Dosing and Titrating Care Across the Population: Meeting the Increased Demand for Psychological Expertise

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Dr. Serrano is the Chief Executive Officer of the Collaborative Family Healthcare Association, a national not-for-profit organization dedicated to promoting integrated care as the standard of care for all. He has devoted the majority of his career to working with federally qualified health centers (FQHC), starting integrated care programs and consulting with clinics in underserved settings to assist with implementation of primary care behavioral health (PCBH) programs. Dr. Serrano’s research interests include program development evaluations and outcome studies related to PCBH, particularly in underserved settings.
Disclosures/Conflicts of Interest

• Dr. Serrano is Chief Executive Officer of the Collaborative Family Healthcare Association
Learning Objectives

1. Create metrics that help practitioners understand how they are dosing and titrating patient care across their panels
2. Describe how small changes in dosing of care can impact availability for new patients or patients returning to care
3. Describe how adopting clinical strategy choices, such as a single-session approach, can impact availability of a clinician
References


Why Care About Dosing & Titration?

• We need a functional tiered mental health system. At present our capacity is a major issue in the specialty mental health tier.

• Consumers and payers benefit from increased efficiency.

• There is some research that indicates that minorities or non-white-european groups drop out of care earlier.

• Therapist resilience: thinking about dosing of care is a different way of thinking about care that can have benefits for resilience.
What Undergirds This Approach

- Primary Care Behavioral Health Model
- Population Health Strategies
- Single-session & functional approaches to care (FACT)
Approaching Engagement Like This Is Your Only Visit With The Patient

• Overall, little attention is paid to therapy “drop-out” rates and yet nearly 50% rates are not unheard of with evidence that ethnic minorities “drop-out" at higher rates,

  • [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5718939/](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5718939/)

• Single-Session Therapy is an approach that mirrors what we will review today

Targeted Treatment

- Complete Consult
- Complete Consult
- Complete Consult
- Return & Repeat PRN

Standard Treatment

- Intake
- Tx Planning
- Intervention
- Discharge
Step-Wise Care

Briefly assess
Consider applicable algorithms
Test
Measure intervention

Example: How do we apply the evidence base for PTSD in a step-wise care model?
The Core Components of A Primary Care/Time-Limited Consult

• Introduction
• Transition
• Contextual Interview
• Problem Formation
• Problem Solving
Core Components of The Targeted Consult

**Introduction**
- Role definition
- Destigmatize
- Time frame
- Purpose of consult
- Transition question

**Problem**
- Assess nature of the problem(s) as the patient sees it
- Assess functional impact on day-to-day living
- Assess coping methods and overall response by patient
- Assess willingness to change and mitigating factors affecting motivation

**Problem Solving**
- Diagnosis algorithms run seamlessly in the background
- Develop an acceptable frame or problem definition
- Frame is functional and achievable ("So, if we could improve X, then we could make progress with Y.")
- Present an array of options
- Collaboratively create a plan commensurate with stage of change
- Determine f/u

**Purpose of consult**
- Attend to process more than content

**Transition question**
- Teach about the change process

**Functional Assessment**
- Love
- Work
- Play

**Spirituality**
- Present an array of options
- Collaboratively create a plan commensurate with stage of change
- Determine f/u

**Attend to process more than content**
- Diagnosis algorithms run seamlessly in the background
- Develop an acceptable frame or problem definition
- Frame is functional and achievable ("So, if we could improve X, then we could make progress with Y.")

**Teach about the change process**
- Love
- Work
- Play

**Health**
- Spirituality
How Do You Make Decisions About Dosing Care?

• How do you make decisions about how long to spend with a patient and what to focus on?

• How do you make decisions about how often to see patients? Do you think in terms of episodes of care or do you think in terms of “cure”?
How Do You Make Decisions About Titrating Care?

• What is your modal “time to next visit”? Why? What criteria?
• How do you decide when to d/c or slow down visit rates with a patient?
• How do you verbalize a f/u plan to patients?
• How easy is it for a patient to re-establish care?
The Power of Small Changes

At Capacity = 100 Patients

100 Patients With Weekly Appointments

Added 25% Capacity = 125 Patients

75 Patients With Weekly Appointments & 25 Patients With Biweekly Appointments

Added 55% Capacity = 155 Patients

65 Patients With Weekly Appointments & 25 Patients With Biweekly Appointments & 10 Patients With 30 Minute Biweekly Visits
Metrics

• Number of unique patients served in a given timeframe
• Mean number of visits per patient
• Time to next available or “third” next available appointment
• Proportion of patients seen in a given timeframe scheduled for follow-up in each of these categories: 1-2 weeks; 3-4 weeks; 5+ weeks

Assess increase/decrease in number of unique patients served
Assess increase/decrease in mean number of visits (are there differences within your panel across categories?)
Increase and proactively manage availability
Assess diversity of strategies used in titrating care across your panel
What We Have Not Addressed

- How this approach impacts your business model
- How this impacts your schedule template or even other strategies for dosing care differentially such as phone calls between sessions or using a patient portal to connect between sessions in lieu of visits
- How this approach might impact your documentation
- How this approach may impact a specialty practice you have
- How this approach impacts your wellbeing as a clinician
The Dream

Primary Care

Behavioral Health

Outpatient Specialty Mental Health

Tertiary & Intensive Specialized MH Care

Primary Care Behavioral Health

Fluid, efficient, complementary
Q&A With Dr. Serrano

• Dr. Sammons will read select questions that were submitted via the Q&A feature throughout the presentation.

• Due to time constraints, we will not be able to address every question asked.