Optimizing Primary Care Behavioral Health in the US Air Force: Evaluating Effectiveness and Model Fidelity, Redirecting Mental Health Services, & Collaboratively Addressing Weight Loss in Primary Care.

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CFHA 19th Annual Conference
October 19-21, 2017 • Houston, Texas
2016 Behavioral Health Optimization Program (BHOP) Annual Review: Evaluating Satisfaction, Helpfulness, and Model Fidelity

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.
Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2017

Slides and handouts are also available on the mobile app.
Learning Objectives

At the conclusion of this session, the participant will be able to:

- Understand US Air Force’s Primary Care Behavioral Health program (Behavioral Health Optimization Program [BHOP])
- Understand annual efforts undertaken in the US Air Force to evaluate BHOP
- Understand results of recent annual evaluation of BHOP program
- Understand attempts to measure USAF Internal Behavioral Health Consultant (IBHC)’s perception of their model fidelity using Primary Care Behavioral Health Provider Adherence Questionnaire (PPAQ)*

Bibliography / Reference


Learning Assessment

A learning assessment is required for CE credit.
A question and answer period will be conducted at the end of this presentation.
Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!
Disclaimer

The views expressed in this presentation are those of the author and do not reflect the official policy or position of the US government or the Department of Defense.
Background on BHOP

1997; Initial Behavioral Health Optimization Pilot Project
2008; 55% part-time implementation with AD
2012; DoDI 6490.15 was published
  ◦ DHA lead Triservice Organization for Primary Care Behavioral Health
  ◦ Earn IBHC for clinic empanelment >3000
  ◦ Earn BHCF for clinic empanelment >7500
2013; AF received funding for contractors
2015; Pilot Project at 3 sites (Lackland, Shaw, Keesler)
2016 First Stop Initiative formally launched
BHOP Mission Statement

To provide evidence-based behavioral health consultation services in primary care clinics to optimize patient daily functioning, maintain readiness, vector patients to the right level of care when required, and promote optimal health over the lifespan.
Annual Review: Introduction

Annual Review goal is to improve BHOP services across the Air Force Medical Service

- Questionnaires were distributed to:
  - PCMH team members
  - IBHC and Behavioral Health Care Facilitator (BHCF)
  - Patients
- Based on data collection from JAN-MAY 2016.

Results from this review are intended to:

- Improve practice and create satisfying professional experiences for PCMH
- Identify trends for improvements by Air Force Medical Operation Agency (AFMOA)
PCMH Team-Member Feedback
Helpfulness to Team

N=316 total PCMH Team members
- 126 PCMs
- 69 Nurses
- 105 Technicians
- 16 unknown

PCMH members believe services “very/extremely” helpful to their pts*
- 75% for IBHC
- 79% for BHCF

PCMH believe services “very/extremely” helpful to PCMHs to better-serve pts*
- 83% for IBHC
- 83% for BHCF

* 0 = “no apparent benefit,” 10 = “extremely helpful,” 7-10 interpreted as “very/extremely helpful”
Helpfulness to Team - Trends

% PCMH View as Helpful to Pt
- 2014
- 2015
- 2016

% PCMH View as Helpful to PCMH
Patient Feedback
Patient Satisfaction - IBHC

N=84
- 89% were “very/extremely” satisfied with IBHC care
- 89% would “probably/definitely” recommend IBHC to friend/family
Patient Satisfaction Trends -IBHC

% Very/Extreme Satisfied with Care

% Prob/Def Refer Family/Friend

2014 2015 2016
IBHC Feedback
IBHC Helpfulness

N=49

84% believe services “very/extremely” helpful to patients
76% believe services “very/extremely” helpful to PCMH team to better-serve patients
  ◦ Compare with ~83% of PCMH team

*0 = “no apparent benefit,” 10 = “extremely helpful,” 7-10 interpreted as “very/extremely helpful”
IBHC Helpfulness - Trends

% Very/Extreme Helpful to Pt
% Very/Extreme Helpful to PCMH

- 2014
- 2015
- 2016
BHCF Feedback
BHCF Helpfulness

N=31
81% believe services “extremely/very” helpful to patients
87% believe services “extremely/very” helpful to PCMH team to better-serve their patients

*0 = “no apparent benefit,” 10 = “extremely helpful”
BHOP Annual Reviews - Conclusions

IBHC/BHCF services are highly valued and seen as effective by patients and providers

Areas for growth:
- Educate PCMH team-members,
- Encourage variety of referrals
- Increase patient and IBHC/BHCF satisfaction
PCBH Model Fidelity
Model Fidelity: Primary Care Behavioral Health Provider Adherence Questionnaire (PPAQ)*

The PPAQ is a self-report measure of behavioral health providers practice patterns in primary care-mental health.

