

Psychiatric health, life skills and opportunities for wellness (PHLOW) program

Friday, April 25th

1:30-3:00pm

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Housekeeping

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LOCATION



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BREAKS AND
SELF-CARE



CEU'S

Session Invitations

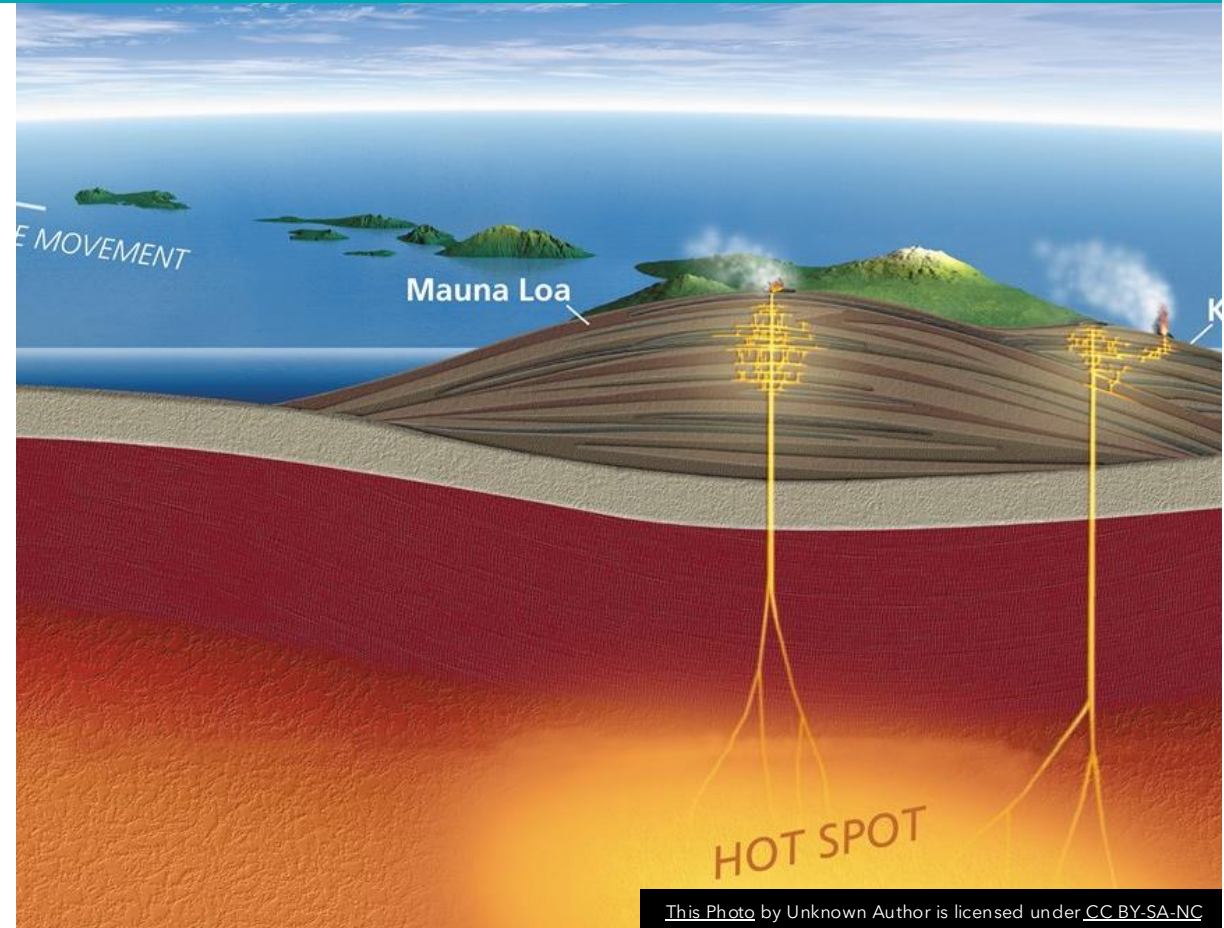
- ✓ Participate
- ✓ Be in a learning mindset
- ✓ Be present for these 90 minutes with minimal distractions



Welcome community! You're on the Hot Spot.

Please share:

- **What drew you to attend this panel presentation?**



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Psychiatric health, life skills and opportunities for wellness (PHLOW) program: Addressing psychiatric need through integrated consultation, collaboration and brief episodes of care

In this presentation, we'll explore how the PHLOW program improves access to psychiatric services, supports primary care teams in managing behavioral health and reduces unnecessary referrals.

