8:00am - Kate

**BEGIN RECORDING**

Welcome
**KATE**
Since we have so many people on the line everyone is and will remain on mute throughout the presentation. We do have a couple chances for you to chime in during the presentation – when those come up you can send us your comments through the chat box on your GoToWebinar Control Panel. We also have time set aside to take your questions, which we welcome you to submit via the question pane on your GoToWebinar control panel. No need to wait for Q & A to submit questions – please send them as you have them. The one question I can anticipate is about the slides from today – the slides, along with a recorded version of the webinar and BI-CAT tool, will be posted to pcpcl.org by 5pm today. We will also send all webinar participants a link to the recording, slides and additional materials after the webinar.
Kate
The Institute is a public-private partnership launched in 2012 with the support of the Oregon Health Authority & Northwest Health Foundation and managed by Quality Corp. Together with the experts we partner with, our goal is to get primary care practices connected to a broad array of technical assistance as they work towards the patient-centered primary care home, or medical home, model of care. We work to serve practices at all stages of transformation and to build capacity and create alignment to support ongoing transformation and quality improvement in Oregon.

We encourage you to visit our website (www.pcpci.org) to access resources, including previous webinars. You can sign up for our email list on the website, which is how we will announce additional web-based and other training opportunities or Institute programs in the future.
Like I mentioned, the Institute aims to help primary care practices achieve recognition as a primary care home through the state of Oregon’s Patient-Centered Primary Care Home, or PCPCH program. The model is a set of standards organized under six core attributes which you see here. You can visit the PCPCH program website at primarycarehome.oregon.gov to learn more.
Start at 8:05am - Kate introduces Patti
Patricia J. Robinson, PhD, has explored integrated care from the perspective of a clinician, researcher, trainer, and health care consultant for over twenty years. Dr. Robinson has worked on behavioral health integration with providers across the country including the HRSA Bureau of Primary Care, the U.S. Air Force and U.S. Navy, Kaiser Permanente, and many city and county health departments. She is an author of numerous articles and book chapters and has published six books, including Real Behavior Change in Primary Care: Improving Patient Outcomes and Increasing Job Satisfaction (New Harbinger, 2010), Behavioral Consultation and Primary Care: A Guide to Integrating Services (with Jeffrey T. Reiter) (Springer, 2007), and Brief Interventions for Radical Change: Principles and Practice of Focused Acceptance and Commitment Therapy (New Harbinger, 2012).

Patti reviews her experience (2 minutes)
Today

1. Brief overview of PCBH Model
2. Provide a self-assessment tool for evaluating current competency level
3. Describe average and exemplary competency levels in specific brief intervention skill areas
4. Encourage peer-supported career development planning to improve competency level in one or more areas

Patti – Review agenda (1 minute)
Start at 8:08am Review two acronyms (1 minutes)
PCC (includes physicians, as well as NPs and PAs)
BHC - Behavioral Health Consultant – sometimes called a Behaviorist
**Primary Care Behavioral Health (PCBH) Model**

- Mental health professional in primary care setting
- Behavioral Health Consultant
- **Brief Interventions & Pathway Services**
  - One-on-One
  - Screening
  - Classes or workshops
  - Group visits
  - Step up, step down

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8:09am – Patti briefly summarizes important parts of PCBH model (5 minutes)

**Mental health in primary care** – need to change approach to fully integrate into primary care setting – **explain what is different** Embeds mental health professional within primary care setting to serve as a Behavioral Health Consultant (BHC) to: improve detection, diagnosis and treatment of psychological issues & Assist patients in developing skills needed to improve and maintain good health

**BHC** is part of the primary care team – documents in the same record, serves as a consultant to the PCC

**Brief Interventions** are 15 – 30 minutes, including time to: set agenda, obtain snapshot of patient’s life context, conduct target problem analysis, educates patient, teach skills for patient to practice between appointments, monitor adherence and acquisition of skill mastery, inform clinical team plan

**Pathways** - target a patient population that has high impact (by numbers or by way or presentation); pathway applies the evidence for the care of the targeted population; respectful of local resources; seeks to improve efficiencies; specifies outcomes used to evaluate processes and outcomes
8:14am – Kate review resources on the PCPCI website – Kate (1 minute)

The Institute recently hosted 3 weeklong trainings on behavioral health integration. During training we requested applications for, and subsequently selected, three organizations to serve as “best practice sites.” These sites will receive individual coaching from Dr. Robinson in the coming weeks and continue to serve as examples to other clinics looking to adopt the Primary Care Behavioral Health model. In that vein, two of the three were able to join us today to share some of their experience with the model, as well as the competency tool Dr. Robinson will cover later in the webinar. Before I turn it over to Patti, I want to introduce our guests.
Kate introduces guests (2 minutes)

Brian Chao, Psy.D. is a licensed psychologist in the state of Oregon and currently a Behavioral Health Consultant at Rosewood Family Health Center in SE Portland. Dr. Chao graduated from George Fox University and currently resides in the Portland metro area.

Brian Sandoval is a licensed psychologist and is the current program manager for Primary Care Behavioral Health at the Yakima Valley Farm Workers Clinic. Prior to his position at YVFWC, Brian was employed at Providence Medical Group and completed a postdoctoral fellowship in primary care at Access Community Health Centers in Madison, Wisconsin. Brian and his wife currently reside in Damascus, OR.

