CFHA 2019 Conference – Education Sessions

Plenary Sessions

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

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
- 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:
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
• https://www.integration.samhsa.gov/The_CO_Blueprint_for_Promoting_Integrated_Care_Sustainability.pdf
• 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
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:
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:
• 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:
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:

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:
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:
  o Distinct approaches for reimbursement of services, including development of a proforma
  o 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:
• https://www.nastad.org/sites/default/files/resources/docs/issue_brief_final.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

Session References:

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

Session References:

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:
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:

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:

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.

Presenters:
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 Director, 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:
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.

Presenters:
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:
- Colorado State Innovation Model. (2014). Application for Funding for Test Assistance. Available at: https://drive.google.com/file/d/0BxUZ1TOwSbPUSG1pWjl6gypdAA/view

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
- 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.
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

Session References:
- SAMHSA. (2017). Key Substance Use and Mental Health Indicators in the United States: Results from the 2017 National Survey on Drug Use and Health.

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

Session References:

- 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.
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, PsyD, Director of Psychology, Providence Medical Group, Portland, OR

Session References:

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

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

Date  Friday, 10/18/2019
Time  9:45 to 10:45 AM
Content Level  All Audience

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, LCDC, Behavioral Health Consultant, Legacy Community Health Services, Houston, TX

Session References:

**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, Psychophysiological 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

**Session References:**

**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-management  

**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.
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).
• The Opioid Crisis:Changing Habits and Improving Pain Management. Institute for Healthcare Improvement (January 2018): www.ihi.org

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:
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
Jeno Fisher, PhD, Executive Director of Innovation, Merakey, Wynnewood, PA
Andrew Valeras, DQ, MPH, Associate Program Director, Leadership Preventive Medicine Residency, NH Dartmouth Family Medicine Residency, Concord, NH

Session References:

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):
Session References:


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 cases-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

Session References:


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.
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

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

Session References:
• 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.

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” D Va Fossen, MS, PhD Candidate, Department of Human Sciences, The Ohio State University, Columbus, OH

Session References:

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
- 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

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:

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
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:
C3: 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:**

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:**
- Co-morbidity|Collaborative Care Model of Integrated Care|Cost Effectiveness/Financial sustainability
- Milliman, A. Co-morbidity and Collaborative Care Model of Integrated Care. Milliman, Denver, CO
- North, M. The Value of Integrated Care. Milliman, Denver, CO

**Date**  Friday, 10/18/2019
**Time**  1:45 PM to 2:15 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
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:

Date  Friday, 10/18/2019
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:

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

Session References:


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

Date Friday, 10/18/2019
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

Session References:
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, Greenville, NC

Session References:

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

Session References:
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 an 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

**Session References:**
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

**Session References:**

**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

**Session References:**

**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

**Content Level** Intermediate

**Keywords**
- Geriatrics | Quality improvement programs | Team-based care

**Date** Friday, 10/18/2019
**Time** 3:30 PM to 4:00 PM
D3: With Your Help: Defining Competencies for Technical Assistance Services

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:

- 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), 5102-S106.

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

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.

Publisher: CFHA Conference 2019
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:

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:

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
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:
• Raney, Lasky, Scott: Integrating Primary Care and Behavioral Health: A Guide For Effective Implementation 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/

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:
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 spirituality 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:

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.

Date Friday, 10/18/2019
Time 3:00 PM to 4:00 PM
Content Level Intermediate
Keywords
- Outcomes | Research and evaluation | SBIRT Model of Integrated Care

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.
Session References:


**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:**


**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

**Date** Friday, 10/18/2019  
**Time** 4:15 PM to 5:15 PM  
**Content Level** Intermediate  
**Keywords**  
- Interprofessional education | Team-based care | Workforce development

**Objectives**

- 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.
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

Session References:

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

Session References:
E4: Embedding Family and Wellness Promotion in Residency Education

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

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:

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

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:

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:

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:**

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

**Keywords**
- Interpersonal violence | Population and public health | Training Models
- 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

**Date** Friday, 10/18/2019
**Time** 4:15 PM to 4:45 PM
**Content Level** Intermediate
**Keywords**
- Inter personal violence | Population and public health | Training Models

**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:

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:
  http://dx.doi.org/10.1037/cpp0000239
  http://dx.doi.org/10.1037/cpp0000234

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:

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.


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

Session References:


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
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 BHCs 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
Taneya Cooley, DBH, LCSW, Behavioral Health Specialist, Iora Health, Seattle, WA

Session References:

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
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

Session References:

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.

