

Montana PCA PCBH Project

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NASEM: High Quality Primary Care

“Primary care provides comprehensive, **person-centered, relationship-based** care that considers the **needs and preferences** of **individuals, families, and communities**.”

Primary care is unique in health care in that it is designed for everyone to use throughout their lives—from **healthy children** to older adults with multiple comorbidities and people with disabilities.

Absent access to high-quality primary care, minor health problems can spiral into chronic disease, care management becomes difficult and uncoordinated, visits to emergency departments increase, preventive care lags, and the nation’s health care spending soars to unsustainable levels.

People in countries and health systems with high-quality primary care **enjoy better health outcomes and more health equity.**”¹¹

We must be here & part of this!





Let's ask ourselves...

- What would we do differently if we believed and wanted to be a part of this High Quality Primary Care movement?



From GATHER to the Four
C's: PCBH philosophy

- 4 Cs¹²

- *First Contact*
- *Continuity of care*
- *Comprehensive care*
- *Coordinate care when needed*

- 4 Cs → GATHER¹³

- G – Generalist
- A – Accessible
- T – Team oriented
- H – Highly productive
- E – Educator
- R – Routine

A person is standing on a rocky shore, looking out over a wide river. The scene is captured during sunset or sunrise, with a warm glow on the horizon and mountains in the background. The person is wearing a dark jacket and pants. The river flows from the left towards the center. The sky is a mix of dark blue and orange. The overall mood is serene and contemplative.

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Topic	Re-Thinking BHP Role	Specialist/Therapist
Scope	GENERALIST ; Who does medical serve? That's who you serve!	Specialized to condition &/or population
Accessibility	ACCESSIBLE ; Clear WHO process; Start right away; no "intake," LWP instead; Visit or Bust; High pt readiness	Meet and greet; Enrolling patients in therapy; Schedule later; Wait times; Traditional intake; readiness can wane
Ownership	Medical TEAM ; New Identity (team)	Therapist; Therapist identity
Productivity	HIGH ; cancellations/no-shows, no problem; Financial impact (<i>hire more – help more!</i>); Make a difference! Aligned w/core values	Concentrated; often bottlenecked
Role	EDUCATOR , Collaborator, Share information	Solo, private
When to seek services?	ROUTINE ; Preventative, acute, chronic – no bad time	Problem/Dx focused
Time spent	Moment based; Create plan; Flexible; Clear intro & LWP; Match medical pace	Time Based: Fixed, Traditional pace, Time – Based, Pre-scheduled slots; Intake
Follow Up	Flexible; move towards functioning; Dictated by patient; One at a time approach	Regimented; address psychopathology to "remission status"; Dictated by clinician

None of this
makes any sense
if we don't value
/believe in what
we can do...



What if we aren't losing anything...

- More moments
 - DB: Moment exercise
- More patients
- Biggest opportunity to use your skill set



A Moment-at-A-Time Approach

- *“we are all doing single session therapy... we just aren’t aware that we are...” – Jeff Young*

Mode # of visits in any setting¹¹

And... you know what is interesting about the data about those one visits... patients often think...

A Moment-at-A-Time Approach

- When polled, patients say, they want care that¹¹...
 - Has access right away, in the moment of need
 - Where they feel seen and heard
 - Is flexible and dynamic (not protocolized and rigid)
 - Provides options
 - Supports their autonomy and promotes solutions
 - Love this... focus on psychohealth, not psychopathology



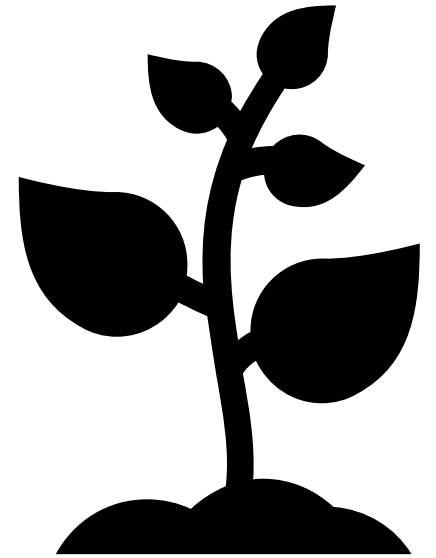
*-Something **good** can come from a visit/moment (yes, even in **one visit**)...*

*-Any visit could be the **last***

*-This is what's **already happening** (& w/these patients – they're generally good w/this)*

Functional Contextualism¹⁴⁻¹⁸

- Truth is only defined by a behavior's ability to accomplish a context-dependent goal/value
 - Based off this, everything that someone does is serving a function and *makes sense*...



