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APPENDIX A:

Psychiatrists Working in Integrated Care Survey:

Target population: Psychiatrists working at the interface of psychiatry and primary care

Introduction: The AIMS Center at the University of Washington has a mission to improve the health and mental health of populations through patient-centered, integrated primary and behavioral healthcare services. We are interested in learning from psychiatrists who have an interest in this field and from those who are currently collaborating with primary care in a variety of settings. The goal is to use information from this survey to develop more resources to support this growing area of psychiatric practice. We have developed this short survey to understand more about the types of practices and training needs of psychiatrists. This survey should take approximately 15 minutes to complete.

For the purpose of this survey, we use the terms integration, collaboration and primary care psychiatry interchangeably to describe our work at the interface of primary care and mental health care.

PCP (Primary Care Provider): refers to all primary care based providers who carry a panel of primary care patients such as MDs, DOs, ARNPs, PAs and any other prescribing providers in a primary care setting.

BHP (Behavioral Health Provider): refers to any person working in a position providing case management support, therapy or other non-prescribing behavioral health services in a primary care setting.

The following questions pertain to your current practice setting. Please tell us about your overall experience working in primary care psychiatry.

Question 1:

In a typical week, how many hours do you work as a psychiatrist?

- a) < 10
- b) 10-39
- c) 40 or more

Question 2:

In a typical week, approximately how many hours do you spend working in integrated care?

- a) None – skip to next question
- b) < 5
- c) 6-10
- d) 11-20
- e) 21-30
- f) 31-40+

Question 3 (None Option)

If you answered “None” to the above question, we assume that are not currently engaged in integrated primary care consultation. Please answer the following question. Your participation in the survey ends here and is greatly appreciated.

- a) I am a medical student interested in integrated care
- b) I am a resident or fellow
- c) I am involved in training psychiatrists and am interested in how to train them in integrated care
- d) I am an administrator thinking of starting an integrated care program
- e) I am a practicing psychiatrist planning on doing this type of work in the future
- f) Other:

Question 4:

Please indicate the number of hours per week you spend working on integrated care in each of these settings. (Check one each row)

	None	<5	6-10	11-20	21-30	31-40+
Academic medical center affiliated primary care clinic						
Community mental health center with primary care clinic on site						
Federally Qualified Health Center (FQHC)/ Community Health Clinics(CHC)						
General hospital primary care clinic						
Other Federal Facility (DOC, VA, DOD, IHS) affiliated primary care clinic						
Rural Health Center						
School-based health center						
Other primary care setting						

Question 5:

If you answered "other primary care setting" to the previous question, please describe here. Otherwise, skip to the next question.

Question 6:

-- Please read the following answer options carefully before making your choice -- Please tell us how often you work with primary care providers in different types of collaboration. For this question, "direct" indicates face-to-face patient evaluation and "psychiatric case review" indicates evaluation without seeing the patient in person. (Check one each row)

Type of Collaboration	Frequently (Approximately once per week)	Occasionally (Approximately once per month)	Rarely/Never
I provide direct evaluation of patients referred to me for consultation in my psychiatric practice by primary care providers. <i>Traditional referral/consultation model</i>			
I provide direct patient care consultations in a primary care clinic. <i>Co-located model</i>			
I provide direct or curbside consultation to a primary care clinic and regularly interact and coordinate with PCPs and/or BHPs as a member of a collaborative care team. <i>Collaboration team model</i>			
I provide regular reviews and consultations a defined caseload of patients in a primary care clinic and regularly interact and coordinate with PCPs and/or BHPs as a member of a collaborative care team. <i>Caseload based collaboration</i>			
I collaborate with an in-house primary care service/provider located at my mental health specialty setting. <i>Reverse integration</i>			

Question 7

If you answered "other" to the previous question related to the type of collaboration you engage in with different kinds of providers, please describe here:

Question 8

Please identify the populations of patients you work with in primary care settings. (Check all that apply)

- a) Adults
- b) Adolescents
- c) Children
- d) Geriatric

Question 9

Do you prescribe medications other than psychotropic medications (e.g. antihypertensives, diabetes medications etc...) for medical problems to your patients with serious mental illness?

- a) Never
- b) Rarely
- c) Occasionally
- d) Frequently

Question 10

Please identify the method of compensation you receive for your work in integrated care. (Check all that apply.)

- a) I receive a set amount of compensation for my work in integrated care
- b) I bill fee-for-service for each encounter
- c) Other:

Question 11;

If you answered "I receive a set compensation for my work in integrated care" on the previous question, please identify the funding source for your compensation. (Check all that apply) If your compensation is covered by fee-for-service, you may skip this question.

- a) Contract to public or private health plan
- b) Fee for Service
- c) Time Limited Grant
- d) Other:

The following questions pertain to your experience working with Primary Care Providers (PCPs). Note: In this survey, PCP refers to all primary care based providers who carry a panel of primary care patients such as MDs, DOs, ARNPs, PAs and any other prescribing providers in a primary care setting.

