

CFHA 2019 Conference – Concurrent Sessions

Last updated June 14, 2019

A1a: Treating Posttraumatic Stress Disorder with a Prolonged Exposure Protocol within Primary Care Behavioral Health: A Case Example

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

Stacy Ogbeide, PsyD, MS ABPP Assistant Professor UT Health, San Antonio, TX
Brittany Houston, PsyD, The University of Texas Health Science Center at San Antonio, San Antonio, TX

Daisy Ceja, MS Doctoral Student, Our Lady of the Lake University, San Antonio, TX
Cory Knight, MS Graduate Student, University of Texas San Antonio, San Antonio, TX
Sanna Bhajjan, DO PGY-1, Family Medicine UT Health San Antonio, San Antonio, TX
Chi Stacio, DO PGY-1, Family Medicine UT Health San Antonio, San Antonio, TX

Date Friday, 10/18/2019

Time Period A - AM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

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

A1b: Planning and Delivering Trauma-informed, Team-based Tobacco Cessation Treatment

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

Cathy M. Hudgins, PhD, LMFT, LPC, Consultant, Blacksburg, VA
Pamela Thompson, MD, President, PT Envision Enterprises
Lesley Manson, PsyD, Associate Clinical Professor, Arizona State University, Phoenix, AZ

Date Friday, 10/18/2019

Time Period A - AM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

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

- Apply Trauma-informed Care principles in planning and delivering tobacco cessation treatment services.

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

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

Mindy L. McEntee, PhD, Postdoctoral Scholar, Arizona State University, College of Health Solutions, Phoenix, AZ

Matt Martin, PhD, LMFT, Clinical Assistant Professor, Arizona State University, College of Health Solutions, Phoenix, AZ

Date Friday, 10/18/2019

Time Period A - AM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

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

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

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

Julie C. Gass, Ph.D., Psychology Postdoctoral Fellow, VA Center for Integrated Healthcare, Rochester, NY

Robyn L. Shepardson, Ph.D., Clinical Research Psychologist, VA Center for Integrated Healthcare, Rochester, NY

Jennifer S. Funderburk, Ph.D., Clinical Research Psychologist, VA Center for Integrated Healthcare, Rochester, NY

Date Friday, 10/18/2019

Time Period A - AM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

A3: Insights from Providers, Patients, and Family Members: Integrated Behavioral Healthcare in the Inpatient Setting

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.

Date Friday, 10/18/2019

Time Period A - AM - Time TBD

Content Level All Audience

Keywords

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

Objectives

- Identify the process of using the three-world view to integrate behavioral health services onto an existing hospital medicine care team.

Megan Story Chavez, MS, PLMHP, Behavioral Fellow in Internal Medical Center, University of Nebraska Medicine, Omaha, NE
Jennifer Harsh, PhD, LIMHP, Behavioral Medicine Director, University of Nebraska Medical Center, Omaha, NE
Maxine Notice, MS, LIMHP, Behavioral Fellow in Internal Medicine, University of Nebraska Medical Center, Omaha, NE
Melissa Collins, RN, Nurse Care Transitions Nurse, Nebraska Medicine, Omaha, NE

- Describe provider, patient, and family member/patient support person perceptions of integrated behavioral health services in the inpatient setting.
- Identify practical strategies that can be used to begin or enhance existing integrated behavioral health services in the inpatient setting.

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

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

Cody Hostutler, PhD, Psychologist, Nationwide Children's Hospital, Columbus, OH
Tyanna Snider, PsyD, Psychologist, Nationwide Children's Hospital, Columbus, OH
Rebecca Grant, MD, Ohio State University, Wexner Medical Center, Columbus, OH
Michele Oyortey, MD, Physician, Nationwide Children's Hospital, Columbus, OH

Date Friday, 10/18/2019

Time Period A - AM - Time TBD

Content Level Intermediate

Keywords

- Adolescents | Quality improvement programs | Research and evaluation

Objectives

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

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

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

S. Alicia Williams, MA, CSAC Social Health Specialist, East Tennessee State University Quillen College of Medicine, Family Medicine, Johnson City, TN
Millie Wykoff, RN Patient Care Manager, East Tennessee State University Quillen College of Medicine, Family Medicine, Johnson City, TN
Ryan Tewel, PharmD Ambulatory Care Pharmacist, East Tennessee State University Quillen college of Medicine, Family Medicine, Johnson City, TN
Jodi Polaha, Ph.D. Associate Professor, East Tennessee State University, Quillen College of Medicine, Family Medicine, Johnson City, TN
Jim Holt, M.D., FAAFP, Professor and Associate Program Director, East Tennessee State University, Quillen College of Medicine, Family Medicine, Johnson City, TN
Kevin Metzger, Resident Physician, ETSU Family Medicine, Johnson City, TN

Date Friday, 10/18/2019

Time Period A - AM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

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

Stephanie R. Kirchner, MSPH, RD, Practice Transformation Program Manager, Farley Health Policy Center, University of Colorado Anschutz Medical Campus, Aurora, CO

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

Victoria Scott, PhD, MBA, Assistant Professor, University of North Carolina-Charlotte

Shale L. Wong, MD, MSPH, Director, Farley Health Policy Center, University of Colorado Anschutz Medical Campus, Aurora, CO

Stephanie Gold, MD, University of Colorado Anschutz Medical Campus, Aurora, CO

Date Friday, 10/18/2019

Time Period A - AM - Time TBD

Content Level All Audience

Keywords

- Multi-sector partnerships | Policy

Objectives

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

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

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

Aaron Williams, MA; Senior Director, Training and Technical Assistance for Substance Use

Date Friday, 10/18/2019

Time Period A - AM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

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

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

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

Colleen Cordes, Ph.D., Clinical Professor, Assistant Dean, Non-Tenure Eligible Faculty Success, College of Health Solutions, Arizona State University, Phoenix, AZ

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

Adrienne C. Lindsey, MA, DBH, Principal Manager, Interprofessional Curriculum & Training, Center for Applied Behavioral Health Policy, Watts College of Public Service and Community Solutions, Arizona State University, Tucson, AZ

Date Friday, 10/18/2019

Time Period A - AM - Time TBD

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

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

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

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

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

Vanessa Casillas, PysD, Director of Behavioral Health, Providence Medical Group, Portland, OR

Matthew Breeze, MD, Medical Director, Providence Medical Group North Portland Family Medicine Clinic, Portland, OR

Date Friday, 10/18/2019

Time Period A - AM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

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

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

Ryan Johnson, LCSW-s, LCDC-s, Behavioral Health Consultant, Legacy Community Health Services, Houston, TX

Date Friday, 10/18/2019

Time Period B - AM - Time TBD

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.

B2a: Medically Unexplained Symptoms and Chronic Pain: The Curable App; It Works!

