Interdisciplinary Training Your Workforce to Promote Integrated Care

Presented as a Webinar on December 5, 2011
for the Patient Centered Primary Care Collaborative

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Integrated Care fits with Population Health Perspective

- **Population health perspective**
  - "Community or 'population' interventions can succeed by making **small changes** in a **large number of people**, rather than large changes in a small number of people."—AMA (2002)
    - Equivalent to a "battlefield or ER triage" model
  - Fits with primary care given that it is **longitudinal**

- *Public Law 111-148* (the Patient Protection and Affordable Care Act)
- Provisions include PCMH constructs
  - PCMH concept not new: In 2011Revised & refined:
    - http://www.acponline.org/running_practice/pcmh/understanding/guidelines_pcmh.pdf
  - Increased access to services,
  - Improvement of health care quality and efficiency,
  - Strengthening of the primary care workforce
- Specifically increases commitment to PCMH
  - Demonstration initiatives instituted through Medicare, Medicaid, etc.

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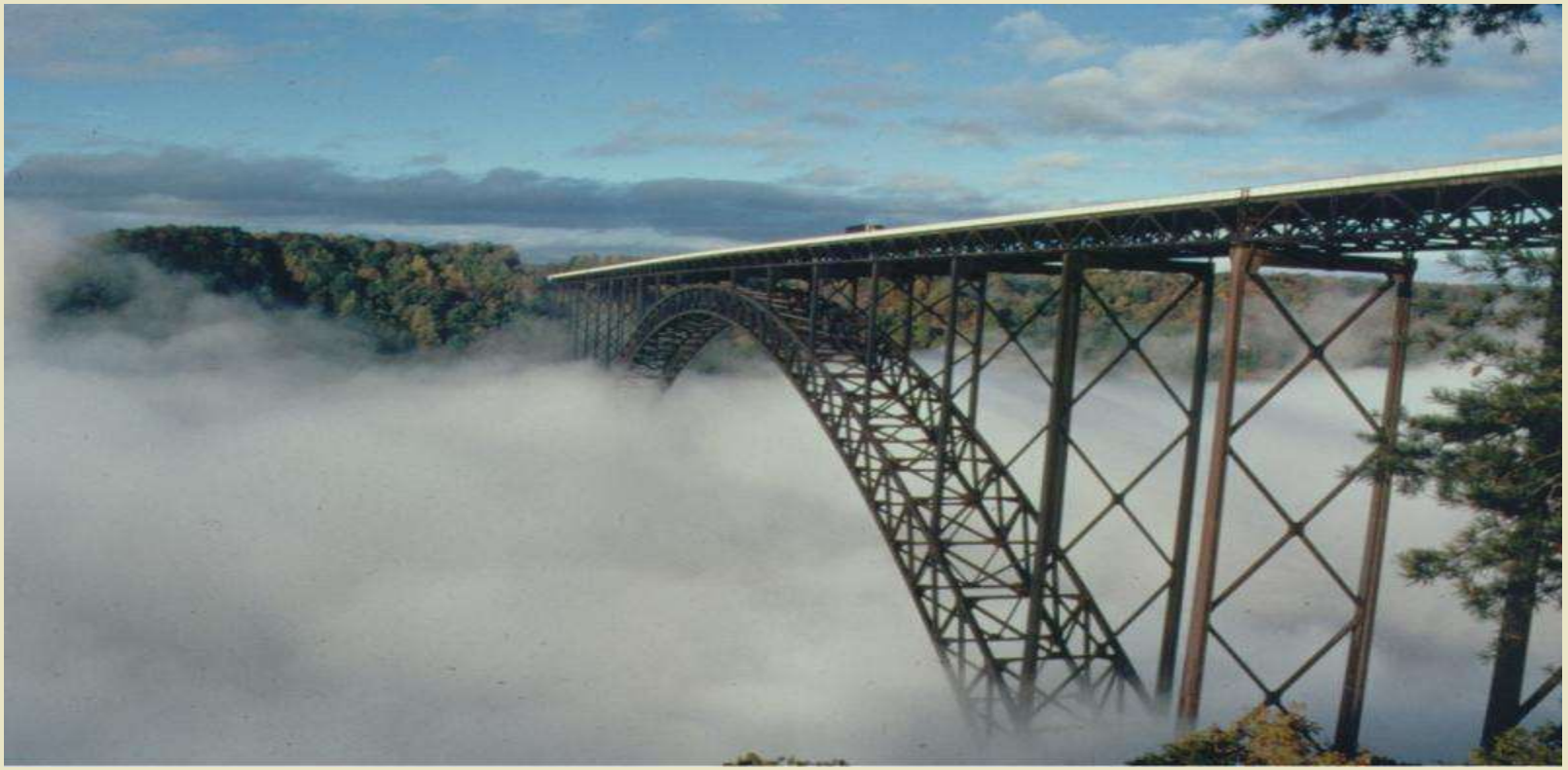
Interdisciplinary E &T

How We Get There From Here



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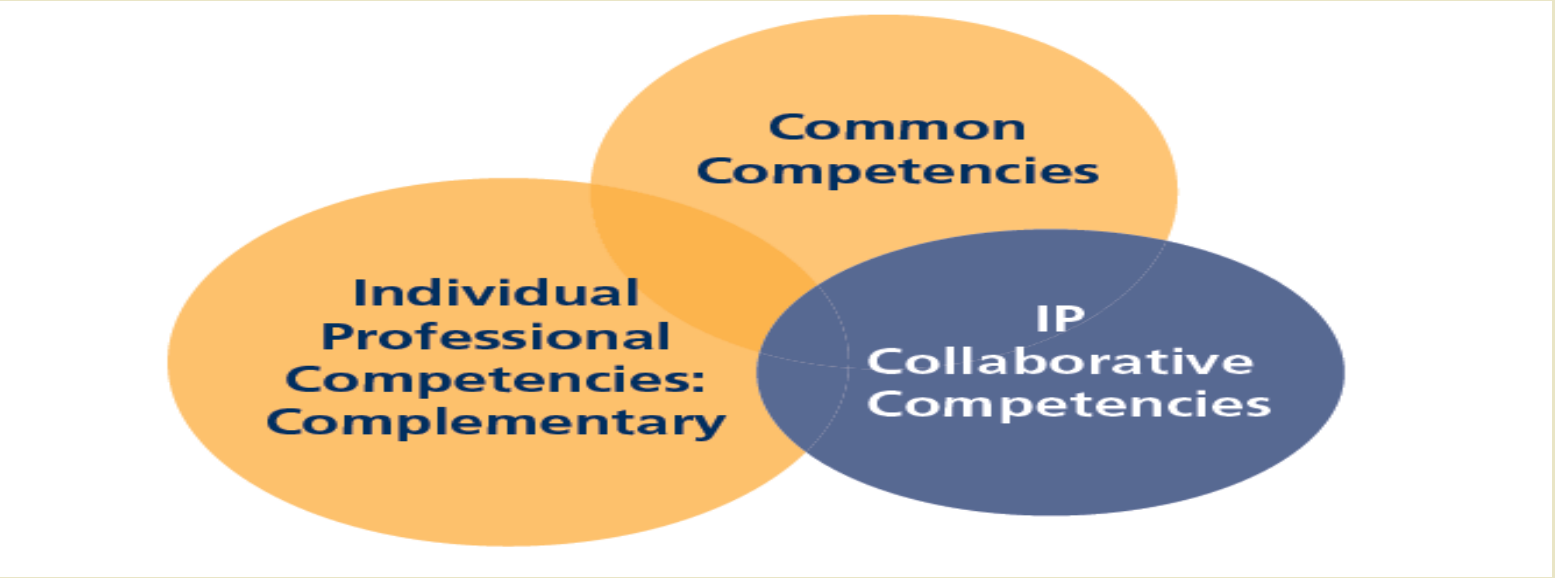
Interprofessionalism

- Every profession must meet **core competencies**
- Simultaneously developing **team-based competencies** generally gained from engaging in interprofessional learning experiences
- Requires a **paradigm shift**, since interprofessional practice has unique characteristics

Interprofessional Education Collaborative Expert Panel. (**May, 2011**). *Core competencies for interprofessional collaborative practice: Report of an expert panel.* Washington, D.C.: Interprofessional Education Collaborative.

Interprofessionalism

"***The distinction between medical and psychological is arbitrary and has more to do with the focus and socialization of practitioner training than with the reality of patient care***" Twilling L T, et al. (2000). *Professional Psychology: Research and Practice* , *31*, 685-91.



