'The Future is Now': Addressing the Workforce Development and Training Needs for Integrated Healthcare Professionals

Max Zubatsky, PhD, Associate Professor, Saint Louis University, St. Louis, MO

Christine Runyan, PhD, Professor, Umass Memorial Medical School, Worcester, MA

Kathryn Fraser, PhD, Behavioral Medicine Coordinator, Halifax Health Family Medicine Residency, Daytona Beach, FL

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Keith Dickerson, MD, Physician, St. Mary's Medical Center, Grand Junction, CO

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Faculty Disclosure

The presenters of this session <u>have NOT</u> had any relevant financial relationships during the past 12 months.

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Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.

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Learning Objectives

At the conclusion of this session, the participant will be able to:

- Identify the current climate of workforce development across professional disciplines and the workforce shortage in healthcare.

- Acknowledge the various paradoxes inherent to teaching and mentoring in healthcare

- Discuss how to navigate challenging situations with learners and mentees by promoting psychological safety and personal investment.

- Present a framework for mentoring that includes ways to assess for interests, develop goals, and guide completion of scholarly activities of mentees

- Introduce the role of "care enhancers" in behavioral health services, and how this impacts the future roles and recruitment of behavioral health clinicians

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Learning Assessment

- A learning assessment is required for CE credit.

- A question and answer period will be conducted at the end of this presentation.

Outline for the Day

PART 1:Each presenter will give a brief background of their current mentoring roles and responsibilities, with a few learning lessons that they've gained over the years. The presenter will then introduce one novel concept about the challenges and/or opportunities of developing a workforce of future integrated healthcare providers.

10-minute break

PART 2:

Each presenter will facilitate a table, where attendees can move to a different table topic at any time during this hour. The roundtable topics will include:

TABLE 1: RECRUITMENT/ROLES (Sandy)

TABLE 2: LEARNING CHALLENGES in the WORKFORCE (Kathryn/Keith)

TABLE 3: BEST PRACTICES/STRATEGIES AS A MENTOR/TRAINER, SCHOLARLY ACTIVITY- (Tina/Max)

PART 3:

Q&A from the Audience, Directions Moving Forward

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The Future of Healthcare is Now!!

Mentorship

Kathryn Fraser, PhD
Family Medicine Residency Program
Halifax Health

Establishing Mentoring Relationships

- Merriam-Webster---- a trusted counselor or guide

- "A dynamic, reciprocal relationship in a work environment between an advanced career incumbent (mentor) and a beginner (mentee) aimed at promoting the career development of both"— Healy CC, Welchert AJ. Mentoring relationships: a definition to advance research and practice. Educ Res 1990; 19:17-21.

- A mutual relationship with an *intentional agenda* designed to convey specific content along with life wisdom from one individual to another.--Thomas Addington and Stephen Graves (The Coaching and Mentoring Network)

Mentoring—Identify Knowledge, Skills and Gaps

- What domains do you want to cultivate from the mentoring relationship?
  - Choosing roles
  - Establishing goals
  - Clinical skills
  - Networking
  - Time management
  - Writing grants
  - Administrative skills and advancement
  - Research collaboration
  - Work-life balance

Cultivating the Mentoring Relationship

- "Manage up"—take ownership
  - Initiate goals and expectations
  - Direct flow of information—be proactive
  - Follow a regular meeting schedule
  - Agree on structure and objectives
  - Set the agenda prior
  - Be responsive and flexible, open to feedback
  - Follow through on assigned tasks
  - Ask for feedback

