Working with behavioral health care managers

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General Disclosures

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Learning Objectives

At the end of this learning activity, the participants will be able to:

- Describe tasks of a CoCM behavioral health care manager.
- List activities of the psychiatric consultant that improve the effectiveness of the partnership with the behavioral health care manager.

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BHCM task: basic version

- Facilitates patient engagement
- Performs systematic initial and follow-up assessments
- Systematically tracks treatment response
- Supports treatment plan with PCP
- Reviews challenging patients with the psychiatric consultant weekly

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Knowledge / skills of behavioral health care manager – advanced version

- Embrace of model of care – it is definitely not for everyone.
- Structured Assessment
- Crisis Management
- Engagement / development of relationship with clinic staff and providers
- Being the face of the program
- Engagement of patients
- Management of registry
- Ability to negotiate treatment options
- Behavioral Interventions
- Support of medication treatment
- Ability to move patients to relapse prevention
- Knowledge of referral targets

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Oak Street Health

Current role: Behavioral Health Program Manager. We currently have BHSs at 48 clinics (total of 80 clinics with more coming). There are 8 psych providers.

Over this past year:

- Developed a working registry with a flagging system and classification system
- Dr. Kern tour of Collaborative Care and refresher trainings for all the PCPs that have a Behavioral Health Specialist
- Psych providers expanded to states with no BHS to provide consultations if needed by PCPs
- Bringing both psych providers and BHSs into a team mentality

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Why jump ship...

- Most ***rewarding*** work I have done and will not go back to traditional approach of providing mental health services
- Patients get better ***faster***
- Learned so much more to improve my skill set from collaboration with the psych provider--should have paid my employer my grad school tuition and fees

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New favorite story…

- 76 y/o WBM, Vietnam Vet
- Medical issues: HTN/COPD/AFib/Sigmoid Diverticulosis/Liver Cyst/DDD/Spinal Stenosis/Enlarged Prostate
- MH Dx: MDD/PTSD/ETOH Dependence
- Several failed tx attempts through the VA
- Work started (May of 2020, via phone) with constant safety planning--suicidal thoughts, and with the majority of my vets, a rather large gun collection. He did continue to work with me after son removed gun collection. At the same time, harm reduction and a lot of Motivational Interviewing to bring down the daily ETOH use.

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story, continued

- Non compliant with Lexapro and Trazodone, stated “they never worked”. Felt that ETOH worked better for mood, sleep and chronic pain. 11/30/20--stopped drinking and ready to try another medication. Cymbalta was recommended.
- Mood improved, sleep improved and chronic pain improved, which allowed for CBT work to start for trauma.
- Prazosin and Naltrexone added to assist with nightmares and cravings.
- Initial PHQ 9 was 24. Last PHQ 9 was 7 (1-4-21)
- Initial GAD 7 was 21. Last GAD 7 was 6 (1-4-21)
- “You have both (BHS and psych provider) have restored my faith in mental health services”

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How do we do accomplish this work?

- Teaching me what you need from me (BHS) when I am presenting a case to you--health dx, meds, recent labs, treatment hx, etc. This allows me to fill in the blanks for you
- Teaching me your treatment philosophy (benzos, sleepers, one med change at a time, no SSRI/SNRI for Bipolar, etc.)
- Teaching me about medications, dx, how health conditions can impact care, differentials
- Teaching me protocols about medications/tx approaches

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- Teaching me what I need to say to PCPs to build their trust and confidence in us to guide them
- Being available, responsive and approachable
- Assisting with disseminating new and relevant research/data/best practices
- Teaching me your protocols about medications/tx approaches
- Knowing I might need to lean on you for clarification of diagnosis, ethical issues, possible countertransference, frustrations with the clinic ops/PCPs, etc.)
- Going through the registry together--sorting your way and then my way

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What the psychiatric consultant can do to improve effectiveness of partnership with behavioral health care manager

Structuring interactions – e.g., case presentation and review

Clear goals of work – population health, support PCP's.

Looking out for opportunities to teach and learn –

- Clinical entities new to one or the other.
- Social / cultural / local / clinic norms & events

Model population care – use of registry data

Look for opportunities to improve process and outcomes – e.g., making sure PCP's see & act on recommendations.

Frame the work: BHCM's often don't realize how cool their work is.

Point out the advantages to psychiatry in primary care – access, labs, organization of care not always present in the BH setting.

Look for opportunities to support your partner and build the relationship – the work on the ground is fast and challenging. You might need to weigh in with PCP or clinic administration if your BHCM is getting squeezed.

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Protocols - examples

- Case presentations
- Psychiatric caseload review agenda
- Assessment: e.g.,
  - bipolar, ADHD
  - suicide risk,
  - first-line medication approaches.
- Guidelines for between-call contact.

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Takeaways

- *Nurturing behavioral health care managers is a core activity.*
- *Time spent doing this saves the team time later.*
- *Teach your team the way you think and how you want to work, and this can become routine practice for the clinic.*

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Resources

- AIMS Center office hours
- UW PACC
- Psychiatry Consultation Line
  - (877) 927-7924
- Partnership Access Line (PAL)
  - (866) 599-7257
- PAL for Moms
  - (877) 725-4666

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