

# 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)



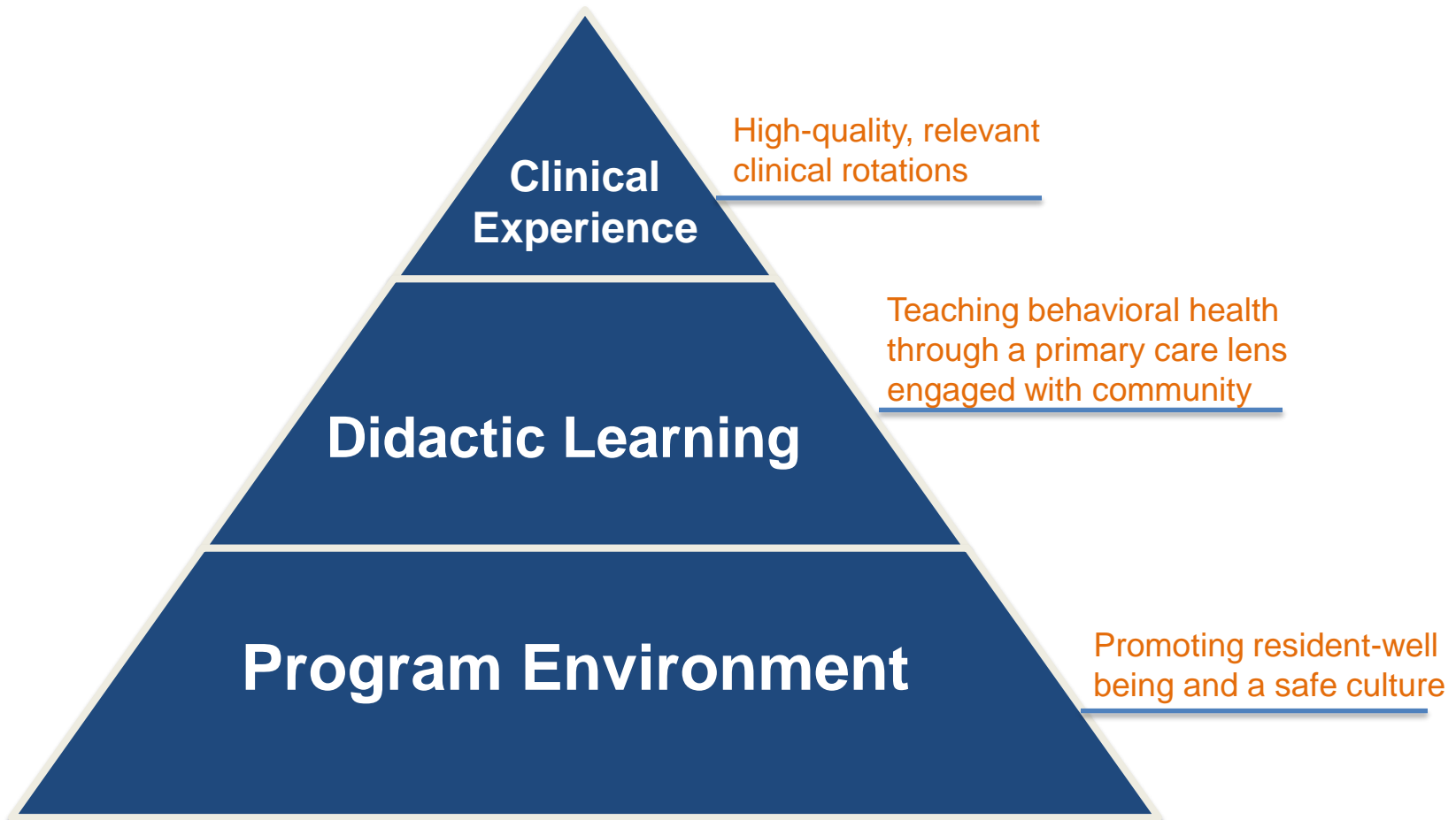
# What Is Integration?

