CFHA 2019 Conference – Education Sessions

Last updated October 3, 2019

Plenary Sessions

Plenary Session 1 – Thursday, October 17, 2019 – 4:30 to 6:00 PM

Last updated August 1, 2019

PS1: Near Horizon, Far Horizon: A Policy-Focused Session

Session Description

This fast-paced, multi-media session will bring together policy leaders from around the country to discuss how policy will change within the next 5 years and should change healthcare delivery over the next 20 years.

Objectives

Upon completion of this activity, learners will be able to:

- To describe healthcare reforms that will be coming in the next 5 years.
- To share a vision of how and health and health care should evolve over the next 20 years.
- To advocate for healthcare reforms in one's community, state, and nation.

Presenter(s)

Marvin Figueroa, Deputy Secretary of Health and Human Resources for Governor Ralph Northam, Richmond, VA

John McCarthy, Founding Partner, Speire Healthcare Strategies, Nashville, TN

Leslie Herod, Colorado State Representative, Denver, CO

Moderator

John Daley, Health Reporter for Colorado Public Radio, Denver, CO

References

- Winkelman, T.N. & Chang, V.W. J GEN INTERN MED (2018) 33: 376. https://doi.org/10.1007/s11606-017-4217-5
- Medicaid And Mental Health: Be Careful What You Ask For Richard G. Frank, Howard H. Goldman, and Michael Hogan Health Affairs 2003 22:1, 101-113
- Beth Han, Joe Gfroerer, S. Janet Kuramoto, Mir Ali, Albert M. Woodward, and Judith Teich, 2015:

Medicaid Expansion Under the Affordable Care Act: Potential Changes in Receipt of Mental Health Treatment Among Low-Income Nonelderly Adults With Serious Mental Illness American Journal of Public Health 105, 1982_1989,https://doi.org/10.2105/AJPH.2014.302521

- Access And Cost Barriers To Mental Health Care, By Insurance Status, 1999–2010 Kathleen Rowan, Donna D. McAlpine, and Lynn A. Blewett Health Affairs 2013 32:10, 1723-1730
- Cummings JR, Wen H, Ko M, Druss BG. Geography and the Medicaid Mental Health Care Infrastructure: Implications for Health Care Reform. *JAMA Psychiatry.* 2013;70(10):1084–1090. doi:10.1001/jamapsychiatry.2013.377

Plenary Session 2 – Friday, October 18, 2019 – 8:00 to 9:30 AM

PS2: Building Integrated Care at the Statewide Level: The Colorado Story

Session Description

The State of Colorado set the audacious goal of building an infrastructure to ensure that 80% of Coloradans have access to integrated primary care by 2019. Through sharing narratives and outcome metrics, this session will demonstrate the outcomes of the initiative and the stories behind its development.

The overall vision for this session is that about 2/3 of it will tell the story of integrated behavioral health services in Colorado and the other 1/3 will be from 2 well known discussants who react to the story and frame it within the larger context of the growth of integration nationwide. The story-telling will be short, highly evocative narratives (5 minutes each, 10 minutes for SIM narrative) that use multi-media to increase the impact. We will work closely with the presenters to write the narratives and to create a central metaphor and images to create a coherent, holistic production.

Narratives:

- Marillac Clinic (1999)
- Advancing Colorado's Mental Health Care (2003)
- CFHA's Role in Colorado (2006)
- Role of University of Colorado Family Medicine (2008)
- CO-EARTH (2013)
- SIM (2014)

Objectives

Upon completion of this activity, learners will be able to:

- Describe the developmental process for building integrated care at a statewide level.
- Lay the groundwork for integrating a community's healthcare system.
- Convene key partners for applying for and enacting a federal integrated care initiative

Speaker(s)

Larry Mauksch, MEd, Emeritus Professor of Family Medicine, University of Washington, Seattle, WA

Helen Royal, CEO, Summit Community Care Clinic, Frisco, CO

Polly Kurtz, Former Executive Director, CFHA, Greeley, CO

Ben Miller, PsyD, Chief Strategy Officer, Well Being Trust, Denver, CO

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

Michael Olson, PhD, Behavioral Medicine Faculty, SCL Health, St. Mary's Hospital, Family Medicine Residency, Grand Junction, CO

Barbara Martin, RN, MSN, ACNP-BC, MPH, Director of SIM, Denver, CO

Michael Talamantes, Chair, SIM Work-Force Committee, Denver, CO

Discussants

Susan McDaniel, Associate Chair of Family Medicine at University of Rochester, Founder of CFHA, Founder of Medical Family Therapy, past president of APA, Rochester, NY

Frank deGruy, Chair of Family Medicine at University of Colorado, founder and past president of CFHA, Denver, CO

References

- MAUKSCH, LARRY B., et al. "Mental Illness, Functional Impairment, and Patient Preferences for Collaborative Care in an Uninsured, Primary Care Population." Journal of Family Practice, Jan. 2001, p. 41. Academic OneFile, Accessed 16 June 2019.
- https://www.integration.samhsa.gov/The_CO_Blueprint_for_Promoting_Integrated_Care_Sustainability.pdf
- Clark KD, Miller BF, Green LA, deGruy FV, Davis M, Cohen DJ. Implementation of behavioral health interventions in real world scenarios: managing complex change. Family Systems and Health 2017;35:36-45.
- https://www.colorado.gov/healthinnovation/sim-data-hub

Plenary Session 3 – Saturday, October 19, 2019 – 8:00 to 9:30 AM

PS3: Improvisation and the Art of Medicine: Adaptable skills for an Uncertain World

Session Description

The practice of medicine is unpredictable. Every day, clinicians must communicate with an ever-changing cast of patients and colleagues, in ever-changing environments and circumstances. To practice compassionate, collaborative medicine in this environment, clinicians must constantly think on their feet in order to navigate difficult situations and care for others while caring for themselves. In other words, clinicians must improvise. Improvisation is the expertise of adaptation, a cultivated intuition that guides spontaneity. Medical improvisation is the adaptation of improvisational theatre training methods to the healthcare context, promoting collaborative patient care through improved communication, cognition, and wellbeing. In this session, Dr. Belinda Fu describes her experiences with Medical Improv as a physician, patient, and educator, and explains its power to improve communication skills through experiential learning. With compelling stories and interactive exercises, she explores how improvisation can increase awareness, create rapport, and improve one's ability to thrive in unpredictability. Belinda shares personal examples of how improv skills can deeply connect clinicians to the humanity of others during the complex communication challenges that pervade the practice of medicine.

Objectives

- Define medical improvisation and its relevance to medical practice and education
- Describe the core skills of medical improvisation
- Explain the relevance of improvisation to wellness and resilience

Presenter

Belinda Fu, MD, is a family physician, medical educator, and improvisational actor. She is passionate about improving people's lives through insight, connection, and empowerment. She is a Clinical Assistant Professor in the Department of Family Medicine at the University of Washington (UW), Residency Faculty at Swedish Family Medicine–First Hill, and founder of The Mayutica Institute, an education and training organization. She received her BA at Stanford University, her MD from the University of California, San Francisco, and completed her residency and faculty development fellowship at UW. Dr. Fu performs improv as an active ensemble member of Seattle Theatresports™, *A Tribe Called Yes*, and *The Lost Folio*. She speaks and teaches about medical improv, physician wellness, and communication skills at regional and national events, and was a plenary speaker at the inaugural 2018 American Academy of Family Physicians (AAFP) Physician Health and Well-being Conference. Dr. Fu co-organized the first Annual International Medical Improv Train-the-Trainer Workshops, and is a cornerstone of the international medical improvisation community.

References

- Watson K, Fu B. Medical Improv: A novel approach to communication and professionalism training. Ann Intern Med. 2016;165:591-592.
- Gunderman, R. Education in Professionalism: Improvisation. Acad Radiology. 2016;23(5):655-57.
- Misch DA. I Feel Witty, Oh So Witty. JAMA. 2016;315(4):345-346.
- Kaplan-Liss E, Lantz-Gefroh V, Bass E, Killebrew D, Ponzio N, Savi C, O'Connell C. Teaching Medical Students to Communicate With Empathy and Clarity Using Improvisation. Acad Med. 2018;93(3):440-43.
- Hoffmann-Longtin K, Rossing JP, Weinstein E. Twelve tips for using applied improvisation in medical education. Med Teacher. 2018;40(4)351-356.
- Gao L., Peranson J, Nyhof-Young J, Kapoor E, Rezmovitz J. The role of improv in health professional learning: a scoping review. Med Teach. 2018. Published online. DOI:10.1080/0142159X.2018.1505033.
- Fu B. (in press). Common Ground: Frameworks for Teaching Improvisational Ability in Medical Education. Teach Learn Med. Access pending at: https://doi.org/10.1080/10401334.2018.1537880.

Extended Learning Opportunities (aka Pre-Conference Sessions)

ELO1 - A Leadership Workshop for Behavioral Health Directors

AM session – Thursday, October 17 – 8:30 to 11:30 AM

Session Description

If you are a Behavioral Health Director/ Leader who would benefit from dedicated time to working on your career development, this is the session for you! Behavioral Health Directors/ Leaders of integrated programs in primary care have unique challenges that require a broad skill set and require balancing clinical work, leadership, personnel management, finances, and administration. This session will create a safe space to discuss these challenges and offer strategies and support to make this work sustainable, rewarding, and fun!

Objectives

Upon completion of this activity, learners will be able to:

- Employ root cause analysis to identify one pain point of your work as a BH director and create an action plan to address this issue and incorporate a new strategy for managing administrative and clinical demands
- Identify key values as a leader and create a professional development plan to align values and professional goals to achieve "big dreams"
- Cultivate peer mentoring relationships and learn the first steps to building a peer learning community targeting behavioral health leaders
- Strategize and design methods to enhance retention and combat burnout in clinical teams

Presenters

- Joan Fleishman, PsyD, Behavioral Health Clinical Director, Oregon Health & Science University, Department of Family Medicine, Portland, OR
- Neftali Serrano, PsyD, Executive Director, CFHA, Chapel Hill, NC
- Beth Zeidler Schreiter, PsyD, Chief Behavioral Health Officer, Access Community Health Centers, Clinical Adjunct Faculty University of Wisconsin School of Public Health, Department of Family Medicine and Community Health, Madison, WI
- Brian Sandoval, PsyD, Clinical Director, Primary Care Behavioral Health, Yakima Valley Farm Workers Clinic, Woodburn, OR
- Shay Stacer, PhD, Integrated Behavioral Health Director, North Bend Medical Center, Coos Bay, OR

Session References:

- Serrano, N. (Ed.) (2014). The Implementer's Guide To Primary Care Behavioral Health.
- Retrieved from: https://itunes.apple.com/us/book/implementers-guide-toprimary/id833906873?mt=11
- Trastek, V.T., Hamilton, N.W., & Niles, BS, E.E. (2014). Leadership Models in Health Cared: A Case for
- Servant Leadership. Mayo Clinic Proceedings, 89(3):374-381. https://doi.org/10.1016/j.mayocp.2013.10.012
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- Sudano, L. E., Patterson, J. E., & Lister, Z. D. (2015). Training for teamwork: A case study. Families, Systems, & Health, 33(3), 262-269. http://dx.doi.org/10.1037/fsh0000152
- Johnson, S. (2008). Personal Productivity: How to work efficiently and calmly in the mist of chaos. Originally Published in Academic Physician & Scientist, 2004-2007.

ELO2 - Addressing the Workforce Development and Training Needs for Integrated Healthcare Professionals

PM session – Thursday, October 17 – 12:30 to 3:30 PM

Session Description

With the recent shortage of integrated care professionals in healthcare settings, developing a sustainable workforce of providers has become increasingly important. Areas such as mentoring skills, trainee competencies, and motivation challenges in these settings may add to this shortage problem. This workshop will highlight the importance of mentoring and training professionals from different disciplines to be adequately equipped for careers in integrated healthcare and medicine positions. The presenters will offer a series of content lectures, facilitate roundtable discussions on key topics, and lead a brainstorming session on the future vision of workforce development.

Objectives

Upon completion of this activity, learners will be able to:

- Identify the current climate of workforce development across professional disciplines and the workforce shortage in healthcare.
- Acknowledge the various paradoxes inherent to teaching and mentoring in healthcare
- Discuss how to navigate challenging situations with learners and mentees by promoting psychological safety and personal investment.
- Present a framework for mentoring that includes ways to assess for interests, develop goals, and guide completion of scholarly activities of mentees
- Introduce the role of "care enhancers" in behavioral health services, and how this impacts the future roles and recruitment of behavioral health clinicians

Presenters

- Max Zubatsky, PhD, Assistant Professor, Saint Louis University, St. Louis, MO
- Christine Runyan, PhD, Professor, UMass Memorial Medical School, Worcester, MA
- Kathryn Fraser, PhD, Behavioral Medicine Coordinator, Halifax Health Family Medicine Residency, Daytona Beach, FL
- Alexander Blount, EdD, Professor, Antioch University New England
- Keith Dickerson, MD, Physician, St. Mary's Medical Center, Grand Junction, CO

Session References:

- Cho, C. S., Ramanan, R. A., & Feldman, M. D. (2011). Defining the ideal qualities of mentorship: a qualitative analysis of the characteristics of outstanding mentors. The American journal of medicine, 124(5), 453-458.
- Lacasse, M., & Ratnapalan, S. (2009). Teaching-skills training programs for family medicine residents: systematic review of formats, content, and effects of existing programs. Canadian family physician Medecin de famille canadien, 55(9), 902-3.e1-5.
- Blount, F. A., & Miller, B. F. (2009). Addressing the workforce crisis in integrated primary care. Journal of Clinical Psychology in Medical Settings, 16(1), 113.
- O'Donohue, W., & Maragakis, A. (2015). Training the Behavioral Health Workforce for the Patient-Centered Medical Home. In Integrated Primary and Behavioral Care (pp. 61-73). Springer, Cham.
- Experiential Learning Theory as a Guide for Experiential Educators in Higher Education" ELITHE: A Journal for Engaged Educators, Vol. 1, No.1, pp.7-44 (good read at approaches to learning and teaching)

ELO3 - Program Evaluation Intensive: Practical Training in Selecting Measures and Data Collection Methods to Obtain Useful Outcome Data

AM session – Thursday, October 17 – 8:00 to 11:30 AM

Session Description

Do you need help determining appropriate measures and feasible data collection methods for program evaluations within integrated primary care? In this 3-hour preconference workshop, leaders from CFHA's Research & Evaluation Committee and *Families, Systems, & Health* journal will provide practical training in conducting rigorous program evaluations. This workshop will help you identify appropriate measures to answer your key questions as well as data collection methods that balance quality and feasibility. This workshop is designed for those who are planning, conducting, or revising a program evaluation, as attendees will apply the material to their own personal projects within interactive small groups.

Objectives

Upon completion of this activity, learners will be able to:

- List common measures in integrated primary care research and evaluation at the levels of patient/family, provider, program, and population/system
- Select appropriate measures for use in their own program evaluation
- Describe advantages and disadvantages of various methods of collecting program evaluation data
- Identify a feasible strategy for collecting their program evaluation data

Presenters

- Robyn L. Shepardson, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse, NY
- Jennifer S. Funderburk, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Syracuse, NY
- Nadiya Sunderji, MD, MPH, Psychiatrist-in-Chief, Waypoint Centre for Mental Health Care, Assistant Professor, Department of Psychiatry, University of Toronto, Ontario, Canada
- Jodi Polaha, PhD, Associate Professor, Department of Family Medicine, Division of Primary Care Research, East Tennessee State University, Johnson City, TN

Session References:

- Funderburk, J. S., & Shepardson, R. L. (2017). Real-world program evaluation of integrated behavioral health care: Improving scientific rigor. Families, Systems, & Health, 35, 114-124. doi:10.1037/fsh0000253
- Peek, C. J., Cohen, D. J., & deGruy, F. V. (2014). Research and evaluation in the transformation of primary care. American Psychologist, 69, 430442. doi:10.1037/a0036223
- Peikes, D., Taylor, E., Genevro, J., & Meyers, D. (2014) A guide to real-world evaluations of primary care interventions: Some practical advice. Retrieved on 14 February 2019.
- Smith, J. D., & Polaha, J. (2017). Using implementation science to guide the integration of evidence-based family interventions into primary care. Families, Systems, & Health, 35, 125-135. doi:10.1037/fsh0000252
- Sunderji, N., Ion, A., Ghavam-Rassoul, A., Abate, A. (2017). Evaluating the implementation of integrated mental health care: A systematic review to guide the development of quality measures. Psychiatric Services, 68, 891-898. doi:10.1176/appi.ps.201600464

ELO4 - Implementing Family-Centered Care: Clinical, Operational, and Financial Perspectives

AM session – Thursday, October 17 – 8:30 to 11:30 AM

Session Description

This pre-conference institute will guide attendees, who are at beginning to advanced levels in their careers, on how to implement and sustain family-centered models in primary care settings. Presenters will highlight critical studies, debunk myths, and provide clinical, operational, financial, and training strategies toward making the perceived impossible, possible. Attendees will be engaged as learners and experts as they navigate their struggles and discuss how to move the needle forward in their settings toward family-oriented care. Special attention will be paid to addressing cultural, institutional, and interpersonal factors that need to be considered and respectfully addressed in any implementation plan.

Objectives

Upon completion of this activity, learners will be able to:

- Understand what it means to be culturally-informed family-centered advocates in Primary Care and the critical research that supports it.
- Identify family-centered clinical interventions and operational-level strategies that can be used within the primary care context
- Describe financial models for sustaining family-centered models in primary care.

Presenters

- Jennifer Hodgson, PhD, LMFT, Nancy W. Darden Distinguished Professor and Director of the Medical Family Therapy doctoral program, East Carolina University, Greenville, NC
- Alexandra Hulst, PhD, LMFT, Integrated Behavioral Health Advisor, Rocky Mountain Health Plans, Grand Junction, CO
- Alan Lorenz, MD, Physician, RIT Student Health Center, Clinical Associate Professor of Family Medicine & Psychiatry, University of Rochester, Rochester, NY
- Randall Reitz, PhD, LMFT, Director of Behavioral Medicine, St Mary's Family Medicine Residency, Grand Junction, CO
- Andrew Valeras, DO, MPH, Associate Program Director, Dartmouth Hitchcock Leadership Preventive Medicine, Concord, NH
- Lisa Zak-Hunter, PhD, LMFT, Director of Behavioral Health, St. John's Family Medicine Residency, Assistant Professor, Department of Family Medicine and Community Health, The University of Minnesota, Minneapolis, MN

Session References:

- Carman, K.L., Dardess, P., Maurer, M., Sofaar, S., et al., (2013). Patient and family engagement: A framework for understanding the elements and developing interventions and policies. Health Affairs, 32, 223-231.
- Leslie, L. K., Mehus, C. J., Hawkins, J. D., Boat, T., McCabe, M. A., Barkin, S., Perrin, E. C., Metzler, C. W., Prado, G., Tait, V. F., Brown, R., ... Beardslee, W. (2016). Primary Health Care: Potential Home for Family-Focused Preventive Interventions. American Journal of Preventive Medicine, 51(4 Suppl 2), S106-18.
- Mendenhall, T., Lamson, A., Hodgson, J., & Baird, M. (2018). Clinical methods in medical family therapy. New York, NY: Springer.
- Peek, C. J. (2008). Planning care in the clinical, operational, and financial worlds. In Collaborative Medicine Case Studies (pp. 25-38). Springer New York. https://doi.org/10.1007/978-0-387-76894-6_3
- Ross, K. M., Gilchrist, E. C., Melek, S. P., Gordon, P. D., Ruland, S. L., & Miller, B. F. (2018). Cost savings associated with an alternative payment model for integrating behavioral health in primary care. Translational Behavioral Medicine, iby054. Doi: 10.1093/tbm/iby054

ELO5 - Toolkit for Disruptive Behaviors in Pediatric PCBH

PM session – Thursday, October 17 – 12:30 to 3:30 PM

Session Description

Disruptive behaviors are among the most common childhood concerns providers face in primary care, and thorough understanding of how to assess and treat these concerns is essential for any BH provider working with children. Using interactive teaching methods, this full day workshop will provide participants with the knowledge, skills, and the physical toolkit needed to screen, assess, and treat disruptive behaviors in pediatric integrated care settings. Emphasis will be placed on helping participants learn the practical skills needed to respond to the distinct behavioral health needs of children and all participants will receive a physical toolkit for their use.

Objectives

Upon completion of this activity, learners will be able to:

- Build and utilize a toolkit of integrated pediatric care resources for immediate implementation in medical settings
- Identify and implement care pathways for disruptive behaviors in pediatric primary care
- Use screening measures/assessment strategies to identify and accurately diagnose disruptive behavior concerns in pediatric integrated care.
- Effectively implement a range of brief interventions for disruptive behavior concerns within a pediatric primary care visit

Presenters

Lesley Manson, PsyD, Assistant Chair of Integrated Initiatives, Clinical Assistant Professor, Arizona State University, Phoenix, AZ
Tawnya Meadows, PhD, BCBA-D, Co-Chief of Behavioral Health in Primary Care-Pediatrics, Geisinger, Danville, PA
Cody Hostutler, PhD, Pediatric Psychologist at Nationwide Children's Hospital & Assistant Professor, The Ohio State University, OH
Matthew Tolliver, PhD, Assistant Professor, East Tennessee State University, Johnson City, TN
Shelley Hosterman, PhD, Co-Chief of Behavioral Health in Primary Care-Pediatrics, Geisinger, Danville, PA
Maribeth Wicoff, PhD, Postdoc, Geisinger, Danville, PA
Jeff Shahidullah, PhD, Assistant Professor, Rutgers University, New Brunswick, NJ
Hayley Quinn, PsyD, Psychologist, West Seattle Pediatrics, Seattle, WA

Session References:

- Arndorfer,R., Keith, A., Aliazireh, L.. (1999). Behavioral health needs in pediatric medicine and the acceptability of behavioral solutions: Implications for behavioral psychologists. Behavior Therapy, 30(1), 137-148. doi: http://dx.doi.org/10.1016/S0005-7894(99)80050-1
- Asarnow, J. R., Rozenman, M., Wiblin, J., & Zeltzer, L. (2015). Integrated medical-behavioral care compared with usual primary care for child and adolescent behavioral health: A meta-analysis. JAMA Pediatrics. Advance online publication. doi:10.1001/jamapediatrics.2015.1141
- Huang, Y., Lee, P., & Chen, V.C. (2012a). Adolescent Mental Health in Primary Care. In G. Ivbijaro (Ed.), Companion to Primary Care Mental Health (pp. 553-567). London, UK: Radcliffe Publishing.
- Huang, Y., Lee, P., & Chen, V.C. (2012b). Child Mental Health in Primary Care. In G. Ivbijaro (Ed.), Companion to Primary Care Mental Health (pp. 534-552). London, UK: Radcliffe Publishing.
- Kaminski, J. W., Valle, L. A., Filene, J. H., & Boyle, C. L. (2008). A meta-analytic review of components associated with parent training program effectiveness. Journal of abnormal child psychology, 36(4), 567-589.

ELO6 - Expanding Integrated Medicine from Primary Care to Specialty Care

PM session – Thursday, October 17 – 12:30 to 3:30 PM

Session Description

The evidence for integrating behavioral health into medical practices continues to grow, and the value of doing so is often recognized collectively as an ideal. However, in practice there are many barriers to implementing integrated behavioral health models into medical practices, including specialty practices. These barriers include financial reimbursement, clinical workflows, and the availability of personnel. This workshop aims to provide attendees the opportunity to interact with both medical and behavioral health providers who have implemented different levels of integrated models in their specialty practices, and learn about ways to address barriers and expand their integrated services.

Objectives

Upon completion of this activity, learners will be able to:

- Identify various models of integrated care in specialty care settings, and recognize practical actions that were taken in the implementation of each of these models
- Describe approaches that have been utilized to address barriers to integrated care implementation, including:
    - Distinct approaches for reimbursement of services, including development of a proforma
    - Ways in which specialty medicine clinics such as HIV, Addiction, and Integrative medicine can benefit from integrated behavioral health
- Develop a plan for implementing and expanding various models of integrated care in specialty care settings within one's appointed organizations

Presenters

- Ryan Jackman, MD, Faculty, Addiction Medicine, St. Mary's Family Medicine, Grand Junction, CO
- Jessica Stephen Premo, PhD, LMFT
- Amy Davis, MD, Faculty, HIV Medicine, St. Mary's Family Medicine, Grand Junction, CO
- Alicia Gutierrez, LCSW, HIV Medicine, St. Mary's Family Medicine, Grand Junction, CO
- Lucy Graham, RN, HIV Medicine, St. Mary's Family Medicine, Grand Junction, CO
- Marie Collier, MD, Neurologist, Epileptologist, St. Mary's Medical Center, Grand Junction, CO
- Candace Henrikson, MS, Medical Family Therapy Intern, St. Mary's Family Medicine, Grand Junction, CO

Session References:

- Gold, S. B., & Green, L. A. (2019). Integrated behavioral health in primary care : Your patients are waiting. Denver: Springer.
- Hoang T, Goetz MB, Yano EM, et al. The impact of integrated HIV care on patient health outcomes. Med Care. 2009;47(5):560-7.
- https://www.nastad.org/sites/default/files/resources/docs/issue_brief_final.pdf
- https://www.integration.samhsa.gov/clinical-practice/13_May_CIHS_Innovations.pdf
- https://www.epilepsy.com/learn/diagnosis/you-and-your-healthcare-team/psychologists -- AND --
- https://www.epilepsy.com/learn/challenges-epilepsy/moods-and-behavior/cognitive-therapies

Concurrent Sessions

A1: Treating Posttraumatic Stress Disorder with a Prolonged Exposure Protocol within Primary Care Behavioral Health: A Case Example

Brief treatment protocols for PTSD have been used successfully in military PC clinics, but these results are not necessarily generalizable to other patient populations. Therefore, this case study will fill a significant gap in the literature by testing a brief nonpharmacological PTSD treatment protocol (Prolonged Exposure-Primary Care/PE-PC; 5 visits; Cigrang et al., 2017) in primary care within the Primary Care Behavioral Health (PCBH) consultation model.

Presenter(s):
Stacy Ogbeide, PsyD, MS ABPP Assistant Professor UT Health, San Antonio, TX
Brittany Houston, PsyD, Postdoctoral Fellow, Community Health of Central Washington, Yakima, WA
Daisy Ceja, MS, Doctoral Student, Our Lady of the Lake University, San Antonio, TX
Cory Knight, MS Graduate Student, University of Texas San Antonio, San Antonio, TX

Date Friday, 10/18/2019

Time 9:45 to 10:45 AM

Content Level Intermediate

Keywords

- Evidence-based interventions|Innovations|Mood (e.g., depression, anxiety)|Patient-centered care/Patient perspectives|Primary Care Behavioral Health Model

Objectives

- Understand the importance clinical pathways within the Primary Care Behavioral Health (PCBH) model to identify patients who would benefit from a specific treatment.
- Describe how distrust of the healthcare system related to PTSD in vulnerable populations impacts the Quadruple Aim.
- Describe the features of the PE-PC PTSD protocol.

Session References:

- Cigrang, J. A., Rauch, S. A., Mintz, J., Brundige, A. R., Mitchell, J. A., Najera, E., ... & Goodie, J. L. (2017). Moving effective treatment for posttraumatic stress disorder to primary care: A randomized controlled trial with active duty military. Families, Systems, & Health, 35, 450-462. Retrieved from http://dx.doi.org/10.1037/fsh0000315450
- Greene, T., Neria, Y., & Gross, R. (2016). Prevalence, detection and correlates of PTSD in the primary care setting: A systematic review. Journal of Clinical Psychology in Medical Settings, 23, 160-180. doi:10.1007/s10880-016-9449-8
- Hunter, C. L., Goodie, J. L., Oordt, M. S., & Dobmeyer, A. C. (2017). Integrated behavioral health in primary care: Step-by-step guidance for assessment and intervention. American Psychological Association.
- Ogbeide, S. A., Landoll, R. R., Nielsen, M. K., & Kanzler, K. E. (2018, October 11). To Go or Not Go: Patient Preference in Seeking Specialty Mental Health Versus Behavioral Consultation Within the Primary Care Behavioral Health Consultation Model. Families, Systems, & Health. Advance online publication. http://dx.doi.org/10.1037/fsh0000374
- Raja, S., Hasnain, M., Hoersch, M., Gove-Yin, S., & Rajagopalan, C. (2015). Trauma Informed Care in Medicine. Family & Community Health, 38, 216-226. Retrieved from https://doi.org/10.1097/FCH.0000000000000071

A2: Effectiveness Outcome Studies and Evidence Informed Strategies in Integrated Care

A2a: Medical Assistants as Health Coaches? An Effectiveness Outcome Study

The purpose of this presentation is to critically evaluate outcomes of a health coaching curriculum for medical assistants. This curriculum is part of a larger study investigating the effectiveness and implementation of a novel diabetes intervention in primary care. We will describe and share our curriculum, report outcomes from the training and intervention, and discuss next steps in research and dissemination. We recommend nurse managers, implementation researchers, and educators consider attending.

Presenter(s):
Mindy L. McEntee, PhD, Postdoctoral Scholar, Arizona State University, College of Health Solutions, Phoenix, AZ
Matthew Martin, PhD, Clinical Assistant Professor, Arizona State University, Phoenix, AZ

Date Friday, 10/18/2019

Time 9:45 to 10:15 AM

Content Level Intermediate

Keywords

- Implementation science|Skills building/Technical training|Team-based care

Objectives

- Describe the health coaching curriculum and it's fit with the overall intervention
- Review outcome data from this training and intervention
- Analyze next steps in training medical assistants to facilitate health behavior change

Session References:

- Busetto, L., Luijkx, K. G., Elissen, A. M. J., & Vrijhoef, H. J. M. (2015). Context, mechanisms and outcomes of integrated care for diabetes mellitus type 2: A systematic review. BMC Health Services Research, 16(1), 18

- van Eeghen CO, Littenberg B and Kessler R. Chronic care coordination by integrating care through a team"□based, population"□driven approach: a case study. Translational Behavioral Medicine. 2018;8:468"□480.
- American Diabetes Association. (2016). 1. Strategies for improving care. Diabetes Care, 39(Supplement 1), S6-S12.
- Pirbaglou, M., Katz, J., Motamed, M., Pludwinski, S., Walker, K., & Ritvo, P. (2018). Personal health coaching as a type 2 diabetes mellitus self-management strategy: A systematic review and meta-analysis of randomized controlled trials. American Journal of Health Promotion, 32(7), 1613-1626.
- Sarre, S., Maben, J., Aldus, C., Schneider, J., Wharrad, H., Nicholson, C., & Arthur, A. (2018). The challenges of training, support and assessment of healthcare support workers: A qualitative study of experiences in three English acute hospitals. Interna

A2b: Setting Them up for Success: Helping Patients Select and Use Evidence-Informed Self-Management Strategies in Integrated Care Settings

Most health behaviors happen at home, not in the office. It is therefore incumbent on clinicians to support patient self-management strategies, such as at-home monitoring and stress reduction. Although self-management has been discussed conceptually in healthcare for decades, there remain gaps in its selection and use - there are no clear guidelines on how clinicians can help patients successfully use self-management, and little guidance on which strategies are evidence-informed. We will take a transdiagnostic approach in discussing key self-management strategies, including self-monitoring, depression self-management, and anxiety self-management. We will review best practices, including use of mHealth/technology. Attendees will receive handouts detailing evidence-informed self-management strategies and modifiable patient handouts to support effective self-management.

Presenter(s):

Julie Gass, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Buffalo, NY

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

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

Session References:

- Grady, P. A., & Gough, L. L. (2014). Self-management: A comprehensive approach to management of chronic conditions. American Journal of Public Health, 104, e25-e31. doi:10.2105/AJPH.2014.302041
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Date Friday, 10/18/2019

Time 10:15 to 10:45 AM

Content Level All Audience

Keywords

- Evidence-based interventions|Self-care/Self-management

Objectives

- Determine how to decide which self-management strategy to suggest to patients using our Decision Tool
- Understand the current evidence base for self-management studies including management of depression and anxiety as well as self-monitoring
- Learn how to implement effective self-management strategies in their own patient populations

A3: Planning and Delivering Trauma-informed, Team-based Tobacco Cessation Treatment

Participants will learn how to apply trauma-informed care principles in tobacco cessation treatment planning and delivery. The pace of integrated medical care settings can pose difficulties when adjusting tobacco cessation treatment for patients with a history of trauma. The presentation will include information regarding how exposure to trauma influences tobacco use trends and associated health outcomes, and people with trauma histories may negatively react to traditional tobacco cessation treatment in integrated care settings. Participants will use Trauma-informed Care principles to plan and practice team-based, trauma-informed tobacco cessation treatment interventions and approaches.

Presenter(s):

Cathy Hudgins, PhD, LPC, LMFT, Consultant, TEAMS, Inc., Blacksburg, VA

Lesley Manson, PsyD, Associate Clinical Professor, Arizona State University, Phoenix, AZ

Session References:

- Menschner, C., & Maul, A. (2016). Key ingredients for successful trauma-informed care implementation (Issue Brief). Advancing Trauma-Informed Care. Robert Wood Johnson Foundation. Retrieved from http://www.chcs.org/resource/key-ingredients-for-successful-trauma-informed-care-implementation/
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- Cheney, M. K., Oman, R. F., Vesely, S. K., Aspy, C. B., & Tolma, E. L. (2014). Prospective associations between negative life events and youth tobaccouse. American Journal of Health Behaviors, 38(6), 942-950.

Date Friday, 10/18/2019

Time 9:45 to 10:45 AM

Content Level Intermediate

Keywords

- Evidence-based interventions|Patient-centered care/Patient perspectives|Substance abuse management (e.g., alcohol, tobacco, illicit drugs)
- Trauma-informed Care

Objectives

- Identify how trauma is a factor in tobacco use trends and long-term health problems associated with smoking and use of other tobacco products.
- Discuss how exposure to trauma influences people's ability to quit smoking and their reaction to tobacco cessation treatment in team-based, integrated medical care settings.
- Apply Trauma-informed Care principles in planning and delivering tobacco cessation treatment services.

A4: Is Psychological Flexibility a Protective Factor in the Relationship Between Adverse Childhood Events and Salient Health Outcomes in Adolescents?

Adverse Childhood Experiences (ACEs) are highly prevalent, stressful or traumatic events (e.g., abuse, neglect, household dysfunction) experienced in childhood and are related to negative academic, physical, and mental health outcomes in children, teens, and adults. However, there is limited understanding about the ways in which ACEs lead to negative outcomes and which children who experience ACEs will develop negative health outcomes. This project is currently implementing psychological flexibility and ACEs screening during teenage well-care visits using QI methodology. Screening data are being analyzed to determine whether higher levels of psychological flexibility was associated with reduced risk of negative health outcomes for adolescents who have experienced ACEs.

Presenter(s):

Cody Hostutler, PhD, Pediatric Psychologist, Nationwide Children's Hospital & The Ohio State University, Columbus, OH

Tyanna Snider, PsyD, Pediatric Psychologist, Nationwide Children's Hospital, Columbus, OH

Michele Oyortey, MD, Physician, Nationwide Children's Hospital, Columbus, OH

Session References:

- Kashdan, T. B., & Rottenberg, J. (2010). Psychological flexibility as a fundamental aspect of health. Clinical psychology review, 30(7), 865-878.
- Kerker, B. D., Zhang, J., Nadeem, E., Stein, R. E., Hurlburt, M. S., Heneghan, A., ... & Horwitz, S. M. (2015). Adverse childhood experiences and mental health, chronic medical conditions, and development in young children. Academic pediatrics, 15(5), 510-517.

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Time 9:45 to 10:45 AM

Content Level Intermediate

Keywords

- Adolescents|Quality improvement programs|Research and evaluation

Objectives

- Identify common barriers to conducting research in integrated primary care, particularly for an early career provider.
- Describe how QI methods can be used to support implementation of screening for ACEs and Psychological Flexibility
- Describe the relationship between ACEs, psychological flexibility, and negative health outcomes

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- American Academy of Pediatrics (2014). Addressing adverse childhood experiences and other types of trauma in the primary care setting. https://www.aap.org/en-us/Documents/ ttb_addressing_aces.pdf.

A5: Harmonizing Clinical, Research, and Teaching Aims: Team Care for Patients with Complex Needs

This presentation demonstrates how clinical innovators in one family medicine residency clinic developed a team-based intervention for complex patients, disseminated the innovation through a creative teaching strategy, and collected program evaluation data. Our team will use this teaching strategy to disseminate our clinical process by allowing the audience to review an enhanced care treatment model case. Presenters will walk the audience through a case-based learning experience from patient selection through the treatment process. Thereafter, the audience will participate in a break-out session identifying barriers and brainstorming solutions based on the case and process presented. Additionally, the audience will learn how to use innovative and experiential methods for teaching interprofessional teams and residents about the implementation of a successful integrated care model. Preliminary outcomes data for a team-based approach treating patients with complex needs will be shared.

