

Your Clinic

PRIMARY CARE BEHAVIORAL HEALTH

PROGRAM MANUAL

Date

## **Roles and Responsibilities of PCBH Team Members**

There are a number of key players in the PCBH model. In this section, the roles and responsibilities for each of these positions as they relate to the PCBH Program are described.

1. Behavioral Health Consultant
2. PCBH Primary Care Team Members
  - Primary Care Provider (PCP)
  - Nurse
  - Medical Assistant (MA)
  - Schedulers
  - Clinic Manager
3. PCBH Leadership
  - Director, Behavioral Health
4. PCBH Resources
  - PCBH Champion

### **Behavioral Health Consultant**

The BHC role is a behavioral health provider who operates in a consultative role within a primary care team utilizing the PCBH Model.

The BHC role can be assumed by psychologists; social workers; marriage and family therapists; and licensed master's level counselors.

The BHC responsibilities include at least the following:

1. Is easily and consistently accessible to the PCPs during clinic operating hours.
2. Is available for "curbside" consultation (a brief interaction between the BHC and a PCP) by being in the clinic or available by phone or instant message or.....
3. Is available for same day and scheduled 30-minute (maximum) visits with patients, but attempts to see all referred patients on the same day (if in clinic when the patient is referred)
4. Performs 30-minute (maximum) follow-up visits within a consultative structure.
5. Provides assessments and interventions for any health problem influenced by behavior, for patients of any age.
6. Conducts suicide/homicide risk assessments, as indicated.
7. Regularly uses strategies to grow the breadth and productivity of the PCBH service.
8. Provides classes or workshops and/or participates in shared medical appointments.
9. Assists in the development of clinical pathway programs, shared medical appointments, classes, and behavior-focused practice protocols.

10. Maintains an up-to-date library of culturally appropriate patient education materials for commonly seen problems. Ensures appropriate literacy level.
11. Provides assistance as needed to the PCPs and team for behaviorally-focused tasks (e.g., writing a letter for an emotional support animal, or completing paperwork for a psychiatric disability application). Typically this is done in a visit.
12. Coordinates care with specialty mental health providers as needed.
13. Conducts same-day staffing with PCPs after initial patient encounters (and, as needed, for follow-ups), typically verbally.
14. Facilitates and assists with referrals to specialty MH/SA services, as needed.
15. Provides regular trainings and briefings to the PCMH team regarding PCBH service offerings as well as behavior change and resilience strategies.
16. Includes in each initial and follow-up visit note a conceptualization and recommendation(s) for the PCP.
17. Completes clinical notes and other necessary paperwork in a timely manner to comply with all administrative regulations. Completes visit notes within ..... business hours of visit completion (ideally within 24 hours).
18. Supports and assists (as needed) collaboration of PCPs and psychiatrists concerning medication protocols.
19. Documents as directed to allow program evaluation and fidelity tracking.
20. Attends required meetings regularly, including site meetings, provider meetings and any staff training meetings as requested by Director, Behavioral Health.
21. Meets the productivity goal of ..... within 1 year of starting with ..... as a BHC. If not meeting this goal, actively deploys strategies to get to goal.
22. Engages in other practices, as indicated, that are aimed at improving primary care broadly.

Core Competencies for the BHC are included in Appendix.....

### **Primary Care Provider**

The PCP (here defined as a MD, DO, PA, or NP, including Residents) is the focal point of the PCBH Model and the key player in making the model work. The overall role of the BHC is to help the PCP manage his/her patient panel. The productivity and impact of the BHC is tied to the flow of referrals from PCPs.

The PCP's role includes at least the following:

1. Refers to the BHC patients with a wide variety of health issues affected by behavior. Typical referral scenarios are when the PCP lacks the time to conduct a needed patient care activity; or when the PCP perceives a need for a provider with a more specialized skillset/knowledge base.
2. To the extent possible, refers patients at the time the problem is identified during a medical visit (using a warm handoff).

3. Integrates the BHC into routine daily practice as a core primary care team member.
4. Is aware of the BHC's plan and recommendations for patients, and reinforces them when meeting with patients.
5. Works with the BHC to expand the impact of the BHC in the PCP's practice.
6. Provides a clear referral concern/goal to the BHC when referring patients.
7. Is receptive to staffing patients regularly with the BHC.
8. Maintains a fluid, real time communication link with the BHC throughout the practice day.
9. Works with clinic staff to identify, develop, and implement PCBH services.
10. Participates with the BHC in methods of service delivery such as shared medical appointments.

Core Competencies for PCPs are outlined in the PCP/Team CCT, in Appendix.....

