Making PCBH Transformative by Infusing Context & Compassion

May 14, 2020

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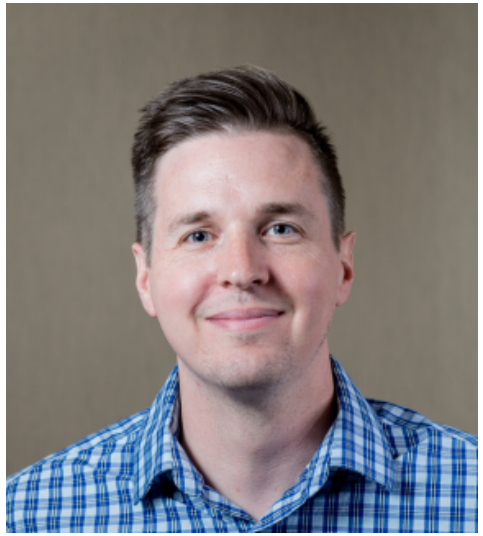
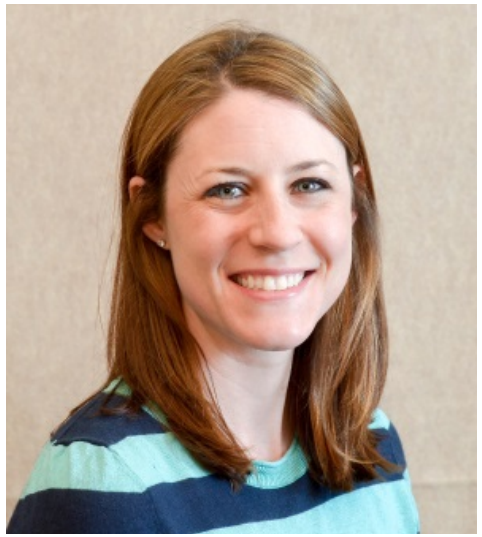
Who we are

- Bridget Beachy, PsyD
  - Principal Member, Beachy Bauman Consulting
  - **Roles include:** PCBH clinical, admin, and faculty for FM residency residents and psych interns
- David Bauman, PsyD
  - Principal Member, Beachy Bauman Consulting
  - **Roles include:** PCBH clinical, core faculty for FM residency, RTD of PCBH psychology internship,
- We both live and breathe PCBH and contextual approaches (e.g., Acceptance and Commitment Therapy)