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

Cynthia A. Stone, DBH, Director of Behavioral Health, Community Care Physicians, Latham, NY

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), Denver, CO

Kristine Campagna, DO, Board Member, Community Care Physicians, Latham, NY

Holly Cleney, MD, Managing Physician, Community Care Physicians, Latham, NY

Elizabeth Locke, MD, managing physician, Community Care Physicians, Latham, NY

Date Friday, 10/18/2019

Time Period B - AM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

LaTonya Carey-Wright, PsyD, Clinical Psychologist/PC-MHI, Carl Vinson VAMC, Dublin, GA
Sheryl Leytham, PhD.

Date Friday, 10/18/2019

Time Period B - AM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

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

Date Friday, 10/18/2019

Time Period B - AM - Time TBD

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.

B4a: "Oh, the Places You'll Go!": Making the Transition from Front-line Warrior to Large-System Change Leader

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

Date Friday, 10/18/2019

Time Period B - AM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

- Identify 5 major skills of population health and integrated care leadership

practices and values of integrated healthcare. Programmatic examples will be used throughout.

Barry J. Jacobs, PsyD, Principal, Health Management Associates, Philadelphia, PA
Suzanne Bailey, Psy.D., Chief Operations Officer, Cherokee Health Systems, Strawberry Plains, TN

Suzanne Daub, LCSW, Principal, Health Management Associates, Philadelphia, PA
Jena Fisher, Ph.D., Executive Director of Innovation, Merakey, Wynnewood, PA
Andrew Valeras, DO, MPH, Associate Program Director, Leadership Preventive Medicine Residency, NH Dartmouth Family Medicine Residency, Concord, NH

- 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

B4b: Advocating for Integrated Primary Care with Senior Leadership: Talking in Ways that Can Be Heard

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.

Lisa Kearney, Ph.D., ABPP, Associate Director-Education, VA Center for Integrated Healthcare, San Antonio, TX

Andrew Pomerantz, M.D., National Director for Integrated Care, Office of Mental Health and Suicide Prevention, VA Central Office, Chelsea, VT

Angela Denietolis, M.D., Executive Director, Office of Primary Care, VA Central Office, Washington, DC

Date Friday, 10/18/2019

Time Period B - AM - Time TBD

Content Level Advanced

Keywords

- Administration | Interprofessional teams | Workforce development

Objectives

- Identify common priorities of senior healthcare system leaders
- Review practices for briefing senior leadership for integrated primary care initiatives by tying these to system priorities
- Reflect on methods for improving briefing presentations in their own systems of care through case scenario discussion

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

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

Frank Jadwin, LCSW, Director of Integrated Services, Salud Family Health Centers, Commerce City, CO

Laura Baxter, MS, Behavioral Health Provider, Salud Family Health Centers, Commerce City, CO

Yajaira Johnson-Esparza, PhD, Director of Medication Assisted Treatment, Salud Family Health Centers, Commerce City, CO

Date Friday, 10/18/2019

Time Period B - AM - Time TBD

Content Level All Audience

Keywords

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

Objectives

- Describe workflows and strategies for implementation.
- Describe areas of clinical focus (e.g., anxiety, substance use disorder, child abuse, and treatment adherence), as well as relevance of these.
- Describe strategies for gaining leadership, staff, and, most importantly, patient buy-in for this type of integration.

B6: Psychopharmacology Review for Primary Care

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

Thomas Salter, MD, Psychiatrist, Integrated Behavioral Health, Mayo Clinic, Rochester, MN

Mark Williams, MD, Associate Professor, Integrated Behavioral Health, Mayo, Rochester, MN

Date Friday, 10/18/2019

Time Period B - AM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

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

B7a: A community wide effort to provide competent and comprehensive transgender healthcare from scratch

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

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

Date Friday, 10/18/2019

Time Period B - AM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

B7b: Suicide Prevention in Colorado Health Systems

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

Michael Lott-Manier, Colorado Department of Public Health and Environment, Denver, CO

Date Friday, 10/18/2019

Time Period B - AM - Time TBD

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.

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

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

Keeley Pratt, PhD, Associate Professor, Department of Human Sciences, Department of Surgery, The Ohio State University, Columbus, OH

Catherine "Katie" D VanFossen, MS, PhD Candidate, Department of Human Sciences, The Ohio State University, Columbus, OH

Date Friday, 10/18/2019

Time Period B - AM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

Steven P. Stout MD, Ambulatory Psychiatry Medical Director, Maine Behavioral Healthcare, Portland, ME

Date Friday, 10/18/2019

Time Period C - PM - Time TBD

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

Kathy Bubar, MSW, JD., Senior Director for Ambulatory Services, Maine Behavioral Healthcare, Portland, ME
Stacey Ouellette, LCSW, Director of Behavioral Health Integration, Maine Behavioral Healthcare, Portland, ME
Mary Jean Mork, LCSW, VP for Integrated Programs, Maine Behavioral Healthcare, Portland, ME

- Describe the interventions that are useful in supporting systemic change focused on psychiatry partnering with primary care
- Identify key action steps that one can take to create this change in other systems.

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

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

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

Date Friday, 10/18/2019

Time Period C - PM - Time TBD

Content Level Novice

Keywords

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

Objectives

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

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

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

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, Denver, CO
Granger Peterson, PhD, MSW, Granger Petersen, PhD, MSW ECHO Colorado Evaluation Principal Professional

Date Friday, 10/18/2019

Time Period C - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

Stephanie Kirchner, MSPH, RD, University of Colorado, Dept. of Family Medicine, Aurora, CO

Kyle Knierim, MD, University of Colorado, Dept. of Family Medicine, Aurora, CO

Barbara Martin, RN, MSN, ACNP-BC, MPH, University of Colorado, Dept. of Family Medicine, Aurora, CO

Carissa Fralin, LCSW, Program Implementation Manager, Colorado State Innovation Model, Denver, CO

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

Date Friday, 10/18/2019

Time Period C - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

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

Ally Weaver, ASA, MAAA, Associate Actuary, Milliman, Denver, CO

Marissa North, Actuarial Assistant, Milliman, Denver, CO

Date Friday, 10/18/2019

Time Period C - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

Pain is pain, right? Well, yes and no, . . . pain is complex and personal and powerful for the care provider and the cared-for. The words we use, as healthcare providers, may limit or enhance our interest and ability to help patients with chronic pain. Likewise, the way our patients relate to pain may block their ability to connect with what and who matters in their lives and, in so doing, separate them from the fuel that could encourage small daily changes that promote health. Focused Acceptance and Commitment Therapy (FACT) is a brief evidence-based intervention approach that suggests a conceptualization frame of approach-avoid in a context of daily

Date Friday, 10/18/2019

Time Period C - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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.

