



# Improving Health Outcomes And Care Coordination By Screening For Behavioral Health Conditions Commonly Seen In Primary Care Settings

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No conflicts of interest to disclose

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# Learning Objectives

- Screen for behavioral health conditions (depression, anxiety, substance use, and suicide) commonly seen in primary care, using standardized screens
- Learn how to employ brief motivational interviewing methods to support the appropriate referrals for patients that screen positive on behavioral health screens
- Determine when, how, and what information to share, and coordinate care among patients' other medical and behavioral health care providers, and the health plans, to improve health outcomes and the member experience

# Is behavioral health the next pandemic?

Nearly 1 in 5 people diagnosed with COVID-19 is diagnosed with a psychiatric disorder like anxiety, depression, or insomnia, within 3 months<sup>1</sup>

Compared with 2019, the proportion of mental health–related ED visits for children aged 5–11 and 12–17 years increased approximately 24% and 31%, respectively.<sup>2</sup>

National surveys have shown that about **28% of us adults in the U.S. reported anxiety** in the last year. More than **22% reported symptoms of depression**. In 2019, 8.1% of adults, 18 and older, reported symptoms of anxiety disorder, with 6.5% reporting symptoms of depressive disorder.<sup>3</sup>

1. Wamsley, L. (2020, November 11). *After COVID-19 Diagnosis, Nearly 1 in 5 Are Diagnosed with Mental Disorder*. NPR. Retrieved January 17, 2022, from <https://www.npr.org/sections/coronavirus-live-updates/2020/11/11/933964994/after-covid-diagnosis-nearly-1-in-5-are-diagnosed-with-mental-disorder>.
2. Leeb RT, Bitsko RH, Radhakrishnan L, Martinez P, Njai R, Holland KM. Mental Health–Related Emergency Department Visits Among Children Aged <18 Years During the COVID-19 Pandemic — United States, January 1–October 17, 2020. *MMWR Morb Mortal Wkly Rep* 2020;69:1675–1680. DOI: <http://dx.doi.org/10.15585/mmwr.mm6945a3>
3. Centers for Disease Control and Prevention (2022, January 5). *COVID-19 Data from National Center for Health Statistics: Anxiety and Depression*. Centers for Disease Control and Prevention. Retrieved January 16, 2022, from <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>.

# Why are screenings important in primary care settings?

- Screening for mental and substance use disorders in primary care settings can:
  - ✓ improve quality of life
  - ✓ help contain health care costs
  - ✓ reduce complications from co-occurring medical illnesses
- The U.S. Preventive Services Task Force (USPSTF) recommends behavioral health disorder screenings in primary care settings
- Primary care providers are essential in mental health and substance abuse treatment. An estimated 60% of mental health care delivery occurs in the primary care setting.<sup>2</sup>
- The Joint Commission recommends screening for suicidal ideation in patients in medical settings.<sup>2</sup>

Sources:

1. Mulvaney-Day, N., Marshall, T., Piscopo, K.D., Korsen, L., Lynch, S., Karnell, L.H., Moran, G.E., Daniels, A.S., & Ghose, S.S. (2017). Screening for behavioral health conditions in primary care settings: A systematic review of the literature. *Journal of General Internal Medicine*. 33(3). 335-346.
2. Park, L.T., & Zarate, C.A. (2019). Depression in the Primary Care Setting. *New England Medical Journal*. 380(23). 2279-2280.

