P01: Towards Improved Understanding of Depression Screening in Primary Care: Understanding Barriers, Perspectives, and Role of Technology  
Author(s): Nataliya Pilipenko, PhD, ABPP, Beena Jani, MD, Christian Vivar Ramon, BA

Depression screening rates and practices can be significantly affected by patients' and providers' beliefs and experiences. In the present study providers (N=40, 85% Female, 30% Residents) completed a semi-structured interview examining depression screening practices and a questionnaire examining screening-related importance, competence, and barriers. Patients (N = 100, Mage = 51.90, SD = 17.03) completed a questionnaire examining Patient Health Questionnaire (PHQ-9) screening experiences and beliefs regarding screening. Questionnaire items were derived from literature review and aligned for patients and providers in the domains of screening importance and barriers. Overall 75% (n = 30) of the providers indicating assisting patients with PHQ-9 completion and 52.5% reported discussing PHQ-9 results frequently. However, only 47.5% indicated receiving screening-related training. Providers new to the practice were significantly more likely to report greater perceived importance of screening (Mann Whitney U test, p <.05). Internal consistency (Cronbach's alpha) of perception-related sub-scales will be discussed across patient and provider samples. Associations between patient and provider reports on the barriers and importance of screening will be examined. Qualitative data from the semi-structured interviews will be presented.

Poster Category: OTHER: any other topic/focus Research/Program Development

P02: Positive Changes in Suicide Risk, Mental Health Recovery, and Physical Health among Individuals Receiving Integrated Services: Preliminary Outcome  
Author(s): Marc S. Budgazad, MA, Ria Kaylan, BA, Serena Bonomo, BA, Yarlene Hernandez, BA, Jon Marrelli, PsyD, Richard Brown, LCSW-R, PhD

Individuals with severe and persistent mental illness suffer increased morbidity and mortality, and 20% shorter life expectancy. This is often attributable to unhealthy lifestyle factors, poor access to medical care, and inadequately coordinated health services (Heald et al., 2017). Suicide rates are markedly higher among this population. More research is needed to explore Personal Recovery, physical health comorbidities, as proximal determinants of suicide risk (Jahn et al., 2016). We examined the impact of
integrated medical services in a large outpatient facility. The integrated services offered include: physical health screenings in the mental health center, formation of an Integrated Care Treatment Team, and free health education classes. A quasi-experimental design was assessed outcomes for a cross-section of patients with the three completed assessments over 12 months. The subsample (n = 250) was mostly female (69.9%, n = 174). Forty-three (17.3%) of patients identified as Caucasian; and, a majority of the sample identified as Hispanic (73.9%). The Recovery Assessment Scale (Corrigan et al., 2004) was used to assess individuals’ Personal Recovery. Physical health screenings monitored biomarkers (e.g., blood pressure) and risky health behaviors (e.g., tobacco use). At baseline, 96 (38.2%) endorsed lifetime history of self-harm. There were no significant differences in endorsement in males in comparison to females. From baseline through the 12-month assessment, 17 patients (6.8%) endorsed suicidal ideation. Six patients (2.4%) reported making an attempt to hurt themselves over the past 12-months. Further analyses will explore mental health and physical health variables interactions to predict risk. Individuals with history of self-harm scored higher for feeling “dominated by (mental health) symptoms” [(t) = -3.44, p < .01]. Differences in changes over time in mental and physical health among those with suicidality history and persistent risk will be discussed.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care

P03: Skills Based Groups and Integrated Care: Can Skills Groups Provide Quality Behavioral Health Care in an Elderly Population?

Author(s): Blake D. Herd, Graduate Student, UNCG; Janet Pennell, LCSW, PACE; Holly Gerber, LCSW, PACE; Jason Herndon, PhD, UNCG; Rosemery Nelson-Gray, PhD, UNCG

The current study attempted to solve issues of access and utilization to behavioral health resources in an older adult integrated care setting. Christopher, Goodie, Oordt, and Dobmeyer (2017) emphasized the need for special considerations for older adults in terms of medical conditions, health concerns, and behavioral health related issues. Participants at Program of All-inclusive Care for the Elderly (PACE) of the Triad (Greensboro, NC) have a significant need for behavioral health related services but limited access to a behavioral health consultant. In addition to limited access, PACE participants typically have significant stigma towards utilizing behavioral health resources. Muller-Stierlin et al. (2017) found non-diagnosis specific integrated mental health groups to be effective for increasing treatment participation and service satisfaction, but did not significantly impact treatment outcomes. The current study attempted to maximize impact to PACE participants and reduce the stigma towards behavioral health utilization. Researchers implemented a behavioral health topical skills group twice per month at the PACE facility in Greensboro, North Carolina. Topics included: dealing with grief, forgiveness, coping with anxiety and depression, and the intersectionality of chronic medical conditions and mental health. Each group session consisted of psychoeducation, group activities, and a questions and answer portion. Researchers hypothesize that the skills group will: (1) increase treatment participation, (2) increase service satisfaction, and (3) increase positive health outcomes. The current sample consists of participants ranging from 60 to 92 years-of-age, the majority of which are African American. Preliminary results are very promising. If these hypotheses are supported, then topical skills groups would be an effective way to provide behavioral health related services at a population level to older adults with limited behavioral health access. Data collection is still ongoing but is expected to conclude June 29th.
Poster Category: QUALITY IMPROVEMENT: formal approach to performance assessment and improvement

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**P04: Putting Our Heads Together: The Impact of Implementing Joint HEADSSS Assessments in Primary Care Settings**

*Author(s): Sarah R. Gojer, MPH; Iris Cahill Casiano, M.A.; Jane Gray, Ph.D.*

Background Mental health and substance abuse issues are common in primary care and can complicate treatment outcomes [1,2,3], highlighting a need for regular screening. The HEADSSS (Home environment, Education/Employment, peer Activities, Drugs, Sexuality, Suicide/depression, and Safety) psychosocial interview is used to obtain socio-contextual information about adolescent patients in order to flag high risk behavior, while also building an alliance with patients [4,5,6]. As integrated health training in residency enhances confidence in providing behavioral healthcare [7,8,9], using the HEADSSS in co-visits with residents may foster interdisciplinary learning. **Methods** The poster will describe the impact of joint-training on the HEADSSS in an interprofessional HRSA GPE training program. The program provides psychology trainees with integrated health training at an FQHC in pediatric primary care. This project compares perceptions on HEADSSS delivery in adolescent wellness exams across two groups of pediatric residents: residents who lead check-up visits alone, and residents who co-deliver the HEADSSS with a psychology trainee. Approximately 20 residents in each group will complete a questionnaire during spring 2018. The survey asks residents to rate perceived effectiveness and comfort level in HEADSSS delivery, as well as attitudes towards assessing social, emotional, and educational needs of patients. Residents will also describe how forthcoming patients were during each visit. **Differences between resident reports will be compared across groups using independent sample t-tests.**

**Conclusion** Co-delivering the HEADSSS lends itself to an educational opportunity; psychology trainees learn about the medical aspect of wellness visits, while residents receive modeling and feedback on interviewing microskills. It is expected that residents who participate in co-facilitated visits will report higher levels of comfort and self-efficacy in using the HEADSSS with adolescent patients.

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**P05: Enhancing the Primary Care Experience: Sustaining PCBH Model Fidelity In A Family Medicine Residency Setting**

*Author(s): Evan Garica, MS1, Lupita Hernandez, MPA1, Curtis Galke, DO1,2, Leo Gonzalez, BA1, Shandy Gonzalez, MS, LPC, CRC1,2, Michelle Varon, PhD1,2, Nati Rangel-Hinojosa, MEd1, Christy Caric-Ball, MA, LPC1,3, Cynthia Gonzalez-Cavazos, PhD1,3, Deepu V. George, PhD, LMFT-A1,2 1 The University of Texas Rio Grande Valley (UTRGV) 2 UTRGV Family Medicine Residency at Doctors Hospital at Renaissance 3 UTRGV Family Medicine Residency at McAllen Medical Center 4 UTRGV Family Medicine Residency at Knapp Medical Center*

UTRGV School of Medicine, as a sub-grantee of the “Si Texas: Social Innovations for a Healthy South Texas” is currently implementing the Primary Care Behavioral Health (PCBH) model at two Family Medicine Residency (FMR) clinics. As a major component of the grant, evaluation of PCBH model fidelity was necessary to ensure consistency in study procedures, clinical operations and IBH service referrals.
In order to meet these model fidelity standards, our team focused on building integrated behavioral health (IBH) into the culture of both residency programs. With the concept of ‘design thinking’ at the forefront of our efforts, our team was able to engage both clinics in the areas of clinical education, program management, and quality improvement. The work done by the UTRGV Si Texas project, in each of the aforementioned areas, is guided by the UTRGV School of Medicine’s mission to develop a robust skillset for the next generation of family medicine physicians in our community.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care

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**P06: The Community Health Worker Role Defined: Refining Method and Design When Working With Vulnerable Populations**

*Author(s):* Leo Gonzalez, BA1, Evan Garcia, MS1, Maria Elena Aguilar1, Shandy Gonzalez, MS, LPC, CRC1,2, Michelle Varon, PhD, LP1,2, Lupita Hernandez, MPA1, Nati Rangel-Hinojosa, MED1, Christy Caric-Ball, MA, LPC1,3, Cynthia Gonzalez-Cavazos, PhD, LP1,3, Deepu George, PhD, LMFT-A1,2 1 The University of Texas Rio Grande Valley (UTRGV) 2 UTRGV Family Medicine Residency at Doctors Hospital at Renaissance 3 UTRGV Family Medicine Residency at McAllen Medical Center 4 UTRGV Family Medicine Residency at Knapp Medical Center

Social Innovations for a Healthy South Texas (Si Texas) is a public-private partnership between the Social Innovations Fund, Methodist Healthcare Ministries and the Valley Baptist Legacy Foundation. The Sí Texas Project is completing a longitudinal research study at two UTRGV Family Medicine Residency Clinics to assess the impact of integrated behavioral health. From the early stages of the study, challenges were anticipated and addressed to ensure that a longitudinal study would work within a vulnerable population (e.g., stigma, health literacy, and political climate). Early initiatives included adjusting terminology, providing incentives to enrolled participants, and ensuring that all documentation was accessible regardless of language or level of education. Addressing these considerations, with organizational and evidence based strategies, was necessary in order to design effective research. Based on continued monitoring, additional challenges were identified that may contribute to a sub-optimal retention rate of participants. These challenges include: lack of transportation, financial barriers, and inconsistent communication. This presentation outlines challenges of completing a longitudinal study with a vulnerable population in primary care and will inform individuals about trainings and strategies utilized by UTRGV to address these barriers. The presentation will define and describe the role of a certified Community Health Worker (CHW) and the proactive strategies employed to help retain vulnerable subjects who are underrepresented in research.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care

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**P07: The Use of Diaries in Support Persons' of ICU Patients to Reduce Stress and Emotional Burden**

*Author(s):* Rebecca Rice & Mary Carey
Purpose: The goal of this project is to evaluate how families' use of a diary during their loved one's ICU stay, impacts the family member's stress level post ICU. Significance: The Family Centered Care Guidelines recommend the use of diaries in the ICU by support persons to reduce their stress; the guidelines also recommend additional high quality research. Methods: Families will be recruited from the Medical ICU (MICU). After informed consent, the participant will be randomized by the flip of a quarter to an intervention group which receive a diary or a control group which do not. Six weeks (Time 1, T1) after discharge, subjects from both groups will complete a demographic survey and the severity of their loved one's illness. They are also asked to complete a questionnaire, PTSS-14 (range, 18-73), a validated tool that assesses post-traumatic stress symptoms in hospitalized patients and their surrogates. A repeat PTSS-14 will be sent at three (Time 2, T2) and six months (Time 3, T3) after MICU discharge; results were compared between the groups for statistical significance. A pilot study was conducted to evaluate feasibility and a total of 27 subjects were enrolled, n=12 diary, n=15 control but only 10 (37%) completed the PTSS-14 at T2 and none at T3. From the pilot, one participant wrote “My mom had a stroke - first time experience for all of us. The diary was helpful to capture info in.” Nursing Implications: This study may provide evidence that writing in a diary could reduce family stress and emotional burden. The study may promote the need for increased psychiatric support for patients and their family members after an ICU stay.