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Interprofessional Collaborative Practice Competency Domains

Competency Domain 1:	Values/Ethics for Interprofessional Practice
Competency Domain 2:	Roles/Responsibilities
Competency Domain 3:	Interprofessional Communication
Competency Domain 4:	Teams and Teamwork

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Interprofessional E&T

- needs **support of all stakeholders** interested in primary care collaborations
- activities are **individualized** to fit with the varying backgrounds, aptitudes, abilities and styles of learning of trainee
- focuses on **interprofessional** as well as **specialty specific competencies**
- results in **accountability** across trainees, faculty, program directors and institutions to insure **incremental learning** (i.e. benchmarks
- develops best from **real world experiences**
- models need to foster **trainees' self-assessment**

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The model discussed in the rest of this presentation has been funded in part by three HRSA GPE Grants

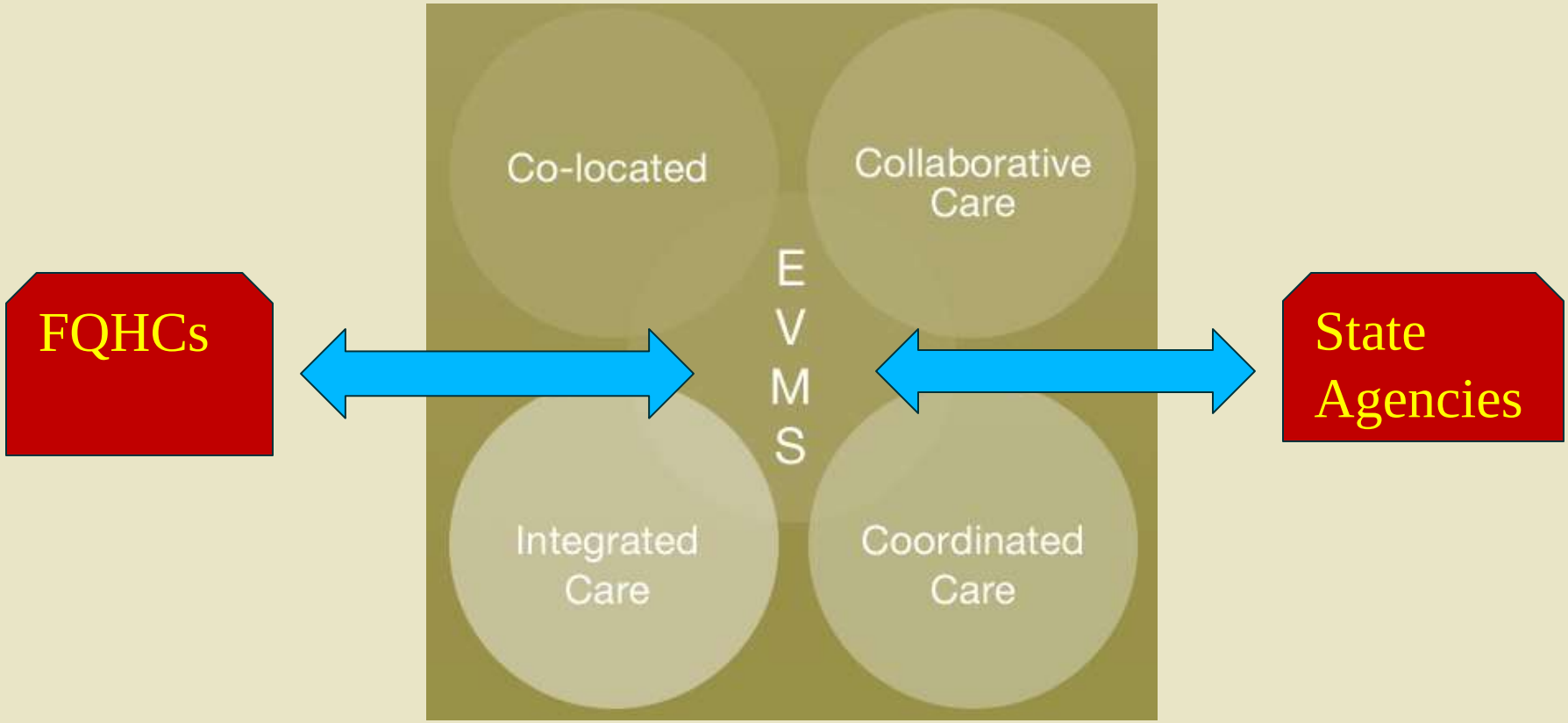
Cubic, B.A. (Principal Investigator)

EVMS is located in Norfolk, VA

Norfolk is part of the Tidewater area of southeastern VA, consisting of 7 cities with a population exceeding 1.5 million

EVMS provides services for these 7 cities as well as parts of the Eastern Shore of Virginia and parts of North Carolina

EVMS: What We've Done



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2011 NCQA update

- PCMH focuses on an **interdisciplinary team** clinical approach
- Has not explicitly included psychologist or other mental health professional but **behaviorist implied**
- Must provide **screening** for mental health, substance abuse, and health behaviors
- Must have **evidence-based protocols for 3 common illnesses**, one must be related to unhealthy behaviors (e.g., obesity) or a mental health or substance abuse condition
- Practices not integrating behaviorists on the interdisciplinary health care team may have difficulty meeting standards

http://www.ncqa.org/tabid/631/Default.aspx

EVMS Clinical Psychology Training Programs

- Psychology training programs are in Dept. of Psychiatry & Behavioral Sciences which has a strong psychology division (8 full time psychologists)
  - Internship has existed since 1976-77 and APA accredited for 31 years
    - FY 2011-12 we have 5 interns
    - Accept 4-8 interns from approximately 120 to 160 applications each year
  - 1 Postdoctoral fellow in Integrated Care annually
  - 2-3 VCPCP Psychology graduate students train in integrated care per practicum
    - VCPCP is APA Accredited Psy.D. program

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EVMS Ghent Family Medicine Residency Program

- Ghent Family Medicine (GFP) Residency is in the DFCM which has 12 full time faculty
- Operates out of the Academic Health Center and its nearby hospital
- Residency has existed since 1975 and it is an accredited three-year program which meets all the training requirements of the American Board of Family Medicine
- Accepts approx. 5 residents per PGY year

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EVMS Portsmouth Family Medicine Residency Program

- Portsmouth Family Medicine (PFM) Residency is in the DFCM which has 9 full time faculty
- Community based program
- Residency has existed since 1975 and it is an accredited three-year program which meets all the training requirements of the American Board of Family Medicine
- Accepts approx. 5 residents per PGY year

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EVMS Affiliations with FQHCs

Park Place Medical

- FQHC located in Norfolk
- Provides training for EVMS Internal Medicine Residents
- Newest interdisciplinary training site added
- Postdoctoral fellow works with the PPMC medical director and the internal residents training there

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Sample Activities to Create Interdisciplinary Training in PCMHs

- **Joint patient care delivery**
- Trainees teach **didactics** within Psychology and Family Medicine seminar series
  - Interdisciplinary Case Conferences
  - Primary Care Rounds
- **Joint precepting/supervision** by Psychology and Family Medicine Faculty for all trainees
- **Specialized training** in cultural diversity and unique needs of PC patients for faculty and trainees
- Psychology trainees write **paper(s)** or give **presentations** about medical condition(s) and psychology resources/interventions that can be of assistance to the patient and provider

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Training Model

- **Warm handoffs** and interruptions to meet new patients welcomed
- Evidence based, **population based** model of care
- **Groups** and **clinical research** encouraged
- Psychology trainees function as part of the medical team and are **part of all provider activities**
- Psychology services are **consultation, brief assessments, brief** CBT or IPT **interventions** to PC population, includes addressing behavioral (esp. related to health), psychological and substance abuse needs
  - Generally 6 treatment contacts or less
  - Complex assessments may take an hour, regular treatment and f/u generally 15-30 minutes
  - Provide care management and triage services for patients who need additional services

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Training Model

Include Opportunities for

- Program and services **development/evaluation**
- **Quality improvement** efforts
- **Staff training**
- Patient centered outcomes **research**
  - **http://www.pcori.org/pcorinput.html**
- **Teaching** others
  - For example Psychology Trainees work with Family Medicine Residents to Meet **ACGME ICS Competencies**

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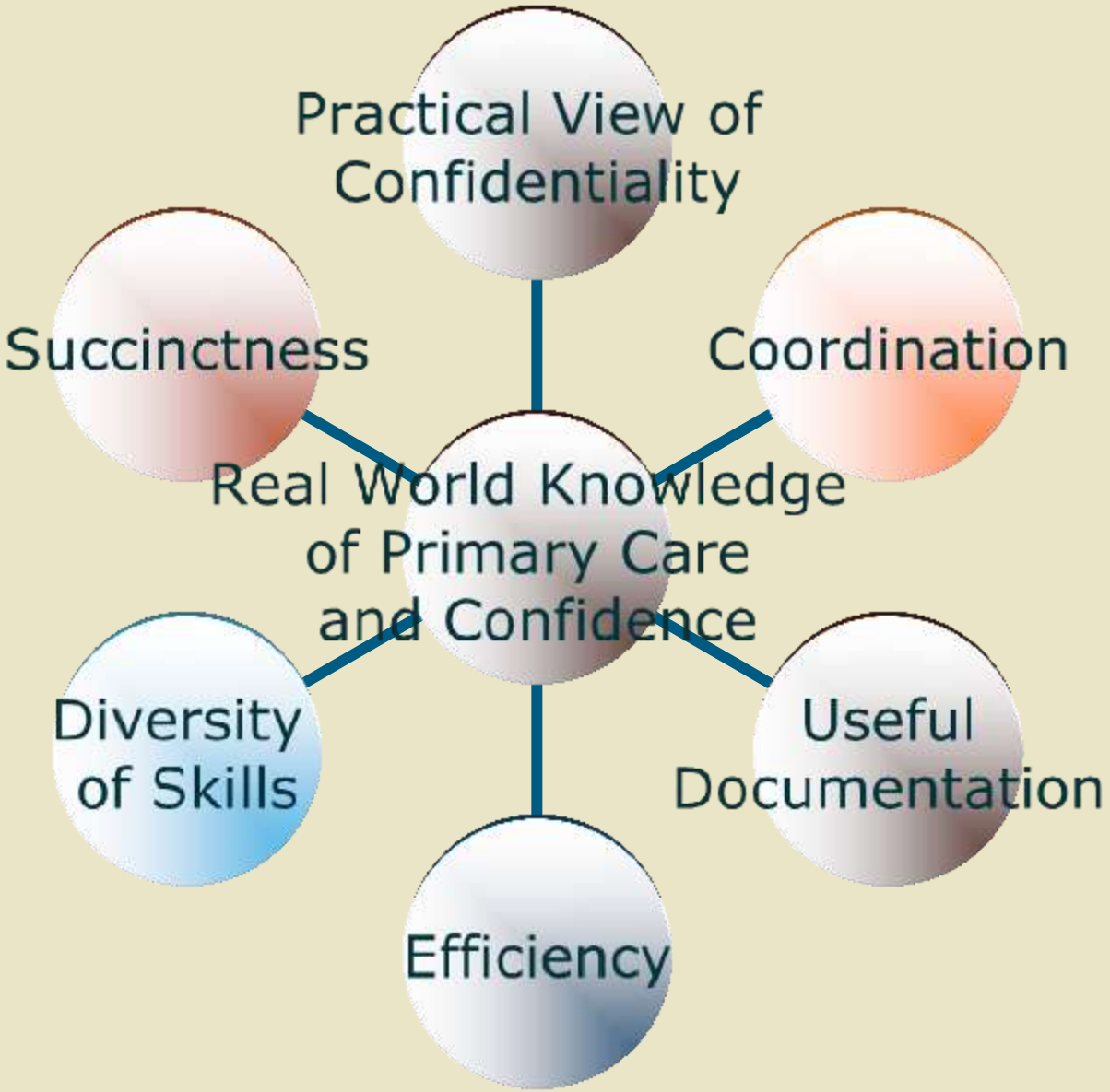
Skills for Trainees to Thrive



