Web-Based Certificate in
Integrated Behavioral Health and Primary Care
Adult Track
Fall 2019

<u>Definitions:</u>

"Live coursework" consists of interactive lectures viewed online from a home or work computer. *All participants in the program log on at the same time* and view the live streaming lecture and PowerPoint presentation. You can see the instructors, but they can't see you. During live coursework, participants have instant access to the instructors for questions and comments via chat bar.

"Self-paced coursework" consists of pre-recorded podcasts and web modules. Participants can view these materials at any time during the term.

"Small group videoconferences" are part of the live coursework component, and consist of meetings with classmates. At appointed times, participants are invited to enter the online videoconferences and discuss course materials and projects with their peers. Each participant can see and hear their small group of five to seven peers, and can be seen and heard by them. In certain cases, participants from the same agency meet together in person during these times in lieu of entering a videoconference.

SCHEDULE OF LIVE SESSIONS

Day	Date	Time	Track
Monday	10/7/2019	5:30pm to 7:30pm	ALL
Monday	10/14/2019	5:30pm to 7:30pm	ALL
Wednesday	10/16/2019	5:30pm to 7:30pm	ADULT
Monday	10/28/2019	5:30pm to 7:30pm	ADULT
Monday	11/4/2019	5:30pm to 7:30pm	ADULT
Wednesday	11/13/2019	5:30pm to 7:30pm	ALL
Monday	11/18/2019	5:30pm to 7:30pm	ADULT
Monday	11/25/2019	5:30pm to 7:30pm	ADULT
Wednesday	12/4/2019	5:30pm to 7:30pm	ALL
Monday	12/9/2019	5:30pm to 7:30pm	ALL

TIMED AGENDA: LIVE COURSEWORK
Note: All times listed below are in the Eastern time zone

Monday October 7, 2019

5:30 - 7:30, J. Capobianco, "Introduction to Integrated Health Care"

Monday October 14, 2019
5:30-7:30, A. Philip, "Social Determinants of Health"

Wednesday October 16, 2019
5:30-6:30, M. Baker, "A Model of Behavioral Health Consultation"
6:30-7:30, A. Lapidos, "Primary Behavioral Health"

Monday October 28, 2019
5:30-7:30, A. Lapidos, "ACT & Pain"

Monday November 4, 2019
5:30-7:30, S. Wiland, "Motivational Enhancement I"

Wednesday November 13, 2019
5:30-6:30, A. Lapidos, "ACT & Mindfulness"
6:30-7:30, M. Duprey, "Mindfulness Small Group"

Monday November 18, 2019
5:30-7:30, S. Wiland, "Motivational Enhancement II"

Monday November 25, 2019
5:30-6:30, T. Simoncic & S. Marasco, "Collaborative Care Model"
6:30-7:30, T. Simoncic & S. Marasco, "Depression and Anxiety"

Wednesday December 4, 2019
5:30-6:30, J. Firn, "Ethics"
5:30-6:30, M. Duprey, "Ethics Small Group"

Monday December 9, 2019
5:30-6:30, J. Capobianco, "Financing"
6:30-7:30, M. Duprey, "Implementation"

SELF-PACED COURSEWORK

Video Lectures:

K. Harmes, "Patient-Centered Medical Homes"
P. Pfeiffer, "Primary Care Psychopharmacology"
C. Dahlem, "Medical Aspects of Behavioral Health"
M. Scalera, "SBIRT"
M. Kaems, "Registries"
C. Johnsons, "Integrated Infant Mental Health"
M. Ruffolo, "Biopsychosocial Assessment"
J. Salerno, "Teen Sexual Health"
M. Ruffolo, "Cognitive-Behavioral Approaches"
D. Furgeson, "Oral Health for Collaborative Care"
J. Salerno, "Teen Suicide"
J. Hopper, "Prescription Drug Abuse"
D. Cordova, "Culturally Responsive Practice"
J. Schwartz, "Integrated Health Care for the LGBTQ Individual"

Introduction to Integrated Behavioral Health and Primary Care

In this module, participants will learn about the nature and implications of integrated care, and will become fluent in the key terms that have come to describe it. Topics will include key public policies affecting the integrated care movement, including the Affordable Care Act; successful models of integrated care; population health management and health disparities; and ethical challenges and opportunities in integrated care. The transition to integrated care will be framed as a paradigm shift from disease-oriented to recovery-oriented service delivery, resulting in new opportunities and challenges, and direct implications for consumers and their families.

