A team of primary care and behavioral health clinicians work together with patients and families, using a systematic and cost-effective approach, to provide patient-centered care for patients seen at Presbyterian Medical Group (PMG) clinics throughout central New Mexico. This care may address behavioral health and substance use disorders, health behaviors (including their contribution to chronic medical illnesses), life stressors and crises, stress-related physical symptoms, and patterns of health care utilization.

The Essentials

- Behavioral health support is integrated into primary care services as part of the Patient-Centered Medical Home (PCMH) model.
- The Behavioral Health Clinician (BHC) is a collaborative, consultative, and co-located member of the primary care team.
- Adopted guidelines convey when the Primary Care Provider should consider whether to consult/collaborate with the BHC and when to consider whether to refer care to a psychiatrist or other specialty Behavioral Health clinician.

Success and Impact

More than 6,000 patients receive Behavioral Health services through a PMG PCMH annually (more than 16,000 visits per year). Each PMG primary care clinic has achieved recognition as a “Level 3” (the highest level) patient-centered medical home by the National Committee for Quality Assurance (NCQA). Each BHC in primary care has advanced certification in Primary Care Behavioral Health.

What We Know About Behavioral Healthcare in the Primary Care Setting

When patients have psychological or behavioral problems, they seek care almost exclusively at their primary care medical office, rather than seeking specialty services for behavioral health or substance use disorders. As many as 70% of primary care visits stem from behavioral health issues. Moreover, many medical presentations may contain a component of psychological comorbidity. Psychological issues are often found to be part of acute medical issues, such as sleeping problems, headache, or gastrointestinal problems, as well as complex chronic medical conditions such as diabetes, cardiac conditions, or pain. Inadequately treated behavioral problems may result in lack of medical improvement, decreased compliance with medical treatment, and overserviced or underserved patients.

For these reasons, over the past decade, primary care delivery systems have integrated behavioral health specialists into the primary care clinics and medical homes in order to minimize the stigma associated with seeking behavioral health care, improve access to

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behavioral health services including psychiatry, and increase opportunities to improve overall health care outcomes.

Models have been implemented in which a behavioral health specialist (e.g., a psychologist, social worker, or counselor) works in the medical home with the Primary Care Provider, bringing the knowledge and experience needed to treat mental illness in the primary care setting and improving the care of all patients in the medical home. Large health care systems across the country, including the Department of Defense, have added such behavior change specialists to the care teams of the medical home.

Furthermore, a Healthy People 2020 Mental Health goal is to improve mental health through prevention and by promoting access to appropriate, quality behavioral health services. A strategy to achieve this goal is to increase the proportion of primary care facilities that provide behavioral health treatment onsite.

How Behavioral Health is Integrated into PMG Primary Care

By integrating behavioral health services into the primary care setting, Presbyterian intends to improve the health of our communities through readily accessible, innovative, localized services. In this model, at least one full time BHC is placed within each PMG primary care clinic that services more than 5,000 patients per year. In addition, direct psychiatric care is provided in some clinics alongside the BHC, and psychiatric consultation is available to Primary Care Providers and Behavioral Health Clinicians through the Behavioral Health Program.

<table>
<thead>
<tr>
<th>Behavioral Health Provider(s)</th>
<th>Site</th>
<th>Type of Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychologist</td>
<td>528</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Psychologist (x2)</td>
<td>Atrisco</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Social Worker</td>
<td>Belen</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Psychologist (x2); Counselor</td>
<td>High Resort</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Psychologist</td>
<td>Intel CFL</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Social Worker, Psychologist</td>
<td>Isleta</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Psychologist (x3)</td>
<td>Kaseman</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Psychologist</td>
<td>Los Lunas</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Psychologist</td>
<td>Montgomery</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Psychologist</td>
<td>Northside</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Psychologist</td>
<td>Paradise</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Psychologist (x2)</td>
<td>San Mateo</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Psychologist</td>
<td>Santa Fe</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Social Worker</td>
<td>Socorro</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Psychologist</td>
<td>Wyoming</td>
<td>Primary Care</td>
</tr>
<tr>
<td>Nurse Practitioner (vacant)</td>
<td>Montgomery</td>
<td>Psychiatry within Primary Care</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>Rio Rancho</td>
<td>Psychiatry within Primary Care</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>Santa Fe</td>
<td>Psychiatry within Primary Care</td>
</tr>
</tbody>
</table>