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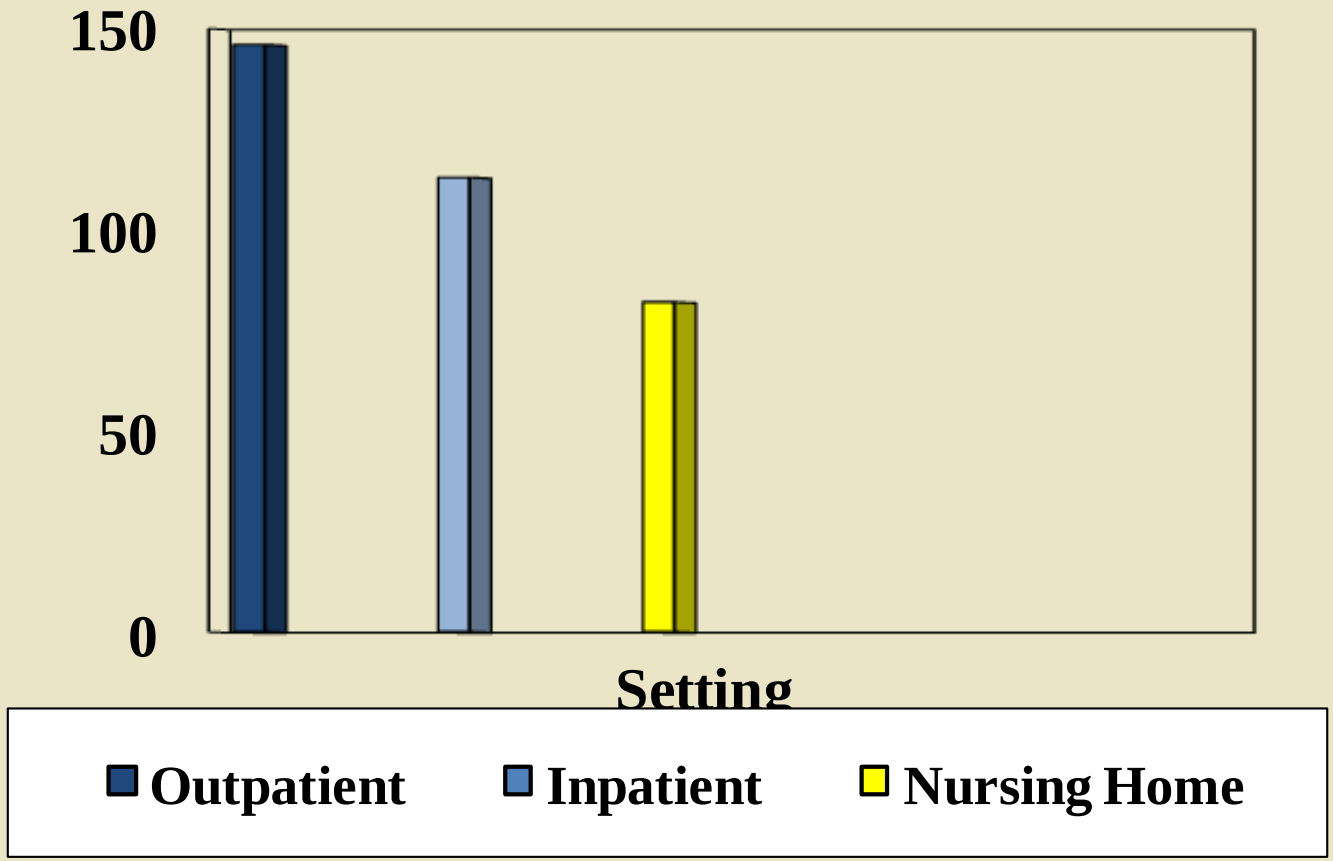
Average # of Individualized Patient Contacts by PSY Intern by Setting



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EVMS Evaluation Methods

- Patient **Contact Reports**
  - # of patients seen, # of patients identified with mental health issue, other relevant tracking data
- Pre and Post **Physician's Belief Scales**
- **Patient Satisfaction** Ratings

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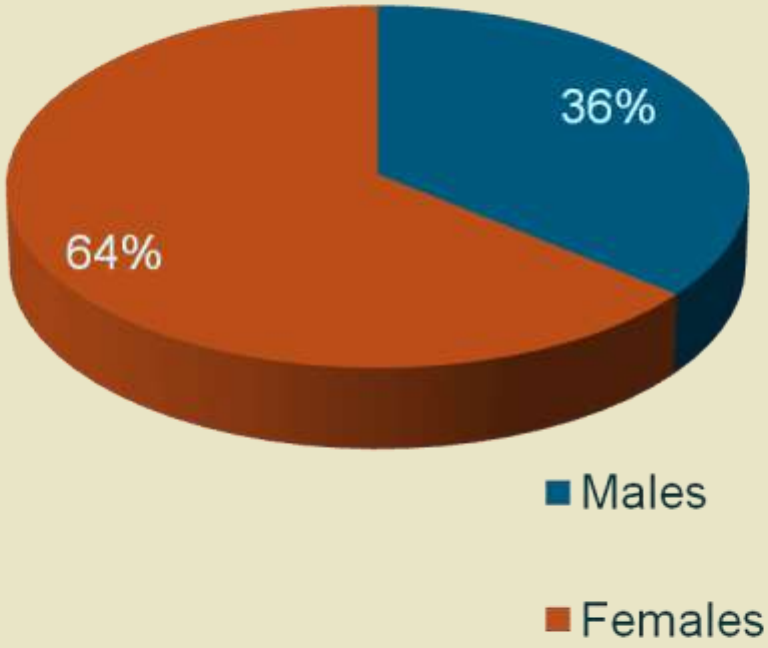
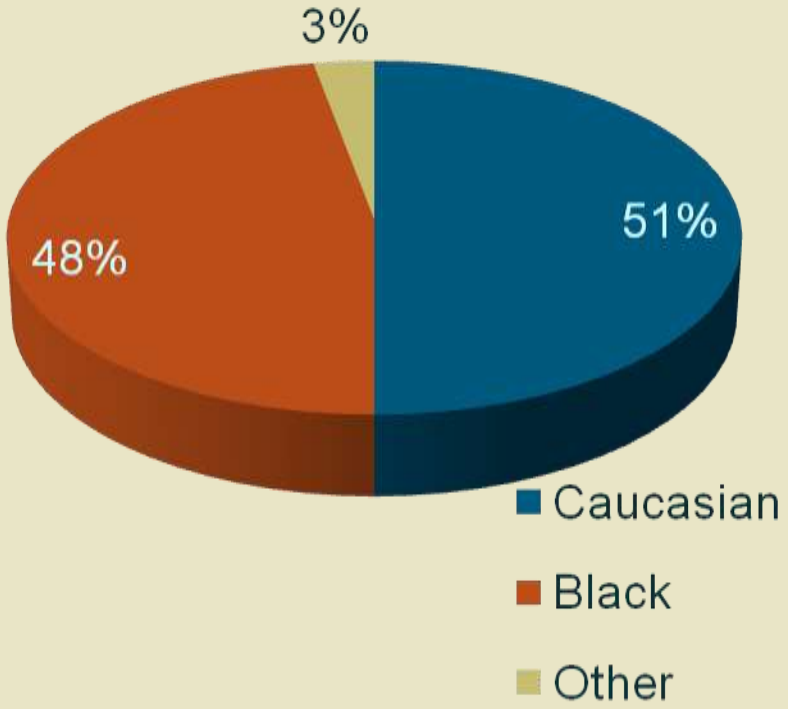
Patient Population