Presenter(s):

Alicia Williams, MA, CSAC, Social Health Specialist, East Tennessee State University Quillen College of Medicine, Johnson City, TN

Millie Wykoff, RN, BSN, Patient Health Manager, East Tennessee State University Family Medicine Associates of Johnson City, Johnson City, TN

Ryan Tewell, PharmD, Clinical Assistant Professor, East Tennessee State University Department of Family Medicine, Johnson City, TN

Jodi Polaha, PhD Associate Professor, East Tennessee State University, Quillen College of Medicine, Family Medicine, Johnson City, TN

James Holt, MD, Interim Program Directorr, East Tennessee State University, Johnson City Family Medicine Residency Program, Johnson City, TN

Kevin Metzger, DO, Sports Medicine Fellow, MAHEC Sports Medicine, Asheville, NC

Session References:

- Peek, CJ, Cohen, DJ, DeGruy, FJ (2014) Research and Evaluation in the Transformation of Primary Care. American Psychological Association, 69 (4), 430 - 442 .
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- Reiss-Brennan B, Brunisholz KD, Dredge C, et al. Association of Integrated Team-Based Care With Health Care Quality, Utilization, and Cost. Jama. 2016;316(8):826. doi:10.1001/jama.2016.11232.
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- Jiang HJ (AHRQ), Weiss AJ (Truven Health Analytics), Barrett ML (M.L. Barrett, Inc.), Sheng M (Truven Health Analytics). Characteristics of Hospital Stays for Super-Utilizers by Payer, 2012. HCUP Statistical Brief #190. May 2015. Agency for Healthcare R

Date Friday, 10/18/2019

Time 9:45 to 10:45 AM

Content Level All Audience

Keywords

- Interprofessional education|Patient-centered care/Patient perspectives|Team-based care

Objectives

- Describe a process for addressing complex patient needs through interprofessional team-based care.
- Develop innovative and experiential methods for teaching interprofessional teams and residents about interprofessional care.
- Demonstrate familiarity with preliminary outcomes data for a team-based approach treating patients with complex behavioral, social and healthcare needs will be shared.

A6: Are We Ready? Assessing Multi-Sector Stakeholder Readiness to Sustain and Advance Behavioral Health Integration

The state of Colorado has made great strides in advancing behavioral health integration under its Centers for Medicare & Medicaid Services State Innovation Model (SIM). In the final phase of SIM, the Governor's Office is pursuing opportunities to sustain momentum and support the evolution of integrating care. Applying an evidence-based readiness model, R=MC2 (Readiness = Motivation x Innovation-specific Capacity x General Capacity), a state-wide stakeholder readiness assessment seeks to understand readiness of stakeholders to lead and sustain efforts and build upon the established infrastructure to inform system change and policy development to optimize integrated behavioral health care delivery. Findings will be presented to the Colorado Governor's Office as a policy report and to multi-sector stakeholders as consumer-friendly products designed to engage and inform target audiences in summer 2019.

Presenter(s):
Emma Gilchrist, MPH, Deputy Director, Farley Health Policy Center, University of Colorado Anschutz Medical Campus, Aurora, CO
Stephanie Kirchner, MSPH, RD, Practice Transformation Program Manager, University of Colorado, Dept. of Family Medicine, Denver, CO
Leslie Snapper, BS, Doctoral Student, University of North Carolina-Charlotte, Charlotte, NC
Tara Kenworthy, MA, PhD Candidate, University of South Carolina, Columbia, SC
Laurel Broten, MPH, SIM Data Strategy Coordinator, Colorado State Innovation Model
Shale Wong, MD, MSPH, Director, Eugene S. Farley, Jr. Health Policy Center, Anschutz Medical Campus, Aurora, CO
Stephanie Gold, MD, University of Colorado Anschutz Medical Campus, Aurora, CO

Session References:

- Scaccia, J.P., Cook, B.S., Lamont, A., Wandersman, A., Castellow, J., Katz, J., & Beidas, R.S. (2015). A practical implementation science heuristic for organizational readiness: R=MC2. Journal of Community Psychology, 43(4), 484-501.
- Scott, V.C., Kenworthy, T., Godly-Reynolds, E., Bastien, G., Scaccia, J., Gadaire, A., McMickens, C., Sharon, R., Cooper, S., Wrenn, G., & Wandersman, A. (2017). The Readiness for Integrated Care Questionnaire (RIC-Q): A new tool to assess readiness to integrate behavioral health and primary care. American Journal of Orthopsychiatry. Advance online publication. http://dx.doi.org/10.1037/ort0000270
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Time 9:45 to 10:45 AM

Content Level All Audience

Keywords

- Multi-sector partnerships|Policy

Objectives

- Describe an evidence-based framework for assessing readiness for cross-sector partnerships.
- Discuss how partnership effectiveness may be improved by surfacing strengths, challenges, and infrastructure and policy needs.
- Identify systems change and policy recommendations to support multi-sector partnerships to sustain and advance behavioral health integration.

A7: SBIRT in Higher Education and Integrated Care Settings

A7a: The SBIRT Evolution for Adolescents: A Recipe to Drive Behavioral Health and Primary Care Integration

Building upon the research on SBIRT adaptation for adolescents, the Facilitating Change for Excellence in SBIRT initiative developed an innovative and evidence-based guide for adolescent SBIRT implementation. This presentation will highlight strategies and skill sets for implementation, and success stories from a Federally Qualified Health Center that successfully forged strong partnerships within the community while improving their SBIRT practice. Attendees will receive instruction on using change concepts to drive integration and improved population health while employing benchmarks for continual quality improvement.

Date Friday, 10/18/2019

Time 9:45 to 10:15 AM

Content Level Intermediate

Keywords

- Adolescents|Evidence-based interventions|SBIRT Model of Integrated Care

Objectives

Presenter(s):

Aaron Williams, MA, Senior Director, Training and Technical Assistance, The National Council for Behavioral Health, Washington, DC

Kathleen McCadam, LCSW, Director of Behavioral Health Integration, Family First Health, York, PA

- Define a change package as a tool for driving nationally applicable Screening, Brief Intervention, and Referral to Treatment (SBIRT) adolescent practice transformation.
- Identify SBIRT clinical and operational change concepts that maximize opportunities to promote integration by enhancing population health, generating outcome-informed policies, and creating community partnerships.
- Implement practical applications of SBIRT change concepts tested by pilot participants to integrate upstream prevention, education, and early intervention.

Session References:

- U.S. Department of Health & Human Services, Office of Adolescent Health. (2018). Substance Use and Adolescent Development
- SAMHSA. (2017). Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health.
- Stanhope, V., Manuel, J. I., Jessell, L., Halliday, T. M. (2018). Implementing SBIRT for adolescents within community mental health organizations: A mixed methods study. Journal of Substance Abuse Treatment. 90, 38-46.
- Borus, J., Parhami, I., Levy, S. (2016). Screening, Brief Intervention, and Referral to Treatment. Child and Adolescent Psychiatric Clinics of North America, 25(4), 579-601.
- Gryczynski, J., Mitchell, S. G., Schwartz, R. P., Kelly, S. M., Dusek, K., Monico, L., O'Grady, K. E., Brown, B. S., Orso, M., Hosler, C. (2018). Disclosure of Adolescent Substance Use in Primary Care: Comparison of Routine Clinical Screening and Anonym

A7b: Implementation of an SBIRT Training Program in Higher Education: Implications for the Interdisciplinary Workforce

Despite the high prevalence of risky substance use and SUDs, preservice education related to treating SUDs in health and behavioral health professions is inadequate (Babor & Higgins-Biddle, 2009; Dimoff & Sayette, 2017; Russett & Williams, 2014). An interdisciplinary training model was developed and implemented in collaboration with five health disciplines: nursing, social work, clinical psychology, counseling, and integrated behavioral health at a large public university. The implementation and sustainability model was informed by implementation science (Proctor, 2011; Rogers, 2002), and was adaptable across disciplines, enhanced student and faculty knowledge gain, and sustainable for diverse training programs. This session will discuss the implications of an interdisciplinary program for the broader integrated care workforce development programs, including how pilot data related to the impact of delivery modalities (e.g., in-person, online, or hybrid) influences trainee outcomes.

Presenter(s):

Colleen Cordes, PhD, Clinical Professor, Assistant Dean NTE Faculty, Integrated Behavioral Health Programs, College of Health Solutions, Arizona State University, Phoenix, AZ

CR Macchi, PhD, Clinical Associate Professor, Academic Program Lead, Integrated Behavioral Health Programs, College of Health Solutions, Arizona State University, Phoenix, AZ

Adrienne Lindsey, MA, DBH, Associate Director, Center for Applied Behavioral Health Policy, Watts College of Public Service and Community Solutions, Arizona State University, Tucson, AZ

Date Friday, 10/18/2019

Time 10:15 to 10:45 AM

Content Level Intermediate

Keywords

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

Objectives

- Identify implementation science frameworks that guide development of interdisciplinary workforce development programs
- Articulate differences in workforce training outcomes by delivery modality (e.g. online, hybrid, in-person)
- Describe implications of an SBIRT training program on the interprofessional workforce

Session References:

- Dimoff, J. D., Sayette, M. A., & Norcross, J. C. (2017). Addiction training in clinical psychology: Are we keeping up with the rising epidemic? American Psychologist, 72(7), 689-695.
- Sherwood, D.A., Kramlich, D., Rodriguez, K., & Graybeal, C. (2019). Developing a Screening, Brief Intervention, and Referral to Treatment (SBIRT) program with multiple health professions programs. Journal of Interprofessional Care, 25, 1-4.
- Russett, J.L. & Williams, A. (2015). An exploration of substance abuse course offerings for students in counseling and social work programs. Substance Abuse, 36, 51-58
- Savage, C.L., Daniels, J., Johnson, J.A., Kesten, K., Finnell, D.S., & Seale, J.P. (2018). The inclusion of substance use-related content in advanced practice registered nurse curricula. Journal of Professional Nursing, 34, 217-220
- Serrano, N., Cordes, C., Cubic, B., & Daub, S. (2018). The state and future of the primary care behavioral health model of service delivery workforce. Journal of Clinical Psychology in Medical Settings, 25, 157-168.

A8: Mapping the Territory: Using a Practical Tool to Assess Provider Perceptions of Presenting Problems Across System and Time

Patient registries, collaborative care models, and population-based screeners are just some of the tools used to identify patient need in an integrated care model. Collaborating in the assessment and treatment of high frequency presenting problems is one way the behavioral health provider can resource both provider and patient. Listening to providers' perception of most frequently occurring problems allows the BHP to develop resources specifically relevant to the respective clinics and providers. An original survey was developed to better understand the types and frequencies of patient issues present across the Providence Medical Group (PMG) clinics setting as well as to be a consultative tool to help develop resources to meet provider and patient needs. This 36-item tool was used in twelve different clinics throughout PMG to identify system-wide trends in patient problems and explore differences over time to develop patient resources, staff trainings, and strategies for patient care

Presenter(s):

Nathan Engle, PsyD, Clinical Health Psychologist, Providence Medical Group, Portland, OR

Mary Peterson, PhD, Program Director, George Fox University, Newberg, OR

Vanessa Casillas, PysD, Director of Psychology, Providence Medical Group, Portland, OR

Session References:

- Fisher, L., Dickinson, W., & Anderson, Norman B. (2014). Psychology and Primary Care. American Psychologist, 69(4), 355-363.
- Miller, B., Brown Levey, S., Payne-Murphy, J., & Kwan, B. (2014). Outlining the scope of behavioral health practice in integrated primary care: Dispelling the myth of the one-trick mental health pony. Families, Systems & Health : The Journal of Collaborative Family Healthcare, 32(3), 338-43.
- Hunter, C.L., Dobmeyer A.C., Reiter (2018) Integrating Behavioral Health Services into Primary Care: Spotlight on the Primary Care Behavioral Health (PCBH) Model of Service Delivery. Journal of Clinical Psychology in Medical Settings (2018) 25:105-108
- Sandoval, B. E., Bell, J., Khatri, P., & Robinson, P. J. (2017). Toward a unified approach: Uniting diverse primary care strategies under the primary care behavioral health (PCBH) model. Journal of Clinical Psychology in Medical Settings.
- 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. h

Date Friday, 10/18/2019

Time 9:45 to 10:45 AM

Content Level All Audience

Keywords

- Collaborative Care Model of Integrated Care | Innovations | Interprofessional education | Population and public health | Quality improvement programs | Sustainability | Team-based care

Objectives

- Attain a consultative tool that can be used to enhance any Behaviorally Integrative setting
- Identify areas of program development or training opportunities in one's own practice
- Practice interprofessional consultation skills

B1: Translating Therapy Skills into Integrated Behavioral Health in Primary Care

In this presentation, mental health providers will learn how translate clinical skills into the primary care environment, with a focus on using brief evidence-based behavioral interventions to address physical and mental health. This purpose of the is presentation is to assist mental health practitioners in understanding how they fit into an IBH model, best practices for working as a team in a collaborative model, and honing practice skills to a primary care environment. We will review Integrated Behavioral Health models in use, with focus on a fully integrated model at a Federally Qualified Healthcare Center in Baytown and Houston, Texas. We will give an overview of theoretical models of treatment most appropriate for the fast-paced and diverse nature of Primary Care, including: Motivational Interviewing, Brief Solution-Focused Therapy, Cognitive Behavioral Therapy, and Crisis Intervention. This will be an interactive session with demonstration of skills, role plays to practice learned material, and feedback opportunities to solidify practice of integrated behavioral health assessment and intervention techniques.

Presenter(s):

Diane Dougherty, PhD, Clinical Lead Integrated Behavioral Health, Legacy Community Health, Baytown, TX

Kimberly Valdez, LCSW, Behavioral Health Consultant, Legacy Community Health Services, Baytown, TX

Date Friday, 10/18/2019

Time 11:00 AM to 12:00 Noon

Content Level Intermediate

Keywords

- Assessment | Primary Care Behavioral Health Model | Skills building/Technical training

Objectives

- Learn how behavioral health providers can use systems theory and clinical skills to provide effective care in the Integrated Behavioral Health model.
- Increase understanding of theoretical models of treatment most appropriate for the fast-paced and diverse nature of Primary Care, including: Motivational Interviewing, Brief Solution-Focused Therapy, Cognitive Behavioral Therapy, and Crisis Intervention.

Ryan Johnson, MSW/LCSW-S, LCDC, Behavioral Health Consultant, Legacy Community Health Services, Houston, TX

- Hone practice skills to perform brief, effective functional assessments and interventions in a Primary Care setting.

Session References:

- American Academy of Family Physicians (2011). Mental Health Care Services by Family Physicians. Retrieved from: http://www.aafp.org/about/policies/all/mental-services.html
- Weisberg, R. & Magidson, J. (2014). Integrating cognitive behavioral therapy into primary care settings. Cognitive and Behavioral Practice, 21 (3), 247-251.
- National Association of Social Workers (2016). NASW: Standards for Social work Practice in Health Care Settings. Retrieved from: https://www.socialworkers.org/LinkClick.aspx?fileticket=fFnsRHX-4HE%3d&portalid=0
- James, R. and Gilliland, B. (2013). Crisis Intervention Strategies (8th Ed.). Boston, MA: Cengage Learning.
- Miller, R. and Rollnick, S. (2013). Motivational Interviewing: Helping People Change (3rd Ed.). New York, NY: The Guilford Press.

B2: Technological Innovations in Chronic Pain Management

B2a: Treating Medically Unexplained Symptoms and Chronic Pain: The Curable App

Medically unexplained symptoms (MUS) are common in primary care, occurring in approximately 30% of patients (Clarke, 2016). Finding new ways to treat these patient in integrated primary care is paramount. This study involves patients of the practice diagnosed with MUS and chronic pain and the use of an evidence-based application (App) added to the current treatment protocol. Data collected on this App named Curable reports that 70% of Curable users experience some degree of physical pain relief within the first thirty days of use (curable.com, 2019). Additional benefits of this study are linked to developing practical skills essential to enhancing team-based care, furthering inter-professional training, and building new ways to use technology to support integrated practices.

Presenter(s):

Cynthia Stone, DBH, Director of Behavioral Health, Community Care Physicians, Latham, NY
David Clarke, MD, President, Psychophysiologic Disorders Association; Assistant Director at the Center for Ethics and Clinical Assistant Professor of Gastroenterology Emeritus both at Oregon Health & Science University (OHSU), Portland, OR
Kristine Campagna, DO, Physician, Latham Medical Group-Community Care Physician, Latham, NY
Holly Cleney, MD, Family Physician, Community Care Physicians, Latham, NY
Elizabeth Locke, MD, Managing Physician, Community Care Physicians, Latham, NY
Lesley Manson, PsyD, Assistant Chair of Integrated Initiatives, Arizona State University, Phoenix, AZ

Date Friday, 10/18/2019

Time 11:00 AM to 11:30 AM

Content Level All Audience

Keywords

- Interprofessional education|Interprofessional teams|Medically unexplained symptoms
- PCBH, innovation,ehealth, technology, skill building, patient self-mamagment

Objectives

- Identify potential benefits of using Curable in the treatment in primary care of MUS patients leading to improved physician-patient care, reduced physician stress, enhanced patient satisfaction, reduced cost of care and improved.
- Describe key components of the intervention using Curable in the treatment of MUS patients.
- Understand how the treatment of MUS patients in primary care supports the quadruple aim.

Session References:

- Barsky, A. J., Orav, E. J., & Bates, D. W. (2005). Somatization increases medical utilization and costs independent of psychiatric and medical comorbidity. Archives of General Psychiatry, 62, 903-910. http://dx.doi.org/10.1001/archpsyc.62.8 .903
- Clarke, D. D. (2007). They can't find anything wrong! 7 keys to understanding, treating, and healing stress illness. Boulder, CO: Sentient Publications.
- Clarke, D. D. (2016). Diagnosis and treatment of medically unexplained symptoms and chronic functional syndromes. Families, Systems, & Health, 34(4), 309.
- Escobar, J. I., Gara, M. A., Diaz-Martinez, A. M., Interian, A., Warman, M., Allen, L. A., . . . Rodgers, D. (2007). Effectiveness of a time-limited cognitive behavior therapy type intervention among primary care patients with medically unexplained symptoms. Annals of Family Medicine, 5, 328-335. http://dx.doi.org/10.1370/afm.702
- Rosser, B. A., & Eccleston, C. (2011). Smartphone applications for pain management. Journal of Telemedicine and Telecare, 17(6), 308-312. https://doi.org/10.1258/jtt.2011.101102

B2b: Using Technology to Deliver a Holistic Approach for Management of Chronic Health Conditions/Pain

Attendees will learn about Whole Health patient-driven care, where what patients value regarding their health and well-being is the focus of care. Attendees will learn how technology, by use of video connect or clinical video telehealth, can assist patients in reaching these goals. Attendees will learn some of the benefits of using technology to introduce a holistic approach to healthcare and self-management of chronic health conditions, such as chronic pain. Attendees will learn some of the benefits of using technology to provide healthcare interventions to patients who would otherwise encounter barriers to care.

Presenter(s):
LaTonya Carey-Wright, PsyD, Primary Care Psychologist, Veterans Health Administration, Dublin, GA
Sheryl Leytham, PhD, Clinical Psychologist, Ralph H Johnson VA Medical Center, Myrtle Beach, SC

Session References:

- Whole Health for Life: Components of Proactive Health and Well-Being. www.va.gov/patientcenteredcare
- Using Technology in Mental Health Practice. Magnavita, Jeffery J (April 2018).
- A Practitioner's Guide to Telemental Health: How to Conduct Legal, Ethical, & Evidence-Based Telepractice. Luxton, D.D, Nelson, E., & Maheu, M.M. (2016).
- Whole Health Action Management Peer Support Training. SAMHSA-HRSA Center for Integrated Health Solutions. www.integration.samhsa.gov
- The Opioid Crisis:Changing Habits and Improving Pain Management. Institute for Healthcare Improvement (January 2018). www.ihi.org

Date Friday, 10/18/2019

Time 11:30 AM to 12:00 Noon

Content Level All Audience

Keywords

- Behavioral Medicine Topics (e.g., insomnia, medication adherence)|Chronic Care Model of Integrated Care|Patient-centered care/Patient perspectives|Technical assistance/practice facilitation for integrated care

Objectives

- Identify and discuss some of the benefits and challenges in providing patient care using advanced technology. List considerations and exclusions for providing healthcare via advanced technology.
- Define the whole health, and discuss holistic approach to management of chronic illness, such as chronic pain management, outside of a traditional office visit
- Identify and discuss the difference between traditional healthcare from a medical-model versus a patient centered model of care.

B3: From Training to Retaining: A Roadmap to Successful Onboarding of Learners and Licensed Behavioral Health Providers into Integrated Care

As rates of integration continue to expand nationally, increasing numbers of professionals from the specialty mental health workforce are transitioning into primary care and other medical settings for the first time. In order to provide and maintain high quality, robust, and fully integrated behavioral health services, it is critical that medical systems and administrators develop and support comprehensive recruitment, onboarding, and continuous training processes for all behavioral health professionals entering integrated care settings. This workshop will provide a useful guide for integrated care directors, supervisors, and administrators involved in the selection and development of both medical and non-medical behavioral health providers at various levels of training in the healthcare setting.

Presenter(s):
Jeremy Vogt, PhD, Behavioral Health Consultant, Denver Health, Denver, CO
Jennifer Grote, PhD, Director, Integrated Behavioral Health, Denver Health, Denver, CO
Elizabeth Lowdermilk, MD, Associate Director of Services, Dept of Psychiatry, Denver Health Medical Center, Denver, CO
Leigh Kunkle, MA, Psychology Resident, Denver Health Medical Center, Denver, CO

Session References:

- Cowley, D., et al. Teaching Psychiatry Residents to Work at the Interface of Mental Health and Primary care. Academic Psychiatry. 2014; 38:398-404.
- Raney, L.E. Integrated Care Working at the Interface of Primary Care and Behavioral Health. Arlington, VA: American Psychiatric Association; 2015.
- Robinson, P. J. & Reiter, J. T. (2015). Behavioral Consultation and Primary Care: A Guide to Integrating Services, 2nd Edition. NY: Springer.

Date Friday, 10/18/2019

Time 11:00 AM to 12:00 Noon

Content Level Intermediate

Keywords

- Team-based care|Training Models|Workforce development

Objectives

- Identify ideal candidates capable of functioning at a high level in integrated care settings.
- Describe beneficial components of onboarding and areas of training in both medical and non-medical behavioral health providers at various levels of training.
- Describe how to market and create buy-in of new behavioral health professionals into existing medical clinics and systems.

- Hoge, M.A., Morris, J.A., Laraia, M., Pomerantz, A., & Farley, T. (2014). Core Competencies for Integrated Behavioral Health and Primary Care. Washington, DC: SAMHSA - HRSA Center for Integrated Health Solutions.
- Cohen, D.J., Davis, M.M., Hall, J.D., Gilchrist, E.C., Miller, B.F. A Guidebook of Professional Practices for Behavioral Health and Primary Care Integration: Observations From Exemplary Sites. Rockville, MD: Agency for Healthcare Research and Quality. Mar

B4: "Oh, the Places You'll Go!"□: Making the Transition from Front-line Warrior to Large-System Change Leader

In this hour-long workshop, 5 leaders in integrated healthcare, population health and large system change will offer specific tenets-including partnering, creating a value proposition, and developing an adaptive leadership stance--for taking skills gained as an integrated care clinician to exert influence on the larger system level. We will draw from our own personal experiences to describe the gratification and challenges of making the transition from problem-solving clinician to innovation-fostering leader. We'll talk specifically about gaining the attention and respect of prime decision-makers while remaining true to the best practices and values of integrated healthcare. Programmatic examples will be used throughout.

Presenter(s):

Barry Jacobs, PsyD, Principal, Health Management Associates, Philadelphia, PA

Suzanne Bailey, PsyD, Chief Operating Officer, Cherokee Health Systems, Talbott, TN

Suzanne Daub, LCSW, Principal, Health Management Associates, Philadelphia, PA

Jena Fisher, PhD, Executive Director of Innovation, Merakey, Wynnewood, PA

Andrew Valeras, DO, MPH, Associate Program Director, Leadership Preventive Medicine Residency, NH Dartmouth Family Medicine Residency, Concord, NH

Session References:

- Raney, LE, Lasky, GB & Scott, Clare (2017). Integrated care-a guide for effective implementation, American Psychiatric Association Publishing, Arlington, VA
- Heifetz, RA et. al. (2009). The practice of adaptive leadership: tools and tactics for changing your organization and the world, Harvard Business Press, Cambridge, MA
- Clark, KD, Miller, BF, et. al. (2017). Implementation of behavioral health interventions in real world scenarios: managing complex change. Families, Systems, Health, 35(1):36-45
- McDaniel, SM & Campbell, T (2018). Collaborative leadership in uncertain times. Preconference at the 2018 Collaborative Family Healthcare Association Annual Conference, Rochester, NY
- Frich, JC (2015). Leadership development programs for physicians: a systematic review. Journal of General Internal Medicine, 30(5):656-74

Date Friday, 10/18/2019

Time 11:00 AM to 12:00 Noon

Content Level Intermediate

Keywords

- Mentorship|Professional Identity, including development of|Workforce development

Objectives

- Identify 5 major skills of population health and integrated care leadership
- Define how integrated care practices of partnering and creating motivation for change on the clinical level can be translated to the large systems level
- Describe specific processes for introducing large systemic change while adhering to best practices and clinical values

B5: Uncharted Territory: Creating Pathways for Behavioral Health and Dental Integration

The benefits of a whole-person approach to health is well established, thought it is often assumed that integration of behavioral health (BH) must occur alongside medical providers in the primary care setting. A less frequently considered approach is integrating BH services into a dental clinic, which has the potential of further reducing inter-professional siloes, reducing gaps in patient care, and improving patient outcomes. Salud Family Health Centers, an FQHC in Colorado, sought to add another door to patient access and expand their integrated care model by creating a pilot a program where a BH provider was integrated into the dental clinic. This presentation will provide detail on successes and challenges to integrating BH in a dental clinic and the vast potential in creating this additional entry point to BH care. It will describe strategies for gaining leadership, staff, and patient buy-in. Presenters will also detail initial results of this program.

Presenter(s):

Date Friday, 10/18/2019

Time 11:00 AM to 12:00 Noon

Content Level All Audience

Keywords

- Population and public health|Prevention|Team-based care

Objectives

- Describe workflows and strategies for implementation.
- Describe areas of clinical focus (e.g., anxiety, substance use disorder, child abuse, and treatment adherence), as well as relevance of these.

Jonathan Muther, PhD, VP of Medical - Behavioral Health Integration, Salud Family Health Centers, Commerce City, CO
Yajaira Johnson-Esparza, PhD, Director of Medication Assisted Treatment, Salud Family Health Centers, Commerce City, CO

- Describe strategies for gaining leadership, staff, and, most importantly, patient buy-in for this type of integration.

Session References:

- Atchison, K. A., R. G. Rozier, and J.A. Weintraub. 2018. Integration of oral health and primary care: Communication, coordination, and referral. NAM Perspectives. Discussion Paper. National Academy of Medicine, Washington, DC. https://doi.org/10.31478/201810e.
- Institute of Medicine. 2011. Improving access to oral health care for vulnerable and underserved populations. Washington, DC: The National Academies Press, doi: 10.17226/13116
- Vujicic, M., H. Israelson, J. Antoon, R. Kiesling, T. Paumier, and M. Zust. 2014. A profession in transition. Guest editorial. Journal of the American Dental Association 145(2): 118-121.
- Auxier, A., Farley, T., & Seifert, K. (2011). Establishing an integrated care practice in a community health center. Professional Psychology: Research and Practice, 42(5), 391-397
- McNeely, Wright, Matthews, Rotrosen, Shelley, Buchholz, & Curro (2013). Substance-use screening and interventions in dental practices. The Journal of the American Dental Association, 144(6), 627-638

B6: Psychopharmacology Review for Primary Care

The primary care clinician is increasingly called upon to manage a wide spectrum of psychiatric disorders from initial presentations of depression and anxiety to complex and chronic conditions such as bipolar disorder, addictions, and psychotic disorders. Psychopharmacology Review for Primary Care is a fast-paced, ambitious review of an array of topics including overview of drug classes, adverse effects, management of common clinical presentations, and clinical pearls. Our target audience will be prescribers wishing to enhance their knowledge and non-prescribers wishing to add to their knowledge base. A cased-based approach with audience interaction and emphasis on providing links to resources and clinical tools will enhance learning. Review will include mention of emerging topics in psychiatry the primary care team may receive questions about, such as ketamine, newer antidepressants, medical cannabis, and pharmacogenomic testing. All disciplines are welcome.

Presenter(s):
Thomas Salter, MD, Physician/Psychiatrist, Mayo Clinic, Rochester, MN
Mark Williams, MD, Associate Professor of Psychiatry and Psychology, Mayo Clinic, Rochester, MN

Date Friday, 10/18/2019

Time 11:00 AM to 12:00 Noon

Content Level Intermediate

Keywords

- Behavioral Medicine Topics (e.g., insomnia, medication adherence)|Mood (e.g., depression, anxiety)|Other
- psychopharmacology

Objectives

- Describe initial management of depressive, bipolar, and anxiety disorder clinical presentations to stabilize patients or bridge to psychiatric consultation.
- Identify and manage common and serious side effects of antidepressants, antipsychotics, and mood stabilizers and barriers to treatment.
- Identify and have access to at least three clinical tools/resources on psychopharmacology.

Session References:

- Prim Care. 2016 Jun;43(2):327-40. doi: 10.1016/j.pop.2016.01.002.Psychopharmacology in Primary Care Settings.
- Ann Intern Med. 2016 Oct 4;165(7):ITC49-ITC64. doi: 10.7326/AITC201610040.
- Am J Med. 2019 Jan 30. pii: S0002-9343(19)30115-9. doi: 10.1016/j.amjmed.2019.01.012. [Epub ahead of print]. New Treatment Options for Depression: A Primer for Internists. Byun TH1, Chaliki SS2, Poole KG Jr2
- Med Clin North Am. 2014 Sep;98(5):1025-48. doi: 10.1016/j.mcna.2014.06.004.
- BMC Psychiatry. 2017 Feb 8;17(1):60. doi: 10.1186/s12888-017-1230-5.

B7: At-Risk Populations in Integrated Care: A Focus on Suicidal Risk and Transgender Individuals

B7a: A community Wide Effort to Provide Competent and Comprehensive Transgender Healthcare from Scratch

Until mid 2018 our Central Oregon community had few resources for trans healthcare and most members of the trans community had to drive three hours over a mountain pass to access even basic primary care. In the last year medical providers across organizations, local advocates, regional experts, and our local CCO have worked to provide trainings, enhance networking, improve and utilize EHRs, and shift policy and practice within our organizations. We are working up to a model whereby each primary clinic in our three county area can address medical, mental health assessment, and behavioral health support needs specific to trans patients. Simultaneously, as a hospital system we are working to meet Healthcare Equality Index standards and some of our policy changes have been featured in the national news. In our presentation we will present a model for increasing capacity in any area through community collaboration, provider training, team based care, and engaging senior leaders.

Presenter(s):

Janet Foliano, PsyD, Psychologist, Clinical Manager Integrated Behavioral Health, St. Charles Health System, Bend, OR

Date Friday, 10/18/2019

Time 11:00 AM to 11:30 AM

Content Level All Audience

Keywords

- Primary Care Behavioral Health Model|Special populations|Training Models

Objectives

- Familiarity with national data around LGBTQ healthcare avoidance and discrimination and additional familiarity with healthcare needs and barriers for transgender patients
- Identify who MUST be at the table to embark on an LGBTQ health improvement project
- Discuss the specific steps one community undertook to significantly improve access to trans healthcare within one year.
- Discuss data collection to measure improvement and increased access.

Session References:

- Standards of Care for the Health of Transsexual, Transgender, and Gender Nonconforming People; The World Professional Association for Transgender Health (WPATH)
- The National LGBT Health education Center; Fenway Institute; Multiple resources
- Supporting and Caring for Transgender Children; September 2016; Statement by AAP, HRC Foundation; and American College of Osteopathic pediatricians
- Guidelines for the Primary and gender-Affirming Care of Transgender and gender Nonbinary People; Center of Excellence for Transgender Health; 2nd Edition, June 2016
- Healthcare Equality Index (HEI) guidelines and tools

B7b: Suicide Prevention in Colorado Health Systems

Colorado's Office of Suicide Prevention is engaged in health systems transformation efforts to integrate suicide attempt and mortality prevention as a core component of patient care. This presentation will explore how the Office is working with behavioral health care providers to institutionalize health workforce competence and confidence around evidence-based practices in suicide prevention. Some examples of this work include administration of population health grants as part of Colorado's State Innovation Model (SIM) initiative, implementation of a statewide Zero Suicide framework, a post-crisis telephone follow-up project, and partnerships with health care educators and trainers. Providers who are interested in an evolving, state-level approach to violence and injury prevention by bridging public health efforts and health care reform and quality improvement initiatives will find this presentation engaging and a valuable insight into the future of integrated suicide prevention.

Presenter(s):

Michael Lott-Manier, MPH Candidate, Health Systems Specialist, Colorado Department of Public Health and Environment, Denver, CO

Date Friday, 10/18/2019

Time 11:30 AM to 12:00 Noon

Content Level All Audience

Keywords

- Evidence-based interventions|Population and public health|Suicide

Objectives

- Understand Colorado's public health approach to suicide prevention in health care systems.
- Question state public health leaders about challenges and opportunities in implementing health systems change.

Session References:

- Colorado Vital Statistics Program, Colorado Department of Public Health and Environment.
- Cruz D, Pearson A, Saini P, et al. Emergency department contact prior to suicide in mental health patients. Emerg Med J. 2010; 28:467-471; Caring for Adult Patients with Suicide Risk, A Consensus Guide for Emergency Departments. Newton, MA: Suicide Prevention Resource Center; Betz E, Boudreaux E. Managing Suicidal Patients in the Emergency Department. Annals of Emergency Medicine, 2015.
- Knesper, D. J. (2010). Continuity of care for suicide prevention and research: Suicide attempts and suicide deaths subsequent to discharge from the emergency department or psychiatry inpatient unit. Newton, MA: Suicide Prevention Resource Center.
- Preventing Suicide: A Technical Package of Policy, Programs, and Practices. Centers for Disease Control and Prevention, National Center for Injury Prevention and Control, Division of Violence Prevention, 2017.
- Beth S. Brodsky, Aliza Spruch-Feiner, & Barbara Stanley. (2018). The Zero Suicide Model: Applying Evidence-Based Suicide Prevention Practices to Clinical Care. Frontiers in Psychiatry, 9, 33.

- Envision opportunities for suicide prevention in their own systems of care.

B8: Moving Beyond Behavioral (only) Screening and Assessment: The Case for Relational Screeners, Assessments, and Outcomes in Integrated Care

This session will detail the use of relational assessments in combination with behavioral assessments in integrated healthcare. We will overview common behavioral health assessments used in healthcare (i.e., depression, anxiety, specific behavioral practices) and relational-focused assessments (i.e., parent-child, couple, family, and peer). We will discuss the use of relational assessments as screeners, outcomes, and through intervention work, using our own examples and those from the literature. In our work, ~15% of families in pediatric primary care and 25-60% of families in adult weight management report impaired family functioning, and patients' perceptions of social support predicts positive health outcomes. Attendees will review, complete, and score relational assessments. Finally, we will review the utility and evidence for implementing behavioral and relational assessments in health care, including examples from pediatric primary care to adult weight management tertiary care.

Presenter(s):
Keeley Pratt, PhD, LMFT, Associate Professor, Department of Human Sciences, Department of Surgery, The Ohio State University, Columbus, OH
Catherine "Katie" Va Fossen, MS, PhD Candidate, Department of Human Sciences, The Ohio State University, Columbus, OH

Session References:

- Van Fossen, C., Pratt, K., Murray, R., Skelton, J. (2018). Family Functioning in Pediatric Primary Care Patients. Clinical Pediatrics. doi.org/10.1177/0009922818793347
- Pratt, K. & Skelton, J. (2018). Families' organization around weight-related behaviors in childhood obesity treatment: A family systems theory-informed approach to assessment and treatment. Academic Pediatrics, 18(6), 620-627.
- Halliday JA, Palma CL, Mellor D, Green J, Renzaho AMN. The relationship between family functioning and child and adolescent overweight and obesity: a systematic review. International Journal of Obesity. 2014;38(4):480-493.
- Haines J, Rifas-Shiman SL, Horton NJ, Kleinman K, Bauer K"....Family functioning and quality of parent-adolescent relationship: cross-sectional associations with adolescent weight-related behaviors and weight status. International Journal of Behavioral Nutrition and Physical Activity. 2016;13:68.
- Ferro, MA & Boyle MH. (2015). The impact of chronic physical illness, maternal depressive symptoms, family functioning, and self-esteem on symptoms of anxiety and depression in children. Journal of Abnormal Child Psychology, 43(1), 177-187.

