



## CFHA 2018 Conference – Concurrent Sessions

*DRAFT – Last updated July 17, 2018*

### A1: So how Much Does Integrated Care Cost? Leveraging SBIRT as a Model for Cost Analysis

SBIRT can be flexibly implemented in medical settings with a variety of staffing models and clinical workflow. It is often challenging for administrators and clinicians to determine the costs of starting or maintaining an SBIRT program. This presentation will provide an overview of the SBIRT cost estimates in the literature and underlying reasons for the variation in costs. Administrators and clinicians may also need tools to track their own program costs or demonstrate their program is cost-effective. The presentation will also provide a synopsis of the methods used to develop cost and cost-effectiveness estimates. The methods are broadly applicable to other integrated care models. Participants will learn about the design of an economic evaluation, data collection strategies, and approaches to estimating costs and cost-effectiveness. Building on these tools, the presentation will demonstrate an application to a randomized control trial of SBIRT conducted in a primary care clinics.

*Jesse Hinde, PhD, RTI International, Research Triangle Park, NC*

**Date** Friday, October 19, 2018

**Time** 10:00 to 11:00

**Content Level** Intermediate

**Keywords**

- Cost Effectiveness/Financial sustainability
- SBIRT Model of Integrated Care
- Research and evaluation
- Cost analysis

**Objectives**

- Understand cost-drivers for SBIRT programs
- Identify sources of data providers could use to capture program costs
- Discuss practical considerations for implementing an economic evaluation

### A2: Screening for Anxiety and Depression in Older Adult ED Patients

This study examined the utility of screening older adult patients in the emergency department for anxiety and depression. A sample of 103 patients 65 years or older were screened in the ED using the GAD-7 and PHQ-9, with 38% reporting at least moderate anxiety and 25% reporting at least moderate depression. Importantly, none of the patients reporting severe anxiety, moderately severe depression, or severe depression had visited a mental health provider in the past 6 months, and the majority reported at least one substantial barrier that limited their access to care.

*Beau Abar, PhD, Assistant Professor, University of Rochester Medical Center, Rochester, NY*  
*Courtney Marie Cora Jones, PhD, MPH*

**Date** Friday, October 19, 2018

**Time** 10:00 to 10:30

**Content Level** Intermediate

**Keywords**

- Geriatrics
- Mood (e.g., depression, anxiety)

**Objectives**

- Evaluate the potential utility of screening for anxiety and depression among older adult emergency department patients.
- Understand the barriers to care experienced by older adults with covert mental health concerns.
- Evaluate the potential for parallel service providers in the ED to

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## A2: Identifying Autism in Primary Care: Screening Tool for Autism in Toddlers and Young Children (STAT)

Pediatric WCCs are routine points in medical care that offer opportunities for wellness promotion, broad screening, and further engagement of children and families in clinic services and ongoing care planning. They allow for surveillance of sub-clinical concerns that may require intervention at later points.

Developmental screening tools are an invaluable component of identifying psychoeducational needs, deficits in health literacy, delayed or atypical developmental milestones, as well as trauma, distress, and/or risks/safety concerns. Two screening tools utilized at CHS include the M-CHAT-R and the STAT-BHC (The Screening Tool for Autism in Toddlers and Young Children), which each address autism. This presentation will provide an overview of the WCC process at CHS; highlight the value and methods of screening for autism during WCCs; introduce the STAT-BHC; and provide preliminary data regarding the effectiveness of the STAT-BHC as a screening tool for use in primary care.

*Katheryn Christian LCSW, Behavioral Health Consultant, Cherokee Health Systems, Knoxville, TN*

*Eboni Winford PhD, Behavioral Health Consultant, Cherokee Health Systems, Knoxville, TN*  
*Hilary Duckworth PsyD, Behavioral Health Consultant, Cherokee Health Systems, Knoxville, TN*

**Date** Friday, October 19, 2018

**Time** 10:30 to 11:00

**Content Level** Intermediate

**Keywords**

- Pediatrics
- Assessment
- Primary Care Behavioral Health Model

**Objectives**

- List two advantages of embedding BHCs into pediatric Well Child Check exams.
- Describe the rationale for implementing the STAT-BHC within Well Child Check exams.
- Describe two ways to utilize community health workers as extenders of the primary care team to reinforce autism spectrum interventions.

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## A3: Family-Centered Care: Exemplars from Interprofessional Team Experiences

Research indicates that interprofessional teams can deliver higher quality care to families throughout the lifespan. A physician, a family therapist, a clinical psychologist, and a certified sex therapist will each share a clinical story of how trust between differing professionals led to better outcomes for the families they served. Presenters will also highlight the role of CFHA in the development of these perspectives and practices.

*Claudia Grauf-Grounds, PhD, LMFT, Professor, Seattle Pacific University, Seattle WA*

*Alan Lorenz, M.D, Physician, Rochester Institute of Technology, Rochester, NY*

*Mary Talen, PhD, Director Primary Care Behavior Health, Northwestern FM Residency, Chicago, IL*

*Tina Schermer Sellers, PhD, Director Medical Family Therapy, Seattle Pacific University, Seattle, WA*

**Date** Friday, October 19, 2018

**Time** 10:00 to 10:30

**Content Level** All Audience

**Keywords**

- Across the Lifespan
- Interprofessional teams
- Family-centered care

**Objectives**

- Describe how interprofessional teams can improved clinical outcomes
- Identify how interprofessional teams can be used throughout the lifespan
- Build bridges with other professionals to increase effective care

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## A3: Transforming BHC Integration into Primary Care in a Major U.S. City: How Interdisciplinary Discussions are Shaping the Care Delivery Landscape

The integration of behavioral health into primary care in the nation's FQHCs and community health centers is becoming standard practice. The Behavioral Health Consultation (BHC) model of immediate provider handoffs to BHC and brief psychological services is often the template for services, but what does integration truly look like in these settings? This presentation shares the results of facilitated discussions with 26 Philadelphia health centers with team BHCs, medical providers, nurses, and administrators. The Integrated Practice

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**Time** 10:30 to 11:00

**Content Level** All Audience

**Keywords**

- Primary Care Behavioral Health Model
- Quality improvement programs
- Interprofessional teams

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Assessment Tool was utilized to measure the degree of behavioral health integration in primary care, and team-based goal plans were collaboratively established at each site to continue to enhance integration. The presentation will share results from these assessments, site BHC directors will discuss how this process helped improve their integrative practices, and implications for further replication will be shared.

*Travis A. Cos, PhD Lead Network Clinician, Health Federation of Philadelphia, PA*

*Natalie Levkovich Chief Executive Officer, Health Federation of Philadelphia, PA*

*Melissa Cruz, LCSW Behavioral Health Consultant, Delaware Valley Community Health, Philadelphia, PA*

*Joel McIntosh, LCSW Director of Integrated Behavioral Health, PDPH Ambulatory Health Services, Philadelphia, PA*

*Julia DeJoseph, MD, Senior Medical Director of Population Health, Delaware Valley Community Health, Philadelphia, PA*

#### Objectives

- Identify the different levels of primary care behavioral health integration and their importance for care
- Describe the process of how a network was able to hold an interdisciplinary meeting and review priorities and goals for improving integration
- Discuss steps to conduct a similar quality improvement project; with special focus on replication of an integration-based assessment.

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### A4: Using the ECHO Model to Support Behavioral Health Providers Working in Collaborative Care Practices

Project ECHO is a structured model developed to provide specialty training and case consultation to primary care providers for underserved specialties. It consists of TeleECHO clinics where televideo conferencing regularly connects a "hub" specialty team to remotely located primary care "spokes". These TeleECHO clinics include both didactics on specialty topics as well as case presentations. We developed and implemented a TeleECHO Clinic for Behavioral Health Care Managers and other staff working in Collaborative and Integrated Care settings to address knowledge disparities that behavioral health providers of varying backgrounds inherently have, to provide psychotherapy supervision to maintain fidelity to "Brief Evidence-Based" models, and to connect team members working remotely. We will share how we identified the need for this program, put together an interdisciplinary specialty team, developed the curriculum and incorporated this into Collaborative Care services.

*Eve Fields, MD, Greenville Health System, Greenville, SC*

*Heike Minnich, PsyD, Greenville Health System, Greenville, SC*

**Date** Friday, October 19, 2018

**Time** 10:00 to 10:30

**Content Level** Intermediate

#### Keywords

- Interprofessional education
- Collaborative Care Model of Integrated Care
- Quality improvement programs

#### Objectives

- Identify knowledge gaps and supervisory needs that Collaborative and Integrated Care teams face
- Discuss how the ECHO model can be used in behavioral health
- Describe ways that the ECHO model can be used to support key aspects of the Collaborative Care model

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### A4: Technological Bridges to Care: Improving Access to Quality Integrated Behavioral Health Care through Innovation and Interprofessional Collaboration

This presentation will briefly summarize practice issues that contribute to behavioral health provider retention barriers in integrated primary care settings (including unique considerations for underserved areas) and will provide creative recommendations for resolution. Innovative approaches to improve team-based care and interdisciplinary collaboration that ultimately improve patient care outcomes, will be presented and illustrated through case examples. Attendees will learn specific technology-based strategies and skills including the following: successful execution of a system-wide psychiatry Project ECHO system facilitated by behavioral health providers, utilization of internet based messaging systems to address provider isolation and streamline care and crisis management efforts during service delivery across health system sites, and programmatic tips to initiate the launch of a collaborative care model for tele-psychiatry services in an integrated care setting.

*Emily M. Selby-Nelson, PsyD, Director of Behavioral Health, Cabin Creek Health Systems, Charleston, WV*

**Date** Friday, October 19, 2018

**Time** 10:30 to 11:00

**Content Level** All Audience

#### Keywords

- Innovations
- Team-based care
- Collaborative Care Model of Integrated Care

#### Objectives

- Define prevalent behavioral health provider retention barriers and concerns in integrated primary care.
- Identify innovative solutions to address and actively prevent behavioral health provider burnout and isolation.
- Discuss strategies that improve access to quality and

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### A5: A Qualitative Study of Patients and Family Members Affected by Opioid Use Disorder to Inform an Online/Mobile Engagement and Educational Resource

Limited information exists regarding key perspectives of patients and their family members on what information was most salient when they were seeking information generally about Opioid Use Disorder (OUD), effective treatment, and support and resource information in their community. This research study and educational project targets established patients receiving addiction treatment in primary care and family members participating in a local support group focused on OUD and has two primary aims: (1) Qualitative analysis of focus group and semi-structured interview data from patients with OUD and family members of individuals with OUD, and (2) development of web-based educational modules for patients and family members affected by OUD, that can also be utilized by the healthcare system to accurately inform and engage patients. This presentation will describe the research process, application of results to patient care, and overview of the engagement and educational resource.

*Amber Hewitt, PsyD, Assistant Professor, University of Massachusetts Medical School, Worcester, MA*

*Daniel Mullin, PsyD, MPH, Associate Professor, University of Massachusetts Medical School, Worcester, MA*

**Date** Friday, October 19, 2018

**Time** 10:00 to 11:00

**Content Level** All Audience

**Keywords**

- Patient-centered care/Patient perspectives
- Substance abuse management (e.g., alcohol, tobacco, illicit drugs)
- Family-centered care

**Objectives**

- Define current challenges for patients and family members accessing evidence-based information about OUD
- Describe the benefit of using qualitative analysis of patient and family member perspectives in order to inform creation of an educational and engagement resource
- Explain how an online/mobile based resource that engages all stages of change can assist this vulnerable population

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### A6: Ask The Experts: Learn How to Effectively Advocate for Collaborative Care or Primary Care Behavioral Health To Different Healthcare Professionals

Want to learn how to most effectively answer a question about Collaborative Care or Primary Care Behavioral Health if asked by a payer? A provider? As organizations contemplate on their own or individuals attempt to motivate practices to integrate, two prominent models of service delivery are often considered: Collaborative Care and Primary Care Behavioral Health. Each model has unique strengths and weaknesses. Knowing how the experts respond to these questions can help others learn how to respond effectively and in a way to motivate organizations or individual practices to devote resources towards integration. Dr. Laura Wray from the VA Center for Integrated Healthcare will host the event asking questions from a variety of different perspectives on issues, such as patient experience, implementation, evidence, etc. Drs. David Oslin and Jeff Reiter will be the experts in Collaborative Care and Primary Care Behavioral Health.

*Laura Wray, PhD, Director, VA Center for Integrated Healthcare, Syracuse, NY*

**Date** Friday, October 19, 2018

**Time** 10:00 to 11:00

**Content Level** All Audience

**Keywords**

- Collaborative Care Model of Integrated Care
- Primary Care Behavioral Health Model

**Objectives**

- Identify the different aspects that are going to be a concern based on the role of the individual in the healthcare system
- Understand the strengths and weaknesses to both models

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Jennifer S. Funderburk, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse, NY  
David Oslin, MD, Director, Mental Illness Research Education and Clinical Center  
Jeff Reiter, PhD, Lead Psychologist, Swedish Medical Group, Seattle, WA

- Understand how to respond to questions from different members of the healthcare system

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## A7: Shifting Cultural Paradigms Across a Clinical System: Trauma Informed Care Implementation

This presentation will outline how to promote and implement Trauma Informed Care (TIC) service delivery in a primary care system of any size. We will tell the story of one FQHC and the steps the clinic took to form a workgroup and highlight challenges and success of their process. The success of this initiative inspired our family medicine department, comprised of 6 clinics, to see the value of TIC, which has led to efforts to spread TIC across our system. We will share concrete tools that were developed to evaluate clinic culture and inform our implementation approach. Attendees will learn the steps to launching a clinic and system wide TIC transformation strategy.

Joan Fleishman, PsyD, Clinical and Research Director of Behavioral Health, Department of Family Medicine, Oregon Health & Sciences University, Portland, OR

**Date** Friday, October 19, 2018

**Time** 10:00 to 10 :30

**Content Level** Intermediate

### Keywords

- Patient-centered care/Patient perspectives
- Innovations
- Interprofessional teams
- Trauma Informed Care

### Objectives

- Identify the key strategies to furthering Trauma Informed Care in a primary care setting including training staff, formation of a workgroup, and identifying and addressing hotspots.
- Describe the role and function of a TIC workgroup and how to identify and address priority areas for change in a clinic.
- Describe how Trauma Informed Care can improve staff satisfaction and burnout and patient engagement and satisfaction.

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## A7: Utilizing Written Emotional Disclosure to Combat Burnout and Create Resiliency in Family Medicine Residents: A Pilot Study

Concern has risen in the medical community about rates and impact of burnout in medical providers and it appears that family medicine providers are disproportionately burdened with burnout. Research demonstrates that burnout begins as early as medical school; in 2010 52.8% of U.S. medical students reported experiencing burnout, and certain aspects of medical residency make trainees particularly vulnerable to experiencing burnout. To date, very little is known about interventions that might improve burnout and wellness in medical providers, and family medicine residents likely have a specific set of needs and interests. The current study will examine the effects of an emotional disclosure exercise on burnout, resiliency, and health in family medicine residents. The process of engaging family medicine residents in a wellness activity and outcome results will be examined and presented.

Jennifer Carty, University of Massachusetts Medical School, Hahneman Family Health Center, Worcester, MA

Samantha Minski, University of Massachusetts Medical School, Hahneman Family Health Center, Worcester, MA

**Date** Friday, October 19, 2018

**Time** 10:30 to 11:00

**Content Level** All Audience

### Keywords

- Evidence-based interventions
- Interprofessional education
- Burnout, resident wellness

### Objectives

- Describe the negative impact of burnout on medical providers
- Understand the unique needs of family medicine residents related to improving effects of burnout.
- Understand the effects of a written emotional disclosure intervention on

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Stacy Potts, University of Massachusetts Medical School, Hahneman Family Health Center, Worcester, MA  
Christine Runyan, University of Massachusetts Medical School, Hahneman Family Health Center, Worcester, MA

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improving burnout among family medicine residents.

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### A8: Outcomes of a Reverse Integration Model: Providing Medical Care in a Community Mental Health Clinic

This presentation will describe a grant-funded reverse integration model, in which over 200 patients with severe and persistent mental illness receive comprehensive medical care within the confines of the community mental health center. Interdisciplinary communication processes will be described and outcomes reported, including: ER utilization, hospitalization rates, psychiatric inpatient rates, as well as patient health outcomes, patient satisfaction and staff satisfaction.

*Carly Marquis Henson APRN, ANP-BC. Primary Care Provider, Riverbend Integrated Center for Health & Concord Hospital, Concord, NH*

**Date** Friday, October 19, 2018

**Time** 10:00 to 11:00

**Content Level** Intermediate

**Keywords**

- Primary Care Behavioral Health Model
- Population and public health
- Across the Lifespan

**Objectives**

- Describe reverse model of integration
- Understand a model of communication processes that includes and involves multiple interdisciplinary care providers and stakeholders
- Discuss opportunities to grow this model in terms of sustainability, or replication.

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### B1: Dynamic Evolution of Integrated Behavioral Health: Developing Data Management Systems for Continuous Quality Improvement

As the evidence base for delivering integrated behavioral health (IBH) in primary care progresses, there is a need for programs to collect and report various measures related to program design, performance and accountability. This presentation will outline how one program of IBH in primary care has developed data collection and management protocols/structure as to allow for quality improvement and to serve the larger IBH community. The three world perspective - Clinical, Operational, and Financial (Peek & Heinrich, 1995) - will frame how using a continuous quality improvement (CQI) perspective resulted in iterative data collection and data collection tools that improved program outcomes.

*William J. Sieber, PhD, Director UC San Diego Collaborative Care, San Diego, CA*

*Gene (Rusty) Kallenberg, MD, Professor, Division Chief, Co-Chair Department of Family medicine and Public Health, UCSD, San Diego, CA*

*Laura Sudano, PhD, LMFT, Associate Director, Collaborative Care, UCSD, San Diego, CA*

*Katrin S. Seifert, PsyD, ABPP, Psychologist, Assistant Clinical Professor, UC San Diego, San Diego, CA*

*Lisa Black, Psy.D, BCB, BNC. Lead Therapist for Neurofeedback and Biofeedback services, UCSD Family Medicine, San Diego, CA*

**Date** Friday, October 19, 2018

**Time** 11:15 to 12:15

**Content Level** Advanced

**Keywords**

- Collaborative Care Model of Integrated Care
- Cost Effectiveness/Financial sustainability
- Research and evaluation

**Objectives**

- Participants will be able to identify clinical activities that can be measured as part of continuous quality improvement.
- Participants will be able to list methods by which they can quantify their program's activities and outcomes.
- Participants will be able to outline measures and methods to help quantify the impact of their program across several domains (e.g., patient outcomes, financial, etc.)

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## B2: Mitigating Social Determinants and Reducing High Utilization Through Collaborative Relationships

Future generations of collaborators will increasingly include community health workers and partners from health insurance companies. We will present a multi-agency, interdisciplinary pilot program of Community Health Workers, several medical practices, and a health plan working together in order to decrease Emergency Department visits and address patient social determinants of health. Conceptualization of the program, ongoing evaluation, and outcome data will be presented. Case studies from a participating medical practice will be discussed.

*Amy Gallagher, PsyD, Vice President, Whole Health, LLC, Grand Junction, CO*

*Randall Reitz, PhD LMFT, Director of Behavioral Medicine, St Mary's Family Medicine Residency, Grand Junction, CO*

*Alexandra Schmidt Hulst, PhD, Integrated Behavioral Health Advisor, Rocky Mountain Health Plans, Grand Junction, CO*

**Date** Friday, October 19, 2018

**Time** 11:15 to 12:15

**Content Level** All Audience

### Keywords

- Care Management
- Multi-sector partnerships
- Team-based care

### Objectives

- Identify a multi-agency, interdisciplinary pilot program and its outcomes
- Understand lessons learned from program implementation and evaluation.
- Conceptualize the program through case studies.