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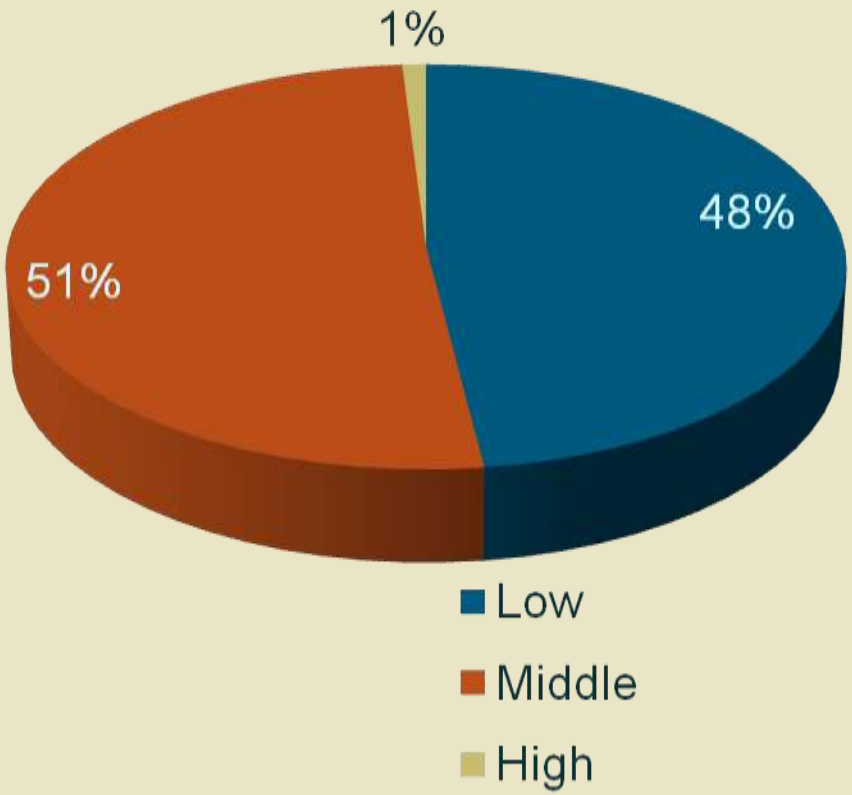
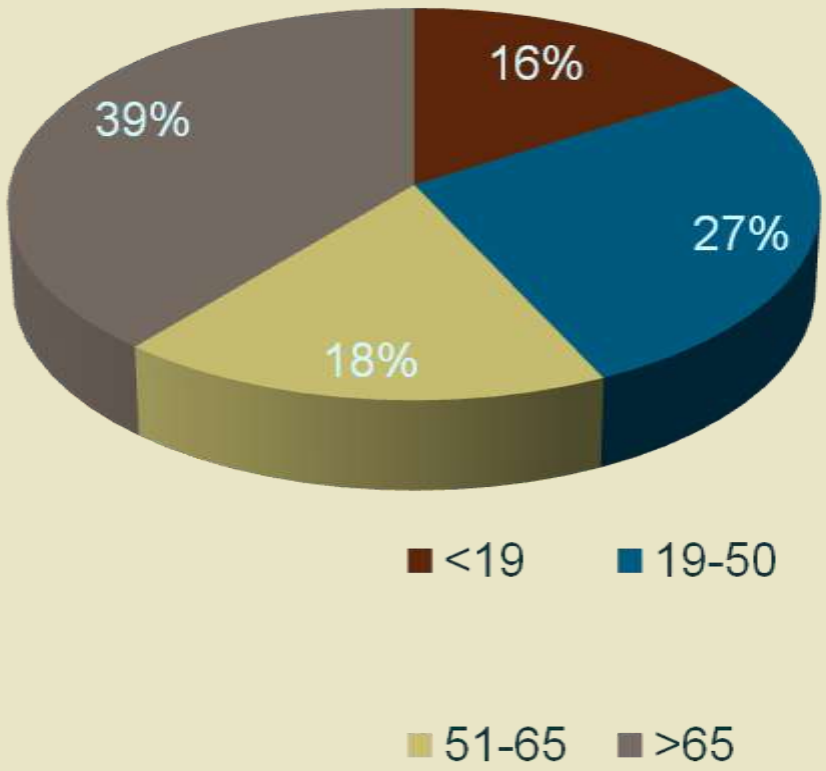
Patient Population





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Primary Reasons Psychology Involved

51% **Mood Disorders**

11% **Cognitive Disorders**

14% **Parenting Concerns (Generally R/O ADHD)**

4% **Anxiety**

4% **Substance Abuse**

16% **Other (Generally Related to Non-Adherence)**

EVMS Evaluation Methods

- Pre and Post **Tests of Knowledge**
- **Trainee Satisfaction** Ratings
  - Next set of slides = most recent survey
  - 53% response rate from DFCM residents
  - ★ items measure interprofessional competencies

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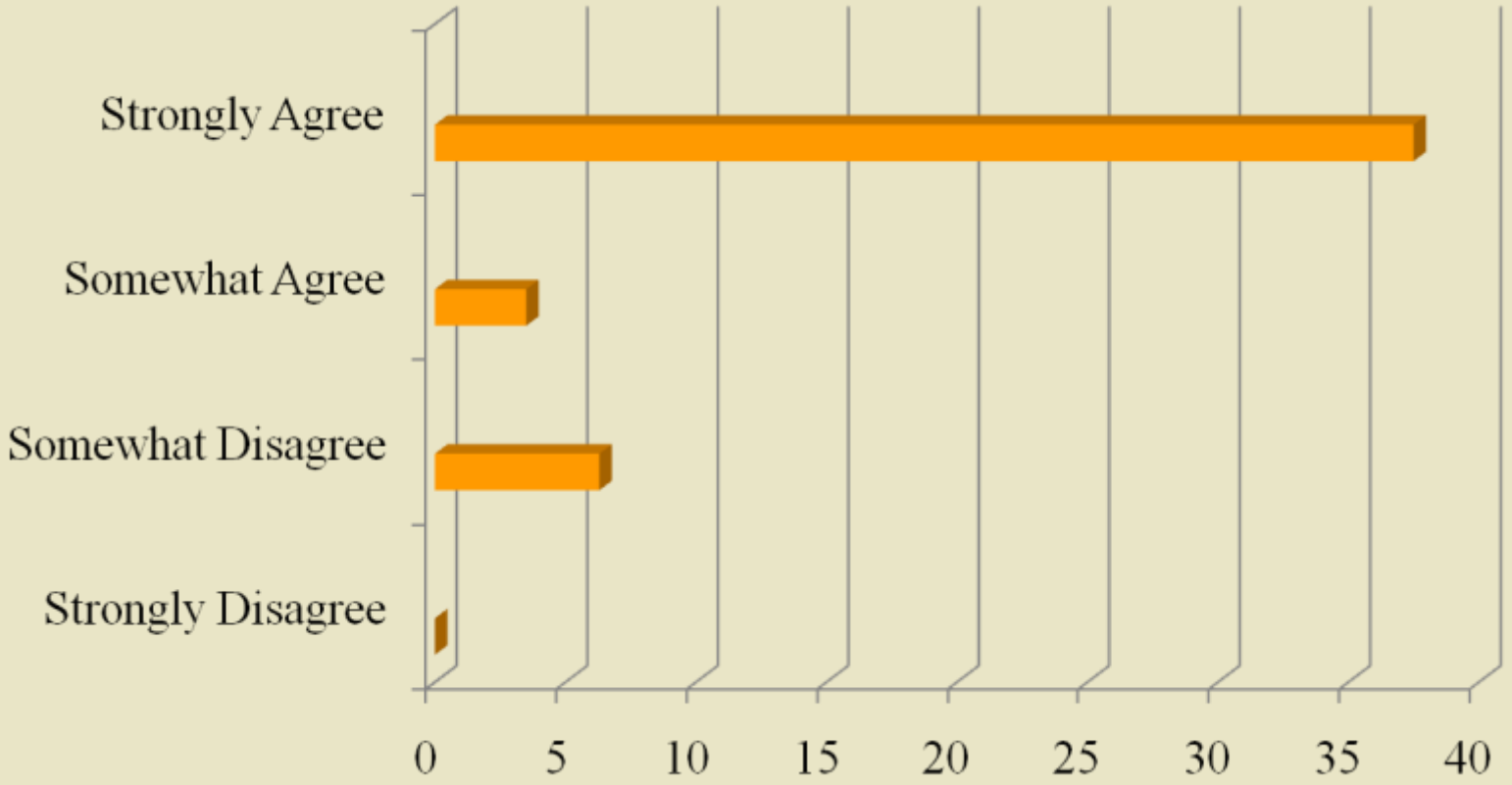
Presence of psychology trainees has significantly enhanced the training within my family practice residency program



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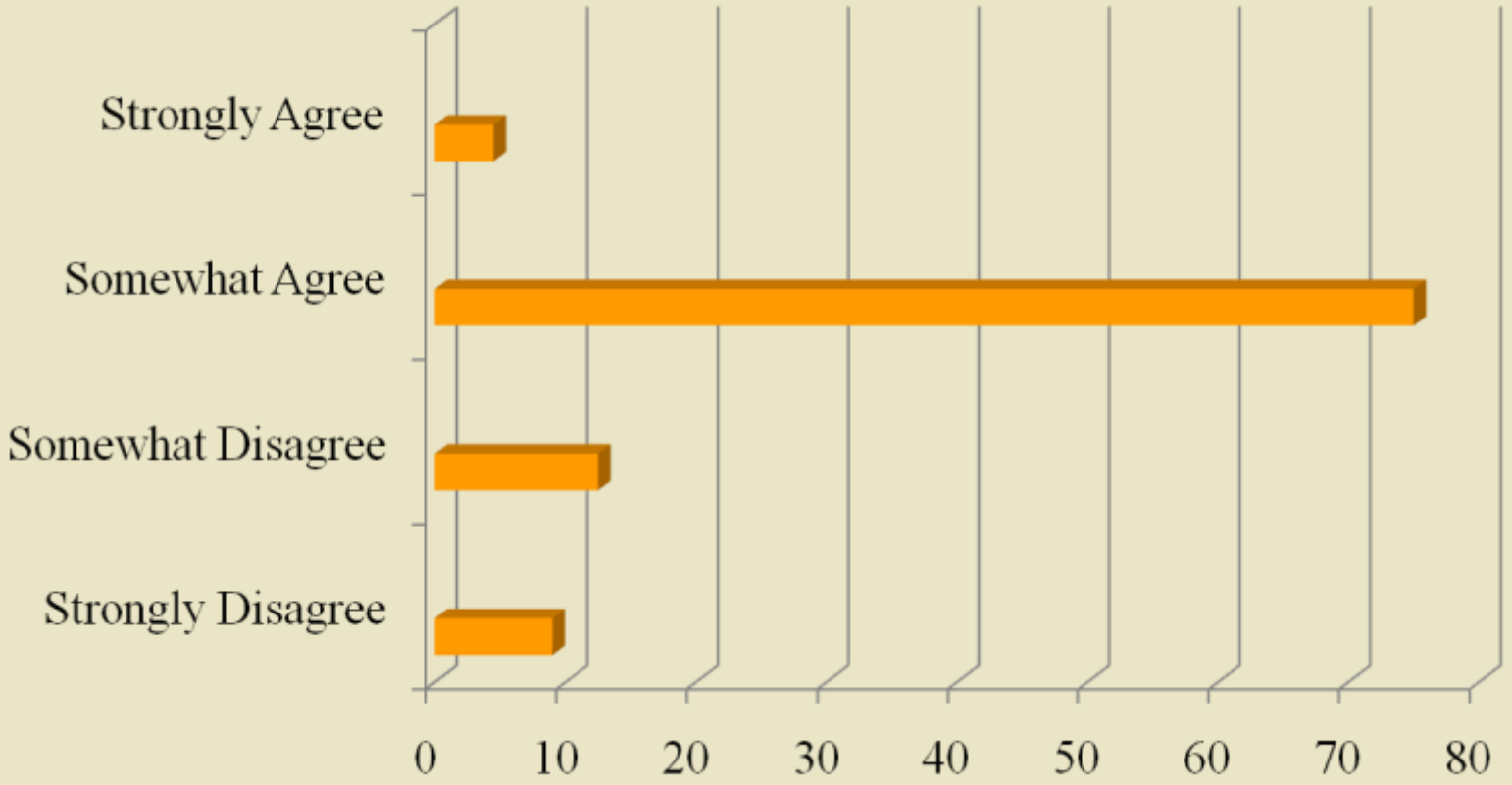
Working with psychology trainees has enhanced my comfort in treating psychosocial problems



