Primary Care Behavioral Health

Program Development

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Arizona State University, Doctor of Behavioral Health Conference on Primary Care Behavioral Health
The Requisite (and boring) Objectives Slide

By the end of this training, participants will be able to:

- Identify specific factors and characteristics that organizations need to successfully host integration programs.

- Identify specific characteristics of personnel needed to staff successful programs.

- Describe strategies for supervising and developing staff commensurate with program lifecycle characteristics.
Once upon a time . . .
THE LONG & LONELY ROAD TO BHC’ING
The Long & Lonely Road To BHC’ing

- Know your history (& other professions’) & don’t repeat the mistakes
THE LONG & LONELY ROAD TO BHC’ING

• KNOW YOUR HISTORY (& OTHER PROFESSIONS’) & DON’T REPEAT THE MISTAKES

• WE NEED TO NURTURE LEADERS IN PCBH, NOT JUST CLINICIANS
THE LONG & LONELY ROAD TO BHC’ING

- Know your history (& other professions’) & don’t repeat the mistakes
- We need to nurture leaders in PCBH, not just clinicians
- We need a national vision for PCBH
BE
INSANELY
GREAT
Simplicity

Aesthetics
Simplicity
Aesthetics
Attention to detail
Simplicity
Aesthetics
Attention to detail
Single-mindedness
Simplicity
Aesthetics
Attention to detail
Single-mindedness
Legacy
Simplicity
Aesthetics
Attention to detail
Single-mindedness
Legacy
Make A Dent In The Universe
Netbook

Slow
Low quality displays
PC software
Clients come to us for care
The Old Vision

- Clients come to us for care

The New Vision

- We go where patients want us to be, hence, primary care
The Old Vision

- Clients come to us for care
- We get paid for our value in working with individuals

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- We go where patients want us to be, hence, primary care
- We get paid for our value in helping primary care manage populations
The Old Vision

- Clients come to us for care
- We get paid for our value in working with individuals
- We work for ourselves

The New Vision

- We go where patients want us to be, hence, primary care
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• Ancillary to the larger movements in healthcare

The New Vision

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• We get paid for our value in helping primary care manage populations

• We work for our primary care teams and the health system
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- Ancillary to the larger movements in healthcare

The New Vision

- We go where patients want us to be, hence, primary care
- We get paid for our value in helping primary care manage populations
- We work for our primary care teams and the health system
- Central to the patient centered medical home
Behavioral health consultants in every group primary care practice
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100% access to behavioral health care through 100% access to primary care
Behavioral health consultants in every group primary care practice

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Consistent disciplinary standards for what constitutes behavioral health consultation
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Create a new research paradigm to support intervention at the population level with the new health delivery system in mind
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Consistent disciplinary standards for what constitutes behavioral health consultation

Train mental health professionals with a professional identity as servants of the larger health system

Create a new research paradigm to support intervention at the population level with the new health delivery system in mind

Pay for quality of work and quantity of impact
Exemplars In Program Development
A Tale Of Two Clinics

Lawndale Christian Health Center: The Best of Times, The Worst of Times

~

Access Community Health Centers: Fertile Ground, Model Program
Lawndale

- Good people, poorly organized
Lawndale

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  - Clinic cycle times were poor due to architectural and personnel arrangements
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- Leadership: Much of the program development was based on my effort leading to poor ownership of the program by the staff and clinic
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<td>Organizational</td>
<td>Overfunction</td>
<td>High strain on myself and my staff</td>
</tr>
<tr>
<td>Hiring</td>
<td>Sought warm bodies</td>
<td>Underperforming and unhappy staff</td>
</tr>
<tr>
<td>Leadership</td>
<td>I made things happen</td>
<td>Stunted program growth</td>
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- Leadership: Much of the program development was based on my effort leading to poor ownership of the program by the staff and clinic
Access

- Good people, great organization (smaller scale)
Access

- Good people, great organization (smaller scale)
  - Small organization with substantial infrastructure
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- Good people, great organization (smaller scale)
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  - Good communication and strong provider leadership
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- Leadership: I developed a staff model that expects and enables greatness (distributed leadership)
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Preceptor supervision vs. traditional

Flourishing
They’re both still standing
A Recipe For Great Organizations & Great Teams
### Communication

- Multiple methods & tools (which decrease utilization of email and meetings)
- Frequent, timely (to solve problems quickly)
- Distributed (not all coming to you)
- BHC Director should be part of clinic leadership

