Introduction:
From Sir William Osler’s famous proclamation, Engel’s biopsychosocial model, to the medical home, the relationship of the person to the illness has been promoted throughout the evolution of family medicine. Multiple studies have identified the benefits of providing behavioral health services to primary care patients. Decreased length of stay, fewer hospitalizations and emergency room visits, less frequent office visits, fewer prescriptions, and improvement in health outcomes have been associated with the availability of a behavioral health professional as part of an integrative primary care network. Depression is prevalent in the chronically ill, particularly for patients with cardiovascular disease and diabetes. A large volume of behavioral health care is currently provided by family physicians in the United States: primary care physicians cared for 34 per cent of patients who were identified with a mental health diagnosis in 2008. Family physicians have found behavioral health colleagues a valuable resource in which to refer their “difficult” patients, as well as those who could benefit from learning to decrease pain behavior, reduce stress, and motivate patients to adopt a healthier lifestyle.

Psychologists as a profession are uniquely qualified to fit into an integrated primary care model, as many primary care patients’ problems are physiologic responses to the psychological sequelae of life stress, and chronic illness. In some instances non-pharmaceutical treatment may be more desirable, more affordable, and more effective than medications; however, the primary care physician often has neither the time nor the training to confidently treat patients with psycho-educational or psycho-therapeutic techniques. As less than 10% of patient referrals from a primary care physician to a mental health professional actually follow through with the referral, having a psychologist on site allows the physician to make a seamless “warm handoff” of the patient, with a higher rate of adherence than a referral “down the street”.

A serious concern for psychologists in training is the lack of internship sites available for graduating psychology majors. Nearly half of all psychology graduates do not match with an internship site the first year, frequently delaying their post-graduate training, licensing, and employment. Of those internships offering exposure to medical settings, training programs in psychology have lagged behind in offering specific training in primary care psychology. Most training programs are located as part of a medical school, VA hospital, or community health center, but rarely found in a family medicine residency program. While some programs offer classes or block rotations, and certificate programs provide workshops in key primary care clinical areas; few offer a full-year of exposure embedded within a family medicine setting. As a result primary care internship positions for graduate psychologists are highly competitive.

Description:
Conemaugh Family Medicine Residency Program is located in a small city in Southwestern Pennsylvania. Most of the area is semi-rural. The program is comprised of 18 residents and nine
full/part-time faculty, including one full-time behavioral scientist. The patient population consists largely of the underserved, although private patients and hospital employees are also represented. Many patients suffer from environmental and lifestyle disorders, including obesity, alcoholism, hypertension, diabetes, and depression. In addition to traditional primary care, the program also contains a Ryan White HIV Clinic, and a Suboxone program to treat substance use disorders.

In partnership with a local university, a practicum program for psychology graduate students was initiated in our residency in 2008. The 10 hour; one-term practicum has provided an opportunity for graduate psychology students to be exposed to the medical milieu, and provide clinical services such as psychological screening, brief psychotherapy, and patient education. In 2011, our first psychology intern was accepted, and integrated with the first-year residents during orientation. In 2012, a second faculty psychologist was recruited to the hospital, and two interns were selected. The internship commenced its second year in 7/2012, was accepted as an APPIC (Association of Psychology Postdoctoral and Internship Centers) approved site in 12/2012, and became part of the department of Graduate Medical Education in 1/2013. Support from the family medicine program director as well as associate faculty, residents and staff has been critical in the design, funding, and implementation of the internship program.

Psychology interns spend half of their work week in the primary care clinic. The other half of the week is spent in behavioral medicine, which includes three-month rounds in adult and child psychiatry, geropsychiatry, and in the outpatient psychiatry unit, where they perform assessments and co-lead an intensive outpatient program. At the primary care clinic, interns provide brief assessments for mood and anxiety disorder, ADHD, and HIV dementia, as well as complete pain, transplant, hepatitis-C, and bariatric evaluations. They provide consults in the exam room, and discuss cases with residents and faculty preceptors. The interns accept referrals for short-term psychotherapy, and co-lead the resident first-year and Balint groups. They co-lead two support groups for HIV infected patients, and provide outpatient psychotherapy. The interns actively participate in the Suboxone Clinic, and teach (e.g. ADHD, trauma, and motivational interviewing) as part of the noon lecture series. Faculty has utilized the interns during inpatient rounds to assess “difficult” patients and recommend treatment alternatives. Interns also have rotations in other hospital departments, such as cardiac rehabilitation, oncology, and neuroscience, where they provide direct services, lead smoking cessation classes, coping skills groups following heart surgery, and diabetes, cancer, post-stroke and concussion management patient sessions.

Results:

The integrated primary care psychology internship has been a positive experience for resident and faculty physicians, psychology faculty and students, office staff, and patients. Residents have exposure to psychological services in the clinic, while the interns have access to their patients’ primary care providers. Opportunities for inter-discipline teaching and research, group social and educational activities, such as orientation, resident retreats, and daily lunch lectures have led to increased awareness of the unique roles each profession brings to patient care.

Summary:

As the implementation of the Affordable Care Act moves forward, the integrative care model of health care reform is seen as a positive step in improving care and lowering costs through addressing co-existing mental and physical health conditions, and focusing on prevention and management of chronic disease. Private and governmental efforts are being made to better integrate primary care and behavioral health, including large health maintenance organizations and the Department of Veterans Affairs outpatient primary care centers. By combining the training of family medicine physicians and psychology interns, both disciplines develop mutual trust, a practical understanding of one another’s skill’s set, and the ability to communicate effectively about patient care issues. Patients benefit from access to psychological assessment, psychotherapy, and other mind-body lifestyle-modification treatment in addition to traditional primary care services, conveniently available within the residency model office.

Lechnyr, R. The cost savings of mental health services. EAP Digest, 22, 23, 1993.


Centers for Disease Control and Prevention, National Ambulatory Medical Care Survey, 2008.