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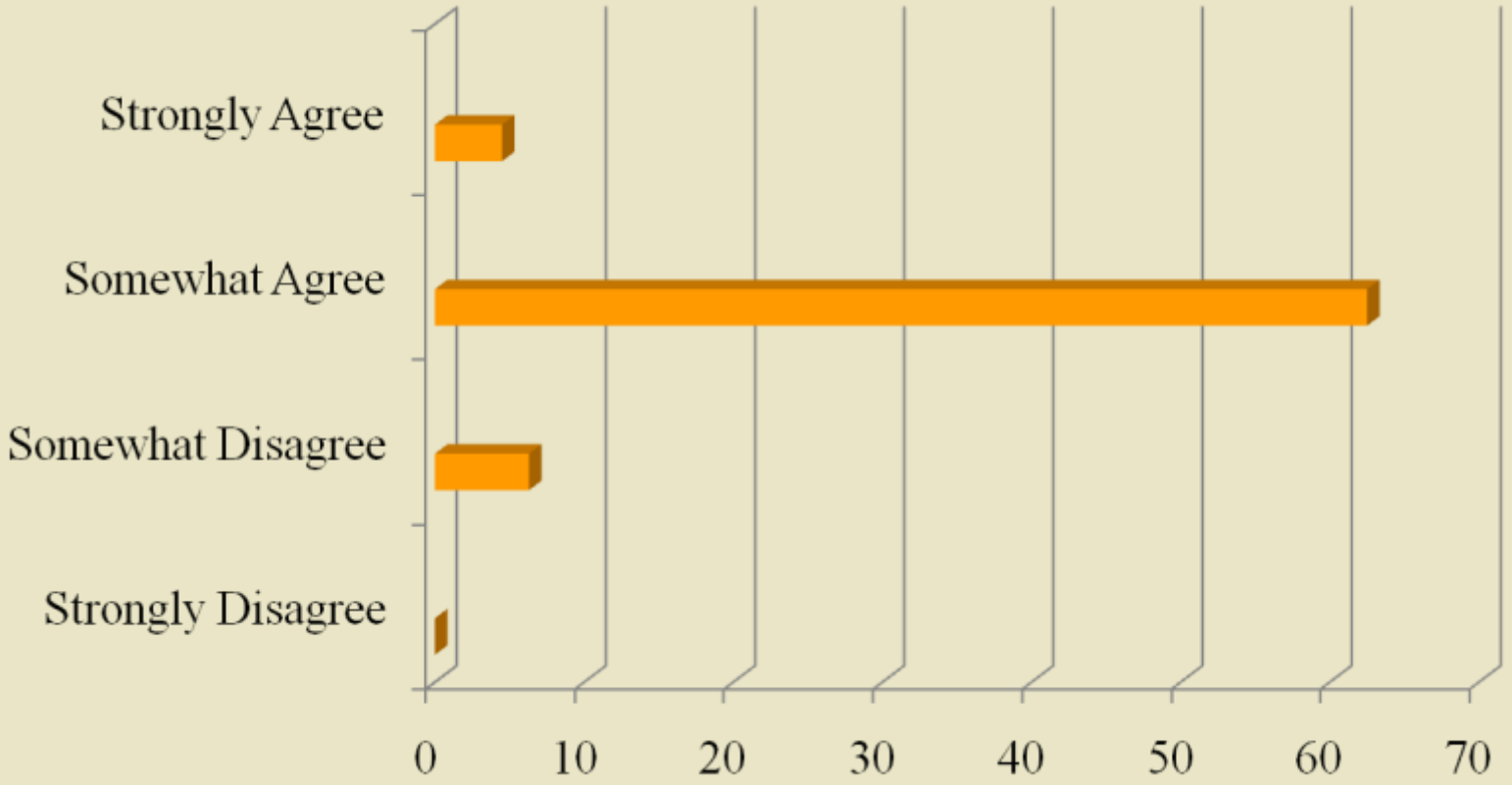
Working with psychology trainees improves my communication with patients, families, communities, and other health professionals



Percentage of Respondents

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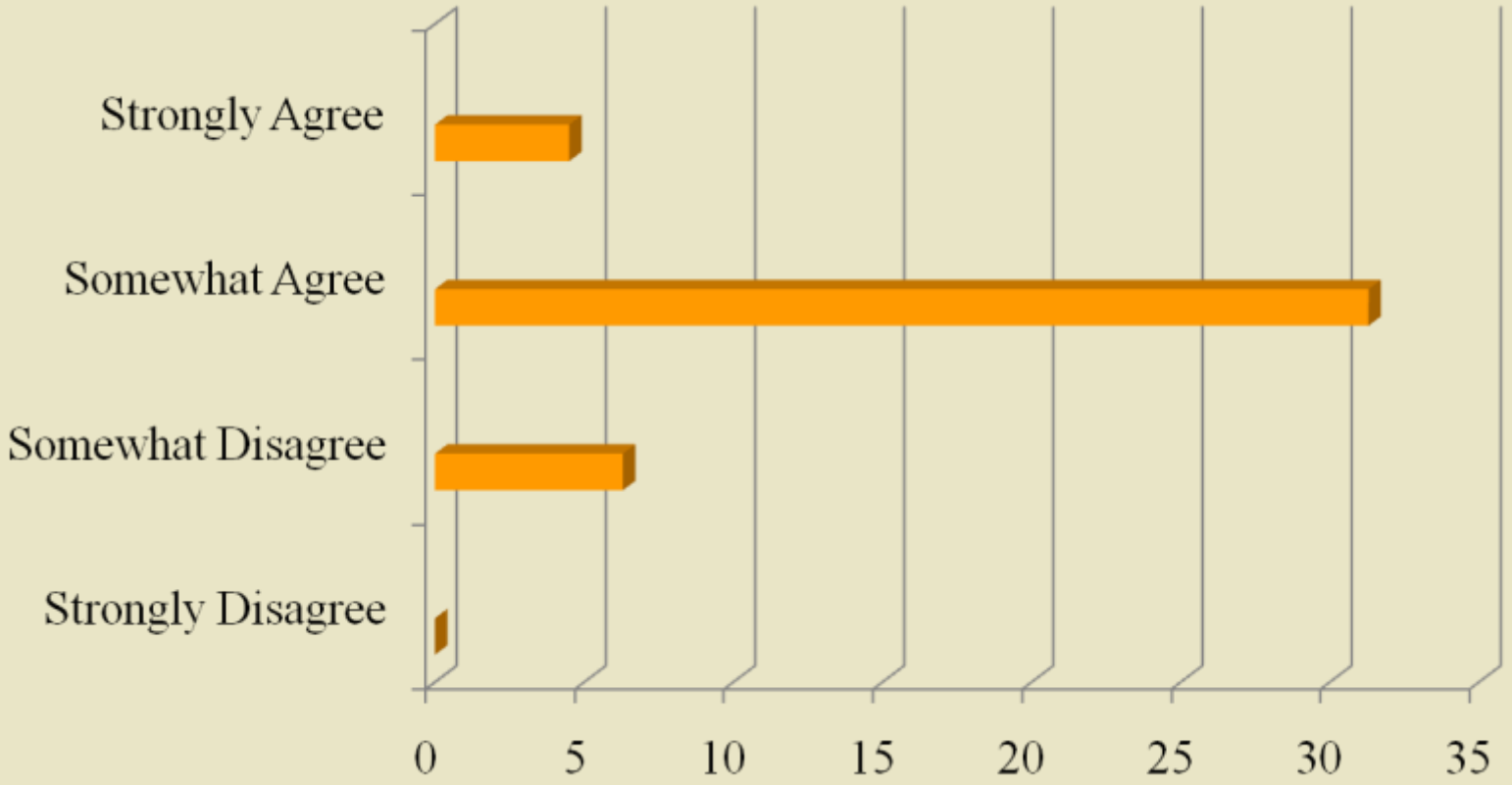
The presence of psychology trainees improves family practice residency team dynamics and the team's ability to effectively deliver patient care



