Behavioral Health Competencies in Primary Care

SIM Training for Practice Facilitators and Clinical HIT Advisors
Shale Wong, MD, MSPH
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Establishing Core Competencies for Behavioral Health Providers Working in Primary Care

Objective

- To advance Colorado’s efforts to integrate behavioral health applying a shared view of capabilities needed for BH clinicians working in primary care
Shared benefits of BH Competencies

- Establish training experiences or curricula for BH providers aiming to practice within primary care
- Provide context for funding announcements or requests for clinician educational application/proposals
- Assist practices selection of behavioral health providers and set expectations for an integrated team
- Align efforts to create networks of practices with integrated behavioral health capabilities
- Define targeted policy actions to support behavioral health and primary care capabilities
Establishing Core Competencies for Behavioral Health Providers Working in Primary Care

- Focus only the competencies *specific to working in primary care* that may or may not or stand out beyond those expected of licensed behavioral health providers in general.
Definition & Value

• Practice team:
  • primary care and behavioral health providers
  • patients and families

• Population-based/Patient-centered care

• Conditions:
  • Mental health, substance use, health behaviors, life stressors and crises, physical sx’s of stress, ineffective patterns of health care utilization

• Value:
  • Good health and health policy
A Colorado Consensus Conference:
Establishing Core Competencies for Behavioral Health Providers Working in Primary Care
Data analysis


- Training behavioral health and primary care providers for integrated care: A core competence approach. KD Strosahl. 2005

- Core competencies for integrated behavioral health and primary care; Center for Integrated Health Solutions (CIHS); SAMHSA-HRSA and National Council for Behavioral Health. www.integration.samhsa.gov
## Engagement

<table>
<thead>
<tr>
<th>Participants, N=35</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavioral Health Providers</td>
<td>40%</td>
</tr>
<tr>
<td>Primary Care Providers</td>
<td>26%</td>
</tr>
<tr>
<td>Behavioral Health Educators</td>
<td>14%</td>
</tr>
<tr>
<td>Foundation Representatives</td>
<td>6%</td>
</tr>
<tr>
<td>Other: Policy, state agency rep, practice transformation, specialty care educator, researcher, consultant, project coordinator, academic, administration</td>
<td>40%</td>
</tr>
</tbody>
</table>
## Engagement

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes, just fine as written</th>
<th>Yes, but needs to be sharpened</th>
<th>No, not salvageable</th>
<th>Total responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Is this competency good enough to use in Colorado?</td>
<td>150 (58%)</td>
<td>121 (47%)</td>
<td>3 (1%)</td>
<td>258</td>
</tr>
</tbody>
</table>
Conference Goals and Scope

• Confirm or develop shared competencies for licensed behavioral health providers (BHPs) working in primary care
• Focus on the current workforce rather than longer-term efforts to redesign the training pipeline for new behavioral health providers
• Develop competencies going beyond the general competencies of licensed behavioral health clinicians
• Synthesize for Colorado based on extensive, prior work—not to start with a blank slate
Behavioral Health Competencies

• **Preamble:** The attitude, skills, and behaviors expected across all competencies, including:

  • Lifespan, biopsychosocial approaches
  • Care that is person-centered, culturally sensitive, trauma-informed, and evidence-based
  • Full continuum of care: Prevention, health promotion, mental health and substance abuse treatment, and recovery
  • Delivered in the context of a care team
Behavioral Health Competencies

• Identify and assess behavioral health needs in primary care settings
  • BH providers apply knowledge of cognitive, emotional, biological, behavioral, and social aspects of health, MH, and medical conditions across the lifespan; and incorporate their clinical observations into an overall, team-based primary care assessment.

• Engage and activate patients in their care
  • BH providers engage patients in their care, including how BH factors in their situation affect their health and illness, and how the BH aspects can be integrated in a team-based care plan.
Behavioral Health Competencies

- Work as a primary care team member to create and implement care plans that address behavioral health factors
  - BH providers work as recognized members of the primary care team to collaboratively create and implement care plans that address BH factors in primary care practice. These factors may include mental illness, substance use disorders, and physical health problems requiring psychosocial interventions.

- Help monitor and improve care team function and relationships
  - BH providers help the primary care team monitor and improve care team function and collaborative relationships, knowing their own and others’ roles, help the team pool knowledge and experience to inform treatment, engage in shared decision-making with each other and with patients, and share responsibility for care and outcomes.
Behavioral Health Competencies

- Communicate effectively with other clinicians and patients
  - BH providers in primary care communicate effectively with providers, patients, and the primary care team, with a willingness to initiate patient or family contact outside routine face-to-face clinical work. BH providers communicate in ways that build patient understanding, satisfaction, and the ability to participate in care.

- Provide efficient and effective care delivery that meets the needs of the population of the primary care setting
  - BH providers in primary care use their available time and effort on behalf of the practice population, setting prioritized agendas (with roles and goals) with patients and the team, managing brief (as well as longer) patient encounters effectively, and identifying areas for immediate and future work with appropriate follow-up care for which BH availability is maintained.
Behavioral Health Competencies

• **Provide culturally responsive, whole-person and family-oriented care**
  • BH providers in primary care employ the biopsychosocial model - approaching health care from biological, psychological, social, spiritual and cultural aspects of whole-person care; including patient and family beliefs, values, culture and preferences.

• **Understand, value, and adapt to the diverse professional cultures of an integrated care team**
  • BH providers act on values and attitudes consistent with the collaborative culture and mission of primary care with an attitude of flexibility. They adapt work and style as needed in the best interest of patients—building comfort and confidence in working in primary care culture, with providers and medical situations.
Behavioral Health Competencies

- Competencies apply across all approaches to onsite BH in primary care
- Specific to BH practice in medical settings
- Competencies are written as a whole package; no “optional” elements
- Some learned through formal education; some mastered experientially
- Expected to evolve over time, not be a final product
Sharing and Dissemination

- Across SIM workgroups and with SIM practices
- Technical assistance to different stakeholders
- Used by philathropic partners and foundations in RFPs and grant descriptors
Progressive steps

- Scale
- Adopt
- Adapt
- Evaluate