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care

P08: Patient Perceptions of Experience with Behavioral Health Care in Primary Care Settings
Author(s): Holly D. Hallman, MSW, Julienne K. Kirk, PharmD, Katherine G. Hyland, LPC Stephen W. Davis, MA Gail S. Marion, PA, PhD

Our team developed a healthcare model that incorporates behavioral health as part of the primary care visit. Integrated care models need to be evaluated from the patient perspective to assess effectiveness. We collected information from a mixed cohort of males (n=5) and females (n =11) representing varying ages (19 to 62 years) and several ethnicities (white, African American, Hispanic, Asian). Patients included had completed at least three visits with a Behavioral Health Provider (BHP) as part of their primary care. All patients completed informed consent. Interviews were structured and administered by a trained research assistant. Questions were targeted on capturing patient perspectives regarding clinic experience with their healthcare team and the integrated healthcare process. A validated client satisfaction questionnaire (CSQ-8) and structured questions were completed. A total of 16 patient interviews were conducted. The average age of participants was 35.8 years. The average CSQ-8 score was 27.81 (CD = 3.17), maximum score of 32, indicating overall high levels of satisfaction with the care received. Structured questions indicated a large majority of participants understood why they were seeing a BHP and felt like their privacy was protected in the clinical environment. Data obtained will be used to inform and improve our integrated healthcare model.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care
**P09: Playing Nicely in the Sandbox: Interdisciplinary Collaboration to Help Children B-HIP in Primary Care**

*Author(s): Lorna London, Samiha Jallouqa, Megan Stranski, Anna Campianelli, and Ryan McGillicuddy*

Integrated healthcare plays an important role in helping to meet the needs of children's emotional and physical needs in a primary care setting. A collaborative health care initiative entitled “Be Happy, Involved, and Positive (B-HIP)”—a grant-funded program through the Illinois Children’s Healthcare Foundation. The B-HIP program was developed to address the previously undiagnosed mental health care needs for pediatric patients in a primary care setting. This presentation illustrates how, via a collaborative care model, efforts were made to address the mental health care needs for pediatric patients and their families. Data obtained from universal screening instruments will be presented to illustrate the importance of early screening and intervention for mental health issues in a primary care setting.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care

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**P10: Learning, Mindfully: How a School Based Health Clinic Brought Mindfulness to Schools**

*Author(s): Aubree M. Guiffre, PhD LeKeyah Wilson, MD*

School Based Health Centers (SBHC) serve as the pediatric practice for children within a school. The Rochester Regional Health System SBHC is partnered with five schools in the Rochester City School District (RCSD) and over 3,700 students enrolled in these centers, many of whom have many struggles related to social determinants of health. The stressful social climate many of the youth live in create for challenging classroom situations that make learning difficult. Teacher and student distress is a real concern that has practical implications in the classroom. Mindfulness is a practice that teaches people to focus on one thing at a time, in the present moment, in a non-judgmental way. The Mindful Schools curriculum focuses on increasing and improving student and teacher attention using focused attention to reduce stress, and building empathy. The poster is aimed to orient guests to the SBHC model and role in RCSD, as well as the specific roles different providers have in the collaborative process. The collaboration and the partnerships with three school administrators and the SBHC team will be highlighted. Attention to the Mindful Schools curriculum and ideas on ways to build this program in other settings will be paid. Sample lessons will be highlighted. This poster aligns with the conference themes of interprofessional teams and learning about effective interventions across the life span, as it showcases the collaboration between health care professionals and systems with a focus on youth and school systems. The objectives are for the audience members to learn about how SBHCs operate within a school setting, to learn about the Mindful Schools program and how programs such as these may be delivered in other settings.

Poster Category: CONCEPTUAL: early-stage development of and proposal for new idea

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**P11: The Complex Care Center: Innovations in Interdisciplinary Care**
Advances in medicine have led to increased life expectancy for individuals with complex pediatric-onset conditions (e.g., cystic fibrosis, congenital heart disease, sickle cell anemia, cerebral palsy). More than 90% of this population are surviving into adulthood. As these individuals age out of intensive specialty pediatric care with multiple functional problems that persist into adulthood, they quickly discover that their needs are not met in the existing health care model. As a nation, there are more adults with complex pediatric-onset conditions such as cystic fibrosis, intellectual and developmental disabilities, among others, than there are children with the same. There is extensive literature on the increase in high cost health care resource utilization (emergency room and inpatient care), decreased patient and family satisfaction, and most importantly an increase in morbidity and mortality as these young adults age out of the pediatric health care system. The Complex Care Center (CCC or “The Center”) opened its doors in March 2016. The Center was designed as a solution to the challenges of access to care with the formulation of a comprehensive resource providing workforce development, community outreach and coordination, case management, and interdisciplinary comprehensive primary care. We are the only comprehensive health facility in the region, and one of a handful throughout the country, to provide care for this patient population. We serve people from the Greater Rochester area and throughout the Finger Lakes region. In addition to providing primary medical care, we offer behavioral health care, dentistry, nutrition counseling and management, physical therapy, consultative services, and care coordination and management. Through community outreach, we engage patients, families, and community agencies and encourage stakeholders to play an active role in the health care of this population. Our workforce development efforts have been designed to establish an interprofessional workforce in our community skilled in caring for adults with special health care needs. It is the goal of the CCC to support adults with complex pediatric-onset conditions in our region, by promoting health access and engagement, cultural competency of providers, and community supports through a comprehensive interdisciplinary approach to care. The purpose of the poster presentation is to outline the creation of the Center as a whole and to highlight the services provided so that the attendee may consider a similar framework to create and evaluate a comprehensive primary care center for patients with complex conditions originating in childhood.

Poster Category: QUALITY IMPROVEMENT: formal approach to performance assessment and improvement

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P12: Psychosocial Factors Influencing COPD Readmission: Engaging Interdisciplinary Team Care
Author(s): P Rivera-Torres1, L DeCaporale-Ryan1,2,3, C Podgorski1,2, B Ahmed2 1. Department of Psychiatry, 2. Department of Medicine, 3. Department of Surgery

The presence of comorbid psychological distress increases the probability of hospital admissions due to illness exacerbation. An estimated 20-40% of patients in general hospitals in the US are diagnosed with a psychiatric comorbidity. Such comorbidities result in poorer clinical outcomes, staff dissatisfaction, and higher cost. Depression and anxiety are common in patients diagnosed with Chronic Obstructive Pulmonary Disease (COPD), the fourth leading cause of death in the US and a major cause of disability. While research demonstrates that acute exacerbations, preventable readmissions, and morbidity are all...
worsened by psychological comorbidities, patients’ mental health needs are rarely addressed in inpatient medical settings. Physicians focused on medical stabilization may not have the opportunity to assess the psychosocial factors influencing patients’ readmissions and may not have appropriate intervention resources to address comorbid psychological needs. Although the relationship between hospital readmissions and mental health has been extensively studied, patients’ psychological health is often viewed as outside the scope of the inpatient medical team’s practice and psychiatric services can be under-utilized in hospitals. Currently, hospitalists at Highland Hospital do not screen for mood disorders, which could be an important first step to prevent medical or psychological complications that lead to longer stays, readmissions, and additional health care costs. A comprehensive record review of 54 patients with a COPD diagnosis and early readmissions (over a period of 1 year) was conducted to identify psychosocial factors contributing to their readmissions. Additionally, recommendations will be offered regarding how inpatient medical units can better screen for mood disorders to provide comprehensive care, approach each patient with a biopsychosocial framework, and engage in interdisciplinary teamwork to improve outcomes.

Poster Category: QUALITY IMPROVEMENT: formal approach to performance assessment and improvement

P13: Acceptability of a Group-Based Standardized Patient Training in Communication Skills
Author(s): Rachel Petts, Ph.D.; Jeffrey Shahidullah, Ph.D.; Paul Kettlewell, Ph.D.; Kathryn Dehart, M.D.

Background: Given the pressing challenge to improve the training of medical trainees in behavioral health communication skills, medical educators need to find innovative methods that are both effective and feasible. In this paper, we (1) describe a relatively feasible group-based standardized patient (SP) training experience in behavioral health communication skills and we (2) evaluate its acceptability based on the perceptions of medical trainees who participated in the training experience. Method: An acceptability questionnaire was administered voluntarily and anonymously after two group-based standardized patient trainings, in which trainees observed and guided content experts in challenging behavioral health encounters (“Delivering Bad News”; “Working with a Challenging Patient”). Descriptive analyses were conducted for Likert-type items and open-ended items were analyzed through qualitative classical content analysis. Results: Trainees generally rated the trainings as positive and relevant to their clinical work. They particularly appreciated the ability to observe content experts in a non-judgmental setting and to benefit from the collective knowledge of participating peers. Trainees provided few ideas for improvement, but did suggest several topics for future trainings. Discussion: Group-based standardized patient encounters may be an acceptable alternative to traditional individual training experiences that is more feasible and palatable for training programs to implement. Future research may aim to further explore the feasibility of such training programs and associated outcomes with a wider range of clinical scenarios and different methods of interaction and role play.

Poster Category: OTHER: any other topic/focus Evaluation of a Training Program

P14: Examining the Use of Psychological Assessments in Primary Care Clinics to Measure Efficacy of integrated Psychological Services
Integrated psychological services are growing in popularity to address psychiatric symptoms presenting in primary care settings as well as to improve access to mental health care (Smith & Polaha, 2017; Xiong et al., 2015; Parks et al., 2008). Psychiatric symptoms are often reported and treated as physical symptoms of presumed underlying medical conditions (Parks, Svendsen, Singer, & Foti, 2008; Culpepper, Clayton, Liebermann III, & Susman, 2008). These symptoms can present in a number of ways including physically (e.g. chest pain), physiologically (e.g. high blood pressure), or emotionally (e.g. hopelessness) (Culpepper et al., 2008). With integrated services, the collegial relationship between medical and mental health practice has expanded and psychiatric symptoms are more efficiently included in holistic health care. However, previous research of the efficacy of integrated services has focused more on community health centers than private primary care clinics (Xiong et al., 2015). In an effort to assess efficacy of integrated psychological services in a private primary care setting, this study used select evaluations to assess psychiatric symptoms between an initial appointment and appointments held 3-, 6-, or 12-months after engaging in therapy services. This study used the Patient Health Questionnaire (PHQ-9), the General Anxiety Disorder (GAD-7) assessment, the Quality of Life Enjoyment and Satisfaction Questionnaire (QLESQ), and the Insomnia Severity Index (ISI). The four assessments measured severity of depression, anxiety, quality of life, and sleep. This preliminary study collected data from 30 individuals (8 with 3-month follow-ups, 7 with 6-month follow-ups, and 15 with 12-month follow-ups). Using paired t-tests, results suggest a significant reduction in anxiety symptom severity between Time 1 (initial therapy appointment, M=11.5, SD=5.32) and Time 2 (3-month follow-up, M=7.63, SD=6.85; p=.046). Other notable trends include reduction in symptoms of depression within three months (3-month: p=.120) and severity of insomnia (3-month: p=.165; 6-month: p=.169). Although small sample size limits generalizability, these preliminary findings support the utility of integrated psychological services in a private setting.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care

P15: A Clinical Integrated Care Approach to Tobacco Dependence

Author(s): Cora Hart, PhD Marilyn Carter, PhD

Cigarette smoking and tobacco use is a public health crisis. Tobacco use is the leading cause of preventable death in the US, is a major contributor to elevated medical costs, and leads to chronic illness and reduced quality of life. Although steps have been taken to reduce tobacco use nationwide, rates in Oregon remain high, often higher than elsewhere in the country. The integration of behavioral health with primary care represents a unique opportunity to address tobacco use and the health consequences of tobacco use using a comprehensive team-based approach that incorporates both pharmacological and non-pharmacological interventions. In the current study, an integrated approach to tobacco cessation in primary care was implemented and evaluated at a FQHC in rural southern Oregon. At the beginning of the study, 36% of clinic patients reported cigarette use. The goal of the study was to implement an integrated intervention and reduce the rate of tobacco use by 5%. The intervention will be described and outcome data presented, which included a reduction in smoking rate to 31% in the clinic overall, as well as a larger reduction among patients who participated in the intervention.
P16: Fostering Full Scope of Practice for Psychiatric Nurse Practitioners

Author(s): Barbara Sprung, Julian Pessier

Purpose: The purpose of this project is to explore clinical training methods used in a large university graduate Psychiatric Mental Health Nurse Practitioner (PMHNP) program in collaboration with the university's Counseling and Psychological Services (CAPS) center. A conceptual model for supervision and mentoring will be developed to promote clinical training that embraces the broad scope of practice of the advanced psychiatric nurse. The population of interest for this work includes young adults as they engage in the adjustments and development inherent to their stage in life. Background: In the United States (US) there is a dearth of mental health services for children, adolescents and emerging adults. Approximately 25% or 1 in 4 young adults have a diagnosable mental health disorder. One at-risk segment of this population is that of the college student, a group that is showing increasingly more signs of mental illness and behavioral disorders, as well as a greater demand for services. However, most adolescents and young adults do not receive the services they need due to a shortage of psychiatrists and other qualified mental health providers, and existing stigmas that influence reaching out for appropriate care. The role of the PMHNP is evolving as one of the top providers to offer services including the prescribing and monitoring of psychotropic medications. PMHNPs can improve access to care for this population in the primary care settings where primary care providers are overwhelmed by the volume and acuity of the mental health care needs of their patients. Rationale: The desire to create a conceptual model of clinical training began with the recognition that the full scope of practice for PMHNPs has narrowed over time in many clinical settings used for training. Because of the shortage of psychiatrists, the need and reimbursement benefits of employing PMHNPs as prescribers has grown significantly. Hence, it is hard to find PMHNP providers who can train students in various psychotherapeutic modalities. This poses a challenge to students and faculty in obtaining a broad range of training in the clinical arena. Partnering with CAPS and exploring additional training methods such as the use of a clinical simulation lab and video conferencing for supervision have all enhanced our conceptual model of supervised clinical training. Methods: The collaboration between the university's PMHNP program and CAPS has proven to be a rich training opportunity. CAPS utilize psychologists and other mental health providers for evaluation and treatment of its population, and PMHNPs and psychiatrists for diagnostic evaluations, medication assessment and management. PMHNP students can delve into various psychotherapeutic modalities, theoretical frameworks, and psychopharmacologic options under the expert clinical supervision of various members of the interdisciplinary treatment team. In addition, they participate in interprofessional educational opportunities, enhancing their awareness of various roles of each provider. Implications: Creating a conceptual model of training for this group of mental health providers is vital in today’s health care arena. Demands are high for the services of PMHNPs, but reimbursement rates drive the scope of practice. The discord between these moving parts creates unique challenges for training and advocating for full scope of practice recognized through professional accrediting bodies and state practice acts and development of integrated care settings.
P17: Impact of increased model fidelity, training requirements, and mentorship on Primary Care Internal Behavioral Health Consultant retention rates

Author(s): Mario G. Nicolas PhD; William C. Isler, C PhD; Hla Y. Myint PhD

Department of Defense training of Internal Behavioral Health Consultants (IBHCs) underwent significant change in March of 2017. Training expectations were increased, mentoring opportunities were broadened, and demand for greater model fidelity was stressed. This presentation examines the impact of this training on training completion and retention rates for Internal Behavioral Health Consultants (IBHCs).