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<th>Tool</th>
<th>Purpose</th>
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<tr>
<td>Skype</td>
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<tr>
<td>Google+</td>
<td>Group video meetings</td>
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<tr>
<td>Text, Calendar, Apps</td>
<td></td>
</tr>
<tr>
<td>Do</td>
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Create ‘The Office’
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- Treat your talent well - nurture careers not just productivity
- Diverse roles justify non-clinical time
- Work with the tension between old and new professional identity
- Work on group cohesion as the main buffer to stress
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- Treat your talent well - nurture careers not just productivity
- Diverse roles justify non-clinical time
- Work with the tension between old and new professional identity
- Work on group cohesion as the main buffer to stress
- Hire the right talent: flexible, not wedded to their specialty identity, multi-tasking, high energy, program development skills, like pharmacology
Take A Crash Course In Healthcare Economics

- Learn how your organization’s finances work
- Learn how your local healthcare system works
- Learn what your team’s impact is on the clinic’s bottom line
- Start skating to where the puck will be (or skate to space)

Don’t chase after money recklessly compromising the core vision of your program
Access: An Exemplar
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<td>Average Production Per BHC (Charges)</td>
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<td>$108,955</td>
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<td>Percent of Disparity Accounted For By Payor Mix</td>
<td>48%</td>
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BHC is 4% of ACHC budget, 12% of medical budget
Access: An Exemplar

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$175,067
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Average BHC BH (Net)
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Bottom line impact on overall budget
-$691,387
Gives me the organizational real-world impact

BHC is 4% of ACHC budget, 12% of medical budget

Expenses
- Personnel: 618,080
- Fringe benefits: 147,767
- Facilities and space: 42,146
- Other: 36,387
- Supplies: 920
- Contractual: 84,684
- Depreciation: 2,975
- Equipment - minor: 1,164
- Travel: 87
- Uncollectable patient accounts: -

Subtotal - direct expenses: 934,230

Administrative expense allocation: 102,029
Clinical expense allocation: 319,755

Total expenses: 1,356,014

Subsidy required - grants and donations: 691,387

Net Bottom Line: £691,387

Gives me the organizational real-world impact
Access Exemplar: Skating To Space
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• Following state specific policy regarding ACA
Engage, But Don’t Obsess
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Provider satisfaction
Engage, But Don’t Obsess

Provider satisfaction

Team efficiencies
Engage, But Don’t Obsess

Provider satisfaction

Team efficiencies

Clinic leadership
Engage, But Don’t Obsess

Provider satisfaction

Team efficiencies

Clinic leadership

Customer satisfaction
Engage, But Don’t Obsess

Provider satisfaction  Team efficiencies

Clinic leadership  Internal organizational consultants

Customer satisfaction
What To Do With Lemons: Working With Less Than Ideal Conditions
Exemplars
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- Chaotic clinic leadership
- Poor relationship between organizations sharing staff
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- Do not be afraid to let go of people
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- Serenity prayer
Self Care
Self Care

- Understand the motor that drives you and start to drive it like an expert
Self Care

- Understand the motor that drives you and start to drive it like an expert
- Know when to stop and start, when to slow down, when to do maintenance
Self Care

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- Know when to stop and start, when to slow down, when to do maintenance
- Don’t expect others to do this for you or to notice that this is a need
Understand the motor that drives you and start to drive it like an expert

Know when to stop and start, when to slow down, when to do maintenance

Don’t expect others to do this for you or to notice that this is a need

But do notice this within your staff and establish a culture where self-care, in the context of team unity, is expected
Understand the motor that drives you and start to drive it like an expert

Know when to stop and start, when to slow down, when to do maintenance

Don’t expect others to do this for you or to notice that this is a need

But do notice this within your staff and establish a culture where self-care, in the context of team unity, is expected

Team, team, team: Nothing buffers stress better
Program Life Cycles
And What To Say
‘No!’ To
Piloting

- Building relationships with PCP and administration
- Testing clinic flow
- Building infrastructure of billing, record keeping
Dissemination

- Working to cover all open clinic hours
- Establish team routines and expectations
- Engaging new providers and support staff

Piloting

- Building relationships with PCP and administration
- Testing clinic flow
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Deepen Foundation

- Quality improvement
- More comprehensive data collection and analysis
- Create leadership roles

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- Selling the program constantly
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- Developing staff while meeting day-to-day demands
- Balancing day-to-day demands with ‘administrative’ time
- Selling the program constantly
- Managing growth while consolidating gains, while maintaining focus on core BHC work
Saying No
Saying No

- Say ‘Yes!’ to patients
Saying No

- Say ‘Yes!’ to patients
- Say ‘No!’ to things that distract from the core model and the core of primary care
  - Traditional groups
  - Specialty therapy or psychiatry
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  - Specialty therapy or psychiatry
  - Grants that don’t support BHC work
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  - Specialty therapy or psychiatry
  - Grants that don’t support BHC work
  - Relationships with external agencies that do not align with your mission or with external agencies that are poorly run
  - Researchers who aren’t willing to bend over backwards for primary care
Thanks!