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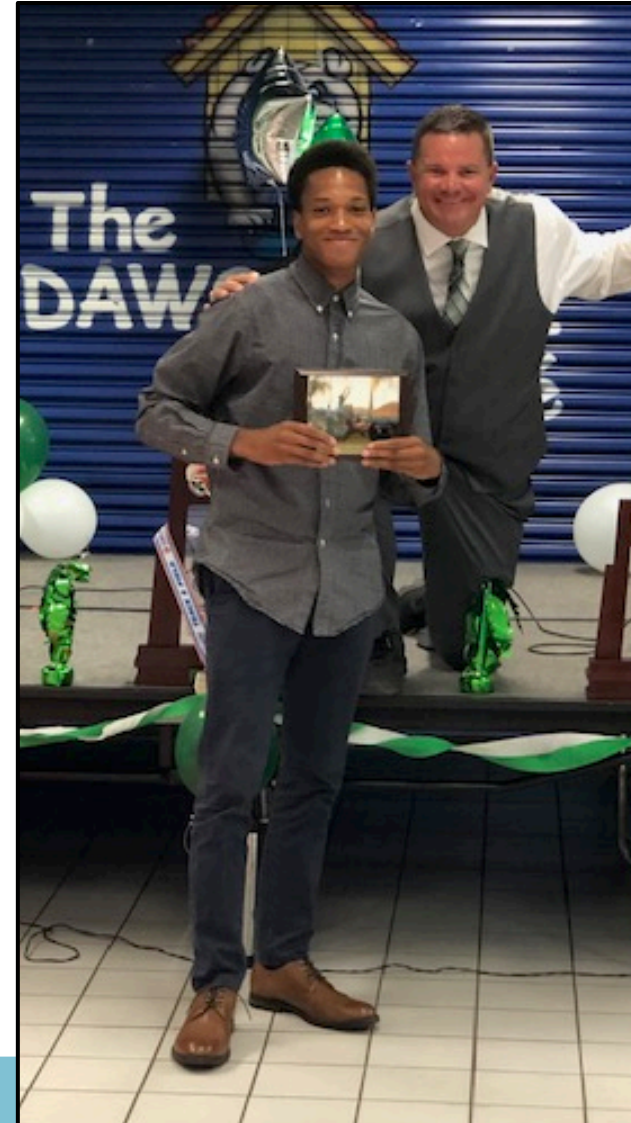
Setting Up a Mentoring Program

Clear goals and objectives

Structure of mentoring practices

Specific goal—project output

Relationship building

Scholarly Activity

Max Zubatsky, PhD, LMFT
Department of Family and Community Medicine
Saint Louis University

"Research is what I'm doing when I don't know what I'm doing."

The Importance of *Incentivizing* Scholarly Work and Making it *Intentional* for Future Professionals

- Becoming a part of the scientific community
- Helps promote one's clinic, organization or residency
- Helps attract future faculty interested in research or scholarly work
- Celebrate publications and presentations during staff meetings
- A dual role for scholarly productivity for CVs (not just a publication or presentation for research, but a mentoring or teaching opportunity as well)

Research Does Not Have to be boring or Intimidating!

