

DBH Program Mission

The Doctor of Behavioral Health (DBH) program is an international education and training program designed to develop future leaders in integrated primary behavioral health care.

DBH graduates develop, deliver, and evaluate programs that effectively transform healthcare systems. We are measured by the success of our innovative and entrepreneurial Doctors of Behavioral Health who employ and promote evidence-based, efficient, and cost-effective models of accountable care delivery that achieve the Triple Aim while reducing unnecessary medical and behavioral care utilization.

Why DBH?

Patients seen in primary care with underlying behavioral problems often require longer and more frequent visits and lack adequate access to behavioral treatment that can resolve their symptoms.

The DBH student intern provides integrated behavioral care to patients in primary care settings.

By referring these difficult behavioral cases to DBH student interns, the PCP is free to see more patients with medical problems.

Our DBH program mission is to provide screening, assessment, focused, brief treatment and consultation to the medical team for the many patients seen in primary care with behavioral conditions that are often undetected, under-diagnosed, and undertreated.

Patients with underlying behavioral conditions are very common in primary care, but rarely offered behavioral interventions that are evidence-based and the follow-up necessary to insure successful outcomes.

PCP's lack the time or training to provide evidence-based behavioral interventions.

PCP's report they have **more time to spend on patients with medical conditions** when they are able to handoff behavioral cases to the DBH student intern.

Patients with somatization or co-morbid medical and behavioral conditions incur much higher costs than the average patient. **Providing focused, behavioral interventions has resulted in both clinical improvement and significant cost savings** for these patients.

Referrals to specialty behavioral care are often a source of frustration with many PCP's. Issues associated with stigma of mental health and barriers to obtaining quality care often result in patient refusals to follow through on referrals to specialty behavioral care.

Patients prefer to receive behavioral treatment in their primary care office, with much better engagement compared to referral out.



Fact Check

PCP's report 2x the level of dissatisfaction with referrals to specialty behavioral care as they do with referrals to other specialists¹

Over 80% of primary care patients will accept a referral for behavioral care in the PCP office, while referrals to outside specialty behavioral result in as few as 10% accepting the referral^{2,3,4}.

By referring these difficult behavioral cases to DBH student interns, the PCP is free to see more patients with medical problems.

Opportunity Alert



When a patient with behavioral issues is handed off to the DBH intern the 15-20 minutes of PCP time required for that patient visit is freed up for 2-3 routine medical patient visits, improving billable services/revenue.

Who is the DBH Student Intern?

An experienced, master's degree, licensed clinicians such as counselors or social workers who engage in weekly consultation with DBH program licensed psychologists.

Specially trained to understand and fit the primary care and medical team model. We encourage physicians to quickly lead the patient with behavioral issues via a "hallway handoff" to the DBH intern.

Able to consult with the PCP, nurse, PA and other medical providers with an understanding of medical conditions of treatment, the need to communicate evidence-based behavioral treatments with the team.

Can Document in the medical record clearly and concisely the behavioral component of treatment in language that avoids "psychobabble" and is understandable and helpful to the PCP and nurse.



Between 60% and 70% of primary care medical visits are for physical complaints and symptoms that result in no medical diagnosis⁶. Between 50% and 80% of patient with depression and anxiety initially present with physical symptoms such as fatigue and pain⁷. Patients with chronic medical conditions have higher prevalence of depression, and poorer medical outcomes⁸.

Who are the Patients?

Patients with behavioral diagnoses that are very common in primary care: depression, anxiety, substance abuse, ADHD, and many more. Between 25% - 50% of patients in primary care have underlying behavioral diagnoses. Left untreated these conditions lead to poor health outcomes.

Patients who need lifestyle behavior change in areas such as diet and nutrition, exercise, stress management in order to prevent or better manage conditions such as obesity, hypertension, and hyperlipidemia.

Patients who are somatizers presenting with multiple physical symptoms without a known medical cause who are high utilizers of medical services. The DBH program can engage somatizers in treatment to resolve symptoms.

Patients with co-morbid medical and behavioral chronic conditions (cardiovascular disease and depression, hypertension and alcohol abuse, etc.) that in combination are associated with twice the cost and greater morbidity and mortality compared to patients with chronic medical conditions only.

Patients who are high-utilizers of health care services and not responsive to traditional medical care alone. DBH interns are specially trained in outreach and use of disease management and health coaching and will conduct telephonic outreach to engage these patients in treatment.

Evidence-based, Integrated Behavioral Care Treatment Tool Box

The *DBH Treatment Program* provides training to student interns on individual and group treatment programs plus disease management outreach to chronic patients. The treatment programs can be individually tailored to the needs of your clinic.

Screening and Assessment: Is your patient depressed? Anxious? Abusing alcohol? Not taking medications as prescribed? In need of lifestyle change to improve diet, exercise, and stress management for medical conditions?

Group Treatment: DBH interns are specially trained to conduct rapid screening and assessment that leads to immediate treatment in individual or group treatment programs **designed to fit the primary care setting**. The DBH Student Intern may develop specialized **medical and behavioral group treatments** with specialized algorithms to determine where to start with each patient. Examples of group treatment programs include:

SAMPLE GROUP TREATMENT APPROACHES

Chronic Disease

Asthma
Diabetes
Hypertension

Psychiatric Conditions

Depression
Anxiety/Panic
ADHD

Addictive/Habitual Behavior

Alcohol and illicit drug use
Prescription medication abuse
Obesity

Group treatment approaches are designed to provide *treatment* for the medical psychological components of each condition, patient *self-management* of chronic conditions, and *relapse prevention*. The group culture itself is used to propel the patient towards improvement effectively and efficiently.

