Integrated Behavioral Health (IBH) Training to Transform the Health Care Landscape

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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.
Conference Resources

Slides and handouts shared in advance by our Conference Presenters are available on the CFHA website at http://www.cfha.net/?page=Resources_2017

Slides and handouts are also available on the mobile app.
Learning Objectives

At the conclusion of this session, the participant will be able to:

• Describe the current state of Integrated Behavioral Health training in primary care

• Identify mechanisms for establishing "best practices" for IBH training in primary care

• Discuss how your work—current and planned—may align with the efforts at NCIBH
Advisory Board

Ron Barg, MD, Executive Director, Clinical Care Associates

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Alyssa Schatz, MSW, Mental Health Association of Southeastern Pennsylvania

Neftali Serrano, PhD, Executive Director of The Collaborative Family Healthcare Association

Glenda Wrenn, MD, Director, Satcher Health Leadership Institute Division of Behavioral Health
Current Landscape

Behavioral health conditions are **common in primary care**, and a major cause of disability, poor health, and reduced quality of life for individuals and their families.

- Major depression is the leading cause of disability worldwide\(^1\)
- Current opioid and overdose epidemic: >33,000 people died of opioid-related overdose in 2015 (CDC)

Mental health and substance use disorders are a **major driver of healthcare costs**

- Spending for treatment of mental health disorders exceeds spending on all other health conditions\(^2\)
- The cost of substance abuse disorder in the US in excess of $600 billion annually\(^3\)

Despite their prevalence, BH conditions are **under-diagnosed and under-treated**

- In 2016, 47% of adults with a mental illness and 89% of adults with a substance use disorder did not receive treatment\(^4\)
- **Significant disparities exist** in the burden of BH and access to BH services
“Opportunities are missed to improve mental health and general medical outcomes when mental illness is under-recognized and under-treated in primary care settings.”

-David Satcher, Former Surgeon General
Current state of IBH training in PC

- PCPs are often the point first contact, but are not adequately trained or resourced to managed behavioral health conditions
- Providers of behavioral health are generally trained in silos
- Core training curricula components are limited
- No strong evidence-based training models exist for primary care
Existing training requirements for IBH in primary care

- Training requirements do not match patient needs, nor do they prepare PCPs for practice well to provide behavioral health services.
- No accreditation body requires specific contents or core competencies for integrated behavioral health.
- Family medicine and internal medicine training:
  - ACGME requires inclusion of behavioral health training.
  - A survey found that ~56% of residency programs require substance use disorder (SUD) training, but only provided 3-12 hours of training on SUD.
- Advanced practice nursing (APN):
  - Program accreditation requirements acknowledges the importance of behavioral health integration.
Existing IBH Core Competencies

**SAMHSA-HRSA** Center for Integrated Health Solutions/Annapolis Coalition Core Competencies for Behavioralist

- Interpersonal communication
- Collaboration and teamwork
- Screening and assessment
- Care planning and coordination
- Intervention
- Cultural competence and adaption
- Systems oriented practice
- Practice-based learning and quality improvement
- Informatics

**AHRQ** Academy of Integrating Behavioral Health and Primary Care Provider and Practice Level Competencies for Primary Care

- Identification, assessment, and treatment of behavioral health needs
- Patient engagement
- Whole-person care
- Cultural competencies
- Team communication
- Team-based care and collaboration
Opportunities in current Core Competencies

6 ACGME Core Competencies
- Patient care
- Medical knowledge
- Practice-based learning and improvement
- Interpersonal and communication skills
- Professionalism
- Systems-based learning.

Additional opportunities:
- Entrustable Professional Activities
- Milestones for evaluation of training

Sample Core Competencies for primary care NP training:
- Manages common acute and chronic physical and mental illnesses, and acute exacerbations and injuries across lifespan
- Demonstrates knowledge of the similarities and differences in roles of various health professionals providing mental health services
- Manages common cognitive behavioral and mental health conditions in adolescents, adults, and older adults
Federal Response to Training Needs

Goal was to establish academic units to:
• Conduct systems-level research to inform primary care training;
• Disseminate best practices and resources; and
• Develop a community of practice to promote the widespread enhancement of primary care training to produce a diverse, high quality primary care workforce.

[1] Section 747(b)(1)(A) of the Public Health Service Act.
## AU Partners

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<th>AU Center</th>
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National Center for Integrated Behavioral Health (NCIBH)

Funded as a trans-disciplinary partnership to examine, test, and disseminate scalable best practices to train primary care providers in IBH models.

Vision: Access to the highest quality of care for mental health and substance use disorders in primary care

Mission: Prepare primary care clinicians with the expertise and leadership for integrated behavioral health care
NCIBH Core Objectives

1. Catalyze co-learning and research in a Community of Practice innovation **hub**

2. Identify and **disseminate** best practices of scalable inter-professional IBH training in primary care

3. Enable **implementation** of IBH training and practice models in primary care
NCIBH Research Strategies

- **Dissemination and Implementation Science Framework**
  - Develop a database of IBH training and practice sites
  - Rigorously evaluate strategies for implementing evidence-based IBH training models

- **Qualitative comparative analysis**
  - Identify IBH core components associated with outcome metrics.