# Common behavioral health conditions commonly seen in medical settings

Mood Disorders (Depression and Bipolar Disorder)

Anxiety (Panic Disorder, Social Anxiety, Post-Traumatic Stress Disorder)

Substance use disorders (Alcohol, Opioids, Other Drugs)

# Standardized Behavioral Health Screenings and Tools

Condition	Screening Name	Special populations	Tips on Administering	Interpreting Results
<b>Depression:</b> <a href="http://www.phqscreeners.com/">http://www.phqscreeners.com/</a>	Patient Health Questionnaire (PHQ-9)	Can be used for ages 12 and above	<ul style="list-style-type: none"> <li>• Free to use</li> <li>• Scores can be entered into electronic health records</li> <li>• PHQ9 can be filled out two ways: directly by the patient (hard copy) or verbally by staff</li> </ul>	Positive Score: Total Score $\geq 10$
	Patient Health Questionnaire -2 (PHQ-2): <b>Patients who screen positive on PHQ-2 should be further evaluated with PHQ-9</b>	Can be used for ages 12 and above		Positive Score: Total Score $\geq 3$
	Edinburgh Postnatal Depression Scale (EPDS) – 10 questions	For pregnant or post partum patients	<ul style="list-style-type: none"> <li>• Most can complete this in five minutes</li> <li>• All 10 items should be completed</li> <li>• Parent/expecting parent should complete scale unless there are limited English or reading difficulties</li> <li>• Care clinical assessment recommended to confirm diagnosis</li> </ul>	Total Score $\geq 10$
<b>Anxiety</b> <a href="http://www.phqscreeners.com/">http://www.phqscreeners.com/</a>	Generalized Anxiety Disorder (GAD-7)	Rapid screening for the presence of a clinically significant anxiety disorder, including Panic Disorder, Social Anxiety & Posttraumatic Stress Disorder (PTSD), especially in outpatient settings.	<ul style="list-style-type: none"> <li>• Can be administered by non-clinical or clinical staff but results must be interpreted by trained clinician</li> <li>• Can be filled out directly by patient or verbally by staff</li> </ul>	Total Score $\geq 10$
	Generalized Anxiety Disorder 2 – item (GAD-2)	GAD-2 also performs reasonably well as a screening tool for three other common anxiety disorders—Panic Disorder, Social Anxiety Disorder, and PTSD		Total Score $\geq 3$

# Standardized Behavioral Health Screenings and Tools

Condition	Screening Name	Special populations	Tips on Administering	Interpreting Results
Alcohol <a href="https://auditscreen.org/">https://auditscreen.org/</a>	Alcohol Use Disorders Identification Test (AUDIT) Screening Instrument <a href="https://pubs.niaaa.nih.gov/publications/audit.htm">https://pubs.niaaa.nih.gov/publications/audit.htm</a>	<ul style="list-style-type: none"> <li>Primary care and emergency room patients, psychiatric patients</li> <li>Employees in employee assistance programs and industrial settings</li> <li>Individuals in jail, court, prison, or Armed forces</li> </ul>	<ul style="list-style-type: none"> <li>Free with an interactive audit at <a href="https://auditscreen.org/about/faqs/">https://auditscreen.org/about/faqs/</a></li> <li>Considered highly suitable for primary care and other healthcare settings</li> </ul>	<ul style="list-style-type: none"> <li>Positive finding: Total Score <math>\geq 8</math></li> <li>Score of 8 to 14 suggests hazardous or harmful alcohol consumption</li> <li>Score of 15+ indicates likelihood of alcohol dependence</li> </ul>
	Alcohol Use Disorders Identification Test Consumption (AUDIT-C) Screening Instrument	<ul style="list-style-type: none"> <li>Validated for primary care settings</li> </ul>	<ul style="list-style-type: none"> <li>Both AUDIT-C and Single-question screen can equally detect unhealthy alcohol use and current alcohol use disorders (<a href="#">American Family Physician</a>)</li> </ul>	Positive finding: Total Score $\geq 4$ for men Total Score $\geq 3$ for women
	Single-Question Screen: “How many times in the past year have you had 5 (for men) or 4 (for women and all adults older than 65 years) or more drinks in a day?”	<ul style="list-style-type: none"> <li>Validated for primary care settings</li> </ul>	<ul style="list-style-type: none"> <li>Single- question can be on intake questionnaire or asked verbally</li> <li>Patients who score positive on single-question should then receive full AUDIT to determine level of risk (<a href="#">Centers for Disease Control &amp; Prevention</a>)</li> </ul>	Positive finding: Total Score $\geq 1$
Other Substance use	Please refer to the National Institute on Drug Abuse for a “Screening and Assessment Tools Chart,” available at <a href="https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools">https://nida.nih.gov/nidamed-medical-health-professionals/screening-tools-resources/chart-screening-tools</a>			



