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Interprofessional Team Collaboration to Study Integrated Behavioral Health Services in Primary Care

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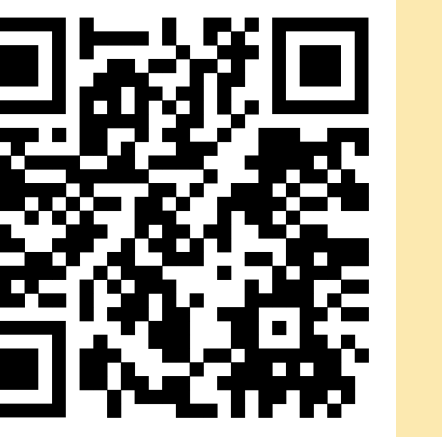
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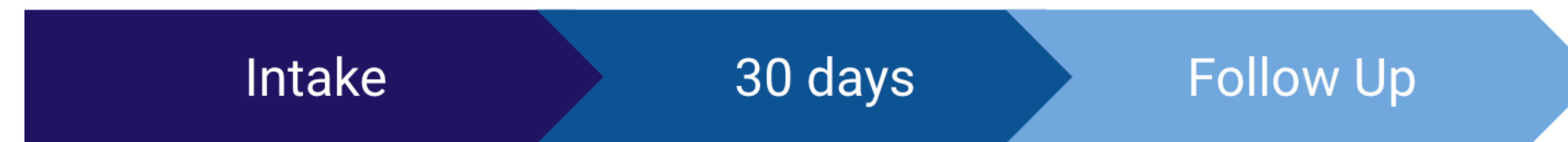
ABSTRACT

- In Rowan Family Medicine (Sewell, NJ), an interprofessional team of medical and clinical psychology professionals and trainees collaborate to investigate the integration of behavioral health in patients' primary care visits.
- We screen patients for PTSD symptoms using the DSM CAPS-5 during their primary care visits
- The PTSD Coach app is then encouraged to use 3x a day
- By making mental health care more accessible to patients, we strive to help meet the increased demand and alleviate the strain our healthcare system is currently experiencing.
- The team composed of Medicine and Clinical Psychology allows students to gain invaluable experience in interdisciplinary collaboration
- Overall, patients and providers feel satisfied and positively receive this Integrated Behavioral Health Model

INTRODUCTION

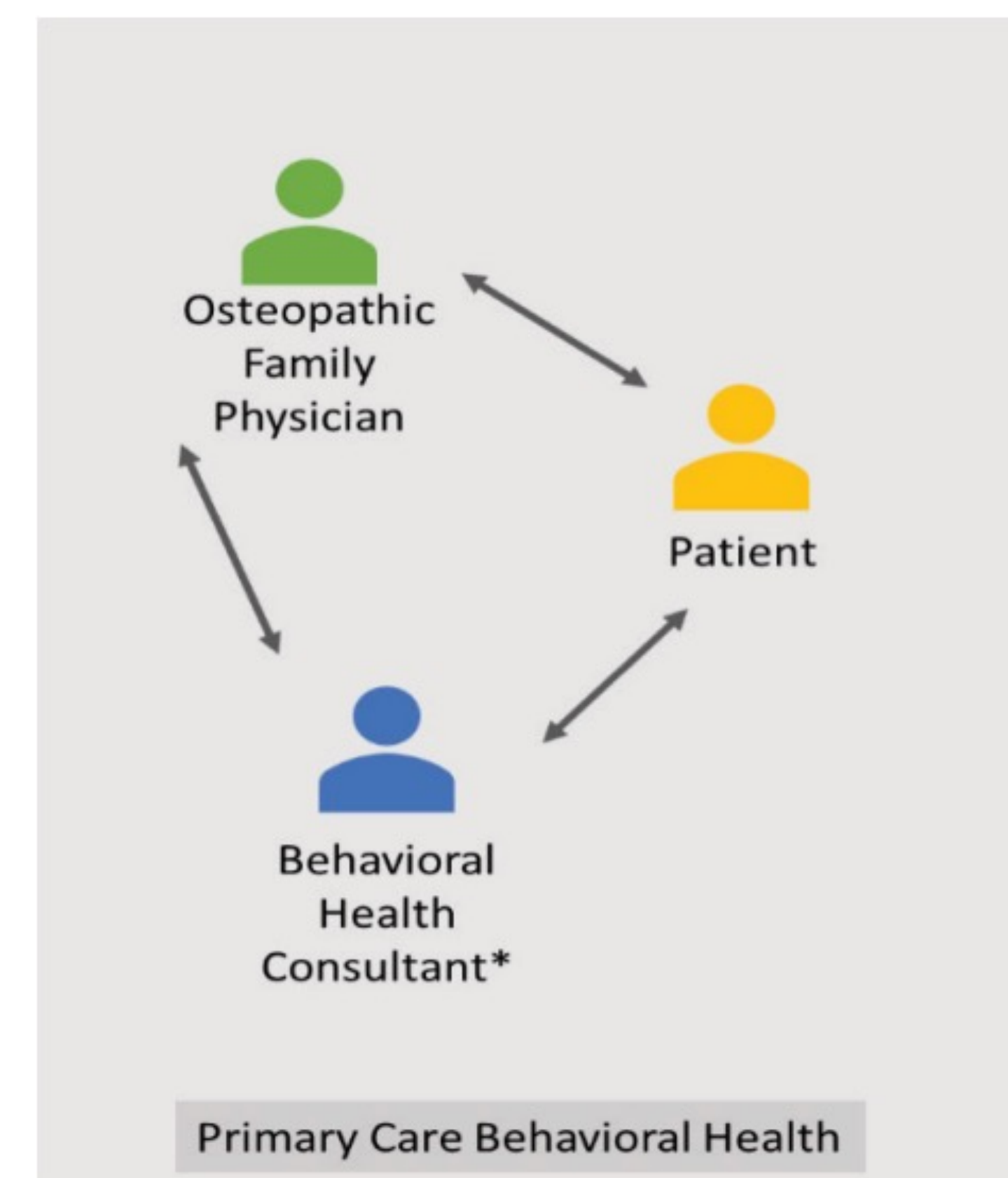
- Following the COVID-19 pandemic, mental health demand has soared, challenging primary care providers to meet patients' needs.
- Health policy research demonstrates that primary care has become the de facto safety net of the U.S. healthcare system.
- Integrated behavioral health in primary care has been shown to meet the Quadruple Aim, increasing patient access, improving patient wellbeing, reducing cost, and alleviating burden on interprofessional healthcare.
- On average, if a Family Medicine doctor sees 20 patients, at minimum, 4 of those patients would have some level of mental health distress
- Essential for future primary care physicians and clinical psychologists to receive training in the care of patients with conditions like PTSD
- Mobile Applications may meet this need in our modern age where using them is very accessible