Poster Category: QUALITY IMPROVEMENT: formal approach to performance assessment and improvement

P18: Ecuadorian Physicians' Attitudes Towards Behavioral Health Integration in Primary Care Settings: Preliminary Findings

Author(s): Jessica Keane

Stigma surrounding mental health, as well as limited resources, are factors that prevent individuals from accessing mental health professionals and effective treatments across the globe. A growing body of literature suggests that integrating mental health services into medical settings is an effective way to address issues of access and stigma. Integrated care approaches are an important and well-supported mechanism for connecting underserved populations to mental health services in the United States; less is currently understood about how integrated care might function in clinical settings of low/middle income countries. Physician attitudes towards mental health are a potential barrier to successful implementation of integrated care programs. A study that surveyed domestic physicians, reflected that while the physicians recognized the impact of relationships and mental health on physical health, they viewed their referral processes and client's access to mental health resources as more limited. The present study seeks to extend this work and assess physician attitudes in Ecuador. A sample of physicians (N=18), representing a variety of primary care specialties, associated with the Universidad de Cuenca, Facultad de Ciencias Medicas, will complete a Spanish-language version of the Provider Survey. The survey consists of 30 likert scale items that assess six subscale categories; biopsychosocial model conceptualization, physician role in mental health diagnosis/treatment, physician perceived competence in mental health diagnosis/treatment, importance of mental health providers, and access to mental health services. Findings will include subscale mean scores for the Ecuadorian sample. A one-way ANOVA will compare subscale mean scores by country (US vs. Ecuador). Cross-cultural implications and future directions for behavioral health integration initiatives in Ecuador will be discussed.

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care

P19: Learn to Sleep: Implementation of a Cognitive-Behavioral, Educational Sleep Group Tailored to College Students
Background: Over 90% of college students report problems with daytime fatigue and drowsiness, with one-fifth of students noting sleep concerns that are severe enough to impact academic functioning (ACHA, 2017). Further, sleep is known to contribute to a multitude of physical and mental health concerns. As such, sleep is an essential behavior to target in any Primary Care Behavioral Health program, but especially one serving a college population. This poster presents preliminary data from a 3-session psychoeducational group ("Learn to Sleep") delivered within an integrated primary care college health setting. The group focused on providing psychoeducational support around three primary content areas: sleep education, sleep behavior, and sleep and mental health. Sample: Undergraduate students. Information on age, race, academic year, and gender will be provided at time of presentation. Projected sample size of 12 – 20 students. Design/Procedures: Students participating in the initial semester of “Learn to Sleep” were asked to complete surveys gauging the acceptability of and satisfaction with the group, immediately following each session. Acceptability and satisfaction questions were presented on a 7-point Likert scale. Students were also given the option to comment in free text format. Quantitative scores will be summarized across participants both for overall group satisfaction, and individual session components. Free text responses will be examined in a qualitative fashion. Students also completed the Insomnia Severity Index (Morin, 2006) as part of group participation. ISI summary scores will be evaluated to explore change in sleep severity scores across participation. Summary/Conclusions: In addition to presenting the conceptual and theoretical background for the Learn to Sleep group, we aim to share information on satisfaction, acceptability, and initial outcome data to inform future improvements to the group. The presentation has broad application to integrated care programs interested in developing similar interventions within a college health setting.

Poster Category: QUALITY IMPROVEMENT: formal approach to performance assessment and improvement

P20: Patient and Provider Attitudes and Receptiveness Toward Peer Support in Integrated Primary Care

Author(s): Robyn L. Shepardson, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare; Emily M. Johnson, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare; Kyle Possemato, PhD, Associate Director for Research (Syracuse), VA Center for Integrated Healthcare; Danielle Arigo, PhD, Assistant Professor of Psychology, Rowan University; Jennifer M. Funderburk, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare

Peer support, in which individuals in recovery support and assist others facing similar struggles, is a patient-centered approach that can help support the goals of integrated primary care (IPC). Related to the conference theme, peer support is an emerging, innovative approach that can help increase the reach of IPC. The potential contributions of peer support to IPC are increasingly being recognized, but little research has examined patient/provider attitudes in this setting. We conducted an exploratory mixed methods study to evaluate stakeholder perceptions regarding peer support in IPC. Nineteen providers (7 peer support specialists [PSSs], 6 primary care providers [PCPs], 6 integrated behavioral health providers [IBHPs]; 47% female) and 15 primary care patients (M age=55.3 years, SD=17.7; 80% male; 67% White) recruited from a VA medical center completed questionnaires assessing provider/patient receptiveness (1=extremely unreceptive to 5=extremely receptive) and semi-structured interviews assessing attitudes toward peer support in IPC. Descriptive statistics were used to analyze...
quantitative data, and conventional content analysis was used to analyze qualitative data. PSSs (M=4.3, SD=0.9), PCPs (M=4.3, SD=0.8), and IBHPs (M=4.0, SD=0.6) reported that providers in their roles would be somewhat receptive to peer support in IPC. Similarly, PSSs (M=4.7, SD=0.5), PCPs (M=4.2, SD=0.7), and IBHPs (M=4.2, SD=0.4) as well as patients (M=3.8, SD=1.0) perceived that patients would be somewhat receptive. Both patients and providers expressed generally positive attitudes, as they perceived numerous benefits (eg, reduced stigma, increased comfort/relatability due to peers having "been there") and contributions (eg, increased engagement in care, navigation support). Concerns centered on appropriate qualifications, training, and boundaries for peers. Overall, patients and providers were receptive to the concept and appreciated the potential contributions of peer support to IPC.

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care

P21: One for All: How We Built Core Competencies into the fabric of an Integrated Behavioral Health Training Program for Trainees in Social Workers, Psychologists, Psychiatrists and Nurse Practitioners Nursing

Author(s): Cathy Stacy, PhD, Robin Smith, LCSW and Abby Bailin

The Integrated Behavioral Health (IBH) Scholars Program at UT Austin is an innovative cross-campus collaboration that trains future social workers, psychiatrists, psychology interns and psychiatric nurse practitioners to practice competency-based care in integrated behavioral health settings. The goal of the IBH Scholars Program is to build a diverse and culturally competent behavioral health workforce, particularly for underserved Texans. All IBH scholars participate in a competency-based curriculum focused on developing skills in integrated care, interprofessional practice and cultural competence. This includes hands-on training alongside care providers in Central Texas. This poster will focus on the strategies we used to create an interprofessional competency-focused curriculum, the methods we implemented to engage trainees and their supervisors in reflecting on these competencies, and the outcomes of our first year cohort.

Poster Category: CONCEPTUAL: early-stage development of and proposal for new idea

P22: BHP Visibility and PCP Uptake of Behavioral Health Services

Author(s): Angela Hiefner, Sarah Woods

Visibility of the behavioral health provider (BHP) is widely acknowledged as an important factor in the effectiveness of an integrated care approach within primary care (Kwan & Nease, 2013; Mullin & Funderberk, 2013; Peek, 2013; Talen et al., 2013; Urada et al., 2014). However, there is little research providing evidence of the impact of BHP visibility on physician uptake of behavioral health (BH) services. This exploratory quasi-experimental research study examines whether BHP visibility (i.e., percent overlap between BHP and family medicine [FM] provider schedules) is associated with physicians' number of traditional BH referrals, retention of referrals, and proportion of warm-handoffs within total BH referrals. We also examined whether the primary reason for referral to BH impacted retention. Data were gathered across four months using EMR chart review of patients referred for BH services (via warm
hand-off or traditional BH referral). The sample reflects two FM clinics (N = 14 FM physicians, 1 NP), which combined served a total of 2,847 unique patients during the data collection period (n = 95 BH referrals, or 3.33% of total patients). Results of a Poisson regression indicated greater visibility of the BHP is significantly associated with a greater number of FM providers’ BH referrals, using traditional methods (i.e., excluding warm handoffs; \( \chi^2 = 15.46, p = .000 \)). A one unit increase in schedule overlap was associated with a 2.5% increase in likelihood of a BH referral (Exp(\( \chi^2 \)) = 1.03, p = .000). Results of general linear modeling indicate greater visibility was also associated with a greater proportion of warm handoffs (i.e., as a percentage of total BH referrals). A one unit increase in percent overlap was associated with a 103% increase in likelihood of a FM provider making a warm handoff (Exp(\( \chi^2 \)) = 2.03, p = .000). Future experimental research testing the impact of BHP availability and shared operations is indicated. Practice implications will be described.

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care

**P23: Integrated Care Models for ADHD in Children and Adolescents: A Systematic Review**

*Author(s): Jeffrey D. Shahidullah; John S. Carlson; Danielle Haggerty; Blake M. Lancaster*

Introduction: Attention-deficit/hyperactivity disorder (ADHD) in children and adolescents is commonly managed in primary care. Changes in United States healthcare have led to the integration of behavioral health services within a patient’s “medical home” to improve access to, engagement in, and continuity of quality healthcare. Despite proliferation of these integrated care models, no studies have examined models for managing ADHD in children and adolescents within primary care. Method: We searched PsycINFO, MEDLINE, and Google Scholar databases, and found eight studies describing six integrated care models (i.e., combined psychosocial and medication treatments with coordination of care between primary care clinicians and behavioral health clinicians). We reviewed characteristics (i.e., settings, target populations, providers, levels of integration, evaluation and treatment approaches, and methods of interprofessional collaboration) and outcomes (i.e., access, outcomes, acceptability) of these models. Results: The six integrated care models demonstrate the potential to improve access to and acceptability of ADHD care for children and adolescents. The models also demonstrate that behavioral health clinicians can integrate at various levels within primary care to achieve superior clinical outcomes compared with non-integrated models. Discussion: We identified six effective integrated care models for addressing ADHD in children and adolescents that may be adaptable to local needs and internal capacities. We discuss results of these models with regard to their implications for clinical practice and research.

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care

**P24: Integrated Behavioral Health for Adults with Complex Medical and Developmental Diagnoses**

*Author(s): Kristen H. Davidson, PhD and Amy Jerum, DNP, CPNP-PC, PMHS*

The Complex Care Center is an interdisciplinary primary care clinic for adults with childhood onset medical and developmental conditions. The behavioral health service provides testing, evaluation, short-term treatment, and psychoeducation/support to patients and family members. In addition, we provide
education and consultation to medical providers. Our poster will provide an overview of the integrated services provided, discuss role of behavioral health providers within the interdisciplinary team, and briefly summarize patient demographics and treatment outcomes. We will also discuss the rewards and challenges of working with a medically complex patient population and discuss identified needs for the future.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care

P25: Interprofessional Education in Residency: Nurse Practitioners, Physicians, and Pharmacists, Oh MY!