Chronic pain...substance use...
depression... diabetes... well,
everything **grows** from same soil

There is a function to
every behavior

KEY TAKEAWAY: What context
is sustaining a particular
behavior?

In other words: What is
helpful about a patient's
behavior given their context?

We cannot focus on a
single behavior w/o
assessing the context in
which the behavior occurs



Unlock the context



CONTEXTUAL INTERVIEW^{4-5,9} LOVE, WORK, PLAY & HEALTH BEHAVIORS

Love

- Living Situation
- Relationship
- Family
- Friends
- Belief system, spiritual, community life?

Work/School

- Work/school situation
- Income?

Play

- Fun/Hobbies/Relaxation/Passions/Interests

Health Behaviors

- Diet
- Exercise
- Sleep
- Substance use (caffeine, nicotine, alcohol, MJ substances, etc.)



Contextual Interview Lite

Love – Work – Play

- Living situation
- Inner Circle
 - R/s/Family/Friends
- Income
 - Work/School
- Fun

- **Contextual Interview Lite**

- **Love – Work – Play**
- **Living situation**
- **Inner Circle**
 - **R/s/Family/Friends**
- **Income**
 - **Work/School**
- **Fun**

- **Love – Work – Play**

- Living situation** – *“Who all’s in the home? Who lives with you or who do you live with?”*
- Relationship status & sex** – *“Are you dating anyone or in a relationship?” “Do you consider them a supportive person in your life or a main cause of stress? If ‘yes’ for stress → ask if it’s regular ‘ups and downs’ or are they worried about their physical and/or emotional safety*
- Inner circle**
 - Family** – *“Who are the most important family members in your life? Anyone you tend to spend time with or talk to?”* [Pay attention to any missing members – mentions mom but not dad]
 - Friends** – *“Do you have any friends you talk with or spend time with?”*
- Belief System** – *“Do you have any spiritual, religious or just general beliefs that are important to you? Or, some type of motto you live your life by such as ‘take things one day at time,’ ‘be kind to others,’ etc.?”*
- Income** – *“What do you do for income?”*
- Work** – *“Where do you work? Do you like it? Is it meaningful?”*
- Academics** – *“What grade are you in? Favorite subjects? Most challenging subjects?”*
- Fun/hobbies/interests** – *“Do you have any hobbies, passions or interests– something you really like to do for fun?”*

- **Health Risk & Behaviors**

- Caffeine** – *“Do you drink coffee, tea, energy drinks, or take anything else w/caffeine in it?”*
- Nicotine** – *“Do you smoke, vape, chew or use any tobacco or anything w/nicotine?”*
- Alcohol** – *“Do you drink alcohol? How much and how often? Does it cause any problems for you?”*
- Marijuana** – *“Any marijuana – like smoking, vaping or gummies? If so, how often? What’s it help with? Does it have cause any problems for you?”*
- Substances** – *“Do you take anything not rx’d to you or any other substances such as methamphetamine, cocaine, etc.? How often? What’s it help with? Does it have any difficulties for you?”*
- Diet** – *“How many meals do you eat per day? Fast food or homemade? Tend to be junk food or healthier items that have fresh fruit, veggies, lean meats and beans?”*
- Exercise** – *“Do you exercise or do any physical activity – walking counts? Anything else you do to move your body?”*
- Sleep** – *“How many hours of sleep are you getting per night? What time do you go to bed, get up? Any difficulty falling asleep or staying asleep?”*

Contextual Interview

Our story...

Every.Single.Time

- Depression –Yep, Anxiety –Yep, Treatment Adherence –Yep, DM –Yep... you get the point
- Need to practice

Same sequence and in the same order every time

- Why?