Laura Bridges, MPH, LCSW
Behavioral Health Officer
La Clinica de la Valle

Rosa Ruggiero, PMHNP
Psychiatric Service's Director
La Clinica de la Valle

Katherine Clarke, MD
Pediatrician
Southern Oregon Pediatrics

Lona Dillard, LCSW
Integrated Behavioral Health
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Learning Objectives

Break down the key components of the PHLOW Program that effectively support patients, care teams, the organization, and the community.

Explore ways to integrate behavioral health psychiatry into organizational programs, policies, staff training, and community planning.

Analyze the financial impact of integrated behavioral health psychiatry, evaluate cost-saving benefits, and strategies with payors to develop sustainable funding models.



LA CLINICA

AFFORDABLE HEALTH CARE EXCELLENCE FOR ALL

PHLOW Program

Rosa Ruggiero, PMHNP

Laura Bridges, LCSW

Objectives

1. Identify the primary structural components of the PHLOW Program model that successfully serve the patients, the primary care teams, the organization and the community.
2. Highlight opportunities to leverage integrated behavioral health psychiatry programs to support broader organizational programming, policy development, staff training, multidisciplinary learning experiences, workforce development and community based behavioral health planning.
3. Discuss the financial value of integrated behavioral health psychiatry programs, the overall decrease in cost of care and the importance of fostering collaborative partnerships with payors to jointly explore sustainable funding models that reinforce the right level of clinical care.

