


2011 Fourth National
Doctors of Nursing Practice Conference
Impacting Health Care Policy




**DNP's Leading the Change
to Integrate
Behavioral Health Services
into
Primary Care Settings**

September 29th, 2011
Westin New Orleans

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Objectives


1. **Examine America's new Health Care Reform Bill and discuss how it affects DNP practice.**
 - Provide at least 3 advantages for setting up a consultation model over other formats for the integration of primary care and behavioral health services.
2. **Identify methods used to raise public awareness of the DNP prepared, advanced practice nurse to increase access to quality health care systems and services.**
 - Describe how a DNP would combine both NP and CNS roles to make this provider ideally suited to provide primary care behavioral health consultation services.
3. **Recognize how DNP leadership in policy formation can transform advanced nursing provisions, research, education and practice**
 - Identify the steps necessary to successfully initiate or integrate primary care behavioral health consultation services in a clinical setting.



Effect of the ACA on DNP Practice


Why adopt this particular model and why now?

1. *How services are provided now*
2. *What will happen with ACA*
3. *A different model for care*




Effect of the ACA on DNP Practice

- *general medical sites deliver exclusively over half of all formal mental health care, making primary care the de facto mental health care system in the United States today. (Narrow et al., 2002; Narrow et al., 1993; Reiger et al., 1993)*
- *70 percent of all healthcare visits have primarily a psychosocial basis, (Fries et al., 2003)*
- *More than 25 percent of all healthcare recipients have a diagnosable mental disorder, yet more than half of mental disorders go undiagnosed in primary care. (U.S. Dept. of Health and Human Services, 2001)*




Effect of the ACA on DNP Practice

- *one-third of all patients with chronic illnesses have co-existing depression that when left untreated amplifies physical symptoms, increases functional impairment, and interferes with self-care and adherence to medical treatment. (Unützer et al., 2006)*
- *In large cities, behavioral health disorders may account for 69 percent of hospitalizations among homeless adults, compared with 10 percent of non-homeless adults (New York City Depts. of Health and Mental Hygiene and Homeless Services, 2005)*



Effect of the ACA on DNP Practice

- *Services for medical problems and for mental health problems operate on separate tracks today; causing illnesses to be misdiagnosed or missed entirely. This healthcare system is providing effective treatment to only a few of the patients who need it*




Effect of the ACA on DNP Practice

The ACA is Coming!

The ACA is Coming!


- As 32 million more patients become eligible for primary care in 2014 under the Affordable Care Act, the need to better integrate behavioral health services into primary care settings has never been greater



Where the DNP Fits In

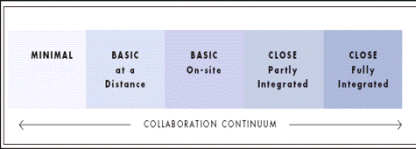
What are the models to fix this?

- What's the difference between them?
- What services can the PCBHCS model offer?
- What other providers do this now?
- What makes the DNP-prepared PMHNP unique?




Where the DNP Fits In

Spectrum of Options for Mental Health Services in Primary Care



← COLLABORATION CONTINUUM →



Where the DNP Fits In

**Practice Model 1:
Improving Collaboration between Separate Providers**

MINIMAL	BASIC at a Distance	BASIC On-site	CLOSE Partly Integrated	CLOSE Fully Integrated
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← COLLABORATION CONTINUUM →

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Where the DNP Fits In

**Practice Model 2:
Medical-Provided Behavioral Health Care**

MINIMAL	BASIC at a Distance	BASIC On-site	CLOSE Partly Integrated	CLOSE Fully Integrated
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← COLLABORATION CONTINUUM →

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Where the DNP Fits In

**Practice Model 3:
Co-location**

MINIMAL	BASIC at a Distance	BASIC On-site	CLOSE Partly Integrated	CLOSE Fully Integrated
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← COLLABORATION CONTINUUM →


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Where the DNP Fits In

**Practice Model 4:
Disease Management**

MINIMAL	BASIC at a Distance	BASIC On-site	CLOSE Partly Integrated	CLOSE Fully Integrated
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← COLLABORATION CONTINUUM →



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Where the DNP Fits In

**Practice Model 5:
Reverse Co-location**

MINIMAL	BASIC at a Distance	BASIC On-site	CLOSE Partly Integrated	CLOSE Fully Integrated
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← COLLABORATION CONTINUUM →



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**Practice Model 6:
Unified Primary Care and Behavioral Health**