- **Collaborative pilot award** through a competitive process
  - Target the use of evidence-based IBH tools through an RFA

- **Rapid cycle survey** to enable timely high-priority IBH analysis
  - Big and emerging policy questions
Year 1 Research: Environmental Training Scan

CAFM Educational Research Alliance Surveys:

1. **Prevalence and Characteristics of BH Education**
   - Survey of family medicine clerkship directors
   - BH topics are not taught universally to all family medicine clerkship students
   - Programs do not adequately address contents recommended in the National Clerkship Curriculum for Family Medicine

2. **IBH in Family Medicine residency training**
   - Survey of GME Program Directors
   - Belief in the importance of IBH training was correlated with curricular content
Year 2 Project: Best Practices in Integrated Behavioral Health Training and Practice

AIMS:

• Identify best practices in the implementation of IBH training models,
• Identify barriers and facilitators to IBH training and implementation in primary care,
• Identify curricula that are informed by stakeholders as a crucial step for establishing benchmarks and measuring adoption and dissemination.
Year 2 Project: Opioid Use Disorder in Primary Care Training and Practice

AIMS:

- To improve management of OUD in primary care and other settings (such as dental practices) in which opioid prescriptions may be initiated,
- Identify barriers to OUD education for primary care and dental providers,
- Explore potential solutions to address gaps in training,
- Identify strategies to increase the adoption of evidence based training models, and
- Enable the adoption of OUD prevention, screening, and treatment in primary care through training.
Year 2 Project: Determining the Current State and Future Needs of Primary Care Training in Trauma Informed Care

AIMS:

• Characterize the current state of primary care training for medical residents and nurse-practitioner students related to Trauma-Informed Care (TIC),

• Identify best practices, gaps in training, and metrics for ongoing assessment of TIC-related training and training needs.

• Identify system-level barriers and facilitators to implementation of TIC practices, and

• Identify inter-professional development needs to provide improved TIC practices.
Community of Practice

A Community of Practice (CoP) is a concept of learning theory and refers to "a group of people who:

• Share a **concern**, a set of **problems** or a **passion** about a **topic**, and
• **Deepen** their knowledge and expertise by interacting on an ongoing basis."

**A community of Practice is analogous to the IHI Framework of Spread:**

• Facilitates access to resources and learning
• Provides opportunities to spread knowledge and learning
• Enables uptake of new models.
NCIBH Community of Practice

- A learning network for those who are engaged or need to engage in IBH training, practice, or promotion in primary care.

- Serve as a convener or hub for curating and sharing ideas and strategies among members.

- The goals are to:
  - Close the gap between knowledge and practice.
  - Foster professional connections and grow an inventory of IBH training models and norms.
NCIBH Community of Practice

- Our Advisory Board highlighted the need to assess the “readiness” of the current clinical landscape to provide experiential evidence-based IBH training
- CoP as a necessary vehicle for the Center’s research and D&I activities
- CoP needs to be a “refinery model”
  - A laboratory for exchanging ideas about new educational models with active partners
  - Scale from a “task force” model to a model where linkages and learnings flow bi-directionally
- Our outreach strategies need to be innovative:
  - Stakeholders are over-saturated with requests
  - Potential for surveys, listservs, discussion boards, etc.

1Harris JR et al. (2012). A framework for disseminating evidence-based health promotion practices. Preventing chronic disease
Objectives of the NCIBH CoP Hub

• Use the CoP to identify:
  • Practitioners, policy makers, advocates, consumers
  • Sites along the spectrum of adoption of IBH training and practice
  • A core set of resources the Center could curate and make available to the community:
    • Training models, curricula and competencies, and evaluation tools

• Foster iterative learning to enable implementation
  • Identify critical questions for advancing training for IBH in primary care:
  • Identify barriers and facilitators of IBH training
  • Identify necessary and sufficient principles of IBH care and the place of models
  • Inform accreditation standards or principles of care standards.
Opportunities

- The IBH field in primary care is less robust training
- IBH has a disparate stakeholder landscape spanning medicine, nursing, APPs, dentistry, behavioral health specialists, and psychiatry
- A training model would increase the impact of IBH training:
  - Primary care provider pipeline (students and residents),
  - Current clinicians,
  - Primary care workforce
- Scale to national engagement
### NCIBH Community of Practice

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<th><strong>Current State</strong></th>
<th><strong>Future State</strong></th>
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<tr>
<td>Disparate stakeholder groups lacking a common platform of learning systems</td>
<td>NCIBH engages, convenes, and promotes collaboration</td>
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<td>Evidence-base for training in IBHPC is limited &amp; siloed</td>
<td>NCIBH serves as a resource</td>
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<tr>
<td>Non-iterative generation of educational models</td>
<td>Robust evidence-base in IBHPC training and practice</td>
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<td>Bi-directional learning across many disciplines to advance IBH science and practice</td>
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<td>Realize the value of IBH for patients and families</td>
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NCIBH Year 1 Accomplishments

- **July 2016**
  - HRSA Award
  - Core Team Staff Finalized

- **September 2016**
  - Interim website launch

- **November 2016**
  - IBH in Med Ed @ STFM 2017

- **January 2017**
  - CFHA Abstract accepted (October Presentation)

- **March 2017**
  - Advisory Board Meeting

- **May 2017**
  - Initiated outreach @ nursing conferences

- **July 2017**
  - HRSA DC Team meeting

- **August 2017**
  - IBH in FM Clerkships @ STFM

- **October 2017**
  - Med Ed Manuscript Submitted
  - Revised AHEC Partnership
  - Website Redesign
  - OUD Survey Pilot

- **July 2016**
  - Consultant Retained

- **Initiated CoP outreach@ medical conferences**

- **HRSA Approved Year 1 Projects**

- **October 2017**
  - HRSA Approved Year 2 Proposals
  - IBH/TIC Survey Launch
  - CFHA Conference
Bibliography / Reference


Learning Assessment

A learning assessment is required for CE credit.
A question and answer period will be conducted at the end of this presentation.
Session Evaluation

Use the CFHA mobile app to complete the evaluation for this session.

Thank you!