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## B3: Psychology, Medical Family Therapy, Social Work, Psychiatric Nursing, Counseling, and Others: Effective Collaborators, or Sibling Disciplines at-War?

Healthcare systems endeavoring to integrate mental health into their practice have several disciplinary fields and license-types to draw from, including Psychology, Medical Family Therapy, Social Work, Psychiatric Nursing, Counseling, and others. These sibling disciplines differ, however, in guild-power and competitive lobbying efforts for payer coverage and visibility/preference in hiring practices. Consequently, many like-minded colleagues find themselves at-odds - or even in direct conflict - with each other. Presenters will describe empirical research that has compared these disciplines to each other, highlighting (a) relative field performance in treatment costs and care outcomes; and (b) common factors that contraindicate the turf-battles that often divide them. They will share ways in which to advance collaborative care that engages different behavioral providers in synchrony, drawing from both literature and real-life experience(s) in fully-integrated care settings.

*Tai Mendenhall, PhD, LMFT, Associate Professor, University of Minnesota, Minneapolis, MN*

*Angela Lamson, PhD, LMFT, CFLE, Professor and Associate Dean, East Carolina University, Greenville, NC*

*Jodi Polaha, PhD, Associate Professor/Psychologist, Eastern Tennessee State University, Department of Family Medicine, Johnson City, TN*

**Date** Friday, October 19, 2018

**Time** 11:15 to 12:15

**Content Level** All Audience

### Keywords

- Collaborative Care Model of Integrated Care
- Interprofessional teams
- Team-based care
- Sibling Disciplines

### Objectives

- Articulate key findings from empirical comparisons of behavioral health sibling disciplines in terms of care outcomes, drop-out rates, and cost effectiveness.
- Describe key findings from empirical research regarding common therapeutic factors that overlap sibling disciplines in behavioral health.
- Identify ways to include, coordinate, and integrate sibling disciplines in collaborative care teams.

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## B4: You are NOT fired! Optimizing the PCBH Model for Difficult Patient Encounters

Firing patients from medical clinics, and precipitating circumstances, is related to poor outcomes for medical providers and patients. A combination of provider and patient characteristics increase the likelihood of that a patient will be fired. The Primary Care Behavioral Health (PCBH) Model provides an important platform to catch and address those issues rather than sending those patients away. Behavioral health consultants (BHCs) help provide care for the vulnerable patients who need it the most while simultaneously providing support to the medical providers who care for this complex population. Presenters will share

**Date** Friday, October 19, 2018

**Time** 11:15 to 12:15

**Content Level** Intermediate

### Keywords

- Interprofessional teams
- Primary Care Behavioral Health Model
- Skills building/Technical training

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challenges and success from real-life cases. The focus will be on demonstrating advanced skills and strategies for PCP-BHC collaboration in navigating difficult patient encounters.

*Arisa Walberg, PhD, Behavioral Health Faculty, Community Health of Central Washington, Yakima, WA*

*Bridget Beachy, PsyD, Director of Behavioral Health, Community Health of Central Washington, Yakima, WA*

*Stacy Ogbeide, PsyD, ABPP, Assistant Professor/Clinical, UT Health Sciences San Antonio, TX*  
*Ragina Lancaster, DO, Faculty Physician, Community Health of Central Washington, Yakima, WA*

*Ramin Poursani, MD, Chief of Clinical Operations, UT Health San Antonio, TX*

#### Objectives

- Explain the negative outcomes of difficult patient encounters.
- Identify systemic strategies of the PCBH model for difficult patient encounters.
- Employ specific skills for PCP-BHC collaboration to mitigate negative effects of these encounters.

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### B5: Building Proficiency in SBIRT through "Hands-On" Teamwork

This workshop-style presentation builds upon a basic knowledge of SBIRT by demonstrating how expanding interprofessional team-based training to include a variety of experiential exercises, increases proficiency, confidence, and the likelihood that SBIRT will be implemented with fidelity in patient care settings. Audience participation is encouraged through case studies, small group exercises, role play/training video excerpts, and use of a game-based learning app, (cell phones needed for the latter).

*Kathleen Plum, PhD, RN, NPP, faculty, Wegmans School of Nursing St. John Fisher College, Rochester, NY*

*Gail Begley, MA, LMHC, CASAC-2, faculty, Wegmans School of Nursing, St. John Fisher College, Rochester, NY*

*Caroline Critchlow, EdD, Assistant Dean, St. John Fisher College, Rochester, NY*

*Anthony Corigliano, MS, RPh, Faculty, Wegmans School of Pharmacy, St. John Fisher College, Rochester, NY*

*Henry Moscicki, DNP, FNP-C, faculty, Wegmans School of Nursing, St. John Fisher College, Rochester, NY*

*Rosemary Shanhan, BS, RN, Graduate Student, Wegmans School of Nursing, St. John Fisher College, Rochester, NY*

**Date** Friday, October 19, 2018

**Time** 11:15 to 12:15

**Content Level** Intermediate

#### Keywords

- SBIRT Model of Integrated Care
- Interprofessional teams
- Workforce development
- Interprofessional education

#### Objectives

- Implement a variety of experiential teaching strategies for increasing SBIRT competency/proficiency with greater fidelity and cultural sensitivity
- Identify opportunities for interprofessional team collaboration that prevent/address the problematic use and abuse of opioid drugs
- Evaluate the effectiveness of experiential, team-based SBIRT training in an academic or clinical setting

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### B6: The Development of the University of Rochester Physician Faculty Communication Program and the Rochester Coaching Academy

This presentation will provide an overview of the University of Rochester Physician Faculty Communication Program, which Dr. Susan McDaniel developed to help improve physicians' communication and enhance the patient/family experience of care. A panel of communication coaches will present the steps of the coaching process, discuss variations in coaching across different departments within the institution, and describe strategies for how to address common coaching challenges. The panel members will also discuss more broadly the powerful effects of coaching on the physician as a person, their self-concept and well-being as a physician, and their ability to improve communication with patients, colleagues, and leadership.

*Andrea Garroway, PhD, Senior Instructor in the Departments of Psychiatry and Medicine, University of Rochester School of Medicine and Dentistry, Rochester, NY*

*Lauren DeCaporale-Ryan, PhD, Assistant Professor in the Departments of Psychiatry, Medicine, and Surgery, University of Rochester School of Medicine and Dentistry, Rochester, NY*

**Date** Friday, October 19, 2018

**Time** 11:15 to 12:15

**Content Level** All Audience

#### Keywords

- Interprofessional education
- Patient-centered care/Patient perspectives
- Family-centered care
- Communication coaching

#### Objectives

- Describe how physician communication coaching can enhance patient and family experience of healthcare.
- List the four steps of the coaching process.



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*Colleen Fogarty, MD, MSc, Associate Professor in the Department of Family Medicine, University of Rochester School of Medicine and Dentistry, Rochester, NY*  
*Tziporah Rosenberg, PhD, Associate Professor in the Departments of Psychiatry and Family Medicine, University of Rochester School of Medicine and Dentistry, Behavioral Health Integration Education Lead, Accountable Health Partners, Rochester, NY*  
*William Watson, PhD, Associate Professor in the Departments of Psychiatry and Neurology, University of Rochester School of Medicine and Dentistry, Rochester, NY*

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- Discuss how coaching affects physician as a person, their self-concept and well-being as a physician, and their ability to improve communication with patients, colleagues, and leadership.

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### **B7: A Triple Role for Social Workers in Primary Care and a Successful Pilot Using Telemedicine Technology to Spread the Model to Rural Primary Care Sites**

At Mayo our Integrated Behavioral Health group has developed a triple role for Licensed social workers within primary care. This role includes traditional social work, evidence-based psychotherapy supported by clinical psychologists, and point of care triage for primary care providers. We will present our experience with this model, the mechanics involved and the results of a quality improvement project in two clinics where we successfully tested the use of a computer video tablet to allow a social worker from a distance to participate in primary care visits with adult and child patients at the point-of-care. With the results of this pilot, we hope to be able to introduce virtual social workers into our rural clinics to provide all three of the roles of our model.

*Mark D. Williams, MD, Associate Professor, Integrated Behavioral Health, Mayo, Rochester MN*

*Craig N Sawchuk, PHD, co-chair, Integrated Behavioral Health, Mayo, Rochester, MN*

*Michelle A. LeRoy, PHD, Assistant Professor, Integrated Behavioral Health, Mayo, Redwing, MN*

*Angela B. Mattson, DNP, MS, RN, NE BC, Nursing Administration, Integrated Behavioral Health, Mayo, Rochester, MN*

**Date** Friday, October 19, 2018

**Time** 11:15 to 12:15

**Content Level** All Audience

**Keywords**

- Team-based care
- Across the Lifespan
- Innovations
- 4. Population and public health

**Objectives**

- Describe one viable model for social work integration into primary care that addresses several needs.
- Identify challenges that need to be addressed in the use of this model and possible solutions.
- Describe the results of a pilot using a virtual social worker that addresses one of the challenges in regards to providing these services to small and rural primary care practices.

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### **B8: Chronic Progressive Illness and the Family-Centered Shared Care Plan: The Role of Spirituality and Religion in Assessment**

The diagnosis of a chronic progressive illness is often accompanied by an attempt to make sense of (i.e., create meaning and/or a reason) its onset and trajectory. How patients and family members adapt to, and cope with, the role of being patient and caregiver has a lot to do with the beliefs they hold about the illness at hand. Spirituality and religion act to facilitate this meaning-making process, and offer a means to process one's intrapersonal beliefs. This presentation will help to develop a comprehensive understanding of spirituality and religions' connection to individual and family level health. It will also provide resources and conversation techniques for healthcare teams to integrate spiritual and religious assessment into the creation of a shared care plan for those with chronic progressive illness.

*Stephanie M. Trudeau, PhD*

*Barry J. Jacobs, PsyD, Director of Behavioral Sciences, Crozer-Keystone Family Medicine Residency Program, Swarthmore, PA*

**Date** Friday, October 19, 2018

**Time** 11:15 to 12:15

**Content Level** All Audience

**Keywords**

- Family-centered care
- Team-based care
- Across the Lifespan

**Objectives**

- Identify the separate but combined aspects of spirituality and religion in research and healthcare practice.
- Discuss varying assessment and conversation techniques for integrating spirituality/religion in a family-centered shared care plan.
- Understand the benefits of spiritual/religious assessment in the collaborative practice of team-based care.

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### C1: A new REALity - Using Realist Evaluation in Interprofessional Settings

This presentation will include background information on Realistic Evaluation approaches, theoretical underpinnings, and examples of realist evaluation in the literature. Focus will be placed on the particular utility of Realists Evaluation in interprofessional settings and as a strategy to address the complexity of clinical care. Attendees will use a potential project from their site to work through a structured peer consultation process using a Realist Evaluation framework and leave the workshop with a clearer evaluation plan for their identified project. The presenters will close with insights from their work using this framework to guide interprofessional evaluation work in an educational primary care setting.

*India C. King, PsyD, Associate Director & Psychology Faculty, Center of Excellence in Primary Care Education; Primary Care Psychologist, V-IMPACT Telehub, Boise, ID VAMC*

*Sarah Naidoo, PharmD, Pharmacy Faculty, Center of Excellence in Primary Care Education; Clinical Pharmacy Specialist, Boise, ID VAMC*

**Date** Friday, October 19, 2018

**Time** 1:45 to 2:45

**Content Level** All Audience

#### Keywords

- Research and evaluation
- Team-based care
- Quality improvement programs

#### Objectives

- Understand the theoretical assumptions of realist evaluation.
- Appreciate the impact of context on evaluation development.
- Practice using a context-based approach to evaluation development.

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### C2: Hospital to Skilled Nursing Facilities: Improving Transitions Across Health Care Settings

This presentation highlights the development and implementation of a interdisciplinary approach to improving handoffs between hospitals and nursing homes, with a focus on collaborative training of internal medicine residents.

*Joseph Nicholas, MD, MPH- Associate Program Director URM Internal Medicine Residency, Rochester, NY*

*Lauren DeCaporale-Ryan, PhD, Assistant Professor in the Departments of Psychiatry, Medicine, and Surgery, University of Rochester School of Medicine and Dentistry, Rochester, NY*

**Date** Friday, October 19, 2018

**Time** 1:45 to 2:45

**Content Level** Intermediate

#### Keywords

- Across the Lifespan
- Training/Supervision
- Team-based care

#### Objectives

- Understand the practical high risk nature of transitions of care from a hospital to other facilities.
- To recognize strategies to improve the safety and patient centeredness of transitions of care.
- To identify new areas for interprofessional training of internal medicine residents and other medical professionals.

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### C3: Interprofessional Buprenorphine Team

As our understanding of addiction as a chronic disease grows, the need for a creative and interprofessional approach becomes imperative; our project attempts to remove barriers such as fears and preconceptions about what treating this population will entail, and concerns about the administrative tasks of how to integrate MAT into a primary care practice, with the goal of the Primary Care Clinicians taking more responsibility for the long term management of patients with OUDs. With APPs now able to prescribe MAT, The CARA Act of 2016 has provided the opportunity for an even greater impact by increasing the number of competent clinicians prepared to treat individuals suffering from an OUD. Additionally, the role of CASAC should not be undervalued; this collaboration has been the key to our success and the successes of our patients as there is seamless access to counseling and transfer to higher level of care when needed.

*Kristin E. Smith, DNP, FNP-C, AAHIVS, Nurse Practitioner, Family, University of Rochester, Rochester, NY*

**Date** Friday, October 19, 2018

**Time** 1:45 PM to 2:15 PM

**Content Level** Intermediate

#### Keywords

- Interprofessional education
- Interprofessional teams
- Opioid management

#### Objectives

- Describe the current regulations for buprenorphine management.
- Describe importance of an interprofessional team in treating opioid use disorders.

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Holly Russell, MD, Assistant Professor, Department of Family Medicine, University of Rochester, Rochester, NY  
Samantha Roll, LMHC, CASAC, Clinical Program Coordinator, Highland Family Medicine, Rochester, NY

- Describe the value of incorporating MAT in the primary care setting.

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### C3: Where do I Start? Interprofessional Chronic Pain Training in Primary Care

The aim of the project is to determine if an interprofessional training model, which includes co-visits for chronic noncancer pain management, will change trainee attitudes towards working with patients with chronic noncancer pain conditions. From August 2017-February 2018 family medicine residents and behavioral health trainees participated in a Primary Care Behavioral Health clinical pathway providing brief behavioral interventions for chronic pain. Pre- and post-assessments of trainee attitudes towards working with patients with chronic pain were gathered via the Orientation to Chronic Pain Patients Scale (OCPPS). Nine trainees (8 Family Medicine residents and 1 Behavioral Health trainee) completed the rotation during the six-month period. There was a 6.6-point change between pre-rotation scores (M = 51.4, SD = 13.4) and post-rotation scores (M = 44.8, SD = 9.1) which demonstrates promise with teaching team-based brief interventions for managing chronic pain in primary care.

Stacy Ogbeide, PsyD, ABPP, Assistant Professor/Clinical, UT Health Sciences, San Antonio, TX  
Nida Emko, MD, FAAFP UT Health Sciences, San Antonio, TX

Brittany Houston, MS, LMFT-Associate Doctoral Psychology Extern, UT Health Sciences San Antonio, TX

Ryan Urbi, MD PGY-3, UT Health Sciences San Antonio, TX

**Date** Friday, October 19, 2018

**Time** 2:15 to 2:45

**Content Level** All Audience

**Keywords**

- Training/Supervision
- Interprofessional education
- Other
- Chronic Pain Management

**Objectives**

- Describe the use of clinical pathways within interprofessional education in primary care settings
- Describe the basic tenets of a complex patient assessment for the primary care setting
- Identify at least one brief behavioral intervention for chronic noncancer pain for primary care

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### C4: Financing and Sustaining Integrated Clinical Pharmacists in the Medical Home

Clinical pharmacy services are gradually sprouting up within Medical Homes across America. Despite this momentum, barriers to widespread integration of clinical pharmacy services include financing and sustaining these services. The presenters outline the problem and suggest potential solutions including one example in which a hospital currently receives direct revenue for these services through reimbursement.

Kent A. Corso, PsyD, BCBA-D, President, NCR Behavioral Health, LLC, Springfield, VA

Casey Gallimore, Pharm.D., M.S. Associate Professor CHS, University of Wisconsin School of Pharmacy, Madison, WI

CAPT Cynthia A Gunderson, PharmD, Red Lake Hospital Acting Chief of Operations

**Date** Friday, October 19, 2018

**Time** 1:45 to 2:45

**Content Level** All Audience

**Keywords**

- Sustainability
- Cost Effectiveness/Financial sustainability
- Other
- clinical pharmacy

**Objectives**

- Describe the obstacles to sustaining clinical pharmacy services in the Medical Home.
- Analyze obstacles and financing options to develop possible solutions for sustaining clinical pharmacy services in the Medical Home.
- Identify examples or opportunities for supporting integrated clinical pharmacy services through direct revenue models.

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## C5: How to Treat the HIV and Opioid Epidemics

HIV and Opioids are twin epidemics, public health priorities, and similarly call for an integrative medicine treatment design. Successful treatment of HIV requires advanced knowledge of anti-retroviral medication, culturally competent HIV primary care, and unique mental health competencies. Successful treatment of opioid addiction requires a complex understanding of recovery psychotherapy, Motivational Interviewing, and specialized knowledge of medication assisted treatment. Our panel will discuss two different multi-disciplinary treatment team designs to address HIV and opioids respectively, how each design coordinates care, makes treatment decisions, and deploys appropriate skills in underserved communities. Quantitative and qualitative evaluations of each design will be shared and discussed. Significant audience participation will be elicited.

*Kevin Moore, PsyD, Director of Integrative Medicine, AIDS Care Group, Sharon Hill, PA*

*Tricia Acri, MD, MSCE, Medical Director, AIDS Care Group, Sharon Hill, PA*

*Julio Vidal, PsyD, Psychologist, AIDS Care Group, Sharon Hill, PA*

*Taisier Elessawi, PsyD, Psychology Resident, AIDS Care Group, Sharon Hill, PA*

*Michael Long, PsyD, Psychology Resident, AIDS Care Group, Sharon Hill, PA*

**Date** Friday, October 19, 2018

**Time** 1:45 to 2:15

**Content Level** Intermediate

### Keywords

- Interprofessional teams
- Opioid management
- Other
- HIV

### Objectives

- Describe opioid integrative medicine treatment team design and effectiveness.
- Describe HIV integrative medicine treatment team design and effectiveness.
- Discuss some specific care coordination and team-based decision making practices of opioid and HIV integrative medicine treatment teams.

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## C5: Total Joint Replacement and Perioperative Behavioral Health

The increased awareness of the financial impact associated with the social determinants of health coincides with the expectations of the Affordable Care Act to improve patient care while reducing costs. This challenge is particularly meaningful in the ambulatory surgical setting as hospitals consider Bundled Payment and Pay-For-Value service models. Orthopedic surgical patients have been shown to experience higher pain concerns postoperatively, have a high likelihood of prior treatment with opioids and may be at increased risk for poor surgical outcome, hyperalgesia and escalation of postoperative opioid use. The expansion of the Orthopedic surgical team to include an integrated behavioral health provider is focused on identifying psychosocial risk factors, providing brief, evidence-based intervention to mediate surgical risk and simultaneously works to address hospital and systemic concerns related to decreasing opioid use, improving patient satisfaction and decreasing readmission.