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

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

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

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

Florenca Levensohn-Chialvo, PhD, Assistant Professor, University of San Diego, San Diego, CA

Laura Sudano, PhD, LMFT, Associate Director, University of California San Diego, San Diego, CA

Ronak Shah, MD, HOIII Chief Resident, Wake Forest Baptist Health, Winston-Salem, NC

Caitlin MacMillen, DO, HOIII Chief Resident, University of California San Diego, San Diego, CA

Andrea N. Trejo, MA, University of Georgia

Date Friday, 10/18/2019

Time Period C - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

Jonathan Novi, Psy.D., Primary Care Mental Health Integration (PCMHI) Psychologist, Memphis VA Medical Center, Memphis, TN

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, TX

Brittany Houston, MS., Psychology intern, University of Texas Health San Antonio, San Antonio, TX

Zeke Sanders, Ph.D., Post-doctoral Fellow, George Fox University, Newberg, OR

Deepu George, Ph.D., LMFT, Assistant Professor of Family Medicine, University of Texas Health Rio Grande Valley, Edinburg, TX

Date Friday, 10/18/2019

Time Period C - PM - Time TBD

Content Level

Keywords

Objectives

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

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

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

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

Lauren DeCaporale-Ryan, PhD, Assistant Professor, University of Rochester Medical Center Departments of Psychiatry, Medicine, & Surgery, Rochester, NY

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

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

Date Friday, 10/18/2019

Time Period C - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

C8: EHR Cluster Analysis: Maximizing Patient Care

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

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

Angela Lamson, PhD, Associate Dean for Research, Professor, East Carolina University

Date Friday, 10/18/2019

Time Period C - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

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

Evan Garcia, MS, Research Associate, UTRGV School of Medicine, Edinburg, TX

Curtis Galke, DO, Associate Professor and Chair of Family Medicine, UTRGV School of Medicine, Edinburg, TX

Date Friday, 10/18/2019

Time Period D - PM - Time TBD

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.

Deepu George, Ph.D., LMFT, Assistant Professor and Chief of the Division of Behavioral Medicine for Family Medicine, UTRGV School of Medicine, Edinburg, TX
Adrian Sandoval, PharmD, BCPS, BCACP, Assistant Professor and Chief of the Division of Research for Family Medicine, UTRGV School of Medicine, Edinburg, TX
Michelle Varon, Ph.D., LP, Behavioral Health Consultant, UTRGV School of Medicine, Edinburg, TX
Christy Caric-Ball, M.A., LPC, Behavioral Health Consultant, UTRGV School of Medicine, Edinburg, TX
Myrna Ruiz, B.A., Program Coordinator, UTRGV School of Medicine, Edinburg, TX

- Outline and discuss the impact of the UTRGV Si Texas Project's findings and its contribution to gaps in PCBH literature.

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

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

Rebecca Stocker, LCSW, Executive Director, Hope Family Health Center, McAllen, TX
Nancy G. Saenz, LCSW-S, Counseling Director, Hope Family Health Center, McAllen, TX

Date Friday, 10/18/2019

Time Period D - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

Barry J. Jacobs, Psy.D., Principal, Health Management Associates, Philadelphia, PA
Sara Honn Qualls, Ph.D., Kraemer Family Professor of Aging, University of Colorado-Colorado Springs

Date Friday, 10/18/2019

Time Period D - PM - Time TBD

Content Level All Audience

Keywords

- Family caregiving | Geriatrics | Special populations

Objectives

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

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

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

Haley E. Curt, M.A., M.S., NH Dartmouth Family Medicine Residency, Concord Hospital Family Health Center, Concord, NH

Aimee Valeras, Ph.D. LICSW, Scholarly Activity Faculty, NH Dartmouth Family Medicine Residency at Concord Hospital Family Health Center

Date Friday, 10/18/2019

Time Period D - PM - Time TBD

Content Level Intermediate

Keywords

- Geriatrics | Quality improvement programs | Team-based care

Objectives

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

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

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

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

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

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

Kent A. Corso, PsyD, BCBA-D, President, NCR Behavioral Health; Uniformed Services University of Health Sciences Department of Family Medicine, Fairfax Station, VA

Cathy Hudgins, PhD, LPC, LMFT, Program Coordinator and Consultant, Arizona State University, Phoenix, AZ

Jeff Reiter, PhD, ABPP, Whole Team LLC, Washington, DC

Date Friday, 10/18/2019

Time Period D - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

Travis A. Cos, PhD, Lead Network Clinician, Philadelphia Integrated Care Network, Philadelphia, PA

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

Date Friday, 10/18/2019

Time Period D - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

- Identify the benefits of conducting an integration of behavioral health practice assessment
- Describe the study's observed outcomes on the benefit to interdisciplinary practice
- Define how they would enact a similar practice evaluation in a step-wise fashion

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

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

Jarod Coffey, LCSW Mission Children's Hospital, Olson Huff Center for Child Development, Asheville, NC

Gary Walby, PhD, MSPH, MS, Director, Complex Systems Innovations, New Port Richey, FL

Date Friday, 10/18/2019

Time Period D - PM - Time TBD

Content Level All Audience

Keywords

- Pediatrics | Special populations | Team-based care

Objectives

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

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

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

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

Gina Lasky, PhD, MAPL, Principal, Health Management Associates, Denver, CO

Date Friday, 10/18/2019

Time Period D - PM - Time TBD

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

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

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

Landrey Fagan, MD, Physician, Salud Family Health Centers, Commerce City, CO
Yajaira Johnson-Esparza, PhD, Director of Medication Assisted Treatment, Salud Family Health Centers, Commerce City, CO

Carlos Estrella, LPC, Behavioral Health Provider, Salud Family Health Centers, Commerce City, CO

Pradeep Dhar, MD, VP of Medical Services, Salud Family Health Centers, Commerce City, CO

Jonathan Muther, PhD, VP of Medical Services - Behavioral Health, Commerce City, CO

Date Friday, 10/18/2019

Time Period D - PM - Time TBD

Content Level All Audience

Keywords

- Opioid management | Team-based care

Objectives

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

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

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

Maxine Notice, LIMHP, LCMHC, NCC, Behavioral Medicine Fellow, Internal Medicine, University of Nebraska Medical Center, Omaha, NE

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

Megan Story Chavez, PLMHP, Behavioral Medicine Fellow, Internal Medicine, University of Nebraska Medical Center, Omaha, NE

Peter Shue, MD, Internal Medicine, Sentara RMH Medical Center, Omaha, NE

Radha Kanneganti, M.D. Resident, Internal Medicine, University of Nebraska Medical Center, Omaha, NE

Date Friday, 10/18/2019

Time Period D - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

Marcia H. McCall, PhD, MBA, LPCA, Instructor, Wake Forest School of Medicine, Winston-Salem, NC

W. Douglas Tynan, PhD, ABPP, Wilmington, DE

Date Friday, 10/18/2019

Time Period D - PM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

- Develop ideas for turning integrated care value propositions into convincing effectiveness research with clinical and cost outcomes.
- Identify the steps of the research process and how they might apply them to their own ideas.
- Assess how their research fits within the broader agenda of integrated care for health systems, insurers, and government policy.

