A3a: A Six-Session Evidence-based Protocol for the Treatment of Individuals with Chronic Pain in an Integrated Primary Care Setting

This six-session, culturally flexible, individual protocol utilizes evidence-based interventions taken from the literature on the treatment of chronic pain from cognitive behavioral therapy (CBT) and ACT (spelled out) perspectives. For the presentation, a session-by-session explanation will be reviewed with the support of practical handouts. We will also discuss how to facilitate the implementation of this protocol in a primary care setting, and how to facilitate collaborative team support (physician and ancillary providers) following the intervention.

Abigail Lockhart, Integrated Primary Care Psychology Fellow, The Colorado Health Foundation; Laurie Ivey, Director of Behavioral, Health Swedish Family Medicine; Samantha Monson, Psychologist, Denver Health Medical Center

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

- learn a brief, six-session individual treatment intervention that can be implemented by behavioral health providers in integrated care settings
- describe how to facilitate improved communication with the patient’s primary care provider and other PCMH treatment providers to promote collaborative models of care
- identify strategies for recruiting patients in a primary care setting

Key Track 2 • Content Level: Basic • Session Length: 25 minutes

A3b: Neurofeedback in Collaborative Primary Care

This presentation will cover the process of introducing and implementing an evidence-based complementary therapy into the collaborative primary care setting. The discussion will present the issues and aspects of facilitating such a service using Peek’s Three World View (clinical, operational, and financial). Additionally, specific barriers, such as physician attitudes, will be discussed in terms of how to identify and rectify said barriers of implementation to ensure sustainability of the service.

Lisa Black, UCSD Family Medicine; William Sieber, UCSD Family Medicine; Jenee James, UCSD Family Medicine; Zephon Lister, UCSD Family Medicine

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

- identify the factors that facilitate and/or hinder implementation of an evidence-based complementary therapy (i.e., neurofeedback)
- describe methods to integrate new services into a collaborative primary care setting
- discuss options to rectify barriers of implementation of new services

Key Track 7 • Content Level: All audiences • Session Length: 25 minutes
A3c: Provider Perspectives of Medically Unexplained Illness and Medically Unexplained Symptoms

Patients who present with medically unexplained illnesses or medically unexplained symptoms (MUI/S) tend to be higher utilizers of healthcare services and have significantly greater healthcare costs than other patients, which adds stress and strain for both the patient and provider. Through a systematic review of the literature and a qualitative phenomenological study, we found that providers often experience a lack of confidence in their ability to effectively treat patients with MUI/S, as well as frustration surrounding their encounters with this group of patients. Additional resources, such as mentorship and collaboration with behavioral healthcare professionals, could assist providers in feeling confident in their ability to provide effective care and acquire confidence in their abilities to treat patients with MUI/S.

Jennifer Harsh, PhD, LMFTA, Clinical Research Coordinator, Duke Cancer Patient Support Program Duke Cancer Institute; Jennifer Hodgson, PhD, LMFT, Professor, East Carolina University

At the conclusion of this presentation, participants will be able to:
- discuss the gaps in the literature from providers' perspectives of working with patients who present with MUI/S
- identify resources that may assist providers with increasing their confidence and decreasing frustration surrounding their work with patients with MUI/S
- explain the benefits of utilizing training tools that focus on MUI/S in medical education programs and trainings

B3a: Behavioral Health Integration in Solo and Smaller Primary Care Practices: Findings from a Pilot Study

Integrating behavioral health and primary care is key to achieving the Triple Aim of improved patient experience, improved population health and reduced cost. To date, there have been few studies of integrated care in smaller, primary care practices. One key to progress is to gain a better understanding of the current state of integration, especially in solo and smaller practices. In this presentation we present findings about integrating care from a pilot survey of primary care physicians in solo and smaller practices.

Vasudha Narayanan, MA, MBA, MS, Associate Director Westat; Benjamin F. Miller, PsyD, Department of Family Medicine, University of Colorado School of Medicine; Paul Weinfurter, MSPH, Sr. Study Director Westat; Garrett Moran, PhD, Vice President Westat

At the conclusion of this presentation, participants will be able to:
- Better understand the current state of behavioral health integration in solo and small primary care settings
- identify areas within their own practices that may present barriers to integrating behavioral health as identified by the pilot study

Key Track 4 • Content Level: All audiences • Session Length: 25 minutes

Key Track 2 • Content Level: All audiences • Session Length: 40 minutes
B3b: Engaging the Sick Patient: Using Hospitalization to Establish Care in an Outpatient Clinic

This presentation aims to address the Triple Aim of this year's conference by proposing how the health systems that participated in our project have benefited from the inpatient/outpatient coordination of both medical providers and behavioral health consultants. Allowing the behavioral health consultants (BHCs) to engage with patients when they have been admitted to an inpatient unit improves patient experience through establishing care. Doing so also provides for improved population health. Positing that BHC engagement decreases the number of re-hospitalizations, we will suggest it will also reduce cost, considering the ACA changes concerning reimbursement for subsequent hospitalizations.

