Behavioral Health Integration in OB/gyn settings

Helen Bellanca, MD
Katie Snow, LCSW

Presented by OREGON PERINATAL COLLABORATIVE
**OPC subcommittee**

- **Maternity Model of Care subcommittee 2013-2105**
  - Focus on Behavioral Health Integration
  - Created the **Oregon Family Well-Being Assessment**
    - Screens pregnant women for mental health, substance use, domestic violence, basic resource needs, supportive factors

- **Re-boot of committee in 2016: Oregon Family Well-Being Assessment Implementation Workgroup**
  - OFWBA is actively in use in 7 OB/Gyn clinics
  - Providence will launch in 4 clinics soon
  - Data will land in the Oregon Maternal Data Center
  - Contact: helen@healthshareoregon.org
Project Nurture

- Integrated substance use treatment and maternity care

- 3 locations in Portland metro area:
  - Legacy midwifery clinic
  - CODA on E. Burnside
  - Providence Milwaukie clinic

- All pregnant/postpartum women with any substance use disorder welcome

- Sites provide maternity care, infant care, addiction treatment and coordination, methadone/buprenorphine if needed, care coordination and peer support
Project Nurture

To refer women:

- Legacy site:
  Chelsea Barbour 503-413-2215

- CODA site (primary opiate addiction):
  Alison Noice 1-855-SEE-CODA

- Providence Milwaukie site:
  Karla Pearcy-Marston 503-513-8950
Behavioral Health Integration

- Screen all women for mental health, substance use, domestic violence, basic resource needs with OFWBA or other tools

- Refer out to Project Nurture for substance use disorders

- Refer out to specialty mental health or community services

- Consider integrating behavioral health clinicians into your practice
Who are Behaviorists?

- Licensed Clinical Social Workers (MSW)
- Psychologists (PsyD or PhD)
- Some LPC’s or LMFT’s--no Medicare reimbursement
- Must be licensed and able to be credentialed with insurance panels
- Mental health therapists interested in working more collaboratively in a health care environment
- Most aren’t specifically trained for behavioral health-use of existing skills in different context
- Contract Agencies like Lifeworks Northwest
- Contract agency for Integrated Behavioral Health at Women’s Healthcare Associates, Virginia Garcia Clinics, Neighborhood Health Center, Wallace Medical Concern
- Community Mental Health Agency: Spectrum of prevention, addiction and mental health services across the lifespan serving 18,000 clients per year
- Working in integrated care for 14 years and with Women’s Healthcare Associates about 4 years
Team-Based Care

- Hospitals/deliveries/surgeries
- Nurses or MA’s
- Physical Therapists
- Behavioral Health or Mental Health
- Medication/Pharmacy
- Labs Ultrasounds

Provider

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Major functions of Behaviorists

Provider consultation and training

Crisis response and safety planning

Address health issues impacted by stress, lifestyle factors in 1-6 sessions

Assess mental health status and link to appropriate level of care

Respond to Well-Being Assessment Flags
What is Behavioral Health?

| **Short –term:** | normally 1-6 sessions |
| **Brief:** | 20-30 minute follow up appointments, longer for first appointment/assessment |
| **Focused:** | work to improve physical health through lifestyle changes (any health issue impacted by stress/anxiety/depression/poor self care) |
| **Action-oriented:** | focus on what patient can do today to function better |
| **Skill development:** | shifting negative thought patterns, overcoming barriers, self care, meditation, relaxation, safety, boundaries, communication |
| **Assessment and referral:** | Determine appropriate environment for care of more severe mental health conditions, help make connection |
| **Evidence-based:** | Cognitive Behavioral Therapy, Dialectical Behavioral Therapy Skills, Motivational Interviewing, Acceptance and Commitment Therapy, Solution Focused Therapy |
Behavioral Health is NOT.....

<table>
<thead>
<tr>
<th><strong>Comprehensive mental health care:</strong></th>
<th>Does not attempt to treat complex mental health issues (assess and refer, support connection)</th>
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<tbody>
<tr>
<td><strong>Case Management:</strong></td>
<td>Helps with referrals, not ongoing care coordination</td>
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<td><strong>Long term:</strong></td>
<td>Normally limited to 1-6 sessions</td>
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<td><strong>Process-oriented:</strong></td>
<td>Those who benefit most from verbal processing vs skill development will likely be referred to ongoing mental health care</td>
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<td><strong>A silver bullet:</strong></td>
<td>Behaviorists work within context of patient’s level of motivation and readiness for change. Most will benefit in some way even if benefit is simply renewed focus on self-care</td>
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How can the behaviorist help medical providers?

