Background

To enhance health care service delivery and achieve the Quadruple Aim, a growing number of health systems in the United States have integrated behavioral health team members to expand their capabilities and clinical effectiveness. This study explored integrated behavioral health provider collaboration among family medicine residents (FM), family medicine faculty (FMF), and pharmacists (faculty and residents). Data gathered in this study provided insight and recommendations that can guide the improvement of FMR education to prepare learners for patient-centered, team-based practice.

Methods

An exploratory descriptive qualitative study was used to articulate perceptions of professional roles and team-based care in an interprofessional family medicine community-based clinical practice.

Results

The analysis of the focus groups yielded three primary themes: (1) interprofessional team-based practice: the influence of communication, collaboration, and colocation; (2) care delivery system processes: success and breakdown; and (3) commitment to holistic care practices.

Theme 1: Interprofessional team-based practice: the influence of communication, collaboration, and colocation

1a. Building relationships through professional collaboration

“Having [IBH provider’s name], who both can provide that acute behavioral health care that I would never feel competent providing myself, and also just holding my hand as we navigate systems issues, and partner with me in doing that, because we’re both busy, and having each other to take that... I just feel supported, like I’m not doing this alone or without help.” (FMF-6)

1b. Proximal benefits

“Quite honestly, I keep harping on this because of the locality piece of it. I think being in the physical presence of the medical provider, the nursing staff, the social work staff, whoever else is on that team, I think that will generate great conversation surrounding the care of patients. For me that’s a really big piece that is being in the presence of the people I’m working with.” (Pharmacist 1)

1c. Role clarification of interprofessional team members

“Even if you have somebody working in behavioral health in your clinic or in your setting, the thing that doesn’t necessarily tell you what they’re doing, is it necessarily going to have their own level of comfort in their own area. Your title gives you a scope of practice, but it doesn’t tell you what you’re good at in particular.” (PGY-1)

1d. Timeliness/efficiency of care

“I’ve always just had this awareness of who for mental health – who are my patients that are struggling, that whatever we’re doing isn’t working right, so then I plan ahead and reach out to [off-site psychiatrist faculty]. Like if I know I’m seeing this person next week, I reach out to [off-site psychiatrist faculty] ahead of time, so that I walk in the room, ‘we can try this, this or this, what do you want’?” (PGY-1)

Theme 2: Care delivery system processes: success and breakdown

2a. When “the system” worked well for patient care

“...give a one-liner to [social work faculty] and she would just whisk the patient away to a matched world of resources. That’s just how it felt.” (PGY-7)

Theme 3: Commitment to holistic care practices

3a. Attending to social determinants of health

“I had a patient just this morning who said she was homeless right now and I’m like, I have no idea how to help you with that.” (Pharmacy Resident 1)

3b. Knowledge and skill acquisition to strengthen holistic care practices

“I echo the statements that understanding the resources first is crucial to utilizing them. Every day I feel like I’m learning something new about how to better serve, and now I have started to communicate with my patients, HCC counselor and let them know, ‘this person got told bad news. Check in with them.’ I feel like I’ll finally be masterful at it by the time I have to leave and then learn a whole new system.” (PGY-7)

3c. The primacy of interprofessional collaboration to support patients and empower providers

“Sometimes I feel so powerless in the face of the behavioral health conditions, whereas feeling empowered by speaking directly with the providers and having more of a plan while definitive care is still pending.” (PGY-7)

Discussion

Conclusion

These findings offer valuable insights into how FMR education can be improved to prepare learners for patient-centered, team-based collaborative practice with integrated behavioral health providers.

Implications

Integrating behavioral health in a family medicine clinical learning environment empowers family medicine resident physicians to better problem solve and provide enhanced patient care. Communication, collaboration, and colocation enhance team-based patient care and reduce barriers to care delivery that detract from the ability to collaboratively learn and care for patients.