Introduction

There is a growing need for shared decision making (SDM) in the primary care setting as populations become increasingly more senior and present with greater medical complexity (Rotar et al., 2018).

Behavioral Health Consultants (BHCs) within a Primary Care Behavioral Health (PCBH) Consultation Model

BHCs are well positioned to use SDM to direct patients in the care of their behavioral health problems by providing a wide array of options. Currently, there is no literature or guidance on the usage of SDM within a PCBH framework for patients needing a higher level of care for mental health needs.

Brief SDM Model

SDM with Veterans

A Brief SDM pilot study model has attempted by Most, J. M., Stanley, M. A., Street Jr., R. L., Grady, R. H., & Tang, E. J. (2014) with Veterans prior to engaging in specialty mental health care for PTSD.

In their model they utilized a 30-min SDM model using Elwyn et al. (2012) construction of SDM.

They found that Veterans reported multiple positive outcomes using SDM. The main strengths identified are information and involved decision making.

These benefits translated to better outcomes during PTSD treatment related to a decrease in premature drop out and an increase in evidence based approaches given their treatment choices.

SDM in a PCBH Model

There has been limited research using SDM in Primary Care settings, and no research was found for SDM using a PCBH model for stepped up level of care for specialty mental health from primary care.

By picking and choosing “talking options” from Elwyn’s model, BHC’s can develop an SDM model which fits with their visit times and patient population. SDM provides multiple positive outcomes for patients and future intervention outcomes.

Example of SDM in PCBH

Stepping back- Reflecting on previous interventions

Offer Choices- Higher level of care options

Check Knowledge- What does the patient understand about what options were offered.

Discuss- What are the positives and negatives of each choices.

Summarize- What did the patient choose and how might that help them.

Focus on preferences- What preferences do they have for treatment? Brief, Long, Evidence Based, Process focused etc.

Move toward a decision- Set up a plan for the decision to be followed.

Offer Review- Review and reflect the SDM visit to ensure all questions are answered and that motivation is present for the patient to access a higher level of care.

Primary Care Behavioral Health (PCBH)

The PCBH model is best described as a team based approach that emphasizes whole population care. Behavioral Health Consultants (BHC’s) within this model act as generalists and seek to operate under the GATHER acronym: Generalist Accessible Team Based High Productivity Educator Routine

An area of difficulty for BHCs in primary care is knowing how to begin the discussion with patients about the need to be “stepped up” to a higher level of care after treatment in the primary care setting is not effective (i.e., referring to specialty mental health).

References


Shared Decision Making (SDM)

Shared decision making or SDM is best defined by Elwyn et al. (2012) as a shared approach where patients are provided evidence for effective treatment and supported by providers as they consider and make an informed choice on care.

While SDM sounds like a well-positioned approach there are many barriers to this model in primary care. Friedberg et al. (2013) identified three main barriers in primary care. They suggest that overworked physicians, insufficient provider training, and inadequate clinical information systems are potential barriers. Specific to primary care Legare et al (2011) suggests that time constraints are also a barrier within the primary care setting.

These growing concerns and barriers in the primary care field provide a perfect avenue for the usage of Behavioral Health Consultants (BHCs) within a Primary Care Behavioral Health (PCBH) Consultation Model framework.