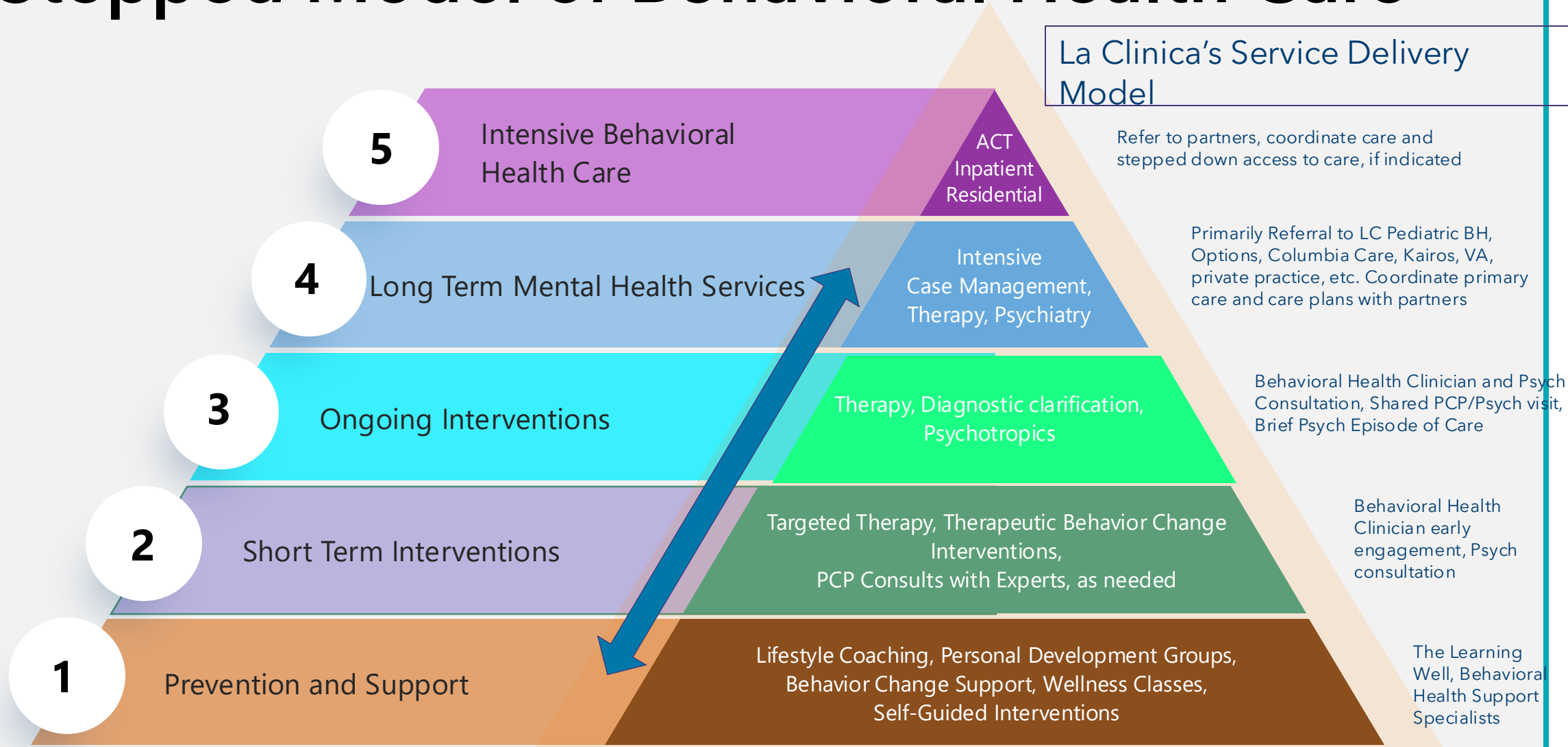
What is Integrated Behavioral Health

- Integrated Behavioral Health (IBH) is an evidenced based prevention-oriented model of care embedded in primary care settings that employs a multidisciplinary team approach to deliver population-based, patient-centered treatment focused on promoting wellness and recovery
- IBH is a rapid access model that enhances the quality of care, improves patient outcomes and decreases health inequities
- IBH upskills the Primary Care Teams
- PHLOW is the Psychiatric integrated behavioral health component of La Clinica's broader IBH program

Why this model?

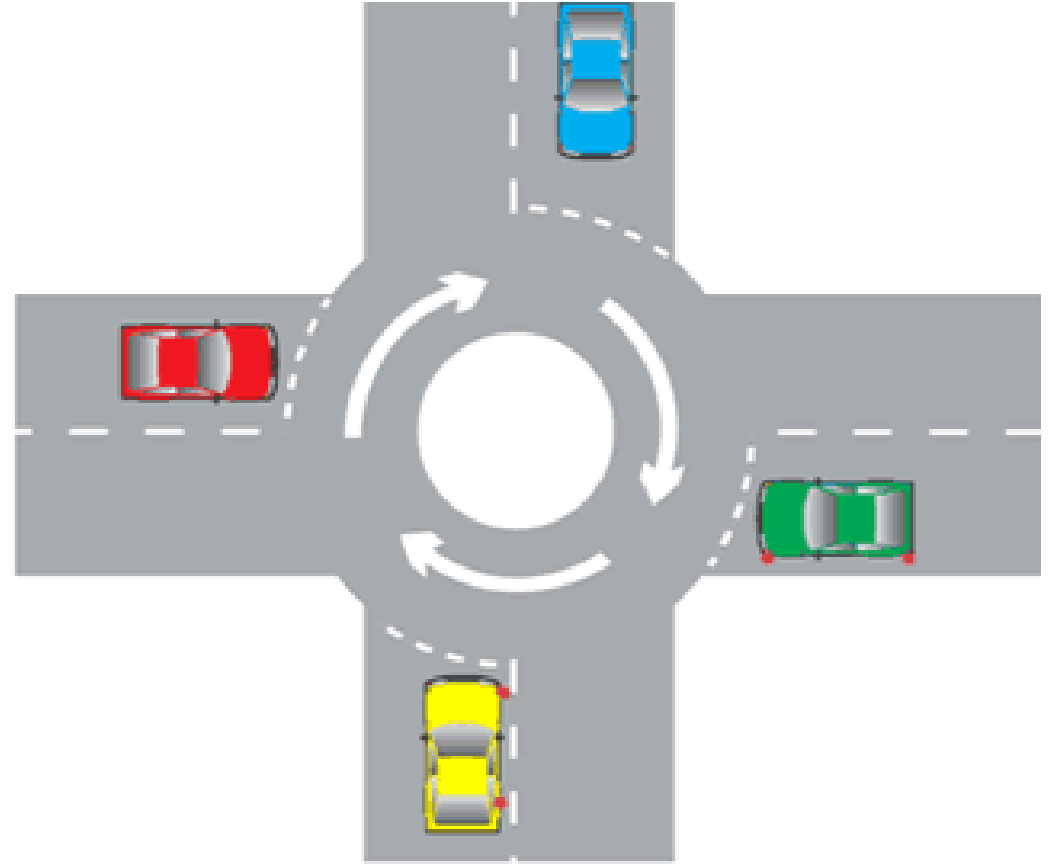
- IBH and Collaborative Psychiatric Care is the Behavioral Health Gold Standard for FQHC's, and multiple national models exist
- It improves health outcomes, provides patients rapid access to care in settings they feel most comfortable in, and is cost effective
- The Behavioral Health Clinician (BHC) is the glue and the evidence for + outcomes
- University of Washington's IMPACT model is the first collaborative care model to get significant national Psychiatry attention and create traction for future model growth and expansion
- University of Washington created and runs the AIMS Center which serves as an academic program development resource for organizations seeking to create, implement and successfully run collaborative models of care

