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SAN ANTONIO

Answering the Call for Integration: Training Today's Healthcare Workforce

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Introduction

- Setting?
- Role?
- What do you hope to learn today?

Objectives

- At the end of this workshop, participants will be able to:
  - Understand the basic tenets of the Primary Care Behavioral Health (PCBH) model;
  - Understand the current requirements and the state of family medicine training in the United States with regards to behavioral medicine;
  - List ways that training programs can incorporate core elements of PCBH into their behavioral medicine rotations in their residency programs.

WHAT IS THE "PCBH" MODEL?

Important Terms

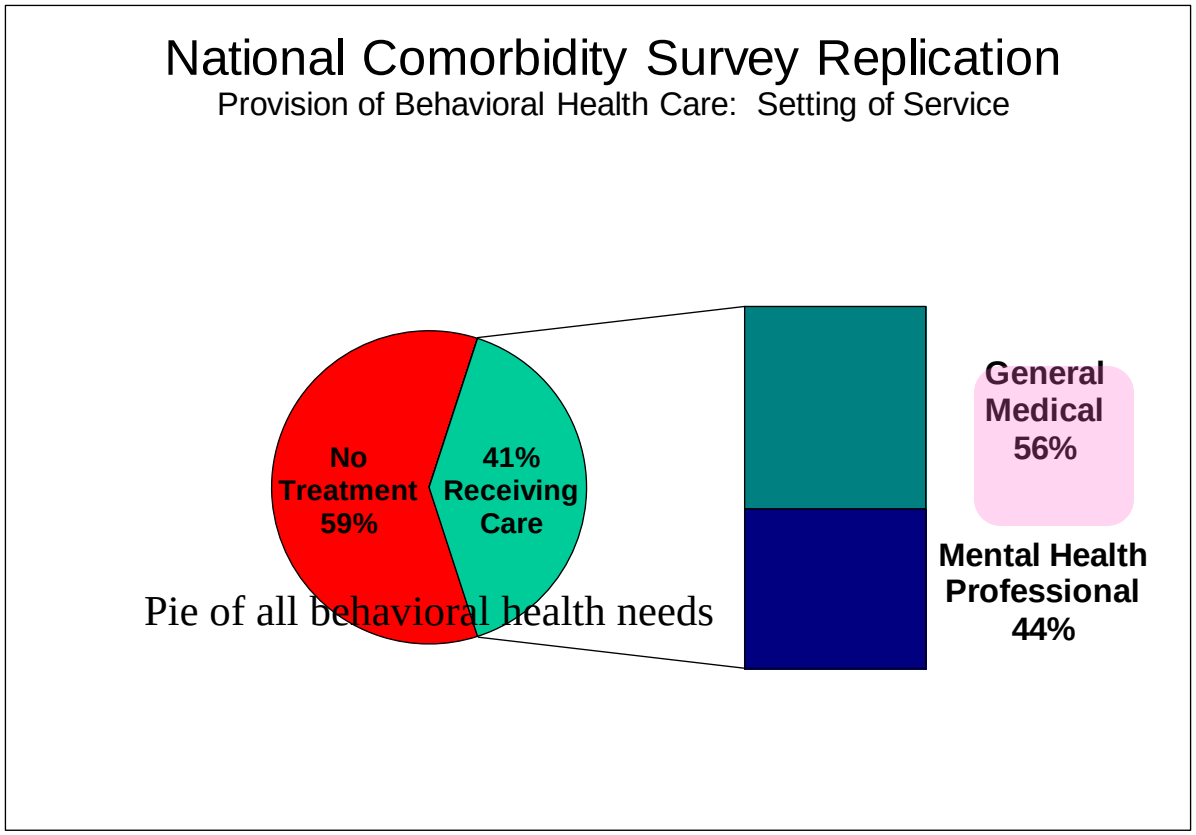
PCP = Primary Care Provider

Retains ultimate responsibility for patient care

BHC = Behavioral Health Consultant

Member of the primary care team

Primary Care is the 'De Facto' Mental Health System



- **48%** of the appointments for all psychotropic agents are with a non-psychiatric primary care provider*

