## CONCURRENT EDUCATION SESSIONS

**Collaborative Family Healthcare Association 17th Annual Conference • October 15-17, 2015 • Portland, Oregon USA • www.CFHA.net**

### Period 1 - Friday, October 16, 2015 – 10:30 AM to 12:00 PM

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<td><strong>A1a</strong></td>
<td>(40 minutes) Integrated and Collaborative Care Practices for Teaching Pain Management Treatment (5809078)</td>
<td>Emilee J. Delbridge, Dan S. Felix, Derrick Hasenour, Anushk Goyal</td>
<td>40 minutes</td>
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<td><strong>B1</strong></td>
<td>(40 minutes) Unlocking Implementation in Primary Healthcare: The Family Check-Up as an Example (5729360)</td>
<td>Jodi Polaha, J. D. Smith, Courtney Smith, Karen Schetzina</td>
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<td><strong>C1</strong></td>
<td>(40 minutes) Economic Impact of an Integrated Behavioral Program (5791340)</td>
<td>Nettie Illiano, Kenneth Kushner</td>
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<td><strong>D1a</strong></td>
<td>(40 minutes) Trauma-Informed Care for Adverse Childhood Experience Survivors (5479477)</td>
<td>David D. Clarke</td>
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<td><strong>E1a</strong></td>
<td>(40 minutes) Bringing Patients into Policy: The Potent Combo of Data and Stories (5740244)</td>
<td>Benjamin F. Miller, Keni Sparling</td>
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<td><strong>F1a</strong></td>
<td>(40 minutes) How Do Integrated Behavioral Health Providers Treat Anxiety in Routine Clinical Practice? (5709760)</td>
<td>Robyn L. Shepardson, Jennifer S. Funderburk</td>
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<td><strong>A1b</strong></td>
<td>(40 minutes) Less Suffering, More Living: Integrated, Behaviorally-Informed Approaches to Adult and Pediatric Palliative Care (5806751)</td>
<td>David Nowels, Jackie Williams-Reade, Barry J. Jacobs</td>
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<td><strong>B1b</strong></td>
<td>(40 minutes) DBT Skills Group: A Primary Care Success Story at a FQHC (5775308)</td>
<td>Joan Reichman, Myong O., Daren Ford, Nate Goins, Brain Frank, Christina Milano</td>
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<td><strong>E1b</strong></td>
<td>(40 minutes) Patient Perspectives of Integrated Primary and Behavioral Health Care (5807671)</td>
<td>Rose Gunn, Melinda M. Davis, Bijal A. Balasubramanian, Maribel Cifuentes, Jennifer Hall, Deborah J. Cohen</td>
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<td><strong>F1b</strong></td>
<td>(40 minutes) An Integrated Care Approach to Preventing Childhood Obesity in Family Medicine Clinics Using 2-1-0 Messages at Well-Child Visits (5504495)</td>
<td>Jerica M. Berge, Renee Crichtlow, Lisa Trump</td>
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<td><strong>G1c</strong></td>
<td>(40 minutes) Childhood Obesity Prevention and Treatment: Behavioral Health and Medical Providers Partnering in Research and Practice (5600348)</td>
<td>Jerica M. Berge, Keeley Pratt</td>
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CFHA reserves the right to make adjustments to this agenda based on the best interests of the association and the Conference.
A1a  Friday, October 16, 2015 – Period 1 – 10:30 AM to 12 PM

Integrated and Collaborative Care Practices for Teaching Pain Management Treatment

Physicians and behavioral healthcare providers work collaboratively in a Chronic Pain Management Clinic at our Family Medicine Residency, with a dual focus of caring for patients with chronic pain and providing educational opportunities for residents and other healthcare trainees. We will discuss our specific approaches which support the educational and patient/family care goals of the clinic. We will provide data about the clinical and educational outcomes in the 18 months of the clinic’s existence.