Nicholas Madsen, MSW, LCSW, Drexel University College of Medicine and Behavioral Health Consultant at Presbyterian Medical Center of Philadelphia

At the conclusion of this presentation, participants will be able to:
- discuss how BHCs can engage patients while hospitalized
- describe the benefits of establishing care during hospitalization
- identify potential areas for concern with this integration

Key Track 5 • Content Level: All audiences • Session Length: 40 minutes

C3a: Actualizing Our Vision: An Innovative Approach to Engaging Care Team Members in Patient-centered Medical Home (PCMH) Self-Management Support

One of the challenges of PCMH implementation is to keep primary care providers and care team members truly engaged in health care transformation versus just "checking the box" to acquire NCQA recognition. This presentation will explore how Yakima Valley Farm Workers Clinic was able to operationalize our organization's mission, vision, and values; and integrate them into evidence-based skill training. We will describe how we adapted concepts from motivational interviewing to create a patient-centered culture in our clinics, and move providers beyond a "checking the box" mentality.

Brian E. Sandoval, PsyD, Primary Care Behavioral Health Manager, Yakima Valley Farm Workers Clinic; Juliette Cutts, PsyD, Primary Care Behavioral Health Consultant and Training Lead, Yakima Valley Farm Workers Clinic, Salud Medical Center

At the conclusion of this presentation, participants will be able to:
- describe how connecting training with organizational mission can make the difference between checking boxes and true transformation
- discuss how using a multi-modal approach can empower patients and their providers to participate in patient centered care
- identify strategies for leveraging behavioral health consultants, as well as data, to drive transformative change

Key Track 2 • Content Level: All audiences • Session Length: 40 minutes
C3b: Building a Team Over Time and Space: Strategies for Enhancing Behavioral Health Consultants (BHC) Collaboration across Clinics in a Large Geographic Area

Establishing a network of BHCs across two states while developing a sense of teamwork can be daunting. At Yakima Valley Farm Workers Clinic (YVFWC), we have developed a process for quickly on-boarding and integrating new BHCs to effectively work as a cohesive team. By leveraging core-competencies, technology, and a model of distributed leadership; our method has helped us maintain fidelity to the PCBH model, while also creating a platform for ongoing professional development and improved clinical services.

Brian E. Sandoval, PsyD, Primary Care Behavioral Health Manager, Yakima Valley Farm Workers Clinic; Brian Chao, PsyD, Primary Care Behavioral Health Consultant, Yakima Valley Farm Workers Clinic, Rosewood Family Health Center; Juliette Cutts, PsyD, Primary Care Behavioral Health Consultant, Yakima Valley Farm Workers Clinic, Salud Medical Center

At the conclusion of this presentation, participants will be able to:
- identify how core competencies facilitate BHC on-boarding, professional development, and PCBH model fidelity
- define the distributed leadership model and its impact on population health, BHC engagement, and burnout reduction
- discuss strategies for using technology to facilitate collaboration and service delivery across a large geographic area

Key Track 6 • Content Level: All audiences • Session Length: 40 minutes

D3a: What Do I Do with this Family?: Healthcare Innovations Using a Relational Lens

This interactive workshop will offer a synthesis of contemporary advancements in healthcare using a relational lens through medical family therapy (MedFT) training, research, policy, and financial models. Presenters will highlight and draw from their recently published text, Medical Family Therapy: Advanced Applications, wherein established and rising leaders across multiple disciplines have contributed cutting-edge knowledge about how to make the Triple Aim a reality in the ways that we prepare for, organize, practice, fund, and sustain care. From new trainees to seasoned practitioners, educators, administrators, and policy makers, participants will walk away with newfound energy and resources to take part in this exciting evolution.