Learning Objectives:

1. Explain the difference between colocation and integration.
2. State three key features of the Affordable Care Act related to integrated health.
3. Compare and contrast interdisciplinary and multidisciplinary teams.
4. Identify level of integration based on standard model that is used in current workplace and determine what changes can further integrate practice.
5. Identify at least three social determinants of health for adult populations.
6. Identify at least two ethical challenges to integrated health practice.
7. Address/resolve common ethical challenges in integrated health practice.

Integrated Health Systems and Implementation

In this module, participants will obtain knowledge and skills related to the implementation of integrated care services. Implementation of integrated team-based collaborative care presents challenges and opportunities for providers and managers, with significant implications for access to care and patient satisfaction. Topics include basics of integrated health implementation; telepsychiatric consultation; culturally responsive practice; Patient Centered Medical Home recognition; oral health for collaborative care; and provider mindfulness and self-care.

Learning Objectives:

1. Develop skills to hire and train staff in integrated health practice.
2. Implement an organizational self-assessment for cultural responsiveness.
3. Explain how provider mindfulness and self-care relate to workforce challenges such as burnout prevention.
4. List three features of primary prevention of oral diseases such as dental caries.
5. Determine current level of Patient Centered Medical Home (PCMH) development in the practice setting.
6. Identify key entities and access key resources involved in PCMH certification.
7. Identify 2 purposes of a patient registry.
8. Identify the five core components of the IMPACT Collaborative Care model and articulate how the model addresses common barriers to behavioral health care.
9. Describe the target population for collaborative care treatment and describe how patients with depression and anxiety are treated within this model.
10. State the role of warm handoffs in behavioral health consultation.

Bidirectional Integrated Care

In this module, participants will build upon their knowledge of integrated care implementation in adult healthcare settings. Topics will include the Wagner Chronic Care Model; collaborative care; stepped care; care coordination; and billing in integrated health environments. Participants will learn the "care coordination standard" for integrated primary care and discover new roles in primary care for the behavioral health consultant.

Learning Objectives:

1. Describe the care coordination standard.
2. Identify two financing strategies that can facilitate integrated care.

Assessment in Integrated Care

Initial and follow-up assessments play a critical role in effective integrated care. This course addresses free-form interviews such as biopsychosocial-spiritual assessment, structured screening tools such as the PHQ-9 and the AUDIT-C, and mixed assessment and intervention models such as SBIRT. The strengths, weaknesses, benefits, and limitations of common assessment tools in integrated health environments are reviewed.

Learning Objectives:

1. Conduct a biopsychosocial-spiritual interview in a fast-paced integrated care setting.
2. List 4 common screening tools and assess their strengths and weaknesses.
3. List the evidence-based components of Screening, Brief Intervention, and Referral to Treatment (SBIRT) for addicted populations.
4. Describe the components of the Infant Mental Health model.

Behavioral Intervention in Integrated Care

Common elements often form the basis of evidence-based behavioral health interventions. This course teaches and reviews behavioral intervention skills relevant to everyday clinical practice across disciplines and practice settings. Brief interventions around motivational enhancement, psychoeducation, cognitive restructuring, mindfulness, and values-based behavior change can help promote adaptive health behaviors in support of improved wellness. There is a strong emphasis on feasible brief interventions in a fast-paced clinical context and on adapting interventions to each consumer's unique biopsychosocial, socioeconomic, and cultural context.

Learning Objectives:

1. Apply Motivational Enhancement in integrated health settings.
2. Use Cognitive-Behavioral Therapy in integrated health settings.
3. Use Acceptance and Commitment Therapy in integrated health settings.
4. Define and recognize "change talk."
5. Define and apply "reflective listening."
6. Define and apply "cognitive restructuring."
7. Engage in self-assessment in clinical practice.

Biomedical Aspects of Integrated Care

Many presenting medical problems are deeply influenced by health behaviors, and a growing body of evidence suggests that mental health consumers, especially those with serious mental illnesses or substance use disorders, are faced with a broad range of physical health disparities. In this module, participants will deepen their understanding of bidirectional integrated care for medical issues such as diabetes and obesity, and behavioral health issues such as substance use disorders and depression. This course emphasizes the medical sequelae commonly associated with behavioral health diagnoses and psychotropic medications. There are special sections on primary care psychopharmacology and prescription drug abuse.

Learning Objectives:

1. State the demographic health disparities facing people living with serious and persistent mental illness.
2. State the role of integrated primary care service delivery in remediating health disparities facing people living with serious and persistent mental illness.
3. Explain 3 factors leading to over-prescription of opioid medications and apply 2 strategies to counteract them.
4. List the 3 most common psychiatric medications prescribed in primary care and their uses, contraindications, and potential side-effects.