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

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

Danielle Bono, MS, LPC, Behavioral Health Provider, North Bend Medical Center, Coos Bay, OR

Dr. Shay Stacer, PhD, licensed Clinical Psychologist, Integrated Behavioral Health Director, North Bend Medical Center, Coos Bay, OR

Date Friday, 10/18/2019

Time Period E - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

C.R. Macchi, PhD, Clinical Associate Professor, College of Health Solutions, Arizona State University, Phoenix, AZ

Date Friday, 10/18/2019

Time Period E - PM - Time TBD

Content Level Intermediate

Keywords

- Interprofessional education | Team-based care | Workforce development

Objectives

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

Stephanie A. Brennhofner, MPH, MS, RDN, College of Health Solutions, Arizona State University, Phoenix, AZ

Colleen Cordes, PhD, Assistant Dean of Non-Tenure Eligible Faculty Success and Clinical Professor, College of Health Solutions, Arizona State University, Phoenix, AZ

Mindy L. McEntee, PhD, Post-Doctoral Scholar, College of Health Solutions, Arizona State University, Phoenix, AZ

Matt Martin, PhD, Clinical Assistant Professor, College of Health Solutions, Arizona State University, Phoenix, AZ

- Apply training strategies to diverse practice settings.

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

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

Shanda Wells, PsyD, Behavioral Health Supervisor - Primary Care, UW Health Madison, WI

Beth Lonergan, PsyD, Director of Behavioral Health, UW Health, Madison, WI

Elizabeth Perry, MD, Physician Lead, Collaborative Care, UW Health Madison, WI

Kerry McGrath, Therapist, UW Health Madison, WI

Alan Gecht, LPC, Behavioral Health Clinician, UW Health, Madison, WI

Gretchen Straus, LPC, Behavioral Health Clinician, UW Health, Madison, WI

Jeffrey Randall, LCSW, Behavioral Health Clinician, UW Health, Madison, WI

Date Friday, 10/18/2019

Time Period E - PM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

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

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

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

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

Daubney Boland, PhD, Behavioral Science Faculty, Southern NM Family Medicine Residency Program, Las Cruces, NM

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

Date Friday, 10/18/2019

Time Period E - PM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

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

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

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

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

Date Friday, 10/18/2019

Time Period E - PM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

Deepu George, PhD, Assistant Professor, Department of Family Medicine, University of Texas Rio Grande Valley, McAllen, TX

Max Zubatsky, PhD, Assistant Professor, Saint Louis University, Saint Louis, MO
Juliana Oliveira, DO, Faculty Physician, Sea Mar Marysville Family Medicine Residency, Marysville, WA

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

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

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

Danielle Loeb, MD, MPH, Assistant Professor, Internal Medicine, University of Colorado, Aurora, CO

Samantha Monson, PsyD, Clinical Psychologist, Denver Health, Denver, CO

Date Friday, 10/18/2019

Time Period E - PM - Time TBD

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.

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

Although intimate partner violence (IPV) is pandemic (1 in 4 women and 1 in 7 men; CDC, 2017) and universal screening of girls and women is recommended by the Institute of Medicine, Department of Health and Human Services, and US Preventative Services Task Force, rates of IPV screening in primary care remain staggeringly low at 1.5-12% (Waalén 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.

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

Joan Fleishman, PsyD, Behavioral Health Clinical Director, Oregon Health & Science University, Portland, OR

Date Friday, 10/18/2019

Time Period E - PM - Time TBD

Content Level Intermediate

Keywords

- Interpersonal violence | Population and public health | Training Models

Objectives

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

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

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

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

Date Friday, 10/18/2019

Time Period E - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

- Describe how behavioral medicine training can impact physicians' clinical documentation of suicidality
- Describe key findings of a program evaluation of behavioral medicine teaching
- Discuss physician self-evaluations of their skills in behavioral medicine after training

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

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

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

Melissa Buchholz, PsyD, Director of HealthySteps, ABCD, University of Colorado School of Medicine, and Children's Hospital Colorado

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

Mindy Craig, Practice Facilitation Coach, Colorado Children's Healthcare Access Program (CCHAP), Denver, CO

Date Friday, 10/18/2019

Time Period E - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

Date Friday, 10/18/2019

Time Period E - PM - Time TBD

Content Level Novice

Keywords

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

Objectives

- Identify 2 reasons to consider doing a qualitative study.

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.

Susan McGroarty, PhD ABPP, Director of Behavioral Health Inspira Family Medicine Residency, Woodbury, NJ

Sutton Hamilton, MD, Associate Director, Family Medicine Residency, Inspira Health Network-Woodbury, Woodbury, NJ

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

- Describe the elements of a good qualitative research question
- Describe 1 common strategy for qualitative data collection and one novel strategy.

F1: Conversations that Connect

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

Belinda Fu, MD, Mayutica Institute, Seattle, WA

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

Date Saturday, 10/19/2019

Time Period F - AM - Time TBD

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

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

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

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

Alison Scalzo, BA, Doctoral Trainee, University of Denver, Denver, CO

Michelle Wine, PsyD, IBHC, Evans Army Community Hospital, Ft. Carson, CO

Alisa Bartel, MA, Doctoral Trainee, University of Colorado, Colorado Springs, CO

Dani Correl, MA, Doctoral Trainee, University of Colorado, Colorado Springs, CO

Joel Tanaka, MD, US Army (RET) COL

Date Saturday, 10/19/2019

Time Period F - AM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

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

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

Behavioral Health Consultants (BHC) are highly qualified to help develop an emerging healthcare workforce. At Iora Health, clinical practices that employ a BHC to engage in ongoing consultation have significantly improved outcomes regarding depression monitoring. In this presentation, a group of 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.

Bill O'Connell, Ed.D., LMHC, Behavioral Health Specialist, Iora Health, Seattle, WA

Mari Yamamoto, Ph.D., Psychologist, Behavioral Health Specialist, Iora Health, Seattle, WA

Laura Weise, MSW, LCSW, Iora Health, Seattle, WA

Taneyea Cooley, DBH, LCSW, Iora Health, Seattle, WA

Date Saturday, 10/19/2019

Time Period F - AM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

Daubney Boland, Ph.D., Behavioral Science Faculty, Southern NM Family Medicine Residency Program, Las Cruces, NM

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

John Andazola, MD, Program Director, Southern NM Family Medicine Residency Program, Las Cruces, NM

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

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

Date Saturday, 10/19/2019

Time Period F - AM - Time TBD

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.

