Transdisciplinary Care: Opportunities and Challenges for Behavioral Health Providers

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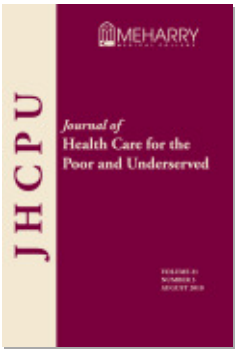

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Transdisciplinary Care: Opportunities and Challenges for Behavioral Health Providers

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Integrated care and integrated care models have been in the forefront of much recent discussion in both local and national forums. The idea that care can be delivered in teams has evolved from integrated care to the development of transdisciplinary care teams. A major contributor to the development of team-based care was Project IMPACT (Improving Mood—Promoting Access to Collaborative Treatment for Late-Life Depression), which addressed geriatric depression in primary care settings and created the foundation for integrated care.[1] Following IMPACT, the model for utilizing a team-based approach became recognized as an effective method for treating chronic illness in primary care settings.

The IMPACT research project demonstrated for the first time that community health settings provide the majority of the nation's mental health services, due primarily to the fact that the public chooses to seek care where there is less stigma and where they have existing relationships. At the same time, primary care providers began to acknowledge that they lacked both the expertise and the resources to do an optimal job of either identifying or treating the mental health disorders they encountered in these practices. These providers have, for the most part, readily embraced integrated and team-based models.[1]

The original work in integrated care focused predominantly on the inclusion of behavioral health services in primary care settings, but as the work evolved, it became clear that there were other disciplines (such as dentistry and community outreach) that played central roles on the team and were crucial to improving health outcomes. Integrated models have now begun to develop a new conceptual model known as transdisciplinary care. In transdisciplinary care, the focus continues to be on team based care, with all disciplines viewed as having an equally important role in the patient's care, and with each team member having expanded knowledge of the role that each discipline plays on the team.[2]

Workforce and training. The recently enacted health reform legislation calls for the expansion of community health centers with a goal of increasing care recipients to 40 million patients.[3] Coupled with the advancement of the patient-centered medical home model,[4] these developments will require a team-based approach to chronic illness management.

It is predicted that community health centers will deliver a majority of the country's mental health services and be the largest employer of behavioral health providers over

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the next decade.[4] Efforts are underway to determine the number of behavioral health providers that will be required to meet community health center expansions, in addition to the continued development of integrated and transdisciplinary care models such centers. The ability to train and recruit behavioral health providers to work in these settings is critical. There is an immediate need to ensure that curriculums (both in short training programs and at educational institutions) reflect upcoming workforce needs and the specialized training necessary to fill those needs. First, however, mental health provider and academic communities must better understand the concept of transdisciplinary care and embrace the clinical models being developed in community health settings as clinically effective models for the delivery of mental health services.

A greater understanding of transdisciplinary care throughout the mental health community will lead to the recognition of the numerous opportunities transdisciplinary care offers. It is widely recognized that care teams are successful at improving both health and mental health outcomes,[1] and such practices are evidence-based.[1] Unfortunately, the education and training of a mental health provider seldom includes training for a role on an interdisciplinary care team, or even any team at all.

Disciplinary diversity can create dynamic teams, but recruiting and retaining qualified staff is often challenging and may be affected by local and regional workforce shortages. Many areas of the country, both rural and urban, struggle to hire and maintain qualified psychiatrists and other behavioral health providers. The behavioral health needs of expanding community health settings are going to dramatically exacerbate this problem for many communities.[5]

During the last few years, best practices and benchmarks have begun to emerge surrounding the delivery and staffing of behavioral health services in both primary care settings and as part of transdisciplinary teams. Behavioral health providers who have experience in community or public health settings, emergency rooms, or community crisis teams seem to be more receptive to the requirements and pace of a community health setting. Additionally, a central feature of transdisciplinary care is that each team member possesses enhanced knowledge of the other disciplines on the team; a behavioral health provider, for instance, would be required to have a foundation of health and chronic illness management.

Along with team-based approaches, the importance of physical health should be incorporated into mental health training curricula. Mental health treatment planning should reflect the importance of physical health, chronic medical illnesses, the implications of co-morbidity, the utilization of tools, or the inclusion of medical illnesses.

Evidence-based best practices. Expanded training in health and team-based approaches must also address the importance of teaching providers from different disciplines to speak the same language, as it were; terminological isolation of individual health professions from one another has been a major barrier to the development of care teams. However, the utilization of tools such as the Patient Health Questionnaire 9 (PHQ9)[6] and General Anxiety Disorder 7 (GAD 7)[7] allows for all members of a transdisciplinary teams to identify and discuss mental health diagnoses using the same language, and provides mental health providers a way to track treatment outcomes.

