Objectives

1. Examine America’s new Health Care Reform Bill and discuss how it affects DNP practice.
   - Provide at least 3 advantages for setting up a consultation model over other formats for the integration of primary care and behavioral health services.
2. Identify methods used to raise public awareness of the DNP prepared, advanced practice nurse to increase access to quality health care systems and services.
   - Describe how a DNP would combine both NP and CNS roles to make this provider ideally suited to provide primary care behavioral health consultation services.
3. Recognize how DNP leadership in policy formation can transform advanced nursing provisions, research, education and practice.
   - Identify the steps necessary to successfully initiate or integrate primary care behavioral health consultation services in a clinical setting.

Effect of the ACA on DNP Practice

Why adopt this particular model and why now?

1. How services are provided now
2. What will happen with ACA
3. A different model for care
Effect of the ACA on DNP Practice

- General medical sites deliver exclusively over half of all formal mental health care, making primary care the de facto mental health care system in the United States today. (Narrow et al., 2002; Narrow et al., 1993; Reiger et al., 1993)

- 70 percent of all healthcare visits have primarily a psychosocial basis. (Fries et al., 2003)

- More than 25 percent of all healthcare recipients have a diagnosable mental disorder, yet more than half of mental disorders go undiagnosed in primary care. (U.S. Dept. of Health and Human Services, 2001)

Effect of the ACA on DNP Practice

- One-third of all patients with chronic illnesses have co-existing depression that when left untreated amplifies physical symptoms, increases functional impairment, and interferes with self-care and adherence to medical treatment. (Unützer et al., 2006)

- In large cities, behavioral health disorders may account for 69 percent of hospitalizations among homeless adults, compared with 10 percent of non-homeless adults. (New York City Deps. of Health and Mental Hygiene and Homeless Services, 2005)

Effect of the ACA on DNP Practice

- Services for medical problems and for mental health problems operate on separate tracks today; causing illnesses to be misdiagnosed or missed entirely. This healthcare system is providing effective treatment to only a few of the patients who need it
Effect of the ACA on DNP Practice

The ACA is Coming!

• As 32 million more patients become eligible for primary care in 2014 under the Affordable Care Act, the need to better integrate behavioral health services into primary care settings has never been greater.

Where the DNP Fits In

What are the models to fix this?
1. What’s the difference between them?
2. What services can the PCBHCS model offer?
3. What other providers do this now?
4. What makes the DNP-prepared PMHNP unique?

Spectrum of Options for Mental Health Services in Primary Care

[Diagram showing spectrum of options for mental health services in primary care, ranging from minimal to fully integrated with collaboration and consultation continua]
Practice Model 1: Improving Collaboration between Separate Providers

Practice Model 2: Medical-Provided Behavioral Health Care

Practice Model 3: Co-location
Practice Model 4: Disease Management

Practice Model 5: Reverse Co-location

Practice Model 6: Unified Primary Care and Behavioral Health
### Where the DNP Fits In

**Practice Model 7:**
Primary Care Behavioral Health

<table>
<thead>
<tr>
<th>Minimal</th>
<th>Basic near a Distance</th>
<th>Basic On-site</th>
<th>Close Poorly Integrated</th>
<th>Close Fully Integrated</th>
</tr>
</thead>
<tbody>
<tr>
<td>Collaboration Continues</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

**Practice Model 8:**
Collaborative System of Care

<table>
<thead>
<tr>
<th>Minimal</th>
<th>Basic near a Distance</th>
<th>Basic On-site</th>
<th>Close Poorly Integrated</th>
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<tr>
<td>Collaboration Continues</td>
<td></td>
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</tbody>
</table>