### **Nurse**

The Nurse plays a critical role in the delivery of services under the PCBH Model. The Nurse's role includes at least the following:

1. Understands and supports the goals of the PCBH service and the role of the BHC.
2. Identifies patients to refer to the BHC during PCP huddles, triage calls and nursing visits.
3. Helps facilitate warm handoffs to the BHC, as indicated.
4. Participates with BHCs in co-teaching classes and shared medical appointments.
5. Promotes teamwork between the BHCs, Nurses, and MAs (and other team members).

### **Medical Assistant (MA)**

The MA, working under the supervision of the Practice Manager, supports the PCBH Model by identifying possible referrals to the BHC and attending to workflow issues.

The MA role includes at least the following:

1. Coordinates with the BHC on the status of patients scheduled to see the PCP and BHC on the same day.
2. Works closely with BHC on patient flow, space, and other issues during warm handoffs.
3. Understands and supports the goals of the PCBH service and the role of the BHC.
4. Identifies potential warm handoffs and referrals to the PCP.
5. Participates with BHCs and others in shared medical appointments, as indicated.
6. Screens patients for behavioral issues per clinic protocols or PCP request.
7. Assists PCP and BHC as needed with scheduling patients for BHC.

## **Schedulers**

Schedulers, working under the supervision of the Practice Manager, support the PCBH Model by communicating with patients about the BHC's role, and by facilitating BHC appointments.

The scheduler role includes at least the following:

1. Schedules patients as requested with the BHC, including same day back-to-back BHC and PCP visits per the request of the PCP, BHC or patient.
2. For back-to-back visits, communicates with clinical staff to ensure the patient is scheduled to see providers in the appropriate order.
3. Understands the BHC role and explains it to patients as indicated.
4. Promptly places warm handoffs onto the BHC's schedule when requested.
5. Ensures patients calling in for a mental health concern know of the PCBH service.
6. Assists in communications with patients when the BHC is running late for a scheduled appointment.
7. Alerts the BHC when scheduling a same-day visit.

## **Clinic Manager**

The clinic manager has a crucial role to play with developing workflows and templates to support the BHC's work, and with ensuring the BHC is given regular opportunities to train the team in optimizing PCBH.

The manager role includes at least the following:

1. Regularly offer, or allow, the BHC time at staff meetings to inform the team about BHC workflows, services and policies.
2. Include the BHC in workgroups or committees in the clinic where behavioral health expertise could be helpful.
3. Monitor and adjust, in consultation with the Director of Behavioral Health, the BHC's schedule template to ensure optimal BHC utilization.
4. Be familiar with the BHC role and provide feedback on BHC performance to the Director of Behavioral Health.

## **Director of Behavioral Health**

Under the direction of the Chief Medical Officer, the Director, Behavioral Health is responsible for overseeing the implementation and on-going operation of the PCBH program at all ..... clinics.

The Director, Behavioral Health is responsible for the initiation and development of the PCBH Program across all clinics.

1. Coordinates implementation efforts that encourage client use of services.

2. Problem-solves barriers to implementation and operational issues.
3. Participates in design of new PCBH programs, such as pathways.
4. Conducts Core Competency Training for newly hired BHC staff
5. Facilitates regular clinical quality review of individual BHCs for the purpose of improving core practice competencies and maintaining model of care fidelity, and provides summaries in support of BHC staff performance evaluation.
6. Provides corrective clinical training as indicated for all BHCs, including those under a formal performance improvement plan.
7. Acts with other personnel to complete PCBH evaluation activities as specified in the PCBH Program Manual.
8. Reviews PCBH program evaluation information and prepares clinic specific and system-wide reports for distribution to all stake holders on an annual basis.
9. Participates in Quality Improvement and relevant clinical research projects, as requested.
10. Participates in community meetings and serves on clinic committees as requested by CMO/CEO.
11. Attends ..... leadership group meetings and community groups meetings as requested by ..... leadership.
12. Completes updates to PCBH program manual on an annual basis.
13. Supervises the clinical aspects of Primary Care Behavioral Health Services delivered in all clinic sites by all BHCs.
14. Orients BHCs to their roles and responsibilities as defined in the program manual.
15. Responsible for the design and conduct of PCBH-related staff training activities.
16. Provides corrective training to BHCs as needed
17. Works in collaboration with the Residency Director, CEO, CMO, COO, Director of Clinical Services, Health Center Medical Directors and Practice Managers to assure model fidelity and individual provider core practice competencies.
18. Works with Medical Director, Residency Program Director and/or Clinic Managers to address operational issues related to PCBH services
19. Works with Medical Director, Residency Director, Health Center Medical Directors and Practice Managers and staff to support initiation of PCBH pathway programs.
20. Functions as a liaison to community behavioral health organizations.

