected over the course of two years. We will provide tools and strategies to form this group in your organization.

Presenter(s):

- Eric Elvanian, LCSW, Director of Integrated Behavioral Health, Delaware Valley Community Health, Norristown, PA
- Naomi Walinsky-King, MD, Medical Director, Family Medicine, Maria de Los Santos Health Center, Philadelphia, PA
- Noel Ramirez, DBH, LCSW, Clinical Social Work, Noel B. Ramirez, LLC, Philadelphia, PA
- Brendan Bradford, PA-C, Delaware Valley Community Health, Norristown, PA
- Geraldine Pena, M.Ed, LPC, Behavioral Health Consultant, Delaware Valley Community Health, Norristown, PA
- Vincent Lamont, LPC, Behavioral Health Consultant, Delaware Valley Community Health, Norristown, PA
- Michelle Schweitzer, LCSW, Delaware Valley Community Health, Norristown, PA

Interviewees:

- Katherine White, LCSW, Behavioral Health Consultant, Delaware Valley Community Health
- Cristina Escobar, LCSW, Behavioral Health Consultant, Children's Crisis Treatment Center
- Julia DeJoseph, MD, Vice President and Chief Medical Officer, Delaware Valley Community Health
- Scott McNeal, DO, President and Chief Executive Officer, Delaware Valley Community Health
- Isaiah Nathaniel, Chief Information Officer, Delaware Valley Community Health

- PCBH Model
- Quality improvement programs
- Self-care/Self-management
- Team-based care
- Training Models

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Discuss staff burnout challenges faced in their own organizations, identify obstacles to satisfaction, and determine if a Circle of Trust group may be a solution.
- Describe the essential elements of a Circle of Trust group, write ground rules, and choose appropriate leaders and leadership approaches.
- Build a structure for a Circle of Trust group that aligns with the needs of your organization, as well as qualitative evaluation metrics.

A6 - Primary Care to Emergency Department Navigation for Patients with Suicidal Ideation: Barriers and Facilitators

45% of people who have died by suicide attended a primary care appointment in the month preceding (SAMHSHA-HRSA, 2019). As such, primary care is the front line for assessment of patients presenting with SI. When a patient demonstrates that they are a threat to their own safety, the standard of care is to send the patient to the ED for evaluation. For systems following this standard protocol, ED providers are often called upon to be the "first responders" to mental health concerns in emergency care settings (Suicide Prevention Resource Center [SPRC], 2016). Unfortunately, what was particularly concerning is there has been a relationship between visits to the ED (for suicide ideation) and subsequent suicide deaths (within two months post ED visit) (Knesper, 2011). In order to provide effective and seamless care for this nuanced issue, the gap between primary care and ED systems must be bridged and providers trained accordingly. We plan to share clinical examples of 6 patients who presented to primary care with SI and were escorted to the ED for further evaluation and treatment. These examples

Date: Wednesday, 10/7/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- CoCM
- PCBH Model
- Suicide

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Discuss clinical examples of patients who presented to primary care with SI and were escorted to the ED

highlight the complex systemic barriers both providers and patients face. We plan to share how these barriers have been addressed in two primary care clinic through interdisciplinary collaboration and systemic understanding.

Presenter(s):

- Rebecca Levy, PhD, LMFT-A, Director of Behavioral Health at Family Medicine, Cone Health, Greensboro, NC
- Aubry Koehler, PhD, LMFT, Director of Behavioral Science, Wake Forest School of Medicine, Winston-Salem, NC
- Carolyn Pedley, MD, Professor of Medicine Wake Forest Baptist Health, Wake Forest Medical Center, Winston-Salem, NC

- Explore solutions to improve provider collaboration and resolve systemic and operational barriers to ensure better care for patients with SI
- Elicit next steps among audience members for improving primary care and ED collaboration for patients presenting with SI in their home institutions

A7 - Expanding Integrated Health Care to Private Pediatric Practices

Mental Health America of Greater Houston's (MHAGH) Integrated Health Care Initiative works with over 50 organizational collaborators to expand and enhance integrated health care in greater Houston and Texas. A recent focus has been the expansion of integrated care to private practice, particularly private pediatric practices. Private pediatric practices that accept CHIP and Medicaid form a de facto part of the safety net, yet they have been largely left out of the movement towards greater integration of behavioral health in primary care. In 2018, in partnership with the Texas Children's Hospital system, MHAGH funded a pilot project to bring integrated behavioral health to two private pediatric practices and evaluate the financial sustainability of offering integrated behavioral health care in such settings. Since then, Texas Children's Hospital has expanded this pilot to several additional private pediatric practices. In response to barriers encountered during the pilot, MHAGH has developed capacity-building trainings such as How to Pay for Integrated Health Care in a Fee-for-Service Environment and Credentialing for Behavioral Health Providers in Integrated Health Care. To enhance provider skills, MHAGH is also partnering with The REACH Institute to provide mini-fellowships for private practice pediatricians to expand their knowledge and ability to address mental health conditions seen in their practices. Expansion to private practice strengthens integrated care to help meet complex needs in a greater variety of settings. To promote such expansion, this presentation will include original, empirical data from the pilot project, including data regarding financial sustainability. The presenters will also discuss the process of moving the private pediatric practices towards integrated behavioral health care, including training provided for the practices, as well as actions now being implemented in response to workforce- and payment-related barriers encountered.

Presenter(s):

- Kara Hill, MHA, Director of Integrated Health Care, Mental Health America of Greater Houston, Houston, TX
- Alejandra Posada, M.Ed., Chief Operating Officer, Mental Health America of Greater Houston, Houston, TX
- Angela Cummings, DrPH, MSPH, Med, Assistant Professor, Baylor College of Medicine – Section of Public Health and Child Abuse Pediatrics, Houston, TX

Date: Wednesday, 10/7/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Financial sustainability
- Pediatrics
- Workforce development
- Pediatrics Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify ways to leverage existing integrated health care efforts to expand to non-traditional providers of integrated care, such as private practices.
- Describe essential steps that support private pediatric practices in integrating behavioral health care.
- Discuss barriers to expansion of integrated health care to private practice, as well as approaches to mitigate such barriers.

A8 - Treatment Programming and Evaluation For Pregnant

Date: Wednesday, 10/7/2020

Time: 11:00 AM - Noon

Women with Opioid Use Disorders: Coordinating Service Efforts

Substance use among pregnant women has seen recent growth because of the opioid epidemic (Patrick & Schiff, 2017). The Healthy Families Program (HFP), funded by SAMHSA, provides gender-focused, family-centered comprehensive and collaborative residential prevention, treatment and recovery support services to pregnant and postpartum women (PPW) who have opioid use disorders (OUD) and other substance use disorders (SUD), and their children, and families. The program utilizes a multidisciplinary team including substance use treatment center staff from two states, and a primary care clinic that provides comprehensive maternity care for PPW who are dependent on opioids and other substances. The goal of the HFP is to expand service provider capacity for PPW treatment services, and enhance services for PPW, their children, and family members. All clients are asked to complete evaluation interviews at intake, 6 months after intake, and discharge. Assessments include substance use, employment and housing status, mental health, and family functioning. Thus far 107 women have enrolled, with 6-month data collected from N=55. Most describe themselves as African American (40%) or White (49%), ages between 18 and 34 (79%). Preliminary outcomes indicate increased abstinence from substance use after six months, reduced substance use consequences, increased employment/education and stable housing. Statistically significant, positive outcomes are also observed for depression and trauma-related symptoms and family functioning. This presentation will begin by describing the HFP, key components and strategies for implementation and evaluation, evaluation findings and data limitations (20 minutes). The audience will then apply program implementation and evaluation strategies using a logic model worksheet (30 minutes). The presentation will conclude with a group discussion on the strengths and barriers of programming for PPW with SUDs and Q&A (10 minutes).

Presenter(s):

- Jessica Chou, PhD, Assistant Professor, Drexel University, Philadelphia, PA
- Catherine Williams, BS, CRAADC, Evaluation Coordinator, Missouri Institute of Mental Health, University of Missouri-St. Louis, MO
- Jeffrey Noel, PhD, Assistant Research Professor, Missouri Institute of Mental Health, University of Missouri-St. Louis, MO
- Sharon Spruell, MA, LPC, CCDP-D, CEO, Queen of Peace Center, St. Louis, MO
- Clara Stevenson, MA/CRAADC, Chief Program Officer, Queen of Peace Center, St. Louis, MO

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Interprofessional teams
- Opioid management
- Substance abuse management
- Women's Health
- Pediatrics Session, Research and Evaluation Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify unique treatment needs of pregnant and postpartum women with opioid use disorders and substance use disorders.
- Describe core strategies of program implementation for pregnant and postpartum women with opioid use disorders and substance use disorders.
- Identify components and outcomes of program evaluation for pregnant and postpartum women with opioid use disorders and substance use disorders.

B1 - Providing Medication Assisted Treatment in Primary Care using an Integrated Care Model--Bidirectional Warm Handoffs: Not Only Observed, But In Action!

Medication assisted treatment (also known as medication assisted recovery or MAT) for opioid use disorder (OUD) is an excellent example of a treatment plan that can involve bidirectional warm handoffs between medical providers and integrated behavior health (IBH) providers. In practices that have integrated MAT services within primary care, medical primary care providers (PCPs) can prescribe buprenorphine for their patients with OUD and potentially involve an IBH provider to help solidify the treatment plan, either through a warm handoff or a formal referral. In our practice, our IBH provider routinely screens for substance use disorder at initial intakes. If a client screens positive, it may be appropriate for the

Date: Wednesday, 10/7/2020

Time: 12:15 PM - 1:15 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- PCBH Model
- Substance abuse management
- Team-based care

Objectives: *At the conclusion of this presentation, participants will be able to...*

IBH provider to initiate a warm handoff with the medical provider to consider MAT treatment with buprenorphine. This workshop will introduce the concept of bidirectional handoffs/referrals, and attendees will have an opportunity to practice these handoffs in real-time using a standardized patient model. We will then have an opportunity to debrief how the experiences went, and discuss lessons learned. Basic Outline: 1. Introduction of MAT and discussion of methods of incorporating medical and behavioral health components (10 minutes) 2. Live simulation of bidirectional handoffs using our providers and standardized patient (20 minutes) 3. Breakout sessions where participants can practice the skills observed (15 minutes) 4. Debrief and discussion of lessons learned and any additional applications (15 minutes)

Presenter(s):

- Bobby Kelly, MD, MPH, Family Physician, Core Physicians, Exeter, NH
- Alyssa Hamel, MSW, LICSW, Behavioral Health Clinician, Core Physicians, Exeter, NH
- Robin Marcotte, MFA, Co-Founder, Articine, Newfields, NH

- Identify the key components of an integrated MAT program, including the different ways the patient/client interfaces with professionals on the care team.
- Recognize opportunities to utilize bidirectional warm handoffs between members of their interdisciplinary teams.
- Share best practices with their colleagues at home regarding the application of bidirectional warm handoffs based on real-time experience.

B2 - Collaborative (Integrated) Mental Health Care in Canada - The Next 10 years

Guided by 2 position papers prepared by the Canadian Psychiatric Association and College of Family Physicians of Canada in 1997 and 2011, these two organizations have spearheaded the movement in Canada towards collaborative (integrated) care and have outlined a framework within which collaboration has evolved. The last 10 years have seen significant progress across the country, including a wide range of innovative projects and models of practice and increased collaboration between planners and funders, and it is now a greater expectation of patients as well as providers. To build on these successes the two organizations decided to produce a new position paper with the goal of setting the stage for the next 10 years of collaboration in Canada. The strategy outlined is based upon 3 core values - 1) Improve access and equity, 2) Enhancing the experience of care in a patient and family-centred approach and 3) sustainable high quality services and programs through innovation, adaptability and enhancing the provider experience. The paper discusses the principles that should guide collaboration between services and between providers, and the potential goals of any project. It outlines the key components of effective projects, the roles of all team members - including patients - and changes required to support these initiatives. It also addresses medical care for people with mental illnesses, the potential uses of newer technologies, competencies required by providers, a training strategy for learners and an approach to evaluation using a quality framework. It also looks at changes any mental health service can make in their relationship with local primary care providers to improve access, communication and care co-ordination and increase system capacity. Finally it looks at how better collaboration can address wider challenges facing any health care system

Presenter(s):

- Nick Kates, MBBS, FRCPC, MCFPC (hon), Chair, Dept. of Psychiatry, McMaster University, Hamilton, Ontario, Canada
- Maria Patriquin, MD, CCFP, FCFP, Family Physician and Founder, Living Well integrative Health Center, Halifax Nova Scotia, Canada
- Nadiya Sunderji, MD, MPH, FRCPC, Psychiatrist in Chief, Waypoint Centre for Mental Health Care, Penetanguishene, ON, Canada

Date: Wednesday, 10/7/2020

Time: 12:15 PM - 1:15 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- CoCM
- Quality improvement programs
- Sustainability

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Understand the components of effective collaborative care components
- Understand the principles to guide collaboration between both services and providers
- Know how better collaboration can address wider challenges facing health care systems

B3 - La Salud no Tiene Idioma: Using language to Address Healthcare Disparities in the Latinx Community

While the Latinx community continues to grow in the US (including workforce, small businesses, and college students), disparities in access and quality of healthcare have remained stable over the last two decades (Vega, et al., 2009). Research highlights low access to healthcare, low cultural sensitivity in health providers, and language differences as the main barriers to address health disparities (Velasco-Mondragon, et al., 2016). In East TN, Cherokee Health Systems (FQHC and CHC) provides services to the Latinx community across 11 counties. In the counties with the highest concentration of Latinx patients, CHS services 17.29 to 36.42% of the Latinx population. This study aims to address the role of cultural brokers, Spanish-speaking behavioral providers, and in-person interpreters in engagement of healthcare. The sample will consist of at least 150 individuals (including foreign- and US-born nationals) whose primary language is Spanish and receive services by CHS's interdisciplinary team. The study will compare two samples (those with cultural brokers as part of their care team and those without) using an independent-samples t-test. It is hypothesized that having access to Spanish-speaking providers and cultural brokers increases patients' engagement in care (as measured by attendance to scheduled appointments) and helps discover needs that can be addressed by a culturally-sensitive integrated team (as measured by collaboration from multi-disciplinary team members).

Presenter(s):

- Yolanda Rodriguez, PhD, Postdoctoral Fellow, Cherokee Health Systems, Knoxville, TN
- Eboni Winford, PhD, Director of Research and Health Equity, Cherokee Health Systems, Knoxville, TN

Date: Wednesday, 10/7/2020

Time: 12:15 PM - 1:15 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Cultural Humility/ Health Equity
- Ethics
- PCBH Model
- Special populations

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Define health disparities in the Latinx population
- Identify interventions within the integrated care model to effectively address health disparities in the Latinx population
- Apply cultural humility skills in daily practice

B4 - Warm Hand Offs 2020: Refocusing on a Research Agenda

A warm handoff (WHO) in integrated care setting typically occurs when the primary care provider introduces the patient to the behavioral health provider in response to a mental or behavioral health concern identified as part of routine care. Anecdotally, WHOs are considered a beneficial, if not essential, component of integrated care models, including Primary Care Behavioral Health and Collaborative Care Management. However, like many other components of integrated care, there are varied descriptions of what constitutes a WHO and relatively limited empirical evidence to support the impact of WHOs on patient or system outcomes. This symposium will address the conference theme related to implementation of evidence-based practices by exploring the nature of WHOs and the extent to which they have empirical support across integrated primary care platforms. The

Date: Wednesday, 10/7/2020

Time: 12:15 PM - 1:15 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Interprofessional teams
- PCBH Model
- Team-based care

Objectives: *At the conclusion of this presentation, participants will be able to...*

target audience for this presentation is clinicians, administrators, and researchers who want to know more about the potential value and limitations of WHOs. A panel representing integrated care experts in research, implementation and clinical practice will discuss the nature of a WHO as a concept and process of care, research evidence regarding to date regarding WHOs, operational and clinical perspectives on why WHOs may be important and could benefit from future study. Through panel discussion and audience feedback, we will develop a tentative research agenda on this topic, including priorities for operationalizing WHOs and identifying appropriate methods for advancing the state of the science.

Presenter(s):

- Gregory Beehler, PhD, MA, Associate Director for Research, VA Center for Integrated Healthcare, Buffalo, NY
- Jodi Polaha, PhD, Professor, East Tennessee State University, Johnson City, TN
- Jennifer Funderburk, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare Syracuse VA Medical Center, Syracuse, NY
- Kent Corso, PsyD, BCBA-D, Principal, National Capital Region Behavioral Health, Fairfax Station, VA

- Define warm hand-offs as an element of integrated primary care practice
- Describe the empirical support for warm hand-offs based on current research
- Identify areas for future research to advance the state of the science on warm hand offs

B5 - The Impact of Integrated Care on Quality Metrics and Outcomes for CCBHO and FQHC Programs

Background: Launched in 2017, Certified Community Behavioral Health Organizations (CCBHO) are required to provide evidence-based, integrated care for patients with complex health and behavioral health problems. Unlike FQHCs, CCBHOs have not been well understood by the larger national integrated care community. As such, our presentation will describe, from the perspective of Compass Health Network, the nation's largest CCBHO as well as a multi-site FQHC: (1) CCBHO integration-related certification requirements, (2) evidence-based screening and treatment practices within the CCBHO/FQHC, (3) organization-wide CCBHO quality improvement metrics impacted by integrating care; and (4) improvements in quality measures and outcomes of patients receiving integrated care compared to those receiving exclusively primary care (PC) health services. Population sampled, procedure, measures, and design: Our data are pulled from two existing EHR systems, for a one-year window, and comprise the entirety of the patient population in the two programs (CCBHO/FQHC) that receive a single (PC) service (n=7,200) compared to the patients in both programs that receive PC and at least one additional integrated service (n=3,400; behavioral health, whether therapy, psychiatry, rehabilitation, and/or SUD treatment, is counted as one service). Our evaluation of CCBHO performance is based on required quality metrics, including SUD treatment engagement, medication adherence, hospitalization follow-up rates, and suicide risk assessment. Our FQHC analysis compares the standard UDS clinical measures defined by HRSA (e.g., BMI screening, tobacco screening and cessation, A1c, screening and follow up for depression, use of appropriate asthma medications). Patient ages for this analysis range from five to 65+, and include somewhat more females (55%) than males. The study design is an organization-wide quality improvement evaluation, assessing changes in a number of metrics longitudinally, corresponding to the implementation and ramp up period for CCBHO activities. Key results & conclusions: A comparison of the two groups on a set of 13 HRSA clinical metrics reveals that performance was significantly better for those patients receiving an additional service integrated with PC, according to a z-test for proportions ($p < .05$). Among that group five of 13 measures exceeded

Date: Wednesday, 10/7/2020

Time: 12:15 PM - 1:15 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- CoCM
- PCBH Model
- Quality improvement programs

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Explain the significance, impact, and requirements of the Certified Community Behavioral Health Organization (CCBHO) movement regarding integration of care and deployment of relevant evidence-based practices (EBP).
- Describe the performance of a large CCBHO on a series of organization-wide quality improvement metrics including SUD treatment engagement, antipsychotic medication adherence, hospitalization follow-up rates, and suicide risk assessment.
- Describe the differences in outcome metrics at a large CCBHO between patients receiving integrated or collaborative care vs. relevantly similar patients receiving single-sector care.

targets, whereas only one of 13 did so in the PC-only group. Additionally, each of the six CCBHO quality metrics exceeded targets by a statistically significant margin according to a series of z-tests ($p < .05$). Our conclusions are: (1) CCBHO standards are helping drive greater integration of services, (2) the organization is exceeding quality standards across the board, (3) a concerted focus on integration across CCBHO and FQHC appears to consistently lead to better outcomes, and (4) patients who engage in only PC are less likely to improve than those involved in more than one service line.

Presenter(s):

- Paul Thomlinson, PhD, Psychologist, Executive Director, Research, Compass Health Network, Springfield, MO
- Alan Stevens, MHA, Chief Operations Officer, Compass Health, Jefferson City, MO
- Michaela Muehlbach, PsyD, Deputy CCO Outpatient & Psychological Services, Compass Health Network, Jefferson City, MO
- Jennifer Lee, MSW, LCSW, Chief Quality Officer, Compass Health, Linton, MO

B6 - PrEP In The Treatment Of Opioid Use Disorder: An Integrative Team's Perspective

People with Opioid Use Disorder (OUD) have complex healthcare needs that are best addressed by integrated care teams. Although the number of new HIV diagnoses in the United States decreased by 9% between 2010 and 2017, the rate of new infection among people with OUD is increasing. This is due not only to the sharing of needles, but because people with OUD being more likely to engage in high risk sexual behaviors. Additionally, these individuals face increased discrimination, have poor access to appropriate substance abuse treatment, and experience higher rates of incarceration, homelessness, and other socioeconomic factors that adversely impact their health. All of this places them at an increased risk for acquiring HIV. Although pre-exposure prophylaxis (PrEP) has been available to the public since 2012, the use of the medication has not been widely adopted, even among medical providers treating members of high risk groups. The Centers for Disease Control and Prevention estimates that PrEP is 99% effective at preventing the transmission of HIV, when used correctly. Therefore, we believe that the inclusion of PrEP navigation should be standard in primary care-based opioid use disorder treatment. Providing comprehensive care within an integrated healthcare team that includes mental health, medical, dental, nutrition, and social service providers is the most effective way to accomplish these goals. Attendees will be educated about the clinical utility of PrEP navigation as part of OUD treatment, as well as how to discuss sexual health and PrEP with patients in an open, thoughtful, non-judgmental manner. Using the results of a patient survey about attitudes toward PrEP along with clinic experiences providing integrated care to this population, the presenters will discuss the challenges and successes that we have faced in our own organization while implementing this as best practice. Data from the patient survey will also inform recommendations for overcoming barriers and best practices.

Presenter(s):

- Dana Lehman, PsyD, Psychologist Supervisor, AIDS Care Group, Sharon Hill, PA
- Nicholas Wood, PsyD, Director Of Integrative Medicine, AIDS Care Group, Sharon Hill, PA
- Richard Mitteer, MS, MHS, PA-C, Co-Director, AIDS Care Group, Sharon Hill, PA
- Hector Colon, DC, MSHAPI, PrEP Director, AIDS Care Group, Sharon Hill, PA

Date: Wednesday, 10/7/2020

Time: 12:15 PM - 1:15 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Interprofessional teams
- Opioid management
- Prevention

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Understand the role of PrEP navigation in an integrated care team
- Feel comfortable talking with patients about sexual health and behavior
- Develop ideas to enhance the provision of care for opioid use disorder

B7 - Practicing what we Preach is Easier-Said Than-Done: Preventing Burnout and Compassion Fatigue in Healthcare Teams

As biomedical and behavioral providers (alongside public health professionals, hospital/clinic administrators, and others), we know that attention to our own self-care and (inter)personal well-being is essential to maintaining balance and biopsychosocial/spiritual health. But we also know that doing this is easier-said than it is done vis-à-vis the time-demands that our jobs require, the political impasses that we must often navigate, and the intensity (and at times, heartbreaking nature) of the clinical presentations that we see. Drawing from on-the-ground efforts advanced by trauma-response teams (e.g., MRC, ICISF, RCF, FEMA), the presenters will introduce empirically-supported strategies in self-care that harness our resources across individual, family, social, and spiritual systems continua. Bridging these strategies to the everyday contexts of our "day jobs" in primary, secondary, and tertiary care will be outlined. Tangible resources / tools used in fieldwork and everyday practice(s) will be shared.

Presenter(s):

- Tai Mendenhall, PhD, LMFT, Associate Professor, University of Minnesota, Twin Cities, MN

Co-Author(s):

- Nancy Carlson, MPhil, CFT, CFE; Behavioral Health & Community Resilience Coordinator; Minnesota Department of Health

Date: Wednesday, 10/7/2020

Time: 12:15 PM - 1:15 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Burnout
- Prevention
- Self-care/Self-management

Objectives: *At the conclusion of this presentation, participants will be able to...*

- articulate common challenges in health care provision (e.g., crises of faith, scope of practice, role flexibility and clarity) that make burnout- and compassion fatigue- prevention challenging in contemporary care practices.
- describe empirically-supported strategies for preventing and/or repairing burnout and compassion fatigue that cut-across individual, family, and social systems continua.
- engage with tangible resources / tools for self-care (e.g., mobile app, worksheets, professional literature).

B8 - Strategies for Engaging Family in Managing Patients with Complex Care Needs using EMR/EHR Systems

This presentation directly addresses the conference theme regarding the needs of patients with complex care needs. It defines and describes a way to engage family members/support persons through the electronic medical record (EMR). The intention of this engagement strategy is to assist with meeting treatment plan goals, reduce medical and human communication error, and increase collaboration between patients, support persons/family members, and their healthcare team. To date, studies done have looked solely at patterns of utilization related to health outcomes of patients (e.g., Burke, Rossi, Wilner, et al., 2010; Goldzweig, Orshansky, Paige et al., 2013). Additionally, little to no research has been done including family/support persons and/or use of the proxy function in EMRs for improving patient engagement, family engagement, and comprehensive health outcomes. Findings from two qualitative studies conducted by the presenters address how use of the EMR patient portal system may improve the flow of communication between the treatment provider, patient, and patients' support system. Improved communication between patients, family members/support persons, and members of the healthcare teams may help to reduce hospital readmission rates. Over 20 participants representing patients, families, and providers contributed to these studies. Findings include themes that help understand high readmission rates for patients in DKA and strategies for increasing knowledge among family members/support persons to help improve patient health outcomes. Attendees who may benefit from this presentation include administrators and providers who utilize an EMR system. Attendees will learn how to: (a) create the infrastructure for piloting a similar EMR project in their settings,

Date: Wednesday, 10/7/2020

Time: 12:15 PM - 1:15 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Complex Patient Care
- Electronic Medical Record
- Family centered care/Family perspectives
- Research and Evaluation Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Create the infrastructure for piloting a similar EMR project in their settings.
- Expand inclusion of family members/support persons through their EMR patient portal systems.
- Identify ways to track health outcomes through using the EMR portal as a method of engaging family members/support persons in their care.

(b) expand inclusion of family members/support persons through the patient portals available in their EMR systems, and (c) track outcomes of its impact.

Presenter(s):

- Jennifer Hodgson, PhD, Professor, East Carolina University, Greenville, NC
- Thompson Forbes, PhD, RN, Assistant Professor, College of Nursing, East Carolina University, Greenville, NC
- Melissa Welch, MA, Medical Family Therapy Fellow, East Carolina University, Vidant Medical Center, Greenville, NC
- Emily Tucker, MS, Doctoral Student, Medical Family Therapy Doctoral Program, East Carolina University, Greenville, NC
- Joseph Pye, MD, Vice President of Medical Affairs, Regional and Associate Chief Medical Officer, Vidant Health, Greenville, NC

C1 - The PCBH Mosaic: Training BHCs to Identify and Treat Complex Patient Needs

The Blueprint for Complex Care provides some key points to consider related to the ongoing development of complex care practices. Complex care is defined as "the care for people with complex health and social needs." One key issue the Blueprint targets is the need for training and professional development programs that support implementation of evidenced based models and solutions. The Blueprint recognizes there is not an adequate supply of professionals, namely primary care & behavioral health clinicians, to provide direct services on the front lines of complex care. The Blueprint also acknowledges that the existing professional workforce is not well prepared for addressing complex care needs. Complex care requires new skills and competencies, workflows, and knowledge of how to navigate systems and formulate sequenced responses to complex comorbid needs within a team. This panel presentation aims to discuss the challenges of training BHCs, vital members of integrated care teams, in a context that requires attention to multiple, complex healthcare needs and system variables. The PCBH model is a person centered approach which focuses on increasing access to whole-person care. When the care a person receives aims to target behaviors that are responsive and indicative of health, personality, situational state, context, culture, and social determinants of health, complexity is inherent in the decision making. Using SAMHSA's competencies for integrated care workforce, the panel will discuss the implications, challenges and frame some possible solutions, frameworks (i.e., the Four Point method; Jonsen, Siegler, and Winslade, 2010) and training tools that can help improve individual readiness for team-based integrated complex care.

Presenter(s):

- Clarissa Aguilar, PhD, Director of Psychology and Training, The Center for Health Care Services, San Antonio, TX
- Yajaira Johnson-Esparza, PhD, Assistant Professor, UT-Health, Dept of Community & Family Medicine, San Antonio, TX
- Hayley Beth Van Serke, PsyD, Manager, Behavioral Health Consulting, Howard Brown Health Center, Evanston, IL
- Jonathan Novi, PsyD, Team Lead, Primary Care Mental Health Integration, Memphis VA Medical Center, Memphis, TN
- Tanya Vishnevsky, PhD, Clinical Psychologist, Natick Counseling, Warwick, PA
- Brittany Houston, PsyD, Postdoctoral Fellow, Community Health of Central Washington, Yakima, WA

Date: Wednesday, 10/7/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Complex Patient Care
- Ethics
- PCBH Model
- Training Models

Objectives: *At the conclusion of this presentation, participants will be able to...*

- The attendee will identify three tools that can be used in training to help a learner address complex care needs.
- The attendee will name three integrated care competencies to consider while onboarding or training in your clinical setting.
- The attendee will identify and address ethical situations typically encountered when working on an integrated primary care team.

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- *Daisy Ceja, MS, Psychology Intern, South Texas Veterans Health Care System, San Antonio, TX*
 - *Norma Balli-Borrero, LPC Intern, Behavioral Health Consultant, University Health System*

Co-Author(s):

- *Alexander Young, PsyD, Post-Doctoral Fellow, University of Rochester Medical Center, Rochester, NY*
-

C2 - Making Friends: Forming partnerships between Providers and Payers

The opioid epidemic has impacted a viral hepatitis epidemic, HIV outbreak, and an increased prevalence of sexually transmitted infections increase among people who inject drugs. In order to move forward with integrated care strategies in a financially sustainable way, especially in an increasingly Value-based payment world, behavioral health providers need to look toward innovative reimbursement models and collaborations with payers. In this hour-long workshop, leaders in substance use disorder treatment, infectious disease care, and managed care organizations will present a unique partnership that has enabled a novel payment structure to support integrated care within a methadone maintenance clinic. This presentation will walk attendees through the current Medicaid carve-out payment structure in Pennsylvania; the goal for the physical health integration of a Methadone clinic in urban Philadelphia; and the development of organizational partnerships among the physical and behavioral health MCOs. The current status and accomplishments resulting from this collaboration will be reviewed (e.g., metrics, access to data, novel reimbursement models, improved collaboration of care for individuals served). The target population for this program is program leaders and administrators who desire to move toward integrated service delivery models or policy makers who are interested in learning more about innovative approaches to reimbursement models.

Presenter(s):

- *Jena Fisher, PhD, Executive Director of Innovation, Merakey, Philadelphia, PA*
 - *Laura Murray, DO, Exec. Medical Director and VP of Medical Affairs, Merakey, Philadelphia, PA*
 - *Chris Tjoa, MD, Chief Medical Officer, Community Behavioral Health, Philadelphia, PA*
 - *Stacey Trooskin, MD, PhD, MPH, Chief Medical Officer, Philadelphia FIGHT Community Health Centers, Philadelphia, PA*
 - *Carol Larach, DrPH, MPH, MEd, Director of Integrated Care, Community Behavioral Health, Philadelphia, PA*
 - *Kimberly Malayter, MSW, Executive Director of Clinical Services, Merakey, Radnor, PA*
-

Date: Wednesday, 10/7/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Financial sustainability
- Innovations
- Opioid management

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Gain knowledge into innovative reimbursement models for integrated services
- Identify specific steps toward developing partnerships between providers and payers
- Define benefits to such collaborations, including financial, operational, quality, and data/analytics

C3 - Narrative Medicine Primer: Reading and Writing for Reflecting and Teaching

Narrative medicine is a powerful tool for reflection, wellness, team-building, and improved clinical services. A strong narrative practice assists faculty and supervisors in the teaching and clinical settings. During this session we will engage in a narrative medicine activity of reading, writing, and sharing, then explore model narrative medicine curricula that have been applied in clinical settings. Regarding clinical practice, the text "The Principles and Practices of Narrative Medicine" observes that: "Narrative Medicine began as a rigorous intellectual and clinical discipline to fortify healthcare with the capacity to skillfully receive the accounts persons give of themselves--to recognize, absorb, interpret, and be moved to action by the stories of others. It emerged to challenge a reductionistic, fragmented medicine that holds little regard for the singular aspects of a patient's life and to protest the social injustice of a global healthcare system that countenances tremendous health disparities and discriminatory policies and practices."(p. 1) In support of wellness, narrative medicine offers a format for reflection and professional development, and is at the heart of wellness for team-based education. As many supervisors and faculty lack formal education in close reading and group facilitation, the need for new skill and knowledge can present obstacles to implementing narrative medicine as a tool in a clinic or training program. This program will present a first exposure to narrative medicine and provide guidance and templates on how to implement this practice in personal, clinical, and teaching settings. Timeline: :00 - :05 Introductions and Overview :05 - :10 Small group outloud reading of either a poem or short story :10 - :25 Small group discussion of the poem or short story :25 - :35 5-minute prompted writing of a reflection (with intro) :35 - :45 Sharing of writing in small groups :45 - :60 Discussion of application to clinical and teaching settings / QA

Presenter(s):

- *Randall Reitz, PhD, LMFT, Director of Behavioral Medicine, Saint Mary's Family Medicine Residency, Grand Junction, CO*
- *Laura Sudano, PhD, LMFT, Associate Director of Integrated Behavioral Health, UCSD Family Medicine and Public Health, San Diego, CA*
- *Mark Knudson, MD, MSPH, Executive Vice Chair, Family & Community Medicine, Wake Forest School of Medicine, Winston-Salem, NC*

Date: Wednesday, 10/7/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Interprofessional education
- Professional Identity
- Training/Supervision

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe benefits of narrative medicine practice in clinical and teaching settings
- Facilitate a brief narrative medicine activity of reading, writing, and sharing
- Develop a narrative medicine activity for their own personal practice or clinical setting

C4 - PCPs Face Complex Challenges Integrating Trauma-Informed Care and PTSD Screening/Management into Routine Patient Care

Recognizing and addressing adverse childhood experiences, exposure to lifetime trauma, posttraumatic stress, and posttraumatic stress disorder have increasingly been prioritized in primary care. While few would argue against expanding education and training medical providers on this topic, it is equally critical to understand the individual, relational, and system-level challenges practicing PCPs face in integrating trauma-informed principles and PTSD screening and management into routine patient care. This presentation will review qualitative survey data from a Department of Family Medicine and Community Health listserv of practicing primary care providers. PCPs were asked to consider the following question, "Think about your day-to-day practice as a primary care provider. Identify three specific challenges (individual or system level) you've encountered trying to integrate trauma-informed care into your routine patient care." Nearly 100

Date: Wednesday, 10/7/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Complex Patient Care
- Interprofessional education
- Trauma-Informed Care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Recognize the nuanced and complex individual, relational, and system-level barriers PCPs face in their efforts to integrate trauma-informed care and PTSD screening

qualitative responses were collected and reveal nuanced and complex challenges that make it difficult for practicing PCPs to address this important component of their patients' health. The presenters will focus on examining themes across reported challenges, exploring individual and system-level root causes of challenges, and providing recommendations for acknowledging and addressing these challenges in training and practice.

Presenter(s):

- Amber Cahill, PsyD, Assistant Professor, University of Massachusetts Medical School, Worcester, MA
 - Bridget Beachy, PsyD, Director of Behavioral Health, Community Health of Central Washington, Selah, WA
 - David Bauman, PsyD, Behavioral Health Education Director, Central Washington Family Medicine Residency, Yakima, WA
 - Sarah Pearson, PsyD, Behavioral Health Fellow, Dept. of Family Medicine and Community Health, University of Massachusetts Medical School, Worcester, MA
-

C5 - Psychopharmacology Review for Integrated Primary Care

The integrated primary care team is increasingly called upon to manage patients with a wide spectrum of psychiatric presentations often with co-occurring complex social needs. Psychopharmacology Review for Integrated Primary Care will provide an overview of drug classes, approach to common clinical presentations, and management of adverse effects.

Psychopharmacology challenges related to social determinants of health, medication options for substance use disorders, and the role of non-prescriber integrated team members will be discussed. Case examples, clinical pearls and links to clinical drug resources will facilitate learning. Our target audience will be prescribers wishing to enhance their knowledge and non-prescribers wishing to add to their knowledge base. All disciplines are welcome.

Presenter(s):

- Thomas Salter, MD, Psychiatry, Integrated Behavioral Health, Mayo Clinic, Rochester, MN
 - Mark Williams, MD, Associate Professor of Psychiatry, Mayo, Rochester, MN
-

C6 - Staying Up to Date on Eating Disorder Assessment and Treatment in Integrated Primary Care: Literature Review, Recommendations, and Case Study

Eating disorders (ED) can have a devastating impact on an individual's physical and mental health as well as on the larger healthcare system. EDs are associated with increased healthcare utilization, long-term health complications, and mortality. Detecting EDs early is vital, and research suggests that most individuals with EDs or subclinical ED symptoms present to primary care first. Behavioral health consultants (BHCs) within integrated primary care are uniquely qualified to assist primary care physicians (PCPs) and support staff in assessing and treating EDs in primary care and can be an integral part in the prevention of EDs more broadly. The purpose of this presentation is to synthesize the most up to date literature on preventing, assessing, and treating EDs in primary care, while also providing practical recommendations for translating research into clinical practice. First, a

- Describe root causes for individual, relational, and system-level barriers
- Summarize approaches to acknowledge and address barriers to integration of trauma-informed care and PTSD screening

Date: Wednesday, 10/7/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Behavioral Medicine Topics
- Mood
- Psychopharmacology

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify at least 3 different reasons for sub-optimal response to medication management of psychiatric disorders and describe associated strategies to manage.
 - Identify at least 3 different medications used to treatment substance use disorders.
 - Identify and have access to at least three clinical tools/resources related to clinical psychopharmacology.
-

Date: Wednesday, 10/7/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Assessment
- Evidence-based interventions
- SDoH

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the most current literature on eating disorders in primary care and the advantages of utilizing an integrated team approach to
-

comprehensive literature review on preventing, assessing, and treating EDs will be presented. Time will be dedicated to discussing the intersection of EDs and social determinants of health (SDoH) with specific focus on challenging assumptions of 'typical' ED presentations. Next, recommendations for brief assessment and intervention of EDs in primary care will be provided (handouts will be used to summarize recommendations). These recommendations will also address how to assess for EDs while considering SDoH. Lastly, a deidentified case study will be presented on how these recommendations can be implemented within a Family Medicine Residency Clinic located within an underserved community. This case study will be based on a 40-year-old, African American patient who presented to primary care with angina, asthma, and insulin-dependent diabetes and was later diagnosed with binge eating disorder (BED). The BHC, PCP, and patient's perspective on the integrated care treatment approach to managing BED will be provided.

Presenter(s):

- Jennifer Battles, MS, Doctoral Intern, Eastern Michigan University, Ypsilanti, MI
 - Tamara Loverich, PhD, Associate Professor, Psychology, Eastern Michigan University, Ypsilanti, MI
 - Jennifer Carty McIntosh, PhD, Associate Director of Behavioral Medicine Education, McLaren Health Care, Flint, MI
 - Andrew Champine, PsyD, Director of Behavioral Medicine Education, McLaren Health Care, Flint, MI
-

prevent, assess, and treat eating disorders in primary care

- List current, evidenced-based recommendations for the assessment and treatment of eating disorders within primary care while considering the impact of social determinants of health
- Understand the application of these recommendations to a case study presentation to help generate future ideas for assessment and treatment effectiveness with other cases

C7 - Rising to the Challenge: Progress, Challenges, and Opportunities in Improving Population Behavioral Health in an Integrated Health System

Improving dissemination and implementation of evidence-based practices (EBP) in integrated behavioral health (IBH) is inextricably linked to the need to improve quadruple aim outcomes to compete in an ever-changing health care landscape. In our integrated health system, since 2011 we have expanded from 3 to 11 pediatric IBH sites since 2011 and from 0 to 8 adult IBH sites using a variation of the PCBH model to address local needs in access to high-quality behavioral health care. In 2017, we added embedded research to increase capacity for applied research and in 2019 we engaged in organizational restructuring to facilitate continued growth and collaboration between adult and pediatric IBH. In this presentation, we will briefly describe the evolution of our PCBH model related to improving EBP and illustrate aspects of our progress, challenges, and opportunities in improving population behavioral health. The model is based on integrating complementary frameworks, including a) conceptualization of health care as a co-created service between patients, providers, and transdisciplinary researchers; b) extending the learning health care system approach to behavioral health; and c) leveraging contextual behavioral science principles to enable dissemination and implementation of innovations. Together, our framework supports both transformation and continuous improvement towards high value behavioral health care. We will also illustrate applications of this model by highlighting three projects: 1) A mixed methods project engaging patients and providers to develop and conduct preliminary user testing of a behavioral intervention technology platform to empower parents to take charge of their child's behavioral healthcare; 2) implementation of interdisciplinary primary care resident training in behavioral health; and 3) incorporation of a precision health youth advisory council into stakeholder feedback for quality improvement of youth suicide

Date: Wednesday, 10/7/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Evidence-based interventions
- Implementation science
- Population and public health
- Pediatrics Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe elements of a comprehensive framework contributing to growth and improvement within an integrated behavioral health program
 - Rate progress and opportunities for growth and improvement in their setting
 - Infer the extent to which a similar approach would enhance growth and improvement in their setting
-

prevention efforts.

Presenter(s):

- Sean O'Dell, PhD, Clinical Assistant Professor, Geisinger Health System, Danville, PA
- Monika Parikh, PhD, Pediatric Psychologist, Geisinger Health System, Danville, PA
- Kathryn DeHart, MD, Associate Program Director, Geisinger Medical Center, Danville, PA
- Caroline Spahr, High School Student and Member, Precision Health Youth Advisory Council, Precision Health Youth Advisory Council, Geisinger Health System, Danville, PA

Co-Author(s):

- Stacey Cummings, MD, Vice Chair of Outpatient Pediatrics, Geisinger, Danville, PA
-

C8 - Evidence-based AI Interviewing - Effective and Cost-effective Integrated Screening, Assessment and Practice-based Research

A practice-based research study to investigate integration of mental health in primary care was conducted generating a cohort of 2495 cases obtained from an FQHC in Montana during primary care visits. The results from electronic self-report administration of the PHQ-9 with a QPD in-depth psychological assessment administered randomly before or after the PHQ-9, are analyzed from multiple perspectives and used for training. First, using CJ Peek's three world view, the effectiveness and cost-effectiveness of the clinical depth, breadth, accuracy and automation used in the study are analyzed demonstrating the need for dynamic administration of latent trait measures. Second, the study dataset is analyzed to produce the evidence-based AI network weights used for probabilistic, higher accuracy, item-by-item scoring, enabling more effective dynamic administration. The evidence-based AI network weights are also generated between latent traits making the comorbid relationships in the dataset explicit and available to drive the AI interview process. Finally we will use the study dataset to analyze effective use of a data warehouse integrated with an EMR and how to automatically support practice-based research. Based on the information learned, attendees will then design a screening solution for their practice that covers detection, in-depth assessment, actionable results and potential research, outcomes and QI initiatives.

Presenter(s):

- Alan Malik, PhD, President, Patient Tools, Littleton, CO
-

C9 - Promising Practices: Engaging Caregivers in Mental Health and Addictions Services in Canada

Presenter(s):

- Alexa Bol, MSc, Manager, Knowledge Mobilization, Opening Minds / Gestionnaire, Mobilisation des Connaissances, Changer les Mentalités, Mental Health Commission of Canada / Commission de la santé mentale du Canada, Ottawa, ON, Canada

Date: Wednesday, 10/7/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Assessment
- Financial sustainability
- Innovations
- Research and Evaluation Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Able to design a cost-effective in-depth detection and assessment solution integrated with their EMR
- Extend the design to include practice-based research, outcomes and QI initiatives
- Explain the need for evidence-based AI interviewing using standard measures

Date: Wednesday, 10/7/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level:

Keywords:

- Canadian Collaboration Session

CEUs not available for this session.

D1 - Using a Behavioral Health Platform to Engage Patients and Reduce Administrative Pain Points

Behavioral health integration has many moving parts: collaboration across departments and with outside providers (ex: referral to BH specialist), documentation, billing, and patient and provider buy-in. Technology can be used to alleviate the most burdensome pain points (administering/scoring questionnaires), remotely monitor patients, provide 24/7 resources, and collaborate between care team members. Through the use of technology you can proactively identify urgent/at-risk patients with the resources they need in a timely manner and provide measurement-based care for patients. We have implemented this solution with a variety of clinics (primary care, OBGYN, Behavioral Health, Psychiatry, etc.) geographically (Pennsylvania, New Jersey) and have seen patients see symptom improvement for depression (82%; PHQ-9) and (77%; GAD-7). In this interactive session, we will provide a case study of implementation of a behavioral health app, NeuroFlow, in a large primary care health system. We will discuss incorporation into workflows, provider and patient uptake, and its return on investment. Audience members will then participate in an app "show and tell." We will walk participants through the app's provider features, including automatically scored questionnaires, automatic documentation for billing, remote monitoring patients, alerting providers of those in need, and billing documentation. It will also demonstrate highlights of the patient app, including its use of behavioral economics to facilitate behavior change and improved patient outcomes. The final portion of the session will be an audience brainstorm about barriers and facilitators to app integration in their practice settings. Participants will leave with resources and strategies for behavioral health app implementation.

Presenter(s):

- Adam Pardes, MS, Chief Operating Officer, NeuroFlow, Philadelphia, PA
- Rachelle Rene, PhD, BCB, HSMI, Director of Primary Care Integrated Behavioral Health, Jefferson Health/Thomas Jefferson University, Philadelphia, PA
- Phansy Chun, LCSW, Behavioral Health Consultant, Thomas Jefferson University Hospital, Philadelphia, PA
- Mollie Cherson, MPhil, LCSW, Lead Behavioral Health Consultant, Abington Jefferson Health, Abington, PA
- Matthew Miclette, RN, MPH, Sr. Clinical Operations Manager, NeuroFlow, Philadelphia, PA

Co-Author(s):

- Ellen McGeoch, MS, Research & Operations Manager, NeuroFlow, Philadelphia, PA
- Amy Cunningham, PhD, MPH, Research Assistant Professor, Assistant Director, Faculty Development and Postdoctoral Research Fellowships; Department of Family and Community Medicine; Sidney Kimmel Medical College at Thomas Jefferson University

Date: Thursday, 10/8/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- CoCM
- PCBH Model
- TA/practice facilitation for integrated care
- Digital Innovation

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Explain how behavioral health integration can be implemented in their care setting.
- Name a minimum of 3 ways technology can help reduce provider workload.
- Explain the basics of behavioral health integration.

D2 - Improv-ing our Practice Environments and Wellness: Using Medical Improv to Promote Resilient, Effective Primary Care Teams

Burnout is a national health crisis (Noseworthy et al., 2017), with PCP burnout rates ranging from 13.5-60% (Abraham, Zheng, & Poghosyan, 2019). Provider burnout is adversely associated with patient care, provider wellbeing, and organizational outcomes (West et al., 2018). In 2018, the National Academy of Medicine launched an Action Collaborative to advance

Date: Thursday, 10/8/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Burnout

initiatives to improve clinician wellbeing. Additionally, wellness is an increasing area of emphasis in medical education (AMA, 2018). Practice environment is the most common predictor of PCP burnout (Abraham et al., 2019). Modifiable environmental factors associated with lower burnout include defined team structures, goal-directed solution seeking, mutual support, and consistent, straightforward communication (Abraham et al., 2019; Salas, 2018). Simply put, teamwork is a foundation for building and sustaining resilient and effective primary care practice environments (Salas, 2018). As featured in Dr. Belinda Fu's CFHA conference plenary (2019), medical improv is "an emerging field in which the principles and training techniques of improvisational theatre are used to improve cognition, communication, and teamwork in the field of medicine". Key tenets of improv include being present, flexibility, risk taking, silencing the inner critic, and allowing imperfections. The proposed session explores how medical improv may be used to promote resilient and effective practice environments and to reduce provider burnout. The session aligns with 2020 CFHA conference aims to empower the integrated care workforce to meet complex social and patient needs. Further, interventions are needed to improve primary care practice environments and to help reduce provider burnout (Abraham et al., 2019). Using an "on stage" approach, attendees will gain familiarity with medical improv principles and how these intersect with goals and processes central to effective primary care teams. Attendees will also learn several basic improv games that can be readily integrated into a variety of primary care settings to promote teamwork and mitigate provider burnout. While a PowerPoint and reference handouts will be utilized, attendees should be ready to actively engage in this experiential session.