Quality Improvement Projects for specific chronic conditions

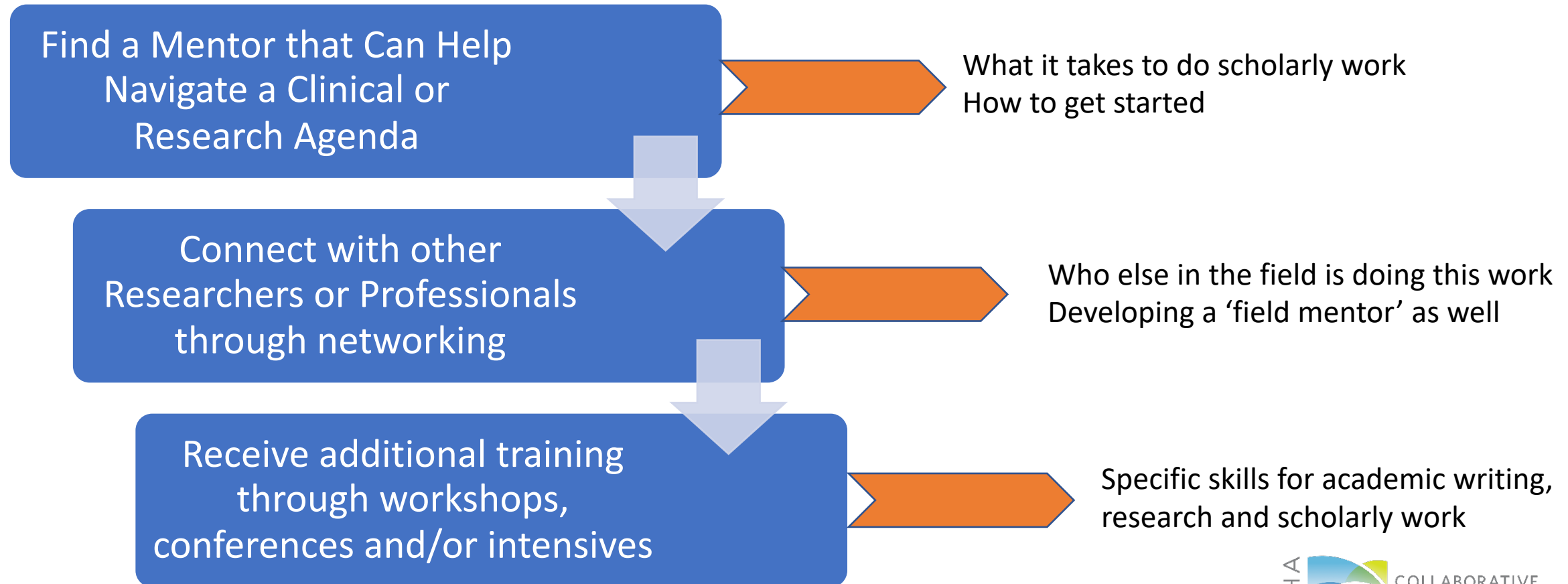**Clinical and Operational Workflow Outcomes**

Community Based Research

Resident Teaching Outcomes or Observational Learning Activities

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How Do We Motivate Health Care Trainees and New Professionals to "Be Scholarly"

Find a Mentor that Can Help Navigate a Clinical or Research Agenda

What it takes to do scholarly work
How to get started

Connect with other Researchers or Professionals through networking

Who else in the field is doing this work
Developing a 'field mentor' as well

Receive additional training through workshops, conferences and/or intensives

Specific skills for academic writing, research and scholarly work

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Strategies for Trainees who Challenge Us

Christine Runyan, PhD
Family Medicine and Community Health
University of Massachusetts Medical School

University of Massachusetts Medical School
UMASS

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- Trite, but often true
  - Why is this person challenging for me?
  - Translation: **What is it about me that I am being triggered?**