### **PCBH Champion**

Each primary care clinic (as able) will have a PCBH Champion designated by the Health Center Site Director (or CMO) and the Director, Behavioral Health. This role is typically filled by a PCP. Key qualities of a PCBH Champion include: 1) enthusiasm about the PCBH model; 2) an understanding of the clinic's culture in order to assist the BHC in optimizing their care to patients and their assistance to the team and, 3) a reputation as an opinion leader within the clinic. The time commitment of being a PCBH Champion is 30-60 minutes per month and is a

volunteer activity. The PCBH Champion does not provide supervision to the BHC or maintain any formal responsibility for the PCBH service or the BHC's work.

PCBH Champion responsibilities include the following:

1. Meet monthly with the clinic BHC for 15-30 minutes (and as needed at other times).
2. Advocates for the PCBH service in various ways and forums within the clinic.
3. Maintains an awareness of PCBH activities, needs and plans.
4. Assists the BHC and Director, Behavioral Health in planning and implementing new PCBH initiatives in the clinic.
5. Provides regular feedback to the BHC and Director, Behavioral Health regarding strengths or needs of the PCBH service.

## Training Program Overview

..... recognizes that implementation of the PCBH model represents a paradigm change that affects every aspect of service delivery in the clinics. Consequently, training is essential for the entire team. .... is committed to providing high quality, high impact training to all new BHCs and their PCMH team members. The training used at ..... focuses on core competency development in particular for the BHCs, meaning BHCs must acquire specific skills that optimize the impact of the PCBH model. This approach utilizes a variety of training strategies. A core competency rating tool for BHCs (CCT; see Appendix ..... ) will be used to support both initial and on-going skill development. A CCT for PCP and team members is also available for use (see Appendix.....).

### **BHC Training**

The training program for BHCs involves several key components including Clinic Familiarization Strategies, Self-Directed Learning, and Core Competency Training.

#### Clinic Familiarization Strategies

All new BHCs will be expected to gain an understanding of the patient population of their host clinic, and the roles and responsibilities of all primary care team members. To help accomplish this, new BHCs will accomplish the following within the first.....weeks of work:

1. Meetings (15-30 minutes) with key clinic personnel, such as:
  - PCBH Champion
  - Clinic Manager
  - Health Center Medical Director
  - Case manager/Care Coordinator
  - Access & Enrollment counselor
  - Interpreter
  - Clinical Nurse
  - MA Lead
2. Shadowing
  - 30 minutes with front desk staff \*
  - Shadowing at least one PCP for one clinic session (including MA duties and any other team members engaged that day for the shadowed patient) \*\*

\* When shadowing front desk staff, the BHC should sit behind the staff and observe their patient and team interactions. The main goals of shadowing front desk staff are to: 1) learn the full workflow for patient visits; 2) become familiar with the patient population of the clinic; 3) learn how front desk staff coordinates patient care with the clinical staff; 4) begin to develop a collegial relationship with front desk staff.

\*\* When shadowing PCPs, the BHC should begin by shadowing the MA as s/he retrieves the patient from the lobby. Continue shadowing throughout any and all visit activities (pending patient approval). Shadowing can be done with any patient for any concern. Typically the BHC does not speak or contribute to a visit when shadowing, unless called upon to do so. The main goals of shadowing are to: 1) learn the workflow and structure of a PCP visit; 2) become familiar with the patient population; 3) begin to develop a collegial relationship with the PCP and team; 4) recognize the various ways behavioral issues present in primary care patients. When shadowing, be careful not to hinder the workflow or interfere during a visit; and be prepared to step out of a visit or pass on shadowing if the patient or PCP/team member requests.

### Self-Directed Learning

New BHCs are required to review the materials in the ..... PCBH Library, housed at..... The library includes articles, books, and recorded webinars. At a minimum, new BHCs must review the following from the library:

1. Webinars on the following topics:
  - ..... (list recorded webinars here)
2. Required Readings:
  - Reiter, J., Hunter, C. & Dobmeyer, A. (2018). The Primary Care Behavioral Health (PCBH) Model: An Overview and Operational Definition. *Journal of Clinical Psychology in Medical Settings*, 25, 109-126
  - Hunter et al. book Chapter 2
  - Robinson & Reiter book Chapter 2
  - At least 5 items from the PCBH Resource List (Appendix .....)
3. Optional Readings:
  - Any of the books from the PCBH Reading List for New BHCs (Appendix.....)
  - Any of the articles or other resources in the PCBH Resource List (Appendix.....)
4. View Training Videos
  - A list of required videos to watch is in Appendix .....
5. Shadowing of BHC colleague(s)
  - ..... days shadowing one or more BHCs
  - ..... days documenting BHC visits while observing
  - ..... days leading a visit with the BHC colleague assisting