*Brent Fisk, MA, QMHP, Psychology Intern, Providence Medical Group, Portland, OR*

*Jeri Turgesen, PsyD, Psychologist, Providence Medical Group, Portland, OR*

*Mary Peterson, PhD/ABPP, Department Chairperson, George Fox University Graduate Department of Clinical Psychology, Newburg, OR*

*Sarah Rahkola, MD, Medical Director, Providence Medical Group, Portland, OR*

*Vanessa Casillas, PsyD, Director of Psychology, Providence Medical Group, Portland, OR*

**Date** Friday, October 19, 2018

**Time** 2:15 to 2:45

**Content Level** Intermediate

### Keywords

- Interprofessional teams
- Opioid management
- Research and evaluation
- Program Development

### Objectives

- Identify psychosocial risk-factors associated with total joint replacement surgical outcome and the role of behavioral health in actively working to mediate risk as a member of the multidisciplinary treatment team.
- Articulate recent findings regarding opioid use/morphine equivalent dosing, pain catastrophizing, emotional health, substance use, etc. and surgical risk/outcome as well as patient satisfaction.
- Identify strategies for integrating a BHP within the perioperative treatment setting and establish a process for meaningful programmatic evaluation through effective data collection.

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## C6: Teaching Family-Oriented Care to Family Medicine Residents: Evaluation of a Longitudinal Family Skills Curriculum

Considering patients in the context of their family relationships provides opportunities for physicians to deliver more effective and informed care. Although family-oriented skills are essential to family medicine (FM) practice, how and what FM residents learn about family-oriented care during their training is understudied. This study evaluates family-oriented attitudes and behaviors of FM residents before and after completion of a longitudinal family skills curriculum. We expect FM residents to demonstrate improved family-centered communication skills as well as a potential shift in family-centered views.

*Erin C. Peck, MD PhD, Faculty Development Fellow, University of Rochester, Rochester, NY*  
*Florencia Lebensohn-Chialvo, PhD, Assistant Professor, University of San Diego, San Diego, CA*

*Colleen Fogarty, MD, MSc, Associate Professor in the Department of Family Medicine, University of Rochester School of Medicine and Dentistry, Rochester, NY*

**Date** Friday, October 19, 2018

**Time** 1:45 to 2:15

**Content Level** Intermediate

### Keywords

- Family-centered care
- Training/Supervision
- Research and evaluation

### Objectives

- Describe the hallmarks of family-centered care.
- List different methods of assessing family-centered beliefs, attitudes, and clinical skills.
- Discuss the importance of multifaceted residency curriculum evaluation.

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## C6: Online Interprofessional Training in PCBH with Social Workers and Occupational Therapists: Implementation Successes and Challenges

This presentation focuses on the development and implementation of an online interprofessional education (IPE) program for master's level social work and occupational therapy students in primary care behavioral health. Applying interprofessional education to online programs is one tool to address at least some of the complexities of cross-department and cross-professional training especially in regard to different academic and training schedules and geographic limitations when students live far from campus. This presentation will briefly summarize the literature with respect to online interprofessional training and then detail the use of, "Team Based Learning" (one model of IPE), that will be used in an eight-week introductory course on behavioral health and primary care. We will describe the successes and challenges in the implementation and process of this course.

*R. William Lusenhop, MSW, PhD, Clinical Assistant Professor, Department of Social Work, University of New Hampshire, Durham, NY*

*Alexa Trolley-Hanson, MS, OTR/L, Clinical Assistant Professor, Department of Occupational Therapy, University of New Hampshire, Durham, NY*

**Date** Friday, October 19, 2018

**Time** 2:15 to 2:45

**Content Level** Intermediate

### Keywords

- Interprofessional education
- Innovations
- Training/Supervision

### Objectives

- Describe the major themes from the literature on online interprofessional education
- Describe the implementation steps/components necessary in online interprofessional education
- Describe the future directions needed to improve online interprofessional education from the literature and from a real-world implementation.

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## C7: SBIRT And Hypertension: Supporting The Case For Integrated Care By Improving Patient Care With Team-Based Care

The intervention in this study has a two-fold purpose. One is to improve healthcare. The other is to enhance integrated care. Advocating for and promoting the integrated model is not always an easy task. Barriers to this new way of providing healthcare exist. As a way to assist in removing obstacles and assisting practices in embracing change, this intervention is designed to also demonstrate the value team-based care can bring; to patients, our primary care providers, and the healthcare team.

*Cindi Stone, DBH, Director of Behavioral Health, Community Care Physicians, Slingerlands, NY*

*Lesley Manson, PsyD, Clinical Assistant Professor, Doctor of Behavioral Health, Arizona State University, Phoenix, AZ*

*Kristine Campagna, DO, board member, Community Care Physicians, Slingerlands, NY*

**Date** Friday, October 19, 2018

**Time** 1:45 to 2:45

**Content Level** All Audience

### Keywords

- SBIRT Model of Integrated Care
- Team-based care
- Workforce development
- Primary Care Behavioral Health Model

### Objectives

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McKenzie Robillard, PharmD, Community Care Physicians, Slingerlands, NY  
Laura Floge, BSN, Director of Care Management, Community Care Physicians, Slingerlands, NY

- Discuss effectiveness and benefits of team-based care in promoting and removing barriers in integrated care.
- Describe processes of effectively using team-based care in identifying ways to improve healthcare in a primary care setting.
- Discuss the effectiveness of SBIRT for patients with hypertension in a primary care.

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### C8: Leveraging Partnerships to Develop Brief Cognitive Behavioral Therapy for Chronic Pain: Addressing the Needs of the System, Provider, and Patient

This presentation will describe how multiple partnerships were leveraged to meet clinical, operational, and research goals focused on improving care for chronic pain in Veterans Affairs Primary Care Behavioral Health clinics. We will review the process of developing and evaluating Brief Cognitive Behavioral Therapy for Chronic Pain (Brief CBT-CP) which yielded information regarding factors impacting real-world implementation as well as promising evidence for effectiveness. We will describe the evolution of the Brief CBT-CP protocol, collaborations sparked within and outside of the VA, and the next wave of evaluation that includes VA-funded research. Discussion will also focus on key lessons learned, advantages of engaging multiple stakeholders in intervention development, and how to turn administrative requests into opportunities.

*Gregory P. Beehler, PhD, M.A., Associate Director for Research, VA Center for Integrated Healthcare, Buffalo, NY*

*Paul R. King, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Buffalo, NY*

*Katherine M. Dollar, PhD, Associate Director for Implementation, VA Center for Integrated Healthcare, Syracuse, NY*

*Lisa K. Kearney, PhD, ABPP, Associate Director for Education, VA Center for Integrated Healthcare, San Antonio, TX*

**Date** Friday, October 19, 2018

**Time** 1:45 to 2:45

**Content Level** All Audience

**Keywords**

- Primary Care Behavioral Health Model
- Behavioral Medicine Topics (e.g., insomnia, medication adherence)
- Evidence-based interventions
- Research-operations partnerships

**Objectives**

- Describe the content and goals of Brief Cognitive Behavioral Therapy for Chronic Pain (Brief CBT-CP), a treatment designed for the Primary Care Behavioral Health setting.
- Discuss the implications of preliminary findings from a formative evaluation that addresses both implementation factors and effectiveness of Brief CBT-CP.
- Identify how operations, clinical, and research partnerships can advance the development and testing of interventions for integrated primary care

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### D1: Use of Practice Integration Profile to Inform Quality Improvement Processes

This presentation will begin by reviewing a detailed description of a sample practice and the corresponding results of a Practice Integration Profile (PIP) report of that practice. The presentation will review key concepts and strategies used to perform quality improvement (QI) processes using Lean Management methods. Small groups of attendees will be given a template that targets one domain for the sample practice and instructions for conducting a Lean QI process. Each small group will develop a proposed approach to improve practice activities and reflect on the development process with the larger group. This presentation is intended as a complimentary presentation to another proposal on the PIP. This presentation (Macchi) focuses on the practical uses of the PIP in quality improvement. The other presentation (Mullin) will focus on the development and psychometrics of the PIP.

**Date** Friday, October 19, 2018

**Time** 3:00 to 4:00

**Content Level** Intermediate

**Keywords**

- Quality improvement programs
- Administration
- Team-based care

**Objectives**

- describe the six domains of the Practice Integration Profile.
- analyze the six domains of the Practice Integration Profile.

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*C.R. Macchi, PhD, LMFT, Clinical Associate Professor, Academic Program Lead, Integrated Behavioral Health Program, Associate Chair of Internship Programs, Arizona State University, Phoenix, AZ*  
*Constance O. van Eeghen, DrPH, MHA, MBA, Assistant Professor, Larner College of Medicine, University of Vermont, Burlington, VT*

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- apply the data from Practice Integration Profile reports in a Lean QI process.

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## D2: Diabetes Across the Lifespan: Family Centered Approaches to Assessment and Intervention

More than 30 million people in the United States are living with diabetes. Diabetes poses challenges to patients and their families. Adherence to a diabetes care plan is crucial in promoting positive long-term health outcomes, but treatment is often complex and difficult for patients and their family members. This presentation will demonstrate family centered approaches to assessment and intervention, targeted at different stages of life, to increase adherence and promote resiliency. \*\*Attendees, please download the Poll Everywhere app, for ultimate participation\*\*

*Ruth Nutting, PhD, LCMFT, Director of Behavioral Health, KU School of Medicine-Wichita at the Via Christi Family Medicine Residency Program, Wichita, KS*

*John S. Rolland, MD, MPH, Professor of Psychiatry, Northwestern University Feinberg School of Medicine and Executive Co-Director, Chicago Center for Family Health, Chicago, IL*

*Jennifer Harsh, PhD, LIMFT, Director of Behavioral Medicine, Internal Medicine, University of Nebraska Medical Center, Omaha, NE*

**Date** Friday, October 19, 2018

**Time** 3:00 to 4:00

**Content Level** Intermediate

### Keywords

- Across the Lifespan
- Family-centered care
- Team-based care

### Objectives

- Recognize the prevalence of diabetes and its implications for patients and families.
- Describe systemic assessment and intervention to increase adherence.
- Identify strategies to promote positive systemic coping and resilience.

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## D3: Taking the Red Pill: Transforming Collaborative Team Training for Complex Care

There is increasing recognition among policymakers, health systems and payers that improving population health and lowering healthcare costs requires greater adeptness with treating our most biomedically and psychosocially complex patients, including those with multiple morbidities and multiple social determinants of health. But few physical or mental health providers receive specific training to identify complex patients, delve deeply into their challenging lives, and devise intensive and collaborative approaches for collaborating effectively with them. In this workshop, we will present the inter-professional training models of the NH Dartmouth and Crozer-Keystone Family Residency Programs used for medical students, residents, fellows and behavioral health students to sensitize them to the complex needs of high-utilizing patients and gain direct experience with functioning on highly integrated office- and community-based teams.

*Barry J. Jacobs, PsyD, Director of Behavioral Sciences, Crozer-Keystone Family Medicine Residency Program, Swarthmore, PA*

*Andrew S. Valeras DO, MPH, Faculty Physician, NH Dartmouth Family Medicine Residency, Concord, NH*

**Date** Friday, October 19, 2018

**Time** 3:00 to 3:30

**Content Level** All Audience

### Keywords

- Special populations
- Interprofessional teams
- Other
- Complex care

### Objectives

- Differentiate training based in medical model versus complex adaptive systems thinking, including family systems, social behavioral determinants of health, and risk stratification models.
- Participate in and learn about small group exercises that can be used at home institution to assist learners and teams to reframe the patient interaction using a systems lens.
- Engage in multi-site, interdisciplinary dialogue with presenters and fellow audience members regarding helpful modalities used to develop teams, and next steps needed for field.

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### D3: Adapting Integrated Care Concepts: A Medical-Legal Partnership for Patients Experiencing Interpersonal Violence and Abuse

Intimate Partner Violence (IPV) is tightly linked with poor health outcomes, but difficult to address within a traditional health care setting. The Healing through Health, Education, Advocacy, and Law (HEAL) Collaborative is an interdisciplinary collaborative that offers a unique approach to meeting the needs of patients experiencing IPV. Services include medical consultation, legal assistance, social work support, and trauma-informed therapy in close partnership with outpatient primary and specialty care providers, the emergency department, and inpatient units. This talk will provide an overview of HEAL and preliminary findings.

*Ellen Poleshuck, PhD, Director, HEAL Collaborative, University of Rochester Medical Center, Rochester, NY*

**Date** Friday, October 19, 2018

**Time** 3:30 to 4:00

**Content Level** All Audience

#### Keywords

- Interprofessional teams
- Interpersonal violence
- Innovations
- patient-centered care

#### Objectives

- Define a medical-legal partnership
- Identify ways to address IPV in their patients
- List the complex biopsychosocial needs common among victims of IPV

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### D4: Community-Clinical-Research Collaborations to Address Access Disparities and Promote Health: the Deaf Weight Wise Clinical Trial

Community-based health promotion interventions complement collaborative healthcare with patients and families. Deaf Weight Wise (DWW), an in-person group healthy lifestyle intervention, is a product of a collaboration of community members, clinicians, researchers and other stakeholders. We describe our collaborative research project to develop and assess DWW with deaf adult sign language users to address disparities in health and access. Presenters will engage participants in a discussion of ways that community-clinical-research collaborations could be adapted and applied for use with other populations, settings, and health conditions.

*Kelly Matthews, Outreach Coordinator, National Center for Deaf Health Research, University of Rochester, Rochester, NY*

*Lori DeWindt MSW, Research Coordinator, National Center for Deaf Health Research, University of Rochester, Rochester, NY*

*Steven Barnett MD, Director, National Center for Deaf Health Research, University of Rochester, Rochester, NY*

**Date** Friday, October 19, 2018

**Time** 3:00 to 3:30

**Content Level** All Audience

#### Keywords

- Evidence-based interventions
- Self-care/Self-management
- Community-clinical linkages

#### Objectives

- Describe community engaged research to adapt a health promotion initiative for use with deaf sign language users to address health disparities.
- List some facilitators and barriers to the inclusion of deaf communities in health promotion research and programs.
- Discuss ways community-clinical-research collaborations could be adapted and applied for use with other populations, settings, and health conditions.

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### D4: Interprofessional Approach to Caring for Persons with Serious Mental Illness in a Dedicated Primary Care Clinic: An Innovative Model of Integration

The Medicine in Psychiatry Service (MIPS) is a primary care clinic that serves patients with serious and persistent mental disorders who suffer from multiple medical, behavioral, and social difficulties. For primary care clinics that have embedded behavioral health services, such complex patients are often referred to outside agencies. However, many of these patients do not connect for various reasons and continue to receive fragmented care at various acute care sites. Due to the biopsychosocial complexity of these patients, MIPS has promoted interprofessional teams who are flexible and innovative in meeting the challenges of this underserved population while managing chronic diseases, decreasing

**Date** Friday, October 19, 2018

**Time** 3:30 to 4:00

**Content Level** All Audience

#### Keywords

- Interprofessional teams
- Primary Care Behavioral Health Model
- Special populations

#### Objectives



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hospitalizations, and increasing mental wellness and functional independence. This presentation will describe and discuss how our interprofessional model of care is collaborative, supportive, and effective in managing the healthcare needs of this vulnerable population.

*Annabel Fu, MD, Assistant Professor of Clinical Psychiatry, University of Rochester Medical Center, Rochester, NY*

*Elizabeth Doll, LCSW-R, Clinical Social Worker, University of Rochester Medical Center, Rochester, NY*

*Telva Olivares, MD, Professor of Clinical Psychiatry and Clinical Medicine, University of Rochester Medical Center, Rochester, NY*

- Learn about the Medicine in Psychiatry Service model of integrated care
- Describe some of the challenges in treating patients with serious and persistent mental disorders in a primary care setting
- Identify several steps to forming an effective and collaborative interprofessional team

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### D5: Improving Safe Opiate Prescribing: Integrating a Certified Alcohol and Substance Abuse Counselor into a Family Medicine Residency Practice

At our interprofessional family medicine training site (MD/DO and NP residents, psychology fellows, pharmacy interns, & MFT interns), we have developed policies and procedures to improve patient safety among those patients who are prescribed opioid medications for chronic pain. We will describe the inception and function of an interdisciplinary controlled substances safety committee, and its help in initiating naloxone training for patients at risk, working with patients to decrease their opiate prescriptions, & integrating a Certified Alcohol and Substance Abuse Counselor (CASAC) into our practice. This presentation describes a series of interventions implemented to increase awareness of family medicine clinicians about the dangers of chronic opioid prescribing. identify patients at potentially unsafe levels of opioid prescriptions and increasing safety, and facilitate quicker access to evaluation and specialty care. Barriers & strategies for CASAC integration will be addressed.

*Kelly Lame, CASAC Strong Recovery, URMC Highland Family Medicine, Rochester, NY*

*Holly Russell, MD, Assistant Professor, Department of Family Medicine, University of Rochester, Rochester, NY*

*Tziporah Rosenberg, PhD, Associate Professor in the Departments of Psychiatry and Family Medicine, University of Rochester School of Medicine and Dentistry, Behavioral Health Integration Education Lead, Accountable Health Partners, Rochester, NY*

*Colleen Fogarty, MD, MSc, Associate Professor in the Department of Family Medicine, University of Rochester School of Medicine and Dentistry, Rochester, NY*

**Date** Friday, October 19, 2018

**Time** 3:00 to 3:30

**Content Level** All Audience

**Keywords**

- Substance abuse management (e.g., alcohol, tobacco, illicit drugs)
- Opioid management
- Quality improvement programs

**Objectives**

- Explore strategies for management of comorbid mental health, substance use, and other medical concerns using an integrated, team-based approach.
- Describe the inception and implementation of an interdisciplinary committee to address controlled substances prescribing, safety concerns, and engagement in care as needed.
- Using case examples, highlight the benefits of such integration for patients, health care providers, primary care learners, and primary care teams.

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### D5: Opioid Prescribing in Primary Care at Mayo Clinic: A Successful Model for Reducing Chronic Opioid Therapy

The opioid crisis has forced primary care providers to rethink the use of opioid medications to treat chronic pain. Opioid prescribing guidelines can be onerous and difficult to incorporate into a busy clinical practice. This presentation discusses a practice change involving strong nursing leadership and mental health provider collaboration which led to significant reductions in chronic opioid therapy for a busy primary care practice at Mayo Clinic.

*William B. Leasure, MD, Psychiatrist, Integrated Behavioral Health, Mayo Clinic, Rochester, MN*

**Date** Friday, October 19, 2018

**Time** 3:30 to 4:00

**Content Level** Intermediate

**Keywords**

- Opioid management
- Population and public health
- Interprofessional teams

**Objectives**

- Discuss the role of the medical community in the opioid epidemic.
- Describe key components of opioid-prescribing guidelines for chronic pain.

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- Identify elements of a successful intervention for reducing chronic opioid prescribing that can be applied to their practice.

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### D6: When the Heart Says "YES" but the Vagina Says "NO"

High-tone pelvic floor muscle issues such as sexual pain have a higher treatment success rate when an interdisciplinary team is involved in providing a bio-psycho-social-spiritual model of care. This collaborative dynamic is essential in helping patients and their intimate relationships to recover and thrive.

