

AMERICAN PSYCHOLOGICAL ASSOCIATION

ANNUAL CONVENTION

HONOLULU, HAWAII • JULY 31–AUGUST 4, 2013

Training for integrated care with older adults:
Real world implementation and the path
forward

Training for integrated care with older adults: Real world implementation and the path forward

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

Presenters:

- Jennifer A. Moyer, PhD, Chair
VA Boston Healthcare System, Brockton, MA
- Patricia A. Areán, PhD
UCSF, San Francisco, CA
- Erin E. Emery, PhD
Rush University, Chicago, IL
- Brian D. Carpenter, PhD
Washington University, St. Louis, MO
- Richard A. Zweig, PhD
Ferkauf Graduate School of Yeshiva University, Bronx, NY
- Antonette M. Zeiss, PhD, Discussant
VA Central Office, Washington, DC

Training for integrated care with older adults: Real world implementation and the path forward

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

Integrated health care is especially important for older adults:

- Up to two thirds of older adults with a mental health problem do not receive the services they need.
- Preventive and early identification strategies for geriatric mental health disorders are lacking, with a low rate of referral to mental health care by general practitioners and a mismatch between services offered and those preferred by older adults (e.g., psychotherapy).
- Older adults have complex interacting medical needs and prefer to receive mental health care within integrated care settings.

Training for integrated care with older adults: Real world implementation and the path forward

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

- How do we prepare psychologists to implement integrated care, particularly with older adults?
- What are the practice competencies for integrated care psychology and how do these compare to geropsychology?
- How does integrated care in primary care settings compare to that in specialized medical settings, such as rehabilitation, long term care, and community-based service sites?

This symposium offers the perspective of leaders in integrated care research and training discussing real-life challenges for implementation and dissemination at the graduate school, externship, internship, fellowship, and post-licensure levels.

AMERICAN PSYCHOLOGICAL ASSOCIATION

ANNUAL CONVENTION

HONOLULU, HAWAII • JULY 31–AUGUST 4, 2013

Co-Teaching Interprofessional Care in Graduate School

Brian D. Carpenter, Ph.D.
Associate Professor



Washington University in St. Louis

Objectives

- 1) Review a curricular model for introducing graduate students to disciplinary perspectives and interdisciplinary teamwork
- 2) Recount administrative and logistical challenges in course implementation
- 3) Summarize indicators of student development
- 4) Discuss future adjustments

Origins of our course

- Growing interest in interprofessional care
 - APA Presidential Task Force on Integrated Healthcare (2007)
 - WHO Framework for Action on Interprofessional Education and Collaborative Practice (2010)
 - Interprofessional Education Coalition Core Competencies for Interprofessional Collaboration (2011)
- Provost's Cross-School Interdisciplinary Teaching Grants

InterD 5001: Geriatric Interdisciplinary Teams

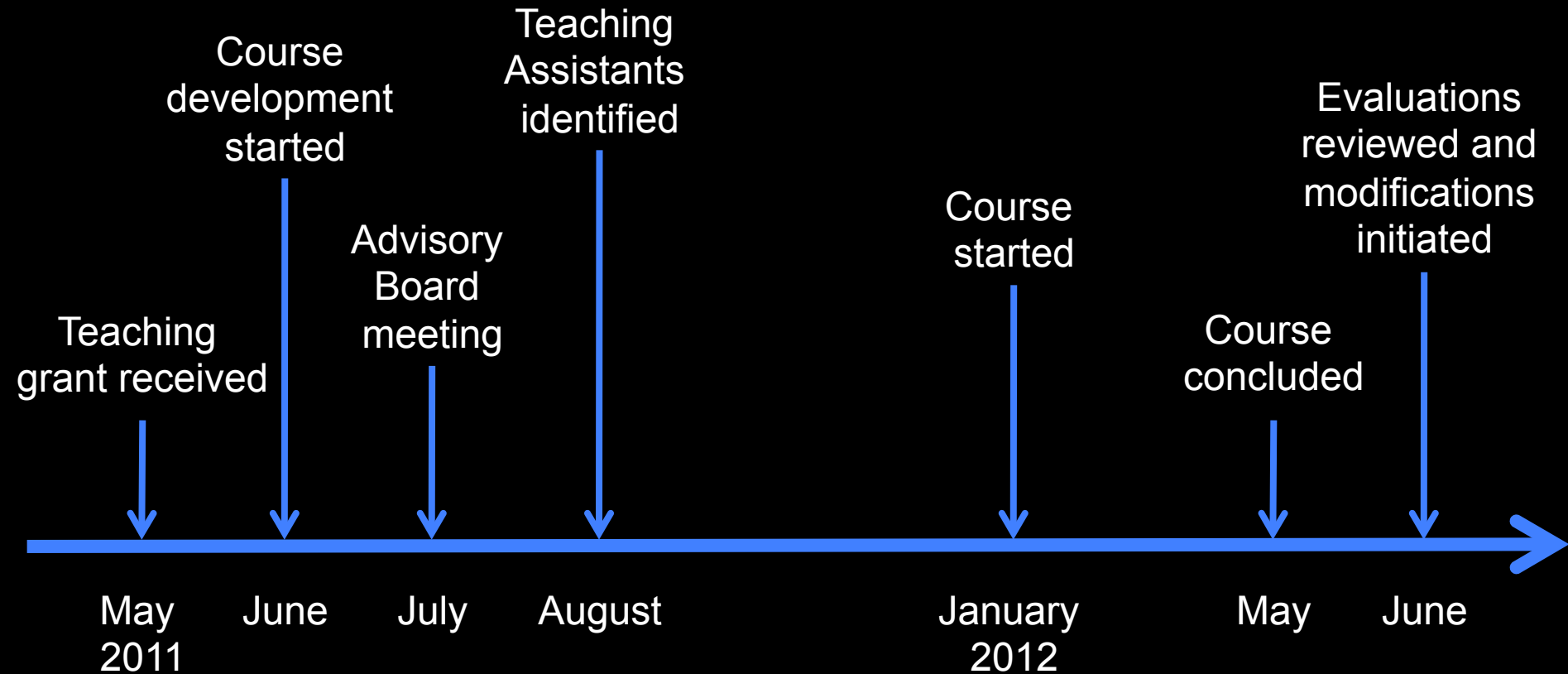
Course Description:

Interdisciplinary collaboration is a foundation of geriatric care, yet students are often trained with little exposure to the theories, methods, and practice techniques of disciplines complementary to their own. The purpose of this course is to bring together students across schools and disciplines who are training to work with older adults. Students will learn about 1) the theories and methods typical of each discipline, and 2) features of effective interdisciplinary teamwork that is essential in high-quality geriatric care.

