Treating Posttraumatic Stress Disorder with a Prolonged Exposure Protocol within Primary Care Behavioral Health: A Case Example
(Temp ID #502)
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
Brittany Houston, MS Psychology Resident UT Health San Antonio
Daisy Ceja, MS Doctoral Student Our Lady of the Lake University
Cory Knight, MS Graduate Student University of Texas San Antonio
Sanna Bhajjan, DO PGY-1, Family Medicine UT Health San Antonio

Patient Centered Primary Care: Getting from Good to Great
(Temp ID #510)
Since the "Quality Chasm" report in 2001, there has been a growing effort to provide patient-centered care to improve outcome, lower cost and improve patients’ experience using team-based care to broaden the expertise on the team to meet patients' needs. Evaluators of the PCMH found that organizational transformation was generally successful, but that the transformation of care failed to engage patients with the most complex health needs, such as multiple chronic illnesses, BH disorders, problems in the social determinants of health, and histories of trauma. To effectively create partnership with these patients, the integration of behavioral health clinicians in primary care has to transition into the "meta-integration" of behavioral health skills to the entire healthcare team. The presentation will show a new approach for building partnership with this population of patients, using Transparency, Empowerment, Activation, Mutuality: the T.E.A.M. Way.

Presenter(s):
Alexander Blount, EdD, Professor Emeritus, Family Medicine and Psychiatry, UMass Medical School, Principal, Integrated Primary Care, Inc
Family-Centered Prescription Food Program
(Temp ID #514)
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):
Carol J. Pfaffly, Ph.D., Director of Behavioral Health Education, Southern Colorado Family Medicine Residency Program
Elsie Haynes, D.O., Corwin Clinic Family Medicine

Evaluation of Interprofessional Team-based Care
(Temp ID #517)
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 Behavioral Science Faculty, Southern NM Family Medicine Residency Program
Linda Summers, PhD, PMHNP, FNP Associate Professor School of Nursing, New Mexico State University
Traci White, PharmD, PhC, BCGP, Assistant Professor UNM College of Pharmacy
Sarah Summers-Barrio, FNP, Faculty, Southern NM Family Medicine Residency Program

Preventing Physician Burnout, Promoting Wellness and Resiliency through the Development of a Wellness Curriculum
(Temp ID #519)
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 elicited feedback and reflections from the audience regarding strategies for promoting wellness in residency programs.

Presenter(s):
Minerva Medrano de Ramirez, MD, Physician Faculty, Southern NM Family Medicine Residency Program
Daubney Boland, Ph.D. Behavioral Science Faculty, Southern NM Family Medicine Residency Program
Stephanie Benson, MD, Assistant Program Director, Southern NM Family Medicine Residency Program
Putting the "Family" Back into Family Medicine Resident Education: Four Pragmatic Methods
(Temp ID #521)

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
- Deepu George, PhD, Behavioral Science Faculty, University of Texas Health
- Max Zubatsky, PhD, Assistant Professor, Saint Louis University
- Juliana Oliveira, DO, Faculty Physician, Sea Mar Marysville Family Medicine Residency

Content Level: Intermediate

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

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.

Moving Beyond Behavioral (only) Screening and Assessment: The Case for Relational Screeners, Assessments, and Outcomes in Integrated Care
(Temp ID #525)

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, Associate Professor, Department of Human Sciences; Department of Surgery, The Ohio State University
- Catherine “Katie” VanFossen, MS, PhD Candidate, Department of Human Sciences; The Ohio State University

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.

Measurement Based Care for Behavioral Health Conditions in Primary Care Settings: How Do You Know Your Patient Improved?
(Temp ID #527)

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
- Gina Lasky

Content Level: Intermediate

Keywords
- Outcomes
- measurement-based care

Objectives
- Understand the basics of measurement based care (MBC) that can lead to effective outcomes.
- List the most commonly used, validated tools for MBC that can be used in any health care setting.
- Describe how MBC can be used with patients, payers, clinics and families to describe the value of integrated care delivered.
Linkage: Connecting addiction medicine to primary care; empowering patients to take a leading role in managing their overall health
(Temp ID #529)
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
Sarah Ferraro Cunningham, PsyD
Constance Weisner, LCSW, DrPH
Stacy Sterling, MSW, MPH, DrPH (tentative)

The Many Faces of Psychiatry in Primary Care Settings
(Temp ID #531)
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 psychiatric services link effectively with a behavioral health team in primary care will be provided.

Presenter(s):
Mark Williams, MD Associate Professor, Mayo Clinic Rochester, Minnesota
Tom Salter, MD Psychiatry, Mayo Clinic Rochester, Minnesota
Lori Raney, MD Health Management Associates Dolores, Colorado
Patty Gibson, MD Arkansas Health Group Little Rock, AR
Can Primary Care Practices Develop Better Behavioral Health Integration via Interdisciplinary Assessment and Discussion? A 28-Site Outcome Study
(Temp ID #532)

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

Presenter(s): Travis A. Cos, PhD, Lead Network Clinician, Philadelphia Integrated Care Network
Natalie Levkovich, Chief Executive Officer, Health Federation of Philadelphia

Utilizing Virtual Care Methods and Population Health Platforms to Redefine Access to Behavioral Health Services within the Ambulatory Care Setting
(Temp ID #536)

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, LPC, Director, Behavioral Health Integration, Atrium Health, Charlotte, NC

Minding the Gap in Integrated Care: How a TeleBHC Service Can Change the Game for Satellite Clinics and Remote Populations
(Temp ID #557)

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

Presenter(s): Natalie Levkovich, Chief Executive Officer, Health Federation of Philadelphia
Travis A. Cos, PhD, Lead Network Clinician, Philadelphia Integrated Care Network

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

Objectives
- Identify the benefits of conducting an integration of behavioral health practice assessment
- 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
adopt TeleBHC as a viable option for care provision.

