

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

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Collaborative Family Healthcare Association

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1 CE Credit, Instructional Level: Intermediate

1 Contact Hour (New York Board of Psychology)

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# Neftali Serrano, PsyD



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

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- Young, J. (2020), Putting Single Session Thinking to Work: Conceptual, Practical, Training, and Implementation Ideas. *Aust N Z J Fam Ther*, 41: 231-248. <https://doi.org/10.1002/anzf.1426>
- Mignogna, J., Martin, L.A., Harik, J. *et al.* “I had to somehow still be flexible”: exploring adaptations during implementation of brief cognitive behavioral therapy in primary care. *Implementation Sci* **13**, 76 (2018). <https://doi.org/10.1186/s13012-018-0768-z>
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## 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)

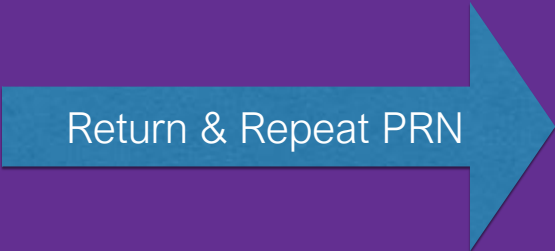
# Approaching Engagement Like This Is Your Only Visit With The Patient

- 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/>
- Single-Session Therapy is an approach that mirrors what we will review today
  - <https://www.tandfonline.com/doi/full/10.3109/09638237.2012.670880>