# Patient Health Questionnaire 9 item and 2 item (PHQ9 and PHQ2)

## Patient Health Questionnaire-2 (PHQ-2)

**Instructions:**

Please respond to each question.

Over the last 2 weeks, how often have you been bothered by any of the following problems?

Give answers as 0 to 3, using this scale:

0=Not at all; 1=Several days; 2=More than half the days; 3=Nearly every day

1. Little interest or pleasure in doing things

0                      1                      2                      3

2. Feeling down, depressed, or hopeless

0                      1                      2                      3

**Instructions**

Clinic personnel will follow standard scoring to calculate score based on responses.

Total score:                      --

**Patients who screen positive on PHQ-2, with a score  $\geq 3$  should be further evaluated with PHQ-9**

## PATIENT HEALTH QUESTIONNAIRE -9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems? (Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 +      +      +      =Total Score: \_\_\_\_\_

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

# Interpreting PHQ-9 Results and Treatment Response

## PHQ9 SCORES AND ACTIONS

Table 4. PHQ-9 Scores and Proposed Treatment Actions \*

PHQ-9 Score	Depression Severity	Proposed Treatment Actions
0 – 4	None-minimal	None
5 – 9	Mild	Watchful waiting; repeat PHQ-9 at follow-up
10 – 14	Moderate	Treatment plan, considering counseling, follow-up and/or pharmacotherapy
15 – 19	Moderately Severe	Active treatment with pharmacotherapy and/or psychotherapy
20 – 27	Severe	Immediate initiation of pharmacotherapy and, if severe impairment or poor response to therapy, expedited referral to a mental health specialist for psychotherapy and/or collaborative management

\* From Kroenke K, Spitzer RL, Psychiatric Annals 2002;32:509-521

## PHQ9 SCORES AND TREATMENT RESPONSE

Initial Response after Four - Six weeks of an Adequate Dose of an Antidepressant		
PHQ-9 Score	Treatment Response	Treatment Plan
Drop of $\geq 5$ points from baseline	Adequate	No treatment change needed. Follow-up in four weeks.
Drop of 2-4 points from baseline.	Probably Inadequate	Often warrants an increase in antidepressant dose
Drop of 1-point or no change or increase.	Inadequate	Increase dose; Augmentation; Switch; Informal or formal psychiatric consultation; Add psychological counseling
Initial Response to Psychological Counseling after Three Sessions over Four - Six weeks		
PHQ-9 Score	Treatment Response	Treatment Plan
Drop of $\geq 5$ points from baseline	Adequate	No treatment change needed... Follow-up in four weeks.
Drop of 2-4 points from baseline.	Probably Inadequate	Possibly no treatment change needed. Share PHQ-9 with psychological counselor.
Drop of 1-point or no change or increase.	Inadequate	If depression-specific psychological counseling (CBT, PST, IPT*) discuss with therapist, consider adding antidepressant.  For patients satisfied in other type of psychological counseling, consider starting antidepressant  For patients dissatisfied in other psychological counseling, review treatment options and preferences

\* CBT – Cognitive-Behavioral Therapy; PST – Problem Solving Treatment; IPT – Interpersonal Therapy

# Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)

Name: \_\_\_\_\_ Address: \_\_\_\_\_

Your Date of Birth: \_\_\_\_\_

Baby's Date of Birth: \_\_\_\_\_ Phone: \_\_\_\_\_

As you are pregnant or have recently had a baby, we would like to know how you are feeling. Please check the answer that comes closest to how you have felt **IN THE PAST 7 DAYS**, not just how you feel today.

