

TELEBEHAVIORAL HEALTH CENTER OF EXCELLENCE

Behavioral Health Integration Webinar Series: Brief Interventions for Integrated Care Settings: A Review of Best Practices

Cynthia E. Guzmán, PhD, MSCP Anthony Fleg, MD, MPH

December 14, 2023



Disclosure Statement

Disclosure Statement: As a jointly accredited provider of continuing education, the IHS Clinical Support Center must ensure balance, independence, objectivity, and scientific rigor in its educational activities. Course directors/coordinators, planning committee members, faculty, reviewers and all others who are in a position to control the content of this educational activity are required to disclose the existence of all financial relationships with ineligible companies within the prior 24 months. Safeguards against commercial bias have been put in place. Faculty will also disclose any off-label and/or investigational use of pharmaceuticals or instruments discussed in their presentation. All those who are in a position to control the content of this educational activity have completed the disclosure process and have indicated that they do not have any relevant financial relationships or affiliations with any manufacturers or commercial products to disclose.

There is no commercial interest support for this educational activity.

Disclaimer

The views expressed in this presentation are those of the speaker and do not necessarily represent the views, policies, and positions of the Indian Health Service (IHS), or the U.S. Department of Health and Human Services (HHS).

Introducing the Presenters: Cynthia Guzmán, PhD, MSCP

- Licensed Psychologist, Administrator, Grant Writer, Clinical Supervisor, and Consultant in Native Country for over 15 years.
 - Tribal Programs, IHS Clinics,
 638 Clinics, and Schools
- Formerly sat on the CMS Tribal Technical Advisory Group – Behavioral Health subgroup.
- Behavioral Health Subject Matter Expert for BH2I.



Introducing the Presenters: Anthony Fleg, MD, MPH

- 21 years of working with Indigenous communities to improve health.
- Co-founder of the Native Health Initiative (NHI) partnership.
- Primary Care Subject Matter Expert for BH2I.





TELEBEHAVIORAL HEALTH CENTER OF EXCELLENCE

A moment for our wellness

Objectives

At the end of this presentation, participants will be able to:

- 1. Examine best practices of brief interventions for integrating behavioral health and primary care.
- Compare and contrast the various brief interventions, with consideration of which will work best in specific Tribal health settings.
- 3. Apply brief interventions using the framework of an Indigenous worldview.

The Continuum



Brief interventions...

- Are possible wherever we are on the continuum of integration of care.
- Are one of the simplest ways to begin moving toward integrated care.
- Are more effective as care becomes more integrated, giving an option for higher level interventions.
- May catalyze efforts towards more integration of care for your clinic.

BH Interventions in Primary Care

- Screenings for
 - Tobacco Use Disorder (TUD)
 - Depression
 - Anxiety
 - Domestic Violence

A closer look at TUD

- Brief interventions on smoking cessation increases the rate of quitting, from a baseline of 2-3% to 4-5%
- In this meta-analysis of 36 studies, the odds of quitting smoking almost doubled with brief interventions (OR = 1.78)

- Wray, et al.
- A Meta-Analysis of Brief Tobacco Interventions for Use in Integrated Primary Care
- Nicotine & Tobacco Research, Volume 20, Issue 12, December 2018, Pages 1418-1426, <u>https://doi.org/10.1093/ntr/ntx212</u>

TUD Brief Intervention Challenges by PCPs

- Self-reported lack of knowledge regarding how to deliver nonpharmacological interventions for tobacco cessation.
- Lack of time in appointments to do so.
- Feeling discouraged by previous experience with patients who failed to quit.

TUD and Brief Interventions

"Behavioral health providers (BHPs) working in the PC setting are available to complement and extend behavioral health services offered by PC providers. In the context of tobacco cessation, these providers may have more time to assist the patient with their goals and will likely have more general training in behavior change interventions."

TUD and Brief Interventions (cont.)

- Patients who do not respond to a very brief treatment conducted by their PCP (e.g., the 5As; ask, advise, assess, assist, arrange) may be referred to the BHP for more intensive treatment.
- In turn, patients who do not respond to an intervention by the BHP may be referred to more intensive services (e.g., longer term, more intensive therapy) if they are still having difficulty achieving their goals.

Additional BH Interventions in Primary Care

- Warm Hand Offs
 - Non-urgent referrals
 - Crisis response
- Support during Codes
 - For family
 - For patients
 - For care coordination

Additional BH Interventions in Primary Care (cont.)

- Brief interventions for medical concerns
 - Tobacco Cessation
 - Pregnancy/Fertility/Pre- and Post-Partum
 - Substance Use

All given with...

- A non-judgmental approach
- Patience and kindness
- Strengths-based approach
- Motivational interviewing techniques

And stay solution-focused

Integration is bi-directional

Primary Care Interventions in Behavioral Health

- Chart Review
 - Established with a care team?
 - Up-to-date with vaccines and screenings?
 - Annual wellness exam complete?
 - Medications refilled consistently?
- Out of the ordinary or unusual behavior in session?
 - Call the charge nurse or nurse's desk.
 - Consult with a provider on the behaviors.

Primary Care Interventions in Behavioral Health (cont.)

- Sharing Space
 - Simple and routine procedures that can safely take place in your wing.
- Tag Team Sessions
 - BH and Primary Care providers meeting the patient together.

Case Example – Primary Care

A new 17-year-old patient establishes in the primary care clinic. They stated that they recently moved here from another Tribal community because their mother married into this community. You know relatively nothing about this person but observe things that raise your concern for OUD (Opiate Use Disorder).

Primary Care Brief Intervention Application

• What brief intervention would you propose at this stage? By whom?

Case Example – Behavioral Health

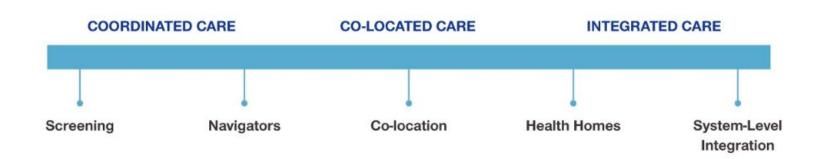
- Let's switch the scenario.
- Same 17yo patient, but now presenting to your behavioral health clinic with possible OUD...

Behavioral Health Brief Intervention Application

• What brief intervention would you propose at this stage? By whom?

Brief Intervention Application on Continuum

 How your plan change in either scenario if you were at a more advanced stage of integration?



Questions/discussion

Presenter Contact Information

- Cynthia Guzman, Ph.D., MSCP
 - Behavioral Health Subject Matter Expert
 - Sister Sky Inc.
 - Cynthia@sisterskyinc.com
- Anthony Fleg, MD
 - Primary Care Subject Matter Expert
 - University of New Mexico Health Science Center
 - Afleg@salud.unm.edu

Additional Assistance

Please contact the BH2I T/TA Team for any questions/feedback regarding the presentation at:

<u>Request Technical Assistance – Behavioral</u> <u>Health Integration Initiative (bh2itoolkit.com)</u>



TELEBEHAVIORAL HEALTH CENTER OF EXCELLENCE

Thank you! & Happy Holidays!