Source: Wang P et al. *Arch Gen Psychiatry*, 2005: 62.
Adapted from Katon, Rundell, Unützer, Academy of PSM Integrated Behavioral Health 2014
***Pincus et al., JAMA 1998; 279; 526-531**

Behavioral Health Presence In PC

- **84%** of the time, the 14 most common physical complaints have no identifiable organic etiology[1]
- **80%** of individuals with a behavioral health disorder will visit primary care at least 1 time in a calendar year[2]
- **50%** of all behavioral health disorders are treated in primary care[3]
- **20-40%** of primary care patients have behavioral health needs[4]
- **48%** of the appointments for all psychotropic agents are with a non-psychiatric primary care provider[5]

Sources: [1]Kroenke & Mangelsdorf, Am J Med. 1989;86:262-266. [2]Narrow et al., Arch Gen Psychiatry. 1993;50:5-107. [3]Kessler et al., NEJM. 2006;353:2515-23. [4]Martin et al., Lancet. 2007; 370:859-877. [5]Pincus et al., JAMA. 1998;279:526-531.

The Primary Care Behavioral Health (PCBH) Model

- The BHC works WITHIN the primary care setting
- **Brief Interventions & Pathway Services**
  - One-on-One
  - Screening
  - Classes or workshops
  - Group visits

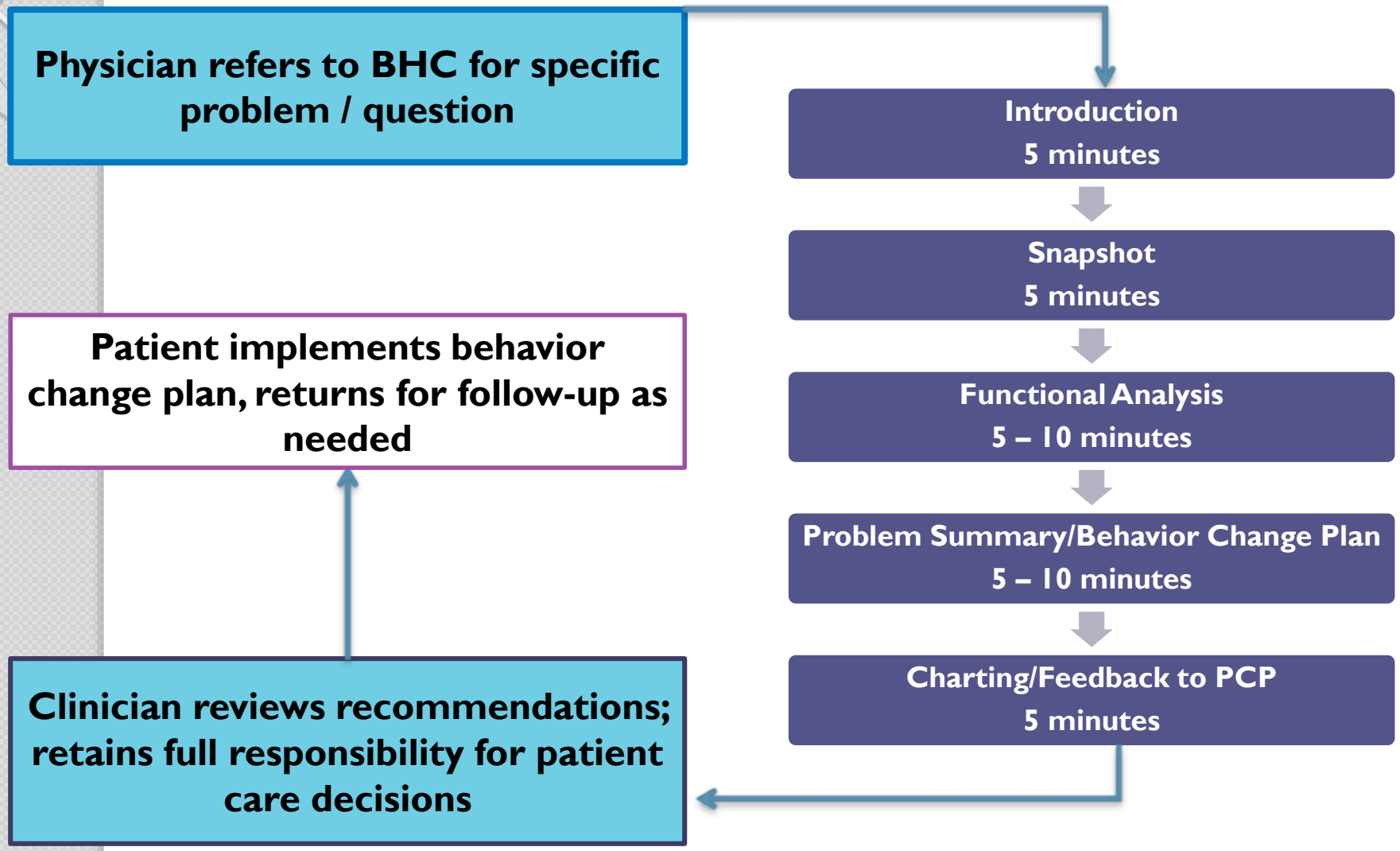
Scope of Integrated Behavioral Health Practice