*Tina Schermer Sellers, PhD, Director Medical Family Therapy, Seattle Pacific University, Seattle, WA*

*Mia Swartz, MD, Female Pelvic Medicine and Reconstructive Surgeon/ABOG/ABU, Evergreen Hospital, Bellevue, WA*

*Kimberly Castelo, MS, Marriage & Family Therapist/Certified Sex Therapist, Healing Moments Counseling, Seattle, WA*

**Date** Friday, October 19, 2018

**Time** 3:00 to 4:00

**Content Level** Intermediate

**Keywords**

- Assessment
- Co-morbidity
- Collaborative Care Model of Integrated Care
- Family-centered care

**Objectives**

- Identify an effective care team to address high toned pelvic floor pain
- Identify medical and psychosocial interventions for patients
- Discuss successful ways to collaborate across disciplines for effective patient care

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### D7: Improving Access and the Quality of Care by Better Collaboration Between Mental Health and Primary Care Providers: A Global Perspective

This session presents the recommendations of an International Task Force that examined how collaborative care can enhance access to mental health care, build the capacity of primary care and improve outcomes in high, middle and low income countries. Integrating 4 different conceptual frameworks - the WHO's MH Gap program, the Care Model, the Collaborative Care Model and principles of Quality Improvement, it identifies the key elements of successful collaborative programs and presents a three-step approach that could be applicable universally. The first is mental health services that any primary care provider should be able to deliver, with or without the presence of a mental health professional (primary mental health care). The second is practical ways whereby collaboration and integrative care can support, enhance and expand this care. Third is wider system changes needed to support these models, and how better collaboration can respond to other challenges health systems face.

*Nick Kates, MB.BS FRCPC MCFPC, Chair Dept. of Psychiatry, McMaster University, Dundas, Ontario, Canada*

**Date** Friday, October 19, 2018

**Time** 3:00 to 3:30

**Content Level** All Audience

**Keywords**

- Collaborative Care Model of Integrated Care
- Across the Lifespan
- Interprofessional teams

**Objectives**

- Understand the common elements of successful collaborative projects from around the world
- Define the components of primary mental health care and how collaboration can enhance and expand the work of primary care providers
- Discuss how better collaboration and integrative care can address wider problems facing all health care systems

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## D7: ABCD: A Case Study Demonstrating Development, Piloting, and Evaluation of the Assessment of Behavioral Care Manager Skill Development

Assessing how behavioral health care managers learn and perform core skills is needed to insure fidelity. Adoption of collaborative care billing codes by CMS has accelerated dissemination. DEVELOPMENT: A literature review and key informant interviews with relevant experts resulted in a draft measure that was reviewed/refined by a larger expert panel. A final draft included 22 items and eight skill domains mirroring a patient's treatment trajectory from engagement through relapse prevention. The final draft was reviewed in focus groups with behavioral health care managers and refined based on their input. STUDY DESIGN: Care managers (N=22) at eight rural FQHCs piloted the measure. EVALUATION: Five subscales measuring skill domains emerged from a factor analysis of the completed measures. Validity and reliability were reasonable. TRAINING: This process will be used to illustrate how attendees can develop, pilot and evaluate a skills assessment relevant to their integrated care program.

*Anna Ratliff, MD, PhD, Associate Professor and Director of the AIMS Center, Psychiatry & Behavioral Sciences, University of Washington School of Medicine, Seattle, WA*

*Deborah J. Bowen, PhD, Professor, Bioethics and Humanities, University of Washington School of Medicine, Seattle, WA*

**Date** Friday, October 19, 2018

**Time** 3:30 to 4:00

**Content Level** All Audience

### Keywords

- Collaborative Care Model of Integrated Care
- Training/Supervision
- Workforce development

### Objectives

- Describe the rationale for developing and testing a skills tool for integrated care.
- Describe a process for developing, piloting and evaluating key integrated care skill domains.
- Identify core skills relevant to their integrated care program and articulate a strategy for 1) using CoCM assessment to provide feedback to care managers, or 2) developing, testing and evaluating a custom measure.

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## D8: Managed Care: Integrating the Whole Person to Address the Opioid Use Disorder

Anthem has developed a robust, integrated approach to addressing the opioid epidemic. Through this presentation we will share Anthem's integrated approach to care in response to the opioid epidemic. We will highlight the experience of our members both directly in terms of specific services and capabilities added to our care planning and network, and in terms of policies and programs enacted across the enterprise that will impact members.

*Thom Hart, JD, Disability Policy Engagement Director, Anthem, Washington, DC*

*Brian Brooks, Behavioral Health, Vice President, Houston, TX*

**Date** Friday, October 19, 2018

**Time** 3:00 to 4:00

**Content Level** Intermediate

### Keywords

- Substance abuse management (e.g., alcohol, tobacco, illicit drugs)
- Across the Lifespan
- Collaborative Care Model of Integrated Care
- integrated care, managed care

### Objectives

- Understand an integrated approach to care, recovery and resiliency from a managed care perspective with emphasis for identifying effective points for collaboration from a provider or advocate perspective.
- Educate their peers in their own organizations about ways to support increased collaboration and integration with managed care and the benefits of a seamless experience for members.
- Articulate, using their newly acquired understanding of managed care strategies, what gaps and opportunities they see from their

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own organization and provide feedback to their partners.

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## E1: The Impact of Family on the Psychological and Physical Health of an Individual: A Collaborative Approach

This presentation provides an excellent example of the importance of collaboration between health care clinicians, and the impact of family systems on individuals' care. A case example will be provided with an experiential exercise incorporated to demonstrate a model of interdisciplinary collaboration. Emphasis will be placed on the ease of collaboration in such a setting, with specific examples of how this collaboration positively impact the patient, family system, and treatment team. The psychotherapist will present the case, alongside the patient's primary care physician, and a marriage and family therapist who serves as a consultant in the same office. Following the case presentation, the team will facilitate a discussion with participants regarding the importance of a family lens in patient care, challenges in integrating biomedical and psychosocial concerns, and the possible ways to create high functioning teams for consultation.

*Katherine Schmieder, PsyD, Rochester, NY*

*Colleen Fogarty, MD, MSc, Associate Professor in the Department of Family Medicine, University of Rochester School of Medicine and Dentistry, Rochester, NY*

*Lauren DeCaporale-Ryan, PhD, Assistant Professor in the Departments of Psychiatry, Medicine, and Surgery, University of Rochester School of Medicine and Dentistry, Rochester, NY*

*Brian W Turnipseed, LMFT, Highland Family Medicine, Rochester, NY*

**Date** Friday, October 19, 2018

**Time** 4:15 to 5:15

**Content Level** All Audience

### Keywords

- Family-centered care
- Collaborative Care Model of Integrated Care
- Interprofessional teams

### Objectives

- Have increased insight regarding interprofessional collaboration applied to complex family systems work.
- Describe the importance of understanding the family system in work with individual patients, with specific attention to influence caregivers have in implementing treatment plans.
- Identify the challenges that may emerge regarding different professional views and articulate strategies to help overcome differences.

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## E2: A How-To Guide for Clinicians: Treating Tobacco Use in the Context of Behavioral Health Comorbidities

While there have been great strides in the medical community to promote tobacco cessation, tobacco use in the context of comorbidities remains a significant problem. For example, pain and tobacco use are critical health problems with mounting evidence of mutually deleterious effects - there is evidence that smokers are at increased risk of developing chronic pain, of misusing opiate painkillers, and have higher pain intensity and disability. Similar effects are seen with depression and anxiety. However, patients with comorbidities are often unmotivated to quit smoking, and providers may not know how to discuss tobacco when patients have other competing concerns. In this presentation, we will provide clear guidelines and resources that can be used to treat tobacco use in the context of comorbid conditions. Participants in this session will receive worksheets that can be shared with patients, and will engage in real-time practice in working with this type of patient.

*Julie C. Gass, PhD, Psychology Fellow, VA Center for Integrated Healthcare, Buffalo, NY*

*Jennifer Wray, PhD, Psychologist, Ralph H. Johnson VA Medical Center, Charleston, SC*

*Jennifer S. Funderburk, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse, NY*

*Steve Maisto, PhD, Senior Leadership and Research Consultant, VA Center for Integrated Healthcare, Syracuse, NY*

**Date** Friday, October 19, 2018

**Time** 4:15 to 4:45

**Content Level** All Audience

### Keywords

- Substance abuse management (e.g., alcohol, tobacco, illicit drugs)
- Co-morbidity
- Behavioral Medicine Topics (e.g., insomnia, medication adherence)

### Objectives

- Describe the impact of tobacco use on commonly seen behavioral health issues in integrated primary care clinics
- Discuss the merits of addressing tobacco use with patients presenting for other issues
- Design and implement tobacco intervention strategies using real world clinical examples

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## E2: Interdisciplinary Training and Teamwork Utilizing a Systemic Healthcare Lens: A Call to Action

This presentation is aimed at the core features of Interdisciplinary Training and Team Building within multiple healthcare and academic settings, with a focus on early introduction and education of future healthcare professionals to work together ethically and effectively, as well as the identification and development of specific skill competencies for different providers working in integrated care teams. Strong emphasis is placed upon the interrelationships of educational and healthcare systems to assist in understanding and designing sustainable models of integrated care training and service provision.

*Robynne M. Lute, PsyD, Director of Clinical Psychology Training, Kansas City University of Medicine and Biosciences, Kansas City, MO*

*Robert N. Cooley, Jr, DO, MA, Assistant Professor in Primary Care, Kansas City University of Medicine and Biosciences, Kansas City, MO*

*Lesley Manson, PsyD, Clinical Assistant Professor, Doctor of Behavioral Health, Arizona State University, Phoenix, AZ*

*David Clarke, MD, Assistant Director, Center for Ethics, Oregon Health & Science University, Happy Valley, OR*

**Date** Friday, October 19, 2018

**Time** 4:45 to 5:15

**Content Level** Intermediate

### Keywords

- Interprofessional education
- Workforce development
- Interprofessional teams

### Objectives

- Discuss three (3) ways in which interprofessional education is necessary and beneficial for future healthcare providers.
- Describe the importance of utilizing a broad systems framework when making changes in training and service delivery.
- Identify a minimum of three (3) core competencies necessary to develop effective interdisciplinary teamwork.

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## E3: Building Interprofessional Teams: Lessons Learned from the Veterans Health Administration

The development of effective interprofessional teams requires hard work to move beyond simple colocation. Even when funding and policies are in place, there are numerous challenges to overcome as professionals change their practice and roles. Leaders from the Veterans Health Administration (VA) will share lessons learned from over 10 years of working with integrated primary care, post-deployment health and pain teams, emphasizing how these lessons can be used outside VA. Using both quantitative and qualitative program evaluation data, systematic strategies to support implementation of PCBH and collaborative care models in VA will be reviewed with focus on avoiding potential barriers to building effective teams. Strategies to facilitate practice change that are based on the VA experience and guided by implementation science will be discussed. Group discussion will explore challenges experienced by audience participants and to plan improvement strategies.

*Laura O. Wray, PhD, Executive Director, VA Center for Integrated Healthcare; Associate Professor of Medicine, Jacobs School of Medicine and Biomedical Science, University at Buffalo, Syracuse, NY*

*Andrew S. Pomerantz, MD, National Mental Health Director, Integrated Services, Office of Mental Health and Suicide Prevention, Veterans Health Administration; Associate Professor of Psychiatry, Geisel School of Medicine at Dartmouth, Chelsea, VT*

**Date** Friday, October 19, 2018

**Time** 4:15 to 5:15

**Content Level** All Audience

### Keywords

- Interprofessional teams
- Team-based care
- Workforce development

### Objectives

- Discuss common challenges experienced by professionals attempting to integrate new disciplines into existing teams.
- Describe at least three strategies to avoid pitfalls or overcome common barriers experienced when integrating new team members and changing practice patterns.
- List improvement strategies that may be helpful in advancing teamwork at their own site.

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## E4: The Care Management Conundrum: Patient Lists, Risk Stratification And Meaningful Population Health

Many competing population health goals exist in modern primary care practice resulting in the need for coherent strategies towards approaching the development of registries that connect with meaningful population health and remain connected to the work of care teams. Access Community Health Centers sought to develop a global strategy for the management of patient lists and the integration of patient lists across patient conditions and other factors of strategic importance to the clinic and its population. This process entailed a review of current practices via a survey of CFHA members, key informant interviews, a

**Date** Friday, October 19, 2018

**Time** 4:15 to 5:15

**Content Level** Intermediate

### Keywords

- Care Management
- Population and public health
- Primary Care Behavioral Health Model

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literature review, and a strategic planning process to develop a functional care management approach. This session will provide a review of the results of this process, the barriers and opportunities present in this particular exemplar and a facilitated opportunity for audience members to begin to develop their own strategies for formulating care management processes.

*Elizabeth Zeidler Schreiter, PsyD, Chief Behavioral Health Officer, Access Community Health Centers, Madison, WI*

*Neftali Serrano, PsyD, Executive Director, Collaborative Family Healthcare Association, Chapel Hill, NC*

*Ashley Grosshans, LCSW, Behavioral Health Consultant Regional Lead, Access Community Health Centers, Madison, WI*

*Meghan Fondow, PhD, Primary Care Behavioral Health Manager, Access Community Health Centers, Madison, WI*

#### Objectives

- Describe the most common types of patient lists maintained by primary care clinics
- Identify the most common care management processes and associated technology solutions for patient follow-up tracking
- Develop strategic approaches to meaningful population health strategies at their clinics

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### E5: SBIRT to Enhance Recovery, Vitality, and Excellence (SERVE)

Denver Health serves approximately one in four Denver residents. More than 30% of the adult patients receiving care at Denver Health have been diagnosed with a mental health or substance use disorder. Since 2015, the Denver Health Community Health Clinics (DCHS), which are Federally Qualified Health Centers (FQHCs), have embedded Certified Addiction Counselors (CAC IIIs) in half of the DCHS clinics to implement SBIRT screening as well as brief therapy for substance use disorders (SUDs). Additionally, medical providers with prescriptive ability have implemented medication-assisted therapy (MAT). The medical providers, CAC IIIs, and care teams are actively providing MAT to over 200 individuals in our primary care setting. The CAC IIIs have screened thousands of individuals for SUDs and are providing therapy and supportive services to patients, managing them collaboratively with behavioral health and primary care providers to provide whole-person care in their chosen medical home.

*Jennifer Grote, PhD, IBH Denver Health, Denver, CO*

*Josh Blum, MD, IBH Denver Health, Denver, CO*

*Emilia Ealom, LCSW, IBH Denver Health, Denver, CO*

**Date** Friday, October 19, 2018

**Time** 4:15 to 5:15

**Content Level** Intermediate

#### Keywords

- Opioid management
- Substance abuse management (e.g., alcohol, tobacco, illicit drugs)
- SBIRT Model of Integrated Care
- Integrated Behavioral Health

#### Objectives

- Describe how evidence-based SBIRT and brief therapy intervention for substance use disorders can be utilized in the primary care setting as part of an interdisciplinary team.
- Define and explain various evidence-based interventions for substance use disorders (including opioid use disorders) that can improve patient outcomes in the primary care setting.
- Address the benefits and possible challenges of medical providers in the primary care setting utilizing medication assisted therapy (MAT).

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### E6: Integrated Behavioral Health at Mayo - Bringing Together Mental Health Disciplines in Primary Care to Better Address a Population

Integrated Behavioral Health (IBH) at Mayo in Rochester, Minnesota includes a team of psychiatrists, psychologists, social workers, advance practice nurses, and RN care coordinators. We have implemented models of care coordination for adult and adolescent depression and for complex medical patients. We have imbedded CBT into primary care with ongoing measurement of outcomes. Our mission is to "provide timely access to high quality evidence based care for adults and children in our primary care population experiencing behavioral health problems". Our journey to various levels of integration across our system has included both successes and challenges. Members of our multidisciplinary team will describe our model as to how it works for patients and the roles of each type of provider. We will share both successes and challenges in the hopes of

**Date** Friday, October 19, 2018

**Time** 4:15 to 5:15

**Content Level** All Audience

#### Keywords

- Team-based care
- Primary Care Behavioral Health Model
- Collaborative Care Model of Integrated Care

#### Objectives

- Describe a multidisciplinary model of integrated care that is developing to

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engaging the audience in a dialogue to learn together about ways to better meet the needs of our primary care colleagues and patients.

*Mark D. Williams, MD; Associate Professor, Integrated Behavioral Health, Mayo, Rochester, MN*

*David J. Katzelnick, MD, Professor and Co-Chair, Integrated Behavioral Health, Mayo, Rochester, MN*

*Craig N. Sawchuk, PHD, Associate Professor and Co-Chair, Integrated Behavioral Health, Mayo, Rochester, MN*

*Angela B. Mattson, DNP, MS, RN, NE BC, Nursing Administration, Integrated Behavioral Health, Mayo, Rochester, MN*

*Sara Trane, PHD, Assistant Professor, Integrated Behavioral Health, Mayo La Crosse, WI*

be applicable in a wide variety of settings, highlighting teamwork, translational methods, and learning from your population with retrospective research.

- Identify key components in delivering high quality collaborative care coordination in primary care and key challenges to overcome both for outcomes and sustainability.
- Describe a model of integration of evidence-based psychotherapy into primary care with the capacity to track outcomes.

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### E7: The Validation of Ultra-Brief, Patient Feedback Measures Intended to Improve the Care of Chronic Illnesses in Primary Care

Health care settings today are characterized by high caseloads, increasing costs, and greater demand for accountability. As medicine grows increasingly complicated with the increase in chronic illnesses, communication between doctor and patient grows even more significant. Despite all the advances in technology, medicine is still fundamentally a human endeavor, and despite the sophisticated diagnostic tools of modern medicine, the conversation between patient and doctor remains the primary diagnostic tool. Ultra-brief measures which can provide real-time feedback about the patient's preferred target of intervention and the doctor-patient relationship may facilitate better communication, patient engagement, adherence, and ultimately improved patient outcomes. This interdisciplinary presentation will share the results of a validation study on two such instruments and their potential applicability towards chronic disease treatment.

*Clay Graybeal, PhD, MSW, Professor, School of Social Work, University of New England, Portland, ME*

*Kathryn Brandt, DO, MS, MEdL, Chair, Primary Care, University of New England College of Osteopathic Medicine, Biddeford, ME*

*Brian DeSantis, PsyD, ABPP, VP for Behavioral Health, Peak Vista Community Health Centers, Colorado Springs, CO*

**Date** Friday, October 19, 2018

**Time** 4:15 to 4:45

**Content Level** All Audience

**Keywords**

- Patient-centered care/Patient perspectives
- Chronic Care Model of Integrated Care
- Innovations

**Objectives**

- (1) Describe and explain the importance of psychometric validation studies as the necessary first step in the development of new patient-centered, primary care measures
- (2) Describe the background and rationale for the measures used in this preliminary investigation and their possible clinical applicability for the treatment of chronic illnesses, along with the role of integrated BH providers
- (3) Describe the implementation research considerations needed for developing and evaluating a patient-centered feedback measure.

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### E7: Integrated Behavioral Health Grassroots Statewide Systems Transformation: If Idaho Can Do It You Can Too!

