The aim of this continuous quality improvement project was to improve the utilization of IPC services by 10% over 4 months, with long-term goal of 1:4 (IPC consult to PCP visit) ratio. Project was implemented within two ambulatory residency primary care health centers.

In the U.S., many health conditions are treated and managed by primary care providers (PCP). One evidence-supported solution to these health needs is integrated primary care for over a decade. Behavioral health (BH) suite is located within this clinic. BH has been practicing integrated primary care for over a decade. Behavioral health consultants (BHCs) provide brief (1–6 sessions, 15–20 minutes) intervention to patients during PCP visits.

Threats
- Paper Charts/EMR
- Process Variation
- Innovation Fatigue
- Turn Over (Residents/Fellows/MAs)
- Programmatic Disruption (ACOME)
- Funding Streams/Corporate Development

Opportunities
- New Patients (Wellness Visits)
- Lifestyle and Behavioral Targets
- Linkage to Physical Health (HEALTH)
- BHC Lead on Physical Overlay Targets
- Ratio PCP vs. IPC Visits
- Cerner (2019)
- Billing Pathways

Strengths
- Fellows
- Preceptum Learners /
- Embedded in Education
- Faculty
- Cultural Value
- Senior Leadership Support
- Relevant to: PH, HD, BM, SS
- Program Champions
- Model Adherence
- Bill Aware/Unused/Utilization
- MA Awareness
- Unknown Outcomes
- Perception Regarding Time
- Space/Clinic
- Further Education on Use (e.g., Lifestyle vs. Psych)
- Location of Providers During IPC Visits
- Dividing Time (IM vs. FM)

Science
- Personality factors (e.g., assertiveness, flexibility) of the BHC likely play a role, but are difficult to quantify.

Table 1: Practice Integration Profile Comparison

<table>
<thead>
<tr>
<th></th>
<th>McLaren Site Score</th>
<th>National Median Score</th>
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<tbody>
<tr>
<td>Workforce</td>
<td>38.0</td>
<td>54.2</td>
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<tr>
<td>Clinical Services</td>
<td>53.0</td>
<td>58.0</td>
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<tr>
<td>Workspace</td>
<td>63.0</td>
<td>80.5</td>
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<tr>
<td>Shared Care &amp; Integration</td>
<td>44.0</td>
<td>50.0</td>
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<tr>
<td>Case Identification</td>
<td>30.0</td>
<td>62.7</td>
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<tr>
<td>Patient Engagement</td>
<td>31.0</td>
<td>50.0</td>
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<tr>
<td>Total PIP Score</td>
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<td>59.9</td>
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</table>

Future PDSA Cycles:
- Engage in continuous education with residents and faculty at strategic times during the academic year (e.g., orientation).
- Link increased utilization of IPC to health outcomes.
- Develop financial pathways to support BHs.

Lessons Learned:
- FM residency showed increased IPC consults after:
  - Faculty and resident education.
  - Increased visibility of IPC.
- IM residency showed increased IPC consults after:
  - Introduction to ABHSF.
  - Perhaps, reducing cognitive workload to identify appropriate IPC consults.
- Personality factors (e.g., assertiveness, flexibility) of the BH likely play a role, but are difficult to quantify.

Next PDSA cycles will focus on:
- Implementing ABHSF in FM.
- Education with new staff in FM.
- Re-education on ABHSF in IM with residents, faculty, and staff.
- Create an IPC consultation task option in HIPPA compliant text system.

Study
- Didactic
- FM Faculty
- April 9, 2019
- IM IPC
- May 1, 2019
- IM Faculty
- April 9, 2019
- MAs
- June 4, 2019
- MAs
- June 13, 2019
- MAs
- June 25, 2019
- MAs

For further information about this presentation, please contact:

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