

The Culture of Working in Primary Care

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(in slide note section)



What Does a Behavioral Health Patient Look Like in a Primary Care Setting?

67 yo man recently widowed

43 yo woman drinks “a couple of glasses” of wine daily

19 yo man “horrible stomach pain” when starts college

32 yo woman “can’t get up for work”



What Does a Behavioral Health Patient Look Like in a Primary Care Setting?

Distress

67yo man recently widowed

Substance Use Disorder

43yo woman drinks "a couple of glasses" of wine daily

Social Anxiety Disorder

19yo man "horrible stomach pain" when starts college

Major Depressive Disorder

32yo woman "can't get up for work"





Common Behavioral Health Presentations

Common Outpatient Psychiatry Presentations

- **Mood disorders**
- **Anxiety disorders**
- **Substance use disorders**
- **Psychotic disorders**
- **Cognitive disorders**

Common Primary Care Presentations

- **Depression**
- **Anxiety**
- **Unexplained physical symptoms**
- **Somatic presentations & somatoform disorders**
- **Acute and chronic distress**
- **Adjustment disorders**
- **Pain**
- **Challenging patients**
- **Pet patients**



Culture Clash

- **Primary Care**
 - **Action culture**
 - urgency, pace
 - immediate intervention
 - high access
 - refer to other providers for specialty care
- **Specialty Behavioral Health**
 - **Narrative culture**
 - in-depth assessment
 - deep understanding
 - slower pace

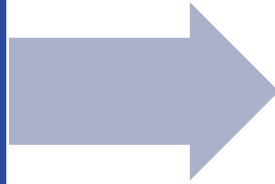




Life of a Busy PCP

Challenges:

- Large patient panels (1,500 – 2,500)
- Fast paced: 20-30 encounters / day
- Huge range of problems / responsibilities
 - Full range of medical, behavioral, social problems
 - Acute care, chronic care, prevention



Ways to cope:

- Focus:
 - What is the most serious?
 - What is practical to accomplish today?
- Diagnose and treat 'over time'
- Get help → TEAMWORK

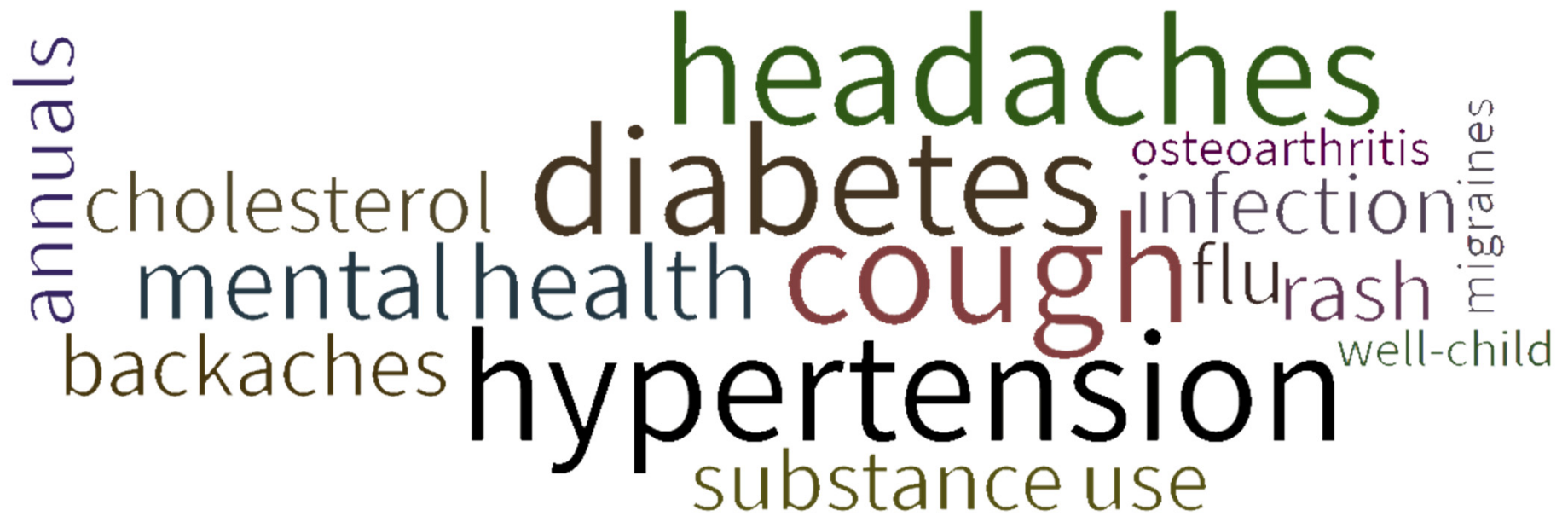
“Everything comes at me and I bat at the problem before me” → hard to keep track of what happens once treatments started

