

Cross-Training for the Family Medicine Workforce

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Faculty Disclosure

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

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

- Describe current effective treatments for erectile dysfunction in primary care
- Describe at least 3 ways to incorporate partners into the treatment of erectile dysfunction in primary care
- Discuss challenges and opportunities in training the next generation in relationally based ED treatment

Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

Our Model

- Behavioral Medicine Clinic
 - Separate from psych
 - Location – within residency clinics
 - Rooming process
 - Who do we see?



Training in the model

- FM Interns
 - Behavioral Medicine Rotation
 - Readings
- Psychology Learners
 - Shadowing attendings
 - Learning clinic milieu
 - Readings/Videos, Discussion w faculty



Our Clinic

50 y.o. / F	CONSULT	Anxiety (Reschedule from missed appt 8/16/19)
33 y.o. / M	CONSULT	evaluation and CBT for insomnia..Per Dr. Williams
35 y.o. / F	CONSULT	Hi! Can we get this patient scheduled to see one of us? -KB

Weight
management

45 y.o. / F	CONSULT	
50 y.o. / M	FOLLOW UP	OVERBOOK per Christina/Buck
60 y.o. / F	CONSULT	
60 y.o. / M	CONSULT	consult
51 y.o. / F	CONSULT	anxiety due to diagnosis
57 y.o. / F	CONSULT	anxiety d/t diagnosis

Supervision of Psychologists in Primary Care

- Demand has grown for integrated services in primary care
- The number of training programs for psychologists in primary care settings has also increased, along with recognition as a unique subspecialty...
- However, demand for care has outpaced business models and training/supervisory models to support well-funded, competent service delivery of primary care psychology

Supervision - The PARSE Precepting Model

- **P**atient – “Who is the patient?” presented in SOAP format
- **A**sk – Clarify when uncertain on details. Ask Socratic questions that require trainee to think about diagnostic impression and conceptualization
- **R**ecommendations – Elicit trainee’s recommendations with emphasis on evidence-based intervention(s).
- **S**ee – The patient together. Reinforce what the trainee has done well.
- **E**valuate – Provide feedback by eliciting trainee’s self-reflection. Describe +’s and Δ’s.

Supervision - The PARSE Precepting Model

	Traditional Supervision Model	PARSE Supervision Model
Frequency of supervision	1-2 times per week, priority given to most urgent/complex cases	Continuous, case-by-case
Format of supervision	Hour-long review of cases, emphasis on comprehensiveness	3-4 minutes, SOAP format, emphasis on efficiency
Focus of supervision	Multi-faceted	Problem-focused
Scope of services	Mostly within supervisors area of specific expertise (e.g., pediatric vs. adult, trauma, anxiety disorders)	Broad scope, generalist, across the lifespan

Supervision - The PARSE Precepting Model

	Traditional Supervision	PARSE Supervision
Frequency of feedback	Weekly; given intermittently during the academic term (midterm/final)	Given in real time
Setting	Outpatient mental health (Specialty care)	Primary care
Orientation	Specialist	Interdisciplinary
Length of visits	45-60 minutes	<30 minutes, with exceptions <20 minute warm-handoffs
Location of supervisor	On or off-site, in case of emergencies	Onsite supervision of psychology trainees, medical residents, and direct patient care as needed

Key Skills from Cross-Training

Psychology Trainees gain:

1. Competencies in primary care psychology - Familiarity with medical setting, culture, medical staff, terminology, and workflow.
2. Generalist training - To address a broad range of issues across the developmental lifespan using evidence-based intervention
3. Experience - As part of an interdisciplinary treatment team
4. Career interest - Cultivates learner's interests in integrated behavioral health as a viable career path
5. Supervision: Interdisciplinary teaching (didactics, observation & feedback)

Key Skills from Cross-Training

Medical Residents gain:

1. Cross-training - Regarding issues of mental and behavioral health and the impact of psychosocial factors on health
2. Appreciation - Of the role and benefits of integrated behavioral health in primary care
3. Access - To consultation from psychology faculty
4. Other training outcomes – The behavioral science curriculum aids in development within ACGME milestones (e.g., communication with patients, team-based care, relationship building with patients and their families, cultural competency)

Resident Perspective

Differentiating organic mental disorder (DSM) from behavior

Behaviors can interfere with effective treatment

Behaviors may be related to underlying conditions (anxiety, depression, ext).
Both deserve attention.

Behaviors work both ways in the exam room; my behaviors can impact the therapeutic relationship, efficiency, ext.

Some issues do require more advanced intervention than what I can provide

- significant illness anxiety

- sleep behavioral intervention

- ED!

Specific Challenges – Financing

- CPT codes used: Psychotherapy 90834, 90832. H&B 96152
- FY2018 1 Faculty @ 20% clinical (two half days per week) generated \$26,826
- FY2019 1 Faculty @ 20% clinical (two half days per week) generated \$28,654
- Breakdown of funding sources:
 - County Insurance (61%), Private (9%), Medicare/Medicaid (MCOs) (41%), Self pay (4%)

Specific Challenges – Teaching/Learning Styles

- Depth vs Breadth
- Jumping in
- Therapeutic alliance
- Role of medicines





Specific challenges – administration/collaborative partners

- Getting administrators on your team
 - Entirely a teaching endeavor or clinical endeavor?
- “ok, try us”
- How are we like other clinicians? Different?
- Psychiatry Department, Clinic Directors, Nursing staff, Preceptors

Question & Answer

- What is one key step that you could take in your own practice toward increasing cross training?

Session Survey

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



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

References

1-Reference * Kertz, J., Delbridge, E., & Feliz, D. Models for integrating behavioral medicine on a family medicine in-patient

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2-Reference * Martin, M., Allison, L, Banks., E., & Bauman., D. Essential Skill for Family Medicine Residents Practicing

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3-Reference * ICEPE Panel. Core competencies for inter professional practice. 2016 update. Washington DC:

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4-Reference * McDaniel, SH, Grus, CL, Cubic, BA et al. Competencies for Psychology Practice in Primary Care. Am Psychol, 2014;69(4)409-429

5-Reference * Buck, K., Reed, A., & Stratton, J. (2016) Educating Health Psychologists: A Focus on Family Medicine. Presentation at American Psychological Association, Denver, CO