



Practice Innovation Program
UNIVERSITY OF COLORADO
ANSCHUTZ MEDICAL CAMPUS

Project funded by the Colorado
Department of Healthcare Policy
and Finance per House-Bill 22-1302
Healthcare Practice Transformation



COLORADO
Department of Health Care
Policy & Financing

1302 PF Learning Community

Feb. 20, 2024



Department of
Family Medicine



Welcome!

Please put your name, pronouns, role and organization in the chat.

You can ask questions via the chat we will monitor it as we go along. We will also pause for questions periodically.

Slides from today will be made available on the Practice Innovation Program website.

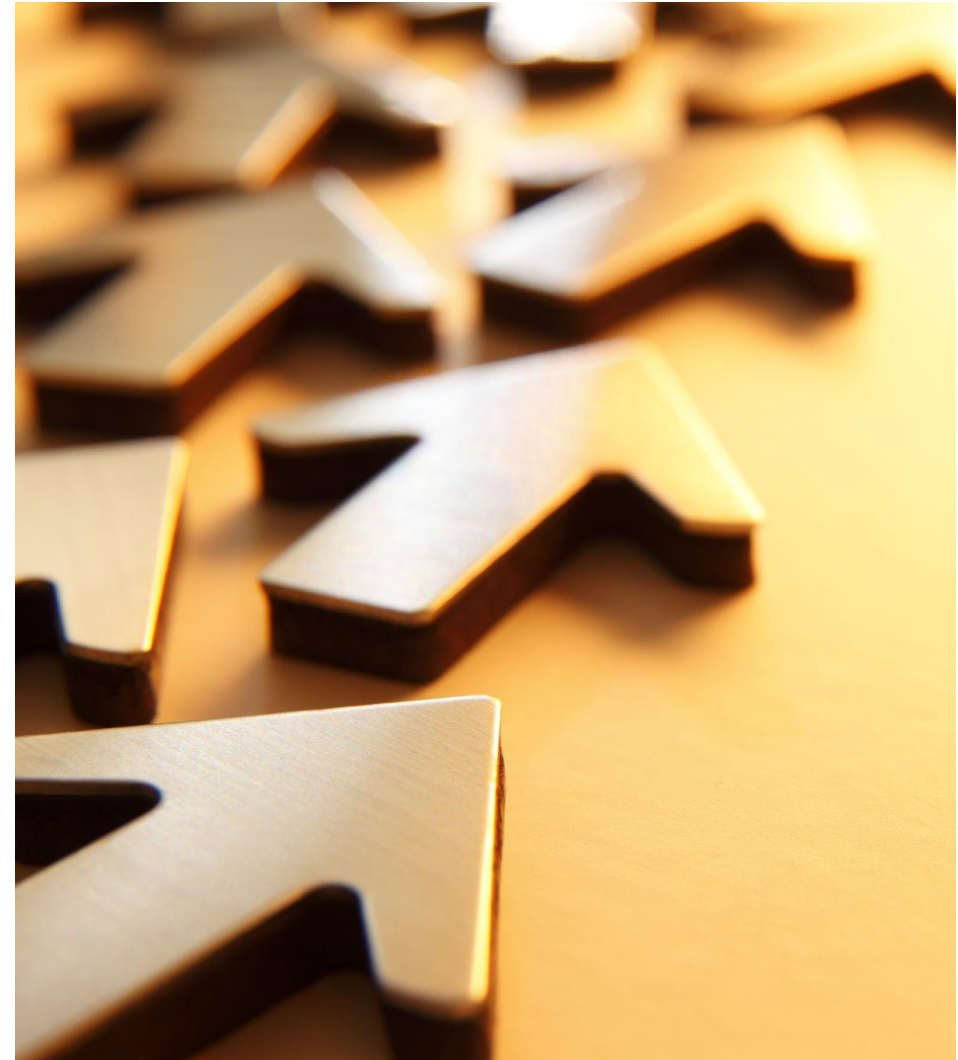
AGENDA

Due date reminders and check in

Core Competencies for BHPs Working in
Primary Care

Emma Gilchrist, MPH

Deputy Director, Farley Health Policy
Center



Due Date Reminders



PTO Due Dates

If you have practices that are just beginning practice facilitation:

- BBA and Baseline Practice Goals should be completed within 60 days of beginning your work with a practice
- You do not need to submit the January Quarterly Snapshot *

*For late starting practices, PTOs can not invoice for the January Quarterly Snapshot

PF field notes are due on the 8th of every month for the preceding month.

(Example: February field notes are due on 3/8/2024)



Eugene S. Farley, Jr. Health Policy Center
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Core Competencies for Behavioral Health Providers Working in Primary Care

Emma Gilchrist

Tuesday, February 20, 2024



Objective

Introduce competencies for behavioral health providers
working in primary care

Why do we need competencies?

A significant barrier identified by clinicians, **both behavioral health and primary care**, working towards integrating care is understanding the unique skillset of behavioral health providers and how it complements work within the primary care setting.



Common questions include:

- What does a behavioral health professional provide for my patients that is different from what I already do?
- How do I bring my behavioral health professional into conversations with my patients?
- How can behavioral health professionals communicate to the primary care team how his/her skills support comprehensive primary care?
- What is the best way to communicate across the team so that we best support one another?

Traditional mental health setting





Practicing in primary care





Behavioral Health and Primary Care speak different, but complimentary languages.

