Weaving PC-MHI into the Fabric of PACT

South Texas Veterans Health Care System
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Primary Care Behavioral Health: 2004

Frank Tejeda
Outpatient Clinic

1 Psychologist, 1 Resident
Primary Care Mental Health Integration: 2014

- Frank Tejeda
  - 3 Psychologists
  - 1 PharmD
  - 1 SW
- Balcones Heights
  - 2 Psychologists
  - 1 PharmD
  - 1 SW
- North Central
  - 2 Psychologists
- Shavano Park
  - 1 SW
- South Bexar
  - 1 SW
- Kerrville VAMC
  - 1 Psychologist
- Audie L. Murphy (VAMC)
  - 2 Psychologists
- Care Management (BHL)
  - 2 RNs
  - 3 Psych Techs
- 6 Contract CBOCs
  - Access to closest clinic
Programming

• Staffing

  • 2 Clinical Pharmacy Specialists (Pharm D’s)
    • Leverage Primary Care Provider time
    • Available for medication consultations
    • Frequently run DIGMAs
    • Provide in-service and education to PCPs and RNs, as requested

  • Centralized Care Management: Behavioral Health Lab (BHL)
    • 3 Psychology Technicians: enrollment and initial Core Assessments
    • 2 Nurse Care Managers:
      • Medication Management
      • Alcohol Misuse, Depression, Anxiety, Chronic Pain CM, Referral Management, Watchful Waiting modules
      • Provide Psychoeducation Groups: Anger Management, Pain Management (in development)
Diverse Psycho-educational Groups Available

- Hypertension
- Vascular Risk Reduction
- Mindfulness-Based Stress Reduction
- CBT-Insomnia
- CBT and ACT for Chronic Pain
- CBT and ACT for Depression

Relationships with Primary Care Providers and PACT extended team members
Leadership/Partnership within the Primary Care Service Line

• Embraced use of the team - even before PACT
• Discovered/identified “new role” for PCP
• Discovered/identified “new roles” for others
• Strong relationships: PC/MH/Pharm D’s
• Team members increased in numbers and experience (huddles, team meetings [population management], PACT Collaborative)
How did it Happen?

• Donuts
• Identifying energetic and strong Change Agents, Partners, and Champions (in STX – self identified)
• Finding Space to be together
• Being inclusive
• Clarifying roles and relationships (build teams, break down silos)
Practice Redesign

• Worked to redesign team, redesign roles and redesign tasks
• Identified “new” leadership
• Communication aided by meeting regularly – formally and informally
• Education – can teach the reflective process
• Champions, coaches, facilitators
Distributive Leadership

- Health care teams can maximize the human capacity within their organizations
- What roles are taken on is based on training, licensure, and competency
- Success dependent on PCP and other clinic leaders relinquishing power and control to others
- Success dependent on quality of relationships with others – embrace and respect
Keys to Success

• Executive Leadership Support
• Committed, trained and accountable front line staff
• Strong Champions
• Strong Communication (two way & multiple venue)
• Build teams & break down silos
• Encourage innovation, risk taking and teamwork
• Deploy adequate resources & establish reasonable expectations
• Celebrate success
Primary Care Integration: Shared Medical Appointments
Shared Medical Appointments

• Utilize non-physician providers to their fullest potential
• Patient medical appointments in which a multi-disciplinary/multi-expertise team of providers sees a group of 8-20 patients in a 1.5 to 2 hour visit
• Benefits for Patients
  • Increase accessibility to multiple disciplines/areas of expertise
  • Peer Support/Team guidance
  • Gained sense of control/Improved health
  • Decrease waiting times
  • Improve patient outcomes measures
Shared Medical Appointments

• Benefits for Team Members
  • Develop strong sense of teamwork and camaraderie among different providers
  • Each member brings unique skills to the group
  • Helps to create supportive environment:
    • high staff satisfaction
    • high quality patient care
      • group discussion increases motivation
      • individual titration sessions are utilized
• Team members in a group context are valued more by different disciplines, than when working separately in a large clinic
• Rewards:
  • Witness challenging high-risk patients become better self-managers, teachers, and motivators for other patients
  • Improved clinical outcomes after participation in SMAs
Vascular Risk Reduction Group

- Utilizes an interdisciplinary team
  - Clinical Pharmacy Specialist
  - Behavioral Health Psychologist
  - Dietitian
  - LVN for vitals
- Patients with multiple vascular risk factors, particularly uncontrolled hypertension, dyslipidemia, and/or T2DM
- 1st Half: One member of the interdisciplinary team facilitates the didactic/activity
- 2nd Half: Both providers speak with each veteran individually to assess progress on behavioral goals and disease state management
Hypertension Group

• Utilizes an interdisciplinary team
  • Clinical Pharmacy Specialist
  • Behavioral Health Psychologist
  • Dietitian
  • LVN for vitals
• Rolling enrollment
• Four didactic sessions
• Leverages the provider and nursing appointments for blood pressure follow-up
Health Promotion Disease Prevention

- Role of psychologist as Health Behavior Coordinator to assist PACT in prevention and patient centered care initiatives
- Started nationally in 2010, growth phase initially, now sustainment phase
- Some core roles across all sites, plus additional roles vary by site
Core Roles of HBC: Patient Centered-Care training

• Provide Motivational Interviewing training to PACT staff (RN care managers, LVN, Primary Care providers, and ancillary staff).
• Provide TEACH for Success training to PACT staff.
• Provide follow up coaching for skills acquisition and feedback (clinician coaching).

Training + coaching + system supports $\rightarrow$ change in clinician behavior
"I don’t feel so tired at the end of the day because I’m not trying to convince my patients that they should change.”
-Primary Care Provider

“You guys are very patient and give great feedback.”
-RN Care Manager
Additional Roles (may vary by site)

- Tobacco Cessation
- MOVE! Weight management
- Perform specialty health psychology assessments and interventions (e.g., bariatric surgery evals)
- Education and tools for staff regarding Healthy Living Messages
- Outreach events for veterans
- Staff consultation, burnout prevention, stress management
- Supervises Psychology interns and/or residents or other Primary Care trainees or provide didactics/trainings.
HPDP contributes to a holistic view in PACT

- Personal Health Inventory/Personalized Health Plan
- 9 Healthy Living Messages
- Prevention and Proactive Health and Wellness
- Health Coaching (telephone and group)
Challenges to PCMHI Implementation

• The Basics:
  • Staffing
  • Office space
  • Same-Day access

• Culture Shift
  • Learning how to be a TEAM: communication between disciplines
  • Psychologists’ ability to diversify view of practice (traditional versus PCMHI)