Author(s): Kristin E. Smith, DNP, Colleen T. Fogarty, MD, & Jurgis Karuza, PhD

Background Nurse practitioners (NPs) have long been an answer to the increasing need for health care providers; however with health care delivery facing turbulent times and increasingly complex patient populations creating greater strain on the workforce, the requirement of NPs to manage enormously complex psycho-social-medical conditions upon graduation has grown exponentially. Meanwhile conversations on burnout and compassion fatigue have become recurrent across disciplines. In recognizing the needs for greater care of our NPs as they enter the complexity of primary care, NP residencies have begun to emerge allowing for mentorship and support during the first year of practice. Further, the necessity to improve health care delivery has seen a movement towards team-based models of care which brings to the forefront the necessity to move away from splintered education and practice environments and engage clinicians in interprofessional education and practice. Methods With the support of a HRSA grant, a Nurse Practitioner Residency Program was developed to prepare post-graduate NPs for care of a complex patient population. The uniqueness of this program is the substantial emphasis on interprofessional education (IPE). The program was integrated into an existing family medicine (FM) residency, with the addition of a pharmacy residency on the horizon. Residents from each profession learn with, from, and about one another from the very start of the program, when they first meet in a low stress, social environment prior to the first day in the clinic. Throughout each of the residence's orientation, they have several combined educational and social activities. Orientation also includes opportunities for IPE with Behavioral Health and Pharmacy, in order to foster relationships which will enhance collaboration throughout the program. As orientation comes to an end, they continue to practice IPE in a number of ways, including weekly interactive “mystery case” based training, where they collaborate with each other to identify differential diagnoses, appropriate work-up, and action plans. These sessions are often facilitated by a faculty member within the department who may be a pharmacist, physician, or nurse practitioner. These sessions are also an opportunity to bring in outside experts to enhance educational opportunities (e.g., an LGBTQ panel). In order to evaluate the success of the program, semi-structured interviews were completed along with anonymous program evaluations. PDSAs are completed throughout the training year to enable improvements in real-time, rather than waiting to make improvements with the next cohort. Results The NP Residents highly rated their training experience and had great appreciation of the IPE didactic education with family medicine residents, pharmacy students, and other trainees. The NPs developed confidence, independence, and comfort with collaborative learning and Interprofessional contexts. Across all professions, the NP residents were universally valued and their clinical skills appreciated. The IPE led the NPs to a better understanding of physician perspectives and increased skill in asking and answering clinical questions. It was noted that typically physicians are not familiar with NPs graduate education, and they felt the
residency helped them understand NPs role. The “secret sauce” of the residency is developing a culture of communication, support, respect and openness that starts with the faculty and staff and is passed down to the residents. Conclusions The integration of two professions into a single learning environment has been considered a success across the organization. Thus far the program successfully recruited four FNP’s, two of whom have graduated and entered into primary care safety net practices. We are committed to continued quality improvement through formal evaluations and PDSAs. We are also committed to increasing our impact by a. providing more highly trained NPs to the community by expansion to 4 residents per year; b. enhancing IPE though greater education and incorporating a pharmacy residency into our FM and NP residencies; and c. demonstrating program rigor by seeking National accreditation.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care

P26: A Collaborative Consultative Model for Enhancing the Care of Adults with Intellectual and Developmental Disabilities, within the Framework of Enhancing Resident Physician Experience

Author(s): Melissa Hicks, MD; Rebecca Thomson, MD; Amber Pritchard, RN; Josh Gettinger, MD; Misty Jones, CMA; Brittany Matney, MD

MAHEC Family Health Center and the Family Medicine Residency Program have begun a consultative service to offer input and comprehensive evaluation for adults with intellectual and developmental disabilities. This is a one-time consultative opportunity with integrated care. Our team approach includes a Family Medicine resident physician, a VAYA Care Manager (VAYA is the Medicaid provider for western North Carolina), a dedicated medical assistant, a faculty physician, the availability of pharmacy consultation, psychiatric consultation and dental consultation. This is an opportunity for team based care for the patient and their caregiver, as well as an enhanced learning experience for the resident physician. The goals of this assessment clinic include: * providing a whole person approach to wellness, health, the social and psychosocial needs of the patient and the caregivers-with an emphasis on adult care, transitional care from pediatric settings (if applicable) and enhanced support systems if needed. *Resident education-an experiential approach to understanding the unique opportunities in caring for a population with intellectual and developmental disabilities in the context of primary care. This is done with an emphasis on collaborative care. This clinic and the expanded faculty time that we will offer starting in the fall is a model for education as well as medical and psychosocial collaborative care for our patients and their caregivers. This clinic and the expanded faculty time that we will offer starting in the fall is a model for education as well as medical and psychosocial collaborative care for our patients and their caregivers. As we continue this venture, we are gathering data to guide us in evaluating the process and to enhance continual learning. The research will help us evolve to provide the best opportunities in care and education. We will offer our community primary care colleagues an opportunity to send their patients to this clinic for one-time consultation as well, with recommendations and support as needed for enhancing community-based care. We are a community-based Family Medicine Residency Program with very robust outpatient and inpatient practice. It has long been our goal to provide service to our community and care for persons of all needs. This intellectual and developmental disabilities(IDD) consultation clinic allows us to be receptive to the needs of our patients, their caregivers and our providers. We have an advisory board that guides us in working with the community, and caring for persons with enhanced needs. We have community leaders, VAYA providers,
MAHEC (FM, Dental, Psychiatry) leaders, FM residents and Self Advocates that are involved on this advisory board.

Poster Category: OTHER: any other topic/focus collaborative practice and primary care for special populations

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**P27: The Hope, Health and Wellness Clinic: Physical Health, Psychosocial, and Cost Benefits of a Bidirectional Integrated Care Program**  
*Author(s): Lauren Woodward Tolle, Ph.D.; Adam Soberay, Ph.D.; Margie Kaems, LCSW; Crystal Luce, MA*

The integrated health home, Hope Health and Wellness Clinic, provides comprehensive coordinated primary and behavioral health care services to adult clients of a Community Mental Health Center in Aurora, CO. A program evaluation of the effectiveness of this clinic was conducted over a 4 year period. The five outcomes for the project were: (1) Improved access to quality coordinated primary care and specialty medical care for adult patients with serious mental illness (SMI) at AuMHC. (2) Improved physical health status of the adult patients with SMI served by AuMHC’s health home. (3) Improved mental health and functional outcomes for the adult patients with SMI served by AuMHC’s health home. (4) Reduction in health care-related costs incurred by adult patients with SMI who are served in AuMHC’s health home. (5) High levels of patient satisfaction. Results of the evaluation yielded significant improvements in physical and psychosocial outcomes, as well as substantial cost savings.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care

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**P28: Iranian Families' Perspectives on Integrated Care: Working with Underserved Communities in Health Care**  
*Author(s): Afarin Rajaei*

Integrated care is about the systematic coordination of general and behavioral healthcare, and valuing relationships, culture, community, and health simultaneously (Hodgson, et al., 2014). Integrated health care and medical family therapy are growing terms all around the world; however, the pace of their spreading is different depending on the sociopolitical climate. Iranians are an underserved community in the USA and they haven't been exposed to the “integrated health” concept based on the setting of the health care delivery in Iran. I've worked with three Iranian families, who had a child with cancer in the USA and explore their perspectives on psychological, biological, social, communal, and economical aspects of dealing with cancer in their family and the effectiveness of integrated care. The design of this research is longitudinal case study and I used narrative analysis to interpret the data. Getting educated on integrated health care services can impact favorably on mental health of families with cancer. Underserved communities such as Iranian families in the USA need more attention and educational resources of the guiding paths to the integrative health care. This resulted in improving their experiences in dealing with cancer, mental health side effects and caregiving in minority families.
P29: SBIRT in Residency and Clinical Training Programs: Lessons Learned

Author(s): Jessica L. Stephen Premo, M.A., LMFT, Doctoral Candidate, Marriage and Family Therapy Department of Human Development and Family Science, Virginia Tech, Nancy Brossoie, PhD

Developing competency and skill, particularly in the area of substance misuse can be challenging but essential. This project explores how an SBIRT training program supports practitioners work responsibilities. Findings include the following themes: (a) a preference for in-person learning, (b) a desire for increased practice and feedback, (c) a need for additional resources, and (d) limitations in instructors' knowledge; including perceptions about substance misusers and treatments and substance misuse knowledge base.

P30: A Factor Analysis of the Practice Integration Profile

Author(s): Daniel Mullin, PsyD, MPH Lee Hargreaves, PhD Andrea Auxier, PhD Stephanie Brennhofer, MS RDN Juvena Hitt, BS Rodger Kessler, PhD ABPP Benjamin Littenberg, MD CR Macchi, PhD Matthew Martin, PhD Gail Rose, PhD Felicia Trembath, PhD Constance van Eeghen, PhD

The implementation of integrated care is characterized by substantial variation. With such variety in the description, definition, conceptualization and ideals for what constitutes integrated care, it's clear that a valid, reliable measure of integrated care is needed. In 2013 the Agency for Health Care Research & Quality published the Lexicon for Behavioral Health and Primary Care Integration. Although the Lexicon provided a theoretical description of integration, it did not provide a method to measure integration activities. Starting in 2013, a group of clinicians and researchers began development of such an instrument, the Practice Integration Profile (PIP). The PIP is a 30-item questionnaire that can be completed by any member of the primary care team. Expert opinion informed the initial PIP development as no previously existing, reliable, validated measure of integrated care was available. This poster our methodology and results of a factor analysis that tested the real-world performance of the PIP in a sample of 392 primary care practices. The results of this analysis found that five of the PIP's six domains have measures of internal consistency reliability (Cronbach's alpha) >0.80. The poster will also report minor modifications to the PIP that are suggested by this factor analysis. Plans for further development, improvement, and adoption of the PIP will also be discussed.

P31: Understanding PCBH integration in College Health: Results from a National Survey of College and University Health Centers

Author(s): Kevin Readdean
This poster presentation will detail findings from a national survey of student health centers which examined the current state of primary care behavioral health services offered on college and university campuses. Relationships between organizational and operational variables and different levels of behavioral health integration among primary care student health centers will be presented. The results provide insights into how student health centers are organized to respond to the behavioral health needs of patients and will indicate the various levels of integration between specialty mental health and primary care services. Implications of the findings, and a review of the similarities and differences between PCBH models of care in college and community settings, will be presented in the context of the existing literature on primary care behavioral health integration.

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care

P32: An Evaluation of the Heart Matters Workshop: An Interprofessional Education Activity Between Clinical Psychology and Pharmacy
Author(s): Beth Richter, M.A. Jasmine Pollom, M.A. Dr. Angela Breitmeyer, Psy.D., CMPC Dr. Mary Gurney, Ph.D., RPh

In practice, healthcare providers work on collaborative teams to provide optimal healthcare to their patients. Though healthcare providers have been working collaboratively on teams, interprofessional education (IPE) is a new and growing area of research. The Heart Matters workshop was implemented at Midwestern University – Glendale Campus as an IPE program to facilitate collaboration between clinical psychology and pharmacy students. The workshop’s objectives include enhancing pharmacy students’ relational and humanistic competencies and assisting in the growth of their professional development, emphasizing the importance of standard-of-care. In addition, the objectives for the clinical psychology students include improving confidence and efficacy in group facilitation, enhancing leadership skills, and enriching communication skills regarding psychological and relational competencies. These objectives were directly derived from competencies one and two of the Interprofessional Collaborative Practice: 2016 Update. The Heart Matters workshop is an IPE Activity, which is focused on evaluation of attitudes, beliefs, and knowledge of the pharmacy and clinical psychology students pre- and post-workshop interaction. This poster will review the research regarding the efficacy of IPE as well as discuss the research design and methodology of the current study.

Poster Category: CONCEPTUAL: early-stage development of and proposal for new idea

P34: Development and Implementation of an Educational Program to Improve Team Functioning and Clinical Performance in Pediatric Trauma Resuscitation
Author(s): Robert J. Dorman, DNP, RN-BC, CCRN, C-NPT, CNL

Abstract Introduction Successful resuscitation of pediatric trauma patients requires a team of individuals to come together to provide coordinated, efficient care to the injured child. Lack of specific education in team dynamics and trauma resuscitation skills, combined with a constantly changing membership of pediatric trauma teams create barriers to excellence in care delivery. Therefore, it is essential for teams
to practice this high risk, low volume skills to establish/maintain competency. Methods An online education program consisting of team dynamic training, hospital-specific trauma roles/responsibilities, and exposure to a trauma resuscitation checklist was delivered to 40 interprofessional participants who were representative of the pediatric trauma team. Team members then attended an in situ simulation of two pediatric trauma resuscitation scenarios. Using validated tools, video recordings of the simulations were analyzed for team functioning and clinical performance based on observed behaviors. Results The educational program and simulations were well received by participants. Findings revealed teams with a strong leader scored positively for both team functioning and clinical performance. Several areas for continued growth were identified. Logistical details such as scheduling, equipment set-up/take-down, stakeholder buy-in, and validation for continued program funding were confirmed. Discussion This project provided participants with a baseline of education and the opportunity to practice pediatric trauma resuscitation using simulated scenarios that allowed for assessment of team functioning and clinical performance. The results reinforce the acceptance of interprofessional education, and identify subject matter for future educational programs.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care Quality Improvement

P35: Assessing the Feasibility and Acceptability of a Psychosocial Screening Protocol for Children with Type 1 Diabetes in a Pediatric Inpatient Setting
Author(s): Emily Andrews, MA, Kathryn Wyatt, PhD, Susan Keane, PhD

Due to the emotional burden that Type 1 Diabetes (T1D) places on children and families, the American Diabetes Association has called for greater integration of behavioral health services in routine diabetes care across development (Young-Hyman et al., 2016). The current project will evaluate a psychosocial screening protocol for children with T1D and their caregivers in an inpatient pediatric setting. The psychosocial screening protocol will include two components: 1) a semi-structured interview for patients with new-onset T1D that assesses risk factors related to poorer long-term diabetic care and 2) the completion of the Problem Areas in Diabetes Questionnaire by patients with an existing T1D diagnosis (Lee et al., 2015; Boogerd et al., 2015; Schwartz et al., 2011). The feasibility and acceptability of the screening protocol will be evaluated in order to inform future psychosocial screening efforts in integrated care settings.

