NATIONAL REGISTER

OF HEALTH SERVICE PSYCHOLOGISTS

Behavioral Health Consultation In Primary Care

PARINDA KHATRI, PhD

Chief Clinical Officer, Cherokee Health Systems

Paradigm Shift

Integrated practice in primary care is a *qualitatively different* clinical process than specialty mental health.

It is *not* an abbreviated version of specialty mental healthcare.

Clinical Practice Framework

- **Remember You Are A Team Member**
- **Be Guided By Principles Of Population Health**
- **Fulfill Functions Of Primary Care:**
  - **Contact**
  - **Continuity of Care**
  - **Comprehensive Care**
  - **Coordinated Care**

The Warm Handoff
&
Functional Assessment

Availability for Warm Hand-off:

- Be available
- Be visible
- Be interruptible
- Say, “Yes, I can.”

Two “Customers”

1. Patients

2. Providers (and team)

Be a Container for Primary Care

- Energetic
- Eager to help
  - Patients and providers
- Calm, cool, and collected

Warm Handoff

- **Clarify the referral question with referring provider**
  - **“What would you like me to focus on with this patient?”**
  - **“How can I be most helpful to you?”**
  - **“What would you like me to accomplish with this patient today?”**
- **Expect that sometimes this won’t be possible**

Warm Handoff

- **When reason for referral is unclear, consider common reasons for referral**
  - Diagnostic clarification
  - Adherence
  - Parenting skills
  - Anticipatory guidance
  - Poor/declining health status
  - Poor response to previous intervention
  - Provider feels overwhelmed
  - Provider isn't sure what to do

Warm Handoff

- **When reason for referral is unclear**
  - **See the patient!**
    - **"Do you remember what you and Dr. Smith were talking about when she mentioned you meeting with me?"**
  - **Look for a target during chart review**
  - **Define a target. Consider:**
    - **Adherence**
    - **Diagnostic Clarification**
    - **Wellness Promotion**
    - **Coping and Self-care**
  - **Learn about the providers**
  - **Teach the providers—case by case by providing feedback and delivering results**

Behavioral Health Consultation: Initial

1. Introduction & Setting the Frame
2. Problem Identification & Clarification
3. Patient Engagement
4. Care Coordination & Treatment Planning
5. Documentation

Review The Chart

- **If you skip the chart review** because you're running behind, you'll fall further behind.

- **Never, ever skip this step.**

Functional Assessment:
Introduction (Minutes 1-2)

- **Introduce your role** using introductory script.
- **Explain care model** and role as member of primary care team.
- **Set the frame** for the visit.
  - Length of visit,
  - What will happen during visit,
  - Documentation in record,
  - Coordination with PCP

Functional Assessment:
Problem Identification & Clarification

- **Quickly reach agreement with the patient** on identification of primary problem
- **Provide focused assessment** of primary problem
- **Do not assess other areas** until assessment of initial referral question/primary problem has been completed and as time allows.
- **Keep the visit on track using the 3 Rs**
  - **R**estate, **R**eflect, and **R**edirect

Functional Assessment:

Problem Identification & Clarification (Minutes 3-15)

- **Assessment of Symptoms**
  - Onset, Triggers, and Course
  - Duration, Intensity, Frequency
  - What makes the problem better? Worse?
  - Assessment of Risk
- **Assessment of Functioning**
  - Home, Social, School, Recreational
- **What have they already tried to address the problem?**

Functional Assessment:

Engage the Patient & Family (Minutes 15-25)

- **Summarize** your understanding of the problem
- **Review** treatment recommendations and options
- **Express empathy** and provide validation
- **Offer a Strategic Reframe**
  - Simplify & reduce the magnitude of the problem
- **Create a "do-able" framework for change**
- **Offer a brief intervention**

Functional Assessment:

Coordination with PCP (Minutes 25-27)

- **Verbal and/or electronic**
  - Typically not your note
- **Communicate diagnosis and plan**
- **Offer recommendations** and collaborate on action steps
- **Ask PCP to reinforce behavior change plan**
- **Consider scheduling conjoint visits**
  - (lab, nurse, PCP, etc.)

Effective Feedback to PCP

- Be brief (1-2 minutes)
- Be mindful of primary care flow
- Be concise
- Speak in the vernacular
- Be confident and decisive
- Focus on:
  - Symptoms and Diagnosis
  - Treatment Plan
  - Needed Action Steps

Do's and Don'ts from a PCP

Do communicate diagnosis and plan

Don't tie up an exam room for 30 minutes

- **Do let me know if there is :**
  - Drug abuse
  - Axis II pathology
  - Limited mental ability or illiteracy
  - *Add info the chart's ALERT section

- **Don't refer a patient somewhere without letting me know (to ER or psychiatry)**
- **Do be decisive…you are the expert!**

Follow-up Plan Options

Close (1-2 weeks)	Intermediate (1 month)	With PC Visits, PRN, or None
• Severity & acuity of problem	• Clinical needs of patient • Overall primary care plan	• Level of motivation and engagement • Clinical needs of patient

Functional Assessment:

Follow-Up Visits

- **Frequency is clinically driven**
  - Consider level of engagement and motivation
- **Begin visit with a targeted question**
  - "How did time-out go using the new techniques we discussed?"
- **Review symptoms and functioning**
- **Review progress**
- **Reinforce any attempt at behavior change**
- **Troubleshoot barriers**
- **Introduce new skills and strategies if appropriate**

NATIONAL REGISTER

OF HEALTH SERVICE PSYCHOLOGISTS