F3b: Cross-Training for the Family Medicine Workforce

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

Date Saturday, 10/19/2019

Time Period F - AM - Time TBD

Content Level All Audience

Keywords

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

Objectives

- List possible benefits of cross training family medicine and behavioral medicine trainees in clinic

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

Adam Guck, Ph.D., LP Psychologist, John Peter Smith Hospital Family Medicine Residency, Fort Worth, TX

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

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

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

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

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

Michael Reis, MD, Regional SVP/CMO, Medical Director of Family Medicine, Baylor Scott & White Health, Temple, TX

Date Saturday, 10/19/2019

Time Period F - AM - Time TBD

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.

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

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

Aubry N. Koehler, Ph.D., LMFT, Director of Behavioral Science, Wake Forest School of Medicine, Winston-Salem, NC

Julienne K. Kirk, Pharm.D., Professor, Wake Forest School of Medicine, Winston-Salem, NC

Date Saturday, 10/19/2019

Time Period F - AM - Time TBD

Content Level Intermediate

Keywords

- Cost Effectiveness/Financial sustainability|Outcomes|Sustainability

Objectives

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

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

Training FM residents to offer medication assisted treatment (MAT) for opiate use disorders is not a simple task. As opposed to simply buying some new medical device for the clinic and training residents to use it, instead MAT training requires systematic changes in work-flow, billing, and scheduling. It can require systemic change in mission, vision, and even in personnel. Certainly it requires the interpersonal skills necessary to get buy-in from administrators, faculty, staff, and residents in order to adopt this training as part of the curriculum. In this presentation we share our story of success in becoming one of the only providers of MAT in our area,

Date Saturday, 10/19/2019

Time Period F - AM - Time TBD

Content Level Intermediate

Keywords

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

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.

Daniel S. Felix, PhD, LMFT, Director of Behavioral Health, Sioux Falls Family Medicine Residency, Sioux Falls, SD

James R. Wilde, MD, Clinical Faculty, Sioux Falls Family Medicine Residency, Sioux Falls, SD

Jennifer Ball, PharmD, BCACP, BCGP, Assistant Professor of Pharmacy Practice, SDSU College of Pharmacy Clinical Pharmacist, Center for Family Medicine, Sioux Falls, SD

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

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.

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

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

Emily M. Selby-Nelson, PsyD, Cabin Creek Health Systems, Charleston, WV

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

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

Amber Crist, MS, Cabin Creek Health Systems, Charleston, WV

Hillary Homburg, DDS, Cabin Creek Health Systems, Charleston, WV

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

Date Saturday, 10/19/2019

Time Period F - AM - Time TBD

Content Level All Audience

Keywords

- Innovations | Interprofessional teams | Team-based care

Objectives

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

F7: The Many Faces of Psychiatry in Primary Care Settings

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

Mark Williams, MD, Associate Professor, Mayo Clinic, Rochester, MN

Tom Salter, MD, Psychiatry, Mayo Clinic, Rochester, MN

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

Patty Gibson, MD, Arkansas Health Group, Little Rock, AR

Date Saturday, 10/19/2019

Time Period F - AM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

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, Durham, NH

William B. Gunn Jr., PhD, Director of Clinical Integration, Connections for Health: Integrated Health Services, Kittery Point, ME

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

Sandra Denoncour, BA, ASN, RN, Director of Care Coordination, Connections for Health: Integrated Health Services, Dover, NH

Date Saturday, 10/19/2019

Time Period F - AM - Time TBD

Content Level All Audience

Keywords

- Implementation science | Innovations | Interprofessional teams

Objectives

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

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

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

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

Date Saturday, 10/19/2019

Time Period G - AM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

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

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

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

Mindy L. McEntee, PhD, Postdoctoral Scholar, College of Health Solutions, Arizona State University, Phoenix, AZ

Stephanie A. Brennhofner, MPH, MS, RDN, College of Health Solutions, Arizona State University, Phoenix, AZ

Matt Martin, PhD, LMFT, Clinical Assistant Professor, College of Health Solutions, Arizona State University, Phoenix, AZ

C.R. Macchi, PhD, LMFT, Clinical Associate Professor, College of Health Solutions, Arizona State University, Phoenix, AZ

Rodger Kessler, PhD, ABPP, Research Professor, College of Health Solutions, Arizona State University, Phoenix, AZ

Date Saturday, 10/19/2019

Time Period G - AM - Time TBD

Content Level Intermediate

Keywords

- Assessment | Quality improvement programs | Research and evaluation

Objectives

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

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

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

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

Ali Shmerling, MD, MPH, Assistant Professor, University of Colorado Dept of Family Medicine, Aurora, CO

Emma C. Gilchrist, MPH, Deputy Director, Eugene S. Farley, Jr. Health Policy Center, Aurora, CO

Benjamin F. Miller, PsyD, Chief Strategy Officer, WellBeing Trust, Oakland, CA

Date Saturday, 10/19/2019

Time Period G - AM - Time TBD

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.

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

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

Date Saturday, 10/19/2019

Time Period G - AM - Time TBD

Content Level Novice

Keywords

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

Objectives

- Describe the effects of integrated behavioral health approaches on physical and mental health among a predominantly Hispanic population residing in south Texas.

communities. This presentation will include study findings and lessons learned on using a collaborative evaluation approach in a multi-site study.
Lisa Wolff, ScD, Vice President, Health Resources in Action, Boston, MA
Amy Flynn, MS, Senior Research Analyst, Health Resources in Action, Boston, MA
Michelle Brodesky, MPA, Evaluation Supervisor, Methodist Healthcare Ministries, San Antonio, TX

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

G3b: Family-Centered Prescription Food Program

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

Date Saturday, 10/19/2019

Time Period G - AM - Time TBD

Content Level All Audience

Keywords

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

Objectives

- Describe the implementation of a prescription food program
- Identify barriers to making healthy food choices on a limited budget
- Discuss factors that can motivate families to change eating habits.

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

Best practices indicates integrated BHPC services should be provided on-site for increased access to care. For some agencies, patient population may be too low to justify having a full-time behavioral health provider on-site. Utilizing a hub-extension structure addresses this problem. Results of this study suggest that a hub-extension structure promotes similarly strong collaborative relationships between referring medical providers and agency-contracted behavioral health providers whether they be located on-site or off-site.
Jessica Sevecke-Hanrahan, PhD, Associate Psychologist, Geisinger, Scranton, PA
Tawnya Meadows, PhD, BCBA-D, Co-Chief Behavioral Health Primary Care Pediatrics, Geisinger, Danville, PA

Date Saturday, 10/19/2019

Time Period G - AM - Time TBD

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.