How can a grassroots movement create a statewide systems transformation for integrated behavioral health with no funding? Statewide stakeholders from health systems, public health, state government, payers, primary care clinics & behavioral health providers came together to address the need to improve access to behavioral health services. Idaho created a statewide Integrated Behavioral Health Network, with no funding assistance, to facilitate sharing of best practices, providing integrated behavioral health (IBH) training & operational support, and connecting IBH work to a larger state and regional guiding body that supports this vital healthcare role through technical assistance and

**Date** Friday, October 19, 2018

**Time** 4:45 to 5:15

**Content Level** All Audience

**Keywords**

- Population and public health
- Primary Care Behavioral Health Model
- Multi-sector partnerships
- Statewide IBH Systems Transformation

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advocacy. The systems transformation work has created awareness of IBH services and state policy changes for payment.

*Jennifer Yturriondobeitia, MSW, St. Luke's Health Partners, Boise, ID*

*Amy Walters, PhD, St. Luke's Health Partners, Boise, ID*

*Anne Daggett, LCSW, St. Luke's Health Partners, Boise, ID*

*Jon Schott, MD, Boise, ID*

*Tyler Hemsley, PharmD, Boise, ID*

#### Objectives

- Understand how a grassroots movement can create systems transformation to impact access to behavioral health services.
- Create a statewide learning collaborative to support behavioral health providers and foster the growth for integrated behavioral health services in primary care.
- Identify key strategies to promote change in policies, payment models, and stakeholder engagement for integrated behavioral health.

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### E8: Results and Implementation Processes for System Measurement of Integration

The Center of Excellence for Integrated Care has spent the past 3 years conducting site-level assessments of behavioral health integration using the MeHAF Site Self Assessment tool. The Center has carefully aligned the items in the assessment tool with the domains of integration as defined in the Lexicon for Primary Care and Behavioral Health Integration. In this presentation, the team at the Center will present their procedure for conducting systemic assessment, including how to assess 25 sites within 5 days, as well as the longitudinal assessment results from a 20-site sample of integrated clinics in North Carolina. Results of descriptive analysis will show how specific items on the MeHAF tool are associated with implementation outcomes and site engagement in the technical assistance and implementation processes.

*Amelia Muse, PhD, LMFTA, Co-Director, Center of Excellence for Integrated Care, Cary, NC*

*Mary Moran, MA, Clinical Development Coordinator, Center of Excellence for Integrated Care, Cary, NC*

*Monica Williams Harrison, MSW, LCSW, Co-Director, Center of Excellence for Integrated Care, Cary, NC*

*Sara Herrity, MS, LMFTA, Integration Specialist, Center of Excellence for Integrated Care, Cary, NC*

*Eric Christian, MAEd, LPC, NCC, Director of Behavioral Health Integration, Community Care of Western North Carolina, Asheville, NC*

**Date** Friday, October 19, 2018

**Time** 4:15 to 5:15

**Content Level** Intermediate

#### Keywords

- Assessment
- Quality improvement programs
- Outcomes

#### Objectives

- Understand and use practical strategies for implementing system-level integration assessment.
- Compare the domains of integration that are most and least imperative for successful implementation based on the presented data.
- Discuss how engagement in technical assistance influences implementation outcomes.

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### F1: Practical PDSAs: How to Use a Quality Framework to Improve your Integrated Care Initiative

Integrated mental health care models have demonstrated effectiveness but are variably implemented in primary care settings, leading to a "quality chasm" between the research evidence and real-world performance. We developed a quality framework to evaluate and drive improvements in integrated care. We're now implementing quality measures and improvement projects based upon the framework in several primary care settings. In this workshop, we will guide workshop participants in applying the quality framework to their own clinical settings by: identifying priorities areas for improvement; developing plans for measurement and evaluation, and; creating a template for one Plan-Do-Study-Act (PDSA) cycle. We will orient participants to the IHI Model for Improvement. We will provide illustrative examples of different types of PDSA cycles for learning about the "problem", developing a change idea, or implementing/testing a change idea. We share our practical experiences and lessons learned.

*Nadiya Sunderji, MD MPH, Medical Director, Quality, St. Michael's Hospital Mental Health and Addictions Service, Toronto, Canada*

**Date** Saturday, October 20, 2018

**Time** 10:00 to 11:00

**Content Level** All Audience

#### Keywords

- Quality improvement programs
- Skills building/Technical training
- Team-based care

#### Objectives

- Discuss the role for quality measurement and quality improvement in integrated care, and identify relevant domains and dimensions of quality
- Apply a quality framework for integrated care to select a specific



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Priya Vasa, MD MSc, Family Physician, St Michaels Hospital Department of Family and Community Medicine, Toronto, Canada  
Ann Stewart, MD, Family Physician, St Michaels Hospital Department of Family and Community Medicine, Toronto, Canada

- dimension of quality as a target for improvement in their own setting
- Develop a potential PDSA cycle to begin the process of integrated care measurement and improvement in their own setting

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## F2: "Minding" the Family Caregiver: Systems-Based Approaches to Working with Dementia in Integrated Care

This presentation will extend the information provided in the morning plenary session of a live caregiver's perspective. This talk will highlight several family-based and collaborative approaches to help treat patients and caregivers with dementia in healthcare settings. Each presenter will present their approach to family-centered dementia care from a biomedical, psychosocial and spiritual/health beliefs perspective. The team of presenters will introduce themselves and describe their personal experiences of working in a multidisciplinary approach to dementia. The presenters will then give brief overviews of the three different models of family-based treatments for dementia in routine practice. A brief video clip will show a provider working with a family with dementia in routine primary care practice. The audience will then have the remainder of the talk to discuss what skills worked and what areas could have been improved from the video session.

Max Zubatsky, PhD, LMFT, Assistant Professor & Memory Clinic Director, Medical Family Therapy Program, Department of Family and Community Medicine, Saint Louis University, Saint Louis, MO  
Barry J. Jacobs, PsyD, Director of Behavioral Sciences, Crozer-Keystone Family Medicine Residency Program, Swarthmore, PA  
Lisa Vargish, MD, MS, Assistant Professor, Department of Medicine (Geriatrics/Aging), University of Rochester, Rochester, NY

**Date** Saturday, October 20, 2018

**Time** 10:00 to 10:30

**Content Level** Intermediate

### Keywords

- Geriatrics
- Family-centered care
- Across the Lifespan
- Dementia, Team-Based Care

### Objectives

- Identify the burdens and challenges that family caregivers of dementia face in integrated care settings.
- Describe the ways that different interprofessional teams work to address challenges in family-centered dementia care
- Apply new biopsychosocial-spiritual strategies and interventions within family-based care for treating dementia patients and family members.

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## F2: Best of Both Worlds: Integrating Behavioral Health and Care Management Across the Lifespan

This presentation will describe one clinically-integrated network's strategic decision to develop a behavioral health integration team with the aim of focusing on the relationship among behavioral needs of patients, and psychosocial determinants of health and chronic disease in both pediatric and adult populations. We will briefly define the role of care management in this context and describe the natural complement of behavioral health skills development, conceptual frameworks, and patient engagement strategies. We will describe our CIN's decision to invest in the integration of behavioral health content in order to enhance the skills of its care management structure as well as to effect change across its largely biomedically-focused quality indicators & metrics. We will cite case examples that demonstrate the value of behavioral health integration in rural and urban practices, and address some of the challenges inherent in bringing behavioral health into focus in this role.

Tziporah Rosenberg, PhD, Associate Professor in the Departments of Psychiatry and Family Medicine, University of Rochester School of Medicine and Dentistry, Behavioral Health Integration Education Lead, Accountable Health Partners, Rochester, NY  
George Nasra, MD, Professor, URM, Dept of Psychiatry; Division Chief, Collaborative Care & Wellness; Associate Medical Director, Behavioral Health, Accountable Health Partners, Rochester, NY

**Date** Saturday, October 20, 2018

**Time** 10:30 to 11:00

**Content Level** All Audience

### Keywords

- Care Management
- Population and public health
- Innovations
- financial sustainability, team-based care

### Objectives

- describe the value of integrating an interprofessional team of behavioral health clinician educators into a clinically integrated network to address unmet behavioral health needs of complex patients on a population-health level.
- identify the impact of behavioral health skills training for

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Catherine Tredwell, MS, RN, PMHNP-BC, URM/UR School of Nursing Accountable Health Partners, Behavioral Health Integration Team, Rochester, NY  
Holly Brown, DNP, RN, PMHNP-BC, PMHCS-BC, Assistant Professor of Clinical Nursing University of Rochester, School of Nursing Accountable Health Partners, Behavioral Health Integration Team, Rochester, NY  
Danielle Calder, MS, RN, RN-BC, Care Manager, Accountable Health Partners, Rochester, NY  
Jenny M. Mural LCSW-R, Pediatric Care Manager, Accountable Health Partners, Rochester, NY

interdisciplinary care managers embedded in primary care clinical settings.

- discuss the role of behavioral health intervention, delivered through various care professionals, in achieving the triple aim for rural and urban primary care practices.

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### F3: An Interprofessional Team Effectiveness Intervention for a Home Care Agency

It is essential to have effective interprofessional home care teams to meet the complex needs of the increasing numbers of vulnerable patients who require home care services. Historically, home care teams have practiced in professional silos, often without specific attention to interprofessional communication and collaboration. We now know that effective communication skills and ongoing attention to collaborative interprofessional relationships are necessary components of effective home care teams caring for vulnerable populations. A team effectiveness intervention that builds Relational Coordination among the team members can assist in increasing the communication and relationships of the team as they provide interprofessional collaborative care.

Denise M. Burgen DNP, MBA, MS, FNP, RN, Senior Associate, University of Rochester School of Nursing, Assistant Professor of Clinical Nursing, Faculty Preceptor Liaison, Rochester, NY

**Date** Saturday, October 20, 2018

**Time** 10:00 to 10:30

**Content Level** All Audience

**Keywords**

- Interprofessional teams
- Team-based care
- Quality improvement programs
- Post-Acute Setting

**Objectives**

- Describe the Relational Coordination Theory and its impact on interprofessional team effectiveness.
- Define the central constructs of the Relational Coordination Theory and why the constructs are important to developing interprofessional teams.
- Discuss the relevance of team interventions to build Relational Coordination between the health care team members to improve patient/family outcomes

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### F3: It Takes a Village: Utilizing the Whole Primary Care Team to Take your IBH Practice to the Next Level

An often overlooked aspect to growing an IBH practice in primary care is the importance of transforming the whole team - including - BHCs, PCPs, nurses, medical assistants, reception and schedulers, etc. Of course organizations need to get buy-in at the leadership level, hire the right, qualified BHC(s), and train PCPs how to work with BHCs. However, if organizations are striving to reach that "next level" of integration and maximize their IBH programs to the point where it is transcending the culture, the whole primary care team must be engaged early and often. In this presentation, the presenters, who include BHCs, medical assistants, and a PCP, will share a number of pragmatic strategies for engaging the whole team, how new team members are trained, and the importance of utilizing a village to achieve the goals of integrated care.

Bridget Beachy, PsyD, Director of Behavioral Health, Community Health of Central Washington, Yakima, WA

David Bauman, PhD, Behavioral Health Education Director, Central Washington Family Medicine, Yakima, WA

Patrick Vigil, MD, PhD, Pacific Northwest University of Health Sciences, Yakima, WA

Krista Mullinnex, Medical Assistant, Central Washington Family Medicine, Yakima, WA

Diana Ponce, Medical Assistant, Central Washington Family Medicine, Yakima, WA

**Date** Saturday, October 20, 2018

**Time** 10:30 to 11:00

**Content Level** All Audience

**Keywords**

- Team-based care
- Innovations
- Primary Care Behavioral Health Model

**Objectives**

- Name at least three strategies that nursing, medical assistants, and other clinic support staff can do to promote behavioral health in the clinic.
- Identify at least three trainings that BHPs can give at both formal and informal meetings.
- Describe at least two possible benefits of engaging nursing, medical

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#### F4: Implementation and Dissemination of a Large-Scale Psychotherapy Tracking Database in Primary Care

Population-based management approaches to treating mental health conditions have shifted towards the development of integrated behavioral health programs that are co-located within the primary care setting. This symposium will discuss Mayo Clinic's efforts to develop and disseminate an on-line data tracking system to formally assess psychotherapy outcomes in primary care for adult and pediatric populations, in both urban and rural settings. We will describe challenges and solutions to implementing data tracking systems within different primary care settings. We will highlight specific outcome variables tracked in the database (e.g., GAD-7, PHQ-9, use of evidence-based psychotherapy principles, mental health service utilization), and present data on initial outcomes across urban and rural primary care sites.

*Craig N. Sawchuk, PhD, ABPP, Associate Professor and Co-Chair, Division of Integrated Behavioral Health, Mayo Clinic, Rochester, MN*

*Sarah Trane, PhD, Assistant Professor, Division of Integrated Behavioral Health (Pediatrics), Mayo Clinic Health System, La Crosse, WI*

*Michelle LeRoy, PhD, Assistant Professor, Division of Integrated Behavioral Health, Mayo Clinic Health System, Red Wing, MN*

*Mark Williams, MD, Associate Professor, Division of Integrated Behavioral Health, Mayo Clinic, Rochester, MN*

**Date** Saturday, October 20, 2018

**Time** 10:00 to 11:00

**Content Level** All Audience

**Keywords**

- Primary Care Behavioral Health Model
- Evidence-based interventions
- Research and evaluation

**Objectives**

- Identify at least one solution to a barrier encountered when trying to implement a data tracking system within primary care.
- Describe at least one method for assessing psychotherapy outcomes in primary care for adult and pediatric populations.
- Discuss future approaches for evaluating fidelity to evidence-based psychotherapy within primary care settings.

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#### F5: Improve Your Skills for Helping Patients with Persistent Pain

This is a practical 60-minute workshop for medical and behavioral health clinicians who want to learn a novel approach to helping primary care patients with persistent pain and their families. The workshop will include a brief description of the life-draining impact pain may have on life and a method for patients with pain to use to create a better life. The H.E.A.L. method relies on evidence-based interventions from Acceptance and Commitment Therapy (ACT), including building a strong connection with values and developing a more mindful, curious response to pain. Additionally, this approach assists the patient with identifying core needs for a vital life and the "grit" to persevere in behaviors that address those needs. The H.E.A.L. method is also informed by the neuropsychology of learning. Participants will learn exercises that help patients shift the negativity bias of the brain to a more positive baseline through activation and installation exercises.

*Patti Robinson, PhD, Mountainview Consulting Group, Portland, OR*

**Date** Saturday, October 20, 2018

**Time** 10:00 to 11:00

**Content Level** All Audience

**Keywords**

- Evidence-based interventions
- Patient-centered care/Patient perspectives
- Opioid management
- Team-based care, Primary Care Behavioral Health

**Objectives**

- Identify the components of the H.E.A.L. approach to providing team-based care to primary care patients with persistent pain.
- Use patient worksheets to help patients identify core needs and values.
- Use patient worksheets to help patients shift the negativity bias of the brain to a more positive state.

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## F6: Code Switching for Behavioral Health Providers: Prioritizing Training in Primary Care

Integration of behavioral health into primary care is becoming more normative. Yet, behavioral health training programs curriculum and training experiences often do not prepare trainees for primary care roles. Beyond clinical direct service intervention competencies, trainees need skills in interdisciplinary team care, practice transformation, health systems policy, program development, implementation, dissemination and evaluation. This presentation will review the barriers programs face in implementing curriculum and training experiences, and specific strategies to address barriers. The presentation also will discuss larger systemic barriers such as accreditation requirements, minimal faculty training and experience in primary care, and the burden of curriculum development. The structure and content of a robust "plug and play" integrated primary care curriculum that was developed by The Society for Health Psychology will be reviewed. The curriculum includes evidence based clinic

*Stacy Ogbeide, PsyD, ABPP, Assistant Professor/Clinical, UT Health Sciences San Antonio, TX*  
*Nancy Ruddy, PhD, University of Rochester School of Medicine, Rochester, NY*

*Deepu George, PhD, Assistant Professor/Clinical Department of Family & Preventive Medicine, The University of Texas Rio Grande Valley, McAllen, TX*

*Eboni Winford PhD, Behavioral Health Consultant, Cherokee Health Systems, Knoxville, TN*  
*Cerissa Blaney, PhD, University of Central Florida Health, Orlando, FL*

**Date** Saturday, October 20, 2018

**Time** 10:00 to 11:00

**Content Level** All Audience

### Keywords

- Training/Supervision
- Training/Supervision
- Interprofessional education

### Objectives

- Identify necessary curricular and training experience changes in behavioral health professional training to prepare trainees to work in IPC.
- List 3 barriers to change in behavioral health training programs, and 3 strategies to overcome these barriers.
- Recognize fields outside of psychology to develop IPC curricula unique to their disciplines within pre- and post-graduate training.

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## F7: Conceptualizing Addiction Treatment at Each Level of the Biopsychosocial Hierarchy: A Pecha Kucha Experience

Integrated primary care has not yet reached its full potential in treating addiction. For it to do so, we will need to assess and treat at all levels of Engel's biopsychosocial hierarchy. This would mean incorporating biomedical, individual, couple, family, and community-based interventions. Using the evocative Pecha Kucha format we will present best practices and reflections of addiction treatment and then engage in an exercise to configure a clinic to fully integrate all levels of treatment.

*Randall Reitz, PhD LMFT, Director of Behavioral Medicine, St Mary's Family Medicine Residency, Grand Junction, CO*

*Suzanne Bailey, PsyD, Director of Integrated Care, Cherokee Health Systems, Knoxville, TN*  
*Daniel Blocker, PhD LMFT, Behavioral Scientist, Pomona Valley Family Medicine Residency, Pomona, CA*

*Suzanne Daub, LCSW, Senior Director, Integrated Care Initiatives, UPMC/Community Care Behavioral Health, Pittsburgh, PA*

*Lucy Graham, PhD RN, Assistant Professor of Nursing, Colorado Mesa University, Grand Junction, CO*

*Ryan Jackman, MD, Addiction Medicine and Family Medicine Faculty, St Mary's Family Medicine Residency, Grand Junction, CO*

**Date** Saturday, October 20, 2018

**Time** 10:00 to 11:00

**Content Level** All Audience

### Keywords

- Substance abuse management (e.g., alcohol, tobacco, illicit drugs)
- Opioid management
- Family-centered care

### Objectives

- To describe Engel's biopsychosocial hierarchy of systems and how addictions manifest at every level of the hierarchy.
- To integrate best practices for addiction treatment into the primary care setting.
- To use clinical narratives to make the case for integrated addiction treatment.

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## F8: Strategies and Lessons Learned in Conducting Family-focused Research in Primary Care Settings

This panel will discuss strategies and lessons learned from conducting family-focused quantitative, qualitative, program evaluation, and mixed-methods research in primary care clinics and key strategies for collecting couple- and family-level data. The panelists' experience represents a broad continuum of research funding sources including: public health research supported by the National Institutes of Health (NIH) and carried out in multiple primary care clinics, state- and foundation-funded research using community-based participatory research methods to bridge clinics with community settings, state-funded research that has built collaborations between primary care clinics and state agencies, and internally funded research carried out primarily in one primary care clinic. The panelists' diverse level of expertise, combined with their interdisciplinary research experiences, will allow for a rich panel discussion on family-focused research in primary care settings.