Here is an example, already completed.

I have felt happy:

- Yes, all the time  
 Yes, most of the time    This would mean: "I have felt happy most of the time" during the past week.  
 No, not very often    Please complete the other questions in the same way.  
 No, not at all

In the past 7 days:

- |   |  |
|---|--|
| 1. I have been able to laugh and see the funny side of things<br><input type="checkbox"/> As much as I always could<br><input type="checkbox"/> Not quite so much now<br><input type="checkbox"/> Definitely not so much now<br><input type="checkbox"/> Not at all | *6. Things have been getting on top of me<br><input type="checkbox"/> Yes, most of the time I haven't been able to cope at all<br><input type="checkbox"/> Yes, sometimes I haven't been coping as well as usual<br><input type="checkbox"/> No, most of the time I have coped quite well<br><input type="checkbox"/> No, I have been coping as well as ever |
| 2. I have looked forward with enjoyment to things<br><input type="checkbox"/> As much as I ever did<br><input type="checkbox"/> Rather less than I used to<br><input type="checkbox"/> Definitely less than I used to<br><input type="checkbox"/> Hardly at all     | *7. I have been so unhappy that I have had difficulty sleeping<br><input type="checkbox"/> Yes, most of the time<br><input type="checkbox"/> Yes, sometimes<br><input type="checkbox"/> Not very often<br><input type="checkbox"/> No, not at all  |
| *3. I have blamed myself unnecessarily when things went wrong<br><input type="checkbox"/> Yes, most of the time<br><input type="checkbox"/> Yes, some of the time<br><input type="checkbox"/> Not very often<br><input type="checkbox"/> No, never                  | *8. I have felt sad or miserable<br><input type="checkbox"/> Yes, most of the time<br><input type="checkbox"/> Yes, quite often<br><input type="checkbox"/> Not very often<br><input type="checkbox"/> No, not at all  |
| 4. I have been anxious or worried for no good reason<br><input type="checkbox"/> No, not at all<br><input type="checkbox"/> Hardly ever<br><input type="checkbox"/> Yes, sometimes<br><input type="checkbox"/> Yes, very often                                      | *9. I have been so unhappy that I have been crying<br><input type="checkbox"/> Yes, most of the time<br><input type="checkbox"/> Yes, quite often<br><input type="checkbox"/> Only occasionally<br><input type="checkbox"/> No, never  |
| *5. I have felt scared or panicky for no very good reason<br><input type="checkbox"/> Yes, quite a lot<br><input type="checkbox"/> Yes, sometimes<br><input type="checkbox"/> No, not much<br><input type="checkbox"/> No, not at all                               | *10. The thought of harming myself has occurred to me<br><input type="checkbox"/> Yes, quite often<br><input type="checkbox"/> Sometimes<br><input type="checkbox"/> Hardly ever<br><input type="checkbox"/> Never   |

Administered/Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

# Edinburgh Postnatal Depression Scale<sup>1</sup> (EPDS)

Postpartum depression is the most common complication of childbearing.<sup>2</sup> The 10-question Edinburgh Postnatal Depression Scale (EPDS) is a valuable and efficient way of identifying patients at risk for "perinatal" depression. The EPDS is easy to administer and has proven to be an effective screening tool.

Mothers who score above 13 are likely to be suffering from a depressive illness of varying severity. The EPDS score should not override clinical judgment. A careful clinical assessment should be carried out to confirm the diagnosis. The scale indicates how the mother has felt **during the previous week**. In doubtful cases it may be useful to repeat the tool after 2 weeks. The scale will not detect mothers with anxiety neuroses, phobias or personality disorders.

Women with postpartum depression need not feel alone. They may find useful information on the web sites of the National Women's Health Information Center <[www.4women.gov](http://www.4women.gov)> and from groups such as Postpartum Support International <[www.chss.iup.edu/postpartum](http://www.chss.iup.edu/postpartum)> and Depression after Delivery <[www.depressionafterdelivery.com](http://www.depressionafterdelivery.com)>.

