Teaching to the "Last Mile" of Health Care Delivery: A Collaborative Care Implementation Rotation for Psychiatry Residents

Joseph Baldwin, MD[1,2] and Jessica Whitfield, MD, MPH[3,4]

[1]Department of Psychiatry, Loyola University School of Medicine, Maywood, Illinois
[1]Department of Psychiatry, Edward Hines Jr Veteran Affairs Hospital, Hines, Illinois
[3]Department of Psychiatry & Behavioral Sciences, University of Washington School of Medicine, Seattle, Washington
[4]Advancing Integrated Mental Health Solutions (AIMS) Center, Seattle, Washington

Background

With a crisis in access to mental health care and rising need for psychiatric services, the successful provision of psychiatric care becomes increasingly dependent on navigating obstacles to efficient health care delivery. This is especially true for those patients with increased barriers including those from low socioeconomic backgrounds as well as racial/ethnic minorities, which Collaborative Care programs (CoCM) have shown to be effective in improving treatment. (Hu J et al 2020) This context demands that the next generation of psychiatrists must have a broad range of skills that extend far beyond clinical care. Teaching residents about systems factors that impact patient care, or how to navigate 'the last mile' of mental health care delivery, can prepare them with the skills to lead systems-level change (Castillo E et al 2020). Evidence shows that psychiatry trainees are interested in systems-based practice knowledge, but often identify it as a gap in their training. (Fried J et al 2014). These skills are essential for future clinicians to become better leaders, and to learn how to navigate and manage issues as overwhelming demand strains our health care system.

We have developed an innovative non-clinical rotation to address this gap in traditional residency training, called the CoCM Implementation Rotation. This seminar-style year-long rotation for upper-level psychiatry residents teaches residents about real-world projects involving the development and launch of new clinical CoCM programs in rural primary care clinics. (Ratzliff A et al 2022). Residents learn a systematic approach to the implementation of Collaborative Care based on implementation science principles and work with faculty to support local primary care clinics through phases of the implementation process.

Methods

The curriculum for this non-clinical adult psychiatry resident rotation was developed by faculty and staff with expertise in implementation coaching. Curriculum development was informed by a standard medical curriculum development approach (Thomas PA et al 2022) and iteratively refined based on formal and informal resident feedback. This rotation was developed from a previous fellowship rotation (Ratzliff A et al 2022). Main adaptations from the prior fellowship rotation included: limiting responsibilities to not include clinical obligations to implementation clinics; developing an 10- to 12-week intensive series to help build foundational knowledge in integrated and collaborative care. Staff involved in development had implementation coaching roles at the Advancing Integrated Mental Health Solutions (AIMS) Center, while faculty members involved in development were core faculty at the AIMS Center as well as at UW and had previous clinical experience practicing integrated care as well as additional experience supporting implementation of new CoCM clinical programs and/or with research on CoCM delivery. Residents were notified about the rotation through a catalog of rotation opportunities on which they made ranked choice for their last year in residency.