Date Friday, 10/18/2019

Time 11:00 AM to 12:00 Noon

Content Level All Audience

Keywords

- Assessment|Collaborative Care Model of Integrated Care|Research and evaluation

Objectives

- Identify evidence-based relational screeners for use in integrated health care settings.
- Discern which (combinations of) individual and relational measures are appropriate for research and clinical evaluation in a variety of settings and populations.
- Utilize assessments for both outcomes research and clinical care to distinguish areas of concern for targeted treatment of the individual/and or family.

C1: Turning the Queen Mary: or How a System Supported Psychiatry's Partnership with Primary Care

Leading the change for psychiatry in a healthcare system requires strong persistent leadership, buy-in at every level, a financial plan that supports the shift, ready and willing primary care partners, and a psychiatry workforce that can be engaged in this pursuit. The presentation will describe system wide steps taken to successfully link psychiatry to primary care in order to support a stepped care framework as well as acknowledge the reality of behavioral health's role in the patient centered medical home. Successes and lessons learned will be shared with a focus on psychiatry and primary care provider feedback about what works for them in making this change.

Presenter(s):
Steven Stout, MD, Ambulatory Psychiatry Medical Director, Maine Behavioral Healthcare, Portland, ME
Mary Jean Mork, LCSW, VP for Integrated Programs, Maine Behavioral Healthcare, Portland, ME
Stacey Ouellette, LCSW, Director of Behavioral Health Integration, MaineHealth, Portland, ME

Session References:

- Raney, Lori E. Integrated Care: Working at the Interface of Primary Care and Behavioral Health. American Psychiatric Publishing. 2015
- Robinson, Patricia J., Reiter, Jeffrey T. Behavioral Consultation and Primary Care: A Guide to Integrating Services. Second Edition. Springer International Publishing. 2016
- Grimes, Katherine E. et al. Enhanced Child Psychiatry Access and Engagement via Integrated Care: A Collaborative Practice Model with Pediatrics. Psychiatric Services. September 2018
- The Psychiatric Shortage: Causes and Solutions. National Council Medical Director Institute. National Council for Behavioral Health. March 28, 2017.
- Raney, Lori E. Integrating Primary Care and Behavioral Health: The Role of the Psychiatrist in the Collaborative Care Model. American Journal of Psychiatry. Vol 172, Issue 8, August 2015

Date Friday, 10/18/2019

Time 1:45 PM to 2:45 PM

Content Level Advanced

Keywords

- Interprofessional teams|Professional Identity, including development of|Workforce development

Objectives

- Identify the workforce and workplace characteristics related to psychiatry staff and service delivery that create barriers to change
- Describe the interventions that are useful in supporting systemic change focused on psychiatry partnering with primary care
- Identify key action steps that one can take to create this change in other systems.

C2: Advancing ECHO in Colorado and Arizona

C2a: Accelerating Integrated Care Through ECHO: A Collaborative Learning Network in Arizona

Integrated behavioral health (IBH), which is team-based care co-delivered by primary care and behavioral health clinicians, is being rapidly adopted by practices and health systems. IBH requires practice transformation to support the changes necessary for sustainable integration. However, most practices lack the expertise or access to technical assistance for successful practice transformation and, subsequently, integration. Project ECHO, an innovative dissemination model, transforms the way education and knowledge are delivered to reach more clinicians in rural and underserved communities. We used the ECHO model to develop a knowledge network in Arizona for best operational and financial practices in integrated behavioral health. In this presentation, we will describe the ECHO model and our curriculum, and share implementation outcomes.

Presenter(s):
Matthew Martin, PhD, Clinical Assistant Professor, Arizona State University, Phoenix, AZ
Lesley Manson, PsyD, Clinical Associate Professor, Arizona State University, Phoenix, AZ
Christine Borst, PhD, LMFT, Clinical Assistant Professor, Arizona State University, Phoenix, AZ

Session References:

- Chaple M.J., Freese T.E., Rutkowski B.A., Krom L., Kurtz A.S., Peck J.A., et al. Using ECHO clinics to promote capacity building in clinical supervision. American Journal of Preventative Medicine. 2018; 54(6S3):S275-S280. Retrieved from: http://www.ncbi.nlm.nih.gov/pubmed/29779552
- Fowler R.C., Katzman J.G., Comerci G.D., Shelley B.M., Duhigg D., Olivas C., et al. Mock ECHO: A simulation-based medical education method. Teaching and Learning in

Date Friday, 10/18/2019

Time 1:45 PM to 2:15 PM

Content Level Novice

Keywords

- Implementation science|Outcomes|Technical assistance/practice facilitation for integrated care|Workforce development

Objectives

- Describe the ECHO model and best practices for designing and joining an ECHO hub
- Review the ASU ECHO program and curriculum, including challenges and successes
- Evaluate implementation outcomes that determine the success of the ASU ECHO program

Medicine. 2018; ePub ahead of print. doi: 10.1080/10401334.2018.1442719. Retrieved from: http://www.ncbi.nlm.nih.gov/pubmed/29658798
- Serhal E., Arena A., Sockalingam S., Mohri L., Crawford A. Adapting the consolidated framework for implementation research to create organizational readiness and implementation tools for Project ECHO. Journal of Continuing Education in the Health Professions. 2018; 28(2): 145-51. Retrieved from: http://www.ncbi.nlm.nih.gov/pubmed/29505486
- Hansen, E. R., Eden, A. R., Peterson, L. E., Bishop, E. M., & Phillips Jr, R. L. (2019). Experience of Family Physicians in Practice Transformation Networks. The Journal of ambulatory care management, 42(2), 92-104.
- Page, G. G., Wise, R. M., Lindenfeld, L., Moug, P., Hodgson, A., Wyborn, C., & Fazey, I. (2016). Co-designing transformation research: Lessons learned from research on deliberate practices for transformation. Current Opinion in Environmental Sustainabilit

C2b: Mood and Anxiety ECHO: An Innovative Approach to Building Providers' Capacity to Manage Common Behavioral Health Conditions across Colorado

Primary Care Providers (PCPs) provide over half of the mental health treatment in the United States, most commonly for depression and anxiety. PCPs' confidence in recommending evidence-based treatment for these conditions can differ depending on their training. This project assessed changes in practice knowledge among Colorado PCPs and behavioral health providers (BHPs) in the Mood and Anxiety ECHO series. Preliminary findings suggest the ECHO model is effective in improving the capacity of PCPs to treat behavioral health issues. The accessibility and potential impact of such workforce development opportunities make it a practical means for increasing knowledge and skills, particularly for those who experience barriers to other forms of professional development, such as lack of time or long distances to in-person trainings and conferences.

Presenter(s):
Alex Reed, PsyD, MPH, Director of Behavioral Health Education, University of Colorado Department of Family Medicine, Aurora, CO
Granger Peterson, PhD, MSW, Evaluation Principle Professional, ECHO Colorado, Aurora, CO

Session References:

- Lars E. Peterson, Bo Fang, James C. Puffer, Andrew W. Bazemore (2018). Wide Gap between Preparation and Scope of Practice of Early Career Family Physicians. J Am Board Fam Med Mar 2018, 31 (2) 181-182; DOI: 10.3122/jabfm.2018.02.170359
- Petterson, S., Miller, B. F., Payne-Murphy, J. C., & Phillips, R. L., Jr. (2014). Mental health treatment in the primary care setting: Patterns and pathways. Families, Systems, & Health, 32(2), 157-166
- Hager B., Hasselberg M., Arzubi E., Betlinski J., Duncan M., Richman J., Raney LE (2018). Leveraging Behavioral Health Expertise: Practices and Potential of the Project ECHO Approach to Virtually Integrating Care in Underserved Areas. Psychiatr Serv. ;69(4):366-369
- Crowley RA, Kirschner N, for the Health and Public Policy Committee of the American College of Physicians (2105). The Integration of Care for Mental Health, Substance Abuse, and Other Behavioral Health Conditions into Primary Care: Executive Summary of an American College of Physicians Position Paper. Ann Intern Med. ;163:298-299.
- Siu AL, and the US Preventive Services Task Force (USPSTF) (2016). Screening for Depression in Adults: US Preventive Services Task Force Recommendation Statement. JAMA. 315(4):380-387.

Date Friday, 10/18/2019

Time 2:15 PM to 2:45 PM

Content Level All Audience

Keywords

- Assessment|Evidence-based interventions|Innovations|Interprofessional education|Interprofessional teams|Mood (e.g., depression, anxiety)|Primary Care Behavioral Health Model|Skills building/Technical training|Team-based care|Technology|Training Models|Wor

Objectives

- Describe the ECHO (Extension for Community Health Outcomes) model.
- Discuss how the ECHO model improves self-efficacy in treating patients with common behavioral health conditions
- Consider potential future opportunities for applying the ECHO model to expand and improve the use of best practices for primary care providers managing common behavioral health conditions.

C3: Tools and Lessons Learned from the Colorado State Innovation Model (SIM) Program

C3a: A Roadmap to Integration in Primary Care: Tools from Colorado SIM

This presentation will share the milestones, Implementation Guide and parallel assessments from the Colorado State Innovation Model with practitioners and system leaders interested in understanding programmatic implementation tools for integrating behavioral health and primary care. Assessment results will be shared to demonstrate how provision of a roadmap with concrete practice milestones that can be translated to multiple settings (Family Medicine, Internal Medicine, Pediatrics, systems, FQHCs, small independent practices) to support systematic movement towards increased access to behavioral health services across the state.

Presenter(s):

Stephanie Kirchner, MSPH, RD, Practice Transformation Program Manager, University of Colorado, Dept. of Family Medicine, Denver, CO

Kyle Knierim, MD, Assistant Professor, University of Colorado, Department of Family Medicine, Aurora, CO

Barbara Martin, RN, MSN, ACNP-BC, MPH, University of Colorado, Dept. of Family Medicine, Aurora, CO, and Former Director, Colorado State Innovation Model, Denver, CO

Heather Stocker, MA, Project Manager, Practice Innovation Program at University of Colorado, Denver, CO

Session References:

- Bodenheimer T, Ghorob A, Willard-Grace R, Grumbach K. The 10 building blocks of high-performing primary care. Annals of family medicine. 2014;12(2):166-171.
- Hall J, Cohen DJ, Davis M, et al. Preparing the Workforce for Behavioral Health and Primary Care Integration. The Journal of the American Board of Family Medicine. 2015;28(Supplement 1):S41-S51.
- Miller BF, Gilchrist EC, Ross KM, Wong SL, Green LA. Creating a Culture of Whole Health: Recommendations for Integrating Behavioral Health and Primary Care. Eugene S. Farley, Jr. Health Policy Center, University of Colorado School of Medicine 2016.
- Buscaj E, Hall T, Montgomery L, et al. Practice Facilitation for PCMH Implementation in Residency Practices. Family medicine. 2016;48(10):795-800
- Ratzliff A, Phillips KE, Sugarman JR, Unutzer J, Wagner EH. Practical Approaches for Achieving Integrated Behavioral Health Care in Primary Care Settings. American journal of medical quality : the official journal of the American College of Medical Qualit

Date Friday, 10/18/2019

Time 1:45 PM to 2:15 PM

Content Level All Audience

Keywords

- Assessment|Cost Effectiveness/Financial sustainability|Evidence-based interventions|Implementation science|Innovations|Interprofessional teams|Quality improvement programs|Team-based care|Workforce development

Objectives

- Describe the milestones and accompanying tools that Colorado SIM used to support behavioral health integration in primary care.
- Describe how these milestones can be used to train and develop primary care and behavioral health workforce to more effectively work together in integrated settings.
- Describe how providing a framework for measuring progress towards integration is beneficial to teams working in integrated settings.

C3b: Integrated Behavioral Healthcare in the Primary Care Setting: Lessons learned from the Colorado SIM Program

In 2014, the state of Colorado was awarded a $65 million State Innovation Model (SIM) grant to support integration of physical and behavioral health care and to test alternative payment models. Our team has been closely involved with the strategic direction for and evaluation of the program over the past three years. Milliman has co-chaired the Evaluation workgroup of SIM and has provided extensive analytical support since the start of the program, including credibility analysis, cost and utilization reporting, return on investment reporting, and depression predictive modeling. We will discuss our experience working with the Colorado All Payer Claims Database, including types of contributors, timing of rapid reporting cycles, and unique challenges. We'll also discuss results we've seen within the program and the state's perspective on sustainability beyond the program's end.

Presenter(s):

Steve Melek, FSA, MAAA, Principal & Consulting Actuary, Milliman, Denver, CO

Marissa North, MS, Actuarial Assistant, Milliman, Denver, CO

Session References:

Date Friday, 10/18/2019

Time 2:15 PM to 2:45 PM

Content Level All Audience

Keywords

- Co-morbidity|Collaborative Care Model of Integrated Care|Cost Effectiveness/Financial sustainability

Objectives

- Explain cost savings and return on investment of the Colorado State Innovation Model
- Identify evaluation and analysis techniques of behavioral healthcare integration programs
- Determine the value opportunity of medical-behavioral integration

- Melek, S., Norris, D., et al. (January 2018). Potential Economic Impact of Integrated Medical-Behavioral Healthcare: Updated Projections for 2017. Milliman Research Report. http://www.milliman.com/uploadedFiles/insight/2018/Potential-Economic-Impact-Integrated-Healthcare.pdf.
- Reiss-Brennan, B., Brunisholz, K.D., Dredge, C. et al. (August 2016). Association of Integrated Team-Based Care With Health Care Quality, Utilization, and Cost. JAMA. 2016;316(8):826-834. http://doi:10.1001/jama.2016.11232.
- Grochtdreis, T., Brettschneider, C., Wegener, A. et al. (May 2015). Cost-Effectiveness of Collaborative Care for the Treatment of Depressive Disorders in Primary Care: A Systematic Review. PLOS One. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4437997/
- Ross, K.M., Klein, B., Ferro, K. et al. (March 2019). The Cost Effectiveness of Embedding a Behavioral Health Clinician into an Existing Primary Care Practice to Facilitate the Integration of Care: A Prospective, Case-Control Program Evaluation. Journal of Clinical Psychology in Medical Settings. https://www.ncbi.nlm.nih.gov/pubmed/29713935
- Segal, L., Biasi, A., Mueller, J. et al. (November 2017). Pain in the Nation: The Drug, Alcohol, and Suicide Crises and the Need for a National Resilience Strategy. Trust for America's Health and Well Being Trust. http://www.paininthenation.org/assets/p

C4: Pain Is . . . . A Primer on Using Focused Acceptance and Commitment Therapy to Reframe the Meaning and Experience of Pain

Pain is pain, right? Well, yes and no, ... pain is complex and personal and powerful for the care provider and the cared-for. The words we use, as healthcare providers, may limit or enhance our interest and ability to help patients with chronic pain. Likewise, the way our patients relate to pain may block their ability to connect with what and who matters in their lives and, in so doing, separate them from the fuel that could encourage small daily changes that promote health. Focused Acceptance and Commitment Therapy (FACT) is a brief evidence-based intervention approach that suggests a conceptualization frame of approach-avoid in a context of daily living. In this workshop, participants will learn specific strategies for helping patients see more present-moment choice points in daily life, relate to on-going pain in a new frame, and make choices that promote more meaning in life.

Presenter(s):

Patti Robinson, PhD, Psychologist, President, Mountainview Consulting Group, Portland, OR

Session References:

- Robinson, P. J. (2015). Contextual Behavioral Science: Primary Care. Current Opinions in Psychology, Elsevier.
- Robinson, P. J., & Bauman, D. (2017). Improving care for a primary care population: Persistent Pain as an example. In Maruish, M. E. (Ed), Handbook of Psychological Assessments in Primary Care Settings, Second Edition.
- Robinson, P. J., Bauman, D., & Beachy, B. (2016). Promoting Healthy Lifestyle Behaviors in Patients with Persistent Pain, Chapter 26. In Mechanick, J. & R. F. Kushner (Eds), Lifestyle Medicine-Manual for Clinical Practice, NY: Springer.
- Robinson, P. J., Gould, D., & Strosahl, K. D. (2010). Real Behavior Change in Primary Care. Strategies and Tools for Improving Outcomes and Increasing Job Satisfaction. Oakland: New Harbinger.
- Strosahl, K. D., & Robinson, P. J. (2018). Adapting Empirically Supported Treatments in the Era of Integrated Care: A Roadmap for Success. Clinical Psychology: Science and Practice. DOI: 10.1111/cpsp.12246

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Time 1:45 PM to 2:45 PM

Content Level All Audience

Keywords

- Primary Care Behavioral Health Model|Quality improvement programs|Skills building/Technical training

Objectives

- State a response to the prompt, Pain is . . . , that is informed by Focused Acceptance and Commitment Therapy (FACT).
- Name the 3 pillars of psychological flexibility.
- Describe one or more interventions to openness, awareness and engagement in patients suffering from chronic pain.

C5: Diversifying the Integrated Care Workforce: A Call to Action

This presentation will outline formal and informal structures and strategies training programs and clinics can leverage to help diversify the integrated healthcare workforce.

Presenter(s):

Florencia Lebensohn-Chialvo, PhD, Assistant Professor, University of San Diego, San Diego, CA
Laura Sudano, PhD, LMFT, Associate Director, University of California San Diego, San Diego, CA
Ronak Shah, MD, Physician, Wake Forest Baptist Health Urgent Care, Clemmons, NC
Caitlin MacMillen, DO, MPH, Physician, University of California San Diego, San Diego, CA
Andrea Trejo, MA, Doctoral Student, University of Georgia, Athens, GA

Session References:

- Buche, J., Beck, A.J., & Singer, P.M. (2017). Factors Impacting the Development of a Diverse Behavioral Health Workforce. http://www.behavioralhealthworkforce.org/wp-content/uploads/2017/05/FA2P1_Workforce-Diversity_Final-Report.pdf
- Human Resource & Services Administration (2016). Supporting Diversity in the Health Professions. Rockville, MD: U.S. Department of Health and Human Services. https://www.hrsa.gov/advisorycommittees/bhpradvisory/cogme/Publications/diversityresourcepaper.pdf
- Snyder, C.R., Stover, B., Skillman, S.M., & Frogner, B.K. (2015). Facilitating Racial and Ethnic Diversity in the Health Workforce. http://depts.washington.edu/uwrhrc/uploads/FINALREPORT_Facilitating%20Diversity%20in%20the%20Health%20Workforce_7.8.2015.pdf
- Camacho, A., Zangaro, G., & White, K. M. (2017). Diversifying the health-care workforce begins at the pipeline: A 5-year synthesis of processes and outputs of the scholarships for disadvantaged students program. Evaluation & the Health Professions, 40(2), 127-150. doi:/10.1177/0163278715617809
- McDougle, L., Way, D. R., Lee, W. K., Morfin, J. A., Mavis, B. E., Matthews, D., "¦ Clinchot, D. M. (2015). A national long-term outcomes evaluation of US premedical postbaccalaureate programs designed to promote health care access and workforce diversit

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Time 1:45 PM to 2:45 PM

Content Level All Audience

Keywords

- Special populations|Training/Supervision - Supervision and evaluation of trainees, providing feedback|Workforce development

Objectives

- Describe benefits associated with a more diverse healthcare workforce.
- List strategies associated with increased recruitment and retention of underrepresented minorities in health professions.
- Apply strategies to recruit, retain and support underrepresented minority providers in integrated care settings.

C6: Building a PCBH Toolbox: Tips and Tricks to Grow and Innovate your Practice

Whether a student, newly licensed or a seasoned clinician or a Behavioral Health Consultant (BHC), this workshop covers strategies and competencies to scale your PCBH practice. Behavioral health services in primary care requires flexibility and a growth mindset to meet the needs of patients with a range of health issues. This workshop offers an overview of common clinical challenges and will provide the audience an expansive "toolbox" for BHC clinicians across disciplines, social work, counseling, marriage & family therapy, etc. Topics include Practice Management, Clinical Assessment and Intervention, Team Based Consultation skills, and the function of BHC as an Educator.

Presenter(s):

Jonathan Novi, PsyD, Clinical Psychologist, Memphis VA Medical Center, Memphis, TN
Melissa Baker, PhD, ABPP, Behavioral Health Education Program Director, HealthPoint, Bothell, WA
Clarissa Marie Aguilar, PhD, Behavioral Health Consultant, The Center for Health Care Services, San Antonio, TX
Brittany Houston, PsyD, Postdoctoral Fellow, Community Health of Central Washington, Yakima, WA
Zeke Sanders, PsyD, Behavioral Health Provider, Providence Health and Services, Portland, OR
Deepu George, PhD, LMFT, Assistant Professor, The University of Texas Rio Grande Valley School of Medicine, McAllen, TX

Session References:

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Time 1:45 PM to 2:45 PM

Content Level

Keywords

Objectives

- Distinguish skills that are helpful in structuring unique patient encounters that occur in an integrated care practice from that of traditional mental health encounters.
- Summarize and demonstrate at least two PCBH tools that can help expand a behavioral health's scope of services and utilization within a clinic setting
- Identify and practice individualized strategies to improve interdisciplinary communication and collaborate effectively with other providers
- · Design and practice a personalized pitch or other technique for educating others (and themselves) about PCBH consultation model.

- 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, 25(2) 109-126. https://doi.org/10.1007/s10880-017-9531-x
- Serrano, N. Cordes, C., Cubic, B., & Daub, S. (2018). The state and future of Primary Care Behavioral Health model of service delivery workforce. Journal of Clinical Psychology in Medical Settings, 25(2), 157 - 168.
- Robinson, P., Oyemaja, J., Beachy, B., Goodie, J., Sprague, L., Bell, J., Maples, M., & Ward, C. (2018). Creating a primary care workforce: Strategies of leaders, clinicians, and nurses. Journal of Clinical Psychology in Medical Settings, 25(2), 169-186.
- Miller, B. F., Gilchrist, E. C., Ross, K. M., Wong, S. L., Blount, A., & Peek, C. J. (2016). Core competencies for Behavioral Health providers working in primary care. Prepared from the Colorado Consensus Conference. February 2016.
- Peek, C.J. and the National Integration Academy Council (2013). Lexicon for Behavioral Health and Primary Care Integration: Concepts and Definitions Developed by Expert Consensus*. Agency for Healthcare Research and Quality, Rockville MD. http://integrationacademy.ahrq.gov/lexicon
-
- Cohen D.J., Davis M, Balasubramanian B.A., Gunn R, Hall J, Peek C.J., Green L.A., Stange K.C., Pallares C, Levy S, & Pollack D. (2015). Integrating behavioral health and primary care: consulting, coordinating and collaborating among professionals. The Journal of the American Board of Family Medicine, 28,(Supplement 1), S21-31.

C7: Behavioral Health Continuity in Primary Care: Controversy, Evidence, and Future Research

An important question to behavioral health in primary care is how important is it to maintain continuity of providers? This presentation will review literature examining the impact of continuity of providers on various outcomes within behavioral health, primary care, and other disciplines. A definition of continuity and the role of continuity in primary care will be discussed. Metrics will be proposed for assessing continuity of care for patients, families, individual providers, and teams. The presentation will conclude with a call for action in research related to the role of continuity for behavioral health clinicians working in primary care in promoting important patient outcomes, such as cost, health status, and the patient experience.

Presenter(s):

Daniel Mullin, PsyD, MPH, Associate Professor, University of Massachusetts Medical School Department of Family Medicine and Community Health, Worcester, MA

Lauren DeCaporale-Ryan, PhD, Assistant Professor, Assistant Professor/Clinical Psychologist, University of Rochester Medical Center, Rochester, NY

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

Larry Mauksch, MEd, Clinical Professor Emeritus, University of Washington Department of Family Medicine, Seattle, WA

Session References:

- Bodenheimer, T., Ghorob, A., Willard-Grace, R., & Grumbach, K. (2014). The 10 building blocks of high-performing primary care. The Annals of Family Medicine, 12(2), 166-171.
- Chang, A., Bowen, J. L., Buranosky, R. A., Frankel, R. M., Ghosh, N., Rosenblum, M. J., et al. (2013). Transforming primary care training--patient-centered medical home entrustable professional activities for internal medicine residents. Journal of General Internal Medicine, 28(6), 801-809.
- Dickinson, W. P., & Miller, B. F. (2010). Comprehensiveness and Continuity of Care and the Inseparability of Mental and Behavioral Health From the Patient-Centered Medical Home. Families, Systems, & Health, 28(4), 348-355.
- Epperly, T., Bechtel, C., Sweeney, R., Greiner, A., Grumbach, K., Schilz, J., et al. (2019). The Shared Principles of Primary Care: A Multistakeholder Initiative to Find a Common Voice. Family Medicine, 51(2), 179-184.
- Haggerty, J. L., Roberge, D., Freeman, G. K., & Beaulieu, C. (2013). Experienced continuity of care when patients see multiple clinicians: A qualitative metasummary. Annals of Family Medicine, 11(3), 262-271.

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Time 1:45 PM to 2:45 PM

Content Level All Audience

Keywords

- Chronic Care Model of Integrated Care|Interprofessional education|Interprofessional teams|Team-based care|Other
- Principles of Primary Care

Objectives

- Summarize the evidence for the role of continuity on patient outcomes
- List three standard metrics for continuity of care provided by behavioral health providers in primary care.
- Describe a research study to examine the value of continuity of behavioral health in primary care

C8: EHR Cluster Analysis: Maximizing Patient Care

This presentation will expose attendees to a machine learning tool and analytical approach for the purpose of identifying patient subgroups within a healthcare dataset like one may obtain from their clinical site (e.g., insurance claims information or EHR). The value of this task is in understanding unique patient groups, their needs and improving patient-centered care. Attendees will learn when to apply the analytical approach, how it works, be led through an exercise demonstrating the process, interpretation of the results, and an open discussion period.

Presenter(s):

Jessica Goodman, PhD, Postdoctoral Fellow, University of Rochester, Rochester, NY

Angela Lamson, PhD, Associate Dean for Research, Professor, East Carolina University-CHHP, Greenvile, NC

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Time 1:45 PM to 2:45 PM

Content Level All Audience

Keywords

- Electronic Medical Record|Population and public health|Research and evaluation

Objectives

- Describe what a machine learning clustering algorithm can do with a large dataset such as the EHR.
- Identify applications for clustering at their own site.
- Determine next-steps in cluster analysis process at own site.

Session References:

- Denaxas, S. C., Asselbergs, F. W., & Moore, J. H. (2016). The tip of the iceberg: challenges of accessing hospital electronic health record data for biological data mining.
- Miotto, R., Li, L., Kidd, B. A., & Dudley, J. T. (2016). Deep patient: an unsupervised representation to predict the future of patients from the electronic health records. Scientific reports, 6, 26094.
- Nelson, R., & Staggers, N. (2016). Health informatics: An interprofessional approach. Elsevier Health Sciences.
- Tomar, D., & Agarwal, S. (2013). A survey on Data Mining approaches for Healthcare. International Journal of Bio-Science and Bio-Technology, 5(5), 241-266.
- Vayena, E. & Blasimme, A. (2017). Bioethical Inquiry, 14, 501-513. https://doi.org/10.1007/s11673-017-9809-6

D1: Evaluating the Impact of Integrated Behavioral Health in Latino Populations

D1a: The Border of Change: Evaluating the Impact of the Primary Care Behavioral Health (PCBH) Model in a Predominantly Latino Population

The University of Texas Health Rio Grande Valley (UT Health RGV), located along the US-Mexico border, completed a yearlong quasi-experimental study on the impact of the Primary Care Behavioral Health (PCBH) model on mental and physical health. As a new and rising regional healthcare provider, we serve a majority Hispanic population characterized by low access to health, concentrated poverty, and low literacy. Overall, the results showed that the intervention group had better outcomes for Depression scores at the end of the study as compared to the control group. The presenters will discuss the unique nature and illness burden of our patients and present qualitative data from focus groups of patients who received same-day PCBH services.

Presenter(s):

Lupita Hernandez, MPA, Director Special Programs, UTRGV, Edinburg, TX

Evan Garcia, MS, Program Manager, Program Manager School of Medicine, McAllen, TX

Deepu George, PhD, LMFT, Assistant Professor, The University of Texas Rio Grande Valley School of Medicine, McAllen, TX

Adrian Sandoval, PharmD, Assistant Professor and Chief of the Division of Research for Family Medicine, The University of Texas Rio Grande Valley School of Medicine, Edinburg, TX

Michelle Varon, PhD, Assistant Professor, University of Texas Rio Grande Valley School of Medicine, Edinburg, TX

Date Friday, 10/18/2019

Time 3:00 PM to 3:30 PM

Content Level All Audience

Keywords

- Primary Care Behavioral Health Model|Research and evaluation|Team-based care

Objectives

- Learn about the mitigation of challenges from implementing the PCBH model in Family Medicine Residency clinics.
- Learn about the mitigation of challenges from conducting high-level research and evaluating the PCBH model in a predominantly Hispanic, low-income region.
- Outline and discuss the impact of the UTRGV Si Texas Project's findings and its contribution to gaps in PCBH literature.

Session References:

- Robinson, P. J., & Reiter, J. T. (2016). Behavioral consultation and primary care: a guide to integrating services. Cham: Springer.
- Corso, Kent A., et al. Integrating behavioral health into the medical home: a rapid implementation guide. Greenbranch Publishing, (2016).

- Mountainview Consulting Group. (2013). Primary Care Behavioral Health Toolkit. Retrieved May 4, 2016, from http://www.pcpci.org/sites/default/files/resources/PCBHImplementationKit_FINAL.pdf
- Martin, M. P. (2017). Integrated Behavioral Health Training for Primary Care Clinicians: Five Lessons Learned from a Negative Study. Families, Systems & Health, 35(3), 352
- Robinson, P., Oyemaja, J., Beachy, B., Goodie, J., Sprague, L., Bell, J., & ... Ward, C. (2018). Creating a primary care workforce: Strategies for leaders, clinicians, and nurses. Journal Of Clinical Psychology In Medical Settings, doi:10.1007/s10880-017-

D1b: Enhanced Integrated Behavioral Health Model Improves Depressive Symptoms in Primarily Hispanic Population at a Free and Charitable Clinic in Texas

Hope Family Health Center, a charitable clinic in McAllen, Texas, implemented a randomized control trial of is integrated behavioral health model aimed at improving physical and mental health in an underserved population living at or below 200% of the federal poverty level. This presentation focuses on findings from study participants and program staff on the implementation of the model. The study also revealed participants were more likely to improve health outcomes after 12 months compared to patients who received the standard of care.

Presenter(s):

Rebecca Stocker, LCSW-S, Executive Director, Hope Family Health Center, McAllen, TX

Nancy Saenz, LCSW-S, Integrated Behavioral Health Director, Hope Family Health Center, McAllen, TX

Date Friday, 10/18/2019

Time 3:30 PM to 4:00 PM

Content Level All Audience

Keywords

- Care Management|Skills building/Technical training|Team-based care

Objectives

- Identify major facilitators to implementing a successful, research study in a charitable clinic setting.
- At the conclusion of this presentation, participants will be List lessons learned in implementing a study of an integrated behavioral health mode with volunteer providers.
- Identify factors that may contribute to improved depressive symptoms for individuals who are low-income or uninsured living in the border region of southern Texas.

Session References:

- Cohen, D. J., Balasubramanian, B. A., Davis, M., Hall, J., Gunn, R., Stange, K. C., "¦ Miller, B. F. (2015). Understanding Care Integration from the Ground Up: Five Organizing Constructs that Shape Integrated Practices. Journal Of The American Board Of Family Medicine: JABFM, 28 Suppl 1, S7-S20. https://doi.org/10.3122/jabfm.2015.S1.150050
- Camacho, Á□., González, P., Castañeda, S. F., Simmons, A., Buelna, C., Lemus, H., & Talavera, G. A. (2015). Improvement in Depressive Symptoms Among Hispanic/Latinos Receiving a Culturally Tailored IMPACT and Problem-Solving Intervention in a Community Health Center. Community Mental Health Journal, 51(4), 385-92. http://doi.org/10.1007/s10597-014-9750-7
- Zhong, Q., Gelaye, B., Fann, J. R., Sanchez, S. E., & Williams, M. A. (2014). Cross-cultural validity of the Spanish version of PHQ-9 among pregnant Peruvian women: a Rasch item response theory analysis. Journal of Affective Disorders, 158, 148-153. http://doi.org/10.1016/j.jad.2014.02.012
- Bedoya, C. A., Traeger, L., Trinh, N.-H. T., Chang, T. E., Brill, C. D., Hails, K., "¦ Yeung, A. (2014). Impact of a Culturally Focused Psychiatric Consultation on Depressive Symptoms Among Latinos in Primary Care. Psychiatric Services. Retrieved from http://ps.psychiatryonline.org/doi/abs/10.1176/appi.ps.201300088?journalCode=ps
- Sumlin, L. L., Garcia, T. J., Brown, S. A., Winter, M. A., García, A. A., Brown, A., & Cuevas, H. E. (2014). Depression and adherence to lifestyle changes in type 2 diabetes: a systematic review. The Diabetes Educator, 40(6), 731-44. http://doi.org/10.

Engaging Family Caregivers and Addressing Memory Concerns in Older Adults

D2a: How to Engage, Support and Empower Family Caregivers in Primary Care and on the Larger Healthcare System Level

The fastest growing healthcare sector-home- and community-based services-depends to a large degree on the willingness and abilities of patients' family members to support them in the home environment. Yet most clinicians and health systems do a poor job of engaging, supporting and empowering family caregivers. In this workshop, two national family caregiving experts will share evidence-based clinical and

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Content Level All Audience

Keywords

- Family caregiving|Geriatrics|Special populations

programmatic interventions, as well as emerging health system- and insurer-based innovations, for harnessing the power of families to decrease patients' hospital readmissions and lower healthcare costs.

Presenter(s):

Barry J. Jacobs, PsyD, Principal, Health Management Associates, Philadelphia, PA

Sara Qualls, PhD, Kraemer Family Professor of Aging, University of Colorado-Colorado Springs, Colorado Springs, CO

Objectives

- Describe empirical findings on negative and positive effects of caregiving on family caregivers and key components of family caregiver support programs
- Outline a 7-point family caregiver assessment model for interdisciplinary team use
- List necessary large systems changes in communication, documentation and shared decision-making to engage, support and empower family caregivers to reduce patients' healthcare costs

Session References:

- Qualls, S & Williams, AA (2013). Caregiver family therapy, Washington, DC: APA Books
- Rolland, JS (2018). Helping couples and families navigate illness and disability, New York, NY: Guilford
- AARP Public Policy Institute Brief (2017). Emerging innovation in managed long-term services and supports for family caregivers: http://www.longtermscorecard.org/~/media/Microsite/Files/2017/2017%20Scorecard/AARP1202_EI_EmerInnovationLTSS_Oct31v2.pdf
- Jacobs, BJ (2018). Can families reduce patients' healthcare costs?, CFHA Blog, December: https://www.cfha.net/blogpost/689173/314205/Can-Families-Reduce-Patients-Healthcare-Costs?hhSearchTerms=%22barry+and+jacobs%22&terms=
- Roth, DL et. al. (2016). Medicare claims indicators of healthcare utilization differences after hospitalization for ischemic stroke: race, gender, and caregiving effects, Int J Stroke, 11(8):928-934.

D2b: Addressing Memory Concerns in Older Adults through an Integrated Care Approach

Memory concerns are a common experience of aging, whether typical or atypical, and can be addressed through an integrated primary care approach. All patients, age 65 and older, were offered an opportunity to meet with a behavioral health clinician (BHC) as a part of their Medicare Wellness Visit (MWV) to learn individualized tools and strategies for memory issues. Of eligible patients, 80% met with a BHC (50% positive MoCA score; 50% negative MoCA score) and 100% expressed concerns with their memory and cognition, including forgetfulness, distractibility, and associated frustration. At two-week post-visit follow-up, all patients reported it was helpful to discuss typical versus atypical aging, focus/concentration, mentally stimulating activities, and reducing distractions. These results indicate that an integrated care approach to address memory concerns in older adults during their annual MWVs, regardless of MoCA score, has a positive impact on patient's quality of whole person care.