Tai J. Mendenhall, PhD, LMFT, CFT Assistant Professor, Couple & Family Therapy Program / Family Social Science Adjunct Professor, Family Medicine & Community Health University of Minnesota, Twin Cities; Jennifer L. Hodgson, PhD, LMFT Professor, Medical Family Therapy Program / Child Development and Family Relations Adjunct Associate Professor, Internal Medicine, Family Medicine, & Psychiatry East Carolina University

At the conclusion of this presentation, participants will be able to:
- describe ways that MedFTs can respond to the Triple Aim's focus on population health
- articulate ways that MedFTs can respond to the Triple Aim's focus on patients' experiences
- describe ways that MedFTs can respond to the Triple Aim's focus on cost reduction

Key Track 1 • Content Level: Advanced • Session Length: 40 minutes
D3b: "I Think Something Might Be Wrong with Max": How Expert MedFTs Share Biomedical Information with their Physician Collaborators

Behavioral healthcare providers may acquire important biomedical information about health habits and emergent or chronic medical conditions from their patients; however, many withhold this information from collaborating physicians because of concerns about scope of practice, professional boundaries, or even the physician's response. In this presentation, you will hear exploratory research about how expert MedFTs developed their own ways of sharing medical information with physician colleagues, what processes they used (alongside factors that impacted these processes), and what patient, professional, and personal outcomes resulted. The presenters and the audience will then brainstorm next steps to use these findings to improve collaborative training and clinical care.

Mary T. Kelleher, MS, LMFT, Faculty Chicago Center for Family Health; Tai J. Mendenhall, PhD, LMFT Assistant Professor Department of Family Social Science University of Minnesota, Twin Cities

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

- understand the importance of the unrestricted flow of all relevant patient information between behavioral healthcare practitioners and physician collaborators to improve patient experiences
- describe the processes used by expert MedFTs to share biomedical information with physician collaborators, and how they were developed
- identify gateways and barriers to a successful biomedical information-sharing process

Key Track 5 • Content Level: All audiences • Session Length: 40 minutes

E3a: Promoting Health through Interdisciplinary Substance Use Consultation in Primary Care

The prevalence of substance use disorders existing in the primary care patient population has been cited up to 20 percent (Mersey, 2004); however, these estimates often largely under-represent the number of patients using substances, illicit and/or prescribed, problematically. The detection, treatment, and management of these patients in primary care settings is influenced by multiple factors: patient level of motivation, insurance coverage, and various other psychosocial/environmental variables. A description of the development and evolution of a substance use interdisciplinary "health promotions" consult clinic embedded within a federally qualified health center will be provided. This talk will also identify how this clinic specifically addresses typical treatment barriers and implementation challenges, while leveraging the primary care behavioral health model. Additionally, we will discuss patient demographics, participation prevalence, access to treatment timelines, primary care provider satisfaction, and innovative technological applications.

Chantelle Thomas, PhD, Behavioral Health Consultant, Access Community Health Care Center; Elizabeth Zeidler, PsyD, Behavioral Health Consultant, Access Community Health Care Center; Meghan Fondow, PhD, Behavioral Health Consultant, Access Community Health Care Center

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

- describe the evolution and implementation of the health promotions clinic, including clinic pathways that inform patient care flow and provider feedback
- define the role of the behavioral health team as it relates to referral and day-to-day operations of the health promotions clinic
- identify clinic, provider, and patient characteristics best served by this model

Key Track 3 • Content Level: All audiences • Session Length: 25 minutes
E3b: To the Rescue: Implementing Naloxone Rescue and Other Harm Reduction Strategies for Drug Abusing Patients

Drug overdose death rates in the United States have tripled since 1990. Deaths due to prescription painkiller deaths frequently involve alcohol or at least one other drug. Primary care providers are often on the front line in caring for patients with illicit and prescription drug misuse. Teaching providers about harm reduction principles is crucial. Implementation of harm reduction strategies, such as Naloxone rescue and controlled substance letters of concern, by the integrated health team is essential to provide appropriate care for these at-risk patients in the patient-centered medical home.

Patricia M. McGuire, MD, Director of Psychiatric Education Psychiatrist, Integrated Behavioral Health, UPMC St. Margaret Family Medicine Residency

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

- assess evidence about risks of illicit and prescription drug abuse
- examine a model curriculum to teach harm reduction principles
- integrate harm reduction strategies into the patient centered medical home

Key Track 5 • Content Level: All audiences • Session Length: 25 minutes

E3c: Reducing Substance Use During Pregnancy and Neonatal Abstinence Syndrome: An Integrated Approach to OB-GYN

Rates of maternal opiate abuse and the resulting Neonatal Abstinence Syndrome (NAS) in infants have risen exponentially over the past several years, resulting in serious and deleterious consequences for both maternal and child health status, quality of life, and functioning; as well as cost of post-natal inpatient and outpatient care. Effective treatment models for this staggering public health concern will be a critical component of achievement of Triple Aim goals, particularly for this at-risk population. This presentation will provide an overview of an integrated behavioral, OB-GYN, and primary care model of care delivery of addiction during pregnancy and early childhood development in an inner city women’s health clinic within Cherokee Health Systems, a comprehensive community healthcare organization in East Tennessee. Clinical and operational components of the implementation, as well as outcomes of an initial program evaluation, will be reviewed.