MINIMAL	BASIC at a Distance	BASIC On-site	CLOSE Partly Integrated	CLOSE Fully Integrated
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← COLLABORATION CONTINUUM →


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Where the DNP Fits In

**Practice Model 7:
Primary Care Behavioral Health**

Where the DNP Fits In


**Practice Model 8:
Collaborative System of Care**

Where the DNP Fits In

Primary Care Behavioral Health	Specialty Mental Health
population-based	client-based; specific requirements for service acceptance
often informal client inflow	formal acceptance process; requires intake assessment, treatment planning
treatment usually limited; 1-3 visits	often long-term treatment; number variable, related to client condition
treatment afforded to persons with mild impairments, those coping with situational stress and sometimes stabilized persons with serious mental disorders	treatment restricted to persons experiencing or at risk of serious mental disorders
informal counseling session, vulnerable to frequent interruptions	more formal, private interchange


Where the DNP Fits In

Primary Care Behavioral Health	Specialty Mental Health
behavioral records often integrated with the medical treatment chart	mental health records stand-alone
therapist workday often involves jumping from one activity to another	therapist can focus on one-to-one client interaction
care responsibility returned to medical provider once behavioral treatment is conclude	therapist remains contact point if needed
frequent consultation with medical provider for clients with co-occurring health and mental health condition	often little or no interaction with medical provider regarding medical condition
clients often seen, at least briefly, on same day as referral	often substantial wait-time for services in non-emergency cases



Where the DNP Fits In

Providers of PCBH	Focus & Skills
Licensed Clinical Social Worker	Case management, community liaison
Clinical Psychologist	In-depth counseling, specialty connections
Psychiatrist	psychopharm, specialty connections, medical background
Health Psychologist	Chronic illness counseling
Primary Care Psychologist	Risk reduction & behavior change
PMHNP	Psychopharm, medical bkgrnd, pt. ed., risk reduction




Where the DNP Fits In

What's different with a DNP prepared specifically to work in PCBHCS?

Clinical Skills

- Brief focused counseling using motivational interviewing & behavioral activation methods
- Performs patient-centered narrative interviewing to compliment and augment medical interviews
- Coordinates and incorporates care for acute & chronic medical conditions
- Conducts supportive & psychoeducational group therapy sessions
- Provides brief cognitive-behavioral psychotherapy sessions for patients with chronic illness
- Offers risk-reduction behavioral change sessions for tobacco cessation, weight loss, physical activity, etc.



Where the DNP Fits In

What's different with a DNP prepared specifically to work in PCBHCS?

Practice Management Skills

- Conducts practice analysis and plan for implementation of PCBHCS
- Employs population-based approach for case-finding of pts. needing behavioral health services via screening practices, chart review, database & tickler file use
- Trains MAs, RNs, IT, billing and reception staffs in pt. identification, referral, support, and billing for behavioral health services
- Trains MD/NP/PA staff on use PCBHCS
- Develops EHR or chart forms, and sets up referral & liaison interface with mental health specialty services
- Establishes and maintains behavioral health registries for appropriate conditions



Where the DNP Fits In

What's different with a DNP prepared specifically to work in PCBHCS?

Other Management Skills

- Develops grant proposals for new or improved services
- Crafts policy analysis documents for Board of Directors, community agencies, and legislators r/t practice issues
- Performs evaluations of services (e.g., PDSA, formative, summative, etc.)
- Precepts PMHNP students in DNP programs, serves on their doctoral committees, advises on practice project design and implementation



Educational Preparation

How could a DNP program prepare APRNs for PCBH roles?


1. What are the different types of roles in PCBH of NPs?
2. What would a PCBHCS educational program look like?



Educational Preparation

New PCBH Roles for APRNs

- PNCB certification for PNP's & FNPs
- Dually-certified FNP/PMHNP
- PMHNP with PCBH experience/rotation
- Primary Care Behavioral Health NP




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Educational Preparation


DNP preparation of the PCBHNP

- PCBH focus in core DNP courses
 - Integrated care emphasis in Health Policy
 - Grant writing/publication in PCBH - project planning, development, evaluation
 - pathophysiology of stress
- 500 additional hours:
 - in PCBH consultation services sites, incl. coding & billing
 - with emphasis on CNS role preparation
- Final project in PCBH site
- Additional coursework in PCBH
 - Health psychology, behavioral medicine
 - Clinical Nurse Specialist role/skills
 - Motivational Interviewing
 - Positive psychology & coaching



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Questions?



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Resources

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