Objectives

1. identify 3 ACGME Program Requirements addressed by employing longitudinal Behavioral and Community Medicine experiences.

2. explain 3 benefits for residents involved in longitudinal Behavioral and Community Medicine experiences.

3. identify 3 community-based resources near attendee training programs which may be used to expand Behavioral and Community Medicine training.
Community Needs Assessment

- Conducted by our Sponsoring Institution
- Few local psychologists/psychiatrists.
- High concentration of patients with mental health disorders/dual-diagnoses.
- Attrition rate and population growth creating an ever-growing deficit of primary care physicians.
- “Recruitment” of primary care physicians insufficient to match area needs
Starting Out…

- Brand new residency
  - While this doesn’t make things “easier,” it makes trying new things less complicated!
- No pre-existing curriculum
  - What do we really want them to learn/experience?
- No pre-conceived expectations for resident/faculty involvement
  - No need to adjust existing schedules that may already rely on faculty/resident presence
- Only the FM Program requirements to guide…

The Program Requirements (Part 1)

- IV.A.6.n) The curriculum must be structured so behavioral health is integrated into the residents’ total educational experience, to include the physical aspects of patient care.
- IV.A.6.o) There must be a structured curriculum in which residents are educated in the diagnosis and management of common mental illnesses.
- IV.A.6.p) There must be a structured curriculum in which residents address population health, including the evaluation of health problems of the community
The Program Requirements (Part 2)

- IV.A.5.f).(1) [Residents must learn to] work effectively in various health care delivery settings and systems relevant to their clinical specialty;

- IV.A.5.f).(2) [Residents must learn to] coordinate patient care within the health care system relevant to their clinical specialty.

- IV.A.6.a).(3) [Residents must learn to] be primarily responsible for a panel of continuity patients, integrating each patient’s care across all settings, including the home, long-term care facilities, the FMP site, specialty care facilities, and inpatient care facilities.

- IV.A.6.a).(3).(a) Long-term care experiences must occur over a minimum of 24 months.

The Program Requirements (Part 3)

- II.D.1.a) The patient population must include a volume and variety of clinical problems and diseases sufficient to enable all residents to learn and demonstrate competence for all required patient care outcomes.

- II.D.1.b) The patient population must include a sufficient number of patients of both genders.

- IV.A.5.a).(1).(a).(i) [Residents should learn to] diagnose, manage, and integrate the care of patients of all ages in various outpatient settings, including the FMP site and home environment;

- IV.A.5.a).(1).(a).(iii) [Residents should learn to] diagnose, manage, and coordinate care for common mental illness and behavioral issues in patients of all ages;

- IV.A.5.a).(1).(a).(iv) [Residents should learn to] assess community, environmental, and family influences on the health of patients.
Rationale for Longitudinal Approach

- Longitudinal experience in Behavioral Science affords residents opportunity to develop inter-professional relationships with fellow health-care providers and therapeutic relationships with complex mental health patients which should increase confidence managing such patients.
- Longitudinal experience in Community Medicine increases resident exposure to local healthcare-related resources, affording them opportunity to become invested in local communities by developing "broadly-based coalitions" that “align education and clinical practice."

The Longitudinal Schedule

<table>
<thead>
<tr>
<th>Week 1</th>
<th>AM</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PM</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>B.Health</td>
<td></td>
</tr>
<tr>
<td>Week 2</td>
<td>AM</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PM</td>
<td>Sports Med</td>
<td>FMP</td>
<td>Clinical Rotation</td>
<td>ACAD</td>
<td>FMP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 3</td>
<td>AM</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PM</td>
<td>FMP</td>
<td>FMP</td>
<td>Clinical Rotation</td>
<td>ACAD</td>
<td>FMP</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Week 4</td>
<td>AM</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>PM</td>
<td>Comm Med</td>
<td>Clinical Rotation</td>
<td>ACAD</td>
<td>FMP</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3-4 pts/session
2 sessions/wk
42 weeks/year
252-336 pts/year
### The Longitudinal Schedule

#### PGY-2 Sample Weekly Schedule

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>B. Health</td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td>FMP</td>
<td>FMP</td>
<td>FMP</td>
<td>ACAD</td>
<td>FMP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 2</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Sports Med</td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td>FMP</td>
<td>FMP</td>
<td>FMP</td>
<td>ACAD</td>
<td>FMP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 3</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>PM/Proc</td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td>FMP</td>
<td>FMP</td>
<td>ACAD</td>
<td>FMP</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 4</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Comm Med</td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td>FMP</td>
<td>FMP</td>
<td>ACAD</td>
<td>FMP</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4-6 pts/session  
3 sessions/wk  
42 weeks/year  
504-756 pts/year

#### PGY-3 Sample Weekly Schedule

<table>
<thead>
<tr>
<th>Week 1</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>B. Health</td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td>FMP</td>
<td>FMP</td>
<td>FMP</td>
<td>ACAD</td>
<td>FMP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 2</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Sports Med</td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td>FMP</td>
<td>FMP</td>
<td>FMP</td>
<td>ACAD</td>
<td>FMP</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 3</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>PM/Proc</td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td>FMP</td>
<td>FMP</td>
<td>ACAD</td>
<td>FMP</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Week 4</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>AM</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Clinical Rotation</td>
<td>Comm Med</td>
<td></td>
</tr>
<tr>
<td>PM</td>
<td>FMP</td>
<td>FMP</td>
<td>ACAD</td>
<td>FMP</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6-8 pts/session  
3 sessions/wk  
42 weeks/year  
756-1008 pts/year  
1512-2100 pts/resident over 36 months
The Hope:

- Increased breadth of involvement
- Increased depth of involvement
- Improved Retention
- Increased professional interactions
- Integration with organization mission
Kitsap Public Health District

- No direct patient care services any longer
- Higher-level view of public health in 3-county region
- Needs assessment (a 3 year process)
- Disease tracking
  - Seasonal (like influenza)
  - Local concerns (like GC/Chlamydia epidemic)
  - Interfaces with state, regional, national opioid dependence and treatment resources
- Mass casualty planning services
- Epidemiologists on staff

Peninsula Community Health Services

- Local Federally-Qualified Health Center
- Some mental health services
- Primary Care Services primarily for low-income population
- A very busy practice model
- OB referrals from PCHS
Kitsap County Drug Court

- MAT for opioid dependence
- Resource for treatment while incarcerated
- Pipeline for maintenance of treatment when released
- Affiliation with “Court-Supervised” substance abuse treatment/MAT

Kitsap Mental Health Services

- Provider of Mental Health Services for low-income population
- Family Counseling, Pediatric/Adolescent Services, Substance Abuse Treatment Services, Geriatric Services
- Longitudinal Experiences over 36 months
- Inpatient Treatment a small part
- Outpatient treatment is focus
  - Team-building with mental health services providers
  - Integrates with Geriatrics/Long Term Care curriculum
  - Integrates with Addiction Medicine curriculum
Kitsap Recovery Center

- Substance Abuse Treatment Center in Bremerton, WA.
- Longitudinal Experiences
- 2 Week Addiction Medicine “block” experience as PGY-2’s
- Also has low acuity medical detox beds.
- Reciprocal referral agreement
  - Behavioral Management of Substance Dependence
  - MAT for Substance Dependence
  - Primary Treatment Location for Kitsap County Drug Court

West Sound Treatment Center

- Substance Abuse Treatment Centers in Kitsap County, WA.
- Longitudinal Experiences
- 2 Week Addiction Medicine “block” experience as PGY-2’s
- Reciprocal referral agreement
  - Behavioral Management of Substance Dependence
  - MAT for Substance Dependence
Cascadia Treatment Center

- Substance Abuse Treatment Center in Bremerton
- Longitudinal Experiences
- 2 Week Addiction Medicine “block” experience as PGY-2’s
- Reciprocal referral agreement
  - Behavioral Management of Substance Dependence
  - MAT for Substance Dependence

Kitsap County Resources

- WIC
  - Including Nutrition Classes
- Head Start
- “The Parenting Place”
  - Classes for parents and children build on existing strengths using the Developmental Assets Model.
  - Topics include:
    - Parenting (general), Parenting Teens, Parenting the Challenging Child
    - Helping children who have witnessed domestic violence
    - Parenting in recovery
    - Love & logic
    - Strengthening families
The Coffee Oasis

- Faith-Based Organization
- Focus is on Teens
- Mentoring Program
- Safe Places for teens to meet
- Oasis Hope Home
  - Temporary Shelter
- Hope Inc.
  - Job Training/Internships

Central Kitsap School District

- Sporting events coverage
- Annual Physicals
- Classroom Teaching
  - Sciences
  - Health Classes
  - Vocational Program
- Participation in the District’s Sports Medicine Program
- Health-related career mentoring
- **School-based Clinic**
The PCI

- The Professional Competency Inventory
- Q 6 month 360° evaluation
- Used for self-reflection during Academic Evaluation Conferences
- Modified annually by residents with faculty guidance

Interconnection Example #1

KRC accepts referrals from all
KMH accepts referrals from all
M&M has geriatric mental health unit
Same patients in multiple locales
Interconnection Example #2

FMP accepts referrals from (and provides care in) each site

Child/Adolescent services for medical/Mental Health/Substance Abuse

Both “Community Medicine” and Behavioral Health

Same patients in multiple locales

The Glue

- Behavioral Sciences Coordinator
- Liaison with community resources
- Summarizes all evals for residents and PD
- Provides direct feedback to residents from community resources
- Provides assistance with and monitoring of resident-identified areas for behavioral change
The Challenges

- Interconnected but disparate organizations
  - Regulations, requirements
- Seemingly infinite requests for assistance
  - More involvement creates more interest
- Faculty resistance
  - Beliefs regarding value of individual endeavors
- Scheduling
  - 24 residents, 4 curricula, 52 weeks per year
  - Tracking complexity

Final Thoughts about Value

- As with continuity clinic within the Family Medicine Practice, longitudinal experiences with Behavioral Medicine and Community Medicine will promote formation of extended inter-professional relationships and longitudinal patient-care relationships.

- Transition from block rotations to longitudinal experiences for Behavioral Medicine and Community Medicine will demonstrate the relevance of these topics to Family Medicine Residents over the entirety of their training.

- Integration of various experiences allow for patient-centered care in a variety of locations.

- Suggested practice changes for those interested:
  1) Perform (or ask your SI to perform) a community needs assessment;
  2) Contact local outpatient mental health agencies to determine interest in longitudinal partnership;
  3) Contact local health district/health department to explore interest in longitudinal partnership;
  4) Contact local school district(s) to explore interest in longitudinal partnership;
  5) Re-evaluate current curricular structure and evaluate for ability to transform rotations to longitudinal experiences.
Suggested practice changes:

1) Perform (or ask your SI to perform) a community needs assessment;

2) Contact local outpatient mental health agencies to determine interest in longitudinal partnership;

3) Contact local health district/health department to explore interest in longitudinal partnership;

4) Contact local school district(s) to explore interest in longitudinal partnership;

5) Re-evaluate current curricular structure and evaluate for ability to transform rotations to longitudinal experiences (using resources from 2-4).
Please...

Complete the session evaluation.

Thank you.