BHOP Enhancement Pilot Project – Marketing Plan

- Contact base newspaper about possible story (draft article as talking points)
- Distribute MiCare blast to all enrolled patients
- Distribute Commander's Brief to 1Sgts and encourage/request brief at upcoming CC calls
- Brief at Wing-wide meetings (e.g., CAIB/IDS)
- Brief Family Health, Flight Medicine, Pediatric and MH staff to encourage them to discuss directly with patients and ensure all primary care clinics have BHOP marketing materials for patient rooms

Attachments:
Base Newspaper draft article
MiCare blast
Commander's Brief
BHOP Patient Flyers – adult and pediatric

Starting 1 September 2014, the Internal Behavioral Health Consultant (IBHC) located in the primary care clinic will be the recommended initial point of contact for all beneficiaries seeking assistance with emotional or behavioral concerns. AF Mental Health is transitioning to a gateway model of psychological services, whereby the IBHC will see the majority of patients presenting for mental health care. This model is more aligned with the concept of population-based health and primary care. Secondary and tertiary-level care is usually reserved for more specialty-based services, such as psychotherapy and specialty assessments, which are conducted in outpatient and inpatient mental health services.

An IBHC is a licensed mental health provider, who works within the primary care clinic, as a consultant to the primary care manager (PCM). IBHCs are part of the Behavioral Health Optimization Program, traditionally known as BHOP, which has been in the Air Force Medical Service (AFMS) since 2000. This type of consultation care follows the growing Primary Care Behavioral Health (PCBH) model, which is often an expected part of the Patient-Centered Medical Home (PCMH). IBHCs offer interventions for a range of concerns to include sleep, diet/exercise, depression, anxiety, PTSD, partner relational issues, occupational stress, chronic pain and more.

While many active duty, retirees, and dependents already utilize this service, AF Mental Health would like to expand its use, increasing access to care and reducing the hurdle of stigma towards mental health in general. PCBH highlights a more comprehensive view of health, incorporating the biological, psychological, and social aspects of each person. This view of health has shifted both providers' and patients' views towards mental health care, and has fostered further organizational insight into the need of psychological services for our AF population. As we continue to address concerns of stigma and increasing patient demand, AF Mental Health has devised an innovative program to provide efficient and effective care to all those in need.

For initial assessment, patients will be seen by an IBHC in the primary care clinic to collaboratively decide on the best course of care. The vast majority of patients will be seen by the IBHC for 1-4 visits, each lasting up to 30-minutes, specifically tailored to address behavioral (e.g., sleep, pain) or emotional (e.g., depression, anxiety) concerns. Some patients may be referred to services outside of the clinic, such as Military One Source or the Military and Family Life Consultants. For a small subset of patients who require a higher (specialty) level of care, a referral to the Mental Health Clinic or a network provider may be appropriate. Of note, the Mental Health Clinic will remain the point of contact for acutely suicidal patients, security clearances, and other military-specific mental health evaluations.

Many patients are uncertain of where to go for services. Others worry about time away from work/family, potential career implications, or they feel their problems do not warrant the high-caliber level of care provided in our AF mental health clinics. AF Mental Health recognizes these barriers exist and is confident that by providing brief interventions to more individuals, the AF can better address concerns before they escalate to a higher acuity. By providing a better avenue for service delivery, we hope improve efficiency and maximize on service delivery for our diverse population of active duty, reserve/guard, retiree, and dependent population. Our IBHCs look forward to meeting your needs. Call xxx-xxxx to schedule an appointment or to be seen same-day.

Starting 1 September 2014, the XXth Medical Group will be expanding behavioral health services in its primary care, pediatric and flight medicine clinics. All beneficiaries (active duty, dependents and retirees) who receive their care at the XXth Medical Group will be eligible for these services and can request appointments (often same day) with an Internal Behavioral Health Consultation (IBHC) by speaking with their Primary Care Manager (PCM) team. Although these services have been offered at the XXth Medical Group since 2012, additional IBHCs will now be available to encourage all individuals interested in behavioral health services to seek care initially through primary care and can be referred to specialty mental health services as appropriate. The Mental Health Clinic will remain the point of contact for individuals who are acutely suicidal or those needing military-specific mental health evaluations.