Behavioral health providers, particularly social workers and counselors, have resisted using the Patient Health Questionnaire 9 (PHQ9) in treatment and quantifying treat-

ment outcomes, with some, claiming the tools "medicalize" mental health services. However, one of the realities of practicing mental health in the current environment is the regulatory focus on compliance and clinical necessity. The utilization of tools provides a concrete way for behavioral health providers to assess clinical symptoms in a session and create an effective way to document clinical necessity. Most importantly, the tools help teams break down the care silos that historically have separated services and disciplines.

Emerging from the implementation of transdisciplinary teams is behavioral health *open-access models*. Behavioral health providers have two sets of consumers: the patients themselves and the other members of the team. In open-access care, in order keep both types of consumers in mind, there are significant changes in behavioral health delivery, both in appointment time and duration of treatment. Within the transdisciplinary team, psychiatric providers assume a consultative role to other team members and maintain open-access for patient medication management. The best practices for non-psychiatric behavioral health providers suggest that appointment times should be 20–30 minutes and the duration of treatment should be 8–16 weeks.[8] There is less focus on historical information and more focus on current clinical symptoms and functioning. There are many effective and evidence-based short-term interventions or practices that complement both open-access and transdisciplinary care models nicely.[9]

The inclusion of new evidence-based practices such as Problem Solving Therapy or behavioral activation are critical to behavioral health service delivery on transdisciplinary teams in community health settings.[10] These modalities are not taught in most mental health training curricula and systems must be put in place in order to train providers currently in the field to qualify them to practice on transdisciplinary care teams. Many mental health providers have expressed concern that these modalities and shorter-term treatments do not meet the needs of their patients who are chronic mental health patients or who have histories of trauma. This resistance to shorter modalities in the mental health community is in contrast to payer, regulatory, and state agencies that are beginning to limit treatment duration.[11] Transdisciplinary teams provide the comprehensive care needed to offer shorter-term treatment that result in improved physical and mental health outcomes. A move towards the inclusion of evidence-based modalities in training and academic settings will enhance recognition that shorter term treatment models are in fact not only a viable modality, but effective in improving the lives of the patients served. These modalities are more easily understood and reinforced by transdisciplinary team members, consistent with the requirement that all team members receive training on behavioral health modalities.

Electronic health records. In order to maximize collaborative practices of a transdisciplinary care team, it is imperative that all disciplines on the team use the same documentation system. This is most effectively achieved through the use of an electronic health record (EHR). The EHR is a dynamic tool that provides transdisciplinary teams with the ability to incorporate helpful automatic systems for follow-up and treatment-planning reminders, patient panels, and visual displays of treatment progress.[12] Secure, Internet-based patient portals permits patients to view their health records, communicate with team members, schedule appointments, receive lab results, and have access to language and literacy level-appropriate health education materials. The patient's ability

to communicate with his or her care team is critical, and access to their records including behavioral health records and diagnosis, can be a powerful tool in the treatment plan. Part of the move toward transdisciplinary care is promoting patient ownership of their records, a new concept for behavioral health care providers.

Changing roles. Traditionally, behavioral health providers in primary care have been reactive to primary care referrals rather than proactive: a patient is identified during the primary care visit as being in need of mental health services and is then referred to the co-located behavioral health provider. Until recently, these co-located behavioral health providers were not full time and therefore often not accessible for an immediate introduction or "warm hand-off" which we now understand to be effective. Transdisciplinary care models naturally create an environment conducive to such a warm hand-off. The ability of behavioral health providers, primary care providers, nursing, nutrition, care managers, dental, and community health workers to refer patients fluidly by introducing patients to team members regardless of the reason for the current visits is at the core of a transdisciplinary care. All providers should be flexible in accommodating these hand-offs during the course of their day. This can be especially difficult for behavioral health providers who are often concerned about the impact that these hand-offs have on interrupting mental health sessions. It is always wise to inform patients in advance that there may be an interruption.

Conclusion. The transdisciplinary model of care is an important new tool for improving physical and mental health outcomes. It is an essential approach to combating some of the major chronic illnesses such as depression and diabetes and other co-morbid conditions that cripple many communities. Its potential as a successful approach to improving community health should be recognized and embraced by the behavioral health community. The development of transdisciplinary teams will elevate behavioral health providers as equal members of a health care team that values their input and contributions. The expansion of community health centers will create critical roles for generations of behavioral health providers as well as the academics who will train them. The time is now for the behavioral health community to embrace these changes and adapt to the transdisciplinary care model. It is an ideal opportunity to enhance the role of the behavioral health provider as an invaluable partner in improving community health.

Notes

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