Presenter(s):

Haley Curt, MA, MS, Psychology Intern, Cherokee Health Systems, Knoxville, TN

Aimee Burke Valeras, PhD, MSW, NH Dartmouth Family Medicine Residency, Concord Hospital Family Health Center, Concord, NH

Date Friday, 10/18/2019

Time 3:30 PM to 4:00 PM

Content Level Intermediate

Keywords

- Geriatrics|Quality improvement programs|Team-based care

Objectives

- Identify parameters of typical and atypical aging in regards to memory and cognition and how this relates to cognitive screening tools typically used in primary care settings
- Describe the worry and concern regarding their memory and cognition that patients often experience in the context of typical vs. atypical aging
- Provide tools and strategies that can be offered through an integrated care approach that are helpful to support memory/cognition for aging patients

Session References:

- Eshkoor, S. A., Hamid, T. A., Mun, C. Y., & Ng, C. K. (2015). Mild cognitive impairment and its management in older people. Clinical Interventions in Aging, 10, 687-693. doi: 10.2147/CIA.S73922
- Smith, T., Cross, J., Poland, F., Clay, F., Brookes, A., Maidment, I., & ... Fox, C. (2018). Systematic review investigating multi-disciplinary team approaches to screening and early diagnosis of dementia in primary care: What are the positive and negative effects and who should deliver it? Current Alzheimer Research, 15(1), 5-17. doi:10.2174/1567205014666170908094931
- Taylor, M. J., McNicholas, C., Nicolay, C., Darzi, A., Bell, D., & Reed, J E. (2014). Systematic review of the application of the plan-do-study-act method to improve quality in healthcare. BMJ Quality & Safety, 23, 290-298. doi: 10.1136/bmjqs-2013-001862
- Wang, J., Kearnet, J. A., Jia, H., & Shang, J. (2016). Mental health disorders in elderly people receiving home care: Pevalence and correlates in the national US population. Nursing Research, 65, 107-116. doi: 10.1097/NNR.0000000000000147

- Zulman, D. M., Asch, S. M., Martins, S. B., Kerr, E. A., Hoffman, B. B., & Goldstein, M. K. (2014). Quality of care for patients with multiple chronic conditions: The role of comorbidity interrelatedness. Journal of General Internal Medicine, 29, 529-537.

D3: With Your Help: Defining Competencies for Technical Assistance Services

Date Friday, 10/18/2019

Time 3:00 PM to 4:00 PM

Content Level All Audience

Keywords

- Professional Identity, including development of|Technical assistance/practice facilitation for integrated care|Workforce development

Objectives

- Discuss core functions involved in TA to medical groups interested in behavioral health integration.
- Explain how BHCs can strategically approach increasing their level of integration both with and without the assistance of a TA consultant.
- Identify and prioritize technical assistance functions necessary for building an integrated practice.

The construction of an integrated behavioral health service in a medical practice certainly has its challenges. A technical assistance consultant can assist practices from the initial stages of development, such as when determining the vision for the service and hiring the right behaviorist, to later stages when other needs such as training or assistance in revising the program arise. Presenters will share data demonstrating some of the more impactful areas to address when building an integrated program and will then facilitate an active discussion to highlight experiences and factors that both help and hinder the progression of integration. The results of the discussion will serve to advance progression towards defining TA competencies for our field. The session will also include an expert panel to answer questions about special topics related to implementation and technical assistance.

Presenter(s):

Amelia Muse, PhD, LMFT, Director, Center of Excellence for Integrated Care, a program of FHLI, Cary, NC

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

Lesley Manson, PsyD, Assistant Chair of Integrated Initiatives, Arizona State University, Phoenix, AZ

Kent Corso, PsyD, President, NCR Behavioral Health, Fairfax Station, VA

Cathy Hudgins, PhD, LPC, LMFT, Consultant, TEAMS, Inc., Blacksburg, VA

Jeff Reiter, PhD, ABPP, Subject Matter Expert, Venesco, LLC / Defense Health Agency, Washington, DC

Session References:

- Roderick, S. S., Burdette, N., Hurwitz, D., & Yeracaris, P. (2017). Integrated behavioral health practice facilitation in patient centered medical homes: A promising application. Families, Systems, & Health, 35(2), 227.
- Chaple, M., Sacks, S., Randell, J., & Kang, B. (2016). A technical assistance framework to facilitate the delivery of integrated behavioral health services in federally qualified health centers (FQHCs). Journal of substance abuse treatment, 60, 62-69.
- Dickinson, W. P. (2015). Strategies to Support the Integration of Behavioral Health and Primary Care: What Have We Learned Thus Far?. The Journal of the American Board of Family Medicine, 28(Supplement 1), S102-S106.
- Ratzliff, A., Phillips, K. E., Sugarman, J. R., UnÁ¼tzer, J., & Wagner, E. H. (2017). Practical approaches for achieving integrated behavioral health care in primary care settings. American Journal of Medical Quality, 32(2), 117-121.
- Corso, Hunter, Dahl, Kallenberg and Manson (2016). Integrating behavioral health in the medical home: A rapid implementation guide. Phoenix, Maryland: Greenbranch.

D4: Can Primary Care Practices Develop Better Behavioral Health Integration via Interdisciplinary Assessment and Discussion? A 28-Site Outcome Study

Date Friday, 10/18/2019

Time 3:00 PM to 4:00 PM

Content Level All Audience

Keywords

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

Objectives

- Identify the benefits of conducting an integration of behavioral health practice assessment

While interdisciplinary team members often meet together for huddles and case consultations, it is not common for primary care practices to sit down and discuss the state of integrated behavioral health. This presentation will review a project that introduced an interdisciplinary discussion and formal assessment of integration at 28 primary care practices at two time points during a year. Results will be provide on the practices' strengths and needs, observed degree of behavioral health integration in primary care in a regional network, and how successful sites were enacting subsequent goals and improving integration six months later. Attendees will learn the benefit and importance of having an interdisciplinary team discussion about integrated behavioral health, and tips for how your site can replicate this in practice.

Presenter(s):

Travis Cos, PhD, Research Scientist, Philadelphia Health Management Corporation, Philadelphia, PA

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

Session References:

- 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, 1-30.
- Macchi, C. R., Kessler, R., Auxier, A., Hitt, J. R., Mullin, D., van Eeghen, C., & Littenberg, B. (2016). The Practice Integration Profile: Rationale, development, method, and research. Families, Systems, & Health, 34(4), 334-341.
- Ross, K. M., Klein, B., Ferro, K., McQueeney, D. A., Gernon, R., & Miller, B. F. (2018). The Cost Effectiveness of Embedding a Behavioral Health Clinician into an Existing Primary Care Practice to Facilitate the Integration of Care: A Prospective, Case-Control Program Evaluation. Journal of clinical psychology in medical settings, 1-9.
- Zallman, L., Joseph, R., O'Brien, C., Benedetto, E., Grossman, E., Arsenault, L., & Sayah, A. (2017). Does behavioral health integration improve primary care providers' perceptions of health-care system functioning and their own knowledge?. General hospital psychiatry, 46, 88-93.
- Krist, A.H., Glasgow, R.E., Heurtin-Roberts, S., et al. (2016). The impact of behavioral and mental health risk assessments on goal setting in primary care. Translational Behavioral Medicine, 6, 212-219

- Describe the study's observed outcomes on the benefit to interdisciplinary practice
- Define how they would enact a similar practice evaluation in a step-wise fashion

D5: DD Plus: An Interdisciplinary Learning Collaborative to Improve Rural Primary Care for Children with Complex Needs

The medical, behavioral health, and family navigation staff of a specialty developmental pediatric clinic in Asheville, NC worked to expand the type of services that are offered in that clinic to pediatric primary care practices in the more rural surrounding area. This was a pilot project funded by a small grant from the state developmental disabilities council. The idea was to make the services of the developmental pediatric clinic more accessible by educating the providers in the satellite clinics on management of the developmentally disabled population in primary care. Elements of the project included collaborative office rounds via video conferencing; didactic presentations to the embedded BHP's in the satellite clinics; installation of a family navigator in one of the satellite clinics; and ongoing direct consultation on individual cases that come up in the primary care practices.

Presenter(s):

Jarod Coffey, LCSW, Behavioral Health Provider, Mission Children's Hospital, Asheville, NC

Session References:

- Jury, S.C., Walker, A.M., and Kornberg, A.J. (2013). The introduction of web-based video-consultation in a paediatric acute care setting. Journal of Telemedicine & Telecare, 19(7), 383-387.
- Lin, E., Balogh, R. Cobigo, V., Ouellette-Kuntz, H., Wilton, A.S. & Lunsky Y. (2013). Using administrative health data to identify individuals with intellectual and developmental disabilities: a comparison of algorithms. Journal of Intellectual Disability Research, 57(5), 462-477.
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Date Friday, 10/18/2019

Time 3:00 PM to 4:00 PM

Content Level All Audience

Keywords

- Pediatrics|Special populations|Team-based care

Objectives

- Describe the design of the education model used to increase primary care provider confidence.
- List the key components that made the model successful.
- Identify potential target primary care practices based upon services available at the practice.

D6: Measurement Based Care for Behavioral Health Conditions in Primary Care Settings: How Do You Know Your Patient Improved?

Measurement Based Care is taking the behavioral health world by storm following the Kennedy Forum publication in 2016. There are finally reliable tools to help guide the level of improvement patients are experiencing and adjust treatment for those who are not improving just as occurs with other health conditions. In this session the presenters will review the basic elements necessary for robust MBC, describe the tools that can be used, and demonstrate how a registry can be used to track treatment and be used to aggregate data from effective measurement.

Presenter(s):
Lori Raney, MD, Principal, Health Management Associates, Denver, CO
Gina Lasky, PhD, MAPL, Principal, Health Management Associates, Denver, CO
Jeffrey Ring, PhD, Principal, Health Management Associates, Los Angeles, CA

Session References:

- Fortney, Unutze, et al: The Tipping Point for Measurement Based Care. Psych Serv 2016
- Raney, Lasky, Scott: Integrating Primary Care and Behavioral Health: A Guide For Effective Implemention 2017
- Lewis et al: Provider Attitudes to MBC; JAMA Psychiatry. doi:10.1001/jamapsychiatry.2018.3329
- https://www.thekennedyforum.org/app/uploads/2017/06/KennedyForum-MeasurementBasedCare_2.pdf
- https://www.thekennedyforum.org/a-supplement-to-our-measurement-based-care-issue-brief/

Date Friday, 10/18/2019

Time 3:00 PM to 4:00 PM

Content Level Intermediate

Keywords

- Outcomes
- measurement-based care

Objectives

- Understand the basics of measurement based care (MBC) that can lead to effective outcomes
- List the most commonly used, validated tools for MBC that can be used in any health care setting.
- Describe how MBC can be used with patients, payers, clinics and families to describe the value of integrated care delivered

D7: Teams and Spirituality as Assets for Patient Care and Provider Wellbeing

D7a: Greater than the sum of its parts: A team-based approach to chronic pain and opioid use disorder

Integrated primary care is in a unique position to address the opioid epidemic while also managing the needs of patients with chronic pain. This presentation will describe the team-based approach an FQHC has taken to more effectively manage chronic pain and opioid use disorder, and to increase provider competency of appropriate use of opioids and use of non-opioid alternatives. Challenges and successes related to implementation of this program will be discussed, as well as qualitative data and preliminary findings. We will discuss unique contributions of each member of the interdisciplinary team, while emphasizing the synergistic effect of this collaboration. This will include discussion on identifying the unique skill set that each discipline brings to the team, with the goal of developing an effective team that not only addresses chronic pain and opioid use disorder, but underlying factors as well.

Presenter(s):
Landrey Fagan, MD, Family Medicine Physician with Obstetrics, Salud Family Medical Center, Boulder, CO
Yajaira Johnson-Esparza, PhD, Director of Medication Assisted Treatment, Salud Family Health Centers, Commerce City, CO
Carlos Estrella, MA, LPC, Behavioral Health Provider, Salud Family Health Centers, Longmont, CO
Pradeep Dhar, MD, VP of Medical Services, Salud Family Health Centers, Commerce City, CO
Jonathan Muther, PhD, VP of Medical - Behavioral Health Integration, Salud Family Health Centers, Commerce City, CO
Sonia Quinones-Torres, LCSW, Behavioral Health Provider, Salud Clinic, Commerce City, CO

Session References:

- Duncan, Smith, Maguire, & Stader (2019). Alternatives to opioids for pain management in the emergency department decreases opioid usage and maintains patient satisfaction. American Journal of Emergency Medicine, 37(1), 38-44.

Date Friday, 10/18/2019

Time 3:00 PM to 3:30 PM

Content Level All Audience

Keywords

- Opioid management|Team-based care

Objectives

- List important elements in the implementation of a team-based approach to chronic pain and opioid use disorder.
- Identify unique skill set of each member in an interdisciplinary team, and how these skills complement each other.
- Identify strategies to transition patients from an approach to chronic pain centered on opioids to one that addresses underlying mental illness and other medical concerns.

- CDC (2018). Prevalence of chronic pain and high-impact chronic pain among adults - United States, 2016. MMWR Morb Mortal Wkly Rep, 67, 1001-1006
- Gereau, Sluka, Maixner, Savagae, Price, Murinson, Sullivan, & Fillingim (2014). A pain research agenda for the 21st century. The Journal of Pain, 15(12), 1203-1214.
- Bilevicius, Sommer, Asmundson, El-Gabalawy (2018). Posttraumatic stress disorder and chronic pain are associated with opioid use disorder: Results from a 2012-2013 American nationally representative survey
- Speed, Parekh, Coe, & Antoine (2018). Comorbid chronic pain and opioid use disorder: Literature review and potential treatment innovations. International Review of Psychiatry, 30(5), 136-146.

D7b: Spiritual Incorporation: Promoting Spirituality to Enhance Patient Care and Provider Wellbeing

Both providers and patients can benefit when expanding our use of the biopsychosocial model to focus on spiritual components of health and wellbeing. Attention to spiritualty can improve provider wellbeing, as well as impact health outcomes for patients and families. In this presentation, we will discuss research on the evidence-based practices for using spirituality as a way to enhance provider wellbeing and improve patient care. More specifically, we will discuss training that incorporates spirituality for multidisciplinary members of the medical team surrounding provision of care for patients and families. In addition, we will highlight the process of incorporating spiritual health practices into provider wellbeing initiatives.

Presenter(s):

Maxine Notice, PhD, Behavioral Medicine Fellow, University of Nebraska Medical Center, Omaha, NE

Jennifer Harsh, PhD, LIMHP, CMFT, Assistant Professor and Director of Behavioral Medicine, Internal Medicine, University of Nebraska Medical Center, Omaha, NE

Session References:

- Kim, H. S., & Yeom, H.-A. (2018). The association between spiritual well-being and burnout in intensive care unit nurses: A descriptive study. Intensive & Critical Care Nursing, 46, 92-97.
- Newmeyer, M., Keyes, B., Gregory, S., Palmer, K., Buford, D., Mondt, P., & Okai, B. (2014). The Mother Teresa Effect: the modulation of spirituality in using the CISM model with mental health service providers. International Journal Of Emergency Mental Health, 16(1), 251-258.
- Puchalski, C. M., Blatt, B., Kogan, M., & Butler, A. (2014). Spirituality and health: the development of a field. Academic Medicine: Journal Of The Association Of American Medical Colleges, 89(1), 10-16.
- Rainbow T. H. Ho, Cheuk Yan Sing & Venus P. Y. Wong (2016) Addressing holistic health and work empowerment through a body-mind-spirit intervention program among helping professionals in continuous education: A pilot study, Social Work in Health Care, 55:10, 779-793.
- Zhang, Y., Yash Pal, R., Tam, W. S. W., Lee, A., Ong, M., & Tiew, L. H. (2018). Spiritual perspectives of emergency medicine doctors and nurses in caring for end-of-life patients: A mixed-method study. International Emergency Nursing, 37, 13-22.

Date Friday, 10/18/2019

Time 3:30 PM to 4:00 PM

Content Level All Audience

Keywords

- Interprofessional education|Self-care/Self-management|Other
- Spiritualty in Medicine

Objectives

- Identify evidence-based practices to promote the use of spirituality in providing whole patient care.
- Demonstrate knowledge of relevant spirituality activities that promote provider wellbeing.
- Create SMART goals for outlining practical steps for integrating components of spirituality into patient care and provider wellbeing programs.

D8: Convincing Health System Leaders to Invest in Integrated Care: How to Conduct Research Using Clinical and Cost Outcomes

Integrated care practitioners have personal experience and anecdotal evidence that their work is valuable. Health system leaders, however, must choose among many worthy programs for investment. They look for clinical efficacy and economic benefit to support decision-making. Using the SBIRT process for substance use as an example, the presenters will show how to incorporate clinical and cost outcomes into retrospective quantitative research using real-world pragmatic data. They will walk through development of research questions to address integrated care value proposals, creation of study samples with inclusion and exclusion criteria, identification and measurement of variables, engagement with data analytics staff and systems to develop clinical and cost data and use of statistical analyses to show effectiveness.

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Content Level Intermediate

Keywords

- Outcomes|Research and evaluation|SBIRT Model of Integrated Care

Objectives

Presenter(s):
Marcia McCall, PhD, MBA, LPCA, Counselor, Wake Forest School of Medicine, Winston Salem, NC

Session References:

- Barbosa, C., Cowell, A., Bray, J., & Aldridge, A. (2015). The cost-effectiveness of alcohol Screening, Brief Intervention and Referral to Treatment (SBIRT) in emergency and outpatient medical settings. Journal of Substance Abuse Treatment, 53, 1-8.
- Crown, W. H. (2014). Propensity-score matching in economic analyses: Comparison with regression models, instrumental variables, residual inclusion, differences-in-differences, and decomposition methods. Applied Health Economics and Health Policy, (12), 7-18.
- Glass, J. E., Bohnert, K. M., & Brown, R. L. (2016). Alcohol screening and intervention among United States adults who attend ambulatory care. Journal of General Internal Medicine, 31, 739-745.
- Drummond, M. F., Sculpher, M. J., Claxton, K., Stoddard, G. L., & Torrance, G. W. (2015). Methods for the economic evaluation of health care programmes. New York, NY: Oxford University Press.
- Fornili, K. S. (2016b). Part 2: Screening, brief intervention and referral to treatment plus recovery management. Journal of Addictions Nursing, 27, 86-93.

- Develop ideas for turning integrated care value propositions into convincing effectiveness research with clinical and cost outcomes.
- Identify the steps of the research process and how you might apply them to your own ideas.
- Discover types of clinical and cost data available in major health systems.

E1: Building Shields against Trauma Monsters: What Lies Beneath Patients' Behaviors

Addressing Trauma Informed Care (TIC) practices in primary care to support providers in screenings, assessment, and holding space for trauma stories. Expanding on utilization of brief screening tools, differential diagnosis, and the importance of the provider-patient relationship following trauma disclosure. The Primary Care Behavioral Health (PCBH) model will be utilized to guide providers regarding utilization of behavioral health providers to assist with the trauma population. Exploring vitality of warm hand-offs, strategies and interventions, and effective medication management. In highlighting priority of provider support, we will also address how providers can cope with vicarious trauma.

Presenter(s):
Danielle Bono, MS, LPC, Behavioral Health Provider, North Bend Medical Center, Coos Bay, OR
Shay Stacer, PhD, Integrated Behavioral Health Director, North Bend Medical Center, Coos Bay, OR

Session References:

- Harris, N. B. (2018). The deepest well: Healing the long-term effects of childhood adversity. Houghton Mifflin Harcourt.
- Machtinger, E. L., Cuca, Y. P., Khanna, N., Rose, C. D., & Kimberg, L. S. (2015). From treatment to healing: the promise of trauma-informed primary care. Women's Health Issues, 25(3), 193-197.
- Green, B. L., Saunders, P. A., Power, E., Dass-Brailsford, P., Schelbert, K. B., Giller, E., ... & Mete, M. (2015). Trauma-informed medical care: A CME communication training for primary care providers. Family medicine, 47(1), 7.
- Raja, S., Hasnain, M., Hoersch, M., Gove-Yin, S., & Rajagopalan, C. (2015). Trauma Informed Care in Medicine. Family & community health, 38(3), 216-226.
- Dayton, L., Agosti, J., Bernard-Pearl, D., Earls, M., Farinholt, K., Groves, B. M., ... & Wissow, L. S. (2016). Integrating mental and physical health services using a socio-emotional trauma lens. Current problems in pediatric and adolescent health care,

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Time 4:15 PM to 5:15 PM

Content Level All Audience

Keywords

- Assessment|Behavioral Medicine Topics (e.g., insomnia, medication adherence)|Collaborative Care Model of Integrated Care|Evidence-based interventions|Primary Care Behavioral Health Model|Self-care/Self-management|Other
- Trauma Informed Care

Objectives

- Adequately implement Trauma Informed Care (TIC) during the assessment process
- Identify best practices for utilization of behavioral health services and vitality of warm-handoffs
- Define vicarious trauma and how to effectively cope with symptoms

E2: Training Behavioral Health Providers in Primary Care: Key Strategies and Components of Effective Workforce Development Programs

The presentation will review a set of seven key training strategies and related components involved in each stage of a training program including: assessing learner/team fit, onboarding, establishing training goals and objectives, providing resources to that support knowledge and skill development, providing consultation support, monitoring performance metrics, and performing competency-based evaluation through a triangled assessment process. We will review the data collected

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Content Level Intermediate

Keywords

- Interprofessional education|Team-based care|Workforce development

Objectives

within an existing training program to highlight training opportunities and challenges then address the potential implications for other workforce training programs.

Presenter(s):
C.R. Macchi, PhD, Clinical Associate Professor, College of Health Solutions, Arizona State University, Phoenix, AZ
Stephanie Brennhofer, MPH, MS, RDN, Research and Evaluation Specialist, College of Health Solutions, Arizona State University, Phoenix, AZ
Colleen Cordes, PhD, Clinical Professor, Assistant Dean NTE Faculty, Integrated Behavioral Health Programs, College of Health Solutions, Arizona State University, Phoenix, AZ
Mindy L. McEntee, PhD, Post-Doctoral Scholar, College of Health Solutions, Arizona State University, Phoenix, AZ
Matthew Martin, PhD, Clinical Assistant Professor, Arizona State University, Phoenix, AZ

- Identify key strategies for delivering effective workforce development programs delivered in diverse settings.
- Assess training components that support BHP core competency development.
- Apply training strategies to diverse practice settings.

Session References:

- Macchi, C. R., & Kessler, R. (2018). Enhancing team-based skills in primary care: A competency-based approach to training and workforce development. In C. R. Macchi & R. Kessler (Eds.), Training to deliver integrated care: Skills aimed at the future of healthcare (pp. 37-62). New York, NY: Springer.
- Macchi, C. R., & Clemency Cordes, C. (2018). Graduate internship training of integrated behavioral health in primary care (IBHPC). In C. R. Macchi & R. Kessler (Eds.), Training to deliver integrated care: Skills aimed at the future of healthcare (pp. 161-176). New York, NY: Springer.
- Miller, B., Gilchrist, E., Ross, K., Wong, S., Blount, A., & Peek, CJ. (February 2016). Core Competencies for Behavioral Health Providers Working in Primary Care. Prepared from the Colorado Consensus Conference.
- Robinson, P., & Reiter, J. (2016). Behavioral consultation and primary care: A guide to integrating services (2nd Ed.). New York, NY: Springer.
- McDaniel, S., Grus, C., Cubic, B., Hunter, C., Kearney, L., Schuman, C., . . . Johnson, S. (2014). Competencies for psychology practice in primary care. American Psychologist, 69(4), 409-429. doi:10.1037/a0036072

E3: Lessons Learned from a Large Organization's Path to Integration - Collaborative Care at UW Health

The University of Wisconsin Health system began a journey in 2016 to integrate behavioral health into its adult primary care clinics. Starting with 2 clinics, it will be expanding to all 27 primary care clinics by 2021. This presentation will explore this path, including changes that were made to the model to bring it to its current state. We will also discuss lessons learned about training/onboarding staff and clinicians as well as the importance of a training pipeline.

Presenter(s):
Shanda Wells, PsyD, Behavioral Health Supervisor - Primary Care, University of Wisconsin, Madison, WI
Beth Lonergan, PsyD, Director of Behavioral Health, University of Wisconsin Health, Madison, WI
Elizabeth Perry, MD, Associate Professor of Family and Community Medicine, University of Wisconsin Health, Madison, WI
Kerry McGrath, LPC, Primary Care Behavioral Health Clinician, University of Wisconsin Health, Madison, WI
Jeffrey Randall, LCSW, Behavioral Health Clinician, UW Health, Madison, WI
Gretchen Straus, LPC, Primary Care Behavioral Health Clinician, UW Health, Madison, WI

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Time 4:15 PM to 5:15 PM

Content Level Intermediate

Keywords

- Collaborative Care Model of Integrated Care|Innovations|Workforce development

Objectives

- Identify examples of creative ways to overcome expansion pitfalls.
- Discuss ways to help build a workforce plan for their own organization.
- Discuss ways to identify and measure desired outcomes.

Session References:

- Patel V, Belkin GS, Chockalingam A, Cooper J, Saxena S, UnÁ¼tzer J (2013) Grand Challenges: Integrating Mental Health Services into Priority Health Care Platforms. PLoS Med 10(5): e1001448. https://doi.org/10.1371/journal.pmed.1001448
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- Muntingh AD, van der Feltz-Cornelis CM, van Marwijk HW, Spinhoven P, van Balkom AJ. Collaborative care for anxiety disorders in primary care: a systematic review and meta-analysis. BMC Fam Pract. 2016 Jun 2;17:62. doi: 10.1186/s12875-016-0466-3
- Rosenberg T, Mullin D. Building the plane in the air"...but also before and after it takes flight: considerations for training and workforce preparedness in integrated behavioural health. Int Rev Psychiatry. 2019 Mar 12:1-11. doi: 10.1080/09540261.2019.1566117. [Epub ahead of print]
- https://aims.uw.edu/

E4: Embedding Family and Wellness Promotion in Residency Education

E4a: Preventing Physician Burnout, Promoting Wellness and Resiliency through the Development of a Wellness Curriculum

Date Friday, 10/18/2019

Time 4:15 PM to 4:45 PM

Content Level Intermediate

Keywords

- Mentorship|Self-care/Self-management|Other
- Provider wellness and burn-out prevention

Objectives

- Identify at least two risks to physician burn-out and two barriers to wellness
- Identify tools to measure or assess for burnout
- List specific strategies to promote wellness

This presentation will review barriers to the implementation of a wellness curriculum in a family medicine residency program. It will include components of our curriculum and ways it has been adapted to provide meaningful support to family medicine residents while also enhancing experiences of healthcare staff. We will also discuss tools used for assessing the curriculum's effectiveness. The presenters will review with elicit feedback and reflections from the audience regarding strategies for promoting wellness in residency programs.

Presenter(s):

Minerva Medrano de Ramirez, MD, Family Medicine Faculty, Southern New Mexico Family Medicine Residency Program, Las Cruces, NM

Daubney Boland, PhD, Licensed Psychologist, Behavioral Science Faculty, Southern New Mexico Family Medicine Residency Program, Las Cruces, NM

Stephanie Benson, MD, Assistant Program Director, Southern New Mexico Family Medicine Residency Program, Las Cruces, NM

Session References:

- Brennan J, McGrady A. Designing and implementing a resiliency program for family medicine residents. Int J Psychiatry Med. 2015;50(1):104-14. doi: 10.1177/0091217415592369. Epub 2015 Jun 30
- Bodenheimer T, Sinsky C. From the Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. Annals of Family Medicine. 2014;12(6):573-576
- Sinsky CA, Willard-Grace R, Schutzbank AM, Sinsky TA, Margolius D, Bodenheimer T. In search of joy in practice: a report of 23 high-functioning primary care practices. Ann Fam Med. 2013;11(3): 272-278
- De Marchis, E., Knox, M., Hessler, D., Willard-Grace, R., Olayiwola, N., Peterson, L., Grumbach, K., Gottlieb, L. (2019). Physician burnout and higher clinic capacity to address patients' social needs. J Am Board Fam Med 2019; 32:69 -78. doi: 10.3122/jabfm.2019.01.180104
- Mata DA, Ramos MA, Bansal N, Khan R, Guille C, Di Angelantonio E, Sen S. Prevalence of Depression and Depressive Symptoms Among Resident Physicians: A Systematic Review and Meta-analysis. JAMA. 2015 Dec 8; 314 (22):2373-83.

E4b: Putting the "Family"□ Back into Family Medicine Resident Education: Four Pragmatic Methods

Date Friday, 10/18/2019

Time 4:45 PM to 5:15 PM

Content Level Intermediate

Keywords

- Skills building/Technical training|Teaching family-centered care|Training/Supervision - Supervision and evaluation of trainees, providing feedback

Working with patient families can be complex and challenging for physicians. Education can help physicians navigate these relationships. Therefore, four family medicine residency faculty describe their pragmatic methods for educating family medicine residents on partnering and engaging with patient families. Emphasis will be placed on the use of educational tools that can be incorporated into any physician training program.

Presenter(s):

Tyler Lawrence, PhD, Behavioral Health Faculty, Sea Mar Marysville Family Medicine Residency, Marysville, WA

Deepu George, PhD, LMFT, Assistant Professor, The University of Texas Rio Grande Valley School of Medicine, McAllen, TX
Max Zubatsky, PhD, LMFT, Associate Professor, Saint Louis University, Saint Louis, MO
Juliana Oliveira, DO, Faculty Physician, Sea Mar Marysville Family Medicine Residency, Marysville, WA

Session References:

- Al Achkar, M. (2016). Redesigning journal club in residency. Advances in Medical Education and Practice, 7, 317.
- DubÁ©, K., Gupta, R., Kong, M., Knox, M., & Bodenheimer, T. (2018). Continuity of care in residency teaching practices: Lessons from "bright spots"□. The Permanente journal, 22.
- Zubatsky, M., & Brieler, J. (2018). A health systems genogram for improving hospital transitions to primary care. The Annals of Family Medicine, 16(6), 566-566.
- Baird, M. A., Hepworth, J., Myerholtz, L., Reitz, R., & Danner, C. (2017). Fifty years of contributions of behavioral science in family medicine. Family Medicine, 49(4), 296-303.
- Adams, N. E. (2015). Bloom's taxonomy of cognitive learning objectives. Journal of the Medical Library Association, 103(3), 152.

Objectives

- Describe the relationship between family relationships, health, and illness.
- Identify the importance of enhancing skills and knowledge that empowers physicians to engage with families.
- Discuss four methods for educating physicians on collaborating with families.

E5: Good to Great: Improving Interdisciplinary Team Dynamics and Optimizing Evidence-Based Delivery of Integrated Behavioral Health Using RELATED

Relational Team Development (RELATED) is a novel intervention that increases adherence to evidence-based components of integrated behavioral health models while improving interdisciplinary collaboration and team dynamics. RELATED was developed through an iterative and interdisciplinary stakeholder engagement process. During this presentation, participants will learn about the methods by which myriad stakeholders repeatedly shaped RELATED; its core components and mechanisms of action; and pilot testing results from two safety net primary care clinics. RELATED holds tremendous promise for advancing the field of integrated behavioral health from good to great.

Presenter(s):
Danielle Loeb, MD, MPH, Assistant Professor, Internal Medicine, University of Colorado, Aurora, CO
Samantha Monson, PsyD, Clinical Psychologist, Denver Health, Denver, CO

Session References:

- Mechanic D. More people than ever before are receiving behavioral health care in the United States, but gaps and challenges remain. Health Aff (Millwood). 2014;33(8):1416-1424.
- Shelef DQ, Rand C, Streisand R, et al. Using stakeholder engagement to develop a patient-centered pediatric asthma intervention. J Allergy Clin Immunol. 2016;138(6):1512-1517.
- Loeb DF, Bayliss EA, Candrian C, deGruy FV, Binswanger IA. Primary care providers' experiences caring for complex patients in primary care: a qualitative study. BMC Family Practice. 2016;17(1):1-9.
- Loeb DF, Leister E, Ludman E, et al. Factors associated with physician self-efficacy in mental illness management and team-based care. Gen Hosp Psychiatry. 2018;50:111-118.
- Song H, Ryan M, Tendulkar S, et al. Team dynamics, clinical work satisfaction, and patient care coordination between primary care providers: A mixed methods study. Health care management review. 2015.

Date Friday, 10/18/2019

Time 4:15 PM to 5:15 PM

Content Level Intermediate

Keywords

- Chronic Care Model of Integrated Care|Implementation science|Team-based care

Objectives

- List the methods by which stakeholders were repeatedly engaged to develop an intervention targeted at need.
- Describe the RELATED intervention and how it improves team dynamics, PCP care of patients with co-morbid medical and mental illness, and adherence to evidence-based components of integrated behavioral health models.
- Report the pilot results of RELATED and discuss those in the context of future opportunity within the field.

E6: At-Risk Populations in Integrated Care: A Focus on Intimate Partner Violence and Suicidality

E6a: Intimate Partner Violence in Primary Care: Training the Next Generation of Health Care Providers to Screen and Address

Although intimate partner violence (IPV) is pandemic (1 in 4 women and 1 in 7 men; CDC, 2017) and universal screening of girls and women is recommended by the Institute of Medicine, Department of Health and Human Services, and US Preventative Services Task Force, rates of IPV screening in primary care remain staggeringly low at 1.5-12% (Waalen et al., 2000). This presentation will explore barriers to IPV screening in primary care grounded in existing literature. We will propose educational and clinical strategies for addressing these barriers designed for interdisciplinary teams including medical providers/residents, behavioral health providers, and clinic staff. We will introduce the Futures Without Violence universal education model, an evidenced based, trauma informed approach for IPV. We will include a demonstration of the intervention and will facilitate small group discussion to support practices in more adeptly screening for and addressing needs of patients experiencing IPV.

Presenter(s):

Aubry Koehler, PhD, LMFT, Director of Behavioral Science, Wake Forest School of Medicine, Winston-Salem, NC

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

Session References:

- Bair-Merrit, M.H., Lewis-O'Connor, A., Goel, S., Amato, P., Ismailji, T., Jelley, M., Cronholm, P., (2014). Primary Care-Based Interventions for Intimate Partner Violence: A systematic review. American Journal of Preventive Medicine, 46(2):188-194.
- Center for Disease Control (2017). Intimate Partner Violence. Retrieved from https://www.cdc.gov/violenceprevention/intimatepartnerviolence/index.html.
- Hamberger, L. K., Rhodes, K., & Brown, J. (2015). Screening and Intervention for Intimate Partner Violence in Healthcare Settings: Creating Sustainable System-Level Programs. Journal of Women's Health, 24(1), 86-91. http://doi.org/10.1089/jwh.2014.4861
- Miller, E., McCaw, B, Humphreys, B. L., & Mitchell, C. (2014). Integrating Intimate Partner Violence assessment and intervention into healthcare in the United States: a systems approach. Journal of Women's Health, 24: 92-99. DOI: 10.1089/jwh.2014.4870
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Date Friday, 10/18/2019

Time 4:15 PM to 4:45 PM

Content Level Intermediate

Keywords

- Interpersonal violence|Population and public health|Training Models

Objectives

- Explain the importance of screening for IPV in a primary care setting
- Demonstrate universal education/screening protocol for IPV
- Name 2 ways in which this protocol could be applied to the clinical settings at their home institution

E6b: Effects of Behavioral Medicine Training on Family Medicine Residents' Perceived Behavioral Medicine Skills and Clinical Documentation of Suicidality

Most presenting problems in primary care have a behavioral factor, which physicians must address. Their ability to do so is even more important when depression or suicidal ideation is present. The Behavioral Medicine Rotation (BMR) uniquely uses workshops, role/real plays, standardized patients, and direct observations to teach evidence-based skills and physician wellness to enhance the healing relationship. To assess its effectiveness, the BMR was evaluated using: (1)pre/post self-evaluations and (2)chart review. Learners rated their competence with core behavioral medicine skills via pre/post evaluations. To explore their skill application, a random sample of their patients' charts were reviewed from 3 months prior to and 3 months after BMR. Of specific focus was the residents' use of the Patient Health Questionnaire (PHQ)-2 and PHQ-9 depression screening tools and their documentation of suicidality. Results can improve behavioral skills training and clinical approach to suicidality.