*Jerica Berge, PhD, MPH, LMFT, Associate Professor, University of Minnesota Medical School, Minneapolis, MN*

*Tai Mendenhall, PhD, LMFT, Associate Professor, University of Minnesota Medical School, Minneapolis, MN*

*Jennifer Hodgson, PhD, Professor and Director, Medical Family Therapy Doctoral Program, East Carolina University, Greenville, NC*

*Angela Lamson, PhD, LMFT, CFLE, Professor and Associate Dean, East Carolina University, Greenville, NC*

*Gene (Rusty) Kallenberg, MD, Professor, Division Chief, Co-Chair Department of Family medicine and Public Health, UCSD, San Diego, CA*

**Date** Saturday, October 20, 2018

**Time** 10:00 to 11:00

**Content Level** Intermediate

### Keywords

- Research and evaluation
- Family-centered care
- Population and public health
- Integrated care

### Objectives

- Identify the state-of-the-field with regard to conducting family-focused research in primary care clinics.
- Articulate best practices and lessons learned related to carrying out family-focused research and collecting couple- and family-level data in primary care clinics.
- Describe ways in which participants might include family-level measures in their own research in primary care settings.

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## G1: How to Use Electronic Medical Record Data to Formulate and Answer Real-World Questions in Integrated Behavioral Health Care

Data from electronic medical record (EMR) systems can be used to answer questions in integrated behavioral health care (IBHC), but many clinicians and administrators find this prospect intimidating or overwhelming. We will teach a process for using EMR data, including how to: pinpoint a specific question, identify relevant variables in the EMR, operationalize a question that maps on to available variables, obtain access to EMR data, and prepare raw EMR data for use in analyses. To illustrate the process, we will present an example in which EMR data were used to compare access to IBHC across patients and clinics. Attendees will complete a small-group exercise to identify variables in their EMR that would be relevant to answering a question of interest, and will leave with helpful handouts (outline of steps in this process illustrated through the example, guide for how to construct common variables used in IBHC research from EMR data).

*Robyn L. Shepardson, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse, NY*

*Suzanne Bailey, PsyD, Director of Integrated Care, Cherokee Health Systems, Knoxville, TN*

*Tawnya Meadows, PhD, Chief of Behavioral Health in Primary Care-Pediatrics, Geisinger Health System, Danville, PA*

*Rola Aamar, PhD, Clinical Effectiveness Consultant, Relias, Cary, NC*

*Jennifer S. Funderburk, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse, NY*

**Date** Saturday, October 20, 2018

**Time** 11:15 to 12:15

**Content Level** Intermediate

### Keywords

- Research and evaluation
- Electronic Medical Record
- Workforce development

### Objectives

- Identify variables in the electronic medical record that are relevant to answering IBHC questions
- Describe how to map variables from the electronic medical record to an operationally defined question
- List three strategies for obtaining access to electronic medical record data

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## G2: Beyond Time Outs: State of the Science Regarding What Children and Parents Need

Concerns about behavior and development make up half of all questions posed in pediatric settings. To be successful, families need information on what children need to thrive, not just how to overcome an immediate problem. Our colleagues in child development and early education have those answers. In addition, there are well established evidenced based kernels, fundamental units of behavioral influence, that underlie effective treatment. We will review those kernels, and how one can effectively deliver them kernels in primary care settings using publicly available video and print media, and studies showing effectiveness of that approach. In addition, the continuum of care from brief intervention in primary care to connection with social, educational and mental health services will be reviewed.

*Doug Tynan, PhD, Director of Integrated Care, American Psychological Association, Washington, DC*

*Meghan Lines, PhD, Clinical Director of Integrated Primary Care, Nemours Al DuPont Hospital for Children, Wilmington, DE*

**Date** Saturday, October 20, 2018

**Time** 11:15 to 12:15

**Content Level** Advanced

### Keywords

- Pediatrics
- Evidence-based interventions
- Implementation science

### Objectives

- At the conclusion of this presentation the participants will be able to list the four common behavioral strategies found in all evidence based parenting intervention programs.
- At the conclusion of this presentation the participants will be able to identify public available effective parenting handouts and videos that they can use in their practice.
- Following this presentation the participants will be able describe the steps to carry out a brief parenting intervention from identification of the problem, to agreement on an intervention, review of the tip sheet on the intervention.

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## G3: High Stakes: Training Your Team for Suicidality and Psychosis Risk Management

Suicidality and acute psychosis represent triggers of systemic arousal in medical settings. In rural Oregon, access to mental health services tends to be scarce. The lack of behavioral health resources and the high acuity of rural communities create a perfect storm for poor social determinants of health. As a way to address these issues, the George Fox University Graduate School of Clinical Psychology created an on-call crisis behavioral health team to provide assessment and consultation services to the hospitals of one of the lowest resourced regions in Oregon. This presentation details the methods for training psychology students, county mental health professionals, and supervising psychologists to respond with evidence-based methods in a way that integrates with the demands of emergency medical care. We present data regarding training outcomes and service delivery to help increase awareness and provide a framework for other organizations seeking to implement this model of care.

*Kyler T. Shumway, MA, Student Coordinator, Behavioral Health Crisis Consultation Team, Newberg, OR*

*Mary Peterson, PhD/ABPP, Department Chairperson, George Fox University Graduate Department of Clinical Psychology, Newberg, OR*

*Luann Foster, PsyD, Supervising Psychologist, Behavioral Health Crisis Consultation Team, Newberg, OR*

**Date** Saturday, October 20, 2018

**Time** 11:15 to 12:15

**Content Level** Intermediate

### Keywords

- Suicide
- Training/Supervision
- Interprofessional teams
- Risk Assessment and Consultation

### Objectives

- Identify factors and needs in their health system related to psychiatric crisis care, and how to work with stakeholders and use data to build an effective care model
- Develop a program for training and sustaining professionals to respond to suicidality and acute psychosis in emergency settings
- Implement a risk assessment protocol for rural healthcare using evidence-based methods and outcome data

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#### G4: Practical Strategies for Conducting a Randomized Controlled Trial Investigation on an Evidenced Based Behavioral Health Outcome Measure

With the spread of integrated care models over the last two decades, and the shift toward quality based payment models on healthcare service, BH providers must demonstrate the effectiveness of services delivered in primary care. However, adapting evidence-based research from traditional mental health care to integrated care presents challenges. This presentation will help give guidance on one research approach towards addressing this accountability challenge for BH treatment outcomes. We will provide tools and practical steps for conducting and incorporating empirical research into practice to improve outcomes. This issue is critical in addressing the sustainability of integrated care and to the continuance of behavioral health service delivery in healthcare. Even if conducting research is not your goal, learning the implementation of workflows aimed to demonstrate outcome effectiveness is essential to all providers as we move integrated care forward.

*Brian DeSantis, PsyD, ABPP, VP for Behavioral Health, Peak Vista Community Health Centers, Colorado Springs, CO*

*Jonathan Muther, PhD, VP of Medical Services BH, Salud Family Health Centers, Fort Lupton, CO*

*Cassie Comeau, PhD, Chief Behavioral Health Officer, Summit Community Care Clinic, Frisco, CO*

**Date** Saturday, October 20, 2018

**Time** 11:15 to 12:15

**Content Level** All Audience

##### Keywords

- Research and evaluation
- Outcomes
- Implementation science
- Treatment accountability

##### Objectives

- Learn three practical core components for conducting a high quality, real- word RCT research design that can help attendees feel more comfortable in doing such comparative research themselves or conducting further follow-on research from this study.
- Understand the importance of such issues as feasibility, relevance, adoption, impact, evidence-based, and measuring fidelity in the selection of an outcome measure being investigated in integrated BH primary care.
- Understand the basics of good data collection and statistical analysis for the research design that was used as a vehicle for teaching during this training session.

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#### G5: Suboxone Prescribing in Primary Care: A Practical, Interactive Discussion of Programs and Strategies

Medication Assisted Treatment (MAT) in the form of buprenorphine/naloxone (Suboxone) is a well-established and effective therapy for opioid use disorder that can be administered in the outpatient setting. Implementing this therapy into medical practices however, remains one of its main limitations. As clinics seek to implement and optimize this form of MAT, interdisciplinary collaboration continues to lead as a model that is able to overcome limitations, expand access, and increase provider satisfaction with MAT. This presentation will highlight how this interdisciplinary approach has been successful in outpatient suboxone programs in Wisconsin and Colorado. Additionally, this presentation will provide participants the opportunity to collaborate, ask questions of the panel, and problem solve how to implement suboxone prescribing within their own clinical settings.

*Meghan Fondow, PhD, Primary Care Behavioral Health Manager, Access Community Health Centers, Madison, WI*

*Ryan Jackman, MD, Addiction Medicine and Family Medicine Faculty, St Mary's Family Medicine Residency, Grand Junction, CO*

*Elizabeth Zeidler Schreiter, PsyD, Chief Behavioral Health Officer, Access Community Health Centers, Madison, WI*

*Maireni Cruz, MD, Addiction Medicine Fellow, University of Wisconsin School of Medicine and Public Health, Madison, WI*

**Date** Saturday, October 20, 2018

**Time** 11:15 to 12:15

**Content Level** Intermediate

##### Keywords

- Substance abuse management (e.g., alcohol, tobacco, illicit drugs)
- Opioid management
- Interprofessional teams

##### Objectives

- Identify different interdisciplinary roles that contribute to a successful outpatient buprenorphine program.
- Summarize practical components of a buprenorphine program that need to be considered when implementing buprenorphine based care into a clinical setting.
- Describe steps that need to be taken within his/her clinical setting to implement buprenorphine based therapy.

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## G6: Integrated Primary Care Behavioral Health Competency Training in Two Large Healthcare Systems: Practical Lessons Learned

The Department of Defense (DoD) and Veterans Health Administration (VHA) have undertaken systemwide competency-based training for all integrated primary care behavioral health providers. This presentation will review their unique interprofessional training models, emphasizing the hands-on skills-based training in Primary Care Behavioral Health and Collaborative Care service delivery models. An overview of provider and clinic-level performance data and tracking mechanisms will be presented, including training outcomes measured by self-reported provider and service delivery model adherence, trainer-evaluated competency demonstration ratings, appointment fidelity standards, and population health metrics. Common challenges and solutions in implementing large scale training will be discussed. Lessons learned will be discussed and made relevant to anyone implementing integrated primary care training programs in private sector healthcare systems.

*Lisa K. Kearney, PhD, ABPP, Associate Director for Education, VA Center for Integrated Healthcare, San Antonio, TX*

*Gregory P. Beehler, PhD, M.A., Associate Director for Research, VA Center for Integrated Healthcare, Buffalo, NY*

*Anne C. Dobmeyer, PhD, ABPP, Chief Psychologist, Primary Care Behavioral Health Directorate, Psychological Health Center of Excellence, Defense Health Agency, Dayton, OH*

*Katherine M. Dollar, PhD, Associate Director for Implementation, VA Center for Integrated Healthcare, Syracuse, NY*

*Joseph Grasso, PhD, Education and Implementation Specialist, VA Center for Integrated Healthcare, San Francisco, CA*

*David Hunsinger, MD, MSHA, Medical Director, Binghamton VA Outpatient Clinic, Binghamton, NY*

*Christopher Hunter, PhD, ABPP, DoD Program Manager for Behavioral Health in Primary Care, Defense Health Agency, Arlington, VA*

*Andrew S. Pomerantz, MD, National Mental Health Director, Integrated Services, Office of Mental Health and Suicide Prevention, Veterans Health Administration; Associate Professor of Psychiatry, Geisel School of Medicine at Dartmouth, Chelsea, VT*

*Katharine Van Treese, LCSW*

*Laura O. Wray, PhD, Executive Director, VA Center for Integrated Healthcare; Associate Professor of Medicine, Jacobs School of Medicine and Biomedical Science, University at Buffalo, Syracuse, NY*

**Date** Saturday, October 20, 2018

**Time** 11:15 to 12:15

**Content Level** All Audience

### Keywords

- Workforce development
- Interprofessional education
- Training/Supervision

### Objectives

- Discuss options for training an integrated primary care behavioral health workforce in the unique competencies required for primary care practice
- Identify common challenges in implementation of a systematic integrated primary care behavioral health training program and methods for overcoming these challenges
- Create a plan for local development of an integrated primary care behavioral health competency-based training program

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## G7: Be a Champion! Practical Strategies to Improve Your Practice Using Implementation Science

This presentation will feature real world implementation examples from a seasoned interprofessional team working in a high needs primary care clinic. In Part 1 of our session (approx. 30 minutes), we will define implementation science and familiarize the audience with the EPIS framework (Aarons, Hurlburt, & Horwitz, 2011). We will also describe champion teams as a practical and efficient way to conduct implementation science on the clinic level. Part 2 of our session (approx. 30 min) will be dedicated to translating concepts learned in Part 1 to audience members' personal work via individual worksheets, small and large group discussion, and a question and answer period. Additionally, participants will gain access to an electronic toolkit with relevant articles, worksheets and materials to and build on ideas generated during the session and support their project implementation after the conference.

*Matthew Tolliver, PhD, Assistant Professor/Psychologist, Eastern Tennessee State University Pediatrics, Johnson City, TN*

*Jodi Polaha, PhD, Associate Professor/Psychologist, Eastern Tennessee State University, Department of Family Medicine, Johnson City, TN*

**Date** Saturday, October 20, 2018

**Time** 11:15 to 12:15

**Content Level** Intermediate

### Keywords

- Implementation science
- Team-based care
- Quality improvement programs

### Objectives

- Identify one implementation science framework relevant to primary care.
- Describe how champion teams can be used to conduct quality improvement and implementation initiatives in primary care.



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*Gayatri Jaishankar, MD, Associate Professor, Medical Director, Associate Residency Program Director, Eastern Tennessee State University Pediatrics, Johnson City, TN*  
*Freda Campbell, LPN, Nurse Case Manager, Eastern Tennessee State University Pediatrics, Johnson City, TN*  
*Lexie Selzer, DO, Pediatric Resident, Eastern Tennessee State University Pediatrics, Johnson City, TN*

- Apply elements of the EPIS framework to structure participants' own implementation efforts in their setting.

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## **G8: Let's Learn Family System Theory - Training Family Medicine Residents in Multidisciplinary Setting**

This presentation will provide an overview and demonstration of a 16 week course in Family System Theory taught to Family Medicine residents in their second year, primary care psychology postdoctoral fellows and new faculty to the residency teaching team. Through an orchestrated reading list, facilitated classroom discussion, personal genogram presentations, and planning, conducting, and debriefing actual family meetings, the team develops ownership to family systems theory and its applications. The process is transformative in each educational developmental stage. This presentation will permit demonstration, interaction, and discussion about this model and which components of the model can be integrated in the attendees own curriculum.

*Barbara A Gawinski, PhD, LMFT, Assoc Professor Depts of Family Medicine and Psychiatry, University of Rochester, Rochester, NY*

*Sachiko Kaizuka, MD, Assistant Professor Depts of Family Medicine and Emergency Medicine, University of Rochester, Rochester, NY*

**Date** Saturday, October 20, 2018

**Time** 11:15 to 12:15

**Content Level** All Audience

**Keywords**

- Family-centered care
- Interprofessional education
- Training/Supervision

**Objectives**

- Develop a system theory course for intraprofessional health care team education
- Identify key components to intraprofessional education in a family systems training setting in primary care
- Appreciate the importance of intraprofessional teaching team as learners and as teachers in a life long learning model.

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## **H1: Incorporating Evaluation and Program improvement Strategies to Increase Quality of Integrated Care Implementation**

The presentation examines how multiple instruction modalities along with assessing and monitoring of organizational readiness can facilitate practice transformation. The Integrated Care Leadership Program is a learning collaborative that equips healthcare practices to integrate behavioral health and primary care. It uses asynchronous online learning, technical assistance and coaching, webinars, and continuous quality improvement. We will discuss the different components of the program and demonstrate how the Readiness for Integrated Care Questionnaire and Activity-Specific Readiness Tool were used in conjunction with Plan-Do-Study-Act cycles to guide practice improvement efforts. The attendees will be given the opportunity to both learn and apply the Readiness = Motivation x General Capacity x Innovation-Specific Capacity (R=MC2) model of readiness to a project being implemented in their organization. Attendees will be guided through a "readiness thinking" worksheet.

*Sharon Rachel, MA, MPH, Associate Director, Integrated Care Leadership Program, Morehouse School of Medicine, Atlanta, GA*

**Date** Saturday, October 20, 2018

**Time** 1:45 to 2:45

**Content Level** All Audience

**Keywords**

- Quality improvement programs
- Implementation science
- Primary Care Behavioral Health Model

**Objectives**

- Describe the components of the Integrated Care Leadership Program.
- Identify tools that can be used to assess readiness for integrated care.
- Assess their own readiness for an innovation in their organization.

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## H2: Approaching the End of Life: Relational and Ethical Challenges for Patients, Couples, and Families

Facing the end of life and the loss of a loved one are among life's most profound challenges. Yet, research finds that the way we approach death and dying can yield personal and relational growth and transformation. Dr. Rolland, drawing on his Family Systems Illness Model, will address clinical and ethical challenges with terminal conditions such as: end-of-life priorities and decision-making dilemmas; opening blocked communication; the "long good-bye" with dementia; integrating medical treatment with palliative care and hospice; dignity and control in the dying process; advance directives and proxy decision-making; and assisted dying and value conflicts of healthcare providers, patients, couples, and families. Dr. Walsh will apply her research-informed Family Resilience Framework, highlighting meaning-making, hope, and spirituality. Practice guidelines and case illustrations will help couples and families make the most of precious time, deepen bonds, and heal relational wounds.

*John S. Rolland, MD, MPH, Professor of Psychiatry, Northwestern University Feinberg School of Medicine and Executive Co-Director, Chicago Center for Family Health, Chicago, IL*  
*Froma Walsh, PhD, Mose & Sylvia Firestone Professor Emerita, SSA, University of Chicago. Executive Co-Director, Chicago Center for Family Health, Chicago, IL*

**Date** Saturday, October 20, 2018

**Time** 1:45 to 2:45

**Content Level** All Audience

### Keywords

- Family-centered care
- Collaborative Care Model of Integrated Care
- Chronic Care Model of Integrated Care
- End of Life, Loss, Palliative care

### Objectives

- Describe practical applications of Rolland's Family Systems Illness Model and Walsh's Family Resilience Framework in end-of-life care with patients, couples, and families.
- Identify core principles and guidelines to address challenging relational and ethical issues with death and dying, promote optimal patient wellbeing, and make the most of limited time.
- Describe how to effectively address problems in collaboration and value conflicts regarding end-of-life decisions among health insurers/facilities, health and mental health professionals, patients, and families

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## H3: Raising the Ceiling: A Pilot Curriculum for Interprofessional Training of Care Managers in Behavioral Health Principles and Interventions

It is well documented that care managers play a pivotal role care in patient coaching, self-management support, family engagement, and reduction in unnecessary acute care service utilization. The psychosocial complexity of high-needs, high-cost patients demands that these team members have a broader understanding of mental and behavioral disorders, as well as a toolkit of evidence-based skills and interventions specific to the emotional, social, cognitive, and relational needs of those patients. This presentation describes a curriculum developed by a team of interprofessional BH educators that addresses that gap within a clinically-integrated network. We will share data from our program evaluation describing impact on knowledge, skills, and attitudes of the network's care managers, plus qualitative data from learners about integration into daily practice. Case examples shared by our care managers will highlight pt- and family-level impact, as well as impact on the practices.