## SCORING

### QUESTIONS 1, 2, & 4 (without an \*)

Are scored 0, 1, 2 or 3 with top box scored as 0 and the bottom box scored as 3.

### QUESTIONS 3, 5-10 (marked with an \*)

Are reverse scored, with the top box scored as a 3 and the bottom box scored as 0.

Maximum score: 30  
Possible Depression: 10 or greater  
Always look at item 10 (suicidal thoughts)

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## Instructions for using the Edinburgh Postnatal Depression Scale:

1. The mother is asked to check the response that comes closest to how she has been feeling in the previous 7 days.
2. All the items must be completed.
3. Care should be taken to avoid the possibility of the mother discussing her answers with others. (Answers come from the mother or pregnant woman.)
4. The mother should complete the scale herself, unless she has limited English or has difficulty with reading.

# Generalized Anxiety Disorder (GAD-7)

## GAD-7

Over the <u>last 2 weeks</u> , how often have you been bothered by the following problems? <i>(Use "✓" to indicate your answer)</i>	Not at all	Several days	More than half the days	Nearly every day
1. Feeling nervous, anxious or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it is hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3

*(For office coding: Total Score T \_\_\_ = \_\_\_ + \_\_\_ + \_\_\_)*

### GUIDE FOR INTERPRETING GAD-7 TOTAL SCORES

Total Score	Anxiety Severity
0 – 4	NONE - MINIMAL
5 – 9	MILD
10 – 14	MODERATE
15 – 21	SEVERE

Note: Measures with more than one unanswered item should not be scored and entered into PEI OMA. If only one item is unanswered, calculate the arithmetic mean of the 6 scored items. Sum the 6 scored items and the mean to generate the GAD-7 total score.

#### Sources:

<https://www.phqscreeners.com/select-screener>

LA County GAD-7 Quick Guide:

[http://file.lacounty.gov/SDSInter/dmh/1061861\\_GAD-7QuickGuide12282016.pdf](http://file.lacounty.gov/SDSInter/dmh/1061861_GAD-7QuickGuide12282016.pdf)



## Alcohol Use Disorders Identification Test (AUDIT) Screening Instrument

### The Alcohol Use Disorders Identification Test: Self-Report Version

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					<b>Total</b>	

### Alcohol Use Disorders Identification Test-Concise (AUDIT-C)

#### General Instructions

The Alcohol Use Disorders Identification Test-Concise (AUDIT-C) is a brief alcohol screening instrument. Please give a response for each question.

Segment: --

Visit Number: --

#### 1. How often do you have a drink containing alcohol?

- Never  2-3 times a week  
 Monthly or less  4 or more times a week  
 2-4 times a month

#### 2. How many standard drinks containing alcohol do you have on a typical day?

- 1 or 2  7 to 9  
 3 to 4  10 or more  
 5 to 6

#### 3. How often do you have six or more drinks on one occasion?

- Daily or almost daily  Less than monthly  
 Weekly  Never  
 Monthly

# How to talk about behavioral health with patients

- How you talk about behavioral health can shape the patient’s decisions and feelings about treatment
- There is no quick solution or “fix” for emotional distress
- Be present with patients, listen without interruption or judgment

Tips	Examples
Focus on the issue or concern you are observing, and avoid labels or psychiatric diagnoses	<i>You mentioned you have lost your appetite and not sleeping well since you lost your job.</i>
Normalize emotions and express empathy, concern	<i>It is common to have strong feelings after the loss of a loved one. You may feel angry, confused, sad, or lost. I can see you in a lot of pain.</i>