Presenter(s):

- Jessica Lloyd-Hazlett, PhD, LPC, Associate Professor, Department of Counseling, University of Texas at San Antonio, San Antonio, TX
- Stacy Ogbeide, PsyD, ABPP, CSOWM Associate Professor/Clinical, UT Health San Antonio, San Antonio, TX

- Interprofessional teams
- Self-care/Self-management

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Define medical improv, including key tenets
- Identify overlap across key tenets of medical improv and effective, resilient primary care practice environments
- Practice basis improv games that can be readily integrated into primary care teams to promote effective teamwork, resilience, and lower burnout

D3 - How to SUPERcharge your Supervision/Training with Integrated BHCs? A Brief Expert Panel

As the integrated behavioral health workforce continues to expand, with inherent complexities of care, additional supervisors and trainers will be needed to develop the core competencies of the PCBH role, such as GATHER (Reiter et al, 2018). Formal preparation training to become a clinical educator or supervisor of integrated behavioral health providers is not well-defined. The focus of this moderated clinical round table presentation is to share expert strategies in orienting, training, and developing new primary care behavioral health providers from a panel of experienced integrated supervisors and consultants. The session will include discussion of supervisory-level competencies on: --Onboarding: setting a training schedule, orienting to the model, training competencies and setting up shadowing experiences for the new clinicians. --Note-writing: helping shape primary care-specific, efficient integrated practice notes --Staff development: using supervision and reverse-shadowing to provide feedback and enhance competency skill-development --Ongoing support: growth identification, scaffolding development, chart audits, supervision, utilizing a lens of multiculturalism and understanding complexity within the PCBH role, training, and continued shadowing. The presentation will include discussion of core competencies, provision of resources to the

Date: Thursday, 10/8/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- PCBH Model
- Skills building/Technical training
- Workforce development
- Leadership

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify supervisory core competencies in training new Primary Care Behavioral Health clinicians
- Describe strategies to use during clinical observation to enhance clinician skill-development

audience (e.g., BHC Core Competency Shadowing Rating Scale), case examples, and question/answer period. Discussion on managing up/down and advocating for supervisees with site leadership will also be addressed. Pilot data will also be shared on the use of a competency tool in BHC shadowing.

Presenter(s):

- Travis Cos, PhD, Research Scientist, Health Federation of Philadelphia, Philadelphia, PA
- Bridget Beachy, PsyD, Director of Behavioral Health, Community Health of Central Washington, Selah, WA
- Meghan Fondow, PhD, Director of Behavioral Health, Access Community Health Centers, Madison, WI
- David Bauman, PsyD, Principal Member & Consultant, Beachy Bauman Consulting, Yakima, WA
- Neftali Serrano, PsyD, Chief Executive Officer, Collaborative Family Healthcare Association, Chapel Hill, NC (Moderator)

- Discuss the professional workforce needs of developing high-competence integrated behavioral health staff.

D4 - Utilization of Smart Phone Applications to Assist in Depression Self-Management: An Underserved Primary Care Pilot Study

Depression is one of most common mental health conditions and the leading cause of disability worldwide, affecting about one in 10 adults in the US. Depression treatment is vital for underserved primary care patients who often experience multiple chronic medical conditions along with higher rates of health disparities. These challenges are very complex. Emerging evidence suggests mobile app technology can aid in the self-management of depression. Yet, there is limited research exploring the use of mobile health apps in this population with specific gaps concerning the feasibility of integrating these tools. Filling this gap is needed to inform evidence-based training, clinician tools, and educational material to facilitate the implementation of mobile apps with clinical care. Attendees, who could be at any stage in their education or careers, will learn about the process and results from a study that explored the feasibility of integrating depression self-management smartphone apps into primary care for an underserved patient population with depression. Adult patients with an active or previous depression diagnosis were eligible to participate. Participants were asked to complete measures which explored self-efficacy, and patient activation, along with questions pertaining to smartphone ownership, type of data plan, and willingness to use apps for self-management. Patient and provider/staff focus groups were conducted at clinic sites to explore the feasibility of using smartphone apps for depression management. Initial findings suggest that patients are likely to attempt app use for self-management when physicians make this suggestion. Results also suggest that giving patients an array of smartphone apps to choose from increases their likelihood of app use. The presentation will also include descriptive statistics, survey results, provider and patient perspectives of app integration into standard of care, and future directions.

Presenter(s):

- Jennifer Caspari, PhD, Assistant Professor and Director of Behavioral Medicine, University of Nebraska Medical Center, Omaha, NE
- Maxine Notice, PhD, Assistant Professor, University of Central Missouri, Omaha, NE

Date: Thursday, 10/8/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Innovations
- Patient-centered care/Patient perspectives
- Telehealth

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify strategies for selecting appropriate and useful self-management technology tools for use in primary care.
- Describe patient perspectives that are pertinent to the utilization of mobile apps in integrated primary care settings.
- Describe provider and clinic staff perspectives regarding the use of depression related mobile app technology within integrated primary care settings.

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- Margaret Emerson, DNP, Assistant Professor, College of Nursing, University of Nebraska Medical Center, Omaha, NE
 - Shinobu Watanabe-Galloway, PhD, Professor, University of Nebraska Medical Center, Omaha, NE

D5 - What is the Primary Care Behavioral Health Model? A Logic Model Helping Us Define It

Primary Care Behavioral Health (PCBH) is a popular service delivery model of integrated care; however, a key limitation to its growth in practice and research is the lack of understanding for how to define PCBH and ensure fidelity. To date, a majority of research and clinical work has focused on defining PCBH primarily as the presence of an embedded behavioral health consultant (BHC) and characteristics of the appointments conducted by the BHC (e.g., appointment length and number of appointments). However, this approach ignores other elements thought to be essential to PCBH practice and allows for wide variation in PCBH implementation. Such practice variability significantly limits the ability to identify PCBH outcomes. This presentation will describe the importance of assessing PCBH fidelity and shares a logic model developed and subsequently refined using expert consensus methods. This logic model elaborates and defines the structural components, activities, outputs, and outcomes of PCBH across the clinic, primary care team, primary care provider, behavioral health consultant, and patient levels. The discussion will focus on how this comprehensive set of relevant fidelity indicators of PCBH can be utilized by administrators and clinicians to improve practice as well as allow researchers to add rigor to any investigation of PCBH impact on outcomes.

Presenter(s):

- Jennifer Funderburk, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare Syracuse VA Medical Center, Syracuse, NY
- Jodi Polaha, PhD, Professor, East Tennessee State University, Johnson City, TN
- Gregory Beehler, PhD, MA, Associate Director for Research, VA Center for Integrated Healthcare, Buffalo, NY

Date: Thursday, 10/8/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- PCBH Model
- Research and evaluation

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Understand why fidelity is important
- Identify Ways to Assess Whether a Clinic/Program Can be Characterized as PCBH
- Understand Potential Measures To Utilize to Assess Components of PCBH

D6 - Decreasing Provider Stress in the Treatment of Complex Patients: A Brief Collaborative Training Program for PCPs and BHCs, COVID, and Beyond

As the demands on primary care providers (PCPs) are increasing, addressing the stress levels of PCPs, specifically daily stressors, is crucial (Bodenheimer & Sinsky, 2014). These stressors lead to burnout and are affecting PCPs at alarming levels. Bodenheimer and Sinsky (2014) report "...46% of US physicians experience symptoms of burnout...68% of family physicians would not choose the same specialty if they could start their careers anew" (p.574). While much of this frustration is associated with administrative work, this has had a ripple effect in leaving little time and energy for engaging with more difficult complex patients who present as some of the most draining of patient encounters (Babbott et al., 2014). Physicians report this is primarily because they see little improvement in many of these patients and realize that their medical school training did not

Date: Thursday, 10/8/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Burnout
- Complex Patient Care
- Interprofessional education

Objectives: *At the conclusion of this presentation, participants will be able to...*

prepare them for dealing with this (Linzer et al., 2002). They are specifically referring to additional skills and ways to interact with these patients, understand them, and enhance their motivation to change. In the attempt to assist with this, leveraging additional benefits of integrated care, the following intervention carried out by the behavioral health consultant (BHC) was developed. This intervention combines the basic skills of motivational interviewing and training on the diagnosis and treatment of medically unexplained symptoms (MUS) or, as it presents more commonly in primary care, stress illness.

The intervention in this study is focused on 1) teaching PCPs the spirit of motivational interviewing (MI) and basic MI skills and 2) educating PCPs on MUS/ stress illness including skills for diagnosis, discussion, screening, and treatment of these patients many of whom have experienced childhood stressors (Anda & Felitti, 1998). The participants in this study are patients, PCPs, Nurse Care Managers (RNs), a Pharmacist, and BHCs of a large integrated primary care practice following the primary care behavioral health model. This study involves a two-part training comprised of 4 forty-five minute didactic, interactive and experiential group training along with optional individual BHC-PCP shadows involving real-time training. All components of training will be designed as achievable within the fast pace of primary care. The goal of the study is to lower physician daily stress levels (DSLs) and improve treatment outcomes for MUS/ complex patients. With this intervention, the expected results will transform the frustration associated with the treatment of these patients into a collaborative relationship, employing joint decision-making processes, increasing patient adherence, and improving treatment outcomes while additionally reducing the PCP's stress affiliated with these visits and improving daily stress levels (Rollick et. al, 2008). The study is currently in progress and as a result of COVID-19 is not complete. We are encouraged to use this as an opportunity to explore the impact of COVID on integrated primary care, specifically on the effects of this study, and to delve deeper into the particular teaching components of this intervention providing practical "take-homes". We will be detailing the core components of our training program/ intervention in the hopes of adding value to programs and ideas that may be implemented in settings nationwide. Additional time will also be allotted for role play, feedback, questions to accomplish this goal.

- Identify challenges for PCPs in treating complex patients and how this leads to increased provider stress and burnout.
- Describe how the use of motivational interviewing skills assists in the treatment of complex patients
- Identify the factors that contribute to and constitute stress illness in patients who have experienced childhood or current stressors to aid in the diagnosis and treatment of these patients with complex issues.

Presenter(s):

- Cindi Stone, DBH, Director of Behavioral Health, Community Care Physicians, Glenmont, NY
 - Lesley Manson, PsyD, Clinical Associate Professor, Arizona State University, Phoenix, AZ
 - Kristine Campagna, DO, Physician, Latham Medical Group, Latham, NY
 - Holly Cleney, MD, Family Physician, Latham Medical Group of Community Care Physicians, Latham, NY
 - Elizabeth Locke, MD, Managing Physician, Community Care Physicians, Latham, NY
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D7 - Born this Way: Supporting Transgender Youth and Families Across Development in Integrated Primary Care

Transgender individuals experience significant health disparities associated with barriers to care, including lack of provider training, discrimination, system barriers, and financial barriers (Safer et al., 2016). Comfort with primary care services impacts health outcomes for transgender individuals (Clark et al., 2018). For example, affirming, integrated services for transgender youth that include early identification and family support improve psychological outcomes (Janicka & Forcier, 2016). Moreover, primary care services may offer connections to affirming medical interventions, such as puberty blockers and hormone replacement therapies; Turban et al. (2020) found that access to pubertal suppression during adolescence was associated with lower risk of lifetime suicidal ideation. Consistent with previous studies (Kano et al., 2016), this project used qualitative methods to develop gender-affirming programming based on input from patient stakeholders. This presentation describes the development of an intervention program for gender creative patients, including identification of patient population, needs assessment, patient-guided iterations, and the current state of the program. Study sample included youth aged 8-18 years and their families from two integrated primary care clinics located in central and northeastern Pennsylvania. Needs assessment procedures and data will be reviewed. Presentation will share details of the intervention and procedures, and patient experiences and outcomes will be captured in qualitative data. Quantitative data will include demographic data, diagnostic categories, and average length of care. Preliminary data suggests that patients report a high degree of satisfaction with the current program. Families identify the gender program as their "child's tribe" and "the best day of the month." Families also comment on the layers of support, mentoring, and education offered by the intervention.

Presenter(s):

- Carrie Massura, PhD, Pediatric Psychologist, Geisinger Health System, Danville, PA
- Shelley Hosterman, PhD, Pediatric Psychologist and Chief of PCBH, Geisinger Health System, Danville, PA
- Megan Moran-Sands, DO, Pediatrician, Geisinger Bloomsburg Hospital, Bloomsburg, PA
- Samuel Faulkner, PhD, Pediatric Psychologist, Tidal Integrated Health, Greenville, NC
- Amanda Ferriola, PsyD, Pediatric Psychologist, Geisinger Health Systems, West Milford, NJ

Date: Thursday, 10/8/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Family centered care/Family perspectives
- Pediatrics
- Underserved populations
- Cultural Humility/ Health Equity
- Ethics
- Pediatrics Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the development process for an interdisciplinary treatment model for gender creative children, teens, and their families.
- Provide details of a multicomponent and stakeholder approach to affirming gender identity within integrated primary care.
- Highlight qualitative outcomes from patient groups at various stages of program development.

D8 - Research Rigor as a Critical Component of Integrated Healthcare: Development, Implementation, and Evaluation of a Diabetes Pilot Program

Individuals with a severe and persistent mental illness (SPMI) have over twice the risk of mortality than those without SPMI, which is partially attributed to a greater burden of chronic conditions. Individuals with SPMI are more likely to have diabetes, and suffer more severe consequences from diabetes than those with diabetes alone. Chronic disease self-management programs have been tested and used primarily within the general population. Individuals with co-occurring SPMI and diabetes, however, encounter additional barriers to managing diabetes that are not addressed in traditional programs. Self-management programs designed

Date: Thursday, 10/8/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Evidence-based interventions
- Research and evaluation
- Skills building/Technical training
- Diabetes
- Research and Evaluation Session

specifically for this population are critical in addressing health and health disparities among individuals with SPMI and diabetes. In this session the presenter will guide the audience through the elements of developing, implementing, and evaluating an innovative pilot intervention in an integrated healthcare setting, using our diabetes self-management pilot as a teaching tool. Session participants will learn, practice, and receive tools for successful pilot implementation and rigorous process and intervention evaluation, to enable them to successfully implement a pilot in an integrated healthcare context. During the session participants will brainstorm potential challenges they might encounter in the implementation and evaluation process. Then, utilizing a logic model to guide planning, participants will identify process measures and outcomes that would be critical in successful evaluation of an example pilot project. Lastly, participants will explore mixed methods analysis in the evaluation stage of their pilot project, and how evaluation methods guide reporting and communications. At the conclusion of the session participants will receive resources to supplement the information presented, including: logic model template, quick primer on mixed methods analysis tools, and additional links to resources on process evaluation and mixed methods analysis. Anticipated Session Outline 1. Overview of Cascadia Behavioral Healthcare and integrated diabetes care to develop context for the session and activities (3 min) 2. The basics on how to develop a pilot program, using Cascadia's work as an example to guide instruction and discussion (6 min) a. Using evidence and research b. Planning c. Implementation d. Evaluation 3. The logic model as a tool to guide steps a-d a. Didactic instruction (5 min) b. Exercise using a logic model to plan implementation and evaluation - Barriers and supports brainstorm and logic model development (15 min) 4. Evaluation of pilot program using mixed methods research a. Didactic instruction (7 min) b. Exercise developing measures/outcomes based on program goals, and guided by logic model (15 min) 5. You've evaluated your program, so now what? (7 min) a. Quick activity around creative approaches to reporting and communicating results 6. Questions/final remarks

Presenter(s):

- Allison Brenner, PhD, MPH, Director of Population Health Research and Innovation, Cascadia Behavioral Healthcare, Portland OR
- Madi Knaub, Population Health Research and Innovation Project Manager, Cascadia Behavioral Healthcare, Portland OR

Co-Author(s):

- Renee Boak, MPH, Senior Director of Population Health Research and Innovation
- Kirsan Leep EdD, MA, Clinical Director

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Develop awareness around identifying barriers and facilitators of implementation and evaluation of a pilot program
- Apply skills around implementation and evaluation, including developing a logic model to guide planning and implementation, and utilizing project management to support implementation
- Identify potential methods for evaluation of a pilot program, including benefits and drawbacks of different approaches

D9 - Primary Care Pathways: Evaluation of a service delivery model designed to improve integration of mental health care for young people and their families in Ontario

Presenter(s):

- Mario Cappelli

Date: Thursday, 10/8/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Keywords:

- Canadian Collaboration Session

CEUs not available for this session.

E01 - More than Core Competencies: What do Students Want in an Integrated Care Training Experience?

As the field of integrated care continues to grow, the demand for well-trained, well-prepared behavioral health providers ready to work in complex health systems has also increased. There has been significant effort to identify core competencies for behavioral health providers working in integrated care models in recent years which can help shape training programs. However, the perspective of the student has not been included. While clinical skills, communication skills, consultant skills are typically emphasized by training programs, students are often looking for other factors when searching for training opportunities at various levels. These can include geography, diversity of patient population, diversity of faculty/staff, opportunities for research, opportunities for program development, understanding the complexities of the health care system and more. The goal of this session is to briefly review core competencies utilized in training programs, and then gather feedback from students in the audience. Presenters represent 3 training program sites across the country. Small group discussions will provide an opportunity for students to share with each other what factors they value in training programs. Groups will be asked to report out their findings, and audience members will be asked to rank their findings through an interactive poll. The results can be utilized by students to organize their thinking and decision making as they progress through graduate training, and by training directors to understand how students select training sites.

Presenter(s):

- Meghan Fondow, PhD, Director of Behavioral Health, Access Community Health Centers, Madison, WI
- Elizabeth Zeidler Schreiter, PsyD, Chief Behavioral Health Officer, Access Community Health Centers, Madison, WI
- Arissa Walberg, PhD, Site Training Director, BHC, Community Health of Central Washington, Yakima WA
- Travis Cos, PhD, Research Scientist, Health Federation of Philadelphia, Philadelphia, PA

Date: Thursday, 10/8/2020

Time: 12:30 PM - 1:00 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Training/Supervision
- Workforce development
- Student Perspective

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Understand basic core competencies for behavioral health integrated care
- Identify additional factors relevant to students in integrated care training
- Understand which student-centered factors are relevant to include in workforce development efforts in integrated care

E02 - The Interprofessional Precepting Room - Preliminary Data to Support Novel Integration through Consultation and Bidirectional Learning

One of the benefits of integrated primary care settings is the wealth of bi-directional learning that can occur through consultation and collaboration. In VA Connecticut's Center of Education (COE) in Interprofessional Primary Care, residents from clinical health psychology (CHP), medicine, nursing, and pharmacy work together to provide fully integrated and comprehensive care. In the precepting room, physician (MD) and nurse practitioner (NP) residents meet with an attending provider to review patient care and develop a treatment plan. During interprofessional precepting, CHP residents provide mental and behavioral health consultation, and in turn, are exposed to professional practices in primary care. This project is an extension of previous work done examining active and passive learning in the precepting room. The sample consisted of 2 CHP residents, 14 physician (MD) residents, and 6 nurse practitioner residents (NP) over a 12-month period. During precepting, CHP residents tracked the type of consultation provided, if a CHP referral was discussed, and if a "warm introduction" was performed. CHP residents qualitatively indicated what they learned from

Date: Thursday, 10/8/2020

Time: 12:30 PM - 1:00 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Interprofessional education
- Interprofessional teams
- Team-based care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the educational and clinical utility of an interprofessional precepting room setting
- Identify tools and outcomes for assessing learning and collaboration in these settings

precepting and themes were identified by two CHP providers not participating in precepting. Of the 122 patient visits precepted (60 by MD residents, and 62 by NP residents), consultation was provided 90% of the time. Consultation included health behavior change (70%), patient-provider communication (30%), understanding psychiatric presentations (22%), cultural considerations (11%), providing patient education handouts (10%), and mental health resources outside of the clinic (9%). Warm introductions were positively associated with health behavior change consultation ($t=6.81$, $p=.009$). CHP referrals were discussed 30% of the time and were inversely associated with consultation on psychiatric presentations ($t=5.53$, $p=.019$). Learning among CHP residents occurred 76% of the time and consisted of clinical/biomedical information (74%), profession-specific practices in primary care (19%), facility-related content (10%). MD and NP faculty identified coaching from CHP residents on communication techniques (e.g. motivational interviewing) as being particularly beneficial in MD/NP resident development. Other benefits of consultation included a greater appreciation for how mental health disorders impact care, alternative perspectives on clinical conceptualizations, and encouragement after multiple unsuccessful prior attempts to engage patients in changing health behaviors. Future directions include obtaining and examining qualitative data from MD and NP residents related to the impact of consultation with CHP residents on developing advanced competences in integrated care.

- Identifying strategies of applying preceptor room science to unique interprofessional settings

Presenter(s):

- Noel Quinn, PhD, Clinical Psychologist, VA Connecticut Healthcare System, West Haven, CT
- Jocelyn Remmert, PhD, Postdoctoral Fellow, Corporal Michael J. Crescenz Philadelphia VA Medical Center, Philadelphia, PA

Co-Author(s):

- Matthew Zegarek, MD, Assistant Professor, Yale School of Medicine, VA; Connecticut Healthcare System, West Haven, CT
- Sue Langerman, APRN, Faculty

E03 - Experiences of African American Men with Prostate Cancer: Engaging African American Men in Health Disparities Research

African American men are more likely to be diagnosed with and die from prostate cancer (American Cancer Society, 2016; Kreps, 2006). For those who survive, prostate cancer side effects, such as erectile dysfunction, impact the patient's quality of life and their romantic relationship. Sexual satisfaction seems to impact the perceived quality of life and overall health for African American men (Kinlock et al., 2017). When compared to white men with prostate cancer African American men are less likely to trust their physicians, this may be related to medical mistrust (Boulware, Cooper, Ratner, LaVeist, & Powe, 2016). The purpose of this study was to understand the association between trust and confidence in medical care, quality of life, sexual satisfaction, and couple's satisfaction for African American prostate cancer survivors. This study looked at African American men (n=24) who were in or had completed treatment and were in romantic relationships. A one-time, self-report survey was conducted. Surveys were web-based or in-person depending on the participants' preference. Participants were recruited nationally through prostate cancer support

Date: Thursday, 10/8/2020

Time: 12:30 PM - 1:00 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- SDoH
- Underserved populations
- Cancer

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify ways to engage African American men in health disparities research.
- Describe ways that researchers can engage community partners to help recruit minority research participants.

groups, medical and mental health listservs, social media (e.g. Facebook, Twitter, etc.), urology clinics and primary care clinics. Due to the difficulty of accessing the African American population for research, this study used non-random sampling such as convenience (i.e., quota or accidental) sampling (Etikan et al., 2015; Kumar, 2011) and snowball sampling (Kumar, 2011). Participants filled out questions from the following measures Functional Assessment of Chronic Illness Therapy-Treatment Satisfaction-Patient Satisfaction (FACIT-TS-PS), Functional Assessment of Cancer Therapy-Prostate Cancer (FACT-P), Couples Satisfaction Inventory (CSI-4), PROMIS SexFS. Due to the small sample size (n = 24), non-parametric correlations were conducted to test hypotheses. Positive associations were found between physician communication and quality of life, couples satisfaction, sex life satisfaction, and orgasm pleasure as expected. As well as confidence and trust in medical care, quality of life, couples satisfaction, sex life satisfaction, and orgasm pleasure. Recruitment of African American men for this study was difficult and the response rate was low. In healthcare research, one study found that older African American men who witnessed the Tuskegee disclosure were less likely to engage in healthcare (Alsan & Wanamaker, 2017). Health disparities researchers face a conundrum, to change health disparities we must study a population that is hesitant to engage in research. To make an impact on health care disparities, researchers should understand barriers to engaging in research and how to gain trust in minority communities. This workshop will focus on the experiences that African American men with prostate cancer face. As well as how to engage African American men in health disparities research.

Presenter(s):

- Kristin Ross, PhD, LMFT-Associate, Therapist, Stay the Course a Program of 22Kill, Rowlett, TX
- Katie Heiden-Rootes, PhD, LMFT, Assistant Professor, Saint Louis University, St. Louis, MO

- Describe barriers to engaging African American men in prostate cancer research.

E04 - Utilizing Interprofessional Education to Meet the Quadruple Aim in Skilled Nursing

Though significant attention has been paid to burnout in healthcare workers, the predominant focus has been on the physician experience with lesser attention to other members of the team. This is particularly concerning in long-term care (LTC), where thirty-seven percent of nursing staff report experiencing burnout, compared to just 22 percent of nurses working in other settings. Burnout has been linked to elevated turnover, absenteeism, and poorer mental and physical health outcomes for health care workers, but also poorer safety and quality for patients, and increased costs to employers. LTC staff report that one of the greatest contributing factors to burnout is challenging patient behaviors. This is particularly salient given that over the past ten years, adults ages 31 to 64 have been the fastest growing population in nursing homes, and they are more likely to have experienced additional social determinants of health--leading to more complex care needs--including developmental disabilities, trauma, psychiatric diagnoses, and inpatient stays in psychiatric facilities. At our facility, behavioral health specialists have long served as physician educators and delivered brief interventions to patients. Yet no supports to increase nursing knowledge or comfort working with behavioral challenges existed. As a result, a needs assessment was conducted with nursing staff in one multi-unit LTC to identify potential benefits of providing interdisciplinary teaching on these topics to support patient care and reduce rates of staff

Date: Thursday, 10/8/2020

Time: 12:30 PM - 1:00 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Burnout
- Complex Patient Care
- Interprofessional education

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify the need for LTC nursing staff training to address challenging patient behaviors and family interactions
- Describe the didactic content and session organization associated with a novel training program to address these needs
- Discuss factors associated with the success of an interdisciplinary LTC team, incorporating members beyond physicians and behavioral

burnout. Nurses identified a need for additional training focused on addressing challenging patient behaviors and family interactions. In response, a twelve-month training program was created by a team which included medical family therapy, behavioral, and geriatric expertise and was delivered to all nursing staff of a 40-resident LTC unit. Pre-training, mid-point, and end-of-training-year measures were collected to determine training impacts on clinical and operational outcomes for patients, staff, and the facility, including staff burnout. The interdisciplinary healthcare team that designed and supported the program will describe the needs assessment design, development and implementation of the program, and evaluation methodology and results.

health clinicians to include nurses, physical therapy, occupational therapy, and others

Presenter(s):

- Jessica Goodman, PhD, Postdoctoral Fellow, University of Rochester, Rochester, NY
- Lauren Decaporale-Ryan, PhD, Assistant Professor, Departments of Psychiatry, Medicine, & Surgery, University of Rochester, Rochester, NY
- Joseph Nicholas, MD, MPH, Associate Professor, Department of Medicine, University of Rochester, Rochester, NY, Medical Director, Highlands at Brighton Transitional Care Facility, Rochester, NY
- Marguerite Janto, BSN, Nurse Manager, Highlands at Brighton, Rochester, NY
- Deborah Harris, BSN, Charge Nurse/Nursing Supervisor, Highlands at Brighton, Rochester, NY

E05 - Correlates of Delivery of Evidence-Based Interventions for Anxiety in Primary Care Behavioral Health Routine Clinical Practice

Although anxiety is highly prevalent in primary care and a top reason for referral to Primary Care Behavioral Health (PCBH), understanding of anxiety interventions used in routine PCBH practice is limited. The objective of this study was to examine patient-level and provider-level correlates of delivering evidence-based anxiety interventions to inform research and practice on the implementation of evidence-based treatment in integrated primary care. In a cross-sectional survey, 209 PCBH providers recruited from national email listservs reported on use (yes/no) of various interventions in their most recent session with an adult patient referred for non-PTSD anxiety (e.g., generalized anxiety, social anxiety, panic, phobias). We used multivariate logistic regression to examine whether provider discipline and theoretical orientation, session type, likelihood of follow-up, and patient age, anxiety severity, depressive severity, comorbid concerns, treatment priority, and anxiety medication were associated with intervention delivery. Providers reported using an average of 5.77 (2.05) intervention techniques. Relaxation training was more likely to be used during initial (vs. follow-up) sessions, whereas cognitive therapy was less likely. Cognitive therapy and behavioral activation were less likely to be used for patients who prioritized treating anxiety (vs. other concerns), whereas relaxation training was more likely. Exposure and Acceptance and Commitment Therapy-based interventions were more likely to be delivered by psychologists (vs. other providers). Overall, PCBH providers seemed to consider the patient's priorities and likely course of treatment in selecting interventions, but their own training background may also factor in. The presenters and audience will discuss clinical, research, and training implications of the results as well as potential implementation strategies to increase the delivery of evidence-based anxiety interventions in integrated primary care.

Date: Thursday, 10/8/2020

Time: 12:30 PM - 1:00 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Evidence-based interventions
- PCBH Model

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify patient-level and provider-level factors associated with delivery of an array of evidence-based anxiety interventions in PCBH practice
- Discuss clinical, training, and research implications of low utilization of some evidence-based anxiety intervention
- Describe potential strategies to improve the implementation of evidence-based anxiety interventions in PCBH

Presenter(s):

- Robyn Shepardson, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse, NY

Co-Author(s):

- Mark Minnick, PhD, Psychologist, Outpatient Mental Health Clinic, Syracuse VA Medical Center, Syracuse, NY
 - Jennifer S. Funderburk, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse, NY
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E06 - Innovative Methods for Efficient Plan-Do-Study-Act Analysis in a Fast-Paced Integrated Primary Care Environment

Quality improvement is an area in which healthcare organizations strive to achieve; however, the realities of being in a fast-paced, safety-net primary care clinic often preclude the ability to efficiently evaluate the clinical utility of implemented quality improvement interventions beyond objective statistical measures. Although statistical measures may show significant improvements in outcomes, such as HbA1c scores, these measures may not accurately reflect the amount of labor that was required to affect change, thus calling into question the effectiveness of the intervention and opportunities for improvement. The Plan-Do-Study-Act (PDSA) Model for Improvement is a tool that was developed by the Associates in Process Improvement in order to track a test of change, and is used by numerous healthcare organizations. Although there are several PDSA worksheets available, these worksheets can be confusing to healthcare employees who have not received specific training in this area or lack experience with this process. Furthermore, lacking an advance plan to evaluate a test of change, such as tracking outcome measurements, can significantly increase the amount of time required to determine if the test of change was effective, thereby obfuscating the process of the PDSA in of itself. This presentation aims to provide a brief overview of the PDSA process, while taking a look at innovative methods that were utilized in an integrated family medicine residency primary care clinic to ensure the completion of PDSAs in a time-efficient manner. This presentation will provide PDSA examples ranging from implementation of new behavioral health services to the development of a new job position. Audience members will be encouraged to identify an intervention at their clinic for which they would like to complete and PDSA, recognize potential barriers to the PDSA, and develop solutions for overcoming these barriers.

Presenter(s):

- Erin Iwamoto, PsyD, Behavioral Scientist, Alaska Family Medicine Residency/Providence Family Medicine Center, Anchorage, AK
- Virginia Parret, PhD, Behavioral Health Faculty, Licensed Psychologist, Alaska Family Medicine Residency, Anchorage, AK
- Sarah Sanders, PhD, Postdoctoral Psychology Resident, Alaska Family Medicine Residency/Providence Family Medicine Center, Anchorage, AK

Co-Author(s):

- Sarah Dewane, PhD, ABPP, Director of Behavioral Health, Alaska Family Medicine Residency/Providence Family Medicine Center, Anchorage, AK
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Date: Thursday, 10/8/2020

Time: 12:30 PM - 1:00 PM

Session Type: Live streaming**Content Level:** All Audience**Keywords:**

- Quality improvement programs
- Research and evaluation

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Learn what a PDSA is and the purpose of utilizing a PDSA
- Identify how they may be able to utilize PDSAs in their work environment
- Develop skills for efficiently completing PDSAs in a fast-paced environment

E07 - Screening and Treating Families for Adverse ChildhoodDate: Thursday, 10/8/2020

Experiences and Depression in a Safety-Net Pediatric Health Home Population

Research on Adverse Childhood Experiences (ACE) has demonstrated a significant association between childhood maltreatment and later life health and well-being. Other research has linked the impact of parental trauma and intergenerational trauma. Adults who experienced trauma as children are at higher risk incidence of parenting poorly. Additionally, mothers and fathers who experience postpartum depression are at greater risk for abusing or neglecting their children. The aim of this pilot study was to implement a screening process and intervention to address trauma, anxiety, and postpartum depression in parents with the intent of improving parental well-being. We conducted a brief pilot study implementing ACE, depression, anxiety, child quality of life and social determinants of health screening in our integrated behavioral health and primary care pediatric-focused health home, Jefferson Plaza Family Health Home (JPFHH) in Lakewood, Colorado. Medicaid was the predominant payer at this clinic and almost 50% of the population were of Latinx heritage. This health home is unique in that it is a bidirectional model providing a full range of both mental health services and medical services. The establishment of the health home was made possible by support and funding from the Colorado State Innovation Model (SIM), with the overarching goal of increasing access to integrated physical and behavioral healthcare services. Starting in January 2018, we implemented ACE Questionnaire, PHQ-9 depression screen, Edinburgh Postnatal Depression Scale (EPDS), Generalized Anxiety Disorder Screen 7 (GAD-7), and a self-scaled questionnaire on the Substance Abuse Mental Health Administration's (SAMHSA) 8 Dimensions of Wellness for the caregivers of infants as part of our intake process. Additionally, the child's quality of life was tracked using the age appropriate KINDL measure. Parents who screened positive on these tools were offered a variety of services from Jefferson Center, including, but not limited to, behavioral health assessment and education, individual therapy, navigation services, wellness services (health coaching), and family services. Patients received an average of 12 services. Of note, is that fathers who were screened appreciated being asked about their depression and trauma history and welcomed the opportunity to receive supportive services. Assessing and treating parental behavioral health may positively impact child well-being.

Presenter(s):

- Shannon Tyson-Poletti, MD, Assistant Medical Director, Jefferson Center, Wheat Ridge, CO
 - Meghan Pataky, DSW, LCSW, LAC, Manager of Integrated Care, Jefferson Center for Mental Health, Denver, CO
 - Megan Swenson, LPC, LAC, Director Integrated Care, New Directions Behavioral Health, Wyoming, MN
 - MaryAnn Shiltz, DNP APN CPNP/Pediatric Nurse Practitioner, Westside Medical Director, STRIDE Community Health Center, Lakewood, CO
 - Jeanette Waxmonsky, PhD, Vice President, Integrated Care, New Directions Behavioral Health Care, Denver, CO
-

Time: 12:30 PM - 1:00 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Family centered care/Family perspectives
- Multi-generational care
- Payment models
- PCBH Model
- Pediatrics Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe two ways parental well-being can influence children's quality of life.
- Describe the model components of assessment and intervention for parental well-being.
- Identify parental and child screening tools and describe how they can be used track program outcomes over time.

E08 - Reducing ER Utilization in Behavioral Health Patients

Existing literature has indicated utilizing current care teams marked an improvement in readmission and reduction in emergency department visits. Reducing Emergency Department visits is a system initiative within Geisinger Health System. Being integrated into the primary care setting, data was collected to determine if utilization could be decreased in those utilizing the emergency room for psychiatric related chief complaints (anxiety, depression, psych eval). Motivational Interviewing techniques were used by mental health professionals making the phone calls to patients. Reason for their visit, other options for care, and appointments were offered with the embedded behavioral health professional and/or their PCP. Data has been collected for 1 year to determine the impact of a mental health professional reaching out to those going to the emergency department with a mental health chief complaint. One year post intervention there was a 80% decrease in repeat ER utilization and a 14% decrease in overall ER utilization. There was shown to be a decrease in repeat patients and those using the emergency room and not being admitted for inpatient stays. Pre and post comparison will be included in the final presentation.

Presenter(s):

- Kendra McKee, LCSW, MBA, Clinical Psych Specialist, Geisinger Health System, Lewistown, PA

Date: Thursday, 10/8/2020

Time: 12:30 PM - 1:00 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Financial sustainability
- Outcomes
- PCBH Model

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify ways to utilize motivational interviewing to decrease emergency room visits in behavioral health population
- Discuss with their team how to implement similar strategies
- Describe the reduction in nonemergent visits to the emergency department for behavioral health

E09 - The Eliminating Health Disparities Initiative (EHDI) in Minnesota: An Innovative Community-Based Program to Improve the Health of Native People

The EHDI is an innovative program that was created through the collaborative efforts of behavioral- and biomedical- healthcare professionals with local leaders (patients, families) in Minnesota's American Indian community. This workshop will describe the initiative's interactive, community-based, and educational efforts to engage Native people in addressing contemporary struggles with addiction (opioids, ETOH), mental illness (depression, anxiety), obesity and diabetes, and social isolation. These efforts advance a multifaceted approach to reclaiming health-related activities that reflect traditional Indigenous culture(s), food/diet, and family members' (elders, men, women, youth) roles. Evaluative longitudinal data (quantitative) and qualitative accounts about participants' experience(s) in EHDI programming will be put forth.

Presenter(s):

- Tai Mendenhall, PhD, LMFT, Associate Professor, University of Minnesota, Twin Cities, MN

Co-Author(s):

- Nan LittleWalker, Mdiv, Community Liaison, Patient, and Family Member, Interfaith Action of Greater Saint Paul, Department of Indian Work, Saint Paul, MN

Date: Thursday, 10/8/2020

Time: 12:30 PM - 1:00 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Family centered care/Family perspectives
- Underserved populations
- Community-based participatory research

Objectives: *At the conclusion of this presentation, participants will be able to...*

- describe the Eliminating Health Disparities Initiative (EHDI) as a community-engaged project created through the collaborative efforts of Western providers and American Indian community members to improve the lives of urban-dwelling adult AIs and their families
 - cite evaluative findings across biological- (BMI, metabolic control), psychological- (PHQ-9, GAD-7, key informant interviews regarding recovery/sobriety), and social- (Multidimensional Scale of Perceived Social Support) well-being.
 - explain key lessons and strategies regarding how to get explore and initiate health-oriented interventions in partnership with minority and under-served populations.
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E10 - An Action Oriented Collaboration to Improve Health and Wellness in Three Mi'kmaw Communities

Presenter(s):

- *Mardi Burton, M.Ed., BSc. OccupTherapy, Health Services Manager, Primary Care Health, Nova Scotia Health, Berwick, Nova Scotia, Canada*
- *Carol Dennison, MD, Mc, Family Medicine Resident, Nova Scotia Health Authority, South Farmington, Nova Scotia, Canada*

Date: Thursday, 10/8/2020

Time: 12:30 PM - 1:00 PM

Session Type: Live streaming

Keywords:

- Indigenous Health
- Canadian Collaboration Session

F1 - The Many Faces of Psychiatry in Primary Care Settings

Background/Rationale: Traditional models of psychiatric care delivery have failed to keep up with patient demand. Psychiatrists offer expertise in several needed areas for population health including psychiatric diagnosis, psychopharmacology, access to specialty programming, and in helping to deal with complex medical and psychiatric patients. In primary care settings, behavioral health providers have had to adapt their approaches to the challenges and opportunities in those settings however in adding a psychiatric provider to a primary care team, there may not be awareness of the evidence based options available. We hope to introduce the audience to direct and indirect ways to leverage psychiatric care based on the literature and our own experience. We will include information on involving all psychiatric providers (not just MDs), use of telemedicine tools, the collaborative care model, project ECHO, measurement based care, and how to address financial barriers. Each of us has chosen this work at least in part because we appreciate working with a team involving behavioral health providers and primary care and as such we will highlight ways to make psychiatric providers a part of an integrated team.

Presenter(s):

- *Mark Williams, MD, Associate Professor of Psychiatry, Mayo, Rochester, MN*
- *Lori Raney, MD, Principal, Health Management Associates, Dolores, CO*
- *Thomas Salter, MD, Psychiatry, Integrated Behavioral Health, Mayo Clinic, Rochester, MN*
- *Julie Le, DO, Psychiatrist, UC San Diego Health, San Diego, CA*

Date: Thursday, 10/8/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- CoCM
- Suicide
- Professional Identity
- Quality Improvement Programs
- Workforce development

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe 3 ways to leverage psychiatric expertise in the primary care setting.
- Understand the role of measurement and stepped care in improving patient outcomes.
- Describe ways to employ psychiatric providers to raise capacity of the primary care team

F2 - Starting from Scratch: Developing PCBH Providers through Interdisciplinary Training

The fields of family medicine and behavioral health are stepping up to meet the growing demand for providers trained in the provision of team-based, integrated and interdisciplinary, healthcare. Each field has created competencies to guide their respective training programs and help ensure that trainees acquire the necessary skills to function in this collaborative environment. However, much of that training occurs separately, with the behavioral health and medical providers coming together only during the application of those skills to actual patient care. Because of this, each brings their own boxed recipe for patient care that they then must figure out how to mix together. Although some of this is necessary, given the unique value each field has to offer, at times it can lead to half-baked outcomes. When it come to the shared ingredients, what if we started from scratch when the providers are in their required training programs and integrated pieces of their training? Central Washington Family Medicine houses a family medicine residency, a predoctoral psychology internship, and a psychology postdoctoral fellowship. Since the inception of the psychology internship,

Date: Thursday, 10/8/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Interprofessional education
- Team-based care
- Workforce development

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify strategies implementing or enhancing integrated medical and behavioral health training

we set out to integrate as many facets of the training programs that have shared relevance as possible, starting from day one with a robust orientation and community medicine month. In this presentation the psychology internship training director, the chief medical resident, and former psychology intern/current postdoc will review details of the orientation, as well as the other integrated training experiences, and the impact of those experiences. Strategies for implementing or enhancing integrated medical and behavioral health training as well as added benefits, lessons learned, and ethical considerations will be identified.

Presenter(s):

- Arissa Walberg, PhD, Behavioral Health Consultant, Central Washington Family Medicine, Yakima, WA
- Amelia McClelland, MS, Behavioral Health Consultant, Central Washington Family Medicine, Yakima, WA
- Josh Johnson, DO, Resident Physician PGY-3, Community Health of Central Washington, Yakima, WA

- Describe benefits and lessons learned from integrating medical and behavioral health training
- Discuss ethical considerations and precautions for integrating medical and behavioral health training

F3 - Skills Versus Pills: A Novel Response to Vulnerable Patients with Low Mood

As many as 30% of primary care patients suffer from symptoms of depression, and many receive a diagnosis and an antidepressant medication as first-line treatment. People challenged by more social determinants of health are more vulnerable to development of depression symptoms, and they may experience harm from unnecessary use of antidepressant medications. In this presentation, participants will learn alternatives to using a depression symptom screening and prescribing broadly. The first alternative, informed by Focused Acceptance and Commitment Therapy (FACT), has a primary care provider or behavioral health consultant completing a brief functional assessment (love-work-play-health) and developing a behavioral health experiment to improve their quality of life in a first visit for depression. In a small randomized controlled trial, half of the patients that received this intervention were improved at a one-week follow-up. A second alternative is use of the Coping Strategy Use Scale (CSUS), a 6-item measure designed to rapidly identify the patient's needs for coaching on skills associated with mood improvement. A post hoc analysis of a randomized controlled trial found that patients seen by a behavioral health consultant recommending the skills demonstrated higher rates of use one month after diagnosis, as well as fewer symptoms of depression.

Presenter(s):

- Patti Robinson, PhD, Psychologist and President, Mountainview Consulting Group Portland, OR
- Bruce Arroll, MBChB, PhD, Professor of General Practice, University of Auckland, Auckland, Herne Bay, New Zealand

Date: Thursday, 10/8/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Complex Patient Care
- Evidence-based interventions
- PCBH Model

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Discuss steps for completing an evidence-based first visit for depression in primary care.
- Describe a brief functional assessment for depressed primary care patients that generates a behavioral experiment to improve quality of life.
- Describe a 6-item screening for assessing patient rates of using skills associated with improving mood and energy.

F4 - Difficult Conversations: Assessing and Addressing Firearm Safety and Means Restriction in Integrated Care Settings

Research has clearly demonstrated that, irrespective of other risk factors, the presence of a firearm in the home greatly increases the risk of suicide. There is also solid empirical support for deploying means restriction as one of the most effective approaches to prevention of suicide among those who are actively suicidal or in a mental health crisis. Furthermore, we know from research and clinical experience that physicians, nurses, psychologists, psychiatrists, and other providers are very often uncomfortable and ill-equipped to have effective firearm safety and means restriction discussions with at-risk patients. This presentation is aimed at briefly reviewing the research, and then proposing multiple methods for healthcare providers to effectively screen for, discuss, and competently and ethically handle any information related to individuals' with both suicidal ideation or intent and access to firearms. Interactive activities and role-play will assist providers in practicing the language and interventions to increase confidence and allow attendees to leave with an actionable skill. We will discuss the initial implementation response and data of these recommendations in a multi-center health care network.

Due to the pandemic, the clinic we intended to utilize for gathering pilot data went all virtual, causing significant delays in data gathering. We still have a great deal of information and expertise regarding and discussing this topic, and the I/o's won't change. We are hoping to start data collection as restrictions are lifted over the next few months or we may need some way to utilize an online format.

Presenter(s):

- Robynne Lute, PsyD, Licensed Psychologist, Director of Clinical Training, Kansas City University, Kansas City, MO
- Paul Thomlinson, PhD, Psychologist, Executive Director, Research, Compass Health Network, Springfield, MO

Date: Thursday, 10/8/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Population and public health
- Skills building/Technical training
- Suicide

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the importance and effectiveness of means restriction, particularly related to firearms, in preventing suicide.
- Identify barriers to psychologists and other integrated care team members engaging in effective firearms means restrictions.
- Demonstrate increased comfort and proficiency in discussing firearms means restriction with patients who are at high risk of suicide

F5 - When Clinicians Become Family Caregivers: Discovering the Joys and Acute Frustrations of Collaborating with the Treatment Team

Professional and family identities are often at odds when physical and behavioral health clinicians become family caregivers for their own ill or aging family members. Those clinicians have special knowledge about their loved ones' conditions and personalities but feel constrained in expressing their clinical opinions to the treating professionals who may regard them as a welcome resource or potential challenge to their authority. Or, conversely, clinician-caregivers may feel compelled to speak up to advocate for their loved ones and thereby risk multidisciplinary team members' resentment and avoidance. In this workshop, a family physician, nurse practitioner and clinical psychologist who have recently had experiences as family caregivers for parents with neurodegenerative diseases will share their own and others' personal experiences and stepwise advice for establishing trust and collaboration with primary care, specialty care and hospital teams.

Presenter(s):

- Barry Jacobs, PsyD, Principal, Health Management Associates, Swarthmore, PA

Date: Thursday, 10/8/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Family centered care/Family perspectives
- Professional Identity
- Self-care/Self-management

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the conflicted feelings of healthcare professionals who become family caregivers to their own ill or aging relatives
- Define the ideal role of clinicians-caregivers as part of the collaborative healthcare team

-
- Katherine Mahon, MD, Family Medicine Residency Faculty, Crozer-Keystone Family Medicine Residency Program, Springfield, PA
 - Kimberly McGuinness, CRNP, Nurse Practitioner, Inspira Medical Group, Mullica Hill, NJ
 - List 4 strategies for clinicians-caregivers to better partner with collaborative team members
-

F6 - Implementation of Primary Care Behavioral Health (PCBH) Model across 60 Comprehensive Primary Care Plus Practices in a Large Academic Health Network

The U.S. healthcare system has experienced a paradigm shift in the way it delivers care since the implementation of the Affordable Care Act. Its emphasis on improving the health of the population, enhancing the experience and outcomes of the patient, and reducing per capita cost of care for the benefit of communities (the Triple Aim for populations)¹ has created opportunities and challenges for numerous health care entities, especially for those that have not implemented an integrated behavioral health component. Providers have also faced challenges in fulfilling the Triple Aim, leading to calls for a Quadruple Aim that includes a focus on provider well-being.² The benefits of integrating a behavioral health consultant in the primary care setting are well established. Sixty (60) Jefferson Health primary care practices were accepted into the Center for Medicare and Medicaid's (CMS) 5-year Comprehensive Primary Care Plus (CPC+) demonstration program (2017-2021). CPC+ selects practices that have demonstrated a solid track record of practice transformation and have demonstrated advanced capacity and readiness for enhanced care delivery. Through CPC+, Jefferson has had the opportunity to rapidly scale up system-wide primary care integrated behavioral health (PCIBH) model.³ This included the hiring and embedding over 25 Behavioral Health Consultants across four regional areas throughout Pennsylvania and New Jersey. Initial outcome metrics have reflected a fundamental transformation in how primary care providers at Jefferson understand and deliver integrated, team-based care within the practices, improved patient outcomes for depression and anxiety as measured by the PHQ9-and GAD7; improved physician well-being and expanded options for long-term program financial sustainability. This approach has fundamentally transformed how team-based care is delivered at Jefferson and could offer valuable lessons to other organizations looking to implement a similar model.

Presenter(s):

- Rachelle Rene, PhD, BCB, HSMI, Director of Primary Care Integrated Behavioral Health, Jefferson Health/Thomas Jefferson University, Philadelphia, PA
 - Mollie Cherson, MPhil, LCSW, Lead Behavioral Health Consultant, Abington Jefferson Health, Abington, PA
 - Angelo Rannazzisi, PsyD, Lead Behavioral Health Consultant, Jefferson Family Medicine Associate, Philadelphia, PA
 - Lori Merkel, MSPH, RN, CPHQ, Population Health Business Analyst, Jefferson Medical Group, Abington, PA
 - Christine Marschilok, MD, Physician, Clinical Assistant Professor, Thomas Jefferson University, Philadelphia, PA
-

Date: Thursday, 10/8/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Innovations
- PCBH Model
- Team-based care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Define CPC+ and implementation of the PCBH model at a large academic health center
- Define key metrics used in evaluating Jefferson's PCBH program.
- Discuss the impact, successes, challenges and early outcomes of embedding BHCs within 60 primary care practices

-
- Amy Cunningham, PhD, MPH, Research Assistant Professor Thomas Jefferson University, Philadelphia, PA

F7 - New and Aspiring Behavioral Health Consultants: Ask Us Anything!

