

SFHN Primary Care Behavioral Health (PCBH)

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Hamilton Holt, MD, Medical Director and Interim Director

Primary Care Behavioral Health



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Behavioral Health Needs in Primary Care

- Over 25% of Americans experience a diagnosable psychiatric disorder in any given year.
- Most rely on Primary Care Providers (PCPs) for management of mild-moderate mental health issues
- Nationally, half of this group receive no care at all

SFHN Primary Care: 43% of 62,450 active patients (27,018) have a behavioral health diagnosis



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Behavioral Health Needs in Primary Care

Up to 70% of primary care medical appointments involve problems stemming from psychosocial issues, such as:

- Mental health issues of varying severity
- Substance use disorders
- Developmental issues and other common problems of childhood
- Chronic disease and unhealthy behavior
- Family problems (relationships, parenting, child behavior, family violence)
- Somatic complaints and stress (work, financial, poor sleep)



Clinic Distribution and Focus



primary care for adults, children and families

primary care for youth

primary care for adults

SPECIAL FOCUS CLINICS

Geriatric: Curry

Homeless or marginally housed:

Tom Waddell Urban Health

Tom Waddell Urgent Care*

Medical Respite and Sobering*

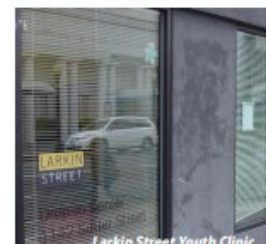
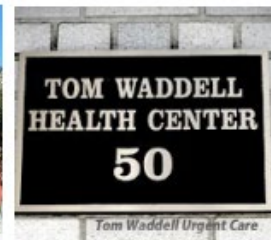
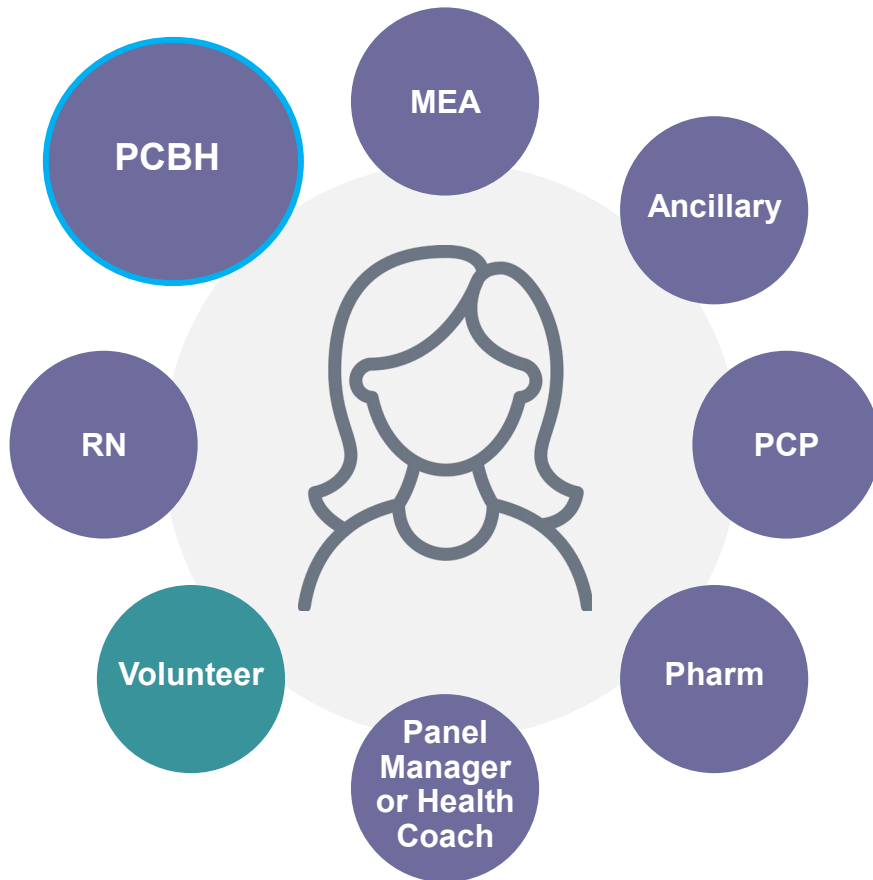
HIV positive or at risk: PHP