**CAHPS Tip:** How you talk to your patients can impact their perception on their access to care

Source: Sherman, M.D., Miller, L.W., Keuler, M., Trump, L., & Mandrich, M. (2017). Managing Behavioral Health Issues in Primary Care: Six Five-Minute Tools. *Family Practice Management*. 24(2).30-35. Retrieved from <https://www.aafp.org/fpm/2017/0300/p30.html>

# How to talk about behavioral health with patients

Tips	Examples
Mention how mental health is related to physical health concerns	<i>I wonder if your stress is making your headache or nausea worse. Are you noticing these symptoms or pain when you are stressed?</i>
Emphasize you are there for support and that you are both a team	<i>You do not have to go through this alone. I'm here to support you during this difficult time.</i>
Educate the patient that they have behavioral health treatment options available to them	<i>We believe it's important to address how you're feeling, and your mental health, as part of your overall wellness. <b>Did you know you have behavioral health treatment options through MHN? We can call them together and help you find a provider.</b></i>
Increase patient awareness and knowledge that treatment helps	<i>I have had other patients experience your loss, or have been in your situation. I have recommended counseling and other treatment options. Others have found talking to a therapist can be helpful. How would you feel about that?</i>

Source: Sherman, M.D., Miller, L.W., Keuler, M., Trump, L., & Mandrich, M. (2017). Managing Behavioral Health Issues in Primary Care: Six Five-Minute Tools. *Family Practice Management*. 24(2).30-35. Retrieved from <https://www.aafp.org/fpm/2017/0300/p30.html>

# Motivational Interviewing (MI) techniques to help screen and refer patients (OARS)

“MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person’s own reasons for change within an atmosphere of acceptance and compassion.” (Miller & Rollnick, 2013, p. 29)

Skill	Example
Ask <u>O</u> pen-Ended Questions	“I understand you have some concerns about your drinking. Can you tell me about them.”
Make <u>A</u> ffirmations	“I appreciate that it took a lot of courage for your to discuss your concerns with me today.” “Thank you for hanging out in here with me. I appreciate this is not easy for you to hear.”
Use <u>R</u> eflections	“You enjoy the effects of alcohol in terms of how it helps you unwind with friends, but you are beginning to worry about the impact of your drinking, is that right?”
Use <u>S</u> ummarizing	“If is okay with you, just let me check that I understand everything we’ve discussed. You have been worrying about how much you have been drinking and experienced some health concerns.”

**Source:** Hall, K., Gibbie, T., & Lubman, D. (2012). Motivational interviewing techniques - facilitating behaviour change in the general practice setting. *Australian Family Physician*. 41(9). 660-7. Retrieved from: [https://www.mcgill.ca/familymed/files/familymed/motivational\\_counseling.pdf](https://www.mcgill.ca/familymed/files/familymed/motivational_counseling.pdf)



# Motivational Interviewing Principles

Principle	Description
<b><u>R</u></b> — Roll with resistance	Reframe and reflect but do not actively confront patients with their resistance to behavior change. Explore with them the negative and positive consequences of not changing their behavior.
<b><u>E</u></b> —Express empathy	For example, if you told a friend you were in a car accident yesterday but did not sustain major injuries, they would not first ask whether you had been speeding or whose fault it was. Neither would they say that everything will be fine or talk about their own accident a few months earlier. None of these comments would make you feel better.
<b><u>A</u></b> —Avoid argumentation	This is easier when asking questions rather than making declarative statements. Techs should also avoid questions that are condescending or leading.
<b><u>D</u></b> —Develop discrepancy	Help patients come to their own realization of the discrepancy that exists between their behaviors and goals.
<b><u>S</u></b> —Support self-efficacy	Inspire patients with confidence that they can make changes.

**Source:** Mifsud, J. L., Galea, J., Garside, J., Stephenson, J., & Astin, F. (2020). Motivational interviewing to support modifiable risk factor change in individuals at increased risk of cardiovascular disease: A systematic review and meta-analysis. *PloS one*, 15(11), e0241193.