Role of the Behavioral Health Clinician (BHC)

The BHC is a collaborative and consultative member of the primary care team that takes collective responsibility for each patient's care. The BHC helps identify, triage, and manage patients with mild to moderate presentations of behavioral health problems through the use of assessments and provision of brief, evidenced-based
therapies. Also, the BHC may make referrals for further specialty behavioral health services and/or community resources, as indicated. In addition, the BHC supports the effective self-management of chronic health problems through patient education strategies, specific behavioral health change plans for patients, and behavioral health protocols for target populations.

The interventions managed by the BHC may help increase patient engagement and patient satisfaction, increase access to specialty care (e.g., Psychiatry), and contribute to health of mind (behavioral health) as well as health of body (physical health).

<table>
<thead>
<tr>
<th>SERVICES</th>
<th>TECHNOLOGY</th>
<th>PEOPLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health visits: The BHC may provide brief interventions to help with behavioral health problems, such as: depression, anxiety, post-traumatic stress (PTSD), substance use problems, self harm, family/relationship problems, stress, grief, and anger. The BHC can work with the patient to help decrease symptoms associated with medical problems such as: pain, sleep, headaches, obesity, diabetes, high blood pressure, asthma, or irritable bowel syndrome. The BHC helps create a plan for habits that affect the patient’s health, like: quitting smoking, weight management, exercising, or other life changes.</td>
<td>Epic EHR: patient care documentation, order sets, standard protocols (and supporting tools), quality data, Healthy Planet population health registries</td>
<td>Process Owners: Paul Wilson, Director, Primary Care Behavioral Health; and Jane Keeports, Administrator, Behavioral Health Services Christopher Manetta, Medical Director for the Behavioral Health Services Dion Gallant, Medical Director for Primary Care Cheryl Mitchell, Administrative Director, Primary Care Kathy Garcia, Primary Care Director of Nursing Robert Rangel, Director of Pharmacist Clinicians and Anticoagulation Services Directors of Practice Operations Primary Care Team (see page 5)</td>
</tr>
</tbody>
</table>

**Referring Patients to Psychiatry**

According to adopted operating procedures outlined in an inter-service line agreement, Primary Care Providers may refer patients to Behavioral Health Adult Outpatient Psychiatry. (See workflow on page 6.)

**Prior to referral, the Primary Care Provider (PCP) should:**

- Seek and document patient’s awareness and agreement to such referral.
- Review the electronic medical record to see if the patient has been seen by Psychiatry in the last 24 months. If so, consult the most recent provider or service.
- For uncomplicated depressive disorders or uncomplicated anxiety disorders, initially treat with an adequate (6-8 weeks at an adequate dose) trial of a selective serotonin reuptake inhibitor (SSRI) or other appropriate medication of the PCP’s choice, avoiding the use of controlled substances whenever possible. Patients referred for depression should be seen by their PCP at the recommended intervals
and/or referred to the BHC for augmentation therapy/monitoring. (See Care Process Model for Depression in Adults.)

- Maximize consultation/collaboration with the BHC, who may provide augmentation therapy/monitoring.

**The PCP may consider referring the patient to the psychiatrist for medication management, if the patient:**

- Has behavior or emotions that pose a threat of harm to the safety of self, a child, or others (e.g., suicidal behavior, severe aggressive behavior, or other forms of self-destructive behavior not manageable in primary care).
- Is diagnosed with depression, and has failed at least one antidepressant trial (or preferably two trials) at therapeutic doses for a minimum of 8 weeks of treatment.
- Has had a significant disruption in day-to-day functioning or loss of contact with reality.
- Has chronic stress or adjustment issues with no attenuation with adequate primary care treatment.
- Has recently been psychiatrically hospitalized for a psychiatric illness.
- Suffers from refractory insomnia despite organic work-ups and trialed interventions (including treatment with a BHC).
- Has significant and complex diagnostic issues (after seeing a BHC).