Presented by Emilee J. Delbridge, PhD, LMFT Assistant Professor of Clinical Family Medicine, Behavioral Science Faculty IU-Methodist Family Medicine Residency, IU School of Medicine Indiana University Purdue University-Indianapolis; Dan S. Felix, PhD, LMFT Assistant Professor of Clinical Family Medicine, Behavioral Science Faculty IU-Methodist Family Medicine Residency, IU School of Medicine Indiana University Purdue University-Indianapolis; Derrick Hasenour, MD Assistant Professor of Clinical Family Medicine IU-Methodist Family Medicine Residency, IU School of Medicine Indiana University Purdue University-Indianapolis; Ankush Goyal, MD PGY-2 Family Medicine Resident IU-Methodist Family Medicine Residency, IU School of Medicine Indiana University Purdue University-Indianapolis

Primary Track: 5. Workforce Education and Development
Focus Area: F. Patient and Family Approaches to Care
Content Level: All audiences

Upon completion of this presentation, participants will be able to:

- Identify specific educational approaches for addressing complex patients with chronic pain, and improve skills in educating learners in clinical settings, such as treating complex patients with chronic pain.
- Discuss advantages and challenges of physicians and behavioral health clinicians collaboratively treating patients with chronic pain.
- Practice developing integrated chronic pain management plans.
Less Suffering, More Living: Integrated, Behaviorally-Informed Approaches to Adult and Pediatric Palliative Care

Palliative care is increasingly being regarded as an essential element of humane, patient-centered, and economical healthcare. Yet its focus on reducing suffering is often resisted by patients, family members and providers who equate it with giving up and accepting death. In this workshop, medical and behavioral experts on adult and pediatric palliative care in primary care and specialty settings will describe best practices employing integrated, collaborative models. They will also specifically address strategies for decreasing discomfort with and increasing acceptance of palliative care among patients and professionals.

Presented by David Nowels, MD Director of the Hospice and Palliative Medicine Fellowship University of Colorado; Jackie Williams-Reade, PhD, LMFT Assistant Professor Loma Linda University; Barry J. Jacobs, PsyD, Director of Behavioral Sciences Crozer-Keystone Family Medicine Residency Program

Primary Track: 2. Redesign of Health Care Services and Structures

Focus Area: F. Patient and Family Approaches to Care

Content Level: Basic

Upon completion of this presentation, participants will be able to:

- Identify unique aspects of palliative care that are relevant to the primary care and specialty care models.
- Learn ways to help engage and train team members in the importance and practical application of palliative care.
- Understand ways to overcome common fears and misconceptions of patients, family members, and providers regarding palliative care.

Unlocking Implementation in Primary Healthcare: The Family Check-Up as an Example

Demonstrate traction with your new procedure, program, or protocol using the cutting-edge evidence-based implementation strategies described in this training. Real-world examples using the Family Check-Up will be described by Implementation Scientists and providers in the trenches. The audience will have the opportunity to work exercises that will apply this new knowledge to their own relevant examples.

Presented by Jodi Polaha, PhD, Associate Professor, Psychology, East Tennessee State University; J. D. Smith, PhD, Assistant Professor, Department of Psychology & Neuroscience; Baylor University; Courtney Smith, MS, Behavioral Health Consultant, East Tennessee State University, Pediatrics; Karen Schetzina, MD, Associate Professor, Pediatrics, East Tennessee State University

Primary Track: 6. Training in Research and Evaluation

Focus Area: F. Patient and Family Approaches to Care

Content Level: Advanced

Upon completion of this presentation, participants will be able to:

- Describe the utility of two models (CFIR and EPIS) from Implementation Science.
- Discuss the application of two IS models to the Family Check-Up.
- Identify strategies for engaging these models in diverse/generalization examples.
Economic Impact of an Integrated Behavioral Program

We compared inpatient and outpatient medical and mental health utilization rates of 12,300 patients over 5 years in 4 medical homes with differing degrees of integration of behavioral services. We will discuss the implications of our results, which found modest cost savings, in the context of previous research on cost offset and on the policy implications of basing integrated behavioral health services on cost savings.

