

Keys to Success: Building an Effective Behavioural Health Consulting Team:

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Outline

- ▶ Development of the BHC model in Calgary
- ▶ Clinic readiness strategies
- ▶ Initial interview and orientation strategies
- ▶ BHC training and supervision strategies
- ▶ Workload measurement and evaluation

Development of Calgary Model

- ▶ Development of Shared Care (1998)
- ▶ Development of Primary Care Networks

The Development of PCNs in Alberta

- ▶ Primary Care Initiative in 2003 led to development of Primary Care Networks
- ▶ In a PCN, a group of family doctors and provincial health authorities coordinate services for patients
- ▶ Each network decides how best to meet the needs of their population
- ▶ Alberta has 31 PCNs (12 more in development).
- ▶ Calgary has 4 urban and two rural PCNs

Development of Calgary Model

- ▶ Re-design of mental health service delivery in primary care
- ▶ Influence of Kirk Strosahl and Patricia Robinson
- ▶ Unique funding models
 - Alternate Relationship Plan (ARP)

The BHC Model in Calgary

- ▶ Operative for five years
- ▶ In partnership with 5 PCNs
- ▶ 25 BHCs collaborating with 500+ family physicians
- ▶ Expanding from “horizontal” to “vertical” integration
- ▶ Early evaluation efforts and growing pains inform our strategies

Clinic Readiness Strategies

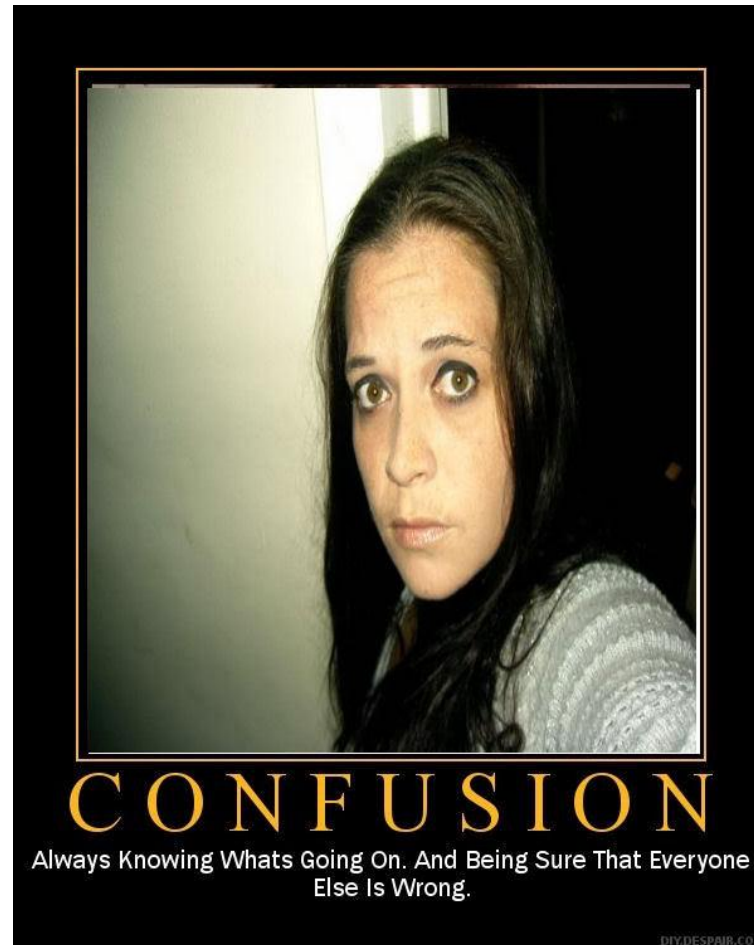
- ▶ Lessons from “unreadiness”
- ▶ Initial marketing of BHCs
- ▶ The clinic readiness assessment
- ▶ Explaining the BHC role clearly
- ▶ Attending to practical considerations
- ▶ Clarifying the psychological contract
- ▶ Signing off on the deal

Hiring a new BHC

- ▶ Core requirements
- ▶ Level 1 and 2 interviews
- ▶ Interview strategy – “Beyond apple pie”
 - Explain the job well
 - Look for philosophical agreement
 - Look for broad experience & knowledge
 - Include a work sample
 - Use a scoring system
- ▶ Personality vs. Competency??



