

INTRODUCTION

At the beginning of the second decade of the 21st century, health care delivery in the United States faces major challenges. In particular, the erosion of the U.S. primary

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practice settings, and perspectives. The participants were asked to develop a concrete vision for a future health care delivery system, and then describe specific actions that could drive the development of the educational model needed to support that vision, with a specific focus on the integration of behavioral care and health promotion/disease prevention into primary care and the patient-centered medical home. Through a combination of pre-meeting surveys and in-person work, five key conclusions and associated recommendations were developed.

GOALS OF THE SUMMIT

A major goal of the Summit was to consider and promote the integration of behavioral health care, including mental health and addictions treatment, and health promotion/disease prevention into a reinvented primary care system based on the patient-centered medical home. A related goal was to increase the capacity of health care professionals (e.g., physicians, advanced practice nurses, physician assistants, pharmacists, and public health professionals) to provide evidence-based integrated care. To address these goals, Summit participants discussed changes to the design of educational and training experiences in primary care based on an interprofessional, team-based approach.

VISION

Through a set of exercises completed by the attendees during the month prior to the meeting, participants from a variety of disciplines collaboratively developed a vision for a reinvented primary health care system. Participants considered a wide range of topics, including the essential characteristics of such a reinvented system, the various skill sets and competencies required to function effectively and efficiently in such a system, and finally, the education and training necessary to impart these skill sets and competencies to health profession students. From these pre-meeting activities, a vision to frame the overall conversation at the Summit was created by the planning group and shared with the attendees at the opening session.

The Health Education Summit Vision for a Reinvented Health Care System

In a patient-centered health care system, clinical teams demonstrate respect for the needs, values, and preferences of individuals and are equipped to encourage informed decision making, self-care, and healthy lifestyles. Individual and family preferences, situations and values, and family involvement (when appropriate) are important components of support and treatment. Health care professionals encourage and support individuals to engage in their own care and provide patients with the necessary tools to support these activities.

This patient-centered system is complemented by a foundation of team-based primary care that is fully integrated with behavioral and mental health care, focused on overall wellness and prevention. Health information technology plays a key role in supporting this team-based approach by facilitating the management of complex health care data and promoting appropriate information sharing among patients, families, and the health care team. Health professionals, working in teams, operate within a well-designed network of providers supported by a payment model that aligns incentives, promotes collaboration, and creates value for each member of the health care team.

Skills and Competencies Needed in a Reinvented Health Care System

Health care professionals will require important skills to add value to a patient-centered, team-based health care system. To support a health care system based on the integration of behavioral and mental health into primary care, health care professionals must be knowledgeable about common behavioral and mental health issues, and understand strategies to improve primary prevention. Health professionals must also be educated about public health, including the social determinants of health, as well as the bio-psychosocial model of health care. Primary care professionals will serve as health educators, and thus should be educated in health promotion and strategies for effective communication.

care desired for the future. Few funding mechanisms to encourage team-based training exist. Research agendas in academic health centers are often driven by funding formulas that undervalue innovation in education research and primary care training. Major research funding agencies, including the NIH, may be less likely to provide resources for multicomponent interventions, such as interprofessional, team-based care, because they are difficult to evaluate. Indirect support for the overall teaching mission of academic health institutions is often undervalued relative to that provided through the funding of bench research.

Discussion of Key Changes

Health Education Summit participants also discussed potential changes needed to improve health education curricula to address behavioral and mental health and health promotion/disease prevention. Discussion included a range of topics and was enhanced by the participants' diverse backgrounds, which included medicine, nursing, psychology, and pharmacy. Both policy and direct patient care backgrounds were represented.

Many participants cited the importance of including social and behavioral sciences in a new set of requirements for entrance into health professions education. Additionally, placing emphasis on wellness and prevention is needed to help students understand the context of the health care system in which they work. Behavioral health coursework can also teach students about the role of families and the importance of social support in treatment and maintenance of chronic conditions. Students should be educated about the health care system as a dynamic entity and should be versed in the structure and financial considerations of this system.

