Session # J6b

PCBH handoffs: Just what exactly do they do?

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CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

Faculty Disclosure

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

Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2018

Slides and handouts are also available on the mobile app.

Learning Objectives

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

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

Bibliography / Reference

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2. Funderburk, J. S., Fielder, R. L., DeMartini, K. S., & Flynn, C. A. (2012). Integrating behavioral health services into a university health centers: Patient and provider satisfaction. Families, Systems & Health, 30, 130-140
3. Funderburk, J. S., Sugarman, D. E., Maisto, S. A., Ouimette, P., Schohn, M., Lantinga, L., â€¦ Strutynski, K. (2010). The description and evaluation of the implementation of an integrated healthcare model. Families, Systems & Health, 28, 146-160
4. Reiter, J. T., Dobmeyer, A. C., & Hunter, C. L. (2018). The Primary Care Behavioral Health (PCBH) Model: An Overview and Operational Definition. Journal of Clinical Psychology in Medical Settings, 1-18.
5. Hunter, C. L., Funderburk, J. S., Polaha, J., Bauman, D., Goodie, J. L., & Hunter, C. M. (2017). Primary Care Behavioral Health (PCBH) Model Research: Current State of the Science and a Call to Action. Journal of Clinical Psychology in Medical Settings. https://doi.org/10.1007/s10880-017-9512-0

Learning Assessment

A learning assessment is required for CE credit.

A question and answer period will be conducted at the end of this presentation.

Who we are

Bridget Beachy, PsyD
- Director of Behavioral Health for Community Health of Central Washington

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Patrick Vigil, MD, PhD
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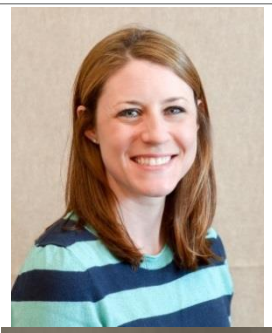
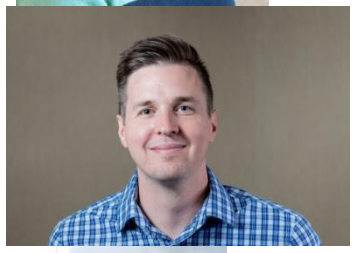
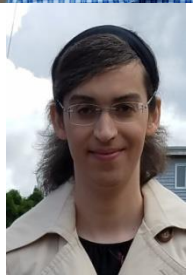






So…

Wish we had more than 25 minutes ☺…

- As you all know, we like to talk about this stuff

Quickly:

- What is a warm-(or cold) handoff?
  - Different definitions…
- Warm-handoffs are regularly defined as an important part of integrated care (3-5)
  - Potential fidelity measure for PCBH/integrated care
  - Logically, makes sense, should produce more access, 100% follow through, and integration

However…

- We really don't have the greatest data on what they actually do, other than the 100% follow-through
  - Experience suggests that both the PCP and BHC provides customized care
- We do know medical providers appear to like them (1,2)…
- Some studies even have said they aren't effective (5)…
  - BUT, the outcome they use is "follow up to next visit."
  - To us, that is an irrelevant outcome