Not a checklist, but a story builder

- Symptoms/behaviors do not happen in vacuums, they happen in a **context**
- We cannot intervene without knowing the context
- Metaphors
 - Polling
 - Puzzle
 - Detective
 - Social media
 - X-ray vision
- Curiosity + Contextual Interview = Free space, which transcends time

Sample Contextual Interviews

Initial, f/u and debrief:

- <https://www.youtube.com/watch?v=GmPh8BlyDdE&t=2710s>
- <https://www.youtube.com/watch?v=gQiaDVSgrbM&t=2275s>
- 28 minutes, Chronic Pain
 - <https://www.youtube.com/watch?v=NRZ7Wlsj25w&t=322s>
- 24 minutes, Type I Diabetes
 - <https://www.youtube.com/watch?v=JKFWsb8RtWo&t=48s>
- 15 minutes, Headaches
 - <https://www.youtube.com/watch?v=vuTrmRFDt9s&t=150s>
- 17 minutes, Type I Diabetes
 - <https://www.youtube.com/watch?v=wTHc4ZfOlrw>



ACES

Cultural considerations

Context: Internal, TEAMS

External Context

SDoH & Structural/systemic discrimination

Stages of Change

Values

ACCESS-V¹⁹

10 ACEs
Abuse

1. Physical

2. Sexual

3. Emotional



Neglect

4. Physical

5. Emotional



Household dysfunction

6. Incarcerated family member

7. Parental discord / divorce

8. Interpersonal violence

9. Mental Illness

10. Substance Use



Cultural Considerations

- “isms”
 - Discrimination
 - Bias
 - Historical trauma
- Cultural norms
- Beliefs
- Then, of course, all the positives of a person’s culture

Context:
Internal
(TEAMS)

Thoughts

Emotions

Associations

Memories

Sensations

Internal Context

(similar to Beck's cognitive triad –
self, world, future)



How do they see themselves?



Others?



The world?

Context: External

- What's it like to wake up and be this person in their environment?
- What's an average day look like?
- Who's there? Where do they go? What do they do?
- Need to be able to picture this!



Social Determinants of Health

(<https://www.cdc.gov/socialdeterminants/about.html>)

CDC definition, “SDoH are conditions in places where people live, learn, work, and play that affect a wide range of health risks and outcomes”

Healthcare access & quality

Education access & quality

Social & community context

Economic stability

Neighborhood and built environment

World Health Organization – SDoH are largest contributor of health inequities

Stages of change & role of avoidance



Importance
of patient
values?