“Once we’ve
hired a skilled
clinician, they
should be
ready to start
working in a
clinic setting,
right?”



Orientation of a new BHC

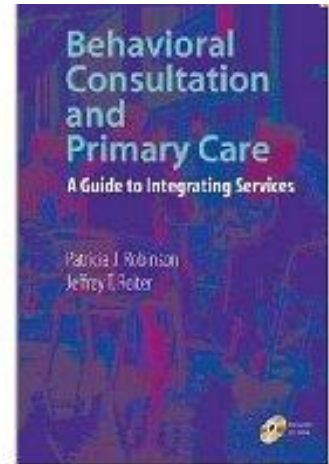
- ▶ 3 week orientation plan
- ▶ Use of an orientation manual

Contents of Orientation Manual

- 1) **AHS Vision, Mission**
- 2) Addiction and Mental Health Org Chart
- 3) SMHC & BHC Org Chart
- 4) **PCN Information**
- 5) Contact List
- 6) SMHC Program Description
- 7) BHC Program Description
- 8) BHC & SMHC Collaboration
- 9) Suggested Readings
- 10) **Supervision Process**
- 11) **BHC Stats and Program Evaluation**
- 12) Integration Tips
- 13) Resources for BHCs
- 14) National Conference & Other Opportunities
- 15) AHS e-mail and website access
- 16) AHS Forms and Policies

Orientation of a new BHC

- ▶ 3 week orientation plan
- ▶ Use of an orientation manual
- ▶ Required reading
 - *Behavioral Consultation and Primary Care: A Guide to Integrating Services* (Robinson & Reiter, 2007)
 - *Integrated Behavioral Health in Primary Care* (Hunter et al, 2009)
- ▶ In-house training modules
- ▶ Ride-alongs
- ▶ Clinic introductions

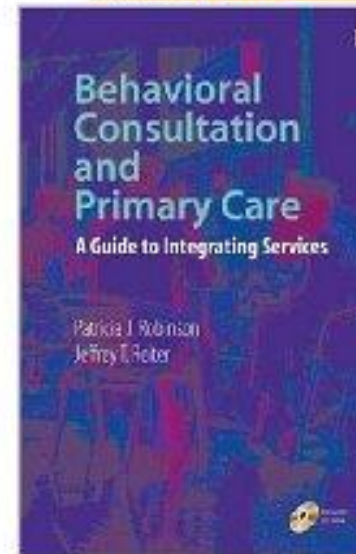


In-house training modules

- ▶ A new way of working
- ▶ Screening/assessment
- ▶ Helping people change
- ▶ Relapse prevention
- ▶ Depression
- ▶ Chronic pain
- ▶ Relationship Issues
- ▶ Anxiety
- ▶ Paediatric Issues
- ▶ Geriatric Issues
- ▶ Body distress
- ▶ Marketing yourself
- ▶ Taking care of yourself
- ▶ Cross Cultural Issues