Screen member with a standardized screening tool



Communicate and interpret results with the patient



Act on the positive screen

- Patient directly fills out or staff verbally ask questions (depending on questionnaire)
- Also ensure consent forms are signed for care coordination purposes

- Trained clinicians and/or provider share results with the patient
- Employ OARS and READS to communicate results with the patient

- OARS and READS to educate patient about the importance & benefits of treatment
- Inform patient they have treatment options through MHN, their BH benefit administrator
- You and/or staff, with the patient, call MHN Customer Service to help the patient find a provider of their choice
- Once a provider of choice is identified, immediately share screening results with referring provider

# Motivational Interviewing Skills In Action



3 Motivational Interviewing Core Skills in Action:  
[https://www.youtube.com/watch?v=Gf\\_guzP\\_u2M](https://www.youtube.com/watch?v=Gf_guzP_u2M)

# Online Resources for Screenings and Motivational Interviewing

## EXTERNAL RESOURCES

- Video Demonstration of PHQ-9 from the University of Washington's AIMS Center:  
<https://aims.uw.edu/care-partners/content/patient-health-questionnaire-9-phq-9>
- “Talking with Patients about the PHQ-9 (for Medical Assistances and Office Staff)” from the University of Washington's AIMS Center:  
<https://aims.uw.edu/resource-library/helping-clinic-staff-talk-patients-about-phq-9>
- Motivational Interviewing:  
<https://motivationalinterviewing.org/>

## CENTENE ADVANCED BEHAVIORAL HEALTH RESOURCES

### Training opportunities for California providers (live events):

<https://attendeegototraining.com/2c781/catalog/8688800843824381952?tz=America/Chicago>

- Motivational Interviewing
- Screening, Brief Intervention, and Referral to Treatment
- ACE’s Trainings
- Cultural Competence and Cultural Humility
- Trauma Informed Care
- For information on Continuing Education credits, please visit <https://www.envolveu.com/continuing-education.html>



Appropriate screening methods  
and effective communication  
impact the Patient Experience

# Patient Experience Matters

## Strengthen Patient Loyalty

- ✓ A high-quality relationship between patient and provider heavily affects patient loyalty to a clinic/practice.

## Improve Patient Engagement & Clinical Outcomes

- ✓ Positive patient experience correlated to higher adherence to medical advice and treatment plans.
- ✓ Engaged patients are more likely to take charge of their care plan and stay up-to-date with their care.

## Uphold Reputation

- ✓ Satisfied and content patients are likely to share their experience with others. Positive reviews can also lead to new patient referrals to a clinic/practice.

# Importance of Care Coordination

- Care Coordination is an important component within Behavioral Health since various providers are often involved in a patient's care plan (PCP, Therapist, Behavioral Health Specialist, other Specialty Doctors)
- To ensure the most effective treatment and care plan for a patient, coordination across the all types of providers is key

## Care Coordination

Ensures that the patient's care plan is synchronized across the various providers the patient is seeing for care so that care/treatment is being done in the most effective manner

vs.

## Managing Care

Proper handling of one's care, treatment, appointments, etc. Patient is staying on top of their care.

# Sharing Information to Support Care Coordination

## CARE COORDINATION

- Deliberately organizing patient care activities and sharing information among all participants concerned with a patient's care
- Identifying patient needs and preferences and communicating them at the right time to the right people

## KEY CARE COORDINATION ACTIVITIES

- Communicating/sharing knowledge
- Monitoring and following up, including responding to changes in patients' needs
- Linking patient to to plan or community resources

Source: Agency for Healthcare Research and Quality, located at <https://www.ahrq.gov/ncepcr/care/coordination.html>



# Sharing Information to Support Care Coordination

## When

- Forward feedback within a week from evaluating the patient
- When the patient is discharged, forward information the day of discharge
- Contact the specialist or procedure site to request a copy of the report if the report hasn't arrived within 30 days

## How

- Direct phone calls are the best case scenario for conveying information clearly
- Utilize written forms/fax if providers cannot take phone calls
- If phone calls or fax are unavailable, send secure e-mails or US mail.