What we wanted to know…

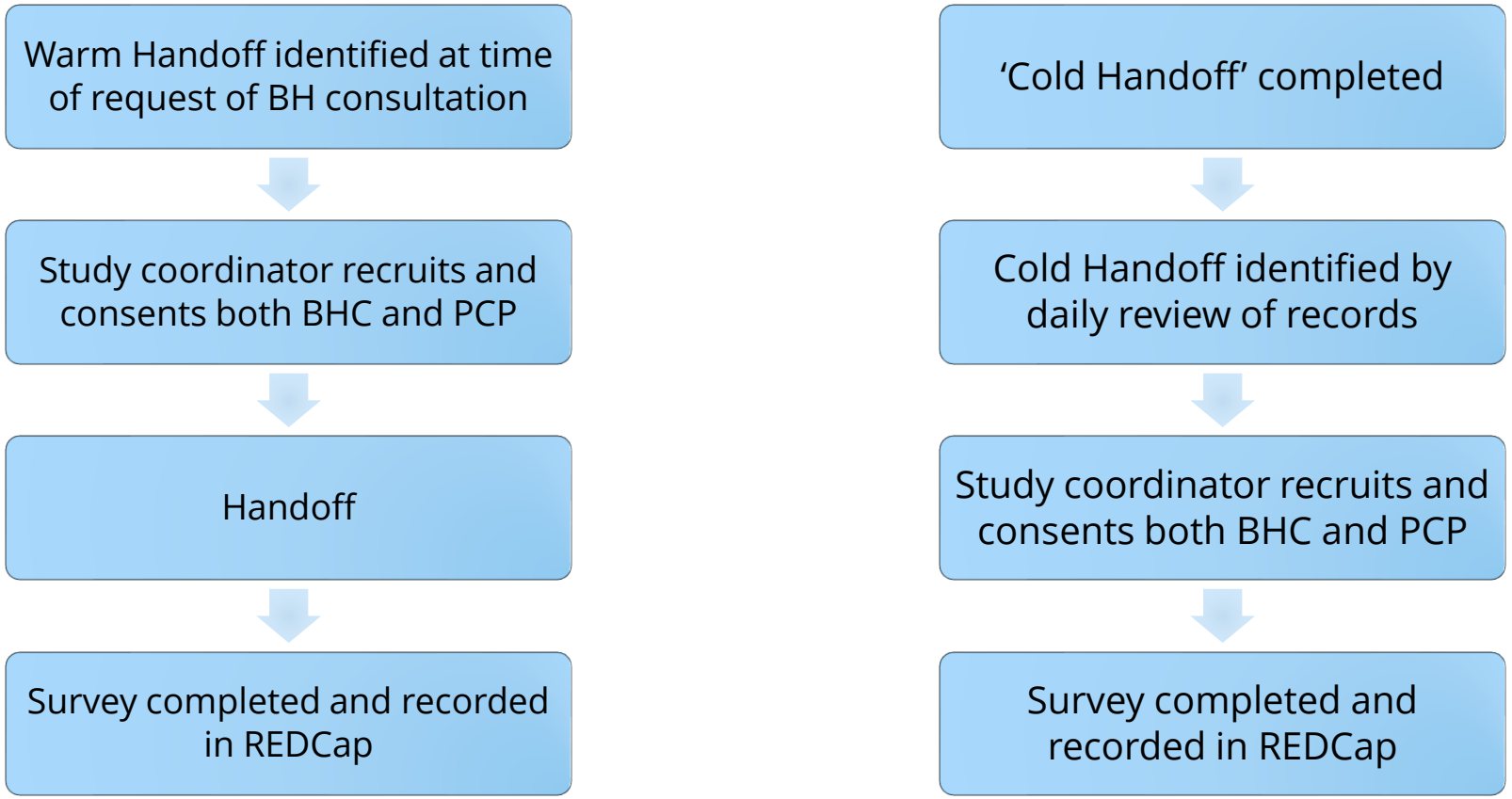
What do handoffs do, if anything, to the following:

- Providers' perception of new information gleaned from the handoff
- Providers' confidence in treating concern after the handoff
- Providers' treatment plans

We also wanted to look at both PCPs' and BHCs' perspectives, as not only is there a dearth of literature on HOs, there is literally none on BHCs perspectives

So… LET'S GET INTO IT!