- It is all about self-awareness – us and them

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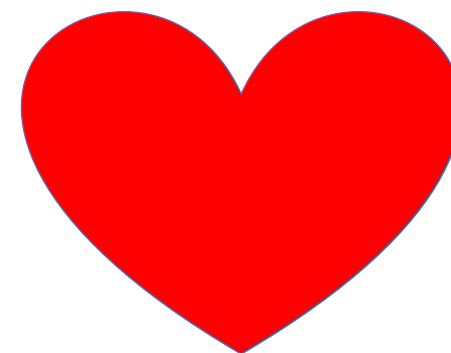
Its all about self-awareness
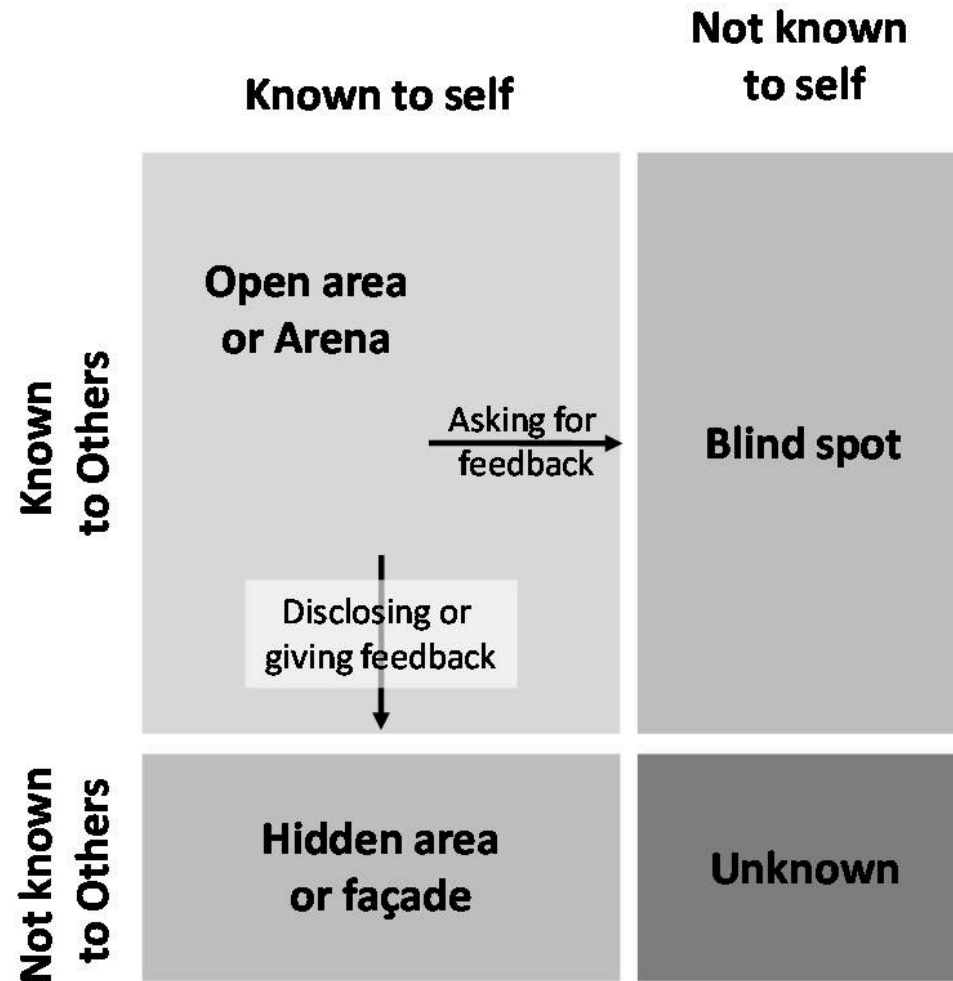
JOHARI WINDOW

Strategies for Trainees who Challenge Us

- Trite, but often true
  - Why is this person challenging for me?
  - Translation: **What is it about me that I am being triggered?**
- It is all about self-awareness – us and them

- **Use team members and be creative about addressing gaps**

- **Acceptance**

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Investment and Psychological Safety

- *"When you're screwing up and nobody says anything to you anymore that means they've given up on you...you may not want to hear it but your critics are often the ones telling you they still love you and care about you and want to make you better."*

Really Achieving Your Childhood Dreams

Randy Pausch
Carnegie Mellon University
Sept 18, 2007

- Psychological Safety = feel safe to take risks and be vulnerable

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Current Challenges in the Workforce

Keith Dickerson, MD

St. Mary's Hospital Family Medicine and Residency Practice

Growing the Primary Care Behavioral Health Workforce of Tomorrow

Alexander Blount, EdD

Professor of Clinical Psychology

Antioch University New England

Professor Emeritus of Family Medicine and Psychiatry

University of Massachusetts Medical School

Current Training Approach is Inadequate in Relation to the Need

- I created a post-degree training program in Primary Care Behavioral Health at the Center for Integrated Primary Care at UMass Medical School,
- A program that has shown to be effective
- A program that has trained over 4000 Behavioral Health Clinicians
- Yet it is clear to me that we are not keeping up with the need.
- Untrained mental health professionals who don't know how to succeed in primary care are one of the central reasons that Behavioral Health Integration is stuck in so many settings.

Hall, J., Cohen, D. J., Davis, M., Gunn, R., Blount, A., Pollack, D. A., Miller, W. L., Smith, C., Valentine, N., and Miller, B. F. (2015). Preparing the Workforce for Behavioral Health and Primary Care Integration. *J Am Board Fam Med, 28*: S41-S51

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Scope NH PCBH Workforce Assessment Study

- Focused only on primary care behavioral health workforce in New Hampshire

- Assessing how behavioral health care is delivered to the most "stressed" populations

- Studied the "safety net" clinics (FQHCs and look alikes plus RHCs)

- Looked at how well the training infrastructure of the state is poised to produce the workforce needed to supply these sites and by extension, the state.

