

Society of Behavioral Medicine
37th Annual Meeting & Scientific Sessions
March 30-April 2, 2016, Washington, DC



Primary Care Behavioral Health Training in a Large Medical System: Systematic Development, Implementation, and Evaluation

Anne C. Dobmeyer, Ph.D., ABPP
Chief Psychologist, Primary Care Behavioral Health Directorate
Deployment Health Clinical Center



"Medically Ready Force...Ready Medical Force"

Disclaimer



The views expressed are those of the authors and do not reflect the official policy of the Department of Defense (DoD), the U.S. Public Health Service, or the U.S. Government.

Acknowledgements



I would like to acknowledge the following colleagues for their the contributions to the Primary Care Behavioral Health (PCBH) training program and the content in this presentation:

- ❑ Christopher Hunter, Ph.D.
- ❑ Meghan Corso, Psy.D.
- ❑ Matthew Nielsen, Psy.D.
- ❑ Kent Corso, Psy.D.
- ❑ Nicholas Polizzi, Ph.D.
- ❑ Jay Earles, Psy.D.
- ❑ Melissa Waitsman, Ph.D.
- ❑ Jennifer Bell, MD

Overview



- Challenge: Lack of trained PCBH workforce
- Solution: Internal, multi-phased training program
 - Development, Implementation, Evaluation
- Future directions within DoD
- Recommendations for other systems

Learning Objectives



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

- Identify two challenges and potential solutions to implementing Behavioral Health Consultant (BHC) training in a large medical system
- Understand ways in which training program evaluation results may be used to inform BHC curriculum development and modification

The Good News



In 2012, the DoD funded a large initiative to integrate behavioral health (BH) providers into military primary care (PC) clinics

- Over 300 full-time integrated BH positions funded
- Formal policy established
 - Delineated the model of service delivery (PCBH)
 - Set training standards
- Some funding provided for training

The Bad News



- Current graduate school programs “fail to prepare the next generation for providing services in medical settings, especially the rapid-paced PC world”¹
- National workforce shortage in behavioral health providers with appropriate training and experience to work in integrated primary care²

1 McDaniel et al. (2014). Competencies for psychology practice in primary care. *American Psychologist*, 69, 409-429.

2 Hall et al. (2015). Preparing the workforce for behavioral health and primary care integration. *Journal of the American Board of Family Medicine*, 28, S41-S51.

The Challenge



- Over 300 new positions in DoD across US and overseas
- Limited program manager control over hiring
- Personnel with limited PC and health psychology training
- No “off the shelf,” suitable training program available

The Training Challenge: Shifting from Specialty BH...

- Comprehensive intake and treatment planning
- Multiple 60 minute psychotherapy appointments
- Moderate to severe mental health conditions



NIMH image; in the public domain.

“Medically Ready Force...Ready Medical Force”

... To PCBH Model of Service Delivery

- Behavioral Health Consultant (BHC) to PC team
- Population health focus
 - ❑ Early intervention
 - ❑ Mental health problems
 - ❑ Health behaviors
 - ❑ Chronic medical conditions
- 20- to 30-minute appointments
- Team-based approach



Usa.gov image; In the public domain.

DoD PCBH Training Program



- Core Competency Tool
- Orientation
- Phase I (Classroom) Training
- Phase II (Site Visit) Training
- Sustainment Training

Core Competency Tool (CCT)



- Knowledge and skills for effective PCBH practice
- Adapted from existing, published core competencies^{1 2}
- Evaluation based on direct observation of skills
- Must pass CCT items to continue in position

¹Robinson, P.J., & Reiter, J.T. (2007). *Behavioral consultation and primary care: A guide to integrating services*. New York: Springer.

² Air Force Medical Operations Agency (2011). *Primary care behavioral health care services practice manual: Version 2.0*. Lackland AFB, TX: AFMOA.

Orientation



- 4 to 6 weeks (between hire and Phase I class)
- Self-guided training activities
- No patient care
- Learning activities:
 - ☐ Readings: Practice manual, policies, CCT
 - ☐ Shadow Primary Care Providers (PCPs)
 - ☐ Attend primary care meetings and huddles

Phase I (Classroom) Training



- 4 days, held every 6 to 8 weeks
- Learning activities
 - ☐ Didactic presentations and video review
 - ☐ Hands-on Electronic Medical Record (EMR) training
 - ☐ Simulated patient care (role plays) – 2 days
- Each trainee evaluated on Core Competency Tool (CCT)
 - ☐ Ratings based on observation of 4 simulated appointments
 - ☐ Required to pass subset of CCT items prior to seeing patients

Phase II (Site Visit) Training



- 1 day site visit from trainer, 3 to 4 months after Phase I
- Learning activities
 - ☐ Individualized feedback on patient care and consultation
 - ☐ Modeling by trainer
 - ☐ Review of topics, as needed (increasing referrals, practice management, documentation)
- Required to pass all CCT items. Ratings based on:
 - ☐ Observation of patient appointments
 - ☐ Observation of interactions with PCPs and staff
 - ☐ Review of EMR documentation and practice metrics