Presenter(s):

Kaitlin Leckie, PhD, LMFT-S, Director of Behavioral Medicine, Assistant Professor, Department of Family Medicine, University of Texas Medical Branch, Galveston, TX

Date Friday, 10/18/2019

Time 4:45 PM to 5:15 PM

Content Level All Audience

Keywords

- Behavioral Medicine Topics (e.g., insomnia, medication adherence)|Skills building/Technical training|Suicide
- residency education; clinical documentation of suicidal ideation; physician education; interdisciplinary training

Objectives

- Describe how behavioral medicine training can impact physicians' clinical documentation of suicidality

Session References:

- Cross, W. F., West, J. C., Pisani, A. R., Crean, H. F., Nielsen, J. L., Kay, A. H., & Caine, E. D. (2019). A randomized controlled trial of suicide prevention training for primary care providers: a study protocol. BMC medical education, 19(1), 58.
- Western Interstate Commission for Higher Education Mental Health Program (WICHE MHP) & Suicide Prevention Resource Center (SPRC). (2017). Suicide prevention toolkit for primary care practices. A guide for primary care providers and medical practice managers (Rev. ed.). Boulder, Colorado: WICHE MHP & SPRC
- Baird MA, Hepworth J, Myerholtz L, Reitz R, Danner C. Fifty Years of Contributions of Behavioral Science in Family Medicine. Fam Med 2017;49(4):296-303.
- Bodenheimer T, Sinsky C. (2014). From triple to quadruple aim: Care of the patient requires care of the provider. Ann Fam Med. 2014 Nov-Dec;12(6):573-6.
- Ribeiro, J. D., Gutierrez, P. M., Joiner, T. E., Kessler, R. C., Petukhova, M. V., Sampson, N. A., . . . Nock, M. K. (2017). Health care contact and suicide risk documentation prior to suicide death: Results from the Army Study to Assess Risk and Resilien

- Describe key findings of a program evaluation of behavioral medicine teaching
- Discuss physician self-evaluations of their skills in behavioral medicine after training

E7: Early Childhood Mental Health Matters: Building Capacity for Early Childhood Behavioral Health Integration in Primary Care Settings

This session focuses on building capacity for early childhood behavioral health integration in primary care settings. The presentation details a framework for early childhood behavioral health integration activities and describes exemplar programs and initiatives aimed at helping providers, clinics, and systems implement early childhood behavioral health integration and transform health care practice. Cultivating a qualified workforce requires training and ongoing reflective consultation. BHIPP:0-5 and HealthySteps provide reflective consultation, training, and implementation guidance to diverse primary care and community settings focused on early childhood behavioral health integration. These efforts will illustrate how to develop, implement, and evaluate sustainable early childhood behavioral health integration services.

Presenter(s):

Ayelet Talmi, PhD, Director of Integrated Behavioral Health, University of Colorado School of Medicine and Children's Hospital Colorado, Denver, CO

Melissa Buchholz, PsyD, Assistant Professor, University of Colorado School of Medicine and Children's Hospital Colorado, Denver, CO

Bridget Burnett, PsyD, Director of Behavioral Health, Colorado Childrens Healthcare Access Program (CCHAP) and University of Colorado School of Medicine, Denver, CO

Mindy Craig, PA-C, MS, Practice Facilitator, Colorado Children's Healthcare Access Program (CCHAP), Denver, CO

Session References:

- 1. Buchholz, M., Burnett, B., Margolis, K. L., Millar, A., & Talmi, A. (2018). Early childhood behavioral health integration activities and HealthySteps: Sustaining practice, averting costs. Clinical Practice in Pediatric Psychology, 6(2), 140-151. http://dx.doi.org/10.1037/cpp0000239
- 2. Becker Herbst, R., Margolis, K.L., McClellan, B.B., Herndon, J.L., Millar, A.M., & Talmi, A. (2018). Sustaining integrated behavioral health practice without sacrificing the continuum of care. Clinical Practice in Pediatric Psychology. 6(2), 117-128. http://dx.doi.org/10.1037/cpp0000234
- 3. Talmi, A., Buchholz, M., & Muther, E. F. (2016). Funding, financing, and investing in integrated early childhood mental health services in primary care settings. In R. D. Briggs (Ed), Integrated Early Childhood Behavioral Health in Primary Care: A Guide to Implementation and Evaluation (pp. 143 - 164). Springer International Publishing, Switzerland. (DOI: 10.1007/978-3-319-31815-8_9)
- 4. Kazak, A. E., Nash, J. M., Hiroto, K., & Kaslow, N. J. (2017). Psychologists in patient-centered medical homes (PCMHs): Roles, evidence, opportunities, and challenges. American Psychologist, 72, 1-12. http://dx.doi.org/10.1037/a0040382
- 5. O'Connor, E., Rossom, R. C., Henninger, M., Groom, H. C., & Burda, B. U. (2016). Primary care screening for and treatment of depression in pregnant and postpartum women: Evidence report and systematic review for the U.S. Preventive Services Task Forc

Date Friday, 10/18/2019

Time 4:15 PM to 5:15 PM

Content Level All Audience

Keywords

- Pediatrics|Primary Care Behavioral Health Model|Workforce development
- early childhood

Objectives

- Examine the role of primary care in prevention, health promotion, early identification, and intervention with babies, young children, and families.
- Characterize four domains of early childhood behavioral health integration activities in primary care settings.
- Explore practice transformation strategies used to cultivate the capacity of primary care settings to provide integrated early childhood behavioral health services and enhance the workforce.

E8: Listening to Their Voice: A Primer on Conducting Qualitative Research in Integrated Care Settings

Clinicians are often frustrated when empirically supported treatments fail their patients with complex, co-morbid physical and mental conditions, often exacerbated by high ACES scores, oppression, poverty and racism. Qualitative research, whether performed on its own or embedded within a quantitative framework offers a powerful opportunity to hear the patient and provider voice and to bridge the gap between empirically supported treatments and clinician practice. These research methods also offer an empirically sound platform to understand the provider's perspective, which may in turn, improve the provider's experience of caring for the patient. This presentation is aimed to provide a primer/overview of how to use qualitative methods. Using both didactic and experiential (game show) learning methods, attendees will learn how to develop a good question, choose a method, and an overview of data collection & analysis and then have fun applying this knowledge.

Presenter(s):

Susan McGroarty, PhD, Director of Behavioral Medicine, Inspira Health Network, Woodbury, NJ

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

Session References:

- Creswell, J. W., Fetters, M. D., & Ivankova, N. V. (2004). Designing A Mixed Methods Study In Primary Care. Annals of Family Medicine, 2(1), 7-12. https://doi-org.chc.idm.oclc.org/10.1370/afm.104
- Dixon-Woods, M., Shaw, R. L., Agarwal, S., & Smith, J. A. (2004). The problem of appraising qualitative research. Quality & Safety in Health Care, 223. Retrieved from https://chc.idm.oclc.org/login?url=http://search.ebscohost.com/login.aspx?direct=true&db=edb&AN=66999270&site=eds-live
- Gough, B., & Deatrick, J. A. (2015). Qualitative health psychology research: Diversity, power, and impact. Health Psychology, 34(4), 289-292. http://dx.doi.org/10.1037/hea0000206
- Seymour-Smith, S. (2015). Applying discursive approaches to health psychology. Health Psychology, 34(4), 371-380. https://doi-org.chc.idm.oclc.org/10.1037/hea0000165
- Christian, E., Krall, V., Hulkower, S., & Stigleman, S. (2018). Primary Care Behavioral Health Integration: Promoting the Quadruple Aim. North Carolina Medical Journal, 79(4), 250. Retrieved from https://chc.idm.oclc.org/login?url=http://search.ebscohost.

Date Friday, 10/18/2019

Time 4:15 PM to 5:15 PM

Content Level Novice

Keywords

- Evidence-based interventions|Patient-centered care/Patient perspectives|Other
- Qualitative research

Objectives

- Identify 2 reasons to consider doing a qualitative study.
- Describe the elements of a good qualitative research question
- Describe 1 common strategy for qualitative data collection and one novel strategy.

F1: Conversations that Connect

Conversations are the fabric of our daily lives, both at work and beyond. Often we have a general sense of conversations going well or poorly, but we may not be aware of the behaviors that led to those outcomes. In this workshop, we create a safe space to explore "microbehaviors"□ of word choice and body language and their impact on conversations and human connection. In a supportive environment of discovery, participants learn how to identify communication behaviors, consider their own habits, refine strengths, and develop new conversational skills that can foster stronger interpersonal connections.

Presenter(s):

Belinda Fu, MD, Mayutica Institute, Seattle, WA

Alex Reed, PsyD, MPH, Director of Behavioral Health Education, University of Colorado Department of Family Medicine, Aurora, CO

Session References:

- *Fu B. Common Ground: Frameworks for Teaching Improvisational Ability in Medical Education. Teach Learn Med. Published online. https://doi.org/10.1080/10401334.2018.1537880.*
- *Watson, K. Perspective: Serious Play: Teaching Medical Skills With Improvisational Theater Techniques. Acad Med. 2011 Oct;86(10):1260-5.*
- *Watson K, Fu B. Medical Improv: A novel approach to communication and professionalism training. Ann Intern Med. 2016;165:591-592.*

Date Saturday, 10/19/2019

Time 9:45 to 10:45 AM

Content Level All Audience

Keywords

- Interprofessional education|Self-care/Self-management|Skills building/Technical training

Objectives

- Recognize verbal and non-verbal behaviors in conversational communication.
- Identify personal habits and default conversational behaviors
- Develop "toolkit"□ of conversational strategies to maximize connection and navigate conflict

- *Alda, Alan. If I Understood You, Would I Have This Look on My Face? My Adventures in the Art and Science of Relating and Communicating. New York: Random House, 2017.*
- *Kaplan-Liss E, Lantz-Gefroh V, Bass E, Killebrew D, Ponzio N, Savi C, O'Connell C. Teaching Medical Students to Communicate With Empathy and Clarity Using Improvisation. Acad Med. 2018;93(3):440-43.*

F2: Workforce Development and Team-based Care in Primary Care

F2a: Training the Next Generation: Pre-Doctoral Student Training in a Military Primary Care Medical Setting

Evans Army Community Hospital is a large military medical treatment facility offering diverse student training opportunities for medical students and residents, as well as pharmacy and pre-doctoral psychology students. We service active duty military families, as well as veterans and retirees. While our hospital has long been a training ground for the medical community, we have newly begun to offer training to pre-doctoral psychology students from two local doctoral programs in the Denver and Colorado Springs area, DU and UCCS. The opportunity to train in the Primary Care Behavioral Health (PCBH) model appears to be limited, and little information exists in the literature on training models for predoctoral students in the Integrated BH model. We offer a brief overview of our approach to training predoctoral students and active duty PA trainees in a fast paced, dynamic, multi disciplinary medical setting that provides students exposure to the model prior to internship.

Presenter(s):

Jennifer Fontaine, PsyD, IBHC, Licensed Psychologist, Evans Army Community Hospital, Ft. Carson, CO

Alison Scalzo, MA, Doctoral Candidate, University of Denver, Denver, CO

Michelle Wine, PsyD, Internal Behavioral Health Consultant, Evans Army Community Hospital, Iron Horse Family Medicine Clinic, Ft. Carson, CO

Alisa Bartel, MA, MPH, Graduate Student, University of Colorado, Colorado Springs, CO

Danielle Correl, BS, Doctoral Candidate, University of Colorado - Colorado Springs, Colorado Springs, CO

Krista Engle, BA, Graduate Student - Clinical Psychology PhD, Trauma Track, University of Colorado Colorado Springs, Colorado Springs, CO

Date Saturday, 10/19/2019

Time 9:45 to 10:15 AM

Content Level Intermediate

Keywords

- Early Career Professionals|Interprofessional education|Team-based care

Objectives

- Implement a training and evaluation program for predoctoral psychology students that uses the known /DOD PCBH competencies to enhance student learning.
- Identify the value of the shadowing experience in PCBH practice for training of the next generation of psychologists.
- Investigate potential didactic training opportunities in your community to pair with the experiential component of PCBH training for students

Session References:

- *Ayano, G., Assefa, D., Haile, K., Chaka, A., Haile, K., Solomon, M., "... Jemal, K. (2017). "Mental health training for primary health care workers and implication for success of integration of mental health into primary care: evaluation of effect on knowledge, attitude and practices (KAP)": Correction. International Journal of Mental Health Systems, 11. Retrieved from http://du.idm.oclc.org/login?url=https://search.ebscohost.com/login.aspx?direct=true&db=psyh&AN=2017-51204-001&site=ehost-live&scope=site*
- *Martin, M. P. (2017). Integrated behavioral health training for primary care clinicians: Five lessons learned from a negative study. Families, Systems, & Health, 35(3), 352-359. https://doi-org.du.idm.oclc.org/10.1037/fsh0000278*
- *McDaniel, S. H., Grus, C. L., Cubic, B. A., Hunter, C. L., Kearney, L. K., Schuman, C. C., "... Johnson, S. B. (2014). Competencies for psychology practice in primary care. American Psychologist, 69(4), 409-429. https://doi-org.du.idm.oclc.org/10.1037/a0036072*
- *Possis, E., Skroch, B., Mallen, M., Henry, J., Hintz, S., Billig, J., & Olson, D. (2016). Brief immersion training in Primary Care-Mental Health Integration: Program description and initial findings. Training and Education in Professional Psychology, 10(1), 24-28. https://doi-org.du.idm.oclc.org/10.1037/tep0000103.supp (Supplemental)*
- *Rybarczyk, B. D., Stewart, K. E., Perrin, P. B., & Radcliff, Z. (2017). The Virginia Commonwealth University Primary Care Psychology Training Network. In M. E. Maruish (Ed.), Handbook of psychological assessment in primary care settings., 2nd ed. (pp. 7*

F2b: Leveraging the BHC to Develop and Strengthen a Care Team's Capacity to Improve Patient Health Outcomes through Primary Prevention

Behavioral Health Consultants (BHC) are highly qualified to help develop an emerging healthcare workforce. At Iora Health, clinical practices that employ a BHC to engage in ongoing consultation have significantly improved outcomes regarding depression monitoring. In this presentation, a group of BHC's from Iora Health will share their strategies for optimizing primary prevention through delivery of team based education. Additionally, the presenters will demonstrate how the combined training and education experiences of social work, psychology and counseling help to broaden the capacity of the BHC to meet the complex demands of a primary care practice.

Presenter(s):
Bill O'Connell, Ed.D., LMHC, Behavioral Health Specialist, Iora Primary Care, Seattle, WA
Mari Yamamoto, PhD, Psychologist, Behavioral Health Specialist, Iora Health, Seattle, WA
Laura Wiese, MSW, LCSW, Behavioral Health Specialist, Iora Health, Denver, CO
Taneyea Cooley, DBH, LCSW, Behavioral Health Specialist, Iora Health, Seattle, WA

Session References:

- Blount, A. (2003). Integrated Primary Care: Organizing the Evidence. Families, Systems, & Health, 21(2), 121-133. https://doi-org.proxy.seattleu.edu/10.1037/1091-7527.21.2.121
- Davis, T. S., Reno, R., Guada, J., Swenson, S., Peck, A., Saunders-Adams, S., & Haas-Gehres, L. (2019). Social Worker Integrated Care Competencies Scale (SWICCS): Assessing social worker clinical competencies for health care settings. Social Work in Health Care, 58(1), 75-92. https://doi-org.proxy.seattleu.edu/10.1080/00981389.2018.1547346
- Lanese, B. S., Dey, A., Srivastava, P., & Figler, R. (2011). Introducing the Health Coach at a Primary Care Practice: A Pilot Study (Part 2). Hospital Topics, 89(2), 37-42. https://doi-org.proxy.seattleu.edu/10.1080/00185868.2011.572800
- O'Brien, Kyle H., Acri, M.C., Campanelli, P.C., Cerniglia, J.A. & McKay, M. (2018) Retooling the Health Care Workforce in the Era of the Affordable Care Act: An Evaluation of an Advanced Certificate Program in Integrated Primary and Behavioral Health Care,Journal of Teaching in Social Work, 38:5, 522-535, DOI: 10.1080/08841233.2018.1526846
- Thom, D. H., Wolf, J., Gardner, H., DeVore, D., Lin, M., Ma, A., "... Saba, G. (2016). A Qualitative Study of How Health Coaches Support Patients in Making Health-Related Decisions and Behavioral Changes. Annals of Family Medicine, 14(6), 509-516. https:

Date Saturday, 10/19/2019

Time 10:15 to 10:45 AM

Content Level All Audience

Keywords

- Interprofessional education|Skills building/Technical training|Workforce development

Objectives

- Understand Iora Health's model of integrated care and unique contributions of social work, psychology and counseling to primary prevention
- Learn an example of team oriented mental health education
- Discuss strategies to improve population health as the result of continuous follow up with care teams.

F3: Interprofessional Education and Addressing Sexual Dysfunction in Primary Care

F3a: An Interprofessional Immersion-A Developmental Approach to Learning IPE

Come learn about interprofessional education (IPE) from trainers who practice it! This presentation will review components of a week-long immersion that takes a step-wise, developmental approach to help trainees build competency in interprofessional practice. Presenters will discuss components of the training involving trainees from psychology, medical social work, pharmacy, family medicine residents, and nurse

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Time 9:45 to 10:15 AM

Content Level All Audience

Keywords

- Interprofessional education|Interprofessional teams|Team-based care

practitioner students. The presenters will engage the audience in discussions about successful approaches to IPE and teach a specific training exercise.

Presenter(s):

Daubney Boland, PhD, Licensed Psychologist, Behavioral Science Faculty, Southern New Mexico Family Medicine Residency Program, Las Cruces, NM

Traci White, PharmD, Assistant Professor, UNM College of Pharmacy, Las Cruces, NM

John Andazola, MD, Residency Program Director, Memorial Medical Center, Las Cruces, NM

Erika Gergerich, PhD, Assistant Professor School of Social Work, New Mexico State University, Las Cruces, NM

Stephanie Lynch, PhD, FNP-BC, PMHNP-BC, RN, Assistant Professor, School of Nursing, New Mexico State University, Las Cruces, NM

Objectives

- Identify the core competencies for interprofessional education (IPE).
- Describe several tools for communication within team-based practice.
- Learn how to engage in roles/values clarification with other healthcare professionals.

Session References:

- *Boland, D., White, T., Adams, E. (2018). Experiences of pharmacy trainees from an interprofessional immersion training. Pharmacy, 6, 37-39. DOI: 10.3390/pharmacy6020037*
- *Boland, D. & Gergerich, E. (2018). Evolution of an interprofessional training: a five-year review of an interprofessional training involving family medicine residents, nurse practitioner students, pharmacy trainees, counseling psychology, and social work students in Southern New Mexico. Health and Interprofessional Practice, 3, 3. https://doi.org/10.7710/2159-1253.1161*
- *Gergerich, E., Boland, D., Scott, M.A. (2018). Hierarchies in interprofessional training. Journal of Interprofessional Care, 1, 1-8. doi: 10.1080/13561820.2018.1538110*
- *Boland, D., Scott, M.A., White, T., Kim, H., & Adams, E. M. (2016). Interprofessional immersion: Use of interprofessional education collaborative competencies in side-by-side training of family medicine, pharmacy, nursing, and counselling psychology trainees, Journal of Interprofessional Care, 30, 739-746. DOI:10.1080/13561820.2016.1227963*
- *Sims, S., Hewitt, G., Harris, R. (2015). Evidence of a shared purpose, critical reflection, innovation and leadership in interprofessional healthcare teams: a realist synthesis. Journal of Interprofessional Care, 29, 209-215 DOI: 10.3109/13561820.2014.941*

F3b: Lets Talk about Sex: Erectile Dysfunction in Primary Care

Many family physicians may feel ill-equipped to talk about sexual and relational problems and lack the skills to effectively counsel on these matters. One of the most common sexual concerns in family medicine, erectile dysfunction, occurs in 35% of men ages 40-70 (BUMC, 2018). While individual factors in the assessment of ED are important (organic factors, etc), we propose a multidisciplinary relational view of erectile dysfunction for both the family physician and integrated behavioral medicine specialist. We will outline key relational questions and factors in the diagnosis of ED, as well as relational intervention recommendations for both the family physician and integrated behavioral medicine specialist. Key treatment resources will be recommended as well as key educational points for the next generation of both behavioral medicine and family medicine learners about erectile dysfunction in primary care.

Presenter(s):

Katherine Buck, PhD, LMFT, Director of Behavioral Medicine, John Peter Smith Hospital Family Medicine Residency, Fort Worth, TX

Joanna Stratton, PhD, LMFT, Psychologist, Marriage and Family Therapist, University of Colorado, Dept of Family Medicine, Regis University Family Therapy Program, Denver, CO

Jennifer Hodgson, PhD, LMFT, Professor, East Carolina University, Greenville, NC

Nolan Mischel, MD, Resident, John Peter Smith Family Medicine Residency Program, Fort Worth, TX

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Time 10:15 to 10:45 AM

Content Level All Audience

Keywords

- Behavioral Medicine Topics (e.g., insomnia, medication adherence)|Couples-based Interventions|Evidence-based interventions|Team-based care

Objectives

- Describe current effective treatments for erectile dysfunction in primary care
- Define at least 3 ways to incorporate partners into the treatment of erectile dysfunction in primary care
- Discuss challenges and opportunities in training the next generation in relationally based ED treatment

Session References:

- Weeks, G. R., Gambescia, N., & Hertlein, K. M. Systemic Sex Therapy. 2nd Ed. London. Routledge. 2016
- Rew, KT, & Heidelbaugh, JJ. Erectile Dysfunction. Am Fam Physician. 2016; 94(10)820-827
- American Urological Society. 2018. Guidelines for Erectile Dysfunction. https://www.auanet.org/guidelines/male-sexual-dysfunction-erectile-dysfunction-(2018)
- Colson, MH, Cuzin, A, Faix, A, Grellet, L, et al. Current epidemiology of erectile dysfunction, an update. Sexologies. 2018;27:e7-e13

- Mobley, D., Khera., M., & Baum., N. Recent advances in the treatment of erectile dysfunction. Postgrad Med Journal. 2016; 93(679-685)

F4: Healthcare Change and multidisciplinary Efforts: An initiative to Reform Pain Management and Opioid Practices in a Large Healthcare System

Session describes an initiative, first proposed to clinical leadership by a health psychologist, to transform pain management and opioid prescribing practices in a large Texas healthcare system. Presenters, psychologist/physician co-chairs, will describe the development and current status of the resulting project, involving large teams of inpatient and ambulatory professionals working together to develop multidisciplinary education, policies, guidelines, and tools to promote evidence-based pain management and opioid prescribing practices to meet the needs of patients. Related QI efforts and current and future outcome measures will be described.

Presenter(s):

Judy Embry, PhD, Endowed Chair in Family Medicine, Baylor Scott & White Health, Temple, TX

Session References:

- *Centers for Disease Control and Prevention. Quality Improvement and Care Coordination: Implementing the CDC Guideline for Prescribing Opioids for Chronic Pain. 2018. National Center for Injury Prevention and Control, Division of Unintentinal Injury Prevention, Atlanta, GA.*
- *Young LS, Crausman RS, Fulton JP. Suboptimal Opioid Prescribing: A Practice Change Project. Rhode Island Medical Journal (2013). 2018;101(2):41-44.*
- *Dueñas M, Salazar A, SÁ¡nchez M, De Sola H, Ojeda B, Failde I. Relationship Between Using Clinical Practice Guidelines for Pain Treatment and Physicians' Training and Attitudes Toward Patients and the Effects on Patient Care. Pain Practice. 2018;18(1):38-47.*
- *Forsyth C, Mason B. Shared leadership and group identification in healthcare: The leadership beliefs of clinicians working in interprofessional teams. Journal of Interprofessional Care. 2017;31(3):291-299.*
- *Weiner SG, Price CN, Atalay AJ, et al. A Health System-Wide Initiative to Decrease Opioid-Related Morbidity and Mortality. Joint Commission Journal On Quality And Patient Safety. 2019;45(1):3-13.*

Date Saturday, 10/19/2019

Time 9:45 to 10:45 AM

Content Level Intermediate

Keywords

- Evidence-based interventions|Interprofessional teams|Opioid management
- Interdisciplinary healthcare leadership

Objectives

- Describe how a multidisciplinary initiative can positively influence healthcare practices related to pain/opioids.
- Discuss and consider roles for behavioral health providers in healthcare initiatives and leadership.
- Generalize this multidisciplinary approach to other healthcare initiatives.

F5: Hot Topics in Integrated Care: Emergency Department Utilization and Medication Assisted Treatment (MAT)

F5a: Primary Care Patients in Family Medicine Integrated Care and Emergency Department Utilization

Integrated care has been touted as a potential cost savings model based in part on the mechanism of medical (physical health) cost offsets (NASMHPD, 2015; Reiss Brennan et al., 2010). There is, however, limited replication of these savings/offsets and lack of consensus about impact of different integrated care models, levels, and interventions on economic outcomes (Damery et al., 2016; Hwang, 2013). In this presentation, we will share pre/post data on Emergency Department (ED) utilization (and primary diagnosis associated with ED visit) before and after participants enrolled in an integrated behavioral health care program based within their primary care clinic setting. We will discuss implications for future studies as well as for clinical, operational, and financial aspects of integrated care.

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Time 9:45 to 10:15 AM

Content Level Intermediate

Keywords

- Cost Effectiveness/Financial sustainability|Outcomes|Sustainability

Objectives

- Explore the relationship between ED utilization, behavioral health needs, and access to integrated behavioral health care.

Presenter(s):
Aubry Koehler, PhD, LMFT, Director of Behavioral Science, Wake Forest School of Medicine, Winston-Salem, NC
Julienne Kirk, PharmD, Professor, Wake Forest School of Medicine, Winston-Salem, NC

- Discuss findings and implications of an economic analysis of ED utilization patterns before and after participant enrollment in an integrated behavioral health care program.
- Identify potential applications of care utilization findings to other primary care and/or specialty clinic settings.

Session References:

- *Chen, D., Torstrick, A. M., Crupi, R., Schwartz, J. E., Frankel, I., & Brondolo, E. (2019). Reducing emergency department visits among older adults: A demonstration project evaluation of a low-intensity integrated care model.Journal of Integrated Care, 27(1), 37-49. doi:10.1108/JICA-02-2018-0011*
- *Serrano, N., Prince, R., Fondow, M., & Kushner, K. (2018). Does the primary care behavioral health model reduce emergency department visits? Health Services Research, 53(6), 4529-4542. doi:10.1111/1475-6773.12862*
- *Waters, H. C., Furukawa, M. F., & Jorissen, S. L. (2018). Evaluating the impact of integrated care on service utilization in serious mental illness. Community Mental Health Journal, 54(8), 1101-1108. doi:10.1007/s10597-018-0297-x*
- *Breslau, J., Leckman-Westin, E., Han, B., Pritam, R., Guarasi, D., Horvitz-Lennon, M., . . . Yu, H. (2018). Impact of a mental health based primary care program on emergency department visits and inpatient stays. General Hospital Psychiatry, 52, 8-13. doi:10.1016/j.genhosppsych.2018.02.008*
- *Fryer, A., Friedberg, M. W., Thompson, R. W., & Singer, S. J. (2017). Patient perceptions of integrated care and their relationship to utilization of emergency, inpatient and outpatient services. Healthcare, 5(4), 183-193. doi:10.1016/j.hjdsi.2016.12.005*

F5b: Growing MAT in Family Medicine Residency Soil: Tips for New Gardeners

Training FM residents to offer medication assisted treatment (MAT) for opiate use disorders is not a simple task. As opposed to simply buying some new medical device for the clinic and training residents to use it, instead MAT training requires systematic changes in work-flow, billing, and scheduling. It can require systemic change in mission, vision, and even in personnel. Certainly it requires the interpersonal skills necessary to get buy-in from administrators, faculty, staff, and residents in order to adopt this training as part of the curriculum. In this presentation we share our story of success in becoming one of the only providers of MAT in our area, emphasizing the strengths and weaknesses of our approach. We share research that supports the need to train for MAT in residency, and we provide specific tips that participants can take home to use in their training location to aid in their MAT training efforts.

Presenter(s):
Daniel Felix, PhD, Director of Behavioral Health, Sioux Falls Family Medicine Residency, Sioux Falls, SD
James Wilde, MD, Assistant Director,South Dakota State University/Center for Family Medicine, Sioux Falls, SD
Jennifer Ball, PharmD, BCACP, BCGP, Assistant Professor of Pharmacy Practice, South Dakota State University/Center for Family Medicine, Sioux Falls, SD
Cindy Genzler, RN, Nurse Case Manager, Center for Family Medicine, Sioux Falls, SD

Date Saturday, 10/19/2019

Time 10:15 to 10:45 AM

Content Level Intermediate

Keywords

- Collaborative Care Model of Integrated Care|Opioid management|Substance abuse management (e.g., alcohol, tobacco, illicit drugs)|Training Models

Objectives

- Define reasons and research regarding why MAT training is necessary and beneficial in family medicine training.
- Identify benefits and challenges of adopting MAT training into a residency clinic and curriculum.
- Outline methods for addressing many of the common challenges hindering the adoption of this modality in family medicine training.

Session References:

- Hutchinson, E., Catlin, M., Andrilla, C. H. A., Baldwin, L. M., & Rosenblatt, R. A. (2014). Barriers to primary care physicians prescribing buprenorphine. The Annals of Family Medicine, 12(2), 128-133.
- Polydorou, S., Gunderson, E. W., & Levin, F. R. (2008). Training physicians to treat substance use disorders. Current psychiatry reports, 10(5), 399-404.
- Colameco, S., Armando, J., & Trotz, C. (2005). Opiate dependence treatment with buprenorphine: one year's experience in a family practice residency setting. Journal of addictive diseases, 24(2), 25-32.
- Donaher, P. A., & Welsh, C. (2006). Managing opioid addiction with buprenorphine. American family physician, 73(9).

- Seale, J. P., Shellenberger, S., & Clark, D. C. (2010). Providing competency-based family medicine residency training in substance abuse in the new millennium: a model curriculum. BMC medical education, 10(1), 33.

F6: Answering the Call: Bridging Gaps in Care in Underserved Communities Through Integration and Inter-Professional Collaboration

This presentation will share the success story of a Federally Qualified Health Center's efforts to meet the needs of their underserved community through inter-professional collaboration and training across primary care, behavioral health, dentistry, pharmacy, and school-based services. Strategies for inter-professional teamwork and innovation will be highlighted and recommendations for execution of collaboration will be shared. The importance of workforce development, including recruitment of well-fit staff and providers, intensive and creative support throughout innovations in service development, staff wellness and retention efforts, and the education and training of the next generation of staff and providers will be stressed and modeled through practical examples and implementation tips.

Presenter(s):

Emily Selby-Nelson, PsyD, Director of Behavioral Health, Cabin Creek Health Systems, Sissonville, WV

Kate Hossfeld, PsyD, Behavioral Health Provider, Cabin Creek Health Systems, Charleston, WV

Jessica McColley, DO, Cabin Creek Health Systems, Charleston, WV

Amber Crist, MS, Chief Operating Officer, Cabin Creek Health Systems, Charleston, WV

Hillary Homburg, DDS, Dental Director,

Jerad Bailey, PharmD, Pharmacist, Cabin Creek Health Systems, Charleston, WV

Session References:

- *Chase, S. M., Crabtree, B. F., Stewart, E. E., Nutting, P. A., Miller, W. L., Stange, K. C., & JaÁ©n, C. R. (2015). Coaching strategies for enhancing practice transformation. Family Practice, 32(1), 75-81.*
- *Selby-Nelson, E. M., Bradley, J., Hoover-Thompson, A., & Schiefer, R. (2018). Primary Care Integration in Rural Areas: A Community-Focused Approach. Families, Systems, and Health, 36, 528-534.*
- *Price, O. A. (2016). School-centered approaches to improve community health: lessons from school-based health centers. Economic Studies at Brookings, 5, 1-17.*
- *Jorgenson, D., Dalton, D., Farrell, B., Tsuyuki, R. T., & Dolovich, L. (2013, November). Guidelines for pharmacists integrating into primary care teams. Retrieved March 15, 2019, from http://www/ncbi.nih.gov/pmc/articles/PMC3819955/*
- *Harnagea, H., Couturier, Y., Shrivastava, R., Girard, F., Lamothe, L., Bedos, C. P., & Emami, E. (2017). Barriers and facilitators in the integration of oral health into primary care: a coping review. BMJ Open, 7.*

Date Saturday, 10/19/2019

Time 9:45 to 10:45 AM

Content Level All Audience

Keywords

- Innovations|Interprofessional teams|Team-based care

Objectives

- Summarize typical barriers to healthcare in underserved settings.
- Discuss effective strategies for integrating various healthcare services into primary care and enhance inter-professional collaboration across services.
- Identify unique ways that interprofessional healthcare providers and administrators can collaborate to create the ideal conditions necessary to offer quality and sustainable whole-patient care.

F7: The Many Faces of Psychiatry in Primary Care Settings

Integration of behavioral health services into primary care requires adaptations of traditional practice patterns to the challenges and opportunities present in this new setting. Psychiatric services are severely limited in the US such that patients developing significant mental health problems are often either on long waiting lists or are receiving treatment from primary providers who may have limited training or experience with these issues. Psychiatrists have explored direct and indirect ways to leverage their training and expertise to bring evidence-based care to larger populations. In this presentation you will hear from four psychiatrists about some of the evidence-based models of care in play in different settings. Examples of ways

Date Saturday, 10/19/2019

Time 9:45 to 10:45 AM

Content Level All Audience

Keywords

- Collaborative Care Model of Integrated Care|Professional Identity, including development of|Workforce development

psychiatric services link effectively with a behavioral health team in primary care will be provided.

Presenter(s):

Mark Williams, MD, Associate Professor of Psychiatry and Psychology, Mayo Clinic, Rochester, MN

Thomas Salter, MD, Physician/Psychiatrist, Mayo Clinic, Rochester, MN

Lori Raney, MD, Principal, Health Management Associates, Denver, CO

Patty Gibson, MD/Psychiatrist, Medical Director - Behavioral Health Integration, Arkansas Health Group, Little Rock, AR

Objectives

- Describe 3 ways to leverage psychiatric expertise in the primary care setting
- Understand the role of measurement and stepped care in improving patient outcomes
- Describe ways to employ psychiatric providers to raise capacity of the primary care team

Session References:

- *Fortney, Unutzer et al: The Tipping Point for MBC in Behavioral Health; Psych Services 2016.*
- *Raney, Lasky, Scott: Integrated Care: A Guide for Effective Implementation: Role of the Psychiatric Consultant. 2017.*
- *Katzelnick DJ, Williams MD: Large-Scale Dissemination of Collaborative Care and Implications for Psychiatry. Psychiatric services 2015, 66(9):904-906*
- *Carlo AD, Unutzer J, Ratzliff ADH, Cerimele JM, Financing for Collaborative Care - A Narrative Review. Curr Treat Options Psychiatry. 2018.*
- *Kroenke, K, Unutzer, J: Closing the False Divide: Sustainable Approaches to Integrating Mental Health Services Into Primary Care. JGIM 2017.*

F8: Maximizing Partnerships for Integration Success: A Quality Improvement Approach for Engaging Practices

Bringing primary health and behavioral health care together in integrated care settings can improve outcomes for both behavioral and physical health conditions. In its work to improve the health of NH residents and create effective systems of care, the NH Citizens Health Initiative partnered with Connections for Health: Integrated Health Services to provide facilitated assessment and strategic planning for 16 practices in Seacoast NH. The project team utilized the Blueprint for Integration™ to inform next steps and share recommendations based on the MeHAF Site Self-Assessment scores. This presentation focuses on a practical application of integration concepts to initiate concrete plans using QI methodology. We will offer an opportunity to engage in a prioritization activity and insight on how to generate action steps.

Presenter(s):

Marcy Doyle, DNP, MHS, RN, CNL, Quality and Clinical Improvement Director, Adjunct Professor, New Hampshire Citizens Health Initiative, Institute for Health Policy and Practice, University of New Hampshire, Durham, NH

William Gunn Jr., PhD, Director of Clinical Integration, Integrated Delivery Network, Kittery Point, ME

Katherine Cox, MSW, Project Director/Practice Facilitator, Institute for Health Policy and Practice, NH Citizens Health Initiative, University of New Hampshire, Concord, NH

Sandra Denoncour, BA, ASN, RN, Director of Care Coordination, Integrated Delivery Network, New Hampshire Region 6, Newmarket, NH

Date Saturday, 10/19/2019

Time 9:45 to 10:45 AM

Content Level All Audience

Keywords

- Implementation science|Innovations|Interprofessional teams

Objectives

- Discuss the importance of harnessing inter-professional vertical and horizontal partnerships that 1). advance integration and 2). increase workforce capacity.
- Engage practices in a quality improvement process to maintain momentum in integration efforts.
- Use a quality improvement activity with inter-professional teams.