Poster Category: QUALITY IMPROVEMENT: formal approach to performance assessment and improvement

P36: Empathy and Burnout in Residents: Associations with Mental Health Referral Patterns
Author(s): Alicia Harbison, DO Danielle Terry, PhD, ABPP

Background: Empathy involves one's capacity to understand another person's inner experience and feelings in addition to an ability to understand the external world from alternative viewpoints. It is related to burnout and depersonalization, two constructs that impact recruitment and retention of primary care providers. Burnout has also been associated with decreased quality of care for patients,
including poorer communication and increased number of medical errors. Research does not currently address whether provider burnout predicts behavioral health referral patterns. Given the large volume of individuals who present with mental health conditions in primary care, identifying how providers address mental health concerns and factors that may impact their referral patterns is warranted. This study aimed to examine (a) referral patterns of medical residents addressing mental health concerns and (b) whether provider empathy and burnout predicts frequency of discussion of mental health concerns, referrals to psychotherapy, and use of psychotropic medication. The study fits under the track of practice by examining factors that impact medical residents’ treatment patterns of patients with mental health concerns. Methods/Results: Self-report surveys were administered to Family Medicine (FM) and Internal Medicine (IM) residents (N = 39). Descriptive analyses indicated that 81% of the time, residents discussed mental health concerns when it was the presenting concern, and routinely offered medication and psychotherapy (71% and 68% of the time, respectively). Linear regression analyses indicated that empathy of provider did not significantly predict discussion of behavioral health issues, use of psychotropic medication and/or frequency of referral to psychotherapy. However, as measured by a subscale of the Maslach Burnout Inventory (MBI), Personal Achievement (PA) predicted likelihood of discussing behavioral health concerns with patients, when it was the presenting concern. Conclusions: These findings can inform clinical research that examines factors which are associated with behavioral health care among primary care providers. Identification of factors can also help inform clinical practice and potential barriers to addressing mental health conditions in primary care. Further research might examine the role of empathy and burnout on other aspects of patient care.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care

P37: Cardiovascular Risk and Race Concordance: Are They Relevant?
Author(s): Davon Thomas, MD; Michele Smith, PhD; G. E. Alan Dever, MD, PhD

Race plays a significant part in our interactions with other people, but how much impact does it have in physician-patient relationships? The effects of physician-patient interactions on satisfaction, adherence to medical advice and health outcomes are well documented. For many, having a provider of the same race/ethnicity is also valuable. This presentation will review the benefits to patients of having a race concordant physician, as well as ways that race discordant physicians can bridge gaps.

Poster Category: QUALITY IMPROVEMENT: formal approach to performance assessment and improvement

P38: Drivers and facilitators of mental health-related QI at two Family Health Teams
Author(s): Priya Vasa, Nadiya Sunderji, Ann Stewart

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 (QF) to evaluate and drive improvements in integrated care, and have followed two FHTs (akin to the Patient Centered Medical Home) through their experience...
of using the QF to conduct mental health related QI. We use a case study design and draw upon the CFIR theoretical framework to understand how each FHT adopts and implements the QF, and we use a validated scale to assess the quality of the measures the FHTs developed based on our framework. We conducted 12 interviews with clinicians and administrators involved in QI in two FHTs, observed QI committees and other leadership meetings, and incorporated other textual data. We triangulated various types of data to understand whether and how our QF can advance improvements in the implementation of collaborative mental health care, and to explore enablers and barriers to mental health related QI in FHTs. We use descriptive statistics to assess the relevance, validity, feasibility, resource requirements, acceptability, and actionability of each quality measure implemented from the FHT team members' perspectives. In this poster, we share the early experiences from FHTs including successes and challenges in selecting and implementing measures from our QF and using them to drive quality improvement in collaborative mental health care. Preliminary data suggest that the Quality Framework for Collaborative Mental Health Care has been received positively by stakeholders involved in primary mental health care, and can inform other collaborative teams to plan and implement measurement and improvement initiatives.

Poster Category: QUALITY IMPROVEMENT: formal approach to performance assessment and improvement

P39: Perceptions about Behavioral Health Treatment Improve as a Result of a Brief Appointment with an Integrated Behavioral Health Provider

Author(s): Jennifer M Wray, Nina Wong Sarver, Sandra Coulon, Derek Szafranski, Daniel Gros

The “warm hand off,” a process by which primary care (PC) patients are connected with co-located behavioral health providers immediately following a PC appointment, is an integral component of the primary care behavioral health (PCBH) model (Reiter, Dobmeyer, & Hunter, 2018). Warm hand offs are associated with increased likelihood of patients attending an initial specialty mental health appointment (Zanjani, Miller, Turiano, Ross, & Oslin, 2008) and increased engagement in specialty mental health services (Wray, Szymanski, Kearney, & McCarthy, 2012). No published research has examined what occurs in the warm hand off appointment that may be contributing to these benefits. In the current study, we surveyed patients both before and after a brief visit (Mean=24.06 minutes, SD=6.08) with a behavioral health provider in PC. We assessed whether patient's perceptions of behavioral health treatment changed as a function of this appointment. Patients were 36 Veterans (74% male, 47% Black) seen in a real world PC clinic located at the Ralph H. Johnson VA Medical Center. A paired-samples t-test was conducted to compare pre- and post- visit scores on a modified version of the Perceptions about Services Scale (Stecker at al., 2007). After the warm hand off appointment, patients reported improvements in the following areas: feeling as though they would have fewer bothersome symptoms as a result of attending a subsequent behavioral health appointment, feeling as though behavioral health providers are understanding, agreeing they have time to spend in behavioral health care, and agreeing that going to further behavioral healthcare appointments would be valuable (ps<.05). This study provides evidence that perceptions about behavioral health treatment can improve among patients attending a single brief session with a behavioral health provider in PC.

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care
P40: The Platform to Working at the Top of Your License: The Addition of the Behavioral Health Case Worker to the Collaborative Care Team

Author(s): Benjamin Goldwasser, Jessica Lord, Jessica Anderson, Brandi Dillon, Aja Duncan, Heike Minnich, Eve Fields

The Collaborative Care model is a model of Integrated Care that utilizes a team based approach that is patient centered. This model consists of a Behavioral Health Care Manager (BHCM) position embedded into the primary care team. The BHCM job role consists of practicing brief evidence based therapies, tracking patient care through a population based registry, and collaboration with the primary care providers in the practice. BHCMs within the Greenville Health System practice with a unique emphasis on psychotherapy. The Behavioral Health Case Worker (BHCW) position was created to enable BHCMs to work at the top of their license and focus on practicing evidence based therapies. BHCWs are clinically oriented individuals with a bachelor's level education and an interest in behavioral healthcare and/or care management. This role consists of direct patient contact, team member support, and clerical duties. The BHCW directly interacts with patients during warm hand-offs, pre-initial assessments, and follow up phone calls. Warm hand-offs involve patients who can be seen by BHCW or BHCM during a primary care visit to discuss Collaborative Care and initiating treatment. BHCWs complete pre-initial assessments to gather data and administer validated screening tools prior to a full mental health assessment completed by a BHCM. The BHCW also directly interacts with patients through follow up phone calls to keep the treatment team updated on progress. The supportive role of the BHCW impacts not only the BHCM but also the primary care providers within the practice. BHCWs support the PCPs through access to resources, care coordination, and effective communication on patient updates. Clerical duties that the BHCW is responsible for include updating a population based registry, scheduling patients, and tracking and billing time for patients. The responsibilities of a BHCW allow BHCMs more access to patients and enhance efficiency within the primary care home.

Poster Category: QUALITY IMPROVEMENT: formal approach to performance assessment and improvement

P41: Occupational Therapy the Missing Piece in Integrated Primary Care Behavioral Health

Author(s): Alexa Trolley-Hanson MS OTR/L, Clinical Assistant Professor, University of New Hampshire

The field of occupational therapy has a rich history in helping with people with behavioral and physical health needs engage in the meaningful and necessary activities of life. Although widely recognized as rehabilitation providers, occupational therapists also have knowledge and skills in the promotion of health and wellness and prevention of illness and disability at a community level. The University of New Hampshire Departments of Social Work and Occupational Therapy were recently awarded a Behavioral Health and Workforce Education and Training Grant from the Human Resource and Services Administration to develop an interdisciplinary program that prepares social work and occupational therapy students to work in integrated Primary Care Behavioral Health (PCBH). This poster is focused on the conference theme of developing Interprofessional teams in PCBH. It will demonstrate the value of occupational therapists as part of integrated PCBH teams; discussing their roles in direct patient care, program development, consultation, and team based problem solving that increases the health
outcomes clients with complex physical and/or behavioral health needs. This poster review the process used to educate traditional community based PCBH settings about the role and value of occupational therapy and the process used to engage these partners in developing integrated PCBH programs that include occupational therapy services. The poster will highlight 3 innovative PCBH teams in NH that are providing integrated care utilizing occupational therapy and will discuss the initial successes and challenges faced by these teams.

Poster Category: OTHER: any other topic/focus Conceptual: Demonstration Project of Innovative Integrated PCBH Programs

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Author(s): Ellen Embick, BA, MS3

Background: Disproportionate exposure to adversities such as poverty, intimate partner violence, and single parenthood status are associated with socioeconomic disadvantage (SD) among women in the US. The co-occurring experiences of depression and chronic stress among women's health patients with SD dramatically exacerbate one another. Project ROSE, a Patient Centered Outcomes Research Institute (PCORI) funded project, aimed to evaluate two interventions among women's health patients with SD and depression: Enhanced Screening and Referral (ESR), a systematic screening intervention with facilitated referral, and Personalized Support for Progress (PSP), a patient navigation intervention tailored to patient's priorities. Primary aims were to compare satisfaction, depression, and quality of life outcomes of PSP and ESR participants. Primary results showed that the 225 participants in both arms found the intervention highly satisfactory and demonstrated improvement in depression, with PSP participants reporting greater satisfaction compared to ESR. Objectives: We aimed to evaluate differences in healthcare utilization and engagement with healthcare providers between PSP and ESR participants in a secondary analysis. Design/Methods: We conducted a retrospective chart review of Project ROSE participants by abstracting medical record data 6 months before, during, and after the intervention. Data variables included individual data for the following: (1) total costs of all visits, hospitalizations and labs; (2) new prescriptions for anxiolytics, antidepressants, or narcotics from a provider at the study recruitment sites; (3) new diagnoses of depression or anxiety; (4) frequency of complete, cancelled, and no show visits at medical appointments; and (5) frequency of Emergency Department visits. Results: Due to the volume and complexity of the data only initial results for diagnoses and costs have been assessed at this time. (1) Costs: independent and paired t-tests indicated that there were no significant differences in costs between groups before or after the intervention, however, healthcare spending significantly decreased for both groups post-intervention compared to baseline (p<0.001). (2) Anxiety: Pearson's chi-squared analysis of anxiety diagnoses showed that participants in the PSP group had a significant overall decrease in anxiety post-intervention (p=0.042). (3) Depression: ESR participants were more likely to have a new depression diagnosis during the intervention compared to the PSP group (p=0.041), however, there were no significant differences in depression diagnoses at baseline (p=0.088) and after the intervention between the two groups (p=0.172). Conclusions: Preliminary findings suggest that identifying resources or providing personalized support for women experiencing both SD and depression may decrease healthcare costs. Given that women in the PSP group had decreased overall rates of anxiety may suggest that personalized support...
assists women in reflecting on their needs and engaging with healthcare providers for mental health support. Further analysis will determine broader impacts of the intervention on healthcare utilization.

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care

P43: Examining A Short Screening Tool to Detect Childhood Physical and Sexual Abuse in Clinical Settings
Author(s): Amer Shakil, Sarah B. Woods, Philip Day, Jessica Chu, Katie Bridges

This presentation will describe the initial examination of a new child abuse and neglect assessment for use in pediatric primary care. The Pediatric Hurt-Insult-Threaten-Scream-Sex (HITSS) screening tool is a 5-item questionnaire (e.g., “During the last year, how often would you estimate than an immediate family member physically hurt your child?” scored on a scale of 0 = never to 4 = frequently; total possible score of 20) designed to detect and prompt provider investigation into child abuse in clinical settings. This study assessed the reliability, validity, sensitivity and specificity of the HITSS using a sample of 419 pediatric patients (ages 0-12) recruited for a non-abused subsample (n=242, from an ambulatory care setting for routine medical problems) and abused subsample (n = 179, from a medical center at-risk referral clinic or homeless shelter clinic). The HITSS was reliable in the present sample (α = .85). Concurrent validity was demonstrated via a significant correlation between HITSS scores and scores on the Conflict Tactics Scale: Parent-Child version (r = .70, p < .001). Discriminant validity was demonstrated via nonsignificant, low magnitude correlations between HITSS items and discrepant CTSPC subscale scores (e.g., sex abuse item and CTSPC nonviolent discipline subscale scores, r = -.001, p = .987). Sensitivity and specificity of the HITSS was calculated using receiver operating characteristic (ROC) curves. The area under the ROC curve (AUC), a measure of diagnostic accuracy, was .85 (SE = .02, p = .000, 95% CI = [.81, .89]); in comparison, the AUC for the CTSPC was .74. A cutoff score of 1 or greater on the HITSS is recommended to identify pediatric patients at risk of experiencing child abuse. In other words, any positive HITSS item implicates physician follow-up is needed. Clinical implications specific to use of the HITSS in practice and intervening in suspected cases of child abuse will be described.