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

Session References:

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 Unintentional Injury Prevention, Atlanta, GA.

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.

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

Session References:


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:

- 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.
- 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.

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 Gendler, RN, Nurse Case Manager, Center for Family Medicine, Sioux Falls, SD

Session References:


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.

Presenters:
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 McColey, 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:

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

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.
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

Session References:
- Fortney, Unutzer et al: The Tipping Point for MBC in Behavioral Health; Psych Services 2016.
- Katzelnick DJ, Williams MD: Large-Scale Dissemination of Collaborative Care and Implications for Psychiatry. Psychiatric services 2015, 66(9):904-906
- Kroenke, K, Unutzer, J: Closing the False Divide: Sustainable Approaches to Integrating Mental Health Services Into Primary Care. JGIM 2017.

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

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

Session References:

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.
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 Māori, 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

Session References:

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
- 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
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

Session References:

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

Session References:
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 SI 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:

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 11:00 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.
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

Session References:

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

Session References:

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.
- Discuss strengths and limitations of the hub-extension model on scheduling and show rate.
G4b: Parent Child Interaction Therapy in a Pediatric Primary Care Setting

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:

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, Mutualty: 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:
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:

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:
- 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,
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:
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,CIIPS, President, Heart Centered Counseling, Fort Collins, CO
Molly Siegel, MS, RAE Clinical Services and Programs Director, Rocky Mountain Health Plans, CO

Session References:

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:

- AIMS Center: Advancing Integrated Mental Health Solutions https://aims.uw.edu/new-cms-payment-codes-benefit-collaborative-care

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 teenee serving as the "upper level" single behavioral medicine physician who sees the patient and the family medicine resident who consults with the patient and family as needed.

Presenter(s):
Mary Jean Mork, LCSW, VP for Integrated Programs, Maine Behavioral Healthcare, Portland, ME

Session References:

- AIMS Center: Advancing Integrated Mental Health Solutions https://aims.uw.edu/new-cms-payment-codes-benefit-collaborative-care

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:
• ICEPE Panel. Core competencies for inter professional practice. 2016 update.
  Washington DC: Interprofessional Education Collaborative.

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:

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

Session References:

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
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:

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

Session References:

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, 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:
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:

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):

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:
- 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

Obiectives
- 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:

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:
- Cox, M., Cuff, P., Brandt, B., Reeves, S., & Zierler, B. Journal of Interprofessional Care, 30.

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.
### 13: 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:**
- 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. Koal M. Ross, Betsy Klein, Katherine, Ferro, Debra A. McQueeny, Rebecca Geron & 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 Bouranos, MA
- Integrated Care in Rural Health: Seeking Sustainability. Mary Peterson, PhD, Jeri Turgesen, PsyD, Laura Fisk, PsyD, Seamus McCarthy, PhD; Families, Systems, & HealthAmerican Psychological Association 2017, Vol. 35, No. 2, 167-173

### 14: 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:**
- 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. Koal M. Ross, Betsy Klein, Katherine, Ferro, Debra A. McQueeny, Rebecca Geron & 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 Bouranos, MA
- Integrated Care in Rural Health: Seeking Sustainability. Mary Peterson, PhD, Jeri Turgesen, PsyD, Laura Fisk, PsyD, Seamus McCarthy, PhD; Families, Systems, & HealthAmerican Psychological Association 2017, Vol. 35, No. 2, 167-173

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:
• PainNET. Committed to Making a Difference for Patients with Chronic Pain. (2019, February 10). Retrieved 2017, from PainNET: https://painnet.net/

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.
16: 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 Ofie-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

Session References:

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

17a: 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

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

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

Session References:

I8: Evaluation Basics: Design and Implementation

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

Date Saturday, 10/19/2019
Time 3:00 PM to 4:00 PM
Content Level All Audience
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:**
- A Framework for Program Evaluation, Center for Disease Control, Atlanta, GA https://www.cdc.gov/eval/framework/index
- Substance Abuse and Mental Health Services, Evidence-Based Practices Resource Center, https://www.samhsa.gov/ebp-resource-center

**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:**
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

Session References:

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

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...

- 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):**
Florence 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:**
**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:**


**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 (BHP) 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” [WH]) within the primary care setting. This study examined WH patterns over time and evaluated the impact of WH 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
Session References:


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:

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, LMHP, 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:

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
• https://www.nimh.nih.gov/health/statistics/major-depression.shtml
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:**

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**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
Session References: