



# MetroHealth Medical Center: Interprofessional Training in Integrated Care

**Terry Stancin, PhD, ABPP**

Director, Child & Adolescent Psychiatry & Psychology, MetroHealth  
Medical Center

Professor of Pediatrics, Psychiatry & Psychological Sciences, Case  
Western Reserve University

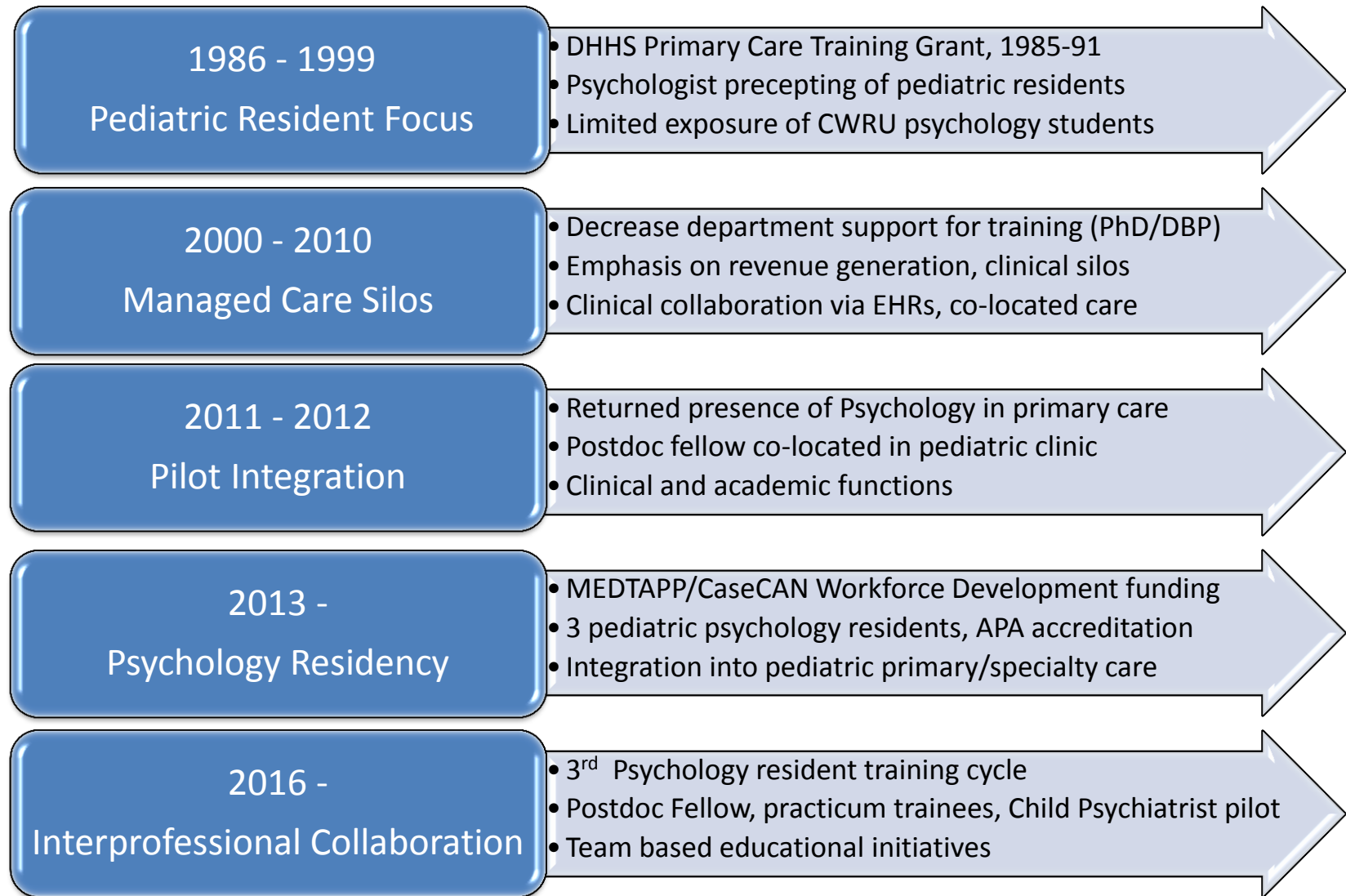
Cleveland, OH

# MetroHealth System



- 58% Cleveland children live in poverty (2014 U.S. Census)
- County safety net hospital
- 25+ locations
- Academic medical system/ Case Western Reserve University
- Pediatric clinic
  - 50,000 ambulatory visits/year
  - 90% insured by Medicaid
  - Racially, ethnically diverse
- Child/Adol Psychiatry & Psychology
  - 5 PhD, 2 MDs 3 LISWs
  - Psychology trainees (6)
  - Hospital based, community MH agency
  - 10,000 visits/year

# Timeline 1986-2016



# Training Model Goals

- Increase access to behavioral health care for children in poverty
- Train psychologists in integrated pediatric primary & specialty care settings
- Enhance developmental/behavioral skills of pediatric residents
- Prepare interprofessional teams to collaborate effectively

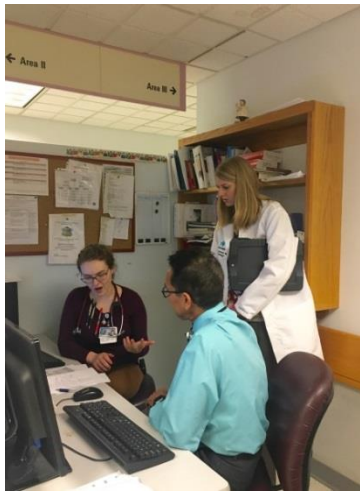


# Highlights of interprofessional training model

- Leadership: Britt Nielsen PsyD, Program Director
- Sustainable model: trainees able to bill under supervision
- Psychology trainee time divided between primary care, specialty care and ambulatory MH clinics
- Postdoctoral fellow – immediate umbrella supervision
- Shared didactics & teaching with pediatric residents
- Pediatrician mentors for psychology trainees; psychology teaching of peds residents
- New: Simulated team training
- New: Psychopharm consultation training
- Hoffses et al. (2016). Building competency: Professional skills for pediatric psychologists in integrated primary care settings. J. of Pediatric Psychology, 41, 1144-1160.