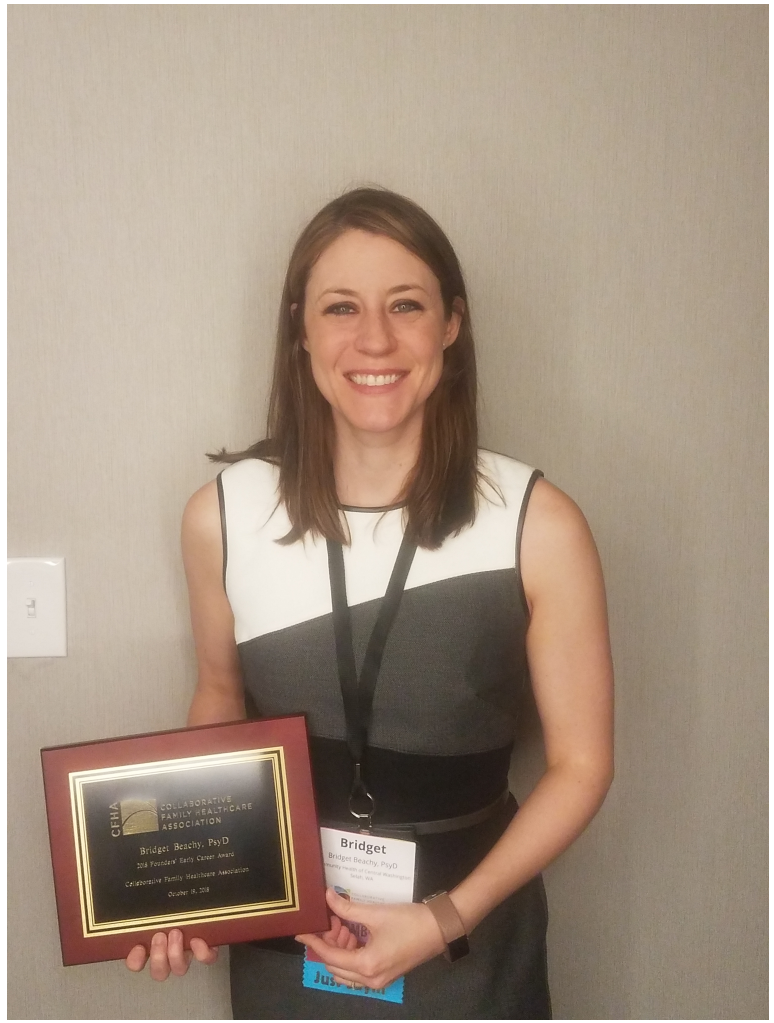




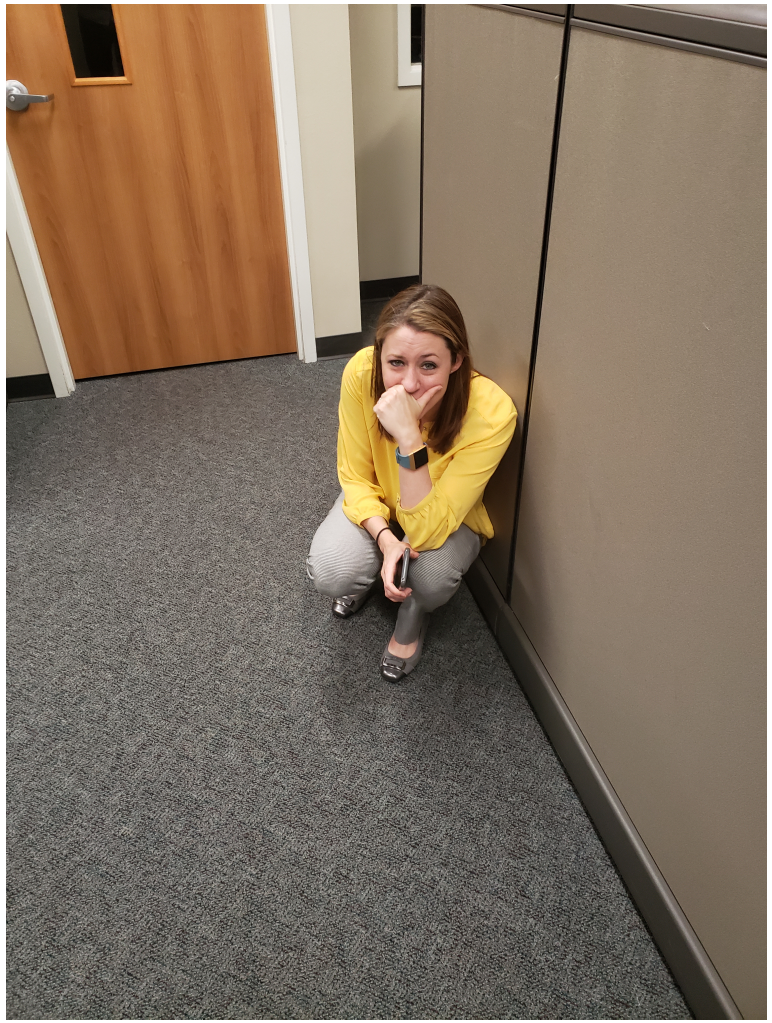
Before we “jump into the deep…”

- We are passionate about integrated behavioral health
- We will most likely say things that challenge some assumptions…
- …And that is okay… we are here with you…
- Integrated care, while great, is hard to do…
- …Be kind on the journey

Integrated care can feel like…



BHPs make a huge impact… know this, believe in this…



Agenda

What's the mission?

PCBH

- GATHER
- 4 C's of Primary Care

Context and compassion

Markers of a successful program

Strive to make
Primary Care better…

Our model of care → Litmus test

Reiter, Hunter & Dobmeyer (2018)

- Primary Care Behavioral Health model
  - G – Generalist
  - A – Accessible
  - T – Team Oriented
  - H – High productivity
  - E – Educator
  - R – Routine
- Helping PC achieve:
  - First contact
  - Continuity of care
  - Providing comprehensive care
  - Coordinating when needed

Core assumptions of BHC (fACT)

- Helping patients make change before the natural tendency to "drop out"
- Starting the change process NOW (what better time?)
- Talking in rapid change terms (rapid response research)
- Assume the 1st visit may be the last visit (mode visits of psychotherapy?)
- Being humble regarding not knowing who's going to make rapid changes
    - Even those folks w/long-standing problems!

…AND…

Drawing on “active ingredients” of primary care

Longitudinal

Practical

Deep connection, rapport, knowledge of the patient

Initial visit: Contextual Interview

Love, Work, Play & Health Behaviors; 3 T's

Love	Living Situation Relationship Family Friends Spiritual, community life?
Work/School	Work/school situation Income?
Play	Fun/Hobbies Relaxation
Health Behaviors	Exercise Sleep Diet Substance use (caffeine, cigs, alcohol, drugs, etc.)
3 T's	Time, Trigger, Trajectory

Initial visit: Contextual Interview

Our story…

Every.Single.Time

For everything

Need to practice

Same sequence and in the same order every time

Why?

