

Integrating Collaborative Care Training into a Post-Graduate APP Program



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Abstract Summary

Collaborative Care Model (CoCM) is a method that includes a psychiatric consultant who advises on care for patients with mental health conditions, supported by a primary care and a behavioral health care provider. The University of Washington's Integrated Practice Psychiatric Provider Fellowship trained fellows in CoCM during their 12-month rotation, although shadowing was initially planned to be extended by 4 months to support increased confidence in conducting indirect consultations and using the Registry. Key findings for a successful CoCM experience include having a preceptor experienced in running a fully staffed CoCM team, and timing the integration of CoCM later in the fellowship year. This approach has proven effective for integrating CoCM rotations for ARNP and APPs.

Purpose

To describe an effective means of integrating CoCM training into a post-graduate Integrated Practice Provider (APP) psychiatric training program.

Learning Objectives

1. Describe the CoCM model of Integrated Care

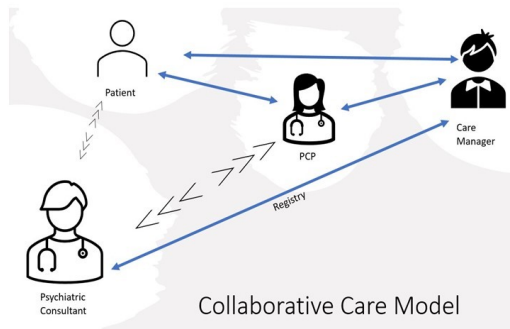
2. Understand several challenges of integrating CoCM training into a post-graduate model

3. Articulate a primary challenge in the development of CoCM competencies for post-graduate trainees.

4. Name several methods to increase successful implementation of CoCM training in post-graduate APP programs

Needs Assessment

Washington state requires increased access to mental health services. Integrated care provides an important avenue to increase access. However, there is an absence of a structured model for incorporating collaborative care training into post-graduate programs for psychiatric nurse practitioners. Addressing this gap is crucial for the advancement of comprehensive patient care.



Background

The Collaborative Care Model (CoCM) is an evidence-based approach to Integrated care that involves a psychiatric provider who consults and makes recommendations for a panel of patients with mental health issues, supported by a registry and a behavioral health care manager.

Evidence supports utilization of APPs in CoCM²

Literature from Physician programs supports incorporation of CoCM into residencies/fellowships, but limited evidence exists on integrating CoCM training into post-graduate APP programs.

In reviewed physician programs, confidence in indirect consultation was the most difficult to improve with training.³

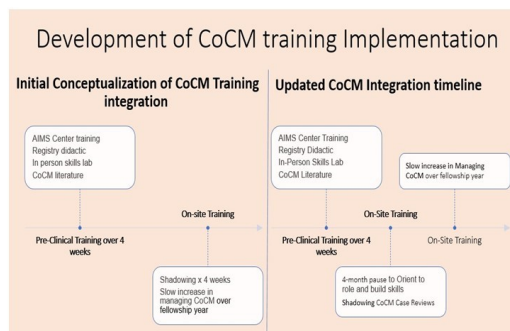
Goals in CoCM Training Integration

- Increased confidence in stepped-care
- Increased confidence in measurement-based care
- Ability to coordinate with primary care teams
- Comfort with ordering and following up on lab work
- Increased confidence in consultant role
- Increased confidence in conducting indirect consultations³

Method

Prior to the start of clinical, fellows trained in online and in person didactics related to CoCM

Following training, fellows shadowed two separate clinical sites for 4 weeks with plan to then have fellows slowly increase independent role in running CoCM case review sessions



Findings

Despite training, fellows struggled with CoCM model.

Shadowing Registry and Indirect Consultation was changed to 4 months

Following extended shadowing, fellows were able to engage in Case Review session training with increasing ownership of role.

Discussion/Impact

Our results support integration of CoCM training into post-graduate APP program

Largest challenge in integration is training in Registry and indirect consultation aspects of CoCM.

Recommendations for effective integration include increasing shadowing, placing Case Review training later in training year, and ensuring all relevant staff/faculty are well trained in CoCM

References

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