Question 12

Please estimate to the best of your ability the number of PCPs you work with and/or support in integrated care settings. Fill in number.

Question 13

Please indicate which method of communication you use with PCPs working in integrated care (check all that apply).

- a) Full psychiatric evaluation with limited communication with PCP other than the written report
- b) In person contact with the PCP
- c) Indirect "Curbside" with PCP (telephone, e-mail, other electronic contact)
- d) Indirect consultation conveyed via Behavioral Health Providers
- e) Tele - video contact with the PCP
- f) Other:

Question 14

Please indicate your most typical practice arrangement for communication with PCPs.

- a) As needed only
- b) Regularly scheduled
- c) Some of both
- d) Other:

Question 15

Please describe how frequently you communicate with PCPs in a typical month.

- a) More than once a week
- b) Weekly
- c) Every two weeks
- d) Monthly
- e) Other:

Question 16

Please describe the educational support you provide to PCPs working in integrated care (check all that apply).

- a) I encourage PCPs to attend educational meetings with me
- b) I integrate education into my consultations with PCPs whenever possible
- c) I provide scheduled trainings (CME, Brown Bag lunch, etc)
- d) I provide PCPs with journal articles, handouts, protocols, etc (either in person or electronically)
- e) I do not provide educational support / training
- f) Other:

Please tell us about your experience working with non-physician behavioral health providers (BHPs) in primary care. Note: In this survey, BHP refers to any person working in a position providing case management support, therapy or other non-prescribing behavioral health services in a primary care setting.

Question 17

Please tell us about the types of BHPs you work in your integrated care setting. (Check all that apply).

- a) Bachelor's Level Behavioral Health Professional
- b) Chemical Dependency Counselor
- c) Clinical Social Worker: MSW / LICSW
- d) MA / MFT or other Master's Level Counselor
- e) PhD Psychologist or PsyD
- f) Behavioral Health Aide
- g) Medical Assistant
- h) Nurse Practitioner: ANRP/NP
- i) Nurse: RN / CNS
- j) None
- k) Other:

Question 18

Please estimate to the best of your ability the number of BHPs you work with and/or support. Fill in number.

Question 19

- a) Phone contact with BHP
- b) Electronic communication (e-mail, instant messaging, text messaging)
- c) In person contact with the BHP
- d) Tele - video contact with the BHP
- e) Other:

Question 20

Please describe the frequency and timing of your consultation with BHPs.

- a) As needed
- b) Regularly scheduled
- c) Some of both
- d) Other:

Question 21

Please describe how frequently you communicate with BHPs in a typical month.

- a) More than once a week
- b) Weekly
- c) Every two weeks
- d) Monthly
- e) Other:

Question 22

Please indicate the educational support you use most often with BHPs (check all that apply).

- 1) I integrate education into my consultations with BHPs whenever possible
- 2) I encourage BHPs to attend educational meetings with me
- 3) I provide scheduled trainings (CME, Brown Bag lunch, etc)
- 4) I provide BHPs with journal articles, handouts, protocols, etc (either in person or electronically)
- 5) I do not provide educational support / training
- 6) Other:

Question 23

Are you designated as an administrative supervisor for BHPs?

- a) No
- b) Yes
- c) Other:

Question 24

Please describe how frequently the listed consultant activities are typically requested by the primary care clinic where you consult. (Check one each row)

	Rarely/Never	Occasionally	Frequently
Diagnostic clarification			
Medication recommendations			
Behavioral interventions			
Provide education on a specific topic			

The next three questions are intended to help identify training needs for professionals working in integrated behavioral health teams. We will present Clinical Problems, Treatments and Systems Issues in separate questions.

Question 25

Please identify Clinical Problems that are common in your work in integrated behavioral health care, and indicate if these are essential skills for PCPs, BPHs and consulting psychiatrists. (Check all that apply)

	Commonly	Occasionally	Essential Skill - PCP Training	Essential Skill - BHP Training	Essential Skill - Consulting Psychiatrist Training	Not applicable
ADHD						
Anxiety disorders						
Assessing suicide /violence risk						
Bipolar disorder						
Chronic pain						
Dementia						
Eating disorders						
Major depressive disorder						
Personality Disorders /Difficult Patients in Primary Care						
Psychiatric Issues in Pediatric Populations						
Psychiatric Issues in Pregnancy						
Psychotic Disorders						
PTSD						
Somatic symptoms/Fatigue						
Substance Use Disorders						
Traumatic Brain Injury (TBI)						
Unexplained physical symptoms						

Question 26

Please identify Treatments and Treatment Strategies that are commonly used in your work in integrated behavioral health care, and indicate if these are essential skills for PCPs, BPHs and consulting psychiatrists. (Check all that apply)