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care

P44: Are Workplace Social Networks Helping Your Health? A Systematic Review
Author(s): Erin Sesemann, MS, Medical Family Therapy Doctoral Student, East Carolina University, Greenville, NC; Angela Lamson, PhD, Professor, East Carolina University-CHHP, Greenville, NC; Katharine Didericksen, PhD, LMFT, Assistant Professor, East Carolina University, Greenville, NC

For the healthcare field, promoting employee health is an essential component of workforce sustainability, organizational effectiveness, and patient safety. For example, the Mayo Clinic found burnout increased nearly 10% between 2011 (45.5%) and 2015 (54.4%), which was substantially higher than the general non-healthcare employed population (28.8%). Burnout and other physical and mental health conditions are associated with higher rates of sick days, coming to work sick, medical errors, and lower quality patient care. As such, it is imperative to understand what factors influence employees outcomes. Workplace social networks play a critical role in employee health outcomes. While workplace
social support was previously identified by researchers as a buffer to job stress (i.e., improving employee health), examining workplace relationships through social networks adds to the conversation because it provides avenues to intervene in the psychosocial work environment and improve team communication. Using the social network analysis to understand of workplace relationships can help account for different properties of employees’ connections with others (e.g., density of their relationships) rather than only rely on self-report data. The purpose of this systematic review was to examine how employees’ health outcomes were associated with workplace social networks as measured by social networks analysis. A systematic review was conducted. To identify relevant articles published as of December 2017, PsycINFO, PubMed, CINAHL, and ABI/INFORM were searched with a predetermined set of criteria. All relevant empirical articles relating to employee health outcomes were synthesized into themes in order to provide a description of the current literature regarding how intraorganizational social networks influence employee health outcomes.

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care

P45: Virtual Reality Based Mindfulness to Promote Mindfulness as Physician Burnout Prevention
Author(s): Sam Hubley, PhD
Jennifer Carragol, MD

Background: Physician burnout is prevalent and problematic. Defined as work-related stress that creates emotional exhaustion, depersonalization, and self-perceptions of impaired accomplishment, physician burnout can lead to increased medical errors impaired professionalism, and increased distress and suicidality. Mindfulness training is designed to increase self-awareness and is a promising burnout intervention. Despite overwhelming positive evidence for mindfulness training, it remains an underused burnout intervention. Barriers to mindfulness practice include perceptions that mindfulness is difficult, boring, or occult, and leadership often believes that “touchy-feely” interventions are not worth the investment.

Virtual reality (VR) is a powerful technology that can transport people to immersive environments to promote new learning and practicing behavioral skills. VR has been used for decades as an alternative to traditional exposure therapy to increase treatment engagement and retention; however, there are reports of VR to facilitate mindfulness training for burnout prevention. This project will evaluate VR-based mindfulness applications to family medicine resident burnout.

Participants: Ten 1st-year Family Medicine residents (demographics not yet known).

Design: Open trial of using VR-based mindfulness to increase personal mindfulness practice.

Procedures: Participants will receive mindfulness training in the context of a group workshop on physician wellness and burnout prevention in July 2018. All 10 1st-year residents will have the option to use mobile VR headsets to continue mindfulness practices after the workshop. User data from the mindfulness apps and self-report data will be collected to assess 1) the feasibility and acceptability of the intervention, and 2) preliminary effectiveness of increased mindfulness practice and reduced work-related stress.

Conclusions: Limitations, implications, and future directions will be discussed.
P46: Building the Workforce for Integrated Primary Care: The Integrated Health Careers Approach
Author(s): Alexander Blount, Louise Keough Weed, Alicia MacDougall, Angel Walter

A statewide effort to grow the primary care behavioral health workforce in New Hampshire has yielded an innovative new approach, Integrated Health Careers (IHC). IHC improves on workforce availability, knowledge of primary care, diversity and continuity with patients. It provides a model for other states as well.

Poster Category: OTHER: any other topic/focus Stewide workforce development programs

P47: The Practice Integration Profile Improvement Study
Author(s): Matt Martin, PhD, LMFT, CR Macchi, PhD, LMFT, Stephanie Brennhofer, MS, RDN, Felicia Trembath, PhD, Rodger Kessler, PhD, ABPP, Dan Mullin, PsyD, MPH

The Practice Integration Profile (PIP) is a reliable, validated measure of behavioral health integration in primary care. We will present findings from a mixed-method study designed to improve PIP item clarification using interview data with clinicians across the U.S.

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care

P48: Partnering with Mental Health Providers and Peer Support Specialists to Adapt a Brief Primary Care-Based Mindfulness Program
Author(s): Shannon McKenzie, Jessie Weber, Kyle Possemato PhD

Many individuals with PTSD receive primary care services but do not engage in mental health treatment. Alternative treatment approaches are needed to engage non-treatment seeking primary care patients with PTSD. Mindfulness training is a patient-centered approach based on the belief every individual has enormous potential for healing. Specific skills taught in mindfulness training such as attentional control, present focus, nonjudgement, acceptance, and compassion could reduce psychosocial distress and dysfunction for individuals with PTSD. Mindfulness training could also serve as a gateway to more intensive treatments for Veterans. We are systematically developing and testing a brief mindfulness training to be delivered in the primary care setting. This poster reports on qualitative feedback gathered from VA mental health providers and peer support specialists on how to optimally adapt an existing brief mindfulness training. Thirty-five mental health providers and peers participated in a 4-session mindfulness training class as students and provided qualitative feedback on the perceived helpfulness of the training and fit with local VA practices. They were asked to make suggestions to tailor the training to address recovery and improve psychosocial functioning, and to help define unique roles for the mental health provider and peer co-facilitators. A Rapid Assessment Process was used to analyze data.
Modifications were made based on this data to revise the protocol in order to make the training more patient-centered and recovery-oriented, while maintaining the core mindfulness pieces. Modifications expected to help Veterans develop skills for PTSD symptom management through attentional control plus present focus, non-judgement and acceptance, and compassion for self- and other were prioritized.

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care

P49: Chronic Pain Across the Lifespan: Predicting Etiology and Persistence from Social Support & Mental Health
Author(s): Sarah B. Woods, PhD, University of Texas Southwestern Medical Center, Jacob B. Priest, PhD, The University of Iowa, Veronica Kuhn, PhD, Pepperdine University, Tara Signs, PhD, Oklahoma Baptist University

The prevalence of chronic pain is dramatically rising, and with it, rates of opioid prescriptions and abuse (CDC, 2017). Chronic pain is complexly intertwined with mental health and the quality of close family relationships (Akbari et al., 2016; Burns et al., 2013; Davis et al., 2017). Teasing out the causal and reciprocal mental health and relational associations with pain requires longitudinal analyses. This presentation will describe the results of a longitudinal study examining biopsychosocial pathways predicting the etiology of chronic pain in adulthood, and the persistence of pain over 10 years. Data for this study are from the National Survey of Midlife in the U.S. (MIDUS 2 and 3 waves; Ryff et al., 2012). Multiple logistic regression was first used to examine the etiology of pain, as predicted by adults' reports of family, intimate partner, and friend support and strain, social integration, depression, and anxiety. Of participants who reported they did not have chronic pain at baseline (n=1,592; M age = 54.75, 54% female), the development of chronic pain 10 years later was significantly predicted by initial reports of family (odds ratio [OR], 1.33, p<.05) and parent-child (OR = 1.45, p<.01) strain. Multiple logistic regression was then used to examine the persistence of pain over 10 years, using the same independent variables, as well as baseline pain interference and prescription pain medication use. Of participants who reported they experience chronic pain at baseline (n=886; M age = 56.7, 61% female), the persistence of this pain a decade later was significantly predicted by initial reports of pain interference (OR = 1.18, p=.000), prescription pain medication use (OR = 1.41, p < .05) and depression symptoms (OR = 1.12, p < .05). We will highlight clinical implications of the study specific to pain prevention and intervention, especially the utilization of integrated behavioral health approaches to target family strain and depression.

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care

P50: Operationalizing Frequent Use: Research Constructed on Groundless Definitions
Author(s): Jessica Goodman, MS, PhD Candidate, East Carolina University, Greenville, NC; Angela Lamson, PhD, Professor, East Carolina University-CHHP, Greenville, NC; Jakob Jensen, PhD; Rachel Williams; Ray Hylock; Theodore Delbridge

Frequent emergency department (ED) users have been the focus of media attention, clinical intervention, research, and policy discussions, but it remains unclear whether assumptions about this population are empirically supported. However, the way in which frequent ED use is defined informs research design, types of interventions, and healthcare policies. As such, the purpose of this study was...
to (a) evaluate the existing definitions of frequent ED utilization and (b) identify the evidence used to support the existing definitions. The findings of this systematic review highlight the fact that current definitions of frequent ED utilization do not take into consideration systemic factors associated with use and lack theoretical or empirical foundation. Implications for providers and interdisciplinary collaborators, including approaches to care for ED users in the absence of an empirically- or theoretically-grounded definition and evidence-based interventions will be discussed.

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care

P51: Understanding Social Networks and Natural Coping Resources with Deaf and Hard-of-Hearing College Students to Inform a Suicide Prevention Intervention
Author(s): Meghan L. Fox, PsyD, LMHC, Postdoctoral Fellow, University of Rochester Medical Center, Department of Psychiatry, and Rochester Prevention Research Center: National Center for Deaf Health Research

Deaf and hard-of-hearing (D/HH) people have a high risk for suicidal behaviors. Suicide is a leading cause of death among US college students. Incoming D/HH college students face a range of challenges. Suicide prevention work with D/HH people is sparse & there is a need for adapted evidenced based suicide prevention practices. This research project aims to identify D/HH college students' social network characteristics and perspectives on natural coping resources to inform plans for an adaptation of the Sources of Strength program. Themes about social network characteristics & natural coping resources from interviews with D/HH students conducted in sign language will be shared. Associations between data & theory that inform plans to adapt the Sources of Strength program with D/HH college students will be discussed. This project has received institutional review board approval & data collection is anticipated to begin in April 2018. Data collected to-date will be presented.

Poster Category: CONCEPTUAL: early-stage development of and proposal for new idea

P52: Burnout Prevention Among Providers: A Mindfulness-Based Approach
Author(s): Jessica Goodman, MS, PhD Candidate, East Carolina University, Greenville, NC, Erin Sesemann, MS, Medical Family Therapy Doctoral Student, East Carolina University, Greenville, NC

Deaf and hard-of-hearing (D/HH) people have a high risk for suicidal behaviors. Suicide is a leading cause of death among US college students. Incoming D/HH college students face a range of challenges. Suicide prevention work with D/HH people is sparse & there is a need for adapted evidenced based suicide prevention practices. This research project aims to identify D/HH college students' social network characteristics and perspectives on natural coping resources to inform plans for an adaptation of the Sources of Strength program. Themes about social network characteristics & natural coping resources from interviews with D/HH students conducted in sign language will be shared. Associations between data & theory that inform plans to adapt the Sources of Strength program with D/HH college students will be discussed. This project has received institutional review board approval & data collection is anticipated to begin in April 2018. Data collected to-date will be presented.

Poster Category: CONCEPTUAL: early-stage development of and proposal for new idea
P53: Contextual Therapy for Family Health: Recommendations for Implementation in Integrated Care
Author(s): Alexandra Hulst

Outside family therapy training programs, contextual therapy has remained relatively unfamiliar. This systemic, transgenerational model provides a useful framework for assessing and addressing the needs of patients and families facing acute and chronic illnesses across the lifespan. This poster will highlight key contextual concepts – such as trustworthiness, balance of giving-and-receiving, and legacy – and how to implement them in team-based, collaborative care in inpatient and outpatient settings.

Poster Category: CONCEPTUAL: early-stage development of and proposal for new idea

P54: Autism and Challenging Behaviors
Author(s): Liliane de Aguiar-Rocha

The presence of challenging behaviors can influence a healthcare provider’s perception about the difficulty of care for an individual diagnosed with Autism Spectrum Disorder (ASD). To date, there are no evidence-based guidelines to the treatment of challenging behavior in integrated primary care settings. In practice, individuals with ASD will be under the care of a multidisciplinary team (primary care provider, behavior analyst, occupational therapists, speech pathologists, psychiatrists, etc.) who do not collocate in the same facility. Parent training has been shown to be an effective intervention for to address challenging behaviors in children. This poster will discuss a proposal for a tiered intervention to integrate parent training in the treatment of challenging behaviors in children with ASD. The estimated ROI is 7.30.

Poster Category: CONCEPTUAL: early-stage development of and proposal for new idea

P55: Increasing Access to Integrated Care Training for Psychology Interns in Urban and Rural Alaska
Author(s): Seth Green, PhD, Co-Director of Training, Alaska Psychology Internship Consortium Erin Iwamoto, PhD, Post Doctoral Fellow, Providence Alaska Family Medicine Residency Cynthia Garza, PsyD, Post Doctoral Fellow in Rural Health Psychology Primary Care Track, Norton Sound Health Corporation

This presentation will begin with a review of several federal funding mechanisms that can be utilized for developing and expanding doctoral internship programs training in integrated care in both urban and rural settings. Information about the manner in which these funding programs have impacted workforce development and internship training in integrated care nationally will be provided. Presenters will then provide two case examples from the state of Alaska. Specifically, representatives from the Alaska Psychology Internship Consortium will discuss the manner in which federal funding from the Health Resources and Services Administration has impacted the internship program in access to integrated care training at training sites in Nome and Anchorage, Alaska, lesson learned, benefits to
integrated care training throughout the internship, and suggestions for future implementation for behavioral health workforce training will be discussed.