Presented by Neftali Serrano, PhD, Chief Behavioral Health Officer, Access Community Health Centers; Kenneth Kushner, PhD, Professor, Department of Family Medicine, University of Wisconsin

Primary Track: 4. Financial Sustainability and Cost Control
Focus Area: B. Primary Care Behavioral Health Model of Service Delivery
Content Level: All audiences

Upon completion of this presentation, participants will be able to:

- Describe the impact of insurance status on patient utilization of healthcare resources.
- Describe the main conclusions of our study in terms of the effect of integrated behavioral health on overall inpatient and outpatient utilization.
- Discuss the policy implications of the results of our study in the context of the larger literature on cost offset for mental health services.

Trauma-Informed Care for Adverse Childhood Experience Survivors

Approximately one in three primary care patients suffers from medically unexplained symptoms and/or a chronic functional syndrome. Many of these are linked to Adverse Childhood Experiences. Understanding these connections enhances collaboration between medical and behavioral clinicians and improves therapeutic outcomes.

Presented by David D. Clarke, MD President, Psychophysiologic Disorders Association Clinical Assistant Professor of Gastroenterology Emeritus, Oregon Health & Science University Faculty Associate, Arizona State University

Primary Track: 5. Workforce Education and Development
Focus Area: D. The Role & Impact of Physical Health/Mental Providers on Integrated Care Practice
Content Level: All audiences

Upon completion of this presentation, participants will be able to:

- Discuss with patients the possibility of a link between their functional symptoms (including chronic pain) and adverse childhood experiences (ACEs).
- Explore with patients the range of possible ACEs they suffered.
- Improve therapeutic outcomes in patients with functional symptoms by treating the long-term effects of their ACEs.
THE ROLE OF COLLABORATIVE, INTEGRATED CARE IN ADVANCEING POPULATION HEALTH 
NURTURING THE FOREST AS WELL AS EACH TREE

D1b Friday, October 16, 2015 – Period 1 – 11:20:00 AM (40 minutes)

DBT Skills Group: A Primary Care Success Story at a FQHC

Trauma, substance use, and mental health conditions are prevalent in an FQHC’s primary care population. These conditions are often experienced through physiological distress and patients utilize ineffective coping strategies to manage this suffering. DBT is an evidenced-based practice for addressing these ineffective patterns and teaching effective skills for distress tolerance. This presentation will describe one primary care clinic’s success with implementing a DBT skills building group and how it became an integral program within the clinic.

Presented by Joan Fleishman, PsyD, Clinical and Research Director of Behavioral Health Department of Family Medicine Oregon Health and Science University; Myong O, LCSW Behavioral Health Consultant Family Medicine at Richmond Oregon Health and Science University; Daren Ford, LCSW, CADC II Research Associate Addiction Technology Transfer Center Network of the Pacific Northwest; Nate Goins, MS Graduate Student George Fox University; Brain Frank, MD Assistant Professor Department of Family Medicine Oregon Health and Science University; Christina Milano, MD Associate Professor Medical Director, CareOregon Department of Family Medicine Oregon Health and Science University

Primary Track: 2. Redesign of Health Care Services and Structures
Focus Area: B. Primary Care Behavioral Health Model of Service Delivery
Content Level: All audiences

Upon completion of this presentation, participants will be able to:
- Identify the role and utility of DBT skills for complex care patients in a FQHC primary care.
- Name key features of group visits that contribute to their success with complex population in primary.
- Describe how these groups can help meet healthcare system goals to meet the triple aim objectives.

E1a Friday, October 16, 2015 – Period 1 – 10:30 AM (40 minutes)

Bringing Patients into Policy: The Potent Combo of Data and Stories

There is no better way to transform health policy than through the powerful bond of a patient story with clinic and community level data. This presentation will connect a patient with a health policy expert to demonstrate ways attendees can collect stories from patients and combine them with data to make a case for health policy change. If we truly believe in creating a patient-centered healthcare system, we must take our patients stories and use them for health policy advocacy.