We defined behavioral health broadly.

1. Prescribing and consulting about psychotropic medications

2. Consulting with PCPs and other team members about patient BH needs and treatment.

3. Providing behavioral interventions or therapies for mental health and substance abuse needs and health behavior change

4. Creating and maintaining patient engagement in care

5. Addressing health literacy, adherence, and healthy living

6. Keeping information about the patient's health needs and health behavior flowing between the patient and the health team

7. Addressing social and economic barriers patients face in caring for their health ("social determinants of health")

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Role of "Care Enhancers"

Lots of roles being added:

Care Manager
Care Coordinator
Navigator
Health Coach
Patient Advocate
Community Health Worker
Patient Educators
(and on and on)

- Some are new types of training and some are new roles for existing disciplines (RNs, LPNs, MAs, MSWs)

- Whatever their training, these roles require behavioral skills.

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We conceptualized the workforce by categories of function rather than discipline.

Care Enhancer (CE)

- BSW, Med Asst, Care Manager/Coord, Health Coach, CHW, Pt. Educator, Navigator, Reg. Nurse, BS Nurse

Consulting Psychiatric Clinician (CPC)

- Psychiatrist (MD, DO), Psych Nurse Practitioner, Psych Advanced Practice Nurse, Psych Physician's Assistant
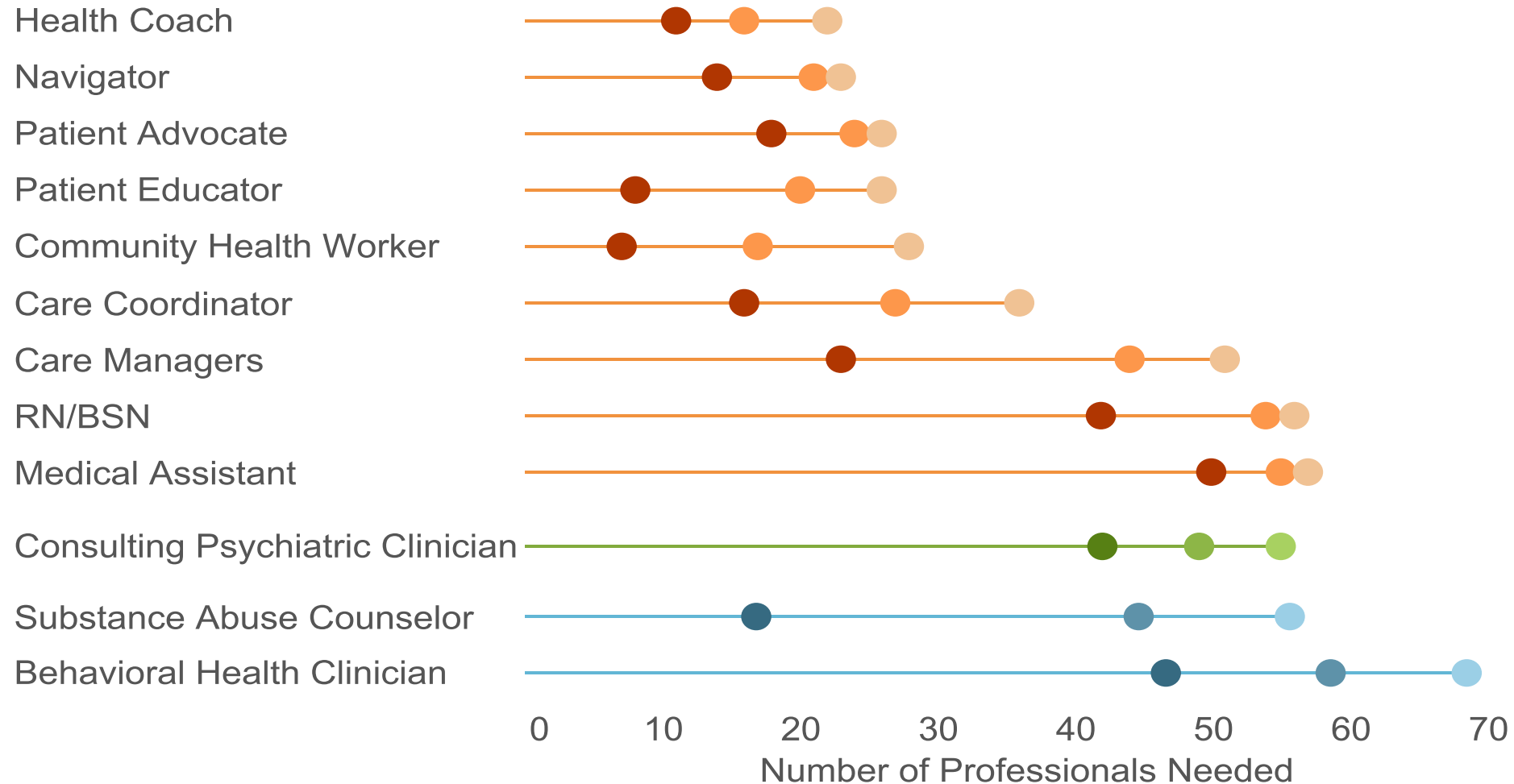
Behavioral Health Clinician (BHC)

