

The Primary Care Toolkit

Larry C. James · William T. O'Donohue
Editors

The Primary Care Toolkit

Practical Resources for the Integrated
Behavioral Care Provider

 Springer

Editors

Larry C. James
Mililani, HI
USA
larry.james@us.army.mil

William T. O'Donohue
Department of Psychology
University of Nevada
Reno, NV
USA
wto@unr.edu

ISBN: 978-0-387-78970-5

e-ISBN: 978-0-387-78971-2

DOI 10.1007/978-0-387-78971-2

Library of Congress Control Number: 2008933582

© Springer Science+Business Media, LLC 2009

All rights reserved. This work may not be translated or copied in whole or in part without the written permission of the publisher (Springer Science+Business Media, LLC, 233 Spring Street, New York, NY 10013, USA), except for brief excerpts in connection with reviews or scholarly analysis. Use in connection with any form of information storage and retrieval, electronic adaptation, computer software, or by similar or dissimilar methodology now known or hereafter developed is forbidden.

The use in this publication of trade names, trademarks, service marks, and similar terms, even if they are not identified as such, is not to be taken as an expression of opinion as to whether or not they are subject to proprietary rights.

Printed on acid-free paper

springer.com

Contents

Part I Tools for Getting Started

How to Determine the Need: A Readiness Assessment System	3
Megan Oser and William T. O’Donohue	
What Administrators Should Know About the Primary Care Setting	13
Larry C. James	
Financial Models for Integrated Behavioral Health Care	19
Blake Chaffee	
Essential Competencies of Medical Personnel in Integrated Care Settings	31
Christine N. Runyan	
Integrated Care: Whom to Hire and How to Train	41
William T. O’Donohue	
Effective Consultative Liaison in Primary Care	53
Robert E. Jackson	
Cultural Competency in the Primary Care Setting	63
Melanie P. Duckworth, Tony Iezzi, Aditi Vijay, and Erika Gerber	
The Primary Care Consultant Toolkit: Tools for Behavioral Medicine Training for PCPs in Integrated Care	77
Jason Satterfield and Simone K. Madan	

Quality Improvement in the Integrated Health Care Setting	95
Ranilo Laygo and Rachelle Sorci	
Behavioral Screening in Adult Primary Care	121
Michelle R. Byrd and Kevin N. Alschuler	
 Part II Toolbox for Integrated Consultation-Liaison Services: Guidelines and Handouts	
The Primary Care Consultant Toolkit: Tools for Behavioral Medicine	133
Erica M. Jarrett	
Assessment and Treatment of Anxiety in Primary Care	169
Holly Hazlett-Stevens	
Assessing and Managing Chronic Pain in the Primary Care Setting	183
Melanie P. Duckworth, Tony Iezzi, and M. Todd Sewell	
Promoting Treatment Adherence Using Motivational Interviewing: Guidelines and Tools	199
Lisa Hagen Glynn and Eric R. Levensky	
Diabetes – Guidelines and Handouts	233
Lauren Woodward Tolle	
Attention-Deficit Hyperactivity Disorder in Primary Care	249
Brie A. Moore	
Behavioral Health Consultation for Coronary Heart Disease	263
Richard P. Schobitz, Laura L. Bauer, and Erik P. Schobitz	
Smoking	277
Dianne Lavin	
Pediatric Obesity	291
Brie A. Moore and Amanda Drews	
Somatization in Primary Care	307
Michael A. Cucciare and Jason Lillis	
Index	323

Contributors

Kevin Alschuler, M.S.

Department of Psychology, Eastern Michigan University, Ypsilanti MI 48197,
Kalschul@emich.edu

Laura L. Bauer, Ph.D.

Michelle Byrd, Ph.D.

Department of Psychology, Eastern Michigan University, Ypsilanti, MI 48197,
USA, mbyrd@emich.edu

Blake Chaffee, Ph.D.

