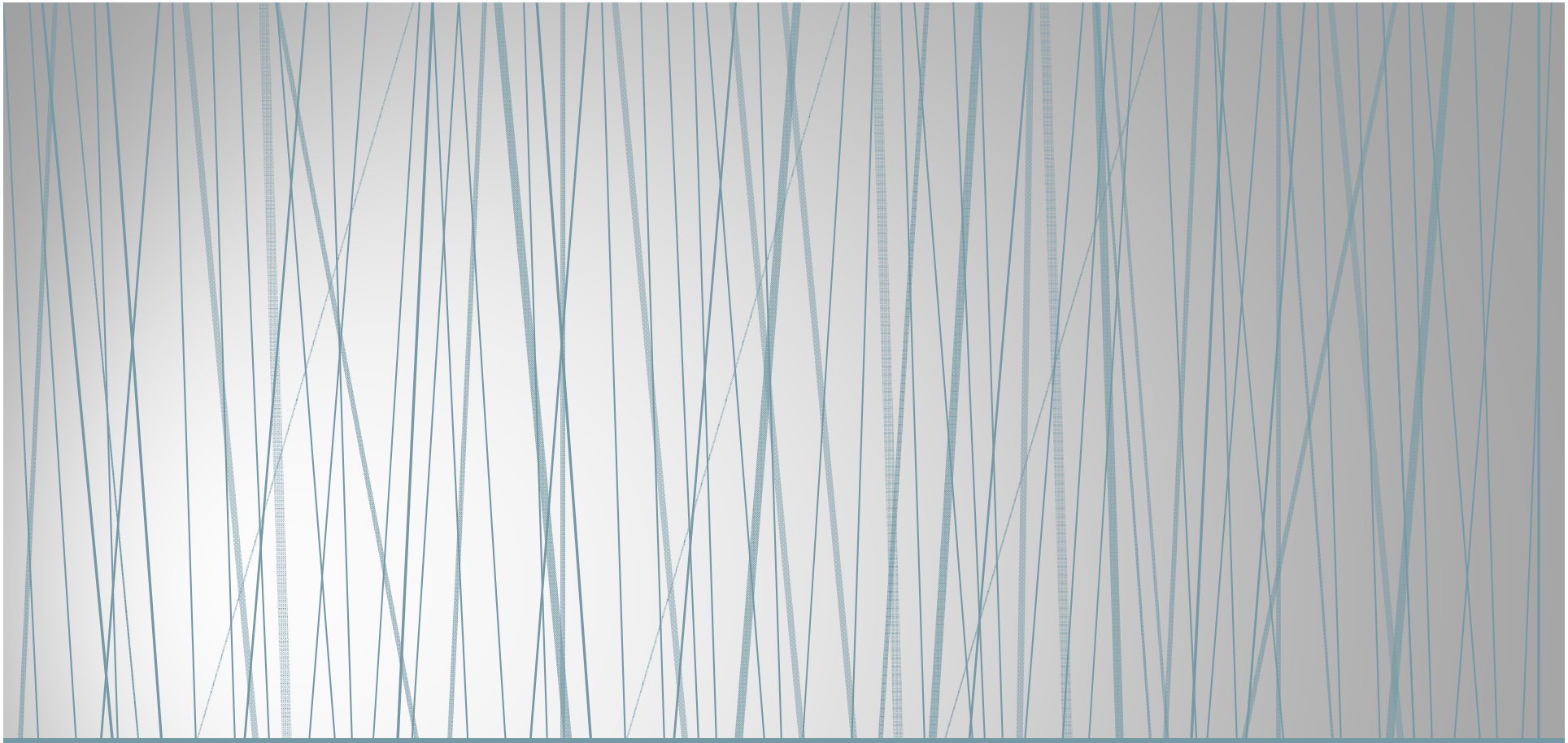
Weaving PC-MHI into the Fabric of PACT

South Texas Veterans

Health Care System



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Disclosure

- No conflicts of interests noted with the program's guest speakers
- Non-endorsement of products
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Primary Care Behavioral Health: 2004

