

Building An Integrated Care Training Program To Serve the Underserved

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Project Description: I wanted to address how we might transform a primary health care system to deliver integrated (whole person) health care. As a nurse and a psychologist, I know that the mind and the body are deeply connected. I believed I should attempt this change to meet the complex care needs of underserved patients; to reduce costs and generate revenue for the health care system; and to prepare future physicians and psychologists to work as a team to deliver integrated health care in primary care settings.

Outcome - Oriented Objective: To establish a training program for Family Medicine residents and clinical psychology students so they can learn to deliver integrated health care services as a team to underserved patients in a primary care out-patient setting.

Solution: I initially proposed this as my solution: to create an affiliation agreement between a teaching hospital and a graduate school of clinical psychology.

A clinical psychology student from Azusa Pacific University came to train with residents at the RUHS/UCR Family Medicine Teaching Clinic. Training was to be guided by an integrated health care curriculum developed by the American Psychological Association.

Ultimately, the goal was to establish a low-cost sustainable workforce of advanced student health care providers who deliver integrated health care services as a team to underserved patients in a primary care out-patient setting.

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Results

- I started this project on Jan. 11, 2019. Due to the pandemic, the implementation phase of this project was interrupted on Mar. 2, 2020.
- The data collected so far is promising:
 - Clinical psychology doctoral programs greatly desire primary care training sites for their students
 - As a teaching hospital, RUHS is willing to offer education to psychology trainees in exchange for their clinical services under supervision
 - Primary care providers and nursing staff enjoy higher job satisfaction when behavioral health staff manage patients' mental health issues
 - Patients welcome access to mental health services in primary care clinics (↓ stigma; ease of access)
 - Psychology trainees can help health care systems reduce costs (e.g. reduce ER visits; low-cost labor force in exchange for education) and generate revenue (e.g. meet pay-for-performance behavioral health metrics)
 - Psychology trainees develop specialized knowledge and clinical skills in health psychology
 - Adding a psychology trainee to a primary care team does not impede workflow in the clinic

Next Steps

- This project is temporarily suspended due to COVID-19
- The training program can be expanded by adding more psych trainees and by offering this training in other primary care clinics affiliated with RUHS.
- Before continuing, I would like to recruit additional faculty: a second supervisor for psychology trainees and a physician champion.
- No funding is required at this time.
- There are at least two options for resuming this project:
 - Resume face-to-face training when safe to do so
 - Adapt curriculum to virtual teaching methods

Lessons Learned

Project was progressing as expected until COVID-19

- Make “What’s In It For Me” relevant to your various stakeholders to gain buy-in
- Partner with a local psychology program and recruit trainees in sync with their academic schedules
- For how to start a similar training program at your work site, contact b.ackerman@ruhealth.org.