

# PRIMARY CARE TRAINING ENHANCEMENT PROGRAM

## *Awardee Profile: St. Louis University*

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|------------------------|---|
| Organization           | <b>St. Louis University</b><br>Department or Division: School of Medicine |
| Principal Investigator | <b>Christine Jacobs, M.D.</b><br>cjacobs5@slu.edu<br>314-951-7230         |
| Partners               | SLU Family Medicine Residency<br>SLU Medical Family Therapy               |

### PROJECT OVERVIEW

Trainee Group(s) and Discipline(s) Targeted

- Residents: family medicine
- Advanced degree students: medical family therapy, pharmacy
- Medical and predoctoral students

Primary project objectives

- Knowledge: FM residents and MFT students will understand the interrelated medical and behavioral determinants of health;
- Clinical skills: FM residents and MFT students will provide underserved patients with culturally competent integrated medical and BH care across health care settings;
- Increasing workforce: FM and MFT graduates will care for patients in practice settings that support medical and BH integration, particularly in underserved communities;
- Curriculum dissemination: Share FMBHCC with other primary care residency and MFT programs.

### EVALUATION OVERVIEW

Evaluator contact information

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HRSA Priority Outcomes

- Rate of graduates/program completers practicing in primary care, at least 1 year after program completion.
- Rate of graduates/program completers practicing in underserved areas, at least 1 year after program completion.
- Patient service provided by trainees and faculty at participating PCTE clinical training sites.
- Quality of care provided by trainees and faculty at participating PCTE clinical training sites.



## EVALUATION OVERVIEW

*Continued*

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### Measures and Tools

- Attitudes Toward Health Care Teams Scale
  - Glycemic control
  - Post-hospital follow-up visit rate
  - Emergency department use cost
  - Depression screening follow-up after hospitalization
  - Percent of underrepresented minority patients
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## ABSTRACT

*As submitted with proposal*

There is currently a crisis of access to mental health care in the United States, particularly in underserved communities. Access can be improved by the integration of behavioral health services with primary care. In order to train primary care physicians and therapists for this new model of integrated health care, the Saint Louis University (SLU) Family Medicine (FM) Residency and the SLU Medical Family Therapy (MFT) program propose the **Family Medicine Behavioral Health Collaborative Curriculum (FMBHCC)**. The FMBHCC will give FM and MFT students the knowledge and clinical skills to practice collaboratively in caring for underserved communities in ambulatory and hospital settings, will increase the workforce of these highly trained providers and will produce a model curriculum which can be replicated in other residency and MFT programs. Project goals: 1) Knowledge: FM residents and MFT students will understand the interrelated medical and behavioral determinants of health, 2) Clinical Skills: FM residents and MFT students will provide underserved patients with culturally competent integrated medical and BH care across healthcare settings, 3) Increasing Workforce: FM and MFT graduates will care for patients in practice settings that support medical and BH integration, particularly in underserved communities, and 4) Curriculum Dissemination: The FMBHCC will be shared with other primary care residency and MFT Programs. The SLU FM Residency will lead the project in collaboration with the SLU MFT Program. Training activities will occur primarily at Family Care Health Center (FCHC), a federally qualified health center in St. Louis. Continuity care for FCHC patients will occur during hospitalization at SSM Health St. Mary's Hospital. The Center for Counseling and Family Therapy (CCFT) will serve as the clinical training site for the SLU MFT program. FM residents and MFT students will learn side by side and teach each other in innovative clinical and educational activities throughout their training programs. Clinical training includes FM residents and MFT students providing **integrated primary care and BH** in the FQHC, MFT students joining FM residents on the interdisciplinary inpatient team to provide **continuity care for FQHC patients across settings**, and **FM residents joining MFT students in Reflecting Teams** at the CCFT. All trainees will attend **quarterly BH skill workshops** in family systems, psychopharmacology, trauma-informed care and chronic disease, monthly BH lectures, joint case presentations by MFT students and FM residents, and a Balint group to enhance insight into provider-patient relationships. MFT trainees will attend medical **lectures on chronic disease** by FM residents, and FM residents will have BH integrated into community medicine and practice management training. The program will **prepare trainees for integrated primary and BH care, with an emphasis on underserved settings**, by **recruiting** trainees of underrepresented minority or disadvantaged backgrounds, and providing all trainees with education and experience in integrated BH models and **career counseling**. Finally, the FMBHCC will be synthesized into a **curricular tool** to be **shared** with other training programs. FM and MFT trainees will increase their **knowledge and clinical skills** measured by evaluations pre- and post- educational activities, comparisons of resident In Training Exam scores, ACGME milestones evaluations, peer evaluations and annual patient satisfaction surveys. Trainee **attitudes toward integrated BH care** will improve on the Attitudes Toward Health Care Teams survey post- training. Workforce goals will be assessed through inclusion of URMs in the learner cohorts and graduate participation in Integrated BH in practice on Post-Graduate Surveys. Applicability of the **model curriculum tool** will be assessed by participant surveys post-FMBHCC presentation at national conferences. **Clinical outcomes** that will be tracked include depression screening, diabetes control manifested by HbA1c, re- admission and ER utilization rates for FQHC patients treated with integrated BH continuity care.