Two factors:
- **PPAQ_E**: “Essential” PCBH behaviors – behaviors consistent with PCBH model
- **PPAQ_P**: “Prohibited” PCBH behaviors – behaviors inconsistent with PCBH model

Administered to 49 USAF IBHCs

Model Fidelity: Primary Care Behavioral Health Provider Adherence Questionnaire (PPAQ)

PPAQ Results

1 = Never, 2 = Rarely, 3 = Sometimes, 4 = Often, 5 = Always

PPAQ_P: “Prohibited” PCBH behaviors

- 1.30 (SD = .483)

PPAQ_E: “Essential” PCBH behaviors

- 4.45 (SD = .602)
Model Fidelity

- IBHCs are primarily seeing patients for mental health diagnoses*:


### Patients and Encounters by Diagnostic Codes

**Encounters by Diagnosis**

Table 15. Most Frequently Used ICD-10 Codes in Encounters with Adult Patients During the Monitoring Period

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
<th>Rank</th>
<th>Count</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>F43.23</td>
<td>Adjustment disorder with mixed anxiety and depressed mood</td>
<td>2</td>
<td>3,595</td>
<td>8.3%</td>
</tr>
<tr>
<td>F41.9</td>
<td>Anxiety disorder, unspecified</td>
<td>1</td>
<td>3,977</td>
<td>9.2%</td>
</tr>
<tr>
<td>Z71.89</td>
<td>Other specified counseling</td>
<td>3</td>
<td>2,813</td>
<td>6.5%</td>
</tr>
<tr>
<td>G47.00</td>
<td>Insomnia, unspecified</td>
<td>4</td>
<td>2,263</td>
<td>5.2%</td>
</tr>
<tr>
<td>F43.22</td>
<td>Adjustment disorder with anxiety</td>
<td>6</td>
<td>1,740</td>
<td>4.0%</td>
</tr>
<tr>
<td>F43.20</td>
<td>Adjustment disorder, unspecified</td>
<td>5</td>
<td>1,771</td>
<td>4.1%</td>
</tr>
<tr>
<td>Z73.3</td>
<td>Stress, not elsewhere classified</td>
<td>7</td>
<td>1,467</td>
<td>3.4%</td>
</tr>
<tr>
<td>F43.21</td>
<td>Adjustment disorder with depressed mood</td>
<td>8</td>
<td>1,393</td>
<td>3.2%</td>
</tr>
<tr>
<td>Z60.0</td>
<td>Problems of adjustment to life-cycle transitions</td>
<td>9</td>
<td>1,366</td>
<td>3.2%</td>
</tr>
<tr>
<td>Z63.0</td>
<td>Problems in relationship with spouse or partner</td>
<td>12</td>
<td>892</td>
<td>2.1%</td>
</tr>
<tr>
<td>Z71.9</td>
<td>Counseling, unspecified</td>
<td>10</td>
<td>1,055</td>
<td>2.4%</td>
</tr>
</tbody>
</table>
Model Fidelity

- IBHCs seeing less than optimal*:

Table 22. Mean Encounters Per Day Worked Per IBHC Using Only Full-Time IBHCs, Excluding Group and T-CON Encounters, Including Pediatric and Adult Patients Seen in Primary Care During the Monitoring Period

<table>
<thead>
<tr>
<th></th>
<th>Mean Encounters / Day Worked / IBHC</th>
<th>Median Encounters / Day Worked / IBHC</th>
<th>Min Mean Encounters / Day Worked / IBHC</th>
<th>Max Mean Encounters / Day Worked / IBHC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Air Force</td>
<td>4.01</td>
<td>4.17</td>
<td>1.00</td>
<td>7.26</td>
</tr>
</tbody>
</table>

Shifting the Mental Health Access Point to Primary Care Behavioral Health: Re-visiting 2015 Pilot Study

Mario G. Nicolas, Ph.D.
Deputy Chief, USAF Behavioral Health Optimization Program (BHOP)
Knowesis, Inc. (Contractor for Air Force Medical Operations Agency)
Learning Objectives

At the conclusion of this session, the participant will be able to:

• Learn efforts undertaken in the US Air Force to re-imagine the delivery of mental health services
• Understand results of 2015 pilot study designed to shift access point for mental health services to primary care
• Understand sustainment of findings observed in 2015 pilot study
2015 Pilot Study

“Revolutionizing Mental Health Care Delivery in the United States Air Force By Shifting the Access Point to Primary Care”

2016 report submitted to the faculty at Air Command and Staff College; Air University; Maxwell AFB, AL in partial fulfillment of the graduation requirements for the degree of Masters of Military Operational Arts and Sciences

Study conducted by Maj Matthew K. Nielsen, former BHOP Program Manager
2015 Pilot Study: The Problem

