Primary Care Behavioral Health Integration:
Bringing the Biopsychosocial Model to the Frontlines at the VA

Julius A. Gylys, Ph.D.
Director of Primary Care Behavioral Health
North Florida/South Georgia Veterans Health System
Acknowledgments

- AVAPL Conference Committee
- VA Office of Mental Health
- WRJ and BHL Sites
- PCBH Team at NF/SG VHS
- Psychology Leadership at NF/SG
Overview

- Primary Care Behavioral Health Integration
- The Veterans Affairs OMH Initiative
- NF/SG adaptation of the WRJ Model
- Detroit adaptation of the BHL
Integrated Care Explained

Biopsychosocial Model

René Descartes
Mind-Body Dualism
VA Integrated Care Initiative

2006

- Apr: AVAPL - PCMHI is coming!
- May: VACO issues RFP
- Jun: VISN & VACO deadlines
- Dec: VACO awards programs
VA Integrated Care Initiative

2007

- Recruitment and planning
- June PC Integration Denver Conference
- Monthly conference calls
- Training and site visits
- Integrating new staff into medical center
- Program development and launch
Primary Care-Mental Health Integration Initiative

- 92 integrated care programs
- $32 million in FY08 funding
- 409 FTE positions
- Diverse models of care
- Edward Post, MD, PhD - NMD
Types of Integrated Care Models

- Co-located Collaborative Care (White River Junction)
- Care Management (Behavior Health Lab, TIDES)
- Blended Models
White River Junction Model

- A service delivery model
- Co-located and collaborative
- On-demand care
- Evidenced-based
- Objective intake and outcome measures
- Innovative use of technology
- Customizable for diverse needs & resources
PC at North FL/South GA VHS
Primary Care at NF/SG VHS

Gainesville
- 20,000 PC Veterans
- Rural county
- 20 PCPs
- 4 General clinics
- Women’s and Specialty PC
- ACOS = ‘Champion’

Lake City
- 12,000 PC Veterans
- More rural county
- 11 PCPs
- 2 General clinics
- Women’s and Specialty PC
- AD = ‘Champion’
PC Behavioral Health Teams

**Gainesville**
- Program Director
- 4 Psychologists

**Lake City**
- 2 Psychologists
- 1 Psychiatrist
Goals for PCIBH

Improved Access to Care
- Bring services to where the patients are
- De-stigmatize Mental Healthcare
- Decrease wait times and missed appointments
- Decrease specialty care wait time
- Increase specialty care follow-through
Goals for PCIBH

Improved Quality of Care

- Early detection and treatment of problems
- Collaborate with primary care team
- Capitalize on “motivated moments”
- Increased likelihood that evaluation occurs
- Empirically based evaluation and treatment
PC Behavioral Health at NF/SG

- Exploration of BHL
- Adaptation of WRJ Model
- Co-located (actual and virtual)
- Collaborative
- On (PCP) demand
- Doctorate level providers
Primary Problems Targeted

- Depression*
- PTSD*
- Alcohol Misuse
- Dementia
Other Common Problems Addressed

- Grief
- Insomnia*
- Adjustment and coping
- Stress management-relaxation training*
- Pain management*
- Health behavior change*
Common Modes for Referral

- Real Time “Warm Handoff” (knock, phone, page)
- CPRS Electronic Consult/Addendum
- Within Team Referral
PCBH Patient Flow

Primary Care Clinics

Specialty Clinics

Urgent Care Clinic

PC Behavioral Health Team

Patient Advocate Office

PC Behavioral Health Evaluation (Real Time or Scheduled)

Feedback & Treatment Planning with PCP

PCBH Group

Brief Individual

Referral or Care Management

Primary Care Monitoring
Patients Seen by PCBH Monthly

PCBH Monthly Productivity 2007-2008

Encounters
Uniques
PCBH Cumulative Productivity 2007-2008

- Sep
- Oct
- Nov
- Dec
- Jan
- Feb
- Mar

Encounters
Initial Evaluations

- At time of proposal in 2006, approximately
  65% of MHC referrals were evaluated
  50% of PTSD referrals were evaluated
  45% of SA referrals were evaluated
  0% were being seen on same day basis

- Jan-Mar 2008
  45% of referrals were seen on an immediate basis
  90% of referrals were evaluated
Decreased use of SC as first response

- PTSD Clinic Team Consults
- Neuropsychology Dementia Consults
- Mental Health Clinic Psychiatry Consult
- Substance Abuse Treatment Team*
Hurdles

- Space matters
- CPRS clinical reminders
- Primary Care Culture
- Integration into Psychology
- Collaborating with MHC
- Balancing boundaries
- Clerical support
- Acceptance of the process
Future Directions

- Evaluation of program
- Keeping things fresh e.g. PCBH newsletter
- Referral growth edges e.g. OEF/OIF, UC, DTC
- Targeted problems growth edges e.g. insomnia, diabetes and blood pressure clinics, pain management, cancer survivorship and caregivers, post transplant
- Spread the word with conference presentations & networking