Stepped Model of Behavioral Health Care



PHLOW Program: Definition

- An Integrated Behavioral Health (IBH) consultative psychiatry program embedded in La Clinica's broader IBH program



PHLOW Program Goals

- Provide consultative psychiatric support to approximately 25,000 patients & 40+ PCPs
- Ensure sustainable access to psychiatry by decreasing unnecessary referrals
- Assist in workforce development by upskill the Primary Care Teams and enhancing PCP comfort in providing mental health treatment to mild and moderate acuity patients in the primary care setting
- Promote the right level of behavioral healthcare for the clinical scenario
- Contribute to the wellness and recovery model that defines Integrated Behavioral Health
- Celebrate patient autonomy and choice
- Support broader organizational behavioral health programming & policy development
- Offer brief Episodes of Care when indicated: *“skills and pills”*
- Reshape philosophical perceptions of wellness & mental health for the community

PHLOW Program: 3 Core Components

1. Consultation: "Consultation 1st" model of care
2. "Brief Episode of Care" when clinically indicated
3. "Education & Programming" to support behavioral health learning needs of patients, clinical skills of staff and programming needs of the organization

1. Consultation 1st: The ripple effect...

- "Consultation 1st" Model of care
- In person, phone, shared visit or electronic
- Psych consultant creates a note and documents in the electronic health record
- Year 1-4: Anxiety, trauma, distress, depression, and SSRI/SNRI type consult questions
- Year 5-Present: Gradually increasing complex psychiatric and system-based behavioral management type questions



Consult Data

PHLOW Program Data 2024 Consultation	
# of PHLOW Psych Consults:	302
# of Hours Spent by Psych Directly Consulting:	205
# of La Clinica sites with in-person Psych consults and shared visits available weekly:	6
# of additional sites where in person curbside Psych consults and/or shared visits available prn:	20
# of High Needs Team Based Clinical Case Conferences:	59

Factors for Consultation Success

Documentation of
consult in EMR

Team based clinical
case consultation
meetings

Consultation
=
opportunity for
expanded education

High organizational
buy-in to IBH & PHLOW



Shared organizational
philosophy on wellness

PC Team is the
"Customer"

The Ripple Effect: Examples of Consultation Questions 2019-Present

2019 Consult Question	2021 Consult Question
"Consultation?? Ohhh.... no thank you! I placed a referral. I would like you to see the patient and take over the psychiatric care."	"Please help!! I'm overwhelmed and unsure what to do. Maybe you should see the patient? Please tell me what to do!"
2022 Consult Question	2025 Consult Question
"31 y.o. female, with history of depression, anxiety and trauma. Currently sad, anxious and irritable. Taking Celexa 40 mg qhs. Patient is interested in a med change. Perceives the Celexa is ineffective. Has history of previous trials of Prozac, Zoloft, Cymbalta and Remeron and others she cannot recall. Any medication suggestions?"	"42 y.o female with mild developmental delay, daily potent cannabis use, sleep apnea, non epileptic seizures and unclear historical mood disorder(s?). Previously seen at Columbia Care and Options but hasn't consistently engaged so services closed. Prescribed Lamictal, Doxepin and Lexapro for years with unclear adherence and unclear benefit. Mother recently passed and patient presented to clinic with SI and increase in seizures. Is agreeable to engage with BHC and is scheduled for tomorrow. I would like a shared visit with PHLOW to support diagnostic clarification, treatment planning and discuss med options. I have asked the BHC to join the apt too."

2. Brief Episode of Care

- Psychiatric Evaluation
- Comprehensive team-based treatment planning and care coordination
- Psychopharmacology when indicated
- Treat to target behavioral health interventions by BHC
- Enrollment in PHLOW Program registry for tracking and care coordination

Episode of Care Data

PHLOW Program Data 2024 Referral/Direct Episode of Care	
# of Patients Provided Direct Episode of Care:	151
% of Patients with "One & Done" Psych Evals:	67% (100 pts)
Average # of visits for non "one and done" psych evals:	4.5 (51 pts)
# of Patients Stepped Down in Care ("graduation"):	45
# of patients Stepped Up in Care:	6
Total # of Billed Encounters:	414

3. Education & Programming



- Didactics for PCPs & IBH Team
- Team Based Clinical Case Conferences
- Diagnostic Assessment Training Clinic for BHC Interns and new graduates
- Training of Advanced Practice Primary Care Residents
- Collaboration in development of organizational philosophies, workflows, policies and services related to behavioral health
- Programming to support community partnership and increased access
- Southern Oregon Pediatrics Partnership