Air Force Medical Operations Agency

Excellent Healthcare, Clinical Currency

BHOP Enhancement Pilot Project

What Commanders Need to Know

Overview

- BHOP Defined
- Enhancement Pilot Project Changes
- Unit Impact

BHOP Defined

- **BHOP = Behavioral Health Optimization Program**
- **Integrating behavioral health providers (psychologists and social workers) directly in primary care**
- **Provide short-term, brief, solution-focused interventions and provide direct consultations to patient's primary care managers (PCMs)**
- **Has been tested in AF for 14 years, demonstrated ability to:**
  - **Decrease costs associated with mental health care**
  - **Decrease stigma associated with mental health care**
  - **Successfully treat a wide variety of behavioral health conditions**
  - **Treat patients across greater continuum of care**
  - **Increase collaboration between medical providers**
  - **Expand mental health services to DoD beneficiaries**

BHOP Enhancement Pilot Project

- AFMOA-led initiative to evaluate expansion of BHOP services to capitalize on demonstrated benefits
- Will shift "point of entry" to mental health care on base from specialty mental health clinic to BHOP services/Primary Care
- AFMOA selected three sites to pilot project: Keesler, Lackland, and Shaw over 12 month period
- Project approved by AFMOA and site MDG/CCs
- Implementation anticipated to begin at each site in Fall 2014

Process Change

- **Shift personnel from MHC to BHOP to expand appointments available in primary care**

- **Patients who call or walk-in to MHC will be receive same triage services currently available by Mental Health Technician**
  - **After initial triage, will be offered same-day (or earliest convenience for patient) appointment to BHOP rather than MHC (typically 7 days)***

- ***Special circumstances – Patients who have suicide/homicide risk, psychosis/severe mental illness, need for psychological testing or evaluation (e.g., MTI/MTL, SERE, CDE, Fitness for duty) will be scheduled for evaluation in MHC IAW current policy**

Anticipated Unit Impact

- Anticipated increased access to care for patients
- Anticipated decreased impact on unit readiness
  - BHOP appointments are not considered “mental health” visits
  - Behavioral health conditions likely to be identified and treated earlier (more likely before impact on fitness for duty)
  - Unit members likely to experience less stigma (seen directly in primary care) and increased coordination between providers, increasing patient satisfaction
  - Other DoD beneficiaries (e.g., family members) can be seen in BHOP – untreated family issues impact readiness
- MHC will be able to focus on higher acuity patients and provide even greater support to units in managing these individuals

Supporting BHOP Initiative

- Commanders, 1Sgts, supervisors and wingmen can support this initiative by educating unit members about this project and raising awareness (social media, Commander's Calls, etc.)
  - Local POCs are available to brief this information directly!
- Encouraging all Airmen to develop and strengthen resilience
- Support culture of wellness and health
- Educate about resources available to family members (including children!)

Backup Slides

- **The following slides can be used for further details on demonstrated benefits of primary care psychology**

Why Primary Care?

Behavioral Health and Primary Care are Inseparable

- 67% of people with a BH disorder do not get BH treatment[1]
- 80% with a behavioral health disorder will visit primary care at least once in a calendar year[2]
- 50% of all behavioral health disorders are treated in primary care[3]
- 48% of the appointments for all psychotropic agents are with a non-psychiatric primary care provider[1]
- 30-50% of referrals from PC to outpatient BH clinic don't make 1st appt[4,5]
- 50% of primary care providers, can only sometimes, rarely or never get access to high-quality behavioral health referrals for patients[6]

1. Pincus et al., JAMA. 1998;279:526-531. 1997;6:324-333.
2. Narrow et al., Arch Gen Psychiatry. 1993;50:5-107..
3. Kessler et al., NEJM. 2006;353:2515-23 2003;18:442-449
4. Fisher & Ransom, Arch Intern Med.
5. Hoge et al., JAMA. 2006;95:1023-1032
6. Trude & Stoddard, J Gen Intern Med.