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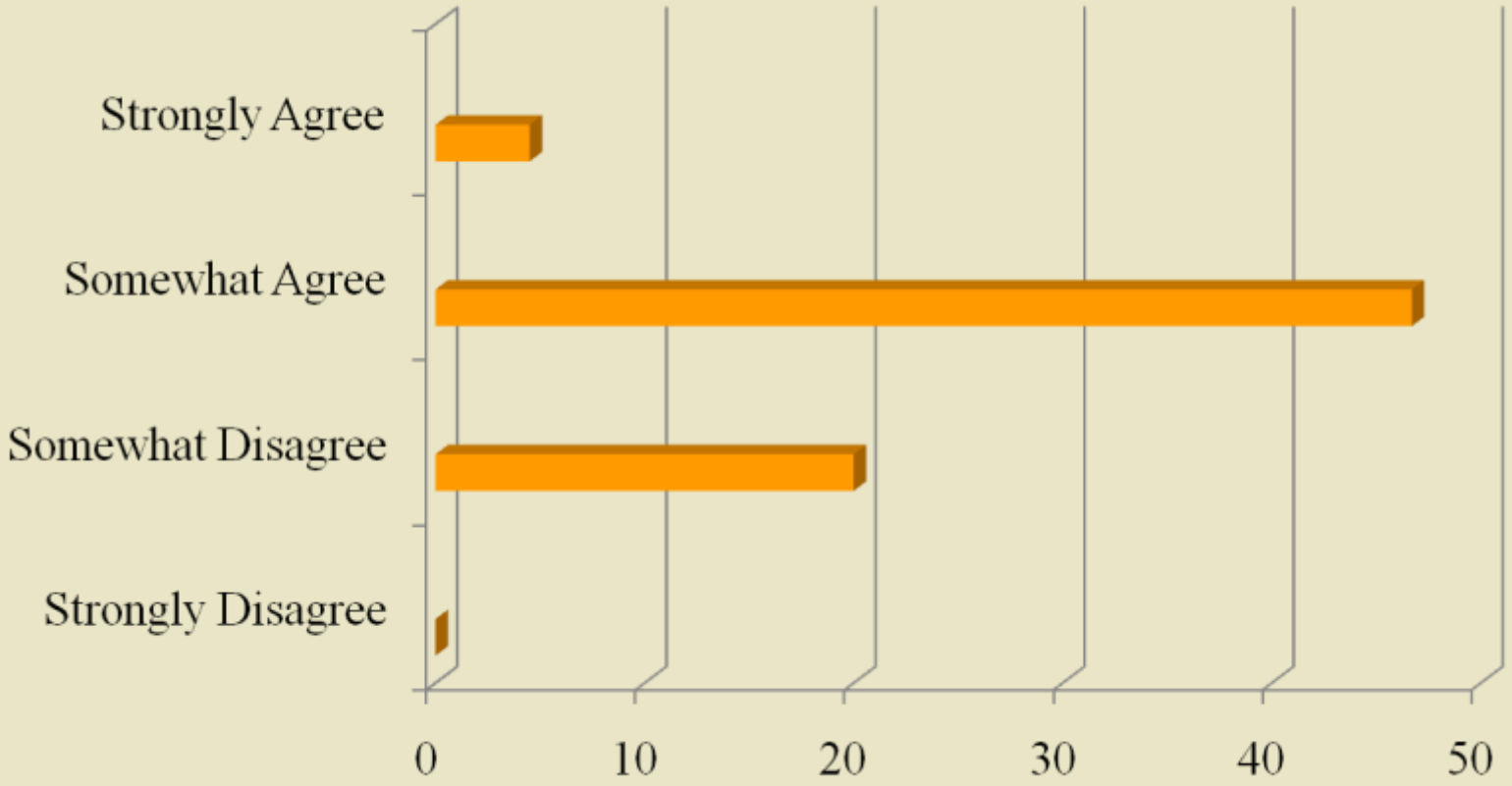
Working with psychology trainees has improved my ability to work with individuals of other professions to maintain a climate of mutual respect and shared values



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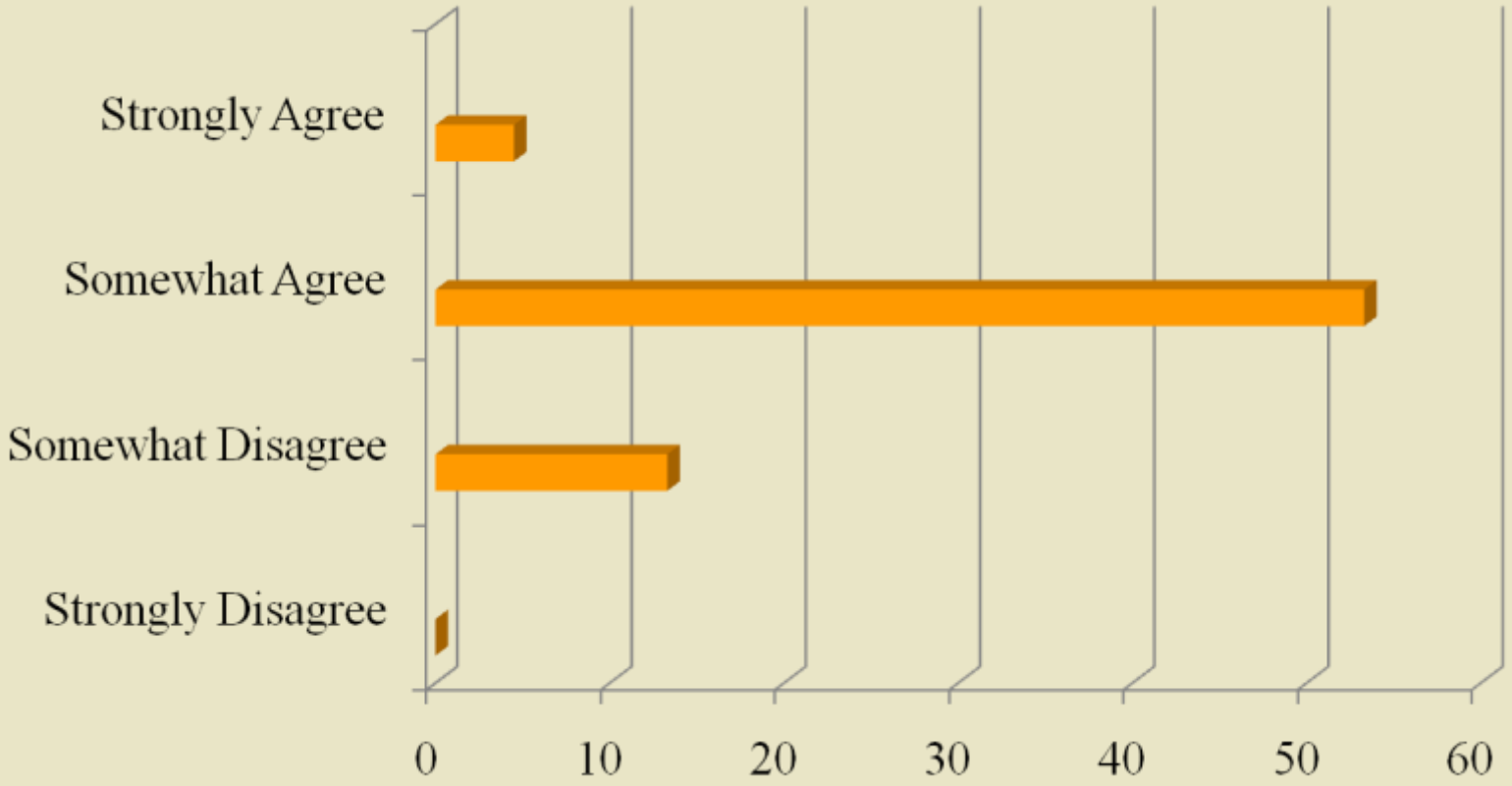
Working with psychology trainees has enhanced my knowledge of my own role and those of other professions in meeting the healthcare needs of the patients and populations our practice serves



