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# Bridging the Gaps in Family Medicine: A Quality Improvement Project for Resident Behavioral Health Training

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## Background

- An estimated 43-60% of patients with behavioral health (BH) conditions are treated in primary care settings while 30-80% of all primary care visits are driven in part by BH issues<sup>1</sup>
- The integration of BH services in family medicine is associated with improved patient outcomes and lower health care costs<sup>1,3</sup>
- Physicians who experience more difficult patient encounters report a lack of training and negative attitudes towards the psychosocial aspects of medicine<sup>2</sup>

## Objectives

- Evaluate resident and faculty attitudes towards the provision of BH services in family medicine
- Identify possible gaps in resident BH training, with input from fam. med. residents and faculty physicians
- Pilot materials for continued evaluation of BH training and educational services in LVHN's family medicine residency program

## Methods

### Conceptualization

- Conducted a brief literature review
- Observed in two remote fam. med. resident learning labs

### Development

- Surveys designed online in REDCap
- Presented to LVHN's Behavioral Health/Addiction Integration Team for feedback

### Implementation

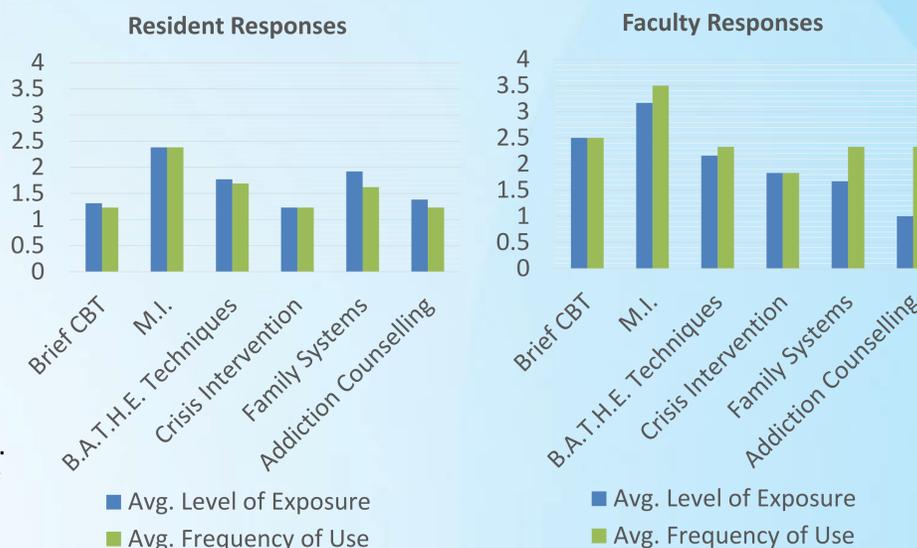
- Surveys distributed to fam. med. residents and faculty physicians via email
- Responses analyzed qualitatively

## Primary Results

Resident Respondents: n = 13  
Faculty Respondents: n = 6

Question/Statement of Belief	Avg. Resident Response	Avg. Faculty Response
How important is that primary care practitioners are able to provide behavioral health services to patients themselves?	3.46	4.0
How would you rate your current ability to provide behavioral health services to patients?	1.84	2.83
How much do you agree: "Behavioral health treatment is inclusive of treatment for addiction and substance use disorders."	3.46	3.57
How much do you agree: "Counseling for common mental health issues can be done effectively during regular office visits."	2.84	2.33
How much do you agree: "My medical training provided me with a basic knowledge of what is important when counseling patients."	2.30	2.33
How much do you agree: "When I engage in counselling, I often provide direct mental health advice to my patients."	2.53	2.83

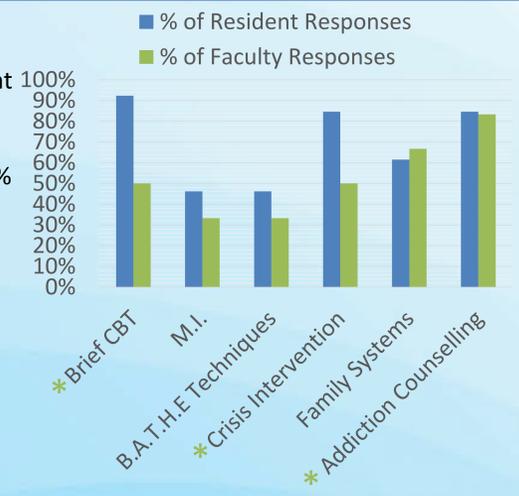
**Figure 1.** Summary of resident and faculty beliefs towards BH care in family medicine. All responses rated on 5-point Likert scales, values of 0-4.



**Figures 2 & 3.** Mean resident and faculty ratings of a.) their level of exposure to BH techniques during training and b.) their usage of BH techniques in clinical practice.

## Additional Results

**Figure 4.** Percentage of resident and faculty respondents that wish for more training in the following services. \* = over 75% of residents wish for more training in this service.



**Figure 5.** Perceived barriers to behavioral health care in family medicine. Responses consolidated from all survey respondents.

## Conclusions

- Resident and faculty respondents hold similar beliefs towards BH care, with the ability to provide BH services viewed as essential
- Respondents' level of exposure to BH services in training is generally consistent with their level of use in clinical practice – though the majority wish for more training

## Recommendations

- Implement guided resident training sessions for BH services; specifically addiction counselling, brief CBT, and crisis intervention
- Continue to screen residents throughout training to gauge level of competence and comfortability providing these services to patients

### REFERENCES

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3. Rajesh, R., Tampi, R., & Balachandran, S. (2019). The case for behavioral health integration into primary care. *The Journal of family practice*, 68(5), 278-284.