Course Organizers:

Brian Carpenter (Psychology), Nancy-Morrow Howell (Social Work), Susy Stark (Occupational Therapy)

Course development process



Principles guiding course development

- Provide baseline education about aging that students complete before semester
- Include guest lecturers from different disciplines
- Focus on aging issues relevant to discipline
- Interweave interdisciplinary team dynamics & communication
- Emphasize case-based learning
- Focus on understanding and appreciating other disciplines (i.e., how to practice with other disciplines, not how to practice within other disciplines)

Structure of each class

- 5:30 - 5:40 Dinner
- 5:40 - 7:00 Disciplinary lecture
- 7:00 - 7:15 Snacks
- 7:15 – 7:45 Discussion based on student reflection papers
- 7:45 - 8:30 Case discussion or research presentation

Disciplinary lectures

- History of profession
- Training and licensure requirements
- Major theories/evidence-based practice
- Reimbursement
- Future trends in the profession

- | | |
|--|---------------------|
| • Psychology | • Chaplaincy |
| • Social Work | • Nursing |
| • Occupational Therapy | • Medicine |
| • Physical Therapy | • Pharmacy |
| • Speech and Language Pathology | |

Team functioning & communication

- Didactic readings
- Hartford GITT video cases
- National League of Nursing written case studies
- Western Health Sciences written case studies
- University of Missouri – Columbia Virtual Health Care Team written case studies
- Experiential exercises

Site visits to observe teams in action

- Inpatient rehabilitation hospital, long-term dementia care residence, community-based outpatient screening and referral clinic, outpatient multi-service clinic (PACE)
- Attended two interdisciplinary team meetings
- Recorded observations of team features and team process
- Delivered in-class, interdisciplinary group report on shared observations and evaluations

Enrollment challenges

- Physical Therapy daytime class schedule
- Medicine rotations only 7 weeks long
- Pharmacy and Nursing students not affiliated with our university
- Confusion about tuition

Who enrolled (n = 20):

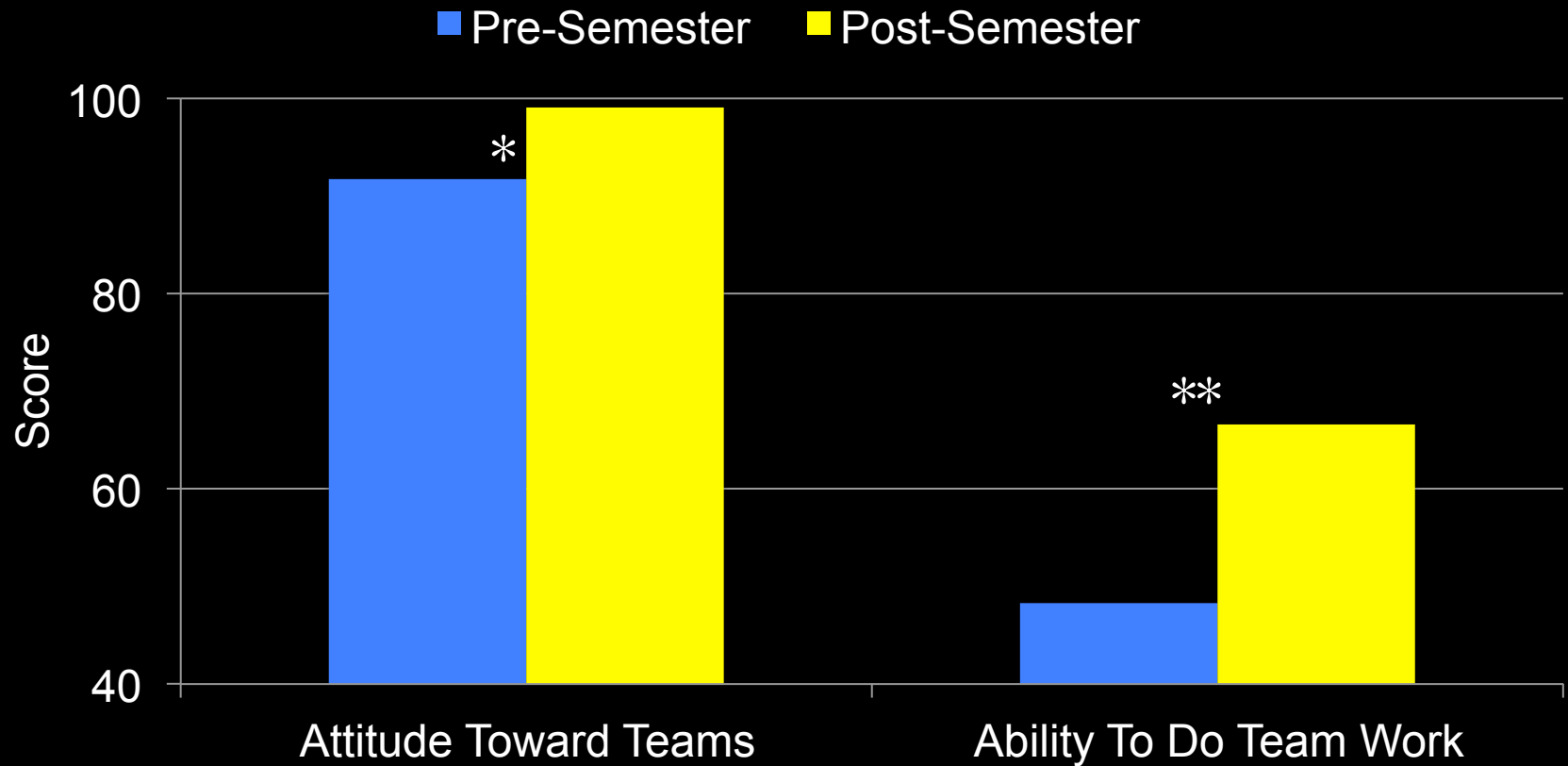
- OT – 4
- Psychology – 5
- Public Health – 3
- Social Work – 7
- Medicine – 1
- Nursing – 0
- PT – 0
- Pharmacy – 0
- Chaplaincy – 0

Logistical challenges

- Scheduling a class time
- Different spring breaks
- Location – parking permits? rotate? classroom?
- Dinner
- Academic culture differs across schools
 - expectations about availability of syllabi and reading lists
 - sanctity of reading period

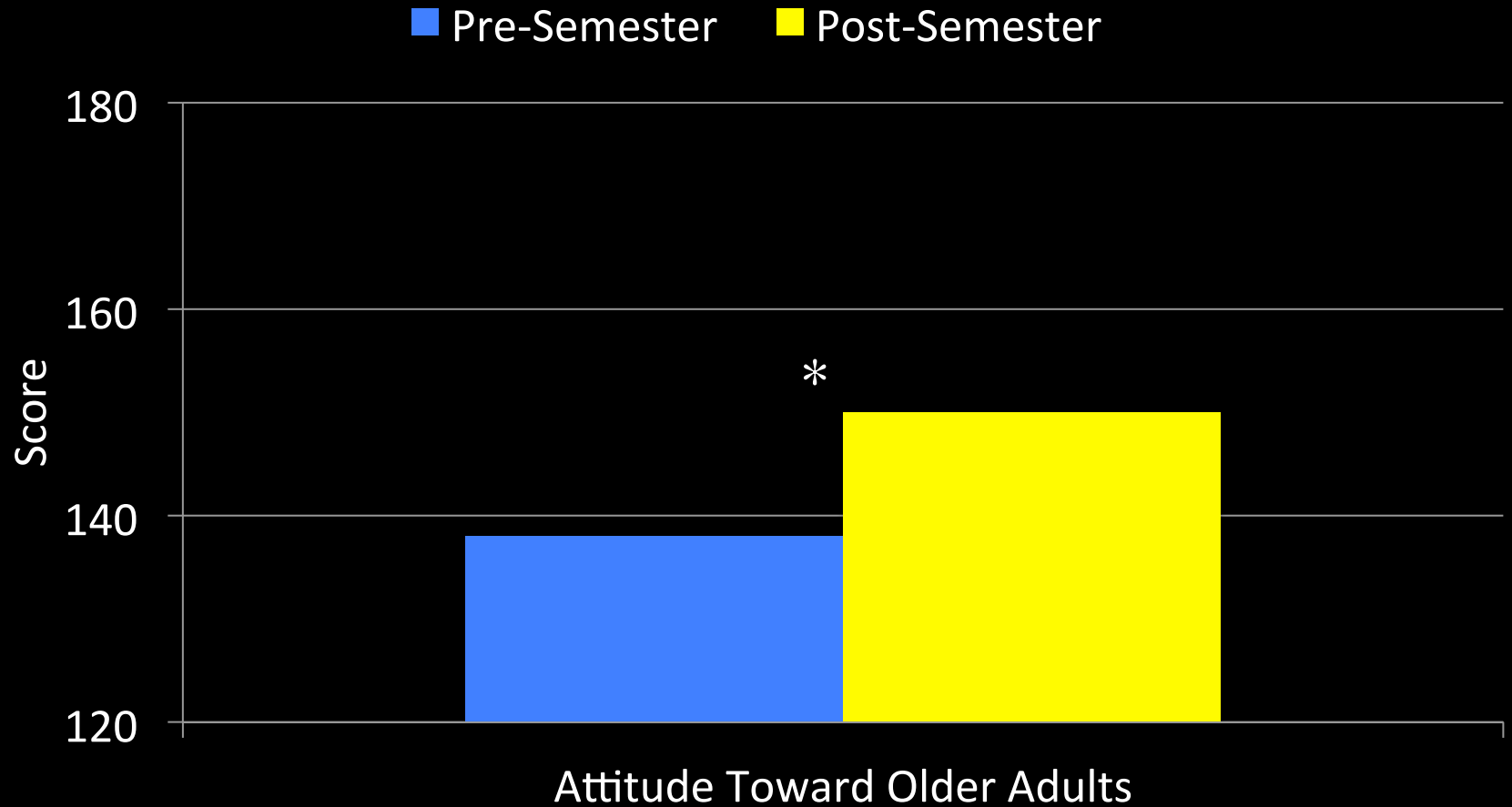
Learning outcomes

Change in attitudes/beliefs



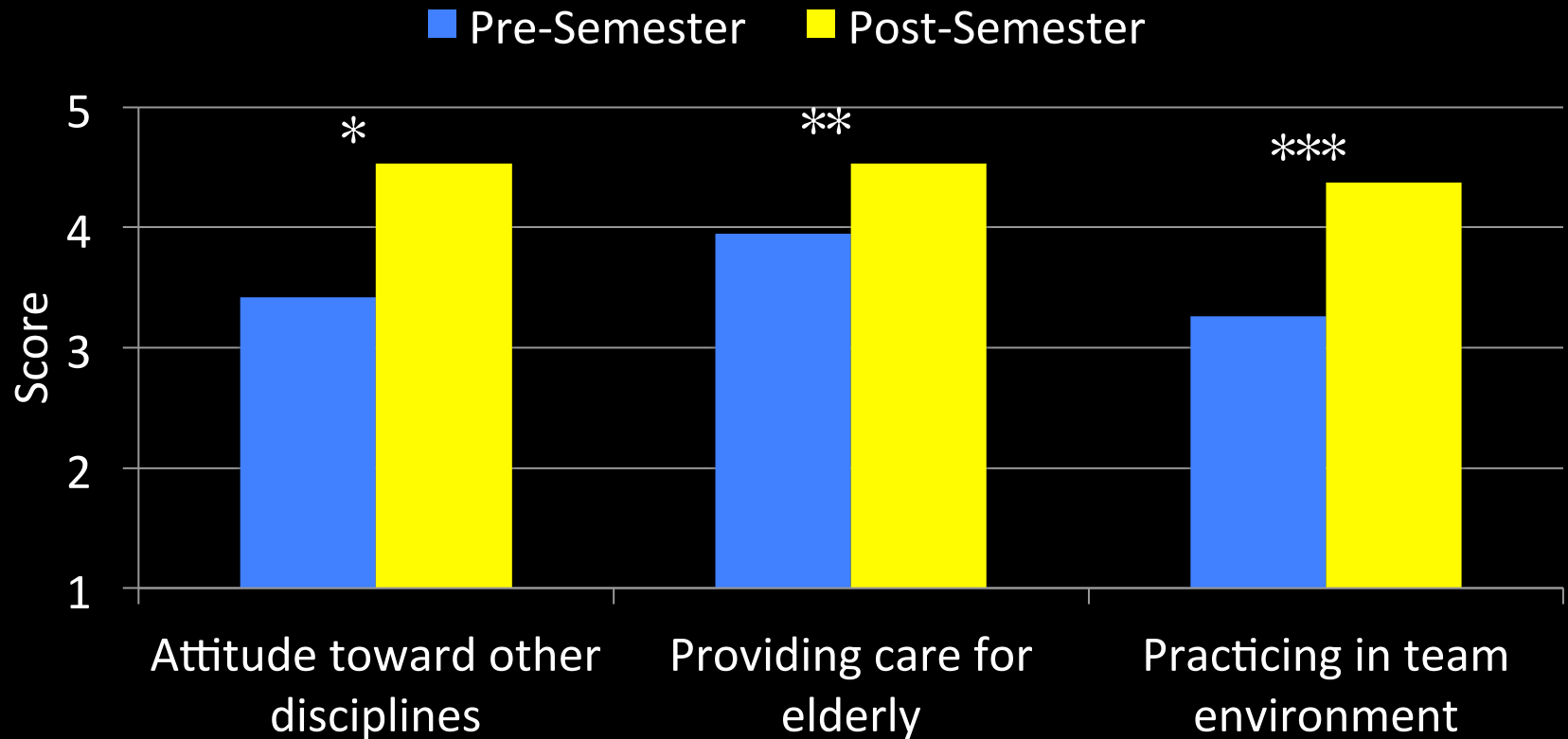
* $t = -4.77(19), p < .001$
** $t = -9.99(19), p < .001$

Change in attitudes/beliefs



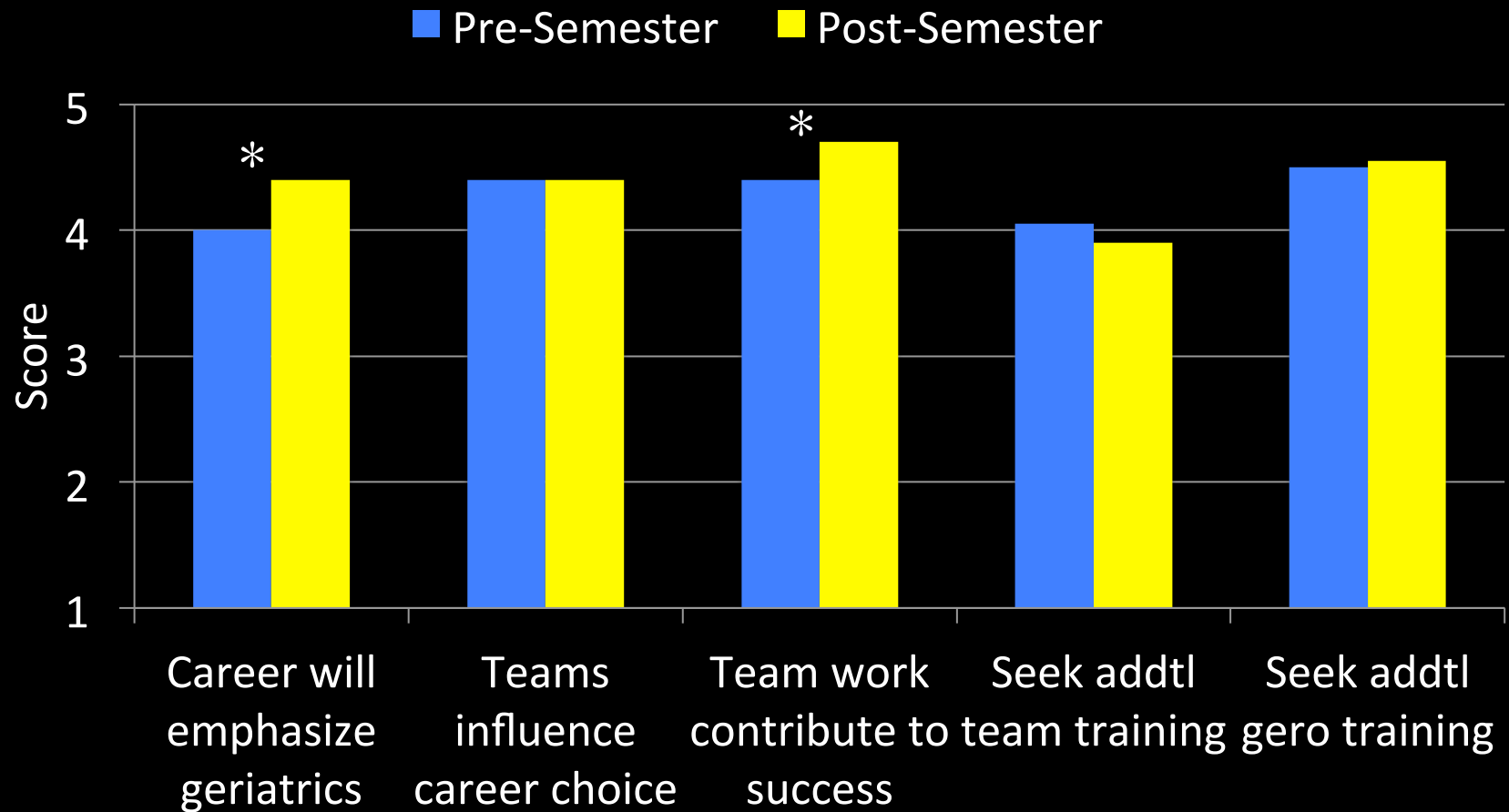
* $t = -3.80(19)$, $p < .01$

Attitudes toward working with teams



* $t = -5.14(18)$, $p < .001$
** $t = -2.80(18)$, $p < .05$
*** $t = -5.50(18)$, $p < .001$

Future plans



* $p < .05$

Working as a team less threatening

“I have to admit that as I learned about various disciplines, I had to actively prevent myself from becoming defensive of [my profession] and our expertise and skeptical of other professions purported competencies.

I was initially resentful at the idea of other disciplines conducting brief [versions of assessments I was trained to conduct]. I now acknowledge the global benefits of various professionals having [that skill]...

Had I not been given interdisciplinary training exposure, my openness to other disciplines would still be limited.”

How will they practice

“XYZ program was a good example of cultural silos—the group thought they were acting as a team when they were really functioning as autonomous units managed by a staff person.

There was a total lack of common understanding and communication—each professional documented their results and it was only viewed by 1 staff member. What could have been great interdisciplinary care turned out to be very similar to the traditional model.”

Early professionals with the “big picture”

Reflecting on reimbursement for geriatrics:

“Professionals would hesitate to choose geriatrics and/or gerontology if their effort to care for older clients (patients) is not well compensated in the system or valued in society, and this will eventually lead to the shortage of geriatric professionals. ..Therefore, it is important and necessary to either improve the existing reimbursement policy or introduce a brand-new policy to support geriatric professionals and their interdisciplinary teams better than now.”

Future development

- More disciplines represented in student body
- More contemporary scholarly resources
- Consulting national experts
- More sophisticated and longitudinal student outcome assessment
- Faculty sustainability issues
- Budgetary sustainability issues

AMERICAN PSYCHOLOGICAL ASSOCIATION

ANNUAL CONVENTION


HONOLULU, HAWAII • JULY 31–AUGUST 4, 2013

Co-Teaching Interprofessional Care in Graduate School

Brian D. Carpenter, Ph.D.
Associate Professor
bcarpenter@wustl.edu



Washington University in St. Louis



AMERICAN PSYCHOLOGICAL ASSOCIATION

ANNUAL CONVENTION

HONOLULU, HAWAII • JULY 31–AUGUST 4, 2013

Internship and Fellowship Training in Integrated Care:
Lessons from training programs in primary care and
rehabilitation

Erin E. Emery, PhD
Geriatric & Rehabilitation Psychology
Rush University Medical Center

- Geropsychology Competencies
- Training at intern and fellow levels
- Issues in Interprofessional teams
- Training in Rehabilitation Teams
- Training in Primary Care/ BRIGHTEN Teams

Competency Assessment

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

- Pikes Peak Competence Tool
 - http://www.copgtp.org/uploads/documents/Pikes_Peak_Evaluation_Tool.pdf
 - Online administration available:
<http://gerocentral.org/competencies/competencies-tool-online/>
 - Integrated care reflected throughout; “team” mentioned 20+ times
- Setting-specific competencies

Karel, Emery, Molinari, & CoPGTP Task Force on the Assessment of Geropsychology Competencies, 2010

Training at the Intern Level

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

- Interdisciplinary team training is recommended for geropsychology interns¹
- First exposure to significant work with older adults for many
- First exposure to team dynamics
- Confidence and voice

¹Hinrichsen, Zeiss, Karel & Molinari, 2010

Training at the Fellow Level

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

- Interdisciplinary team training is required for geropsychology fellows
- Observe supervisors negotiating team dynamics, conflict, and power struggles
- Functioning autonomously in teams
- Confidence and voice

- Assessment and brief treatment
- Highly medically and psychologically complex inpatients
- Short hospital stay
- Trainees are full members of the team
 - Multidisciplinary team meetings
 - Family meetings with the team
 - Challenging team members to consider alternate perspectives

Primary Care: BRIGHTEN

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

- BRIGHTEN: Bridging Resources of an Interdisciplinary Geriatric Health Team via Electronic Networking
- Screening, Assessment and Treatment
- Minority older adults with depression and cardiometabolic syndrome
- Co-location hybrid

- Learning:
 - What you know and what you don't know
 - Players in the system and dynamics among them
 - Stimulus value as psychology and as trainee
 - How to interact and advocate effectively
 - Observe supervisors and other team members
 - Ask questions
 - Try things out

Supervisors

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

- Model effective interactions
- Help trainees use what they know
- Provide information to team members about psychology and trainees
- Balance helping trainees to understand team dynamics with personal feelings about team members
- Provide opportunities in group supervision to practice skills

Discussant Comments – Symposium At APA on Integrated Health Care

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

- To ensure funding for interprofessional team activities, advocacy to provide a reasonable level for the Relative Value Units (RVUs) for team meetings and consultation should be established. CPT codes exist for these activities exist, but with zero (0) RVUs, so that such essential activities are not reimbursable.

Discussant Comments – Symposium At APA on Integrated Health Care

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

- No one likely can work at all of these levels, but I challenge each of you to consider how you can best support change in your settings – through utilization of the excellent training suggestions made by the panelist presenters and through advocacy efforts you are willing to make.

AMERICAN PSYCHOLOGICAL ASSOCIATION


ANNUAL CONVENTION

HONOLULU, HAWAII • JULY 31–AUGUST 4, 2013

Thank you!

Erin E. Emery, PhD
Geriatric & Rehabilitation Psychology
Rush University Medical Center






AMERICAN PSYCHOLOGICAL ASSOCIATION

ANNUAL CONVENTION

HONOLULU, HAWAII • JULY 31–AUGUST 4, 2013

Integrated Care in the Primary Care Setting

Patricia Areán, Ph.D.
Professor, UCSF



AMERICAN PSYCHOLOGICAL ASSOCIATION

ANNUAL CONVENTION

HONOLULU, HAWAII • JULY 31–AUGUST 4, 2013

Integrated Care in the Primary Care Setting

Patricia Areán, Ph.D.
Professor, UCSF

Integrated Care in the Primary Care Setting

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

Agenda

- Brief background on effectiveness of primary care integration;
- Importance of leadership to support integration;
- Training psychologists in culture of primary care/brief treatment;
- Preparing psychology for integrated care.

- Affordable Care Act will increase access to mental health services;
- Integration of mental health in to primary care will be supported under ACA;
- Several models exist to support integration;

Integrated Care Model Common Features

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

- Patient Activation;
- Education of primary care providers;
- Care manager;
- Mental health expert;
- Panel management;
- Brief, first line treatment in primary care;
- Team approach to managing care.

What makes integration work?

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

- Transformational and Transactional Leadership (Aarons et al, 2006);
- Access to experts in the model (Mancini, 2009);
- Efficient training models;
- Including Human Resources in planning to sustain practice;
- Hiring to the skill set needed.

Skills needed by leaders/experts

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

- Strategic thinking: seeing the Big Picture;
- Collaboration;
- Self Reflection/Emotional Intelligence;
- Making values visible and viral;
- Ability to prevent, and management, conflict;
- Problem solving skills;
- Ability to coach, educate, motivate and delegate. -*Geisler, 2013.*

Skills needed by Care Managers

APA
ANNUAL
CONVENTION

JULY 31–AUGUST 4
HONOLULU, HAWAII

- Working in fast pace settings;
- Brief – very brief – treatment;
- Communication skills (patients and docs);
- Redirection and containment skills;
- Use of assessment to inform practice (panel management);
- Knowing when and willingness to refer patients.

Successful Model for training

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

- Design training to competencies needed;
- Demonstration of skills;
- Opportunities to practice skills prior to utilization;
- Review samples of actual cases;
- Technical assistance while trainee employs new skills.

PST training example

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

- One day workshop, brief overview of skill with live demonstrations with experts, then role-play practice with feedback;
- Two months of weekly role play in PST skills;
- Review of at least 3 audio sessions.

Data on effectiveness

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

Traditional Model (n=46)

- Cohort size = 3;
- Time to certification = 10 months;
- 50% dropped out of training prior to certification;
- 20% say they use PST in practice.

Standardize Patient Model (n=96)

- Cohort size = 8;
- Time to certification = 2.3 months;
- 10% dropped out prior to certification;
- 15% needed additional remediation;
- 70% say use PST in practice.

- Prepare psychologists for integrated care early!
- Use of simulated cases to effectively and efficiently train skills;
- Need to support retraining programs for psychologists who will be faced with changes.
- Work closely with general internal medicine.

AMERICAN PSYCHOLOGICAL ASSOCIATION

ANNUAL CONVENTION


HONOLULU, HAWAII • JULY 31–AUGUST 4, 2013

Thank you!

pata@lppi.ucsf.edu

pstnetwork.ucsf.edu





AMERICAN PSYCHOLOGICAL ASSOCIATION

ANNUAL CONVENTION

HONOLULU, HAWAII • JULY 31–AUGUST 4, 2013

Integrated Care Geropsychology Training: A Need to Integrate the Integrators?

Richard Zweig, Ph.D.

Director, Ferkauf Older Adult Program

Associate Professor of Psychology, Ferkauf Graduate School of Psychology

Assistant Professor of Psychiatry, Albert Einstein College of Medicine

Yeshiva University

Michele J. Karel, Ph.D.

Psychogeriatrics Coordinator, Mental Health Services, VA Central Office

Associate Professor, Department of Psychiatry, Harvard Medical School

The APA (2008) Blueprint for Change: Achieving Integrated Healthcare for an Aging Population

APA
ANNUAL
CONVENTION

JULY 31–AUGUST 4
HONOLULU, HAWAII

Chapters:

- The broken healthcare system for older adults
- A basic model of integrated, interdisciplinary healthcare
- Knowledge and skills that psychologists contribute to integrated healthcare
- Principles of integrated healthcare
- Interdisciplinary collaboration in diverse sites of care
- The older consumer's perspective on health care
- Recommendations for future APA action

See <http://www.apa.org/pi/aging/programs/integrated/index.aspx>

APA (2008) Blueprint for Change: **Education and Training** Recommendations (selected):

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

- #1: Support the development of psychology graduate curricula on integrated healthcare for older adults
- #2: Promote clinical training opportunities in integrated healthcare settings
- #3: Support the development of education and training opportunities in integrated healthcare for students and healthcare professionals across disciplines
- #4: Collaborate with interdisciplinary colleagues to provide educational opportunities on the need and value of integrated care
- #5: Offer CE education programming on the roles of psychologists in initiating and facilitating the development of and participating as members of members of integrated healthcare teams

Have We Made Progress in **Education and Training** as outlined in the Blueprint for Change?

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

Note: APA efforts to delineate professional competencies for integrated care:

- Competencies for professional psychology practice:
<http://www.apa.org/ed/graduate/competency.aspx>
- Guidelines for psychological practice in health delivery systems:
<http://www.apa.org/practice/guidelines/delivery-systems.pdf>
- Competencies for psychology practice in primary care:
<http://www.apa.org/ed/resources/competencies-practice.pdf>

Blueprint for Change: Education and Training Recommendations

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

#1: Support the development of psychology graduate curricula on integrated healthcare for older adults

- APA Guidelines for Psychological Practice with Older Adults: 2013 update (coming soon, *American Psychologist*, in press)
- Pike's Peak Training model and competencies (Knight et al., 2009) and related geropsychology competency assessment tool at:
 - (1) Council of Professional Geropsychology Training Programs (CoPGTP site):
http://www.copgtp.org/uploads/documents/Pikes_Peak_Evaluation_Tool.pdf
 - (2) On-line version at GeroCentral:
<http://www.gerocentral.org/copgtp/ppcat.php>

Blueprint for Change: Education and Training Recommendations

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

#2: Promote clinical training opportunities in integrated healthcare settings:

- APA listing of doctoral, internship, postdoctoral programs which provide training in integrated care within primary care (<http://www.apa.org/ed/graduate/primary-care-psychology.aspx>)
- CoPGTP, APA Div. 12-2 listings of programs that provide substantive geropsychology training (www.copgtp.org; <http://www.geropsychology.org/home/geropsychology-training-resources>)

Blueprint for Change: Education and Training Recommendations

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

#2: Promote clinical training opportunities in integrated healthcare settings, cont.

- Report of APA Primary Care Training Task Force (2011)
<http://www.apa.org/ed/graduate/task-force-report.pdf>
- Includes survey of (N=230) doctoral, internship, and postdoctoral education and training programs in professional psychology
 - About half offered education and training in primary care
 - High degree of variability in types of training experiences across programs
 - Most common model is “integrative” or “collaborative”
 - Population served: **61-73% serve older adults**
- Barriers to education and training integrated healthcare in primary care:
 - Availability of settings for training
 - Lack of faculty availability and expertise in primary care settings
 - Financial support
 - Institutional barriers

Blueprint for Change: Education and Training Recommendations

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

#2: Promote clinical training opportunities in integrated healthcare settings, cont.

- Among doctoral programs (N=36) that have chosen to list themselves as providing training opportunities in primary care psychology (www.apa.org/ed/graduate) there is considerable diversity:
 - Population served: 61% list “geriatrics”
 - Funding: 25% provide a stipend to trainees
 - Training/ Care Model:
 - “Integrated Care” (61%)
 - “Collaborative Care” (14%)
 - “Co-located Care” (6%)

Blueprint for Change: Education and Training Recommendations

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

#3: Support the development of education and training opportunities in integrated healthcare for students and healthcare professionals across disciplines

Multiple recent , interdisciplinary efforts:

- Core Competencies for Interprofessional Collaborative Practice
<http://www.aacn.nche.edu/education-resources/ipecreport.pdf>
- Interprofessional Professionalism Collaborative
<http://interprofessionalprofessionalism.weebly.com/index.html>
- Partnership for Health in Aging Multidisciplinary Competencies in the Care of Older Adults at the Completion of the Entry-level Health Professional Degree
http://www.americangeriatrics.org/files/documents/health_care_pros/PHA_Multidisc_Competencies.pdf
- Partnership for Health in Aging Position Statement on Interdisciplinary Team Training in Geriatrics: An Essential Component of Quality Healthcare for Older Adults
http://www.americangeriatrics.org/files/documents/pha/PHA_IDTStatement.pdf

A Case Example: Yeshiva University's Practicum in Primary Care Geropsychology



Graduate Training in Primary Care Practice: Yeshiva University's Practicum in Primary Care Geropsychology

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

Cross-disciplinary training objectives and activities:

- Training in diagnostic evaluation / treatment planning, consultation re culturally diverse primary care elderly/ adults
- Training in evidence-based psychotherapy approaches for primary care setting
- Pairing of psychology trainees with medical residents to provide integrated MH services
- Supervision/didactics: interdisciplinary & separate

Challenges Faced and Strategies Employed by Yeshiva University's Practicum in Primary Care Geropsychology

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

Clinical service limitations in primary care:

- Modify treatment models, establish reasonable service goals
- On-site services coordination by psychology and medicine faculty
- Build a culture of interdisciplinary training and service provision

Complexities of interdisciplinary training in primary care:

- Address role conflict/ambiguity in trainee didactic sessions
- Model collaborative rather than hierarchical professional roles
- Interdisciplinary faculty meetings to address differing methods

▪ CONCLUSION: Challenging but possible to support the development of education and training opportunities in integrated healthcare for students and healthcare professionals across disciplines

Blueprint for Change: Education and Training Recommendations

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

#4: Collaborate with interdisciplinary colleagues to provide educational opportunities on the need and value of integrated care

Examples

- SAMSHA integrated care efforts, and training resources:
<http://www.integration.samhsa.gov/>
<http://www.integration.samhsa.gov/integrated-care-models/behavioral-health-in-primary-care>
- Patient Centered Primary Care Collaborative: Behavioral health interest group, with practice and training resources
<http://www.pcpcc.org/behavioral-health>

Blueprint for Change: Education and Training Recommendations

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

#4: Collaborate with interdisciplinary colleagues to provide educational opportunities on the need and value of integrated care

Examples

- Veterans Health Administration (VHA), Primary Care-Mental Health Integration
 - Foundations for Integrated Care Training Program – national training for integrated behavioral health providers; training manuals at:
<http://www.mirecc.va.gov/visn4/BHL/bhladminres.asp>
 - 1. Building a Strong Foundation
 - 2. Depression and Anxiety Management
 - 3. Alcohol Misuse
 - 4. Referral Management
 - 5. Clinician Resources
 - 6. Patient Resources
- VHA Home Based Primary Care Mental Health Initiative
 - Psychologist or Psychiatrist integrated into every HBPC team (serving mostly older Veterans)
 - Training efforts: Developing webcourse series re: integrated model of MH care in HBPC, monthly conference calls for CE, monthly case discussion calls

Blueprint for Change: Education and Training Recommendations

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

#5: Offer CE programming on the roles of psychologists in initiating and facilitating the development of and participating as members of members of integrated healthcare teams:

Questions:

- How to help post-licensure psychologists learn attitude, knowledge, and skills competencies for interprofessional practice WITHIN the context of developing competencies in delivering integrated care to older adults?
- Can CE programming be developed to facilitate psychologists' learning from other disciplines, and training other disciplines?
- Might APA, CoPGTP work together to address the challenge of the learning needs and training strategies for post-licensure psychologists and develop CE in collaboration with other professions?