Children and youth: CHPY, CHC

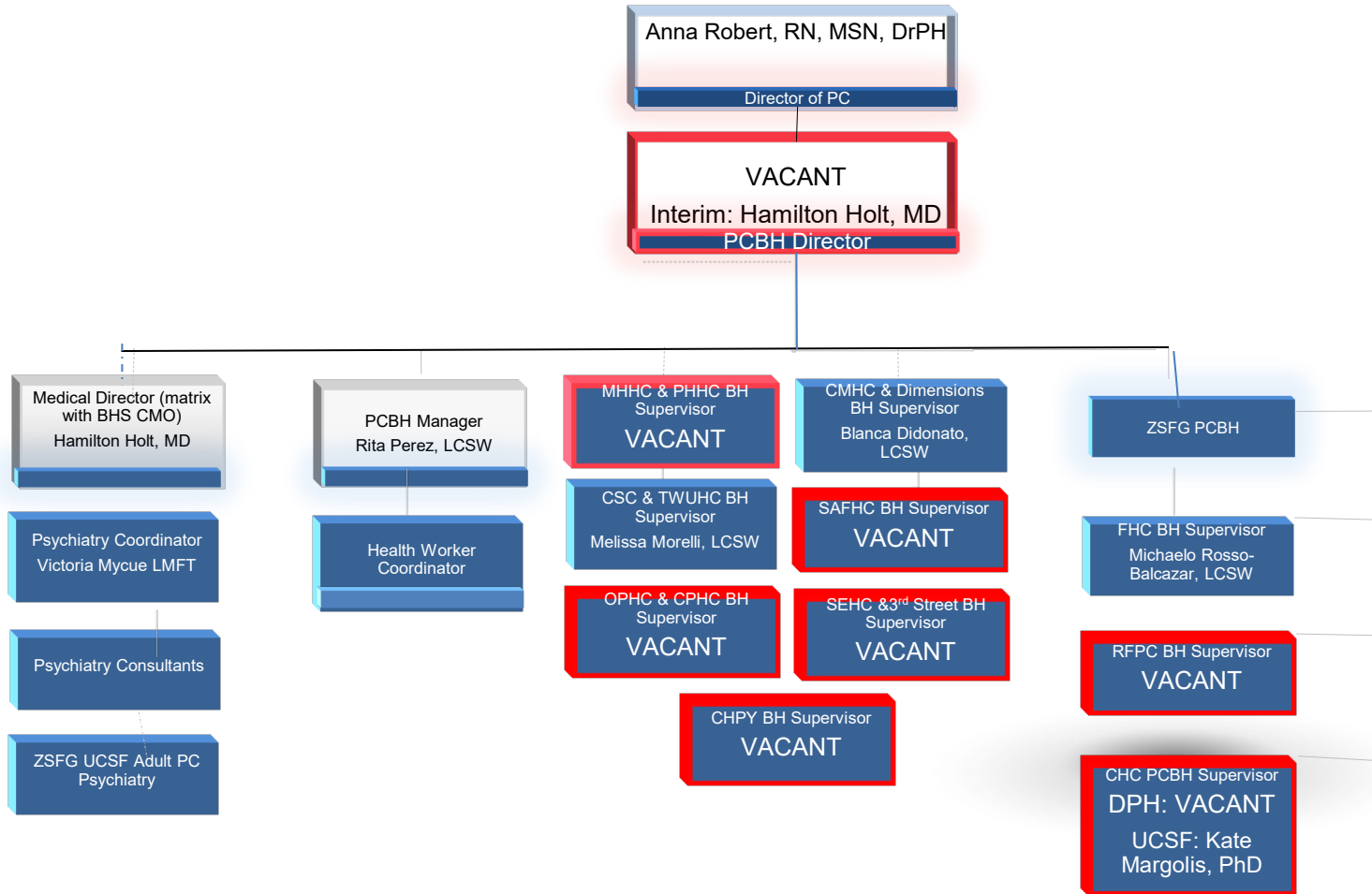
*These clinics are now in WPIC



Patient-focused care teams



PCBH Organization Chart



PCBH Team Members

- Behavioral Assistant (BA)
- Behavioral Health Clinician (BHC)
- Psychiatrist or Psychiatric NP