### Where the DNP Fits In

<table>
<thead>
<tr>
<th>Primary Care Behavioral Health</th>
<th>Specialty Mental Health</th>
</tr>
</thead>
<tbody>
<tr>
<td>Population-based</td>
<td>Ward-based, specific requirements for service acceptance</td>
</tr>
<tr>
<td>Often informal client inflow</td>
<td>Normal acceptance process; requires intake assessment, treatment planning</td>
</tr>
<tr>
<td>Treatment usually limited, 1-3 visits</td>
<td>Short-term treatment; number variable, related to client condition</td>
</tr>
<tr>
<td>Treatment afforded to persons with mild impairments, those coping with situational stress and sometimes stabilized persons with serious mental disorders</td>
<td>Treatment restricted to persons experiencing or at risk of serious mental disorders</td>
</tr>
<tr>
<td>Informal counseling sessions, vulnerable to frequent interruptions</td>
<td>More formal, private interchange</td>
</tr>
</tbody>
</table>
Where the DNP Fits In

<table>
<thead>
<tr>
<th>Providers of PCBH</th>
<th>Focus &amp; Skills</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed Clinical Social Worker</td>
<td>Case management, community liaison</td>
</tr>
<tr>
<td>Clinical Psychologist</td>
<td>In-depth counseling, specialty connections</td>
</tr>
<tr>
<td>Psychiatrist</td>
<td>Psychopharm, specialty connections, medical background</td>
</tr>
<tr>
<td>Health Psychologist</td>
<td>Chronic illness counseling</td>
</tr>
<tr>
<td>Primary Care Psychologist</td>
<td>Risk reduction &amp; behavior change</td>
</tr>
<tr>
<td>PMHNPs</td>
<td>Psychopharm, medical bkgd, pt. ed., risk reduction</td>
</tr>
</tbody>
</table>

What's different with a DNP prepared specifically to work in PCBHCS?

Clinical Skills
- Brief focused counseling using motivational interviewing & behavioral activation methods
- Performs patient-centered narrative interviewing to complement and augment medical interviews
- Coordinates and incorporates care for acute & chronic medical conditions
- Conducts supportive & psychoeducational group therapy sessions
- Provides brief cognitive-behavioral psychotherapy sessions for patients with chronic illness
- Offers risk-reduction behavioral change sessions for tobacco cessation, weight loss, physical activity, etc.
### Where the DNP Fits In

**Practice Management Skills**
- Conducts practice analysis and plan for implementation of PCBHCS.
- Employs population-based approach for case-finding of pts. needing behavioral health services via screening practices, chart review, database & tickler file use.
- Trains MAs, RNs, IT, billing and reception staffs in pt. identification, referral, support, and billing for behavioral health services.
- Trains MD/NP/PA staff on use PCBHCS.
- Develops EHR or chart forms, and sets up referral & liaison interface with mental health specialty services.
- Establishes and maintains behavioral health registries for appropriate conditions.

**Other Management Skills**
- Develops grant proposals for new or improved services.
- Crafts policy analysis documents for Board of Directors, community agencies, and legislators re practice issues.
- Performs evaluations of services (e.g., PDOSA, formative, summative, etc.)
- Precepts PMHNP students in DNP programs, serves on their doctoral committees, advises on practice project design and implementation.

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### Educational Preparation

**How could a DNP program prepare APRNs for PCBH roles?**

1. What are the different types of roles in PCBH of NPs?
2. What would a PCBHCS educational program look like?
New PCBH Roles for APRNs

- PNCB certification for PNPs & FNPs
- Dually-certified FNP/PMHNP
- PMHNP with PCBH experience/rotation
- Primary Care Behavioral Health NP

DNP preparation of the PCBHNP

- PCBH focus in core DNP courses
  - Integrated care emphasis in Health Policy
  - Grant writing/publication in PCBH - project planning, development, evaluation
  - Pathophysiology of stress
- 500 additional hours:
  - In PCBH consultation services sites, incl. coding & billing
  - With emphasis on CNS role preparation
- Final project in PCBH site
- Additional coursework in PCBH
  - Health psychology, behavioral medicine
  - Clinical Nurse Specialist role/skills
  - Motivational Interviewing
  - Positive psychology & coaching

Questions?
References