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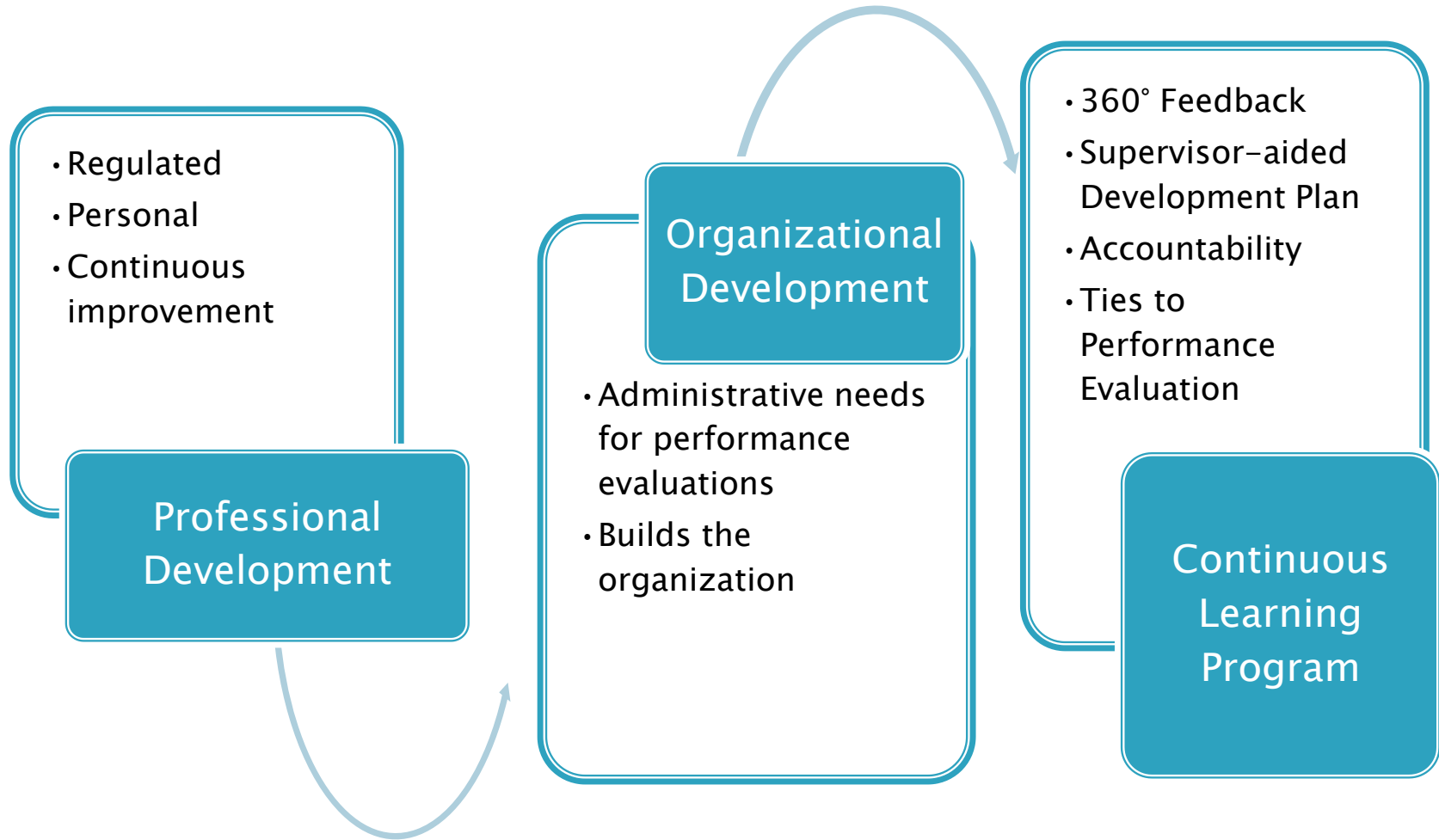


Day 1	Day 2	Day 3	Day 4	Day 5
Initial Meeting with Program Manager	BHC Training Module 2 (including physician)	BHC Training Module 3 - RM3111	Meeting with PCN Mental Health Lead (her office)	BHC Training Module 4 RM3111
Initial Meeting with Program Manager	BHC Training Module 2	BHC Training Module 3	Meeting with PCN Mental Health Lead	BHC Training Module 4
Break	Break	Break	Break	Break
Meeting with Supervising BHC Co-Leader (Bob)	Orientation Manual	Meeting with Supervising BHC Co-Leader (Dennis)	Orientation to SMHC by Office Manager	Time for reading Robinson & Reiter
Lunch	Lunch	Lunch	Lunch	Lunch
BHC Training Module 1 RM3111	1/2 Day Observation with BHC at Copperstone Clinic	BHC staff meeting	1/2 Day Observation with BHC at Deer Valley Medical Clinic	1/2 Day Observation with Dennis at South Calgary Clinic
BHC Training Module 1	1/2 Day Observation with BHC	BHC staff meeting	1/2 Day Observation with BHC	1/2 Day Observation with Dennis
Break	Break	Break	Break	Break
Time for reading Robinson & Reiter	1/2 Day Observation with BHC	BHC Consultation Groups	1/2 Day Observation (multidisciplinary meeting)	1/2 Day Observation with Dennis
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Developing and Supervising the new BHC