Presenter(s):
Brian Sandoval, Psy.D., Clinical Director, Primary Care Behavioral Health, Yakima Valley Farm Workers Clinic
Phillip Hawley, Psy.D., WA Regional BHC Lead, Yakima Valley Farm Workers Clinic
Nargis Mozafari, Psy.D., Behavioral Health Consultant Resident, Yakima Valley Farm Workers Clinic

Effectively manage these aspects of the program
• Explain the versatility of a TeleBHC service and how to present its potential benefits to patients, providers, and health care administrators

Accelerating Integrated Care Through ECHO: A Collaborative Learning Network in Arizona
(Temp ID #541)
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):
Matt Martin, PhD, LMFT, 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

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

“Oh, the Places You’ll Go!”: Making the Transition from Frontline Warrior to Large-System Change Leader
(Temp ID #543)
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 J. Jacobs, Psy.D., Principal, Health Management Associates
Suzanne Bailey, Psy.D., Chief Operations Officer, Cherokee Health Systems
Suzanne Daub, LCSW, Principal, Health Management Associates
Jena Fisher, Ph.D., Executive Director of Innovation, Merakey
Andrew Valeras, DO, MPH, Associate Program Director, Leadership Preventive Medicine Residency, NH Dartmouth Family Medicine Residency

Content Level  Intermediate
Keywords
• Mentorship | Professional Identity, including development of | Workforce development

Objectives
• Identify 5 major skills of population health and integrated care leadership
• Define how integrated care practices of partnering and creating motivation for change on the clinical level can be translated to the large systems level
• Describe specific processes for introducing large systemic change while adhering to best practices and clinical values
Adapting Team-Based Learning to Contextualize Primary Care Behavioral Health Practice for Graduate Behavioral Health Students

(Temp ID #544)

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 UT Health San Antonio
Jessica Lloyd-Hazlett, PhD, LPC, NCC Assistant Professor UT San Antonio
Heather Trepal, PhD, LPC Professor UT San Antonio
Nancy Amodei, PhD University Health System

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

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

(Temp ID #545)

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 J. Vogt, PhD, Integrated Behavioral Health, Denver Health
Jennifer L. Grote, PhD, Director, Integrated Behavioral Health, Denver Health
Elizabeth Lowdermilk, MD, Integrated Behavioral Health, Denver Health
E. Leigh Kunkle, MA, University of Denver

Content Level Intermediate
Keywords
• Team-based care | Training Models | Workforce development

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

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

(Temp ID #546)

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):

Content Level All Audience
Keywords
• Pediatrics | Special populations | Team-based care

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

Leveraging the BHC to develop and strengthen a care team’s capacity to improve patient health outcomes through primary prevention

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

Presenter(s):
Haley E. Curt, M.A., M.S., BH Intern, NH Dartmouth Family Medicine Residency at Concord Hospital Family Health Center
Aimee Valeras, Ph.D. LICSW, Scholarly Activity Faculty, NH Dartmouth Family Medicine Residency at Concord Hospital Family Health Center
Brian McKenna, MD, PG3 Resident, NH Dartmouth Family Medicine Residency at Concord Hospital Family Health Center
Alex Dickson, MD, PG3 Resident, NH Dartmouth Family Medicine Residency at Concord Hospital Family Health Center

Presenter(s):
Bill O’Connell, Ed.D., LMHC, Behavioral Health Specialist (BHS), Iora Health
Heather Carroll, MSW, LICSW, BHS, Iora Health
Taneya Cooley, DBH, LCSW, BHS, Iora Health
Laura Wiese, MSW, LCSW, BHS, Iora Health
Mari Yamamoto, Ph.D., Psychologist, BHS, Iora Health
Using applied implementation science to build workforce capacity within your integrated care organization
(Temp ID #550)
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 at FPG Child Development Institute at University of North Carolina at Chapel Hill

Integration of psychiatric providers into the integrated primary care team to increase patient access to psychiatric care in underserved, rural clinic
(Temp ID #551)
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, Valley Health Systems, Inc.
Lindsey Kitchen, PsyD, Valley Health Systems, Inc.
Shelby McGuire, PsyD, Valley Health Systems, Inc.

Medical Assistants as Health Coaches? An Effectiveness Outcome Study
(Temp ID #553)
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
Matt Martin, PhD, LMFT, Clinical Assistant Professor, Arizona State University, College of Health Solutions
**Key Factors for Advancing Integrated Care in Central Oregon: Payer, Provider, Policy, and Technical Assistance**

(Temp ID #554)

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 of 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**, Regional Integrated Care Trainer, Creach Consulting, LLC
- **Janet Foliano, PsyD**, Psychologist, Manager of Integrated Care, St. Charles Health System
- **Mike Franz, MD**, DFAACAP, FAPA, Psychiatrist and Medical Director of Behavioral Health at PacificSource Health Plan

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**Building Shields against Trauma Monsters: What Lies Beneath Patients’ Behaviors**

(Temp ID #558)

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):**
- **Dr. Shay Stacer, PhD**, licensed Clinical Psychologist, Integrated Behavioral Health Director, North Bend Medical Center
- **Danielle Bona, MS, LPC**, Behavioral Health Provider, North Bend Medical Center

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

(Temp ID #560)

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):**
- **E. Dawn Creach, MS**, Regional Integrated Care Trainer, Creach Consulting, LLC
- **Janet Foliano, PsyD**, Psychologist, Manager of Integrated Care, St. Charles Health System
- **Mike Franz, MD**, DFAACAP, FAPA, Psychiatrist and Medical Director of Behavioral Health at PacificSource Health Plan

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**Objectives**
- Participants will be able to describe the four key factors leading to widespread regional implementation of integrated care delivery models.
- Participants will be able to describe successful components of building closer relationships between primary care clinics and specialty behavioral health providers in the community.
- Participants will understand key strategies for transforming payment and care delivery models to support whole-person, team-based primary care.
Behavioral Health Continuity in Primary Care: Controversy, evidence, and future research
(Temp ID #561)
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
Lauren DeCaporale-Ryan, PhD, Assistant Professor, University of Rochester Medical Center Departments of Psychiatry, Medicine, & Surgery
Jennifer S Funderburk, PhD, Clinical Research Psychologist, VA Center for Integrated Healthcare
Larry Mauksch, MEd, Clinical Professor Emeritus, University of Washington Department of Family Medicine

Expanding the Primary Care Behavioral Health Workforce: Lessons Learned from Te Tumu Waiora
(Temp ID #562)
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
Patterns & outcomes from warm handoffs in integrated pediatric clinics
(Temp ID #563)
The purpose of this project was to evaluate the benefits of the presence of Behavioral Health Primary Care (BHPC) staff located in pediatric primary care clinics affiliated with a large hospital system serving a rural population in the mid-Atlantic. In particular, this study focused on evaluating the value of a brief behavioral health (BH) consultation model (referred to as a "warm handoff") within the primary care setting. This study examined warm handoff patterns over time and evaluated the impact of warm handoff 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, Licensed Psychologist, Co-Chief of Behavioral Health in Pediatric Integrated Primary Care, Division of Psychiatry and Behavioral Medicine, Geisinger Health System
Monika R. Parikh, PhD, Licensed Psychologist, Division of Psychiatry and Behavioral Medicine, Geisinger Health System
Sean M. O'Dell, PhD, Licensed Psychologist, HSP-P, Associate, Pediatric Integrated Primary Care, Division of Psychiatry and Behavioral Medicine Assistant Professor, Department of Epidemiology and Health Services Research, Geisinger Health System

Advocating for Integrated Primary Care with Senior Leadership: Talking in Ways that Can Be Heard
(Temp ID #566)
Advocating for integrated primary care (IPC) services with senior leadership in healthcare systems is a critical skill often largely unaddressed in professional training. Many mental health and primary care team members, while exceptionally trained clinically, may benefit from developing knowledge of health care administrators’ priorities and skills for working across disciplines to address system-wide issues for quality improvement. This presentation reviews common priorities of senior leaders along the arms of the Quadruple Aim (patient experience, cost reduction, population health and clinical outcomes, and provider experience) and how professionals can develop leadership briefings in their local systems. A brief overview of these leaders’ experiences in advocating for IPC at local, regional, and national levels will be included with a focus on lessons learned. Audience members will have an opportunity for dialogue about methods for improving advocacy within their own systems.