Patients with mental health/ substance abuse conditions / risks	• Depression / Anxiety / PTSD / ADHD, other • Substance Abuse/Dependence
Patients with stress-linked or unexplained physical symptoms	• Headache, insomnia, pain, fatigue, dizziness, numbness, "don't feel well," • Frequent visits with no clear medical cause to symptoms
Patients with unmanaged behavioral risk factors in chronic illnesses	• Diabetes / High BP / Obesity / Heart Disease • Asthma / Childhood Chronic Illness • Other
Persons with any complex social/ medical situation that interferes with standard care	• Functional impairment, diagnostic uncertainty • Multiple interacting conditions • Distress, distraction, difficulty engaging in care • Lack of social safety & support • Disorganized care or patient-clinician relationships • Language / Culture / Insurance barriers
Clients with mental health / substance abuse conditions receiving care in intensive mental health / substance abuse settings	• Basic primary care / chronic illness management • Timely preventive care • Health behaviors

The Behavioral Health Consultant

Dimension	*Consultant*	*Therapist*
Primary consumer	PCP	Patient/Client
Care context	Team-based	Autonomous
Accessibility	On-demand	Scheduled
Ownership of care	PCP	Therapist
Referral generation	Results-based	Independent of outcome
Productivity	High	Low
Problem scope	Wide	Narrow/Specialized
Termination of care	Patient progressing toward goals	Patient has met goals

Initial Consult; Follow-up As Needed



Triple Aim (or quadruple aim) and Workforce Development

THE ACGME & PCBH MODEL

Why is it important to train residents in PCBH?

- Provides framework for identifying patient strength/resiliency & risks
- Primary prevention – prevent problems before they occur
- Secondary prevention - treatment
- Tertiary prevention - support
- Provide context for improving quality of life vs only symptom reduction (not realistic, can be damaging)
  - Flipping the script – functionality vs symptom-focus
- Interprofessional collaboration and education

The Accreditation Council for Graduate Medical Education

Responsible for accrediting graduate training programs for physicians in the United States

6 Competencies

Medical Knowledge

Patient Care

Professionalism

Interpersonal Communication

Practice-Based Learning and Improvement

Systems-Based Practice

What is the purpose of Milestones?

- Monitoring of programs
- Public accountability
- Guide curriculum development
- Transparent expectations of performance
- Facilitate feedback for professional development

Requirements from ACGME

- Sets guidelines for what experiences residents need
  - Ex. Procedures, number of patients seen, etc.
- Requirements for psychosocial medicine:
  - Somewhat vague
  - Need integration within faculty
    - Focus on diagnosing and communication
      - Diversity, working on teams, etc.