Increase in AF beneficiary outpatient mental health (MH) therapy prevalence rates
  ◦ 10.1% in FY12 and 12.3% in FY15

Increase in TRICARE community purchased care costs by 15.7% from FY14 to FY15
  ◦ $36M in FY14 to $42M in FY15

Access to specialty MH care is difficult
  ◦ Limited TRICARE approved providers in the community
  ◦ ~1/4 of AF clinics fail to meet 7 day access to care standards

Insufficient mental health personnel to meet demand
  ◦ Limited financial resources
  ◦ Specialty MH providers available for patient care 52% of day
2015 Pilot Study: Method

FY15 pilot study at 3 Military Treatment Facilities
- Lackland, TX - 54,000 beneficiary population
- Keesler, MS - 26,000 beneficiary population
- Shaw, SC - 14,000 beneficiary population

All mental health related care seen in BHOP first unless:
- Risk to self or others
- Need of special duty evaluation or psychological testing
- Presenting problem is substance misuse or domestic maltreatment
- Patient has been treated in the clinic previously and prefers to be seen in the MH clinic

Reallocate a MH provider and technician from the MH clinic to BHOP to offset increased demand. Data was obtained for baseline (FY14) and pilot study (FY15) metrics.
2015 Pilot Study Results

Increased number of patients seen in both BHOP and MHC
Only 11.5% of BHOP patients referred for specialty MH care
Patients and providers maintained high levels of satisfaction throughout the study
Decrease in net community purchased care costs
  ◦ Results ranged between a decrease of 9.3% and 45.2%
## 2015 Pilot Study - Sustainment of Changes: Total Patients Seen

<table>
<thead>
<tr>
<th></th>
<th>FY 2014</th>
<th>FY 2015</th>
<th>FY 2016</th>
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<tbody>
<tr>
<td>BHOP</td>
<td>2554</td>
<td>4585</td>
<td>4844</td>
</tr>
<tr>
<td>MH</td>
<td>6726</td>
<td>5930</td>
<td>6066</td>
</tr>
</tbody>
</table>

The chart above shows the total patients seen from FY 2014 to FY 2016, with bars representing BHOP and MH services.
2015 Pilot Study - Sustainment of Changes: Total Tricare Cost (FY14 - FY16)
Summary of Findings

BHOP is seeing about the same number of patients as at MHC

Costs show slight decline/remain relatively stable despite increased healthcare costs generally, AND an increase in number of patients seen.

Number of patients seen in BHOP is up over 91%
Number of patients seen in MHC down by nearly 10%
Collaboratively Addressing Weight-loss in Primary Care

Daniel G. Cassidy (PhD), Maj, USAF, BSC
Associate Program Director, Clinical Health Psychology Fellowship
Wilford Hall Ambulatory Surgical Center
Joint Base San Antonio – Lackland, TX

Erin Chicoine (MD), Capt, USAF, MC
Resident Physician, Internal Medicine
San Antonio Uniformed Services Health Education Consortium (SAUSHEC), TX
Learning Objectives

At the conclusion of this session, the participant will be able to:

• Understand efforts to collaboratively address weight management at Wilford Hall Ambulatory Surgical Center
THREE HORSEMEN

HEAVY DRINKING

TOBACCO USE

OVERWEIGHT & OBESITY
THREE HORSESMEN

- **27.1%** HEAVY DRINKING
- **20.8%** TOBACCO USE
- **68.6%** OVERWEIGHT & OBESITY
THREE HORSEMAN

27.1% HEAVY DRINKING 0%
20.8% TOBACCO USE 0%
68.6% OVERWEIGHT & OBESITY 35%
WELL, THAT WAS EASY!

- 27.1% HEAVY DRINKING 0%
- 20.8% TOBACCO USE 0%
- 68.6% OVERWEIGHT & OBESITY 35%
COMPLICATION ENSUES
COMPLICATION ENSUES

Health Risk Comparison at T2

<table>
<thead>
<tr>
<th></th>
<th>Active Duty Military</th>
<th>Civilians</th>
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<tbody>
<tr>
<td>OVERWEIGHT OR OBESE</td>
<td>63.6</td>
<td>68.6</td>
</tr>
<tr>
<td>PAST 30 DAY BINGE DRINKING</td>
<td>33.1</td>
<td>27.1</td>
</tr>
<tr>
<td>PAST 30 DAY CIGARETTE USE</td>
<td>24.5</td>
<td>18</td>
</tr>
<tr>
<td>PAST 30 DAY SMOKELESS TOBACCO USE</td>
<td>12.8</td>
<td>2.8</td>
</tr>
</tbody>
</table>
WORKING HARDER...AND SMARTER