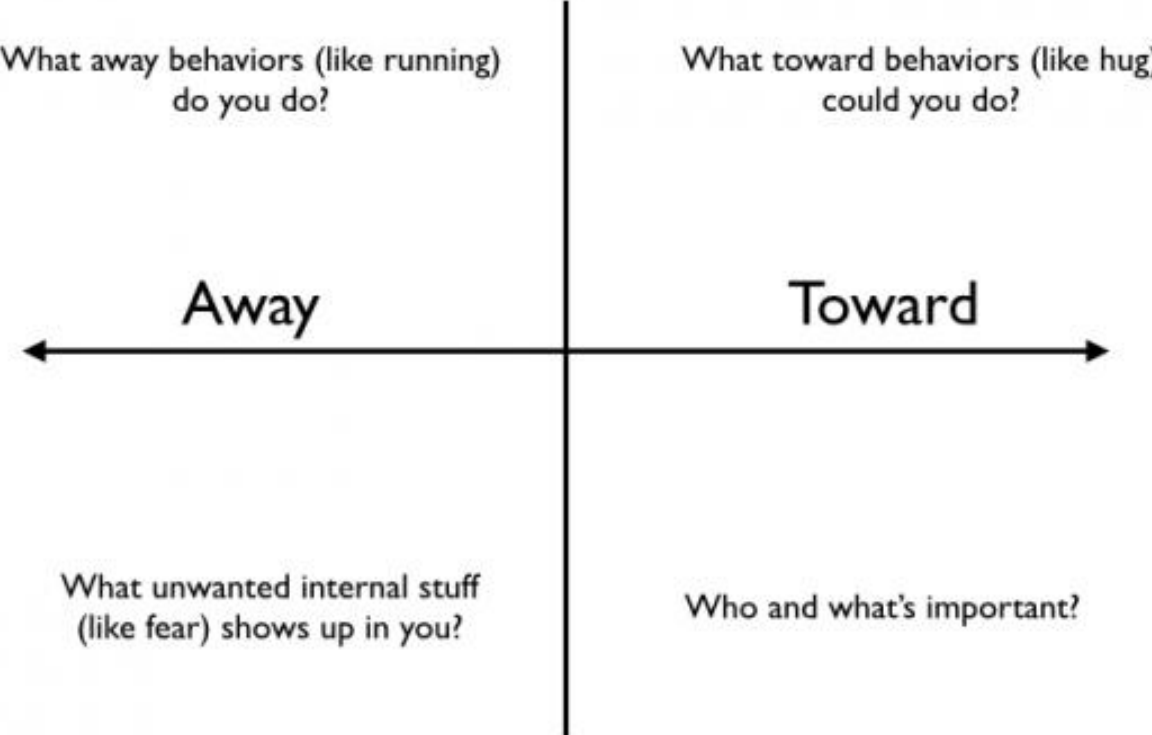


PAUSE

- What we are saying:
 - This has helped us tremendously... saved our careers before they started...
 - It makes us stay curious with patients and their families...
 - It honors what is surrounding them and normalizes
 - It creates obvious interventions and keeps us from doing algorithms that won't uptake
 - This allows us to filter any evidence informed intervention (which is paramount) through the lens of the patient's context
 - This, in and of itself, is an intervention... it reflects the PCC, TIC, and Compassionomics research
