



Establishing a Comprehensive Behavioral Health Clinician Training Program for Collaborative Care in a Large New England Health System

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Background

Collaborative Care (CoCM) is an evidence-based model of integrated care designed to treat behavioral health conditions in a primary care setting (Archer 2012; AIMS 2021). At Beth Israel Lahey Health, CoCM is currently operational at 60 practices, serviced by 26 independently licensed (LICSW/LMHC) Behavioral Health Clinicians (BHCs). Although the cohort represents diverse professional training and experience, few had any previous work experience or training in the model. Specific training in CoCM is needed to develop a necessary workforce for rapid program expansion.

Methods

We developed a comprehensive orientation and learning collaborative for the continuous training of BHC to develop necessary skills to treat patients in the context of CoCM. BHCs in CoCM engage in an orientation that includes:

- Use of EHR, data registry, and documentation with “open notes”;
- Shadowing peer BHCs in CoCM practice;

- Observed practice communicating distinct features of CoCM to patients and providers;
- Facilitated review of internal and external training materials on screening instruments, brief psychotherapeutic interventions, successful skills in CoCM, and measurement-based assessments and approaches to treatment;
- Practiced case review for clinical discussions to inform treatment planning, enhanced skills training in recognizing medical co-morbidities, and emphasis on diagnostic rigor.