Poster Category: OTHER: any other topic/focus Fusion of program evaluation and quality improvement

P56: The Impact of Chronic Health Conditions as an Underlying Challenge on Couple's Wellbeing
Author(s): Megan R. Story, MS, PLMHP, Behavioral Fellow in Internal Medicine, University of Nebraska Medicine, Omaha, NE

Chronic health conditions affect over 100 million Americans (Cano & Leonard, 2006). Many clinicians are not integrating chronic physical health symptoms into psychotherapy or collaborating with health providers. There is a complexity of issues that arise within the context of chronic health conditions. Making more need for couple and family therapists to understand how chronic health conditions are impacting family systems when they present for therapy (Canavarro & Dattilio, 2011; Poleshuck et al., 2010). This presentation introduces the differences in overall well-being and psychological distress of individuals and couples seeking therapy who report a presence of chronic health conditions. It will provide evidence for clinicians to collaborate with other health providers even when the presenting concern is not biological.

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care

P57: Social Exclusion in Medical Settings: Perceptions of Black and Latinx populations in Allentown, Pennsylvania
Author(s): Sirry Aang, Ph.D., Abby Letcher M.D., Hasshan Batts D.HSc., Janelle Zelko B.A.

We explored the experiences of exclusion among Black and Latinx populations in clinical settings using a community-based participatory research approach. Three main dimensions of social exclusion were identified: individual feelings of invisibility, negative stereotypes about communities; and lack of access to resources. There is need for sustained determination to dismantle structures and practices that foster exclusion and isolation among Black and Latinx populations in these spaces, and within the community in general.

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care

P58: The Association of Counselor-Provided SBIRT on Integrated Inpatient Services with Changes in Hospitalization and Emergency Department Utilization
Author(s): Marcia H. McCall, MA, MBA, LPCA Doctoral Candidate

The misuse and abuse of alcohol and illicit drugs are pervasive, costly public health problems. The consequences can be severe, even fatal, extending to families, communities, health systems, and
workplaces, yet few people who need treatment receive it. To close the treatment gap, screening, brief intervention, and referral to treatment (SBIRT) has been widely adopted in medical practice, with effectiveness for helping outpatients reduce risky alcohol misuse but with mixed outcomes for dependent alcohol abuse, illicit drug use, and in settings other than outpatient. Integrated care offers promise for improved outcomes when SBIRT is provided by mental health professionals.

This study's purpose is to determine whether SBIRT provided by mental health counselors on inpatient integrated care teams is effective by evaluating changes in hospital admissions and emergency department visits. Pilot data from an existing dataset with over 5000 unique interventions will be presented.

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care

P59: Teaching Trauma-Informed Primary Care Through Didactics, Reflection, and Live Observation: An Interdisciplinary Curriculum
Author(s): Andrea Garroway, PhD, Elizabeth McLaughlin, PhD, Noel Quinn, PhD, Frank Buono, PhD

We developed a year-long curriculum to teach an interdisciplinary group of trainees (medical and nurse practitioner residents) about trauma-informed primary care at a VA hospital. The curriculum focused on themes such as psychological trauma impact on health, how to screen for trauma, how to conduct a physical exam from a trauma-informed perspective, and the importance of provider self-care and reflection. Trainees also learned about trauma-informed primary care through live observation and feedback of their patient encounters provided by a health psychology fellow. Compared to a baseline assessment, trainees reported improved knowledge, attitudes, and self-reported practice at the end of the curriculum. Qualitative feedback also indicated trainees found the topic useful and they appreciated opportunities for concrete skills practice, however they recommend less frequent educational sessions.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care

P61: Pioneers in Primary Care: An Integrated Behavioral Health Model for Minority and Underserved Communities
Author(s): Sarah Shelton, PsyD, MPH, MSCP Steve Katsikas, PhD

Despite high levels of need, there are numerous barriers to accessing mental health services in communities that are vulnerable, impoverished, disenfranchised and underserved. Relatively few behavioral health professionals are formally and appropriately trained in provision of integrated health services, whereby behavioral health assessment and intervention is a component of primary care. Integrating behavioral health into primary care settings decreases stigma and barriers and increases the likelihood of behavioral health service utilization. Spalding University's Interdisciplinary Behavioral Health Scholars Program (IBHSP) is a HRSA funded initiative to train mental health providers in the fields of psychology and social work as part of interdisciplinary healthcare teams to provide behavioral health
outreach, education, assessment, and intervention to the underserved. An overview of the program model, rationale, implementation experiences, and preliminary patient outcomes will be provided.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care
Pilot Training Program in Integrated Behavioral Health in Primary Care Pilot Training Program in Integrated Behavioral Health in Primary Care

P62: Depression, Self-Efficacy and Glycemic Control Among Veterans With Type 2 Diabetes
Author(s): Joseph A. Graber, PhD., Michael Purdum, PhD, ABPP

The diabetes literature shows that successful diabetes management requires a great deal of psychological resources and is often negatively impacted by concurrent depressive symptoms. The aim of this study was to investigate any relationships between depressive symptoms, diabetes related self-efficacy, and glycemic control among veterans who present to shared medical appointments (SMA) designed specifically for diabetic patients with poorly controlled diabetes (i.e. HbA1C indicators >7%). The primary goals were to understand prevalence rates of depression and to investigate any relationships between depression, perceived confidence, and glycemic control. We hypothesized that veterans who presented to the SMA will endorse higher depressive symptomatology and lower self-confidence ratings, and will also show associations with higher HbA1C levels.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care

P63: Weight a Minute! Addressing Weight Management Concerns in Primary Care
Author(s): Beverly Bernal, MA, Brittany Houston, MS, Olga Nunez, MD, Cory Knight, MS, and Stacy Ogbeide, PsyD, MS, ABPP

Research indicates primary care providers feel unskilled to initiate and assist effective weight management plans; even though obesity is one of the fastest growing public health issues in the United States (Torti et al., 2017). Previous studies had found primary care physicians hold negative views regarding their ability to conduct weight management plans and stereotypical views towards obese patients in general (Ruelaz et al., 2007). While obesity is a complex health condition to manage in primary care due to multiple factors like time and lack of formal training; it is possible to engage patients in initial behavior changes needed for self-management or prior to engaging in a formal medical weight loss program. The implementation of a clinical pathway for weight management within the Primary Care Behavioral Health (PCBH) model in a family medicine residency program outpatient clinic will be discussed in this poster presentation.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care
P64: Factors Influencing Relationship Satisfaction in Couples Coping with Cancer: Clinical Implications for Integrated Behavioral Health Clinicians

Author(s): Alison Wong, PhD

This poster presents the results of an exploratory study of the effects of self- and other-blame, perceived control, and cancer-related communication patterns on relationship satisfaction among couples coping with breast, prostate, colorectal, and lung cancer. Results highlight the emotional and relational impacts of cancer on the family, in survivorship, and the need for continued psychosocial care. Clinical implications and recommendations for integrated behavioral health clinicians, particularly in primary care settings, are described.

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care

P65: Innovative Use of a Precepting Room to Support Learning and Consultation Skills Among Clinical Health Psychology Residents

Author(s): Noel Quinn, Ph.D. John Sellinger, Ph.D.

In addition to the delivery of behavioral medicine interventions, clinical health psychologists often provide consultation in medical settings. Consultation is frequently related to biopsychosocial conceptualizations of patient presentations, provider communication, and brief intervention tools that medical colleagues can deliver in their respective visits. Therefore, it is advantageous for clinical health psychologists to have some knowledge regarding the biomedical content being discussed, as well as insight into the nuances of their consulting colleagues' professional practice. One potential workplace setting to support the development of consultation skills and biomedical learning is a precepting room. This project provides data on the utilization of an interprofessional primary care precepting room as a learning tool for clinical health psychology residents.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care
Teaching and training

P66: Millennials and Milestones

Author(s): Renata Carneiro, PhD, LMFT Nandhni Veeraraghavan, MD, CAQSM,FAAFP

Physicians in training experience an increased rate of burnout. The most prominent burnout symptoms addressed in the literature is emotional exhaustion. The literature indicates that increased amount of stress and occupational anxiety lead to depersonalization, and ultimately impacts one's ability to perform his or her professional obligations. Emotional exhaustion has been linked to a lack of congruency between individual personal and professional values and the individuals' actions, which leads to psychological distress. In order to prevent burnout and to foster resiliency, our program designed a value clarification exercise to help interns identify core values, and develop an understanding of how such values are related to their advancement in training as measured by the Accreditation...
Committee of Graduate Medical Education (ACGME) milestones. The milestones are subcategories of six general competency based medical training. One of the goals of the milestones is to provide better feedback to resident physicians in order to adjust teaching plans and to develop self-reflection.

Poster Category: OTHER: any other topic/focus Novel Wellness Training Activity for Incoming Family Medicine Residents.

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**P67: Diversifying the Integrated Behavioral Health Workforce: Minority Student Perspectives on Effective Recruitment and Retention Strategies**  
*Author(s): Andrea Trejo, Alexis Alvarez, Lily Vistica, Florencia Lebensohn-Chialvo*

In the United States, significant behavioral health disparities continue to disproportionately impact minority communities while members of these communities remain underrepresented in the healthcare workforce. Many have argued that in order to reduce barriers to access for minority communities steps need to be taken to diversify the behavioral health workforce and increase the behavioral health providers trained to work in integrated primary care. The present study focuses on the workforce pipeline entry point (e.g. graduate programs) to better understand undergraduate minority student perspectives about integrated behavioral health careers in the hopes of developing more effective recruitment and retention strategies.

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care

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**P68: An Integrated Approach to Training Medical Family Therapists and Residents**  
*Author(s): Dixie Meyer, Saint Louis University, Saint Louis, MO*

This poster presentation will present an outline and information about a training collaboration between medical family therapists and residents. Quarterly, medical family therapy graduate students and residents participate in an eight hour long training workshop targeting integrated care topics and opportunities (e.g. substance abuse, parenting). Workshop presenters are both physicians and medical family therapists. The training workshop provides topic specific background information to develop a solid foundation for the collaborative experiential activities that conclude the workshop. Data will be presented to support the effectiveness of the series of workshops. The poster and handouts will share the necessary information so interested parties may recreate the training workshops.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care

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**P69: Interprofessional Trainee Led QI Project to Increase Warm Handoffs in Primary Care**  
*Author(s): Jordan Wisner, Ph.D.; Shawn Good, MA; Shelby White, PharmD, BCPS; Megan Turner, PharmD, BCPS; India King, Psy.D.; Sarai Ambert-Pompey, MD; Kelsey M Hamilton, NP*
Research has found improved health outcomes for patients who are engaged through the Primary Care Mental Health Integration model (PCMHI). This model of care emphasizes interdisciplinary work, with the patient having access to nurses, pharmacists, primary care providers and mental health care providers. Warm handoffs (WHO) are an integral part of this model. Our project aimed to increase the frequency of WHO to psychology and pharmacy providers. Doing so would help increase access to what would traditionally be separate, specialty care. The population of patients were military veterans, largely from rural areas. Each WHO that occurred was captured and documented. The QI team members correlated their interventions to the data and surmised the efficacy of the different interventions. Descriptive statistics revealed that the project was successful in achieving the project aim of increasing WHO by 300%.

Poster Category: QUALITY IMPROVEMENT: formal approach to performance assessment and improvement

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**P70: Suicidal Ideation in Cancer Patients: Review and Recommendations for Integrated Care**  
*Author(s): Kristin Ross, Randy Gallamore, Lauren Wilson, Katie Heiden-Rootes*

While some studies have discussed mental health care and counseling for individuals diagnosed with cancer. There is limited work considering the impact on first-degree caregivers and even less work studying how a family copes. In addition to the discussion about mental health, this poster examines the elevated risk of suicidal ideation and how a family manages this risk along with the cancer diagnosis. This poster will present the Double ABC-X model of care as a therapeutic framework to offer care to the patient and their family.

Poster Category: CONCEPTUAL: early-stage development of and proposal for new idea

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**P71: Treatment and Resiliency Factors Impacting Health Outcomes of Musculoskeletal Injury Survivors: A Systemic Review**  
*Author(s): Mary Moran, PhD Jennifer Hodgson, PhD Jakob Jensen, PhD Alexander Schoemann, PhD Teresa Wood, PhD Meagan Collins, MS Merin Joshy, MS*

This systematic review was developed and implemented with the knowledge that there is a dearth of literature regarding physical trauma survivors’ Biopsychosocial-spiritual health outcomes in the United States. An extensive and exhaustive systematic review was conducted utilizing a total of four search engines to obtain all of the literature that studied at least one Biopsychosocial-spiritual health outcome of physical trauma survivors in the United States within the past ten years. In the end, there were seven articles at the met the criteria of the systematic review after a yield of 1,003 articles were collected. Three articles identified protective factors and three articles identified negative outcomes in accordance with the protective model of resiliency theory. The protective factors included hydrocortisone treatment, virtual reality treatment, and patients who were a younger age. The negative outcomes included severity of injuries, opiate treatment, and mental distress.