Eboni Winford, PhD, Behavioral Health Consultant Cherokee Health Systems; Suzanne Bailey, PsyD, Behavioral Health Consultant Cherokee Health Systems; Kara Johansen, PhD, Pediatric Behavioral Health Consultant Cherokee Health Systems

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

- define NAS and identify its symptoms
- describe the impact of NAS on infant and maternal quality of life, as well as health care costs associated with treating infants with NAS
- describe an integrated mental health/medical model of addiction at Cherokee Health Systems for pregnant women with substance addictions

Key Track 5 • Content Level: Advanced • Session Length: 25 minutes
F3a: Defragmenting Clinical Systems in Achieving the Triple Aim: Examining How to Strengthen Professional Identity Inherent in Integrated Care

Professional identity drives the development of work force, commitment to goals and objectives, and the extent to which an organization like CFHA flourishes. However, many clinicians have simply “found” their way in terms of professional identity and roles within primary care, and tend to struggle with divergences between their identified disciplines and the roles in which they find themselves within an integrated care model. Behaviorists who strongly identify with their roles as a primary care provider within integrated care will inherently be a driving force in achieving the objectives of the Triple Aim Model. The aim of the session will be to address how training programs, corporations, and national associations like CFHA can foster professional identity through a lively panel discussion representing various disciplines working in integrated care models. The intent would be to offer up some solutions and ideas leading to improved professional identity, thereby positively impacting the cost, outcomes, and effectiveness of patient care as intended by the Triple Aim model.

Thomas W. Bishop, PsyD, Assistant Professor of Family Medicine, Director of Behavioral Medicine, Quillen College of Medicine/ETSU; Jodi Polaha, PhD, Associate Professor of Psychology East Tennessee State University; Ajantha Jayabarathan, MD, Director, Central Halifax Innovative Health Clinic Family Physician, Capital District Department of Family Practice Certificate & Fellow, College of Family Physicians of Canada Assistant Professor, Faculty of Medicine, Dalhous; Randall Reitz, PhD, Director of Behavioral Sciences, St. Mary's Family Medicine Residency; Diana L. Heiman, MD, Associate Professor of Family Medicine, Family Medicine Resident Director, Quillen College of Medicine/ETSU

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

- examine the struggles in balancing the professional roles of one’s discipline while functioning within an integrated care model
- obtain insights into how training sites, corporations, and national organizations can foster stronger professional identity as a behavioral health care provider.
- identify how having a strong professional identity as a behavioral health care provider leads to achieving the objectives of the Triple Aim model

Key Track 2 • Content Level: All audiences • Session Length: 40 minutes

F3b: Getting Started in Primary Care Behavioral Health: Job Acquisition for Students and New Professionals

This presentation aims to equip students and new professionals with tools to obtain employment in the collaborative care workforce. Attendees will gain practical information and resources for job acquisition in a primary care behavioral health (PCBH) setting. Topics include finding and interviewing for a PCBH position with a special emphasis on using program proposals and business plans to create new PCBH positions.

Danielle King, PsyD, Behavioral Health Consultant, Tampa Family Health Centers; Joan B. Fleishman, PsyD, Primary Care Behavioral Health Fellow, University of Massachusetts Medical School; Elana Maurin, PhD, MHS, Assistant Professor, American School of Professional Psychology at Argosy University, Washington, DC; Stacy Ogbeide, PsyD, Behavioral Health Consultant, Healthcare for the Homeless of Houston, Instructor, Department of Family and Community Medicine, Baylor College of Medicine; Travis A. Cos, PhD, Public Health Management Corporation, Care Clinic -Behavioral Health Consultant, Adjunct Instructor, La Salle University, Department of Psychology

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

- identify pathways for finding PCBH positions
- discuss helpful approaches to interviewing for a PCBH position
- describe the components of an effective PCBH program proposal

Key Track 6 • Content Level: Basic • Session Length: 40 minutes
G3a: Beyond the Exam Room: Leveraging Perinatal Data to Increase Father Involvement and Improve Maternal-Child Health Outcomes

With the proliferation of electronic medical records (EMRs), providers have increased opportunities to leverage EMR data to improve health outcomes among the populations for whom they care. This presentation will describe the results of research that examined perinatal health data to identify predictors of low father involvement, which is often associated with poor maternal-child health outcomes. Participants will learn how the perinatal data contained in an EMR can be leveraged to proactively identify and intervene with at-risk populations.