Jacque Travis is the Behavioral Health Consultant at Peacehealth Medical Group, Eugene working to support Primary Care Providers to improve access to behavioral health care interventions at time of medical visit. With more than 25 years of inpatient psychiatric care experience from a care coordination perspective, Jacque has focused on integration of behavioral health with primary care for five years. She earned a master's degree in education: counseling and guidance from California State University in San Luis Obispo with post-graduate trainings including a recent certificate from the University of Massachusetts, Worcester in Primary Care Behavioral Health.

Kate turns it over to Patti to ask questions
8:17am – Patti interviews BHCs (15 minutes) Everyone please be mindful of timing in your replies (i.e. keep it short if we start later than 8:17am) Patti to ask questions and follow-up questions

1. What part of the model appeals to the reality of your work?
   Brian: Access (1 hour appt not good use of resources, less stigma)
   Jacque: Teaching a skill they can use today, team will support

2. What progress have you made influencing PCCs and nurses?
   Brian: PCCs see efficacy and opening up; promoting more health related referrals
   Jacque: They want the help, feel BHCs reduce their workload

3. Challenges
   Brian: Workflow that maximizes use of BHC
   Jacque: Phone follow-up and interventions / need to let go of that and focus on same-day and face-to-face – better for patients and BHCs (get more real-time feedback on what you are doing; relationship is more rewarding)
Why Be Brief?

What are the benefits of brief visits? Share your ideas in the GoToWebinar Chat box.

8:32am (3 minutes)
“The PCBH model emphasizes brief interventions – why is it important to be brief?”

Ask for audience to write into chat box – read answers as they come in.

BHCs to chime in for any that are missing.
8:35am – Patti (2 minutes)
Quickly review list, emphasize those the audience didn’t come up with (“Most of these were listed, but a few we didn’t hear were...”)

Brief is Better!

- **Resource Requirements**
  - Too many patients
  - Too few providers – PCC, RN, BHC
  - Too few rooms
  - Limited reimbursement

- **Patient Preference**
  - Service at the time of request
  - Focus on problem of concern to patient
  - Intervention fits with world view
  - Plan based on patient strengths and abilities
  - Clear action steps
PCBH Brief Competencies

Specific knowledge and skills demonstrated through content evaluations and evaluation of skills in simulated and real world practice

1. Primary Care Context
2. Intervention Design
3. Intervention Delivery
4. Outcome Based Practice

8:37 – Patti – Tool is posted on webinar page (3 minutes)

Review tool scale and reason for the domains
Competency ratings: Low, Adequate, Exceptional
### Domain 1: Primary Care Context

1. Understand the most common problems of clients in your setting and promote their access to your services for these problems (e.g., shape services for high impact populations and market to them)?

2. Address barriers to client access of your service (e.g., minimize stigma, select optimal location, clinic hours of operation)?

3. Work to share your skills with other members of your team so that they can support your interventions (e.g., offer transparent descriptions of interventions)?

4. Define the demands of your practice setting and make necessary adjustments to your practice (e.g., numerous clients and limited providers / shorten visit times)?

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8:40am – Patti Review Domain/specific questions (2 minutes)

Item #3: Jacque: Care Core Team Member: is sharing with SW members: teaching interventions once a month; also with PCCs – very responsive
Start 8:42
Patti Review Domain/specific questions (2 minutes)

Brian and Brian
#1 – use script to introduce self
#2 – Target Problem: Being able to structure your visit on target problem and ways to improve functional gain
## Domain 2: Intervention Design

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<tr>
<td>5.</td>
<td>Focus on small changes, “one step at a time”?</td>
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<td>6.</td>
<td>Frame intervention as “an experiment to see what happens.” Create permission to fail?</td>
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<tr>
<td>7.</td>
<td>Identify and address barriers to patient’s follow through with behavior change plans?</td>
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<td>8.</td>
<td>Assess confidence in behavior change plan at all visits?</td>
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<td>9.</td>
<td>At follow-up encourage patient to take ownership of behavior changes?</td>
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**Start 8:44**

Patti Review Domain/specific questions (2 minutes)
**Domain 3: Intervention Delivery**

1. Establish a care pathway (or routine procedure) for consistent delivery of acceptable, effective interventions for common problems presented by clients (e.g., skill groups for patients with depression and/or lifestyle problems, workshops for patients with high stress or parenting concerns)?

2. Offer groups to clients to enhance access to skill practice and social/emotional support (e.g., group medical visits for patients with chronic pain or patients with diabetes)?

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**Start 8:46**

**Patti Review Domain/specific questions (2 minutes)**

Brian and Brian: Next step going from horizontal to vertical integration – chronic pain
## Domain 4: Outcomes Based Practice

1. Use outcomes tailored to assess brief interventions (e.g., problem severity rating)?

2. Demonstrate willingness and ability to change intervention based on assessment results (e.g., confidence rating)?

3. Use outcomes in aggregate to evaluate the effectiveness of your practice (e.g., client’s mental health or health-related quality of life scores at initial and follow-up visits)?

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**Start 8:48**

Patti Review Domain/specific questions (2 minutes)
**KATE 8:50am
Ask for Questions – while we are gathering them we will have you think about applying these concepts in your own career or practice
Using the BI-CAT In Your Career Development Plan

- What are your 3 BI-CAT targets?
- Who do you know that is a little better than you in these areas?
- Who cares about your career?
- Who do you trust to ask for support?
- When will you check in?

While we’re gathering questions, ask audience to spend a few minutes thinking about their career development, or how they can go about improving some of these skills OR supporting others on their team to develop their skills.
Thank you!

- Resources available online
  - [http://www.pcpci.org/resources/browse](http://www.pcpci.org/resources/browse)
  - Search ‘Behavioral Health Integration’

- Please complete post-webinar survey

Wrap at 9am