Presented by Benjamin F. Miller, PsyD, Director Eugene S. Farley, Jr. Health Policy Center University of Colorado School of Medicine Department of Family Medicine; Kerri Sparling, BA Blogger, Diabetes Advocate www.sixuntilme.com

Primary Track: 1. Focus on a Patient and Family Centered Approach to Care
Focus Area: E. Policy
Content Level: Basic

Upon completion of this presentation, participants will be able to:
- Describe three ways to best collect patient stories.
- List three different data sources that can be used for health policy (and combined with patient stories).
- Discuss practical implications for this approach in their communities and ways these data can be used to advance integrated healthcare.

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Patient Perspectives of Integrated Primary and Behavioral Health Care

While evidence supports the adoption of integrated behavioral health and primary care, little is known about patients' perceptions of integrated care. This qualitative study reports findings from 26 interviews with patients seen in integrated practices. Patients recognize benefits from integrated care, and appreciated the role primary care clinicians and behavioral health clinicians play in their overall well-being. Maintaining a relationship with an integrated care team was an important element of effective integrated care.

Presented by Rose Gunn, MA, Research Associate, Department of Family Medicine, Oregon Health & Science University; Melinda M. Davis, PhD, Research Assistant Professor, Department of Family Medicine, Oregon Health & Science University; Bijal A. Balasubramanian, MBBS, PhD, Assistant Professor, Department of Epidemiology, Human Genetics, and Environmental Sciences, University of Texas Health Science Center Houston School of Public Health; Maribel Cifuentes, RN, BSN, Instructor, Department of Family Medicine, University of Colorado School of Medicine; Jennifer Hall, MPH, Research Associate, Department of Family Medicine, Oregon Health & Science University; Deborah J. Cohen, PhD, Associate Professor, Department of Family Medicine, Oregon Health & Science University.

Primary Track: 1. Focus on a Patient and Family Centered Approach to Care

Focus Area: D. The Role & Impact of Physical Health/Mental Providers on Integrated Care Practice

Content Level: Basic

Upon completion of this presentation, participants will be able to:

- Describe the effect that integrated care team relationships have on patients.
- Discuss the ways patients perceive the integrated care they receive.
- Identify significant contributing factors to patients accepting behavioral health care.

Integrating Behavioral Health Across America's Hospitals and Health Systems: Making the Value Proposition a Reality

The American Hospital Association and St Charles Health System will share their experiences and those of other organizations in starting the conversation about integrating behavioral health across a health system. They also share learnings that inform the value proposition—real life experience changing how healthcare is paid for to support integration and real population healthcare change. Come hear examples of how to start the conversation in your community, and move integration forward.

Presented by Julia Resnick, MPH, Program Manager, American Hospital Association; Rob Ross, MD, MScEd, Medical Director of Community Health Strategy, St. Charles Health System/St. Charles Medical Group; Robin Henderson, PsyD, Chief Behavioral Health Officer, St Charles Health System.

Primary Track: 4. Financial Sustainability and Cost Control

Focus Area: D. The Role & Impact of Physical Health/Mental Providers on Integrated Care Practice

Content Level: Basic

Upon completion of this presentation, participants will be able to:

- Describe a value-based approach to integrated behavioral health across a health system that includes acute and primary care.
- List other models around the country that are at varying stages of integration, and relate those examples to local situations.
- Discuss at least three payment models that support integrated behavioral health practices.
THE ROLE OF COLLABORATIVE, INTEGRATED CARE IN ADVANCING POPULATION HEALTH
NURTURING THE FOREST AS WELL AS EACH TREE

F1b Friday, October 16, 2015 – Period 1 – 11:20:00 AM (40 minutes)

**Tales from the Healthcare Village: How a Team-based Collaborative Care Partnership is Uniting Patients, Providers, and Payers to Achieve Better Care at a Greater Value** 5810403

The Healthy Together Care Partnership is an interdisciplinary care team serving the most high-need and costly members of a Medicaid health plan in Tucson, Arizona. Its purpose is to promote health and well-being through a home-based, integrated, personalized, collaborative care partnership while reducing avoidable hospital utilization. This presentation will discuss population health strategies, initial outcomes, lessons learned, payer-provider partnership, and how to transform care across the continuum to facilitate recovery-oriented, whole-person health.

