



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 Practice Business Operations Learning Community

June 11, 2024



Department of  
Family Medicine



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Welcome!

Please put your name, pronouns, practice name, and role 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.

These slides and the recording will be made available on the [Practice Innovation Program website](https://medschool.cuanschutz.edu/practice-innovation-program/current-initiatives/1302-behavioral-health-integration/for-practices).

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

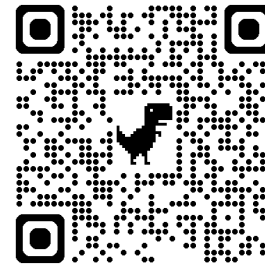


# Agenda

- Business operations updates – Stephanie and Taryn
- Hiring and Onboarding Behavioral Health Providers – Marisa Kostiuik, PhD
- Future 1302 Learning Community Events – Kathy

# 1302 Business Operations Updates

- Affinity Group Updates
- Website updates
- Registration for Business Operations 1:1 Support
  - Scan the QR code to fill out a request



# Hiring & Onboarding Behavioral Health Providers

MARISA KOSTIUK, PHD

# Overview

- ▶ Care delivery
  - ▶ Shifting from siloed training/care to integrated care
  - ▶ Recruitment & hiring considerations
- ▶ Team-Based Care
- ▶ Lessons learned from integrating primary care and behavioral health
  - ▶ Considerations for making integration more effective and sustainable
- ▶ Tips on Integration

# As a reminder

INTEGRATION & EFFORTS TO INTEGRATE WILL NOT LOOK  
THE SAME IN EACH PRACTICE

# A shift in care delivery

- ▶ Most primary care providers (PCPs) and behavioral health providers (BHPs) are trained in settings that are discipline-specific silos and tend to be relatively isolated from one another.
- ▶ While this is shifting, there has long been little or no training in team-based patient-centered care.
- ▶ Skills, behaviors, attitudes, and workplace competencies that are needed to work in integrated primary care settings tend to be very different than more traditional care delivery settings.



# Recruitment & Hiring Considerations

- ▶ Important for administrators to be familiar with the nature and role of BHPs in the practice.
- ▶ Ensure that recruitment materials are reflective of the position
  - ▶ Positions should not be advertised as traditional mental health positions
  - ▶ Advertisement should indicate that the position is consultative to primary care staff and that clinical intervention will be brief and targeted.
  - ▶ Volume of clinical interactions will likely be greater than traditional mental health settings.

**Table 1.****Observed Differences between Traditional Mental Health and Integrated Primary Care**

<b>Traditional Mental Health</b>	<b>Integrated Behavioral Health and Primary Care</b>
50-min appointments	Brief, targeted interventions (5 to 30 min)
Asynchronous communication with other healthcare stakeholders (eg, fax a note, voice message)	Immediate communication with other members of the team: directly or within the shared EHR
Interventions often focused on mental health	Interventions focused on behavioral health: mental health, substance use, life stressors, health behaviors, and adherence to medical regimens
Clinical involvement often long term, likely to take a reflective approach	Clinical involvement focused on the moment (eg, problem and/or solution), likely to take a more active and teaching approach
Patients discharged following completion of care	Patients retained in the EHR as long as they are receiving primary care
Documentation often in narrative form: focused on telling the person's history and story	Documentation often brief, focused on problem, intervention, and plan, and located either in separate note or imbedded in physicians' notes
Must document development of thorough knowledge of client	Knowledge of patient developed by PCP in previous relationship
Assign clinical diagnosis to bill	Diagnosis often resisted or delayed to try to help the patient without a label
Individuals referred to as "clients," "consumers," or other term designed to reduce stigma	Individuals referred to as "patients" or "consumers"

# Types of BHPs

- ▶ Depending on the population served, model of BH integration, mission/vision of the practice, there are different considerations for BHPs:
  - ▶ Psychologist (e.g., PhD or PsyD)
  - ▶ Psychiatrist
  - ▶ Licensed Social Worker (LSW), Licensed Clinical Social Worker (LCSW)
  - ▶ Certified Addiction Counselor (CAC)
  - ▶ Licensed Addiction Counselor (LAC)
  - ▶ Licensed Professional Counselor (LPC)
  - ▶ Developmental-behavioral pediatrics
  - ▶ Patient navigators, care coordinators
  - ▶ Among others

# Hiring Considerations

- ▶ Hiring BHPs with prior work experience or training in an integrated setting might not be possible. However, there are some themes/ characteristics of applicants that can be considered:
  - ▶ Interest in population-based health
  - ▶ Enjoys fast-paced settings/environments
  - ▶ Is flexible
  - ▶ Comfortable in novel situations
  - ▶ Desire to work with a variety of populations/patients
  - ▶ Familiarity and interest in behavior change interventions
  - ▶ Wanting to expand outside of routine clinical practice
  - ▶ Interested in continuing to learn new approaches

Summary of Observed Skills Clinicians Need to Deliver Integrated Care<sup>12</sup>

