



# Primary Care Experience with Behavioral Health

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# Background



- Primary Care Pediatrician – FQHC
- RSN/county grant for integration
- Partnered with local mental health agency
- Transition to employment of BHC
- Licensure and billing

# Resources



- Yakima Family Medicine residency
- Patti Robinson, PhD
- Catholic Family and Child Services

# Setting



- Ten providers
  - Six physicians
  - Two Pediatric Nurse Practitioners
  - One Physician Assistant
  - One Pediatric Resident
  - One FTE Behavioral Health Consultant
  - Ratio 6-7:1 in clinic

# Patient flow



- Scheduled with medical providers
- BHC has mostly open times
- Warm handoff from provider to BHC
- Common charting
- Summary conversations and feedback

# BHC Skillset



- Brief interventions – CBT, Trauma focused
- Limited follow ups
- Follow up for positive screens
- Referrals to mental health with tracking
- School relationships
- Obesity/Nutrition
- Social skills groups

# Challenges



- Interest and competency in MH community
- Financial support
- Education of skilled workforce
- Clustering vs slow times
- Convincing patient/family that we are integrated creatures

# Competencies - BHC



- A member of the health care team
- Participates in preventive care
- Small changes in a large number of patients
- Adapts evidence based therapy to model
- Community coordination
- Adapts treatment to individual strengths
- Able to see patients in short interventions



# Competencies - PCP



- Population based care
- Buy in to integration
- Reduce or save medical visits
- Commitment to feedback

# Outcomes



- Saves PCP time/increases satisfaction
- Models whole person care
- Better compliance with MH follow up
- We are better equipped to screen
- Fewer chronic medical visits
- Better school attendance
- Fewer medications

# Goals



- Start PsyD internship
- Establish Masters levels preparation
- Payer community to fund BHC in clinics

# What is Health?



- Freedom from disease?
- OR
  - Ability to “work”
  - Sustain healthy relationships
  - Deal with stress
  - Sense of “well-being
  - Free of risk of disease or untimely death

# References



- Behavioral Consultation and Primary Care, a Guide to Integrating Services
  - Patricia Robinson, PhD and Jeffrey Reiter