

**Behavioral Health Integration Models for CHCs:
Balancing the Team and Workflow**
Live CHAMPS Webcast, 02/25/2015
*Presented by Angela Green, PsyD, Director of Behavioral Health,
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**Webcast Follow-Up:
Responses to Questions Posed During the Live Event**
Responses submitted by Angela Green

1. What type of guidelines do you use/suggest for when it is appropriate for behavioral health to become the care manager, or for the medical provider to maintain ownership of managing the patient's care?

I prefer to think about behavioral health as being part of a team and no one member of the team owns the patient; rather each member is responsible for their area of expertise that contributes to the wellness of the patient. This team approach to patient management is further enhanced with the use of huddles and/or care team meetings.

2. Can you review the list of trauma questionnaires/screening tools you provided near the end of the presentation?

1. Refugee Health Screener (RHS) – 15
Link to a video and the screening tool:
<http://refugeehealthta.org/webinars/mental-health-screening-and-care/tools-and-strategies-for-refugee-mental-health-screening-introducing-the-rhs-15-2/>
2. Abbreviated PTSD Checklist
<https://georgetown.app.box.com/s/eansip1sx4ol2r4c8qd1>
3. Life Event Checklist
http://www.ptsd.va.gov/professional/assessment/te-measures/life_events_checklist.asp
4. PC-PTSD
<http://www.ptsd.va.gov/professional/assessment/screens/pc-ptsd.asp>

3. Referencing the MCPN Behavioral Health Integration into Primary Care: how would this break down for small sized clinics with 1 or 2 BH people?

The ratio typically used for BH:Medical is 1:3. I find this to be a good starting place and then adjusting up from there depending on level of integration and productivity of the clinic. We have begun factoring in dental numbers since we are integrating into our dental practice as well.

4. Do you measure BH outcomes at the primary care level and if so how?

We have been working on identifying how best to collect, measure, and analyze this information. We are using a balanced scorecard approach and identifying what we want to measure in each of those domains. I have also been looking at some of the quality measures our medical team looks at and see if there are ways to collect BH data that coincides with this information. For instance, I found significant differences between patient HTN numbers (i.e., those that had BH visits were lower at f/u then at baseline). Additionally, we are looking at PHQ, pain, and postpartum depression numbers that have BH involvement vs. those who do not.

5. Any strategies to help increase consults around chronic disease management? We have really struggled with this over the years.

We have started creating clinic days that focus on different chronic diseases (i.e., obesity, chronic pain, diabetes, HIV) and the BHP goes in and sees every patient that is scheduled. This not only increases consults it also reduces the stigma of behavioral health. In one of our programs, we found patients continued behavioral health services beyond the initial screening/meeting by 52%. It also helped with building the team approach and the patient perception that the BHP is an extension/part of the primary care team.

6. What is your co/visit to f/u ratio? What is your average # of encounters per day?

The co/visit and f/u ratios vary greatly dependent on clinic, BHP availability, whether chronic disease clinics have been implemented, medical provider specialty, and several other factors that make it difficult to measure accurately. Our average # of encounters is 6 per day and that includes consults, individual, group, and crisis encounters. With the various encounter types our BHPs might perform during any given day, the amount of time spent each day per patient encounter varies greatly (i.e., 5-10 minute consults – 3 hours in crisis appointments).

7. Is there a group of CPT codes that you are using for BH interventions?

We do not bill for our BH services so we use a wide variety of codes to account for our activities. We use the HB codes as well as the usual psychotherapy codes. Additionally, we have created codes to be able to track other activities that would not be captured.