## Core Competency Training

Core Competency training involves a PCBH trainer instructing the BHC in PCBH basics, observing the BHC in patient care and team interactions, and coaching BHCs for their new role. It occurs in two phases: the first, Phase I, occurs shortly after the BHC has started seeing patients, and includes didactic and observation/coaching components; the second, Phase 2, occurs after the BHC has been practicing for at least a few weeks in the clinic, and involves only observation/coaching from a Trainer. The goal is for BHCs to demonstrate each competency on the CCT by the end of training. A copy of the CCT is available in Appendix..... Details of the Core Competency Training at ..... are as follows:

### 1. Didactic training (Phase I)

- ..... days of didactic training on the PCBH model from a Trainer

### 2. Observed practice (Phase I)

- ..... days of conducting visits with BHC Trainer observing
  - This will occur within the first ..... days of the BHC seeing patients
  - CCT Part A is the focus of skill development in Phase I

### 3. Observed practice (Phase 2)

- ..... days of conducting visits with BHC Trainer observing
  - This will occur within the first ..... weeks of the BHC seeing patients
  - CCT Parts A and B are the focus of skill development in Phase 2

## **Team Training**

Training for team members, while essential, is less intensive than the training for BHCs. There are two forms of team training: Implementation Training occurs with the whole team when a clinic is launching a new PCBH service (during both Phase I and 2); New Provider Training occurs with newly hired PCPs. Details of the Team Training at ..... are as follows:

### Implementation Training (Phase I)

- Occurs during, or just prior to, the first BHC's Phase I training
  - 15-60 minutes of didactic training on PCBH basics from a Trainer to the whole team
  - 15-30 minutes of Q & A with all clinic PCPs and the clinic manager

### Implementation Training (Phase II)

- Occurs during the first BHC's Phase 2 training
  - 15-60 minutes meeting of the whole team with a Trainer to discuss PCBH successes / challenges / questions
  - 15-30 minutes meeting with the clinic manager for Q & A
  - 15-60 minutes with all clinic PCPs and the clinic manager to discuss PCBH successes / challenges / questions
  - Can involve completion of the PCP/Team CCT (see Appendix .....)
  - May involve use of the Referral Barriers Questionnaire (RBQ) (see Appendix .....)

### New Provider Training

- Occurs during on-boarding of a new PCP
  - Conducted by the clinic's BHC
  - The BHC and new PCP meet for 30 minutes to review how to utilize the BHC
  - Focus is on the GATHER features of PCBH, the warm-handoff workflow and Q & A

### **PCBH Core Activities**

This section describes the main services provided by the BHC.

#### **Therapeutic Interventions**

Therapeutic interventions are at the core of the PCBH model. PCPs typically engage the BHC with a patient, but all staff can play a role in identifying potential referral concerns and bringing them to the attention of the PCP. Patients of any age can be referred whenever their health is being significantly affected by behavior.

The main objectives of therapeutic interventions are to assist the PCP in the recognition, treatment, and management of behaviorally-influenced problems. Generally, the BHC will teach the patient one or more skills during a single visit or episode of care. A self-management approach is used, meaning the assumption is that patients will most benefit from practicing behavior change outside of the clinic versus from talking regularly with the BHC. As such, BHC visits typically end with a SMART goal for the patient to try, and follow-up visits (if planned) are scheduled far enough apart to allow for time to try to attain the goal and observe its effects.

The BHC may also have recommendations for the PCP team concerning how to intervene with the referral problem. Through regular staffing of patients with the PCP, the BHC transfers skills and knowledge about behavior change principles to the referring PCP (and learns from the PCP, as well).

A main goal of PCBH is to be accessible, so BHCs always attempt to provide brief interventions to patients on a same-day basis. This is typically achieved via a “warm handoff” of the patient from the PCP to the BHC. The BHC is scheduled for a maximum of 30 minutes for both initial and follow-up visits. The BHC focuses on the referral goal or concern identified by the PCP and/or patient, and utilizes a consultant follow-up structure which means follow-up is planned only until the patient starts to improve and has a clear plan in place for continued improvement. Maximizing same-day visits, using 30-minute visits and adhering to a consultant follow-up structure are all strategies that help the BHC remain accessible.

The BHC attempts to help with any behavioral concern, using a stepped-care approach. There truly is no “wrong referral”. A goal is to attempt to treat problems first in primary care, reserving specialty mental health referrals mostly for those patients who are not improving. As is the case in specialty mental health, patients will most commonly have only one visit with the BHC and on average patients will be seen 2-4 times for a given episode of care. Most will likely feel they get what they need, but those not improving or not satisfied with outcomes can be recommended for specialty care. This strategy may also help specialty mental health be more accessible, and matches the more time-intensive specialty care to those patients who might benefit from an approach other than PCBH. If patients who are referred to specialty care do not or cannot complete the referral, the BHC should continue to work with the patient until the patient eventually starts to improve and has a clear plan in place for continuing the improvement. Of course, after ending planned follow-up, a BHC can always be re-engaged at the request of either the patient or PCP in the future if problems re-emerge or new problems develop.