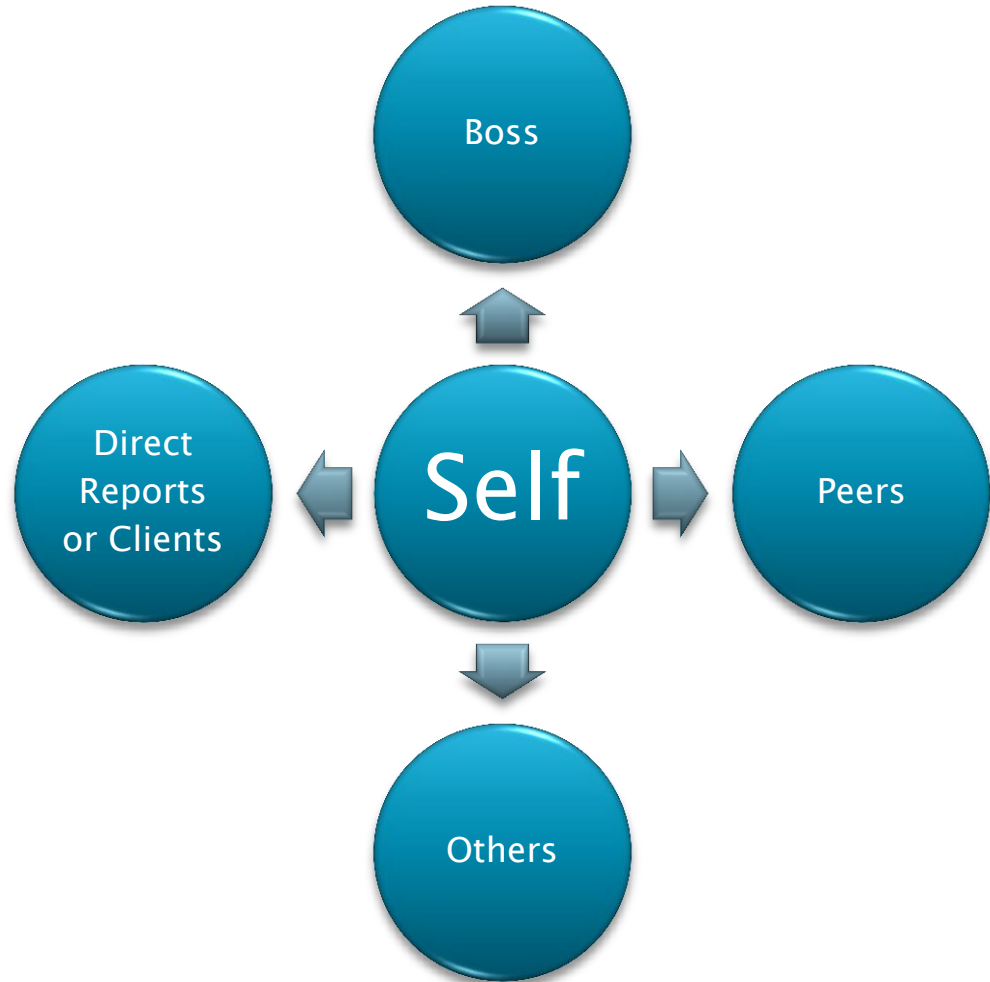
- ▶ Developing a Continuous Learning Program
- ▶ Clinic visits
- ▶ Maintaining a sense of team
 - Regular team meetings
 - Peer consultation groups
 - Team building activities
 - Although true team is in each clinic

