Expanding the Primary Care Behavioral Health Workforce: Lessons Learned from Te Tumu Waiora

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Faculty Disclosure

The presenters of this session currently have or have had the following relevant financial relationships (in any amount) during the past 12 months.

- Self-employed consultant
- Author receiving royalties from book publications
Conference Resources

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

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

• Describe methods for encouraging consensus about workforce development needs

• Discuss two strategies for developing a PCGH-ready workforce

• Describe an A-B-C approach to efficiently developing a sustainable PCBH workforce (Te Tumu Waiora)


Learning Assessment

• Name one or more methods for creating consensus about workforce development needs.

• List two or more strategies for addressing workforce shortages related to PCBH services.

• Describe an A-B-C approach to workforce development for primary care behavioral health services in a country (or system).
Lessons Learned

Begin at the beginning . . .
What workforce do you need?
What we need . . .

- Healthcare (HC) providers who share a common vision of improving the health of individual and families
- HC workers that know “the basics of behavior change” and stay current with the evidence
- HC providers that use population-based care strategies to improve health – psychological, biological, and social
- HC providers that think and work “inter-professional”, demonstrating strong team work, day in and day out
Methods for moving toward consensus . . .

• Study common models for an evolved, inter-professional PC
• Identify outcomes important to your organization now . . . and 5 years from now
  • Think quadruple aim
• Look at current outcomes and knowledge base of current providers
• Weigh options
  • Models – Do we understand them?
  • Anticipate implementation processes: required investment / reach of model / impact on quadruple aim / sustainability
• Check: are we all in?
• Choose and plan an on-going measurement strategy

What methods are you / have you used to create consensus?
Discuss with a learning partner (different discipline than you)
A model with the promise of better outcomes

Primary Care Behavioral Health
PCBH
Model

Generalist
Accessible
Team-based
High Productivity
Educator
Routine care component

Lessons Learned

The devil’s in the details . . .

Preparing who for what and how
Recruiting whom and how
Training who to do what
Training by whom
Competencies for all

1. Leadership**
2. PCP & RNs
3. Behavioral Health (BH) Consultants
4. BHC Assistants
5. Health Coaches
6. BHC Trainers

Primary Care Behavioral Health
PCBH
Core Competency Tools*

*Robinson & Reiter, 2016.
**Robinson, et al, 2018
Training Methods and Goals

• Training context
  • Under-graduate, graduate, post-graduate
  • On-the-job
• Training methods
  • Didactic
  • Skill practice
  • Coaching within practice
• Training goals
  • Demonstrate competence in work performance
  • Obtain expected outcomes (Quadruple Aim)
Strategies for building a PCBH-ready workforce . . .

• Start early – high school, undergraduate
• Provide interprofessional training
• Integrate science and practice from the start (Cigrang)
• Recruit people with longevity in mind
• Invest in re-training
• Provide competency-based training
• Define policy for training trainers
• Attend to retention and resilience

What strategies are you using? Discuss with a learning partner.
Te Tumu Waiori

The ABC’s of building a PCBH workforce for a country
A: Build the foundation

- Work with leadership first
  - Government, University, HC systems, individual clinic leaders teams
- Plan a demonstration project
- Use a systematic approach
  A. Build PCBH foundation competencies (classroom, skill practice)
  B. On-the-job competency-based training (in clinic, all staff)
A: Build the foundation

C. Mentoring, upskilling (group calls, webinars, coaching). Identify trainer candidates based on demonstrated competencies and practice metrics in first 6-12 months, train trainers

C. Be guided by outcomes

D. If positive, scale up to larger demonstration project

E. Complete gap analysis: workforce resources and workforce needs
B: Evaluate

- **Auckland Demonstration Project**
  - 5 clinics, 18 months
  - 7 Health Improvement Providers (HIPs), 6 Health Coaches, 35 GPs, 30 RNs, 5 PMs, many NGO and DHBs representatives

- **National Demonstration Project**
  - More PHOs, 5 regions, 8 months
  - 2 trainers, 13 more HIPs, many more HCs, GPs, RNs, and PMs, also NGO and DHB
PCBH and health care equity
Initial and now National Demonstration
PCBH and te tumu waiora*

• 57 – 70% of patients are seen for therapy on the same day as disclosing distress to their GP (compared to 3 – 5% for conventional service)
• 75% seen for talking therapy within five days (less than 17% in conventional services)
• 95% satisfaction rating from over 3,000 client surveys
• Reduction in prescribing of medication in favour of a ‘skills before pills’ approach