- Approach to time
- Approach to documentation
- Approach to setting priorities



The Integrated Team

- Competence as a licensed behavioral health provider working in primary care refers to the **knowledge, skills, and attitudes** - and their interconnectedness - that allow an individual to perform the tasks and roles in that setting (adapted from Kaslow, Dunn, & Smith, 2008).
- The goal for all members of the primary care team is to **acquire** and **demonstrate** competencies specific to their roles in integrated primary care.

Core Competencies for Behavioral Health Providers Working in Primary Care



- <https://makehealthwhole.org/implementation/8-core-competencies/>



Cross-cutting themes for the 8 competencies

- **Across a continuum from prevention to illness:** to address prevention, wellness, mental health and substance use treatment, recovery, trauma, and quality of life
- **Across the lifespan:** from birth to end of life care
- **Across the generations:** children and elders in families or intergenerational relationships (that may involve guardians, family caregivers, or others), not only as individuals apart from such relationships
- **Across a biopsychosocial continuum:** integrating biological, psychological, social, and spiritual information and perspectives in evaluation and treatment
- **Person-centered and culturally sensitive:** tailoring care to patient values and preferences, culture and community, socioeconomic and health disparities, and religious, gender, sexual orientation or other important identifications

Not written for any particular model or type of integration

Different clinics may employ different types of spatial arrangement, team structure, or styles of collaboration



8 competences at a glance

1. Identify and assess behavioral health needs as part of a primary care team

- BH providers apply knowledge of cognitive, emotional, biological, behavioral, and social aspects of health, MH, and medical conditions across the lifespan; and incorporate their clinical observations into an overall, team-based primary care assessment that may include identifying, screening, assessing, and diagnosing.

2. Engage and activate patients in their care

- BH providers engage patients in their care, helping them understand how their BH factors affect their health and illness, and how the BH aspects can be integrated in a team-based care plan.

3. Work as a primary care team member to create and implement care plans that address behavioral health factors

- BH providers work as members of the primary care team to collaboratively create and implement care plans that address BH factors in primary care practice. These factors may include mental illness, substance use disorders, and physical health problems requiring psychosocial interventions.

4. Help observe and improve care team function and relationships

- BH providers help the primary care team monitor and improve care team function and collaborative relationships. By knowing their own and others' roles, they help the team pool knowledge and experience to inform treatment, engage in shared decision-making with each other and with patients, and share responsibility for care and outcomes.



8 competencies at a glance, continued

5. Communicate effectively with other providers, staff, and patients

- BH providers in primary care communicate effectively with providers, patients, and the primary care team with a willingness to initiate patient or family contact outside routine face-to-face clinical work. BH providers communicate in ways that build patient understanding, satisfaction, and the ability to participate in care.

6. Provide efficient and effective care delivery that meets the needs of the population of the primary care setting

- BH providers in primary care use their available time and effort on behalf of the practice population, setting prioritized agendas (with roles and goals) with patients and the team, managing brief and longer patient encounters effectively, and identifying areas for immediate and future work with appropriate follow-up care for which BH availability is maintained.

7. Provide culturally responsive, whole-person and family-oriented care

- BH providers in primary care employ the biopsychosocial model – approaching healthcare from biological, psychological, social, spiritual, and cultural aspects of whole-person care, including patient and family beliefs, values, culture, and preferences.

8. Understand, value, and adapt to the diverse professional cultures of an integrated care team

- BH providers act in ways consistent with the collaborative culture and mission of primary care with an attitude of flexibility. BH providers adapt their work style to meet patient needs while building confidence and comfort in working in primary care culture, with providers, and medical situations.



Application of the 8 competencies

- Job descriptions for hiring
- Onboarding BHPs
- Integrating into teams – staff and provider education
- Annual reviews and assessments
- Curriculum development
- State-wide education and certification program



Discussion Questions

- What can these competencies be used to support your practices?
- How can you foresee using the core competencies to manage expectations for both primary care and behavioral health providers?
- How would you adapt to better meet the practices' needs?



THANK YOU!

<https://makehealthwhole.org/implementation/8-core-competencies/>

Emma.Gilchrist@cuanschutz.edu

Upcoming 1302 Learning Community Opportunities

For Practices and PTOs:

Weds., 2/28/24, 12:00 – 1:00

Behavioral Health Provider Hiring Options

Stacy Said, University of Denver, School of Social Work

Billing to Launch and Sustain Integrated Behavioral Health

Pamela Ballou-Nelson, RN, MSPH, FMC, CMPE, PhD,
Healthcare Consulting Inc.

Tues, 3/12/24, 2024, 12:00 -1:00

Establishing Best Practices for WHOs? Warm handoffs and more!

Courtney Legge, PsyD, Licensed Psychologist

For PTOs Only:

Tues., 3/19/24 2:00-3:00

Baseline Assessment Feedback

PIP Team



Register Now!

Business Operations to Support Sustainable Behavioral Health Integration

2024 1302 Collaborative Learning Sessions

- All practices and Practice Transformation Organizations participating in the 1302 Behavioral Health Integration project are invited to register and attend one of the two collaborative learning sessions in April.
- Each practice is welcome to bring up to 2 representatives to the event.

Register Now! – click the link
or scan the QR code



https://practiceinnovationco.co1.qualtrics.com/jfe/form/SV_e5rIs1vjAmQiuPk



**Anschutz Medical Campus
Health Sciences Building
Aurora, CO
April 17, 2024**



**DoubleTree by
Hilton Hotel
Grand Junction, CO
April 30, 2024**

Scan to
complete the
evaluation



https://practiceinnovationco.co1.qualtrics.com/jfe/form/SV_0dCzkRv6MD20KTc

Questions?

<https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/1302-behavioral-health-integration>



Thank you!