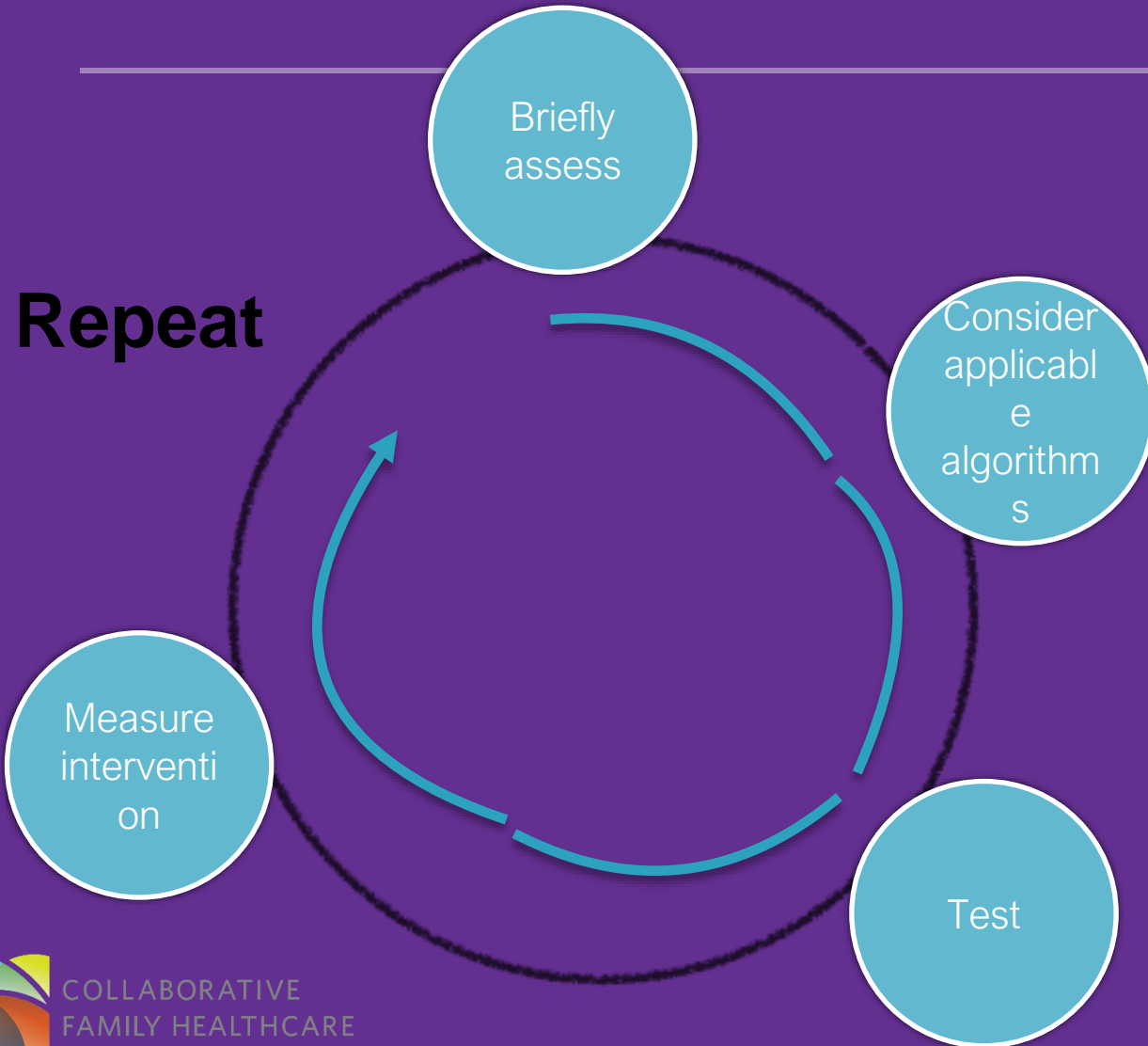
# Targeted Treatment



# Standard Treatment



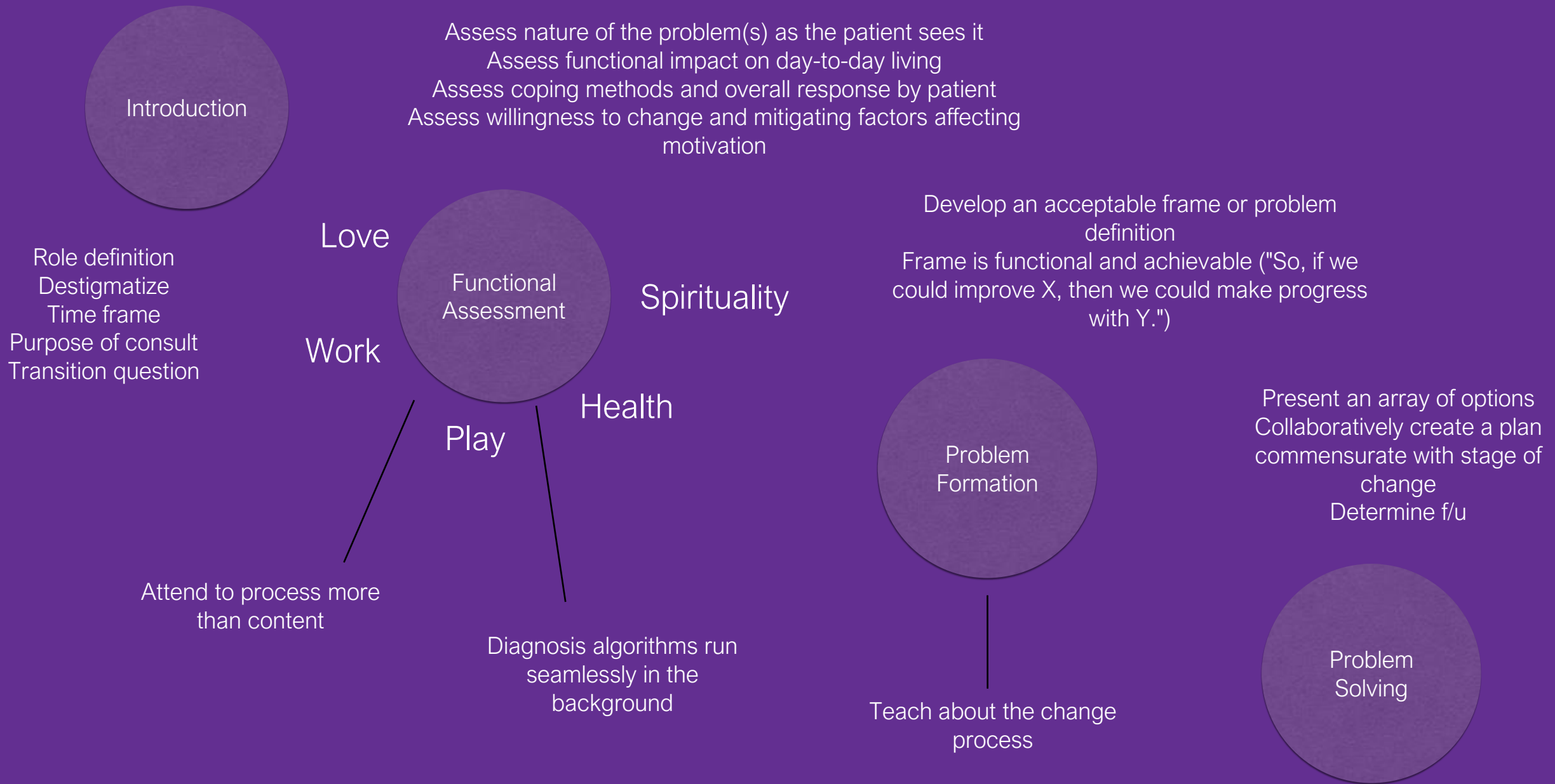
# Step-Wise Care



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



# 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?



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**