Not a checklist, but a story builder

Symptoms/behaviors do not happen in vacuums, they happen in a **context**

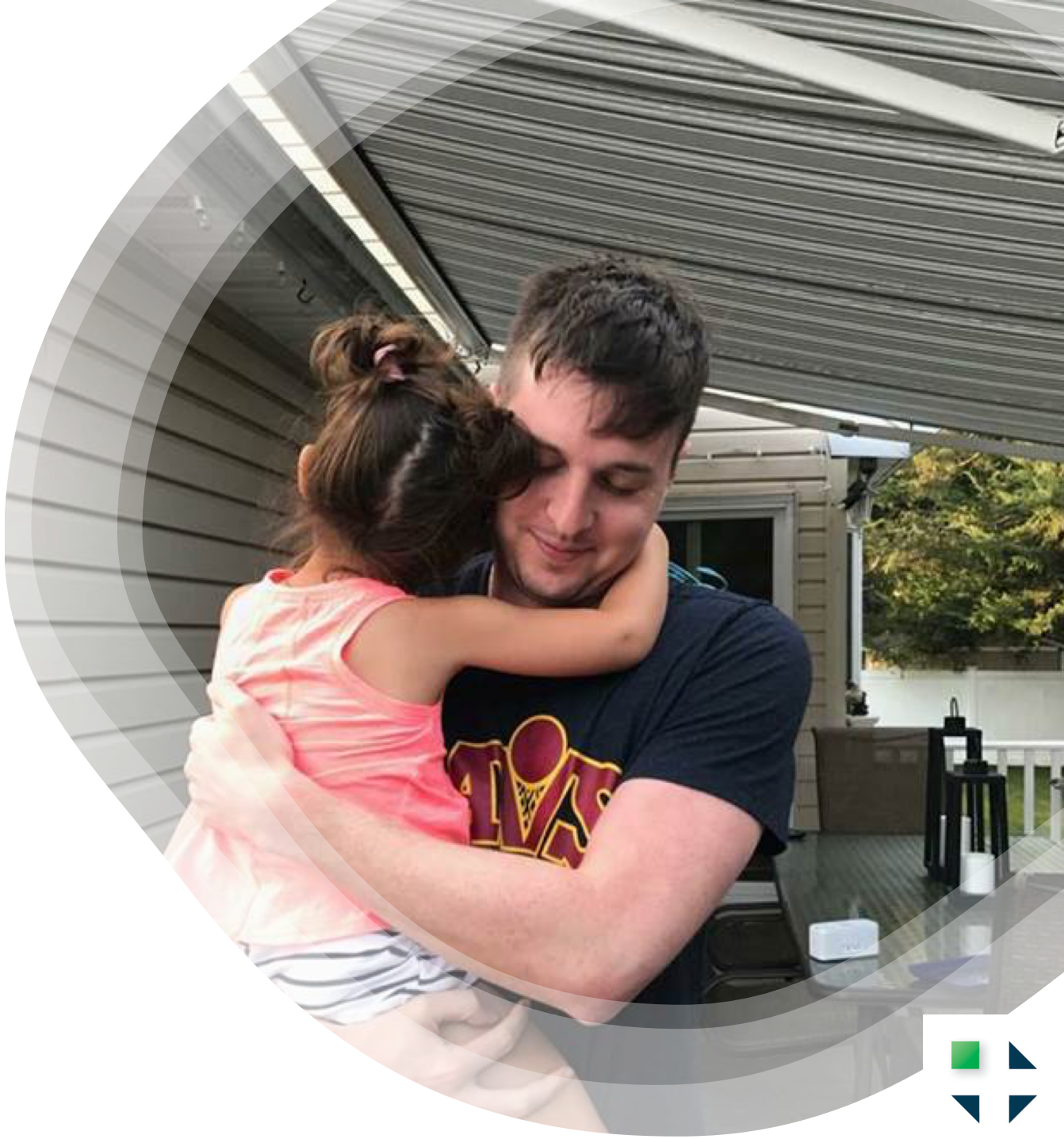
We cannot intervene without knowing the context

Deepen that CONNECTION

Validation w/context vs withou

What this allows us to do…

- Keeps us curious
- Allows the interventions to uptake
- …allows patients to engage with us…
- What if we asked ourselves before every visit:
  - How do I want this patient to feel when they leave the room?
- … what would happen if healthcare became just 5% more loving, more compassionate, more curious…
- Love isn't everything, it is the only thing…



“KISS” method for fidelity & outcomes

- Visits per clinic or day
- Warm hand offs per clinic or day
- Unique patients
- Patient satisfaction
- Medical provider satisfaction
- *Patient outcomes (e.g., DM, HTN, WCC, etc.)

Questions?

Contact us!

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- Upcoming webinar series: http://psychologyinterns.org/project/pcbh-week-with-beachy-bauman-consulting-making-pcbh-transformative/?fbclid=IwAR2vrqgYAVt8RnNiLvc4AewrRJTsN6Ke6xt6rGA4mVbVUG1oAoFlAdrDYSo
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- & https://www.youtube.com/user/commhealthcw/videos

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