Continuous Learning Program



360° Feedback

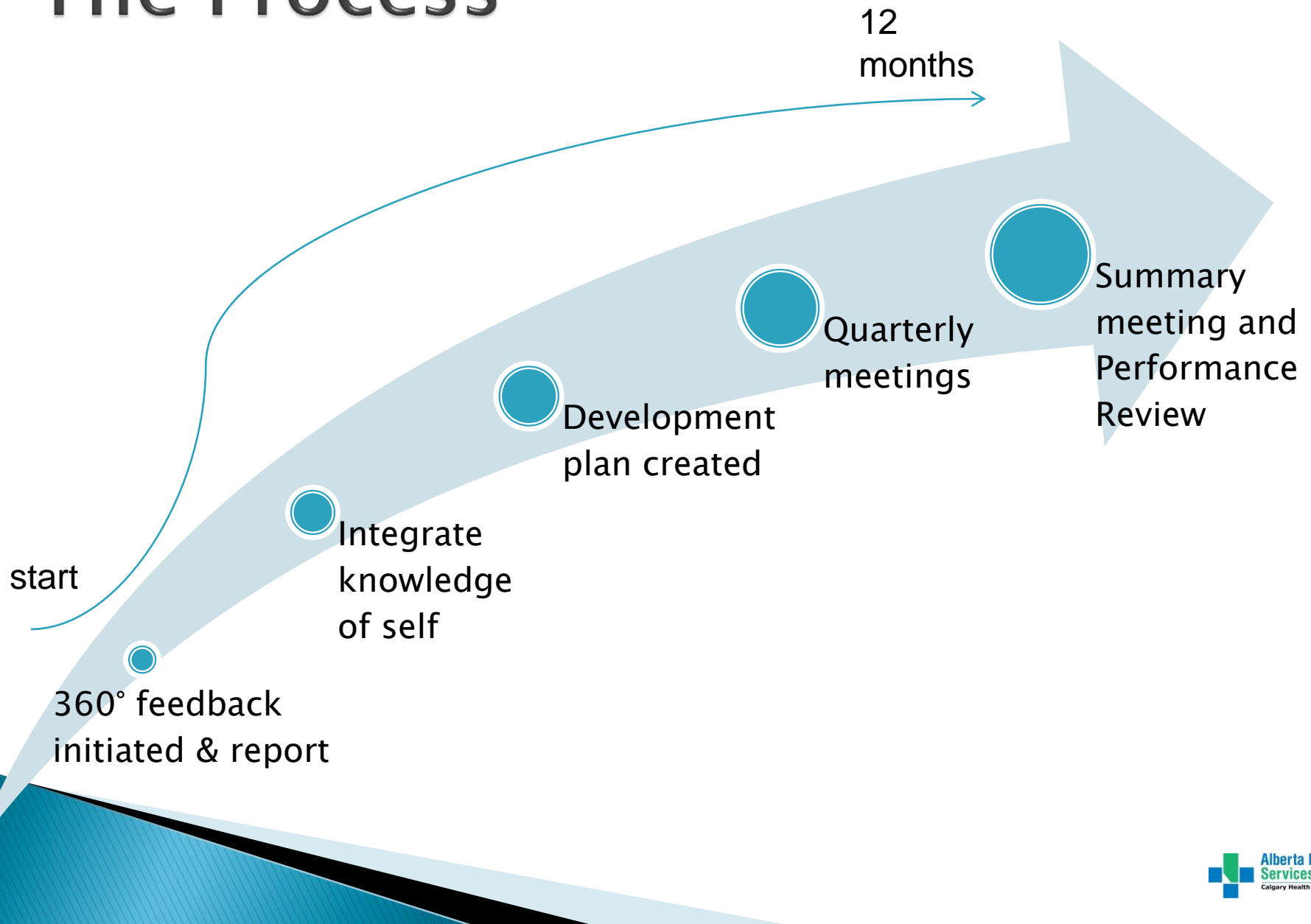
- ▶ 360 degree feedback is essentially feedback from all around a person