Mark D. Thomas, PhD, MPA, Manager, Health and Analytics, Battelle Memorial Institute

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

- identify data elements within EMRs that can be leveraged to identify patients at greater risk for low paternal involvement/poor maternal-child health outcomes
- define data elements that could be added to those currently being collected by their EMR, enabling them to increase the health system's ability to identify and address drivers of poor maternal-child health outcomes
- describe ways in which providers in the medical and social service systems can collaborate to improve maternal-child health outcomes

Key Track 2 • Content Level: All audiences • Session Length: 40 minutes

G3b: Engaging Latinos into Depression Treatment in Integrated Primary Care: Why the WarmHandoff May Not Be Best

The warm-handoff is widely considered a best-practice to help engage patients into care in integrated primary care settings, but does it work as an engagement strategy for Latinos with depression? Results from a mixed methods study show that this is not necessarily so, and that, in fact, multiple factors impact the effectiveness of the warmhandoff and subsequent treatment uptake. These factors include the quality of the physician-patient relationship, matching treatment explanation to patient's explanatory model of depression, and linguistic and environmental barriers to care. Core components of effective implementation of the warm handoff referral will be outlined and discussed in the context of reducing mental health disparities, improving the patient experience, and decreasing no-show rates and treatment drop-out.

Elizabeth Horevitz, MSW, PhD, NIMH Post-Doctoral Fellow, Clinical Services Research Training Program, Department of Psychiatry, University of California, San Francisco

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

- describe the potential of the warm handoff as an engagement strategy, and its importance in reducing service utilization disparities among Latinos
- identify the difference between ideal and real-world implementation of the warmhandoff, and understand how this may negatively affect follow-up to care
- describe how cultural tailoring and case management are critical components of the referral process in integrated settings

Key Track 7 • Content Level: All audiences • Session Length: 20 minutes
CONCURRENT EDUCATION SESSIONS
Period 3: Friday, October 17, 2014   3:30 to 5 PM

G3c: Practice Modification to Embrace Multiculturalism: Balancing the Individual and the Evidence

The fast-paced, population-based structure of predominate integrated care models can pose issues when accommodating the diverse backgrounds and presentations of patients seen in primary care. Specific challenges and current solutions from two high-volume federally-qualified health center practices will be presented; focusing on the way language, culture, socioeconomic status, and wellness paradigms impact service delivery and patient experience. Audience members will be engaged in an evidence-based discussion about their own practices’ challenges and solutions to foster an environment of collective learning around practice modification and research.

Samantha Pelican Monson, PsyD, Clinical Psychologist, Denver Health; Kimberly Lomonaco, PsyD, Clinical Psychologist, Denver Health

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

- describe the impact of multicultural patient presentations on current integrated primary care models
- identify viable solutions to preserve efficiency and population-based care, while embracing patient diversity
- cite relevant evidence to support practice innovation that incorporates multiculturalism

Key Track 1  •  Content Level: Advanced  •  Session Length: 20 minutes

H3: Measuring Integration: An Empirical, Lexicon-based Approach

Peek’s Lexicon of Collaborative Care has an enormous impact – consistent vocabulary to describe collaborative care. The lexicon gives us a tool to observe similarity and differences at the practice level. This leaves the challenge of translating observation and discussion into validated measurement. A tool is needed that serves practice improvement and research at the same time. Existing measures are generally not theory-driven nor psychometrically evaluated, and they are not constructed in an electronic medium for ease of administration, scoring and aggregation. We will present a live demonstration of the web-based Vermont Integration Profile (VIP) developed by a national group of clinicians, administrators and researchers; and review validation efforts and current applications.

Rodger Kessler PhD, ABPP, Assistant Professor, University of Vermont College of Medicine, Clinical Associate Professor, Nicholas A. Cummings Doctorate in Behavioral Health, Arizona State University; Andrea Auxier PhD, Director of Integration, Value Options Health Care; C.R. Macchi, Clinical Assistant Professor, Clinical Associate Professor, Nicholas A. Cummings Doctorate in Behavioral Health, Arizona State University; Daniel Mullin PhD, Assistant Professor, University of Massachusetts Medical School; C. J. Peek, Professor, University of Minnesota School of Medicine

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

- identify three reasons for a validated measure and profile of integration
- discuss the translation of the Peek lexicon into the VIP dimensions and elements
- elaborate the psychometric properties of the VIP

Key Track 7  •  Content Level: All audiences  •  Session Length: 90 minutes