 - It allows us to be kind... it allows us to be compassion...
 - It prompts healing immediately... it prompts flexibility... it prompts love...
 - Give it time, practice, practice, practice... and then practice some more...



5-Senses Experiencing



Mental Experiencing

Organize via 4 Main Constructs



VALUES - Who & what matters?



TEAMS - Thoughts, Emotions, Associations, Memories, Sensations



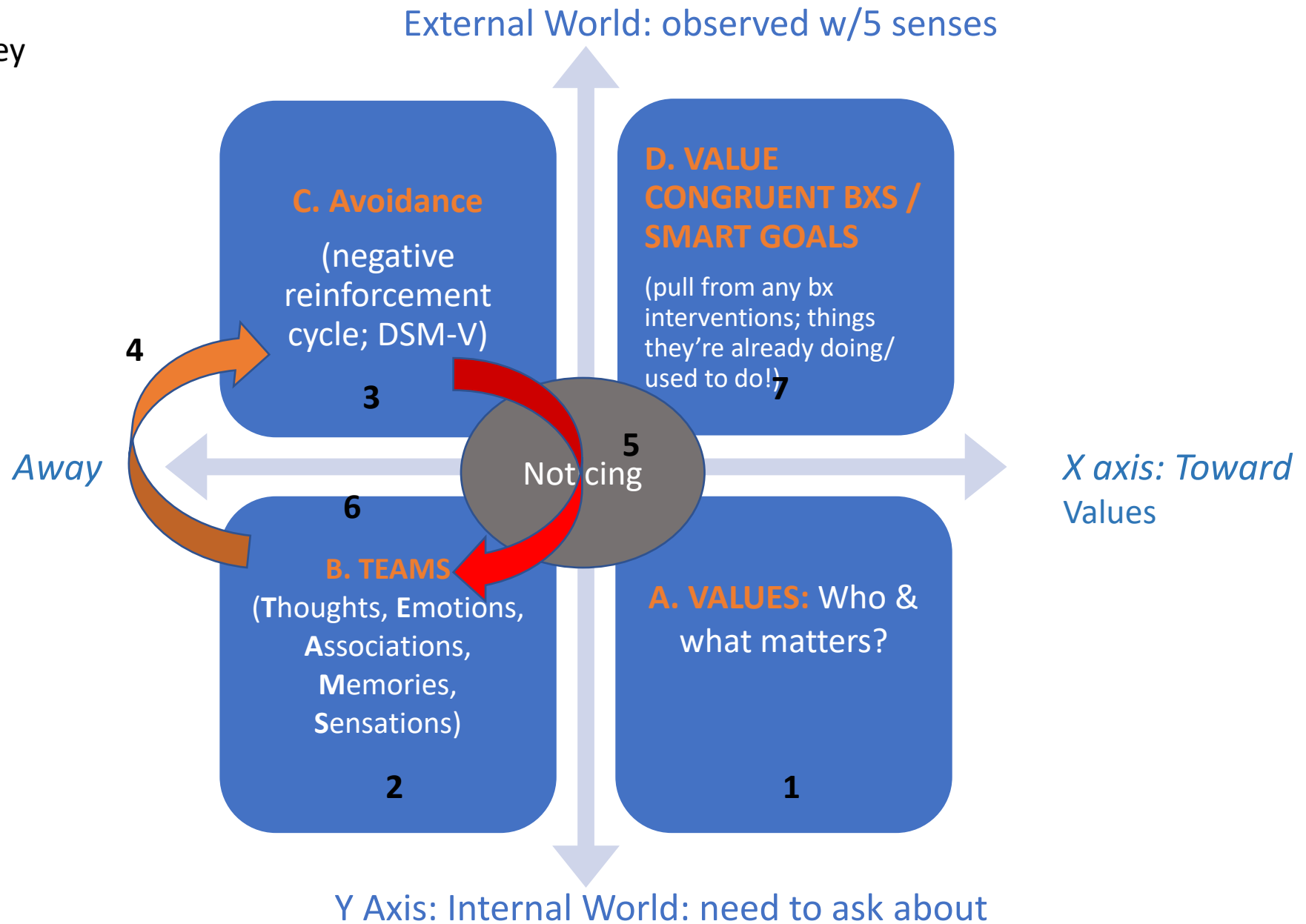
AVOIDANCE- Negative reinforcement cycle; DSM-V; what person does to attempt to “solve” their TEAMS?