*Tziporah Rosenberg, PhD, Associate Professor in the Departments of Psychiatry and Family Medicine, University of Rochester School of Medicine and Dentistry, Behavioral Health Integration Education Lead, Accountable Health Partners, Rochester, NY*  
*Holly Brown, DNP, RN, PMHNP-BC, PMHCS-BC, Assistant Professor of Clinical Nursing University of Rochester, School of Nursing Accountable Health Partners, Behavioral Health Integration Team, Rochester, NY*

**Date** Saturday, October 20, 2018

**Time** 1:45 to 2:45

**Content Level** All Audience

### Keywords

- Training/Supervision
- Care Management
- Population and public health
- workforce development,

### Objectives

- describe key elements in a pilot curriculum designed to enhance the patient engagement and support skills of a team of primary care embedded complex care managers across the lifespan.
- identify the impact of behavioral health training on care manager reports of self efficacy, as well as impact on patient care in practice.
- discuss some of the challenges inherent in stretching nurse and social work care managers' skillset to

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George Nasra, MD, Professor, UPMC, Dept of Psychiatry; Division Chief, Collaborative Care & Wellness; Associate Medical Director, Behavioral Health, Accountable Health Partners, Rochester, NY

Danielle Calder, MS, RN, RN-BC, Care Manager, Accountable Health Partners, Rochester, NY  
Jenny M. Mural LCSW-R, Pediatric Care Manager, Accountable Health Partners, Rochester, NY

include more behavioral health content, both at the training and daily practice levels.

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#### H4: Patient Outcomes Associated with Primary Care Behavioral Health Services: A Systematic Review

This systematic review focused on Primary Care Behavioral Health (PCBH) services delivered under normal clinic conditions that included the outcomes of 1. patient access to and utilization of behavioral health services, 2. patient health status, and 3. patient satisfaction. Comprehensive database searches and rigorous coding procedures rendered 36 articles meeting inclusion criteria. Robust findings only emerged for healthcare utilization outcomes. PCBH is associated with shorter wait-times for treatment, higher likelihood of engaging in care, and attending a greater number of mental health visits. Several small, uncontrolled studies report emerging evidence that global functioning, depression, and anxiety improve over time in patients who received PCBH. There was no evidence of greater improvement in patient health status when PCBH was compared to other active treatments. The implementation of PCBH services is ahead of the science supporting the usefulness of these services.

Kyle Possemato, PhD, Associate Director for Research, VA Center for Integrated Healthcare, Syracuse, NY

Emily M. Johnson, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse, NY

Gregory P. Beehler, PhD, M.A., Associate Director for Research, VA Center for Integrated Healthcare, Buffalo, NY

Robyn Shepardson, PhD Research Investigator, VA Center for Integrated Healthcare, Syracuse, NY

**Date** Saturday, October 20, 2018

**Time** 1:45 to 2:15

**Content Level** All Audience

**Keywords**

- Primary Care Behavioral Health Model
- Outcomes
- Other
- healthcare utilization

**Objectives**

- Describe the empirical evidence for changes in patients outcomes related to primary care behavioral health services as they are typically delivered in normal clinical practice.
- Evaluate the strength of the evidence for specific patient outcomes associated with primary care behavioral health services, including access to care, continued engagement with care, changes in patient functioning, and patient satisfaction.
- Discuss current gaps in the knowledge about patient outcomes following primary care behavioral health services and how these can be specifically addressed with more program evaluation and research.

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#### H4: Mental Illness and African-Americans: Does Stigma Affect Mental Health Treatment

Racial and ethnic minority cultures influence many aspects of mental illness, including how patients communicate and manifest symptoms, coping style, family and community support, and willingness to seek treatment. African-Americans make up 12-13% of the US population, yet they account for 18% of those with mental illness and are 20% more likely to report serious psychological distress than White adults. Research shows that African Americans with depression are frequently under-diagnosed and inadequately managed in primary care due to patient, physician, and treatment setting factors. This study examines beliefs of African-Americans related to mental illness, attitudes toward seeking mental health services, preferred coping behaviors, and differences based on age and gender. Understanding the wide-ranging roles of culture and society enables the

**Date** Saturday, October 20, 2018

**Time** 2:15 to 2:45

**Content Level** All Audience

**Keywords**

- Behavioral Medicine Topics (e.g., insomnia, medication adherence)
- Collaborative Care Model of Integrated Care

**Objectives**

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mental health field to design and deliver services that are more responsive to the needs of racial and ethnic minorities.

*Daroiné Jean-Charles, MD, Atlanta Medical Center Family Medicine Residency, Atlanta, GA*

*Michele S. Smith, PhD, Director of Collaborative Care, Atlanta Medical Center Family Medicine Residency, Atlanta, GA*

- Identify the prevalence and disparities of mental health illness among African-Americans
- Describe various barriers, stigmas, misconceptions towards mental health illness among African-Americans
- Discuss the utilization of different approaches and tools to diagnose, manage and facilitate the treatment of mental illnesses among African-Americans

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### H5: Development and Implementation of an Interdisciplinary Group Medical Visit for Chronic Pain in a Rural Health Clinic

This presentation will describe the development and implementation of a chronic pain group medical visit at a rural primary care clinic. This monthly group is facilitated by an integrated team consisting of primary care providers, a behavioral health specialist, a registered dietician, and clinic support staff. Goals for the group are to improve management of patients on long-term opioid therapy, educate patients about a biopsychosocial model of chronic pain, and empower patients to take an active role in their pain management. We will discuss our program development and evaluation process, and present preliminary pilot data on both patient outcomes and provider satisfaction.

*Maxwell Moholy, PhD, Behavioral Health Consultant, Cascade Medical Center, Leavenworth, WA*

*David Bauman, PhD, Behavioral Health Education Director, Central Washington Family Medicine, Yakima, WA*

**Date** Saturday, October 20, 2018

**Time** 1:45 PM to 2:45 PM

**Content Level** All Audience

**Keywords**

- Primary Care Behavioral Health Model
- Team-based care
- Opioid management

**Objectives**

- Discuss the need for an interdisciplinary approach to pain management in a rural primary care setting.
- Describe the process, including successes and ongoing challenges, of developing and implementing an interdisciplinary chronic pain group medical visit in a rural primary care clinic.
- Evaluate the effectiveness of a chronic pain group medical visit in improving patient care and provider satisfaction.

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### H6: Out of the Textbook and [almost] into the Clinic: Case Simulation in Integrated Care Training

Needing an effective way to train learners to hit the ground running when they step into an integrated care clinic? Case simulation can serve as an important training tool in preparing our behavioral health and primary care physician workforce. Participants will receive guidance on how to implement a successful and sustainable case simulation training program.

*Florencia Lebensohn-Chialvo, PhD, Assistant Professor, University of San Diego, San Diego, CA*

*Max Zubatsky, PhD, LMFT, Assistant Professor & Memory Clinic Director, Medical Family Therapy Program, Department of Family and Community Medicine, Saint Louis University, Saint Louis, MO*

*Laura Sudano, PhD, LMFT, Associate Director, Collaborative Care, UCSD, San Diego, CA*

**Date** Saturday, October 20, 2018

**Time** 1:45 to 2:45

**Content Level** Advanced

**Keywords**

- Workforce development
- Training/Supervision
- Interprofessional education

**Objectives**

- Identify the benefits of using case simulations to train integrated care providers in their everyday practice.
- Define the essential integrated care skills needed for providers to improve team-based care in practice.

- Apply strategies to address feasibility and sustainability challenges to the use of case simulation training methods.

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### H7: Shedding Light on the Dark Side: Everything you Wanted to Know About Managed Care, But Didn't Know Where to Ask

Three years ago, two BHCs, a psychologist and LCSW, left their respective clinical settings and went to work for different managed care organizations (MCO) as integrated care content experts. In this session, they share what they have learned since moving to "the dark side", what they wish they had known as providers and why they stay in the MCO world. From their perspective as BHCs and now payers, the presenters will speak to how behavioral health providers can successfully demonstrate the value of integrated care to the MCO.

Fundamental questions will be discussed: What are the component parts of managed care and what do they do? What are MCOs looking for? How can you negotiate with a MCO in their "language"? As a provider, how do you advocate with the insurance company for integrated care services? Finally, what roles are available for integrated care professionals in MCOs? Join us and learn everything you wanted to know about managed care and some things you didn't know to ask.

*Suzanne Daub, LCSW, Senior Director, Integrated Care Initiatives, UPMC/Community Care Behavioral Health, Pittsburgh, PA*

*Jessica K. Beal, PsyD, Integrated Care Program Manager, Passport Health Plan, Louisville, KY*

**Date** Saturday, October 20, 2018

**Time** 1:45 to 2:45

**Content Level** All Audience

**Keywords**

- Payment models
- Multi-sector partnerships
- Managed Care

**Objectives**

- State the key priorities of managed care companies and how integrated care can support these priorities.
- Define how "value" needs to balance the perspectives of all three constituents—payers, providers, and consumers.
- List the knowledge and data needed to negotiate with their MCO

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### H8: Collaborative Care: There Are Always Ways to Make the Good Better: Addressing Realities and Finding New Ways to Enhance Financial Sustainability

While Collaborative Care program is not new to integrated care, there are processes with this program, that may benefit from additional exploration and insight. For one, who is providing the care of the behavioral care manager. For another, ways to improve the financial sustainability of this model. This study will explore the financial impact: pros/cons, benefits/problems the new codes and private payers and explore new ways to use team members, including master level students to enhance care and increase financial sustainability.

*Cindi Stone, DBH, Director of Behavioral Health, Community Care Physicians, Slingerlands, NY*

*Lesley Manson, PsyD, Clinical Assistant Professor, Doctor of Behavioral Health, Arizona State University, Phoenix, AZ*

*Holly Cleney, MD, Managing Physician, Community Care Physicians, Slingerlands, NY*

**Date** Saturday, October 20, 2018

**Time** 1:45 to 2:45

**Content Level** All Audience

**Keywords**

- Collaborative Care Model of Integrated Care
- Cost Effectiveness/Financial sustainability
- Innovations

**Objectives**

- Identify challenges and solutions of the Collaborated Care Program related to financial sustainability in primary care.
- Describe the basic competencies needed for graduate students to transition into the roles of Behavioral Health Care Managers in Collaborative Care Model of Integrated Care,

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- Discuss the efficacy of the Collaborative Care Program in primary care.

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## I1: Impact of Visit Length on Operational and Financial Outcomes in Pediatric Integrated Primary Care

As integrated care models in pediatric BH proliferate, advances in understanding the impact of these models lags. Because the majority of integrated service delivery models still rely on fee for service reimbursement models, and cost savings of receiving BH services are limited within the pediatric population, investigations of other paths to sustainability are important. The present study will investigate the impact of a program-level change from a traditional 60 min appointment model to a 30 min BH appointment model on operational and financial outcomes in a pediatric integrated primary care practice setting. We will report the statistical and clinical significance of outcomes 12 months pre-post scheduling change. We will present trajectories before and after the change in appointment length on latency outcomes from referral to date of first appointment, cancellation and no show rate, BHP fill rate and slot utilization rate, RVU generation for both primary care physicians and BHPs.

*Tawnya Meadows PhD Co-Chief of Behavioral Health in Primary Care, Geisinger, Danville, PA*

*Sean O'Dell, Associate, Geisinger, Danville, PA*

*Shelley Hosterman Co-Chief of Behavioral Health in Primary Care, Associate, Geisinger, Danville, PA*

**Date** Saturday, October 20, 2018

**Time** 3:00 to 4:00

**Content Level** All Audience

### Keywords

- Quality improvement programs
- Pediatrics
- Sustainability

### Objectives

- List steps involved in changing templates from a 60 minute to 30 minute model.
- Describe impact on access outcomes related to changing length of patient slots.
- Discuss implications of changing length of patient slots of outcomes related to financial sustainability.

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## I2: Can a Family-Centered Workflow Work for Flow? How to Enhance Show Rate (Flow) for Behavioral Health Visits in Pediatric Primary Care

Overall low show rate is a challenge for our urban pediatric primary care practice. To address the high rate of no-shows and cancellations, we implemented a quality improvement initiative to enhance the scheduling and show rate of behavioral health (BH) follow-up visits. At the conclusion of a BH appointment, parents were asked to complete a checkout form that included 3 patient satisfaction items. Results revealed no significant associations between show rate and BH provider, patient age or sex, BH contact type (i.e., intake, follow-up visit, warm handoff), or length of time to BH follow-up visit. Also, results yielded no difference by BH provider type (prescriber vs. therapist) regarding patient satisfaction or show rate. However, results indicated shared treatment goals between parent and clinician significantly predicted increased attendance to the next BH follow-up visit. We discuss implications with respect to BH integration and sustainability in pediatric primary care.

*Andrew Cohen, PhD, Coordinator for Integrated Pediatric Primary Care, University of Rochester Medical Center, Rochester, NY*

*Kenya Malcolm, PhD, Coordinator, Psychology Training in Pediatric Outpatient and Primary Care, University of Rochester Medical Center, Rochester, NY*

*Patricia Corbett-Dick, RN MS, PNP-BC, PMH NP-BC, Pediatric Primary Care and Mental Health Nurse Practitioner, University of Rochester Medical Center, Rochester, NY*

**Date** Saturday, October 20, 2018

**Time** 3:00 to 3:30

**Content Level** Intermediate

### Keywords

- Primary Care Behavioral Health Model
- Pediatrics
- Quality improvement programs

### Objectives

- Identify factors (e.g., patient, provider, appointment type) that may impact attendance to behavioral health appointments within the integrated pediatric primary care setting.
- Understand how patient satisfaction (the rating score) and patient engagement (the act of rating) may enhance show rate to behavioral health appointments within integrated pediatric primary care.

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Linda Alpert-Gillis, PhD, Director, Pediatric Behavioral Health & Wellness Outpatient Services, University of Rochester Medical Center, Rochester, NY  
Neil Herendeen, MD, Medical Director, Golisano Children's Hospital Pediatric Practice, University of Rochester Medical Center, Rochester, NY

- Discuss how team-based workflow enhancements can serve as family engagement interventions to increase behavioral health show rate and, thus, sustainability of behavioral health integration within pediatric primary care.

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## I2: Movement Towards an Integrated Model of Care for Pediatric Pain - Golisano Children's Hospital's Amplified Musculoskeletal Pain Program

An interdisciplinary, collaborative model of outpatient care for pediatric patients with Amplified Musculoskeletal Pain and their families will be presented. The focus will be on how this model of care developed from an idea to an interdisciplinary clinic with Pediatric Psychology, Pediatric Rheumatology, and Pediatric Physical Therapy and Occupational Therapy. The presenters will discuss what was learned during this development. The evaluation process and treatment program will be reviewed including how care is coordinated across disciplines and how families and children's other settings (e.g. schools) are partnered with during the process.

Michelle Swanger-Gagne, PhD, Assistant Professor of Psychiatry and Pediatrics, Psychologist, Institute for the Family, University of Rochester Medical Center, Rochester, NY  
Jessica Moore, PhD, PhD, Assistant Professor of Psychiatry and Pediatrics, Psychologist, Institute for the Family, University of Rochester Medical Center, Rochester, NY  
Amy Pete, PT, DPT, PCS, Pediatric, Physical Therapist, University of Rochester Medical Center, Rochester, NY

**Date** Saturday, October 20, 2018

**Time** 3:30 to 4:00

**Content Level** All Audience

### Keywords

- Pediatrics
- Team-based care
- Adolescents
- Pain

### Objectives

- Identify skills and knowledge needed about collaboration, communication, and team-based care for integration within specialty pediatrics.
- Define a model of interdisciplinary care for adolescents with chronic pain that is effective without medication.
- Describe examples of how to partner with children's systems (families, schools, medical teams) when they have a pediatric pain.

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## I3: Integrating Behavioral Health Care in a General Hospital Setting: Results from a Comprehensive Literature Review and an Original Mixed-Methods Study

Extant literature indicates a need for the integration of behavioral health care into general hospital settings. In anticipation to integrating a behavioral health provider into a large, academic hospital, the presenters completed a comprehensive review of the literature on the topic. Results from their literature review and follow up mixed-methods study focused on the integration of a behavioral health provider onto internal medicine inpatient rounding teams will be provided. Participants will work in groups to complete a handout on the barriers and facilitators to inpatient integration in the systems in which they work.

Tyler J. Lawrence, MA, Behavioral Health Fellow, University of Nebraska Medical Center, Omaha, NE  
Jennifer S. Harsh, Director of Behavioral Medicine, University of Nebraska Medical Center, Omaha, NE

**Date** Saturday, October 20, 2018

**Time** 3:00 to 4:00

**Content Level** Intermediate

### Keywords

- Interprofessional teams
- Outcomes
- Other
- General hospital setting

### Objectives

- Describe the current state of the literature on behavioral health integration in general hospital settings
- Discuss a format for integrating a behavioral health provider into an inpatient team

- Identify the benefits of integrating of a behavioral health provider into an inpatient team

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#### I4: The Biobehavioral Family Model: A Model for Integrated Medicine

Integrated medicine needs to be organized by an evidence-based model that interconnects the biological, psychological, and social aspects of illness and wellbeing, such as the Biobehavioral Family Model (BBFM). The BBFM is a systemic biopsychosocial model that explicates causal mechanisms whereby family relationships impact disease activity through psychobiologic stress pathways. We will present application of the model as a framework to guide family medicine residency training and integrated care. We will present the BBFM, its assumptions, and describe research support. We will also specify the application of the BBFM to residency training including: (1) didactic training in evidence for family/stress influences on illness, (2) a family/illness assessment protocol guided by BBFM, (3) recruiting patients' family supports to attend primary care visits in cases of chronic illness and nonadherence, and (4) using the BBFM to target specific ways to intervene in via 5-minute interventions.

*Sarah B. Woods, PhD, Assistant Professor & Director of Behavioral Health, Department of Family & Community Medicine, University of Texas Southwestern, Lantana, TX*

*Beatrice Wood, PhD, Professor, Departments of Psychiatry & Pediatrics, University at Buffalo, Buffalo, NY*

*F. David Schneider, M.D., MSPH, Professor & Department Chair, Department of Family & Community Medicine, University of Texas Southwestern, Lantana, TX*

**Date** Saturday, October 20, 2018

**Time** 3:00 to 4:00

**Content Level** All Audience

**Keywords**

- Interprofessional education
- Across the Lifespan
- Innovations

**Objectives**

- Articulate the specific tenets of the Biobehavioral Family Model.
- Describe empirical evidence supporting the Biobehavioral Family Model's assumptions.
- Evaluate clinical implications derived from the Biobehavioral Family Model's pathways, and consider how the BBFM might enhance training or practice in their own professional context.

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#### I5: The Role of the Family in the PCBH Model

This presentation will begin with a review of research concerning family involvement in health issues and behavior change. Following a description of the Primary Care Behavioral Health (PCBH) model, presenters will describe PCBH methods that direct attention to contextual factors, including the patient's family and illustrate these methods in a contextual interview with a patient who has lost a family member to an opioid overdose. Participants will be encouraged to conceptualize possible interventions based on contextual factors. The presentation will conclude with examples of PCBH pathway interventions designed to improve population-based care family health outcomes, including those with a preventive focus, those implemented in acute situations, and those for patients challenged with chronic conditions. Presenters will also suggest changes to training programs to improve consistency in preparing students in basic behavioral health foundation competencies.

*Patti Robinson, PhD, Mountainview Consulting Group, Portland, OR*

*Deepu George, PhD, Assistant Professor/Clinical Department of Family & Preventive Medicine, The University of Texas Rio Grande Valley, McAllen, TX*

*Jennifer Hodgson, PhD, Professor and Director, Medical Family Therapy Doctoral Program, East Carolina University, Greenville, NC*

**Date** Saturday, October 20, 2018

**Time** 3:00 to 4:00

**Content Level** All Audience

**Keywords**

- Primary Care Behavioral Health Model
- Family-centered care
- Workforce development
- Opioid epidemic

**Objectives**

- Describe research supporting a focus on family involvement in addressing health and health behavior change
- Understand use of the PCBH contextual interview to create a patient and family-centered focus in intervention development
- Generate examples of PCBH pathways addressing preventive,



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## I6: Using Simulation for Training Primary Care Providers in Suicide Prevention Skills

Studies show that almost half of patients who die by suicide were seen in primary care within 30 days of their death. There is urgent need for primary care providers to learn how to conduct life-saving suicide assessment and collaborative safety planning with patients. We report on a study that tests simulation, using highly trained standardized patient actor-educators and feedback, as a method for teaching suicide prevention to providers. This presentation will focus specifically on the standardized patient actor-educator methods and procedures in this study that may also be applied to a variety of other clinical needs and settings.