Brief interventions may be conducted with a single patient, a couple, a family, or others as appropriate. There are no limitations in PCBH on the types of interventions used or the modality of the intervention, assuming they are evidence-based.

### **Team-Based Care Strategies**

In addition to therapeutic visits with individual patients, the other core role of the BHC is to help the PCP and team in various ways. Partly this is because of an emphasis on using a team approach, to help ensure holistic care. And partly this is because the BHC’s role, like that of every other member of the PCMH team, is to make primary care in their clinic function optimally.

Various strategies are used by the BHC to help their team function optimally. First, the BHC must know the roles of the various primary care team members and know how to both help them when needed and how to obtain help from them. The BHC also needs to remain mindful of the care being provided by other members of the team and help ensure patients follow-through with the care plans of team members.

The BHC also needs to operate flexibly, accommodating the occasional interrupted visit and unplanned requests for help with a wide variety of tasks. Sometimes the BHC helps by providing

same-day therapeutic visits with patients and sometimes the BHC helps by meeting with a patient to carry out a clinical administrative task (e.g., filling out an application for psychiatric disability) that the PCP would have otherwise completed. Typically, PCPs see double (or more) the patient volume that the BHC does, so when the BHC helps with these clinical administrative tasks it allows the PCP to spread themselves around to more of their patients. These tasks also provide a way for the BHC to begin to build a longitudinal relationship with patients who might decide to utilize them for more clinical help in the future.

Whenever the BHC is planning follow-up with a patient, the BHC also looks for opportunities to coordinate that follow-up with other primary care visits to maximize convenience to the patient, decrease the likelihood of no-shows, increase team communication, and optimize value to the patient and primary care team. In some instances, the BHC might plan follow-up for the same day as a PCP appointment or lab visit (meeting the patient either before or after the other visit, depending on what makes sense clinically and otherwise). In other instances, the BHC might plan a visit for a different day from the PCP visit, if that makes the most sense for the patient. When seeing a patient on the same day as the PCP, the BHC usually tries to see the patient first so that information learned during the BHC visit can be conveyed to the PCP for their visit. This helps the PCP make the most of the typically very limited time they have with the patient.

### **Educational Activities**

There are three areas in which the BHC serves as an educator to the team: behavior change skills; the BHC role; and personal/team resilience. Each is explained below, followed by a paragraph describing the ways in which training is typically accomplished.

*Behavior change:* The BHC is typically the only member of the primary care team with extensive behavior change training, yet is not the only member of the team who helps patients make needed behavior changes. In fact, every member of the primary care clinical team engages with patients throughout the day in discussions about behavior change. For example, triage nurses calm anxious patients on the phone; medical assistants help needle-phobic children during injections and encourage patients to quit smoking when screening for tobacco cessation; and PCPs counsel patients on lifestyle changes to prevent disease and manage chronic conditions and also assess and treat psychiatric conditions using both pharmacologic and non-pharmacologic interventions.

Thus, an important part of the BHC's role is to help the entire primary care clinical team learn effective strategies for helping patients make healthy behavior change. The more skilled the entire team is in this area, the better primary care can be. There simply is no way a BHC can help every patient with every behavior change need, but by boosting the team's behavior change skills the BHC can indirectly elevate the quality of care for all patients.

*The BHC role:* The BHC also needs to educate the team about the BHC role. Many primary care team members have never worked with a BHC before, and they often have an incorrect or

limited understanding of the BHC role. This can limit utilization of the BHC and inhibit PCBH from realizing its potential. Thus, BHCs commonly need to educate the team on how to utilize them and on the wide variety of problems they can help with. Additionally, as the PCBH service develops, regular updates to the team are needed regarding new offerings such as new classes or handouts, new workflows, or other changes in the service.

*Personal/Team resilience:* For all its rewards, primary care can also be a stressful place to work. The fast pace of work, the high patient volume and the challenges of being on the frontlines of the healthcare system are among the aspects of primary care that can make it stressful. The BHC, as the team's resident expert on managing stress and conflict, is uniquely positioned to help the team gain skills for coping with the stresses of the work. The BHC should not be expected to provide personal counseling to team members and should not assume managerial duties such as mediating team conflicts, but with brief trainings at huddles or team meetings the BHC can convey to the team simple coping strategies that improve the resilience of team members.