Vice President, Integrated Healthcare Services, TriWest Healthcare Alliance, Phoenix,
AZ, USA, bchaffee@triwest.com

Michael A. Cucciare, Ph.D.

VA Palo Alto Healthcare System and Stanford University School of Medicine, CA
94025, USA, cucciare@hotmail.com

Amanda Drews, Ph.D.

Semel Institute and Resnick Neuropsychiatric Hospital, Los Angeles, CA, USA

Melanie P. Duckworth, Ph.D.

Department of Psychology, University of Nevada, Reno, Reno, NV 89557, USA,
melanied@unr.edu

Erika Gerber, B.A.

Department of Psychology, University of Nevada, Reno, Reno, NV 89557, USA,
mail@erikagerber.com

Lisa Hagen Glynn, B.S.

Department of Psychology, University of New Mexico, Albuquerque, NM 87131,
USA, lglynn@unm.edu

Holly Hazlett-Stevens, Ph.D.
University of Nevada, Reno, NV, USA, hhazlett@unr.edu

Robert E. Jackson, Ph.D.
Director, Primary Care Behavioral Health Clinics, Tripler Army Medical Center,
HI, USA, doc.jackson@yahoo.com

Larry C. James, Ph.D.
Department of Psychology, Tripler Army Medical Center, Mililani, HI 96789, USA,
jamesbdaddy@aol.com

Erica M. Jarrett, Ph.D.
Chief, Primary Care Psychology Service, Department of Internal Medicine, Walter
Reed Army Medical Center, Washington, DC, USA, erica.jarrett@amedd.army.mil

Dianne Lavin, Psy.D., RN, FNP-C
Schofield Barracks Family Practice Clinic, Schofield Barracks, HI, USA,
ddlavin001@hawaii.rr.com

Ranilo Laygo
Assistant Professor, Center on Disability Studies, Honolulu, HI 96822, USA,
ranilo@hawaii.edu

Eric R. Levensky, Ph.D.
Clinical Psychologist, Department of Behavioral Medicine Program, New Mexico
VA Health Care System, Albuquerque, NM 87108, USA, levensky@unm.edu

Tony Lezzi, Ph.D.
Department of Behavioral Medicine Service, London Health Sciences Centre, Ontario,
N6A 4G5, London, tony.iezzi@lhsc.on.ca

Jason Lillis, Ph.D.
Stanford University School of Medicine, Stanford, CA 94025, USA
jasonlillis22@gmail.com

Simone K. Madan, Ph.D.
Division of General Internal Medicine, University of California, San Francisco, CA,
USA

Brie A. Moore, Ph.D.
CareIntegra, Inc./University of Nevada Reno, Reno, NV 89519, USA,
briemoore@yahoo.com

William T. O'Donohue, Ph.D.
Department of Psychology, University of Nevada, Reno, Reno, NV 89519, USA,
wto@unr.edu

Megan Oser, M.A.

University of Nevada, Reno, NV, USA, meganoser@gmail.com

Christine N. Runyan, Ph.D.

Mid-State Health Center, Plymouth, NH, trunyan@midstatehealth.org

Jason Satterfield, Ph.D.

Director, Behavioral Medicine, Associate Professor of Clinical Medicine, University of California, 400 Parnassus Ave, A405, San Francisco, CA 94143-0320, jsatter@medicine.ucsf.edu

Richard P. Schobitz, Ph.D.

Deputy Director, Behavior Medicine Division, Office of the Chief Medical Officer, TRICARE Management Activity, Schobitz@hotmail.com

M. Todd Sewell, M.A.

Department of Psychology, University of Nevada, Reno, Reno, NV 89557, USA, wto@unr.edu

Lauren Woodward Tolle

Department of Psychology/296, University of Nevada, Reno, Reno, NV 89557-0296, USA, ltolle@unr.nevada.edu

Aditi Vijay, M.A.