Behavioral Medicine Suggestions by STFM

- Use **biopsychosocial** approach
- Promote **patient self-efficacy** and **behavior change**
- **Integrate behavioral health**
- Address **physical symptoms**
- Address **sociocultural factors**
- Understand impact of **systems**
- Apply **developmental psychology**
- **Provider wellness**

How it is typically done…

- Behavioral scientist on faculty
  - Maybe sees patients, maybe doesn't
    - Typically as a traditional mental health provider
  - Works with residents via a RANGE of mediums
    - Structured didactics, case centered conferences, journal clubs, individual precepting, behavioral medicine rounds, co-therapy, video critique and observation, genograms and self-exploration of genograms, participation in relevant community programs, and readings
    - Typically, one month rotation in a three year residency
- Not a "wrong or bad" way of doing things… just not the PCBH **(allows for the highest level of integration)** way of doing things

Dr. Udell's experience as a medical resident

Training FM residents in PCBH: An Example

- Central Washington Family Medicine Residency
  - 10-10-10 FM residency program
    - Locations in Ellensburg and Yakima, WA
  - Teaching Health Center
  - Rotations range from outpatient to OB to inpatient and to… **psychosocial medicine**

Overview of CWFM's PSM curriculum

- Rotations
  - One month rotation during year one
  - AFM 1 month yearly rotations
- Components of rotation
  - Role plays and readings
  - Residents shadowing BHCs in their respective clinics
  - BHCs shadowing residents in their respective clinics
- Didactics regarding PSM throughout the year

Let's dive in…

- **Readings during the rotation** (Always a challenge)
  - ABCT special edition on chemical imbalance myth
  - The realities of BH in PC
  - Adverse Childhood Experiences
  - Brief interventions for radical change
  - Real behavioral change in primary care

Let's dive in…

- **Role-plays and discussion groups**
  - 2x's during the month
  - All PSM and AFM residents and medical students
    - Typically 3-4 trainees
  - Role plays
    - Contextual interview
    - Behavioral interventions/providing psychoeducation

Let's dive in…

- **Role-plays and discussion groups**
  - What causes people to change?
  - Human suffering
  - Are we treating a symptom or a disease?
  - Impact of Adverse Childhood Experiences
    - Why would someone take care of themselves when they don't CARE about themselves?
  - Discuss their reactions to patients & job difficulties
    - How can medical providers be objective but compassionate?
      - How do we change the 'but' to an 'and?'
  - Discuss assigned readings
  - Psychoeducation pieces
    - How do you explain depression to patients?
  - Practice brief interventions and metaphors
    - Three little pigs, baseball metaphor, the program metaphor

Let's dive in…

- **Residents shadowing BHCs in BHCs' clinics**
  - 2-3x's per week they pair w/ BHC in their PCBH clinics
  - Complete ALL new patient contextual interviews
    - Watch how BHCs use ACT/FACT then they apply it in their clinics
  - Other expectations:
    - By the end of year one, residents will be able to conceptualize and articulate brief behavioral interventions
    - By the end of year two, residents should be able to provide and implement basic and relevant behavioral interventions (e.g., MI, SF, CBT, ACT strategies)
    - By the completion of their residency residents should be able to instruct and implement more sophisticated behavioral interventions (e.g., mindfulness, acceptance and values based approaches)

Let's dive in…

- **BHCs shadowing residents in their outpatient rotations**
  - Once or twice a week
  - BHCs are "flies on the wall"
  - Evaluating and providing feedback regarding patient centered communication
    - Builds Rapport
    - Focuses the exam
    - Elicits patient's perspective
    - Gathers and shares information
    - Reaches common ground

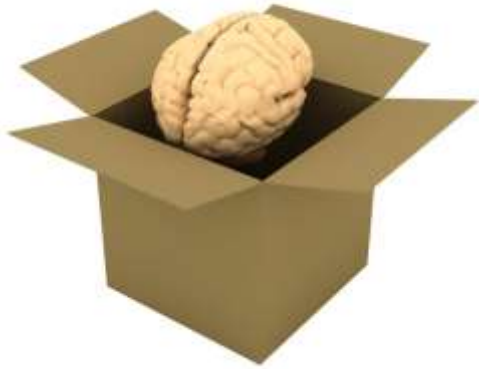
Resident experience with BH rotations

FUTURE DIRECTIONS IN TRAINING

Training Recommendations

- More graduate programs in counseling, social work, and psychology training our BHC force
- Medical residents/students and predoctoral interns/master's interns working in same setting
- BHCs operating via PCBH model teaching in residencies (allows more opportunity for ongoing vs segmented training)

