Behavioral Health Integration in Primary Care Training
Perspectives from the Duke Family Medicine Residency Program

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Goals and Objectives

• Define integration in the context of primary care training
• Identify best practices that demonstrate the integration of behavioral health content
• Describe behavioral and primary care integration with a population health perspective
Goals and Objectives

• Outline challenges that arise when building an integrated curriculum
• Describe ways in which training programs can overcome these barriers
Goals and Objectives

• Describe elements of curriculum development for behavioral health/primary care integration

• Describe methods to evaluate outcomes of curriculum
What is Integration?

“The curriculum must be structured so behavioral health is integrated into the residents’ total educational experience, to include the physical aspects of patient care”

-ACGME Program Requirements for Graduate Medical Education in Family Medicine (2016)
What Is Integration?

• Raising awareness and understanding of the role of the primary care physician
• Gaining competency in providing behavioral health services
• Empowering residents to confidently provide treatment in the primary care context
Strategies For Improving Integration
Duke Family Medicine Residency Approach

- **Program Environment**: Promoting resident-well being and a safe culture
- **Didactic Learning**: Teaching behavioral health through a primary care lens engaged with community
- **Clinical Experience**: High-quality, relevant clinical rotations
Integration Strategies

• Promoting a Environment of Safety
  – Resident Balint Group
  – Encouraging self-care
  – Interactions with multiple behavioral health providers
  – Advisor/Advisee meetings
Integration Strategies

• Primary care focused behavioral health didactics:
  – Emphasizes overlap between physical and mental health
  – Focused on depth over breadth
  – Include education on collaboration
  – Teaches behavioral interventions
Integration Strategies

• Community Engagement
  – Engaging with local community organizations addressing behavioral health
  – Engaging with Health Department
  – Bridge differences in culture
Factors That Affect Health

Population-Based Understanding and training

- Mental Health in the context of community
- Work with health care managers and coaches (home based care)
- Use of screening tools at the time of preventive visits
- Integrated mental health social worker in clinical context.
Population-Based Understanding and Training

- US Mental health Care Atlas
- WHO Global health Framework
  - Global Mental Health Action Plan, Framework and Policy Checklist
- Human rights and policy for mental health
- Collaboration:
  - Housing, pharmaceutical access, Human Resources, Epidemiology and Surveillance
Population-Based Understanding and training

• Collaboration with
  – Social Services
  – Justice
  – Education
  – Housing
  – Correctional offices
  – Police departments
  – Consumer groups
  – Family groups
  – Community advisory panels
Integration Strategies

• High quality clinic experiences
  – Longitudinal psychiatric experiences
  – Developing relationships with community providers
Other Integration Strategies

- Programs with multiple behavioral scientists from various disciplines
- Combined Family Medicine/Psychiatry Programs
- Collaborative Care Initiatives
Evaluation Strategies
Evaluation Strategies

• Resident’s confidence in the ability to provide mental health care to patients
• Percent of graduates providing mental health services after graduation
• Graduate confidence in the care of the psychiatric patient (2 years and 5 years)
• Patient satisfaction with care
Evaluation Strategies

• Measuring effectiveness in sending appropriate referrals
  – Survey of psychiatry providers
  – Number of people started on treatment prior to referral
  – Following primary care guidelines for psychiatric care

• Measure of collaboration
  – Integration with
    • community resources
    • Mental health providers
Barriers to Increasing Integration
Challenges

• Relevance
  – experiences that mirror future practice
  – finding faculty who can see mental health though a primary care lens

• Funding
  – reimbursement

• Regulations
  – HIPPA
  – ACGME
Challenges

• Lack of Imagination
  – only seeing the barriers
• Lack of Acceptance
  – biomedical model that does not include behavioral health
• Lack of enough trained faculty
• Establishing sustainability
Overcoming Barriers to Integration
Moving Beyond the Barriers

• Increasing funding for programs
• Training primary care faculty to provide and teach mental health
  – funding
• Building community partnerships
• Utilizing embedded specialists
• Creating a culture that embraces professional balance
Moving Beyond the Barriers

• Sharing data
• Use of mental health workers in coordination with primary care
Moving Beyond the Barriers

- Model recommendations for integrating Primary Care and Behavioral Health after 2012

IOM report on integrating Primary Care and Public Health

http://www.nationalacademies.org/hmd/~/media/Files/Activity%20Files/PublicHealth/PrimCarePublicHealth/PCPH-Report-Release-Presentation-03-28-12.pdf
From 2012 IOM report recommendations

- To develop the workforce needed to support the integration of primary care and *behavioral* health:
  - Identify options for graduate medical education funding that give priority to provider training in primary care and *behavioral* health settings, and specifically support programs that integrate primary care with *behavioral* health practice.

To develop the workforce needed to support the integration of primary care and *behavioral* health:

– Create specific Title VII and VIII criteria or preferences related to curriculum development and clinical experiences that favor the integration of primary care and *behavioral* health.

From 2012 IOM report recommendations

• Develop training grants and teaching tools that can prepare the next generation of health professionals for more integrated clinical and behavioral health functions in practice.

• These tools, should include a focus on cultural outreach, behavioral health education, and addiction counseling.

From 2012 IOM report recommendations

- Focus on supporting pilots that better integrate primary care and *behavioral* health
- Integrating policy and incentives for the capture of data that would promote the integration of clinical, *behavioral* and public health information

From 2012 IOM report recommendations

– Consider the development of population measures that would support the integration of community level clinical, public health and behavioral health data;

– AHRQ to encourage its Primary Care Extension Program to create linkages between primary care providers and behavioral health providers

Questions?