*Accomplishing Trainings:* Trainings from the BHC on the above topics can vary widely in terms of length, setting and formality. Some trainings are planned, with slide decks and/or handouts; others are spontaneous, with no prepared materials. Some might occur at meetings, while others occur with individuals. Some might be long (e.g., 45 minutes) while others might be just a few minutes. The most common venues for trainings are curbside consultations, team huddles, provider meetings and staff meetings. To the extent a BHC can accomplish trainings, the impact of their presence will reach far beyond the help they provide to individual patients.

## **Clinical Policies and Procedures**

### **Patient Access to the Primary Care Behavioral Health Consultant**

There are several ways that BHC engagement with a patient can be initiated:

- a. Same-day request ("warm handoff") from the PCP or their MA/Nurse, which is the recommended mode of engaging the BHC
- b. A scheduled visit with the BHC from the PCP, Nurse, or designee for a future date
- c. Phone triage by a PCP or clinical nurse
- d. During discussion in a PCP/Team huddle
- e. An established patient contract (such as a pain agreement requiring the patient to see the BHC)
- f. Routinely, as part of a clinic pathway ("pathway" refers to a standard clinical practice such as referring all tobacco-using patients to the BHC)
- g. Patient self-referral \*

\* When patients self-refer, the BHC should always ensure the PCP knows of the BHC visit, and should ask the PCP if there is a need for a PCP visit for that concern

Patients who are eligible to receive PCBH services are those assigned (or in the process of being assigned) to the BHC's clinic.

All BHCs will ensure that PCPs and other clinic staff have immediate access to them for warm-handoffs when in clinic. The BHC will respond to each request for a warm handoff immediately. This may require leaving a visit with another patient to conduct the warm handoff and determine a time to meet the new patient (ideally right after the PCP visit and at least later the same day). Key warm handoff strategies are in Appendix.....

### **Informed Consent**

When patients sign their consent to receive primary care treatment, consent for seeing the BHC is included.

BHCs will also provide a brief verbal description of PCBH services at the outset of the first BHC patient visit. This description will include the following components:

- Who they are (name, credential and BHC title)
- The BHC role in care,
- How long the appointment will be,
- What will happen during the appointment,
- The structure of follow-up,
- That the appointment note will go in the medical record,
- That the PCP will get feedback,
- Notification of billing practices

See Appendix ..... for a sample introductory script and more detailed explanation.

### **Clinical Assessment Standards**

BHC assessments should be focused on the primary reason for the referral. There are several important assessment practices to follow:

1. BHCs are required to assess risk of harm to self or others when the patient's clinical presentation indicates the need for such, or when requested by the PCP.
2. BHCs must use an ICD code for billing purposes at each visit. They are not required to make a DSM diagnosis, but may do so if having enough information to support the diagnosis.
3. BHCs are required to follow mandated reporter requirements for relevant concerns identified during a BHC visit.
4. When a mandated reporting need is identified by another team member, the report to a state agency should be made by that team member. The BHC may

assist the team member as needed but should not be the sole reporter unless the BHC also saw the patient and concurs with the reporting need.

## **Screening and Measurement-Based Care**

Systematically measuring clinical and functional outcomes is a basic characteristic of evidence-based practices, and screening for problems is also a regular BHC practice. The following sections provide a brief description of the outcome assessment tools and screeners used by ..... BHCs.

### **1. Tools for Routine Screening and Outcomes Tracking**

For each patient visit (unless not feasible or relevant for some documented reason), the BHC will administer the appropriate outcome assessment tool based on the age of the patient.

Outcome tools used by ..... BHCs include:

- a. DUKE Health Profile for patients age 17+;
- b. Pediatric Symptom Checklist (PSC-17) for patients age 4-16

### **2. As-Indicated Screening Tools**

Screening tools may be used when indicated by clinic protocols or when needed to provide more specific information about symptoms of concern. They are mostly used to help make a diagnosis to aid PCPs in making medication decisions. Screening tools used by ..... BHCs include:

- Mood Disorder Questionnaire (bipolar)
- Adult Self-Report Scale (Adult ADHD)
- Vanderbilt NICHQ (Pediatric behavior concerns, mostly ADHD)
- Patient Health Questionnaire-9 (PHQ-9)
- Generalized Anxiety Disorder-7 (GAD-7)

## **Service Growth Activities**

Because so many PCMH team members have never worked with a BHC before, part of the BHC role involves engaging in activities that promote their utilization. It takes time for PCPs to recognize the variety of ways a BHC can help, and time to build practice habits for including the BHC regularly in care.