	Commonly	Occasionally	Essential Skill - PCP Training	Essential Skill - BHP Training	Essential Skill - Consulting Psychiatrist Training	Not applicable
Developing crisis management plans						
Providing recommendations for evidence based behavioral/psychosocial interventions						
Providing recommendations for evidence based medication treatment						
Managing and treating medical co-morbidities						
Monitoring modifiable risk factors (e.g. weight, blood pressure, lipids, etc.)						
Prescribing non-psychotropic medications for hypertension, hyperlipidemia and diabetes						
Consultation on and making pharmacologic recommendations for children and adolescents						

Question 27

Please identify Systems Issues that are common in your work in integrated behavioral health care and indicate if these are essential skills for PCPs, BHPs or consulting psychiatrists.

	Commonly	Occasionally	Essential Skill - PCP Training	Essential Skill - BHP Training	Essential Skill - Consulting Psychiatrist Training	Not applicable
Knowledge of integrated care models and evidence for these models						
Working in integrated care teams						
Performing indirect consultation/ psychiatric case review without direct examination of patient						
Evaluating patients using tele-video						
Assessing disability/ability to work						
Supporting a system approach to crisis management (eg suicidal ideation)						
Using rating scales to measure outcomes						
Understanding HIPPA/charting						
Knowledge of liability concerns						
Reviewing panels of patients for intensification of treatment						
Working with BHPs						
Supervising BHPs						
Working with PCPs						
Communicating recommendations						

effectively to PCPs						
Providing emotional support for care team members						
Working with the group dynamics of an integrated care team						
Advising teams in health care organizations about behavioral health issues						
Supporting a clinic/organization to build an effective integrated care team that fits a clinic population/personnel resources						

Question 28

If none of the topics listed in the previous question apply to the primary care practice where you work, please write more here about additional/different topics and/or requests that come up in consultation.

Question 29

Please describe any additional training topics you think are important to an integrated primary care behavioral health team.

Please describe to us training modalities you have used or will use in the future.

Question 30

Which training modality do you prefer? (check all that apply)

- a) Access online materials (ex: webinar, web resources, video presentations)
- b) Attend meetings/conferences on integrated care
- c) Colleagues
- d) Course on Integrated care
- e) Fellowship training
- f) Learning 'on the job'
- g) Learning communities/affinity groups/list serves

- h) Podcast/downloadable audio trainings
- i) Residency training
- j) Text books
- k) Other:

The following questions will help us to get to know you and your training background.

Question 31

What year were you born?

Question 32

What is your gender?

- a) Male
- b) Female

Question 33

How many years ago did you graduate from a psychiatry residency?

Question 34

Did you complete a residency in a specialty other than psychiatry (Check all that apply)?

- a) No other specialty
- b) Family Practice
- c) Internal Medicine
- d) Pediatrics
- e) Other:

Question 35

Did you complete a fellowship (Check all that apply)?

- a) No fellowship
- b) Child/Adolescent Psychiatry
- c) Consultation-Liaison Psychiatry / Primary Care Psychiatry/Psychosomatic Medicine
- d) Geriatric Psychiatry
- e) Substance Abuse / Addiction Psychiatry
- f) Other:

Question 36

Any other relevant training you'd like to tell us about?

Please provide a response as to your thoughts about working in integrated care

Question 37

What do you find rewarding about your work in integrated care in general, and with the other team members including PCPs and BHPs?

Question 38

What valuable lessons have you learned in your work in integrated care in general, and with the other team members including PCPs and BHPs?

Question 39

What do you find challenging about this work in general and with the other team members including PCPs and BHPs?

Question 40

What advice would you give to colleagues entering this field?

Question 41

What do you think are the essential qualities of a consultant psychiatrist in a primary care setting?

Question 42

Are there any other comments you wish to add?

APPENDIX B:

TABLE 1: Communication Frequency & Methods Reported by Psychiatrists in Integrated Care						
	PCPs			BHPs		
		N	%		N	%
Percent of Psychiatrists using various communication methods with PCPs & BHPs	in person	44	85	in person	45	87
	curbside	43	83	consultation note	37	71
	consultation note	33	64	telephone	36	69
	via BHP	29	56	other	11	21
	tele-video	1	2	tele-video	0	0
Percent of Psychiatrists using scheduled and "as needed" communication with PCPs & BHPs	some of both	30	58	some of both	27	52
	as needed	19	37	as needed	16	31
	regularly scheduled	1	2	regularly scheduled	5	10
	other	2	4	other	4	8
Percent of Psychiatrists communicating at various frequencies with PCPs & BHPs	> once per week	22	42	> once per week	26	50
	weekly	16	31	weekly	12	23
	every 2 weeks	3	6	every 2 weeks	2	4
	monthly	6	12	monthly	5	10
	other	5	10	other	7	14