Value Congruent Bxs / SMART goals – specifically, what’s the patient going to do?

Main Constructs
(never ending journey
to make it more
digestible)

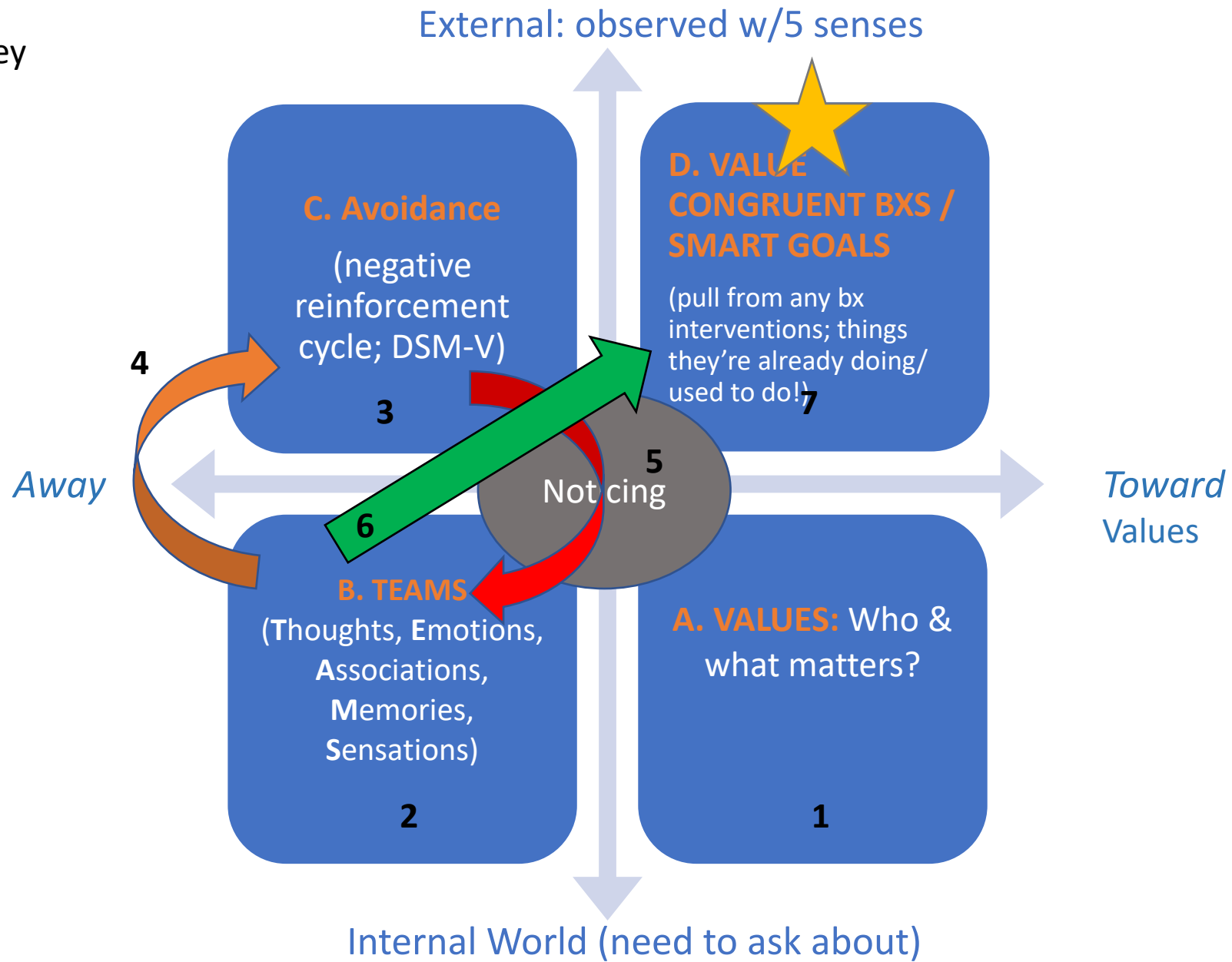
- A. VALUES
- B. TEAMS
- C. AVOIDANCE
- D. VALUE
CONGRUENT BXS
/SMART GOALS



The Matrix:
https://contextualscience.org/act_matrix

Main Constructs
(never ending journey
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- A. VALUES
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The Matrix:
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Clinician Expertise

I. Knowledge of
*Conditions &
*evidenced based recs &
*Conceptualization
CBT, MI, ACT, etc. skills

Patient's Expertise

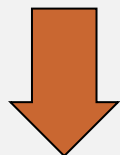
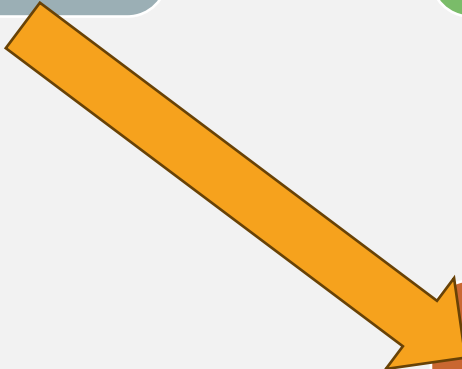
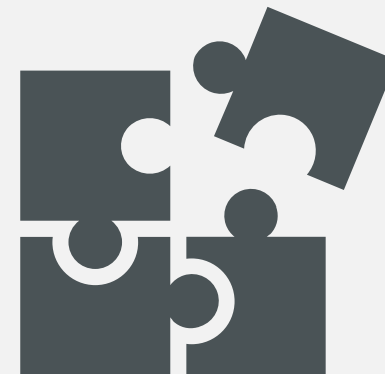


Patients'
*ACCESS-
V Filter

PUTTING IT
ALL
TOGETHER!

= Psychoed,
Resources, *SMART
GOALS

What's the pt going to do?



Clinician Expertise

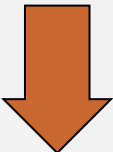
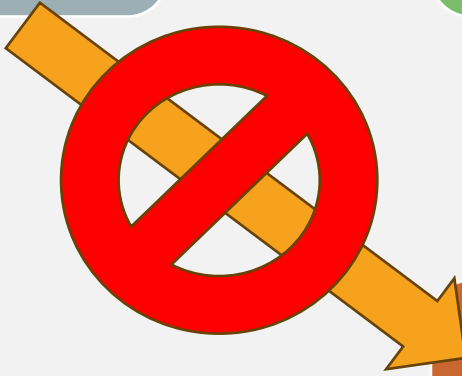


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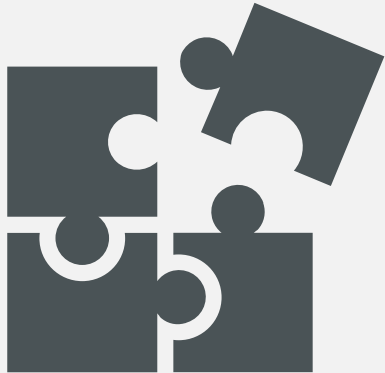


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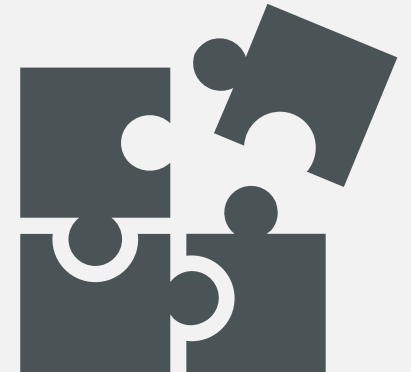
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What's the pt going to do?

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QUESTIONS?



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