Strategies to Gain PCP Buy-In for Integrated Care

Leadership Buy-In

- Include the medical staff leadership in the early stages of planning for integrated care
- Have the CEO, CMO and Behavioral Health Director (preferably with their psychiatrist) meet and discuss the vision and expectations around integrated care

Initial Presentation to the Medical Staff

- Doc to Doc discussions – use the PCP leadership or psychiatrist (even better together) to present the concepts during a medical staff monthly meeting (example of using PCP peer)
- Inform Medical staff of plan and rationale for doing this
    - focus on improving care for patients and
    - improved work flow/efficiency,
    - Share the care for difficult patients
    - quality improvement,
    - continuity,
    - improved comprehensive clinical skills and
    - improves provider satisfaction/decreasing provider burnout and
    - cost effectiveness,
    - access to psychiatry,
    - case-based learning opportunity,
    - reduces stigma for patients,
    - helps physical care too – issues with adherence to care, high utilizers, etc can be addressed by treating behavioral health conditions
    - patients trust PCP – many do not accept referral (60%) or only keep ave 2 visits (with many no shows so keeps behavioral access limited)
- Behavioral Health staff present to the medical staff – keep it short – 15 minutes on their standing agenda (add psychiatric team if you have one)
- Give the PCPs data that integrated care works – suggestions:
    - TEAMcare article NEJM 2010, Katon et al
    - Cochrane Review Archer et al 2012
    - Levine 2008 – PCP satisfaction with integrated care
- Show PCPs the Daniel video from the AIMS Center
- Have PCPs from a well-functioning site present to a new group of PCPs just starting the process

PCP Champions

- Find a PCP "champion" in the crowd (someone who is interested in integration, excited, natural leader, preferably an MD) and work directly with them to get to the other PCPs on board
- Start with a pod or specific clinic to "pilot" integration – with a PCP champion, make it successful then spread to other pods/clinics/individual PCPs – watch for FOMO (Fear of Missing Out) as the word spreads.

Build Trusting Relationship Between Psychiatric Consultant/BHP and PCPs

- They are gaining access to psychiatry! Reassurance they will be supported is critical
- Help with complex patients readily available
- Psychiatric consultant spends time in the clinic – some face to face time to gain trust, get to know each other, discuss a few cases – "stump the chump". Eat together – power of a shared meal, hang out by the water cooler or coffee pot, be available on a teleconferencing screen during specific hours if not in the clinic
- Consider some "one and done" direct consultation to gain trust/momentum. Be cautious – use BHP as gatekeeper. Also incorporate the direct eval of 5-7% who are not improving into the psychiatric consultant time (from IMPACT trial findings)

Education

- Expand their knowledge base through this natural case based learning approach
- Use your psychiatric provider to do an educational session on integrated care at a medical staff meeting
- Provide protocols/algorithms, articles
- Consider RVU credit for PCPs if they do a curbside with the psychiatric consultant
- Offer CME credits for psychopharmacology learning

Introducing the Role of the BHP to the PCPs

- Make existing BHP "indispensable" in the clinic – show their worth in a difficult situation
- BHP takes over and PCP moves to next room/patient – turns 30-60 minute situation into chance to move on and be more efficient with time
- Make sure BHP is visible and accessible or "bumpable" with the PCPs
- Have BHP "shadow" a PCP all day, write down how they could have assisted with given patients and then share that list with the PCP at the end of the day
- Let PCPs know the BHPs need 7-10 contacts/referrals a day or they may lose them

Use Performance and Efficiency Metrics

- Compare PHQ scores across providers that refer to the BHP and those that don't and look at the differences. Also compare health metrics like A1c, Blood Pressure, PHQ9, etc.
- Use PDSAs and quality measures for sustaining motivation, post results in non-competitive but transparent manner with focus on improved care and team work.
- Incentivize the improved care, number of warm handoffs, etc., with hospital/clinic coffee/cafeteria coupons, chair massages, bring your dog to work, wellness incentives, etc.
- Do a time cycle study to see baseline clinic flow times and changes with integrated care- more efficient for PCPs

Sustaining and Invigorating the Mission

- Have frequent updates with transparent displays of obstacles and successes
- Highlight outcomes and patient satisfaction (newsletter, video, etc)