Summary/Wrap-Up



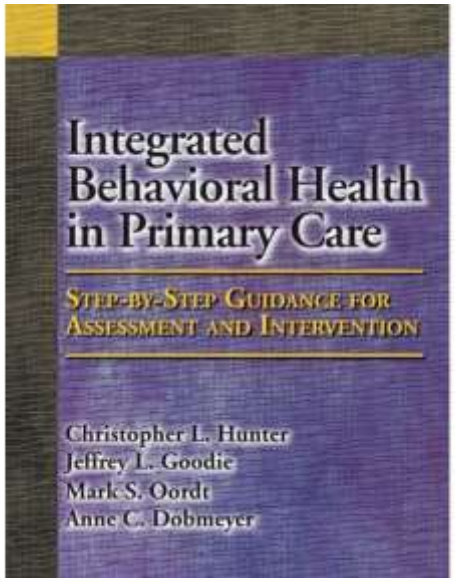
- PCBH → Team-Based Approach
- Medical (and behavioral) providers must be intentionally trained for increased PCBH model fidelity (full effect of integrated care model)
- This framework allows for responsible healthcare to meet the demands of primary care…
  - …opens more avenues for prevention

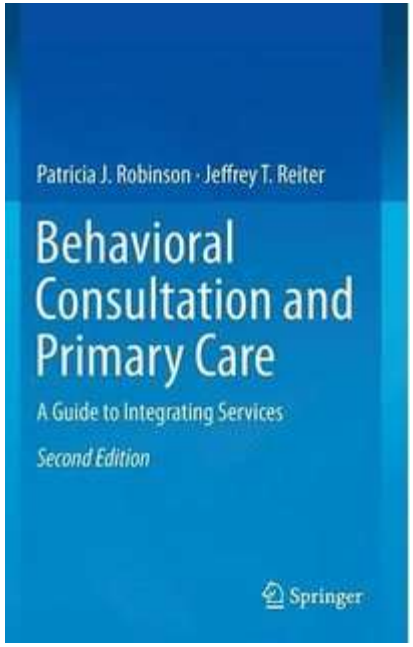
Questions/Discussion

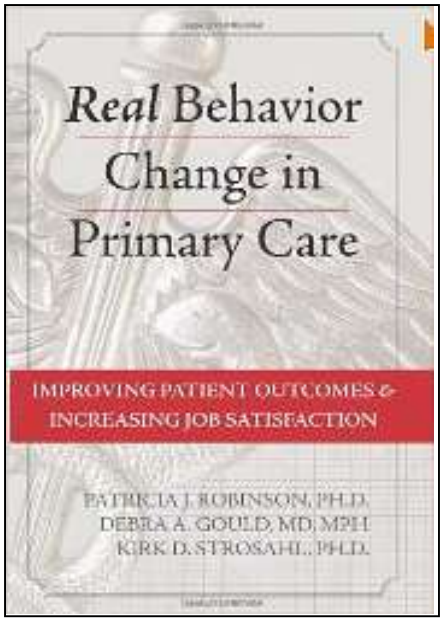
- Briefly describe your training program
- What improvements in training do you plan to make within the next 12 months?
- What challenges to do face with implementing training changes?
- Other questions?

- davidbauman4@gmail.com
- bridget.beachy@gmail.com
- stacy.ogbeide@gmail.com
- https://www.youtube.com/channel/UCR_hf_LGVtUOoLa_KFvqvtQ

Resources







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More Resources

- **Resources available online**
  - http://www.pcpci.org/resources/browse
    - **Search 'Behavioral Health Integration'**
  - http://www.mtnviewconsulting.com/
  - **Center for Integrated Health Solutions**
    - http://www.integration.samhsa.gov/integrated-care-models
  - **Primary Care Behavioral Health (PCBH) Special Interest Group – Collaborative Family Healthcare Association**
    - http://www.cfha.net/?page=PCBHSIG

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