- Assistance with **engaging** patient in treatment
- Reduce provider **time with patient**
- Assess for barriers to engaging in care and gain a deeper **understanding** of patient’s life circumstances
- Recommendations on matching treatment **approach** with patient’s level of motivation and existing barriers
- Make recommendations regarding status and treatment of **mental health issues**
- **Connect** patient with ongoing mental health and substance abuse treatment
- **Fill gap in care** for women experiencing perinatal anxiety and depression who may otherwise be unlikely to access mental health care
- Provide intervention and support when patients are upset, anxious, overwhelmed, suicidal or otherwise in **crisis**
A word about billing

- Behavioral health is billed using Health and Behavior CPT codes, not Mental Health codes

- Encounters of 15 minutes or greater may be billed

- Documentation mirrors provider documentation and strives to be concise, understandable and useful to clinicians
# Common Behavioral Health Diagnoses/Billing Codes

<table>
<thead>
<tr>
<th>GYN Patients</th>
<th>OB Patients</th>
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<tbody>
<tr>
<td><em>Remember that anxiety or depression are not billable diagnoses for behavioral health unless the patient is pregnant (then use 099.34)</em></td>
<td><em>Most OB patients will fit under 099.34 “Mental Disorders Impacting Pregnancy” (you can change the name of the problem to anxiety or depression if preferred as long as the code is still used)</em></td>
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<tr>
<td>Decreased Libido R68.82</td>
<td>Gestational Diabetes O24.410</td>
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<tr>
<td>Diabetes – Type 2 E11.9</td>
<td>Gestational Hypertension O13.9</td>
</tr>
<tr>
<td>Dyspareunia F52.6</td>
<td>Hyperemesis Gravidarium 021.0</td>
</tr>
<tr>
<td>Fatigue R53.83</td>
<td>Mental Disorders Impacting Pregnancy 099.34</td>
</tr>
<tr>
<td>Infertility N97.9</td>
<td>Nausea and Vomiting in Pregnancy O21.0</td>
</tr>
<tr>
<td>Insomnia G47.0</td>
<td>Post Partum Depression 099.345</td>
</tr>
<tr>
<td>Headaches R51</td>
<td>Substance use/abuse of any kind</td>
</tr>
<tr>
<td>Palpitations R00.0</td>
<td>Grief and crisis related to adverse ultrasound or genetic findings/ pregnancy loss/miscarriage</td>
</tr>
<tr>
<td>Hypertension I87.309</td>
<td></td>
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<tr>
<td>Menopausal Symptoms N95.1</td>
<td></td>
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<tr>
<td>Migraine G43.909</td>
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<tr>
<td>Obesity E66.9</td>
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<tr>
<td>Pelvic Pain R10.2</td>
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<tr>
<td>PMDD N94.3</td>
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<tr>
<td>Sexual Dysfunction R37</td>
<td></td>
</tr>
<tr>
<td>Shortness of Breath R06.2</td>
<td></td>
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<tr>
<td>Tobacco user Z72</td>
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No, but really, what will a behaviorist do with my patients?

- **Warm Handoffs/Integrated Visits:** Behaviorist brought into exam room by provider for introduction/scheduling or brief intervention

- **Initial Assessment:** 45-60 minutes in length (longer than typical primary care initial visit of 20-30 mins), build rapport, highlight strengths, assess for readiness for change, obtain mental health and addiction history, determine appropriate level of care, current functioning, barriers to change, realistic goals, referrals, follow up plan

- **Follow up visits:** 20-30 minutes, check on action steps, highlight successes, problem solve barriers, teach new skills, set new goal and make follow up plan
Lessons learned

- Provider buy-in is key: startup can be slow
- Unique workflows, documentation, billing for behavioral health—additional nuances for OB/gyn vs primary care
- Patients and providers appreciate the quick intervention and ability to rely on “more than just medication” for perinatal mood disorders, chronic pain, PMDD, mood issues related to menopause and more
- Behaviorists can help with systems issues: Women’s Healthcare Associates’ response to the opiate crisis
WHA Addictions/Drug Dependency Pilot

- Group of about 10 WHA medical providers and behaviorists from Northwest Perinatal Center and Oregon City convened in March 2015 to address growing concerns about the number of pregnant women entering care on long-term opiates.

- Result of 15 months of conversation and research was pilot project aimed at addressing clinician education and establishing consistent workflows and guidelines for care. At NWP this effort has primarily been implemented by the behaviorist.

- Accomplishments 4 months into pilot:
  - All providers at pilot sites signed up for ORPDMP (from 5% to 100% participation)
  - Consistent UDS protocol aimed at transparency and fairness in place
  - Educational efforts well underway; providers and support staff receiving training in Safe opiate prescribing, SBIRT, Motivational Interviewing, ACES and Trauma-informed care
  - Significant decrease in opiate prescriptions for pregnant women in favor of MAT and other therapies
  - Improved coordination and collaboration with Primary Care and Addiction care providers
Questions?

Katie Snow, LCSW
Behaviorist, Clinical Supervisor for Integrated Behavioral Health at WHA/Lifeworks NW
ksnow.contractor@whallc.com
503-734-3542