**The PCP may refer the patient directly to the psychiatrist, if the patient has clearly established any of the following diagnoses or other conditions that may need specialty psychiatric management:**

- Schizophrenia and other psychotic disorders
- Bipolar spectrum disorders
- Chronic, severe, or treatment refractory Major Depressive Disorder
- Chronic, severe, or treatment refractory Anxiety Disorders
- Severe Posttraumatic Stress Disorder

**Referring Patients with Substance Use Disorder**

The PCP may consider referring the patients with a substance use disorder (who are motivated and sufficiently cognitively intact) to be assessed to participate in the Intensive Outpatient Program or other substance use disorder treatment through our specialty Addiction Services program. Contact the Operations Coordinator (Karen Winther, 505-291-2504) for more information regarding referrals.

**Urgent/Emergent Consults**

If a patient reports current suicidal or homicidal ideation or scores positive on a suicide risk assessment (via the support of the BHC). PMG’s Suicide Management Guidelines may be used for immediate evaluation and disposition. The PCP may also use the .bhriskassessment smartphrase to assist in assessing and delineating risk and disposition planning.

**Returning Patients to Primary Care**

Once a patient becomes psychiatrically stable and remains on commonly prescribed psychiatric medications, the Psychiatric Provider can refer the patient (with the patient’s awareness and agreement) back to a PCP for continued medication management. A stable psychiatric patient is defined as a patient who:

- Is taking no more than two psychotropic medications (excluding sleep medications).
Has had no change in medication during the past six months.
Has not required psychiatric hospitalization in the past year.
Does not require a relationship with a Behavioral Health Provider to ensure the stability of the patient.
Is experiencing complete and/or sustained remission of substance dependence disorders for one year.

The Psychiatric Provider retains responsibility for the care of patients with schizophrenia, schizoaffective disorder, bipolar disorder, severe posttraumatic stress disorder, and severe recurrent treatment-resistant depression or anxiety.

**Primary Care Team Responsibilities**

<table>
<thead>
<tr>
<th>Role</th>
<th>Responsibilities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Primary Care Physician, PA, or CNP</strong></td>
<td>Leads care team to pursue the goal that patient healthcare needs are diagnosed and addressed</td>
</tr>
<tr>
<td><strong>Access Provider</strong></td>
<td>Provides same day care within the clinic</td>
</tr>
<tr>
<td><strong>Primary Support (MA/LPN)</strong></td>
<td>Performs visit planning&lt;br&gt;Assists with procedures, treatments, visit closure</td>
</tr>
<tr>
<td><strong>Team Nurse (RN)</strong></td>
<td>Provides nurse visits&lt;br&gt;Manages messages&lt;br&gt;Manages medication refills according to protocol</td>
</tr>
<tr>
<td><strong>Care Manager (RN)</strong></td>
<td>Provides patient education and health coaching&lt;br&gt;Identifies care gaps and performs outreach to patients for disease management&lt;br&gt;Coordinates disease management education events</td>
</tr>
<tr>
<td><strong>Behavioral Health Clinician (BHC)</strong></td>
<td>Assesses and treats mental, emotional, and behavioral aspects of health&lt;br&gt;Provides support during clinic hours for patients in crisis&lt;br&gt;Participates in management of patients with complex behavioral illness</td>
</tr>
<tr>
<td><strong>Pharmacist Clinician (PhC)</strong></td>
<td>Helps manage patient medications&lt;br&gt;Oversees anticoagulation management&lt;br&gt;Provides cost-effective pharmacotherapy for chronic diseases such as diabetes, high cholesterol, high blood pressure, and congestive heart failure</td>
</tr>
<tr>
<td><strong>Medicare Advantage Nurse Navigator</strong></td>
<td>Identifies care gaps related to Medicare Star measures and pends orders on behalf of the PCP&lt;br&gt;Gathers supporting documentation for HCC diagnosis to assist the PCP with assessment and documentation</td>
</tr>
<tr>
<td><strong>Nurse Navigator</strong></td>
<td>Welcomes and orients the patient to Presbyterian&lt;br&gt;Abstracts the patient’s medical history in the EHR</td>
</tr>
<tr>
<td><strong>Care Coordinator (Case Manager)</strong></td>
<td>Assists in coordinating a patient’s progress through the healthcare system (for high risk and capitated patients)</td>
</tr>
</tbody>
</table>
This workflow shows how PCBH supports Primary Care Providers in caring for patients who have behavioral health conditions.
Patient Education and Shared Decision Making