*Wendi Cross, PhD, Associate Professor of Psychiatry and Pediatrics, University of Rochester Medical Center, Rochester, NY*

*Jennifer West, PhD, Associate Professor of Psychiatry and Pediatrics, University of Rochester Medical Center, Rochester, NY*

**Date** Saturday, October 20, 2018

**Time** 3:00 to 4:00

**Content Level** Intermediate

### Keywords

- Suicide
- Training/Supervision
- Innovations
- Simulation

### Objectives

- Identify benefits of standardized patient and behavioral rehearsal strategies for skill development.
- Identify methods for developing and conducting simulation scenarios and training standardized patients in role portrayal for a variety of training programs.
- Describe the steps involved of training standardized patients in accurate feedback for learners' competency-based skills.

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## I7: Families and Health Research - A Critical Review

The purpose of this presentation is to critically review three areas of research on families and health: caregiving; pediatric chronic illness; and engaging families in primary care. Each presenter will review significant findings from over the past 10-15 years, summarize clinical recommendations, and then describe steps for future research. We will facilitate a discussion with the audience on the current and future state of family health research.

*Matt Martin, PhD, LMFT, Clinical Assistant Professor, Arizona State University, Tempe, AZ*  
*Larry Mauksch, MD, Emeritus Faculty, Family Medicine, University of Washington, Seattle, WA*

*Barry J. Jacobs, PsyD, Director of Behavioral Sciences, Crozer-Keystone Family Medicine Residency Program, Swarthmore, PA*

*Jackie Williams-Reade, PhD, LMFT, Associate Professor, Loma Linda University, Redlands, CA*

**Date** Saturday, October 20, 2018

**Time** 3:00 to 4:00

**Content Level** All Audience

### Keywords

- Family-centered care
- Evidence-based interventions
- Research and evaluation

### Objectives

- Summarize the rationale for family-centered healthcare
- Review current evidence connecting family function and health care efforts
- Analyze next steps in research on families and health

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## I8: Beyond Hotspotting: Identifying Complexity and Solutions at the Micro, Meso, and Macro Levels

This presentation will provide an overview of current models of risk stratification and measurement of complexity for effective population health management across the lifespan. The presenters will share an overarching framework for conceptualizing complexity and risk status, as well as specific approaches to address the individual and contextual determinants of health within the clinic, organizational, neighborhood community, and regional systems of care. The use of clinical informatics, from patient data at the individual level to geocoding at the community level, for care planning within embedded systems of care will also be discussed.

*Parinda Khatri, PhD, Chief Clinical Officer, Cherokee Health Systems, Knoxville, TN*

*William B. Gunn Jr., PHD, Director of Clinical Integration Strafford/Seacoast Integrated Network of Care, Kittery Point, ME*

*Mary R. Talen, PhD, Director, Primary Care Behavioral Health Psychologist, Northwestern University Family Medicine Residency, Erie Family Health Center, Chicago, IL*

*Andrew S. Valeras, DO, MPH, Faculty Physician, NH Dartmouth Family Medicine Residency, Concord, NH*

*C.J. Peek, PhD, Professor, Dept of Family Medicine and Community Health, University of Minnesota Medical School, Minneapolis, MN*

**Date** Saturday, October 20, 2018

**Time** 3:00 to 4:00

**Content Level** Intermediate

### Keywords

- Interprofessional teams
- Population and public health
- Other
- Clinical Informatics

### Objectives

- Identify three contributing factors to the measurement of risk and complexity in population health
- Describe two approaches by interdisciplinary teams to integrate data into care planning
- Describe one strategy for risk stratification for each level of care - clinic team, organizational, and community

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## J1: Tracking and Serving the Vulnerable: IBH Results from the Texas-Mexico Border

This presentation is a continuation of evaluation of 8 IBH programs in the Texas-Mexico border region, ranging from Laredo to Brownsville, TX. We presented as a full cohort at the last two CFHA conferences under the Title "Tale of 8 Cities". In a public-private partnership, the Social Innovations Fund and Methodist Healthcare Ministries of South Texas along with several other local foundations have focused on improving mental and physical health outcomes with IBH as the core strategy. Each recipient of the grant had an imperative for rigorous evaluation. In this cohort, there are 8 organizations that range from non-profit organizations, community coalitions, free-clinics to University systems. 2 organizations will present on their completed evaluation portfolio and will focus on resources, re-organizations, and arrangements they made to implement and complete data collection in a primary care environment. Each organization will also speak to serving the unmet needs and collecting continuous data from many in the region while circumventing serious issues of health access, legal immigration, and additional challenges created for many of the participants due to recent national political level changes. The design and adoption of rigorous evaluation provided an opportunity for several organizations and communities to engage in the scientific process, thereby impacting their individual capacities for delivering integrated behavioral health as well as have data driven narratives for their communities. The learner will get a first-hand view of nuts and bolts of how each group developed the capacity to design and deliver the evaluation apparatus to understand the impact of IBH.

*Deepu George, PhD, Assistant Professor/Clinical Department of Family & Preventive Medicine, University of Texas Rio Grande Valley, McAllen, TX*

*Curtis Galke, DO, Interim-Chair of Family Medicine, University of Texas Rio Grande Valley, School of Medicine, McAllen, TX*

*Natalie Burkhalter, FNP-BC, Project Manager, Mercy Ministries of Laredo, Laredo, TX*

*Stacy Ogbeide, PsyD, ABPP, Assistant Professor/Clinical, UT Health Sciences San Antonio, TX*

*Michelle Brodesky, Evaluations Lead, Methodist Healthcare Ministries of South Texas, San Antonio, TX*

*Santiago Garcia, Program Officer, Methodist Healthcare Ministries of South Texas, San Antonio, TX*

**Date** Saturday, October 20, 2018

**Time** 4:15 to 5:15

**Content Level** All Audience

### Keywords

- Research and evaluation
- Interprofessional education
- Multi-sector partnerships

### Objectives

- Recognize practical strategies for implementing Randomized Controlled Trials and Quasi experimental design in a primary care setting
- Differentiate institutional opportunities and challenges to implement and complete evaluations, especially with a vulnerable population
- Summarize at least two (2) strategies from the 4 sites for applying to research efforts in your healthcare / educational system

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## J2: Disseminating Your Ideas: A Conversation With the Editors of Families, Systems, and Health

Publishing work in a peer-reviewed journal disseminates ideas widely contributes to the evolution of the field. This interactive workshop, facilitated by the co-Editors of Families, Systems, and Health, will support participants with varying levels of experience in publishing their work. We will provide strategies for preparing a manuscript, beginning with exploring knowledge gaps in the field of collaborative family health care and situating your creative idea. We will discuss methods and resources for writing and revision, common barriers to publication, and practical tips for success, especially for clinicians and others new to writing for publication. We will illuminate the peer review process and criteria that we as editors consider in evaluating submissions. We will encourage and provide guidance for new peer reviewers as a strategy to honing one's scholarly writing.

*Nadiya Sunderji, MD, MPH, Incoming Co-Editor, Families Systems and Health and MD MPH, Medical Director, Quality, St. Michael's Hospital Mental Health and Addictions Service, Toronto, Canada*

*Jodi Polaha, PhD, Incoming Co-Editor, Families Systems and Health and Associate Professor/Psychologist, Eastern Tennessee State University, Department of Family Medicine, Johnson City, TN*

*Colleen T. Fogarty, MD, M.Sc. Outgoing Co-Editor, Families Systems and Health and Associate Professor in the Department of Family Medicine, University of Rochester School of Medicine and Dentistry, Rochester, NY*

*Larry Mauksch, MD, Outgoing Co-Editor, Families Systems and Health and Emeritus Faculty, Family Medicine, University of Washington, Seattle, WA*

**Date** Saturday, October 20, 2018

**Time** 4:15 to 5:15

**Content Level** All Audience

### Keywords

- Research and evaluation
- Skills building/Technical training
- Scholarship; Peer review

### Objectives

- Identify an idea or project they wish to disseminate, one challenge they have encountered and one strategy to overcome this challenge
- Describe the process from idea to publication, and common pitfalls that can arise at each stage
- Join a collegial community of authors and peer reviewers involved in Families, Systems, & Health

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## J3: Welcome to the Team! Engaging Patients as Team Members through Shared Decision Making

This presentation reviews the role of shared decision-making in patient-centered care, examines the evidence base for shared decision-making, and presents findings from a pilot project on patient preferences for engaging with the healthcare team at various phases of the decision-making process. The implications for patient preferences for active or passive participation in decision-making will be reviewed. Practical tips, including incorporation of tools and using a team-based approach to improve shared decision-making, will be discussed.

*Emily M. Johnson, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse, NY*

*Paul R. King, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Buffalo, NY*

**Date** Saturday, October 20, 2018

**Time** 4:15 to 4:45

**Content Level** Novice

### Keywords

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

### Objectives

- Define shared decision-making and its relationship with patient-centered care.
- Describe the research base on shared decision-making, including the results from a recent pilot study.
- Demonstrate strategies for increasing patient engagement in

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### J3: Why Do They Keep Coming Back?: Understanding Hospital Readmissions for Diabetic Ketoacidosis from the Patient and Support Person Perspective

Hospitals are financially and operationally invested in understanding what forces are at play when patients are readmitted for exacerbations of manageable chronic health conditions. A grounded theory study was conducted with a sample of 20 patients and their identified support persons to better understand the biological, psychological, social, and spiritual factors that influence hospital readmissions for Diabetic Ketoacidosis (DKA). DKA is a very dangerous health consequence for patients with diabetes when it is uncontrolled. What resulted from the study, was not only a theory for understanding the reoccurring problem but a potential solution to preventing future readmissions. Investigators represent a multidisciplinary team of professionals committed to understanding this health issue from a dynamic, relational, and systemic perspective.

*Jennifer Hodgson, PhD, Professor and Director, Medical Family Therapy Doctoral Program, East Carolina University, Greenville, NC*

*Thompson Forbes, PhD, Assistant Professor in the College of Nursing, East Carolina University, Greenville, NC*

*Julian Crespo, MS, Medical Family Therapy Doctoral student, East Carolina University, Greenville, NC*

*Eunicia "Niece" Jones, MS, Medical Family Therapy Doctoral student, East Carolina University, Greenville, NC*

*Sandra Hardee, PharmD, CDE VMC Diabetes Program, Vidant Health, NC*

**Date** Saturday, October 20, 2018

**Time** 4:45 to 5:15

**Content Level** All Audience

**Keywords**

- Family-centered care
- Patient-centered care/Patient perspectives
- Tertiary care

**Objectives**

- Describe a research-informed theory for why patients with diabetes are readmitted for DKA in tertiary care settings.
- Define the factors that influence DKA readmissions from the patient's and support person's perspective.
- Identify possible solutions that include patients and family member perspectives to help reduce hospital DKA readmission rates.

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### J4: An Interdisciplinary Group Medical Visit Promote Health Behavior Change with Underserved Patients

There are higher rates of chronic diseases related to physical inactivity among underserved populations. Office-based interventions show potential, but given the many burdens placed on primary care providers, novel and efficient ways of delivering preventive care are necessary. This study provides preliminary evidence that our interdisciplinary Group Medical Visit model may improve health behavior change with a underserved patient population.

*Holly Russell, MD, Assistant Professor, Department of Family Medicine, University of Rochester, Rochester, NY*

*Lynn Moll, RDN, LDN, CDN, Lead Dietician, Jordan Health Clinic, Rochester, NY*

*Melanie Murphy, FNP, Jordan Health Clinic, Rochester, NY*

**Date** Saturday, October 20, 2018

**Time** 4:15 to 5:15

**Content Level** Intermediate

**Keywords**

- Prevention
- Interprofessional teams
- Implementation science

**Objectives**

- Define a group medical visit.
- Understand the role of a group medical visit in promoting health behavior change.
- Describe the key interdisciplinary team members needed for a group medical visit.

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### J5: A System Approach to the Opioid Crisis and the Evolution of Behavioral Health Integration: From I can't do it, to this is fantastic!

The Opioid Crisis has struck Maine with a vengeance, with deaths rising each year and the impact felt in all communities. Responding to this crisis, MaineHealth has developed a unified, multifaceted approach that relies on Integrated Medication Assisted Treatment (IMAT) across the continuum from hubs - intensive treatment programs, to spokes - services within primary care. The primary care behavioral health component of IMAT relies on the behavioral health integration (BHI) clinicians already integrated in these practices. To meet this need BHI clinicians needed to expand their skills and expertise - despite the fact that few considered themselves experts in substance use treatment and many hadn't run groups since grad school. This interactive presentation will share the system change process for IMAT with a focus on the spoke development and specific strategies targeting the BHI staff.

*Mary Jean Mork, LCSW, VP of Integrated Programming, Maine Behavioral Healthcare, Portland, ME*

*Debra Poulin, LCSW, CCS Senior Director of Substance Use Treatment and Prevention Programming, Maine Behavioral Healthcare, South Portland, ME*

**Date** Saturday, October 20, 2018

**Time** 4:15 to 5:15

**Content Level** All Audience

#### Keywords

- Opioid management
- Interprofessional teams
- Workforce development
- System change

#### Objectives

- Describe the Hub and Spoke model for Integrated Medication Assisted Treatment.
- Identify strategies and change processes for supporting the BHI clinicians' confidence and competence in relation to IMAT spokes.
- Define an Action Plan for developing or expanding IMAT services in their systems.

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### J6: Developing the PCBH Workforce: Creation and Implementation of a Live-Observation Tool to Assess BHC Competencies

The provision of Primary Care Behavioral Health (PCBH) services requires a specific set of skills, one that is increasingly in demand as more healthcare organizations are adopting this model of care. With this has come the need for training and evaluating such skills. This presentation demonstrates how a pre-doctoral psychology internship in PCBH created and refined two feedback tools that are completed during live observations. The presentation will also include how the tools provide qualitative and quantitative data to aid in the assessment of skills and progress over time, the intern experience with the observations and feedback, application to BHC trainees in general, and plans for using them to evaluate the training program overall.

*Ariisa Walberg, PhD, Internship Site Training Director, Community Health of Central Washington, Yakima, WA*

*Ruth Olmer, PsyD, Behavioral Health Consultant, Community Health of Central Washington, Yakima, WA*

**Date** Saturday, October 20, 2018

**Time** 4:15 to 4:45

**Content Level** Intermediate

#### Keywords

- Interprofessional teams
- Training/Supervision
- Primary Care Behavioral Health Model

#### Objectives

- Identify several core competencies unique to behavioral health consultants
- Employ strategies for training these skills
- Use two observational tools to train and assess progress of these skills

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### J6: PCBH handoffs: Just What Exactly Do They Do?

Warm-handoffs are a staple of the PCBH model and past research has shown medical providers value these interactions and consultations. However, little research exists in regards to what, if anything, handoffs (both cold and warm) do in regards to patient care. This presentation will discuss original data regarding the impact that PCBH handoffs (both warm and cold) have on both medical and behavioral health providers' confidence levels, patient care management, and perception of information gathered.

*David Bauman, PhD, Behavioral Health Education Director, Central Washington Family Medicine, Yakima, WA*

*Bridget Beachy, PsyD, Director of Behavioral Health, Community Health of Central Washington, Yakima, WA*

*Patrick Vigil, MD, PhD, Core Faculty, Central Washington Family Medicine, Yakima, WA*

**Date** Saturday, October 20, 2018

**Time** 4:45 to 5:15

**Content Level** All Audience

#### Keywords

- Research and evaluation
- Primary Care Behavioral Health Model
- Interprofessional teams
- Warm-handoffs; cold-handoffs

#### Objectives

- describe PCBH handoffs, both cold and warm
- identify how PCBH handoffs, both cold and warm, impacted BHCs and PCPs patient care management
- discuss and critique the data provided and suggest future collaboration and projects to expand on this data set

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## J7: Quandary of Unexplained Symptoms: ACEs Screening and Intervention in Primary Care

Two-thirds of adults have experienced Adverse Childhood Experiences (ACEs) which can lead to significant physical and psychological consequences. This presentation will provide a rationale for early screening for ACEs in patients with medically unexplained symptoms and ambiguous psychiatric conditions. We will address barriers to screening for and addressing the long-term impact of ACEs including time constraints, competing priorities, and a lack of clear guidelines about best practice interventions. The presentation will review methods for screening and management of ACEs in primary care.

*Tyler J. Lawrence, MA, Behavioral Health Fellow, University of Nebraska Medical Center, Omaha, NE*

*David D. Clarke, MD, President, Psychophysiologic Disorders Association, Happy Valley, OR*  
*Susan D. Wiley, MD, Vice Chairman, Department of Psychiatry, Lehigh Valley Health Network, Harleysville, PA*

**Date** Saturday, October 20, 2018

**Time** 4:15 to 5:15

**Content Level** Intermediate

**Keywords**

- Other
- Medically unexplained symptoms
- Interprofessional teams
- Adverse childhood experiences

**Objectives**

- Describe medical and mental health outcomes associated with ACEs
- Identify three methods used to assess for ACEs
- Identify three evidence-based interventions used to address trauma

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## J8: Community-Based Implementation: Rolling out Three Integrated Approaches within one City Initiative

In 2015, ten primary care sites, seven mental health and substance use centers, one infectious disease clinic, seven community resource centers, one technical assistance expert agency, and one funding foundation came together in an initiative to increasing community capacity for access to health care. Three integrated approaches were customized and implemented throughout the service sites: the Primary Care Behavioral Health model, co-location in a specialty clinic, and integration of mental health and substance use treatment to address co-occurring disorders. In this presentation, attendees will learn about managing collaboration among competitors, targeted and regional implementation of three integrated care approaches, data collection across diverse systems, and using learning collaboratives to accelerate whole person care delivery. Additionally, presenters will provide an update on their goal of connecting 5,000 uninsured patients to integrated health services within five years.

*Monica Williams Harrison, MSW, LCSW, Co-Director, Center of Excellence for Integrated Care, Cary, NC*

*Amelia Muse, PhD, LMFTA, Co-Director, Center of Excellence for Integrated Care, Cary, NC*  
*Sara Herrity, MS, LMFTA, Integration Specialist, Center of Excellence for Integrated Care, Cary, NC*

*Mary Moran, MA, Clinical Development Coordinator, Center of Excellence for Integrated Care, Cary, NC*

*Antonia Monk Richburg, PhD, Vice President and Senior Program Officer, Cone Health Foundation, Greensboro, NC*

**Date** Saturday, October 20, 2018

**Time** 4:15 to 5:15

**Content Level** All Audience

**Keywords**

- Population and public health
- Multi-sector partnerships

**Objectives**

- Identify best practices for managing partnerships during community-based implementation.
- Discuss how three integrated care approaches can be utilized within one project and system to maximize access to care.
- Describe best practices for data collection and collaboration within and between diverse community health and service entities.

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*Sandra Boren, MPA, Vice President and Senior Program Officer, Cone Health Foundation,  
Greensboro, NC*