This session is intended for new and aspiring behavioral health providers working in a primary care medical setting (although we heartily welcome interested colleagues and collaborators across all disciplines). Our panel of behavioral health consultants (BHCs) will provide an overview of 1) the Primary Care Behavioral Health (PCBH; Reiter, Dobbmeyer, & Hunter, 2018) model and 2) BHC competencies as defined by Robinson and Reiter (2016), including 3) brief assessment and intervention approaches most useful to a BHC working in primary care. The above will provide some structure to the session, but our primary aim is to allow significant time for Q & A. Our panel includes BHCs with experience working in family practice, pediatrics, and geriatrics, in MAT programs, in both federally-qualified health centers as well as a large private non-profit healthcare organization, and with early experiences implementing a new integrated behavioral health program into a healthcare organization.

Presenter(s):

- Michael Bruner, PsyD, Integrated Behavioral Health Program Coordinator, HealthSource of Ohio, Loveland, OH
- Chava Urecki, PsyD, Staff Psychologist, Hershel "Woody" Williams VAMC, Charleston, WV
- Desiree Harding, PsyD, Clinical Psychologist/Behavioral Health Consultant, Bon Secours Mercy Health, Cincinnati, OH
- Britni Ross, PsyD, Lead IPC Psychologist, Valley Health Systems, Huntington, WV
- Shelby McGuire, PsyD, IPC Psychologist, Valley Health Systems, Huntington, WV

Date: Thursday, 10/8/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: Novice

Keywords:

- Early Career Professionals
- PCBH Model
- Skills building/Technical training
- Pediatrics Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe & discuss the Primary Care Behavioral Health Model as defined by recent expert consensus (Reiter, Dobbmeyer, & Hunter, 2018).
- Describe & discuss BHC competencies as defined by Robinson and Reiter (2015).
- Discuss brief assessment and intervention approaches useful to behavioral health consultants in a primary care setting.

F8 - Partnership for Academic Clinical Telepractice: Expanding Medications for Addiction Treatment in Integrated Practices Settings Throughout New Hampshire

Opioid Use Disorder (OUD) has impacted New Hampshire (NH); in 2016, the overdose death rate was 35.8 per 100,000, almost three times higher than the national rate. The presentation will describe how the Institute for Health Policy and Practice, NH Citizens Health Initiative and the University of New Hampshire's (UNH) Department of Nursing furthered the work of the NH Behavioral Health (BH) Integration Collaborative with the development of the Partnership for Academic Clinical Telepractice - Medications for Addiction Treatment (PACT-MAT). Eighteen community health care practices throughout NH and 64 students participated in the learning community; PACT-MAT demonstrated a 50% increase in patients' treatment for OUD and increased provider knowledge and confidence. The presentation will describe "how" to use the project ECHO® model, to link interdisciplinary teams and students developing a reflective and adaptive learning community guided by a continuous improvement approach to identify both

Date: Thursday, 10/8/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Interprofessional teams
- Opioid management Telepractice Learning Community
- Telehealth
- Research and Evaluation Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Discuss how to build an integrated behavioral health telepractice learning community that

clinical practice and policy issues. The presentation will include a community practice site provider who will discuss how they utilized the knowledge and confidence gained through participation to increase access to treatment at their community health center. Building on the integrated care approach, PACT-MAT was the first in the world to incorporate nursing students into an ECHO. The presentation will discuss best practices for onboarding students into this type of teaching modality as well as discussing augmentations to the ECHO format. An integral component of the program was the use of a person-centered approach to care in order to reduce stigma and bias. In addition to didactics specifically addressing stigma and bias, ECHO staff focused on redirecting and modeling language in each part of the ECHO process. Over the course of the sessions, the community developed a culture that understands addiction as a chronic disease and is prepared and capable to address a range of issues, including clinical management, compassion fatigue, stigmatization, and mental health conditions that emerge during the process of treatment. The presentation will share evaluation results and tools used for PACT-MAT to provide a framework for others to build a learning community that advances access to OUD treatment.

Presenter(s):

- Marcy Doyle, DNP, MHS, RN, CNL, Quality and Clinical Improvement Director, University of New Hampshire, Institute for Health Policy and Practice, Durham, NH
- Dayle Sharp, PhD, DNP, McPH, FNP-BC, APRN, Clinical Associate Professor, University of New Hampshire, Durham, NH
- Susan Nichols, PA-C CAQ Psychiatry, Provider, Lamprey Health Care, Exeter, NH
- Marguerite Corvini, MSW Partnership for Academic Clinical Telepractice, New Hampshire Citizens Health Initiative, Institute for Health Policy and Practice, University of New Hampshire, Durham, NH
- Kelsi West, BS, Project Director, Institute for Health Policy and Practice at the University of New Hampshire, Concord, NY

reduces stigma and bias while increasing access to medications for addiction treatment at community practice sites.

- Describe "how" to use the project ECHO® model, to link community-based sites, providers, peer support specialists, Nurse Practitioner students, and Project ECHO faculty experts to teach and spread best practices in opioid use disorder treatment
- Understand how to measure an increase in provider and student confidence and knowledge of medications for addiction treatment. 3. Increase the number of patients with opioid use disorder at community practice sites

F9 - Working together as a team to engage patients and families in their care: some practical, evidence-based guidance

Involving patients and families as partners in their care is an essential component of patient-centered care. However, the lack of evidence-based guidance on how to support patient and family engagement has been a barrier to its widespread adoption. In this presentation, we offer guidance on several best practices for engaging patients and families in their care, emphasizing an interprofessional approach to engagement. This guidance is based on the results of an exhaustive systematic review of 150 collaborative care programs for common mental disorders, as well as a review of recent Canadian and international clinical practice guidelines. The presentation will address the current state of involvement of patients and families in mental health care, describe practical team-based approaches to patient and family engagement, and include an interactive discussion of implementation issues.

Presenter(s):

- Matthew Menear, PhD, Researcher, VITAM Research Centre for Sustainable Health, Quebec, Canada

Date: Thursday, 10/8/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Keywords:

- Patient Engagement
- Integrated Care
- CoCM
- Patient and Family Engagement
- Team-Based Care
- Canadian Collaboration Session

CEUs not available for this session.

G1 - The Quality of Life Matrix: An Intervention for Opioid Dependent PC Patients with Chronic Pain

Primary care opioid prescribing for patients with chronic non-cancer pain has increased over the last 20 years, even with a lack of evidence for effectiveness and concerns about long-term safety. High dose opioid prescribing may be more likely in high deprivation areas and long term use of prescription opioids is associated with dependence, addiction, and opioid-related deaths. Primary care patients with chronic non-cancer pain have responded favorably to low intensity interventions promoting non-medication treatment (Kanzler, Robinson, McGeary, Mintz, Potter, et al., 2018; Kesten, Thomas, Scott, Bache, Hickman, et al., 2020). This presentation introduces participants to a low intensity intervention from Acceptance and Commitment Therapy, The Quality of Life Matrix. This approach encourages sustained support of non-medication treatment for patients with chronic pain and continuity among members of the inter-professional team.

Presenter(s):

- Patti Robinson, PhD, Psychologist and President, Mountainview Consulting Group Portland, OR

Date: Friday, 10/9/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Evidence-based interventions
- Interprofessional education
- Opioid management

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Discuss primary care patient interest in learning about non-medication treatment for chronic pain
- Promote patient focus on quality of life versus pain elimination
- Use The Quality of Life Matrix to talk with patients with chronic, non-cancer pain about who and what matters in their lives, identify internal and external behaviors that interfere with pursuit of a higher quality of life, and commit to small behavior changes to enhance day-to-day pursuit of greater meaning in life

G2 - Culture is Context: Navigating a More Culturally-Informed Contextual Interview with the Foreign-Born Latinx Population

The Primary Care Behavioral Health (PCBH) model is associated with increased access to and utilization of behavioral health services and improved health outcomes. The benefit of an integrated model with racial/ethnic minorities and underserved populations remains poorly documented. However, an integrated model can meet the needs of this patient population by increasing patient contact and facilitating greater identification of behavioral health needs. Among these underserved populations is the rapidly growing, foreign-born Latinx community that endures adverse social/cultural/political factors which disproportionately affect their health and access to care and increase the complexity of their care in primary care settings. Being aware of these factors is critical in meeting their complex needs. Fortunately, inherent in PCBH is an appreciation for the complexity of patients' clinical presentations and an understanding that symptoms and behaviors do not occur in a vacuum but are a response to contextual factors. Thus, the contextual interview is essential in addressing the behavioral health needs of Latinx patients. However, with such complex psychosocial histories, inexperienced BHCs or those lacking a guiding cultural framework run the risk of missing relevant cultural information, going down a rabbit hole and deviating from the brevity of the model. This workshop seeks to provide clinicians a cultural framework to guide them in executing a more time-sensitive, culturally informed contextual interview. We will introduce the CAMINO framework (Silva, Paris, & Añez, 2017) which emphasizes pre/post-migration experiences. We will guide participants through the integration of this framework into the contextual interview using case examples. A non-validated tool will be introduced to help BHCs apply this framework with

Date: Friday, 10/9/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Complex Patient Care
- Cultural Humility/Health Equity
- Ethics
- PCBH Model
- Underserved populations

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the importance of listening for culturally significant responses while conducting the contextual interview.
- List pre/post-migration experiences affecting Latinx communities.
- Develop and hone a culturally informed contextual interview and discuss how it can be integrated into behavioral health visits.

patients. Additionally, participants will have the opportunity to engage in a hands-on activity applying this framework to the contextual interview.

Presenter(s):

- Norma Balli-Borrero, LPC Intern, Behavioral Health Consultant, University Health System, San Antonio, TX
- Yajaira Johnson-Esparza, PhD, Assistant Professor, UT-Health, Dept of Community & Family Medicine, San Antonio, TX
- Gabriela Lopez, PsyD, Assistant Professor/Clinical, UT Health San Antonio San Antonio, TX
- Clarissa Aguilar, PhD, Director of Psychology and Training, The Center for Health Care Services, San Antonio, TX

G3 - A Novel Example of Using Mixed Methodology and Participatory Action Research to Examine Patient Experiences with PCBH at an FQHC

There is growing emphasis on utilizing novel methodological approaches to evaluate the primary care behavioral health model (PCBH; Hunter et al., 2018). In this project, we used mixed methodology guided by a participatory action research framework (PAR; Baum, MacDougall, & Smith, 2006) to examine patient experiences of PCBH at a Federally Qualified Health Center (FQHC) in an urban community. One hundred eighty-six adult patients (M age = 44.2, 72.6% female, 42.5% black) completed a survey, which included general satisfaction with health care (i.e., the Patient Satisfaction Questionnaire-18, PSQ-18; Marshall & Hays, 1994), satisfaction with integrated services at the clinic, and patient experience of integration. Twelve patients also participated in four separate focus groups which sought to obtain more specific feedback on strengths and weaknesses of the clinic's model of care. The survey data indicated fairly high levels of satisfaction with the PCBH model, as indicated by the PSQ-18 (M = 65.7, SD = 12.1). Race was the only significant predictor of satisfaction. The focus groups were analyzed via thematic analysis (Braun & Clarke, 2006) and 8 themes emerged related to strengths (convenience, affordability, health improvements, positive provider interactions, available resources, overall satisfaction) and challenges (issues with outside referrals, infrastructure challenges). While the quantitative and qualitative data were fairly consistent, the focus group content highlighted portions of PCBH that are particularly relevant to a lower income and higher needs population. The results can also be reviewed within the context of a PAR framework and the attempt to involve community partners throughout the implementation and evaluation process. This project highlights the use of unique methodology to evaluate PCBH with a diverse and underserved population.

Presenter(s):

- Rachel Petts, PhD, Assistant Professor, Wichita State University, Wichita, KS
- Rhonda Lewis, PhD, Professor and Chair of Psychology, Wichita State University, Wichita, KS
- Keyondra Brooks, MS, MA, Graduate Student, Wichita State University, Wichita, KS
- Sarah McGill, BA, Clinical Psychology Doctoral Student, Wichita State University, Wichita, KS

Co-Author(s):

- Mel Galvez & Erica Davis, HealthCore Clinic, Inc., Wichita, KS

Date: Friday, 10/9/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Patient-centered care/Patient perspectives
- PCBH Model
- Underserved populations

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the benefits of using mixed methodology and a participatory action research framework to evaluate PCBH models.
- Discuss themes related to patient experiences of PCBH at an FQHC.
- Discuss challenges of implementing community-based research and evaluation.

G4 - "We Can Talk for 5 Minutes Over Lunch, But It'll Probably Get Interrupted:" How To Engage Frontline Stakeholders in Research or Evaluation Efforts

In this presentation, which was supported by CFHA's REC Fellowship Program awarded to the first author, we will describe an ongoing research project wherein we aim to adapt Wittink's (2016) Collaborative Care intervention to VA integrated care teams. For this presentation we specifically focus on our methodology and recruitment strategies used to engage busy primary care teamlets (comprised of PCPs and nurses) in qualitative interviews. Engaging clinical providers in research and evaluation is key to using evidence-based methods to inform practice, including the development and treatment evidence-based treatments. However, care providers are among the most difficult individuals to recruit for research and to assist in data collection for evaluations, with primary care clinicians having some of the poorest recruitment outcomes. Though scant, there is empirical evidence describing some of the strategies known to improve engagement with clinical research and evaluation efforts. These include promoting buy-in and interest, developing front-office rapport, identifying champions, recruiting on-site rather than remotely, and using technology when possible. In this presentation, we will add our own experience with recruiting primary care teamlets (comprised of nurse and PCP), front-line admin staff, and administrative leadership in rural, remote clinics for brief qualitative interviews, and provide evidence-based tips and tricks to increasing provider engagement with research and evaluation projects. We will review the literature on the recruitment of busy healthcare professionals, and then describe our tips, tricks, and lessons learned in attempting to employ evidence-based strategies to optimize our study design and recruitment strategies. Participants will leave with a Provider Recruitment Flowsheet and a better understanding of the efforts we all need to take in order to engage key stakeholders in our research and evaluation efforts. We will first briefly describe the Collaborative Care intervention and our research aimed toward adapting it, in order to give the audience a framework to understand our recruitment efforts. Next, we will review the literature on recruiting healthcare professionals for research as well as to assist in evaluation projects, and will introduce the Provider Recruitment Flowsheet that will be developed for this presentation. We will then discuss the specific strategies that we used to enhance recruitment, including a staggered interview question format, use of instant messaging, oversampling, use of recruitment-enhancing informational materials, and in-person recruitment, and the success or failure rate of these strategies in our work. We will finish with a question-answer period and any audience feedback on their own recruitment strategies.

Presenter(s):

- Julie Gass, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Buffalo, NY
 - Jennifer Funderburk, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare Syracuse VA Medical Center, Syracuse, NY
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Date: Friday, 10/9/2020

Time: 11:00 AM - 11:30 AM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Interprofessional teams
- Research and evaluation
- Stakeholder engagement

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Learn to use the Provider Recruitment Flowsheet to develop strategies for improving provider engagement in research/evaluation
- Identify and respond to common barriers and pitfalls that providers face when asked to engage in research and evaluation
- Learn innovative, evidence-based strategies to improve provider engagement in research and evaluation

G5 - Social Determinants of Health as Critical Vital Signs: Investigation of Interprofessional Team-based Care for Addressing Patient Needs

Social determinants have a major impact on health outcomes, especially for the most vulnerable populations. Factors such as housing, food, transportation, and other social needs must be considered when providing treatment and care. In its work to improve the health of NH residents and create effective and cost-effective systems of care, the NH Citizens Health Initiative partnered with Connections for Health to provide a year-long practice facilitation opportunity for 8 practices in Seacoast NH. The goal was to expand upon the practice's knowledge and use of quality improvement science to initiate, improve, or maintain their integration efforts. Practices used the Maine Health Access Foundation's Site Self-Assessment (SSA) tool to evaluate their level of integration and a facilitated strategy meeting occurred at the practice to develop next steps and opportunities for improvement. Connections for Health used those results to request practice-level proposals to offer 12 months of practice facilitation to help move their goals for integration forward. This presentation will highlight the process of one primary care practice. An interdisciplinary care team comprised of a Primary Care Provider, Medical Assistant, and Integrated Social Work Care Coordinator at a primary care office in Seacoast New Hampshire have been working on addressing the social determinants of health of their patient population. The physician champion will share their confidence in addressing patient complexities and the impact these conversations have on the disease burden of their panel. In addition, this team has collected and utilized data to inform decision making and demonstrate the value of an MSW-level, non-billable clinician. It was apparent to the team that without the crucial role of an engaged and motivated Medical Assistant, implementing a change project would prove difficult. This presentation will highlight the importance of fostering a cohesive team-based approach that emphasizes the critical role each professional has on achieving whole-person care. The team has focused on the "how" to implement a SDOH screening process, build an organizational culture that normalizes SDOH as a standard part of care, and connect with organizations within the community to support patients. This presentation will demonstrate the importance of navigating across three scales to create change for their patients: 1). Micro - Screening patients for SDOH; Warm hand-off to Integrated Social Worker to address patient needs, 2). Meso - Building a culture of whole-person care in the organization; Coordination between Social Work and Nurse Care Coordination; Data collection to support QI efforts, and 3). Macro - Connecting with community based organizations via Community Care Team. The presentation aims to share how taking a measured approach to assessment, planning, implementing, and monitoring over time has been beneficial for a primary care practice at all levels.

Presenter(s):

- William Gunn, PhD, Director of Clinical Integration, Integrated Delivery Network, Kittery Point, ME
 - Katherine Cox, MSW, Project Director, Institute for Health Policy and Practice, University of New Hampshire, Concord, NH
 - Sandra Denoncour, BA, ASN, RN, Director of Care Coordination, Connections for Health
 - Robert Howe, DO, Family Physician, Core Primary Care-Stratham, Stratham, NH
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Date: Friday, 10/9/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Financial sustainability
- Multi-sector partnerships
- SDOH

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Discuss the importance of harnessing interprofessional team-based care and the community partnerships that advance integration and address the social determinant of health needs of patients.
- Consider engagement in quality improvement processes to address social determinants of health in a primary care setting.
- Understand how practice and patient data can be collected and utilized to inform next steps on implementing change projects.

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- *Elise Salvaneschi, CCMA, Certified Clinical Medical Assistant, Core Physicians, Stratham, NH*
 - *Pamela Nemec Olick, BSN, Director of Care Coordination, Core Physicians, Exeter, NH*

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G6 - Integration of Behavioral Health into Primary Care (IBHPC): Implementation of an Interdisciplinary Clinic Serving High Healthcare Utilizers

The IBHPC study was an implementation and dissemination project funded by the Patient Centered Outcomes Research Institute (PCORI), of which the goal was to enhance the integration of behavioral health into the primary care setting. The University of California San Diego Lewis Family Medicine Clinic embarked on an ambitious plan to study how to best approach the care of patients deemed "high-utilizers". Based on a needs assessment, a wrap-around clinic termed "Whole Person Health Clinic (WPH)" was developed for these patients, providing them much needed interdisciplinary care. The clinic team consists of a medical doctor, psychologist, social worker, and clinical pharmacist, of whom all see the patient during the same appointment to help address their multitude of needs. This presentation will review the financial, operational, and clinical barriers and factors affecting implementation and sustainability of a model that provides interdisciplinary care in the same appointment. Data was collected pre and post implementation of the WPH clinic to assess impact and sustainability. Operational data will focus on how patients are identified, scheduled, and how follow-up is ensured. Financial aspects will include an overview of provider specific current procedural terminology (CPT) codes and funding related to Medicaid mandated measures and social determinates of health (SDoH). Financial data for the WPH clinic will be compared to general clinic outcomes. Clinical data will include biometric and psychometric data (e.g., A1C, number hospital visits, GAD, PHQ, etc.), as well as measures of health related quality of life (PROMIS-10) and discussion on how the clinic reduces physician burnout.

Presenter(s):

- *Lisa Black, PsyD, Lead Therapist for Biofeedback and Neurofeedback, University of CA, San Diego (UCSD), Family Medicine Residency Program, San Diego, CA*
 - *Deepa Sannidhi, MD, Assistant Clinical Professor, UC San Diego, Department of Family Medicine and Public Health, San Diego, CA*
 - *Melanie Fiorella, MD, Physician, UC San Diego Health, San Diego, CA*
 - *Christina Mnataganian, PharmD, Clinical Associate Professor of Pharmacy, UC San Diego Skaggs School of Pharmacy and Pharmaceutical Sciences, San Diego, CA*
 - *Richard Novotny, MD, Assistant Clinical Professor, UC San Diego, San Diego, CA*
 - *Crystal Chuk, LCSW, Population Health Team Social Work Supervisor, UC San Diego Health, San Diego, CA*
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Date: Friday, 10/9/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Chronic Care Model of Integrated Care
- Complex Patient Care
- Team-based care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the clinical, operational, and financial challenges associated with the implementation and sustainability of an interdisciplinary clinic.
- Identify appropriate clinical outcome measures related to patient centered interdisciplinary care.
- Describe how to use a metric and registry driven process to identify a specific patient population (i.e., high utilizer) using electronic health record (EHR) system.

G7 - Corporal Punishment: How Do Pediatricians Talk About it With Families? A Qualitative Study

Child corporal punishment has been a widely debated topic in recent decades. Older research indicated that corporal punishment may or may not harm children, depending on the study. More recent research including meta-analyses, however, indicates a clear relationship between corporal punishment and negative outcomes for children. One negative outcome is increased risk of physical abuse. When caregivers have questions about child behavior and discipline, they tend to seek guidance from pediatricians. Over the years, the American Academy of Pediatrics (AAP) has recommended against corporal punishment. In December 2018, however, the AAP released an emphatic statement plainly recommending against corporal punishment because it harms children. This qualitative study explored how primary care pediatricians address corporal punishment, distinguish it from physical abuse, consider culture throughout the process, and whether they feel well-equipped to do so. Five participants, all primary care pediatricians in Oregon, completed semi-structured, in person interviews during mid-to-late 2018. After coding and interpretive phenomenological analysis of data, results revealed caregivers typically bring up concerns about behavior and discipline, including corporal punishment. Results also revealed participants' guidance to caregivers on corporal punishment varies from participant to participant and from case to case. Participants' guidance depended on personal and professional views, factors related to caregivers and children, type of discipline, and participants' interactions with families. Four out of the five participants did not report considering, following, or sharing with families the AAP's guidelines regarding corporal punishment. Participants reported that distinctions between corporal punishment and physical abuse tend to be obvious, and if a child's injuries, or other clinical information, raise suspicion of abuse, they notify authorities. Participants all reported their ability to consider aspects of multiculturalism in these cases but have little need to due to the homogenous patient population. Overall, participants reported feeling well equipped to address discipline and physical abuse, broadly, but received less training on corporal punishment, specifically. Furthermore, participants mentioned interprofessional collaboration with behavioral health consultants when addressing child behavior and discipline. Much like the topic of corporal punishment and associated research this study highlights the complex and evolving nature of primary care pediatricians' guidance to families. Also highlighted is the use of behavioral health consultants in pediatric primary care to address topics of child behavior and discipline. Results from this study point to a need for standardized corporal punishment screening in pediatric primary care and for pediatricians to receive training on guidance on the topic.

Presenter(s):

- Karlee McCoy, PsyD, Postdoctoral Fellow, Marshfield Clinic Health System, Marshfield, WI

Date: Friday, 10/9/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Interpersonal violence
- Pediatrics
- PCBH Model
- Pediatrics Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify the complex and evolving issues pertaining to corporal punishment and how they arise in pediatric primary care.
- Consider research evidence examining pediatricians' current practices regarding corporal punishment.
- Discuss the implications of pediatricians' screening and guidance regarding corporal punishment in primary care.

G8 - Pay it Forward: Using Your EHR Data to Make Data-Based Decisions and Demonstrate the Value of Integrated Behavioral Health

The electronic health record (EHR) is ubiquitous in integrated behavioral health (IBH). Unbeknownst to many, usable data on many dimensions of IBH are already captured in the EHR as a part of routine care. This represents a largely untapped resource for improving data-based decision making in IBH and demonstrating the value of IBH services. Reasons for this disconnect include lack of additional knowledge and skill required to determine how to leverage EHR data for research and quality improvement purposes in IBH. This presentation will illustrate actionable strategies for the practicing clinician to conceptualize electronic phenotypes for EHR data and collaborate with Health Information Technology analysts and researchers at your institution. We will present for 5 minutes on foundational information in a didactic lecture to orient the participant to key concepts in secondary data analysis and electronic phenotypes. We will use 15 minutes to reinforce key concepts using a case example of a retrospective cohort study of a crisis evaluation service in a pediatric IBH setting compared with consults obtained in an emergency department within the same health system. By combining IBH program evaluation data on identified crisis cases with existing EHR data, we learned about key outcomes, including: a) a higher proportion of youth were hospitalized from the IBH service; b) the IBH service demonstrated shorter latency to the next behavioral health appointment; and c) there was higher proportion of IBH patients who engaged with any follow-up treatment in the year after the evaluation. Next, participants will engage in 20 minutes of exercises using a project conceptualization worksheet to develop operational, clinical, and financial indicators available in the EHR, from data that easily captured manually by practitioners, or both. Ample time will remain for questions and illustration, and electronic handouts of these resource and a reading list will be provided.

Presenter(s):

- Sean O'Dell, PhD, Clinical Assistant Professor, Geisinger Health System, Danville, PA
- Monika Parikh, PhD, Pediatric Psychologist, Geisinger Health System, Danville, PA
- Laura Cook, PhD, Pediatric Psychologist, Geisinger, Lock Haven, PA

Co-Author(s):

- Matthew Gass, MA, Phenomic Data Analyst, Geisinger, Danville, PA
- Haiyan Sun, PhD, Biostatistician, Geisinger, Danville, PA
- Diane Francis, PhD, Director of Business Intelligence and Informatics Delivery, Geisinger, Danville, PA

Date: Friday, 10/9/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Quality improvement programs
- Research and evaluation
- Sustainability
- Pediatrics Session, Research and Evaluation Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify opportunities to use EHR data to answer empirical questions
- Apply foundational knowledge on electronic phenotypes to operational, clinical, and financial metrics
- Plan for empirical projects, including program evaluation, quality improvement, and research, using EHR data

G9 - Feasibility of Implementation: A Checklist for Implementation Research in Healthcare

Implementation research is a vital methodology for accelerating the systematic application of primary care research findings into practice. Such research requires careful planning, clear communication between community and research collaborators, and flexibility and sensitivity from both parties. Community and research collaborators may benefit from a checklist that encourages crucial conversations early in the research process.

Date: Friday, 10/9/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Keywords:

- Implementation Science
- Research and Evaluation
- Canadian Collaboration Session

We want to learn from you! Please bring stories of your experiences working as a researcher or a community partner on a research project. We will allow time for the audience to share what they learned in conducting practice-based research in the community.

Presenter(s):

- Rodger Kessler, PhD, ABPP, Director, Dissemination and Implementation, Arizona State University, College of Health Solutions, Phoenix, AZ
- Matt Martin, PhD, Clinical Assistant Professor of Behavioral Health, Arizona State University, Phoenix, AZ

Objectives: *At the end of this presentation, participants will be able to...*

- Examine key steps for decision-making and communication between researchers and community partners
- Apply implementation science principles to different stages of research planning and execution
- Discuss strategies for accelerating implementation science in the field of integrated care

CEUs not available for this session.

H01 - Prevalence and Correlates of Sexual Dysfunction and Preferences for Discussing Sexual Health Concerns among Veteran Primary Care Patients

Sexual health is a complex and often overlooked aspect of overall health. As the entry point to the healthcare system, primary care is an ideal setting for identifying sexual health concerns, and integrated behavioral health providers (BHPs) can assist the primary care team with assessment and treatment. The objective of this study was to assess the prevalence and correlates of sexual dysfunction and examine preferences for discussing sexual problems in primary care. We conducted a cross-sectional survey of a random sample of Veteran primary care patients from 3 VA medical centers across Central and Western New York. Of 1500 surveys mailed, 313 were returned (21% response rate) and 248 had complete data for this analysis. Participants (M age=49 years, SD=13, range: 25-85) were mostly White (87%), female (61%), and married (79%). They completed a brief measure of sexual functioning (Arizona Sexual Experiences Scale) and items on preferences for discussing sexual health concerns. Half of the sample, 32% of men and 62% of women, screened positive on the ASEX for sexual dysfunction, with low sex drive being the most common issue. The odds of sexual dysfunction increased with age. Participants were more likely to agree that, if they were having sexual problems, they would want the primary care team to ask about it (66%) rather than wait until they brought the topic up on their own (33%). Most participants were willing (59% agreed and 27% were neutral) to meet with a BHP to discuss sexual dysfunction if their primary care team recommended it. The preferred format for help with sexual health concerns was a face-to-face meeting with the PCP (33%), followed by a face-to-face meeting with the BHP (17%). Findings suggest sexual dysfunction is common among Veteran primary care patients, especially women and older adults, and patients are receptive to being asked about and discussing sexual health concerns with their primary care team, including BHPs.

Presenter(s):

- Luke Mitzel, PhD, Postdoctoral Fellow, VA Center for Integrated Healthcare, Syracuse, NY
- Robyn Shephardson, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse, NY

Co-Author(s):

- Jennifer Funderburk, PhD, Nicole Trabold, PhD, Cory Crane, PhD, Dev Crasta, PhD
-

Date: Friday, 10/9/2020

Time: 12:30 PM - 1:00 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Behavioral Medicine Topics
- Patient-centered care/Patient perspectives
- Sexual health

Objectives: *At the conclusion of this presentation, participants will be able to...*

- State the prevalence of sexual dysfunction in a sample of primary care patients
- Describe patient preferences for discussing sexual health concerns
- Explain why the integrated primary care setting is well-suited for addressing sexual health concerns

H02 - Interprofessional Day: A Collaborative Exercise Between Nursing and Counseling Graduate Students

This presentation will detail the development, execution, and evaluation of a collaborative exercise between nursing and counseling students in a small state university. The students used SBIRT and Motivational Interviewing to work collaboratively with simulated patients. Students and faculty were surprised at the different approaches used to achieve the same objectives. The exercise fostered a new understanding of collaboration between students in two different health professions.

Presenter(s):

- Gabriel Lomas, PhD, Professor Clinical Counseling, Western Connecticut State University, Danbury, CT
- Andy Hull, MS, RN, Nursing Simulation Coordinator, Western Connecticut State University, Danbury, CT

Date: Friday, 10/9/2020

Time: 12:30 PM - 1:00 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Interprofessional education
- Patient-centered care/Patient perspectives
- PCBH Model
- SBIRT Model of Integrated Care
- Substance abuse management
- Team-based care
- Training Models
- Training/Supervision
- Workforce development

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify how to implement collaborative training exercises with students in two different health professions.
- Identify how addiction screening and SBIRT can be used in a primary care setting.
- Identify how to use simulated patients to achieve collaborative learning goals.

H03 - Using A SBIRT Model to Meet the Biopsychosocial Needs of Prenatal Patients within a Family Medicine Residency Primary Care Clinic

Research has shown the effects of social determinant of health (SDoH) in pregnancy for both the patient and the child; however, the ability to adequately assess for the areas can be difficult. Often in residency, residents struggle to adequately address all the medical and psychosocial needs that can arise during pregnancy; however, family medicine residents are in a unique position to provide integrated prenatal care in a primary care setting. In this presentation, participants will learn how the Alaska Family Medicine Residency (AKFMR) successfully implemented strategies to help patients receive access to integrated prenatal care in a primary care setting through a biopsychosocial framework. An overview is provided of how AKFMR expanded their OB curriculum to provide prenatal care utilizing a biopsychosocial framework delivered by an interdisciplinary team. Based on the 2016 recommended AAFP guidelines for maternity care, AKFMR used an SBIRT model to implement a maternal psychosocial intake and needs assessment to improve provider awareness of SDoH variables impacting women during their pregnancy and gather baseline mood screening using the EPDS. Based on the information gathered, pregnant patients are offered brief interventions and referrals to appropriate interdisciplinary resources. In addition, an interdisciplinary chart review led by family medicine residents was implemented for all patients between 28-32 weeks gestation to assure prenatal care and increase team communication around patient care and needs. An evaluation of the overall OB curriculum expansion process will include data that has been gathered since August 2016 from maternal psychosocial intakes which includes: demographics, social support system,

Date: Friday, 10/9/2020

Time: 12:30 PM - 1:00 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Interprofessional teams
- SBIRT Model of Integrated Care
- SDoH
- Special populations
- Prenatal
- Women's Health

Objectives: *At the conclusion of this presentation, participants will be able to...*

- identify one model of integrated OB biopsychosocial care that aligns with a SBIRT framework.
- learn how an interdisciplinary chart review process can be developed to identify gaps in prenatal care, provide brief teaching points to residents, and encourage interprofessional communication among providers regarding patient care.
- receive a copy of the maternal psychosocial needs assessment used at the Alaska Family Medicine Primary Care Clinic

maternal health risk factors, psychiatric and substance use history, SDoH concerns, lifestyle practices, and an initial perinatal mood disorder screening using the EPDS. Additionally, explanation of how the interdisciplinary OB chart review is conducted and tracked will be reviewed.

Presenter(s):

- Virginia Parret, PhD, Behavioral Health Faculty, Licensed Psychologist, Alaska Family Medicine Residency, Anchorage, AK
- Erin Iwamoto, PsyD, Behavioral Scientist, Alaska Family Medicine Residency/Providence Family Medicine Center, Anchorage, AK
- Sarah Sanders, PhD, Postdoctoral Psychology Resident, Alaska Family Medicine Residency/Providence Family Medicine Center, Anchorage, AK

Co-Author(s):

- Sarah Dewane, PhD, ABPP, Director of Behavioral Health, Alaska Family Medicine Residency/Providence Family Medicine Center, Anchorage, AK

H04 - The Family Health Scale: Developing an Instrument to Assess Family-Level Processes, Lifestyle, Resources and Social Capital in Primary Care Settings

Families are the most powerful and proximal determinant of health prevention, promotion, and disruption across the life course (Haskins et al., 2014). Indeed, the economic value that families provide in caring for their individual members far exceeds that of the medical care system (Leiter et al., 2004). Primary care has been identified as an ideal setting to deliver preventative, family-based interventions (Leslie, et al. 2016). Experts define family health as "a resource at the level of the family unit that develops from the intersection of the health of each family member, their interactions and capacities, as well as the family's physical, social, emotional, economic, and medical resources"(Weiss-Laxer et al., 2020). However, a standard instrument to assess family health in clinical settings does not exist. To fill this gap, our interdisciplinary team composed of public health researchers, family scientists, mental health providers and a primary care physician developed and validated a Family Health Scale (FHS), based on responses from N=2050 U.S. adults, representing a range of family structures (Crandall et al., under review). In this presentation, we describe the potential clinical application of a 10-item version of the FHS and its four subscales, which include: 1) Family social and emotional processes, 2) Family healthy lifestyle, 3) Family health resources and 4) Family external social capital. An example item includes: "In my family, we help each other in seeking health care services when needed (such as making doctor's appointments)." A screening instrument assessing family health could be highly valuable in clinical settings where many health outcomes are driven by social determinants. In addition, integrated care providers may benefit from such a scale when developing treatment plans and delivering their holistic care (Berg et al., 2017). Recommendations for applications of the FHS in clinical settings, including opportunities and challenges, will be discussed. Examples will be drawn from the fields of primary care pediatrics, family medicine, and obstetrics.

Presenter(s):

- Nomi Weiss-Laxer, PhD, MPH, MA, NRSA Postdoctoral Fellow, University at Buffalo, SUNY, Buffalo, NY

Date: Friday, 10/9/2020

Time: 12:30 PM - 1:00 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Family centered care/Family perspectives
- Population and public health
- SDoH

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the importance of assessing "family health" in primary care settings.
- Identify the core components of Family Health.
- Discuss opportunities and challenges for future clinical applications of the Family Health Scale .

-
- *Jerica Berge, PhD, MPH, Professor and Vice Chair for Research, University of Minnesota, Minneapolis, MN*

Co-Author(s):

- *Ali Crandall, 1 PhD (Assistant Professor),*
- *Michael D. Barnes, 1 PhD (Professor and Associate Dean),*
- *Carl L. Hanson, 1 PhD (Professor and Chair),*
- *Brianna M. Magnusson, 1 PhD (Associate Professor),*
- *Len Novill*

H05 - Optimizing Clinician Coaching in Primary Care Residents: Moving from Learning to Behavioral Transfer of Skills

BACKGROUND: Effective patient-provider communication is critical to optimizing patient health and well-being [1]. Clinician coaching directly targets these skills [e.g., 2,3]. The current project builds on an established coaching approach used with MD/NP residents in an integrated VA primary care setting. Coaching is delivered by clinical health psychology (CHP) staff and targets: Motivational Interviewing (MI), Shared Decision Making (SDM), and Trauma-Informed Care (TIC). Based on the New World Kirkpatrick training evaluation model [4], the project used previous learner/coaching data [5] and current literature to revise this approach to promote behavioral transfer of skills. **METHOD:** Population included 24 residents (NP=6, MD=18) who received clinician coaching and feedback from CHP staff during the 2018-2019 academic year. Residents completed a pre-planning session, observation, and coaching in MI, SDM, and TIC. Skills were evaluated on empirically supported checklists. Forms were reviewed by another CHP staff for trends and inconsistencies in ratings and use. Resident satisfaction data were examined. **RESULTS:** Items observed 100% of the time were removed from the checklists. Low frequency items were starred and coaches are now encouraged to highlight them with residents pre-observation. Residents are now asked to identify an observation appointment where MI is likely to be paramount (e.g., smoking cessation) and one where SDM is likely to be emphasized (e.g., medication changes); TIC continues to be evaluated at all appointments. A self-reflection component was added, prompting learners to rate the extent to which they were guided by MI, SDM, or TIC-based principles during the appointment. The new approach has now been implemented. Formal evaluations will be completed at the end of the academic year. **CONCLUSIONS:** The updated form/coaching approach, promotion of MI and SDM-specific case selections by residents, and addition of a self-reflection component all serve to support the behavioral transfer of patient-centered communication skills. The presentation will highlight data, present changes, and elicit feedback from conference participants.

Presenter(s):

- *Amanda Gehrke, PhD, Clinical Health Psychology Resident, Center of Education (COE) in Interprofessional Primary Care, VA Connecticut Healthcare System, West Haven, CT*
- *Noel Quinn, PhD, Clinical Psychologist, VA Connecticut Healthcare System, West Haven, CT*

Date: Friday, 10/9/2020

Time: 12:30 PM - 1:00 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Interprofessional education
- Patient-centered care/Patient perspectives
- Training/Supervision

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe an evidenced-based approach to MD/NP resident communication skills coaching used in an integrated VA primary care clinic.
- Identify factors involved in moving this type of educational tool from targeting learning (Level 2) to directly promoting behavioral transfer of skills (Level 3).
- Discuss implications for utilizing this type of learning tool to promote medical education and patient-centered care.

H06 - IPC at the Vanguard of Value: A Continuous Quality Improvement Approach to Primary Care Behavioral Health Services in Medical Education

The Primary Care Behavioral Health (PCBH) model continues to garner support and acclaim, and has demonstrated vast potential for not only mental health but also physical health related outcomes. Contemporary focus on PCBH has begun to shift toward the identification of operational efficiencies and the testing of best practice applications in a variety of settings. The purpose of this presentation is to explicate such elements from a unique PCBH model positioned in the context of a medical education setting, linked to HEIDS quality health outcomes, and which is using a continuous quality improvement (CQI) format to provide further innovation. This presentation will specifically explore core components of the project including the inception of an integrated primary care taskforce using Kotter's 8-Step Change Model, strategies for service evaluation that have linked behavioral interventions to physical health metrics, and examination of new directions in the context of value and time driven activity based costing methods (TDABC). To begin, the presentation will set the context for how PCBH was developed in the novel environment of an internal medicine residency clinic via use of an IPC taskforce. This taskforce utilized models from the business world to expand the work of existing health system's IPC efforts. Briefly, we will delineate the Kotter's 8-Step Change Model and discuss how this successfully impacted the framework of our PCBH services. Second, the focus of the presentation will turn to the specific CQI principles employed and the aim of linking health outcomes and IPC interventions. The project included a standard screening process, and provided a number of opportunities to compare pre and post intervention data. Metrics of interest in the presentation will explore readiness to change scores, the iterative effects of PCBH related to successive visits, and comparisons of top physical health outcomes as connected to HEIDS quality metrics and IPC. Concluding, this presentation will highlight developing initiatives for the CQI project including the value stream components of IPC in the education setting. Highlights of this section will explore efforts to utilized contemporary costing strategies such as TDABC, examining value associated with prospective revenue capture, and map both upstream and downstream costs savings.

Presenter(s):

- Andrew Champine, PsyD, Director of Behavioral Medicine Education, McLaren Health Care, Flint, MI
- Jennifer Carty McIntosh, PhD, Associate Director of Behavioral Medicine Education, McLaren Health Care, Flint, MI
- Jennifer Battles, MS, Doctoral Intern, Eastern Michigan University, Ypsilanti, MI

Co-Author(s):

- Ranjani Krishnan, PhD, Endowed Chair in Accounting, Michigan State University, Eli Broad College of Business
- Martin Holzhacker, PhD, Assistant Professor, Michigan State University, Eli Broad College of Business

Date: Friday, 10/9/2020

Time: 12:30 PM - 1:00 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Financial sustainability
- Outcomes
- PCBH Model

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify opportunities to utilize formal change processes (e.g. CQI/Kotter's 8-Step Model) to shape the culture and attitudes toward IPC/PCBH.
- Describe how to systematically link PCBH services to physical health and quality outcomes in a community based medical education ambulatory health setting.
- Discuss value based opportunities such as using time driven activity based costing (TDABC) to increase the viability of IPC/PCBH models.

H07 - Origin Storytelling: Fostering Understanding, Collegiality, and a Culture of Well-Being

Burnout, usually defined as a personal stress reaction of individuals resulting from their perceptions of the workplace, is associated with impaired clinical care, increased attrition and turnover of professional staff, and increased costs for health care systems. For physicians, professional burnout can contribute to broken relationships, alcoholism, and suicide. A high level of burnout is one reason that accounts for high physician turnover and decreased productivity. This presentation will depict an origin story-telling initiative targeted at promoting understanding, collegiality, and a culture of well-being for physicians.

Presenter(s):

- Ruth Nutting, PhD, Director of Behavioral Health, Ascension Via Christi, Wichita, KS
- Kari Nilsen, PhD, Assistant Professor, University of Kansas School of Medicine-Wichita, KS

Date: Friday, 10/9/2020

Time: 12:30 PM - 1:00 PM

Session Type: false

Content Level: All Audience

Keywords:

- Burnout
- Interprofessional teams
- Professional Identity
- Physician Well-Being

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the outcomes of physician burnout on the U.S. health system.
- Identify the value of fostering understanding and collegiality among physicians.
- Describe how to develop initiatives that receive buy-in and promote a culture of physician well-being.

H08 - Successes and Lessons Learned Integrating Psychiatry and Primary Care: A Collaborative Care Pilot

In 2018, Boulder Community Health (BCH) started a Collaborative Care Management pilot in primary care to better serve patients facing barriers of timely access to behavioral health and psychiatry. Collaborative Care is a population health model addressing barriers of psychiatry shortage by bringing psychiatric consultation into enhanced primary care paired with robust care management. This delivery model leverages existing provider-patient relationships, and people receive services within their familiar and convenient primary care medical home setting at a lower cost than specialty psychiatry. It amplifies scarce resources by allowing providers to consult on a panel of 40 or more patients weekly rather than dedicating 1 hour/patient.

In the first 12 months of implementation, BCH found increases in primary care provider satisfaction and capacity as well as encouraging treatment outcomes for patients. Pre/post staff surveys showed pilot clinics had statistically significant increases in provider and staff ratings of comfort treating behavioral health conditions and increased satisfaction with resources, outreach, and follow up when Collaborative Care was offered.

At the same time, implementation presented many challenges. Provider turnover and a system-wide priority of transitioning electronic medical record systems limited resources and capacity.

During this interactive presentation, social workers will have an opportunity to review patient case studies and dialogue around lessons learned from implementing innovative behavioral health programs within a complex and fragmented health care system.

Presenter(s):

- Julie Jungman, LCSW, Program Manager, Primary Care Behavioral Health, Boulder Community Health, Boulder, CO

Date: Friday, 10/9/2020

Time: 12:30 PM - 1:00 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- CoCM
- Evidence-based interventions

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Understand the evidence-base rationale for Collaborative Care vs. care as usual
- Identify care team members and their roles, especially the key social worker role and relevant competencies
- Understand implementation challenges and tips for success

-
- *Diana Lin, LCSW, Primary Care Behavioral Care Manager, Boulder Community Health, Boulder, CO*

H09 - Implementing Integrated School Based Health in a Non-Profit Rural Setting

In October, 2019, Community Health of Central Washington (CHCW) embarked on a health care journey to improve access to medical and behavioral health care to the students at Davis high school in Yakima, Washington. Yakima is a rural, medically underserved, low income county with 85% of the 2,400 students at Davis high on Apple Health Care. The clinic was opened knowing that funding would continually be a struggle, but that it was the right thing to do, we needed to address the disparity of medical and behavioral health care to the adolescent community. The Davis Health Clinic is a fully functioning medical clinic located inside Davis high school that offers integrated behavior health care to work with patients with multiple adverse childhood experiences (ACE's) and social determinants of health (SDoH). While our model of care is proving successful within the school setting, we continue to search for ways to expand with limited to no external funding. In this presentation, we will discuss our successes and struggles in opening an integrated health clinic in a rural, central Washington town.

Explaining challenges related to telehealth with adolescents and navigating the challenges of COVID-19 and the school district

Presenter(s):

- *Amelia McClelland, MEd, Behavioral Health Fellow, Davis Health Clinic, Yakima, WA*
- *Staci George, BA, School Based Health Clinic Program, Community Health of Central Washington, Yakima, WA*
- *Ginny Shelton, MD, Pediatrician, Community Health of Central Washington, Yakima, WA*

Date: Friday, 10/9/2020

Time: 12:30 PM - 1:00 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Patient-centered care/Patient perspectives
- School-based
- SDoH
- Rural
- Pediatrics Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Understand the utility of PCBH in a school-based health center
- How to assess SDoH in a high school setting with the support of a school-based health clinic
- Understand budget challenges that may arise in developing a school-based health clinic in an area without a tax levy

H10 - Building Capacity for Self-management and Peer Support among Rural Women with Postpartum Mental Health Needs through an Early Intervention Program

This presentation will use a PDSA framework to illustrate the implementation of an early intervention and secondary prevention initiative for women with postpartum depression and anxiety in rural Nova Scotia. This community based initiative directly fills a gap identified by mothers with postpartum mental health needs, family physicians and public health nurses, and complements office-based primary care and outreach distance interventions. By listening to the women, accessing early treatment protocols and resources from the IWK Reproductive Mental Health Care program, and establishing a stable workforce and specialist collaboration, we have created primary care treatment and secondary prevention that is sustainable and will serve rural women with postpartum mental health

Date: Friday, 10/9/2020

Time: 12:30 PM - 1:00 PM

Session Type: Live streaming

Content Level: All audience

Keywords:

- Family centered care/Family perspectives
- Prevention
- Self-care/Self-management
- Canadian Collaboration Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

needs either sufficiently or until they can access specialized mental health services. This project has provided key learning about the potential spread of postpartum mental health care for rural women across Nova Scotia provided by primary care networks of teams and partners. Now in its fourth year of implementation as part of Primary Health Care services in the Annapolis Valley, the focus is on continued evaluation and patient advice for improvement. The evaluation component is strengthened in 2020 through our partnership with the family medicine residency program as one resident's community project. The presentation will highlight continued improvement such as our current virtual care option, enhanced emphasis on self-management and the spread of peer support within communities by the women who have attended the program.