Session References:

- *Roderick, S. S., Burdette, N., Hurwitz, D., & Yeracaris, P. (2017). Integrated behavioral health practice facilitation in patient centered medical homes: A promising application. Families, Systems & Health: The Journal of Collaborative Family HealthCare, 35(2), 227-237. https://doi.org/10.1037/fsh0000273*
- *Scheirer, M., Leonard, B., Ronan, L., & Boober, B. (2015). Site Self-Assessment Tool for the Maine Health Access Foundation Integration Initiative (p. 11). Augusta, Maine: Maine Health Access Foundation. Retrieved from http://integrationacademy.ahrq.gov/measures/C8%20Site%20Self%20assessment%20Evaluation%20Tool*
- *Massoud, M., Nielsen, G., Nolan, K., Nolan, T., Schall, M., & Sevin, C. (2006). A Framework for Spread: From Local Improvements to System-Wide Change (Innovation Series). Cambridge, MA: Institute for Healthcare Improvement. Retrieved from http://www.ihi.org:80/resources/Pages/IHIWhitePapers/AFrameworkforSpreadWhitePaper.aspx*

- *Irwin, R., Stokes, T., & Marshall, T. (2015). Practice-level quality improvement interventions in primary care: a review of systematic reviews. Primary Health Care Research & Development (Cambridge University Press / UK), 16(6), 556-577. https://doi.org/10.1017/S1463423615000274*
- *McHugh, M., Brown, T., Liss, D. T., Walunas, T. L., & Persell, S. D. (2018). Practice Facilitators' and Leaders' Perspectives on a Facilitated Quality Improvement Program. Annals of Family Medicine, 16, S65-S71. https://doi.org/10.1370/afm.2197*

G1: Expanding the Primary Care Behavioral Health Workforce: Lessons Learned from Te Tumu Waiora

After initial pilot study of Primary Care Behavioral Health (PCBH) services, healthcare systems often pursue rapid dissemination and encounter the frustration of workforce shortage. This workshop offers guidance on how to address workforce development, starting with initiation of pilot study. This was the approach used in the Te Tuma Waiora (TTW) ("pathways to health"□) project in New Zealand. TTW is an integrated care program informed by PCBH designed to enhance local wellness support for patients and their Whanau / family. TTW began as a demonstration pilot in Auckland in late 2017 and expanded to a national demonstration project in 2019. TTW results included delivery of services equally accessible and acceptable for MÄ□ori, Pacific, Asian and European populations. Workshop participants will learn tools and strategies for recruiting and training clinicians and clinician leaders and facilitating their development of new professional identities within the first 12 months of pilot study.

Presenter(s):

Patti Robinson, PhD, Psychologist, President, Mountainview Consulting Group, Portland, OR

Date Saturday, 10/19/2019

Time 11:00 AM to 12:00 Noon

Content Level Intermediate

Keywords

- Professional Identity, including development of|Primary Care Behavioral Health Model|Workforce development

Objectives

- Describe materials for encouraging consensus about a model for integrating behavioral health services into primary care
- Use job postings, candidate ranking methods, and interview questions associated with successful hiring of behavioral health providers to work in fully integrated care positions
- Provide an overview of a 3-phrase training method that encouraged rapid development of new professional identities for all members of the health care team and key strategies used to identify and train behavioral health consultant trainers / mentors within the first 6-12 months of initiating pilot study

Session References:

- Dobmeyer, A. C., Hunter, C. L., Corso, M. L., Nielsen, M. K., Corso, K.A., Polizzi, N. C., & Earles, J. E. (2016). Primary Care Behavioral Health provider training: systematic development and implementation in a large medical system. Journal of Clinical Psychology in Medical Settings, 23, 207-224. doi: 10.1007/s10880-016-9464-9
- Robinson, P. J., Oyemaja, J., Beachy, B., Goodie, J., Bell, J., Sprague, L., Maples, M. & Ward, C. (2018). Creating a primary care workforce: Strategies for leaders, clinicians, and nurses. Journal of Clinical Psychology in Medical Settings, 20 (3). DOI 10.1007/s10880-017-9530-y
- Robinson, P. J., & Reiter, J. D. (2007). Behavioral consultation and primary care: A guide to integrating services. New York, NY: Springer.
- Serrano, N., Clemency Cordes, C., Cubic, B., & Daub, S. (2017). The state and future of the primary care behavioral health model of service delivery workforce. Journal of Clinical Psychology in Medical Settings.
- Strosahl, K. D., & Robinson, P. J. (2018). Adapting Empirically Supported Treatments in the Era of Integrated Care: A Roadmap for Success. Clinical Psychology: Science and Practice. DOI: 10.1111/cpsp.12246

G2: Qualitative Research in Integrated Care

G2a: Seeing Eye to Eye: Using Qualitative Interviews to Enhance a Reliable Measure of Integration

The Practice Integration Profile (PIP) is a 30-item measure of behavioral health integration in primary care. The PIP provides an evaluation of clinical structures and processes thought to be important in integration and has demonstrated reliability and validity. While development of the PIP was informed by the AHRQ's Lexicon of Collaborative Care, it remains unclear whether clinicians' perception of integration is congruent with the framework underlying the PIP. This presentation will discuss results from a qualitative study examining providers' conceptual understanding and interpretation of PIP items.

Date Saturday, 10/19/2019

Time 11:00 AM to 11:30 AM

Content Level Intermediate

Keywords

- Assessment|Quality improvement programs|Research and evaluation

Objectives

Presenter(s):
Mindy L. McEntee, PhD, Postdoctoral Scholar, College of Health Solutions, Arizona State University, Phoenix, AZ
Stephanie Brennhofer, MPH, MS, RDN, Research and Evaluation Specialist, College of Health Solutions, Arizona State University, Phoenix, AZ
Matthew Martin, PhD, Clinical Assistant Professor, Arizona State University, Phoenix, AZ
C.R. Macchi, PhD, LMFT, Clinical Associate Professor, College of Health Solutions, Arizona State University, Phoenix, AZ
Rodger Kessler, PhD, Professor, Arizona State University, Phoenix, AZ

- Discuss the role of integration measurement in research and clinical settings
- Compare expert and non-research clinician perceptions of integrated care on the PIP
- Discuss strengths and limitations of the PIP to measure integration

Session References:

- Macchi, C. R., Kessler, R., Auxier, A., Hitt, J. R., Mullin, D., van Eeghen, C., & Littenberg, B. (2016). The Practice Integration Profile: Rationale, development, method, and research. Families, Systems, & Health, 34(4), 334.
- Kessler, R. S., Auxier, A., Hitt, J. R., Macchi, C. R., Mullin, D., van Eeghen, C., & Littenberg, B. (2016). Development and validation of a measure of primary care behavioral health integration. Families, Systems, & Health, 34(4), 342.
- Mullin, D. J., Hargreaves, L., Auxier, A., Brennhofer, S. A., Hitt, J. R., Kessler, R. S., ... & Trembath, F. (2019). Measuring the integration of primary care and behavioral health services. Health services research, 54, 379-389.
- Kessler, R. S., van Eeghen, C., Auxier, A., Macchi, C. R., & Littenberg, B. (2015). Research in progress: measuring behavioral health integration in primary care settings. The Health Psychologist, 1-4.
- Van Eeghen, C. O., Littenberg, B., & Kessler, R. (2018). Chronic care coordination by integrating care through a team-based, population-driven approach: a case study. Translational behavioral medicine, 8(3), 468-480.

G2b: Financial Barriers and Solutions to Integrating Behavioral Health and Primary Care: A Qualitative Analysis of Expert Interviews

Experts with a broad range of experience and background were interviewed regarding barriers and solutions to integrated care. Their responses related to financing integrated care were analyzed for themes. There was consensus that the current fragmented, fee-for-service system with inadequate baseline reimbursement significantly hinders progression towards integrated behavioral health and primary care. Funding is needed both to support integrated care and to facilitate the transition to a new model. Multiple suggestions were offered regarding interim solutions to move towards an integrated model and ultimately global payment.

Presenter(s):
Stephanie Gold, MD, Scholar, Eugene S. Farley, Jr. Health Policy Center, Aurora, CO
Emma Gilchrist, MPH, Deputy Director, Farley Health Policy Center, University of Colorado Anschutz Medical Campus, Aurora, CO
Benjamin Miller, PsyD, Chief Strategy Officer, WellBeing Trust, Oakland, CA

Date Saturday, 10/19/2019

Time 11:30 AM to 12:00 Noon

Content Level All Audience

Keywords

- Cost Effectiveness/Financial sustainability|Payment models|Policy

Objectives

- Identify financial barriers to integrated behavioral health.
- Describe potential interim and long-term solutions to financing integrated care.
- Discuss pros and cons of different payment models for integrated behavioral health.

Session References:

- *Gold, S.B. Green, L.A. (2018). Integrated Behavioral Health in Primary Care: Your Patients are Waiting. Cham, Switzerland: Springer Publishing.*
- *Miller, B.F., Ross, K.M., Davis, M.M., Melek, S.P., Kathol, R., & Gordon, P. (2017). Payment Reform in the Patient-Centered Medical Home: Enabling and Sustaining Integrated Behavioral Health Care. American Psychologist, 72(1), 55-68.*
- *Monson, S.P., Sheldon, J.C., Ivey, L.C., Kinman, C.R., & Beacham, A. O. (2012). Working Toward Financial Sustainability of Integrated Behavioral Health Services in a Public Health Care System. Families, Systems & Health, 30(2):181-186. €¨*
- *Basu, S., Landon, B.E., Williams, J.W., Bitton, A., Song, S., & Phillips, R.S. (2017). Behavioral Health Integration into Primary Care: A Microsimulation of Financial Implications for Practices. Journal of General Internal Medicine,32(12): 1330-1341*
- *Freeman, D.S., Manson, L., Howard, J., & Hornberger, J. (2018). Financing the Primary Care Behavioral Health Model. Journal of Clinical Psychology in Medical Settings, 25(2):197- 209. €¨*

G3: Addressing Social Determinants of Health in Integrated Care

G3a: Integrated Behavioral Health Models Improve Health for Low-Income, Hispanic Populations in Medically Underserved Areas at the US-Mexican Border

Few evaluations of integrated behavioral health (IBH) have studied whether these models are effective with a low-income, Hispanic population. To this end, 8 grantees through the Sí Texas project implemented different IBH models to better coordinate mental health and primary care services for their clients. Using a collaborative approach, this project involved rigorous evaluation studies at both the grantee-level and across sites to assess the effectiveness and implementation of these IBH models. This collaborative evaluation approach ensured that each grantee-specific study was tailored to its appropriate context, while still maintaining consistency for the portfolio evaluation. Additionally, qualitative data collected across sites examined the facilitators and barriers to implementing IBH approaches in resource-constrained communities. This presentation will include study findings and lessons learned on using a collaborative evaluation approach in a multi-site study.

Presenter(s):

Lisa Wolff, ScD, Vice President, Health Resources in Action, Boston, MA

Amy Flynn, MS, Senior Research Analyst, Health Resources in Action, Boston, MA

Michelle Brodesky, MPA, Evaluation Supervisor, Methodist Healthcare Ministries, San Antonio, TX

Session References:

- *Bedoya, C. A., Traeger, L., Trinh, N.-H. T., Chang, T. E., Brill, C. D., Hails, K., "¦ Yeung, A. (2014a). Impact of a Culturally Focused Psychiatric Consultation on Depressive Symptoms Among Latinos in Primary Care. Psychiatric Services, 65(10), 1256-1262. http://doi.org/10.1176/appi.ps.201300088*
- *Camacho, Á□., Gonález, P., Castañeda, S. F., Simmons, A., Buelna, C., Lemus, H., & Talavera, G. A. (2015). Improvement in Depressive Symptoms Among Hispanic/Latinos Receiving a Culturally Tailored IMPACT and Problem-Solving Intervention in a Community Health Center. Community Mental Health Journal, 51(4), 385-92. http://doi.org/10.1007/s10597-014-9750-7*
- *Scharf, D. M., Eberhart, N. K., Schmidt Hackbarth, N., Horvitz-Lennon, M., Beckman, R., Han, B., "¦ Burnam, M. A. (2014). Evaluation of the SAMHSA Primary and Behavioral Health Care Integration (PBHCI) Grant Program. RAND Corporation. Retrieved from http://www.rand.org/pubs/research_reports/RR546.html*
- *Horevitz, E., Organista, K.C. Arean, P.A. Depression Treatment Uptake in Integrated Primary Care: How a "Warm Handoff"□ and Other Factors Affect Decision Making by Latinos, Psychiatr. Serv. 66 (2015) 824-830.*
- *A.R. Andrews, D. Gomez, A. Larey, H. Pacl, D. Burchette, J. Hernandez Rodriguez, F.A. Pastrana, A.J. Bridges, Comparison of integrated behavioral health treatment for internalizing psychiatric disorders in patients with and without Type 2 diabetes., Fam.*

Date Saturday, 10/19/2019

Time 11:00 AM to 11:30 AM

Content Level Novice

Keywords

- Evidence-based interventions|Research and evaluation|Special populations

Objectives

- Describe the effects of integrated behavioral health approaches on physical and mental health among a predominantly Hispanic population residing in south Texas.
- Identify the key facilitators and barriers to implementation of integrated behavioral health approaches in resource-constrained communities as assessed in the Si Texas portfolio.
- Discuss potential future research opportunities to further assess the impact of integrated care models on mental and physical health outcomes and determine best practices in their implementation.

G3b: Family-Centered Prescription Food Program

A 12-month prescription food program was developed for patients of a family medicine clinic with support from a partnering community agency and university-based research team. Families ranging in size from 2 to 6 members participated in the year long program to improve family eating habits. Participants received individualized nutritional education and coaching throughout the program, as well as grocery store gift cards for purchasing fresh or frozen produce. Participants established at least one lifestyle goal focused on improving overall health. Clinic staff were in contact with participants bimonthly to review previous food choices and provide encouragement regarding the purchase and preparation of fresh produce. Medical appointments every three months included an in-depth review of behavioral goals, and a general health assessment. Participants reported significant improvement in overall wellbeing, development of healthier eating habits, and achievement of personal wellness goals.

Presenter(s):

Date Saturday, 10/19/2019

Time 11:30 AM to 12:00 Noon

Content Level All Audience

Keywords

- Multi-generational care|Pediatrics|Team-based care

Objectives

- Describe the implementation of a prescription food program
- Identify barriers to making healthy food choices on a limited budget

Carol Pfaffly, PhD, Director of Behavioral Health Education, Southern Colorado Family Medicine Residency Program, Pueblo, CO
Elsie Haynes, DO, Physician, Family Medicine, Corwin Clinic Family Medicine, Pueblo, CO

- Discuss factors that can motivate families to change eating habits.

Session References:

- *Hurley, K.M.; Yousafzai, A.K.; & Lopez-Boo, F. (2016). Early Child Development and Nutrition: A Review of the Benefits and Challenges of Implementing Integrated Interventions. Journal of Advanced Nutrition, 7, 357-363.*
- *http://www.countyhealthrankings.org/app/colorado/2015/rankings/pueblo/county/outcomes/overall/snapshot*
- *http://health.gov/2015-2020 Dietary Guidelines and http://choosemyplate.gov*
- *Sahoo, K.; Sahoo, B.; Choudhury, A.K.; Sofi, N.Y.; Kumar, R.; & Bhadoria, A.S. (2015). Childhood Obesity: Causes and Consequences. Journal of Family Medicine and Primary Care, 4(2), 187-192.*
- *Thapa, J.R. and Lyford, C.P. (2018). Nudges to Increase Fruits and Vegetables Consumption: Results from a Field Experiment. Journal of Child Nutrition and Management, 42 (1).*

G4: Increasing Access to Behavioral Health Care for Patients and Parents in Pediatric Primary Care

G4a: Hub-Extension Model and Access to Pediatric Behavioral Integrated Primary Care

Best practices indicates integrated BHPC services should be provided on-site for increased access to care. For some agencies, patient population may be too low to justify having a full-time behavioral health provider on-site. Utilizing a hub-extension structure addresses this problem. Results of this study suggest that a hub-extension structure promotes similarly strong collaborative relationships between referring medical providers and agency-contracted behavioral health providers whether they be located on-site or off-site.

Presenter(s):
Jessica Sevecke-Hanrahan, PhD, Licensed Psychologist, Geisinger Health System, Danville, PA
Tawnya Meadows, PhD, BCBA-D, Co-Chief of Behavioral Health in Primary Care-Pediatrics, Geisinger, Danville, PA
Carrie Massura, PhD, Pediatric Psychologist, Geisinger Health System, Danville, PA

Date Saturday, 10/19/2019

Time 11:00 AM to 11:30 AM

Content Level All Audience

Keywords

- Pediatrics|Sustainability|Other
- Access

Objectives

- Describe elements of the hub-extension model of care delivery within BHPC-Pediatrics.
- Describe elements of the hub-extension model of care delivery within BHPC-Pediatrics.
- Discuss strengths and limitations of the hub-extension model on scheduling and show rate.

Session References:

- *Njoroge, W. F. M., Hostutler, C. A., Schwartz, B. S., & Mautone, J. A. (2016). Integrated behavioral health in pediatric primary care. Current Psychiatry Reports, 18(106). doi: 10.1007/s11920-016-0745-7*
- *Vogel, M. E., Kanzler, K. E., Aikens, J. E., & Goodie, J. L. (2017). Integration of behavioral health and primary care: Current knowledge and future directions. Journal of Behavioral Medicine, 40(1), 69-84. doi: 10.1007/s10865-016-9798-7*
- *Torio, C. M., Encinosa, W., Berdahl, T., McCormick, M. C., & Simpson, L. A. (2015). Annual report on health care for children and youth in the United States: National estimates of cost, utilization, and expenditures for children with mental health conditions. Academic Pediatrics, 15(1), 19-35. doi: 10.1016/j.acap.2014.07.007*
- *Hacker, K. A., Penfold, R. B., Arsenault, L. N., Zhang, F., Soumerai, S. B., & Wissow, L. S.. (2015). Effect of pediatric behavioral health screening and collocated services on ambulatory and inpatient utilization. Psychiatric Services, 66(11), 1141-1148. doi: 10.1176/appi.ps.201400315*
- *Asarnow, J. R., Rozenman, M., Wiblin, J., & Zeltzer, L. (2015). Integrated medical-behavioral care compared with usual primary care for child and adolescent behavioral health: A meta-analysis. JAMA Pediatrics, 169(10), 929 937. doi: 10.1001/jamapediatrics*

G4b: Parent Child Interaction Therapy in a Pediatric Primary Care Setting

Presenters will provide an overview of Parent Child Interaction Therapy (PCIT) and the modifications needed to provide this service in a pediatric primary care office. Medical providers will discuss child behaviors and presenting concerns that may indicate a referral to a PCIT therapist is appropriate. Details related to screeners utilized will be discussed as well. Results of PCIT in this specific setting will be reviewed, including the effectiveness of PCIT compared to effectiveness in research or traditional outpatient settings.

Presenter(s):
Emily Corwin, PhD, Behavioral Health Consultant, Cherokee Health Systems, Knoxville, TN
Caleb Corwin, PhD, Behavioral Health Consultant, Cherokee Health Systems, Knoxville, TN

Session References:

- *Weitzman, C. & Wegner, L. (2015). Promoting optimal development: Screening for behavioral and emotional problems. Pediatrics, 135 (2), 384-395.*
- *Gleason, M.M., Goldson, E., & Yogman, M.W.(2016). Addressing early childhood emotional and behavioral problems. Pediatrics, 138 (6), 1-13.*
- *Leineman, C.C., Brabson, L.A., Highlander, A., Wallace, N.M., & McNeil, C.B. (2017). Parent-Child Interaction Therapy: Current perspectives. Psychology Research and Behavior Management, 10, 239-256.*
- *Asarnow, J.R., Rozenman, M., Wiblin, J., & Zeltzer, L. (2015). Integrated medical-behavioral care compared with usual primary care for child and adolescent behavioral health: A meta-analysis. JAMA Pediatrics, 169 (10), 929-937.*
- *Leslie, L.K., Mehus, C.J., Hawkins, J.D., Boat, T., McCabe, M.A., & et al. (2016). Primary health care: Potential home for family-focused preventive interventions. American Journal of Preventive Medicine, 51, 206-118.*

Date Saturday, 10/19/2019

Time 11:30 AM to 12:00 Noon

Content Level Intermediate

Keywords

- Evidence-based interventions|Pediatrics|Primary Care Behavioral Health Model

Objectives

- Identify behaviors and other patient characteristics that indicate a referral to a PCIT therapist could or should be made.
- Discuss the procedures and goals of PCIT.
- Describe effectiveness of PCIT in a primary care setting.

G5: Patient Centered Primary Care: Getting from Good to Great

Since the "Quality Chasm" report in 2001, there has been a growing effort to provide patient-centered care to improve outcome, lower cost and improve patients' experience using team-based care to broaden the expertise on the team to meet patients' needs. Evaluators of the PCMH found that organizational transformation was generally successful, but that the transformation of care failed to engage patients with the most complex health needs, such as multiple chronic illnesses, BH disorders, problems in the social determinants of health, and histories of trauma. To effectively create partnership with these patients, the integration of behavioral health clinicians in primary care has to transition into the "meta-integration" of behavioral health skills to the entire healthcare team. The presentation will show a new approach for building partnership with this population of patients, using Transparency, Empowerment, Activation, Mutuality: the T.E.A.M. Way.

Presenter(s):
Alexander Blount, EdD, Professor Emeritus, Family Medicine, UMASS Medical School, Hahneman Institute for the Family, Amherst, MA

Session References:

- *Institute of Medicine. (2001). Crossing the Quality Chasm: A New Health System for the 21st Century. National Academy Press, Washington, DC.*
- *Jabbarpour, Y., DeMarchis, E., Bazemore, A., Grundy, P. (2017). The Impact of Primary Care Practice Transformation on Cost, Quality, and Utilization: A Systematic Review of Research Published in 2016. Patient-Centered Primary Care Collaborative and Robert Graham Center,*
- *Mautner, D. B., Pang, H., Brenner, J. C., Shea, J. A., Gross, K. S., Frasso, R. and Cannuscio, C. C. (2013). Generating hypotheses about care needs of high utilizers: lessons from patient interviews. Population Health Management, 16, S26-S33.*
- *Katon, W. J., Egede, L. E. (2003). Major depression in individuals with chronic medical disorders: prevalence, correlates and association with health resource utilization, lost productivity and functional disability. General Hospital Psychiatry, 29, 409-416.*
- *Gawande, A. (2011). The hotspotters. The New Yorker, Jan. 24, 2011.*

Date Saturday, 10/19/2019

Time 11:00 AM to 12:00 Noon

Content Level Advanced

Keywords

- Interprofessional teams|Patient-centered care/Patient perspectives|Workforce development

Objectives

- Describe a group of multiply-disadvantaged patients and explain why they are so hard to engage in patient-centered care as it is usually practiced in the Patient-Centered Medical Home model.
- Describe the changes in language used in notes and in conversations in front of patients that can make transparency possible so that patients can be partners in their care.
- Describe routines of practice that enhance patients' experience of their strengths and abilities to participate meaningfully in their care and in self-care.

G6: Adapting Team-Based Learning to Contextualize Primary Care Behavioral Health Practice for Graduate Behavioral Health Students

Team-based learning (TBL) as an instructional approach is increasingly recognized to improve student engagement, value of teamwork, and performance on standardized assessments when compared to traditional lecture-based instruction. The aim of this study is to compare two educational modalities (TBL and lecture-based approach) on knowledge-based outcome and integrated behavioral health student perceptions. TBL as part of the learning environment facilitated significant improvements in self-perception scores but not knowledge scores. A TBL approach should be considered an additional, interactive teaching strategy with didactic teaching, especially for health professions students who will work on medical teams in the future to enhance student engagement and quality of learning.

Presenter(s):

Stacy Ogbeide, PsyD, MS, ABPP, Associate Professor/Clinical, University of Texas Health, San Antonio, TX

Jessica Lloyd-Hazlett, PhD, LPC, NCC, Assistant Professor, University of Texas Health, San Antonio, TX

Session References:

- *Alizadeh, M., Mirzazadeh, A., Parmelee, D., Peyton, E., Janani, L., Hassanzadeh, G., & Nedjat, S. (2017). Uncover it, students would learn leadership from team-based learning (TBL): The effect of guided reflection and feedback. Medical Teacher, 39(4), 395-401. doi: http://dx.doi.org/10.1080/0142159X.2017.1293237*
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Date Saturday, 10/19/2019

Time 11:00 AM to 12:00 Noon

Content Level Intermediate

Keywords

- Primary Care Behavioral Health Model|Training/Supervision - Supervision and evaluation of trainees, providing feedback|Workforce development

Objectives

- Define Team-Based Learning (TBL).
- Understand the components of the TBL approach versus didactic teaching
- Understand how TBL can be embedded into a primary care behavioral health curriculum for graduate behavioral health students

G7: Integrated Behavioral Health in a Women's Care Clinic: Practical Applications Regarding Implementation and Case Discussions Demonstrating the Efficacy

In this presentation, we review the unique implementation of integrated care in a specialty care setting, provide treatment tools and review complex cases, that demonstrate the value of integration in the OB setting

Presenter(s):

Kimberly "KC" Lomonaco Haycraft, PsyD, Clinical Psychologist, Denver Health and Hospital Authority, Denver, CO

Monika Jindal, MD, Psychiatrist, Denver Health and Hospital Authority, Denver, CO

Jennifer Hyer, MD, FACOG, Associate Professor of Clinical Practice, Denver Health and Hospital Authority, Denver, CO

Session References:

- *Agency for Healthcare Research and Quality, Depression screening, [website], 2016, https://www.ahrq.gov/professionals/prevention-chronic-care/healthier-pregnancy/preventive/depression.html*
- *Centers for Disease Control and Prevention, Depression among women, [website], 2017, https://www.cdc.gov/reproductivehealth/depression/index.htm*
- *National Committee for Quality Assurance (NCQA), 2018 HEDIS® at-a-glance: key behavioral health measures, [website], 2017,*

Date Saturday, 10/19/2019

Time 11:00 AM to 12:00 Noon

Content Level All Audience

Keywords

- Across the Lifespan|Primary Care Behavioral Health Model|Special populations

Objectives

- Understand the importance of the use of integrated care model in specialty care populations
- Be able to articulate the barriers to care that pregnant and postpartum women face
- Gain an increased understanding of the complex psychiatric needs of pregnant and postpartum women.

http://easychoicehealthplan.com/pdfs/new%20provider/Behavioral_Health_18_and_Older_At-A-Glance_Guide.pdf
- *Lomonaco-Haycraft KC, Hyer J, Tibbits B, Grote J, Stainback-Tracy K, Ulrickson C, Hoffman MC, Lieberman A, van Bekkum L. (2018) Integrated perinatal mental health care: a national model of perinatal primary care in vulnerable populations. Primary Health Care Research & Development page 1 of 8. doi: 10.1017/S1463423618000348*
- *Kendig, et al (2017). Consesus Bundle on maternal Mental Health: Perinatal Depression and Anxiety. The American College of Obstetricians*

G8: Clinician Evaluators: Take Your Mark!

Clinicians "in the trenches" have a critical perspective on implementation successes and challenges in healthcare and are well-positioned to collect meaningful data. That said, the demands of a clinical career can limit one's capacity to see projects to fruition, especially preparing work for publication in academic journals. In this session, participants will explore how implementation science (IS) can empower them to evaluate clinical innovations on a "clinician's time budget." We will use key aspects to IS to explore this topic: 1) conducting studies of adoption and reach; 2) assaying existing data sources; and 3) creative approaches to dissemination beyond academic journals. Four professionals with significant clinical responsibilities will provide recommendations for clinicians and clinical-academics. Participants will explore application to their own work and gain pragmatic suggestions about "fitting it in," finding academic partners, and increasing their research skills.

Presenter(s):

Jodi Polaha, PhD, Associate Professor, Department of Family Medicine, East Tennessee State University, Johnson City, TN

McKenzie Highsmith, PharmD, BC-ADM, Clinical Pharmacist, Department of Family Medicine, East Tennessee State University, Johnson City, TN

William Lusenhop, MSW, PhD, Clinical Assistant Professor, Department of Social Work, University of New Hampshire, Durham, NH

Deepu George, PhD, LMFT, Assistant Professor, The University of Texas Rio Grande Valley School of Medicine, McAllen, TX

Adrian Sandoval, PharmD, Assistant Professor and Chief of the Division of Research for Family Medicine, The University of Texas Rio Grande Valley School of Medicine, Edinburg, TX

Session References:

- *Proctor, E. K., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G. A., Bunger, A., . . . Hensley, M. (2011). Outcomes for implementation research: Conceptual distinctions, measurement challenges, and research agenda. Administration and Policy in Mental Health and Mental Health Services Research, 38(2), 65-76. doi:10.1007/s10488-010-0319-7.*
- *Polaha, J., & Sunderji, N. (2018). A vision for the future of Families, Systems, & Health: Focusing on science at the point of care delivery. Families, Systems, & Health, 36(4), 423-426.*
- *Polaha, J., Schetzina, K., Baker, M., & Morelen, D., (2018). Adoption and reach of parent management interventions in pediatric primary care. Families, Systems, & Health, 36(4), 507-512.*
- *Funderburk, J. & Polaha, J. (2017). To clinician innovators: A special invitation. Families, Systems, and Health, 35(2), 105-109*
- *Polaha, J. & Nolan (2014). Dissemination and implementation science: research for the real world medical family therapist. In J. Hodgson, T. Mendenhall, & A. Lamson (Eds). Medical Family Therapy. Switzerland: Springer International.*

Date Saturday, 10/19/2019

Time 11:00 AM to 12:00 Noon

Content Level All Audience

Keywords

- Early Career Professionals|Implementation science|Skills building/Technical training

Objectives

- Discuss two implementation outcomes (adoption and reach) and explain why they are important for clinicians to measure and report, with application to own work.
- Name sources of data that are accessible to clinicians in health care settings, with consideration of own setting.
- Describe a range of dissemination strategies used to create impact, including new ideas for dissemination of own work.

H1: A Novel Tele-Integrated Care & Tele-Mental Health Service Delivery Model throughout Colorado

This presentation details the implementation of a statewide model for mental health service delivery throughout Colorado. The model includes a direct to home tele-health model that is developed in conjunction with Rocky Mountain Health Plans, as well as a direct-to-clinic and direct-to-hospital tele-therapy and tele-psychiatry model. This model has been created as a result of a collaboration between Medicaid Regional Accountable Entity (RAE) Rocky Mountain Health Plans, service delivery provider Heart Centered Counseling, and a number of local and rural primary care clinics. The model gives rural clients access to over 150 behavioral providers, both clinical therapists and psychiatric NPs, offering 7-day access to care regardless of insurance payor or behavioral health issue.

Presenter(s):

Carl Nassar, MA,PhD,LPC,CIIPTS, President, Heart Centered Counseling, Fort Collins, CO

Molly Siegel, MS, RAE Clinical Services and Programs Director, Rocky Mountain Health Plans, CO

Session References:

Date Saturday, 10/19/2019

Time 1:45 PM to 2:45 PM

Content Level All Audience Session

Keywords

- Across the Lifespan, Team-based care, Technology

Objectives

- Understand how collaborations in the state of Colorado have increased rural access to care
- Learned an innovative tele-integrated care model and how it has been successfully implemented
- Understands how the payor, the mental health provider, the rural PCP clinic, and the patient have worked together to deliver rural tele-behavioral health

H2: But How will you Pay for It? Maximizing Reimbursement for Behavioral Health Integration in the Fee for Service World

If your organization is still asking you how you will pay for integration, this presentation is for you. While new forms of payment for integrating behavioral health into healthcare practices are beginning to be developed and will play an important role in our future, many of us are still stuck in a fee for service world. This presentation will cover what you need to know to maximize your reimbursement for these services so that you can get paid for your work and continue to build your programs.

Presenter(s):

Mary Jean Mork, LCSW, VP for Integrated Programs, Maine Behavioral Healthcare, Portland, ME

Session References:

- Unutzer et al, Long-term cost effects of collaborative care for late-life depression. American Journal of Managed Care. 2008 Feb; 14(2):95-100.
- Billing Effectively (and accurately) for Integrated Behavioral Health Services. SAMHSA - HRSA Center for Integrated Health Solutions. June 6, 2016
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- AIMS Center: Advancing Integrated Mental Health Solutions https://aims.uw.edu/new-cms-payment-codes-benefit-collaborative-care

Date Saturday, 10/19/2019

Time 1:45 PM to 2:45 PM

Content Level Intermediate

Keywords

- Cost Effectiveness/Financial sustainability|Payment models|Technical assistance/practice facilitation for integrated care

Objectives

- Describe the rules and regulations that presently govern reimbursement for integrated behavioral health.
- Identify ways to maximize reimbursement in your organization based on a deeper knowledge of the rules
- Delineate next steps to take to work with your organization to help answer the question of how the service will pay for itself.

H3: New Thresholds for Team-Based Care in Family Medicine: Cross-Training and Addressing Intimate Partner Violence

H3a: Cross-Training for the Family Medicine Workforce

The current generation of primary care trainees, both behavioral medicine and family medicine, have begun to understand the unique need for training on how to work in concert with one another. This "generation integration" includes both family medicine physicians behavioral medicine professionals. One such avenue to this training is through the use of dedicated rotation time for both kinds of trainees with behavioral medicine faculty in integrated care clinics. We present one model for cross-training both psychology and marriage and family therapy trainees and family medicine residents together in a behavioral medicine clinic. We will present the setup of our unique service, with the behavioral medicine trainee serving as the "upper level"

Date Saturday, 10/19/2019

Time 1:45 PM to 2:15 PM

Content Level All Audience

Keywords

- Teaching family-centered care|Team-based care|Training/Supervision - Supervision and evaluation of trainees, providing feedback|Workforce development

during clinic, and the family medicine intern serving as the "intern." We will discuss challenges and opportunities, including financing, teaching and learning styles of various learners, administrative support, and collaborative partners.

Presenter(s):

Katherine Buck, PhD, LMFT, Director of Behavioral Medicine, John Peter Smith Hospital Family Medicine Residency, Fort Worth, TX

Adam Guck, PhD, Licensed Psychologist, John Peter Smith Hospital Family Medicine Residency, Fort Worth, TX

Nolan Mischel, MD, Resident, John Peter Smith Family Medicine Residency Program, Fort Worth, TX

Session References:

- Kertz, J., Delbridge, E., & Feliz, D. Models for integrating behavioral medicine on a family medicine in-patient teaching service. Int. J. Psychiatry Med 2014: 47(4): 357-367
- Martin, M., Allison, L, Banks., E., & Bauman., D. Essential Skill for Family Medicine Residents Practicing Integrated Behavioral Health. Fam Med. 2019; 51(3); 227-233
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- McDaniel, SH, Grus, CL, Cubic, BA et al. Competencies for Psychology Practice in Primary Care. Am Psychol, 2014;69(4)409-429
- Buck, K., Reed, A., & Stratton, J. (2016) Educating Health Psychologists: A Focus on Family Medicine. Presentation at American Psychological Association, Denver, CO

Objectives

- List possible benefits of cross training family medicine and behavioral medicine trainees in clinic
- Describe one current model of cross training family medicine interns and behavioral medicine interns in an integrated care clinic
- Define challenges and opportunities in financing, supervision, and administration of a dual-trainee integrated care clinic

H3b: Intimate Partner Violence and Adapted SBIRT Model of Care

Intimate partner violence (IPV) is an under recognized public health problem, and there is a need to improve health system practices for IPV to maximize the identification, assessment and the referral process. Using current evidence on screening, assessment and brief motivational interventions, an adapted SBIRT model to help individuals involved in IPV will be presented.

Presenter(s):

Nicole Trabold, PhD, Visiting Assistant Professor, Rochester Institute of Technology, Rochester, NY

Session References:

- *Black M, Basile K, Breiding M, Smith S, Walters M, Merrick M. The National Intimate Partner and Sexual Violence Survey: 2010 Summary Report.Atlanta: National Center for Injury Prevention and Control, Centers for Disease Control and Prevention; 2012.*
- *Sprague S, Goslings JC, Hogentoren C, et al. Prevalence of intimate partner violence across medical and surgical health care settings: A systematic review. Violence Against Women. 2014;20(1):118-136.*
- *Trabold N. Screening for intimate partner violence within a health care setting: A systematic review of the literature. Soc Work Health Care. 2007;45(1):1-18.*
- *Wahab S, Trimble J, Mejia A, et al. Motivational interviewing at the intersections of depression and intimate partner violence among african american women. Journal of evidence-based social work. 2014;11(3):291-303.*
- *Alvarez, C., Debnam, K., Clough, A., Alexander, K., & Glass, N. E. (2018). Responding to intimate partner violence: Healthcare providers' current practices and views on integrating a safety decision aid into primary care settings. Research in nursing & he*

Date Saturday, 10/19/2019

Time 2:15 PM to 2:45 PM

Content Level All Audience

Keywords

- Interpersonal violence|SBIRT Model of Integrated Care

Objectives

- Identify 3 screening questions for intimate partner violence
- List 3 key aspects of intimate partner violence assessment
- Discuss SBIRT application to intimate partner violence populations

H4: Professional Ethics for Interdisciplinary Teams in Primary Care and Outpatient Health Settings

Professional ethics is a cornerstone of any clinical practice. With the movement toward greater integration of multidisciplinary care provision in medical setting, the sheer nature and complexities of different disciplines cooperatively provided care can lead to more ethical dilemmas and challenges. As a result, a more nuanced team-based appreciation of ethical principles and practices is warranted. The goal of this presentation will review specific collaborative team-based ethical decision-making steps to address challenges that arise in practice. Education on a four-box method and pertinent case practice will be conducted.