METHODS



- Warm handoff
- Screen with DSM CAPS-5
- Download PTSD Coach application

- Patients instructed to use application at least thrice (or more if needed) daily for 30 days.
- Patients' symptoms are re-evaluated using the CAPS-5 at the 1 month follow-up.



- Design: Prospective cohort study
- Model: Integrated behavioral health
- Setting: Academic outpatient family medicine practice (5 offices, 30 physicians, 20 residents)
- Protocol: Screen for PTSD symptoms and teach mobile app use of the PTSD coach app
- Researchers/Behavioral Health Consultant:
 - Interprofessional team of medical and clinical psychology professionals & trainees

DISCUSSION

- We wanted to evaluate the feasibility of interdisciplinary collaboration between medical and clinical psychology students to integrate a mobile intervention in academic outpatient family medicine clinics.
- Many patients did not expect to receive such an intervention when arriving for their PCP visit, but overall their feedback reflects a positive experience with study staff, as well as the mental health care
- Trainees gained expertise in collaboration and establishing professional relationships with students of different disciplines
- Logistical aspects like schedule discrepancies and varying research experiences were challenges students learned to work through together
- Students early in their clinical career navigated a fast-paced medical setting by establishing credibility with patients by making independent decisions

CONCLUSION

- Warm handoffs & on-site mental health support access in primary care: patients appreciative; high satisfaction
- Mobile app-based study: a creative way to study integrated care
- Mission driven: study combines clinical practice, research and teaching to provide a meaningful experience for trainees
- Interprofessional research is challenging yet rewarding
- Future work: training new researchers, expanding study & services, fuller implementation of integrated behavioral health, expanded mobile app options

We strive to bridge the gap between patients who necessitate care and physicians who are unable to accommodate the surge of patients with the existing limited resources within primary care settings. We aim to support experiential student projects, placing trainees in real-time settings where interprofessional collaboration impacts patient care

RESULTS

Patient Feedback (N=5)

Feedback among Follow Ups	Mean (SD) out of 5
Learned skills to cope with mental health concerns	4 (± 1.73)
Felt comfortable receiving mental health services in study	4 (± 1.73)
Satisfied with the amount of time study staff spent with them	4.2 (± 1.79)



Trainee Feedback (N=5)

Benefits:

- Collaborative environment
- Promoted integrated care
- Mutual learning
- Different knowledge/training experiences
- Learning about each field
- Efficient research logistics

Challenges:

- Schedule Discrepancies
 - Establishing credibility in an advanced medical setting
 - Communication style, professionalism & etiquette
- Varying levels of clinical/mental health experience
1. Trauma informed interviewing styles
 2. Morbid vs suicidal ideation
 3. Interviewing skill & technique
 4. Clinical judgement with CAPS-5

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