PCC	BHC	Consulting Psychiatrist
Open to sharing care with others: recognizes that other professionals bring specialized expertise	May proactively review patients to identify potential needs/opportunities for BHC services to PCC	Views role as adjunct to PCC and BHC, not as the replacement
	Participates in briefing by listening and asking for clarification when needed	
Reviews screenings, uses clinical discretion, or considers suggestions to identify patients needing BHC services	Introduces self as a member of the care team: normalizes behavioral health care delivery as part of “routine” practice	Introduces self as a member of the care team
Provides brief assessment of patient’s behavioral health needs and establishes foundation for BHC handoff: describing expertise, importance of whole person care, expectations (“selling” resource to patient)	Conducts rapid, targeted assessments of patient needs; identifies “feasible” targets for brief intervention	Provides psychiatric consultation to the primary care team as needed
Briefs BHC on perceived patient condition/needs: assessment of situation, depression intervention	Sets agenda balancing patient/PCC priorities, or negotiates focus of these two stakeholders	Assists PCC: diagnosis, treatment planning, and recommendations
Available to debrief with BHC during encounter or post-encounter to develop care plan	Apply brief interventions using abbreviated evidence-based treatment strategies: solution-focused therapy, behavioral activation, cognitive behavioral therapy, motivational interview	Willing to treat/consult on some patients without seeing them
Reinforces care plan and/or BHC intervention during next encounter	Clinical capacity to address full spectrum of behavioral health needs: common mental health conditions (depression, anxiety), lifestyle behaviors (self-care, social engagement, relaxation, sleep hygiene, diet, exercise)	Makes a treatment plan in a short amount of time with limited information
	May develop specialization areas: substance use counseling, biofeedback	Focuses on complex patients who cannot be managed alone by PCP and BHC
	Links efforts to overall patient care: reinforce care plan with PCC and summarize goals/next steps with patient	
	Leads group sessions for patients: pain groups, diabetes management	Engages other professionals in patient care plan: BHC, social worker, pharmacist
	Determines care level needed: additional followup with BHC, transition to specialty mental health care	Coaches PCCs to manage complex patients; transitions patients back to primary care
	Assists with specialty mental health/other treatment resource transitions (case management)	
	Concisely communicates information to the primary care team: verbally, EHR notes	Concisely communicates information to the primary care team verbally, EHR notes

# Recruitment Challenges

- ▶ Some research suggests hiring clinicians with the experience and skillsets needed to work in integrated primary care is challenging.
- ▶ For BHPs this means being adaptable to the pace and workflow of primary care, knowledge of working with PCPs, awareness of population health, using brief assessments and interventions.
- ▶ For PCPs this means consistent identification of patients with BH needs, knowing how and when to involve BHPs, incorporating another professional's expertise into patient care.

# Team-Based Care

# Team-Based Care

- ▶ Effective integration requires a team of providers to work together on a single treatment plan.
- ▶ Successful integration relies on each team member understanding their role and having the knowledge and skills to fulfill that role.
- ▶ Team members will likely need to function outside of traditional roles that may be new or uncomfortable.
- ▶ Seeing value in different perspectives and approaches that are brought by PCPs and BHPs are important to the clinic culture.



# Components of Team-Based Care

Key Component	How the Integrated Care Component Works	Key Capabilities
Interprofessional team-based care	A practice team tailored to the whole-person primary care needs of each person/family	<ol style="list-style-type: none"><li>1. With a suitable range of expertise both within and outside of primary care (e.g., behavioral health) and role functions (e.g., clinician, coordinator, health coach).</li><li>2. With shared operations, workflows, and practice culture.</li><li>3. With formal on-the-job training.</li></ol>
Care management	Using a systematic clinical approach and a system that enables the clinical approach to function	<ol style="list-style-type: none"><li>1. Employing methods to identify those members of the population who need or may benefit from care.</li><li>2. Engaging individuals and families in identifying their needs for care and the particular members of the team to provide it.</li><li>3. Using an explicit, unified, and shared care plan.</li></ol>

# Aspects of Team-Based Integration

- ▶ Organizational Features
  - ▶ BH being visible, shared spaces for clinical care
  - ▶ In person and telehealth
  - ▶ Protocols for managing safety concerns
- ▶ Social Features
  - ▶ Common culture and a specific culture of integration
  - ▶ Collaborative, teamwork
- ▶ Process Features
  - ▶ Shared care plans
  - ▶ Shared electronic medical record
  - ▶ Empaneling patients to PCPs

# Main Points

- ▶ Keeping in mind the shifts in care delivery and potential recruitment challenges for new providers is important
- ▶ Integration involves many clinical, structural, and procedural components working together
- ▶ Integrated care is shared, team-based, collaborative, culturally informed
- ▶ Each integrated primary care clinic will look differently