Presenter(s):
Lisa Kearney, Ph.D., ABPP, Associate Director-Education, VA Center for Integrated Healthcare
Andrew Pomerantz, M.D., National Director for Integrated Care, Office of Mental Health and Suicide Prevention, VA Central Office
Angela Denietolis, M.D., Executive Director, Office of Primary Care, VA Central Office
Behavioral Health Integration: Assessing Family Medicine Physicians' Satisfaction of Quality & Access to Mental Health Care
(Temp ID #567)

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, Ph.D., LCMFT, Director of Behavioral Health, KUSM-Wichita Family Medicine Residency Program at Ascension Via Christi Health
Samuel Ofei-Dodoo, Ph.D., MPA, MA, Research Scientist, KUSM-Wichita Department of Family and Community Medicine
Jennifer Wipperman, M.D., MPH, Clinical Assistant Professor, KUSM-Wichita Family Medicine Residency Program at Ascension Via Christi Health
Ashley Daniel, M.D., Family Medicine Resident, KUSM-Wichita Family Medicine Residency Program at Ascension Via Christi Health

Mood and Anxiety ECHO: An Innovative Approach to Building Providers' Capacity to Manage Common Behavioral Health Conditions across Colorado
(Temp ID #568)

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 J. Reed, PsyD, MPH, Director of Behavioral Health Education, Department of Family Medicine, University of Colorado School of Medicine; Behavioral Health Liaison, ECHO Colorado; Team Psychologist, Denver Nuggets
John "Fred" Thomas, PhD, MSW, Executive Director, ECHO Colorado; Director of Telemedicine, Children's Hospital Colorado
Granger Peterson, PhD, MSW, Granger Petersen, PhD, MSW, ECHO Colorado Evaluation Principal Professional
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, Ph.D., Clinical Professor, Assistant Dean, Non-Tenure Eligible Faculty Success, College of Health Solutions, Arizona State University
CR Macchi, Ph.D., Clinical Associate Professor, Academic Program Lead, Integrated Behavioral Health Programs, College of Health Solutions, Arizona State University

Content Level: Intermediate
Keywords:
- Interprofessional education | SBIRT Model of Integrated Care | Workforce development

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

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
Jeffrey Eisen, MD, Chief Medical Officer and Psychiatrist, Cascadia Behavioral Healthcare
Care Coordinator, Cascadia Behavioral Healthcare (specific care coordinator TBD)

Content Level: Advanced
Keywords:
- Electronic Medical Record | Population and public health | Team-based care

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

Psychopharmacology Review for Primary Care

The primary care clinician is increasingly called upon to manage a wide spectrum of psychiatric disorders from initial presentations of depression and anxiety to complex and chronic conditions such as bipolar disorder, addictions, and psychotic disorders. Psychopharmacology Review for Primary Care is a fast-paced, ambitious review of an array of topics including overview of drug classes, adverse effects, management of common clinical presentations, and clinical pearls. Our target audience will be prescribers wishing to enhance their knowledge and non-prescribers wishing to add to their knowledge base. A cased-based approach with audience interaction and

Presenter(s):

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
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):
Tom Salter, MD, Psychiatrist, Mayo Clinic, Rochester
Mark Williams, MD, Associate Professor, IBH, Mayo, Rochester

Integrated Behavioral Health in a Women’s Care Clinic: Practical Applications Regarding Implementation and Case Discussions Demonstrating the Efficacy
(Temp ID #573)
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):
KC Lomonaco, Psy.D. - Clinical Psychologist
Monika Jindal, MD - Family Physician and Psychiatrist
Jennifer Hyer, MD - OB/Gyn

Setting Them up for Success: Helping Patients Select and Use Evidence-Informed Self-Management Strategies in Integrated Care Settings
(Temp ID #574)
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 C. Gass, Ph.D., Psychology Postdoctoral Fellow, VA Center for Integrated Healthcare
Robyn L. Shepardson, Ph.D., Clinical Research Psychologist, VA Center for Integrated Healthcare
Jennifer S. Funderburk, Ph.D., Clinical Research Psychologist, VA Center for Integrated Healthcare
Mapping the territory: Using a practical tool to assess provider perceptions of presenting problems across system and time.
(Temp ID #576)

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 W. Engle, PsyD, Clinical Health Psychologist, Providence Medical Group
Mary Peterson, PhD, ABPP, Program Director, George Fox University PsyD Program
Vanessa Casillas, PsyD, Director of Behavioral Health, Providence Medical Group
Matthew Breeze, MD, Medical Director, Providence Medical Group North Portland Family Medicine Clinic

Training Behavioral Health Providers in Primary Care: Key Strategies and Components of Effective Workforce Development Programs
(Temp ID #577)

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 triangulated assessment process. We will review the data collected 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
Stephanie A. Brennhofer, MPH, MS, RDN, College of Health Solutions, Arizona State University
Colleen Cordes, PhD, Assistant Dean of Non-Tenure Eligible Faculty Success and Clinical Professor, College of Health Solutions, Arizona State University
Mindy L. McEntee, PhD, Post-Doctoral Scholar, College of Health Solutions, Arizona State University
Matt Martin, PhD, Clinical Assistant Professor, College of Health Solutions, Arizona State University
Cross-Training for the Family Medicine Workforce
(Temp ID #579)

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 and behavioral medicine professionals. One such avenue to this training is through the use of dedicated rotation time for both kinds of trainees with behavioral medicine faculty in integrated care clinics. We present one model for cross-training both psychology and marriage and family therapy trainees and family medicine residents together in a behavioral medicine clinic. We will present the setup of our unique service, with the behavioral medicine trainee serving as the "upper level" 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, Ph.D., LMFT, Director of Behavioral Medicine JPS Family Medicine Residency
Adam Guck, Ph.D., LP, Psychologist JPS Family Medicine Residency
Nolan Mischel, M.D., Resident JPS Family Medicine

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Lets Talk about Sex: Erectile Dysfunction in Primary Care
(Temp ID #582)