In addition, all of the groups are designed in a **modular format** so that key topics can be mixed and matched to best meet the specific needs of your patients. Some of the key modules include: relaxation techniques; stress management; pain management; social support; self-management (e.g., monitoring physical or behavioral symptoms); homework, exercise and activity, diet and nutrition.

Outreach: DBH interns will help to identify and conduct outreach for patients who are in need of treatment but have not successfully engaged in treatment. The goal is to *engage* patients with chronic conditions in order to improve adherence with treatment recommendations and improve health outcomes.



Fact Check

A behavioral intervention for high utilizers resulted in reduced consultant visits, emergency room visits, hospital days, and reduced mortality compared to a control group⁹. Behavioral outreach/disease management programs result in significant medical cost-savings (above and beyond the cost of the behavioral intervention) for patients with depression and anxiety^{10, 11}, panic disorder¹², and substance abuse¹³.

Opportunity Alert



Many health plans, employers and other payers of healthcare are already using telephone or internet disease management for high-cost, medically co-morbid medical plus behavioral condition patients/employees, but have difficulty getting patients to enroll in these programs. The DBH intern can serve as a bridge between your site and these payers, who will view these DBH services as value-added to their programs.

Administrative Issues

Student Placement Agreement

The ASU Student Placement Agreement is to establish internship placements with sites across the United States and in several other countries. A copy is available and we are open to modifications based on collaboration between your agency and Arizona State University.

Internship Hours and Duration

Each DBH intern will spend approximately 16 hours per week on typically two, eight-hour days. The rotation covers two consecutive semesters, or about eight to nine months. The time will be spent in face-to-face individual assessment and treatment, group treatment, disease management/outreach, and quality improvement activities.

Consultation Group for Students

Each DBH student intern receives 90 minutes of group videoconference consultation with an ASU Faculty Associate each week. The purpose of this group is for students to present new and existing cases for peer and consultant feedback, and to incorporate key learning objectives of the DBH curriculum into their clinical practice. Each student is trained to practice within the scope of their license in your agency.

Internship Site Supervision

Your site should designate two site contacts who provide support and guidance on site: a Site Liaison and a Medical Provider. The Site Liaison may be medical or behavioral staff who provides administrative oversight of the student interns' orientation, resourcing and guidance and is a liaison with the DBH Program. The Medical Provider works directly with the student overseeing the student interns' practice and performance with patients. The contacts are not expected to provide clinical supervision required for licensure.

Malpractice Insurance Coverage

Each student is responsible for carrying his or her own malpractice insurance. In addition, the Student Placement Agreement describes general liability coverage provided by ASU.

Billing and Reimbursement

The ability to submit bills and receive reimbursement for clinical services provided by DBH student interns will vary based on the types of insurance coverage or other payment agreements maintained by your site. We support and will offer resources to receive reimbursement consistent with your site billing policy and procedure.

Student Evaluation

Each student will require a formal evaluation once per semester. Evaluations are to be completed by both the Site Liaison and Medical Provider in the clinic. DBH faculty and internship consultants are available to discuss student performance concerns during the internship.

Documentation

Medical Records

Each student is expected to learn and comply with the documentation requirements of your site in terms of medical records, billing, and related requirements. The DBH Program has a number of screening and assessment forms available for the student to use in your site and we can work with you to customize forms that meet your organizational needs.

Student Time

The DBH Program documents time and activities performed at the site in an online Weekly Activity Record. It is the responsibility of the student to complete the form weekly. Each student will also follow any site-specific requirements for reporting time.

Program Evaluation

The DBH program plans to conduct systematic evaluation of the outcome of treatment services provided to your patients. Students are encouraged to participate in such evaluation studies, and will also incorporate outcomes into routine management of patient care. Examples of program evaluation include the following:

Outcomes management: Patients complete a brief clinical outcome questionnaire at the initial session and then at later points in treatment in order to evaluate treatment outcomes.

Quality improvement: Student interns are trained to track key indicators for accreditation or other oversight agencies that apply to your site. We encourage you to discuss the ways the student intern can assist your agency with using performance measures to evaluate and improve current programs.

High-utilizer outreach: Student interns can provide high-utilizer outreach programs for your patients and evaluate the clinical outcomes of care and potential pre- and post-intervention cost savings.

Disease management and e-health: Student interns can work with patients via assigned activities to promote their ability to manage their own chronic medical conditions using approaches such as telephonic and e-mail coaching, and referring patient to web-based self-help programs.

Summary

We anticipate that the future of healthcare reform will result in greater emphasis and support for integrated behavioral health interns in primary care settings. Our mission is to provide DBH behavioral interns who understand the culture of primary care, medical conditions and management. In addition, we are committed to using outcomes and evaluation studies to demonstrate the value-added proposition that is the foundation of our program: Focused, behavioral interventions in primary care will improve access, engagement and both clinical and financial outcomes. Patient improvement in behavioral health will result in decreased use of unnecessary medical services. Equally important for your organization, moving these patients to DBH student interns will free up your physicians, nurses, and other medical providers to spend more time and see more patients with medical conditions

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