PHLOW Program & SO Peds Collaboration:

Lona Dillard, LCSW

Dr. Katie Clarke, MD

- Enhancing wellness of children and families by expanding PHLOW Program services to valued primary care pediatric community partner



PHLOW Program & SO Peds Collaboration

- Program Development: November 2022-Indefinite
- PHLOW Program Start: December 2023
- Initial Eligibility: SO Peds Patients engaged with La Clinica School Based Therapists
- Eligibility Expanded Spring 2024: All SO Peds PCPs, BHCs and patients are eligible for PHLOW Program services

SO Peds & PHLOW: Factors for Success

Shared EMR

Weekly Registry
Review

Primary Points
of Contact

Key
Stakeholders
Bought Into IBH

Shared
Philosophy on
Wellness

Shared
Population

Benefits Reaped Beyond Metrics

- Trust-building with families: parents feel supported
- Increased provider confidence: access to fast, effective consultation for planning
- Protected communication and collaboration among providers, *and* documentation in patient's chart
- Optimized learning for care team
- Empowering pediatric PCPs to take incremental steps in treatment: "Never just yes, or no, there's always a plan"
- Reduced burn-out

\$ PHLOW Program Finances \$

- Depending who you are.... there are:
 - Significant financial drawbacks for not growing a panel of long-term psychiatric patients (organization)
vs.
 - Significant financial savings for not over referring to an unnecessary higher level of care (payor)
- Innovation funds to support program cost and SO Peds Partnership
- Exploration of Value Based Payment with primary payors to support consultation model and incentivize the "right level of care"



PHLOW Future Directions

- Ongoing steady growth in consultation volume and complexity
- Securing long term financial stability
- Continuous staff development and skill enhancement
- Supporting development and training for La Clinica's future IBH Fellowship
- Exploration of developing an Advanced Practice Psychiatry Residency

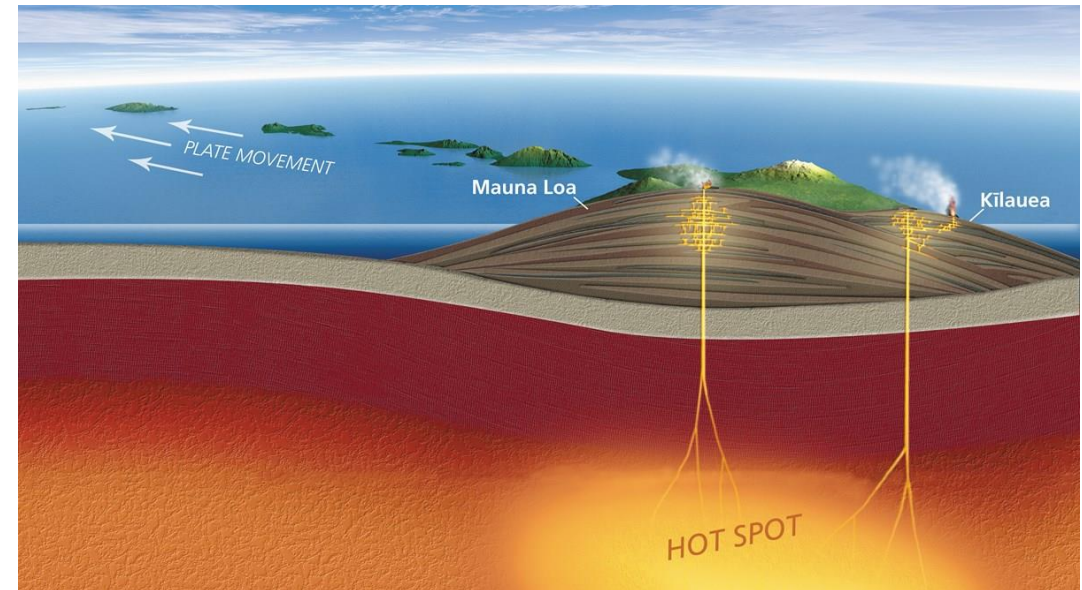
Questions



Welcome back to the Hot Spot!

Please share back with us,

- What is ONE action you will take to incorporate today's learnings into everyday practice?



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Thank you!



- ❑ Looking for CEUs? Visit the registration area and pick up a form to submit
- ❑ Check out: **Rogue Food Unites** pop-up farmer's market
- ❑ Visit us at the networking mixer and meet with us at Office Hours.
- ❑ Share your feedback about the conference use the **QR code** on the agenda.