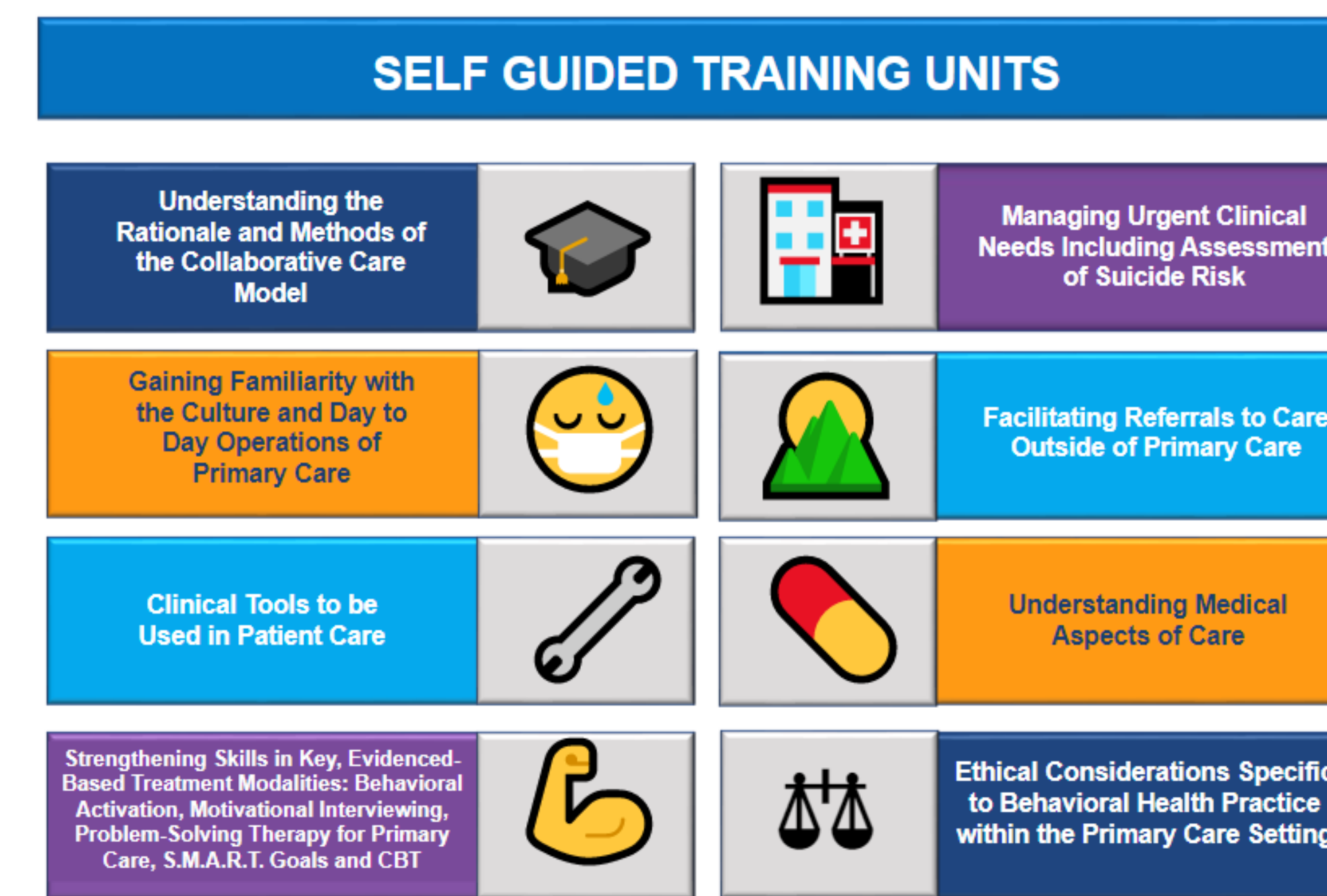
SAMPLE TRAINING SCHEDULE

WEEK 1 OF TRAINING:

DAY 1	New Staff Orientation: general information beginning with Beth Israel Lahey Health Behavioral Services' (BILH BS) orientation followed by meeting with Collaborative Care Regional Program Director to distribute laptop, cell phone and begin orientation to training.
DAY 2	Morning Session with Clinical Program Manager <ul style="list-style-type: none"> □ Welcome and Overview of Integration and BILH Collaborative Care □ High Level Review of the BILH Collaborative Care Clinical Service Manual □ Introduction to the Collaborative Care Registry Afternoon Session <ul style="list-style-type: none"> □ Begin Self-Guided Online Training
DAY 3	Electronic Health Record Training
DAY 4/5	Mix of Shadowing 1-2 Embedded Clinicians (to include with permission, sitting in with patients; discussions with site's BHC re: documentation, billing, clinical care, communication with site's providers); Continue Self-Guided Training

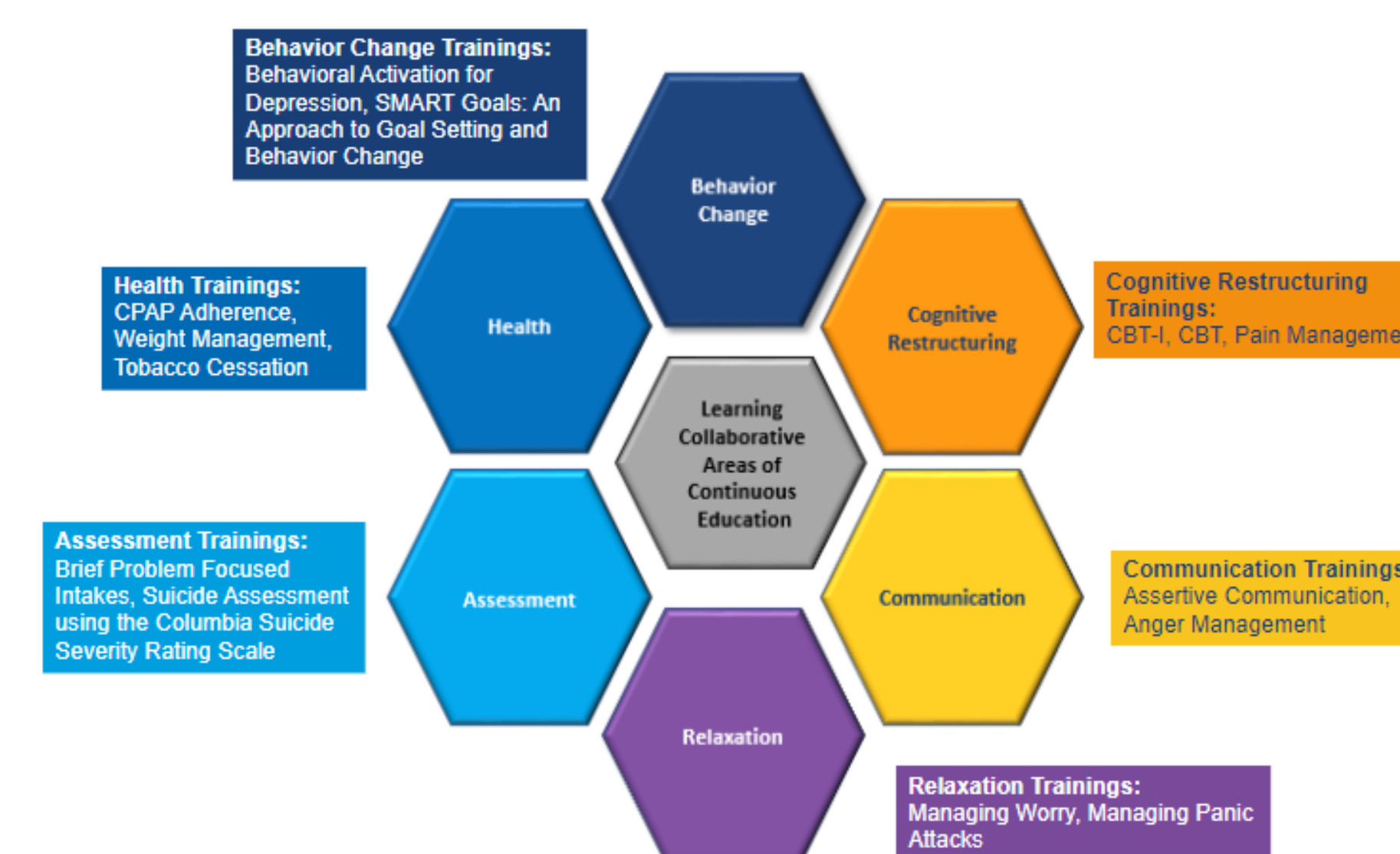
WEEK 2 OF TRAINING:

DAY 1	Mix of Shadowing 1-2 Embedded Clinicians, and Continued Self-Guided Training
DAY 2	Morning <ul style="list-style-type: none"> □ Shadow Embedded Clinician Afternoon <ul style="list-style-type: none"> □ Meeting with Clinical Program Manager; Continued Self-Guided Training
DAY 3	Morning <ul style="list-style-type: none"> □ Shadow Embedded Clinician □ Continue Self-Guided Training Afternoon <ul style="list-style-type: none"> □ Shadow Embedded Clinician □ Continue Self-Guided Training
DAY 4	Morning <ul style="list-style-type: none"> □ Onsite meeting with primary care practice staff and providers □ Introductions to various staff and their roles: PCPs, nurses, medical assistants, support staff Afternoon <ul style="list-style-type: none"> □ Continue Self-Guided Training
DAY 5	Morning <ul style="list-style-type: none"> □ Continue Self-Guided Training Afternoon <ul style="list-style-type: none"> □ Complete Self-Guided Training



Annual skill and confidence self-assessments have been utilized since 2020 to monitor BHC abilities and comfort assessing and treating patients in CoCM. Continuous education that includes:

- ✓ Monthly “Learning Collaborative” - didactic seminars on assessment techniques and modalities of treatment specific to CoCM.
- ✓ Supervised case-review with directed feedback by a senior program director



Discussion

Our model of training facilitates BHCs in acquiring strong technical foundation for delivering CoCM in primary care. BHCs have regular training opportunities to learn and practice treatments that meet the diverse and evolving needs of their patient panels. Annual self-assessments have shown a trending increase in BHC confidence and perceived productivity in meeting patient's treatment needs. Targeted continuous education supports the BHC and enhances necessary skills to care for increasingly complex patients

Conclusion

Both initial and continuous training is required for BHCs engaged in CoCM. Baseline needs assessment and ongoing inquiry can identify areas requiring increased training to manage populations within CoCM. We present a model for the implementation of such a training program across a large multisite health system.

References

Archer J et al.. Collaborative care for depression and anxiety problems. Cochrane Database of Systematic Reviews 2012;10.

Gilbody S et al. Collaborative care for depression: a cumulative meta-analysis and review of longer-term outcomes. Arch Intern Med 2006;166.