- Psychologist (PsyD, Phd), Marriage & Family Therapist, Substance Abuse Counselor, Mental Health Counselor, MSW

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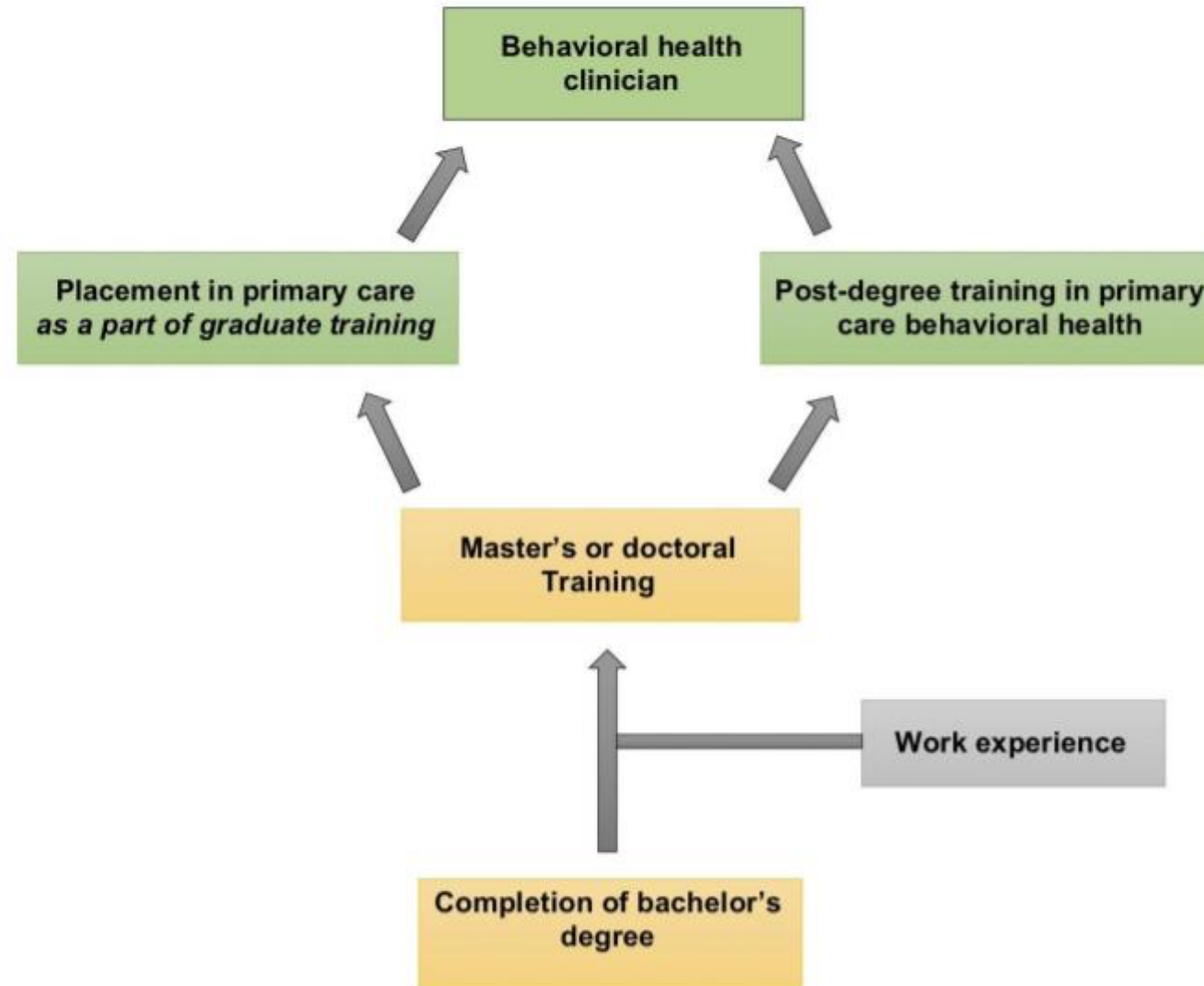
BHCs, PCCs, & some forms of CE's will be in great demand.

