



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Making the Most of Your Primary Care Services in PBHCI Programs

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Who We Are

- 50% of Pittsburgh Mercy Health System consumers were not receiving any routine primary care
- Engaging a highly complex population takes a TEAM!
- ACT Model in Primary Care:
 - Multi-disciplinary Care Team approach
 - Highly engaging team meets the patient where they are in their lives
- Reverse Integration
 - CMHC bringing in PCP
 - Patient Population – Chronic Co-Occurring SMI and Medically Complex Individuals

Working Effectively Together

- *Our* Team – PCP, Consulting Psychiatry, Care Managers, TTS, MA – Firepower is heavily weighted in BH – Why?
- Population presenting to PMFHC:
 - General Population: Treatment resistant (SSRIs) or Diagnosis Uncertain
 - SMI (Loss to Follow Up) – wanting to get back into specialty care
 - SMI(Loss to Follow Up) – awaiting specialty care (capacity issues)
 - SMI – Refusing specialty care
- This mix with drive how you:
 - Build your team
 - Train your team

Sharing: Culture

Improving your interdisciplinary team-based care through **CULTURE** change - to meet the needs of your patients

Recognizing that: we are different

- **Language**
- **Billing/Funding Streams**
- **Physical Plants**
- **Patient Closure Protocol**
- **Clinically: PCP vs BH**
- **Productivity/Scheduling**
- **Regulations**
- **Loss to Follow Up Protocol**

How do we *share* our Culture?

- **Administrative “buy-in”**
- **Culture of Trust**
 - Trust the Peer
 - Trust the Care Manager
 - Trust the Consulting Psychiatrist

Improving Our Team

How we use Consulting Psychiatry	How we use Care Management	How we use Peer Support
✓ Treatment Resistance	✓ Engagement	✓ Empathy – shared experience
✓ Could this be Bipolar?	✓ Drug/Alcohol Counseling	✓ Social Supports
✓ D&A masked as MH	✓ CBT	✓ Building Independence “If I can do it, so can you”
✓ Personality Disorders	✓ Brief Intervention	✓ Engagement
✓ Somatization	✓ Chronic Disease Education	
✓ Borderline		
✓ Obsessive Compulsive		

Diversify your team!

Example: Care Management - RN Care Manager, Behavioral Health Care Manager, and Community Care Manager

Sharing: Education & Best Practices

When do we need to know more? Always!

- Allowing your team to share information, 10-15 minute sessions
 - Pharm Reviews
 - TTS Information
 - Motivational Interviewing
 - CBT
 - Distress Tolerance Skills
 - Readiness to Change Rulers
 - Medication Adherence – when a person has indicated to BH that they've stopped taking Medications for HTN- PAY ATTENTION!

Tools for Communication

Ideal Case Scenario for Communication for Hand-Off:

- Introductory Information
- Psychiatric Diagnosis
- Initial Psychiatric Symptoms
- Screening/Assessment Measure for Prim Dx
 - PHQ9
 - GAD-7
 - MDQ
 - MCOA
- Other Comorbid Dx/Sx
- Substance Abuse- SBIRT Tools
 - AUDIT-C
- Current Mental Health Treatment and Response
- Prior Mental Health Treatment and Response
- Safety Concerns
- Psychosocial Stressors
- Functional Impairment
- Patient Goal

Questions?