Presenter(s):

- Dr. Carol Dennison, MD, 2nd year Family Medicine Resident
- Mardi Burton, M.Ed., BSc.OccupTherapy, Health Services Manager, Primary Care Health, Nova Scotia Health, Berwick, Nova Scotia, Canada
- Leanne Graham, BAA - Nutrition, Primary Care Coordinator, Nova Scotia Health, Berwick, Nova Scotia, Canada

- Participants will learn one virtual care and in-person program to provide primary care early intervention and secondary prevention for rural women with postpartum mental health needs
- Participants will identify actions required to sustain and spread postpartum mental health care provided by primary care networks of teams and partners including family medicine residents.
- Participants will consider patient leadership in building community capacity for self-management and peer support

I1 - Implementation of a Single Session/Brief Intervention Clinic in a Family Medicine Residency Primary Care Clinic: A Program Evaluation

Alaska Family Medicine Residency's (AKFMR) continuity care clinic, Providence Family Medicine Center (PFMC), is a patient centered medical home located in Anchorage, AK. Identified as one of two safety-net clinics in Anchorage, PFMC primarily serves underserved populations with significant social determinants of health needs and the substantial majority of PFMC's patients are enrolled in Medicaid, Medicare, or are uninsured. Due to insurer and billing challenges in Alaska, patients often experience barriers in their ability to access mental health and/or behavioral health (MH/BH) services. Multiple surveys of PFMC's providers and clinic staff identified a gap in terms of their patients' ability to expediently access MH/BH services, despite the integration of BH providers at PFMC. Prior to this study, PFMC offered MH/BH services through BH consultation -- where patients are able to meet with a BH provider during their medical visit -- and psychotherapy for 8-12 sessions. However, regardless of these services, PFMC was experiencing similar wait-times, with patients waiting 9-12 months to establish services. Given that research has shown a mode of 1 for MH/BH sessions attended by patients, the authors looked into the single-session models as an evidence-based practice to address this gap, and implemented a single-session/brief intervention (SBI) pilot in addition to the current BH services offered. Based on the success of the pilot, the SBI clinic was implemented in full. This presentation will focus on the implementation process as well as a program evaluation of this clinic. The current sample size is $n = 97$ and will continue to increase over time. The mean and mode sessions attended was 2, and a 77.14% reduction in the number of patients on the waitlist was demonstrated. Preliminary data analysis is being conducted and paired sample t tests will be utilized to analyze scores on screening measures, such as the PHQ-9 and GAD-7, as well as descriptive statistics analysis for the Session Rating Scale and Outcome Rating Scale.

Presenter(s):

- Erin Iwamoto, PsyD, Behavioral Scientist, Alaska Family Medicine Residency/Providence Family Medicine Center, Anchorage, AK

Date: Friday, 10/9/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Behavioral Medicine Topics
- Evidence-based interventions
- PCBH Model

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Explain how the single session/brief intervention model differs from behavioral health consultation and traditional psychotherapy
- Learn how to implement a single session/brief intervention clinic in a primary care setting from pilot to full implementation
- Learn how to conduct a program evaluation of a single session/brief intervention clinic to determine the sustainability and feasibility of continuing this service

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- Virginia Parret, PhD, Behavioral Health Faculty, Licensed Psychologist, Alaska Family Medicine Residency, Anchorage, AK
 - Sarah Sanders, PhD, Postdoctoral Psychology Resident, Alaska Family Medicine Residency/Providence Family Medicine Center, Anchorage, AK

Co-Author(s):

- Sarah Dewane, PhD, ABPP, Director of Behavioral Health, Alaska Family Medicine Residency/Providence Family Medicine Center, Anchorage, AK

I2 - New Psychotherapeutic Techniques in Chronic Pain and Functional Syndromes

Physical symptoms, including chronic pain, that are not linked to organ disease or structural abnormality are the reason for 30-40% of visits to primary care. These medically unexplained symptoms and chronic functional syndromes, collectively known as Psychophysiologic Disorders, have led to development of several new (and related) psychotherapeutic techniques in recent years. These include Pain Reprocessing Therapy, Emotional Awareness & Expression Therapy and Intensive Short-Term Dynamic Psychotherapy. The goal for these is relief of physical symptoms rather than merely helping the patient manage or cope with their condition. A developing evidence base documents the success of these overlapping approaches. These concepts will be introduced with emphasis on PRT and EAET, the evidence base will be presented and the benefits to the quadruple aim of teaching these concepts to behavioral and medical staff will be reviewed. This presentation is a concise, practical version of courses taught in two doctoral programs and many primary care practices since 2013.

Presenter(s):

- David Clarke, MD, President, Psychophysiologic Disorders Association, Portland, OR

Date: Friday, 10/9/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Evidence-based interventions
- Medically unexplained symptoms
- Chronic Pain

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Diagnose the causes of Psychophysiologic Disorders (PPD) particularly non-organic chronic pain but also MUS and chronic functional syndromes.
- Understand the evidence base supporting new therapeutic approaches to these conditions.
- Apply new psychotherapeutic techniques for relief of (not merely coping with) PPD. These include Pain Reprocessing Therapy and Emotional Awareness and Expression Therapy.

I3 - Come for the Pizza...Stay for the Medical, Mental Health, and Social Support Services

Mazzoni's "Drop-in clinic" for patients ages 14-24 began as a resource for patients with complex care needs; LGBTQ HIV positive youth who had a difficult time maintaining scheduled appointments and were prone to falling through the cracks and often lost to care. From humble roots we have grown into an interdisciplinary team consisting of medical providers, social workers, psychiatry fellows, lawyers, insurance coordinators and educators. Patients may access medical care, housing supports, legal resources, behavioral health, education re: sexual health and relationships, insurance navigation, food, travel passes and gender affirming services and surgery navigation. Come join us for a panel discussion where we will explore our successes and failures and demonstrate through case examples and data gathered from the past year how this flexible and extensive model creates access to services for underserved LGBTQ youth who might not otherwise engage with medical care and social support services. How does changing the model and working creatively and collaboratively shift who accesses

Date: Friday, 10/9/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Adolescents
- Complex Patient Care
- Underserved populations

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Understand the complex care needs of LGBTQ youth.
- Discuss medical and social support services centered on LGBTQ Youth self determination.

medical care and social support services?

- Evaluate programs and develop models to better serve LGBTQ Youth.

Presenter(s):

- Amelia Smith, MSW, LSW, Behavioral Health Consultant, Mazzoni Center Family and Community Medicine, Philadelphia, PA
 - Hilary Rosenstein, MD, Assistant Medical Director, Mazzoni Center, Philadelphia, PA
 - Anna Kiesnowski, MSW, LSW, Gender Affirming Services Manager, Mazzoni Center, Philadelphia PA
 - Alexander Krausman, PA-C, Physician Assistant, Mazzoni Center, Philadelphia, PA
 - Jerome Hollomon, MSW, LSW, Care Coordinator, Mazzoni Center, Philadelphia, PA
 - Andrew Gudzelak, Data and Evaluation Manager, Mazzoni Center, Philadelphia, PA
-

15 - Equipping the Next Generation of Behavioral Health Trainees: A Clinical Supervision Primer

As Behavioral Health (BH) Integration in primary care settings steadily becomes the standard of care it has never been more important to build up the BH workforce with skilled new professionals ready and able to work such settings. Despite an increasing number of trainees who are interested in receiving training primary care settings, there is a dearth of competent clinical supervisors to execute this task. Therefore, it is imperative to support clinical supervisors in order to mitigate this imbalance. The purpose of this presentation is to provide a clinical supervision primer for those who currently serve as clinical supervisors or who plan to provide clinical supervision to BH trainees in the primary care setting. This presentation will review evidence-based clinical supervision approaches, the differences between clinical supervision in mental health settings versus primary care settings, the infusion of evidenced-based teaching practices from medical education into clinical supervision for behavioral health trainees, and the importance of understanding macro versus microsystem issues that occur within clinical supervision in primary care settings. Qualitative examples from a current HRSA Behavioral Health Workforce Education Training Grant will be discussed as well as recommendations for supporting community-based clinical supervisors as well as faculty members who serve as clinical supervisors from training programs.

Presenter(s):

- Stacy Ogbeide, PsyD, ABPP, CSOWM Associate Professor/Clinical UT Health San Antonio San Antonio, TX
 - David Bauman, PsyD, Behavioral Health Education Director, Community Health of Central Washington, Yakima, WA
 - Bridget Beachy, PsyD, Director of Behavioral Health, Community Health of Central Washington, Selah, WA
 - Gabriela Lopez, PsyD, Assistant Professor/Clinical, UT Health San Antonio San Antonio, TX
-

16 - When Stuck Add People: Stepped Family Consultation in Primary Care Behavioral Health

As applications and accomplishments of the Primary Care Behavioral Health (PCBH) model proliferate (Reiter, Dobmeyer & Hunter, 2018), possible contributions of a family systems perspective in this arena seem conspicuously absent. Understandably, population health priorities such as accessibility, high productivity, and brief, team-based episodic care may leave little time for systemic formulations of problem maintenance or interventions that target social units and processes beyond the patient.

Date: Friday, 10/9/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Early Career Professionals
- PCBH Model
- Professional Identity
- Skills building/Technical training
- Training/Supervision
- Workforce development
- Leadership

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Understand the differences between clinical supervision in mental health settings versus primary care settings
- Identify at least one, evidence-based teaching strategy that can be used within clinical supervision
- Implement at least one recommendation to provide support to clinical supervisors working in primary care within training programs or in the community

Date: Friday, 10/9/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Complex Patient Care
-

Here we describe an adaptation of strategic-systemic family consultation (FAMCON), originally developed as a specialty approach for change-resistant health and behavior problems (Rohrbaugh & Shoham, 2011, 2017), to primary care. Stepped FAMCON complements the pragmatic, time-efficient PCBH model by reserving family involvement for complaints that do not respond to first-line individual-focused medical or behavioral interventions. This generalist approach addresses behavioral aspects of chronic medical conditions (e.g., non-adherence to diabetes regimen, unexplained physical symptoms) as well as persisting behavioral complaints (e.g., depression, anxiety, SUD). It also (a) formulates problem maintenance, including helper involvement, in a systemic framework not dependent on psychiatric diagnosis; (b) optimizes indirect (non-prescriptive) behavioral intervention framed as assessment; (c) leverages PCP influence to promote patient/family engagement and adherence to behavioral interventions; and (e) enhances response to post-consultation follow-on procedures, including evidence-based individual interventions. FAMCON embodies the systemic themes of circularity (locating problems in current cycles of interaction), context (looking beyond the patient), and pattern interruption (breaking problem-maintaining cycles), with key constructs including ironic processes (when 'solutions' maintain problems), symptom-system fit (when problems stabilize relationships), and communal coping (when 'we-ness' facilitates change). Procedures include a warm handoff meeting with PCP and systemic BHC followed by 30-60 minutes with BHC; an assessment phase consisting of 1-4 BHC meetings with patient and family members; an opinion/feedback session incorporating observations and recommendations, both medical and behavioral; and a PRN follow-up phase adjusting strategies and tactics to patient/family response. During the assessment phase, with indirect intervention framed as assessment, the BHC remains overtly neutral about behavior change, offering no direct suggestions or advice prior to the opinion/feedback session with the PCP. In addition to highlighting exportable clinical tools (e.g., social network interview; family engagement scripts; communal coping intervention; assessment and opinion planning templates), we discuss promises and pitfalls of stepped FAMCON in light of recent pilot work by first author MR in the rural Virginia primary care practice of third author CM.

Presenter(s):

- Michael Rohrbaugh, PhD, Clinical Professor of Psychiatry, George Washington University, Washington, DC
- Florencia Lebensohn-Chialvo, PhD, Assistant Professor, Marital and Family Therapy Program, San Diego State University, San Diego, CA

Co-Author(s):

- Claudia Methvin, MD, Family physician in private practice, Woodstock VA

-
- Family centered care/Family perspectives

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify gaps in knowledge regarding family-focused assessment and intervention methods in primary care.
- Describe systemic patterns of problem maintenance, including ironic processes and symptom-system fit, and the role of communal coping in clinical change.
- Describe stepped FAMCON assessment and intervention approaches for primary care complaints that do not respond to first-line medical and behavioral interventions focused on the individual patient.

I7 - Screening, Referral and Linkage for Social Determinants of Health: Health Care and Early Childhood Systems Integration in Practice

Background. Child health practitioners and managers frequently support recommendations to screen for and provide social determinants of health (SDOH) resources to families. They also report reluctance to implement screening guidelines because they perceive community services to be limited or unavailable. Thus, forging effective partnerships across health care and community service systems is a promising, but still little understood, tool for addressing SDOH. Methods. This paper reports

Date: Friday, 10/9/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Innovations
- Multi-sector partnerships
- SDoH

findings from one component of a mixed methods, longitudinal study of nine pediatric health care clinics in five U.S. communities implementing innovations to address SDOH among families of infants. The study reports the results of interviews at two time points with early childhood organizations and health care providers overseeing the innovations. In interviews (n = 60 at t1, n = 18 at t2), participants reported on their partnerships between community service systems and health care; experiences implementing screening, referral, and linkages in pediatric primary care; and key aspects to sustainability. We analyzed qualitative interviews thematically and developed cross-site summaries of emergent findings. Results. Early childhood and health care participants reported that embedding screening in pediatric health care, that includes team-based care, yielded important cross-sector knowledge that did not exist prior to implementing the innovations. Participants also said that the lack of clear financial mandates for the work influenced sustainability, as did a lack of role clarity about which system supported families to support access to community services. Implications. Screening, referral, and linkage for SDOH has promise to increase access to resources for individual families and as well as inform local and state advocacy efforts. However, current funding models, infrastructure, evidence, and will among leadership pose important constraints on scaling innovations to address SDOH.

Presenter(s):

- Julie McCrae, PhD, Senior Researcher, Chapin Hall at the University of Chicago, Chicago, IL
- Angeline Spain, PhD, Researcher, Chapin Hall at the University of Chicago, Chicago, IL

Co-Author(s):

- Amanda Brown, Research Assistant, and Angela Sander, Associate Researcher, Chapin Hall at the University of Chicago

-
- Pediatrics Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe pediatric primary care perspectives to partnering with community-based services to address social determinants of health (SDOH).
- List challenges to sustainability of innovations in health care and early childhood systems partnership to address SDOH.
- Describe the value of team-based care in innovations to address SDOH.

I8 - Benefitting from the Single Case Research Design: How Anyone Can Use It

This is a 60-minute oral presentation for the research and evaluation track. It reviews the distinct value of the single case research design before delving into various methods of using this research strategy across various real and hypothetical data sets. Because there is such rapid change in our healthcare system, healthcare and community stakeholders need feasible and accessible methods for analyzing the outcomes of programs and treatments including complex patients and those tapering off of opioids. Since there is a scarcity of research on how to influence the social determinants of health, the single case design uniquely offers the most immediate way to demonstrate positive change in an individual or system in a short amount of time. This means that community leaders or various healthcare and nonhealthcare agencies within a system could use these tools to measure their program or intervention. Likewise, the methods can be used by physicians or behavioral health providers at the clinic level. Finally, the author presents data on how this research methodology can be used at the system level to make programmatic decisions about meeting the needs of patient populations. Learners will ascertain information about how to conduct these analyses upon completing the session (e.g., the basics of analyzing trend, level and variability on linear charts; using reversal and withdrawal designs and conducting analyses on the standard celeration

Date: Friday, 10/9/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Outcomes
- Research and evaluation
- COVID-19
- Research and Evaluation Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the three ways to analyze data within the single case research design.
- Analyze data using reversal and withdrawal designs.
- Apply your knowledge to use the standard celeration chart to analyze data on a semi-logarithmic scale.

chart).

Presenter(s):

- Kent Corso, PsyD, BCBA-D, Principal, National Capital Region Behavioral Health, Fairfax Station, VA

I9 - Panel discussion on health equity issues emerging from COVID-19

Presenter(s):

- Maria Patriquin, MD, CCFP, FCFP, Family Physician and Founder, Living Well integrative Health Center, Halifax Nova Scotia, Canada

Date: Friday, 10/9/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Keywords:

- Canadian Collaboration Session

CEUs not available for this session.

J1 - Coordinated Medicated Assisted Treatment for Opioid Use Disorder: Collaborative Care between Community Organizations and Health Care Access Points

Background: Integrated primary care for opioid use disorder (OUD) increases access to addiction treatment in rural and urban communities. By reducing stigma, providing medication assisted treatment (MAT), and addressing medical, behavioral and social complexity, primary care contributes to the addiction care continuum. We describe preliminary successes and challenges of a collaborative initiative to support primary care practice implementation of integrated care for patients with OUD. Population: Patients with OUD at participating primary care practices across 7 Pennsylvania counties. From 2015-18, the area saw increasing overdose deaths, driven largely by fentanyl, rising hepatitis C infections, high burden of chronic pain, unintended pregnancies, and limited access to behavioral health and addiction services. Study Design: Combined narrative and case series describes partner engagement to build a coordinated support system for primary care, practice experiences, and patient outcomes.

Procedures: Descriptive data about development of the model collected through participatory narrative process. Practices mapped to describe integrated care processes Background: Integrated primary care for opioid use disorder (OUD) increases access to addiction treatment in rural and urban communities. By reducing stigma, providing medication assisted treatment (MAT), and addressing medical, behavioral and social complexity, primary care contributes to the addiction care continuum. We describe preliminary successes and challenges of a collaborative initiative to support primary care practice implementation of integrated care for patients with OUD. Population: Patients with OUD at participating primary care practices across 7 Pennsylvania counties. From 2015-18, the area saw increasing overdose deaths, driven largely by fentanyl, rising hepatitis C infections, high burden of chronic pain, unintended pregnancies, and limited access to behavioral health and addiction services. Study Design: Combined narrative and case series describes partner engagement to build a coordinated support system for primary care, practice experiences, and patient

Date: Saturday, 10/10/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Chronic Care Model of Integrated Care
- Interprofessional teams
- Substance abuse management

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Discuss and analyze how Interprofessional teams across agencies come together to break down silos in order to build a model of integrated care that moves patients through high risk settings (i.e. emergency department, addiction treatment, criminal justice)
- Describe evidenced based practices that can assist with implementation of medicated assisted treatment in primary care such as flexible integrated behavioral health support, ProjectECHO "hub and spoke" model, and real-time consultations with addiction
- Synthesize information focused on the management of opioid use disorder in primary care through the shared experiences from the primary care practice teams and the patients they serve along with the existing data

outcomes. Procedures: Descriptive data about development of the model collected through participatory narrative process. Practices mapped to describe integrated care processes and partnerships as they enroll in project. Practice experiences described through team debriefs and training evaluations. Patient data re behavioral/addiction diagnoses, interventions, engagement and effectiveness at each location collected through electronic health records and from structured intake and follow up interviews. Results: Key practice/system parameters, team roles and support measures that facilitate/inhibit change, preliminary patient outcomes.

Presenter(s):

- Abby Letcher, MD, Family Physician, Lehigh Valley Health Network and Neighborhood Health Centers of the Lehigh Valley, Allentown, PA
- Angela Colistra, PhD, LPC, CAADC, CCS Director of Behavioral Sciences, Lehigh Valley Health Network, Allentown, PA
- Gillian Beauchamp, MD, Emergency Medicine, Lehigh Valley Health Network, Allentown, PA
- Kevin McNeill, MD, Primary Care, Lehigh Valley Health Network, Allentown, PA
- Regina Hills, BS, COE Program Coordinator, Neighborhood Health Centers of the Lehigh Valley, Allentown, PA
- Jazmine Irizarry, MSN, FNP, MAT/Clinic Coordinator Project ECHO, Neighborhood Health Centers of the Lehigh Valley, Allentown, PA
- Paige Roth, MSW, LSW, CRS, Program Coordinator, Addiction Recovery Services, Lehigh Valley Health Network, Allentown, PA

J2 - Understanding Family Decision-Making about Healthcare Utilization: Methodology Development for Measurement at the Relational Unit-Level

In 2015 there were 136.9 million visits to the Emergency Department (ED) in the United States equaling 43.3 visits to the ED per 100 persons for that year. This number represents a substantial increase in ED usage in this country, outpacing population growth. As a result of the increasing number of annual ED visits, the Institute of Medicine described the state of emergency care in the U.S. as "at the breaking point"¹. Historically, research, policy, and practice have focused on reducing ED visits without understanding the biopsychosocial, systemic, relational needs of patients and those that care for and about them. In a previous stage of the lead author's research, she and colleagues operationalized frequent ED use employing population health data and machine learning to identify an empirically-grounded definition of ED use and clinically-relevant patient subpopulations. Yet while prior research has shown that couple, family, and relational systems are social determinants of health, there is a dearth of research on how relational systems engage in and make decisions about health care utilization. Given that people that utilize the ED and other healthcare services more frequently have more complex care needs, understanding decision-making about whether to utilize the ED for care is both a prominent public health issue and one of health equity and social justice. Thus, our team conducted a study exploring the role and contribution of relational (i.e., family, friends, health care team members) decision-making in utilization of the ED for health care. Presenter(s) will describe the methodology for development and delivery of a survey administered to 256 relational groups (i.e., the patient and individuals that present with them to the ED) at the point of care in the emergency department. Results and implications for assessment and intervention at the practice level, as well as research, and policy focused on health care utilization will be discussed. Special considerations for conducting relational

Date: Saturday, 10/10/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Family centered care/Family perspectives
- SDoH
- Team-based care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify the need for research, policy, and practice that incorporates a family- and relational-based understanding of decision-making about emergency department utilization
- Describe a novel survey methodology used to understanding relational decision making in ED and health care utilization
- Discuss the results and implications for assessment and intervention at the practice level, as well as research, and policy focused on health care utilization

research in the ED will be described.

Presenter(s):

- Jessica Goodman, PhD, Postdoctoral Fellow, University of Rochester, Rochester, NY

J3 - General Hospitals and Integrated Care: Paging the Behavioral Health Consultant

The integration of behavioral health providers (BHPs) in general hospital settings is potentially advantageous because hospitalized patients can have complex care needs and have high rates of psychosocial problems. However, there is a paucity of literature on the topic, including best practices for integrating BHPs and outcomes generated by inpatient BHP treatment. We will describe findings from our scoping review of the literature on BHPs in general hospital settings. Attendees will learn about the results of the scoping review including common collaborative practices and communication strategies. Presenters will describe multiple facilitators and barriers to BHP integration and will discuss the wide varieties of problems treated by BHPs and their extensive array of treatment modalities. The lack of outcome data and patient and providers perspectives reported in the literature will also be highlighted along with ideas about strategies to fill this gap. Using extant literature, presenters will highlight factors that may guide BHPs practicing or interested in practicing in general hospital settings. Hospitalized patients frequently have very complex biopsychosocial-spiritual needs. Thus, the focus of this presentation is directly in line with the conference theme. Presentation content will be applicable to a wide audience; especially providers and administrative professionals whose roles have or will include work in the hospital setting.

Presenter(s):

- Tyler Lawrence, PhD, Behavioral Health Faculty, Sea Mar Marysville Family Medicine Residency, Marysville, WA
- Matt Martin, PhD, Clinical Assistant Professor of Behavioral Health, Arizona State University, Phoenix, AZ
- Jennifer Caspari PhD, Assistant Professor and Director of Behavioral Medicine, University of Nebraska Medical Center, Omaha, NE
- Rae Witt, MD, Assistant Professor, General Internal Medicine, University of Nebraska Medical Center, Omaha, NE

Date: Saturday, 10/10/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Complex Patient Care
- Interprofessional teams
- Hospital setting

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the importance of integrating behavioral health providers into general hospital settings.
- List the barriers and promoters to integrating behavioral health providers into general hospital settings.
- Evaluate patient and medical provider outcomes from behavioral health integration within general hospitals.

J4 - Training PCBH Trainers: A Story of Diligence, Detail, and Diversity

Providing high quality services consistent with the Primary Care Behavioral Health (PCBH) model requires professionals to develop a new professional identity and to master a broad range of skills over a sustained period of time. In order to train others effectively, Behavioral Health Consultant (BHC) trainers need to demonstrate excellent in clinical, consultation, team-based care, and practice management competencies and to learn to be effective teachers. Presenters include three BHC trainers who have worked together in a 3-year project to develop Primary Care Behavioral Health services for a

Date: Saturday, 10/10/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Interprofessional education
- PCBH Model
- Workforce development

diverse country with a primary concern of achieving health equity. They will introduce a tool for training PCBH trainers and detail lessons learned about training trainers.

Presenter(s):

- Patti Robinson, PhD Psychologist and President Mountainview Consulting Group Portland, OR USA
- Bridget Beachy, PsyD, Director of Behavioral Health, Community Health of Central Washington, Selah, WA
- David Bauman, PsyD Behavioral Health Education Director Community Health of Central Washington

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe core competences for working as a Behavioral Health Consultant (BHC)
- List additional core competencies needed for becoming a BHC trainer and reference a BHC Trainer Core Competency Tool
- Discuss key components for developing a diverse group of BHC trainers who are engaging, enthusiastic, and committed to PCBH sustainability and evolution

J5 - Implementation of an Ambulatory Pharmacy Program through Team-based Care

Introduction: Polypharmacy, medication costs, and physician burnout are complex issues at the forefront of American healthcare delivery.¹⁻³ An Ambulatory Pharmacy Program (APP) can help as pharmacists are poised to assist with precisely these issues and remove barriers that providers and patient encounter when navigating the prescription drug market.⁴⁻⁵ This solution can be costly to initiate for already cash-strapped healthcare entities but with value-based, population health movement in full swing, it may not be out of reach. A Medicare demonstration project called CPC+ focuses on evolving primary care teams and encourages pharmacy integration. CPC+ enables infrastructural innovation through grant funding that created the APP.⁶ Method: The APP was designed to cover nearly 60 practices with three pharmacists. EMR workflows were designed to enable pharmacists to receive referrals directly from providers and nurse care coordinators. Clinical documentation mirrored the Pharmacy Quality Alliance's (PQA) Medication Therapy Problem Categories Framework to streamline and standardize care delivery. The PQA focuses documentation on medication indication, effectiveness, safety, and adherence. Pharmacists readily use clinical and payer data to evaluate their impact using standardized metrics and payer reports. Initially, program success metrics were process-oriented but have since evolved to evaluate clinical quality outcomes. Results: APP measures include evaluations of process, interventions employed, and clinical outcomes, like Hemoglobin A1c trends in pharmacist-managed diabetics. Discussion: Pharmacists have been able to assist patients and providers through a variety of medication-related issues. Medication expertise, along with the ability to manage chronic disease states, are essential to reduce medication-related costs, and provide the most safe and effective medication therapy management to the patient.

Presenter(s):

- Darren Mensch, PharmD, BCPS, BCACP, Ambulatory Care Pharmacist - Population Health, Jefferson Medical Group-Abington, Abington, PA
- Corrine Young, PharmD, BCPS, Ambulatory Care Pharmacist - Population Health, Jefferson Medical Group-Abington, Abington, PA
- Steven Spencer, MD, MPH, Medical Director of Population Health, Jefferson Medical Group-Abington/Jefferson Northeast, Rydal, PA
- Lori Merkel MSPH, RN, CPHQ, Population Health Business Analyst, Jefferson Medical Group, Abington, PA
- Julia Lees, PharmD, Clinical Pharmacist, Jefferson Health, Philadelphia, PA

Date: Saturday, 10/10/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Burnout
- Financial sustainability
- Outcomes

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Define the pharmacist's potential roles in population health and value-based care.
- Describe the implementation of an Ambulatory Pharmacy (APP) program
- Discuss evaluate implementation of program and early outcomes

J6 - "Care Beyond Our Walls": A Relationship-Based Team Approach in a Geriatric Primary Care Setting During the COVID-19 Pandemic

The objective of this session is to share outcomes from effective team-based practices that particularly benefit older adults with complex combinations of medical, functional, social, and psychiatric factors that often cannot be fully addressed with fast-paced outpatient visits. The help attendees identify ways they can collaborate with other team members as well as patients to address complex issues, particularly in the era of COVID-19.

At Iora Health, the structure of in-office visits and definition of care team member roles allow for deeper relationships with patients and understanding of their needs. Behavioral health staff, nurses, medical providers, team nurses, and health coaches work together via multiple collaborative efforts to identify patients with complex social needs, medical conditions, and behavioral health concerns and then address them in a patient-centered, team-based manner. Using several approaches to risk stratification, team members focus on patients at highest risk of hospitalization or increased morbidity and mortality. At regular intervals, team members develop a care plan to address social determinants of health, and provide the necessary level of medical and behavioral health intervention. Focus on advanced care planning and clarifying patient wishes for medical decision-making and end-of-life care helps care teams honor patient values and wishes, particularly in transitions between outpatient, hospital, and institutional settings.

In the session, presenters will review team-based processes that have been effective, and then work through case vignettes as small groups with discussion as a larger group to learn to apply a patient-centered, team-based lens to stratifying patient subpopulations, identifying social determinants of health, and planning team-based collaborative follow-up.

Presenter(s):

- Weston Donaldson, PhD, ABPP, Behavioral Health Lead, Iora Health, Denver, CO
- Laura Wiese, MSW, LCSW, Behavioral Health Specialist, Iora Health, Littleton, CO
- Jennifer Hubbard, LCSW, Behavioral Health Specialist, Iora Primary Care, Denver, CO
- Jessica Castaño, PsyD, Licensed Psychologist, Iora Primary Care, Aurora, CO
- Emily Yebra, RN, Team Nurse, Iora Primary Care/ Iora Health, Denver, CO
- Shannon O'Connor, PhD, Behavioral Health Specialist, Iora Primary Care, Lakewood, CO

Co-Author(s):

- Sheila Antony, MD, transitions team manager/ Medical Director, Clinical Performance & Strategy, Denver, CO

Date: Saturday, 10/10/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Complex Patient Care
- Geriatrics
- Team-based care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Participants will be able to describe how a risk stratification model can focus outreach and intervention in complex patient populations.
- Participants will be able to think creatively about complex cases in ways that involve team members from multiple disciplines.
- Participants will have increased self-efficacy for planning team conversations about patient care.

J7 - Schools, Medicine, and Families - Bridging the Gap

Within primary care, children only come through the medical office door one time a year for well child checks or if there is a problem. Although some speciality clinics may see children and teens more than once a year, these visits are often focused on complex symptom management and care among different specialities. The majority of children's time is spent in the school environment. However, school is a complex system that is often difficult for parents to navigate on their own, which may lead to a disconnect between family and school. This often leads parents to reach out to medical providers first if they are concerned about school difficulty. Sometimes, school staff even request that children see their pediatrician or present proof of a medical diagnosis if there is a concern. Some school concerns that families often share include: learning difficulties, behavioral concerns at school, difficulty concentrating, anxiety and school avoidance, fatigue, and sleep concerns. Often medical providers may feel ill-equipped to manage these concerns and systems (Burka, Van Cleve, Shafer, & Barkin, 2014). With the integration of behavioral health in primary care and speciality clinics it reduces some of the burden on medical providers to help navigate school difficulties and concerns that the family may share and help improve student functioning. Integrated behavioral health providers with school psychology training have an advantage in helping pediatricians and families navigate the complexities of the school system given their experience with multi-disciplinary collaboration and their understanding of academic and behavioral supports. Presenters will discuss important school jargon, legal considerations for care coordination communications, and methods of connecting with school systems as behavioral health providers within integrated settings and a school-based mental health clinic. Successes and barriers to collaboration with school settings will be discussed.

Presenter(s):

- Maribeth Wicoff, PhD, Pediatric Psychologist, Children's Hospital of Philadelphia, Philadelphia, PA
- Maria Golden, PhD, Psychologist, Children's Hospital of Philadelphia, Philadelphia, PA
- Christine Gonzales, MA, Doctoral Psychology Intern, Milton Hershey School, Hershey, PA
- Jennifer Mautone, PhD, Assistant Professor in Psychiatry, Children's Hospital of Philadelphia/University of Pennsylvania School of Medicine, Philadelphia, PA
- Chimereodo Okoroji, PhD, Postdoctoral Fellow, Children's Hospital of Philadelphia, Philadelphia, PA

Date: Saturday, 10/10/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Interprofessional teams
- Pediatrics
- Team-based care
- Pediatrics Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify important considerations for care coordination between schools and behavioral health providers within primary care settings.
- Discuss successes and barriers to collaboration with school settings.
- Understand important school lexicon and legal considerations that integrated behavioral health providers need to be aware of when trying to help families navigate school-based concerns.

J8 - Raising the Ceiling: An Advanced Workshop on Publishing for Integrated Care Researchers

Publishing work in a peer-reviewed journal disseminates ideas widely and can contribute to the evolution of the field. This interactive workshop, facilitated by the Co-Editors, will engage researchers in co-producing impactful research for publication in Families, Systems, & Health. We will define the opportunity to advance integrated care science through the journal, share exemplars that highlight the journal's strategic direction, distill themes the editors have encountered in handling submissions from experienced authors, and identify practical strategies for success. Participants will workshop one manuscript that they are working on (which may be at any stage of development) that they might shape for submission to FSH. Finally, they will also have an opportunity to provide the Co-Editors feedback on what would make FSH their journal of choice for disseminating

Date: Saturday, 10/10/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: Advanced

Keywords:

- Outcomes
- Research and evaluation
- Skills building/Technical training
- Research and Evaluation Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

leading edge research on effective integrated care interventions.

Presenter(s):

- Nadiya Sunderji, MD, MPH, FRCPC, Psychiatrist in Chief, Waypoint Centre for Mental Health Care, Penetanguishene, ON, Canada
- Jodi Polaha, PhD, Professor, East Tennessee State University, Johnson City, TN
- Jennifer Funderburk, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare Syracuse VA Medical Center, Syracuse, NY
- Dan Mullin, PsyD, MPH, Associate Professor, University of Massachusetts, Center for Integrated Primary Care, Worcester, MA
- Ian Bennett, MD, PhD, Professor, University of Washington, Seattle, WA

- Engage with a collegial community of Co-Editors and other academics in co-producing impactful research for publication in Families, Systems, & Health.
- Describe common pitfalls that experienced authors encounter during the peer review process and identify strategies for successful publication.
- Tailor and advance a manuscript they are working on for potential publication in FSH.

J9 - Collaboration to Advance Mental Wellness across the Lifespan

The Community Health Teams (CHT's) in partnership with the Isaac Walton Killam (IWK) are part of Primary Health Care within the Nova Scotia Health Authority. CHTs work collaboratively with community, healthcare, business and government partners to strengthen links and build stronger and healthier communities together. The uniqueness of the partnership between the NSHA and IWK allows for navigation services across the life span. Adult and Child/Youth Navigators work side by side, sharing expertise and offering a service that addresses health needs. The CHT Wellness Navigators are health professionals that meet with community members to identify and prioritize health needs and use behaviour change strategies to support goal setting. Navigators provide referrals/recommendations, coordinate and advocate for services, provide education and provide emotional support. Navigators also facilitate group based mental wellness programs that are both universally accessible within a geographic area and targeted for populations at higher risk due to health inequities. The CHT also works with community partners to coordinate additional mental wellness programs by offering free space. This allows community members to access a broader range of programs to meet their mental wellness needs. The CHTs have been systematically evaluating the impact of Wellness Navigation and Mental Wellness programs through engagement data, identification of systemic barriers, connection to resources, and client satisfaction. This innovative model can be replicated provincially and nationally to advance Mental Wellness across the lifespan. Elements of the model, ways in which mental wellness and complex needs are being addressed and key outcomes will be presented.

Presenter(s):

- Melissa Bolland, RSW, Wellness Navigator, Nova Scotia Health, Halifax, Nova Scotia
- Cheryl Jeffers-Johnson, CTRS, Wellness Navigator, Nova Scotia Health, Halifax, Nova Scotia
- Stephanie Wood
- Nancy Snow, RSW, Team Lead, Wellness Navigator, Nova Scotia Health, Halifax, Nova Scotia

Date: Saturday, 10/10/2020

Time: 11:00 AM - Noon

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Across the Lifespan | Chronic Care Model of Integrated Care | Collaborative Care Model of Integrated Care | Family centered care/Family perspectives | Innovations | Interprofessional teams | Patient-centered care/Patient perspectives | Primary Care Behavioral Health Model | Self-care/Self-management | Skills building/Technical training | Social determinants of health (SDoH) | Underserved populations (e.g. LGBTQ)
- Canadian Collaboration Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

- To showcase an innovative regional model that addresses mental wellness, risk factors, nutrition, physical activity and parenting within Primary Health Care
- To describe how this model addresses access to mental wellness supports
- To demonstrate the importance of community partnerships and collaboration on determinants of health.

CEUs not available for this session.

K1 - Who's Assisting Whom? Dovetailing Medication Assisted Treatment and PCBH to Address Opioid Use Disorder within a Family Medicine Residency Program

As the treatment model for chronic/relapsing substance use disorders in the United States continues to shift from episodic treatment to continuing care, primary care is uniquely positioned to serve those struggling with Opioid Use Disorder, both with Medication Assisted Treatment (MAT) and with the support of Primary Care Behavioral Health (PCBH). The CentraCare Family Health Clinic adopted the PCBH model in the fall of 2015 and began prescribing buprenorphine-naloxone for Opioid Use Disorder in the summer of 2016. As the programs developed and grew concurrently, behavioral health providers have been involved with the MAT program since its beginning. Since 2016, the program has grown from one waived prescriber to six, along with a group of 11 second- and third-year family medicine residents, increasing the need for structured support. The next phase in our program is to adjust policy, practice, and workflow in our clinic to further integrate behavioral health providers into MAT. This presentation will focus on the current literature around behavioral health support of MAT, the need for a greater base of evidence-based practice, and the progress that one clinic has made in utilizing MAT and PCBH to address the opioid crisis. It will also invite open conversation amongst attendees to promote learning through shared experiences. Special consideration will be given to the implications for rural communities - both through the training of Family Medicine residents, many of whom will further their careers in rural clinics, and the utilization of established tele-IBH services within our organization's rural clinic settings.

Presenter(s):

- Rachel Delaney Geier, MSW, LICSW, Psychotherapist, CentraCare, St. Cloud, MN
- Amy Olmschenk, DO, Associate Faculty Physician, Centracare - Family Health Center, St. Cloud, MN

Date: Saturday, 10/10/2020

Time: 1:45 PM - 2:45 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Interprofessional teams
- Opioid management
- PCBH Model
- Rural

Objectives: *At the conclusion of this presentation, participants will be able to...*

- discuss the role of primary care in treating opioid use disorder.
- describe strategies for interdisciplinary collaboration within policy, programming, and clinic workflow.
- identify areas needing more specific research for informing evidence based practice.

K2 - Implementing C.H.A.N.G.E.: Strengthening Resiliency in Pregnancy

Pregnancy and childbirth is one of the most biologically, socially, and psychologically complex periods in a woman's life (Anda, 2010). Carrying an infant in the womb is made even more difficult if a mother has endured her own trauma, potentially transmitting a vulnerability to her child's development through maternal behavior and emotions (Hudziak, 2018). Additionally, the transition to parenthood is a general life stressor which often activates her attachment system. Symptoms of depression, anxiety, and trauma may also interfere with her ability to bond with her child (Main, 2000). Although the complexity of pregnancy and motherhood can be daunting, a mother's resilience may mitigate the impact of these risk factors. Resilience involves being able to face challenging circumstances while also maintaining a positive mental health status (Steen, 2015). This study seeks to describe the risk of adverse birth outcomes associated with antenatal trauma and insecure attachment, as well as the impact of resilience through the incorporation of a resiliency-based intervention early in pregnancy. The intervention will target the risk of developing mood symptoms, identify positive coping strategies and highlight meaningful resources. Participants include expectant mothers in their first trimester at a rural obstetric healthcare clinic enrolled in a "New Mom's" class. While attendance is not required, all newly expecting women enrolling in the clinic for obstetric care

Date: Saturday, 10/10/2020

Time: 1:45 PM - 2:45 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- CoCM
- Population and public health
- Team-based care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Discuss the impact of ACEs and attachment styles on antenatal healthcare.
- Identify team-based approaches to early intervention and resiliency building in maternity care.
- Demonstrate the acceptability and effectiveness of a group-based intervention for pregnancy health.

are strongly encouraged to attend. Mean age of participants is 28.1 years (SD = 2.03) with 44.4% of participants including first time mothers. Study design: A quasi-experimental design due to the inability to use random assignment. The study looks to assess the feasibility and acceptability of a multidisciplinary group visit to address health behaviors, presence of emotional health concerns, assess for risk of adverse experiences and initiate resiliency development for pregnancy health. Methods: Participants will complete the following measures before the class begins: Adverse Childhood Experience Questionnaire, Revised Adult Attachment Scale, the "New OB: Women's Health History form" including the Edinburg Depression Scale, and the Integrating C.H.A.N.G.E. pre-assessment. Participants will attend a 90min new mom's class covering medical and emotional concerns associated with pregnancy, and the role adverse childhood experiences can play in coping and emotional wellbeing. Participants will complete a newly developed resiliency-based intervention (My C.H.A.N.G.E. Plan) to identify positive and protective coping strategies that they can use to support biopsychosocial wellbeing both during and after pregnancy. While early in the pilot phase, physician, clinic and patient feedback has been overwhelmingly positive. At the conclusion of the intervention, 100% of participants strongly agreed that they would access behavioral health services to support their perinatal healthcare.

Presenter(s):

- Joanna Harberts, MA, Behavioral Health Intern, George Fox University, Newberg, OR
- Jeri Turgesen, PsyD, ABPP, MSCP, Clinical Manager, Providence Medical Group, Newberg, OR
- Ryan Dix, PsyD, MS, Behavioral Health Manager, Providence Health System, Newberg, OR
- Mary Peterson, PhD, Professor and Program Director, George Fox University, Newberg, OR

Co-Author(s):

- Jennifer Lin, MD, Medical Director, Women's Health Associates, Newberg, OR

K3 - The Great Debate 5.0: Integrated Care's Questions and Controversies

Some of America's most important debates were contested in Philadelphia. In that tradition, we present 3 debates at the heart of integrated care. We will strive for robust empiricism, but might settle for strong rhetoric where we lack solid data. Regardless, you will leave informed of the latest science and most relevant policy advances. As participants in an emergent and largely untested healthcare model, our leaders and practitioners face daily quandaries for which we lack data for making an informed decision. By convening the leading researchers and thought leaders of our field, we aim to shed light on some of the most important dilemmas. These will be actual debates using recent research and important policy advances for supporting arguments. They will be adjudicated by the audience and the debater who made the most compelling case will be awarded a signed copy of his or her opponent's most important literary work. DEBATE 1: IS TRAUMA-INFORMED CARE AN EVIDENCE-BASED PRACTICE? In the years since the publication of the ACEs research, trauma-informed care has brought major re-consideration to our clinical environments and services. While the client-centeredness of these changes is not in dispute, can it be said that the scientific literature endorses these approaches as evidence-

Date: Saturday, 10/10/2020

Time: 1:45 PM - 2:45 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Complex Patient Care
- Electronic Medical Record
- Patient-centered care/Patient perspectives
- Research and evaluation

Objectives: *At the conclusion of this presentation, participants will be able to...*

- To present the current status of the evidence-base for trauma-informed care
- To critically analyze the role and prevalence of the PHQ and GAD in primary care settings

based practices? Cara Pozun will debate the affirmative, Stacy Ogbeide the negative. DEBATE 2: ARE THE PHQ AND GAD OVER-UTILIZED? No quality metric has been more widely adopted than universal screening for depression, with screening for anxiety often done concurrently. We rely on the 2/9 AND 2/7 to identify need and assess outcomes. And yet, the United States Preventive Services Task-Force is mixed in support of their utilization. Additionally, as they are so embedded into EMRs, they crowd out other tools that might be more useful. Deepu George will debate their prominence is merited and CR Macchi will counter that they are over-utilized. DEBATE 3: DOES THE EMR INHIBIT OR FACILITATE COLLABORATION? Few innovations have changed healthcare more than the EMR. This revolution has brought many advantages (easy access to records, metrics and data, asynchronous communication), they have also disrupted much of what clinicians value most in their careers (human interaction, efficiency, unimpeded time away from work). What has been the overall impact of the EMR on interprofessional collaboration? Paul Simmons will highlight the benefits of the EMR and Barry Jacobs will convince us of the challenges. Each debate will last approximately 15 minutes, with 4 minutes for each of the opening statements, 2 minutes for each rebuttal, and 1 minute for closing statements. Group discussion of the current status of the integrated care evidence-base and presentation of awards.

Presenter(s):

- *Randall Reitz, PhD, LMFT, Director of Behavioral Medicine, Saint Mary's Family Medicine Residency, Grand Junction, CO*
- *Stacy Ogbeide, PsyD, ABPP, CSOWM Associate Professor/Clinical, UT Health San Antonio, San Antonio, TX*
- *Cara Pozun, MA, Medical Family Therapist, Saint Mary's Family Medicine Residency, Grand Junction, CO*
- *Barry Jacobs, PsyD, Principal, Health Management Associates, Swarthmore, PA*
- *Deepu George, PhD, LMFT, Associate Professor, University of Texas Rio Grande Valley School of Medicine, Edinburg, TX*
- *CR Macchi, PhD, Clinical Associate Professor, Arizona State University, Phoenix, AZ*
- *Paul Simmons, MD, FAAFP, Faculty Physician, Saint Mary's Family Medicine Residency, Grand Junction, CO*

- To distinguish advantages and disadvantages of the EMR and describe ways to maximize their advantages

K4 - Integrated Care Coordination for Adult Depression: Lessons Learned Over the Course of 20 Years That Can Inform Implementation and Expansion Efforts

Background: Depression is the most common mental health condition with prevalence rates ranging from 8-14% in primary care (PC) settings [1]. While evidence-based treatments are available, access to these services can be challenging. Moreover, many patients do not attain remission and are vulnerable to a relapsing-remitting course [2]. Consequently, there has been a call for increased services in PC [3]. While collaborative care programs have been shown to help patients achieve and maintain remission over time, they have not yet been employed on a national level [4]. This presentation details an integrated care coordination (ICC) program for depression delivered in PC, focusing on lessons learned over time to improve future implementation and expansion efforts. Methods: Multiple iterations of the ICC program have been employed. Across iterations, nurses serve as the primary liaison between patients and providers to enhance engagement and enhance engagement in evidence-based care. Psychiatrists provide weekly supervision and consultation to a panel of depressed patients. Qualitative information about the program was obtained from multiple stakeholders. Results: In all iterations, there has

Date: Saturday, 10/10/2020

Time: 1:45 PM - 2:45 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Care Management
- CoCM
- Tertiary care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Discuss the evidence supporting integrated care coordination programs as an effective and efficacious treatment for depression.
- Identify challenges associated with implementing integrated care coordination programs in primary care settings.

been a focus on training and supervision to ensure fidelity. The first iteration was a quality improvement process and the second iteration was the Depression Improvement Across Minnesota, Offering a New Direction (DIAMOND) program. Both exemplified the importance of obtaining reimbursement for sustainability. The third, fourth, and fifth iterations included depressed patients diagnosed with anxiety disorders, bipolar disorder, or medical conditions respectively. In these iterations, it was challenging to standardize services, define outcomes, and determine readiness for discharge. Consequently, the DIAMOND program foundations have been re-implemented. Conclusion: The ICC program has been integral to serving the needs of the PC population. Lessons learned include identifying clear measures and workflows, establishing evidence, maintaining fidelity, reporting outcomes, and collaborating with stakeholders for sustainability, which have been echoed in the literature [5]. These lessons have informed efforts to improve and expand the ICC program across a wider region, especially clinics in rural areas.

- Describe the ways in which integrated care coordination programs can be improved and implementation can be increased.

Presenter(s):

- Olivia Bogucki, PhD, Postdoctoral Fellow, Mayo Clinic, Rochester, MN
- Mark Williams, MD, Associate Professor of Psychiatry, Mayo, Rochester, MN
- William Leasure, MD, Psychiatrist, Mayo Clinic, Rochester, MN
- Scott Breiting, MD, Psychiatrist, Mayo Clinic, Rochester, MN
- Angela Mattson, DNP RN NE-BC, Nursing Administrator, Mayo Clinic, Rochester, MN
- Craig Sawchuk, PhD, ABPP, IBH Division Co-Chair, Clinical Psychologist, Mayo Clinic, Rochester, MN

Co-Author(s):

- Stephanie G. Witwer, PhD RN NEA-BC, Nurse Administrator, Mayo Clinic, Rochester, MN
- Angela B. Mattson, DNP RN NE-BC, Nurse Administrator, Mayo Clinic, Rochester, MN
- Malinda M. Wilcox, MSN RN, Care Coordinator, Mayo Clinic, Rochester, MN
- Craig N. Sawchuk

K5 - Addressing Perceived Stress and Burnout in Healthcare Providers: Piloting a Low Dose Guided Self Help Intervention in an Inpatient Hospital Setting

Medical and mental health professionals are among the top five professions who are most prone to burnout in the United States. Burnout is characterized by emotional depletion and loss of motivation resulting from prolonged exposure to chronic emotional and interpersonal stress. Burnout among helping professionals is associated with poorer quality of healthcare delivery and reduced patient safety. Efforts to address workplace burnout have been mixed. One challenge often reported is finding effective interventions that fit the needs of a busy clinical setting that has limited time for broad-based staff training. One model that has received increased attention over the past decade is the Community Resiliency Model (CRM). CRM is a 30-hour low dose guided self-help intervention aimed at teaching health workers a set of skills geared toward increasing resiliency and reducing distress both of which are significant components of burnout. Previous use of the CRM model has focused on first responders working in the aftermath of disaster and traumatic situations. However, in this study, the Community Resiliency Model (CRM) training was adapted into a single 3-hour session training session with an additional 1-hour booster session

Date: Saturday, 10/10/2020

Time: 1:45 PM - 2:45 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Burnout
- Prevention
- Professional Identity
- Self-care/Self-management

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Participants will be able to identify factors that contribute to burnout in mental health providers and health care providers working in a healthcare setting.
- Participants will be able to identify the skills of the Community Resiliency Model a low dose

delivered 3 months after the initial training. The training focused on the same six CRM skills that have been found to promote individual resilience and stress reduction. Participants included nurses, social workers, physical therapists, residents, and other care providers. Respondents were ethnically diverse and primarily female, highly educated, and married. An adapted version of the Physician Vitality Measure (PVM) 4-item burnout subscale was used to measure burnout. Paired sample t-tests were conducted to explore differences between the pre and immediate post and the pre and after booster posttest burnout scores. Although there were no significant mean score differences between the pre and after program post-test, there was a significant decrease in burnout and perceived stress scores between the baseline and after the booster session. Our results suggest that a low dose resiliency intervention that teaches wellness skills is a promising and sustainable approach that fits within the demands of clinical settings and can be used to address perceived stress and burnout among helping professionals.