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

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

Date Saturday, 10/19/2019

Time Period G - AM - Time TBD

Content Level Intermediate

Keywords

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

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
Caleb J. Corwin, Ph.D., Behavioral Health Consultant, Cherokee Health Systems
Kathryn Heckle, CPNP, Pediatric Nurse Practitioner, Cherokee Health Systems

Objectives

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

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

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

Alexander Blount, EdD, Professor Emeritus, Family Medicine and Psychiatry, UMass Medical School, Principal, Integrated Primary Care, Inc, Amherst, MA

Date Saturday, 10/19/2019

Time Period G - AM - Time TBD

Content Level Advanced

Keywords

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

Objectives

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

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

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

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

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

Heather Trepal, PhD, LPC, Professor, University of Texas Health, San Antonio, TX

Nancy Amodei, PhD, UT Health Science Center, San Antonio, TX

Date Saturday, 10/19/2019

Time Period G - AM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

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

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

In this presentation, we review the unique implementation of integrated care in a specialty care setting, provide treatment tools and review complex cases, that demonstrate the value of integration in the OB setting
KC Lomonaco, Psy.D., Clinical Psychologist, Denver Health and Hospital Authority, Denver, CO
Monika Jindal, MD, Family Physician and Psychiatrist, Denver Health and Hospital Authority, Denver, CO
Jennifer Hyer, MD, OB/Gyn, Denver Health and Hospital Authority, Denver, CO

Date Saturday, 10/19/2019

Time Period G - AM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

G8: Clinician Evaluators: Take Your Mark!

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

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

McKenzie Highsmith, PharmD, Assistant Professor, Department of Family Medicine, East Tennessee State University, Johnson City, TN

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

Deepu George, PhD, Assistant Professor, Department of Family Medicine, University of Texas Rio Grande Valley, McAllen, TX

Adrian Sandoval, PharmD, Assistant Professor, Department of Family Medicine, University of Texas Rio Grande Valley, McAllen, TX

Date Saturday, 10/19/2019

Time Period G - AM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

H1a: Filling in the Gaps of Integrated Behavioral Health Leadership

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

Date Saturday, 10/19/2019

Time Period H - PM - Time TBD

Content Level All Audience

Keywords

- Early Career Professionals | Professional Identity, including development of | Workforce development

Objectives

- Articulate the evolving need to develop, standardize and support integrated behavioral health leadership in primary

integration practices. Participants will receive a job description for an integrated behavioral health director/manager.

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

care; including tools and structure to successfully recruit and support a primary care behavioral health director or manager.

- Understand a regional strategy to promote interdisciplinary advancement of integrated behavioral health leadership and standard practices.
- To understand the challenges and successes of behavioral health leaders working to advance standard billing, measurement and procedures in their region

H1b: A Novel Tele-Integrated Care & Tele-Mental Health Service Delivery Model throughout Colorado

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

Carl Nassar, LPC, CIP, CIPTS, Director, Heart Centered Counseling, Fort Collins, CO

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

Date Saturday, 10/19/2019

Time Period H - PM - Time TBD

Content Level All Audience Session

Keywords

- Across the Lifespan, Team-based care, Technology

Objectives

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

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

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

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

Date Saturday, 10/19/2019

Time Period H - PM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

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

H3a: Lets Talk about Sex: Erectile Dysfunction in Primary Care

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

Katherine Buck, Ph.D., LMFT, Director of Behavioral Medicine, JPS Family Medicine Residency, Fort Worth, TX

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

Jennifer Hodgson, Ph.D., LMFT, MedFT Program Director, ECU Medical Family Therapy Program, Greenville, NC

Nolan Mischel, M.D., Family Medicine Resident, JPS Family Medicine, Fort Worth, TX

Date Saturday, 10/19/2019

Time Period H - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

H3b: Intimate Partner Violence and Adapted SBIRT Model of Care

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

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

Cory Crane, PhD, Assistant Professor, Rochester Institute of Technology, Rochester, NY

Date Saturday, 10/19/2019

Time Period H - PM - Time TBD

Content Level All Audience

Keywords

- Interpersonal violence| SBIRT Model of Integrated Care

Objectives

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

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

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

Travis Cos, Ph, Philadelphia Health Management Corporation, Philadelphia, PA

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

Date Saturday, 10/19/2019

Time Period H - PM - Time TBD

Content Level

Keywords

Objectives

- Name three common ethical quandaries that occur in delivery of team based primary care services.
- Describe practice the Four Topics approach to resolving ethical dilemmas.
- Practice using the Four Topics method with common primary care cases

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

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

Stephen DiGiovanni, MD, Pediatrician, MaineHealth, Portland, ME

Stacey Ouellette, LCSW, Social Worker-Clinical, MaineHealth, Portland, ME

Date Saturday, 10/19/2019

Time Period H - PM - Time TBD

Content Level Intermediate

Keywords

- Pediatrics | Population and public health | Workforce development

Objectives

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

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

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

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

Jeffrey Eisen, MD, Chief Medical Officer and Psychiatrist, Cascadia Behavioral Healthcare, Portland, OR

John Hildebrand, Care Coordinator, Cascadia Behavioral Healthcare, Portland, OR

Date Saturday, 10/19/2019

Time Period H - PM - Time 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.

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

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

Date Saturday, 10/19/2019

Time Period H - PM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

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.

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

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

- Identify the prevalence and disparities of tobacco use among adults with mental illness.
- Describe the components of the Mental Health (MH) Recovery model to foster wellness among individuals with mental illness and co-occurring tobacco use.
- Integrate key social components of recovery to enhance the efficacy of evidence-based tobacco cessation treatments for adults with mental illness.

H7: Evaluation of Interprofessional Team-based Care

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

Daubney Boland, PhD, Behavioral Science Faculty, Southern NM Family Medicine Residency Program, Las Cruces, NM

Linda Summers, PhD, PMHNP, FNP, Associate Professor School of Nursing, New Mexico State University, Las Cruces, NM

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

Sarah Summers-Barrio, FNP, Faculty, Southern NM Family Medicine Residency Program, Las Cruces, NM

Date Saturday, 10/19/2019

Time Period H - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

Emma C. Gilchrist, MPH, Deputy Director, Eugene S. Farley, Jr. Health Policy Center, Aurora, CO

Stephanie R. Kirchner, MSPH, RD, Practice Transformation Program Manager, Eugene S. Farley, Jr. Health Policy Center, Aurora, CO

Steve Petterson, PhD, Liaison Research Director, Eugene S. Farley, Jr. Health Policy Center, Aurora, CO

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

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

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

Date Saturday, 10/19/2019

Time Period H - PM - Time TBD

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.