See [http://www.tetumuwaiora.co.nz/#tetumuwaiora](http://www.tetumuwaiora.co.nz/#tetumuwaiora)
PCBH and te tumu waiora*

• Significantly improved equity of access across Māori, Pacific, Asian and European populations with no significant difference between rates of conversion of referral to appointments across ethnicities

• 74% of Māori clients report improved wellbeing (compared to 72% European, 74% Asian, 71% overall)
Governmental Support

• A record $1.9bn is allocated for the Mental Health Package over five years.
• A new universal frontline service for mental health will place trained mental health workers in doctors' clinics, iwi health providers and other health services.
• That means that when a GP identifies a mental health or addiction issue they can "physically walk with their patient to a trained mental health worker to talk", the budget documents say. That person would have an ongoing relationship with the person in distress, to guide and support their recovery.
• No details are given about the number of trained workers needed to support this, but the Budget documents say new workforces will be built to support people, and $212m is included for health workforce training and development.
• The service aims to reach 325,000 people with mild to moderate mental health and addiction needs by 2023/2024.
• The government says the measures will "transform our approach so that within five years every New Zealander who needs it has access to a range of free services that support and maintain their mental wellbeing."
C. Full court press on expanding the workforce

- Use infra-structure created in demonstration projects
- Competencies for all
- Emphasis on training trainers
- Changes to university training curriculums
- Strong links between universities and clinics
- Governmental support of training to achieve rapid development of a competent workforce to support the vision for the country
- Enhanced focus on children, adolescents and families
- Adaptations for rural and frontier clinics
Requirements for Working as a HIP in NZ

- Registered mental health professional with knowledge and experience of talking therapies
- Completed 4-day phase 1 classroom based HIP training programme delivered by a Mountainview Consulting Group-approved trainer
- Completed a minimum of 2 days’ phase 2 practice-based training delivered by a Mountainview Consulting Group approved trainer
- At the end of this phase 2 training have been assessed as practising at competency level 3 or higher, by the Mountainview Consulting approved trainer
- After completion of phase 2 HIP training:
  - Participate in monthly webinars delivered by advanced practitioners with expertise in this model
  - Participate in regular (minimum monthly) peer supervision sessions with other people working in this role in New Zealand
  - Have access to cultural support/supervision relevant to the population being served
Part of the infra-structure . . .

Mountainview Approved HIP Trainer Pre-requisites

• Complete phase 1 and phase 2 HIP training with a Mountainview approved trainer

• Worked in a HIP role in New Zealand a minimum of 2.5 days per week for a minimum of 6 months

• Be practicing as a HIP at competency level 4 (as assessed by a Mountainview Consulting approved trainer using the HIP Competency Assessment Tool), using tools to manage practice, meeting metrics
Part of the infra-structure . . .
Mountainview Approved HIP Trainers Training Requirements

• Complete necessary preparatory work assigned by the Mountainview approved train the trainer (this may include participation in teleconferences, video conferences, completion of paperwork)

• Co-facilitate a phase 1 HIP training in New Zealand with the Mountainview approved train the trainer

• Co-facilitate phase 2 training in a minimum of 3 practices in New Zealand with the Mountainview approved train the trainer

• Achieved a minimum of competency level 3 using the HIP Trainer Competency Tool – as assessed by Mountainview Consulting trainer
Lessons Learned

Begin with workforce in mind . . .

1. **Consensus matters** – workforce for what and with whose backing
2. **Seek out large-scale support** – government, universities
3. **Build a strong foundation in a demonstration project**
   A, B, and C are necessary
   And be sure to “download” it (manual, etc.)
4. **Evaluate and be guided by outcomes**
5. **Scale up, training the most skilled to train others**

Continue with workforce in mind . . .
Learning Assessment

• Name one or more methods for creating consensus about workforce development needs.
  (Study, important outcomes, current outcomes, options, check, plan and measure)

• List two or more strategies for addressing workforce shortages related to PCBH services.
  (interprofessional training, recruiting, retraining, competency-based training, training in evidence-based interventions adapted to PC, train trainers, retention).

• Describe an A-B-C approach to workforce development for primary care behavioral health services in a country (or system).
  (build foundation, evaluate, create)
Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.
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