# The Power of Small Changes

# 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

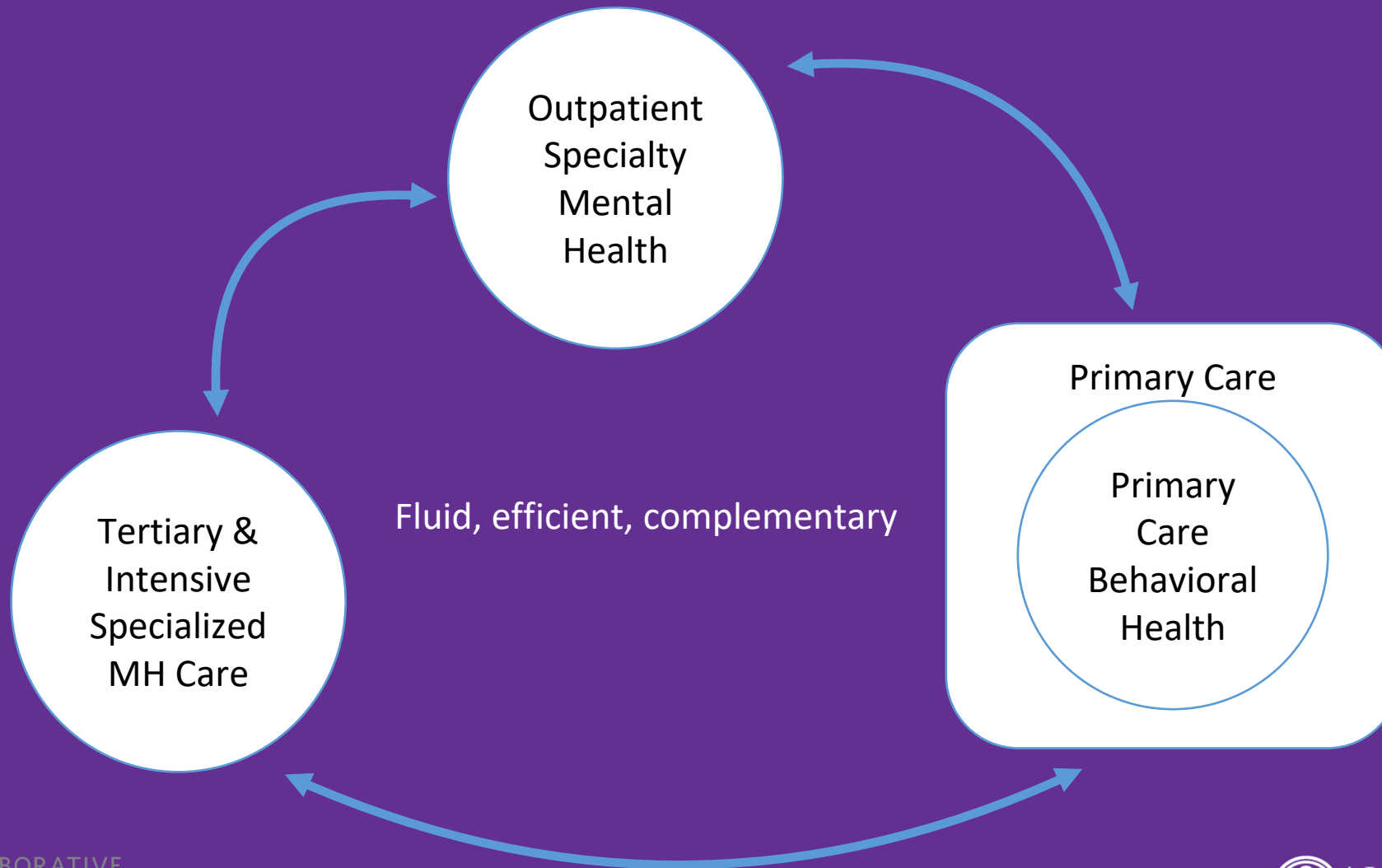
Assess diversity of strategies used in titrating care across your panel



# 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



# 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.