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, Ph.D., LMFT, Director of Behavioral Medicine JPS Family Medicine Residency
Joanna Stratton, Ph.D., LMFT, Psychologist, Marriage and Family Therapist University of Colorado, Dept of Family Medicine Regis University Family Therapy Program
Jennifer Hodgson, Ph.D., LMFT, MedFT Program Director ECU Medical Family Therapy Program
Nolan Mischel, M.D., Family Medicine Resident JPS Family Medicine

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How to Engage, Support and Empower Family Caregivers in Primary Care and on the Larger Healthcare System Level
(Temp ID #586)

The fastest growing healthcare sector—home- and community-based services—depends to a large degree on the willingness and abilities of patients' family members to support them in the home environment. Yet most clinicians and health systems do a poor job of engaging, supporting and empowering family caregivers. In this workshop, two national family caregiving experts will share evidence-based clinical and 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):
Katherine Buck, Ph.D., LMFT, Director of Behavioral Medicine JPS Family Medicine Residency
Joanna Stratton, Ph.D., LMFT, Psychologist, Marriage and Family Therapist University of Colorado, Dept of Family Medicine Regis University Family Therapy Program
Jennifer Hodgson, Ph.D., LMFT, MedFT Program Director ECU Medical Family Therapy Program
Nolan Mischel, M.D., Family Medicine Resident JPS Family Medicine
Financial Barriers and Solutions to Integrating Behavioral Health and Primary Care: A Qualitative Analysis of Expert Interviews
(Temp ID #588)
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 B. Gold, MD, Scholar, Eugene S. Farley, Jr. Health Policy Center
Ali Shmerling, MD, MPH, Assistant Professor, University of Colorado Dept of Family Medicine
Emma C. Gilchrist, MPH, Deputy Director, Eugene S. Farley, Jr. Health Policy Center
Benjamin F. Miller, PsyD, Chief Strategy Officer, WellBeing Trust

Content Level: All Audience

Keywords
- Cost Effectiveness/Financial sustainability
- Payment models
- Policy

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

Research and Engagement: Methods for Defining a Continuum of Behavioral Health Services for a State Medicaid Population
(Temp ID #591)
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 C. Gilchrist, MPH, Deputy Director, Eugene S. Farley, Jr. Health Policy Center
Stephanie R. Kirchner, MSPH, RD, Practice Transformation Program Manager, Eugene S. Farley, Jr. Health Policy Center
Steve Petterson, PhD, Liaison Research Director, Eugene S. Farley, Jr. Health Policy Center
Kathryn Scheyer, MA, Research Assistant, Eugene S. Farley, Jr. Health Policy Center
Stephanie B. Gold, MD, Scholar, Eugene S. Farley, Jr. Health Policy Center

Content Level: Intermediate

Keywords
- Evidence-based interventions
- Policy
- Research and evaluation

Objectives
- Identify methods to apply state data to define behavioral health needs and capacity.
- Discuss means of engaging diverse stakeholders for health systems redesign.
- Describe the components of a rapid review and benefits of expanding the definition of what counts as evidence when conducting evidence reviews for decision makers in healthcare and policy.
Improving (and Saving) Lives Through Technology: Telehealth for Opioid Use Disorder  
(Temp ID #592)
Using telehealth technologies to access Medication Assisted Treatment and Behavioral Therapy for Opioid Use Disorder (OUD) creates a convenient and private engagement method to combat the opioid crisis and its negative effects on employees, friends, family, coworkers, and employers. We will present information on the effects of the crisis, barriers to accessing treatment, methods of overcoming barriers using telehealth technology, and clinical outcomes of treatment programs conducted by an interdisciplinary team of professionals.

Presenter(s):
Dr. Jonathon Savage, DO, CEO, Care on Location  
Mark Nolte, CEO, Start Talking  
Maureen Dube-Savage, MS RD, Community Outreach Director, Care on Location

Lessons Learned from a large organization's path to integration - Collaborative Care at UW Health  
(Temp ID #593)
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  
Beth Lonergan  
Elizabeth Perry  
Kerry McGrath  
Alan Gecht

Steps to Sustainability: Building Financially Reimbursable Models for Primary and Specialty Integrated Care  
(Temp ID #595)
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 N. Koehler, Ph.D., LMFT, Director of Behavioral Science, Wake Forest School of Medicine  
Linda M. Nicolotti, Ph.D., Director of Pediatric Psychology, Wake Forest Baptist Health
Training the Next Generation: Pre Doctoral Student Training in a Military Medical Setting
(Temp ID #597)

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, Evans Army Community Hospital
Alison Scalzo, BA, Doctoral Trainee, University of Denver
Michelle Wine, PsyD, IBHC, Evans Army Community Hospital
Alisa Bartel, MA, Doctoral Trainee, University of Colorado, Colorado Springs
Dani Correl, MA, Doctoral Trainee, University of Colorado, Colorado Springs

Clinician Evaluators: Take Your Mark!
(Temp ID #600)

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, Ph.D.
McKenzie Calhoun, PharmD, BC-ADM
Will Lusenhop, MSW, Ph.D.
Deepu George, Ph.D., LMFT
Adrian Sandoval, PharmD, BCPS, BCACP

One is Too Many - Our Program's and Institution's Response to Loss
(Temp ID #604)

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

Presenter(s):
Jennifer Harsh, PhD, LIMHP, CMFT, Assistant Professor and Director of Behavioral Medicine, Internal Medicine, University of Nebraska Medical Center
Shannon Boerner, MD, FACP, Assistant Professor and Director of Faculty Mentoring and Development, Internal Medicine, University of Nebraska Medical Center
Trek Langenhan, MD, FACP, Assistant Professor and Associate Internal Medicine Residency Program Director, Internal Medicine, University of Nebraska Medical Center

- Proactively initiate a plan of action for addressing suicide and unexpected loss at their home institution.

Good to Great: Improving Interdisciplinary Team Dynamics and Optimizing Evidence-Based Delivery of Integrated Behavioral Health Using RELATED
(Temp ID #606)

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
Samantha Monson, PsyD
Danielle Kline, MS

Content Level Intermediate

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

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

Hub-Extension Model and Access to Pediatric Behavioral Integrated Primary Care
(Temp ID #610)

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 R. Sevecke-Hanrahan, PhD, Associate Psychologist, Geisinger
Tawnya J. Meadows, PhD, BCBA-D, Co-Chief Behavioral Health Primary Care-Pediatrics, Geisinger

Content Level All Audience

Keywords
- Pediatrics | Sustainability | Other Access

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

Turning the Queen Mary: or How a System Supported Psychiatry’s Partnership with Primary Care
(Temp ID #611)

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):
Jessica R. Sevecke-Hanrahan, PhD, Associate Psychologist, Geisinger
Tawnya J. Meadows, PhD, BCBA-D, Co-Chief Behavioral Health Primary Care-Pediatrics, Geisinger

Content Level Advanced

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

Objectives
- Identify the workforce and workplace characteristics related to psychiatry staff and service delivery that create barriers to change.
Early childhood mental health matters: Building capacity for early childhood behavioral health integration in primary care settings
(Temp ID #614)
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
Melissa Buchholz, PsyD
Bridget Burnett, PsyD
Catherine Wolcott, PhD

Objectives
- a. Examine the role of primary care in prevention, health promotion, early identification, and intervention with babies, young children, and families.
- c. 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.