Substance Abuse Counselors, Care Managers, BHCs Needed
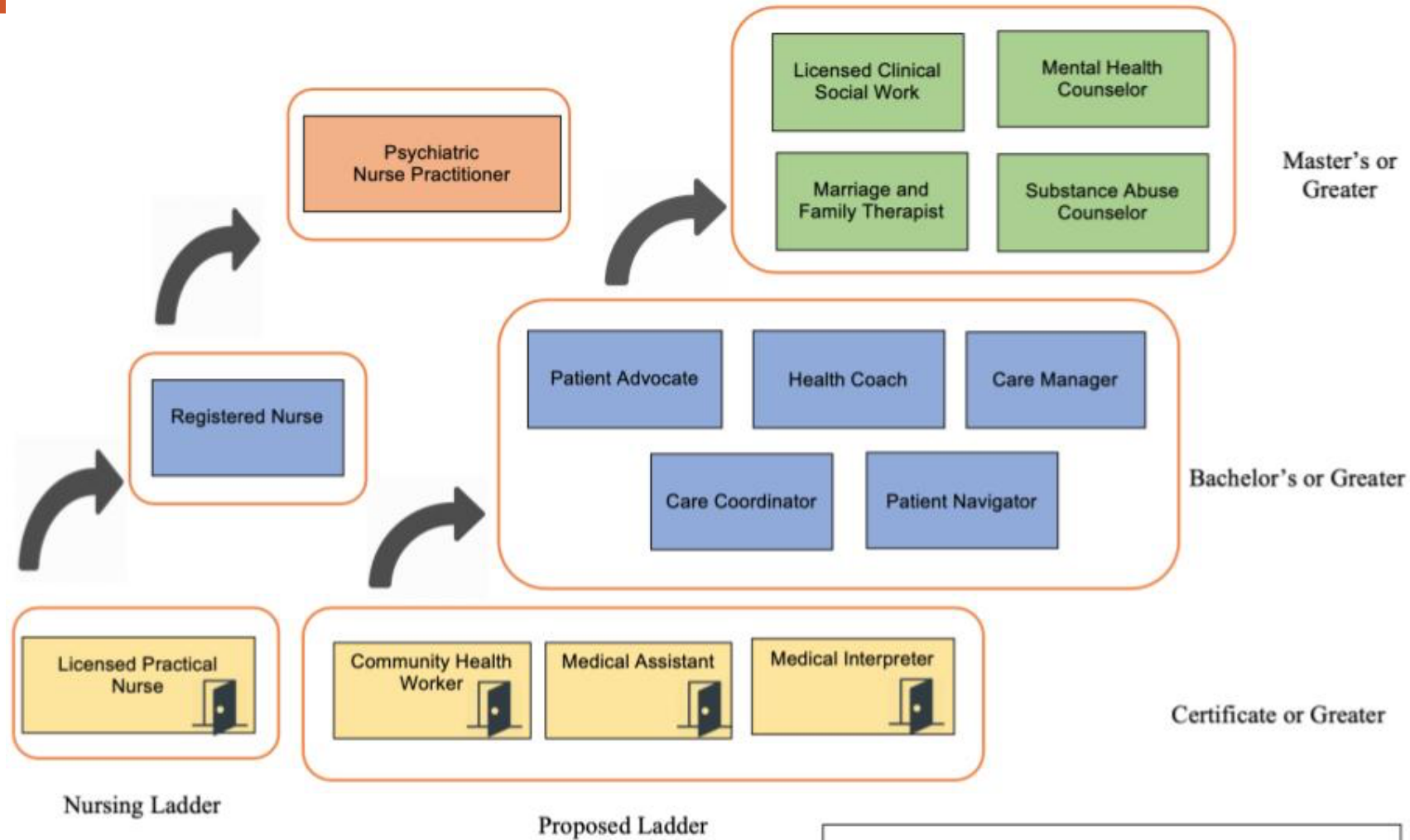**Number of Professionals: Now, Wanted Now, Wanted in 5 years**
Care Enhancers, Consulting Psychiatric Clinicians, Behavioral Health Clinicians