Research Supports MH Treatment in Primary Care For:

- Depression[1-4]
- Panic Disorder[1-2,5]
- PTSD, Generalized Anxiety Disorder
- Social Anxiety Disorder[5-6]
- Tobacco Use[7]
- Alcohol Misuse[8]
- Diabetes[9-10]
- Obesity[11-12]
- Primary Insomnia[13-14]
- Chronic Pain[15-16]

1. Butler et al., Integration of Mental Health/Substance Abuse and Primary Care. AHRQ Publication No. 09- E003. Rockville, MD. AHRQ. 2008.
2. Craven et al., Better Practices in Collaborative Mental Health Care: An Analysis of the Evidence Base. Canadian Journal of Psychiatry, 2006;51:1S-72S.
3. Gilbody et al., Collaborative Care for Depression: A Cumulative Meta-analysis and Review of Longer-term Outcomes. Archives of Internal Medicine, 2006;166:2314-2321.
4. Williams et al., Systematic Review of Multifaceted Interventions to Improve Depression Care. General Hospital Psychiatry, 2007; 29:91-116.
5. Roy-Byrne et al., Delivery of Evidence-Based Treatment for Multiple Anxiety Disorders in Primary Care: A Randomized Controlled Trial. JAMA, 2010;303:1921-1928
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9. The Diabetes Prevention Program Research Group: The 10-Year Cost-Effectiveness of Lifestyle Intervention or Metformin for Diabetes Prevention: An Intent-to-Treat Analysis of the DPP/DPPOS. Diabetes Care, 2012;35:723-730.
10. Funnell et al., National Standards for Diabetes Self-Management Education. Diabetes Care, 2008;31Supp1:S97-S104
11. Wadden et al., A Two-Year Randomized Trial of Obesity Treatment in Primary Care Practice. NEJM, 2011;365:1969-1979.
12. Leblanc et al., Effectiveness of Primary Care-Relevant Treatments for Obesity in Adults: A Systematic Evidence Review for the U.S. Preventive Services Task Force. Annals of Internal Medicine, 2011;155:434-447.
13. Edinger et al., A Primary Care "Friendly" Cognitive Behavioral Insomnia Therapy. Sleep, 2003; 26:177-182.
14. Goodie et al., Using Behavioral Health Consultants to Treat Insomnia in Primary Care: A Clinical Case Series. Journal of Clinical Psychology, 2010;65:294-304.
15. Ahles et al., A Controlled Trial of Methods for Managing pain in Primary Care Patients With or Without Co-Occuring Psychosocial Problems. Annals of Family Medicine, 2006;4:341-350.
16. Dobscha et al. Collaborative Care for Chronic Pain in Primary Care: A Cluster Randomized Trail. JAMA, 2009;301:1242-1252.

How BHOP Can Help

- Better matched care that meets, not exceeds, level of care needed
- BHOP providers can see 2x's the patients of MHC providers
  - 10 vs 5 visits per day on average
  - 30 min visits vs 60-90 min visits
- Improves access to BH, especially for family members
- Impacts entire beneficiary population
- Services for patients are in the same environment - primary care
- Improves collaboration between providers
- Improves overall satisfaction with care
- Cost effectiveness (saves on MH and Medical costs)

We Have Behavioral Health!

Did you know we have a behavioral health provider in the clinic? We do, and s/he is usually available for same-day appointments!

S/He Can Help With:

- **Stressful Life Situations**
- **Insomnia**
- **Lifestyle Change for chronic medical conditions**
- **Weight Loss**
- **Depression & Mood**
- **Substance Abuse Problems**
- **Quitting Smoking**
- **Tension Headaches**
- **Child Behavior Concerns**
- **Anxiety**
- **Chronic Pain**

Tell your provider if you would like to talk to him/her!

*** This service is separate from Mental Health (MH). A MH record will not be made.**

We Have Pediatric Behavioral Health!

The Behavioral Health Consultant (BHC) is a credentialed mental health professional who can help with:

- Stressful Life Situations (e.g., divorce, PCS, deployment)
- Developmental screening
- Insomnia
- Lifestyle change for chronic medical conditions (e.g., diabetes)
- Weight Loss
- Depression & Mood
- Substance Abuse Problems
- Child Behavior Concerns
- School/Academic Problems
- Difficulty with Peers
- Parent-child difficulties

Tell your provider if you would like to talk to the Behavioral Health Consultant (BHC)

*** This service is separate from Mental Health (MH). A MH record will not be made.**