*Presented by Nancy Wexler, MPH, Program Manager, Healthcare Innovation, University of Arizona Health Plans, Banner Health Network; Dorothy Terrazas, FNP-C Nurse Practitioner Lead, Healthy Together Care Partnership, Banner University Medical Group*

**Primary Track:** 2. Redesign of Health Care Services and Structures

**Focus Area:** F. Patient and Family Approaches to Care

**Content Level:** All audiences

Upon completion of this presentation, participants will be able to:

- Identify key components of an interdisciplinary collaborative care model for high-need, co-morbid adults.
- Describe population-based strategies to patient identification and engagement.
- Discuss the business case for value-based payer/provider/team-based partnership.

G1a Friday, October 16, 2015 – Period 1 – 10:30 AM (40 minutes)

**A Population Health Approach to Managing Obesity Using a Primary Care Behavioral Health Clinical Pathway** 5811571

Primary-care based population health approaches are needed to help address the increasing rates of overweight and obesity in the U.S. This presentation describes a primary care behavioral health (PCBH) clinical pathway developed for use in Department of Defense (DoD) Patient Centered Medical Homes (PCMHs). Critical components of the pathway will be reviewed, including system supports for screening and identification, use of technology (e.g., patient registries and clinical prompts within the electronic health record), standardized assessment and intervention components delivered by behavioral health consultants (BHCs) in primary care, and outcome evaluation metrics and plan.

*Presented by Anne C. Dobmeyer, PhD, ABPP, Chief Psychologist, Primary Care Behavioral Health Directorate, DoD Deployment Health Clinical Center; Jennifer L. Bell, MD, Associate Director, Primary Care Behavioral Health Directorate, DoD Deployment Health Clinical Center; Christopher L. Hunter, PhD, ABPP, DoD Program Manager for Behavioral Health in Primary Care, Defense Health Agency*

**Primary Track:** 3. Population and Public Health

**Focus Area:** B. Primary Care Behavioral Health Model of Service Delivery

**Content Level:** Advanced

Upon completion of this presentation, participants will be able to:

- Identify 2 key conclusions of outcome literature on treatment of obesity in primary care settings.
- Discuss the rationale for implementing a primary care-based, population health approach to obesity using the primary care behavioral health (PCBH) model of service delivery.
- Describe 3 key elements in a PCBH clinical pathway for obesity.
An Integrated Care Approach to Preventing Childhood Obesity in Family Medicine Clinics: Using 5-2-1-0 Messages at Well-Child Visits

Childhood obesity is a major public health problem with many associated short term and long term health risks. Family medicine/primary care clinics are an important setting to intervene in because providers work directly with both families and children and have ongoing relationships with them. This presentation will describe an integrated care approach to childhood obesity prevention in a family medicine clinic collaboratively delivered by behavioral health and medical providers. The 5-2-1-0 messages to prevent childhood obesity were utilized within a population-level prevention framework during well-child visits.

Presented by Jerica M. Berge, PhD, MPH, LMFT, CFLE, Assistant Professor, Department of Family Medicine and Community Health, University of Minnesota Medical School; Renee Crichlow, MD, Assistant Professor, Department of Family Medicine and Community Health, University of Minnesota Medical School; Lisa Trump, MS, LAMFT, Doctoral Student, Department of Family Social Science at the University of Minnesota

Primary Track: 3. Population and Public Health

Focus Area: D. The Role & Impact of Physical Health/Mental Providers on Integrated Care Practice

Content Level: All audiences

Upon completion of this presentation, participants will be able to:

- Describe the evidence-based 5-2-1-0 childhood obesity prevention messages and how the clinic adapted them to be used within an integrated care model.
- Discuss the collaborative approach between behavioral health and medical providers in carrying out this intervention, including the development of the model, obtaining grant funding, and conducting feasibility research on the approach.
- Present feasibility data and lessons learned related to the population-level childhood obesity prevention approach.
Childhood Obesity Prevention and Treatment: Behavioral Health and Medical Providers Partnering in Research and Practice