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

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

Brian Sandoval, Psy.D., Clinical Director, Primary Care Behavioral Health, Yakima Valley Farm Workers Clinic, Toppenish, WA

Phillip Hawley, Psy.D., WA Regional BHC Lead, Yakima Valley Farm Workers Clinic, Toppenish, WA

Nargis Mozafari, Psy.D., Behavioral Health Consultant Resident, Yakima Valley Farm Workers Clinic, Toppenish, WA

Date Saturday, 10/19/2019

Time Period I - PM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

- Grasp the detailed process necessary to initiate a TeleBHC service, including engagement strategies, equipment needs, financial modeling, and staffing requirements.
- Understand the unique workflow, staffing, and service delivery challenges that occur during the TeleBHC process and how to effectively manage these aspects of the program
- Explain the versatility of a TeleBHC service and how to present its potential benefits to patients, providers, and health care administrators

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

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

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

Date Saturday, 10/19/2019

Time Period I - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

Date Saturday, 10/19/2019

Time Period I - PM - Time TBD

Content Level Intermediate

Keywords

- Interprofessional teams| Team-based care| Workforce development

Objectives

Elizabeth Banks, PhD, Assistant Professor, Northcentral University, Washington, NC
Matt Martin, PhD, Clinical Assistant Professor, Arizona State University, Phoenix, AZ
Max Zubatsky, PhD, Assistant Professor, St. Louis University, St. Louis, MO

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

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

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

Elizabeth Painter, PsyD, MSCP, Associate Director of Psychology, Cleveland VA Medical Center Transforming Outpatient Care- Center of Excellence (TOPC-COE), Cleveland, OH

Michelle Davidson, M.Ed, Training Administrator, Cleveland VA Medical Center Transforming Outpatient Care- Center of Excellence (TOPC-COE), Cleveland, OH

Date Saturday, 10/19/2019

Time Period I - PM - Time TBD

Content Level All Audience

Keywords

- Team-based care|Training Models|Workforce development

Objectives

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

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

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

E. Dawn Creach, MS, Regional Integrated Care Trainer, Creach Consulting, LLC, Bend, OR

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

Mike Franz, MD, DFAACAP, FAPA, Psychiatrist and Medical Director of Behavioral Health, PacificSource Health Plan, Bend, OR

Date Saturday, 10/19/2019

Time Period I - PM - Time TBD

Content Level Advanced

Keywords

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

Objectives

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

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

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

Aubry N. Koehler, Ph.D., LMFT, Director of Behavioral Science, Wake Forest School of Medicine, Winston-Salem, NC

Linda M. Nicolotti, Ph.D., Director of Pediatric Psychology, Wake Forest Baptist Health, Winston-Salem, NC

Date Saturday, 10/19/2019

Time Period I - PM - Time TBD

Content Level Intermediate

Keywords

- Cost Effectiveness/Financial sustainability| Payment models| Sustainability

Objectives

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

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

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

Cheryl Young, M.A., LMFT, Director of Integrated Care, Primary Care Partners and Behavioral Health and Wellness, Grand Junction, CO

John Flanagan, M.D. Family Medicine Physician, Primary Care Partners, Grand Junction, CO

Thomas McCloskey, PharmD, Pharmacist, Primary Care Partners, Grand Junction, CO

Rachel McCarthy, LCSW, Post Fellow, Primary Care Partners and Behavioral Health and Wellness, Grand Junction, CO

Stephanie Bailey-Baughman, LPC, Post Fellow, Primary Care Partners and Behavioral Health and Wellness, Grand Junction, CO

Date Saturday, 10/19/2019

Time Period I - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

Date Saturday, 10/19/2019

Time Period I - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

identified. Discussion will include strategies to meet the desire for increased mental health related treatment skills.

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

Samuel Ofei-Dodoo, Ph.D., MPA, MA, Research Scientist, KUSM-Wichita Department of Family and Community Medicine, Wichita, KS

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

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

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

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

Qualitative and quantitative results from program evaluation of an ECHO based program, the Psychiatry Addiction Case Conference, which addresses improving mental and behavioral health and addiction using Integrated Behavioral Health Care principles, will be presented.

Presentation ratings indicate high value to community participants. Results will include attitudes about consultation content, reasons for participating, satisfaction with consultations, barriers to treating addiction in the community, and ratings of relevance and quality of didactic presentations. Future directions to improve the program will be discussed.

Kari A. Stephens, PhD, Associate Professor, University of Washington, Seattle, WA

Mark Duncan, MD, Director Psychiatry Addiction Case Conference, Assistant Professor, Psychiatry & Behavioral Sciences, University of Washington, Seattle, WA

Date Saturday, 10/19/2019

Time Period I - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

- Describe how an ECHO learning collaborative can be adopted to address mental/behavioral health, addiction, and integrated behavioral health care gaps with community based providers.
- Describe the value of a learning collaborative to community based providers.
- Describe the evaluation process used to evaluate and improve an ECHO program.

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

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.

Britni Ross, PsyD, Valley Health Systems, Hurricane, WV

Lindsey Kitchen, PsyD, Valley Health Systems, Cedar Grove, WV

Shelby McGuire, PsyD, Valley Health Systems, Huntington, WV

Date Saturday, 10/19/2019

Time Period I - PM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

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

I8: Evaluation Basics: Design and Implementation

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

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

Date Saturday, 10/19/2019

Time Period I - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

Amelia Roeschlein, PhD, Director of Psychotherapy, UCSD Psychiatry, San Diego, CA
Lawrence Malak, MD, Director of Community Psychiatry Program, UCSD Psychiatry, San Diego, CA
Tiffany Castillo, MD, Psychiatric Resident, UCSD Psychiatry, San Diego, CA
Kelly Blaylock, MA, Associate MFT Trainee, UCSD Psychiatry, San Diego, CA

Date Saturday, 10/19/2019

Time Period J - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

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

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

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

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

Date Saturday, 10/19/2019

Time Period J - PM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

- Describe a collective impact approach to build capacity for and address systemic barriers to sustainability of physical and behavioral health care integration.
- Describe a collaborative approach to creating a continuum of care that addresses social determinants/drivers of health.

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

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

- Identify at least three concrete strategies for promoting comprehensive care within participants' own communities.

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

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

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

Date Saturday, 10/19/2019

Time Period J - PM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

- Reviewing background on Patient Activation and Engagement evidence, and discuss findings from LINKAGE RCT
- Describe the Linkage intervention: engaging patients receiving addiction treatment with health care using the electronic health record and a patient activation approach. Empower participants with necessary tools for providing integrated health services that embrace individual patients needs and prepare professionals for team-based care to break down barriers between addiction medicine and primary care.
- Identify core components from Linkage curriculum: Increase coordination and continuity of care between Primary Care and specialty addiction treatment; reduce repetitive use of Emergency Room and inpatient care for chronic substance use disorders; provide members with information and skills on how to communicate with their Primary Care Providers about the psychosocial and physiological consequences of substance use disorders; help address challenges in patient adherence to treatment plans; link members to online electronic health records (EHRs) and other health education resources available in the patient portal and activate members to play a role in managing their own health care by communicating with their medical home and specialty care providers

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

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

Florencia Lebensohn-Chialvo, PhD, Assistant Professor, University of San Diego, San Diego, CA

Yajaira Johnson-Esparza, PhD, Salud Family Health Centers, Commerce City, CO

Mayra Bailon, LCSW, PrimeCare Health #4, Chicago, IL

Jonathan Muther, PhD, Salud Family Health Centers, Commerce City, CO

Date Saturday, 10/19/2019

Time Period J - PM - Time TBD

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.