TABLE 2: Treatments and Systems Issues Reported by Psychiatrists in Integrated Care		N	%
Percent of Psychiatrists reporting various treatment strategies as "commonly used"	Recommendations for evidence based medication treatment	42	88
	Managing and treating medical co-morbidities	37	76
	Monitoring modifiable risk factors (weight, blood pressure, lipids, etc.)	37	76
	Recommendations for evidence based behavioral/ psychosocial interventions	34	69
	Prescribing non-psychotropic medications for hypertension, hyperlipidemia, diabetes	24	50
	Developing crisis management plans	17	35
	Consultation on and pharmacologic recommendations for children and adolescents	12	26
Percent of Psychiatrists reporting various systems issues as "common"	Communicating recommendations effectively to PCPs	36	75
	Working in integrated care teams	35	73
	Working with PCPs	34	72
	Working with BHPs	34	71
	Understanding HIPPA/charting	34	71
	Working with the group dynamics of an integrated care team	31	66
	Using rating scales to measure outcomes	31	65
	Supporting a clinic/organization to build an effective integrated care team that fits clinic population/ personnel resources	29	62
	Knowledge of integrated care models and evidence for these	29	60
	Indirect consultation/ psychiatric case review without direct examination of the patient	29	60
	Providing emotional support for care team members	27	59
	Knowledge of liability concerns	27	56
	Supporting a system approach to crisis management (suicidal ideation)	26	54
	Advising teams in healthcare organizations about behavioral health issues	24	51
	Reviewing panels of patients for intensification of treatment	24	50
	Supervising BHPs	24	50
	Assessing disability/ ability to work	14	29
Evaluating patients using tele-video	3	6	

Table 3: Common Themes in Experience Reported by Psychiatrists in Integrated Care

Themes		Demonstrative quotes
Working in a PATIENT CENTERED care model	Improved access to care	"ability to intervene on behalf of more patients than I can personally see"
	Better outcomes	"identifying patients with mental health issues that without an integrated care approach would go undetected and untreated"
	Whole patient care	"I am able to more effectively monitor and provide access to treatment for my patients' physical health needs. I am able to support the care of psychiatric patients in a location many of them prefer...their primary care clinic or medical home."
Working with a TEAM	Improved provider support	"mutual support and efforts when helping patients who have a complex clinical presentation"
	Greater breadth of available patient services	"I am able to better serve my patients as part of a collaborative care team because we can offer more behavioral interventions and follow up."
	Interdisciplinary respect and appreciation	"PCPs in general are SO GLAD we are there."
Psychiatrist role as EDUCATOR	Improved dissemination of mental health knowledge	"I enjoy educating and feeling like my efforts are reaching so many more people than they do in the traditional model of care."
	Facilitating effective treatment of mental health problems in primary care	"There is such a need for improved mental health management in primary care, it is quite fulfilling to educate PCP colleagues on mental health and provide quick curbside consultation."
	Improving interdisciplinary education	"working with and educating other care providers on the team"
Opportunity for GROWTH and INNOVATION	Utilize broad medical knowledge base	"use of the full scope of my medical training"
	Chance for education, quality improvement and systems improvements	"opportunity to apply public health, ability to apply [Evidence Based Medicine], a chance to improve access, ability to support clinicians learning mental health"
	Opportunity to be creative	"always something new... develop new ways to work efficiently and effectively with PCPs and BHPs"

Table 4: Advice for Psychiatrists Considering Integrated Care Work Reported by Psychiatrists in Integrated Care	
Themes	Demonstrative quotes
Know the CARE MODEL	"Not all PCPs are a fan of collaborative care because they struggle with mental health patients... You have to be creative to find ways of working within the culture of a primary care site."
	"Watch out for regression to co-location - it sneaks up on the team over and over again."
	"Make sure you understand the different models of integrated care and which are compatible with your interests."
Consider your PERSONAL QUALITIES	"Learn to deal with uncertainty and frustration."
	"Make sure you have the temperament for this work!! You must be somewhat outgoing; you must tolerate the interruptions (which are less frequent than you think.) This work is SO MUCH FUN if you are the right person for it."
	Essential qualities include "humility and passion and expertise combined flexibly" and "creativity, patience, desire to teach, desire to learn, flexibility, high tolerance for uncertainty."
Consider your PROFESSIONAL QUALITIES	"Get organized, the same topics come up over and over again so it is helpful to build a library of educational materials to share with care teams."
	Essential qualities include "good communication and interpersonal skills... a basic understanding of primary care medical issues and how they related to psychiatric comorbidities"
	Essential qualities include "flexible, bright, able to push back on treating psychiatric disorders in a primary care setting" and "friendly demeanor, availability, clear concise communication, curiosity and tenacity in pursuit of understanding the patient and relieving their suffering."