- 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







# Integration Strategies

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



# Integration Strategies

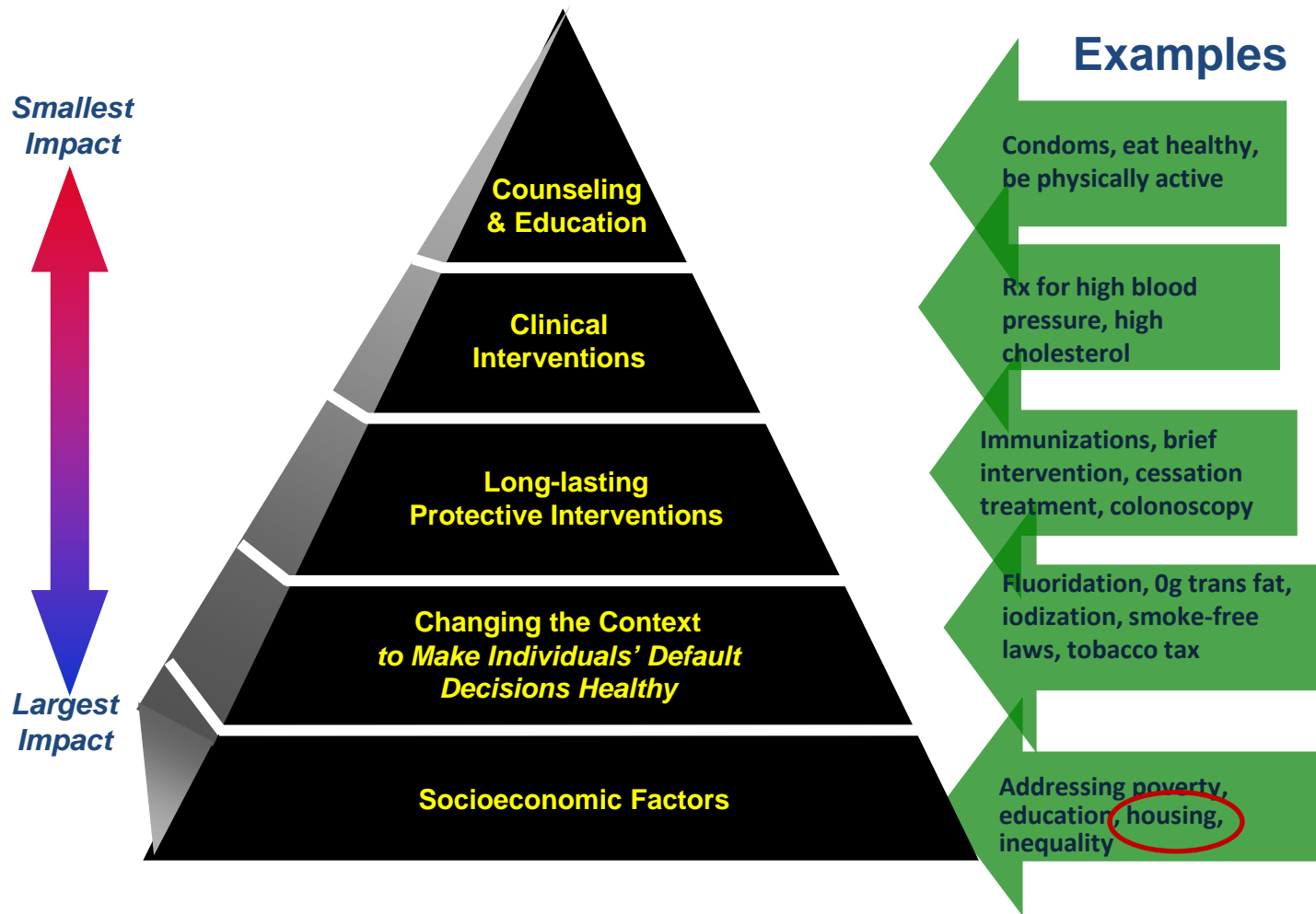
- Primary care focused behavioral health didactics:
  - Emphasizes overlap between physical and mental health
  - Focused on depth over breadth
  - Include education on collaboration
  - Teaches behavioral interventions



# Integration Strategies

- Community Engagement
  - Engaging with local community organizations addressing behavioral health
  - Engaging with Health Department
  - Bridge differences in culture

# Factors That Affect Health



Frieden TR. A framework for public health action. Am J Public Health. 2010;100(4):590–595.



# 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 through a primary care lens
- Funding
  - reimbursement
- Regulations
  - HIPAA
  - 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

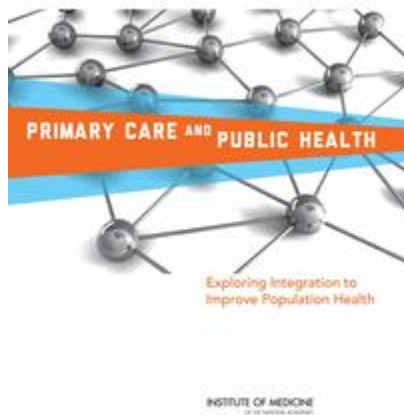


# Moving Beyond the Barriers

- 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/PrimaryCarePublicHealth/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 .



# From 2012 IOM report recommendations

- 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.

<https://www.nap.edu/catalog/13381/primary-care-and-public-health-exploring-integration-to-improve-population>



# 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

<https://www.nap.edu/catalog/13381/primary-care-and-public-health-exploring-integration-to-improve-population>

# 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

<https://www.nap.edu/catalog/13381/primary-care-and-public-health-exploring-integration-to-improve-population>



**Questions?**