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

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

Caleb Corwin, PhD, Behavior Health Consultant, Cherokee Health Systems, Knoxville, TN

Emily Corwin, PhD, Behavior Health Consultant, Cherokee Health Systems, Knoxville, TN

Date Saturday, 10/19/2019

Time Period J - PM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

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

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

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

Date Saturday, 10/19/2019

Time Period J - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

- Describe the warm handoff process in integrated primary care.

Shelley Hosterman, PhD, Licensed Psychologist, Co-Chief of Behavioral Health in Pediatric Integrated Primary Care, Division of Psychiatry and Behavioral Medicine, Geisinger Health System, Danville, PA

Monika R. Parikh, PhD, Licensed Psychologist, Division of Psychiatry and Behavioral Medicine, Geisinger Health System, Danville, PA

Sean O'Dell, PhD, Licensed Psychologist, HSP-P, Associate, Pediatric Integrated Primary Care, Div. of Psychiatry and Behavioral Medicine Assistant Professor, Department of Epidemiology and Health Services Research, Geisinger Health System, Danville, PA

- Identify how the warm handoff process can enhance behavioral health service delivery of patient care in integrated primary care.
- Discuss emerging utilization patterns of behavioral health services following completion of a warm handoff in integrated primary care.

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

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

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

Date Saturday, 10/19/2019

Time Period J - PM - Time TBD

Content Level Intermediate

Keywords

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

Objectives

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

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

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

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

Shannon Boerner, MD, FACP, Assistant Professor, Internal Medicine, University of Nebraska Medical Center, Omaha, NE

Trek Langenhan, MD, FACP, Assistant Professor and Associate Internal Medicine Residency Program Director, Internal Medicine, University of Nebraska Medical Center, Omaha, NE

Date Saturday, 10/19/2019

Time Period J - PM - Time TBD

Content Level All Audience

Keywords

- Prevention | Suicide | Other
- Crisis Response

Objectives

- Understand the interdisciplinary and systemic impacts of resident suicide.
- Identify available resources and strategies for responding to suicide or unexpected loss.
- Proactively initiate a plan of action for addressing suicide and unexpected loss at their home institution.

J7a: Depression Treatment Pathway in Primary Care

Data related to treatment response following initial implementation of a depression treatment pathway within primary care. Pathway included education around excellent treatment of depression, utilizing medication and available BH support. BH support included PCBH model, Consultation Psychiatry, and a consult line. Lessons learned and comparison of response based on inclusion of BH team will be explored.

Jennifer O'Donnell, PsyD, Clinical Program Director Primary Care Behavioral Health, Swedish Medical Group, Seattle, WA

Sara Brand, MPH, PMP, Director of Operations for Inpatient and Outpatient Behavioral Health, Swedish Medical Group, Seattle, WA

Date Saturday, 10/19/2019

Time Period J - PM - Time TBD

Content Level All Audience

Keywords

- Evidence-based interventions | Mood (e.g., depression, anxiety) | Primary Care Behavioral Health Model

Objectives

- Identify process for implementing a depression treatment pathway in a primary care setting
- Describe the benefits of integrating BH to support depression treatment in primary care
- Define components of a depression treatment pathway for primary care

J7b: A Closer Look at the Feasibility and Utility of a Brief Multidimensional Behavioral Health Screen: The Adult Wellbeing Screener

Use of a brief, broad BH stepped care screen facilitates efficient assessment in primary care. A broad initial (Step 1) screen may capture concerns not identified by unifocal diagnostic (Step 2) measures (e.g., depression or anxiety). We examined the feasibility and utility of a brief, multicomponent screening instrument (Adult Wellbeing Survey: AWS, Beacham, 2012) along with AWS item correlates with commonly used lengthier measures. AWS items in each domain were significantly correlated with longer more specific lengthier measures (r 's=0.28 to 0.85, All p 's< .01) commonly used in primary care. Average completion time of the AWS was 4.93 mins. In our representative sample of ppts who attend PCP appointments about once/year, the broad brush approach of the AWS effectively flagged symptoms and concerns via brief assessment while taking into account important symptoms which may be overlooked by unifocal measures. This brief measure may be useful in stepped approaches to BH screening.

Abbie O. Beacham, PhD, University of Colorado Depts of Psychiatry and Family Medicine, Aurora, CO

Shandra Brown-Levey, PhD, University of Colorado Dept of Family Medicine, Aurora, CO

Date Saturday, 10/19/2019

Time Period J - PM - Time TBD

Content Level All Audience

Keywords

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

Objectives

- Describe a stepped approach to behavioral health screening
- Discuss relative advantages of a brief broad screen (Step 1) approach to behavioral health assessment as it pertains to diagnosis and treatment
- Apply the broad to narrow stepped approach to behavioral health screening in integrated care

J8: Want to "Measure Up?" How to Select and Use Validated Assessment Tools in Integrated Primary Care Research and Evaluation

Clinician innovators and researchers should strive to use measures with strong psychometric properties in integrated primary care research, evaluation, and quality improvement. In busy clinics, validated measures may be overlooked in favor of "homegrown" measures with unknown reliability and validity, limiting the utility of any conclusions drawn. Most of us have heard about the first two key questions: WHO should use validated assessments (hint: everyone!) and WHY validated assessment is important. In this presentation, we will focus on the next two: WHERE to access validated assessment measures, and HOW to select and choose good measures for your specific research and evaluation questions. We will specifically focus on brief assessments appropriate for IPC settings and will provide a resource guide. We will focus on validated assessments of a

Date Saturday, 10/19/2019

Time Period J - PM - Time TBD

Content Level All Audience

Keywords

- Assessment | Outcomes | Research and evaluation

Objectives

- Describe the importance of using validated, evidence-based assessments in research and program evaluation.
- List two indicators of psychometric validation

range of outcomes, including physical/behavioral health, functioning, PCBH fidelity/provider behavior, and implementation outcomes.

Julie C. Gass, Ph.D., Psychology Postdoctoral Fellow, VA Center for Integrated Healthcare, Buffalo, NY

Robyn L. Shepardson, Ph.D., Clinical Research Psychologist, VA Center for Integrated Healthcare, Rochester, NY

Jennifer S. Funderburk, Ph.D., Clinical Research Psychologist, VA Center for Integrated Healthcare, Rochester, NY

Emily Johnson, Ph.D., Clinical Research Psychologist, VA Center for Integrated Healthcare, Rochester, NY

Lisa K. Kearney, Ph.D., Associate Director of Education, VA Center for Integrated Healthcare, Rochester, NY

Travis A. Loughran, Ph.D., Psychology Postdoctoral Fellow, VA center for Integrated Healthcare

- Identify and locate appropriate outcome measures to use