Presenter(s):

- Brittany Huelett, MS, AMFT, PhD Student, Loma Linda University, Loma Linda, CA
- Zephon Lister, PhD, Director of Systems, Families and Couples PhD Program, Loma Linda University, Loma Linda, CA
- CarmeneomiAngela Reyes, MS, AMFT, PhD Student, Loma Lina Univeristy, Loma Linda, CA

self-help intervention aimed at reducing burnout.

- Participants will be able to identify the utility of implementing CRM to be utilized as a sustainable approach that fits within the demands of clinical settings and can be used to address perceived stress and burnout

K6 - Zero Suicide - Working Towards Integrating Behavioral Health and Primary Care

National figures estimate that over 83% of people who died by suicide saw their primary care provider at least once within the year prior to their suicide death.¹ In order to address this most preventable cause of death and with the goal of integrating behavioral and primary care, the Health System has implemented the Zero Suicide model. This evidenced-based approach aims to raise awareness, establish referral processes, and improve care and outcomes for the complex care needs of patients at-risk for suicide.² As the mandated safety net hospital system for the region and a Level 1 Trauma Center, Bexar County Hospital District, dba University Health System, serves 22 counties through its teaching hospital and ambulatory clinics. University Health System is implementing a comprehensive, multi-setting suicide prevention and intervention approach under the framework of the seven essential elements of the Zero Suicide Model. This workshop will review the Zero Suicide model to include organizational assessments measuring primary care staff competencies related to suicide prevention and care. Additionally, we will review evidenced-based trainings related to screening (Patient Health Questionnaire - PHQ 3/9), assessment (Columbia Suicide Severity Rating Scale - C-SSRS), best practices (Question, Persuade, Refer - QPR3), and treatment interventions (Collaborative Assessment and Management of Suicidality - CAMS4 & Counseling on Access to Lethal Means - CALM5). This innovative approach of the Zero Suicide model is one of the first applications to implementing a comprehensive, universal, suicide prevention program across a regional health system. As a safety net hospital, our primary population encounters complex social needs which can best be addressed by strengthening integrated primary care services. To remain relevant and sustainable, the Health System has incorporated feedback from leadership, community members, leading agencies/organizations in suicide prevention, survivors of suicide, and crisis

Date: Saturday, 10/10/2020

Time: 1:45 PM - 2:45 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Implementation science
- Prevention
- Suicide

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Participants will learn about a practical framework for system-wide transformation toward safer suicide care in primary care settings.
- Participants will learn practical evaluation tools which can assess workforce development related to suicide prevention in primary care, in the context of implementation science.
- Participants will learn about the various evidenced-based trainings (QPR, CALM, CAMS, CASE Approach) for suicide assessment, prevention, and care.

organizations. We will present findings on barriers to implementation including resistance to change within the system, lack of knowledge and positive attitudes towards suicide prevention, and the efforts made to address these issues.

Presenter(s):

- Mercedes Ingram, PhD, LPC, Program Manager, University Health System, San Antonio, TX
- José Gonzalez, MS, Program Manager - Zero Suicide, University Health System, San Antonio, TX
- Laura Farley, MA, Director of Community Initiatives and Population Health & Zero Suicide Project Co-Director, University Health System, San Antonio, TX

Co-Author(s):

- Roberto Villarreal, MD, Sr. VP of Research and Information Management and Zero Suicide Project Director, University Health System, San Antonio, TX and Marissa Henderson, MS, Evaluation Coordinator, University Health System, San Antonio, TX

K7 - Should We Screen for ACEs? - Yes. No. Maybe?

More than twenty years of research has confirmed a relationship between Adverse Childhood Experiences (ACEs) and poor health outcomes. Associations of ACEs and future suicide attempts, problematic drug use, sexually transmitted infections, mood and anxiety disorders, and respiratory disease are particularly strong. In response to this finding, primary care stakeholders have proposed screening children and adults for ACEs. Unfortunately, the impact of these screening programs on health outcomes has not been well established. As with all screening programs in primary care it is necessary to establish the expected benefits and potential harms of ACEs screening, prior to establishing policies and workflows for routine screening. This presentation will briefly review the evidence and gaps in evidence associated with universal and targeted screening for ACEs. The evidence for primary care interventions for addressing ACEs will also be reviewed. Small and large group discussions will clarify the expected benefits and potential harms associated with screening for ACEs. The presentation and discussions will explore the relative risks and benefits of screening for ACEs in adult vs. pediatric populations. Additional considerations, for clinicians working in diverse settings with diverse populations. Finally, the presenters will compare and contrast a universal education approach to addressing trauma with a screening approach to identify patients with ACEs.

Presenter(s):

- Dan Mullin, PsyD, MPH, Associate Professor, University of Massachusetts, Center for Integrated Primary Care, Worcester, MA
- Sarah Pearson, PsyD, Psychology Postdoctoral Fellow, University of Massachusetts Medical School, Worcester, MA

Date: Saturday, 10/10/2020

Time: 1:45 PM - 2:45 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Across the Lifespan
- ACEs
- Interpersonal violence
- SDoH
- Pediatrics Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the evidence supporting screening for Adverse Childhood Experiences.
- Describe the potential benefits and harms associated with screening for Adverse Childhood Experiences.
- Compare and contrast a universal education approach to addressing trauma with a screening approach for Adverse Childhood Experiences.

K8 - Translating Research into Meaningful Use of Assessments in Practice

This workshop exemplifies ways to maximize the use of the assessments you already collect to inform treatment planning and progress monitoring. Too often, assessments are required by administrators or reporting agencies which are not implemented in ways which help inform individuals at the point of care. When this happens, assessments feel like an unnecessary burden to staff and individuals and the information collected suffers in quality and consistency. The burden is even greater in rural communities where assessments are often captured on paper. It is important to make sure that the individuals who contribute to and collect assessment information find value for use of the information being collected so that they invest in the quality of that information for their own goals. Nobody wins if we use valuable time to fulfill administrative requirements which are not found useful in practice. Many of the assessments we use in the field were developed and validated in research settings. While research implements measures for the sake of research, practice need implement measures for the sake of practice. The measures we found helpful in research must be transformed into tools for practice without changing the validity and reliability of the assessment itself. Research often uses measures to evaluate performance after the program is complete. However, in practice we must consider ways in which we can implement these tools to inform practice during practice. This workshop presents specific examples on different ways in which assessment information you already collect can be meaningfully used within an individual's period of care in addition to building a knowledge base within and across programs. The workshop will discuss the use of assessments to inform level of care determination, capturing an individual's story of need and strength, and identifying staff strengths and training needs to increase staff success and retention. The workshop will provide examples of how to test and measure effectiveness of existing level of care algorithms for success in placement. I will demonstrate how assessments can be used to visualize an individual's story and share information across a multidisciplinary team. The workshop will explore simple approaches and solutions as well as provide an overview of more advanced data visualization and machine learning techniques, as applicable to the task.

Presenter(s):

- Kate Cordell, PhD, MPH, Managing Director, Mental Health Data Alliance, Folsom, CA

Date: Saturday, 10/10/2020

Time: 1:45 PM - 2:45 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Assessment
- Implementation science
- Outcomes
- Research and Evaluation Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe how assessments can be used to visualize a client's story and share information across a multidisciplinary team.
- Measure the effectiveness of their existing level of care algorithms for success in placement.
- Use assessment data to identify staff strengths and identify peer leadership opportunities for staff based on their strengths.

K9 - Evidence Based Team Building for Interprofessional Collaboration in Primary Care

There are well-established, evidence based principles and techniques for creating high functioning teams in the workplace. However, little of this research has been applied to interprofessional teams and collaborations in primary care settings. Such work is especially needed when collaborative models of care are the goal and expectation. Many professionals in these settings are never provided with training on how to work within an interdisciplinary team and how to work most effectively in a joint effort rather than silos. In this presentation, the authors will present an evidence based method to increase effective team functioning in primary care interprofessional teams, known as the ACT Matrix. The ACT Matrix makes use of behavioural science and research to help teams, groups and

Date: Saturday, 10/10/2020

Time: 1:45 PM - 2:45 PM

Session Type: Live streaming

Keywords:

- CoCM
- Interprofessional teams
- Team-based care
- Canadian Collaboration Session

Objectives: *At the end of this presentation, participants will be able to...*

- Learners will review the challenges in working effectively in interprofessional teams

individuals move away from being stuck and to function more effectively in terms of communicating, collaborating and ultimately improving patient care.

Presenter(s):

- Dayna Lee-Baggley
- Ron Pizzo

- Learners will review the ACT Matrix and how it can be applied to teams
- Learners will explore their own understanding of issues that impact team functioning

CEUs not available for this session.

L1 - De-Colonizing the FQHC, Unpacking Enactments and Striving Towards the Quadruple Aim of Primary Care

This seminar will explore and discuss the toxicity in FQHCs, racial enactments and the process of decolonizing practice, agency, and leadership. Through an interactive healing-centered approach, participants will learn about colonialism and critical theory frame works, develop understanding decolonization as a practice tool and philosophy towards liberation practice, and will create a community with one another through storytelling and processing past experiences and struggles with power, subjugation, and the non-profit industrial complex. This seminar will deconstruct concepts like productivity, gatekeeping, organizational gaslighting, exploitation of the other, and the profits over people mindset that has plagued many of our community-based agencies and discuss white supremacy, racism and the internalized colonizer syndrome (Villanueva, 2018). The seminar will end with healing-centered exercises to allow for participants to use developmental frame works, behavioral frameworks and decolonizing theory to find meaning, connection, belonging and action that is aligned with the individual's true subjectivity. This seminar is meant to be a beginning of an unapologetic conversation about the profession, power dynamics, and liberation in integrated health care.

Presenter(s):

- Noel Ramirez, DBH, LCSW, Clinical Social Work, Noel B. Ramirez, LLC, Philadelphia, PA
- Katherine Huynh, PA-C, Physician Assistant, Delaware Valley Community Health, Philadelphia, PA
- Rachel Fox, PA-C MHS AAHIVS, Physician Assistant, Drexel Partnership Comprehensive Care Practice, Philadelphia, PA
- Tanajsia Mason, BS, Clinical/Counseling Psychology, Hepatitis C Outreach Specialist, Philadelphia Department of Public Health, Philadelphia, PA
- Blessy Mathew, MSN, CRNP, Huntingdon Valley, PA
- Elliot Goodenough, MD, PhD, Physician, Partnership Comprehensive Care Practice, Philadelphia, PA

Date: Saturday, 10/10/2020

Time: 3:00 PM - 4:00 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Burnout
- Chronic Care Model of Integrated Care
- Complex Patient Care
- Interprofessional teams
- Policy

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Enhance understanding of intersectional integrated-care practices in FQHC settings.
- Develop understanding in the non-profit industrial complex and decolonization framework as a tool for leadership, supervision and clinical practice.
- Develop skills in critical theory and decolonization as it relates to practice, supervision, leadership, and advocacy. Increase skills in identifying enactments of oppression, healing-centered skill-building, and professional self-restoration.

L2 - Creating Radical Ripples: A Training Curriculum for Quality Improvement Projects

As medical organizations continue to adapt to the ever-changing healthcare landscape, quality improvement initiatives are vital for these organizations to meet patient needs, quality metrics, and financial demands. Indeed, one would be hard-pressed to find a health center that does not have a department and/or significant resources related to quality improvement (QI). Integrated behavioral health providers (IBHPs) are in a unique position to support health centers in this realm, as many IBHPs receive extensive training in research and program design, survey development, and

Date: Saturday, 10/10/2020

Time: 3:00 PM - 4:00 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Interprofessional education
- Quality improvement programs
- Training/Supervision

statistics. However, there appears to be a lack of acknowledgement regarding an IBHPs vital role in QI projects and even a greater lack of specified training during clinical internships and fellowships for future IBHPs in the QI process. Often, IBHPs may not even consider QI as part of their role. This presentation will give an overview of how a teaching health center (Community Health of Central Washington) incorporates QI into their behavioral health training program. Specifically, the presentation will detail the curriculum for doctoral interns and fellows on the PDSA cycle of QI, how to collaborate and work with medical residents and leadership on QI initiatives, and the completion of a QI project. Additionally, two doctoral fellows who have completed the internship training and subsequent QI projects with the program will share their experience, as well as an overview of their two projects and outcomes. One of the projects is on improving cognitive screening in primary care and the other on the patient experience in the clinic waiting room.

Presenter(s):

- Arissa Walberg, PhD, Site Training Director, BHC, Community Health of Central Washington, Yakima WA
- Hilary Richardson, PhD, BH Doctoral Fellow, Community Health of Central Washington, Yakima, WA
- David Bauman, PsyD, Behavioral Health Education Director, Community Health of Central Washington, Yakima, WA
- William Summers, PsyD, Behavioral Health Consultant-Post Doc, Community Health of Central Washington, Yakima, WA

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify the important role that integrated behavioral health providers have in assisting health centers in QI initiatives
- Outline curriculum used to train future psychologists in the QI process in a primary care setting
- Discuss the results of two QI projects related to improving cognitive screening in primary care and patient experience in waiting rooms

L3 - Hospital to Rehab: A Medical Resident Education Program Focused on Addressing Complex, Post-Acute, Biopsychosocial Care Needs in Patient Transitions

The transitions of care from hospital to post-acute rehabilitation and then to home are complex, particularly given the biopsychosocial stressors of aging and social determinants of health that are often present for those with numerous underlying chronic conditions. While psychosocial factors are known to impact success with discharge, unmet needs and concerns are frequently voiced by patients and their families during transitions of care. At the same time, limited physician education and training experiences have historically been available in geriatrics, particularly with older adults transitioning between clinical settings. Previously, our facility ran the Hospital to Home Program as a model of geriatric training for internal medicine residents emphasizing the complicating role of psychosocial factors, including social determinants of health, and importance of interdisciplinary collaboration. In 2018, our facility shifted focus to address another high-risk transitional area, hospital to rehabilitation. The post-acute rehabilitation setting offers a unique opportunity to gain feedback around clinical skillsets necessary for collecting psychosocial information to support effective discharge planning, communication between care teams, and shared decision-making with patients to address complex care needs and social determinants of health. This presentation will outline the structure of the Hospital to Rehab program, as part of a university internal medicine residency.. Particular emphasis will be given to the psychosocial interview portion of the rotation, which serves multiple purposes, including (a) collecting baseline information on residents' communication skills with patients and families; (b) providing modeling and feedback to residents around the psychosocial factors that play an important role in discharge planning; (c) how to facilitate a

Date: Saturday, 10/10/2020

Time: 3:00 PM - 4:00 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Complex Patient Care
- SDoH
- Teaching family-centered care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify the impact of social determinants of health on transitions of care across clinical settings.
- Describe the biopsychosocial interview and coaching component of the Hospital to Rehab program and thematic feedback from medical resident participants
- Establish ideas for how to build teaching/training protocols to enhance physicians' communication and biopsychosocial interviewing skills at audience members' facilities

collaborative conversation around these factors with patients and their families; (d) an opportunity for residents to contribute to successful discharges through documentation that provides a biopsychosocial picture of the patient and their needs. Qualitative data from residents' reflections on their experiences with the program overall and psychosocial interview in particular will be shared. Recommendations for building interdisciplinary support to facilitate a program such as this will be offered.

Presenter(s):

- Jessica Goodman, PhD, Postdoctoral Fellow, University of Rochester, Rochester, NY
 - Lauren Decaportale-Ryan, PhD, Assistant Professor, Departments of Psychiatry, Medicine, & Surgery, University of Rochester, Rochester, NY
 - Joseph Nicholas, MD, MPH, Associate Professor, Department of Medicine, University of Rochester, Rochester, NY, Medical Director, Highlands at Brighton Transitional Care Facility, Rochester, NY
 - Jennifer Muniak, MD, Assistant Professor of Medicine, Division of Geriatrics, University of Rochester, Rochester, NY
-

L4 - Chronic Conditional Love: Integrating Care in a PCMH including Dental, Optometry, and Primary Care

This presentation will explain our fully integrated care model utilizing how we obtained our Behavioral Health Integration Distinction from NCQA. This will include staffing and billing information. Our presentation will showcase how we utilize Masters-level Social Workers in our model to help identify patients who need assistance with creating goals for their chronic conditions, including diabetes and hypertension. We will also discuss how we implemented our MAT program and what techniques and tools we utilize for this. Our presentation will also ensure participants get to practice using tools and techniques, allowing audience members to participate in a problem solving exercise regarding two case studies.

Presenter(s):

- Kaitlin Boger, EdD, LMSW, LMAC, Director of Integrated Care, Hunter Health, Wichita, KS
- Benjamin Benson, LMSW, LMAC, Integrated Care Consultant, Hunter Health, Wichita, KS

Date: Saturday, 10/10/2020

Time: 3:00 PM - 4:00 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Chronic Care Model of Integrated Care
- Complex Patient Care
- Innovations

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Create a plan to implement Behavioral Health Distinguished PCMH model at their own location
 - Explain two techniques to manage complex chronic conditions
 - Identify tactics to engage all levels of staff in integrated care
-

L5 - Huddle Up! The Inter-Professional Team at Its Best

Primary care patient care models are shifting from lone primary care provider (PCP) decision making to shared responsibility for patient panels, with other team members empowered to provide significant portions of chronic and preventive care across the lifespan (pediatric through geriatric populations). Interprofessional health teams are equipped with a broad range of skills and expertise to address health and wellness needs of patients with complex medical conditions. For example, the interprofessional team can best serve patients with chronic pain and opioid use disorder (OUD), who have an elevated risk of mortality and higher health care costs, compared with the general population. These disparities have been linked to sub-optimal management of co-occurring chronic conditions in primary care, resulting in high costs of care and functional impairment of the patients. In addition, high burnout rates in primary care are rising and can be ameliorated through medical home models that emphasize team-based participatory decision making. One evidence-based

Date: Saturday, 10/10/2020

Time: 3:00 PM - 4:00 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Across the Lifespan
 - Complex Patient Care
 - Team-based care
 - Interprofessional Teams
 - Care Coordination
 - Opioid Use Disorder
 - Evidence-Based Practice
 - Pediatrics Session
-

strategy to address these issues is the inter-professional team huddle. Another evidence-based approach is Situation, Background, Assessment and Recommendation (SBAR) communication. These strategies can be combined to optimize communication and outcomes. This presentation includes discussion of evidence-based communication techniques and identification of specific roles and responsibilities for each team member to improve coordination of care healthcare team satisfaction and patient outcomes. An interactive interprofessional huddle demonstration will teach how to apply these techniques in a primary care setting. Common comorbid, real world case examples, including a patient with opioid use disorder (OUD), will be discussed by the team during the simulated huddle. Huddle and communication competency guidelines and tools will be applied in the demonstration and shared with participants to encourage application in practice.

Presenter(s):

- Lisa Tshuma, PA-C, DBH, MPAS, MPA, Assistant Professor, A.T. Still University, Mesa, AZ
- Sue Dahl-Popolizio, DBH, OTR/L, Clinical Associate Professor, Arizona State University, Phoenix, AZ
- Lesley Manson, PsyD, Clinical Associate Professor, Arizona State University, Phoenix, AZ
- Alexa Trolley-Hanson, MS, OTR/L, Clinical Assistant Professor, University of New Hampshire, Durham, NH
- Will Lusenhop, MSW, PhD, LICSW, Clinical Assistant Professor, Department of Social Work, University of New Hampshire, Durham, NH

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the roles, and overlap of roles, for interprofessional team members in primary care.
- Explain how a huddle is used to determine treatment approach and plan of care.
- Provide at least 3 examples of how the interprofessional team can address the needs of complex patients.

L6 - Medical-Legal Partnership: Integrating Lawyers into Health Settings to Address Social Determinants of Health

Background: The Legal Clinic for the Disabled, a civil legal aid agency, has four Medical-Legal Partnerships (MLP) across seven diverse sites in low-income communities and developed best practices to implement and sustain MLPs. LCD's partnership with St. Christopher's Hospital for Children (SCHC) is a case example of MLP's effectiveness. SCHC is in an epicenter of poverty where 66% of the children in the surrounding zip code live in poverty. SCHC and LCD established an MLP in 2011. The MLP embeds an attorney in SCHC's primary care practice to address social determinants of health (SDoH) including housing and habitability, food insecurity, immigration, public benefits, domestic violence, and family law. Attorneys and healthcare personnel combine law and medicine to mitigate negative SDoH. Objective: Systematize screening in an outpatient practice to proactively identify legal issues and connect families with resources or immediate legal intervention to mitigate negative SDoH. Methods: Families received a 14-item SDoH screener during the visit. Providers reviewed the screeners, gave resources and/or referred to an onsite attorney. The attorney regularly trains healthcare staff on screening and substantive legal issues. Screening tools were collected and results compiled. Results: 39833 families were screened for unmet legal needs from August 2011 through December 2019. The number of screens increased each year (year 1=895, year 9=7591). Overall, 40% (10480) self-identified at least one unmet need. From 2011 to 2019, the rate of self-reported unmet need decreased (year 1= 74%, year 9 = 19%) while the service rate (legal assistance and/or resources) increased (year 1 = 27%, year 9 = 63%). Conclusions: The MLP successfully implemented SDoH screening in a busy outpatient practice. With this holistic approach, each team member's role best utilizes time and capabilities. With efficient screening, triage, and referrals, many families

Date: Saturday, 10/10/2020

Time: 3:00 PM - 4:00 PM

Session Type: Live streaming

Content Level: Novice

Keywords:

- Interprofessional teams
- Multi-sector partnerships
- SDoH
- Pediatrics Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

- At the conclusion of this presentation, participants will be able to describe the innovative MLP model to address social determinants of health that are legal in nature.
- At the conclusion of this presentation, participants will be able to identify common issues for low-income clients that are especially ripe for MLP intervention.
- At the conclusion of this presentation, participants will be able to identify approaches to implementing and sustaining an MLP or similar interdisciplinary partnership to address social determinants of health.

have their issues addressed during the visit.

Presenter(s):

- Theresa Brabson, Esq, Legal Director, Legal Clinic for the Disabled, Philadelphia, PA
- Linda Peyton, JD, Executive Director, Legal Clinic for the Disabled, Wyndmoor, PA
- Daniel Taylor, DO, Medical Director PhilaKids MLP, St. Christopher's Hospital for Children, Philadelphia, PA

Co-Author(s):

- Hans Kersten, MD, Medical Director, Grow Clinic, St. Christopher's Hospital for Children; Associate Professor, Drexel University College of Medicine, Philadelphia PA and Kelly Courts, MPH, St. Christopher's Hospital for Children, Philadelphia, PA

L7 - Strategic Implementation Planning for Integrated Behavioral Health Services in Pediatric Primary Care

Delivering physical and behavioral health services in a single setting is associated with improved quality of care and reduced health care costs. Few health systems implementing integrated care develop conceptual models and targeted measurement strategies a priori with an eye toward adoption, implementation, sustainment, and evaluation. Without this foundation, it is difficult to disentangle why implementation is or is not successful. The purpose of this presentation is to discuss strategic implementation and evaluation planning for a pediatric integrated care initiative in a large health system. A logic model, which defines resources and community characteristics, program components, evaluation activities, short-term activities, and intermediate and long-term patient-, provider-, and practice-related outcomes will be described. The model was designed based on research and stakeholder input to support strategic implementation and evaluation of the integrated primary care program. For each aspect of the logic model, a measurement battery was selected. These measures will be presented to highlight how a logic model can inform targeted measurement selection. Additionally, initial implementation data and intermediate outcomes from a pilot in five practices in a 31-practice pediatric primary care network will be presented to illustrate how the logic model and evaluation plan has been used to guide the iterative process of program development. This model provides a template for future projects integrating behavioral health services in pediatric primary care and can be used broadly to provide structure to implementation activities.

Presenter(s):

- Jennifer Mautone, PhD, Assistant Professor in Psychiatry, Children's Hospital of Philadelphia/University of Pennsylvania School of Medicine, Philadelphia, PA
- Jami Young, PhD, Associate Professor of Psychiatry, Children's Hospital of Philadelphia, Philadelphia, PA

Co-Author

- Courtney Benjamin Wolk, PhD, Assistant Professor of Psychiatry, Perelman School of Medicine, University of Pennsylvania, Philadelphia, PA

Date: Saturday, 10/10/2020

Time: 3:00 PM - 4:00 PM

Session Type: Live streaming

Content Level: Intermediate

Keywords:

- Implementation Science
- Pediatrics
- Sustainability
- Pediatrics Session

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Understand the importance of logic models to guide program implementation activities
- Describe the iterative process of program development for a pediatric integrated behavioral health program
- Select measures to evaluate program development activities

L8 - Developing an Integrated Community to Treat Addiction in Homeless Populations.

In the summer of 2017, Cabin Creek Health Systems entered a scope change to support a robust Syringe Service Program. They were able to provide direct, integrative primary care services to participants actively engaged in intravenous drug use. In addition to primary care, relationships with participants were established that worked to motivate participants through the stages of change supporting their transition to Medication Assisted Treatment. Social determinants of health were quickly identified as barriers to treatment with an active use population, and successful transition from use to Medication Assisted Treatment was mostly unsuccessful. Since that time Cabin Creek Health System has been in collaboration with Community-Based Organizations to address the social determinants of health. The collaboration includes, a large meal services, multiple shelters, the City of Charleston, WV, and the local Continuity of Care agency. Through collaboration participants are identified and supported as they are transitioned to a person-centered substance use treatment program. Interested participants receive housing support, ancillary items such as identification, and birth certificates, transportation to resources and appointments, meal support, and integrative primary care. Modifications to traditional substance use treatments were required to better meet the needs of the population, this has increased retention, and decreased the negative impacts of other social determinants of health. Adoption of a program involving eight or more agencies has yielded communication difficulties, however having increased connection to resources is improving provider moral and decreasing burnout within Cabin Creek Health System, and for the partners. The target population are individuals who use IV substances, face housing difficulties, homelessness, and struggle with social determinants of health. Initial pilot hopes to track 25 participants of mixed age, race, gender, and sexual orientation. Recruitment continues to be open, and more participants are being induced routinely. Participants will be monitored monthly for continued motivation, attrition, and adherence to program. Providers will be asked to measure their felt work stress and burnout in relation to this participant group. It is expected that participant adherence, attrition, and motivation will be improved in comparison to past referral attempts. A comparison group is unavailable due to poor referrals previously. After collecting this initial data, a more robust research design can be developed for further research. This program aims to establish a community ecosystem of care that activates multiple community agencies into an integrative team to address social determinants of health for an often forgotten, at risk population.

Presenter(s):

- Jake VanHorn, PsyD, Behavioral Health Provider, Service Extension Director, Cabin Creek Health System, Charleston, WV
- Traci Strickland, Executive Director, Kanawha Valley Collective, Charleston, WV

Date: Saturday, 10/10/2020

Time: 3:00 PM - 4:00 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Care Management
- Co-morbidity
- Complex Patient Care
- Cultural Humility/Health Equity
- Evidence-based interventions
- Innovations
- Interprofessional teams
- Opioid management
- Patient-centered care/Patient perspectives
- Population and public health
- PCBH Model
- SDoH
- Special populations (e.g. disability)
- Substance abuse management
- Sustainability
- Team-based care
- Tertiary care
- Underserved populations

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Participants will be able to identify the partnerships to address social determinants of health.
- Participants will be able to discuss the impact of poor partnerships on provider and participant outcomes.
- Participants will be able to identify possible community relationships to improve practice.

L9 - Enhancing Mental Health Capacity in Ontario through Collaborative Care: An Integrated Approach based on Innovation, Evidence and Collaboration

In Ontario, Canada, rural and under-served regions tend to have higher incidences of mental health disorders, with much of this care being managed within primary care. Challenges exist when primary care providers have limited training, and few local options for psychiatry referrals. Outreach psychiatry is a foundational model, where psychiatrists provide on-site clinical services, education and support to communities across Ontario (usually short term through fly-in/drive-in). While this model has improved access to care, limitations in scope and reach exist, as well as additional costs for adjunct services to create a sustainable, efficient systems-level impact. New technologies and innovations have allowed for the growth of new models that further enhance capacity, collaboration and care in these communities. Specifically, Integrated TeleMental Health models and Project Extension for Community Healthcare Outcomes (ECHO), which provide care and support to patients and providers, and build mental health capacity. This session will discuss the integration of three innovative outreach and capacity building models to improve mental health access, by considering relevant literature and reflecting on experiences with implementation and evaluation. Together these models fit within a stepped-continuum to improve direct care to patients and support for providers in their own communities, thereby building local capacity.

Presenter(s):

- Allison Crawford, MD, FRCPC, PhD – Associate Chief, Virtual Mental Health, Co-Chair, ECHO Ontario Mental Health, Centre for Addiction and Mental Health, Toronto, Ontario, Canada
- Jenny Hardy, OT Reg. (Ont.)- Acting Director, Virtual Mental Health, Outreach and ECHO, Centre for Addiction and Mental Health, Toronto, Ontario, Canada

Date: Saturday, 10/10/2020

Time: 3:00 PM - 4:00 PM

Session Type: Live streaming

Keywords:

- Canadian Collaboration Session

Learning Objectives:

- Explain three innovative multi-disciplinary models that exist and how they can be used systematically to address geographic disparities in access to mental health care.
- Describe key implementation science frameworks and how they can be used for the implementation of outreach and capacity building models.
- Discuss approaches to evaluate the impact of different psychiatric outreach and capacity-building models.

CEUs not available for this session.

Webcasts

Webcast 01 - Implementing Integrated Behavioral Health In Low-Resource Settings

It is estimated that one in seven individuals in the world today have a mental health or substance use disorder. Most of these individuals live in low-resource settings. Low resource mental health settings are typically characterized by a lack of funds, limited access and availability of services and/or shortage of trained personnel on an individual or societal basis to adequately address mental health needs. In response to this reality, organizations such as the National Institutes of Health and World Health Organization have called for the development of resource conservative and low dose interventions to scale up mental health access and services. Resource conservative and low dose interventions refer to interventions that are low frequency, short duration and/or low intensity. Low intensity interventions are designed to use fewer resources, in terms of healthcare professional time and expertise than conventional psychological therapies. These interventions are often delivered and/or supported by health workers without formal mental health professional training, who have been specifically trained to deliver low-intensity interventions. One model that has received increased attention over the past decade is the Community Resiliency Model (CRM). CRM is a low dose guided self-help intervention aimed at teaching lay health workers to provide individuals, groups and communities a set of skills geared toward increasing resiliency, regulating the nervous system and reducing distress. This presentation reports on a recent pilot project where community health workers were trained to provide CRM as part of an integrated behavioral health service to medical staff and patients in a hospital in Sierra Leone.

Presenter(s):

- Zephon Lister, PhD, Director of Systems, Families and Couples PhD Program, Loma Linda University, Loma Linda, CA
- Cintia Alfonso Fior, MA, PhD Student, Couple and Family Therapy Program, Loma Linda University, Loma Linda, CA
- John Lou, MSc, Doctoral Student, Loma Linda University, Loma Linda, CA
- Brittany Huelett, MS, AMFT, PhD Student, Loma Linda University, Loma Linda, CA

Date: Asynchronous Content, 10/7/2020

Time: Available throughout conference

Session Type: Webcast

Content Level: All Audience

Keywords:

- Implementation science
- Special populations (e.g. disability)
- Underserved populations

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify the factors that contribute to challenges in mental health access and services in low resource contexts
- Describe the Community Resiliency Model as a potential scale up integrated behavioral health intervention in low resource settings
- Discuss challenges and lessons learned from implementing integrated behavioral health services in a low resource setting

Webcast 02 - Beyond the Borders of Gender and Immigration: Strategies for Transgender Inclusive Integrated Care

The permeation of the two-gender system in our healthcare system is painful, at best, and life-threatening, at worst. Transgender and nonbinary patients experience serious health injustices and limited healthcare quality and access. Patients tend to delay healthcare utilization due to inadequate insurance coverage and past experiences of microaggressions, discrimination, non-affirming practices, and pressure to de-transition from healthcare providers (Hudson, 2019; James et al., 2016). Such experiences are problematic as these patients often experience worse physical and mental health outcomes compared to cisgender patients (Burgwal et al., 2019; James et al., 2016). In addition, transgender and nonbinary patients have significantly higher rates of suicidal ideation and suicide attempts (James et al., 2016). Although negative experiences negatively impact the health outcomes for all transgender patients, patient documentation status creates complexity. Transgender Latinx immigrant patients experience additional unacknowledged stress and risk due to persecution, immigration status, and fear of deportation (Hwahng et al., 2019). Providers' lack of education on transgender inclusive healthcare practices is associated with discrimination, harm, and poorer health

Date: Asynchronous Content, 10/7/2020

Time: Available throughout conference

Session Type: Webcast

Content Level: Novice

Keywords:

- Complex Patient Care
- Patient-centered care/Patient perspectives
- Underserved populations
- Cultural Humility/Health Equity
- Ethics

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Define important terminology related to transgender inclusive healthcare

outcomes (Kattari et al., 2020). In this session, presenters will provide foundational concepts for transgender inclusive healthcare to help professionals strengthen their practice. Attendees will learn important terminology regarding transgender inclusive practice in Spanish and English. Next, presenters will discuss the health inequities that transgender patients experience, which will focus on accessible and quality healthcare legislation and policy. Throughout the session, presenters will specifically contextualize the experiences of undocumented Spanish-speaking Latinx transgender patients. To solidify action steps, presenters offer strategies to promote awareness, knowledge, and advocacy with transgender inclusive healthcare.

Presenter(s):

- Joshua Boe, MS, LAMFT, Doctoral Candidate, University of Georgia, Athens, GA
 - Andrea Trejo, MA, Marriage and Family Therapy Trainee and Doctoral student, University of Georgia, Athens, GA
 - Émilie Ellis, MA, LAMFT, Doctoral Student, University of Georgia, Athens, GA
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Webcast 03 - Addressing Organizational Complexity: Everyday Implementation Strategies for Practitioners

Integrated care is widely accepted as an evidence-informed strategy aimed at improving whole-person health. Positive outcomes have been demonstrated at patient, clinic, and systems level. Healthcare landscape, major healthcare reforms seek to modify billing, health information technology, and the workforce, among other change initiatives are shifting towards integrated care models. Through this rapid decade of growth, many clinics have nurtured flourishing integrated healthcare programs. However, some clinics have struggled to maintain or grow the program after the initial funding has evaporated, in spite of positive outcomes and a general sense of satisfaction with the programs. To optimize the uptake and progression towards sustainability, we can assess and amend organizational factors that are known to support the use of the innovation. This is known as implementation science. Focusing on implementation and capacity building for scale-up across an organization increases the chances that an evidence-based program, practice or policy (EBP) will be delivered with integrity and will achieve intended outcomes. The time it takes from research to move from trial to full implementation can be reduced from 17 years to about three years when implementation best practices are delivered via technical assistance. Organizations optimize their outcomes when they: 1) Build organizational readiness for an initiative, 2) explore and build necessary capacities to support the use of a new innovation, and 3) allocate time and effort to adequately attend to programmatic elements that will result in systematization and its precursor, routinization -key elements in sustainability. Medical settings often have implementation needs that are unique to their context, such as capacity for informatics and health information technology, workflow analysis, and attention to billing and coding. The implementation of integrated healthcare programming is even more complex. Beyond these technical components, clinics must first shift their culture toward the foundational tenants of team-based approaches to treatment and patient-centered care while simultaneously selecting a programmatic model and fully operationalizing that model. Therefore, one must choose the approach (e.g., Primary Care Behavioral Health Model or Collaborative Care Model) and clinical foci and related practice modalities (e.g., ADHC clinic, socioemotional screening and brief intervention, brief anxiety treatment, healthy weight clinic) that is the best fit for their clinic. There is some literature on implementation strategies related to integrated care implementation. However, there is a growing base of best practices, many of which are program agnostic. In this session, we will compile and share lessons learned across the fields of implementation science and integrated care. We will also provide tangible strategies learned from the presenters' experience

- Identify how cisnormative ideology influences the healthcare system and healthcare settings
- Develop and apply strategies for building a transgender inclusive healthcare practice

Date: Asynchronous Content, 10/7/2020

Time: Available throughout conference

Session Type: Webcast

Content Level: All Audience

Keywords:

- Administration
- Implementation science
- Innovations

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe ten implementation best practice strategies they can use to promote sustainability of their integrated care program
- Describe the crossover among implementation strategies, effectiveness research, and quality improvement
- Apply one or two applied implementation strategies that promote programmatic uptake or sustainability

providing technical assistance to organizations.

Presenter(s):

- Julie Austen, PhD, Implementation Specialist, University of North Carolina, Chapel Hill, NC
- Shannon Chaplo

Co-Author(s):

- Alexis Kirk PhD, Implementation Specialist, University of North Carolina, Chapel Hill, NC
 - Matt Martin, PhD, Clinical Asst Professor, Arizona State University, Phoenix, AZ
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Webcast 04 - Training Medical Residents and Behavioral Health Learners to Manage High Risk Situations in Primary Care & Outpatient Care

When it comes to identifying and managing high-risk situations in primary care and outpatient care settings, there are many missed opportunities. Forty-five percent of people who have died by suicide attended a primary care appointment in the month preceding (SAMHSHA-HRSA, 2019), despite recommendation by the US Preventive Services Task Force (2016) to screen all adults for depression and validation of Questions 9 on PHQ-9 as a robust predictor of suicide attempts and deaths (Rossom, 2017). In terms of child abuse and neglect identification and management, primary care physicians' and pediatricians' reporting rate is very low with over a third of cases physicians classified as very likely to have been caused by child abuse not reported (Flaherty et al., 2008). These care gaps indicate a need for training and education of medical residents and BH learners to adeptly manage these high-risk situations and provide good patient care to those experiencing them (Foster et al., 2017; Hymel et al., 2018). High-risk BH-related situations in a primary care and outpatient care settings include suicidality and homicidality, duty to warn/report, child and elder/incapacitated adult abuse and neglect reporting, and domestic and criminal violence reporting. Additional layers of complexity include different state-to-state requirements for medical and BH providers in terms of management and Department of Health and Human Services and/or law enforcement reporting and also related ethical considerations and nuances (Jordan & Pritchard, 2018). During this session, we will (a) identify medical resident and behavioral health learner training/education needs related to high-risk situations in primary care and outpatient integrated behavioral health care settings, (b) share and discuss one Family Medicine residency program's curriculum for training medical residents in managing these situations, and (c) explore ways in which participants can take steps towards identifying and addressing high-risk situation training needs at their home institutions.

Presenter(s):

- Aubry Koehler, PhD, LMFT, Director of Behavioral Science, Wake Forest School of Medicine, Winston-Salem, NC
- Linda Nicolotti, PhD, Section Head, Pediatric Psychology and Behavioral Health, Wake Forest School of Medicine, Winston-Salem, NC

Date: Asynchronous Content, 10/7/2020

Time: Available throughout conference

Session Type: Webcast

Content Level: Intermediate

Keywords:

- Ethics
- Interprofessional education
- Team-based care
- Pediatrics

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify medical resident and behavioral health learner training/education needs related to high-risk situations in primary care and outpatient integrated behavioral health care settings.
- Share and discuss one Family Medicine residency program's curriculum for training medical residents in managing high risk situations in primary care and outpatient care settings.
- Explore ways in which participants can take steps towards identifying and addressing high-risk situation training needs for medical residents, behavioral health learners, and medical/behavioral providers and staff at their home institutions.

Webcast 05 - Building an Integrated Behavioral Health Note for Efficiency and Clinical Quality

Southcentral Foundation (SCF), an Alaska Native customer-owned health care system, has implemented a new electronic note for charting behavioral health care provided in its primary care clinics. SCF had been using electronic charting for some time, but this charting was too difficult and was taking Behavioral Health Consultants (BHCs) too long. SCF also wanted to capture utilization patterns, clinical data, and intervention data from the note. The goal was to identify trends happening with patients, which interventions were being used and why, and if they were making a difference. To do this, SCF's behavioral health integration leadership spent six months creating the note SCF currently uses. The note is made to prioritize/capture population data in addition to individual symptoms, with the patient-centric data being free text, while the population-based data is entered through discoverable fields. This helps SCF to know at a systems level what percentage of the population has been seen by a BHC and which clinical areas. SCF also wanted to know how many times BHCs were seeing patients, because this allows SCF to look at referrals to behavioral health and determine availability of behavioral health consultants in primary care, and effectiveness of clinical interventions. It also helps providers to stay on top of trends and patterns at the population level, and determine what other behavioral health resources need to be developed. SCF has been using the new note for approximately one year. Since the note has been used, approximately 18% of SCF's 68,000 patients have been seen by a behavioral health consultant, with approximately 73% of those patients having 3 visits or less in the last calendar year. Charting time for BHCs has decreased from an average of 6 minutes per note to an average of 3.5-4 minutes per note, improving clinical efficiency. Through the data collected in the note, SCF is currently measuring the impact on the number of follow-up visits, symptom reduction, and improved functioning. The note also provides data on which interventions and clinical topics SCF needs to devote training resources and time to.

Presenter(s):

- Melissa Merrick, LCSW, MSW, CDC I, Clinical Director of Brief Intervention Services, Southcentral Foundation, Anchorage, AK
- Jackie Ballou, BA, Administrator, Medical Services Division, Southcentral Foundation, Anchorage, AK
- Troy Wolcuff, Southcentral Foundation, Anchorage, AK

Date: Asynchronous Content, 10/7/2020

Time: Available throughout conference

Session Type: Webcast

Content Level: All Audience

Keywords:

- Across the Lifespan
- Administration
- Behavioral Medicine Topics
- Evidence-based interventions
- Population and public health
- PCBH Model
- Quality improvement programs
- Technology (e.g. health informatics)
- Training Models
- Training/Supervision
- Workforce development

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify the key elements of SCF's integrated behavioral health consult note.
- Analyze how SCF developed the note as an iteration of previous charting systems.
- Identify the successes and lessons learned by SCF throughout the first year of the note's usage.

Webcast 06 - Developing the Workforce: Successes, Challenges, and Outcomes of Training Doctoral-Level Psychology Students in Integrated Primary Care

Primary care often serves as the front line for both mental health and health behavior change issues, resulting in an increase in of integration of behavioral health into primary care. Despite the successes of integrated primary care (IPC) and increased training opportunities at the internship and post-doctoral level in IPC, there continues to be a deficit of skilled behavioral health consultants. Further, limited opportunities exist to engage in IPC as a doctoral level practicum student, which is an opportune time to increase excitement and skills in this area of clinical psychology. The current project examined the training and utilization of doctoral-level clinical psychology practicum students in the involvement of IPC in two ambulatory primary care residency-based health centers (Internal Medicine (IM) and Family Medicine (FM)) with established IPC services. Specifically, we examined the model of training, particularly related to training in an underserved, urban, patient population, and trends in IPC consults for practicum students compared to expected competencies. The practicum consists of doctoral level psychology

Date: Asynchronous Content, 10/7/2020

Time: Available throughout conference

Session Type: Webcast

Content Level: Intermediate

Keywords:

- Team-based care
- Training Models
- Training/Supervision
- Underserved populations
- Leadership

Objectives: *At the conclusion of this presentation, participants will be able to...*

students (N=4; 2 per year) engaged in IPC services for at least 8 of 16 hours per week. The training model focuses on a developmental, experiential approach, and utilizes well-supported guidelines for competency in IPC (McDaniel et al., 2014). In addition to traditional supervision, training often mimics that of the medical learning setting, including an emphasis on shadowing, direct observation, modeling, "on-the-fly" supervision, and didactic training, focused on moving practicum students at their developmental rate from observer to independent learner. Due to the setting of the training experience, particular emphasis is placed on social determinants of health in all aspects of training. Throughout the training year considerable movement toward competency in IPC are often seen in practicum student's abilities including: detecting patient needs appropriate for the IPC setting, engagement of brief interventions, understanding of medical language and culture, and communication with medical providers. Challenges identified in this setting included: variability in skill level; ability to influence factors less likely to change (e.g., personality); theoretical resistance to brief intervention; and time constraints on faculty schedules. Data will be presented examining changing trends in IPC visits by practicum students throughout their training year and will compare performance to postdoctoral fellows. Observations suggest that practicum students see a wider variety of patients as the year progresses, become more efficient, and have increased professionalism. This suggests that training practicum students in IPC is achievable and worthwhile, and may serve to improve the workforce imbalance in the future.

Presenter(s):

- Jennifer Carty McIntosh, PhD, Associate Director of Behavioral Medicine Education, McLaren Health Care, Flint, MI
- Jennifer Battles, MS, Doctoral Intern, Eastern Michigan University, Ypsilanti, MI
- Andrew Champine, PsyD, Director of Behavioral Medicine Education, McLaren Health Care, Flint, MI

- Define competencies in Integrated Primary Care specifically related to doctoral level practicum students.
- Discuss the specific training model utilized for a practicum in IPC in an underserved patient population.
- Describe the challenges and successes in training practicum students in IPC

Webcast 07 - The Birth of a New Pathway: Behavioral Health in Obstetric Care

We know behavioral health is important in obstetric care and that pregnant and perinatal women have unique needs. But with behavioral health practitioners entering the field from a variety of training modalities, how do we upskill ourselves for work with special populations? This presentation will review findings from a quality improvement project focused on enhancing knowledge and skills for work with OB patients among our behavioral health intern and post-doctoral fellows at a Primary Care clinic. Learn about basic core competency areas for behavioral health with OB patients, including those related to mental and physical health. We will also discuss successes and challenges in using Behavioral Health as part of an OB pathway and explore opportunities for assessing social determinants of health in obstetric care.

Presenter(s):

- Emily Faust, PhD, Behavioral Health Consultant, Yakima Valley Farm Workers Clinic, Yakima, WA
- Ruth Olmer, PsyD, Behavioral Health Consultant, Community Health of Central Washington, Yakima, WA

Date: Asynchronous Content, 10/7/2020

Time: Available throughout conference

Session Type: Webcast

Content Level: Intermediate

Keywords:

- PCBH Model
- Skills building/Technical training
- SDoH
- Women's Health

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify key competency areas for providing safe and effective behavioral health care with perinatal patients.
- Discuss how to identify and address social determinants of health in perinatal patients.
- Understand the benefits and challenges of implementing a clinical pathway to increase integration

Webcast 08 - Reflections on Integrating Marriage and Family Therapists and Mental Health Counselors into A Primary Healthcare Practice

Collaboration between mental health and behavioral health has been identified as a best practice in the treatment of patients by the World Health Organization (WHO, 2010). It has been shown to lead to improved patient outcomes and save money on healthcare costs (WHO, 2010); however, creating an integrated healthcare practice can be challenging, especially in established practices. This presentation will discuss the multifaceted process of integrating Marriage and Family Therapists (MFTs) and Mental Health Counselors (MHCs) into a primary care practice using a Medical Family Therapy integration framework. Specifically, Medical Family Therapy identifies five levels of integration: 1) minimal collaboration, 2) basic collaboration at a distance, 3) collaboration on-site, 4) close collaboration in a partly integrated system, and 5) close collaboration in a fully integrated system (Doherty, McDaniels, & Baird, 1996). This program will have four components. The first component will be to provide an overview of the integrated healthcare program the presenters are a part of. The second component will be to discuss how the presenters moved through the levels of integration to the point at which the integrated healthcare program is currently. The third component will be to provide reflections on the strengths and challenges encountered throughout the process. Finally, this presentation will discuss specific case examples to elucidate reflections learned. The presentation will utilize a mixture of didactic lecture with visual aids and audience participation in the form of discussion questions and reflections.

Presenter(s):

- Heather Katafiasz, PhD, Assistant Professor, Program Director & Clinical Training Director: Master's Program in Marriage and Family Therapy, The University of Akron, Akron, OH
- Rikki Patton PhD, Associate Professor, Co-Program Director: PhD Program in Counselor Education and Supervision with a specialization in Marriage and Family Counseling/Therapy, The University of Akron, Akron, OH
- Jessica Chou, PhD, Assistant Professor, Drexel University, Philadelphia, PA
- Gloria Gonzalez-Kruger, PhD, LMFT, Associate Clinical Professor, Director of Clinical Services, Drexel University, Philadelphia, PA
- Laura Lynch, PhD, Assistant Clinical Professor, Program Director: Doctor of Couple and Family Therapy Program, Drexel University, Philadelphia, PA

Date: Asynchronous Content, 10/7/2020

Time: Available throughout conference

Session Type: Webcast

Content Level: Novice

Keywords:

- CoCM
- Interprofessional education
- Interprofessional teams
- PCBH Model

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify the five levels of Medical Family Therapy Integration.
- Discuss the strengths and challenges related to integrating behavioral health into primary care.
- Apply the content of the presentation to specific case examples.