# Lessons Learned in Integration Onboarding & Potential Solutions

# Lessons Learned - Roles

- ▶ Training and orientation efforts focused solely on BHPs is insufficient if PCPs and other staff members are not included
- ▶ Working effectively in an integrated setting requires all team members to be trained and oriented to one another (e.g., roles, responsibilities, contributions)
- ▶ Don't focus solely on new hires but everyone in the practice when introducing a new role

# Potential Solutions

- ▶ Training for the entire team when integration is new... perhaps as a reminder for practices that already have integration.
- ▶ Internal experts/trainers
- ▶ External training programs
- ▶ Consultants to offer onsite training
- ▶ Practice Champion
- ▶ Having a shared vision of integrated care

# Lessons Learned - Skillsets

- ▶ Skills and experience needed to work in an integrated setting might be difficult to find amongst clinicians
  - ▶ Handling interruptions, consultation, concise documentation in the electronic health record
- ▶ Lack of practical experience amongst clinicians
- ▶ Big difference between skills required for care delivery in traditional mental health vs integrated primary care
- ▶ For practices new to integration, there might not be awareness of what knowledge, skills, or attitudes from providers are important to make integration successful

# Potential Solutions

- ▶ For BHPs:
  - ▶ Providers trained specifically in mental health settings will likely need relevant training to be successful in an integrated setting
  - ▶ Focus on accurate recruitment and hiring practices
- ▶ Training PCPs on:
  - ▶ Adjusting workflows to accommodate warm handoffs (WHOs)
  - ▶ Seeking consultation



# Lessons Learned – Onboarding Time

- ▶ Practices newer to integration may underestimate the time and resources needed to train and organizationally socialize new team members.
- ▶ Learning the culture, expectations, workflow, and staffing of a clinic takes time and multi-directional investments from clinical and non-clinical staff, leadership, and the administration.

# Potential Solutions

- ▶ During orientation, have BHPs shadow non-clinical and clinical staff
  - ▶ See workflow
  - ▶ Types of patients that certain PCPs see and approaches
- ▶ Start with fewer scheduled slots to learn the flow of the clinic and to be available for WHOs
- ▶ Start with longer appointment slot times to adjust to workflow, documentation, and administrative tasks

# Tips on Integration

ON ALL LEVELS

# Educating Patients on Integration

- ▶ Ensuring that patients are well-informed about integrated care
  - ▶ Type of BH provider
  - ▶ Confidentiality
  - ▶ Documentation in the medical record
- ▶ Setting appropriate expectations for integrated care
  - ▶ Brief sessions
  - ▶ Short-term
  - ▶ Not the same as psychotherapy (try to avoid terms like therapy, therapist)
- ▶ Emphasis is on whole-person health
  - ▶ Destigmatizing mental health

# How BHPs support the care team

- ▶ In additional to scheduled visits, BH offers:
  - ▶ Warm handoffs – real time clinical support
  - ▶ Scrubbing schedules
  - ▶ Curbside consults
  - ▶ Assists in linking patients to BH resources in the community
  - ▶ Determine appropriate level of care for patients
  - ▶ Safety/risk assessments
  - ▶ Brief assessments/evaluations
  - ▶ Provide group treatment/classes
  - ▶ Etc.

# How BHPs can advocate for their own integration

- ▶ Develop educational materials that can be given to patients by PCPs
- ▶ Creating list of community referrals for patients requiring a higher-level of care or psychotherapy options
- ▶ Conduct co-consults with the PCP
- ▶ Attend provider staff meetings, morning huddles, etc.
- ▶ Offer educational seminars on BH to staff and providers
- ▶ Participate in quality improvement or program evaluation efforts
- ▶ Conduct routine, consistent rounds of the clinic
- ▶ Develop relationships with all team members

# How PCPs can support integration & onboarding of BHPs

- ▶ Awareness of BH services that are offered (and not offered)
- ▶ Provide consistent messaging to patients on BH
- ▶ Demonstrate an openness to BH, which will be translated to patient interactions
- ▶ Routinely and consistently identify opportunities for WHO's and BH support
- ▶ Identify BH needs (not only mental health specific concerns)
- ▶ Review BH documentation
- ▶ Utilize BH for curbside consults frequently
- ▶ Discuss importance of whole-person health with patients

Questions/Comments



# Upcoming Practice Learning Community Events

## **Trauma-Informed Care in Pediatrics**

Speaker – Lauren Eckheart, PsyD, MA

Wednesday, July 17<sup>th</sup>, 2024, 12pm to 1 pm

## **Substance Use Disorder Screening and Interventional Best Practices**

Speaker – Dr. David Mendez, MD

Wednesday, August 7<sup>th</sup>, 2024, 12pm to 1pm

## **Coding and Billing for Collaborative Care Model**

Speaker – Pam Ballou Nelson

Thursday, August 8<sup>th</sup> 2024, 12pm to 1pm

To subscribe to CHES updates, including all Learning Community opportunities, sign up:

<https://bit.ly/chesignup>



# Scan to complete evaluation



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**THANK YOU!**