Sharing Space Just Isn't Enough: Do's and Don'ts of Interprofessional Education
(Temp ID #616)
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, Associate Director of Psychology, Cleveland VA Medical Center Transforming Outpatient Care- Center of Excellence (TOPC-COE)
Michelle Davidson, M.Ed, Training Administrator, Cleveland VA Medical Center Transforming Outpatient Care- Center of Excellence (TOPC-COE)
Megan McNamara, MD, MS, Program Manager, Cleveland VA Medical Center Transforming Outpatient Care- Center of Excellence (TOPC-COE)

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.
Want to "Measure Up?" How to Select and Use Validated Assessment Tools in Integrated Primary Care Research and Evaluation
(Temp ID #617)
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 C. Gass, Ph.D., Psychology Postdoctoral Fellow, VA Center for Integrated Healthcare
Robyn L. Shepardson, Ph.D., Clinical Research Psychologist, VA Center for Integrated Healthcare
Jennifer S. Funderburk, Ph.D., Clinical Research Psychologist, VA Center for Integrated Healthcare
Emily Johnson, Ph.D., Clinical Research Psychologist, VA Center for Integrated Healthcare
Lisa K. Kearney, Ph.D., Associate Director of Education, VA Center for Integrated Healthcare

The SBIRT Evolution for Adolescents: A Recipe to Drive Behavioral Health and Primary Care Integration
(Temp ID #619)
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.

Presenter(s):
Aaron Williams, MA; Senior Director, Training and Technical Assistance for Substance Use
CarrieAnn Frolio, MSW; Vice President of Integration & Business Development, Family First Health
Marie Kellett, MD; Family Medicine, Family First Health
Preparing Physicians to Practice Integrated Behavioral Health: A Pilot Study for a Competency-Based Curriculum
(Temp ID #621)
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
Matt Martin, PhD, Clinical Assistant Professor, Arizona State University
Max Zubatsky, PhD, Assistant Professor, St. Louis University
Larry B Mauksch, MEd, Senior Lecturer, University of Washington School of Medicine

The Importance of Social Connections: Innovative Approaches for Reducing Tobacco Use Among Adults with Mental Illness
(Temp ID #623)
Prevalence of tobacco use among adults with mental illness is greater than twice 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 S. Budgazad, MA, Tobacco Treatment Specialist, Family Health Centers at NYU Langone-Sunset Terrace
Jon Marrelli, PsyD, Program Manager, Behavioral Health and Primary Care Integration, Family Health Centers at NYU Langone-Sunset Terrace
Jaskanwar Batra, MD, MHA, Medical Director, Ambulatory Behavioral Health Services, Family Health Centers at NYU Langone-Sunset Terrace

Enhanced Integrated Behavioral Health Model Improves Depressive Symptoms in Primarily Hispanic Population at a Free and Charitable Clinic in Texas
(Temp ID #624)
Hope Family Health Center, a charitable clinic in McAllen, Texas, implemented a randomized control trial of is integrated behavioral health model aimed at improving physical and mental health in an underserved population living at or below 200% of the federal poverty level. This presentation focuses on findings from study participants and program staff on the implementation of the model. The study also revealed participants were more likely to improve health outcomes after 12 months compared to patients who received the standard of care.

Presenter(s):
Rebecca Stocker, LCSW, Executive Director, Hope Family Health Center
Parent Child Interaction Therapy in a Pediatric Primary Care Setting
(Temp ID #625)

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

Presenter(s):
Emily P. Corwin, Ph.D., Behavioral Health Consultant, Cherokee Health Systems
Brooke K. Browning, Ph.D., Behavioral Health Consultant and Developmental Psychologist, Cherokee Health Systems
Andrew Burkley, PsyD, Licensed Psychologist, University of Tennessee Graduate School of Medicine, Center of Excellence for Children in State Custody
Caleb J. Corwin, Ph.D., Behavioral Health Consultant, Cherokee Health Systems
Kathryn Heckle, CPNP, Pediatric Nurse Practitioner, Cherokee Health Systems

Content Level  Intermediate

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

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

Maximizing Partnerships for Integration Success: A Quality Improvement Approach for Engaging Practices
(Temp ID #630)

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 that may contribute to improved depressive symptoms for individuals who are low-income or uninsured living in the border region of southern Texas.

Content Level  All Audience

Keywords
- Implementation science
- Innovations
- Interprofessional teams

Objectives
- Discuss the importance of harnessing interprofessional vertical and horizontal
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, New Hampshire Citizens Health Initiative, Institute for Health Policy and Practice, University of New Hampshire
William B. Gunn, PhD, Director of Clinical Integration, Connections for Health: Integrated Health Services
Katherine Cox, MSW, Project Director/Practice Facilitator, New Hampshire Citizens Health Initiative, Institute for Health Policy and Practice, University of New Hampshire
Sandra Denoncour, BA, ASN, RN, Director of Care Coordination, Connections for Health: Integrated Health Services

Insights from Providers, Patients, and Family Members: Integrated Behavioral Healthcare in the Inpatient Setting
(Temp ID #631)
This presentation highlights the process of using the three-world view to integrate BHCs onto an existing interdisciplinary medical team in the inpatient setting. The team includes hospitalists, a care transitions nurse, and a social worker. We will first provide an overview of the research on implementing behavioral health into multidisciplinary teams for hospitalized patient populations. We will then discuss our integration process, including challenges and facilitators experienced from the perspectives of a BHC, physician, and nurse. Finally, we will display results from a mixed method pilot study aimed at discovering patient, family member, and provider perceptions of including a BHC on the healthcare team. Participants will have the opportunity to identify practical strategies they can use to begin or enhance existing integrated behavioral health collaboration in the inpatient setting.

Presenter(s):
Megan Story Chavez, M.S., Behavioral Medicine Fellow, Internal Medicine, University of Nebraska Medical Center
Jennifer Harsh, Ph.D., Assistant Professor and Director of Behavioral Medicine, Internal Medicine, University of Nebraska Medical Center
Maxine Notice, M.S., Behavioral Medicine Fellow, Internal Medicine, University of Nebraska Medical Center
Melissa Teply, M.D., Assistant Professor, Internal Medicine, Division of General Medicine, University of Nebraska Medical Center
Melissa Collins, RN, BSN, Care Transitions Nurse, Division of Hospital Medicine, Nebraska Medicine

With Your Help: Defining Competencies for Technical Assistance Services
(Temp ID #633)
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.