Department of Psychology, University of Nevada, Reno, Reno, NV 89557, USA, aditi.vijay@gmail.com

Introduction

James and Folen (2005) and O’Donohue, N. Cummings, Cucciare, Runyan and J. Cummings (2005) have pioneered and reconceptualized how clinical psychologists, medical practitioners, hospital chief executive officers, and many health care administrators for large health care systems think about the delivery of behavioral health services. Their seminal works have provided a solid research and conceptual foundation to answer the question *why would you place a psychologist in a primary care clinic?* In particular, Cummings’s and O’Donohue’s research has documented the efficacy, cost savings, improvements in the patients’ quality of life, and provider satisfaction. Clearly, their research and conceptual models have set the gold-standard for any behavioral health professional seeking to implement services in the primary care setting.

However, the field needs a hands-on or “toolkit” for the everyday behavioral health practitioner in the primary care setting. The present volume entitled *The Primary Care Toolkit* is specifically targeted at the applied practitioner intending to deliver services in the primary care setting. Our book is plush with helpful handouts and reference materials for the practitioner. The book will serve as a how to guide for psychologists, physicians, graduate students, and health care administrators alike. The first of its kind, our handbook offers chapters on the mainstay diseases in the primary care clinic such as chronic pain, depression, anxiety, coronary heart disease, diabetes, ADHD, smoking cessation, asthma, dementia, and the somatizer. Rather than simply describing the medical illness as is done in most primary care texts, our authors provide the reader with helpful information on assessment and treatment of the condition within the primary care clinic and offers handouts and references as well. For the CEOs, department heads and health care administrators, we offer guidance on how to determine the need and what administrators need to understand and expect, and provide detailed information on a training program. Often, one of the most difficult things for behavioral health practitioners to accomplish is to determine appropriate financial models for cost-effectiveness, quality improvement/management, treatment compliance, and the appropriate use of Current Procedural Terminology (CPT) codes, in particular, for the primary setting. Our book will provide the reader with “how to” chapters on these important areas of the primary care practice. We have included materials for medical colleagues as well as a chapter on training the PCP in integrated care and core competencies relating

to medical personnel. Often, behavioral health care professionals may tend to not focus on marketing and communication devices. Thus, we have included practical chapters on patient education materials and the in-house newsletter, which will take the reader through how to make their services known, accessible, and relevant to the market and clinical needs of the primary care arena.

A major message of this book is that integrated care is not the co-location of a traditional mental health professional in a medical setting. This is a very common misconception that leads to problematic practice. Traditional mental health certainly has its proper role; i.e. as a specialty service. The relationship between a primary care psychologist and a traditional specialty care psychologist is much the same as the relationship between a family practice physician and a cardiologist. Neither replaces the other, and each has an important set of functions and core competencies. And when properly functioning, they work synergistically.

Integrated care has gained increasing interest over the past few decades. When health care service delivery models are examined, integrated care is often one of the central ways that health care delivery is recommended to be reformed (witness the President's New Freedom Commission Report, or the Task Force Report for the Department of Defense). Yet, graduate programs are not producing anything close to the number of graduates needed to perform competently in integrated care. In fact, in clinical psychology there are less than five programs producing graduates. Because of the lack of competently trained professionals and because of the wide range of definitions of "integrated care," the parachuting of the traditionally trained mental health professional is probably the most frequent way integrated care is being implemented. This is most unfortunate. This sort of poorly designed integrated care is largely unevaluated: hence its outcomes are unknown. However, there is reason to be pessimistic. Integrated care can acquire a bad name by the unfulfilled expectations brought about by this bastardizing of quality integrated care.

This book also shows the skill sets needed for competent integrated care. Population management, consultation liaison skills, stepped care, efficient assessment and screening, evidence-based brief and targeted practice, triage, chronic-disease management, medical literacy, team-building skills, knowledge of quality improvement, psycho-educational groups, treatment adherence and life-style changes are some of the core competencies of integrated care that are not commonly known by traditional mental health professionals. We do not believe this book is a replacement for sound training in these skills, but it will hopefully help the student of integrated care take some steps in the right direction.