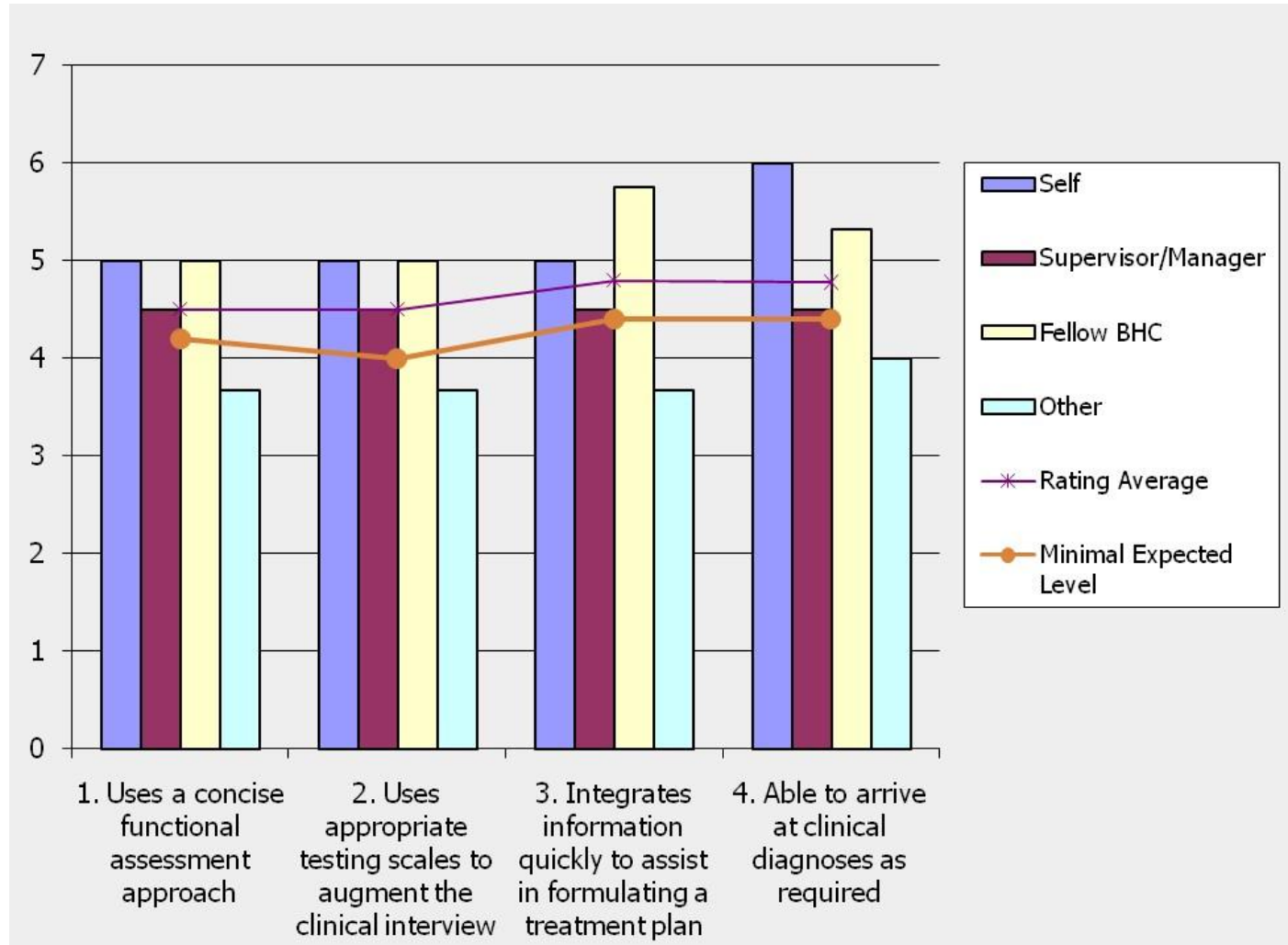
Areas of Measurement

- ▶ **Assessment Skills**
 - Integrates information quickly to assist in formulating a treatment plan
- ▶ **Intervention Skills**
 - Provides a focused intervention at each visit
- ▶ **Engagement Skills**
 - Circulates regularly within office
- ▶ **Professional Skills**
 - Stays abreast of and makes appropriate use of treatment and community resources
 - Communicates well (both written & verbal)

