Integrated and Culturally Relevant Care (ICRC): Preparing Social Workers for Primary Care Behavioral Health Practice

Tamara S. Davis, Ph.D., MSSW
Associate Professor
College of Social Work
The Ohio State University

Staci Swenson, MA, MSW, LISW-S
Integrated Care Manager
Columbus Neighborhood Health Center
(former Program Director at MHAFC)

Joe Guada, Ph.D., MSW, Associate Professor
Becky Reno, MSW, Doctoral Candidate
College of Social Work, The Ohio State University

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Learning Objectives

- Identify the components of the ICRC Educational Model
- Conceptualize the complexities of ICRC practice in a community health primary care setting
- Recognize common behavioral health screening tools and processes used in primary care settings
- Consider potential successes and challenges to engaging in a collaborative and applied behavioral health workforce development effort

Current Context

The Patient Protection and Affordable Care Act

50-70% visits for psychosocial needs

BH care improves medical issues

BH Workforce Shortage

Money, Time, Quality

Healthcare & Racial Inequities
Behavioral Health Workforce Development

Medicaid Technical Assistance and Policy Programs (MEDTAPP)
Healthcare Access Initiative

OSU Center of Excellence for IPEP in Promoting the Health and Wellness of Underserved Populations

Inter-Professional Education

Social Work
Behavioral Health in Primary Care

Inter-Professional Practice

Approach to Integrated Care

INTEGRATED PRIMARY CARE OR PRIMARY CARE BEHAVIORAL HEALTH

"Combines medical & BH services for problems patients bring to primary care, including stress-linked physical symptoms, health behaviors, MH or SA disorders. For any problem, they have come to the right place – "no wrong door" … BH professional used as a consultant to PC colleagues" (emphasis added)

Levels of Integrated Healthcare

<table>
<thead>
<tr>
<th>COORDINATED KEY ELEMENT: COMMUNICATION</th>
<th>CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY</th>
<th>INTEGRATED KEY ELEMENT: PRACTICE CHANGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>LEVEL 1</td>
<td>LEVEL 2</td>
<td>LEVEL 3</td>
</tr>
<tr>
<td>Minimal Collaboration</td>
<td>Basic Collaboration at a Distance</td>
<td>Basic Collaboration Onsite</td>
</tr>
<tr>
<td>LEVEL 4</td>
<td>LEVEL 5</td>
<td>LEVEL 6</td>
</tr>
<tr>
<td>Close Collaboration with Some System Integration</td>
<td>Close Collaboration Approaching an Integrated Practice</td>
<td>Full Collaboration in a Transformed/Merged Integrated Practice</td>
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Behavioral health, primary care and other healthcare providers work:

| In separate facilities | In separate facilities | In same facility not necessarily same offices | In same space within the same facility | In same space within the same facility (some shared space) | In same space within the same facility, sharing all practice space |


Integrated & Culturally Relevant Care (ICRC):
An Education & Training Model for Social Work Students
ICRC Model Components

Integrated care  
Screening, assessment & diagnosing  
*Care coordination & communication  
*Intervention Planning  
Social determinants & *Resources  
Culturally responsive care  
Health care basics  
Technology  
Evidence-informed approaches  
Documentation

Specialized education and areas of competency

ICRC Student Supervision

Intensive supervision by seasoned professionals

Live & reflective supervision  
Group supervision  
Individual supervision  
Case review  
Work closely with training cohort
Student Learning Progression

- Developing professional progressive independence from observation to hands-on independent performance

- Participating in live and reflective supervision

Supervisory Process

- Supporting students while they grow from “intimidated” to “independent”

- Providing individualized supervision and feedback before, during, and after their interactions with patients as needed
Complexities of ICRC Practice in Primary Care

- Who reviews screen?
- Separate BH Space?
- BH in Exam Rooms?

WORK FLOW

BEHAVIORAL HEALTH SCREEN ...

- No BH screen
- BH screen completed as identified
- All new patients screened
PROVIDER TYPE / CREDENTIALS

- Hire internal BH Specialists
- Contract with CMHC for BH

PNP/MHNP  
LPC  
LISW  
(PWT)  
Psychiatrist

BEHAVIORAL HEALTH DOCUMENTATION

Electronic Health Record  
BILLING?  
Scanned PDF Notes
TRAINING
Preparing all staff across health centers

INTEGRATING STUDENTS
“Students are in the way”
Let’s collaborate around patient’s BH needs

IDENTIFYING PATIENT NEED
* Screening for BH / Social Care Needs
* BHS daily review of patients scheduled

SCHEDULING
BHS independently scheduling BH appointments vs. scheduling through EHR

Behavioral Health Screening and Assessment in Primary Care
BRIEF SCREENINGS

BH and AOD screenings
- Brief Screening
  - PHQ-4
  - NIDA
  - Social Resources Screening
- PHQ-9
- GAD-7
- AUDIT
- DAST

Assessments

- Brief...only information needed now
- Frequently involves risk assessment
- Focus on patient’s needs and preferences
WORKFORCE DEVELOPMENT

CHALLENGES → SUCCESSES

Challenges

• IC is a paradigm shift... takes time and needs planning
• Provider willingness and readiness to engage BHS and students
• BH tools and supports
• Interrupted clinical flow
• Scheduling for BH services
• Choosing screening tools/processes

Key Responses

• Approach effort top down and bottom up; provider education and support
• Relationship development; BHS and students must demonstrate worth
• Prioritize resources for BH care; support student training needs
• Collaboratively determine processes; consider BHS/preceptor time and productivity expectations
• Integrate BHS (incl. students) into scheduling processes
• Use best practices and adapt to setting
### Challenges

- Determining space for BH preceptors and students
- Determining need for consents
- BH workforce unprepared for PC; conventional MH approach not appropriate
- Diagnosing differences between PCP and BHS (DSM vs. ICD)
- Billing for BH services (preceptors and students)

### Key Responses

- Provide services in medical exam rooms when possible
- Release of information $\rightarrow$ Contract for BH services (part of care coordination)
- Careful selection of BH preceptors & students $\rightarrow$ re-tool practitioners; prepare future BH workforce
- Communication! Brief BH assessment & collaborative care; teach students both diagnostic schemes
- Contract with CMHC; pursue policy changes in billing structures

### Educational Successes

- 23 students successfully completed program + 12 current year
- Developed ICRC education & training model for PCBH
- Developed & implemented integrated care competency measure for social work students
- Students gain clinical skills gained in working with diverse populations
- Seasoned supervising clinicians learn & train the model
- Students & supervisors practice in community while forging team-based integrated care
“The internship helped me to understand how the outcomes for our clients can be dramatically improved if all health professionals work together as a team to approach the needs of our clients and enhance all areas of health and well-being (mental, physical, and spiritual)!”

Graduated Student

According to one physician...

“The integrated care model between medical and social work staff at [our center] has been invaluable in getting patients with mental health needs the care they need when they need it, and this is done in a truly compassionate manner that makes the patient feel valued and affirmed. Professionally, it also helps me tremendously with regard to the flow of my day, and in knowing that my patients are receiving the holistic care they need.”
Q & A

For further information...

Tamara S. Davis, Ph.D., MSSW
Associate Professor and Principal Investigator of MEDTAPP Social Work Primary Care Behavioral Health Workforce Development Initiative
College of Social Work
The Ohio State University
davis.2304@osu.edu