Participants also discussed the importance of teaching students to function in health care delivery teams. They stressed the importance of developing a health care workforce that can collaborate in patient care and communicate

Recommendation: Health students must be educated about the development, management, and improvement of high-functioning teams within the primary care setting and about how to support patients and families through team efforts. Health students should be taught about the various core competencies and skill sets of all primary care team members and how these various resources together can maximize clinical outcomes and resource allocation at the level of both the individual patient and the population and community. Specific actions include the following:

- Modify accreditation standards and associated curricula to include specific requirements in interprofessional practice, team-based care, and partnerships with patients and families
- Develop these curricula based on a person-centered approach rather than a disease-centered one
- Incorporate lessons from other professions on the teaching of team process and functioning
- Implement faculty development programs that support emphasis on interprofessional, team-based care
- Involve patients and families in teams by using technology that both supports the independence and competency of individuals to manage their own care, and by supporting appropriate connectivity to health professionals

Prescription 3: The Importance of Teaching Integration

Evidence shows that over 50 percent of patients in primary care have some behavioral component to their clinical presentation. These may include a behavioral condition, such as depression, anxiety, or difficulties with substance abuse as the primary problem, or as a secondary complication of a medical problem, such as heart disease or diabetes. Persons with chronic medical conditions are particularly prone to co-morbid behavioral problems. In addition, risky or noncompliant behaviors contribute to the overall burden of disease within the primary care setting. Over the last decade, considerable evidence has shown that the integration of behavioral care and primary care is essential

to maximize efficiency and effectiveness. The evidence also reveals that the way in which integration is done also matters. There are functions—such as measurement of treatment results and progress using validated, reliable tools and stepped, evidence-based responses—that reveal clinical progress, or lack thereof.

Recommendation: Health students must be educated

Prescription 4: The Importance of Providing Resources

The kinds of changes to curricula, methods, and orientation necessary to prepare the primary care workforce for efficient and effective operation in the future will require adequate resources. Some institutions have already begun to adopt some of the practices required to prepare the clinicians of tomorrow for the challenges they will face; others will need to make such changes soon. Hopefully, as the health care delivery system itself changes to better support a central role for primary care, necessary modifications will become easier to adopt. One major shift must be the elimination of any stigma associated with becoming a member of the primary care workforce, as a primary care, behavioral care, or health promotion provider.

Recommendation: With increased recognition of the importance of primary care to a high-functioning health care delivery system, resources should be directed to the establishment of appropriate training settings and curricula to prepare the primary care workforce of the future. Historically, available funding has not proved adequate to accomplish this transformational change. Significant investments will be required to develop and implement the Health Education Summit vision. Education institutions should reflect this focus in their missions and initiate activities that support it. Public and private funders should back this expanded emphasis on primary and integrated care. Specific actions include the following:

- Use savings identified from population-based approaches to health care delivery (see below) to fund interdisciplinary and interprofessional educational activities
- Seek an increase in the amount of funding for research and evaluation of health profession education and training programs
- Modify the guidelines for training grants to allow higher amounts to support new curricula, interprofessional learning laboratories and facilities, and faculty training programs
- Promote modification of funding under Title VII and Title VIII of the Public Health Services Act to support interdisciplinary training
- Endorse the concept of allowing Title VII and Title VIII funding to flow directly to community-based programs
- Encourage collaboration within the U.S. Department of Health and Human Services (including but not limited to the Centers for Medicaid & Medicare Services, Health Resources and Services Administration, Centers for Disease Control and Prevention, Substance Abuse

and Mental Health Services Administration, and Agency for Healthcare Research and Quality) to develop new grant programs to train health care professionals in interprofessional, fully integrated approaches to primary care

Prescription 5: The Importance of Measuring Results

The types of significant modifications to both the health care delivery system and the health education system envisioned by participants in the Health Education Summit must be informed from their inception by appropriate evidence and improved over time by ongoing measurement and analysis. Continuing to develop a compelling research base for ongoing changes to the primary care sector (and the health care delivery system as a whole) is essential. Research alone, however, will be neither adequate nor sufficient to support the necessary movement to scale required for widespread positive impact

Attendees

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