Content Level All Audience

Keywords
• Collaborative Care Model of Integrated Care | Patient-centered care/Patient perspectives | Team-based care

Objectives
• Discuss core functions involved in TA to medical groups interested in behavioral health integration.
• Explain how BHCs can strategically approach increasing their level of integration both with and without the assistance of a TA consultant.
Using Technology to Deliver a Holistic Approach for Management of Chronic Health Conditions/Pain
(Temp ID #634)

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.
Sheryl Leytham, PhD.

Content Level  All Audience

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

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

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

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

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.

Healthcare change and multidisciplinary efforts:  An initiative to reform pain management and opioid practices in a large healthcare system.

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

Presenter(s):
Judy Embry, PhD, Endowed Chair in Family Medicine, Baylor Scott & White Health

Content Level  Intermediate
Keywords
- Evidence-based interventions | Interprofessional teams | Opioid management
- Interdisciplinary healthcare leadership
Objectives
- Describe how a multidisciplinary initiative can positively influence healthcare practices related to pain/opioids.
- Discuss and consider roles for behavioral health providers in healthcare initiatives and leadership.
- Generalize this multidisciplinary approach to other healthcare initiatives.
Harmonizing Clinical, Research, and Teaching Aims: Team Care for Patients with Complex Needs
(Temp ID #643)

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

Presenter(s):
S. Alicia Williams, MA, CSAC Social Health Specialist, East Tennessee State University Quillen College of Medicine, Family Medicine
Millie Wykoff, RN Patient Care Manager, East Tennessee State University Quillen College of Medicine, Family Medicine
Ryan Tewell, PharmD Ambulatory Care Pharmacist, East Tennessee State University Quillen College of Medicine, Family Medicine
Jodi Polaha, Ph.D. Associate Professor, East Tennessee State University, Quillen College of Medicine, Family Medicine
Jim Holt, M.D., FAAFP, Professor and Associate Program Director, East Tennessee State University, Quillen College of Medicine, Family Medicine

Intimate Partner Violence: and adapted SBIRT model of care
(Temp ID #644)

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, LMSW Visiting Assistant Professor, Rochester Institute of Technology
Cory Crane, PhD, Assistant Professor, Rochester Institute of Technology

Understanding the Importance of Asking Hard Questions In Primary Care: One FQHCs experience with implementing system wide ACE screening in WCC
(Temp ID #645)

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

Content Level: Intermediate

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

Objectives
- At the conclusion of this presentation, participants will be able to identify adverse childhood experiences that commonly affect pediatric populations.
- At the conclusion of this presentation, participants will be able to list three
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, Behavior Health Consultant, Cherokee Health Systems
Emily Corwin, PhD, Developmental Psychologist/Behavior Health Consultant, Cherokee Health Systems
Brooke Browning, PhD, Developmental Psychologist/BHC, Cherokee Health Systems
Katie Heckle, CPNP, Pediatric Nurse Practitioner, Cherokee Health Systems

Integrated Behavioral Healthcare in the Primary Care Setting: Lessons learned from the Colorado SIM Program
(Temp ID #648)

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
Ally Weaver, ASA, MAAA, Associate Actuary, Milliman
Marissa North, Actuarial Assistant, Milliman

Convincing Health System Leaders to Invest in Integrated Care: How to Conduct SBIRT Research Using Clinical and Cost Outcomes
(Temp ID #660)
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 propositions, 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. The presentation will conclude with the implications of effectiveness research for advocacy within the context of health reform and the future of integrated care.

Presenter(s):
Marcia H. McCall, PhD, MBA, LPCA
W. Douglas Tynan, PhD, ABPP
Depression Treatment Pathway in Primary Care
(Temp ID #654)

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
Sara Brand, MPH, PMP, Director of Operations for Inpatient and Outpatient Behavioral Health, Swedish Medical Group
Kyle Benner, MD, Medical Director Consultation Psychiatry, Swedish Medical Group

Listening to their voice: A primer on conducting qualitative research in integrated care settings.
(Temp ID #658)

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 C. McGroarty, PhD ABPP
S. Sutton Hamilton, MD
Jennifer Funderburk, Ph.D.

A Roadmap to Integration in Primary Care; Tools from Colorado SIM
(Temp ID #659)

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
Kyle Knierim, MD
Heather Stocker, MA
Carissa Fralin, LCSW
Barbara Martin, RN, MSN, ACNP-BC, MPH
<table>
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<th>Presentation Title</th>
<th>Content Level</th>
<th>Keywords</th>
<th>Objectives</th>
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<tr>
<td>Depth and Breadth: Building Capacity for Coordinated, Comprehensive Care through Collaboration and Collective Impact</td>
<td>Intermediate</td>
<td>Multi-sector partnerships</td>
<td>Describe a collective impact approach to build capacity for and address systemic barriers to sustainability of physical and behavioral health care integration. Describe a collaborative approach to creating a continuum of care that addresses social determinants/drivers of health. Identify at least three concrete strategies for promoting comprehensive care within participants’ own communities.</td>
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<td>But How will you Pay for It? Maximizing Reimbursement for Behavioral Health Integration in the Fee for Service World</td>
<td>Intermediate</td>
<td>Cost Effectiveness/Financial sustainability</td>
<td>Describe the rules and regulations that presently govern reimbursement for integrated behavioral health. Identify ways to maximize reimbursement in your organization based on a deeper knowledge of the rules. Delineate next steps to take to work with your organization to help answer the question of how the service will pay for itself.</td>
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<td>A community wide effort to provide competent and comprehensive transgender healthcare from scratch</td>
<td>All Audience</td>
<td>Primary Care Behavioral Health Model</td>
<td>Familiarity with national data around LGBTQ healthcare avoidance and discrimination and additional familiarity with healthcare needs and barriers for transgender patients.</td>
</tr>
</tbody>
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Presenter(s):
- Leidy Vicuna, MS, MBA, Manager, Integrated Health Care Initiative, Mental Health America of Greater Houston
- Sineria Ordóñez, MS, Project Manager, Network of Behavioral Health Providers
- Alejandra Posada, M.Ed., Chief Operating Officer, Mental Health America of Greater Houston
- Mary Jean Mork, LCSW, VP of Integrated Programming, Maine Behavioral Healthcare, a member of MaineHealth
- Stacey Ouellette, LCSW, Director of Behavioral Health Integration, Maine Behavioral Healthcare, a member of MaineHealth

Content Level: Intermediate
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 of the h

Presenter(s):
Rebecca Scrafford, PsyD, Psychologist
Erin Rook, Diversity Director at Oregon State University, Community Member
Jamie Bowman, President of Human Dignity Coalition
Frances Waldrop, EPIC Analyst
MD - yet to be determined