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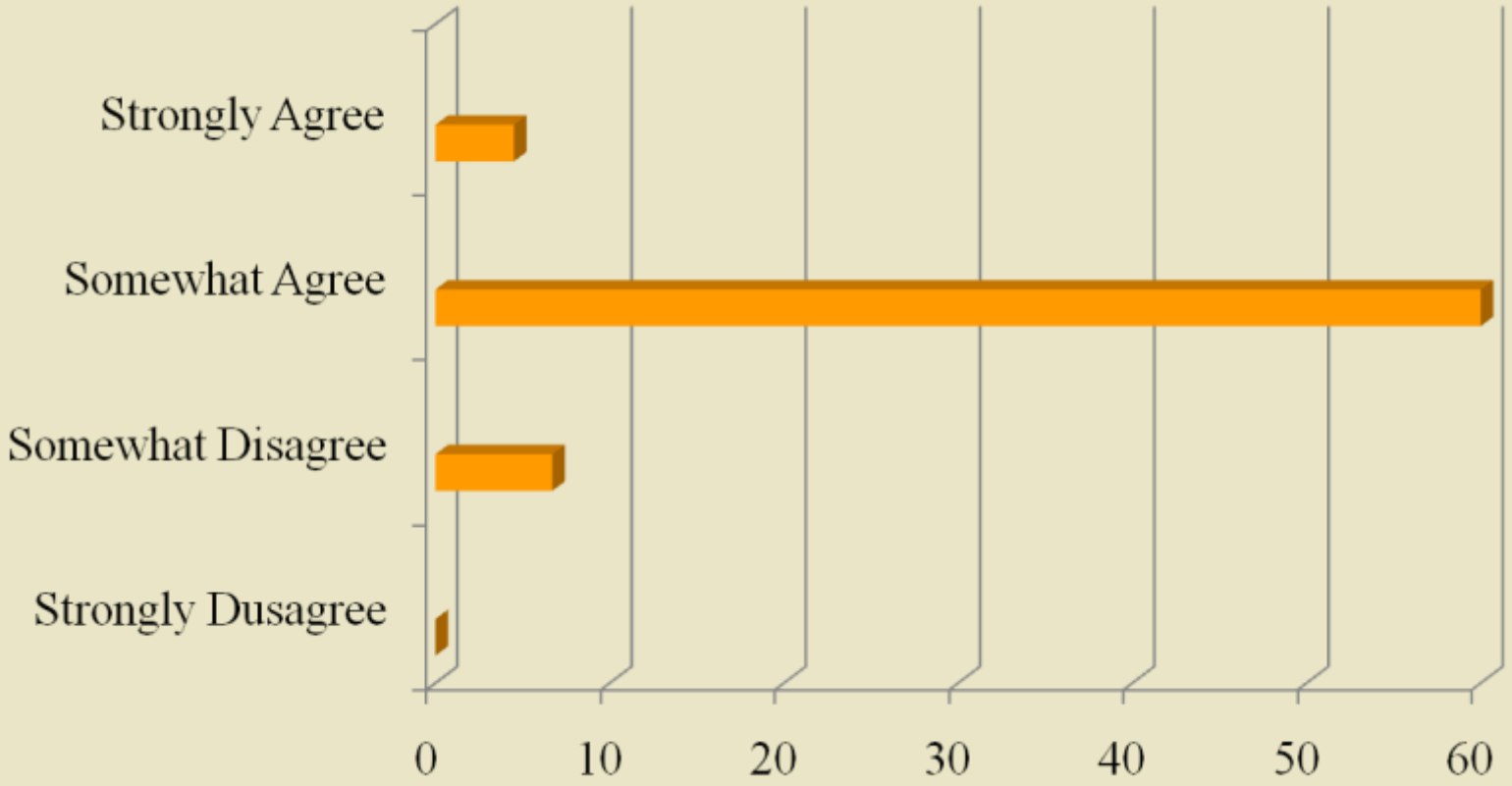
When psychology trainees are present I am more likely to investigate psychosocial problems with my patients



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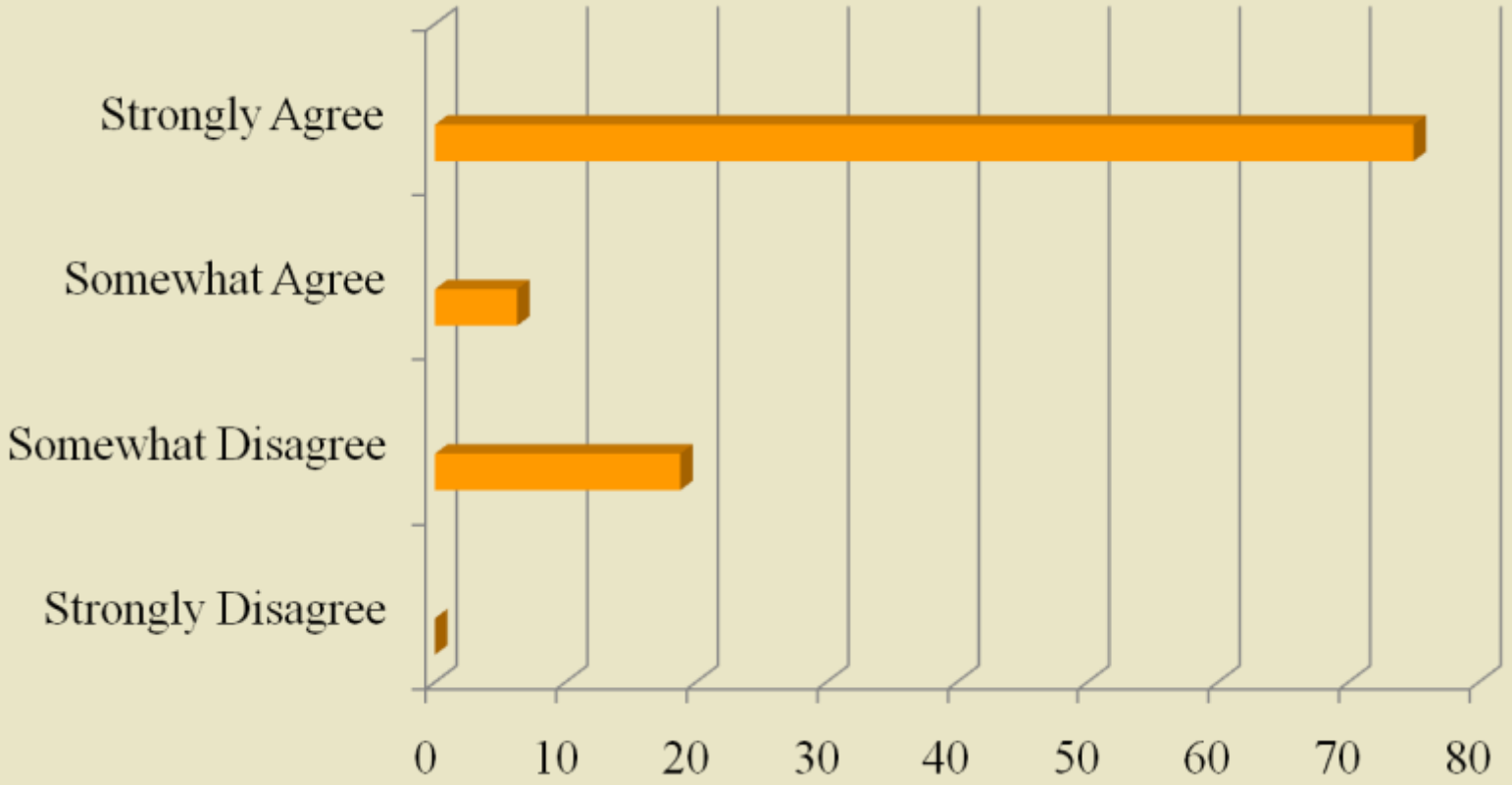
The presence of psychology trainees at the family residency sites has lead to an increased emphasis on psychosocial issues overall



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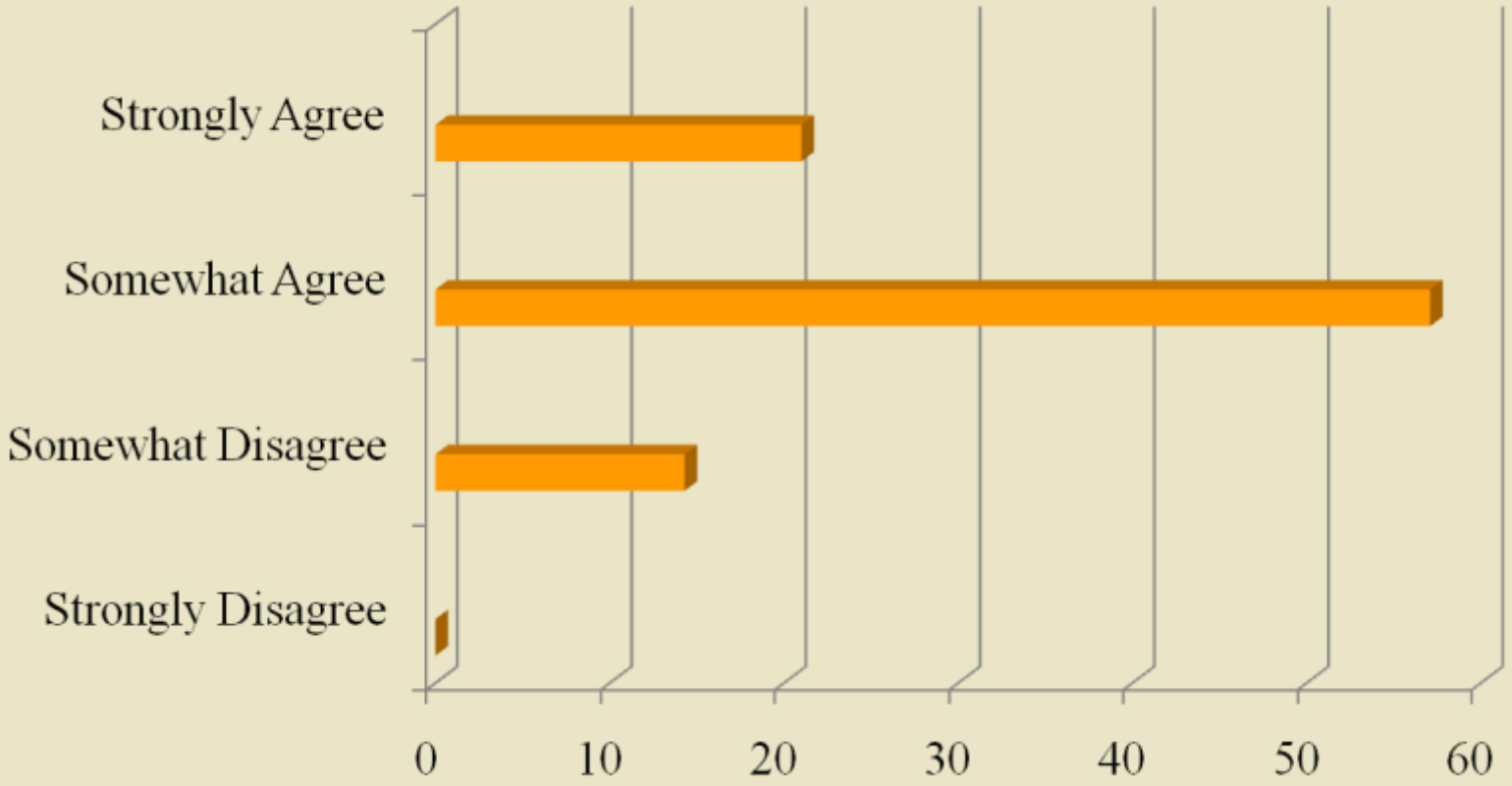
Presence of psychology trainees has encouraged me to consider organic and psychosocial problems in patient care concurrently