Given the high prevalence of childhood obesity, it is important to understand prevention and treatment efforts occurring in family medicine/primary care settings to combat this major public health crisis. This session will detail current interdisciplinary research on both childhood obesity prevention and treatment interventions that have informed childhood obesity clinical care in family medicine/primary care practices. Evidence-based findings will be presented and best practices for childhood obesity prevention and treatment within family medicine/primary care settings will be discussed.

Presented by Jerica M. Berge, PhD, MPH, LMFT, CFLE; Assistant Professor in the Department of Family Medicine and Community Health, University of Minnesota Medical School; Keeley Pratt, PhD, LMFT, Assistant Professor, Department of Human Development and Family Science, Ohio State University

Primary Track: 1. Focus on a Patient and Family Centered Approach to Care
Focus Area: A. Pediatrics
Content Level: All audiences

Upon completion of this presentation, participants will be able to:
- Describe the prevalence of childhood obesity and obesity disparities and discuss how family medicine/primary care clinics are a natural environment for childhood obesity prevention and treatment interventions.
- Describe interdisciplinary childhood obesity intervention research approaches and clinical care models currently being carried out in family medicine/primary care clinics.
- Discuss clinical recommendations and best practices for working with families who have an overweight or obese child in family medicine/primary care clinics.

How Do Integrated Behavioral Health Providers Treat Anxiety in Routine Clinical Practice?

Little is known about how BHPs treat anxiety in real-world clinical practice within the Primary Care Behavioral Health (PCBH) model. Better understanding of provider practices and patient presentations will inform development of brief interventions. We present survey results examining the types of brief interventions BHPs use in anxiety treatment as well as symptoms comorbid with anxiety. This presentation will help BHPs and medical providers by identifying intervention techniques that BHPs use to treat anxiety in primary care.

Presented by Robyn L. Shepardson, PhD, Postdoctoral research fellow, VA Center for Integrated Healthcare; Jennifer S. Funderburk, PhD, Clinical research psychologist, VA Center for Integrated Healthcare

Primary Track: 2. Redesign of Health Care Services and Structures
Focus Area: B. Primary Care Behavioral Health Model of Service Delivery
Content Level: Basic

Upon completion of this presentation, participants will be able to:
- List the intervention techniques most commonly used by integrated behavioral health providers to treat anxiety symptoms.
- Identify the most common comorbid symptoms among primary care patients referred for anxiety symptoms.
- Discuss different approaches to handling presentations of comorbid anxiety and depression.
Impact of Clinical Pharmacist and Health Psychologist on Integrated Team Based Care: Transforming the System and Patient Care Experience to a Higher Level

This presentation will show the effectiveness of utilizing a clinical pharmacist and health psychologist in offering team based integrated care. Patient satisfaction data, cost savings analysis, and steps toward successful system change and program integration will be highlighted.

Presented by Anne Van Dyke, PhD, ABPP, Director of Behavioral Medicine, Beaumont Health, Troy Family Medicine Residency Program; Elena Coppol, Pharm D, Beaumont Health, Troy Family Medicine Residency; Lori Zeman, PhD. Associate Director of Behavioral Medicine, Beaumont Health, Troy Family Medicine Residency Program; Paul Misch, MD, Corporate Chair of Family Medicine, Beaumont Health

Primary Track: 2. Redesign of Health Care Services and Structures

Focus Area: B. Primary Care Behavioral Health Model of Service Delivery

Content Level: All audiences

Upon completion of this presentation, participants will be able to:

- Describe the roles of clinical pharmacists and health psychologists on the integrated health care team.
- List areas of patient satisfaction and points of cost savings analysis associated with having clinical pharmacists and health psychologists as part of the integrated team.
- Identify the steps involved toward system change and to pave the way for integrated team based care.