Pilot Study Design



Pilot Study Summary Points

Who – BHCs and PCPs in a CHC/FQHC in a rural community in central WA state, including those that work at a FP residency

How – self reported standardized survey at the start and end of a handoff

Main findings – most handoffs increased confidence in ability to manage complex patient problems, majority increased knowledge of factors that influenced clinical knowledge, and this changed medical management decisions in the majority of cases

Results

Table 1: Survey Response Summary

Variable/Statistic	
Total Number of Consented Respondents - n	62
Total Number of Completed Surveys - n (%)	58 (93.5%)
Respondents with Completed Surveys - n (%)	
What is your role? - n (%)	
Behavioral Health Consultant	30 (51.7%)
DO/MD (PCP)	8 (13.8%)
PA (PCP)	5 (8.6%)
Resident (PCP)	15 (25.9%)
Type of Consultation? - n (%)	
Warm Handoff	48 (83%)
Cold Handoff	10 (17%)
Consultation Primary Focus - n (%)	
Mental Health Disorder	40 (69.0%)
Non-Mental Health Concern	18 (31.0%)

Primary Care Physician = PCP

Table 3: Change in Confidence Summary by Role and Consultation Type

	Study Group		Cohen's D
Variable/Statistic	CH (n= 10)	WH (n=48)	Effect Size
Change in Confidence			
BHC -Mean (SD)	0.0 (0.00)	1.0 (1.22)	0.98
PCP - Mean (SD)	0.7 (0.58)	0.8 (0.45)	0.27
PA - Mean (SD)	1 (NA)	0.0 (0.00)	NA
Resident - Mean (SD)	2.0 (NA)	0.5 (0.85)	NA
Mental Health Disorder	0.5 (0.55)	0.7 (1.00)	0.22
Non-Mental Health Concern	0.5 (1.00)	0.9 (1.17)	0.32

Standard Deviation = SD
Cold Handoff = CH
Warm Handoff = WH
Behavioral Health Consultant = BHC
Primary Care Physician = PCP
Physician's Assistant = PA

Pilot Study Summary Points

Take-away message – most handoffs appeared to increase clinically relevant knowledge and change medical decision making, but the biggest effect size was with BHCs in warm handoffs compared to other types of handoffs

- The direct handoff may have biggest effect in changing how the evaluation and intervention of the behavioral intervention is administered, and requires validation with additional clinical sites and models of integration

Results part 3

- New clinically relevant information gathered in >80% of both types of handoffs

- Change of management plan reported for >60% of cases as result of the handoff with a trend towards a bigger change with BHCs conducting a warm handoff

Discussion

-Need to validate results in several other fully integrated clinics

-Confounding/co-variate variables inherent to study site

-Need to identify types of information gathered that is different and how it changes management

-Need to identify factors that facilitate/impede direct communication between medical provider and BHC

AND…

What about outcomes…

…Sneak peak…

…Look for us next year!

		N	Percent	Difference
Overall satisfaction (percent excellent)	CHCW total (including BHC scores)	1826	61.70%	
	BHC only	239	63.60%	**1.90%**
Reception courtesy & respect	CHCW total (including BHC scores)	1819	61.30%	
	BHC only	236	67.40%	**6.10%**
% of pts with DM (type I or II) w/ BP <140/90 who's BP now controlled	With BHC visit	687	71.00%	
	Without BHC visit	1520	45.00%	**26.00%**
	CHCW total	2593	52.00%	
% of pts with DM (type I or II) w/ HbA1c <8 that are now controlled	With BHC visit	677	51.30%	
	Without BHC visit	1364	38.90%	**12.40%**
	CHCW total	2418	41.60%	
% of pts w/ essential HTN <140/90 that are now controlled	With BHC visit	3398	82.90%	
	Without BHC visit	5942	80.60%	**2.30%**
	CHCW total	10629	81.70%	
Children age 2 that have had all immunizations	With BHC visit	78	64.10%	
	Without BHC visit	909	41.00%	**23.10%**
	CHCW total	989	42.90%	
Patients 3-6 and receive a WC visit	With BHC visit	503	58.80%	
	Without BHC visit	3178	43.30%	**15.50%**
	CHCW total	3988	45.40%	

Session Evaluation

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

Thank you!

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