Need practical solutions & effective communication → COLLABORATIVE CARE





Primary Care Presentations





Range of Problems from Birth to Death

- Annual exams/Well-child visits
- Skin disorders
- Osteoarthritis and joint disorders
- Back problems
- Cholesterol problems
- Upper respiratory conditions, excluding asthma
- **Anxiety, depression, and bipolar disorder**
- Chronic neurologic disorders;
- High blood pressure;
- Headaches and migraines
- Diabetes





PCP Understanding of Collaborative Care is Critical

- **May not know about Collaborative Care**
- **May not know your role in the team**





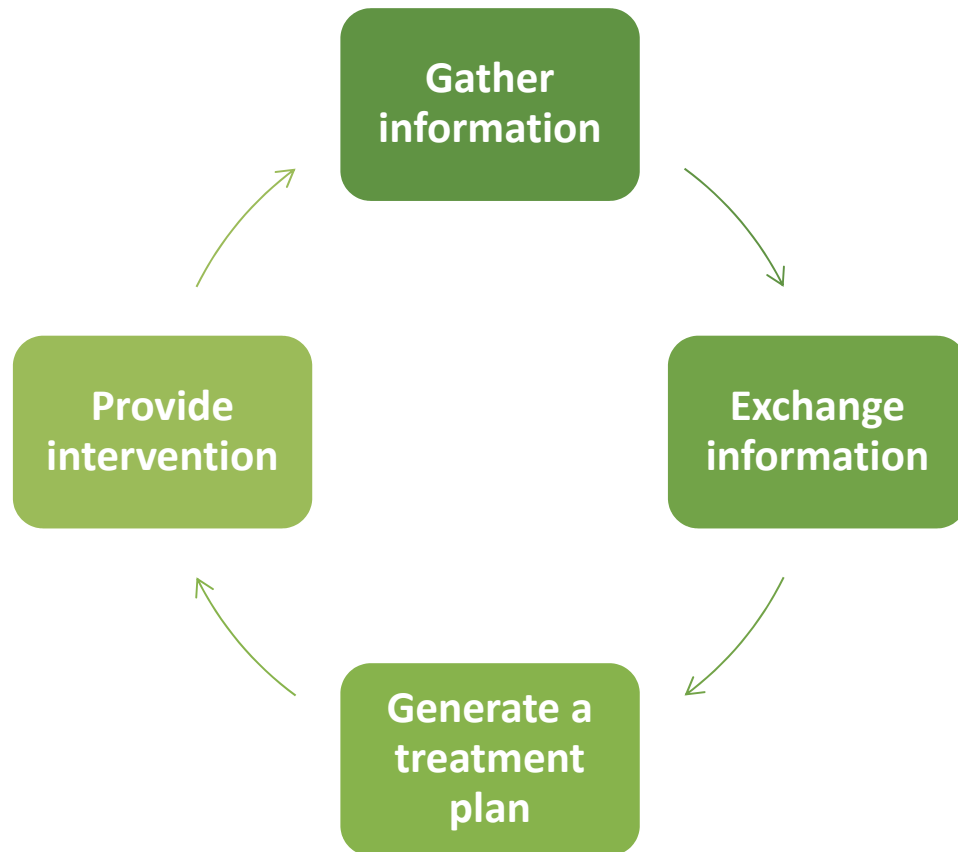
Why the PCP is important

- **PCP recommendation is powerful**
 - Introduce care manager and team roles
- **Existing relationship as foundation**
- **PCP engages the whole patient**
 - Integrated whole person care plan





PCP Role: Diagnosis



- **PCP may have long history with patient**
- **Refined over time**
- **Consult not always needed**





PCP Role: Treatment Adjustment

**Complete
response to
initial
treatment**

30% - 50%

**Need *at
least one*
change in
treatment**

50% – 70%





PCP “Toolkit” to Engage

- **Introductory Package of Materials for PCPs**
 - Key recent research references
 - Descriptions of model and roles from PCP perspective
- **Suggestions for “warm connection” language to introduce care manager, engage patients in care**
- **List of ideas for strategies to work with your PCPs**





