

Teaming up to improve care: pediatric primary care provider education in integrated care

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INTRODUCTION

- **1 in 5 children and adolescents** in the U.S. are impaired by a mental illness. **Less than 20%** of these youth receive mental health services due to several factors including: **stigma and shortage of mental health specialists**₁
- Treatment of mild to moderate mental health concerns in primary care through **integrated models of care can mitigate these barriers and improve youth's access to mental health**₁
- The majority of primary care pediatricians surveyed feel responsible for addressing mental health concerns in their patients, **but almost half feel they lack the knowledge and skills to do so**₂

CONTEXT & OBJECTIVES

- **Cambridge Health Alliance (CHA):** Accountable Care Organization (ACO) serving an underserved population in the greater Boston, MA area
 - **Child Adolescent Mental Health Integration (CAMHI)** - CHA's current pediatric integrated care program

TEAM MEMBER ROLES

- **Psychiatrist** - diagnostic assessment and medication recs
- **Social Worker/Psychologist** - brief evidence-based therapy
- **Family Care Partner** - care system navigation / support

- **CAMHI Goals:** Increase capacity to provide mental health services in primary care through implementation of a PCP-targeted educational program about the management of mild to moderate common mental health concerns

Current Objective: Literature review on the most effective strategies for delivering education to practicing primary care providers

METHODS

- **Literature review** using HOLLIS database. Searched studies from 1990-2020. Results sorted by best match. Search terms included: mental health education + primary care physicians; mental health + primary care integration. 34 articles reviewed.
- **Needs assessment survey** of 8 primary care physicians at CHA RE: mental health topics they want more information about / coaching on and best strategies for engagement

Pediatric primary care provider (PCP) education is critical to expanding the capacity of pediatric integrated behavioral healthcare programs to provide much needed mental health services to children and adolescents

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Findings

Literature Review

- PCP mental health education interventions have historically focused on distilling psychiatric knowledge.
- More recently designed and tested interventions have also incorporated training on communication and interactional skills needed to reach a positive treatment outcome regardless of diagnosis or presentation (termed "**common factors skills**")₃₋₆

Foci of PCP Mental Health Education Interventions Studied

Common Factors Skills

- Empathic communication
- Managing resistance / negative affect / anger
- Alliance-building
- Problem solving
- Agenda setting

Psychiatric Knowledge

- Diagnosis of youth mental health disorders
- Evidence-based treatment algorithms
- Medication dosing and selection

- Other characteristics of successful educational interventions:

- **Learner Driven** - based on PCP identified knowledge and skill needs₃
- **Systemic** - involve all office staff₈
- **Clinically relevant** - based on providers' own clinical cases₃
- **Interactive** - include practice of new skills under observation via role-plays, standardized patients, and video-recording₇
- **Ongoing** - adhere to a longitudinal format over several months with subsequent refresher sessions₃

CHA PCP Survey

- **Areas of Need:** Information about behavior/conduct disorders, ADHD medications, antidepressants for anxiety and depression, parent management training, school testing, early intervention services
- **Preferred Format for Learning:** Weekly staff meeting, e-consults and phone conversations with psychiatrist as needed

Conclusions & Next Steps

- Education about mental health in the context of an integrated care program is most effectively delivered as an interactive, provider-driven, case-based longitudinal intervention that includes all medical office staff
- For the CAMHI program educational intervention, consideration should be given to making sessions interactive and expanding education about mental health and basic therapeutic skills beyond providers to all office staff

References

1. Goodfriend, M. et al. 2006. Clinical Pediatrics. DOI: 10.1177/0009922806291018
2. Ardis, O.L., et al. 2001. Ambulatory Pediatrics. DOI:10.1376/1539-4409(2001)001
3. Hodges, B. et al. 2001. Am J Psychiatry. DOI: 10.1176/appi.ajp.158.10.1579
4. Brown, J.D. et al. 2011. Adm Policy of Ment Health. DOI: 10.1007/s100488-011-0373-9
5. Wissow, L. et al. 2011. Patient Educ Couns. DOI: 10.1016/j.pec.2010.03.019
6. Espinet, S.D. et al. 2020. Can J Psychiatry. DOI: 10.1177/0706743719890161
7. Fallucco, E.M. et al. 2012. J Adolesc Health. DOI: 10.1016/j.jadohealth.2011.12.026
8. Baum, R.A. et al. 2019. Psychiatr Serv. DOI:10.1176/appi.ps.201800163

**Citations for all references reviewed available upon request