Mentoring Scientist Practitioners

A CFHA Research and Evaluation SIG Webinar

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Objectives

* Discuss features of a scientist practitioner approach
* Apply to two clinics implementing Primary Care Behavioral Health (PCBH) services
* Discuss results
* Offer tools for others to use

Scientist Practitioner Model

* . . . Urges clinicians to allow empirical research to influence their applied practice
* . . . Simultaneously requires use of experiences in applied practice to shape future research questions
* . . . In this way, continuously advances science in the field

Presentations today

* Use of scientific information suggesting a PCBH approach to integration
* Observations of discrepancies between defining features of the PCBH model and current practices at the clinic level
* Adjustment in practice to address discrepancies
* Impact of changes on outcomes
* Exploration of possible opportunities to advance PCBH evolution (PCC stress, service to high impact groups)
* Using results to inform future research questions

Providence Gateway Clinic
Heidi Joshi, PhD, BHC

* January 2015 Training and Program Evaluation
* Tool Used: Primary Care Behavioral Health Training Visit Integration Tool Survey (mailed to participants)
* Used by consultant initially
* Dr. Joshi learned use of tool and repeated 15 months later
* Today, review of changes during 15-month period: 1-2015 to 5-2016

From No to Yes

1. Are at least 40% of the BH visits provided on the same-day of the medical visit?
2. Do the PCCs believe that in-clinic behavioral health provider staffing level is adequate for clinic needs?
3. Does the BHP have a pager or cell phone so that s/he can be reached immediately by PCCs?
4. Do PCCs use established protocols for contacting the BHP for urgent consults?

From No to Yes

5. Does the BHP design and place exam or waiting room posters that provide information about BH services?
6. Does the BHP routinely speak, even briefly, at PC meetings?
7. Are BHPs involved on a same-day basis when adult or child wellness visits result in detection of a problem (e.g., risk for becoming obese, smoking, alcohol use, parenting problem)?
8. Does the BHP use a standard assessment measure at the beginning of all consults with children and youth?

From No to Yes

9. Are patients routinely referred to BHP for assistance with developing healthy lifestyle behaviors (e.g., creating social support, establishing exercise programs and patterns of healthy eating)?
10. Do PCCs use biomedical markers to trigger referrals to the BHP (e.g., A1-C>8 or BMI>29)?
11. Does the clinic have one or more pathays involving use of BH services concerning health risk behaviors (e.g., problematic use of alcohol, smoking, sedentary lifestyle)?

From No to Yes

12. Does the clinic have one or more pathways involving use of BH services concerning chronic disease (e.g., an established practice of referring all newly diagnosed diabetics for a BH consult or a chronic pain pathway involving monthly group visits)?
13. Does the clinic administrator provide the BHP with productivity data on a monthly basis?
14. Do PCCs routinely receive FB on number of referrals to BHPs per month?

Impact

* More accessible BH services
* More diverse BH services (including groups now)
* Greater penetration into clinic population
* Improved satisfaction

Winters Healthcare (FQHC)
Javier Luna, PhD, BHC

* Small Rural Clinic in Northern California
* 3000 patients approximately served annually
* PCBH services since Oct 2012
* Integrated Health Coaching Program since Oct 2013
* Average of 3-4 Primary Care Providers in clinic
* GOAL: More Comprehensive Program Evaluation

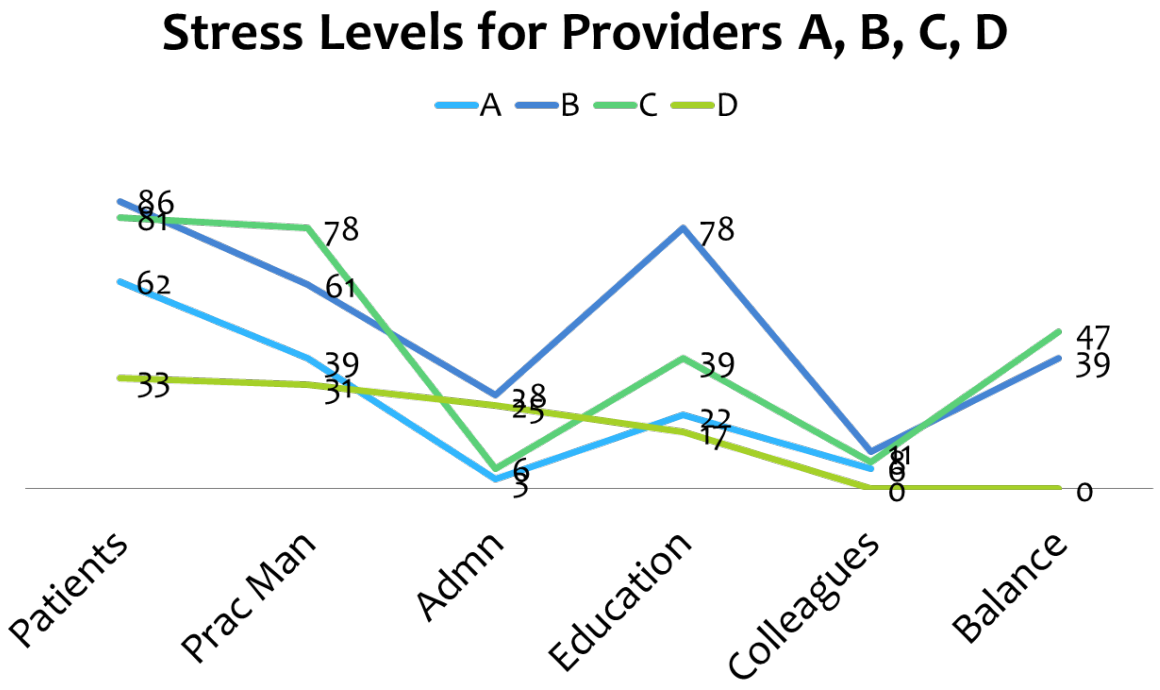
Research Question

* Previous program metrics were geared towards fidelity / process measures (e.g., in-reach, ratio of Warm Hand off's vs. Scheduled)
* Multi-Component Provider Satisfaction, Stress, Needs
  * Provider satisfaction
  * Provider stress
  * High impact groups

Results: Satisfaction

* All things considered, how satisfied are you with having BHC services in your clinic?
  * 100% Very Satisfied (2) or Completely Satisfied (2)
* Based on your experiences with the behavioral health consultation service in your clinic, would you recommend that your medical colleagues use the service?
  * 100% Definitely Yes

Results: Provider Stress



Addressing Stress

* Outliers: Education for one; one PCC with lower stress levels in all areas
* Common stress areas: Interactions with patients, practice management
* Plans
  * Meeting with medical director
  * Meeting with providers
    * Brainstorming ways to address stress
    * Discussing feasible high impact programming options

Results: High Impact Survey

Priority	Patient Group
High	Domestic Violence, Depression, Chronic Pain, and Anxiety
Medium High	Family/Parenting, Alcohol, and ADHD
Medium Low	Overweight/Obese and Diabetes/Metabolic Syndrome

Addressing High Impact Survey

* Stepped Care approach with Health Coaches and PCP's to increase involvement with obesity and chronic conditions
* Specific parenting questions asked during well child checks
* PCP stress & high impact groups (e.g., opportunities to improve clinical pathway in chronic pain)

Future Program Evaluation

* Exploration of PCBH providers role in addressing PCC stress
* Exploration of PCBH providers role in education of PCCs and other team members

Discussion, Questions

Announcement of R & E Offerings at CFHA Annual Conference

* Robin will add in