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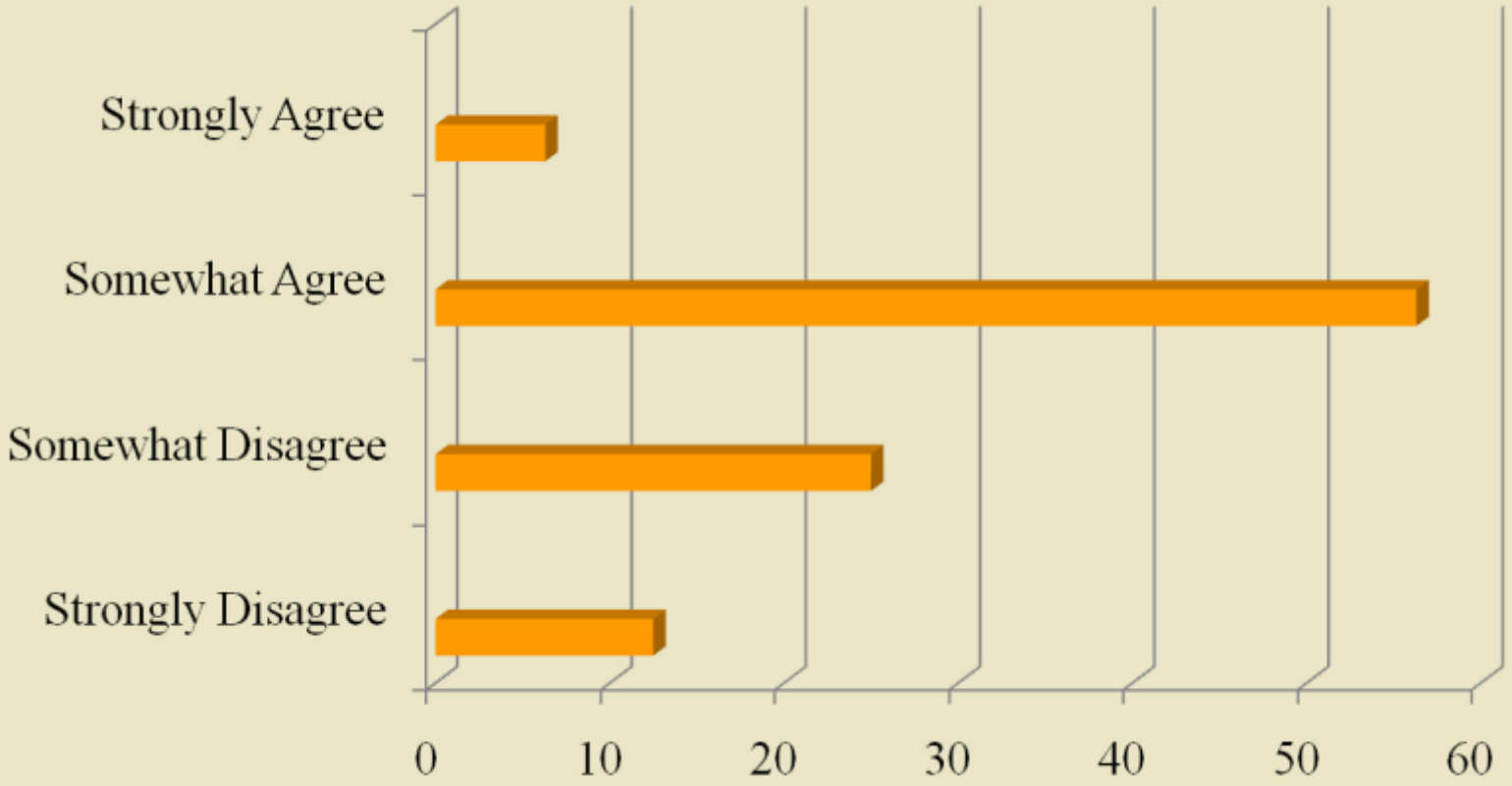
I would be less likely to consult with a behavioral provider if psychology trainees were not in the family practice setting with me



Percentage of Respondents

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Main Challenges

Bluestein, D., & **Cubic, B.A.** (2009). Psychologists and primary care physicians: A training model for creating collaborative relationships. *Journal of Clinical Psychology in Medical Settings, 16,* 101-112.

Differing Perspectives

- PC Patients
  - Have Multiple Medical and Psychological Needs
  - Most Come in Only When Symptomatic
  - Expect a Brief Visit and that Pharmacological Treatment(s) will be Offered
  - Psychological Advice or Intervention is Unexpected and Often Unwanted
  - Referral to MH Seen as Stigmatizing

Differing Perspectives

- PC Providers
  - Have Large Caseloads of Patients with Multiple Medical and Psychological Needs
  - Need to Prioritize What to Address at Each Visit
  - Ultimately Accountable for Care Provided by Extenders
  - View of “My Patient” Leads to Expectations
    - Coordination of Care
    - Exchange of Information with Consultants
  - Time Pressures

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Differing Perspectives

- Psychologists
  - Confidentiality Given Utmost Importance
  - Operate Largely in Context of Ongoing Relationships with Patients
  - Expect to Complete In-depth Assessments
  - Trained to Offer Interventions in Units of Time (e.g. generally 1 hour visits)
  - Generally Provide Solicited Psychological Advice or Intervention to Patient or Patient's Advocate

Other Issues

- 1. **Avoiding yet Learning Each Discipline's Jargon**
- **2. Educating Psychology about Common Medical Illnesses and Psychopharmacology**
- **3. Agreement on Chronic Disease Management**
  - **Teaching PC Providers how Psychology Can Assist with Treatment Adherence and Chronic Disease Management**
- **4. Understanding Pace and Culture of Primary Care**
- **5. Teaching All Trainees about Primary Care of Common Mental Illnesses**
  - **Presentation and Epidemiology Differences in PC**
  - **Brief, Evidence Based Assessment and Interventions**

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Blount FA, Miller BF. (2009). Addressing the workforce crisis in integrated primary care. JCPMS, 16, 13-19.

Barriers to Interprofessional Education

- Need support of top **leadership**
- Lack of institutional **collaborators**
- **Practical issues**-Scheduling, curricular time
- **Faculty development** issues- Faculty across professions need training as interprofessional educators
- **Assessment** issues- Evaluation instruments for interprofessional competencies and PCMH in its infancy
- **Reimbursement** models are yet to be established

Where Are We Going Next?

Improving the Training Involves Generating a System that…

- **Truly integrates medicine and behavioral health care and education at all levels**
- **Evidence supports (i.e. targets the right patients and uses effective IC behavioral interventions)**
- **Utilizes limited time, space, financial, organizational resources**
- **Meets the needs of patient, providers, and systems in a satisfactory and effective manner**
- **Yields measurable psychological, medical, operational and cost, outcomes and benchmarks**
- **Is sustainable**

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Registry and Wellbeing Screening Methodology Used to Place Patients in Quadrants

Obtain Baseline on Utilization Rates and Health Status for 3 Months by Quadrants Using TAU

Implement Treatment Teams Based on Quadrants

(established by National Council for Community Behavioral Healthcare)

Quadrant 1

Low Behavioral & Physical Complexity/Risk

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Quadrant 2

High Behavioral Health, Low Physical Health Complexity/Risk

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Quadrant 3

Low Behavioral, High Physical Health Complexity/Risk

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Quadrant 4

High Behavioral & High Physical Complexity/Risk

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Patient Centered Focus of Each Quadrant

Quadrant 1

Wellness checks

As needed medical care

Screening for common mental health issues

Motivational interviewing to sustain healthy lifestyle

Preventative approaches

Quadrant 2

Wellness checks

As needed medical care

Assessment and diagnosis of mental health issues

Referral to specialty behavioral health/Coordination with PCP

Periodic follow-up to monitor progress regarding mental health issues

Quadrant 3

Management of chronic medical illnesses (e.g., diabetes, cardiovascular conditions)

Assessment and treatment of co-morbid mental health issues

Empowering the patients to adhere to better lifestyles and their medical regimen

Quadrant 4

Management of most complex patients, (i.e. severe mental illness or addiction co-occurring with one or more complex medical conditions)

Served in both the specialty behavioral health and primary care/medical specialty systems

Closely coordinated assessment , diagnosis and care coordination

Main Team Members/Level of Trainees to Address Patients' Needs in Each Quadrant

Quadrant 1	Quadrant 2	Quadrant 3	Quadrant 4
Nurses with Nursing Students	Nurses with Nursing Students	Nurses with Nursing Students	Nurses with Nursing Students
Attending PC Physician with Medical Student Trainees	Attending PC Physician with Medical Student Trainees	Attending PC Physician with Resident Trainees	Attending PC Physician with Resident Trainees
Attending Behaviorist with Graduate Student Trainees	Attending Behaviorist with Docotoral Internship Level Trainees	Attending Pharmacist with Graduate Student Pharmacy Trainees	Attending Psychiatrist with Psychiatry Resident
Nutritionist with Undergraduate Student Trainees	Nutritionist with Undergraduate Student Trainees	Attending Behaviorist with Graduate Student Trainees	Attending Behaviorist with Postdoctoral Fellow
		Nutritionist with Undergraduate Student Trainees	Nutritionist with Undergraduate Student Trainees

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