## What

- Evaluation, assessments, patient diagnosis, patient medications, lab, imaging and test results
- Share information to help the referring provider with diagnosis and treatment planning
- Keep in mind minimum necessary requirements and releases of information

# Providers and members rate the timeliness and sufficiency of information and communication among other providers

## Provider Satisfaction Survey

- Please rate the timeliness of exchange of information, communication, and reports from the behavioral health providers.
- How often do you receive verbal and/or written communication from behavioral health providers regarding your patients?
- Please rate the timeliness and usefulness of information received from PCPs about your patients?

## Consumer Assessment of Healthcare Providers and Systems (CAHPS)

- How often did your doctor **have your medical records or other information** about your care?
- How often did you and your personal **doctor talk about all the prescription medicines** you were taking?
- Did you get the help you needed from your personal doctor's office to manage your care among these **different providers and services**?
- How often did your personal doctor seem **informed and up-to-date about the care you got from specialists**?

## Experience of Care and Health Outcomes Survey

- Clinicians listened carefully to you
- Clinicians explained things
- Clinicians showed respect for what you had to say
- Clinicians spent enough time with you
- Felt safe with clinicians
- Involved as much as you wanted in treatment

# Most patients have access to mental and behavioral health care through MHN, a Health Net company

## BEHAVIORAL HEALTH SERVICES

- Depending on the plan, MHN works with its network providers to deliver medically necessary services for the treatment of mental health conditions, including:
  - ✓ Individual and group mental health evaluation and treatment (psychotherapy);
  - ✓ Psychological and neuropsychological testing when clinically indicated to evaluate a mental health condition;
  - ✓ Psychiatric consultation for medication management; and
  - ✓ Applied behavioral analysis (ABA).
- Unlimited 24/7 telephonic access for routine as well as emergent calls or concerns
- Coordination with Community Resources (non-treatment services such as housing, etc.), Health Plan, Integrated Case Management, and other internal and external entities
- **While providers can contact MHN Customer Service, it's best for a provider and/or staff to call with the patient in the room, to obtain member consent.**
- With the member present, the MHN Customer Service representative will briefly screen the member and help find the appropriate contracted provider.
- The member will receive a list of telehealth providers (via phone or e-mail). If the member is having difficulty finding a provider, they can ask the MHN Customer Service Team for a Provider Availability Check (PAC).

## WAYS TO PROMOTE ACCESS TO BH SERVICES

- MHN recommends partnering with the patient to call MHN Customer Service. This allows the member to participate in the process and select a provider of their choice.
  - *“You have behavioral health services available through MHN. We can call them together and help you find a provider that fits your needs.”*
- Encourage patient to call MHN directly through MHN Customer Service
  - *“You have behavioral health services available through MHN. Their customer service can help you find a behavioral health provider or specialist of your choice.”*
- Use the Provider Directory function on MHN (with the patient, or the patient can search on their own).
  - *“You have behavioral health services available through MHN. Their website also has an option to find a provider of your choice, with telehealth options.”*

# MHN Numbers & Resources

## MHN Customer Service

- The customer service number may differ by line of business
- The number can be found on the back of the member's ID card
- If the ID card is not available, call (888) 327-0010, press 1 (for member services), press 3 (for benefits and referrals)

## MHN Crisis Line

- (800) 322-9707
- This phone number provides MHN support 24/7
- This line is not for medical emergencies. If there is a medical emergency, dial 9-1-1.

## Online Provider Directory

- Visit <https://www.mhn.com/find-a-provider.html>
- Check the applicable Health Net Plan (or Check CHW)
- There are 3 search options: "Search by Telehealth," "Search by Distance," or "Search by Provider Attributes and location"

## Language Assistance

- (888) 426-0023
- If you need an interpreter or for any other language assistance needs

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Questions?

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