

ABSTRACT  
PREVIEW



Abstract ID: 450911

[A Successful Blueprint for Integrating Behavioral Health into Primary Care](#)

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Abstract Category: Session Abstract

Abstract Status: Active

Presenter(s)

Martin Kerzer, D.O.  
President  
Associates in Primary Care



Role: Presenter

CV

[mjk.cv.updated.9.12.17.docx](#)

Title/Affiliation

President Associates in Primary Care  
Kristin David, Psy.D  
Integrated Behavioral Health Specialist  
Associates in Primary Care





Role: Presenter

CV

[CV Kristin David, Psy.D. 2018.doc](#)

Title/Affiliation

Integrated Behavioral Health Specialist

Susanne Campbell, RN MS PCMH CCE

Senior Project Director

Care Transformation Collaborative of Rhode Island



Role: Presenter

CV

[SCampbell resume 7 2016.doc](#)

Title/Affiliation

Senior Project Director Care Transformation Collaborative of Rhode Island

### Track

1st choice: Behavioral Health

2nd choice: PCMH Transformation

### Target Audience

- Clinicians (MD/NP/PA etc)

### Learning Objectives

1. Utilize a population health/performance improvement framework and team approach to successfully identify patients with behavioral health needs and integrate strategies that will improve clinical and financial outcomes;
2. 2) Apply lessons learned based on experiences from a practice team that focused on patients with a) high emergency department usage b) diabetes who scored high on diabetes distress screens;
3. Successfully measure outcomes that support sustainability of the IBH model of care.

### Goal Statement

This presentation will provide attendees with a tested framework for integrating behavioral health into primary care using population health and performance improvement approaches. The primary care practice will provide attendees with methods used to identify patients who might benefit from behavioral interventions with an integrated team based approach and a process for measuring outcomes that demonstrate improved financial and clinical results.

### Needs Assessment

The primary care practice team needs to learn new skills and work flows in order to apply a targeted approach to systematically identify patients with behavioral health needs and use this information to develop team based strategies to improve clinical and financial outcomes. This session will address team based learning needs to successfully implement, evaluate and sustain the integration of behavioral health in primary care.

### Practical Take Aways

Please enter Take Away #1.

Integrating behavioral health into primary care supports ACO goals of reducing cost of care.

Please enter Take Away #2.

Applying clinical strategies such as using diabetes distress scores to identify patients in need and group visit interventions helped to successfully address patient barriers and improve clinical outcomes.

Please enter Take Away #3.

Providing integrated behavioral health in primary care requires upfront team investments but results in improved outcomes, greater patient satisfaction, and a sense of empowerment for the overall care team to improve patient care.

Additional Information

Did you present this content at a previous PCMH Congress?

Yes

If YES, please provide us with an explanation how your 2018 session will differ from a similar session presented at a previous PCMH Congress. Our Accreditation Services require a significant update (50% new slides/material) to the content to warrant offering CME/CE credit for a given topic/session in consecutive years.

Topic was on building the PCMH Neighborhood. This presentation focuses on behavioral health

The main conference dates are Friday, September 14 – Sunday, September 16. Do you have conflicts with presenting on any of these dates?

No

If yes, which dates do you have conflicts?

Additional Information

The physician and psychologist will be able to provide attendees with first hand experience and strategies used (screening tools, performance improvement plans) to implement the behavioral health in primary care. The CTC Senior Project Manager will be able to provide attendees with the tested 2 year framework that was used to implement behavioral health in primary care.

Faculty Disclosure Task

DISCLOSURES

I/we have nothing to disclose in relation to this activity

Please list all organizations that apply to the listed interest type. Please designate if the affiliations disclosed below are for your “Spouse/Partner.” If none apply, please write N/A.

Consultant:

N/A

Grant/Research Support:

In developing and implementing the integrated behavioral health program, the Care Transformation Collaborative of Rhode Island received funding from the Rhode Island Foundation, from State Innovation Model and from Tufts Health Care

Speakers' Bureau:

N/A

Major Stock Shareholder:

N/A

Other Financial or Material Support (please specify):

N/A

OFF-LABEL DISCLOSURE

Will your presentation/article include discussion of investigative or off-label uses of products or devices?

No

If Yes, FDA/ACCME Standards require you to inform the audience of this during your presentation. Do you agree to inform the audience?

Yes

The following drugs and/or medical devices are being discussed for an off-label use. Please list the specific drug/device and the off-label/unapproved use that will be discussed for each listing.

N/A