Examples of service growth activities include: daily scrubbing of PCP appointment lists to identify patients appropriate for BHC services, followed by coordination with PCPs/staff to link these patients with BHC; promoting PCP understanding of BHC services by providing information during new provider on-boarding, briefings at huddles and provider meetings, and formal trainings; being visible in the clinic, interacting with staff during slow periods, to encourage consultations and handoffs; using strategies to decrease no-shows and

cancellations; working with clinic leadership to establish clinical pathways incorporating the BHC; working with the team to increase same-day warm handoffs and develop efficient handoff processes; identifying which PCPs refer few patients and developing a plan to decrease barriers to referral.

### **Making Behavioral Health Primary**

An important goal of PCBH is to make visits with the BHC feel, to both patients and team members, like a routine part of primary care. This is partly because primary care is much less stigmatized than mental health care, so to the extent that BHC visits feel like primary care visits it may ease the stigma that leads many patients to resist behavioral health help. In addition, assimilating to primary care culture aids good communication with primary care team members and helps deepen integration in various ways.

Many practice strategies can help the BHC be perceived as a routine part of primary care: sitting in the shared team space, with PCPs and other team members, when not seeing patients; regularly attending meetings and huddles; using primary care language such as “visits” or “encounters” (rather than “sessions” and “Intakes”) and “patients” (versus “clients”); seeing patients in exam rooms (ideally the same room where they were seen just prior by the PCP); documenting in the EHR during visits; and utilizing the front desk for scheduling. Many of these strategies have multiple other benefits, in addition to helping BHC visits become a routine part of primary care.

### **Excluded Services**

The BHC does *not* provide the following services:

- Specialized diagnostic procedures that a PCP would not or could not perform (e.g., neuropsychological or personality testing or other extensive assessment)
- Traditional group therapy services (psycho-educational classes and shared medical visits are appropriate)
- Court-ordered evaluation or treatment
- Employee assistance program services to ..... clinic employees
- Evaluation and intervention with a ..... employee who is referred as part of a job performance improvement action
- Counseling to a ..... employee (one visit to assist with referral to an appropriate service is allowable)
- Counseling to employees’ children will in most cases be allowed one visit with the BHC, but for further care will typically be referred to specialty mental health. Please see Director of Behavioral Health if more than one visit is requested/needed.
- Patient care administrative tasks that a PCP would not or could not perform (e.g., child custody evaluations)
- Visits outside of a ..... clinic (except for virtual visits)

If a BHC receives a request from a patient or a primary care team member for any excluded service, the BHC will link the patient or employee to the appropriate resource. If questions about an allowable service, the BHC should ask the Director, Behavioral Health for guidance.

### **Documentation Practices**

BHCs will document PCBH visits in the electronic health record (EHR, aka.....). BHCs will follow the note template supplied by the Director, Behavioral Health for both initial and follow-up visits. Chart notes will be completed within .....hours/days.

In general, BHC notes should be focused on information that is directly relevant to the referral problem or question. An example chart note (for an initial visit) is included in Appendix.....

BHCs must document in the EHR during most patient visits, a practice known as concurrent charting. This practice can help ensure accurate and timely documentation. It also helps the BHC conduct an informed visit, by maintaining easy access to the information in the patient's record throughout the visit. BHCs also regularly communicate electronically with other team members during visits, something that requires the BHC to be working in the EHR during visits.

### **Peer Review**

BHC charts will be reviewed on a scheduled basis using the ..... peer review form to assure high quality documentation. Typically, this review will include ..... records every .....months per BHC. Peer review may be conducted by a BHC peer or the Director, Behavioral Health. The ..... peer review form is in Appendix .....

### **No-Shows**

When a patient no-shows for an appointment with the BHC, the BHC will review the patient's chart for any risk concerns. If the patient is not high-risk, the BHC will document that the chart was reviewed, that the patient is not high-risk, and that no further action is planned on the BHC's part. If the patient is high-risk, the BHC will attempt to telephone the patient and, if possible, provide services virtually when the patient is reached (at a minimum, the BHC will attempt to assess the patient's risk status). The BHC will also message the PCP about the patient's no-show and the BHC's actions, and will document their actions in the chart.

### **Staffing Patients with the Primary Care Provider**

BHCs will staff patients with the PCP in person and/or by written note on the same day of the BHC's initial visit. Staffing after follow-up visits will be conducted if there is a significant change in the patient's status, or in the plan for the patient, or if new information is discovered during the follow-up that is important for the PCP to be aware of. When conducted, PCP staffing should be concise and relevant. The goal typically is for the BHC to provide the PCP with his/her

impression of the patient, any important history that PCP may not be aware of, the BHC's treatment plan, and recommendations (if any) for the PCP.

### **Medication Consultations with Primary Care Providers and Patients**

The BHC will assist the PCP and patient with medication issues as requested by the PCP. Possible services include exploring patient preference for treatment, assessing symptom severity and adherence monitoring/assistance. The BHC might also help the PCP with diagnostic assessment in order to help the PCP select an appropriate medication for the patient.