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Referral to PCBH and Patient Follow-up

- Patients are identified by PCP or other member of care team
- A referral to PCBH is placed in Epic or there is a warm hand-off
- Referrals can be made by anyone, not just the PCP:
 - “Dr. James, your next patient is crying. Should I bring in a Behavioral Health Clinician?”
 - “Dr. James, Mr. Smith says he needs a DMV form completed. Should I place a referral to the BA?”
- During COVID, PCBH staff had remote access to referral queues and converted to mostly telehealth visits (phone or HIPAA-compliant Zoom)
- BHCs have return patient appointments on their templates, and have slots available for same-day patients



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Behavioral Health Clinician

- Based on need, patients may be seen once or for brief treatment
- Initial visit:
 - Introduction
 - Bio-psychosocial assessment
 - Brief Interventions to address a targeted problem
 - Identify one skill to work on
 - Document in patient's electronic record
 - Arrange follow-up or linkage as needed
 - Refer to psychiatry if indicated



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Behavioral Assistant

- Orders medical equipment for patients
- Helps patients complete forms
- Screens for some Social Determinants of Health (for example, housing stability)
- Offers basic health coaching (for example, smoking cessation)
- Referrals to and support accessing community resources

Psychiatry Consultation

- Psychiatrist or Psych NP is available to consult on patient care (combination of provider-to-provider, telehealth, or in-person)
- Psychiatrists are available for “curb-side” consults via phone/text
- Patients are seen first by PCP and BHC, then reviewed with consulting psychiatrist to make a treatment plan
- Patients with more complex needs may be scheduled with psychiatrist for assessment and treatment recommendations
- Patients with moderate to severe needs are referred to Specialty BH or other services and followed in PC until linkage is possible