Communication with PCPs

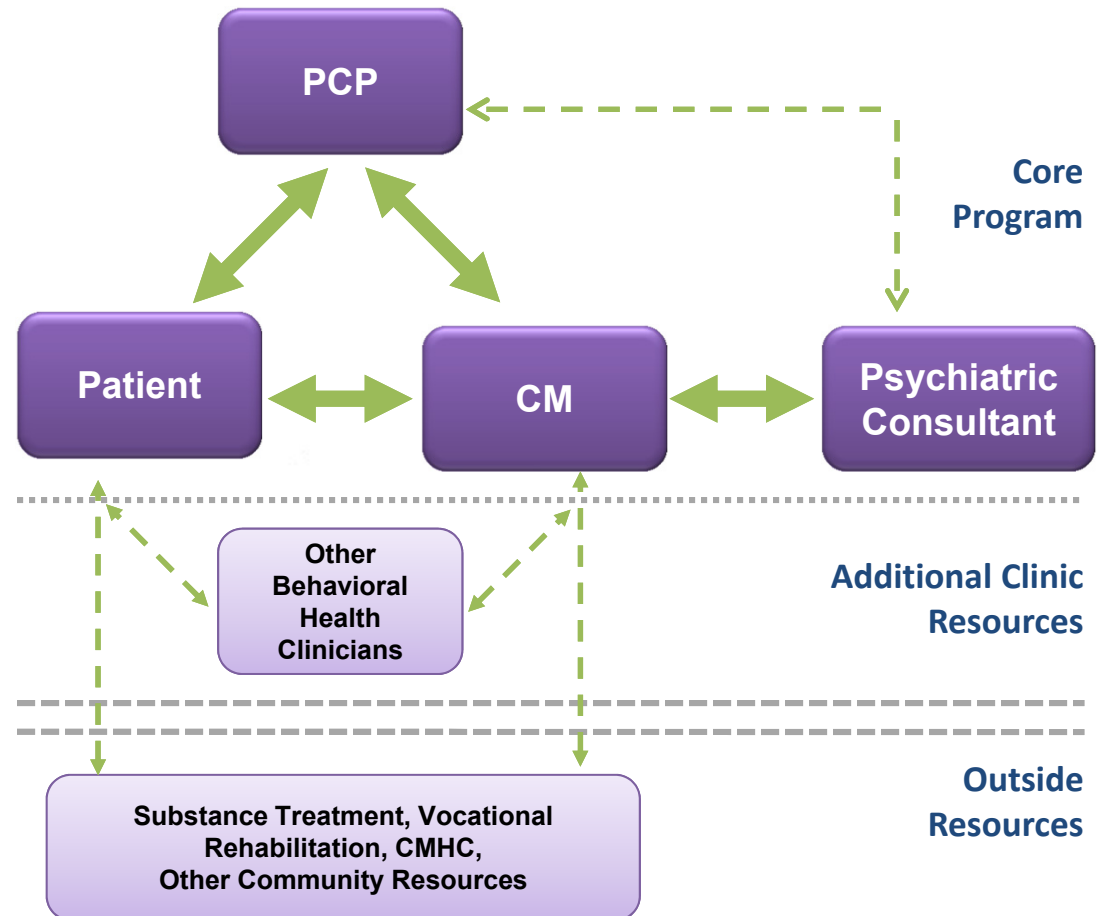
- **Need a clear method**
 - Notes in EHR, Copy of a note, other?
- **Communicate significant changes in patient's clinical and functional status or care plan**
 - Prioritize which changes need to be brought to the attention of the PCP
 - Maintain enough contact so that they remember who you are, but not so much that they see you as a pest





Communication: How and When?

- **Communication is key to team function!**
- **Consider modality**
 - In person
 - Staff (MA or nurse)
 - Phone
 - Fax
 - Email (*careful with confidential info*)
 - EMR
- **Frequency**
 - Scheduled
 - As needed





Key Elements to Include When Talking to PCPs

- **Name and ONE sentence psychosocial history**
- **Baseline clinical measures**
 - e.g., PHQ-9 Score
- **Provisional diagnosis; current symptoms**
- **Current treatment(s) and length of time**
 - Symptoms that aren't improving
 - Problematic side effects
 - Psychiatric consultant recommendations (if relevant)
- **Question or purpose of communication**





Connecting the PCP and Psychiatric Consultant

- **Most of this is through notes and recommendation**
- **Can facilitate direct contacts**





Reality Check



- **We're asking a lot of primary care providers**
 - **Behavior change**
 - **Treatment to target - new way of thinking**
 - Chronic care management model
 - **PCP may or may not see value in new model**
 - Two new team members may be viewed as external, not entirely under PCP control





Effective Integration Requires Practice Change.





Getting Started in Your Primary Care Clinic



- **What’s your “elevator speech” for PCPs?**
- **How will you build your working relationship with your PCPs?**
- **How will you share your role with the larger clinic team?**