N = 9.3 Million

Cost = $47 Billion
JOB = Increase # tobacco users engaged in a quit attempt

Family Medicine Clinical Health Psychology
Primary Care Behavioral Health Pharmacy
1 Assess needs & preferences
2 Inventory resources
3 Stakeholders conceptualize process
4 Design decision support tool
5 Implementation & evaluation

Freedom from tobacco

Success

Advice

Medication

Medication + Support
<table>
<thead>
<tr>
<th>Getting Ready</th>
<th>Taking Action</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q:</strong> If you were to consider quitting, what eventually would be some of the reasons?</td>
<td><strong>Medication</strong></td>
</tr>
</tbody>
</table>
| **A:** | **Team-up**  
With behavior change expert |
| | **Meet-up**  
Tuesday quit group  
1230-1400 (210-916-7646)  
2411 N. New Braunfels, BLDG. 156  
------------- OR ------------- |
| | **Phone-in** (1-844-426-3733)  
Freedom Quitline  
Medication & counseling  
www.FREEDOMQUITLINE.ORG |
Freedom from tobacco

Leverages scarcity - Things worthwhile cost a little something

Framed in terms of the reward

Presence of ‘halo’ option implies middle-of-road default

Choice, but not too much.

Getting Ready

Q: If you were to consider quitting, what eventually would be some of the reasons?

A:

Taking Action

- Medication
- Team-up
  - With behavior change expert
- Meet-up
  - Tuesday quit group
  - 1230-1400 (210-918-7646)
  - 2411 N. New Braunfels, BLDG. 156
  - --------------------- OR ---------------------
- Phone-in (1-844-426-3733)
  - Freedom Quitline
  - Medication & counseling
  - www.FREEDOMQUITLINE.ORG
**Freedom from tobacco**

- **Success**
  - Advice
  - Medication
  - Medication + Support

**Verbs (cf. nouns) wherever possible; language matters, and**

**Patient gets to choose, which permits PCM to make subsequent request**

**Clear prompt for PCM – simple and easy!**

**Getting Ready**
- Medication
- Team-up
  - With behavior change expert
- Meet-up
  - Tuesday quit group
  - 1230-1400 (110-916-7646)
  - 2411 N. New Braunfels, BLDG. 156
  - ------------------ OR ------------------
- Phone-In (1-844-426-3733)
  - Freedom Quitline
  - Medication & counseling
  - www.FREEDOMQUITLINE.ORG

**Taking Action**

**Q:** If you were to consider quitting, what eventually would be some of the reasons?

**A:**

**Reply to hypothetical increases talk-time consistent w/ change, increases commitment**
Prescriptions for Tobacco Cessation in PCMH

Mean Frequency per Prescriber

90-Day Baseline  90 Days Post-training  90 Days Post-booster
JOB = Infrastructure permitting improved access to weight management services

Internal Medicine Family Medicine Health Care Integrators
Behavioral Health The Diabetes Center of Excellence Disease Management Nutritional Medicine Health Promotion
1 Assess needs & preferences

2 Inventory resources

3 Stakeholders conceptualize process

4 Design decision support tool

5 Implementation & evaluation

Comfort Discussing Weight (n = 113, 15)

- **Frequency**
- **Not at all**
- **Somewhat**
- **Very**

- **Graph**
  - **Patient**
  - **Provider**
Confidence in Ability to Manage Weight (n = 113, 15)

- **Frequency**
- **Not at all**
  - Patient: 5
  - Provider: 1
- **2**
  - Patient: 7
  - Provider: 2
- **Somewhat**
  - Patient: 40
  - Provider: 52
- **4**
  - Patient: 28
  - Provider: 22
- **Very**
  - Patient: 26
  - Provider: 13

- **Legend**:
  - Patient
  - Provider
Provider Preferences (n = 15)

- Less awkward: 2
- Address psych comorbidity: 3
- Enhance motivation: 8
- Time-efficient: 8

Frequency
## Wilford Hall Weight Clinic

<table>
<thead>
<tr>
<th>Eating</th>
<th>Moving</th>
<th>Taking Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Options</td>
<td>Options</td>
<td>Options</td>
</tr>
<tr>
<td>Options</td>
<td>Options</td>
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</tr>
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</tr>
<tr>
<td>Options</td>
<td>Options</td>
<td>Options</td>
</tr>
</tbody>
</table>

To Schedule: (210) 292-1159  
Appointment: ____________
Weight Management in PCMH

# Referrals

Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sept  Oct  Nov  Dec  Jan  Feb  Mar  Apr  May  Jun  Jul  Aug  Sept
1. Assess needs & preferences
2. Inventory resources
3. Stakeholders conceptualize process
4. Design decision support tool
5. Implementation & evaluation