Top 10 Reasons for Referral to PCBH

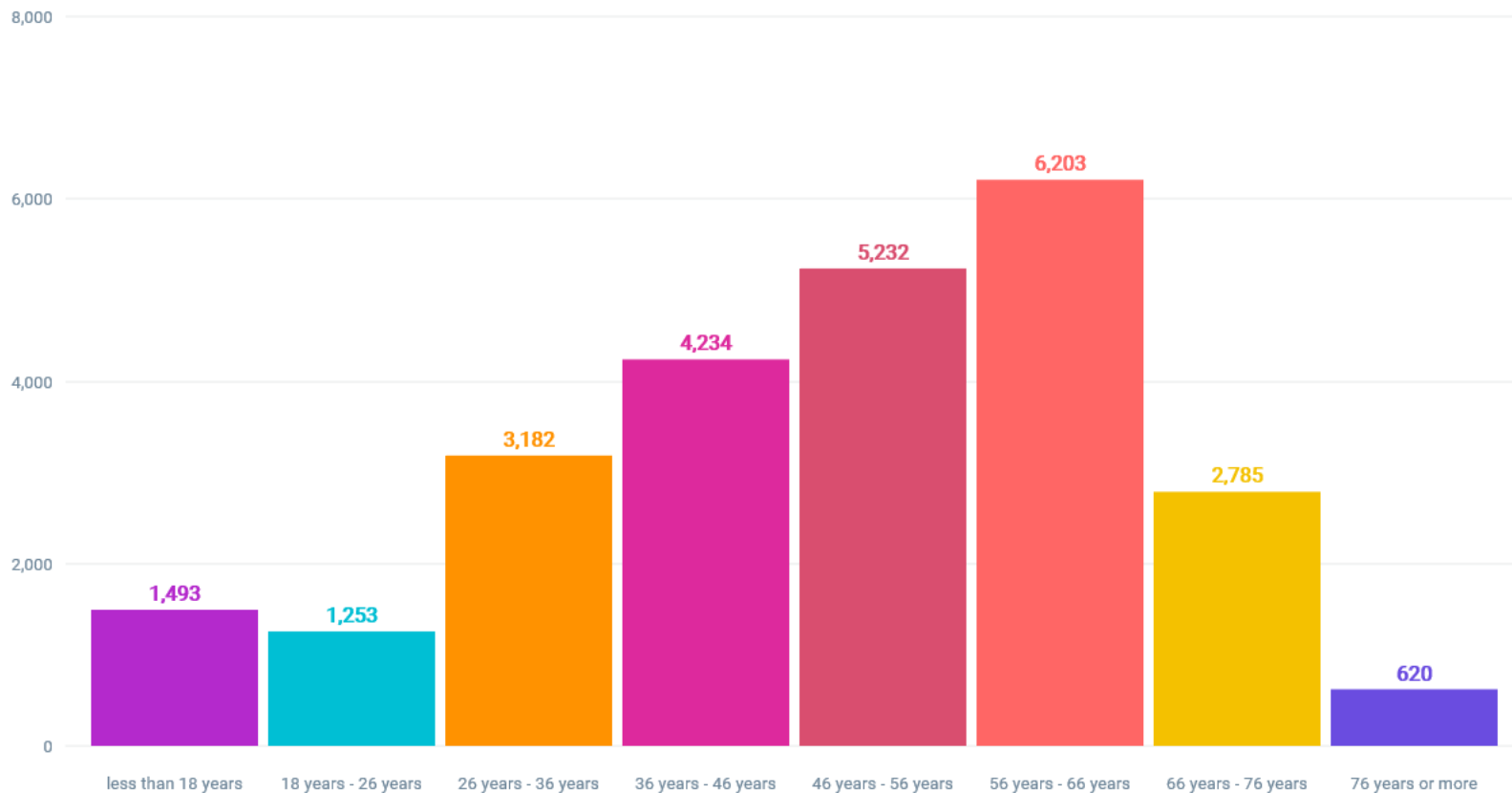
- Depression
- Anxiety
- Chronic pain
- Stress
- Alcohol use disorder
- Insomnia
- Disease self-management
- Substance use disorders
- Traumatic stress
- Cognitive impairment