Webcast 09 - Making Metrics Matter (and fun!): How to Engage your Providers to Springboard Productivity Tracking

When most providers hear the terms "metrics," "data," "productivity," what reaction might it elicit? Is it positive? Not likely. And, yet, for growth, sustainability and myriad other operational factors, having (accurate and meaningful) program metrics is critical. Many leaders do not engage their providers in the metrics conversation as they fear it can further highlight the divide or tension that often exists between "admin" and "front line providers" regarding productivity expectations. In this presentation, we discuss an alternative way that directors and managers can approach their team, which actually helps engage their providers with metrics (and dare we say that engaged providers helps to buffer burnout). Having your team engaged in this process can produce more than just better financials - it can be a process that is foundational to your sustainability. This is especially salient in this healthcare climate where we have lofty goals to address the ever-growing complex biopsychosocial needs of our patients. This presentation reviews what one primary care behavioral health program did to engage their BHCs in metrics/data review and

Date: Asynchronous Content, 10/7/2020

Time: Available throughout conference

Session Type: Webcast

Content Level: All Audience

Keywords:

- PCBH Model
- Sustainability
- Provider/employee Engagement

Objectives: *At the conclusion of this presentation, participants will be able to...*

- describe the importance of gathering metrics to build and establish

collection. We know as behaviorists that what we measure, gets our attention. The principles that are discussed can be translated to providers and teams of all types (not just behavioral health). The key factors of this approach were to only track what was most important (as the old business adage recommends: the "KISS method" or "keep it simple stupid" metrics to keep it streamlined and to make it positive, reinforcing and fun! The leaders worked with their team to develop "clubs" and awards that are reviewed at every monthly team meeting. Once, again, the clubs and awards are easy to understand and highlight what the team is aiming for - completed billable encounters, including total visits and warm hand off visits and providers with the highest patient satisfaction to name a few. This presentation will outline principles that participants can use to start developing their own metric gathering system that is streamlined, meaningful, engaging and fun! Additionally, presenters will provide their program metrics before and after the implementation of the clubs and awards as well as employee engagement numbers.

Presenter(s):

- *Bridget Beachy, PsyD, Director of Behavioral Health, Community Health of Central Washington, Selah, WA*
- *David Bauman, PsyD, Behavioral Health Education Director, Community Health of Central Washington, Yakima, WA*

sustainable integrated behavioral health care in primary care.

- list the clubs and awards that were used to highlight core data points in a behavioral health program.
- develop their own metric/data gathering approach that highlights engagement from its team members.

Webcast 10 - Screening and Treatment for STIs in a Philadelphia Methadone Clinic: The Hows, Whys, and Whats.

People living with substance use disorders are at significantly increased risk of death and negative health consequences due in large part to the higher prevalence of sexually transmitted infections (STI) than the general population. The opioid epidemic has contributed to an outbreak in HIV and viral hepatitis infections among people who inject drugs, due to a variety of risky health behaviors including shared needles, transactional sex, and non-sterile tattoos. When left untreated, these health conditions can have significant negative health consequences. In recognizing that recovery encompasses the whole person, SUD treatment providers are uniquely poised to address sexual health issues in the population they serve through integrated care. Leaders in integrated care, addictions, and managed care will discuss the transition in a large Methadone Clinic in Philadelphia to one addressing holistic needs of the clients. This presentation will review specific steps that SUD treatment providers and programs can take to identify, treat, and reduce risks in the population they serve by examining the implementation of infectious disease and sexual health services. These interventions include: opportunities for directly observed therapy; providing sexual health psychoeducation and taking sexual health histories; incorporating STI screening; providing Hep A/B vaccinations; expanding access to PrEP/PEP and HCV treatment; developing collaborative relationships with community partners. The target population for this program is program leaders and clinicians who work with people who live with SUD or policy makers interested in learning more about innovative approaches to outreach and life-saving treatment in a population who often does not otherwise seek care. Participants will walk away with a comprehensive understanding of how STIs disproportionately affect the SUD population, and they will be able to identify specific strategies that they can implement in their programs.

Presenter(s):

- *Kimberly Malayter, MSW, Executive Director of Clinical Services, Merakey, Radnor, PA*
- *Laura Murray, DO, Exec. Medical Director and VP of Medical Affairs, Merakey, Philadelphia, PA*
- *Chris Tjoa, MD, Chief Medical Officer, Community Behavioral Health, Philadelphia, PA*
- *Stacey Trooskin, MD, PhD, MPH, Chief Medical Officer, Philadelphia FIGHT Community Health Centers, Philadelphia, PA*

Date: Asynchronous Content, 10/7/2020

Time: Available throughout conference

Session Type: Webcast

Content Level: Intermediate

Keywords:

- Innovations
- Interprofessional teams
- Opioid management

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Gain knowledge into how sexually transmitted infections and infectious diseases, including HIV and Hepatitis C, disproportionately affect the substance use disorder population
- Identify specific interventions that clinicians and substance use disorder treatment programs can implement into their existing programs to expand access to sexual health services
- Recognize how substance use disorder programs can develop community partnerships to enhance the holistic wellness of the populations they serve

-
- Jena Fisher, PhD, Executive Director of Innovation, Merakey, Philadelphia, PA
 - Carol Larach, DrPH, MPH, MEd, Director of Integrated Care, Community Behavioral Health, Philadelphia, PA
 - Joshua Vigderman, MA, LPC, Executive Director, Merakey, Philadelphia, PA
-

Webcast 11 - Dental Integration: How Do We Do It?

In an effort to increase much needed access, we work to the idea that there is no wrong door to access services. This multi-site FQHC has integrated medical, dental, and behavioral health to provide optimal whole-person care and strengthen services to meet the complex social needs of our community. As we know, the mouth is the "gateway to the body." However, most dental providers are not trained in an integrated care approach. This presentation will walk the audience through the steps of how to develop and implement team-based dental services. We will describe workflows and address potential obstacles to success. Our journey to implementation across three years of grant funding allowed for 1694 unique patients to be seen to date by Behavioral Health and subsequently services rolled out into additional clinics with increased levels of integration between medical, dental, and behavioral health. Get motivated with practical tools to guide innovation!

Presenter(s):

- Sherri Sharp, PhD, Vice-President of Behavioral Health, Peak Vista Community Health Centers, Colorado Springs, CO
 - Mindy Tygar-Boyd, LCSW, Behavioral Health Provider, Peak Vista Community Health Centers, Colorado Springs, CO
 - Sarah Brown, PhD, Behavioral Health Director, Peak Vista Community Health Centers, Colorado Springs, CO
 - Richard Leensvaart, DDS, Vice President of Dental Services, Peak Vista Community Health Centers, Colorado Springs, CO
-

Date: Asynchronous Content, 10/7/2020

Time: Available throughout conference

Session Type: Webcast

Content Level: All Audience

Keywords:

- CoCM
- Innovations
- Interprofessional teams
- Dental
- Yes

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe program implementation in this FQHC.
 - Identify obstacles and tips for success.
 - Discuss how to apply to your own setting.
-

Webcast 12 - Improving fidelity to PCBH through measuring GATHER: G is for Diagnostic Variability

Primary Care has served as the first line of care within the US Healthcare system. This means that regardless of symptom or condition severity patients often come to primary care first. While primary care can treat a wide array of conditions, referral to specialty care providers are common. In the last few decades behavioral health has become more adapted to primary care and several models aim to mimic the medical primary care system to become the front line of behavioral health as well as reducing the known barriers to the specialty behavioral health system. Primary Care Behavioral Health (PCBH) is one of these integration models and by definition the PCBH model of integration sees a large variety of patient presentations. This often ranges from mild stress, adjustment, and health changes, but can also include more chronic and severe conditions such as cancer, psychosis, PTSD, and Eating disorders. In many behavioral health models patient diagnoses or symptoms presentation create barriers to access care. Exclusion criteria, insurance acceptance, and lack of rigorously studied treatment protocols can leave some of the most vulnerable patients without needed behavioral health services. The PCBH model at the Yakima Valley Farms Workers Clinic (YVFWC) sees patients as they are: Complex. BHCs within this system conduct visits within the PCBH model of behavioral health integration and ongoing efforts are made to track and ensure fidelity to this

Date: Asynchronous Content, 10/7/2020

Time: Available throughout conference

Session Type: Webcast

Content Level: Intermediate

Keywords:

- Administration
- Assessment
- Complex Patient Care
- Electronic Medical Record
- Evidence-based interventions
- Population and public health
- PCBH Model
- Quality improvement programs
- Team-based care
- Technology (e.g. health informatics)
- Training/Supervision
- No

approach. The GATHER acronym provides clear guidelines about what PCBH is, but how to measure these goals remains unclear. While some aspects of GATHER are objective such as seeing 10 patients per day, other aspects of PCBH are more nebulous. The presenter will discuss how YVFWC is striving to measure all aspects of GATHER and how the presenter took additional steps to improving reporting, tracking, and advocacy for the PCBH model through the development of a Diagnostic Variability statistic to more objectively measure and define the G (Generalist) of GATHER. This measure has helped determine a range of what G should be and when a BHC may need coaching due to falling short in regards to being a Generalist. Conversely this measure allows us to recognize and learn from those BHCs with the highest G performance. The presenter will show reports, tables, and charts which help calculate these numbers and how aggregate data has allowed us to give empirical meaning to G. Additionally the presentation will also provide several examples of the variety of conditions, diagnoses, and symptoms that present in primary care. These case examples will provide a real world look at how BHCs within the PCBH model can provide meaningful care to complex patients. By exploring these presentations the presenter hopes to validate and normalize the difficulty faced by working in primary care and also to instill hope and confidence that the skills utilized by BHCs can be effective to many conditions deemed "too difficult" for PCBH work

Presenter(s):

- Phillip Hawley, PsyD, Primary Care Behavioral Health Director, Yakima Valley Farm Workers Clinic, Yakima, WA

Webcast 13 - Building Capacity for E-Mental Health: An Introductory Implementation Workshop

The Mental Health Commission of Canada's Access to Quality Mental Health Services team will host a virtual workshop on implementing e-mental health in practice. This workshop provides an overview of what e-mental health is and its value to clients and families. E-mental health services, such as telehealth and apps, have been found to be a complimentary and effective option to access mental health care, if they are well implemented. The primary purpose of the workshop is to guide mental health professionals, and those working in the mental health and addictions field, through the E-Mental Health Toolkit, which is a resource to support the implementation of digital health services in practice. This shorter, virtual version of the workshop will feature a presentation, highlight available resources, and point to practical exercises to put learnings in practice. Participants will be guided through key elements of the Toolkit, giving them the ability to: Identify common challenges and opportunities in E-MH efforts; Successfully identify strategies from the Toolkit to plan and initiate E-MH in practice; Build personal and professional capacity with E-MH initiatives through exploration of resources.

Presenter(s):

- Danielle Impey, Acting Manager, Mental Health Commission of Canada, Ottawa, Ontario, Canada

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Presenter will explore the PCBH model and ways that PCBH teams can monitor fidelity to this model utilizing the GATHER acronym
- Presenter will highlight difficulties in GATHER as some aspects are difficult to measure through quantitative data.
- Presenter will teach audience members a process to improving tracking, reporting, and administrative support by creating a metric which can be used to coach PCBH BHCs. This will also set a benchmark for what G means in quantitative language.

Date: Asynchronous Content, 10/7/2020

Time: Available throughout conference

Keywords:

- Virtual Care
- Implementation Science
- Technology
- Canadian Collaboration

Session Type: Webcast

Objectives: *At the end of this presentation, participants will be able to...*

- Identify common challenges and opportunities in e-mental health efforts
- Successfully identify strategies from the E-Mental Health Implementation Toolkit to plan and initiate E-MH in practice
- Build personal and professional capacity with e-mental health initiatives through exploration of resources

Webcast 14 - Buffalo Riders Training Program

Presenter(s):

- *Jessica Ford*

Date: Asynchronous Content, 10/7/2020

Time: Available throughout conference

Session Type: Webcast

Webcast 15 - The Joy in Practice: Shifting the Conversation from Burnout to Wellbeing

The case no longer needs to be made that burnout is a syndrome with far-reaching implications (Koenig, 2018). We now exist in a time where innovative programs and interventions have been and continue to be developed to combat the systemic influences of burnout and enhance clinician wellbeing. Based on a review of cross-disciplinary literature and lessons learned through the development of an existing physician wellness program, this presentation aims to engage participants in learning novel approaches to foster clinician wellbeing. In lieu of the traditional view of burnout as a set of deficits and wellbeing as the antithesis of burnout, we will highlight burnout as moral injury and loss of purpose and will highlight strategies for promoting "The Joy in Practice" rather than strategies for solely ameliorating burnout or promoting wellness. We'll convene our attention on joy as a mode of "assets-based thinking" that harnesses strengths to be developed rather than problems to be solved (Johnson, 2020). Interventions focused on joy, purpose, and hope broaden attention and thinking, and as an emotion, joy persists longer than negative emotions and is shown to increase one's capacity for affective empathy. Joy is so much more than just the experience of, or the state of happiness. It is a discreet positive emotion, and there are ways to assess it, foster it, teach it, and embody it (Watkins, 2018). Building upon the IHI's framework (Perlo, 2017) to "Improve the Joy in Work", this presentation will offer evidence-based practices, validated assessments, and practice transformation tools from cross-disciplinary philosophies (e.g., medical sciences, developmental and positive psychology, and improvement science).

Presenter(s):

- Stephanie Trudeau, PhD, Postdoctoral Researcher, Thrive Center for Human Development, Fuller Theological Seminary, Pasadena, CA
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Date: Friday, 10/9/2020

Time: 2:45 PM - 3:45 PM

Session Type: Live streaming

Content Level: All Audience

Keywords:

- Burnout
- Prevention
- Self-care/Self-management

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Understand the utility of and strategies for shifting the focus on clinician burnout and wellbeing from deficit-focused to strengths-based joy-promotion.
- Learn ways to assess for joy and purpose as an indication of clinician wellbeing.
- Identify steps to engage leadership in demonstrating that joy in practice is a systemically shared responsibility.

This session formerly listed as live session I4.

Podcasts

Podcast 01 - A Feasibility and Acceptability Study of a Patient-Initiated Approach to Increasing Communication about Weight in Primary Care

The frequency of communication about weight between patients and providers in primary care is low despite the tremendous potential to improve health by preventing or treating obesity. Brief interventions with patients to address communication barriers and promote patient-initiated weight discussions may be a key strategy to increasing the frequency with which weight is addressed in primary care. This study tested the feasibility and acceptability of a waiting room-based pamphlet that targeted patient barriers to weight communication in primary care and promoted patient-initiated discussions. Adult participants (N = 60) with overweight or obesity were recruited from a primary care office in Philadelphia. Study flow was tracked and compared to pre-set benchmarks to assess feasibility. Mixed methods were utilized to measure acceptability with patients, physicians, and front desk staff. This study met 3 of 4 feasibility benchmarks. It is likely that without the logistical paperwork required of a research study the feasibility would be even

Date: Asynchronous Content,

Time: Available throughout conference

Session Type: Podcast

Content Level: All Audience

Keywords:

- Behavioral Medicine Topics
- Implementation science
- Patient-centered care/Patient perspectives

Objectives: *At the conclusion of this presentation, participants will be able to...*

greater. Quantitative and qualitative results demonstrated high participant and physician acceptability. Participants reported appreciating the pamphlet's tools for how to start a potentially uncomfortable conversation about weight. Physicians reported wanting all patients with obesity to receive the pamphlet and provided feedback about which sections of the pamphlet they found promising. Physicians also reported that time constraints in the appointment limited application of the pamphlet's topics, despite the usefulness of the pamphlet. Front desk staff had concerns about additional paperwork in the waiting room, but generally found the idea of a pamphlet acceptable. In conclusion, the intervention pamphlet was feasible to deliver in a primary care waiting room and was acceptable to participants, physicians and staff. A brief patient-focused intervention in the waiting room may be a promising format to address patients' complex needs in obesity management.

Presenter(s):

- Jocelyn Remmert, PhD, Postdoctoral Fellow, Corporal Michael J. Crescenz Philadelphia VA Medical Center, Philadelphia, PA

Co-Author(s):

- Nikki Crane, BA, Doctoral Student, Drexel University, Philadelphia, PA
- Leon McCrea, MD, MPH, Associate Professor, Drexel University College of Medicine, Philadelphia, PA
- Adam Tsai, MD, Associate Professor, University of Colorado School of Medicine, Denver, CO
- Meghan Butryn, PhD, Associate Professor, Drexel University, Philadelphia, PA

- Explain the feasibility of a brief intervention promoting patient-initiated weight discussions in a primary care waiting room.
- Describe the acceptability of the intervention from the patient, physician, and front desk staff perspectives.
- Identify translatable aspects of this intervention format for future projects.

Podcast 02 - In Pursuit of the Quadruple Aim: Evaluating the Role of a Health Resilience Specialists in an Integrated Behavioral Healthcare Setting

Background: Health systems are in constant pursuit of the quadruple aim, which embraces patient-centered, high quality, low cost healthcare: patient-centered, high quality, low cost healthcare, and fulfilled staff. This is particularly challenging, yet critical, in a population of patients with serious and persistent mental illness (SPMI). Cascadia Behavioral Healthcare partnered with CareOregon (Medicaid payer) to embed a Health Resilience Specialist (HRS) into an integrated health center with the objective of improvements in the quadruple aim. HRSs engage in extensive outreach, and are particularly skilled in working with complex patients with co-occurring physical and mental health concerns. Only one study has evaluated the use of a HRS to improve care, reduce emergency department (ED) visits, and decrease costs. Embedding a HRS in a behavioral healthcare setting has not been evaluated. We will evaluate the process of embedding a HRS into an outpatient integrated behavioral health center, to determine its effectiveness for the highest risk patients. **Methods:** Cascadia serves individuals with mental health and addictions. Many clients have SPMI and co-occurring physical health and addictions concerns. Cascadia is piloting the use of a HRS in an outpatient health center, selected based on staff culture and readiness for change, and high rates of emergency care utilization among clients. Clients who engage with the HRS will complete baseline and follow-up assessments. Outcomes will assess the quadruple aim: satisfaction with and quality of care; ED visits and hospitalizations; healthcare costs; and physical and mental health. Analyses will include a pre- post-intervention comparison, as well as changes over time. **Results:** In the past 12 months, 332 adults in the health center visited the ED at least once, and on average, clients had 9 ED visits in the past year. Of this sub-population, 13% visited the ED 5 or more times. Clients with a SPMI represent 58% of those using the ED at high rates. Cascadia will engage in population health management to target HRS services to clients identified as higher risk for using the ED, and outcomes in this cohort will be evaluated. **Conclusions and Implications:** This research will provide evidence to support the

Date: Asynchronous Content,

Time: Available throughout conference

Session Type: Podcast

Content Level: All Audience

Keywords:

- Complex Patient Care
- Population and public health
- Research and evaluation

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Understand how population health management can be applied to identifying a population on which to focus targeted outreach or services
- Apply rigorous analytic methods to evaluate the effectiveness of new services that are piloted in a specific population of patients in a health center setting
- Determine how a HRS can be utilized to improve specific outcomes related to the quadruple aim, and whether the effects of engaging with a HRS are differential based on individual-level patient characteristics

effectiveness of embedding a HRS in an integrated behavioral health setting. Results will highlight whether this role can contribute to realization of the quadruple aim and benefit Cascadia and similar organizations.

Presenter(s):

- Allison Brenner, PhD., MPH, Population Health Research Director, Cascadia Behavioral Healthcare, Portland, OR
 - Renee Book, MPH, Senior Director of Population Health Research and Innovation, Cascadia Behavioral Healthcare, Portland, OR
 - Molly Dressler, LCSW, Health Resilience Specialist, CareOregon, Portland, OR
 - Aspen Sartoris, MA, LPC, Recovery Services, Program Manager, Cascadia Behavioral Healthcare, Portland, OR
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Podcast 03 - Clinical Health Coaching in Primary Care

Motivating and assisting people to change their health behavior is a major challenge in primary care settings. It has been suggested 50% of patients leave office visits without understanding what advice their physician gave, and fewer still how to effectively implement recommended health behavior changes. In this respect, greater knowledge and action concerning health behavior change within primary care is essential to improve health outcomes. Clinical health coaching is an Evidence-Based approach that facilitates healthy, sustainable behavior change and is a valuable tool for primary care. The primary function of clinical health coach is to assist patients to gain knowledge, skills, and confidence to self-manage their health conditions. Clinical health coaching techniques enable efficient use of consultation time by focusing on what patients can actively do to improve their health. Coaches promote patients' responsibility for their own health management. Consultations can be face-to-face, telephone- or video-based or within a group setting. Clinical health coaching included individual and group coaching visits as well as coaching for specific clinical pathways (cancer, diabetes, etc). The addition of a clinical health coach to the primary care team allows for more comprehensive primary care in partnership with the patient consistent with agreed upon goals of care. The presentation will provide context for how the clinical health coaching program was developed at the University of Delaware based, in part, on perceived need in the primary care community. Case examples of what clinical health coaching looks like in applied health settings, academic training and professional development of clinical health coaches, and a discussion of how clinical health coaching could be further integrated within existing Integrated Care models.

Presenter(s):

- Michael Peterson, EdD, Professor and Chair, Department of Behavioral Health and Nutrition, University of Delaware, Newark, DE
- Tara Leonard, MS, Clinical Instructor, Department of Behavioral Health and Nutrition, University of Delaware, Newark, DE
- Michael Mackenzie, PhD, Associate Professor - Health Behavior Science, University of Delaware, Newark, DE
- Douglas Tynan, PhD, Mental Health Educator, American Diabetes Association, Alexandria, VA

Date: Asynchronous Content,

Time: Available throughout conference

Session Type: Podcast

Content Level: Novice

Keywords:

- Chronic Care Model of Integrated Care
- PCBH Model
- Team-based care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Understand the role of clinical health coaching within the primary care team
- Understand how clinical health coaching may be integrated within the primary care team
- Understand the academic preparation and requirements necessary for a clinical health coach

Podcast 04 - Entering the IBH World - Now I Can See

The Primary Care Behavioral Health (PCBH) Model illustrates the importance of including behavioral health providers within primary care settings with the goal of using a team-based approach to care to address biopsychosocial concerns that arise during visits (Reiter, J., Dobmeyer, A., & Hunter, C., 2018). Often when behavioral health providers are added to the team, medical providers are not part of the initial conversation on how this integration may change a variety of components of medical visits. Collaborative and team-based care is not a simple solution that is automatic once a behavioral health clinician (BHC) is added to the team. Both medical providers and BHCs have different language that is used during patient contact and requires continuous communication between providers in order to build trust with families and reliance on each other to meet the families' needs. BHCs in integrated setting typically are expected to be the leader in teaching medical providers on how to build collaboration through warm hand-offs, co-visits, etc., although BHCs can also learn invaluable information when present for medical visits. Medical providers and BHCs will discuss and review their different viewpoints on specific cases that they have experienced within their clinics and how collaborative, integrated care has improved patient care. Ideas on how to continue to grow collaboration in a money driven landscape will be discussed.

Presenter(s):

- *Maribeth Wicoff, PhD, Pediatric Psychologist, Children's Hospital of Philadelphia, Philadelphia, PA*
- *Kelly Hanlon, PsyD, Faculty Psychologist, University of Rochester Medical Center, Rochester, NY*
- *Kathryn Mancini, PhD, Child & Adolescent Psychologist, Assistant Profess, MetroHealth Medical Center, Cleveland, OH*
- *Kate Depippo, MSN, Family Nurse Practitioner, University of Rochester Primary Care, Rochester, NY*

Date: Asynchronous Content,

Time: Available throughout conference

Session Type: Podcast

Content Level: All Audience

Keywords:

- Patient-centered care/Patient perspectives
- PCBH Model
- Team-based care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify and apply practices used by 3 health systems to build collaborations between providers
- Describe how collaborative, integrated care has improved patient health care.
- Discuss current methods and ideas for improving integration of behavioral health clinicians in primary care

Podcast 05 - "What is She Doing Here?" Why Providers Are Ambivalent about Working with Family Caregivers and How to Change That

Several recent research studies show that healthcare professionals have greater appreciation for family caregivers but are still reluctant to fully embrace them as partners in care. The cordial distance they maintain can make many family caregivers feel marginalized. In this workshop, a primary care provider, a behavioral health provider specializing in family caregiving, and a family caregiver of a patient with complex health needs will discuss ways that the collaborative healthcare team can engage, support and empower family caregivers as valued and integral team members with specific duties as observers and implementers of care plans.

Presenter(s):

- *Barry Jacobs, PsyD, Principal, Health Management Associates, Swarthmore, PA*
- *Kimberly McGuinness, CRNP, Nurse Practitioner, Inspira Medical Group, Mullica Hill, NJ*

Date: Asynchronous Content,

Time: Available throughout conference

Session Type: Podcast

Content Level: All Audience

Keywords:

- Complex Patient Care
- Family centered care/Family perspectives
- Team-based care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Review findings from four recent research studies on physician-family caregiver interactions
- Identify time-efficient and reimbursable means for integrated team members to collaborate with the family caregivers of complex patients
- Define 5 means by which integrated team members can engage, support

Podcast 06 - Bringing Mental Health to the Ngäbe in Bocas del Toro, Panama through Floating Doctors

Floating Doctors is a non-government organization (NGO) located in Bocas del Toro, Panama since 2011. They provide mobile medical clinics to 24 Ngäbe communities on a quarterly rotating basis. Support for these clinics comes from Panama's Ministry of Health, partnerships with various local businesses, financial and in-kind donations, and 85% from medical and non-medical volunteer programs. In response to volunteer physicians recognizing and expressing concerns about the mental health of their patients - both in presentation and as interference to best medical outcomes - Floating Doctors formed a collaboration with Dr. Kristina Brown, Professor and Chair of the Couple and Family Therapy Department at Adler University, in 2017. Working with Founder and CEO of Floating Doctors, Dr. Ben LaBrot, they developed initial plans to incorporate the provision of mental health into the programs offered through Floating Doctors. After many conversations and preliminary learnings about the organization and the region, Drs. LaBrot and Brown initiated a doctoral couple and family therapy internship in 2019. The internship included a research project to assess mental health literacy and needs. Concurrently, they also developed a pilot implementation of the inclusion of mental health consultations over a two-week period in summer 2019. Dr. Brown brought seven students to Panama to volunteer in the mobile medical clinics. This presentation will include a narrative of the creation of Floating Doctors, rationale for the collaboration with Couple and Family Therapy, and a description of both the research project and the piloted mental health consultations. The presenters will introduce participants to the indigenous Ngäbe peoples and share their experiences and learnings highlighting the mutual strengths of collaboration. Future directions and plans for the permanent inclusion of a mental health program as part of Floating Doctors will be reviewed.

Presenter(s):

- Kristina Brown, PhD, LMFT, Professor and Chair of the Couple and Family Therapy Department, Adler University, Chicago, IL
- Benjamin LaBrot, Bch. Medicine, Surgery, & OBS/GYNE (MD Equivalent in Ireland), CEO, Floating Doctors, Topanga, CA

Podcast 07 - Anxiety Treatment Preferences among Veteran Primary Care Patients: Demographic, Mental Health, and Treatment-Related Correlates

Anxiety symptoms are common among primary care patients. Research has demonstrated the efficacy of behavioral interventions for anxiety delivered in primary care; however, anxiety continues to be under-treated. One way to improve utilization of anxiety treatment in primary care is to consider patient preferences. Assessing patient treatment preferences is an important first step when providing treatment from a patient-centered care framework, which may be associated with greater treatment utilization, retention, and adherence. This study aimed to describe

Date: Asynchronous Content,

Time: Available throughout conference

Session Type: Podcast

Content Level: Intermediate

Keywords:

- CoCM
- Cultural Humility/ Health Equity
- Ethics
- Interprofessional teams

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Understand about the unique medical and mental health needs in the local Ngäbe communities served by Floating Doctors that also reflect relatively common predicaments for similar populations around the world
- Identify complimentary mental health interventions to typical medical presentations seen in the mobile medical clinics
- Experience the learnings and challenges faced by the collaboration between Floating Doctors and Couple and Family Therapy

Date: Asynchronous Content,

Time: Available throughout conference

Session Type: Podcast

Content Level: All Audience

Keywords:

- Evidence-based interventions
- Mood

patient preferences for anxiety treatment in primary care and explore correlates of those preferences. Participants were 144 Veterans (83% male, 85% White) from primary care who endorsed current anxiety symptoms in the past two weeks (GAD7 score ≥ 8). Participants completed self-report measures of demographics, mental health symptoms, treatment-related characteristics (e.g., readiness to change) and indicated their preference for 11 attributes of anxiety treatment (method, type, location, format, provider, approach to psychotherapy, symptom focus, topic/skill, and number, frequency, and duration of sessions) via mailed survey. Chi-squared and multinomial logistic regression analyses were conducted to examine relationships between each variable and preference for treatment attribute on a bivariate and multivariate level. Patients preferred face-to-face (60%) individual treatment (61%) with a behavioral health provider (49%) in primary care (43%), occurring once a month (42%) for 45-60 minutes (40%). They preferred a stress management approach (32%) including psychoeducation (21%) and focus on worry/racing thoughts (27%). Correlates of treatment method, type, location, frequency, and duration will be presented. The format of integrated primary care matches well with patients' anxiety treatment preferences. Assessing patients' symptom and treatment profiles may help inform treatment recommendations. Results have implications for both behavioral health providers and primary care providers, as greater knowledge of patient preferences may lead to improvement in utilization of interventions for anxiety in primary care.

Presenter(s):

- Katherine Buckheit, PhD, Post-doctoral fellow, VA Center for Integrated Healthcare, Syracuse, NY
- Robyn Shepardson, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse, NY

Co-Author(s):

- Jennifer Funderburk, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse, NY

-
- Patient-centered care/Patient perspectives

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify patient preferences for a variety of anxiety treatment attributes
- Identify demographic, mental health, and treatment specific correlates of anxiety treatment preferences
- Discuss the benefits of the incorporating data on patient preferences into clinical practice

Podcast 08 - The Challenges and Successes of Shifting to Full Integration to Meet the Needs of our Patients with Complex Care Needs in an Under Served Community

Minority women in the United States are at higher risk of adverse birth outcomes and have lower utilization of prenatal care. Hispanic/Latina women are less likely to initiate prenatal care in the first trimester or to receive adequate prenatal care. Immigrant and migrant women, and undocumented women in particular, face additional challenges that include reduced access to health facilities and behavioral health care, lack of health insurance, socioeconomic stressors and language barriers to communicating with primary care providers. To support providers in addressing this need, our organization began co-locating behavioral health therapists. After testing this approach for several years, we found that access was still limited and most patients could not come back for therapy. To better meet the needs of our population, we made the shift to full integration in which the BHC provides same day access and functions as part of the medical team. One example of BHC involvement is their collaboration in Centering Pregnancy which is an innovative model of group prenatal care and childbirth education. It consists of organizing healthcare delivery, identifying risk factors and addressing needs, providing health education, and peer support. Centering is conceptually grounded in self-efficacy theory, the idea of empowering women by actively involving them in their care will lead to better health outcomes. Numerous published studies show that Centering moms have healthier babies and that Centering nearly eliminates racial disparities in preterm birth. This

Date: Asynchronous Content,

Time: Available throughout conference

Session Type: Podcast

Content Level: Intermediate

Keywords:

- Prevention
- PCBH Model
- Underserved populations
- High Risk Pregnancy

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe how shifting to full integration allowed BHCs to provide preventative services, meet the unique needs of the population and be incorporated into the medical teams.
- Identify key elements for integrating BHCs into preventative services and

presentation will provide interactive, round table discussion on shifting from co-location to full integration at a Federally Qualified Health Center to customize care to the needs of a high-risk pregnancy population. We will review practical strategies for how BHCs become part of the medical team and expanded to a whole array of prevention and intervention supports. The importance of education and training will be stressed and modeled through practical examples and implementation tips. Participants will be provided a worksheet to better customize services to the needs of their populations with high risk.

Presenter(s):

- *Yesenia Rios, LPC-S, NCC, CCI, Director of Behavioral Health Services, El Centro de Corazon, Houston, Texas*
 - *Wendy Bradley, LPC-MHSP, CAADC, CPHQ Director of Behavioral Health Integration, TMF Health Quality Institute, Austin, TX*
-

Podcast 09 - Making the Business Case for Sustainability: Clinical and Economic Outcomes from Jefferson Plaza Family Health Home

This presentation describes the Jefferson Plaza Family Health Home model which offers preventative physical and behavioral healthcare to the entire family in one location. An evaluation of clinical, operational, and economic components are presented. The outcomes explored in this presentation are instrumental in describing the impact this type of care delivery has on the population it serves. The challenges and future directions of this clinic seek to contribute to the growing body of knowledge around health home implementation, design, and sustainability. The holistic approach of health homes may offer an opportunity to transform the healthcare system and advance the public health impact of the primary care setting. Presenters will discuss virtual/telehealth options that integrated practices may wish to employ for optimizing integration.

Presenter(s):

- *Jeanette Waxmonsky, PhD, Vice President, Integrated Care, New Directions Behavioral Health Care, Denver, CO*
 - *Shannon Tyson-Poletti, MD, Assistant Medical Director, Jefferson Center, Wheat Ridge, CO*
 - *Tatiane Santos, PhD, Post-Doctoral Fellow, Leonard Davis Institute of Health Economics at University of Pennsylvania, Philadelphia, PA*
 - *Megan Swenson, LPC, LAC, Director Integrated Care, New Directions Behavioral Health, Wyoming, MN*
 - *MaryAnn Shiltz, DNP/Pediatric Nurse Practitioner, Westside Medical Director, STRIDE Community Health Center, Lakewood, CO*
 - *Meghan Pataky, DSW, LCSW, LAC, Manager of Integrated Care, Jefferson Center for Mental Health, Denver, CO*
-

Podcast 10 - "I've got a team behind me here": Integrated Behavioral Health in Primary Care from the Patient's Point of View

Integrated behavioral health in primary care settings (IBHPC) is associated with numerous benefits, including cost savings, decreased provider stress, and improved health outcomes. Research on patient experiences has focused on satisfaction, which raises questions about the impact of IBHPC from the patients' perspective. Six people who have received IBHPC (partnership between the physician and behavioral health clinician in the medical clinic), but not traditional therapy were interviewed and transcribed for qualitative analysis. Results revealed the prevalence of Adverse Childhood Experiences (ACEs) for this patient population and how tenets of IBHPC embrace trauma-informed care. Based on this qualitative research project, team-based primary care using a trauma-informed lens is the best approach to maximize wellness with complex patients. The audience will learn concrete ways to recognize red flags that indicate the possibility of ACEs, to identify and treat risk factors, and

Centering Pregnancy Groups to support high risk pregnancies.

- Using population based strategies identified, develop one action item that can be applied to your own sub population.

Date: Asynchronous Content,

Time: Available throughout conference

Session Type: Podcast

Content Level: Intermediate

Keywords:

- Financial sustainability
- Multi-generational care
- PCBH Model

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe an integrated care model for families.
- Define clinical outcomes for an integrated care model for families
- Identify economic data for evaluating sustainability for an integrated care family health home model. 4. Describe considerations for telebehavioral health services to optimize integration.

Date: Asynchronous Content,

Time: Available throughout conference

Session Type: Podcast

Content Level: All Audience

Keywords:

- Complex Patient Care
- Patient-centered care/Patient perspectives
- Trauma-informed care

incorporate available resources into whole-person care.

Presenter(s):

- Aimee Burke Valeras, PhD, LICSW, NH Dartmouth Family Medicine Residency at Concord Hospital, Concord, NH
- Erin Cobb, PhD, Postdoctoral Fellow, Uniformed Services University of the Health Sciences, Rockville, MD

Objectives: *At the conclusion of this presentation, participants will be able to...*

- To understand, based on the patient perspective, how to respond to adults with ACEs using a trauma-informed approach in an integrated primary care setting.
- To identify how the team can function around working with adults with ACEs
- To identify ACEs as a hazardous, quantifiable exposure which has a substantial and direct impact on health outcomes.

Podcast 11 - Introducing OWEPI-ITI: An Interdisciplinary Training Program for Helping Youth and Families Impacted by Opioids

The Interdisciplinary Training Initiative for Children, Adolescents & Families Impacted by Opioid Use Disorder (ITI) is a HRSA-funded project that offers workforce development training and preparation of behavioral health students at Drexel University and University of Akron to help combat opioid use disorders (OUDs) and other substance use disorders (SUDs) among adolescents and their families. This is critical in our communities, as the CDC reported in 2017 that Ohio and Pennsylvania were two of the top five states with the highest rates of fatal drug overdoses in the nation. The training program includes online educational modules, and mixed-reality simulation in evidence-based, trauma-informed, culturally competent practices for the prevention, treatment and recovery support services for at-risk youth and their families. Multiple disciplines were represented in the training components, including behavioral health, medicine, nursing, and pharmacy. The proposed presentation aims to describe preliminary program evaluation for educational modules component and their impact on the trainee's a) knowledge in OUD and SUD as assessed through pre- and post-test quizzes, b) perceptions of substance use as measured by the Substance Abuse Attitude Survey, and c) their understanding of team-based care as measured by the Team Skills Scale. Data from 25 Masters-level trainees and 10 supervisors were included. Analysis includes univariate statistics to contextualize the sample, bivariate analysis to examine the linkages between variables, and paired samples t-tests to examine if there is a change between pre- and post-test. Implications from the findings will be discussed within the context interprofessional collaboration, multicultural competence, addiction knowledge, and trauma-informed care.

Presenter(s):

- Rikki Patton, PhD, Associate Professor, University of Akron, Akron, OH
- Jessica Chou, PhD, Assistant Professor, Drexel University, Philadelphia, PA
- Heather Katafiasz, PhD, IMFT-S, AAMFT-AS, Assistant Professor, University of Akron, Akron, OH
- Asif Zaarur, BA, Research Assistant, Drexel University, Philadelphia, PA
- Yue Dang, PhD, Assistant Professor of Instruction, University of Akron, Akron, OH
- Christian Jordal, PhD, Associate Clinical Professor, Drexel University, Philadelphia, PA

Date: Asynchronous Content,

Time: Available throughout conference

Session Type: Podcast

Content Level: All Audience

Keywords:

- Interprofessional education
- Opioid management
- Workforce development

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the need for workforce development in the area of substance use.
- Identify core components of a substance use training modules and how they impact knowledge building in the areas of substance use knowledge, perceptions, and team-based care.
- Describe how interdisciplinary educational modules advance substance use training.

Podcast 12 - Buprenorphine Treatment in Integrated PCBH model

In response to the opioid epidemic, Community Health Center, Inc. (CHC) created a program to meet the medical and behavioral health needs of individuals with Substance Use Disorder (SUD) diagnoses in CT. Understanding how to provide Medication Assisted Treatment (MAT) in coordination with group therapy has helped patients eliminate their dependence on illicit opioid use and develop skills and support systems on their road to sustained recovery. Attendees will learn how a MAT program can be designed and implemented in integrated primary care settings, including how to facilitate coordinated care across mental health and medical staff, and troubleshoot a variety of patient and program challenges that may arise.

Presenter(s):

- Dariush Fathi, PsyD, Director of Behavioral Health, Community Health Center, Danbury, CT
- Constantino Rago, LPCA, Behavioral Health Clinician, Community Health Center, Danbury, CT

Date: Asynchronous Content,

Time: Available throughout conference

Session Type: Podcast

Content Level: All Audience

Keywords:

- Opioid management
- PCBH Model
- Team-based care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe 3 key benefits of a Medication-Assisted Treatment (MAT) program using Buprenorphine for individuals with opioid use disorders
- Identify the roles of Behavioral Health Clinicians, Medical providers, and Recovery Care Coordinators in providing effective treatment to populations struggling with substance use
- Apply lessons-learned from the CHC model of integrated care to their own healthcare clinics

Podcast 13 - Specialty Care IBH: Elevating the Special in Specialty Care

Integrated Behavioral Health (IBH) is a well-supported approach to care. Traditionally, this approach has focused on primary care clinics. The CentraCare System, based in Central Minnesota, has also found value in integrating behavioral health (BH) providers in the specialty care setting. As primary care is asked to take on ever increasing responsibility for complex patients, Specialty IBH can provide an opportunity for in the moment care during specialty care appointments, rather than deferring an additional concern to the next primary care visit. Adapting a primary care BH model, Specialty IBH providers utilize medically specific knowledge and experience to address BH issues within their respective departments, offering patients compassionate and effective interventions and resources. The IBH program at CentraCare currently includes 7 primary care sites, 4 sites served by Tele IBH, and 2 Specialty IBH Sites: Outpatient Psychiatry & Rehabilitation (P&R) Department and Heart & Vascular Center (HVC). IBH providers in specialty departments support clinic culture allowing the systems of care to better understand the relationship between psychological symptoms, physical health concerns, and the role this plays to help or hinder medical treatment. Within P&R, the IBH provider offers opportunities for education, psychological support, and resources and referrals. Specific programs include brain injury therapy and support groups, as well as regular professional development opportunities for allied professionals. At the HVC, the IBH provider is available in clinic, in the acute hospital setting, and in cardiac rehab to assist patients with behavioral health symptoms, to support normative adjustment, and to facilitate health behavior change. Specific programs include education workshops as a part of the Intensive Cardiac Rehab Program and Shared Medical Appointments addressing hypertension. Both specialty IBH providers also coordinate with their colleagues in

Date: Asynchronous Content,

Time: Available throughout conference

Session Type: Podcast

Content Level: Intermediate

Keywords:

- Innovations
- Interprofessional teams
- Special populations (e.g. disability)

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Define Specialty IBH and their role within the health care clinic
- Describe the benefits of Specialty IBH to patients within Specialty clinics
- Detail the benefits of Specialty IBH psychotherapists to medical providers within Specialty clinics

primary care to facilitate patients' transitions between specialty and primary care. This adaptation of IBH has been well received by both patients and staff, utilized fully by the departments, and has garnered system wide support as IBH expands across CentraCare.

Presenter(s):

- Toni Mahowald, PsyD, LP Integrated Behavioral Health Provider, CentraCare, St. Cloud, MN
- Christine Gilyard, LMFT, Staff Psychotherapist, CentraCare St. Cloud Hospital, St. Cloud, MN

Co-Author(s):

- Kelly Collins, MD, Physical Medicine and Rehabilitation, CentraCare, St. Cloud, MN
- John Mahowald, MD, Cardiologist, CentraCare, St. Cloud, MN
- Nick Sanner, MBA, Director, Heart & Vascular Center Clinic, CentraCare, St. Cloud, MN

Posters

Poster 01 - The Impact of the Patient-Provider Relationship on LGBTQ Health Outcomes

The patient-provider relationship is an essential component of providing good health outcomes (i.e., medication compliance and management of chronic conditions). Looking at both the patient and the provider is crucial to understanding what variables emerge as differences that make a difference in their relationship, but little dyadic research is done looking at the relationship between the patient and provider, and less still looking at the LGBTQ patients and their providers. The Four World View provides a lens informing the four worlds of healthcare: clinical, operational, financial, and training/educational. Each of the four worlds has a responsibility in improving LGBTQ patients' lower health outcomes and utilization of healthcare services. Recommendations will be given to help each of the four worlds improve health outcomes for LGBTQ patients through patient-provider relationship.

Presenter(s):

- Corin Davis, MS, PhD Student, East Carolina University, Greenville, NC
- Angela Lamson, PhD LMFT, Associate Dean for Research and Professor, East Carolina University, Greenville, NC

Session Type: Poster

Keywords:

- Cultural Humility/Health Equity
- Evidence-based interventions
- Interprofessional education
- Outcomes
- Patient-centered care/Patient perspectives
- Skills building/Technical training
- Special populations (disability)
- Underserved populations (LGBTQ)
- Ethics

Objectives: *At the conclusion of this presentation, participants will be able to...*

- describe the Four World View in relation to the LGBTQ patient-provider relationship.
- identify the three components of the patient-provider relationship that lead to improved health outcomes.
- identify three LGBTQ population health outcomes where improved patient-provider relationships can improve health outcomes.

Poster 02 - Understanding the Relational Implications of Treating Complex Patients in Integrated Primary Care Settings

Primary care continues to be on the front lines of care in treating more socially and behaviorally complex patients. However, the ways in which the patient-physician relationship are shaped as a result of this increasing complexity in primary care are not clearly understood. In order to provide quality care that effectively addresses social and behavioral health needs and leads to positive patient outcomes, greater attention needs to be paid to the influence this care has on the patient-provider relationship. This presentation will outline a burgeoning conceptual model developed to understand the implications of treating behavioral health conditions in primary care on the patient-physician relationship. The model addresses issues of trust and collaboration in the context of the working alliance (Bordin, 1979) as well as frames patient-physician interactions through the lens of the therapeutic relationship in psychotherapy (Balint, 2000). The presentation will also highlight the importance of interprofessional collaboration with social workers in helping to facilitate improved provider relationships with complex patients and as well as mitigating provider burnout.

Presenter(s):

- Lauren Denny, LCSW, Behavioral Health Specialist at Lehigh Valley Health Network and Doctoral Candidate; Bryn Mawr Graduate School of Social Work and Social Research, Bryn Mawr, PA
- Sara Bressi, PhD, LSW, Associate Professor of Social Work; Bryn Mawr Graduate School of Social Work and Social Research, Bryn Mawr, PA

Session Type: Poster

Keywords:

- Burnout
- CoCM
- Complex Patient Care
- Interprofessional education
- Interprofessional teams
- PCBH Model
- Team-based care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Define the concept of the therapeutic relationship in psychotherapy as applied to the primary care relationship.
- Identify elements of trust and collaboration as related to the primary care working alliance and the importance of maintaining these elements in relationships with complex patients.
- Discuss the implications of treating increasing numbers of patients with

complex social and behavioral health needs on the therapeutic relationship in primary care and physician burnout and identify potential solutions to mitigating provider burnout

Poster 03 - Interdisciplinary Training Academy for Substance/Opioid Use Disorder: A Prevention and Healthcare Model

Opioid misuse is a nationwide public health crisis. In response to the high incidence of opioid-related drug overdoses in Arizona, the Center for Applied Behavioral Health Policy (CABHP) has initiated an innovative training model to prepare emerging behavioral health practitioners to tackle the opioid epidemic. The Interdisciplinary Training Academy (ITA), developed by students, for students, will broadly prepare emerging professionals to address the complex treatment needs of opioid misuse and other substance use. Through funding from the Health Resources and Services Administration (HRSA), CABHP is directing the three-year student-led interdisciplinary project that will enhance competencies around evidence-supported prevention and treatment practices. Currently in its initial year, psychiatric doctoral nursing students with direct supervision and support from the CABHP team are developing the framework and curriculum for the second year. During the second year, a 30-week training rotation will be carried out by Arizona State University (ASU) School of Social Work, Master's in Social Work (MSW) Interns. During the second year the MSW interns will participate in direct field work through a series of rotating experiential training sites related to prevention, treatment, and policy, providing students with exposure to, and appreciation for, diverse systems that influence patient outcomes. Additionally, they will receive specialized training seminars facilitated by ASU faculty and CABHP staff. The training model is a unique and innovative means to train emerging professionals across all systems that touch the opioid epidemic. This poster will describe the framework, curriculum, and its implications for interprofessional graduate education of behavioral health providers, including those working in primary care.

Presenter(s):

- Colleen Clemency Cordes, PhD, Clinical Professor, Assistant Dean NTE Faculty, Arizona State University, Phoenix, AZ
- Nidia Hernandez, Graduate Research Assistant, Center for Applied Behavioral Health Policy, Arizona State University, Phoenix, AZ
- Natasha Mendoza, PhD, MSW, Director, Center for Applied Behavioral Health Policy, Arizona State University, Phoenix, AZ
- Adrienne Lindsay, DBH, Associate Director, Center for Applied Behavioral Health Policy, Arizona State University, Phoenix, AZ

Session Type: Poster

Keywords:

- Interprofessional education
- Opioid management
- Training Models

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe a model of interprofessional education related to opioid misuse
- Describe the need to provide both didactic and experiential learning across diverse models of multidisciplinary care and systems to support patients with opioid misuse
- Articulate an approach to interprofessional faculty and student engagement in curricula development

Poster 04 - Addressing Smoking Cessation with Integrated Behavioral Tele-Health

We plan to demonstrate that integrated behavioral care through tele-health can support patient smoking cessation efforts. Implementing a bidirectional care model can reinforce and augment the care received from the medical health care provider. Smoking is a primary cause of morbidity and mortality. It negatively impacts outcomes for chronic disease patients resulting in significantly increased healthcare costs (Centers for Disease Control, 2019). Smoking cessation is a multifactorial process that includes addressing the underlying addiction through pharmacological measures along with promoting and supporting behavior change through

Session Type: Poster

Keywords:

- PCBH Model
- Substance abuse management
- Telehealth

Objectives: *At the conclusion of this presentation, participants will be able to...*

motivational interviewing, cognitive behavioral strategies, and dialectical behavioral strategies. By working in tandem, integrated behavioral health providers and primary care providers can increase patient satisfaction, smoking cessation success rates, and a decrease in provider burnout. In rural communities, access to behavioral health care is sparse (Jolly, 2019). In this model, integrated behavioral health care is provided via technology to allow more access to patients. The tele-health is done by using a wall mounted screen in a designated tele-health room as well as by utilizing rolling iPad carts which can be taken directly into a patient's room.