Growing MAT in Family Medicine Residency Soil: Tips for New Gardeners
(Temp ID #667)
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 S. Felix, PhD, LMFT, Director of Behavioral Health, Sioux Falls Family Medicine Residency
Jim Wilde, MD, Clinical Faculty, Sioux Falls Family Medicine Residency, Board certified in addictions medicine.
Jennifer Ball, PharmD, BCACP, BCGP, Assistant Professor of Pharmacy Practice, SDSU College of Pharmacy Clinical Pharmacist, Center for Family Medicine
Cindy Ganzler, RN, Nurse Case manager

Content Level Intermediate
Keywords
• Collaborative Care Model of Integrated Care | Opioid management | Substance abuse management (e.g., alcohol, tobacco, illicit drugs) | Training Models

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

The Border of Change: Evaluating the Impact of the Primary Care Behavioral Health (PCBH) Model in a Predominantly Latino Population
(Temp ID #670)
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
Evan Garcia, MS, Research Associate, UTRGV
Myrna Ruiz, B.A., Program Coordinator, UTRGV School of Medicine

Content Level All Audience
Keywords
• Primary Care Behavioral Health Model | Research and evaluation | Team-based care

Objectives
• Learn about the mitigation of challenges from implementing the PCBH model in Family Medicine Residency clinics.
• Learn about the mitigation of challenges from conducting high-level research and evaluating the PCBH model in a predominantly Hispanic, low-income region.
• Outline and discuss the impact of the UTRGV Si Texas Project's findings and its contribution to gaps in PCBH literature.
An Interprofessional Immersion—a developmental approach to learning IPE
(Temp ID #672)
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, Ph.D.
Traci White, Pharm D.
John Andazola, MD
Erika Gegerich, MSW
Stephanie Lynch, NP

Medically Unexplained Symptoms and Chronic Pain: The Curable App; It Works!
(Temp ID #673)
Medically unexplained symptoms (MUS) are common in primary care, occurring in approximately 30% of patients (Clarke, 2016). Finding new ways to treat these patients 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 A. Stone, DBH, Director of Behavioral Health, Community Care Physicians
David D. Clarke, MD, President of the Psychophysiological Disorders Association; Assistant Director at the Center for Ethics and Clinical Assistant Professor of Gastroenterology Emeritus both at Oregon Health & Science University (OHSU)
Kristine Campagna, DO, Board Member, Community Care Physicians
Holly Cleney, MD, Managing Physician, Community Care Physicians
Elizabeth Locke, MD, managing physician, Community Care Physicians

Psychiatry Addiction Case Conference: What Community Practitioners Value in a Community and Academic Collaborative
(Temp ID #675)
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.

Content Level All Audience
Keywords
• Interprofessional education
• Interprofessional teams
• Team-based care

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.

Content Level All Audience
Keywords
• Interprofessional education
• Interprofessional teams
• Medically unexplained symptoms

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.

Content Level All Audience
Keywords
• Interprofessional education
• Skills building/Technical training
• Substance abuse management (e.g., alcohol, tobacco, illicit drugs)

Objectives
• Describe how an ECHO learning collaborative can be adopted to address mental/behavioral health, addiction, and
Suicide Prevention in Colorado Health Systems
(Temp ID #678)
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

Content Level: All Audience

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

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

A closer look at the feasibility and utility of a brief multidimensional behavioral health screen: The Adult Wellbeing Screener
(Temp ID #682)
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 O. Beacham, PhD  University of Colorado Depts of Psychiatry and Family Medicine
Lauren Tolle, PhD University of Colorado Dept of Family Medicine
Julia Ratchford, MA University of Denver
Desiree Green, PsyD Dayton VA, Dayton OH
Shandra Brown-Levey, PhD University of Colorado Dept of Family Medicine

Content Level: All Audience

Keywords
- Assessment
- Mood (e.g., depression, anxiety)
- Primary Care Behavioral Health Model

Objectives
- Describe a stepped approach to behavioral health screening
- Discuss relative advantages of a brief broad screen (Step 1) approach to behavioral health assessment as it pertains to diagnosis and treatment
- Apply the broad to narrow stepped approach to behavioral health screening in integrated care
Planning and Delivering Trauma-informed, Team-based Tobacco Cessation Treatment
(Temp ID #684)

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 M. Hudgins, PhD, LMFT, LPC, MIHC Program Coordinator, ASU
Pamela Thompson, MD, CCFP, President, PTEE
Lesley Manson, PsyD, Assistant Chair Integrated Initiatives, ASU

Evaluation Basics: Design and Implementation
(Temp ID #685)

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

Presenter(s):
Deborah Bowen, PhD, Bioethics and Humanities, University of Washington
Diane Powers, MBA, MA, Associate Director of Research, University of Washington
Diana Sampson, MA, Program Manager, Integrated Care Training Program

Filling in the Gaps of Integrated Behavioral Health Leadership
(Temp ID #686)

This session will highlight work accomplished to standardize billing practices, develop consensus integration measurement and advance the leadership skills of a developing workforce of integrated behavioral health leadership. The session will also highlight how local behavioral health leadership organically convened out of a shared need to support each other and define their evolving practices that included multi-site, multi-role duties amongst multiple health plans and over 40 primary care sites. To advance the work and elevate their collective voice and needs, behavioral health leaders invited interdisciplinary support from local health plan leaders, medical directors, quality directors and academic researchers focused on integration to convene ongoing for problem solving, developing leadership skills and to share in the strategy of advancing integration practices. Participants will receive a job description for an integrated behavioral health director/manager.

Presenter(s):
Andrew Huff, LPC, Behavioral Health Integration Specialist, CareOregon
Laura Fisk, PsyD, Behavioral Health Integration Specialist, CareOregon
Tanya Kapka, MD, Medical Director, CareOregon
Julie Oyemaja, PsyD, Associate, Mountainview Consulting
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, Department of Family Medicine, University of Texas Medical Branch

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, DSW, LMFT, Director of Psychotherapy & Training, UCSD Outpatient Psychiatry
Lawrence Malak, MD, Residency Training Assistant Director, UCSD Psychiatry Department
Tiffany Castillo, MD, Second Year Psychiatry Trainee, UCSD Psychiatry Department
Kelly Blaylock, Marriage & Family Therapy Trainee, UCSD Outpatient Psychiatry

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, Physician, Salud Family Health Centers
- Yajaira Johnson-Esparza, PhD, Director of Medication Assisted Treatment, Salud Family Health Centers
- Hannah Fields, MD, Physician, Salud Family Health Centers
- Benjamin Chavez, PharmD, Director of Behavioral Health Pharmacy Services, Salud Family Health Centers
- Pradeep Dhar, MD, VP of Medical Services, Salud Family Health Centers

Is psychological flexibility a protective factor in the relationship between adverse childhood events and salient health outcomes in adolescents?

