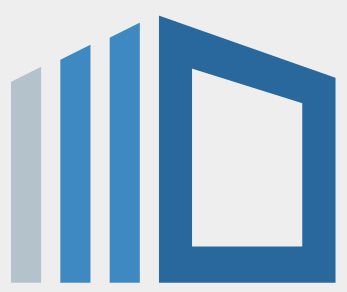


Advancing Integration: A Pilot Program to Teach Policy and Practice Transformation Skills to Family Doctors Around the World

Emma Gilchrist, MPH;¹ Stephanie Gold, MD;¹ Sarah Hemeida, MD, MPH;¹ Bonnie Jortberg, PhD, RD;¹ Christopher Dowrick, MD, FRCGP;^{2,3} Helen Page, PhD;² Cindy Lam, MD;³ Amanda Howe, MD;³ Larry Green, MD^{1,3}

¹Eugene S. Farley Jr. Health Policy Center; ²University of Liverpool; ³Wonca (World Organization of Family Doctors) Working Party for Mental Health



Eugene S. Farley, Jr. Health Policy Center
UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS



Wonca

BACKGROUND

- The burden of mental health disorders continues to grow and is a major cause of disability worldwide. Patients frequently present with mental health issues in primary care settings.
- The World Organization of Family Doctors (Wonca) conducted an educational needs assessment and identified mental health as a priority area.
- The Wonca Working Party for Mental Health collaborated with the Farley Health Policy Center to develop and implement a pilot program to help young family doctors learn the steps and process to integrate mental (behavioral) health care into primary care delivery, develop the skills needed for practice transformation, and enable them to become advocates for system change in their local area.

OBJECTIVE

- To test an educational program to equip motivated family doctors in six WONCA regions to advance integration of mental/behavioral health care into routine primary care.

METHODS

- Two six-person cohorts met in facilitated, virtual monthly sessions via Zoom for 90 minutes, March – September 2020.
- Asynchronous learning occurred between sessions using e-learning modules, books, and other resources.
- Each participant set individual program goal and had access to mentorship from a senior family physician.
- A two-phase evaluation process at mid-point and program-end included learner focus groups, written questionnaires, and faculty focus groups.

CURRICULUM

- Session 1: Introduction to behavioral health integration
- Session 2: Leadership
- Session 3: Team-based care
- Session 4: Quality improvement
- Session 5: Burnout and resilience
- Session 6: Advocacy

LEARNERS’ EXPERIENCE

“Program has given me the tools and ability to start.”
“I now approach obstacles as a challenge. What I’ve learned last few weeks is never stop knocking on the door. And if you find a closed door, could be directing you to something more successful.”
“I had courage to propose changes”

Learners reported increased confidence and skills to implement change. They established clear visions for what they can do in their own settings and made incremental progress on their program goals.

“The pandemic is a problem but it’s also an opportunity to make changes. Things are changing so much so it’s an opportunity to stop doing things we weren’t happy with, to start to make changes for the better and to have relationships with mental health services.”
“Changed goal to be offering counselling to staff affected by the pandemic.”

Learners were resilient, flexible, and committed to the program during the COVID-19 pandemic. Participating in the program was therapeutic and a reminder for why they chose primary care.

“Learning there are people trying to improve primary care around the world, especially related to mental health issues, is very motivating.”
“I feel empowered by the sense of community built by the program.”
“Will keep in touch – to check on each other’s progress with projects, consult them if I’m stuck, to share ideas.”

Learners were invested in each others’ goals and lives. They were inspired by one another, valued the experience and expertise among the diverse group, and plan to remain connected.

FUNDING

This project was supported by Wonca Executive Discretionary Fund, the Farley Health Policy Center, and faculty volunteerism.

CONTACT

Emma.Gilchrist@cuanschutz.edu

PARTICIPANTS



Learners: Twelve young family physicians from ten countries - Australia, Ghana, Guyana, Indonesia, Kenya, Nepal, Peru, Spain, Sri Lanka, and Tunisia – in urban and rural settings

Faculty: United States, England, Hong Kong

LEARNER PROGRAM GOALS

Each learner set an individual goal to work towards in the 7-month program (and beyond):

- Educate other primary care clinicians and health care workers about integrated care, behavioral health conditions, and advocacy for better behavioral health care (5 learners)
- Improve team-based care to address behavioral health needs (3 learners)
- Establish high quality systems of care to address behavioral health needs (2 learners)
- Collate community resources for social prescribing (1 learner)
- Increase patient awareness of behavioral health issues and available supports (1 learner)

NEXT STEPS

- Learners will continue to work towards their program goals and stay connected via WhatsApp group
- Continued support from program faculty and mentors
- Disseminate program evaluation
- Write proposals to fund future cohorts