Presenter(s):

- Summer Coleman, MSW, LGSW, Associate Psychotherapist, Integrated Behavioral Health, Tele-Health, CentraCare, Sartell, MN
 - Wendy Miller, APRN, CNP, NCTTP, Family Nurse Practitioner, CentraCare Health - Paynesville, Paynesville, MN
-

- identify how team based care provides supports to primary care providers addressing smoking cessation.
- recognize the impact of using an interdisciplinary approach to addressing smoking cessation on patient satisfaction.
- discuss how technology can provide access to behavioral health services in a rural setting.

Poster 05 - Caring for Integrated Care Teams & Trainees: Addressing Imposter Syndrome and Burnout in an Evolving Healthcare Paradigm

Impostor syndrome (IS) is characterized by a fear of one's intellectual incompetence being discovered and an inability to internalize accomplishment. In pre-COVID-19 conditions, studies show that individuals with high impostor syndrome had an increased risk for burnout. In stressful work environments and in uncertain social conditions, impostor syndrome is likely to have an even greater impact. This poster raises awareness of IS, highlights attributes associated with IS, and presents several strategies to overcome IS for integrated care teams and clinical trainees.

Presenter(s):

- Lisa Tshuma, PA-C, DBH, MPAS, MPA, Assistant Professor, A.T. Still University, Mesa, AZ
- Daytheon Sturges, PA-C, MPAS, CAHIMS, CHES, Assistant Professor, University of Washington, Physician Assistant Program

Session Type: Poster

Keywords:

- Diversity
- Team Care
- Burnout
- COVID

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Define impostor syndrome and burnout.
- Discuss the prevalence, risk factors, association and impact of impostor syndrome and burnout.
- Describe 5 strategies to address impostor syndrome and reduce burnout amongst integrated care teams and trainees.

Poster 06 - Developing and Implementing a Curriculum Focused on Social Determinants of Health for an Interprofessional Training Program during COVID-19

Within the US, many health care providers do not understand the full extent or nature of health disparities. Current literature outlines the need for further education on social determinants of health (SDH), but there is little evidence on how to approach this within an interprofessional setting. The Center of Outpatient Education (COE), an interprofessional program (IP) for Physician, Nurse Practitioner, Nursing, Psychology, Pharmacy, and Social Work trainees, is implementing and testing innovative approaches for interprofessional education through a team-based model. Within the COE, a novel SDH curriculum, including didactic sessions and hands-on learning activities, is being developed by an IP faculty. Conducted sessions focus on topics such as Social Justice, the US Healthcare System, Climate Change, and Community Infrastructure. Concurrently, additional modules are being developed for future learning blocks.

In light of the challenges of Covid-19, COE has had to adapt to newer methods in the delivery of education. The lectures and community mapping activity were altered for delivery via a virtual format. Not only did the learners have to adapt to a new

Session Type: Poster

Keywords:

- SDOH
- Interprofessional

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Define social determinants of health and explain how those factors affect health utilization and outcomes.
- Describe an innovative curriculum focused on recognizing personal bias, understanding how societal and cultural factors affect interactions with the healthcare system, recognizing gaps in care, and addressing patients' needs.
- Explore the efficacy of using an online platform to deliver content in

method, but so did the faculty. The success of the sessions on a virtual platform shows that the SDH IP curriculum has the ability to be delivered to an even wider IP audience.

an interactive interprofessional curriculum.

Teaching SDH to an interprofessional group of learners is an educational innovation that shows the adaptability of IP education. The challenge with curriculum development in this setting is to deliver relevant knowledge that interests learners and improves patient care. As such, we focused on content that would be relevant on both a local and national scale. Another unique challenge was also to deliver content in a team-based approach that allows learners to learn at the highest scope of their respective practices and prepare them to be effective interprofessional leaders providing high-value care.

Presenter(s):

- Elizabeth Painter, PsyD, MSCP, Clinical Instructor, Case Western Reserve University School of Medicine and Associate Director of Psychology for the Center of Outpatient Education at the VA Northeast Ohio Healthcare System, Cleveland, OH
- Timica Campbell, MD, MPH, COE Curriculum Director for the Center of Outpatient Education at the VA Northeast Ohio Healthcare System, OH

Poster 07 - Sleepless Nights, Sleepless Days: The Invisible Journey of Narcolepsy and its Impact on the Family

"Narcolepsy is this entity that is driving us in a car and we have no idea where we're going. It's in complete control and you're never going to like this driver. But every now and then it might take you somewhere kind of even funny and interesting." This quote is taken from an interview with a parent who has a child diagnosed with narcolepsy. This statement poignantly captures the reality that while families experience pain from having very little sense of control of this incurable condition, they also discover new ways of being resilient that they otherwise would not have known. A common source of pain for families affected by narcolepsy are the misperceptions about the condition. People often assume narcolepsy is a sleep disorder that causes spontaneous sleep at any given time. However, with the proliferation of the narcolepsy diagnosis following the H1N1 epidemic in 2010, an increase in medical and clinical research has provided more insight into the condition as an autoimmune disease. In this workshop, presenters will provide an historical narrative about narcolepsy, addressing common myths and describing the complexity of this autoimmune disease and its impact on patients and the family system. The biopsychosocial impact of narcolepsy will be shared, drawing upon recent literature as well as results from the presenters' recent mixed methods narcolepsy study. Researchers partnered with Wake Up Narcolepsy to distribute surveys, followed by in-depth interviews to gain a better understanding of the patient and family member perspective. Moreover, the study uniquely examines the perspective of parents raising children with narcolepsy. This presentation will utilize the Family Systems and Illness (FSI) model to frame the assessment, conceptualization, and treatment of families with narcolepsy. Themes that promote insight, empathy, creativity, and resiliency when working with families affected by narcolepsy will be described

Presenter(s):

- Miyoung Yoon Hammer, PhD, Associate Professor of Marriage and Family Therapy, Fuller Theological Seminary
- Alison Wong, PhD, Assistant Professor of Marriage and Family Therapy, Fuller Theological Seminary

Session Type: Poster

Keywords:

- Parent resiliency
- Chronic illness
- Biopsychosocial

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify common myths associated with narcolepsy and describe the biopsychosocial-historical components of the condition.
- Describe salient themes related to the parent experience of having narcolepsy and/or having a child with narcolepsy.
- Identify interventions to working with families affected by narcolepsy as well as professional collaborative approaches to providing comprehensive care to patients and family members.

Poster 08 - Integrated Behavioral Health Consulting as an Effective Strategy to Improve Effectiveness of the Primary Care Response during the SARS-COV-2 (COVID-19) Pandemic

Addressing behavioral health factors during the onset and duration of a public health crisis are critical elements to sustainment of healthcare systems. The SARS-Cov-2/Covid19 pandemic quickly overwhelmed healthcare facilities around the world, as demand for care exceeded the available supports. Health behavior change can be protective by reducing potential patient exposure and promoting immune function. Additionally, it can serve as a functional part of the morbid phase treatment plan to enhance recovery. Integration of care, in this context, serves to increase efficiency, mitigate patient decompensation, and moderate provider workload. This poster presents information on utilization of Behavioral Health Consultation to increase efficiency and reduce PCP workload during surge capacity operation.

Presenter(s):

- Sarah Shelton, PsyD, MPH, MSCP, Founder & CEO, Shelton Forensic Solutions, Louisville, KY
- John Penezic, MA, Psychology Resident, Charles George VA Medical Center, Shepherdsville, KY

Session Type: Poster

Keywords:

- Integrated Behavioral Health
- Pandemic
- Primary Care
- COVID

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Recognize the impact of public health crises on primary care operations, specifically as they relate to healthcare team and patient experience and wellness.
- Identify ways in which integrated behavioral healthcare can minimize negative impact and optimize effectiveness and efficiency during a public health crisis.
- Describe what the recent Covid-19 pandemic has revealed in terms of how to function more nimbly and appropriately in healthcare in future situations of a similar nature.

Poster 10 - How An Innovative Program in Kentucky is Addressing the Opioid Crisis Through Refining the Delivery of Integrated Primary Care

Kentucky has one of the highest rates of opioid prescription and addiction. High levels of opioid-based coping patterns co-exist with high levels of health disparity and lack of access to healthcare in disenfranchised populations with a high rate of co-morbid trauma. Patients present in primary care with a complex interplay of medical, dental, and mental health problems that create treatment obstacles, increase provider burnout, and lead to poor outcomes. Assessing and addressing all concerns simultaneously from a multi-disciplinary approach is critical. Differential diagnosis between clinical pain and opioid-seeking behaviors is challenging and not mutually exclusive. This is complicated by neurologically-based pain sensitivity, which increases with long-term opioid use as well as with trauma-related psychopathology. Refinement of integrated team approaches mitigates many of these concerns. Reduction of stressors and increased adjunctive supports allow patients to focus on acquisition of more adaptive coping skills while experiencing a reduction in emotional distress. Additionally, peripheral supportive services reduce the shame and guilt cycle that contributes to relapse. Shared responsibility across a healthcare team with complementary competencies reduces patient burden on individual providers and increases problem solvability, thereby reducing provider burnout while improving health outcomes. Eliciting community support and inter-organizational collaboration is key. A multi-disciplinary team that strategically coalesces can help patients and providers effectively navigate a network of peripheral services which often includes intersecting with law and government entities. A model of addressing the opioid crisis within integrated primary care resulting from a HRSA-funded behavioral health training program is highlighted, in which psychologists, physicians, dentists, nurse practitioners, physician's assistants, nurses, and social workers collaborate in underserved communities with elevated

Session Type: Poster

Keywords:

- Opioid management
- PCBH Model
- Team-based care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify the complex and intersecting issues associated with opioid use among dual diagnosis patients in disenfranchised communities with barriers to accessing care that also have comorbid trauma.
- Describe how these challenges uniquely present in primary care and how they can uniquely be met by an integrated approach.
- Discuss the numerous benefits of adopting an integrated approach to assessing and addressing opioid use in primary care for both patients and providers.

risks.

Presenter(s):

- Sarah Shelton, PsyD, MPH, MSCP, Founder & CEO, Shelton Forensic Solutions, Louisville, KY

Co-Author(s):

- John Penezic, MA
- Heather Dombrowsky, MA
- Steve Katsikas, PhD
- Edna Osei Owusu, MA, MS
- Bailey DeSpain, MA
- Sarah Denen, MA
- Shelia Cundiff, MSW

Poster 18 - Development and Evaluation of a Collaborative Tele-mentoring Model: ECHO Ontario Complex Patient Management

Primary care providers are often first-line responders for complex patients. In rural and underserved areas, where access to specialists is limited, complex medical and psychiatric concerns are managed by providers who often feel under-resourced and isolated. Tele-mentoring interventions like Project ECHO can address this challenge. This poster presentation will provide an overview of ECHO Ontario Complex Patient Management, a tele-mentoring program that virtually connects a specialist team with inter-professional providers working in rural and remote areas to build provider capacity in the assessment and management of complex medical and psychiatric patient health concerns. Through the sharing of knowledge and best practices, and anonymized real time case-based learning, providers are able to apply what they have learned to support their own patients with complex health needs within their local communities. We will also describe the evaluation findings from this 12-week virtual intervention, which demonstrates participants are highly satisfied and engaged with the program, and feel more confident after their participation.

Presenters:

- Javed Alloo, MD, CCFP, MPLC, Family Physician, Nymark Medical Centre, Toronto, Ontario, Canada

Co-Authors:

Kathleen Sheehan; Sanjeev Sockalingam; Cheryl Pereira; Mark Bonta; Jennifer Carroll; Eva Serhal; Lucy Trojanowski; Jodi Wolff; Maria Zhang

Session Type: Poster

Keywords:

- Co-morbidity
- Complex Patient Care
- Training Models
- Canadian Collaboration

Objectives: *At the end of this presentation, participants will be able to...*

- Understand the application of the ECHO model to build capacity for integrated care of complex (i.e. co-morbid medical and psychiatric) conditions.
- Identify differences between the ECHO model and other integrated care and Telepsychiatry interventions.
- Describe the key domains and outcomes of value for participants in the ECHO Ontario Complex Patient Management program.

Poster 19 - Development & Implementation of Integrated Behavioral Health Programs in Tertiary Care: Clinical, Operational, Financial, & Educational Considerations

Spinal cord injuries (SCI), strokes, and traumatic brain injuries (TBI) are just some of the major illnesses and injuries that land patients in tertiary care settings (e.g., inpatient rehabilitation). Unfortunately, these patients and their families have unique emotional, instrumental, and professional support needs that are often left unmet (Kreutzer et al., 2018). The realization of new disabilities and ambiguous loss can make the road to recovery and development of a new normal immensely challenging for both patients and families (Kreutzer et al., 2016). In a recent accreditation survey report, The Commission for Accreditation for Rehab Facilities (CARF) identified the need for increased family and psychosocial services for physical illness and injuries within a tertiary care setting (2015). Recommendations included an increase of biological, behavioral, cognitive, psychological, and sexual services for brain injury specialty programs, ongoing assessment of depression and emotional adjustment to

Session Type: Poster

Keywords:

- Interprofessional teams
- Family-centered care
- Tertiary care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Participants will be able to identify at least three strategies for initiating the development of an integrated behavioral health program (e.g., developing relationships, identifying

spinal cord injury, and improvement in the addressment of depression, sexuality, and intimacy for stroke patients. CARF suggested these improvements would benefit the person served, caregivers, and staff. The integration of behavioral health into tertiary care has demonstrated such improvements. For example, it has been shown to help meet the unique support needs of caregivers of patients with traumatic brain injuries within inpatient rehabilitation (Niemeier et al., 2019). Additional support for caregivers has also proven beneficial in the care of patients with TBI and SCI (Baker et al., 2017). In order to fulfill the needs addressed in the CARF report, the Director of Admissions, Performance Improvement and Practice began the development of an integrated behavioral healthcare program to provide family-centered care within the inpatient rehabilitation center. Given knowledge of family therapists' ability to provide such services within healthcare contexts (American Association for Marriage and Family Therapy, 2018), and in alignment with the organization's mission as a teaching hospital, the medical family therapy rehab program was created. The establishment of this program provides clinical, operational, financial, and educational insights into the successful development of such programs. This presentation intends to introduce the beginning stages of an integrated behavioral health program within tertiary care through the lens of the four-world view (Peek, 2008). Participants will gain understanding of the unique aspects of tertiary care, how to initiate the development of similar programs, and learn strategies for integrating into pre-existing interdisciplinary teams.

Presenter(s):

- Melissa Welch, MA, LMFT, Medical Family Therapy Fellow, Vidant Health, Greenville, NC
- Erin Sesemann, PhD, LMFT, CBIS, Marriage and Family Therapist, Vidant Health, Greenville, NC

need, aligning with organization's mission).

- Participants will be able to distinguish unique aspects of care within tertiary care settings compared to other levels of care.
- Participants will be able to discuss strategies for integrating family-centered behavioral health services into a pre-existing interdisciplinary team within tertiary care.

Poster 20 - Exploring Pre-Implementation Perceptions of Integrated Care in a College Setting

Integrated behavioral health (IBH) services on college campuses may provide students with comprehensive treatments that meet both their physical and psychological needs. However, the existence of integrated services on college campuses appears to be rare, as is research related to implementation. The purpose of this study was to examine provider perceptions of integrated care prior to integration occurring at a midwestern college campus. Seventeen providers (9 medical and 7 mental health) completed the Patient-Centered Medical Home – Attitudes, Interest, and Knowledge Scale (PCMH-AIKS; Cassano & DiTomasso, 2017) to assess pre-implementation attitudes, interests, and knowledge related to integrated behavioral health (IBH). These providers also completed a semi-structured interview to discuss perceptions of the model and concerns related to the upcoming transition. On average, providers showed favorable attitudes towards IBH ($M = 5.17$, $SD = 0.56$) and moderate to high interest in IBH ($M = 4.87$, $SD = 0.85$). Regarding knowledge of IBH, providers on average showed an 87% correct response rate indicating a good understanding of integrated healthcare practices. These results suggest that prior to the integration, healthcare providers were not resistant towards the IBH model and held favorable views of the IBH. Future analysis will compare medical and psychological healthcare providers pre-implementation perceptions of integrated healthcare. Future analysis will also examine the qualitative interview data within context of the survey data.

Presenter(s):

- Melissa Miller, Wichita State University, Wichita, KS
- Jonathan Larson, MS, Wichita State University, Wichita, KS
- Rachel Petts, PhD, Assistant Professor, Wichita State University, Wichita, KS

Co-Authors:

Session Type: Poster

Keywords:

- Implementation science
- Interprofessional teams
- School-based

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe attitudes, interests, and knowledge of healthcare professionals related to upcoming integration on a college campus
- Explain implications of integrated healthcare on college campuses
- Describe potential barriers and/or obstacles faced by healthcare providers related to integrated care

-
- Sarah McGill, BA, Clinical Psychology Doctoral Student, Wichita State University, Wichita, KS
 - Ashley Ormond, MA, LMLP, Wichita State University, Wichita, KS

Poster 21 - Barriers and Facilitators to Integrated Behavioral Health Model Adoption: A Mixed Method Study Among Community Health Care Providers at a FQHC

While integrated behavioral health services are emerging as a promising model of health care, research regarding implementation outcomes, and specifically adoption of the model, are lacking (Hunter et al., 2018). This study aimed to identify barriers and facilitators to adoption of integration among behavioral health and medical providers at an urban community health clinic using a mixed methods design (i.e., survey, interview, and ecological momentary assessment; EMA). Fourteen health care providers (medical, behavioral, and dental) completed the Barriers and Facilitators Assessment instrument (Harmsen, et al., 2005), with some items reworded to address integrated care. Six providers also completed a brief, semi-structured interview related to barriers and facilitators at the site. Lastly, a small sample of providers agreed to complete bi-weekly "probes" (i.e., EMA) that assessed same-day report of integration (e.g., # of warm hand-offs) as well as factors that facilitated or impeded delivery of the model. Responses on the Barriers and Facilitators Assessment instrument indicated that most providers felt that integrated care fits into their ways of working at their practice, is flexible enough to take their patient's preferences into account and it is not difficult to implement with older (60+) and younger (under 18) patients. However, half of the sample either agreed or fully agreed that they wished they had known more about integrated care before they were asked to implement it. Further, almost a third (28.6 %) of participants agreed that parts of integrated care are not helpful and that it is difficult to implement integrated care to patients with a different cultural background. Interviews and brief probes will be analyzed via a qualitative thematic analysis (Braune & Clarke, 2006) and reviewed within context of the survey data. It should be noted that these results are reflective of the opinions of medical providers working exclusively within an urban, community FQHC and may not be representative of other settings. This research and use of unique methodology will add to the primary care integrated behavioral health literature by providing more data on model implementation, facilitators, and barriers to adoption from medical, behavioral health, and dental provider perspectives.

Presenter(s):

- Sarah McGill, BA, Clinical Psychology Doctoral Student, Wichita State University, Wichita, KS
- Rachel Petts, PhD, Assistant Professor, Wichita State University, Wichita, KS
- Monet Tang, Wichita State University, Wichita, KS

Co-Author(s):

- Giao Tang, Wichita State University, Wichita, KS

Session Type: Poster

Keywords:

- Implementation science
- PCBH Model
- Sustainability

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify barriers and facilitators to the PCBH model adoption.
- Describe the importance of evaluating provider experience of the PCBH model in a FQHC.
- Describe the importance of mixed methodology on the evaluation of the PCBH model.

Poster 22 - Developing an Integrated Behavioral Health and Child Advocacy Center Partnership: Benefits of a Multidisciplinary Team When a Child Discloses Abuse

The Central MN Child Advocacy Center (CAC) provides a multi-disciplinary team (MDT) approach that gives children and their families a single, child-friendly, coordinated response after the disclosure of sexual or physical abuse. According to a national survey of Child Advocacy Center directors (Huey & Medford, 2015), the majority of cases were referred for behavioral health services. However, only about 30% of CACs provide behavioral health services in-house, and 65% of directors felt there was not adequate access to behavioral health services. The Central MN CAC recently partnered with Integrated Behavioral Health (IBH) to provide mental health services immediately following a forensic interview to the patient and their non-offending loved ones. In 2019, the Central MN CAC served 324 children. Since IBH began partnering with the Central MN CAC in August 2019, 56 patients elected to participate in IBH services right at the CAC. The purpose of this poster is to evaluate the need of mental health services within CACs and how our IBH program offers a unique model to provide immediate behavioral health care to those who are seen at the Central MN CAC. Our IBH/CAC partnership has been able to offer behavioral health screenings, immediate access to psychotherapy, and more significant collaboration with all members of the MDT. The goal of our partnership with the Central MN CAC is to provide high quality, holistic care to those who enter the CAC and help foster healing from the trauma children and their non-offending loved ones have experienced.

Presenter(s):

- Monica Guggenberger, MS, LMFT, Integrated Behavioral Health psychotherapist, CentraCare, Saint Cloud, MN
- Barbara Skodje-Mack, MS, LMFT, Integrated Behavioral Health psychotherapist, CentraCare, Saint Cloud, MN

Session Type: Poster

Keywords:

- Family centered care/Family perspectives
- Patient-centered care/Patient perspectives
- Pediatrics

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify key benefits of offering immediate mental health services in a CAC setting.
- Describe how IBH can be integrated within a CAC.
- Identify the importance of supporting non-offending caregivers as part of the healing process for the patient.

Poster 23 - Implementation of Developmental Screening by Childcare Providers

Early identification of young children at developmental risk is important for linkage to needed services. Yet, despite guidelines for developmental screening, many pediatricians do not systematically use screening tools. Because many young children spend time in childcare settings, conducting screening in these settings may improve rates of early identification. 356 childcare providers who attended brief developmental screening training were surveyed about practices and perceptions related to implementation of screening in the childcare setting. Most respondents strongly agreed that developmental screening should be conducted in childcare centers, that it is important for staff to discuss developmental concerns with parents and to link children with concerns to resources, and that their center director supported use of the screening tool. Several attitudes both about developmental screening and about organizational support had a positive and significant relationship with current use and intended future use of developmental screening tools. Findings suggest that even brief staff training may positively impact screening attitudes and practices, although follow-up technical assistance may result in fuller, more effective implementation.

Presenter(s):

- Anindita Chaudhuri, MA, Doctoral Student, Rutgers University, New Brunswick, NJ
- Susan Forman, PhD, Professor, Rutgers University, New Brunswick, NJ
- Amy Norton, MA, Developmental Specialist, Children's Specialized Hospital, Mountainside, NJ

Session Type: Poster

Keywords:

- Across the Lifespan
- Multi-sector partnerships
- School-based

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify the need to developmental screening to occur early in the lifespan in order for children to be linked with appropriate evaluation and support services
- Describe potential implementation barriers and facilitates identified by childcare providers when attempting to screen children for developmental concerns
- Recognize how novel approaches to screening, such as within the daycare setting, can potentially increase early recognition of developmental concerns

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- *Jill Harris, PhD, Director of Autism Research, Children's Specialized Hospital, Mountainside, NJ*
 - *Jeffrey Shahidullah, PhD, Assistant Professor of Psychiatry, University of Texas at Austin, Austin, TX*

Poster 24 - Correlation Between Reduced Inpatient Hospital Stays and Provision of Wellness Recovery Team Integrated Care

Review of available data indicates that individuals who are receiving Wellness Recovery Team Integrated Care are less likely to have either physical or psychiatric inpatient events than individuals who are not. This is despite the fact that individuals receiving that level of care are required to have a chronic medical issue in order to be eligible, which would make them more likely to have inpatient events. This type of data further reinforces the value and importance of an integrated care approach.

Merakey's Wellness Recovery Team combines Behavioral Health and Nurse Navigators to provide integrated clinical care to individuals who suffer from both behavioral and physical health conditions. Poster presentation will include both a description of the program as well as a comparative/correlative outcomes data component. A comparison of both physical and behavioral health inpatient hospitalization rates between individuals receiving this program and not receiving this program yield a correlated 25% lower rate of physical health hospitalizations (not including hospitalizations for events like car accidents or muggings) and a 56% lower rate of psychiatric hospitalizations. The former was a comparison between two similar case management program populations in neighboring suburban counties, one of which had access to a Wellness Recovery Team program and one of which did not. The latter was a comparison between individuals in a case management program within the same county, some of whom received Wellness Recovery Team services and some who did not. Data was compiled using hospitalization incidents among these populations of 100-200 with near-identical demographics (low-income adults with behavioral health conditions, some of whom had physical health conditions and some of whom did not).

Presenter(s):

- *Margaret Mueller, MA, Associate Executive Director, Merakey Montgomery County, Colmar, PA*
- *Kimberly Caton, Merakey Montgomery County, Colmar, PA*

Session Type: Poster

Keywords:

- Chronic Care Model of Integrated Care
- Innovations
- Outcomes

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Demonstrate knowledge of what integrated care entails.
- Identify specific examples of effective integrated care.
- Understand the dual-system impact of integrated care.

Poster 25 - Team Approach to Good Control: Interdisciplinary Hypertension Management in Primary Care

Recent data shows that over 14 million individuals are not aware of their hypertension and are not engaged in any interventions or taking any medications to control their blood pressure (Meador et al., 2020). Appropriate clinical and behavioral management, and competent self-management interventions have shown to be effective ways to address the physical and psychological needs of these chronically ill patients (Reiter, Dobmeyer, & Hunter, 2018). Research indicates that interprofessional care teams in addition to systematic analysis of electronic health record are strategies to improve detection and diagnosis of hypertension in primary care settings for underserved populations (Meador et al., 2018; Persell et al., 2018). The current interdisciplinary team care approach clinic program for a rural

Session Type: Poster

Keywords:

- Behavioral Medicine Topics
- CoCM
- Evidence-based interventions
- Interprofessional teams

Objectives: *At the conclusion of this presentation, participants will be able to...*

population with chronic hypertension describes the workflow process and measure feasibility to add to the existing knowledge of approaches to undiagnosed hypertension. This study analyzed historical data of patients who attended the hypertension clinic and have received multidisciplinary team-based approach in their hypertension appointments. Participants aged 18 years or older with blood pressure over 140/90 were referred by their primary care physician (PCP) to attend the hypertension clinic for appointments every 2-3 weeks until their blood pressure is within goal. Current evidence demonstrates the acceptability and satisfaction of the interdisciplinary-based hypertension clinic program in primary care for the rural population in Newberg, Oregon. Future directions include analysis of engagement in different disciplines, various types of medication use, effects on varied biological factors (e.g., Hba1c) and patient's levels of confidence in self-management of different areas related to hypertension, and further development of program and supportive materials, such as standardized handouts about better management of hypertension.

Presenter(s):

- Flora Ma, MS, Psychology Intern, Providence Medical Group, Newberg, OR
- Jeri Turgesen, PsyD, ABPP, MSCP, Board Certified Clinical Health Psychologist, Providence Medical Group - Newberg
- Jeremy Swindle, MD, Clinic Manager Family Medicine
- Kristin Tallman, PharmD, Clinical Pharmacist
- Ericka M Koellermeier, RN, Clinical Nurse

- Describe the workflow of the Interdisciplinary-based Hypertension Clinic Program in Primary Care and identify the role of each discipline.
- Define measurable goals of program acceptability and satisfaction
- Provide program evaluation materials and patient informational handouts to increase patient's self-management of hypertension.

Poster 26 - Integrated Direct Care Team Efforts toward Improving Diabetes Group Medical Visit Patient Outcomes

Diabetes is a complex condition that is challenging to manage given the interplay of biological, psychological, and environmental factors. The CDC (2020) found that more than 1 in 10 Americans experience diabetes, and 1 in 3 meet criteria for prediabetes. Given the prevalence and complexity of the disease, group medical visits (GMVs), facilitated by interdisciplinary primary care teams emphasizing clinical care, health education, and peer support, have been effective for patient self-management and improving efficiency of service delivery. Moreover, there is research to suggest that the structure of GMVs can shift the power imbalance inherent in patient-provider relationships, particularly among marginalized groups, to disrupt healthcare inequities through patient empowerment. This study explored the effects of an integrated direct care team's (IDCT) efforts toward improving patient outcomes of diabetes GMVs at a family medicine residency training clinic. The IDCT includes physicians, psychologists, RN case managers, patient health navigators, social work, and pharmacy. The majority of patients served by the safety-net clinic are enrolled in Medicaid, Medicare, or are uninsured, and face complex medical presentations and psychosocial barriers. Targeted improvements to the existing GMV curriculum and protocol were implemented by the IDCT to address common patient barriers. Improvements included a revised recruitment protocol, consolidation of the curriculum from 8 visits down to 6, and offering an afternoon time slot. Preliminary data from a between-groups design with 54 participants, 63% women, ages 20 to 81 years old, demonstrated statistically and clinically significant improvements in GMV attendance and attrition after implementation of the targeted improvements. Data collection (i.e., post-intervention patient weights and A1Cs) is ongoing, and ANOVAs to determine effectiveness of the GMV intervention are pending, with results to be discussed.

Presenter(s):

- Sarah Sanders, PhD, Postdoctoral Psychology Fellow, Alaska Family Medicine Residency/Providence Family Medicine Center, Anchorage, AK

Session Type: Poster

Keywords:

- Chronic Care Model of Integrated Care
- Interprofessional teams
- Self-care/Self-management
- Diabetes

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the benefits of a group medical visit in the context of diabetes management
- Identify the value of integrated direct care team member involvement in recruitment, design, and implementation of the group medical visits
- Understand the improvements in patient outcomes associated with group medical visits coordinated and delivered by an integrated direct care team

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- Erin Iwamoto, PsyD, Behavioral Scientist, Alaska Family Medicine Residency/Providence Family Medicine Center, Anchorage, AK
 - Virginia Parret, PhD, Behavioral Health Faculty, Licensed Psychologist, Alaska Family Medicine Residency, Anchorage, AK
 - Sarah Dewane, PhD, ABPP, Director of Behavioral Health, Alaska Family Medicine Residency/Providence Family Medicine Center, Anchorage, AK
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Poster 27 - Expanding Behavioral Pain Management Services in Primary Care

Chronic pain (CP) is a highly prevalent, multidimensional disease state with widespread consequences. Primary care is the setting in which most patients first present with complaints of pain. However, access to multidisciplinary pain management approaches – the first-line of treatment for CP including psychological and rehabilitative therapies -- is typically limited in primary care. This poster describes one family medicine clinic's approach to address these needs: increasing access to Cognitive Behavioral Therapy for Chronic Pain (CBT-CP) within primary care; and providing support and training to PCPs as a means to facilitate patient engagement in behavioral pain management. An 8-session CBT-CP Group Program, lead by the clinic's BHC, was unrolled in 2019, and outcomes from the first three cohorts of this Group will be presented. Additionally, findings will be shared from a needs assessment of PCPs and residents, which examined providers' self-reported knowledge of behavioral pain management as well as identified their needs for training and support in this area.

Presenter(s):

- Julie Cunningham, PhD, Psychologist, Geisinger Health System, Lewisburg, PA
 - Randy Gallamore, MA Postdoctoral Fellow, Geisinger Health System
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Session Type: Poster

Keywords:

- Chronic pain
- Cognitive behavioral therapy Group-based treatment

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify outcomes associated with engagement in Cognitive Behavioral Therapy for Chronic Pain (CBT-CP)
- Describe the role Behavioral Health Consultants can play in addressing the problem of chronic pain in primary care
- Discuss the benefits of group-based implementation of CBT-CP in primary care settings

Poster 28 - Transforming Lives and Communities With Our Nation's Health Centers: Integrated Behavioral Health Education for Trainees, Faculty and Clinical Providers

This poster describes an osteopathic medical school's five-year education project partnering with several Community Health Centers (CHCs) across the nation. This project aims to advance integrated care, mitigate and treat opioid use disorder and substance use disorder (OUD/SUD), and improve patient, trainee and provider wellness within our partner clinics and communities. Developing and retaining the workforce is an essential component of sustainable and high-quality integrated primary care behavioral health (PCBH) services. However, the current literature is lacking in regards to best practices for teaching and evaluating primary care clinicians and training outcomes. The need for PCBH is often greatest in communities with significant health disparities, unaddressed social determinants of health, and insufficient resources. Nationally, CHCs provide a safety net in these communities. Integrating behavioral health in primary care medical homes in CHCs has proven to be an effective way to expand access to behavioral health services and improve health outcomes in medically underserved communities. Developing the knowledge and skills of the current and future CHC workforce is essential to achieve health care equity and the quadruple aim. In partnership with the National Association of Community Health Centers (NACHC), and with the support of a HRSA-PCTE grant, A.T. Still University (ATSU) is educating medical and dental trainees, as well as CHC providers through an innovative customized approach. The project is grounded by an alliance of medical educators and CHC-based administrative and

Session Type: Poster

Content Level:

Keywords:

- Community Health Centers
- Medical Education
- Partnership

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify the need for integrated behavioral health training in medical and dental curricula.
- Explain how increasing primary care provider and behavioral health clinician workforce capacity for integrated care contributes to equity in healthcare delivery.
- Describe the advantages of utilizing a customized, longitudinal interactive curricula to advance integrated care

clinical leaders who are not only transforming their own communities, but also sharing best practices with other CHC integrated care champions across the nation. The strategic design of this five-year project utilizes the development and implementation of integrated care projects at each CHC partner clinic, where students train for three years, as a longitudinal thread of learning. Through the ATSU Hometown Scholars program, students often hail from these same communities, facilitating a “dreamline” of students to service, bringing integrated care back to their own communities. In addition to integrated care being infused throughout their didactic curriculum, students have the opportunity to apply their integrated care knowledge and skills through CHC-based integrated care projects and elective coursework in the areas of OUD/SUD services, integrated behavioral health care delivery, and trainee and provider wellness. A key takeaway of this project is that patients, clinical providers, administrators, teachers and students are all subject to the same behavioral health risks. As COVID-19 has demonstrated, we are indeed, all in this together.

delivery and learning at community health centers.

Presenter(s):

- Lisa Tshuma, PA-C, DBH, MPAS, MPA, Assistant Professor, A.T. Still University, Mesa, AZ
- Valerie Sheridan, DO, FACOS, FACS, Assistant Dean of Clinical Education, A.T. Still University School of Osteopathic Medicine Arizona

Poster 29 - Learning Not to Hate Virtual Visits...

The Center of Outpatient Education (COE) in an interprofessional teaching program that was developed to train future health care professionals to work successfully in teams. Trainees within the COE include residents and students from the following fields: Medicine, Nurse Practitioner, Nursing, Pharmacy, Psychology and Social Work. At the onset of the COVID-19 pandemic, the entirety of these learners' clinics, didactics, and supervision had to be transitioned to virtual modalities.

Thankfully, our faculty team was able to successfully convert our didactics to a virtual platform, while still maintaining interactivity and learner engagement. However, we realized that our existing curriculum did not adequately address the knowledge and skills necessary for successful virtual medicine encounters, including rapport building, attending to verbal and non-verbal cues, and tolerance of clinical ambiguity. Additionally, we felt that it was essential to highlight the unique challenges of clinical decision-making in the absence of physical exam findings or “standard” resources (i.e., radiology, lab work, social services, etc.).

As such, we developed a new case-based virtual medicine curriculum, which leverages digital learning platforms and small-group work to teach learners the essential skills necessary for our evolving outpatient practices. The approach we took is consistent with adult learning theory, the ICAP model of cognitive engagement proposed by Chi and Glaser, and research on fostering independent learning. Our focus was on achieving high levels of cognitive engagement by maximizing interactions among learners as well as learner independence and accountability.

This curriculum was created to provide essential clinical skills for virtual medicine, with an emphasis on teamwork, leadership, and effective communication. Conducted in three parts, the sessions focused on 1) The Fundamentals, 2) Advanced Skills in Virtual Medicine, and 3) Chronic Disease Management and Virtual Medicine through the utilization of didactic components, “unfolding cases”, and small and large group work. To date, this curriculum has been well-received by learners, who report satisfaction with the content as well as the small group activities. In the

Session Type: Poster

Keywords:

- Virtual
- Curriculum
- Interprofessional

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify the impact of COVID-19 on clinical care modalities and the current role of virtual visits in outpatient medicine.
- Describe the creation and implementation of an innovative virtual medicine curriculum for interdisciplinary learners, focusing on needed clinical skills with an emphasis on teamwork, leadership, and effective communication.
- Summarize satisfaction/effectiveness data for the implementation of a novel virtual medicine curriculum and discuss future directions of the project.

future, we plan to investigate how patient outcomes may be influenced by participation in this course.

Teaching virtual medicine through virtual platforms requires clear goals, creativity, and dedicated faculty. While practicing virtually is not always easy or preferred, utilizing a developmental case-based curriculum can help learners recognize the most beneficial components of virtual practice. And ideally, by providing not only content/clinical skills, but fostering and reinforcing skills in teamwork, leadership, and effective communication, virtual learning empowers trainees to optimize their experiences with this modality of practice.

Presenter(s):

- Elizabeth Painter, PsyD, MSCP, Clinical Instructor, Case Western Reserve University School of Medicine and Associate Director of Psychology for the Center of Outpatient Education at the VA Northeast Ohio Healthcare System, Cleveland, OH
- Megan McNamara, Professor of Medicine, Case Western Reserve University School of Medicine and Director of the Center of Outpatient Education at the VA Northeast Ohio Healthcare System, Cleveland, OH

Poster 30 - Utilizing PDCA Cycles to Enhance Integrated LGBTQ-Affirming and Inclusive Care in a FQHC

Context: Project HOME is a Federally Qualified Health Center (FQHC). Project HOME Healthcare Services (PHHS) expanded affirming, inclusive, and integrated care for Lesbian, Gay, Bisexual, Transgender, Queer and Questioning (LGBTQ) individuals across all sites with the implementation of the LGBTQ Health Champion program in Fall 2019 to task a voluntary team with ensuring an equitable and affirming environment for LGBTQ staff, patients and their families. The Joint Commission's 2011 LGBTQ Care Field Guide states that interdisciplinary champions are critical to promote inclusivity and affirming care. Sexual orientation (SO) and gender identity (GI) are social determinants of health. Stigma and minority stress are risk factors for adverse health outcomes for LGBTQ individuals (Hatzenbuehler, et al, 2016). Members of sexual minority groups are more likely to encounter barriers to care than straight individuals and tend to have less access to care (Dahlhamer, et al, 2016; Hatzenbuehler, et al, 2016; Diamant et al, 2000). LGBTQ individuals, especially LGBTQ people of color, experience chronic health issues, mental health issues, suicide, and homelessness at higher rates than heterosexual and cisgender individuals. The intersection of complex needs of people who inhabit two or more marginalized identities, such as transgender youth who are also people of color, highlights the need for integrated, affirming, and inclusive care to combat the convergence of minority stress with bio-psycho-social-spiritual issues (Moe, et al, 2018; Hatzenbuehler, et al, 2016). Motivation: PHHS LGBTQ Health Champions conducted brown-bag lunches to raise awareness across all PHHS departments about LGBTQ care needs. Through this, we learned that the National Academy of Medicine, the Joint Commission, and the Centers for Medicaid and Medicare Office of Minority Health's Equity Plan report that the collection of standardized, comprehensive patient data, including SOGI, is a required first-step to plan for quality improvements, improve population health, and address LGBTQ health disparities (Kruse, et al, 2018; Maragh-Bass, et al, 2018; CMS, 2015). Methods and Data: PHHS LGBTQ Health Champions are focused on improving SOGI data collection at the primary and largest PHHS site, the Stephen Klein Wellness Center (SKWC), using Plan-Do-Check-Act (PDCA) cycles. P: We examined data based on service location, stratified by age, in March 2020. 61.2% of the SKWC's active patient census has missing SO data, while 82.5% has missing GI data. D: Examine and expand data collection workflows at SKWC to capture more complete SOGI data. C: We predict that the percentage of documented SOGI data at SKWC will increase by

Session Type: Poster

Keywords:

- Quality improvement programs
- SDoH
- Underserved populations

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Learn the importance of SOGI data collection to improve population health over time.
- Understand how to utilize PDCA cycles to engage in improved data collection and quality improvement.
- Advocate for the implementation of LGBTQ Health Champion programs to enhance integrated LGBTQ-affirming and inclusive care.

at least 10% in the next 6 months. A: Analyze the success or failure of the expanded SOGI data collection processes from a variety of perspectives to implement change, monitor effects, and adjust as needed to increase SOGI data capture within PHHS.

Presenter(s):

- Genevieve Gellert (she/her), LCSW, Behavioral Health Consultant and LGBTQ Health Champion, Project HOME, Philadelphia, PA
- Nyasha George (she/her), MD, Primary Care Physician and LGBTQ Health Champion, Project HOME, Philadelphia, PA

Poster 31 - Primary Care Behavioral Health Partnerships Advancing & Transforming Health Sciences (PCBH PATHS): Provider Wellness Initiative

The PCBH PATHS initiative is a workforce development pipeline to train the next generation of healthcare professionals to address gaps in skills, and design and deliver (IBH) in the Rio Grande Valley (RGV), Texas – a medically underserved area (MUA). UTRGV has a strategic priority to “Promote a culture of health and well-being for UTRGV and surrounding communities that employs a holistic approach to wellness, health, medical education, training, and research,” as well as key initiatives for integrating, coordinating, and leveraging programs and resources to support activities that enhance health and wellness and increase healthcare delivery to underserved communities. Our initiative, aligned with UTRGV strategic priorities and key initiatives, will integrate basic (model specific strategy and operational elements), midlevel (role identity and profession specific behavioral competencies specific to each health profession), and advanced (behavioral medicine clinical skills) applications of the evidencebased PCBH model of delivery. In support of the national and HRSA priorities, the PCBH PATHS initiative will have a curricular priority for training providers in Opioid Use Disorder (OUD)/ Substance Use Disorders (SUD), increasing the number of graduates with Medication Assisted Treatment (MAT)-Waiver training, and advancing psychological skills to self-monitor and manage clinician well-being. Based on evidence from Adverse Childhood Experiences (ACEs) and its link to behavioral, physical, and addictive disorders, trauma-informed care (TIC) will serve as the foundation for MAT, OUD/SUD training. By year 2024, PCBH PATHS will help sustain wellness committees and practices as part of PCBH PATHS implementation. Additionally, a measurement feedback system (MFS) will assess improvements in trainees’ wellness through self-monitoring and Rapid Cycle Quality Improvement (RCQI) initiatives by program committees and clinic committees.

Presenter(s):

- Salvador Arellano III, BSA, Research Associate, UTRGV School of Medicine, Edinburg TX

Poster 32 - Enhancing Provider Skills and Preventing Burnout: Facilitation and Training in Trauma-Informed Pediatrics

Implementation of Trauma-Informed Care (TIC) in a Pediatric or Family Practice setting is an emerging field of study. A “Gold Standard” has yet to be established, as this is an emerging practice. There is a growing base of evidence and a need to explore research to establish best practice. The project explores emerging practices and highlights the need to customize the approach to match the resource of the practice and the needs of the patient population. This poster provides highlights of this project including our TIC guide, assessment of practices, choosing a population, screening schedules, selecting a tool(s) tool for screening, QI methods for implementation and reflective self-care practices for systems and individuals to

Session Type: Poster

Keywords:

- Burnout
- PCBH Model
- Quality improvement programs
- Research and evaluation
- Team-based care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the negative impacts on healthcare quality and safety, patient satisfaction, and public health that are associated with physician burnout and poor wellness.
- Understand the need for the development of a measurement feedback system (MFS) to assess the wellness of residents as they complete their graduate medical education.
- Discuss the benefits of a Wellness Initiative for medical residents, faculty, a university, and the community.

Session Type: Poster

Keywords:

- Adolescents
- Burnout
- Care Management
- Complex Patient Care
- Implementation science
- Interpersonal violence
- Interprofessional teams
- Multi-sector partnerships
- Pediatrics
- Prevention
- Quality improvement programs

address the secondary trauma that can be associated with this work.

Presenter(s):

- Felicity Bernard, LCMHC, Project Director, Institute of Health Policy and Practice, Concord, NH

Co-Author(s):

- Devan Quinn, MPP, Project Director, Institute of Health Policy and Practice, Concord, NH and HollyTutko, MS, Director of the Pediatric Improvement Partnership, Concord, NH

- Self-care/Self-management
- Team-based care
- TA/practice facilitation for integrated care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify methods of selecting a screening schedule and population
- Identify which screening tool(s) to use
- Increase provider skills in identifying treating and partnering with external community resources to address adverse childhood experiences in their practice setting Utilizing QI methods

Poster 33 - Taking a Team Based Approach to Treating Sleep Disorders

Sleep complaints/disorders account for more than 5 million office visits per year in primary care. There are several important risk factors for sleep disorders including age, sex, current life circumstances, intrinsic and genetic factors, and a variety of other health conditions including cardiac, pulmonary, metabolic diseases, chronic pain, conditions encouraging hyperarousal, cancer, neurological conditions, mental health problems, and other sleep disorders. Additionally, it's important to recognize that many of the medication treatments provided for the commonly co-occurring conditions, such as antidepressants, beta blockers, prednisone, and OTC medications, will unfortunately have sleep disturbance as a potential side effect, which is why research suggests the importance of addressing co-occurring conditions. Early identification of problematic sleep, frequent education of patients, and utilization of a team based intervention approach may help both providers and patients decrease frustration with persistent sleep disturbance symptoms, improve intervention compliance and confidence, encourage support, address co-occurring conditions and/symptoms, and leave the patient with skills that can be used for potential subsequent episodes of sleep disturbance. Members of care teams may include, but are not limited to, primary care providers, sleep medicine providers, behavioral health providers, pharmacists, and nurses. Team based interventions may include referrals for sleep studies, mask desensitization for patients with sleep apnea, referral to a CBTi trained provider, or use of CBTi adapted for primary care. Having on hand a variety of educational material that is population specific may also help with patient education and intervention reinforcement. This presentation will discuss the development and implementation of a performance improvement project within the CentraCare Health System in Central Minnesota.

Presenter(s):

- Stephanie Baas, PsyD, LP, Integrated Behavioral Health Provider, CentraCare, St. Cloud, MN
- Toni Mahowald, PsyD, LP Integrated Behavioral Health Provider, CentraCare, St. Cloud, MN

Session Type: Poster

Keywords:

- Behavioral Medicine Topics
- Interprofessional teams
- Team-based care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Participants will be able to identify criterion for diagnosis of insomnia and circadian rhythm sleep wake disorders.
- Participants will be able to list and discuss common co-occurring medical conditions with sleep disorders and populations at higher risk for sleep disorders
- Participants will be able to describe their immediate available resources for education and team-based care of sleep disorders

Poster 34 - Young Adults Living with Sickle Cell Disease: Contextual Insights and Recommendations for Treatment

Sickle cell disease is a genetic condition involving pain syndromes, infections, organ damage, and other disease complications. Prior to the 1950's, the survival of individuals with sickle cell disease (SCD) to age 20 was 50%. However, today, 50% of individuals with SCD live past age 50. Although the mortality rate among those living with SCD has significantly decreased, the disease experience is still predominantly characterized by debilitating pain, especially among young adults. Support for children living with SCD is well integrated into healthcare systems. However, as these children transition into young adults, the resources needed to successfully guide this transition are often limited. Knowing how to effectively transition from pediatric care into adult care, managing SCD as a chronic illness as an adult, navigating relationships, family planning, advanced education and moving into the workforce are all areas guidance needed during this developmental phase of life. This poster will provide a review of the literature through the biobehavioral family therapy model. This model offers perspectives on the interplay between the biological, psychological, and social levels of individuals living with SCD. The goal of this presentation is to provide an understanding on the specific challenges individuals and families living with SCD face, as well as offer recommendations on how to effectively work with young adult patients living with sickle cell disease.

Presenter(s):

- Brittany Huelett, MS, AMFT, PhD Student, Loma Linda University, Loma Linda, CA
- Zephon Lister, PhD, Director of Systems, Families and Couples PhD Program, Loma Linda University, Loma Linda, CA

Co-Author:

- CarmeneomiAngela Reyes, MS, AMFT, PhD Student, Loma Lina Univeristy, Loma Linda, CA
-

Session Type: Poster

Keywords:

- Care Management
- Complex Patient Care
- Patient-centered care/Patient perspectives

Objectives: *At the conclusion of this presentation, participants will be able to...*

- At the conclusion of this presentation, participants will be able to identify the challenges faced by young adults transitioning to adult care.
- At the conclusion of this presentation, participants will be able to identify the interplay between the biological, psychological, and social levels of individuals living with SCD.
- At the conclusion of this presentation, participants will be able to identify recommendations on how to effectively work with young adult patients living with sickle cell disease.