(Temp ID #693)

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
- Tyanna Snider, Psy.D
- Rebecca Grant, MD

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

(Temp ID #695)

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.

Presenter(s):
- Aubry N. Koehler, Ph.D., LMFT, Director of Behavioral Science, Wake Forest School of Medicine
- Julienne K. Kirk, Pharm.D., Professor, Wake Forest School of Medicine
Are we ready? Assessing multi-sector stakeholder readiness to sustain and advance behavioral health integration
(Temp ID #697)
The state of Colorado has made great strides in advancing behavioral health integration under its Centers for Medicare & Medicaid Services State Innovation Model (SIM). In the final phase of SIM, the Governor’s Office is pursuing opportunities to sustain momentum and support the evolution of integrating care. Applying an evidence-based readiness model, R=MC2 (Readiness = Motivation x Innovation-specific Capacity x General Capacity), a state-wide stakeholder readiness assessment seeks to understand readiness of stakeholders to lead and sustain efforts and build upon the established infrastructure to inform system change and policy development to optimize integrated behavioral health care delivery. Findings will be presented to the Colorado Governor’s Office as a policy report and to multi-sector stakeholders as consumer-friendly products designed to engage and inform target audiences in summer 2019.

Presenter(s):
Emma C. Gilchrist, MPH, Deputy Director, Farley Health Policy Center, University of Colorado Anschutz Medical Campus
Stephanie R. Kirchner, MSPH, RD, Practice Transformation Program Manager, Farley Health Policy Center, University of Colorado Anschutz Medical Campus
Leslie Snapper, BS, Doctoral Student, University of North Carolina-Charlotte
Tara Kenworthy, MA, Doctoral Student, University of South Carolina
Laurel Broten, MPH, SIM Data Strategy Coordinator, Colorado State Innovation Model

EHR Cluster Analysis: Maximizing Patient Care
(Temp ID #700)
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
Angela Lamson, PhD, Associate Dean for Research, Professor, East Carolina University

Uncharted territory: creating pathways for behavioral health and dental integration
(Temp ID #701)
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.
Integrated Behavioral Health Models Improve Health for Low-Income, Hispanic Populations in Medically Underserved Areas at the US-Mexican Border

(Temp ID #702)

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

Answering the call: Bridging gaps in care in underserved communities through integration and inter-professional collaboration

(Temp ID #703)

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.
Si, se puede! Providing effective integrated care to Limited English Proficiency (LEP) Latinx patients and their families (Temp ID #706)

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

Presenter(s):
Florencia Lebensohn, PhD., University of San Diego
Yajaira Johnson-Esparza, PhD, Salud Family Health Centers
Mayra Bailon, LCSW, PrimeCareHealth
Jonathan Muther, PhD, Salud Family Health Centers

Diversifying the Integrated Care Workforce: A Call to Action (Temp ID #707)

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
Laura Sudano, PhD, LMFT, Associate Director, University of California San Diego
Ronak Shah, MD, HOIII Chief Resident, Wake Forest Baptist Health
Caitlin MacMillen, DO, HOIII Chief Resident, University of California San Diego
Andrea N. Trejo, BA, University of San Diego

Changing the Trajectory of Chronic Pain in Primary Care: Steps, Stages, and Challenges from a Multidisciplinary Team. (Temp ID #710)

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 Young, M.A., LMFT, Director of Integrated Care, Primary Care Partners and Behavioral Health and Wellness
John Flanagan, M.D. Family Medicine Physician, Primary Care Partners
Thomas McCloskey, PharmD, Pharmacist, Primary Care Partners
Rachel McCarthy, LCSW, Post Fellow, Primary Care Partners and Behavioral Health and Wellness
Stephanie Bailey-Baughman, LPC, Post Fellow, Primary Care Partners and Behavioral Health and Wellness

Content Level: All Audience
Keywords:
- Special populations | Training/Supervision - Supervision and evaluation of trainees, providing feedback | Workforce development

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

Content Level: All Audience
Keywords:
- Special populations | Training/Supervision - Supervision and evaluation of trainees, providing feedback | Workforce development

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

Content Level: All Audience
Keywords:
- Chronic Care Model of Integrated Care | Evidence-based interventions | Opioid management

Objectives:
- At the conclusion of this presentation, participants will be able to 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.
- At the conclusion of this presentation, participants will be able to 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.
- At the conclusion of this presentation, participants will have an introductory knowledge of Mindfulness-Based Pain...
Therapy as an effective treatment modality within an integrated care setting.

Translating Therapy Skills into Integrated Behavioral Health in Primary Care
(Temp ID #713)
In this presentation, mental health providers will learn how to translate clinical skills into the primary care environment, with a focus on using brief evidence-based behavioral interventions to address physical and mental health. The purpose of the 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, Psychologist, Legacy Community Health
Kimberly Valdez, LCSW, Behavioral Health Consultant, Legacy Community Health
Ryan Johnson, LCSW-S, LCDC, Behavioral Health Consultant, Legacy Community Health

Content Level: Intermediate
Keywords:
- Assessment
- Primary Care Behavioral Health Model
- Skills building/Technical training

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

Conversations that Connect
(Temp ID #714)
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
Alex J. Reed, PsyD, MPH, Director of Behavioral Health Education, University of Colorado Family Medicine Residency, Assistant Professor, Department of Family Medicine, University of Colorado School of Medicine, Behavioral Health Liaison, ECHO Colorado, Te

Content Level: All Audience
Keywords:
- Interprofessional education
- Self-care/Self-management
- Skills building/Technical training

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

Professional Ethics for Interdisciplinary Teams in Primary Care and Outpatient Health Settings
(Temp ID #715)
Professional ethics is a cornerstone of any clinical practice. With the movement toward greater integration of multidisciplinary care provision in medical settings, 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):
Building a PCBH Toolbox: Tips and tricks to grow and innovate your practice
(Temp ID #716)

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, Psy.D., Primary Care Mental Health Integration (PCMH) Psychologist, Memphis VA Medical Center, Memphis, Tennessee
Melissa Baker, Ph.D., ABPP, Behavioral Health Education Program Director, HealthPoint, Seattle, WA
Clarissa Marie Aguilar, Ph.D., Behavioral Health Consultant, Licensed Psychologist, The Center for Health Care Services, San Antonio, Texas
Brittany Houston, MS., Psychology intern, University of Texas Health San Antonio, San Antonio, Texas
Zeke Sanders, Ph.D., Post-doctoral Fellow, George Fox University, Newberg, Oregon

A Novel Tele-Integrated Care & Tele-Mental Health Service Delivery Model throughout Colorado
(Temp ID #717)

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):
Molly Siegel
Carl Nassar