Presenter(s):

Date Saturday, 10/19/2019

Time 1:45 PM to 2:45 PM

Content Level

Keywords

Objectives

- Name three common ethical quandaries that occur in delivery of team based primary care services.

Travis Cos, Ph, Philadelphia Health Management Corporation, Philadelphia, PA
Suzanne Daub, LCSW, Principal, Health Management Associates, Philadelphia, PA

Session References:

- BOICE, D.S., (2012). "Ethics in integrated care." In Integrated Care (pp. 151-170). Routledge.
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- Fivecoat, H. C., Cos, T. A., & Possemato, K. (2017). Special ethical considerations for behavioral health consultants in the primary care setting. Professional Psychology: Research and Practice, 48(5), 335.
- Serrano, N., Cos, T. A., Daub, S., & Levkovich, N. (2017). Using standardized patients as a means of training and evaluating behavioral health consultants in primary care. Families, Systems, & Health, 35(2), 174.
- Jonsen, A.R., Siegler, M., and Winslade, W.J. (2017). Clinical Ethics: A Practical Approach to Ethical Decisions in Clinical Medicine (8th Ed). Lange
- Runyan, C. N., Carter-Henry, S., & Ogbeide, S. (2017). Ethical challenges unique to the primary care
- behavioral health (PCBH) model. Journal of clinical psychology in medical settings, 1-13.
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- Sulmasy, L.S., López, A.M., Horwitch, C.A. and American College of Physicians Ethics, Professionalism
- and Human Rights Committee, 2017. Ethical implications of the electronic health record: In the service of the patient. Journal of General Internal Medicine, 32(8), pp.935-939.

- Describe practice the Four Topics approach to resolving ethical dilemmas.
- Practice using the Four Topics method with common primary care cases

H5: A System Wide Transformation to address Adverse Childhood Experiences in Primary Care

Over the past four years, MaineHealth has stretched its understanding of and response to childhood trauma and ACEs in the patients we serve through a systematic implementation of child trauma screening and treatment response in pediatric practices across our large healthcare system. Led by pediatrician Steve DiGiovanni and supported by healthcare leadership, a framework using SAMSHA's the 4 Rs (Realize, Recognize, Respond, & Resist Re-Traumatization) has been adopted and guided by trauma informed principles. Our system has catapulted forward responding to a public health crisis that demands attention. We have developed pathways to screening and responding to trauma in patients, along with data portals to track our progress and outcomes. We will walk you through our transformation on addressing trauma and ACES in our primary care settings, identifying success and challenges along the way, as well as lessons learned that have helped to shape workflows.

Presenter(s):
Stephen DiGiovanni, MD, Medical Director Maine Medical Center Clinics, Maine Medical Center, Portland, ME
Stacey Ouellette, LCSW, Director of Behavioral Health Integration, MaineHealth, Portland, ME

Session References:

- "The Biological Effects of Childhood Trauma"; Child Adolesc Psychiatr Clin N Am. 2014 Apr; 23(2): 185-222.
- SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach.
- Center for Developing Child, Harvard University. https://developingchild.harvard.edu/
- The Lifelong Effects of Early Childhood Adversity and Toxic Stress, Pediatrics 2012;129;e232; December 26, 2011 . AAP Policy Statement 2018
- The National Child Traumatic Stress Network. https://www.nctsn.org/

Date Saturday, 10/19/2019

Time 1:45 PM to 2:45 PM

Content Level Intermediate

Keywords

- Pediatrics|Population and public health|Workforce development

Objectives

- Participants will be able to identify systemic interventions to incorporate ACES screening tools into usual care
- Participants will be able to describe a dyad arrangement that can be used to develop trauma informed programs
- Participants will have access to a toolkit of information that would support development of ACES screening implementation in other systems

H6; Improving Mental Health Treatment in Primary Care: Reducing ED Utilization and Reducing Tobacco Use

H6a: Reducing Emergency Department Utilization and Improving Health Among Cascadia Behavioral Healthcare Clients with Severe and Persistent Mental Illness

Individuals with severe and persistent mental illness (SPMI) suffer a disproportionate burden of morbidity and pre-mature mortality. In an effort to better integrate care for individuals with SPMI, Cascadia Behavioral Healthcare is working to dismantle barriers inherent in traditional primary or behavioral healthcare through implementation of reverse integration and data-driven population health management. In this research we used data from behavioral and physical health electronic health records (EHR), stored in two different systems; ED utilization data collected through the Emergency Department Information Exchange (EDIE); and additional claims-based data to create a comprehensive picture of population health. Results will aid in identifying populations at highest risk for ED utilization and will inform practices of coordinating care and implementing innovative system-level changes to reduce costs and improve health.

Presenter(s):

Allison Brenner, PhD, MPH, Population Health Research Director, Cascadia Behavioral Healthcare, Portland, OR

Jeffrey Eisen, MD, MBA, Chief Medical and Health Integration Officer, Cascadia Behavioral Healthcare / OHSU, Portland, OR

John Hildebrand, Care Coordinator/Panel Manager, Cascadia Behavioral Healthcare, Portland, OR

Session References:

- Vigo, D., Thornicroft, G., & Atun, R. (2016). Estimating the true global burden of mental illness. The Lancet Psychiatry, 3(2), 171-178.
- Ross, L. E., Vigod, S., Wishart, J., Waese, M., Spence, J. D., Oliver, J., ... & Shields, R. (2015). Barriers and facilitators to primary care for people with mental health and/or substance use issues: a qualitative study. BMC family practice, 16(1), 135.
- Erlangsen, A., Andersen, P. K., Toender, A., Laursen, T. M., Nordentoft, M., & Canudas-Romo, V. (2017). Cause-specific life-years lost in people with mental disorders: a nationwide, register-based cohort study. The Lancet Psychiatry, 4(12), 937-945.
- Multnomah County Health Department, 2014 Report Card on Racial and Ethnic Disparities. https://multco.us/file/37530/download
- Cohen, D., Huynh, T., Sebold, A., Harvey, J., Neudorf, C., & Brown, A. (2014). The population health approach: a qualitative study of conceptual and operational definitions for leaders in Canadian healthcare. SAGE open medicine, 2, 2050312114522618.

Date Saturday, 10/19/2019

Time 1:45 PM to 2:15 PM

Content Level Advanced

Keywords

- Electronic Medical Record|Population and public health|Team-based care

Objectives

- Describe the primary contributors to ED utilization for individuals with severe and persistent mental illness.
- Use population health approaches to identify barriers and assets to accessing healthcare and achieving health and well-being, and to determine populations on which to focus intervention efforts.
- Understand how fully integrated healthcare can improve health outcomes, reduce ED utilization and improve access to healthcare.

H6b: The Importance of Social Connections: Innovative Approaches for Reducing Tobacco Use Among Adults with Mental Illness

Prevalence of tobacco use among adults with mental illness is greater than twice than that of the general population. Mental health (MH) recovery is a key treatment goal for individuals with psychiatric disorders; it is a framework of overall wellness that reflects functional or quality of life factors, beyond alleviation of psychiatric symptoms. Our quality improvement project examined the relationship between MH recovery and tobacco use among patients in an outpatient, community mental health center. Social support was a critical distinguishing factor between tobacco users and nonusers. Findings guided our efforts to improve integrated tobacco cessation services in the clinic's behavioral health program. Innovative, evidence-based approaches for tobacco cessation treatment implemented in our integrated medical and behavioral health program, along with these findings pertaining to the importance of social support, will be presented and illustrated through case examples.

Presenter(s):

Marc Budgazad, MA, Tobacco Treatment Specialist, Family Health Centers at NYU Langone-Sunset Terrace, Brooklyn, NY

Date Saturday, 10/19/2019

Time 2:15 PM to 2:45 PM

Content Level Intermediate

Keywords

- Behavioral Medicine Topics (e.g., insomnia, medication adherence)|Collaborative Care Model of Integrated Care|Substance abuse management (e.g., alcohol, tobacco, illicit drugs)

Objectives

- Identify the prevalence and disparities of tobacco use among adults with mental illness.
- Describe the components of the Mental Health (MH) Recovery model to foster

Jon Marrelli, PsyD, Program Manager, Behavioral Health and Primary Care Integration, Family HealthCenters at NYU Langone-Sunset Terrace , Brooklyn, NY

Session References:

- *Jones, S. M. W., & Ludman, E. J. (2018). Factor structure and sensitivity to change of the Recovery Assessment Scale. The Journal of Behavioral Health Services & Research, 45(4), 690-699.*
- *Compton, W. (2018). The need to incorporate smoking cessation into behavioral health treatment. The American Journal on Addictions, 27(1), 42-43.*
- *Okoli, C. T. C., El-Mallakh, P., & Seng, S. (2018). Which types of tobacco treatment interventions work for people with schizophrenia? Provider and mental health consumer perspectives. Issues in Mental Health Nursing.*
- *Pettey, D., & Aubry, T. (2018). Tobacco use and smoking behaviors of individuals with a serious mental illness. Psychiatric Rehabilitation Journal, 41(4), 356-360.*
- *Salzer, M. S., & Brusilovskiy, E. (2014). Advancing recovery science: Reliability and validity properties of the Recovery Assessment Scale. Psychiatric Services, 65(4), 442-453*

wellness among individuals with mental illness and co-occurring tobacco use.
- Integrate key social components of recovery to enhance the efficacy of evidence-based tobacco cessation treatments for adults with mental illness.

H7: Evaluation of Interprofessional Team-based Care

This "how-to" interactive presentation will review lessons learned from interprofessional trainings on how to evaluate team-based simulations. Audience members will practice evaluating real-life team-based simulations using formal and informal measures. The presenters hope audience members will be able to take these skills back to respective sites to evaluate their own team-based interactions.

Presenter(s):

Daubney Boland, PhD, Licensed Psychologist, Behavioral Science Faculty, Southern New Mexico Family Medicine Residency Program, Las Cruces, NM

Linda Summers, PhD, MSN. MA, MPH, BCNP, Associate Professor School of Nursing, New Mexico State University, Las Cruces, NM

Traci White, PharmD, Assistant Professor, UNM College of Pharmacy, Las Cruces, NM

Sarah Summers-Barrio, Doctor of Nursing Practice, Family Nurse Practitioner, Memorial Medical Center, Las Cruces, NM

Session References:

- Boland, D. & Gergerich, E. (2018). Evolution of an interprofessional training: a five-year review of an interprofessional training involving family medicine residents, nurse practitioner students, pharmacy trainees, counseling psychology, and social work students in Southern New Mexico. Health and Interprofessional Practice, 3, 3. https://doi.org/10.7710/2159-1253.1161
- Gergerich, E., Boland, D., Scott, M.A. (2018). Hierarchies in interprofessional training. Journal of Interprofessional Care, 1, 1-8. doi: 10.1080/13561820.2018.1538110
- Boland, D., Scott, M.A., White, T., Kim, H., & Adams, E. M. (2016). Interprofessional immersion: Use of interprofessional education collaborative competencies in side-by-side training of family medicine, pharmacy, nursing, and counselling psychology trainees, Journal of Interprofessional Care, 30, 739-746. DOI:10.1080/13561820.2016.1227963
- Schaik, S.V., Plant, J. O'Brien, B. (2015). Challenges of interprofessional team training: a qualitative analysis of residents' perceptions. Education for Health, 28, 52-57
- Lie, D., May, W., Richter-Lagha, R., Forest, C., Banzali, Y., & Lohenry, K. (2015). Adapting the McMaster-Ottawa scale and developing behavioral anchors for assessing performance in an interprofessional Team Observed Structured Clinical Encounter. Medical

Date Saturday, 10/19/2019

Time 1:45 PM to 2:45 PM

Content Level All Audience

Keywords

- Interprofessional education|Interprofessional teams|Technical assistance/practice facilitation for integrated care

Objectives

- Identify core interprofessional education competencies
- Describe specific skills that support team-based care
- Identify at least one specific tool/instrument to help evaluate teams

H8: Research and Engagement: Methods for Defining a Continuum of Behavioral Health Services for a State Medicaid Population

Medicaid, the largest payer of behavioral health services in the United States, serves approximately 9.1 million adults with mental illness, 3 million with substance use disorders, and nearly 1.8 million with comorbid mental health and substance use disorders. Many state Medicaid agencies, policymakers, payers, and behavioral health stakeholders are exploring ways to improve access to behavioral health services and improve health outcomes. Often, systems redesign is necessary to meet population health needs. This presentation will explore different research and engagement methods to assess best practices in behavioral health service delivery, understand a state Medicaid population's service needs and current access, and include broad stakeholder input to inform system redesign.

Presenter(s):

Emma Gilchrist, MPH, Deputy Director, Farley Health Policy Center, University of Colorado Anschutz Medical Campus, Aurora, CO

Stephanie Kirchner, MSPH, RD, Practice Transformation Program Manager, University of Colorado, Dept. of Family Medicine, Denver, CO

Steve Petterson, PhD, Research Director, Robert Graham Center, Washington, DC

Kathryn Scheyer Saldaña, MA, Graduate Research Assistant, Eugene S. Farley, Jr. Health Policy Center, Aurora, CO

Stephanie B. Gold, MD, Scholar, Eugene S. Farley, Jr. Health Policy Center, Aurora, CO

Shale Wong, MD, MSPH, Director, Eugene S. Farley, Jr. Health Policy Center, Anschutz Medical Campus, Aurora, CO

Session References:

- Polisena, J., Garritty, C., Kamel, C., Stevens, A., & Abou-Setta, A.M. (2015). Rapid review programs to support health care and policy decision-making: a descriptive analysis of processes and methods. Systematic Reviews, 4(26).
- Wyatt, A., Cameron, A., Sturm, L., Lathlean, T. Babidge, W., Blamey, S. "...Maddern, G. (2008). Rapid versus full systematic reviews: Validity in clinical practice? ANZ Journal of Surgery, 78, 1037-1040.
- The Role of Medicaid for People with Behavioral Health Conditions. (2012). Washington, DC: The Kaiser Family Foundations and Health Research & Educational Trust. €¨
- Zur, J., Musumeci, M., & Garfield, R. (2017). Medicaid's Role in Financing Behavioral Health Services for Low-Income Individuals. Kaiser Family Foundation Issue Brief.
- Esmail, L., Moore, E., Rein, A. (2015). Evaluating patient and stakeholder engagement in research: moving from theory to practice. Journal of Comparative Effectiveness Research, 4(2), 133-145.

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Time 1:45 PM to 2:45 PM

Content Level Intermediate

Keywords

- Evidence-based interventions|Policy|Research and evaluation

Objectives

- Identify methods to apply state data to define behavioral health needs and capacity.
- Discuss means of engaging diverse stakeholders for health systems redesign.
- Describe the components of a rapid review and benefits of expanding the definition of what counts as evidence when conducting evidence reviews for decision makers in healthcare and policy.

I1: Enhancing Access to Behavioral Health Services through Telehealth and Population Health Platforms

I1a: Minding the Gap in Integrated Care: How a TeleBHC Service Can Change the Game for Satellite Clinics and Remote Populations

The ability to provide same-day warm hand-off interventions is especially important in small, rural clinics where there is often a paucity of behavioral health resources. However, remote sites are often susceptible to less than ideal staffing models due to lower patient volume and an inability to provide a financial justification for a dedicated, full-time Behavioral Health Consultant. The Yakima Valley Farm Workers Clinic, a large FQHC network in the Pacific Northwest, sought to overcome these care access barriers by creating a TeleBHC service that accommodates virtual warm handoffs and telemedicine-based consultation. In this presentation, we will share strategies for establishing a TeleBHC service, discuss lessons learned and potential pitfalls in the process, and outline practical workflow options. Our aim is to help simplify a rather complex process with the hope that other organizations will adopt TeleBHC as a viable option for care provision.

Presenter(s):

Date Saturday, 10/19/2019

Time 3:00 PM to 3:30 PM

Content Level Intermediate

Keywords

- Patient-centered care/Patient perspectives|Primary Care Behavioral Health Model|Technology

Objectives

- Grasp the detailed process necessary to initiate a TeleBHC service, including engagement strategies, equipment needs, financial modeling, and staffing requirements.

Brian Sandoval, PsyD, Clinical Director, Primary Care Behavioral Health, Yakima Valley Farm Workers Clinic, Toppenish, WA
Phillip Hawley, PsyD, WA Regional BHC Lead, Yakima Valley Farm Workers Clinic, Naches, WA
Nargis Mozafari, PsyD, Behavioral Health Consultant, Yakima Valley Farm Workers Clinic, Yakima, WA

- Understand the unique workflow, staffing, and service delivery challenges that occur during the TeleBHC process and how to effectively manage these aspects of the program
- Explain the versatility of a TeleBHC service and how to present its potential benefits to patients, providers, and health care administrators

Session References:

- *Luxton, D., Nelson, E., & Maheu, M. (2016). A Practitioner's Guide to Telemental Health: How to Conduct Legal, Ethical, and Evidence-Based Telepractice. Washington D.C.: APA.*
- *Serrano, N., Cordes, C., Cubic, B., & Daub, S. (2018). The State and Future of the Primary Care Behavioral Health Model of Service Delivery Workforce. Journal of Clinical Psychology in Medical Settings, 25(2), 157-168.*
- *Shore, J. H., Mishkind, M. C., Bernard, J., Doarn, C. R., Bell Jr, I., Bhatla, R., Brooks, E., Caudill, R., Cohn, E., Barthold, J., Eppolito, A., Fortney, J., Friedl, K., Hirsch, P., Jordan, P., Kim, T., Luxton, D. D., Lynch, M., Maheu, M., McVeigh, F., Nels. (2014). A Lexicon of Assessment and Outcome Measures for Telemental Health. Telemedicine and e-Health, 20. (3) 282 - 292. doi 10.1089/tmj.2013.0357.*
- *American Psychological Association (2013). Guidelines for the Practice of Telepsychology. Available at: http://www.apa.org/practice/guidelines/telepsychology.aspx.*
- *Serrano, N. (Ed.) (2014). The Implementer's Guide To Primary Care Behavioral Health. Retrieved from: https://itunes.apple.com/us/book/implementers-guide-toprimary/id833906873?mt=11*

I1b: Utilizing Virtual Care Methods and Population Health Platforms to Redefine Access to Behavioral Health Services within the Ambulatory Care Setting

Health Systems have consistently struggled to meet the need for coordinated behavioral health services due to provider shortages and financial sustainability. Atrium Health designed and implemented an integrated, population health approach within primary care with proven success - both clinical and financial. Our presentation will provide attendees with a detailed look into the innovative design of our integrated model and the teams, tools, and processes utilized to achieve success. Atrium Health's Behavioral Health Integration steps away from the traditional model of specialist co-location to a unique virtual model that provides real time assessment and consultation to patients and primary care providers. Integrated collaborative care drives improvements in health outcomes and a decrease in utilization of high cost health resources. Most importantly, these improvements in care delivery are positively impacting patients, family members, primary care providers, and team members.

Presenter(s):
Kate Rising, MA LPC, Director, Behavioral Health Integration, Atrium Health, Charlotte, NC

Session References:

- *National Institutes of Mental Health, (n.d.). Statistics:Any Disorder Among Adults*
- *29-1066 Psychiatrists." U.S. Bureau of Labor Statistics. U.S. Bureau of Labor Statistics,n.d.Web. 30 Nov.2014.*
- *Druss, B.G., and Walker, E.R. (February 2011). Mental Disorders and Medical Comorbidity. Research Synthesis Report No. 21.. Princeton, NJ: The Robert Wood Johnson Foundation*
- *UnÁ¼tzer J, et al. Collaborative-care management of late-life depression in the primary care setting: a randomized controlled trial. Journal of the American Medical Association. 2002; 288:2836-2845.*
- *University of Washington, Psychiatry and Behavioral Sciences Division of Integrated Care and Public Health: Advancing Integrated Mental Health Solutions. PHQ-9 Depression Scale. Retrieved from: https://aims.uw.edu/resource-library/phq-9-depression-scale*

Date Saturday, 10/19/2019

Time 3:30 PM to 4:00 PM

Content Level All Audience

Keywords

- Innovations|Population and public health|Primary Care Behavioral Health Model|Sustainability|Technology

Objectives

- Understand how care delivery systems focused on telehealth, virtual care, and skill optimization are driving access to behavioral health services in a financially sustainable model targeting population health.
- Articulate the business reasons for integrating behavioral health into primary care and identify the appropriate measurements to evaluate effectiveness.
- Design quantifiable metrics relative to program impact on health outcomes, symptom improvement, resource utilization and overall cost of care.

I2: Preparing Teams for Interprofessional Education and Collaboration

I2a: Preparing Physicians to Practice Integrated Behavioral Health: A Pilot Study for a Competency-Based Curriculum

The purpose of this presentation is to introduce educators and trainers to a competency-based curriculum that prepares physicians to practice integrated behavioral health in primary care. The curriculum is based on competencies, supported by our research findings, and includes online modules, videos, and a live workshop. We will review the curriculum and share training outcomes from a pilot study with several residency programs.

Presenter(s):
Elizabeth Banks, PhD, Assistant Professor, Northcentral University, Washington, NC
Matthew Martin, PhD, Clinical Assistant Professor, Arizona State University, Phoenix, AZ
Max Zubatsky, PhD, LMFT, Associate Professor, Saint Louis University, Saint Louis, MO

Session References:

- *Martin, M., Allison, L., Banks, E., Bauman, D., Harsh, J., Hewitt, A. L., ... & Mauksch, L. (2019). Essential skills for family medicine residents practicing integrated behavioral health: A Delphi study. Family Medicine, 51(3),227-233.*
- *Hall, J., Cohen, D. J., Davis, M., Gunn, R., Blount, A., Pollack, D. A., ... & Miller, B. F. (2015). Preparing the workforce for behavioral health and primary care integration. The Journal of the American Board of Family Medicine, 28(Supplement 1), S41-S51.*
- *Hoge, M. A., Morris, J. A., Laraia, M., Pomerantz, A., & Farley, T. (2014). Core competencies for integrated behavioral health and primary care. Washington, DC: SAMHSA-HRSA Center for Integrated Health Solutions.*
- *Interprofessional Education Collaborative Expert Panel (2016). Core competencies for interprofessional collaborative practice: 2016 Update. Washington, D.C.: Interprofessional Education Collaborative. Retrieved on December 10, 2016 from https://ipecollaborative.org/uploads/IPEC-2016-Updated-Core-Competencies-Report__final_release_.PDF*
- *Kinman, C. R., Gilchrist, E. C., Payne-Murphy, J. C., & Miller, B. F. (2015). Provider-and practice-level competencies for integrated behavioral health in primary care: A literature review. Contract No. HHSA, 290-2009.*

Date Saturday, 10/19/2019

Time 3:00 PM to 3:30 PM

Content Level Intermediate

Keywords

- Interprofessional teams|Team-based care|Workforce development

Objectives

- Describe a competency-based, multi-modal curriculum for medical residents
- Practice core physician skills for integrated behavioral health practice
- Discuss strategies for implementing the curriculum

I2b: Sharing Space Just Isn't Enough: Do's and Don'ts of Interprofessional Education

Recognizing the role of interprofessional education in the development of healthcare professionals that provide the highest value care, the Cleveland VA Medical Center has created and tested an interprofessional curriculum. This submission will discuss practical lessons learned during the evolution of this curriculum which will provide tools for others who are seeking to implement or improve interprofessional training.

Presenter(s):
Elizabeth Painter, PsyD, MSCP, Clinical Health Psychologist, Cleveland VA Medical Center , Cleveland, OH

Session References:

- *Rutherford-Hemming, T. & Lioce, L. (2018). State of Interporfessional Education in Nursing: A Systemic Review. Nurse Educator, 43, 9-13.*
- *Nasmith, l., Wood, V., & Krekoski, C. (2018). Shedding More Light on the State of Interprofessional Education. Academic Medicine, 93, 1750-1751.*
- *Meleis, A. (2016). Interprofessional Education: A Summary of Reports and Barriers to Recommendations. Journal of Nursing Scholarship, 48.*
- *Cox, M., Cuff, P., Brandt, B., Reeves, S., & Zierler, B. Journal of Interprofessional Care, 30.*
- *Hall, L.W. & Zierler, B. (2014). Interprofessional Education and Practice Guide No. 1: Developing faculty to effectively facilitate interprofessional education. Journal of Interprofessional Care, 29.*

Date Saturday, 10/19/2019

Time 3:30 PM to 4:00 PM

Content Level All Audience

Keywords

- Team-based care|Training Models|Workforce development

Objectives

- Explain the importance of interprofessional education in the development of healthcare professionals that can provide the highest value care.
- Define potential barriers to effective interprofessional education.
- Describe a model for implementing interprofessional education, and lessons learned in developing an evolving curriculum.

I3: Key Factors for Advancing Integrated Care in Central Oregon: Payer, Provider, Policy, and Technical Assistance

This presentation will discuss four key factors resulting in widespread adoption of integrated care across an entire region: payment reform, primary care transformation, policy & advocacy efforts, and a community-funded, payer-blind technical assistance initiative. Advancing Integrated Care in Central Oregon (AIC) is a unique community-driven project designed to increase behavioral health integration in primary care settings and improve access to and coordination with specialty behavioral health. Learnings from the project will be discussed including: payer efforts to implement value-based payment models, provider efforts to rapidly transform care delivery & expand the workforce, and a regional integrated care trainer focused on building relationships and providing technical assistance and practice facilitation support for primary care & specialty behavioral health providers.

Presenter(s):

E. Dawn Creach, MS, Principal, Creach Consulting, LLC, Bend, OR

Janet Foliano, PsyD, Psychologist, Manager of Integrated Care, St. Charles Health System, Bend, OR

Mike Franz, MD, Medical Director, Behavioral Health, PacificSource Health Plan, Bend, OR

Session References:

- *Evolving Models of Behavioral Health Integration: Evidence Update 2010-2015. Martha Gerrity, MD, MPH, PhD. May 2016. Millbank Memorial Fund.*
- *The Cost Effectiveness of Embedding a Behavioral Health Clinician into an Existing Primary Care Practice to Facilitate the Integration of Care: A Prospective, Case-Control Program Evaluation. Kaile M. Ross, Betsy Klein, Katherine, Ferro, Debra A. McQueeney, Rebecca Gernon & Benjamin F. Miller. Journal of Clinical Psychology in Medical Settings; ISSN 1068-9583; J Clin Psychol Med Settings; DOI 10.1007/s10880-018-9564-9*
- *Implementation of Oregon's PCPCH Program: Exemplary Practice and Program Findings. Sept 2016; Sherril Gelmon, DrPH, Neal Wallace, PhD, Billie Sandberg, PhD, Shauna Petchel, MPH, Nicole Bouranis, MA*
- *Integrated Care in Rural Health: Seeking Sustainability. Mary Peterson, PhD, Jeri Turgesen, PsyD, Laura Fisk, PsyD, Seamus McCarthy, PhD; Families, Systems, & Health,American Psychological Association 2017, Vol. 35, No. 2, 167-173*
- *Taylor EF, Lake T, Nysenbaum J, Peterson G, Meyers D. Coordinating care in the medical neighborhood: critical components and available mechanisms. White Paper (Prepared by Mathematica Policy Research under Contract No. HHSA290200900019I TO2). AHRQ Publica*

Date Saturday, 10/19/2019

Time 3:00 PM to 4:00 PM

Content Level Advanced

Keywords

- Multi-sector partnerships|Payment models|Technical assistance/practice facilitation for integrated care
- Team-based care, Workforce development, PCBH, Collaborative Care, Quality improvement

Objectives

- Participants will be able to describe the four key factors leading to widespread regional implementation of integrated care delivery models.
- Participants will be able to describe successful components of building closer relationships between primary care clinics and specialty behavioral health providers in the community.
- Participants will understand key strategies for transforming payment and care delivery models to support whole-person, team-based primary care.

I4: Steps to Sustainability: Building Financially Reimbursable Models for Primary and Specialty Integrated Care

From CJ Peeks' Three World View (2008), it is impossible to have a clinically and operationally successful model of care without accounting for its financial sustainability. This presentation will support participants in outlining steps to greater fiscal sustainability for integrated behavioral health care in both primary and specialty care settings. Through contracting clinical sites, credentialing behavioral health providers (BHPs) for reimbursement, and adjusting our models to balance accessibility to patients/collaborating providers with reimbursement potential, we can not only establish our model but also expand our BHP base. We will review two cases: (a) an integrated primary care program with embedded BHPs, warm handoffs, brief behavioral interventions, and limited follow-ups; (b) an integrated specialty care program in Pediatric Gastroenterology incorporating routine psychosocial screenings, warm handoffs, joint visits, and brief behavioral interventions.

Presenter(s):

Aubry Koehler, PhD, LMFT, Director of Behavioral Science, Wake Forest School of Medicine, Winston-Salem, NC

Linda Nicolotti, PhD, Director of Pediatric Psychology, Wake Forest Baptist Health, Winston-Salem, NC

Session References:

Date Saturday, 10/19/2019

Time 3:00 PM to 4:00 PM

Content Level Intermediate

Keywords

- Cost Effectiveness/Financial sustainability|Payment models|Sustainability

Objectives

- Identify barriers to and opportunities for financial sustainability of integrated care in primary and specialty settings.
- Discuss case studies from primary and specialty integrated care programs in the process of becoming financial sustainable.
- Explore ways in which steps towards financial sustainability could be applied to clinical setting at home institution.

- *Christian, E., Krall, V., Hulkower, S., & Stigleman, S. (2018). Primary care behavioral health integration: promoting the quadruple aim. North Carolina Medical Journal, 79: 250-255. doi: 10.18043/ncm.79.4.250.*
- *Muse, A. R., Lamson, A. L., Didericksen, K. W., & Hodgson, J. L. (2017). A systematic review of evaluation research in integrated behavioral health care: operational and financial characteristics. Families, Systems, & Health, 35: 136-154.*
- *Reppeto, H., Tuning, C., Olsen, D. H., Mullane, A., & Smith, C. (2018). Triple Aim: Benefits of behavioral health providers in primary care. Journal of Health Psychology: 1-9 doi: 10.1177/1359105318802949*
- *Ross, K. M., Klein, B.. Ferro, K., McQueeney, D. A., Gernon, R., & Miller, B.F. (2019). The cost effectiveness of embedding a Behavioral Health Clinician into an existing primary care practice to facilitate the integration of care: a prospective, case-control program evaluation. Journal of Clinical Psychology in Medical Settings, 26:59-67 doi: 10.1007/s10880-018-9564-9*
- *Substance Abuse and Mental Health Services Administration (SAMHSA). Analyzing the costs of integrated care. 2014. Retrieved from https://www.samhsa.gov/sites/default/files/programs_campaigns/samhsa_hrsa/integrated-care-cost-analysis.pdf*

I5: Changing the Trajectory of Chronic Pain in Primary Care: Steps, Stages, and Challenges from a Multidisciplinary Team

This presentation will provide a timeline from investigating chronic pain issues within a primary care clinic through the launching of evidence-based interventions and treatments. Our goal is to help other teams initiate chronic pain identification, management, and therapy from a systemic model taking a step by step approach. This model allows clinics to devote the resources they have available to launch what is reasonable based on time, resources, and training. This presentation includes specific tools, workflow discussion, templates, and our Mindfulness-Based Pain Therapy model.

Presenter(s):

Cheryl Landoll-Young, MA, LMFT, Director of Integrated Care, Primary Care Partners and Behavioral Health and Wellness, Grand Junction, CO

John Flanagan, MD, Family Medicine Physician, Primary Care Partners-Behavioral Health & Wellness, Grand Junction, CO

Stephanie Baughman, LPC, Integrated Behavioral Health Clinician, Primary Care Partners and Behavioral Health and Wellness, Grand Junction, CO

Sarah Hays, MSW, LSW, Integrated Behavioral Health Clinician, Primary Care Partners, P.C., Grand Junction, CO

Session References:

- *Christine Wolf, M. J. (2015). A Clinician's Guide to Teaching Mindfulness. Oakland, CA: New Harbinger.*
- *J. Gardner Nix, P. (2015). Mindfulness-Based Chronic Pain Management, Level I and II Workbook. Toronto, Ontario, Canada: NeuroNova Center.*
- *PainNET, Committed to Making a Difference for Patients with Chronic Pain. (2019, February 10). Retrieved 2017, from PainNET: https://painnet.net/*
- *Rand Medical Outcomes Study, 36 Item Short Form Survey. (2019, February 10). Retrieved June 2017, from Rand Corporation: https://www.rand.org/health-care/surveys_tools/mos/36-item-short-form.html*
- *University of New Mexico. (2019, March 3). Chronic Pain and Opioid Management. Retrieved 2014, 2015, from Project Echo: https://echo.unm.edu/nm-teleecho-clinics/chronic-pain-and-opioid-management/*

Date Saturday, 10/19/2019

Time 3:00 PM to 4:00 PM

Content Level All Audience

Keywords

- Chronic Care Model of Integrated Care|Evidence-based interventions|Opioid management

Objectives

- Identify a step by step process to implement chronic pain management workflows and evidence-based protocols to help patients decrease or discontinue the use of opioid medications.
- Identify resources available to primary care providers to assist clinics in launching effective protocols to improve management and safety for patients who are prescribed opioid medications, as well as identify non-narcotic resources.
- Will have an introductory knowledge of Mindfulness-Based Pain Therapy as an effective treatment modality within an integrated care setting.

I6: Behavioral Health Integration: Assessing Family Medicine Physicians' Satisfaction of Quality & Access to Mental Health Care

Increasingly, primary care physicians treat patients with complex physiological and psychological comorbidities. Due to a lack of behavioral health resources and training, physicians often feel inadequate treating complex biopsychosocial issues. In this presentation, interdisciplinary professionals will provide rich description of a cross-sectional study designed to identify physician satisfaction of quality and access to mental health care. Additionally, specific areas of mental health training physicians desire to competently treat complex mental health disorders will be identified. Discussion will include strategies to meet the desire for increased mental health related treatment skills.

Presenter(s):

Ruth Nutting, PhD, LCMFT, Director of Behavioral Health, KUSM-Wichita Family Medicine Residency Program at Ascension Via Christi Health, Wichita, KS

Samuel Ofei-Dodoo, PhD, MPA, MA, CPH, Assistant Professor, University of Kansas School pf Medicine-Wichita, Wichita, KS

Jennifer Wipperman, MD, MPH, Clinical Assistant Professor, KUSM-Wichita Family Medicine Residency Program at Ascension Via Christi Health, Wichita, KS

Ashley Daniel, M.D., Family Medicine Resident, KUSM-Wichita Family Medicine Residency Program at Ascension Via Christi Health, Wichita, KS

Date Saturday, 10/19/2019

Time 3:00 PM to 4:00 PM

Content Level All Audience

Keywords

- Care Management|Collaborative Care Model of Integrated Care|Team-based care

Objectives

- Identify the necessity of integrated behavioral health within primary care settings.
- Understand physician satisfaction of quality and access to integrated mental health care.
- Recognize specific areas of mental health training physicians desire to competently treat complex mental health disorders.