Poster 35 - Philadelphia Freedom from High Blood Pressure: An Integrated MultiDisciplinary Approach to Support Hypertension Control (DASH-C) in Primary Care

Philadelphia Freedom from High Blood Pressure: An Integrated MultiDisciplinary Approach to Support Hypertension Control (DASH-C) in Primary Care Rationale: Philadelphia has the highest prevalence of hypertension (33%) out of the six largest US cities. Population: This program is conducted in three CPC track 2 Primary Care practices of Jefferson Health in Philadelphia. Of patients 18-85 years of age with hypertension, 59% have controlled blood pressure (BP below 140/90). A sample chart review of 250 patients with hypertension shows that 58% have BMI over 30 and 39% have a mental health diagnosis indicating a complex patient population. Study design: Quasi-experimental, pre-post evaluation of an interdisciplinary quality improvement program on hypertension control using an integrated, patient-centered, team-based approach. Data Collection: EHR reports to collect: baseline data, social determinants, medication adherence (ARMS scale and refill data), self-management knowledge and skills, PHQ9, and stress. Procedures: Patient enrollment began 3/1/20 with a goal of 750 patients enrolled over 4 years. Based on an intake scoring tool, a patient-centered intervention will be designed with health coaching, home blood pressure monitoring, and referrals (behavioral health, pharmacy, nutrition, social work, care coordination, community organizations). Each professional assesses and manages patient specific factors with in-person or telephonic encounters until goals are achieved. Patients will be followed for at least 6 months or until two BP readings are below 140/90. All patients receive health coaching sessions and biweekly outreach and support. Results: The primary outcome of this program is the percent of patients with controlled BP below 140/90

Session Type: Poster

Keywords:

- CoCM
- Complex Patient Care
- Patient-centered care/Patient perspectives

Objectives: *At the conclusion of this presentation, participants will be able to...*

- List important elements in the implementation of a team-based approach to support uncontrolled hypertension.
- Identify unique skill set of each member in an interdisciplinary team, and how these skills complement each other.
- Identify patient-centered strategies to support patients with uncontrolled hypertension.

after 4 years. Other outcomes: number of referrals, medication adherence, and patient related outcomes and satisfaction. Data will be analyzed using descriptive statistics and t-test for significance level. Results after 7 months of the program will be presented. Conclusions: Outcomes of a multidisciplinary integrated program within Primary Care on supporting hypertension control will be analyzed and presented.

Presenter(s):

- *Emmy Stup, MPH, Director of Practice Transformation and Value Based Programs, Thomas Jefferson University, Philadelphia, PA*
- *Tanya Dougherty, PharmD, BCPS, Population Health Pharmacist, Jefferson Health, Philadelphia, PA*
- *Maya Yancy-Hunte, CCMA, Practice Transformation Coordinator, Thomas Jefferson University, Philadelphia, PA*
- *Rachelle Rene, PhD, BCB, HSMI, Director of Primary Care Integrated Behavioral Health, Thomas Jefferson University, Philadelphia, PA*
- *Lawrence Ward, MD, Executive Vice Chairman & Vice-Chair, Clinical Practice & Quality, Thomas Jefferson University, Philadelphia, PA*
- *Emily Scopelliti, PharmD, BCPS, Associate Professor of Pharmacy Practice at Thomas Jefferson University, Philadelphia, PA*
- *Bracken Babula, MD, Clinical Assistant Professor, Thomas Jefferson University, Philadelphia, PA*

Poster 36 - Improving Sleep Quality in Behavioral Health Patients Through Evidence-Based Screening and Treatment

Background/Rationale: This quality improvement project aimed to improve the quality of care for behavioral health patients experiencing sleep disturbances through implementation of the most recent American Academy of Sleep Medicine Practice Guidelines, which recommend routine screening of patients for sleep problems followed by sleep hygiene education and/or cognitive-behavioral therapy (CBT) as first-line treatments. The evaluation question was: What is the effect of implementation these guidelines on the quality of sleep and sleep pattern problems as measured by the Pittsburgh Sleep Quality Index over a period of eight weeks? **Description of sample:** During an eight-week evaluation window at a rural behavioral health clinic, patients who indicated problems with sleep were given the Pittsburgh Sleep Quality Index (PSQI). Of the 35 patients screening positive for sleep problems who were evaluated in this project, 15 (42.9%) identified as male and 20 (57.1%) identified as female. The average age was 39.3 (SD = 13.4) years old with a range of 19 to 71. The most common reasons for not sleeping were racing thoughts (n = 6, 17.2%), stress (n = 5, 14.3%) and pain (n = 4, 11.4%). **Study design:** The design included a pretest-posttest assessment of sleep quality (PSQI) for all those indicating problems with sleep, with no control group. **Procedures and measures:** All participants screening positive for sleep problems received completed sleep hygiene handouts and education. Most participants (66%) completed eight weekly sessions of CBT targeting insomnia, and the remainder did not. The tool for screening and outcome evaluation was the PSQI, a well-established reliable (Cronbach's alpha = .83) and valid instrument often used in clinical and non-clinical settings for the screening of sleep dysfunction. Lower scores on the PSQI indicate better sleep quality. **Key results and conclusions:** The Wilcoxon sign-rank test was run on the pre- and posttest PSQI scores for all participants, and there was a statistically significant difference between the global pretest median PSQI score (26.60) and posttest median (19.50), $Z = -2.328$, $p = 0.020$. This indicates significantly improvements in the quality of sleep for the patients evaluated in this quality improvement project. Although there are many uncontrolled threats to internal validity, this QI study demonstrated the feasibility and acceptability of screening for sleep problems in behavioral health patients, and excellent outcomes for patients receiving sleep

Session Type: Poster

Keywords:

- Behavioral Medicine Topics
- Evidence-based interventions
- Outcomes

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Analyze the significant effects of poor sleep quality on health and behavioral health functioning, particularly among those with behavioral health disorders.
- Explain the reasons why sleep disturbances are often inadequately assessed and treated in integrated healthcare settings.
- Describe the significant outcomes of a quality improvement process implementing evidence-based screening and treatment of sleep problems in a behavioral health setting.

hygiene education and/or CBT for insomnia as an alternative to a pharmacological sleep aid.

Presenter(s):

- Paul Thomlinson, PhD, Psychologist, Executive Director, Research, Compass Health Network, Springfield, MO
- Cynthia Hollis-Keene, DNP, Psychiatric Nurse Practitioner, Emo-Logic Clinic, Branson, MO

Poster 37 - Depression Outcomes in Primary Care

Depression is one of the leading causes of disability across the globe and it is associated with several adverse outcomes such as potential to self-harm, comorbid medical conditions such as diabetes, stroke, and heart disease among others. The purpose of the current study is to examine the effectiveness of primary care behavioral health treatment on levels of depressive symptoms in patients diagnosed with a depressive disorder at a large community clinic within Geisinger Health system using. Ninety-one patients completed Patient Health Questionnaire-9 (PHQ-9) screening tool before and after treatment. The age of this sample ranged between 21-79 years with an average age of 41 years. Results of this data analysis showed that 87% of the patients participating in this integrated behavioral health treatment experienced improvement in their depressive symptoms. Sixty five percent out of 87% of these patients reported at least 5+ points decrease in their PHQ-9 scores at the end of the treatment. The average number of visits for this patient population is 3.40 with a booster session scheduled for 3 months after the completion of the treatment. Overall, the patients that were referred for the treatment of depressive symptoms by their primary care physician reported improvement in their symptoms. Further data analysis will be conducted to identify gender differences for depression outcomes and will be included for final presentation.

Presenter(s):

- Shahida Fareed, PsyD, Geisinger Health System, Danville, PA

Poster 38 - Collaborative mental health care in Canada's primary care settings: An updated national quality framework and recommended measures for implementation

The objective of this project was to validate the previously developed Quality Improvement For Collaborative Care (QI4CC) framework to ensure relevance and applicability across Canada, and to recommend quality measures to evaluate Collaborative Mental Health Care (CMHC) initiatives in primary care. We conducted 33 interviews with key informants including providers, researchers and administrators, as well as consultations with a Canadian working group on shared care and with CMHC consumers. Data collection and analysis were concurrent; we iteratively refined our interview guide and used qualitative content analysis with a triangulated team approach to refine the framework based on participants' perspectives. The validated framework contains 13 broad domains describing the aims of CMHC, the key processes to achieve those aims, and the necessary infrastructure and supports for successful CMHC implementation. The revised framework highlights: i) client and family experience as distinct from the construct of client care outcomes; ii) equity as a key objective of population-based care, and iii) capacity building of mental health-related knowledge and skills in primary care. We recommend practice-level indicators that reflect the prioritized domains of access and timeliness (e.g. decision support and wait times), client care outcomes (e.g.

Session Type: Poster

Keywords:

- Complex Patient Care
- PCBH Model

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Learn about the complex needs of primary care patient population
- Learn about the Depression outcomes in a primary care community clinic with the integration of behavioral health
- Learn about the fidelity to Primary Care Behavioral Health model of treatment

Session Type: Poster

Keywords:

- Integrated Care
- Outcomes
- Quality Improvement
- Program Development and Implementation
- Canadian Collaboration

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify the dimensions of quality collaborative care that are applicable in a Canadian context.
- Consider the advantages of adopting a common framework and measures for collaborative care initiatives across Canada and North America

client functioning and quality of life), client inclusion and participation (e.g. in their own care and at the program/organizational level), and equity and population-based care (e.g. capturing and using population data to drive more proactive care). Primary care organizations can utilize these indicators to evaluate and improve their CMHC programs, and potentially to contribute to new practice-based evidence on implementing effective CMHC.

Presenter(s):

- Nadiya Sunderji, MD, MPH, FRCPC, Psychiatrist in Chief, Waypoint Centre for Mental Health Care, Penetanguishene, ON, Canada
- Allyson Ion MSc PhD, School of Social Work, McMaster University, Hamilton, ON, Canada and St. Michael's Hospital Mental Health Research Group, Toronto, ON, Canada

Co-Authors:

Vincent Tang BSc, Faculty of Medicine, University of Toronto, Toronto, ON, Canada; Dr. Gwen Jansz MD PhD, St. Michael's Academic Family Health Team, Toronto, ON, Canada, and Department of Family and Community Medicine, University of Toronto, Toronto, ON, Canada; Dr. Matthew Menear PhD, Université de Laval, Quebec, PQ, Canada; Dr. Pam Wener, PhD, Department of Occupational Therapy, College of Rehabilitation Sciences, Rady Faculty of Health Sciences, University of Manitoba, Winnipeg, MN, Canada; Dr. Michel Gervais, MD MBA M.Mgmt, CIUSSS de la Capitale-Nationale, Quebec, Canada; Dr. Abbas Ghavam-Rassoul MD MHSc, St. Michael's Academic Family Health Team, Toronto, ON, Canada and Dalla Lana School of Public Health, University of Toronto, Toronto, ON, Canada

- Analyze which recommended quality measures of collaborative care could be relevant, useful and feasible to implement in practice settings

**Poster 40 - Prevalence of Social Vulnerability in a Health Clinic:
Works-in-Progress**

Screening for social determinants of health (SDH) can promote collaboration between clinical and allied health services and the community by identifying unmet health-related social needs, barriers to health, and assisting individuals to access appropriate services. The Concord Hospital Family Health Center (CHFHC) is a selected site for a Medicaid payment transformation project that aims to achieve better outcomes at a lower cost. This project entailed screening for social determinants of health (SDH) in individuals covered by Medicaid and analyzing SDH data to identify patterns between biopsychosocial needs and healthcare utilization. The data collection took place at a family medicine residency-based community health center in a mixed urban-rural city in New Hampshire, which serves primarily under-insured individuals; 36% of whom have Medicaid. All adult English-speaking patients of CHFHC with NH Medicaid coverage who came to a clinic appointment were screened. Analysis looked at correlations between stressors, such as safety, education, transportation, housing, substance use, and depression screening, as well as healthcare utilization. Thus far (n=190), results identify positive correlation between stressors (including safety, education, transportation, housing and substance use) and anhedonia (52%) and depression (57%, $r=0.64$). This project is continuing in the data entry and analysis phase to continue to examine this correlation. A better understanding of the stressors of our Medicaid population, and their relationship to mental health outcomes can lead to an integrated behavioral health approach that would more adequately address these patterns and decrease barriers to care.

Presenter(s):

- Xinuo Gao, MD, Resident Physician, NH Dartmouth Family Medicine Residency at Concord Hospital, Concord, NH
- Aimee Valeras, PhD, LICSW, Faculty, NH Dartmouth Family Medicine Residency, Concord, NH

Session Type: Poster

Keywords:

- Mood
- SDoH
- Underserved populations

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify the stressors of our Medicaid population leading to anhedonia/depression.
- Identify correlations between the stressors and mental health outcomes.
- Adequately address specific stressors and decrease barriers to care in our Medicaid population.

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- Samantha Gulotta, MFT doctoral intern, Concord Hospital, Concord, NH

Co-Author(s):

- Malcolm Tan, MD; Donna Millette, BSIE; Rhea Tumminkatti; Joni Haley, MS; Gwen Whitney-Gill; Sue Hemingway, LCMHC; Dominic Geffken, MD, MPH

Poster 41 - An Interprofessional Mock Code-Care Transition-Parkinson's Disease (PD) Patient- Missed, Omitted and Delayed Medication Simulation Case Study

An Interprofessional Mock Code Care Transition-Parkinson's Disease (PD) Patient Missed/Omitted/Delayed (MOD) Medication Simulation Case Study. This innovative and diverse simulation addressed a critical need to increase the competency among four healthcare professions to function during a mock code. While doing so, students gained requisite knowledge about Parkinson's Disease, advanced directives, and roles and functions of this healthcare team. This interprofessional education initiative aimed to have students learn about, from, and with each other to enable effective communication and collaboration, and comfortability with unknown team members, which may ultimately lead to improved health outcomes (IPEC). An Interprofessional Mock Code Care Transition-Parkinson's Disease (PD) Patient Missed/Omitted/Delayed (MOD) Medication Simulation Case Study. This innovative research study directly addresses a priority area to increase the competency of healthcare professionals on the care of people living with Parkinson's Disease. This research has the potential to increase the interprofessional health care team's knowledge regarding the unique needs of all individuals living with PD during a care transition in the acute care setting as it relates to their missed, omitted, and delayed (MOD) medications. The purpose of this study was to increase competency, educate and increase comfortability, communication, and collaboration among the following disciplines: Baccalaureate Degree Senior Nursing Students (n=76), Master's and Doctoral Junior and Senior Nurse Anesthesia Students (n=24), Doctor of Osteopathic Medicine Fourth Year Students (n= 24), and Doctoral of Psychology Fourth Year Students (n=21). The required case-study simulation was of a patient's care transition and ultimate code, with a family member present. Following the simulation, a process debriefing session was conducted by the PsyD students for the rest of the student healthcare team. The session concluded with an educational debriefing by nursing staff, with supplemental commentary provided by physician and psychology collaborating faculty. The aims of this simulation were: 1) Determine baseline understanding prior to the simulation of the four different groups of students regarding their comfort level and competency of working together during a mock code (valid-reliable pre-test), 2) Quantify the change in knowledge and perceived importance of competency and collaboration, following the mock code simulation and debriefing (valid-reliable post-test), 3) Determine the percent change in self-perceived competency, collaboration, communication, and comfortability following the mock code simulation and debriefing among the four professions (valid-reliable post-test). Combining the pre- and post- test data for all student types, statistically significant improvements were found for the following questions (each with p-value<0.001): • When is it acceptable to hold medications for a patient with Parkinson's disease (PD)? (correct: Never) • Which of the following medications is only administered orally? (correct: Levodopa/Carbidopa (Sinemet)) • Which of the following equipment is required to prepare for an elective intubation? (correct: Providing a respiratory/intubation box at the bedside) The final two items asked

Session Type: Poster

Keywords:

- Innovations
- Interprofessional education
- Interprofessional teams

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Determine baseline understanding prior to the simulation of the four different groups of students regarding their comfort level and competency of working together during a mock code
- Quantify the change in knowledge and perceived importance of competency and collaboration, following the mock code simulation and debriefing
- Determine the percent change in self-perceived competency, collaboration, communication, and comfortability following the mock code simulation and debriefing among the four professions

students to evaluate their comfortability working with an interprofessional team and their competency working with an interprofessional team on a scale from 0 to 5, with 0/1 corresponding to minimal or no comfortability/competency and 2-5 corresponding to moderate to extreme comfortability. Among all students who reported minimal to no comfortability/competency before the mock code, 93.3% and 92.9%, respectively, reported at least moderate comfortability/competency in the post-test. Average raw scores increased most substantially for undergraduate students, from 2.32 and 2.04, respectively, to 3.47 and 3.33, respectively. This simulation educated interprofessional healthcare members across four professions as to the importance of collaborative communication during a mock code. While also promoting and improving interprofessional collaboration and comfortability among interprofessional team members during a mock code. This simulation aligns with the goals of the Interprofessional Collaborative Practice.

Presenter(s):

- Tara Reddy, Senior Nursing Student, Villanova University, M. Louise Fitzpatrick College of Nursing, Villanova, PA
- Diane Ellis, MSN, RN, CCRN, Assistant Professor of the Practice, Villanova University, M. Louise Fitzpatrick College of Nursing, Villanova, PA

Co-Author(s):

- Shelley Hickey, Melissa O' Connor, Carlene McLaughlin, Patricia Prieto, Lydia Kim, Madison Puleo, Stephanie Felgoise, Michael Becker and Paul Bernhardt

Poster 42 - The Association between Mental Health Diagnoses and Influenza Vaccine Receipt among Older Primary Care Patients

Evidence suggests mental health diagnoses are associated with an increased likelihood of not having an influenza vaccine. However, little is known about this association in older adult primary care patients, a population vulnerable to flu-related sickness, hospitalization, and death. The purpose of this study was to determine the association between flu vaccine receipt in patients 65 to 80 years old and a depression and/or anxiety in a primary care setting. This study used a cross-sectional analysis of a retrospective cohort of EHR data from 4,102 patients who had a primary care appointment between July 2008 and June 2016. Conference attendees will learn the results of this study, including that adjusted analyses supported that any mental health diagnosis were associated with greater odds of vaccination in the total sample (aOR=1.47) and in a subset with physical comorbidities (aOR=1.77). No evidence for a relationship between mental health diagnosis and vaccination was found in the subset without physical comorbidities. The results highlight the prevalence of mental health concerns in primary care settings and the complex interplay between mental health, social determinants of health, and health behaviors. Results also provide further evidence for the comorbid relationship of mental and physical health which supports the role of behavioral health providers in primary care settings. This poster will directly address the conference theme social determinants of health by describing how racial and socioeconomic factors, as well as mental health factors, impact primary care patient's health behaviors. The target audience for this poster will include integrated behavioral health, medical providers, or those in public health interested in learning about the interconnectedness of mental health, social determinants of health, and health behaviors. While study methodology may be more pertinent to those with an intermediate or advance content knowledge, the results summary will be applicable to all audience members.

Presenter(s):

Session Type: Poster

Keywords:

- Electronic Medical Record
- Mood
- Population and public health

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the relationship between mental health diagnoses and influenza vaccine receipt among older adults.
- Discuss the relationship social determinants health and health behaviors.
- Identify how results from an original study further support the integration of behavioral health providers into primary care settings.

-
- Tyler Lawrence, PhD, Behavioral Health Faculty, Sea Mar Marysville Family Medicine Residency, Marysville, WA.
 - Max Zubatsky, PhD, Associate Professor, Saint Louis University, Department of Family and Community Medicine, St. Louis, MO
 - Dixie Meyer, PhD, Associate Professor, Saint Louis University, Department of Family and Community Medicine, St. Louis, MO
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Poster 43 - Same Team, Different Diagnosis?: Physician and Behavioral Health Provider Diagnostic Agreement in a General Hospital Setting

The integration of behavioral health providers (BHPs) in general hospital settings is potentially advantageous because hospitalized patients can have complex care needs and have high rates of psychosocial problems. Physicians are often the gatekeepers for identifying patients with psychosocial problems and referring them to a BHP. However, to our knowledge, there has been no literature on mental health diagnostic discrepancies between referring physicians and BHPs. Assessing for discrepancies between hospital physician and BHPs diagnosis may be beneficial for two main reasons. First, low diagnostic agreement would suggest behavioral health services are often used inappropriately. Second, it would highlight a potential need for systematic screening or training on psychosocial health screening in hospitals to identify patients with mental psychosocial problems. Attendees will learn about the results of study assessing for diagnostic agreement between initial physician diagnosis and BHPs' diagnosis for 60 inpatient physician referrals. The sample consisted of an equal number of male and female patients. The majority of patients were white (73%), followed by African American (25%), and American Indian (1.7%). The mean sample age was 55.5 (SD=13.9) years old. Diagnostic agreement was assessed using the kappa statistic with a coefficient ≥ 0.7 being considered substantial agreement. Kappa statistics indicated good agreement between initial physician diagnoses and BHP diagnoses for substance abuse (.79), anxiety disorders (.82), adjustment disorders (.88), relational conflict (.88), and "other" (.74). There was lower agreement for depressive disorders (.55). While diagnostic agreement for many conditions was better than anticipated, there was lower diagnostic agreement for depression. This suggests systematic depression screening or training medical providers to identify depression in hospitalized patients may increase diagnostic accuracy and improve appropriateness of referral rates. Hospitalized patients frequently have very complex biopsychosocial-spiritual needs. Thus, the focus of this presentation is directly in line with the conference theme. Presentation content will be applicable to a wide audience; especially providers, physicians, and administrators whose roles include work in a hospital setting.

Presenter(s):

- Tyler Lawrence, PhD, Behavioral Health Faculty, Sea Mar Marysville Family Medicine Residency, Marysville, Washington
- Jennifer Caspari, PhD, Director of Behavioral Medicine, General Internal Medicine, University of Nebraska Medical Center, Omaha, Nebraska
- Elizabeth Lyden, MS, Associate Director, Center for Collaboration on Research, Design and Analysis, University of Nebraska Medical Center, Omaha, Nebraska

Session Type: Poster

Keywords:

- Complex Patient Care, Hospital Setting
- Interprofessional teams
- Hospital setting

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the importance of integrating behavioral health providers into general hospital settings.
- Identify the psychosocial conditions that appear to be underdiagnosed in a general hospital setting.
- List the methods for improving the accuracy of diagnosing psychosocial conditions.

Poster 44 - Assessing Mental Health Needs in Indigenous Ngäbe Communities in Bocas del Toro, Panama

Western Panama is home to the Ngäbe-Bugle, the largest group of Indigenous Panamanians making up 6.7% (del Rosario, 2011) of the total population of Panama. Several social, legal, and political challenges have placed Panama in a complex economic and social climate. Amongst those challenges is mental health concerns, particularly violence amongst men, suicide, and excessive drug and alcohol use. This qualitative study explored the needs, knowledge, and beliefs about mental health as defined in Western culture amongst the Ngäbe of Western Panama. Participants were recruited from 9 Ngäbe communities where Floating Doctors holds clinics by word of mouth and snowball sampling. With the assistance of a native Spanish-speaking translator, interviews took place in semi-private areas throughout the communities. Consent forms were translated using a certified translation service. Interviews were recorded, transcribed, and double-checked for translation discrepancies. Data was then coded by 5 students, and themes were determined by the researcher. This research revealed the impact of structural violence in Indigenous communities that may contribute to an increase in exposure and usage of drugs and alcohol and dependence on violence to maintain various structures of social power.

Presenter(s):

- Megan Chapman, Adler University, Chicago, IL
- Kristina Brown, PhD, LMFT, Professor and Chair of the Couple and Family Therapy Department, Adler University, Chicago, IL

Session Type: Poster

Keywords:

- Cultural Humility/Health Equity
- Ethics
- Family centered care/Family perspectives
- Interpersonal violence
- Population and public health
- Quality improvement programs

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify mental health concerns of Ngäbe people in 9 communities.
- Describe perceptions of mental health in 9 Ngäbe communities.
- List potential resources that may further positive health and life satisfaction amongst Ngäbe people.

Poster 45 - Utilization of the EMR to Improve Family and Support Person Engagement in Health Care

This phenomenological study was designed to research the experience of engaging family/support persons (i.e., proxy) using the electronic medical record (EMR). The target population was patients with complex care needs (i.e., patients who benefit from interdisciplinary treatment), their identified family member/support person with proxy access, and their primary care provider (PCP). No known studies have examined EMR use for this purpose. This qualitative investigation was guided theoretically by the BPS-S (Engel, 1977, 1980; Wright et al., 1996) and patient-and family-engagement (Carmen et al., 2013) frameworks. Participants were selected using a purposive sampling strategy (Birks & Mills, 2015) from a primary care clinic in a southeastern state. Participants included adult patients with at least one chronic condition, a participating PC provider, and an identified proxy. Patient participants (n=12), ranged in age from 26 to 68 (M=51.6, SD=10.5), were both male (n=6) and female (n=6), and identified as White (n=5), Black (n=5), Native American (n=1), Latino/a/x (n=1). Support persons (n=7) ranged in age from 25 to 65 (M=48.1, SD=11.4), were all female, and identified as White (n=4), Black (n=2), and Native American (n=1). PCP participants (n=2) were both 41 years of age, with one male and one female, and identified as White (n=2). The phenomenological study utilized focus groups and individual interviews to explore participants' interactions with and lived experiences of using the EMR (Creswell, 2013). Qualitative data were collected pre-, mid-, and post-proxy EMR access from all participants. Thematic analysis was completed using Colaizzi's (1978) seven-step phenomenological analysis method. The study yielded themes covering the benefits and challenges of utilizing the EMR proxy feature to engage families/support persons. Results will help to improve the onboarding of proxies and identify the best method for optimal workflow and systemic/relational EMR usage.

Presenter(s):

Session Type: Poster

Keywords:

- Complex Patient Care
- Electronic Medical Record
- Family centered care/Family perspectives

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Identify outcomes of a phenomenological study on the benefits and challenges of engaging families/support persons through EMR utilization.
- Develop strategies for patient and family/support system engagement using EMR technology with secure access features.
- Promote the use of EMR proxy access in their settings to advocate for family/support person engagement.

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- *Melissa Welch, MA, Medical Family Therapy Fellow, East Carolina University, Vidant Medical Center, Greenville, NC*
 - *Emily Tucker, MS, doctoral student, Medical Family Therapy Doctoral Program, East Carolina University, Greenville, NC*
 - *Jennifer Hodgson, PhD, Nancy W. Darden Distinguished Professor & Director, Medical Family Therapy Doctoral Program, East Carolina University, Greenville, NC*
 - *Thompson Forbes, PhD, RN, Assistant Professor, College of Nursing, East Carolina University, Greenville, NC*
 - *Joe Pye, MD, Vice President of Medical Affairs, Regional and Associate Chief Medical Officer at Vidant Health, Greenville, NC*
-

Poster 46 - Implementing Integrated Behavioral Healthcare in Varied Clinical Settings and Associations with Health Equity

Background: Access to behavioral health (BH) services is a major problem in the United States and can be particularly difficult for minorities, those who have lower socioeconomic status, or live in rural areas. Integrated behavioral health (IBH) is a health service delivery model that is a natural solution for addressing BH problems in primary care by incorporating BH professionals into the primary care team. This study examines IBH implementation and health disparities in primary care medical clinics across the state of Minnesota. Aims include (a) determining unique types of IBH implementation in a sample of 102 clinics, (b) testing whether clinic context predicts IBH implementation types; (c) testing whether IBH implementation type predicts clinical outcomes of depression and chronic disease (asthma, cardiovascular disease, or diabetes) management; and (d) testing whether clinics' identified IBH implementation types moderate the relationship between clinic context, clinical outcomes, and a vector of depression management implementation outcomes (screening, follow-up, remission). **Methods:** Survey data (N = 102 clinics) were obtained through a community-based participatory research project and were analyzed using latent class analysis (LCA). The resultant latent classes will be utilized in a structural equation model (SEM) depicting the relationships between clinic context variables (rurality, minority populations, and socioeconomic risk of patients), IBH implementation, and both clinical outcomes of depression and chronic health management as well as implementation outcomes of depression management. **Findings:** The most interpretable and applicable solution was the 4-class solution. Entropy was above .8, indicating a clear fit between cases and their classes. The four classes are: Strong IBH (23.1%), Mixed Principles and Structures (7.9%), Emerging IBH (29.4%), and Low IBH (39.6%). SEM analyses are still being completed. **Implications:** This study will contribute to future IBH implementation success through generating an understanding of how different clinical contexts relate to IBH implementation, and in turn how IBH implementation may relate to health equity. No research to date has examined how gradations of IBH implementation contribute to its effectiveness. Organizations can use this knowledge to focus their IBH implementation to target health disparities, make IBH more effective, and IBH implementation itself to be more successful.

Presenter(s):

- *Gretchen Buchanan, MA, LMFT, LADC, Doctoral Candidate, University of Minnesota, Minneapolis, MN*

Session Type: Poster

Keywords:

- Health disparities
- Implementation
- Chronic health conditions

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Understand how integrated healthcare is a multi-faceted service delivery model
- Examine IBH implementations for variation in implementation outcomes such as fidelity to principles
- Advocate for IBH as a potential health equity improvement tool

Poster 47 - Evidence-based approaches to integrate mental health in primary care: a scoping review of barriers and enablers to implementation

Despite the growing prevalence of mental illness, the integration of mental health services in primary care has been a persistent challenge in Canada. The design of Canadian health systems has partly contributed to siloed service delivery and barriers to accessing mental health care. This is significant as primary care is a crucial point for integration, and is often the first point of contact for individuals within the health system. Integrating mental health services into primary care leads to reduced stigma, improvement in the treatment of comorbidities, and enhanced access to care. The objective of this project is to conduct a scoping review, which will answer the following research question: what are the policy and system-level barriers and enablers to implementing evidence-based collaborative care models to integrate mental health services in primary care? Research results will have the potential to inform policies to support the implementation of evidence-based models of integrated mental and physical health care.

Presenter(s):

- Dane Mauer-Vakil, BSc, MSc Student, University of Toronto, Toronto, Ontario

Co-Authors:

- David Rudoler, PhD, Assistant Professor, Ontario Tech University, Oshawa, Ontario
- Sara Allin, PhD, Assistant Professor, University of Toronto, Toronto, Ontario
- Nadiya Sunderji, MD MPH FRCPC, Associate Professor, University of Toronto, Toronto

Session Type: Poster

Keywords:

- Canadian Collaboration
- Integrated Care

Poster 50 - MHTTC: Munroe-Meyer Institute's Training in Integrated Care

To improve access to care and build the workforce of behavioral health professionals, the Federal Substance Abuse and Mental Health Services Administration (SAMHSA) and the Health Resources and Services Administration (HRSA) have funded programs to train behavioral health (BH) students and practitioners to partner with primary care medical practices. This approach involves the creation of integrated "medical homes" where patients' physical and mental health needs can be addressed in a single site. The integration of behavioral health has been shown to produce improved access to care, higher levels of patient satisfaction, increased cost effectiveness and reductions in stigma that have traditionally been associated with seeking BH care. The Mid-America Mental Health Technology Transfer Center partners with state mental health authorities, universities, and provider organizations in Iowa, Kansas, Missouri, and Nebraska to train behavioral health providers in integrated care, thus increasing access to BH services for patients and families with behavioral concerns. Technical assistance is available and addresses the unique needs and strengths of each medical practice and its surrounding communities. On-site consultation can also be provided for program implementation and sustainability of integrated care practice. Training and program implementation services can be attained through face to face sessions, distance learning, and/or online sessions to improve the knowledge base and competencies of the behavioral health workforce. Ultimately, the mission of the MHTTC is to increase access to care and develop the behavioral health workforce.

Presenter(s):

- Rachel Valleley, Munroe-Meyer Institute, Omaha, NE

Co-Author(s):

- Brandy Clarke

Session Type: Poster

Keywords:

- Pediatrics
- PCBH Model
- TA/practice facilitation for integrated care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe goals of Mid-America MHTTC
- Increase knowledge of training programs and content available for education in integrated pediatric primary care
- Describe options for integrating behavioral health provision into pediatric and family medicine practices

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- Holly Roberts
 - Christian Klepper

Poster 51 - Studying Abroad with Couple and Family Therapy Students as a Medical Family Therapy Learning Experience: Floating Doctor in Bocas del Toro, Panama

Consistent with Adler University's mission of educating socially responsible practitioners, developing opportunities for community engagement, and infusing social justice across the students' training, this program embraced global learning through the development of a study abroad immersion course. In the summer of 2019, seven students and one faculty studied abroad volunteering for Floating Doctors located in Bocas del Toro, Panama. Floating Doctors is a non-government organization (NGO) located in Panama since 2011 that provides single and multi-day mobile medical clinics to 24 Ngäbe communities on a quarterly rotating basis. CFT students interested in medical family therapy as well as a global experience as part of their training joined together to volunteer for two weeks. Study abroad has been confirmed as a valuable experience at every level of higher education including in behavioral health training programs; this immersion course was no different providing both hard lessons and expanded opportunities for exploration of self-of-the-therapist specifically through a socially responsible and just lens of practice. Our learning extended beyond the clinics including each of our abilities to navigate internal and external stressors. We engaged as volunteers but also shared our perspectives through a therapeutic lens in presenting clinical rounds each week and as feedback for the ongoing inclusion of mental health as a Medical Family Therapy program in Floating Doctors.

Presenter(s):

- Kristina Brown, PhD, LMFT, Professor and Chair of the Couple and Family Therapy Department, Adler University, Chicago, IL

Session Type: Poster

Keywords:

- Administration
- Early Career Professionals
- Interprofessional education
- Population and public health
- Skills building/Technical training
- Team-based care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Understand the range of strengths to challenges inherent with a study abroad opportunity in a behavioral health training program
- Embrace requirements, e.g. preparation including budget and syllabus, and considerations to develop their own study abroad experience including with Floating Doctors
- Confirm important tasks and assignments to incorporate in study abroad to uphold best learning experiences both social justice / socially responsible practice and clinical skills

Poster 52 - Using BDSM to Manage Endometriosis Pain: A Clinical Case Report

Endometriosis is a chronic gynecological condition that indiscriminately effects approximately 176 million women across the world. Three major symptoms – dysmenorrhea (painful menses), dyspareunia (painful intercourse), and infertility – are the most commonly seen both at diagnosis and throughout management of the disease. Pain due to endometriosis impacts a woman on a daily basis and management of this pain is as varied as the woman diagnosed. Research has been done on the utilization of alternative treatments ranging from yoga to spinal cord stimulation. This presentation will present a clinical case report about a woman engaging in BDSM (Bondage and discipline, Dominance and submission, Sadism, and Masochism) to manage her endometriosis pain. A history of the patient's diagnosis, interventions, and treatment will be presented as well as how the patient came to utilize BDSM in response to debilitating endometriosis pain. The patient's decision-making process as well as descriptions of actual engagement in BDSM and

Session Type: Poster

Keywords:

- Complex Patient Care
- Self-care/Self-management
- Pain Management

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Understand introductory information about both endometriosis and BDSM.
- Explain the intersections between the experience of pain in endometriosis and BDSM as an

how it connects to manage the pain for the patient will be presented. A common myth about BDSM is that it is about the desire to experience or inflict pain. In this case, we have discovered that it is the actual control and power over the pain as well as the displacement of pain that mitigates the experience of endometriosis pain for this patient. Considered an “invisible illness,” many women with endometriosis express their feelings of loss in their quality of life across multiple facets as well as being betrayed by their own bodies. By expanding a clinician’s repertoire with additional methods of pain management for women with endometriosis and other pelvic pain experiences broadens the opportunity for improved quality of life for the woman and the couple.

Presenter(s):

- Kristina Brown, PhD, LMFT, Professor and Chair of the Couple and Family Therapy Department, Adler University, Chicago, IL
- Leisel Iverson, MS, ATC, Doctoral Student in Clinical Psychology at Adler University, Chicago, IL

alternative method of pain management for pelvic pain.

- Expand their abilities to help women and couples who struggle with pain management.

Poster 53 - Barriers and Facilitators to Integrating Behavioral Health in Primary Care Settings

Few social work and mental health counseling researchers have utilized photovoice methodology in studies exploring barriers and facilitators to integrating behavioral health in primary care settings. The use of photovoice, an innovative participatory action research methodology, gives individuals the opportunity to explore and define for themselves, through photography and narration, the everyday reality of their lives and their perceptions about the world. Limited research exists in the literature that explores barriers and facilitators to integrating behavioral health in primary care settings. This paper helps to address this gap in the literature by exploring the perceived barriers and facilitators to integrating behavioral health in primary care settings through the lens of photovoice. Findings revealed that barriers to integrating behavioral health in primary care settings were associated with lack of financial resources, lack of basic needs, limited physical space for meetings, lack of transportation, lack of cultural competence, stigma, lack of education, and lack of collaboration. Facilitators to integrating behavioral health in primary care settings were associated with a collaborative inter-professional team, community resources, partnerships, physical space for meetings, and other resources. Practice implications are made for behavioral health providers in primary care settings.

Presenter(s):

- Dana Harley, PhD, Associate Professor, University of Cincinnati, Cincinnati, OH
- Shauna Acquavita, PhD, Associate Professor, University of Cincinnati, Cincinnati, OH
- Michael Brubaker, PhD, Associate Professor, University of Cincinnati, Cincinnati, OH
- Amanda LaGuardia PhD, Assistant Professor, University of Cincinnati, Cincinnati, OH

Session Type: Poster

Keywords:

- PCBH Model
- Research and evaluation
- Community-Based Participatory Action Research

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Participants will understand barriers to facilitating behavioral health in primary care settings.
- Participants will gain awareness of facilitators to integrating behavioral health in primary care settings.
- Participants will gain insight into community-based participatory action research methods.

Poster 54 - Development and Implementation of an Integrated Behavioral Health System Embedded in Pediatric Primary Care

Across the nation, many children and adolescents do not receive the behavioral and mental health care they need. Depression and anxiety are common, under-identified, and under-treated in pediatric populations. The consequences of this care gap may include long-term physical and behavioral health challenges as well as other morbidities. Out of concern for these issues, Rady Children’s Hospital-San Diego (RCHSD) and Children’s Primary Care Medical Group (CPCMG) partnered to form an integrated care program including embedded Integrated Health Therapists (IHT) in pediatric clinics in San Diego and Riverside Counties, with the goal to increase access to timely, effective mental and behavioral health care. Our model, which draws from Primary Care Behavioral Health (PCBH) and Collaborative Care

Session Type: Poster

Keywords:

- Pediatric
- Behavioral Health
- Integrated Care

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Describe the design and implementation of our

(CC) approaches, is designed to meet the behavioral health needs of patients in high-volume pediatric settings. We describe the development and implementation of this integrated behavioral health program and share initial questionnaire results examining primary care providers' experiences and attitudes toward mental health integration prior to the implementation of an embedded Integrated Health Therapist within the pediatric primary care clinic. To date, all primary care providers (PCPs) located at the initial site of implementation were invited to complete a brief, anonymous online survey regarding PCP experiences and attitudes toward mental health integration. A total of eight providers (80%) completed the survey. Survey results indicated high rates of excitement for mental health integration (100%) and strong belief that having an IHT will improve their ability to effectively treat patients (100%). However, most PCPs (75%) disagreed or strongly disagreed that their patients have timely access to behavioral/mental health therapy, which further highlights the need for increased access to behavioral/mental health services. Staged roll outs of the integrated behavioral health program will continue over the next few years with plans for post surveys to be conducted at a future time point in order to compare PCP attitudes and experiences with the mental health integration process after working with the IHT in their clinic.

Presenter(s):

- Jason Schweitzer, MD, Director of Mental Health Integration, Rady Children's Hospital Assistant Clinical Professor, Department of Psychiatry, University of California, San Diego, CA
- Jasmine Holt, PsyD, Research Assistant Scientist, Rady Children's Hospital - San Diego, San Diego, CA

multidisciplinary integrated behavioral health model.

- Describe the evaluation plans to determine model success or failure.
- Describe the plan to evaluate patient and provider satisfaction and outcomes.

Poster 55 - Culturally Congruent Practice: Understanding the Link between Interprofessional Teamwork and Communication Skills

Background

Skill development in team-based health care and the ability to work interprofessionally improves patient outcomes and works towards eliminating health disparities (Office of Minority Health & National Association of Deans and Directors of Schools of Social Work, 2012). Concurrently, evidence suggests that the inclusion of simulation experiences in the classroom enhances skill development among both social work and nursing students (Bogo et al., 2017; Damewood, 2016). Recent literature on the use of simulation in social work and nursing education focuses on interprofessional practice, particularly within healthcare settings (Bolesta & Chmil, 2014). Research on such interprofessional simulation experiences indicates that students exhibit increased interprofessional communication skills and preparedness for future interprofessional experiences after participating in the simulation activity (Bolesta & Chmil, 2014). A separate but related line of research considers the critical role of clinicians in providing culturally congruent care, particularly given the national focus on decreasing health disparities. Much like interprofessional practice, evidence links the provision of culturally congruent health care to increased patient outcomes (Jeffreys, 2016). However, there is a gap in the literature between culturally congruent practice behaviors and interprofessional skills. Thus, this study aimed to explore the correlation between culturally congruent practice behaviors and interprofessional practice - specifically, interprofessional communication and teamwork - in an interprofessional healthcare simulation with social work and family nurse practitioner students.

Methodology

The simulated patient was a 50-year old man presenting to primary care in a rural area for complications related to alcohol use and hepatitis c. The simulation included a nurse practitioner visit, followed by a warm hand-off from nurse

Session Type: Poster

Keywords:

- Interprofessional
- Teamwork
- Simulation

Objectives: *At the conclusion of this presentation, participants will be able to...*

- Understand the key aspects and goals of the interprofessional simulation experiences for social work and nursing students
- Discuss interprofessional teamwork and communication skills related to culturally congruent practice behaviors
- Understand the importance of simulation experiences and implications for practice

practitioner to social worker, and finally a social work visit. We recruited 80 MSW and MSN students from a small private university in New England. To be eligible for participation, both groups of students had to be in their final years of their respective programs.

Culturally congruent practice behaviors were measured by the Cultural Competence Clinical Evaluation Tool - Student Version (CCCET-SV) (Jeffreys, 2016).

Interprofessional teamwork and communication skills were measured by the Performance Assessment Communication and Teamwork (PACT) (Chiu et al., 2014). The CCCET-SV is an 83-item measure, with each item rated on a 10-point Likert scale where 1 indicates 'not at all' and 10 indicates 'to a great extent'. There are three scales embedded within the 83 items that are related to: 1. culturally specific care; 2. cultural assessment; and 3. culturally sensitive and professionally appropriate attitudes, values, and beliefs. The PACT is a 100-item measure, with each item rated on a 5-point Likert scale where 1 indicates strongly disagree and 5 indicates strongly agree with 14 subscales. For the purposes of this study, six subscales were used: 1. skills, 2. team structure, 3. leadership, 4. situation monitoring, 5. mutual support, and 6. communication.

Descriptive and correlation analysis were conducted using Pearson's correlation coefficient to determine if a statistically significant linear relationship exists between culturally congruent practice behaviors and interprofessional teamwork and communication skills. Culturally congruent practice behaviors were assessed overall and in the three subscales. Interprofessional teamwork and communication skills were assessed overall and in six subscales.

Results

The sample (N= 80) included Master of Social Work students (n=28) and family nurse practitioner students (n= 52). The majority of the sample was White (67%) and female (87%). Results indicated a moderate and positive relationship between student CCCET-SV total scores and PACT communication ($r=.360$, $p<.001$), leadership ($r=.268$, $p<.05$), and situation monitoring ($r=.328$, $p<.01$) subscales. CCCET-SV subscale scores in culturally specific care and the PACT communication subscale were also correlated ($r=.338$, $p<.01$). Results indicated a moderate and positive relationship between student CCCET-SV subscale scores in cultural assessment and PACT communication ($r=.366$, $p<.001$), leadership ($r=.278$, $p<.01$), team structure ($r=.263$, $p<.05$), and mutual support ($r=.267$, $p<.05$) subscales; situation monitoring was weakly correlated ($r=.233$, $p<.05$). Finally, a moderate, positive relationship was found between CCCET-SV subscale scores in culturally sensitive and professionally appropriate attitudes, values, and beliefs and PACT leadership ($r=.302$, $p<.01$) and situation monitoring ($r=.393$, $p<.001$) subscales; communication was positively, weakly correlated ($r=.237$, $p<.05$).

Conclusions

There was a significant linear relationship between social work and family nurse practitioner students' interprofessional teamwork and communication skills and their use of culturally congruent practice behaviors during simulated practice. Collectively, these skills and behaviors can help to contribute to the reduction of health disparities and improved patient outcomes. Therefore the broad incorporation of interprofessional simulation experiences in social work and other health professions curricula is supported.

Presenter(s):

- Cali-Ryan Collin, PhD, MSW, LICSW, Simmons University, Boston, MA

Co-Author(s):

- Rebekah Halmo, MSW; Deborah Johnson, BS; Tamara Cadet, PhD, MSW, MPH, LICSW

Poster 56 - Using Implementation Science Frameworks to Support Implementation and Growth of Project ECHO

Complex mental health concerns are often managed within primary care; however, primary care providers (PCP), particularly those working in underserved regions, often have limited resources, training opportunities, and access to specialized mental health supports. To address some of these barriers, the Centre for Addiction and Mental Health implemented the Project Extension for Community Healthcare Outcomes (Project ECHO) model.

Project ECHO uses videoconference to build PCP capacity to manage complex patient health concerns through knowledge sharing, dissemination of best practices, and the development of virtual communities of practice. This model requires a significant investment of time, effort, and financial resources to implement and sustain. In order to minimize risk of failure and increase the likelihood of success, the use of evidence-based support for effective implementation is essential.

This poster presentation will: 1) Share findings from a 2018 published study that used key implementation science frameworks to create a set of ECHO specific implementation tools that allow an organization to assess its readiness to implement an ECHO, as well as guidelines to help launch an ECHO; and 2) Provide a description of proposed implementation outcome measures within the context of ECHO Ontario Mental Health at the Centre for Addiction and Mental Health and the University of Toronto (ECHO-ONMH).

Presenter(s):

- Anne Kirvan, MSW, RSW, Centre for Addiction and Mental Health, Toronto, Ontario
- Rosaria (Sara) Armata, MPH, Research Analyst, Centre for Addiction and Mental Health, Toronto, Ontario

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Session Type: Poster

Keywords:

- ECHO
- Teamwork
- Implementation Science
- Innovations
- Interprofessional education
- Canadian Collaboration

Objectives: *At the end of this presentation, participants will be able to...*

- Explain Project ECHO and how it is being used to improve access to mental health care.
- Learn about the adaptation of important implementation science frameworks to support the implementation of ECHO programs.
- Describe approaches to evaluate the implementation success of ECHO programs.

Poster 57 - Increasing collaboration and conversations between Ontario's Early Psychosis Intervention (EPI) programs and primary care providers

The primary care sector is a critical partner for early psychosis intervention (EPI) programs in supporting mutual clients. To support comprehensive care and transition between services, EPI programs have a responsibility to work collaboratively with primary care providers. Communication is the cornerstone of an effective relationship. To facilitate this relationship, the Early Psychosis Intervention Ontario Network (EPION) developed a simple correspondence template. This template, the EPION Primary Care Communication Tool, is designed to help EPI

Session Type: Poster

Keywords:

- Adolescents
- Care Management
- CoCM
- Patient-centered/Patient perspectives
- Team-based care
- Mental Health

programs share information about a client with their primary care providers in a concise and timely manner, and facilitate comprehensive care and transitions. EPION's Partnerships, Education, Access and Knowledge Translation (PEAK) working group developed the tool based on information gathered through an Ontario-wide survey of primary care providers in November 2017. It helps EPI staff give primary care providers a comprehensive snapshot of a client's progress while in EPI care, ideally every six months, as clinically indicated, and when a client is preparing to transition out of EPI services. Preliminary evidence from EPI programs show that the tool has very simple structure to capture all the domains and areas, as well as next steps. It's easy to use because it is brief and it can be tailored to suit the program and client. This tool also provides prompts allowing programs to provide a comprehensive snapshot of the client to their primary care providers. Programs have also seen an increase in the number of primary care teams following up with them after receiving the completed tool.

Presenter(s):

- Angela Yip
- Brian Cooper

- Psychosis
- Early intervention
- Canadian Collaboration

Objectives: *At the end of this presentation, participants will be able to...*

- Understand and explain the importance of collaborating and communication between EPI programs and primary care providers in supporting mutual clients.
- Demonstrating how to use the EPION Primary Care Tool to facilitate comprehensive care and transitions.
- Identify and distinguish all the appropriate domains and areas, as well as next steps that can be tailored to suit sharing information between the program and client, with their primary care providers.