PCMH providers engage patients in their health care decision making as part of care planning and treatment. For some diagnostics and preference-sensitive treatments, providers can leverage Choosing Wisely® materials to help guide the conversation. Choosing Wisely® provides lists of evidence-based recommendations, created by national medical specialty societies (including the American Psychiatric Association), for clinicians and patients to discuss together.

All members of the care team provide patient education as part of their role to educate patients and to help guide treatment planning. BHCs routinely provide patient education through a series of resources and highlights focusing on a wide variety of conditions.

Measures of Success

<table>
<thead>
<tr>
<th>Objective</th>
<th>Measure</th>
<th>Aligns with Aim</th>
</tr>
</thead>
</table>
| Optimized access to behavioral health services | • Visit volumes  
• Patient satisfaction surveys  
• Access measures | Exceptional Experience |
| Improve health outcomes          | • PHQ-2 completion rate  
• PHQ-9 completion rate, when PHQ-2 is positive  
• % of BHCs who meet QIP criteria | Better Health |

PHQ data are reported on the Primary Care Service Line Scorecard (PresNet)¹ which is reviewed monthly by a PCMH workgroup.

Future Work

Optimize Behavioral Health Documentation in EPIC
EPIC-based universal screening and assessment tools for a variety of behavioral disorders (e.g., depression, anxiety, sleep, PTSD, ADHD, etc.) will be implemented, along with standard processes for assessing and treating patients. Likewise, Epic’s Routing Comments function will facilitate communication between between BHCs and PCPs.

Standardize Appointment Scheduling
The PCBH work group is developing scheduling templates, with shorter appointment times (30 and 45 minutes), to accommodate seeing more patients per day.

Analyze Depression Screening
An Evidence-Based Care Design project led by Fauzia Malik will report the efficacy of the EPIC-guided process for depression screening in the primary care setting.

¹ PHS network login is required to access this link.
Pilot an Alcohol Use Disorder Self-Management Tool
The PCBH work group is piloting a web and app-based program, Checkup & Choices®, with primary care patients. This tool gives patients evidence-based feedback on their drinking habits and can guide patients to self-manage (reduce or quit) their alcohol or other substance use consumption.

Glossary

Behavioral Health Clinician (BHC)  A professional in the behavioral aspects of health. A BHC can help a patient with habits, behaviors, stress, or emotional concerns that get in the way of daily life and/or overall health. The BHC works with the patient’s Primary Care Provider to provide a holistic approach to becoming healthier and improving quality of life. The BHC also provides brief intervention for patients who need it. The BHC may also refer the patient to specialty behavioral health services. The BHC will document any assessments and recommendations in the patient’s medical record; a separate mental health record is not created.

brief intervention  Typically, the BHC will suggest a solution-focused, action-oriented plan of care that can be accomplished in anywhere from 1 to 6 appointments.

Patient-Centered Medical Home (PCMH)  The patient-centered medical home is a way of organizing primary care that emphasizes care coordination and communication. Medical homes can lead to higher quality and lower costs, and can improve patients’ and providers’ experience of care.

References and Resources

Clinical Care Model
- Depression in Adults
- Patient-Centered Medical Home (PCMH)

Quick Guide
- Primary Care Behavioral Health (PCBH)

Resources: PHS login required
- Suicide Management Guidelines

Additional Resources
- Behavioral Health Integration Learning Events (PCPCI)
- Choosing Wisely® Lists
- Dissemination of Integrated Care Within Adult Primary Care Settings: The Collaborative Care Model (APA)
- Healthy People 2020: Mental Health Objectives
- Lexicon for Behavioral Health and Primary Care Integration (AHRQ)
- Primary Care in Behavioral Health (SAMHSA-HRSA)
- The Academy: Integrating Behavioral Health and Primary Care (AHRQ)