Session References:

- *Ede, V., Okafor, M., Kinuthia, R., Belay, Z., Tewolde, T., Alema-Mensah, E., & Satcher, D. (2015). An examination of perceptions in integrated care practice. Community Mental Health Journal, 51, 949-961.*
- *Marlowe, D., Hodgson, J., Lamson, A., White, M., & Irons, T. (2014). Medical family therapy in integrated primary care: An interactional framework. In J. Hodgson, A. Lamson, T. Mendenhall, & D. Crane (Eds.), Medical family therapy: Advanced applications (pp.77-94). New York: Springer.*
- *Miller-Matero, L. R., Dykuis, K. E., Albujoq, K., Martens, K., Fuller, B. S., & Robinson, V. (2016). Benefits of integrated behavioral health services: The physician perspective. Families, Systems, & Health, 34, 51-55.*
- *Siebel, W., Kallenberg, G., & Patterson, J. (2014). Provider Survey [Unpublished measurement instrument].*
- *Ward, M. C., Miller, B. F., Marconi, V. C., Kaslow, N. J., & Farber, E. W. (2016). The role of behavioral health in optimizing care for complex patients in the primary care setting. Journal of General Internal Medicine, 31, 265-267.*

I7: Increasing Access to Psychiatric Care Through Case Conferences and Integration in Primary Care

I7a: Psychiatry Addiction Case Conference: What Community Practitioners Value in a Community and Academic Collaborative

Qualitative and quantitative results from program evaluation of an ECHO based program, the Psychiatry Addiction Case Conference, which addresses improving mental and behavioral health and addiction using Integrated Behavioral Health Care principles, will be presented. Presentation ratings indicate high value to community participants. Results will include attitudes about consultation content, reasons for participating, satisfaction with consultations, barriers to treating addiction in the community, and ratings of relevance and quality of didactic presentations. Future directions to improve the program will be discussed.

Presenter(s):

Kari Stephens, PhD, Associate Professor, Psychiatry and Behavioral Sciences, University of Washington, Seattle, WA

Mark Duncan, MD, Assistant Professor, University of Washington, Seattle, WA

Date Saturday, 10/19/2019

Time 3:00 PM to 3:30 PM

Content Level All Audience

Keywords

- Interprofessional education|Skills building/Technical training|Substance abuse management (e.g., alcohol, tobacco, illicit drugs)

Objectives

- Describe how an ECHO learning collaborative can be adopted to address mental/behavioral health, addiction, and integrated behavioral health care gaps with community based providers.

Session References:

- *Tele-Behavioral Health, Collaborative Care, and Integrated Care: Learning to Leverage Scarce Psychiatric Resources over Distance, Populations, and Time. Ratzliff A, Sunderji N. Acad Psychiatry. 2018 Dec;42(6):834-840. doi: 10.1007/s40596-018-0984-5. Epub 2018 Oct 18.*
- *Enhanced Primary Care Treatment of Behavioral Disorders With ECHO Case-Based Learning. Komaromy M, Bartlett J, Manis K, Arora S. Psychiatr Serv. 2017 Sep 1;68(9):873-875. doi: 10.1176/appi.ps.201600471. Epub 2017 Aug 15.*
- *Project ECHO (Extension for Community Healthcare Outcomes): A new model for educating primary care providers about treatment of substance use disorders. Komaromy M, Duhigg D, Metcalf A, Carlson C, Kalishman S, Hayes L, Burke T, Thornton K, Arora S. Subst Abus. 2016;37(1):20-4*
- *UnÁ¼tzer J, Powers D, Katon W, Langston C. From establishing an evidence-based practice to implementation in real-world settings: IMPACT as a case study. The Psychiatric clinics of North America 2005;28:1079-92.*
- *Thota AB, Sipe TA, Byard GJ, et al. Collaborative care to improve the management of depressive disorders: a community guide systematic review and meta-analysis. Am J Prev Med. 2012;42(5):525-538. doi:10.1016/j.amepre.2012.01.019*

- Describe the value of a learning collaborative to community based providers.
- Describe the evaluation process used to evaluate and improve an ECHO program.

I7b: Integration of Psychiatric Providers into the Integrated Primary Care Team to Increase Patient Access to Psychiatric Care in Underserved, Rural Clinic

Date Saturday, 10/19/2019

Time 3:30 PM to 4:00 PM

Content Level Intermediate

The increased demand for psychiatric care in our communities led the behavioral health department at Valley Health Systems, Inc. to pilot the addition of a psychiatric provider to our integrated health team. This team-based approach to care offers patients the opportunity to receive psychotropic medications much more promptly than a direct psychiatry referral and has shown reduction in patient symptoms within an average of 4 psychotherapy sessions. Initial results after the pilot phase were promising and led to implementation of this model in all 38 locations throughout the Valley Health system. This has allowed team members to provide prompt psychiatric services to members of our community, as well as effectively cutting our waitlist time for traditional psychiatry in half.

Presenter(s):

Britni Ross, PsyD, Lead Integrated Primary Care Psychologist, Valley Health Systems, Hurricane, WV

Lindsey Kitchen, PsyD, Licensed Clinical Psychologist, Valley Health Systems, Cedar Grove, WV

Keywords

- Collaborative Care Model of Integrated Care|Outcomes|Team-based care

Objectives

- Identify the advantages of integrating a psychiatric provider into an integrated healthcare system to improve access to behavioral health care and patient outcomes
- Describe the role of a behavioral health consultant (BHC) plays in a collaborative psychiatric model of care in providing behavioral health services to patients
- Identify qualities that comprise a good team member (e.g. BHC, PCP, psychiatrist) to implement this model of care

Session References:

- *Raney, L. E. (2015). Integrating primary care and behavioral health: The role of the psychiatrist in the collaborative care model. American Journal of Psychiatry, 172(8), 721-728. https://ajp.psychiatryonline.org/doi/pdf/10.1176/appi.ajp.2015.15010017*
- *Funderburk, J. S., Shepardson, R. L., Acker, J., Possemato, K., Wray, J., Beehler, G, P.,"...Maisto, S. A. (2018). Behavioral medicine interventions for adult primary care settings: A review. Families, Systems, & Health, 36(3), 368-399. http://dx.doi.org/10.1037/fsh0000333*
- *Hunsley, J., Elliott, K., & Therrien, Z. (2014). The efficacy and effectiveness of psychological treatments for mood, anxiety, and related disorders. Canadian Psychology, 55(3), 161-176. http://dx.doi.org/10.1037/a0036933*
- *Whitebird, R. R., Solberg, L. I., Jaeckels, N. A., Pietruszewski, P. B., Hadzic, S., Unutzer, J., "...Rubenstein, L. V. (2014). Effective implementation of collaborative care for depression: What is needed? American Journal of Managed Care 20(9), 699-707.*
- *Kroenke, K. & Unutzer, J. (2017). Closing the false divide: Sustainable approaches to integrating mental health services into primary care. Journal of General Internal Medicine, 32(4), 404-410.*

I8: Evaluation Basics: Design and Implementation

Date Saturday, 10/19/2019

Time 3:00 PM to 4:00 PM

Content Level All Audience

Evaluation is of critical importance in modern practice improvement and the delivery of evidence-based care. Evaluation is usually conducted alongside implementation to inform the changes that might be needed in future implementations. Here we present the principles of simple evaluation and engage learners in designing evaluations for real quality improvement projects. These evaluations will help attendees see the

Keywords

spectrum of evaluation activities that can be helpful in practice change and transformation.

Presenter(s):

Deborah Bowen, PhD, Professor, University of Washington, Seattle, WA

Session References:

- *Evaluation Research Methods, Four Volume Set, Edited by Elliot Stern, Sage Publications, Inc., Thousand Oaks, CA, Jan. 2005.*
- *A Framework for Program Evaluation, Center for Disease Control, Atlanta, GA https://www.cdc.gov/eval/framework/index*
- *The Six Steps of Program Evaluation, Northwest Center for Public Health Practice, http://www.nwcph.org/evaluation*
- *Grembowski, D. The Practice of Health Program Evaluation, Sage Publications, Inc., Thousand Oaks, CA, 2016.*
- *Substance Abuse and Mental Health Services, Evidence-Based Practices Resource Center, https://www.samhsa.gov/ebp-resource-center*

- Assessment|Ethics|Implementation science|Outcomes|Research and evaluation|Skills building/Technical training

Objectives

- Describe evaluation tools and principles required for evidence-based interventions and monitoring.
- Describe the basic constructs, methods and steps in evaluation design.
- Identify different kinds of evaluation and design an evaluation of real programs.

J1: Education for Collaborative Health and Collective Impact

J1a: Transdisciplinary Approach for Education in Collaborative Health: Ingredients for a Community of Practice

The Transdisciplinary Education Approach for Collaborative Health (TEACH) program has developed a systematic framework for training, in hopes of engaging patients with syndemic illness through a non-hierarchical approach that manifests a team-based culture. This transdisciplinary approach will consist of two or more behavioral health providers meeting with the patient at the same time in therapeutic alliance to improve patient treatment outcomes. Instead of seeing separate providers on separate days, patients go to one place, and see all of their providers, that all come into the treatment room at the same time. All trainees attend seminars together, with a curriculum focused on the social and behavioral determinants of health, systems of care, and population and community health, in addition to training as usual didactics. The model will be outlined and discussed with initial outcomes.

Presenter(s):

Amelia Roeschlein, PhD, Director of Psychotherapy and Training, UCSD Outpatient Psychiatry, San Diego, CA

Lawrence Malak, MD, Psychiatrist, UCSD Psychiatry, San Diego, CA

Session References:

- *Pellechia, K., Roeschlein, A., Lewis, J., Zuniga, M. (2017). Conjoint Treatment: A Novel Approach to Target the Syndemic Conditions of Trauma, Substance Abuse, and HIV in Women Living with HIV. Southern Medical Journal, v 110(11): 705-708.*
- *Jones, B., & Phillips, F. (2016). Social work and interprofessional education in health care: A call for continued leadership. Journal of Social Work Education, 52(1), 18-29. doi:10.1080/10437797.2016.1112629*
- *Interprofessional Education Collaborative (2016). Core competencies for interprofessional collaborative practice: 2016 update. Washington DC: Interprofessional Education Collaborative.*
- *Institute of Medicine (2015). Conceptual framework for measuring the impact of IPE. Measuring the impact of interprofessional education on collaborative practice and patient outcomes pp. 25-38. Washington DC: National Academies Press.*
- *Hughes et al. (2016). Saving Lives: A Meta- Analysis of Team Training in Healthcare.Journal of Applied Psychology © 2016 American Psychological Association 2016, Vol. 101.*

Date Saturday, 10/19/2019

Time 4:15 PM to 4:45 PM

Content Level All Audience

Keywords

- Collaborative Care Model of Integrated Care|Early Career Professionals|Innovations|Interprofessional education|Interprofessional teams|Mentorship|Patient-centered care/Patient perspectives|Population and public health|Primary Care Behavioral Health Model|

Objectives

- Define the principles of transdisciplinary care
- List elements of the non-hierarchical approach that manifests a team-based culture
- Identify ways participants may integrate a team-based culture into their setting

J1b: Depth and Breadth: Building Capacity for Coordinated, Comprehensive Care through Collaboration and Collective Impact

Two complementary initiatives are advancing comprehensive care in Houston through integration of physical and behavioral health care as well as community coordination of care. Utilizing a collective impact approach, the Integrated Health Care Initiative promotes greater "depth" in comprehensive care by working with providers, payers, medical schools, and other institutions of higher education to build capacity for integrated care and address systemic barriers to its sustainability, such as workforce and financing barriers. The Community Coordination of Care Initiative is creating "breadth" in comprehensive care through a pilot project providing a coordinated continuum of care including medical, behavioral health, and social services. This presentation will describe the two initiatives and how they work together, particularly around sustainable financing. Participants will leave with concrete ideas for how such an approach could be implemented in their own communities.

Presenter(s):

Kara Hill, MHA, Director of Integrated Health Care Initiative, Mental Health America of Greater Houston, Houston, TX

Sineria Ordóñez, MS, Project Manager, Network of Behavioral Health Providers, Houston, TX

Alejandra Posada, M.Ed., Chief Operating Officer, Mental Health America of Greater Houston, Houston, TX

Date Saturday, 10/19/2019

Time 4:45 PM to 5:15 PM

Content Level Intermediate

Keywords

- Multi-sector partnerships|Social determinants of health|Sustainability

Objectives

- Describe a collective impact approach to build capacity for and address systemic barriers to sustainability of physical and behavioral health care integration.
- Describe a collaborative approach to creating a continuum of care that addresses social determinants/drivers of health.
- Identify at least three concrete strategies for promoting comprehensive care within participants' own communities.

Session References:

- *Weaver, L. (2016). Possible: Transformational change in collective impact. Community Development, 47(2), 274-283. DOI: 10.1080/15575330.2016.1138977*
- *Schultz, E. M., & McDonald, K. M. (2014). What is care coordination? International Journal of Care Coordination, 17(1-2), 5-24. https://doi.org/10.1177/2053435414540615*
- *Zeigler, B. P., Redding, S. A., Leath, B. A., & Carter, E. L. (2014). Pathways community HUB: A model for coordination of community health care. Population Health Management, 17(4), 199-201. http://doi.org/10.1089/pop.2014.0041*
- *Miller, B. F., Ross, K. M., Davis, M. M., Melek, S. P., Kathol, R., & Gordon, P. (2017). Payment reform in the patient-centered medical home: Enabling and sustaining integrated behavioral health care. American Psychologist, 72(1), 55-68.http://dx.doi.org/10.1037/a0040448*
- *DeVoe, J. E., Bazemore, A. W., Cottrell, E. K., Likumahuwa-Ackman, S., Grandmont, J., Spach, N., & Gold, R. (2016). Perspectives in primary care: A conceptual framework and path for integrating social determinants of health into primary care practice. Ann*

J2: Linkage: Connecting Addiction Medicine to Primary Care; Empowering Patients to Take a leading Role in Managing their Overall Health

Research has shown that higher activation and engagement with health care is associated with better self-management. To our knowledge, the linkage intervention (LINKAGE) is the first to engage patients receiving addiction treatment with health care using the electronic health record and a patient activation approach. Evidence from this nonrandomized clinical trial, the LINKAGE intervention will be used to explore the importance of patient engagement in health care, including patient portal use and communication with physicians about alcohol and other drug problems. The focus of the presentation will be interactive Linkage exercises to model how teaching and activating patients receiving addiction treatment to use health care may empower them to better engage in their health management. We will also discuss the potential that adaptations of LINKAGE hold for improving the health and well-being of other vulnerable populations.

Presenter(s):

Thekla Brumder Ross, PsyD, Division of Research, Kaiser Permanente-Care Management Institute, Behavioral Health Research Initiative & Drug and Alcohol Research Team, Denver, CO

Date Saturday, 10/19/2019

Time 4:15 PM to 5:15 PM

Content Level Intermediate

Keywords

- Chronic Care Model of Integrated Care|Implementation science|Patient-centered care/Patient perspectives

Objectives

- Reviewing background on Patient Activation and Engagement evidence, and discuss findings from LINKAGE RCT
- Describe the Linkage intervention: engaging patients receiving addiction treatment with health care using the electronic health record and a patient activation approach. Empower participants with necessary tools for providing integrated health services th
- Identify core components from Linkage curriculum: Increase coordination and

Session References:

- *Weisner CM, Chi FW, Lu Y, Ross TB, Wood SB, Hinman A, Pating D, Satre D, Sterling SA. (2016). Examination of the effects of an intervention aiming to link patients receiving addiction*

treatment with health care: the Linkage Study clinical trial. JAMA Psychiatry 73(8):804-14. PMCID: PMC4972645.
- *McLellan AT, Starrels JL, Tai B, et al. Can substance use disorders be managed using the Chronic Care Model? review and recommendations from a NIDA consensus group. Public Health Rev. 2014;35(2):http://www.journalindex.net/visit.php ?j=6676.*
- *Young JQ, Kline-Simon AH, Mordecai DJ, Weisner C. Prevalence of behavioral health disorders and associated chronic disease burden in a commercially insured health system: findings of a case-control study. Gen Hosp Psychiatry. 2015;37 (2):101-108.*
- *Ancker JS, Osorio SN, Cheriff A, Cole CL, Silver M, Kaushal R. Patient activation and use of an electronic patient portal. Inform Health Soc Care. 2015;40(3):254-266*
- *Compton WM, Blanco C, Wargo EM. Integrating addiction services into general medicine. JAMA. 2015;314(22):2401-2402*

continuity of care between Primary Care and specialty addiction treatment; reduce repetitive use of Emergency Room and inpatient care for chronic substance use disorders; provide members with information and skills on how to communicate with their Primary Care Providers about the psychosocial and physiological consequences of substance use disorders; help address challenges in patient adherence to treatment plans; link members to online electronic health records (EHRs) and other health education resources available in the patient portal and activate members to play a role in managing their own health care by communicating with their medical home and specialty care providers

J3: Si, se puede! Providing Effective Integrated care to Limited English Proficiency (LEP) Latinx Patients and their Families

Does your clinic serve a large LEP community? Are you involved in training bilingual Spanish behavioral health providers? This presentation will review unique considerations when working with LEP Latinx communities and best practices for training providers to deliver effective care.

Presenter(s):
Florencia Lebensohn-Chialvo, PhD, Assistant Professor, University of San Diego, San Diego, CA
Yajaira Johnson-Esparza, PhD, Director of Medication Assisted Treatment, Salud Family Health Centers, Commerce City, CO
Mayra Bailon, LCSW, Behavioral Health Consultant, PrimeCare Health, Chicago, IL
Jonathan Muther, PhD, VP of Medical - Behavioral Health Integration, Salud Family Health Centers, Commerce City, CO

Session References:

- *Barksdale, C. L., Kenyon, J., Graves, D. L., & Jacobs, C. G. (2014). Addressing disparities in mental health agencies: Strategies to implement the national CLAS standards in mental health. Psychological Services, 11(4), 369-376. Doi: 10.1037/a0035211*
- *Bridges, A. J., Andrews, A. R., III, Pastrana, F. A., Villalobos, B. T., Cavell, T. A., & Gomez, D. (2014). Does integrated behavioral health care reduce mental health disparities for Hispanics? Initial findings. Journal of Latina/o Psychology, 2, 37-53.*
- *Buche, J., Beck, A.J., & Singer, P.M. (2017). Factors Impacting the Development of a Diverse Behavioral Health Workforce. http://www.behavioralhealthworkforce.org/wp-content/uploads/2017/05/FA2P1_Workforce-Diversity_Final-Report.pdf*
- *Sanchez, K., Chapa, T., Ybarra, R., & Martinez, O. N., Jr. (2014). Eliminating health disparities through culturally and linguistically centered integrated health care: Consensus statements, recommendations, and key strategies from the field. Journal of Health Care for the Poor and Underserved, 25(2), 469-477.*
- *Softas- Nall, L., Cardona, B., & Barritt, J. (2015). Challenges and diversity issues working with multilingual and bilingual couples and families: Implications for counseling. The Family Journal, 23, 13-17.*

Date Saturday, 10/19/2019

Time 4:15 PM to 5:15 PM

Content Level All Audience

Keywords

- Special populations|Training/Supervision - Supervision and evaluation of trainees, providing feedback|Workforce development

Objectives

- Describe barriers experienced by LEP Latinx patients and their families when attempting to access quality healthcare.
- Define elements of culturally and linguistically competent care for LEP Latinx patients and their families.
- Apply strategies to improve LEP Latinx patient care and support bilingual provider professional development.

J4: Hot Topics in Integrated Care: Adverse Childhood Experiences (ACEs) Screening and Warm Hand Offs

J4a: Understanding the Importance of Asking Hard Questions In Primary Care: One FQHCs experience with Implementing System Wide ACE Screening in WCCs

Pediatric Well Child Checks (WCCs) are routine points in medical care that offer opportunities for wellness promotion, broad screening, and further engagement of children and families in clinic services and ongoing care planning. WCCs allow the provision of targeted anticipatory guidance to address risk factors before they become clinical concerns. Adverse Childhood Experiences (ACEs) are known to be a risk factor for a variety of negative behavioral and physical health outcomes. Cherokee Health Systems (CHS) recently worked to identify and implement strategies to screen for and reduce the impact of ACEs on our patient population. This presentation will provide an overview of our process to identify and implement our current trauma informed approach with WCCs. The presentation will also provide preliminary data on how ACEs screening is helping improve understanding our patients and target efforts to improve continuity of care for our most at risk families.

Presenter(s):
Caleb Corwin, PhD, Behavioral Health Consultant, Cherokee Health Systems, Knoxville, TN
Emily Corwin, PhD, Behavioral Health Consultant, Cherokee Health Systems, Knoxville, TN

Session References:

- *Koita, K., Long, D., Hessler, D., Benson, M., Daley, K., Bucci, M., et al. (2018) Development and implementation of a pediatric adverse childhood experiences (ACEs) and other determinants of health questionnaire in the pediatric medical home: A pilot study. PLoS ONE 13 (12): e0208088. https://doi.org/10.1371/journal.pone.0208088*
- *Bellis, M., Hughes, K., Hardcastle, K., Ashton, K., Ford, K., Quigg, Z., & Davies, A. (2017). The impact of adverse childhood experiences on health service use across the life course using a retrospective cohort study. The Journal of Health Services Research & Policy, 22 (3).*
- *Korotana, L., Dobson, K., Pusch, & Josephson, T. (2016). A Review of Primary Care Interventions to Improve Health Outcomes in Adult Survivors of Adverse Childhood Experiences, Clinical Psychology Review, doi: 10.1016/j.cpr.2016.04.007*
- *Conn, A., Szilagyi, M., Jee, S., Manly, J., Briggs, R., Szilagyi, P. (2018). Parental perspectives of screening for adverse childhood experiences in pediatric primary care. Families, Systems, & Health, 36 (1).*
- *Gilbert, L., Breiding, M., Merrick, M., Thompson, W., Ford, D., Dhingra, S., & Parks, S. (2014). Childhood Adversity and Adult Chronic Disease: An update from ten states and the district of Columbia. American Journal of Preventive Medicine.*

Date Saturday, 10/19/2019

Time 4:15 PM to 4:45 PM

Content Level Intermediate

Keywords

- Social determinants of health|Team-based care|Workforce development|Other
- Trauma Informed Care

Objectives

- At the conclusion of this presentation participants will be able to identify adverse childhood experiences that commonly affect pediatric populations.
- At the conclusion of this presentation, participants will be able to list three strategies for promoting trauma informed care in their own agencies.
- At the conclusion of this presentation, participants will be able to identify and discuss at least two different strategies for screening for ACEs in WCC in Primary Care.

J4b: Patterns and Outcomes from Warm Handoffs in Integrated Pediatric Clinics

The purpose of this project was to evaluate the benefits of the presence of Behavioral Health Primary Care (BHPC) staff located in pediatric primary care clinics affiliated with a large hospital system serving a rural population in the mid-Atlantic. In particular, this study focused on evaluating the value of a brief behavioral health (BH) consultation model (referred to as a "warm handoff"□ (WHO)) within the primary care setting. This study examined WHO patterns over time and evaluated the impact of WHO on access to care variables including appointment scheduling, wait time, and attendance. Participants will be able to describe the warm handoff process in integrated primary care; identify how the warm handoff process can enhance BH service delivery; and, discuss emerging utilization patterns of BH services following completion of a warm handoff.

Presenter(s):
Shelley Hosterman, PhD, Pediatric Psychologist, Geisinger Health System, Danville, PA
Monika Parikh, PhD, Pediatric Psychologist, Geisinger Medical Center, Danville, PA
Sean O'Dell, PhD, Clinician Investigator, Geisinger Health System, Danville, PA

Date Saturday, 10/19/2019

Time 4:45 PM to 5:15 PM

Content Level All Audience

Keywords

- Primary Care Behavioral Health Model|Quality improvement programs|Team-based care
- Warm handoff

Objectives

- Describe the warm handoff process in integrated primary care.
- Identify how the warm handoff process can enhance behavioral health service delivery of patient care in integrated primary care.

Session References:

- *Asarnow, J. R., Rozenman, M., Wiblin, J., & Zeltzer, L. (2015). Integrated medical-behavioral care compared with usual primary care for child and adolescent behavioral health: A meta-analysis. The Journal of American Medical Association Pediatrics, 169, 929-937.*
- *Hoffses, K. W., Ramirez, L. Y., Berdan, L., Tunick, R., Honaker, S. M., Meadows, T. J"....Stancin, T. (2016). Topical review: Building competency: Professional skills for pediatric psychologist in integrated primary care settings. Journal of Pediatric Psychology, 41, 1144-1160.*
- *Kolko, D. J., Campo, J., Kilbourne, A. M., Hart, J., Sakolsky, D., & Wisniewski, S. (2014). Collaborative care outcomes for pediatric behavioral health problems: A cluster randomized trial. Pediatrics, 133, 981-992.*
- *Oppenheim, J., Stewart, W., Zoubak, E., Donato, I., Huang, L., & Hudock, W. (2016). Launching forward: The integration of behavioral health in primary care as a key strategy for promoting young child wellness. American Journal of Orthopsychiatry, 86, 124-131.*
- *Talmi, A., Muther, E. F., Margolis, K., Buchholz, M., Asherin, R., & Bunik, M. (2016). The scope of behavioral health integration in a pediatric primary care setting. Journal of Pediatric Psychology, 41, 1120-1132.*

- Discuss emerging utilization patterns of behavioral health services following completion of a warm handoff in integrated primary care.

J5: Using Applied Implementation Science to Build Workforce Capacity Within your Integrated Care Organization

The "what"□ of workforce development - practitioner skills, training and practice profiles - continues to be studied, defined, and disseminated. This session will focus on the "how"□ of workforce development - the systems, processes, and infrastructure that will ensure the capacity and sustainability of the workforce. Together, we will explore active implementation science best practices to illustrate the drivers of workforce development such as selection, training, coaching, and fidelity monitoring using data-based decision-making systems. Using an integrated care lens, we will: 1) Illustrate best practices for implementation drivers relative to workforce ; 2) Demonstrate data-based decision making related to workforce development; and 3) Model how to use select tools to build a workforce development. Participants will leave with an electronic toolkit that may help them use these strategies within their organizations. This session is intended for anyone who is building their workforce

Presenter(s):

Julie Austen, PhD, Implementation Specialist, The IMPACT Center, FPG Child Development Institute, University of North Carolina, Chapel Hill, NC

Session References:

- *Aarons, G. A., Sommerfeld, D. H., Hecht, D. B., Silovsky, J. F., & Chaffin, M. J. (2009). The impact of evidence-based practice implementation and fidelity monitoring on staff turnover: evidence for a protective effect. Journal of consulting and clinical psychology, 77(2), 270.*
- *Aldridge, W. A., II, Murray, D. W.,Boothroyd, R. I., Prinz, R. J., & Veazey, C. A. (2016, December). Implementation Drivers Assessment for Agencies Implementing Triple P Interventions (IDA-TP) [Assessment instrument]. Chapel Hill: The University of North Carolina, Frank Porter Graham Child Development Institute.*
- *Metz, A., Bartley, L., Ball, H., Wilson, D., Naoom, S., & Redmond, P. (2015). Active Implementation Frameworks for Successful Service Delivery Catawba County Child Wellbeing Project. Research on Social Work Practice, 25(4), 415-422.*
- *Aldridge, W. A., II, Veazey, C. A., Murray, D. W., & Prinz, R. J. (2017, May). Assessing capacity for the implementation and scale-up of effective parenting and family support programs in community public health collaborations. Paper presented at the annual meeting of the Society for Prevention Research, Washington, DC.*
- *Fleming, W. O., Apostolico, A. A., Mullenix, A. J., Starr, K., & Margolis, L. (2019). Putting implementation science into practice: Lessons from the creation of the National Maternal and Child Health Workforce Development Center. Maternal and Child Health*

Date Saturday, 10/19/2019

Time 4:15 PM to 5:15 PM

Content Level Intermediate

Keywords

- Implementation science|Innovations|Outcomes|Technical assistance/practice facilitation for integrated care|Training Models

Objectives

- Discuss best practices for implementation drivers in integrated care.
- Identify data-based decision making related to workforce development.
- Identify tools that can be used to measure, build, and sustain workforce capacity.

J6: One is Too Many - Our Program's and Institution's Response to Loss

The loss of a team member to suicide has huge impacts for those close to them and also for the medical system in which the person worked, as a whole. During this presentation, we will highlight the interdisciplinary and systemic impacts of suicide, examine available resources and strategies that address ways in which to respond to suicide and unexpected loss in a medical system, and assist participants with developing their own proactive plan for managing suicide and unexpected loss within their home institutions.

Presenter(s):

Jennifer Harsh, PhD, LIMHP, CMFT, Assistant Professor and Director of Behavioral Medicine, Internal Medicine, University of Nebraska Medical Center, Omaha, NE

Shannon Boerner, MD, Assistant Professor, Internal Medicine, University of Nebraska Medical Center, Omaha, NE

Trek Langenhan, MD, FACP, Assistant Professor and Associate Internal Medicine Residency Program Director, Internal Medicine, University of Nebraska Medical Center, Omaha, NE

Session References:

- *Bodenheimer, T. & Sinsky, C. (2014). From triple to quadruple aim: Care of the patient requires care of the provider. Annals of Family Medicine, 12(6), 573-576.*
- *Gunasingam, N., Burns, K., Edwards, J., Dinh, M., & Walton, M. (2015). Reducing stress and burnout in junior doctors: The impact of debriefing sessions. Postgraduate Medicine Journal, 91(1074), 182-187.*
- *Ripp, J. A., Fallar, R., & Korenstein, D. (2016). A randomized controlled trial to decrease job burnout in first-year internal medicine residents using a facilitated discussion group intervention. Journal of Graduate Medical Education, 8(2), 256-259.*
- *Shanafelt, T. D., Noseworthy, J. H. (2016). Executive leadership and physician well-being: Nine organizational strategies to promote engagement and reduce burnout. Mayo Clinic Proceedings, 1-18*
- *West, C. P., Dyrbye, L. N., & Shanafelt, T. D. (2018). Physician burnout: Contributors, consequences, and solutions. Journal of Internal Medicine, 283(6), 516-529.*

Date Saturday, 10/19/2019

Time 4:15 PM to 5:15 PM

Content Level All Audience

Keywords

- Prevention|Suicide|Other
- Crisis Response

Objectives

- Understand the interdisciplinary and systemic impacts of resident suicide.
- Identify available resources and strategies for responding to suicide or unexpected loss.
- Proactively initiate a plan of action for addressing suicide and unexpected loss at their home institution.

J7: Embedding Family and Wellness Promotion in Residency Education

J7a: Depression Treatment Pathway in Primary Care

Data related to treatment response following initial implementation of a depression treatment pathway within primary care. Pathway included education around excellent treatment of depression, utilizing medication and available BH support. BH support included PCBH model, Consultation Psychiatry, and a consult line. Lessons learned and comparison of response based on inclusion of BH team will be explored.

Presenter(s):

Jennifer O'Donnell, PsyD, Clinical Program Director Primary Care Behavioral Health, Swedish Medical Group, Seattle, WA

Sara Brand, MPH, PMP, Director of Operations for Inpatient and Outpatient Behavioral Health, Swedish Medical Group, Seattle, WA

Session References:

- *W. David Robinson et al. J Am Board Fam Pract March 2005, 18 (2) 79-86; DOI: https://doi.org/10.3122/jabfm.18.2.79*
- *Guideline and Measure Summaries. Content last reviewed July 2018. Agency for Healthcare Research and Quality, Rockville, MD. http://www.ahrq.gov/gam/summaries/index.html*
- *Gilbody S, Gask L. Depressive disorders in primary care: a review. In: Herrman H, Maj M, Sartorius N, eds. Depressive Disorders. Hoboken, NJ: John Wiley & Sons, Ltd; 2009. p. 271-318.*
- *https://www.nimh.nih.gov/health/statistics/major-depression.shtml*
- *Linde K, Kriston L, Rucker G, et al. Efficacy and acceptability of pharmacological treatments for depressive disorders in primary care: systematic review and network meta-analysis. Ann Fam Med. 2015; 13 69-79.*

Date Saturday, 10/19/2019

Time 4:15 PM to 4:45 PM

Content Level All Audience

Keywords

- Evidence-based interventions|Mood (e.g., depression, anxiety)|Primary Care Behavioral Health Model

Objectives

- Identify process for implementing a depression treatment pathway in a primary care setting
- Describe the benefits of integrating BH to support depression treatment in primary care
- Define components of a depression treatment pathway for primary care

J7b: A Closer Look at the Feasibility and Utility of a Brief Multidimensional Behavioral Health Screen: The Adult Wellbeing Screener

Use of a brief, broad BH stepped care screen facilitates efficient assessment in primary care. A broad initial (Step 1) screen may capture concerns not identified by unifocal diagnostic (Step 2) measures (e.g., depression or anxiety). We examined the feasibility and utility of a brief, multicomponent screening instrument (Adult Wellbeing Survey: AWS, Beacham, 2012) along with AWS item correlates with commonly used lengthier measures. AWS items in each domain were significantly correlated with longer more specific lengthier measures (r's=0.28 to 0.85, All p's< .01) commonly used in primary care. Average completion time of the AWS was 4.93 mins. In our representative sample of ppts who attend PCP appointments about once/year, the broad brush approach of the AWS effectively flagged symptoms and concerns via brief assessment while taking into account important symptoms which may be overlooked by unifocal measures. This brief measure may be useful in stepped approaches to BH screening.

Presenter(s):

Abbie Beacham, PhD, Associate Professor, University of Colorado School of Medicine, Aurora, CO

Shandra Brown-Levey, PhD, Director of Behavioral Health, University of Colorado Dept of Family Medicine, Aurora, CO

Session References:

- *The Patient Centered Medical Home (Captured 2019) https://www.ncqa.org/programs/health-care-providers-practices/patient-centered-medical-home-pcmh/*
- *Robinson, P. & Reiter J. (2016). Behavioral Consultation and Primary Care: A Guide to Integrating Services 2nd ed. (2016) New York, Springer.*
- *Green, D., Schultz, J. & Beacham, A. (2018) Towards Convergent Validity of a Broad Behavioral Health Screener for Primary Care: The Adult Wellbeing Survey, Poster presentation 52nd annual convention of the Association for Behavioral and Cognitive Therapies, Washington, DC*
- *Beacham, A.O. (2012). Using Brief Behavioral Health and Wellness Screeners in Primary Care to Enhance Patient Involvement. Grand Rounds Presentation at the Department of Family Medicine and Psychiatry, East Virginia Medical School, Norfolk, VA.*
- *Beacham, A.O., Brown-Levey, S. & Green, D. (2015). Utility of a broad and brief behavioral health screen in primary care. Unpublished manuscript.*

Date Saturday, 10/19/2019

Time 4:45 PM to 5:15 PM

Content Level All Audience

Keywords

- Assessment | Mood (e.g., depression, anxiety) | Primary Care Behavioral Health Model

Objectives

- Describe a stepped approach to behavioral health screening
- Discuss relative advantages of a brief broad screen (Step 1) approach to behavioral health assessment as it pertains to diagnosis and treatment
- Apply the broad to narrow stepped approach to behavioral health screening in integrated care

J8: Want to "Measure Up?" How to Select and Use Validated Assessment Tools in Integrated Primary Care Research and Evaluation

Clinician innovators and researchers should strive to use measures with strong psychometric properties in integrated primary care research, evaluation, and quality improvement. In busy clinics, validated measures may be overlooked in favor of "homegrown" measures with unknown reliability and validity, limiting the utility of any conclusions drawn. Most of us have heard about the first two key questions: WHO should use validated assessments (hint: everyone!) and WHY validated assessment is important. In this presentation, we will focus on the next two: WHERE to access validated assessment measures, and HOW to select and choose good measures for your specific research and evaluation questions. We will specifically focus on brief assessments appropriate for IPC settings and will provide a resource guide. We will focus on validated assessments of a range of outcomes, including physical/behavioral health, functioning, PCBH fidelity/provider behavior, and implementation outcomes.

Presenter(s):

Julie Gass, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare, Buffalo, NY

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

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

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

Date Saturday, 10/19/2019

Time 4:15 PM to 5:15 PM

Content Level All Audience

Keywords

- Assessment | Outcomes | Research and evaluation

Objectives

- Describe the importance of using validated, evidence-based assessments in research and program evaluation.
- List two indicators of psychometric validation
- Identify and locate appropriate outcome measures to use

Travis Loughran, PhD, Psychology Postdoctoral Fellow, VA Center for Integrated Healthcare, Rochester, NY

Session References:

- *Coster, W. J. (2013). Making the best match: selecting outcome measures for clinical trials and outcome studies. American Journal of Occupational Therapy, 67(2), 162-170.*
- *Velentgas, P., Dreyer, N. A., & Wu, A. W. (2013). Outcome definition and measurement. In Developing a protocol for observational comparative effectiveness research: a user's guide. Agency for Healthcare Research and Quality (US).*
- *Lub, V. (2015). Validity in qualitative evaluation: Linking purposes, paradigms, and perspectives. International Journal of Qualitative Methods, 14(5), 1609406915621406.*
- *Phillips, N. M., Street, M., & Haesler, E. (2016). A systematic review of reliable and valid tools for the measurement of patient participation in healthcare. BMJ Qual Saf, 25(2), 110-117.*
- *Krosnick, J. A. (2018). Questionnaire design. In The Palgrave Handbook of Survey Research (pp. 439-455). Palgrave Macmillan, Cham.*