How might CoPGTP, APA, and Others Help to Integrate the Integrators?

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

- How to ensure that training efforts for integrated care practice include attention to needs of older adults, AND that geropsychology training efforts address integrated care practice?

Some initiatives to consider/discuss:

- Identify and disseminate effective models of integrated care training (across settings, populations, training strategies)
- Develop mechanisms for programs to pool resources such as training materials (e.g. syllabi; clinical forms; screening tools) WITHIN psychology
- Explore mechanisms for interprofessional training: sharing resources ACROSS disciplines, models for cross-disciplinary training experiences
- Continue to advocate for geropsychology training infusion within integrated care programs, and integrated care infusion within geropsychology programs to “integrate the integrators”

Summary

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

- Significant progress has been made to address APA 2008 Blueprint for Change Education and Training recommendations, both within Psychology and through interprofessional efforts
- Many resources currently exist to help guide training efforts for integrated care geropsychology training
- We have work to do to “integrate the integrators” and ensure that health care professionals are trained to meet the behavioral and mental health care needs of **older adults** in integrated care settings

AMERICAN PSYCHOLOGICAL ASSOCIATION

ANNUAL CONVENTION

HONOLULU, HAWAII • JULY 31–AUGUST 4, 2013


Contact Information:

Richard A. Zweig, Ph.D.

Email: Richard.Zweig@einstein.yu.edu

Michele J. Karel, Ph.D.

Email: Michele.Karel@va.gov



AMERICAN PSYCHOLOGICAL ASSOCIATION

ANNUAL CONVENTION

HONOLULU, HAWAII • JULY 31–AUGUST 4, 2013

Discussant Remarks

Antonette Zeiss, PhD
VA Central Office, Washington, DC

Discussant Remarks

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

Rather than comment specifically on each presentation, I want to layout some broad themes that were especially interesting to me throughout these very strong presentations.

These themes will emphasize that this is a time of great progress in the development of well-coordinated, integrated, interprofessional care, but there are great challenges, especially related to the mismatch between traditional discipline-specific training and the emergence of integrated care models.

Discussant Remarks

APA
ANNUAL
CONVENTION

JULY 31–AUGUST 4
HONOLULU, HAWAII

Changes in the health care system are broadly underway

- Care has shifted to a model called alternatively interdisciplinary (most common term in US) and interprofessional (most common term internationally and emerging rapidly in US).
- This model emphasizes integrated care, with an expectation of multiple professions working in close collaboration to provide holistic, integrated care for the population served.
- Geropsychology was a leader in the transition to this care model, along with pediatric psychology, but this is now becoming the model broadly, as was evident in the presentations today:
 - Primary care
 - Rehabilitation services
 - Specialty care: e.g., pain, oncology, rheumatology

Discussant Remarks

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

The presentations show that this approach works, both to generate enhanced health outcomes and to reduce overall costs of care. These data will strongly support the continued expansion of areas of care organized in an integrated, interprofessional way.

Discussant Remarks

APA
ANNUAL
CONVENTION

JULY 31–AUGUST 4
HONOLULU, HAWAII

Challenge: our system for training professionals at the graduate level was set up to accomplish different goals and is not currently able to prepare students fully for providing care in an integrated health care system. This is true for all professions, but we can focus on psychology.

Discussant Remarks

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

- What current training does well:
 - Imparts extensive training in a specialized body of knowledge
 - Implicitly and explicitly trains the expectations for the culture of care – who does what, pace of care, relationship of provider to care recipient, etc.
 - In psychology, it also explicitly trains that the goal of training is to become a “licensed independent provider.” This does not capture the collaborative approach to integrated care. It is appropriate when used to acknowledge that psychologists are not supervised by other disciplines, but it does not convey a commitment to integrated care.
 - Supports identification with one’s own profession: “I am proud to be a psychologist” (or whatever discipline. That is good, but can lead to turf issues on teams, expectations of hierarchical relationships, etc. if it becomes distorted to “My profession is better than other professions.”

Discussant Remarks

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

Because of the way training currently is done, the talks today have been about “patches” to an inadequate training system. They are fabulous patches and I endorse their broad use by those in the audience. Right now, developing such approaches to provide the training that our graduate systems fail to provide is essential.

But how can we support more profound changes?

Discussant Remarks

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

- What can we do about this as psychologists? “Leap frog model” – do what you can, the progress that leads to will open new opportunities and then new actions will be possible.
- Add training components in whatever training setting you work in – use what you heard today
 - Teach students that these are essential for what students will face in the workplace – they must know how to be interprofessional team members.
- Focus on policy for training and for other health care policy that supports integrated care

Discussant Remarks

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

- In APA

- 1) the changes in governance structure might allow APA to be more collaborative with other organizations, leading to opportunities for mutual development of interprofessional training opportunities and competencies, and
- 2) the Guidelines and Principles for obtaining accreditation of professional psychology training programs are in the process of change, and several groups are advocating to include specific requirements for interprofessional training in them.

Discussant Comments

APA
ANNUAL
CONVENTION
JULY 31–AUGUST 4
HONOLULU, HAWAII

- The Affordable Care Act seems to be headed toward creating integrated care health programs; support for this would be valuable.
- To ensure funding for interprofessional team activities, advocacy to provide a reasonable level for the Relative Value Units (RVUs) for team meetings and consultation should be established. CPT codes exist for these activities exist, but with zero (0) RVUs, so that such essential activities are not reimbursable.

No one likely can work at all of these levels, but I challenge each of you to consider how you can best support change in your settings – through utilization of the excellent training suggestions made by the panelist presenters and through advocacy efforts you are willing to make.

AMERICAN PSYCHOLOGICAL ASSOCIATION

ANNUAL CONVENTION

HONOLULU, HAWAII • JULY 31–AUGUST 4, 2013

Thank you!

Antonette Zeiss, PhD
VA Central Office, Washington, DC

