



Primary Care Behavioral Health (PCBH) Service Delivery Model Special Interest Group (SIG) Charter (adopted January 2014)

PCBH Service Delivery Model Definition

This is a population health-based model of care where the medical team and behavioral health provider share information regarding patients using a shared medical record, treatment plan, and standard of care. The behavioral health provider is embedded (works in the primary care clinic as a team member) with the primary care team and serves as a consultant to the primary care provider (PCP) and primary care team in the assessment, intervention and healthcare management of the full spectrum of concerns patients bring to the clinic. In addition to common mental health concerns, the behavioral health provider engages with the patient and PCP on problems usually addressed by clinical health psychologists and behavioral medicine specialists (e.g., chronic pain, headache, health risk behavior, medical non-adherence, sleep disturbance, smoking cessation, weight management). Consistent with a consultation model, the behavioral health provider operates within a scope of practice and a standard of care that is consistent with primary care and differs from the scope of practice and standard of care for a specialty outpatient mental health clinic (e.g. no separate mental health record, no signed informed consent about the limits of confidentiality). The behavioral health provider typically sees patients in appointments that are 30 minutes or less, documents patient appointments in the shared medical record and typically provides same day feedback to the PCP regarding the assessment, intervention started and recommendations regarding how the PCP might manage, support or monitor a behavioral health provider initiated plan. This feedback usually takes place through verbal discussion, secure email, alerting the PCP to review medical record notes or some combination of these based on PCP preference. Consistent with a consultation model, follow-up visits are typically planned until the patient shows signs of improving and has a clear plan that both the patient and PCP intend to follow. Behavioral health providers deliver care in the primary care clinic where patients are seen by PCPs. The goal is to have a team-based approach to care where PCPs and patients have directly accessible behavioral health provider services/consultation when a need is identified.

Purpose of PCBH SIG

To grow interest and enthusiasm, provide learning experiences, and promote actionable dissemination activities among CFHA members regarding PCBH Service Model delivery to include, but not be limited to the following aspects of the model:

1. Funding, Policy, and Procedures
2. Licensed Provider Clinical, Administrative, and Operational Skill Acquisition
3. Graduate, Intern, and Postdoctoral Fellow Training Models
4. Research and Program Evaluation

The SIG will also promote and support CFHA conference workshops and presentations focusing on PCBH Service Model delivery.

Structure

Election and Term of Co-Chairs

SIG members interested in a co-chair position will nominate themselves to run for the position no later than October 31 of each year. Election for the co-chairs will be completed no later than Dec 15. Election period for co-chairs will be open for 14 days. Co-chairs shall serve a two-year term and may serve subsequent terms. Terms will be staggered to create continuity from year to year. Terms will be based on a calendar year appointment (January-December).

Co-Chair Responsibilities

1. Attendance at no less than 75% of SIG meetings.
2. Draft SIG meeting agenda items.
3. Run SIG meetings.
4. Serve as SIG liaisons with the CFHA board, research committee, and other CFHA SIGs.

SIG Members

Any CFHA member can be a PCBH SIG member.

Secretary

SIG members interested in the Secretary position will nominate themselves for the position no later than October 31 of each year. A Secretary will be chosen by the co-chairs from a list of SIG members interested in filling this position no later than Dec 15. Term of secretary will be based on a calendar year appointment (January-December).

Secretary Responsibilities

1. Attend 100% of SIG meetings. In the event that the Secretary cannot attend a meeting, they are responsible for securing an individual to attend the meeting in their place.
2. Secure a meeting conference call-in line.
3. Take meeting minutes.
4. Send out a meeting reminder to SIG members 1 week prior to SIG meeting.
5. Send out agenda to SIG members at least 1 day prior to SIG meeting.

6. Send out meeting minutes from prior meeting at least 1 day prior to next pending SIG meeting.

Meetings

Regular meetings will be held one time per month or at the discretion of the co-chairs. Meetings will be held via conference telephone or similar communications equipment.

A summary of the annual SIG events and actions will be submitted to the CFHA Board no later than 31 December each year.