

Expanding the Primary Care Behavioral Health Workforce:

Lessons Learned from Te Tumu Waiora

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Faculty Disclosure

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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 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)

Bibliography / Reference

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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 . . .

an example

- 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

TEAM MEMBERS



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

**Robinson & Reiter, 2016. Behavioral Consultation and Primary Care:
A Guide to Integrating Services, 2nd Edition*

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

Primary Care Behavioral Health
PCBH
Core Competency Tools*

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

*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>

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

Part of the infra-structure . . .

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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