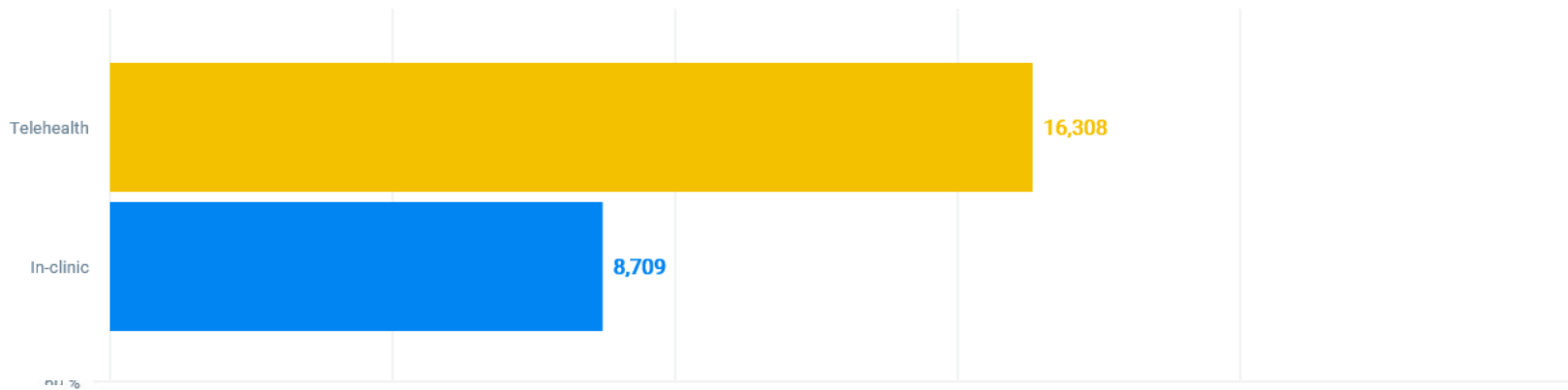
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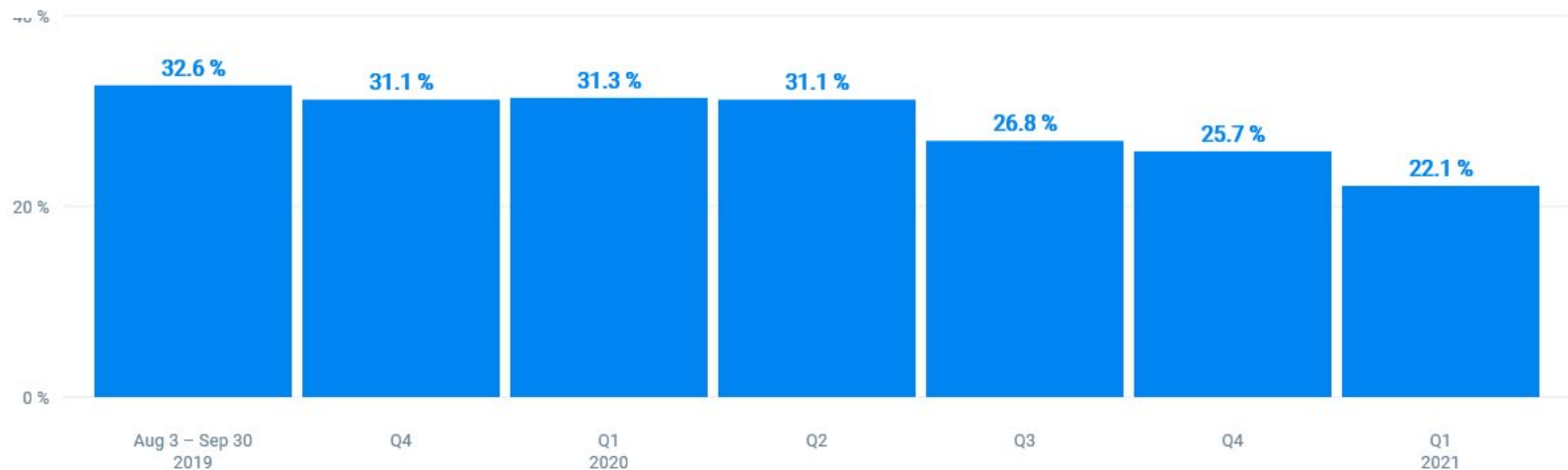
Number of PCBH visits by age 4/2020-4/2021



COVID response: rapid shift to telehealth (incl. telephone) 4/2020-4/2021



No-show rate dropped during COVID



Quality Improvement and Equity

- **Behavioral Health Vital Signs (BHVS):** developed by our PCBH team, BHVS is a six-question screening tool for Depression, Alcohol Use, Substance Use, Interpersonal Violence/Sexual Abuse
- Positive responses on BHVS questions lead to additional screening and follow-up using established workflows. For example: depression screening tool (“PHQ-9”) helps to determine severity of symptoms and guides interventions (ie short-term therapy, referral for psychiatric consultation, or linkage to specialty BH services)
- Screening every patient improves **equity** of BH care in PC

PCBH in Substance Use Treatment

- All BHCs are trained in **Motivational Interviewing**
- PCBH staff at pilot clinics are playing a key role in both **Medications for Addiction Treatment (MAT) expansion** and **access to harm reduction resources and education**
- PCBH staff at FHC, RFPC, Ward 86, TWUHC, CSC, and CMHC will be receiving additional training in **harm reduction** and **overdose prevention** as part of the safe consumption supply pilots
- PCPs, PCBH, SUD services, and specialty BH are collaborating closely on PC overdose prevention efforts
- Tom Waddell's **Integrative Pain Management Program** developed as an innovative alternative to opiates for chronic pain management

Priorities

- **Hiring** (72% vacancy in PCBH supervisory positions, many vacant psychiatrist and BHC positions)
- Increase capacity for **treating child, youth, families, and perinatal patients**
- BA and BHC **internship programs**
- Continuing **telehealth**
- Improving **transitions of care**
- **Opiate overdose prevention** as part of DPH-wide collaborative effort collaboration

Questions?