Results

Table 1. Sample 6-month Implementation Rotation Curriculum

Mo.	Topics	Core Materials
1	1) Intro to Rotation 2) Intro to Collaborative Care (CoCM) 3) CoCM Team Roles 4) Intro to Advancing Integrated Mental Health Solutions (AIMS) Center	• American Psychiatric Association Collaborative Care Psychiatric Consultant modules • Unutzer, J. et al "Collaborative Care Management of Late Life Depression in the Primary Care Setting," JAMA, 2002. • AIMS Center Website • Bauer AM, et al. Best Practices for Systematic Case Review in Collaborative Care. Psychiatric Serv. 2019 Nov 1;70(11):1064-1067.
2	1) Evidence-Based CoCM Process 2) Intro to CoCM Billing 3) Health Equity and CoCM 4) Week Off	• Bao Y, et al. Unpacking Collaborative Care for Depression: Examining Two Essential Tasks for Implementation. Psychiatric Serv. 2016 Apr 1;67(4):418-24 • AIMS Financing Webinar • Lee-Tauler SY, et al. A Systematic Review of Interventions to Improve Initiation of Mental Health Care Among Racial-Ethnic Minority Groups. Psychiatric Serv. 2018 Jun 1;69(6):628-647.
3	1) Integrated Care Landscape 2) Intro to Implementation Science 3) Week Off 4) Intro to Workflows	• Sunderji, N., et al (2020). A walk on the translational science bridge with leaders in integrated care: Where do we need to build?[Editorial]. Families, Systems, & Health, 38(2), 99–104 • AIMS Center Implementation Guide • Rimal P et al. Collaborative care model for depression in rural Nepal: a mixed-methods implementation research study. BMJ Open. 2021 Aug 16;11(8):e048481. • Institute for Health Care Improvement Website: Workflows
4	1) Clinic 1: Implementation Coaching Call (ICC) 2) Workflows 2: Project 3) Clinic 2: ICC 4) Speaker: Bipolar and PTSD in CoCM	• Fortney JC, et al. Comparison of Teleintegrated Care and Telereferral Care for Treating Complex Psychiatric Disorders in Primary Care: A Pragmatic Randomized Comparative Effectiveness Trial. JAMA Psychiatry. 2021 Nov 1;78(11):1189-1199. • AIMS Center Implementation Milestones Checklist
5	1) Clinic 1: ICC 2 2) Speaker: CoCM in India 3) Clinic 2: ICC 2 4) Substance use disorders in CoCM	• Ali MK et al. Effect of a Collaborative Care Model on Depressive Symptoms and Glycated Hemoglobin, Blood Pressure, and Serum Cholesterol Among Patients With Depression and Diabetes in India: The INDEPENDENT Randomized Clinical Trial. JAMA. 2020 Aug 18;324(7):651-662 • Austin EJ et al Integrating Opioid Use Disorder Treatment Into Primary Care Settings. JAMA Network Open. 2023 Aug 1;6(8):e2328627.
6	1) Clinic 1: ICC 3 2) Speaker: Perinatal CoCM 3) Clinic 2: ICC 4 4) Week Off	• Bhat A et al. Longitudinal Remote Coaching for Implementation of Perinatal Collaborative Care: A Mixed-Methods Analysis. Psychiatric Serv. 2020 May 1;71(5):518-521 • Grote NK, et al. Collaborative Care For Perinatal Depression In Socioeconomically Disadvantaged Women: A Randomized Trial. Depress Anxiety. 2015 Nov;32(11):821-34.

Table 2. Accreditation Council for Graduate Medical Education (ACGME) Milestones Targeted by Implementation Rotation

ACGME Milestone	Operationalized Milestone in Implementation Rotation
SBP 1: Quality Improvement	• Completing workflow project at home clinical site • Observing large scale QI at implementation clinic
SBP 2: System Navigation	• Assists in leading clinical program change towards patient-centered care model
SBP 3: Physician Role in System	• Engages in seminar discussions on structure of health care system, health care financing and innovative models to address barriers to care • Observes discussions around funding new clinical programs

Discussion

We successfully launched an innovative non-clinical rotation to teach general adult psychiatry residents implementation principles and have sustained this course over the last four years. The curriculum draws upon a range of sources in Collaborative Care, integrated care, health care economics, health equity, and quality improvement. The curriculum is adaptable to institutions beyond the home institution.

Five residents have completed the rotation, with a sixth resident currently in the rotation. Residents have rated this rotation highly; data was not available from 2020 to 2022 years, but from the years 2023 to 2024, the average score is five on a Likert scale of five. Residents provided both formal and informal feedback supporting the value of learning implementation material and hands-on experience supporting the development of integrated care projects around Washington State, describing the rotation as 'excellent'. This rotation successfully advanced resident knowledge in three core areas that have historically been challenging to target in traditional clinical rotations: SBP 1 Quality Improvement, SBP 2 System Navigation and SBP 3 Physician Role in Health Care System.

Conclusions

Teaching residents implementation principles via a combination of seminars and active observation is a feasible and effective way to promote skill development in systems-based practice competences that are elusive in more traditional clinical rotations. This rotation format is flexible for tailoring to institutions local resources and context.

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