Dot plot of Number of Professionals Needed by role: Health Coach, Navigator, Patient Advocate, Patient Educator, Community Health Worker, Care Coordinator, Care Managers, RN/BSN, Medical Assistant, Consulting Psychiatric Clinician, Substance Abuse Counselor, Behavioral Health Clinician.

x-axis: Number of Professionals Needed (0 to 70)

Common Pathways for Competent B.H. Clinicians

Behavioral health clinician

Placement in primary care as a part of graduate training

Post-degree training in primary care behavioral health

Master's or doctoral Training

Work experience

Completion of bachelor's degree

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Behavioral Health Career Ladder in PC

New Hampshire Primary Care Behavioral Health Workforce Initiative
www.NHPCBHWorkforce.org

- List of Post Degree Training programs for BHCs
- List of Master's Degree programs that do not require leaving current employment to complete
- Career ladder with links to definitions of roles, salary ranges, and training programs.
- Special training webinar for BHCs in Pediatrics
- Series of training videos introducing primary care behavioral health to undergraduates and graduate students
- Series of training videos and exercises for training Practice Transformation Facilitators in BHI.

    If you know about additional resources in these categories anywhere LET US KNOW!

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PART II:
Breakout Groups

TABLE 1: RECRUITMENT/ROLES (Sandy)

TABLE 2: LEARNING CHALLENGES in the WORKFORCE (Kathryn/Keith)

TABLE 3: BEST PRACTICES/STRATEGIES AS A MENTOR/TRAINER (Tina/Max)

Questions??

Bibliography / Reference

1. Cho, C. S., Ramanan, R. A., & Feldman, M. D. (2011). Defining the ideal qualities of mentorship: a qualitative analysis of the characteristics of outstanding mentors. The American journal of medicine, 124(5), 453-458.
2. Lacasse, M., & Ratnapalan, S. (2009). Teaching-skills training programs for family medicine residents: systematic review of formats, content, and effects of existing programs. Canadian family physician Medecin de famille canadien, 55(9), 902-3.e1-5.
3. Blount, F. A., & Miller, B. F. (2009). Addressing the workforce crisis in integrated primary care. Journal of Clinical Psychology in Medical Settings, 16(1), 113.
4. O'Donohue, W., & Maragakis, A. (2015). Training the Behavioral Health Workforce for the Patient-Centered Medical Home. In Integrated Primary and Behavioral Care (pp. 61-73). Springer, Cham.
5. Experiential Learning Theory as a Guide for Experiential Educators in Higher Education" ELITHE: A Journal for Engaged Educators, Vol. 1, No.1, pp.7-44 (good read at approaches to learning and teaching)

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Join us next year in Philadelphia, Pennsylvania! Thank you!