Poster Category: OTHER: any other topic/focus Systematic Review
P72: Health and Well-Being of Physical Trauma Survivors: Who Follows Up?
Author(s): Mary Moran, PhD Jennifer Hodgson, PhD Jakob Jensen, PhD Alexander Schoemann, PhD Teresa Wood, PHD

Available research has demonstrated a rise in physical traumas in the United States within recent ye and the American Trauma Society anticipates this raise to continue. There is limited research available in the United States that studies psychosocial health outcomes of physical trauma survivors. This study was designed and implemented that collected health and well-being factors of physical trauma survivors' while they were admitted to a Level I trauma center for physical traumas. The study analyzed which factors predicted their attendance to an outpatient follow-up clinic, using binary logistic regression analyses. There was a significant negative relationship with participant age and follow-up attendance. Patients who experienced accidents from vehicles or motorcycles were more likely to attend follow-up appointments compared to those whose injury was a fall, even after controlling for injury severity and age. These results can help to inform clinical, policy, and research practices

Poster Category: CONCEPTUAL: early-stage development of and proposal for new idea

P75: Caring for Patients: Using Behavioral Health Registries to Track and Improve Patient Outcomes
Author(s): Mark Drexler, MD, Medical Director& Lead Physician, Glenbrook Family Care Center, Northshore University Health System, University of Chicago Family Medicine Residency, Glenview, Illinois

More individuals are receiving mental health care from their primary care physicians than from a mental health professional (Eckstrom, Williams, Avery & Unutzer, 2015). To address this concern, behavioral health is moving to the front lines with physicians and developing integrated behavioral health programs. In this model, patients are identified by their physician through direct patient contact or screening tools and connected with imbedded behavioral health providers. As the volume of patients with behavioral health needs increase and reimbursement becomes tied to quality outcomes, a process is needed to identify and track at risk patients to ensure better outcomes. Patient registries are a valuable tool to assist teams in effectively managing this population of patients. A population-based approach allows clinical teams to support changes in treatment for patients who are not responding. This presentation will focus on registry development, maintenance, and utilization.

Poster Category: QUALITY IMPROVEMENT: formal approach to performance assessment and improvement

P76: Targeting the Complex Needs of Community-Dwelling Older Adults through Multidisciplinary Home Visit Teams in Primary Care
Author(s): Brenda Frutos, MPH, CHES, Nyann Biery, MS, Akash Sheth, MS, & Lynn Wilson, DO

More individuals are receiving mental health care from their primary care physicians than from a mental health professional (Eckstrom, Williams, Avery & Unutzer, 2015). To address this concern, behavioral health is moving to the front lines with physicians and developing integrated behavioral health programs. In this model, patients are identified by their physician through direct patient contact or screening tools and connected with imbedded behavioral health providers. As the volume of patients with behavioral health needs increase and reimbursement becomes tied to quality outcomes, a process is needed to identify and track at risk patients to ensure better outcomes. Patient registries are a valuable tool to assist teams in effectively managing this population of patients. A population-based approach allows clinical teams to support changes in treatment for patients who are not responding. This presentation will focus on registry development, maintenance, and utilization.
Primary care offices will experience higher patient volumes as the communities they serve rapidly age in the coming decades. To address the growing needs of older adults in the Lehigh Valley region of Pennsylvania, a local health system integrated multidisciplinary home visits teams into primary care offices. The Guided Care Registered Nurse, Community Health Worker, and Clinical Pharmacist collaborate to perform home visits in community-dwelling older adults with unique needs. The home visit teams serve as practice extenders of six primary care offices. They collaborate with the primary care clinicians and the larger care teams within the primary care offices to meet the complex needs of community-dwelling older adults that may otherwise not be addressed during an office visit. This poster presentation will demonstrate the outcomes of community-dwelling older adults who have received services and supports by the multidisciplinary home visit teams in primary care.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care

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**P77: Changes in Mental Health Status Seen in Chronic Pain Patients in an Urban, underserved population Pain Clinic**

*Author(s): Emilee J. Delbridge, PhD, Assistant Professor of Clinical Family Medicine, Indiana University School of Medicine, Indianapolis, IN*

Data from electronic patient records were analyzed to show changes in mental health status over time during treatment for chronic pain. Variables examined included demographic data, medications (dosage and length of time prescribed), ICD-10 codes related to mental health conditions and pain, scoring on mental health assessment instruments (i.e., Patient Health Questionnaire-9 [PHQ-9], Patient-reported Outcomes Measurement Information System [PROMIS], Screener and Opioid Assessment for Patients with Chronic Pain [SOAPP])

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care

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**P78: Progress Towards Widespread Primary Care-Behavioral Health Integration: One State's Journey and What Made a Difference**

*Author(s): Jeanne Ryer, MSc, EdD, Annie Averill, Felicity Bernard, MA, LCMHC Stephanie Cameron, MPH, Katherine Cox, MSW, Marcy Doyle, DNP, MHS, RN, CNL, HwaSun Garin, Molly O'Neil, Josephine Porter, MPH, Janet Thomas, RN, Holly DeBlois Tutko, MS, Kelsi West*

New Hampshire faces challenges with behavioral and physical health conditions and the interplay between them. Bringing primary health and behavioral health care together in integrated care settings can improve outcomes for behavioral and physical health conditions. The NH Citizens Health Initiative created the NH Behavioral Health Integration Learning Collaborative (BHI LC) in November 2015. Practices used the Maine Health Access Foundation’s Site Self-Assessment (SSA) tool at baseline and six-month intervals to evaluate two domains: Integrated Patient and Family Services and Practice/Organization to track the practice’s level of integration over time. The SSA allows for qualitative and quantitative data collection and trend analysis of integration within and across practices. This study aims to evaluate the SSA as a tool for measuring the level of integration over time within various types of
healthcare organizations and will demonstrate the use of the SSA for data collection to provide evidence of integration. Data collection for the SSA was restricted to participants in the BHI LC. Participants submitted their SSA via survey. The study followed participants from their Baseline scores through Follow Up 1 and Follow Up 2. The study analyzed data from 11 healthcare organizations in SPSS. Paired t-test analyses examined the differences in the level of integration between baseline and follow-up assessments. Results indicate there was a significant difference in the level of integration between baseline and follow-up SSAs.

Poster Category: QUALITY IMPROVEMENT: formal approach to performance assessment and improvement

P79: The i-TOPC Case-based Curriculum: A Novel Approach to Teaching Collaborative Care Topics to Interprofessional Learners

Author(s): Elizabeth Painter PsyD, Timica Campbell, MD, Andrew Harris, MD, Kristina Pascuzzi, PharmD, Mary Dolansky, PhD, RN, Catherine Hoover, NP, Travis Scott, LSW, Pam Lynch, LISW-S, & Megan McNamara, MD.

A core group of interprofessional faculty from medicine, advanced practice nursing, pharmacy, behavioral health, nursing and social work developed and implemented a novel case-based curriculum. The Interprofessional Transforming Outpatient Care (i-TOPC) cases used an agreed upon framework and an iterative process that included interprofessional learning objectives, a content specific case, guiding questions, and a facilitator guide. Faculty ensured that modules met discipline specific and interprofessional competencies. A team of interprofessional learners facilitated the session. The learners were coached on techniques of presenting to an interprofessional audience including didactic teaching and facilitation of an interdisciplinary discussion. Presenters were provided with real-time feedback, and all learners were provided with the facilitator guide that provided specific information related to their discipline. Evaluations after each session enhanced development of future cases.

Poster Category: OTHER: any other topic/focus Innovative interdisciplinary teaching strategy

P80: Integrating Primary Care into a Community Mental Health Clinic

Author(s): Brett Williamson, MSW, MBA, Brenda Frutos, MPH, CHES, & Nyann Biery, MS

In eastern Pennsylvania, a local health system embedded a primary care office into a community mental health clinic through a federally-funded demonstration program called Primary and Behavioral Health Care Integration. The goal of this initiative is to create a one-stop shop for patients with serious mental illnesses (SMI) who suffer from physical health conditions for both behavioral health and medical treatment. An integrated care team consisting of primary care clinicians, psychiatrists, nurses, therapists, and other staff work together to provide better care for this vulnerable population.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care
P81: Real World Evaluation of Integrated Behavioral Health Care  
Author(s): Laura E. Sudano, PhD, LMFT, Associate Director, Collaborative Care, Winston-Salem, NC

Integrated behavioral health care is a process that incorporates physical and behavioral aspects to treat the whole person. Despite the known benefits of integrating behavioral health professionals into primary care, programs need to use evaluative strategies to capture clinical, operational, and financial outcomes, also known as the Three World View (TWV). We propose a framework that incorporates a mixed methods approach to implement the Three World View of clinical, operational, and financial approaches for success and sustainability of integrated behavioral health care. Quantitative and qualitative data will be presented descriptive, bivariate analysis, t-tests, analysis of variance (ANOVA), and longitudinal regression analysis. Qualitative evaluative methods include coding data, interpreting, and identifying themes.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care

P82: An Interprofessional Team Intervention to Improve Memory in Individuals with Dementia  
Author(s): Danielle Boisvert, MA; Max Zubatsky, PhD; Marla Berg-Weger, PhD; John Morley, MB, BCh; Julia Henderson-Kalb, OTD, OTR/L

Dementia is one of the fastest growing chronic illnesses in the United States. It is not only a significant burden upon those diagnosed with the disease, but also those providing direct care and services to the individual (Alzheimer's Association, 2015). Although medication has traditionally been the primary approach to treatment of early stage symptoms (Gruber-Baldini et al., 2005), the effectiveness in reducing memory and cognitive decline is minimal (Buckley & Salpeter, 2015). Cognitive Stimulation Therapy (CST) is a novel group intervention, one that is evidence-based and psychosocial in nature. The group is brief and structured, with the aim to increase memory and cognitive processing with older adults with mild to moderate dementia (Cummings et al., 2014; Spector, Davis, Woods and Orrell, 2000).

Methods: Data was taken from community CST groups that were conducted at a university-based clinic between 2017-2018. We explored whether a 14-week (once per week) protocol for CST would show improvements in overall functioning in memory and cognitive recall. The Saint Louis University Mental Status Exam (SLUMS) was administered both at baseline and at post-session 14 of the study. Results: A one-way ANOVA revealed that SLUMS scores increased by an average of two points from baseline to session 14 for this sample (<.05). Discussion: This study showed that a community group-based intervention for dementia demonstrated improvements in memory recall, cognitive functioning and spatial recognition. CST could be a sustainable option for older adults with memory problems that need interactional and meaningful activities during the early years of the diagnosis.

Poster Category: RESEARCH: systematic investigation exploring key issues related to integrated care Quality Improvement Quality Improvement
P83: New Implementation of Integrated Care at a Nurse-Led Federally Qualified Safety-Net Clinic in a Peri-Urban Region of Alabama

Author(s): Eyer, Joshua C. Wedgewood, Monika Jones, F. David Rogers, Anastacia Smallwood, Julia

This poster reports the results of an implementation-focused project to integrate mental health services into a peri-urban federally qualified health center (FQHC) serving a largely indigent population in Alabama. Gateway Capstone is a university–clinic partnership featuring a nurse-led organizational structure that integrates a social worker, psychologist, and consulting psychiatrist to develop a Level 5 integrated care program. Applying a hybrid collaborative care*primary behavioral health care model, universal screenings were implemented for depression, substance abuse, and anxiety. Scores direct patient flow to warm handoffs and referral to pharmacological and/or behavioral health services based on severity. Data includes a practice self-assessment and measures of collaborative practice, health, quality of life, and workplace satisfaction. Challenges include hiring, reimbursement and sustainability, and infrastructure. Closing thoughts describe continuing efforts and future needs.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care

P84: California’s Inland Empire’s Behavioral Health Integration and Complex Care Initiative: Process and Outcomes

Author(s): Jeffrey M Ring, Ph.D., Emily Brandenfels, M.D., Marc Avery, M.D., Leslie Brooks, Michael Mabanglo, PhD

The Behavioral Health Integration Complex Care Initiative (BHICCI) embodies a $30M pilot project to improve health access and outcomes for underserved complex patients with co-existing chronic behavioral health and physical health conditions. This three-year pilot project serving over 4,000 patients is rolled out at over thirty primary care and mental health sites. The care teams consist of approximately 100 behavioral health, nurse care managers, and care coordinators who receive transformation coaching.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care

P85: A New Standard for Chronic Pain Management: Initial Efficacy of CBT-P within a Large Regional Medical Center

Author(s): Alexandria L. Muench, MS Benjamin P. Van Dyke, PhD Christina B. Shook, PsyD, ABPP

The aim of this research was to evaluate pilot data from Geisinger's newly implemented behavioral pain management program. Psychologists sought to promote utilization of behavioral pain management as an alternative to opiates in Geisinger's rural communities, via education and outreach to primary care providers throughout the system. Patients gain access to Cognitive-Behavioral Therapy for Chronic Pain (CBT-P) primarily through referrals from their PCP, but also through an interdisciplinary pain clinic, shared medical appointments, and presurgical evaluations (e.g., spinal cord stimulator, Destination
Spine). Consistent with current literature and recent clinical practice guidelines (CDC, VA, American College of Physicians) on management of chronic pain, these data suggest that implementing behavioral pain management (e.g., CBT-P) in medical settings may improve patient outcomes.

Poster Category: PROGRAM EVALUATION: report on data collected and analyzed, focused on integrated care