Adherence assistance involves exploring the patient's experience of beneficial and side effects; identifying barriers to adherence including personal beliefs, problems remembering to take the medication, cost of the medication, etc.; and, developing specific behavioral strategies to address barriers. These services may be helpful concerning patient use of all medications, not only psychotropic medicines.

### **Coordination with Specialty Mental Health**

Primary care patients being seen in specialty mental health therapy might still be seen for care by a BHC in certain situations. For ethical reasons, BHCs should avoid seeing patients for the same concern the therapist is helping with, though they might assist patients in crisis when they present to primary care for help. Follow-up in such cases is typically planned with the patient's established therapist (though the BHC might check to ensure the planned follow-up occurred).

Patients can also be helped by a BHC for a concern other than the one being treated by the therapist. For example, a patient being treated for depression by a specialty therapist could be seen by a BHC for tobacco cessation without much concern about overlap with the therapist's care.

Regardless of the reason for seeing the BHC, the BHC should communicate with the patient's therapist to ensure the therapist knows the nature of the BHC's interaction with the patient and the BHC's plan. The BHC is also encouraged to obtain and document in the patient's chart the name and contact information for the therapist; this information should be placed in the ....., where it can easily be accessed by other team members if needed.

Note that consent from the patient is not needed for a BHC to talk with a therapist (or any other provider) for purposes of coordinating care. However, written consent is required for release of any written chart notes.

## **Administrative Procedures and Policies**

Just as clinical procedures support efficient operation of the PCBH program, there are several administrative or system level components that must be in place to support the implementation of the PCBH Model.

### **Primary Care Behavioral Health Consultant Appointment Template**

The Practice Manager of each clinic creates a template for their BHCs based on input from the Director, Behavioral Health. A BHC should not make template changes without first consulting the Director, Behavioral Health.

Schedule templates will be visible to all provider staff. While there will be variation between clinics, and variation over time for a given BHC, there are some standardized template features that must be in place for each BHC, including: each visit on the template should be 30 minutes; the only appointment types used should be .....; no fewer than.....slots of.....appointment type should be on a BHC’s schedule each day and no more than.....slots of .....appointment type per day. Appointments may be scheduled by front office staff, PCPs, Nurses, Medical Assistants or the BHC.

### **Revenue/Billing**

The following billing codes constitute the vast majority of BHC visits:

- 90791  
Initial visits  
Not time-defined
- 90832  
30-min psychotherapy code  
Billed if 16 mins or more  
Primary diagnosis must be psychiatric

The BHC must ensure the patient receives notification of billing during the first visit’s introduction.

### **Productivity Standards**

The following productivity goals will apply after 12 months in the BHC role:

- At least XXXXXXXXX encounters per day, on average
- At least 25% of completed visits will be same-day
- At least 25% of completed visits will be new patients
- Patient volume will be maintained or grow after the first 12 months

After the first year, each BHC will be engaged in at least one clinic-wide initiative during the course of each year

Each BHC is expected to also regularly engage in behaviors to increase patient volume in the clinic.

**Patient Communication**

BHCs are expected to maintain communication with patients, as needed, via the patient portal. Replies to patient messages should be completed within.....days. BHCs should not communicate with patients using non-HIPAA compliant mediums (e.g., personal email).

While BHCs can place phone calls to patients, patients will not have a direct number for calling the BHC and the BHCs will not have voicemail that patients can access. Instead, patients calling the BHC will be routed through the clinic phone system, in the same way calls to PCPs are handled. When a BHC is in the clinic but unavailable, staff can message the BHC in the EHR regarding the call or (if the call is urgent) route the call to the triage nurse or other available clinical staff.

**BHC Coverage**

When a BHC is absent for a complete day, another BHC will be assigned to provide coverage. Coverage will be determined, and communicated to all affected team members, by the Director, Behavioral Health.

The covering BHC will be responsible for monitoring the absent BHC’s portal messages and replying to any messages that need a reply before the scheduled return of the absent BHC. The covering BHC will also.....

**Hiring of a BHC**

The job description for the BHC is in Appendix ..... When recruiting for a BHC, HR will be responsible for advertising the position and screening applicants for basic eligibility for the position. Favorably screened candidates will be presented to the Director, Behavioral Health who, if interested, will then meet with the candidate. Candidates advancing to the next step will then be interviewed by a team from the host clinic and by .....

Note that while HR, the Director of Behavioral Health, representatives of the host clinic, and ..... will all interview the candidate and will all have a say in the decision of whether to hire, the final hiring decision will be made by .....

**Other potential topics**

Annual eval process and components  
90-day eval process and components