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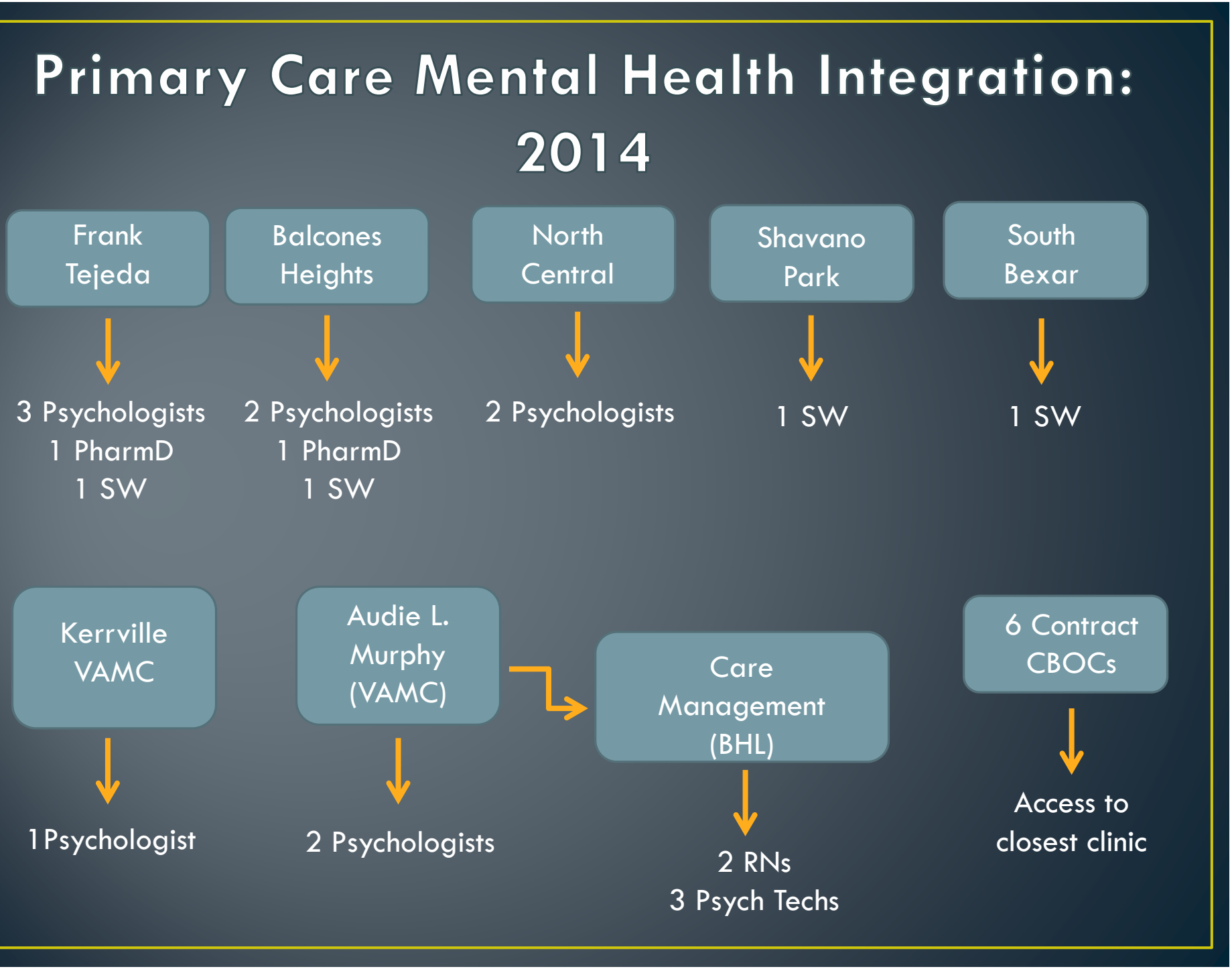
Outpatient Clinic

1 Psychologist, 1 Resident

Primary Care Mental Health Integration: 2014



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)

Programming

- 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

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 → change in clinician behavior**

HPDP & PACT: Engaging

"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

A shift in perspective of Veteran Care

Your Coaches…we're not scary!

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)