



Cognitive Behavioral Strategies for Pain Management *Frequently Asked Questions*

1. What is the best way for a primary care provider (PCP) to refer a member to Beacon?

The best way is to use the PCP Referral Form or the Care Management Referral Form. Providers can find the links to the forms in the resources list below. This will ensure that providers will be kept in the loop regarding the status of the referral. Fill out the form with both provider and member information. Check the “chronic pain” box under symptoms on the bottom half of the page. Return via fax or email.

2. How can providers ensure referrals were accepted and approved and that the member referred was seen by a Beacon provider?

As long as providers include contact information, Beacon will confirm when the referral is received. Beacon will also reach out once we make contact with the member and link them to services. Providers need to be sure to follow up with the patient to ensure a release has been signed in order to discuss the member’s diagnosis and treatment plan with the provider they are referred to.

3. What is the best way for referring providers to communicate with the behavioral health providers?

Ensure the release of information form has been signed so providers and patients can work together as a team for the most effective pain management.

4. What do behavioral health providers need to know when a referral is made?

It helps to let behavioral health providers know the following: diagnosis, medication list, goals set with the member for treatment, physical limitations, and any other information or observations about the member.

5. Can you explain how the Beacon telehealth program works?

Members have the option of engaging in telehealth sessions for both psychotherapy and psychiatry visits. There are two ways this is provided: home-based and distant-site/originating site. If the individual is comfortable using technology and has access to a smart phone, tablet or computer, they can access telehealth sessions from the comfort of their own home. Alternatively, members may choose to go to an office (originating site) where they have the necessary technology to access a session with the therapist or psychiatrist (the distant site). The therapist or psychiatrist provides treatment through the video platform while they are at another location.

6. What is the process for referring a member to a Beacon telehealth provider?

The referral process is the same – using either the PCP Referral Form or the Care Management Referral Form. Please note that the member is looking for telehealth.

7. Can a member self-refer to Beacon telehealth?

Yes. Members can call the member services number and request to be linked to telehealth.

8. How do providers refer members for alcohol and substance abuse?

Although alcohol and substance abuse treatment are provided at the County level, Beacon works very closely with the counties - especially with the Engagement Center Care Management teams (these are the care managers and care coordinators who sit with the CCAH staff). Please feel free to refer members to Beacon and we will work to link them to county providers and services around substance use disorder (SUD).

9. Are there less-than-obvious indications for Behavioral Health referrals?

If a provider or patient is feeling stuck with treatment, it may be a good time to refer to Behavioral Health. It could be that thoughts and behaviors are preventing forward progress, and a closer look at both will help to move things forward again. In addition, if providers have a patient who appears to be coping sufficiently, but is getting stuck in an activity-rest cycle, this may be a good time for a referral so they can learn how to better approach activities and pace themselves.

10. How can Behavioral Health help with managing chronic pain in relation to high dose tapering or polypharmacy tapering of pain medications?

A behavioral health provider can help support tapering through exploring thoughts and behaviors with the patient, as well as teaching other coping skills to address the pain. Having additional skills to manage their pain, as well as lessening anxiety around medication changes while helping the patient to view them in a way consistent with their values around quality of life, will support the process and make success a more likely outcome.

11. What is the best method of communicating the benefits of Behavioral Health support to a member that will motivate the member to follow-up on the referral, especially when they are experiencing anxiety related to a proposed/recommended opioid or polypharmacy taper (especially benzos)?

The more providers can reflect back the concerns or issues the patient is expressing and relate how Behavioral Health can support them, the more likely the member will actually be able to connect with the idea and act on it. Additionally, consider beginning the taper after their first session with a behavioral health provider, so they have that support in place before embarking on an anxiety-provoking process.

12. Is there a solution to the lack of Behavioral Health providers?

The lack of behavioral health providers is a very complicated, multidimensional problem that is not readily solved. However, there are movements being made that should help significantly. Expanding group interventions, and utilizing Peer Support Specialists (as other states do) are other ways that we can expand access to behavioral health benefits for those who are in need.

13. Are there resources such as checklists or “homework” that primary care providers can send with members that will prepare them for seeing a behavioral health provider?

Yes. The American Psychological Association has a brief inventory on their pain webpage that can help someone prepare for seeking behavioral health services. Additionally, keeping a

pain journal or log can also help provide a base level of information for the behavioral health provider that can be useful in starting to work on a treatment plan. Two examples can be found here (https://www.caremark.com/Imagebank/Health_Diaries/DailyPainDiary.pdf) and here (<https://www.thepaincompanion.com/pain-diary-template.html>). There are many more available via a quick Google search.

14. Are there other resources providers can offer members if Behavioral Health cannot be accessed in a timely way?

There are quite a few resources that can help patients learn more about chronic pain, behavioral health, and coping skills. Both the APA and U.S. Pain Foundation have a number of patient friendly educational resources on their websites (see resource list below). There are also some great books and workbooks for patients, including:

- “Mindfulness Meditation for Pain Relief” by Jon Kabat-Zinn
- “Full Catastrophe Living” by Jon Kabat-Zinn
- “Take Charge of Your Pain” by Peter Abaci, M.D.
- “Living Beyond Your Pain: Using Acceptance and Commitment Therapy to Ease Chronic Pain” by JoAnne Dahl and Tobias Lundgren

Resources:

- * Behavioral Health Treatment - Medi-Cal Primary Care Provider FAQs: http://www.ccah-alliance.org/providerspdfs/Provider_FAQ_for_BHT_Services.pdf
- * PCP Referral and Resource Guide Training (PPT): http://www.ccah-alliance.org/providerspdfs/Beacon_CCAH_PCP_Referral_Training.pdf
- * PCP Referral Form: http://www.ccah-alliance.org/providerspdfs/Beacon_CCAH_PCP_Referral_Form.pdf
- * Care Management Referral and Resource Guide Training (PPT): http://www.ccah-alliance.org/providerspdfs/Beacon_CCAH_CM_Referral_Training.pdf
- * Care Management Referral Form: http://www.ccah-alliance.org/providerspdfs/Beacon_CCAH_CM_Referral_Form.pdf
- * AAFP Chronic Pain Management Toolkit: <https://www.aafp.org/patient-care/public-health/pain-opioids/cpm-toolkit.html>
- * Ken Pope, Clinical Psychologist, keeps a list of articles on psychological treatments for pain: <https://kspope.com/pain.php>
- * Health Improvement Partnership chronic pain guidelines (and other pain management/opioid resources): <https://www.hipsc.org/copy-of-for-healthcare-professional>
- * American Psychological Association (APA) webpage on Pain: <https://www.apa.org/topics/pain/index.html>
- * US Pain Foundation: <https://uspainfoundation.org/>
- * Pain Tool Kit (website with self-management resources): <https://www.paintoolkit.org/>
- * Providers Clinical Support System (PCSS): <https://pcssnow.org/>