The Process



Sample graphical report



Developmental Plan

- ▶ Specific, concrete, useful and practical
- ▶ Focus on leveraging strengths and building developmental challenges
 - What is the strength / developmental challenge I want to work on?
 - What is the business advantage for Alberta Health
 - What is in it for me?
 - 4 key questions
 - What will I accomplish?
 - What do I need to do to be successful?
 - When will I do it?
 - Who will need to be involved?

Will the wine
actually end up
tasting good?



Keeping track of results

- ▶ What is going on out there?
 - Informal feedback from clinics and BHCs
 - Daily workload measurement
 - Single entry stats
- ▶ Does our work make any difference?
 - Moving past “satisfaction” to clinical and economic outcomes

Patient Contact Form

Clinician Type: ☐BHC ☐SCC

Name: _____ **Hours in Clinic Today** _____

Clinic Name: _____

Date of Visit mon / day / yr

Referring Doctor's Name: _____

New Patient ☐ **New Episode** ☐

AHC#: _____ **Patient DOB:** mon / day / yr

Patient Gender: M/F

Referred when? ☐0-2days ☐3-7days ☐7-13days ☐14+days

Referral was: ☐ Pre-booked ☐ Same day referral

Patient seen with: ☐Alone ☐Sig. other ☐Family member ☐ Group

Interaction Type: ☐SCC & Physician ☐BHC & Physician ☐SCC alone
☐BHC alone ☐Telephone-Email ☐ Discussed with Health Team

Session minutes: ☐ 0-15 ☐ 15-30 ☐ 30-45 ☐ 45-60 ☐ 60+

Patient discussed with Physician: ☐

Follow-up visit recommended / scheduled: ☐

External Referral Made: ☐ **Where:** _____

Clinical discussion only-no patient identified ☐

Presenting Problems:

☐Addictions ☐Psychosis ☐Depression ☐Anxiety ☐Anger

☐Stress ☐Grief/loss ☐Sexual

☐Organic Disorder ☐Pain ☐Life Style ☐Eating Problems

☐Childhood Disorder

☐Relationship problem ☐Occupation-related problem

☐Other mental health conditions ☐Other: Please specify:

Utilization

- Total Visits
 - 21,161 visits or patient contacts
 - 10,296 new patients seen
- Number of Visits
 - 55% One visit
 - 22% Two visits
 - 10% Three visits
- Patient type
 - 70% female, 44 yrs avg. age, range 0 to 100 yrs

Types of Presenting Problems

- Most patients presented with 1 to 3 problems
- Top 10
 1. Depression (21%)
 2. Anxiety (17%)
 3. Stress (16%)
 4. Relationship Problems (14%)
 5. Other [e.g., well baby check, parenting, PTSD, insomnia] (6%)
 6. Life-style change to prevent medical disorder (5%)
 7. Assistance with existing medical disorder (3%)
 8. Occupation problem (3%)
 9. Addictions (3%)
 10. Grief & Loss (3%)

What goes on in the session?

- Length of time after referral
 - 58% of visits occurred within 10 days
 - 81% occurred within 20 days
- Patient discussed with family physician
 - 58% of patients visits were discussed with family doctor
- Patient accompaniment
 - 87% alone
 - 4% with family member
 - 3% with significant other
 - 5% in group therapy
- Who's in the room
 - 94% of time just BHC, typical session 30 minutes

Does it make a difference?

- ▶ Outcome study (preliminary data)
- ▶ N = T1-155; T2- 116; T3- 115
 - DUKE Health Questionnaire

Scale	Time 1	Time 2	Follow-up	Significance
General Health	55.5	66.0	67.8	T1-T2
Mental Health	54.2	68.1	72.9	T1-T2-T3
Depression	52.8	39.3	36.9	T1-T2 *
Anxiety	46.9	33.3	30.5	T1-T2 *

For further information:

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