Sustainment Training



■ Monthly telephone group consultation

- ☐ Case discussions
- ☐ Review of best practices
- ☐ Journal article discussion

■ Monthly PCBH webinar series

- ☐ Evidence-based, PCBH assessment and intervention strategies
- ☐ Health conditions and health behaviors
- ☐ Common mental health problems
- ☐ Special populations

Successes



- Since 2012, all new hires received standardized training with uniform evaluation methods using CCT
- Training offered every 6 to 8 weeks
- 91% (244 of 268) passed training
- Attendance on monthly sustainment calls (not mandatory) ranged from 40-70%
- Participation in monthly webinars (not mandatory): 60-80% attended any given webinar

Barriers



- Gap between time of hire and time of training
 - ❑ Time before Phase I training could be better used
- Availability of trainers
 - ❑ Phase II requires trainers to travel to each clinic
 - ❑ Even with train-the-trainer program, insufficient availability
 - ❑ Phase II training delayed for many providers
- Turnover
 - ❑ 30% (81 of 268) resigned or released from position

Evaluation Overview



- Planning an evaluation of the training was not a high priority early in development
- Several evaluation components added later
 - ☐ Training survey
 - ☐ Model adherence survey
 - ☐ Training needs survey

Training Survey



■ Training rated highly by participants

- ☐ Survey items rated on scale from 1 (“Strongly Disagree” to 6 “Strongly Agree)
- ☐ Skills learned would be useful in working with their patients ($M = 5.71$, $SD = 0.53$)
- ☐ Training increased their motivation for delivering BH consultation ($M = 5.51$, $SD = 0.72$)
- ☐ Course met their training needs ($M = 5.57$, $SD = 0.63$)

Model Adherence Survey



- Self-report of practice behaviors suggests reasonably good adherence to PCBH model
 - ❑ Anonymous survey of BHCs who completed Phase I between Sep 2014 and Jun 2015 (45% response rate; n = 31 of 69)
 - ❑ PCBH Provider Adherence Questionnaire (PPAQ)¹
 - Rate how often they engage in 48 practice behaviors, from 1 (“never”) to 5 (“always”)
 - Essential Behaviors subscale: mean = 4.39 (*SD* = 0.29)
 - Prohibited Behaviors subscale: mean = 1.42 (*SD* = 0.42)

¹ Beehler, Funderburk, Possemato, & Dollar (2013). Psychometric assessment of the Primary Care Behavioral Health Provider Adherence Questionnaire (PPAQ). *Translational Behavioral Medicine*, 3, 379-391.

Training Needs Survey



- Continued low confidence providing evidence-based interventions for many medical conditions
 - ❑ Survey in 2015 to better understand remaining training needs
 - 77% response rate
 - Rated comfort level in implementing evidence-based approaches for a variety of BH and medical conditions
 - ❑ Most comfortable with: depression, anxiety, sleep, physical inactivity, health anxiety
 - ❑ Least comfortable with: diabetes, eating problems, headaches, sexual dysfunction, irritable bowel syndrome

Future Directions within DoD



- Improve selection and hiring processes
 - ❑ More stringent qualifications
 - ❑ Revise contracts to allow program managers more oversight
 - ❑ Provide better selection guidance to hiring officials
- Expand orientation training phase
 - ❑ Structured, 3-week distance learning program
 - ❑ More robust set of readings and activities
 - ❑ Series of 7 introductory live webinars

Future Directions within DoD



■ Improve CCT

- ☐ Develop more objective, behaviorally observed benchmarks
- ☐ Include concrete examples of “passing” performance
- ☐ Use for future research examining links between CCT evaluation and later measures of performance

■ Hire additional trainers

- ☐ Individual mentoring (phone consultation; video review)
- ☐ Conducting Phase II site visits

Recommendations for Other Systems



- Be as selective as possible in hiring
 - ❑ Prior training and experience in PCBH & health psychology
 - ❑ Personal qualities that may promote a good “fit” with PC¹
 - Flexible; confident; works well in teams
 - Comfortable in fast-paced environments; thinks quickly
 - ❑ Include PCBH-specific questions in selection interviews²

¹Corso, K. A., Hunter, C. L., Dahl, O., Kallenberg, G. A., & Manson, L. (2016). *Integrating behavioral health into the medical home: A rapid implementation guide*. Phoenix, MD: Greenbranch Publishing.

²Robinson, P.J., & Reiter, J.T. (2016). *Behavioral consultation and primary care: A guide to integrating services* (2nd ed.). New York: Springer.

Recommendations for Other Systems



■ Plan initial training and ongoing support

□ Large organizations

- Implement internal training program
- Fund and build infrastructure for designated BHC trainers

□ Small organizations

- Access distance learning certificate programs
- Contract with experienced BHCs: mentoring, live observation, role play, feedback
- Connect with resources available through professional organizations and Special Interest Groups

Recommendations for Other Systems



■ Offer distance learning options

- ☐ Internal webinars

- ☐ External webinars (e.g., Collaborative Family Healthcare Association PCBH webinars)

■ Measure the impact of training

- ☐ Plan evaluation processes at the outset of training, when possible

- ☐ Consider use of PPAQ to assess fidelity to PCBH model

Anne Dobmeyer, Ph.D., ABPP
anne.c.dobmeyer.mil@mail.mil
240-463-5438