



Peer Assistance Services

Start believing.

Beating the Odds : A Primary Care Success Story on True Integration

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Peer Assistance Services, Inc.

Mission:

Dedicated to quality, accessible prevention and intervention services in workplaces and communities, focusing on substance abuse and related issues.

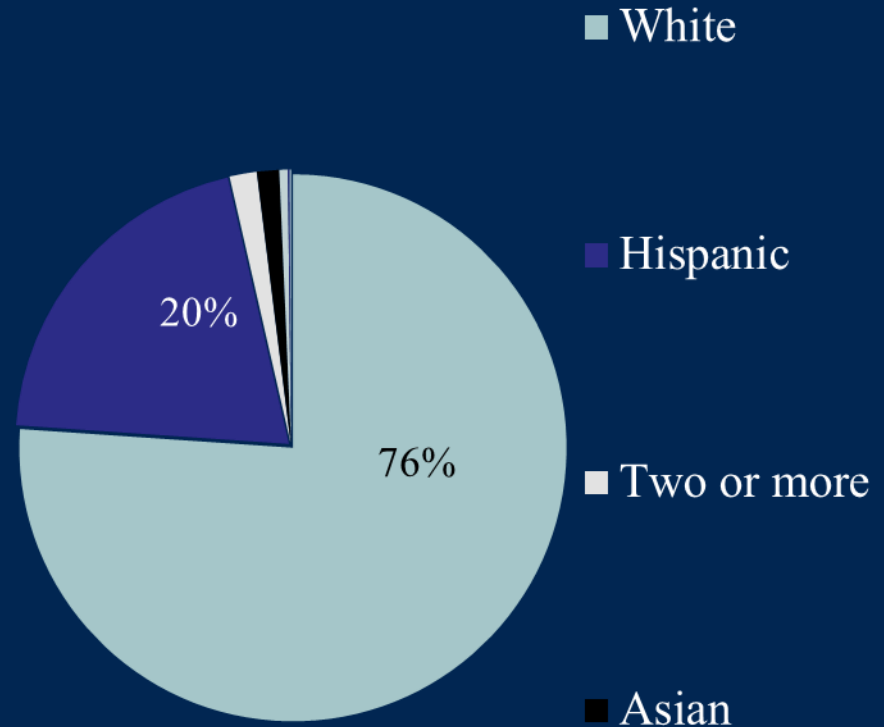
Incorporated in 1984



Basalt Colorado, USA

Demographics

- Rural mountain location
- Population 2012: **3,826**
- Median household income: \$67,004
- Median home value: \$559,078
- Hub for outdoor recreation



Source: Citydata.com, 2012
<http://www.city-data.com/city/Basalt-Colorado.html>

MidValley Family Practice

- Solo family practice excluding OB
 - Approximately 20% pediatric
- Total patients: 2350
- 18 visits/day + 5 lab or nurse only visits
- The only primary care clinic in town
- Health insurance coverage:
 - 35% Medicare or Medicaid
 - 50-50% Commercial health plans
 - 5-10% uninsured

Practice team

- MD and psychologist
 - Equally involved in patient care
- Other staff: nurse, medical assistant, information technology and business support
- Staff work to highest level of their licenses



Motivation to integrate behavioral health

Reviewed level of engagement among patients with chronic diseases:

- 1/3 fully engaged in care
 - Had optimal chronic disease management
- 1/3 partially engaged in care: “contemplating”
- 1/3 pre-contemplative
 - *All* had a mental health or substance use barrier to becoming more engaged

Quality improvement initiatives

- Patient Centered Medical Home
- Behavioral health integration
- Electronic Health Record
- Family practice residency rural training site
- Attention to workflow and documentation

Behavioral health assessment

- Depression and substance use brief screen:
 - Every visit; follow with AUDIT/DAST if positive
- Trauma: Adverse Childhood Experiences (ACE)
 - At physical exams
- Stages of change:
 - Patient Activation Model
- Patient identified goals for the visit
 - Intake form
- Care Compacts:
 - Standardize referrals, medication refills, communication, and care plans

Psychologist

- Very important role
- Currently fee for service
- Very challenging financially
- Payment reform (“per member per month” model) would make these services more sustainable

Benefits of behavioral health focus

- *Every day* screening identifies depression, unhealthy alcohol and drug use, and trauma
- Prevalence of childhood trauma and its role in health has been most compelling
 - Patients overwhelmingly receptive to discussing it
 - Enhances communication and patient engagement

Brief interventions for substance use

- Physician, nurse or medical assistant
 - Years of experience convinced them that it's not necessary for the physician to do the BI
 - Nurse or medical assistant may be more effective at communicating with certain patients
 - Team decision about who will provide each BI
- Overall brief interventions are “difficult”
- Patients seldom interested in change
- End up being mostly education only

Continuous quality improvement

- Redesign workflows to improve efficiency
- Test ways to improve behavioral health documentation including patient goals
- Explore what works to encourage patients to set health goals
 - Patients rarely choose a behavioral health goal!
- Learn how to tailor communication style to specific patient needs and circumstances

Questions? Comments?

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