# BH in MHMC Pediatrics

## MHMC Pediatric Ambulatory Care:



Area I: Specialty Clinics

Area II: Primary Care Resident Continuity Clinics

Area III: Urgent Care

Integrated BH Clinicians:  
Ped Psychology Residents and Fellow (9 Clinics)  
[Up to 3 visits]

Child Psychiatrist

\*Psychology faculty and social workers are embedded in several specialty clinics.

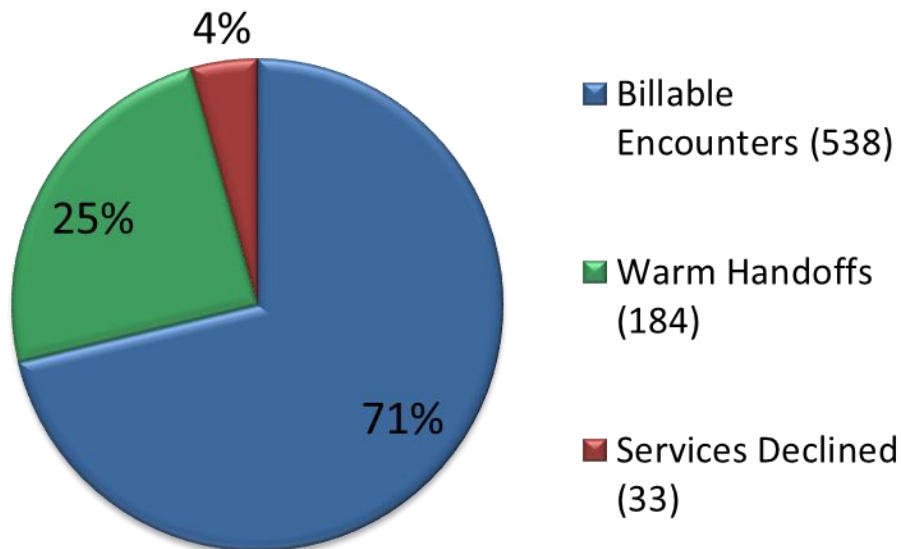
# Integrated Care Services

- Follow-up on abnormal screening results (e.g, MCHAT)
- Warm hand-offs
- Co-management of developmental, behavioral and mental health concerns
- Brief, problem-focused assessment/interventions (3 visits). Referral to outpatient or community services
- Crisis/risk assessments (e.g., suicidal ideation)
- Group interventions (e.g., parenting, anger management, anxiety/depression, pain management)
- Liaison with school and community agencies
- Collaborative psychiatric consultations

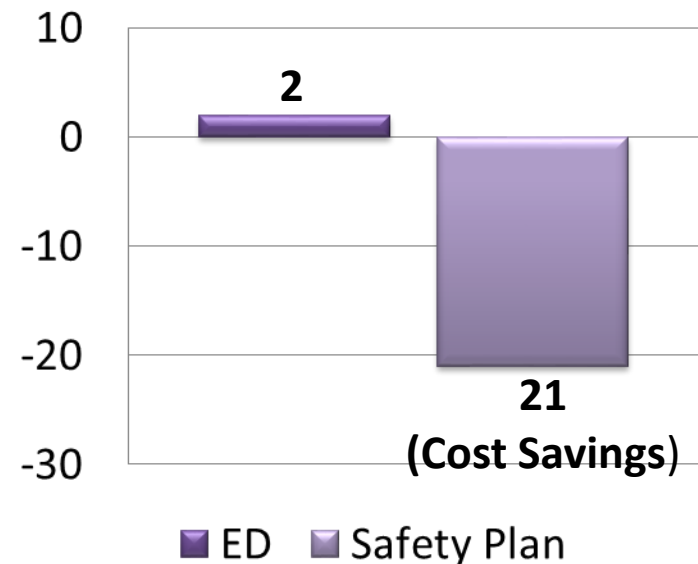
# Psychology Resident Integrated Care Utilization

- 6 month data tracking (1/1/16-6/30/16)

## 755 BH Consults



## 23 Risk Assessments



Source: Pereira et al. Behavioral Health Utilization in an Integrated Pediatric Continuity Care Clinic (2016)





# Training Teams: Simulated Clinic

- Lisa Ramirez PhD, Associate Internship Director
- Peds + psychology joint training
- Teams rotated 4 actors:
  - Parent of 2y w/tantrums
  - Parent of 13y w/diabetes
  - 17y w/history of suicidal ideation, depression
  - Hispanic parent of 12y w/asthma
- Feedback from faculty on team communication, role definitions



# Lessons Learned/Challenges



- Impact of economic & leadership changes on programs
- Ability to bill for trainee services is critical for sustainability
- Defining roles of behavioral health providers – “top of their license”
- Cross disciplinary teaching/mentorship
- Meaningful quality measures
- Impact (+/-) on pediatric resident knowledge & competencies