SAMHSA-HRSA
Center for Integrated Health Solutions

Workforce Issues Related to: Bi-Directional Physical and Behavioral Healthcare Integration

Specifically Substance Use Disorders and Primary Care

A Framework of Issue Briefs

ISSUE BRIEF #6

Summary: Key Elements for Success in Integrated Care for Substance Use Conditions

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August 3, 2011

This document was developed for the SAMHSA-HRSA Center for Integrated Health Solutions with funds under grant number 1UR1SMO60319-01 from SAMHSA-HRSA, U.S. Department of Health and Human Services. The statements, findings, conclusions, and recommendation are those of the authors and do not necessarily reflect the view of SAMHSA, HRSA, or the U.S. Department of Health and Human Services.

KEY ELEMENTS FOR SUCCESS IN INTEGRATED CARE FOR SUBSTANCE USE CONDITIONS

Ensure that the core behavioral health disciplines have adequate training in the disease of addiction, the nature of substance use conditions and treatment, and how to work in a complex team as part of their basic educational program.

A recent study of mental health professionals in core disciplines (marriage and family therapist, psychiatrists, psychologists, professional counselors, substance abuse counselors, social workers) sought to assess the extent to which mental health professionals were caring for patients with primary or secondary substance abuse and to assess the need for training in substance abuse by mental health professionals. Excluding substance abuse counselors, mental health professionals had a substantial portion of patients who had either a primary or secondary addiction problem. Psychiatrist and psychologists reported the smallest percentages of patients with primary substance use disorders, especially in private practice. Excluding psychiatrists, no more than half of any discipline reported receiving any formal graduate coursework or internship in substance abuse. Almost one third of the substance abuse counselors also reported no formal course work in addiction treatment and it appears that for almost all disciplines, continuing education is the primary mechanism for training about substance abuse.

While certification and continuing education may be able to address some of these needs as a stopgap measure for patients to receive adequate care, these results also support the need for the implementation of a standardized competencies for substance abuse in the basic preparation of the health care workforce. The core knowledge, skills and attitudes necessary have already been developed through a modified consensus process, but the extent to which they have been implemented is unclear. The skills and competencies for working in a team also need to be identified and standardized curricula for all core disciplines need to be developed and articulated with one another to be effective. At the same time these curricula are being enhanced to appropriately encompass patient health conditions and teamwork in a complex system, the potential for expanded roles and new roles to be filled needs to be considered.

Ensure that counselors who are the backbone of the substance abuse treatment workforce have the necessary competencies and are certified to provide high quality care in an integrated health care system

The degree of variation across States in requirements for counselor licensure and certification reinforces the variability seen in basic educational programs. The degree of variation and the frequency of limited or no preparation specific to caring for persons with substance use conditions is such that it is difficult for the public and other health team members to develop clear expectations about the knowledge, skill and competencies of such a worker. While consensus exists on the counselor competencies embodied in SAMHSA's Technical Assistance

Protocol (TAP) No. 21*: Addiction Counseling Competencies: The Knowledge, Skills and Attitudes of Professional Practice,* these competencies have not been universally adopted.

TAP 21 should be reviewed to ensure it contains the necessary counselor competencies to practice in an integrated care setting, including training on teamwork and some basic understanding of substance abuse related medical condition and work undertaken to adopt this set of uniform competencies. In addition, national standards for accreditation of formal addictions education programs and counselor licensure and/or certification consistent with the identified competencies should be implemented. While it is clear that requirements for certification need to be balanced against the need for an adequate workforce, the fact that almost half of the workforce, is not certified, speaks for itself.

Ensure the full adoption and integration of, at minimum, two specific evidenced based practices: 1) screening, brief intervention and referral to treatment in primary care and other health care settings and 2) medication-assisted treatment in both primary care and specialty care settings.

To foster the integration of substance abuse treatment into primary care, in addition to team training, it will be critical that continuing education for those in primary care and the substance abuse treatment field and primary care focus on building competence in two evidence based practices: screening and brief intervention and medication assisted treatment for physicians and other clinicians in primary care settings

Weber has identified four factors that affect the US physician practices regarding buprenorphine and other medications for addiction: these included context, competence, comfort and compensation. But how these will be countered remains yet to be seen. While many studies focus on barriers, we need to better understand what leads to adoption; adaptation of some concepts from implementation research may be useful. Full adoption may only be possible through the use of multiple methods of dissemination including commercial marketing, targeting patients and practitioners, health care settings and systems, communities and the general population. For example, within the context of paying for quality, SBIRT could be marketed to some hospitals as a way to avoid unnecessary readmissions or complications related to unrecognized substance abuse.

Participants in the SAMHSA Policy Forums on Integration endorsed the need for additional training of both primary care and other physicians on both screening and brief interventions and referral and the use of medication assisted treatment for substance abuse. The need for additional training and identification of methods to overcome the resistance of some substance abuse treatment workers to the appropriate role of medications in treatment cannot be overemphasized. Given that for some patients, medication may make a critical difference in recovery, it is imperative that effective action be taken. Such an undertaking is broad, and the window of opportunity presented as health reform will not last forever. This suggests that both

State and Federal governments, as well as health plans and professional organization, need to work collaboratively to develop and implement a plan to insure that patients with substance use conditions are appropriately identified and offered evidence based interventions, include medication assisted treatment.

Substantial training in team competencies will be essential for success in integrated care.

Working in health care teams, is new to most of the existing substance abuse treatment workforce as well as to many practitioners in the current primary care workforce and requires an understanding of what people do across broader teams with a broader mandate of improved health. Within the context of health care teams, teams with better performance include those with good leadership, a clear division of labor, training of team members in their personal roles and in team functioning, and team –supporting policies within the organization. Teams require considerable and ongoing investment, including the development of protocols that define the tasks and those who will perform them, the adoption of team rules for decision-making and communication and some time for non-patient care team meetings.

McCallin warns that it is faulty to assume that health professionals already possess the skills or attributes required for collaborative practice. For current members of the substance abuse treatment workforce, training to work in broader health care team will be a necessity. In complex organizations, teamwork has been identified as an essential component of high-reliability organizations (an organization where the likelihood of error is small but the consequences of error are serious); some argue that health care organizations are high reliability organizations. Knowledge, skills, and attitudes essential for teamwork include: skill in monitoring each other's performance, knowledge of your own and team members task responsibilities, and a positive disposition towards working on a team. One study of health care team effectiveness found that collaboration, conflict resolution, team participation and cohesion are likely to influence staff satisfaction and perceived team effectiveness, while the clinical expertise involved in team decision-making results in improvements in patient care. Effective teamwork among existing health care teams has been shown to improve the quality of care, especially patient safety.

Inter-professional collaboration needs to be represented in the key competencies focused on in the basic training of all types of disciplines, including physicians, nurses, psychologists, social workers, counselors, recovery support specialists and others in the future substance abuse treatment workforce. Attention is beginning to be paid to teaching teamwork in medical and allied health education. Training models which have been tried included joint clinical rotations for advanced nurse practitioner primary care and mental health students, family medicine residents trained using multiple forms of collaborative practice with specific feedback to residents about their psychosocial skills (Blount), a 45-hour undergraduate curriculum implemented through inter-professional education for the training family medicine, nursing, and

social work students and continuing education for professionals through coaching, and integrated training of pediatric residents and psychology fellows to highlight just a few.

While it may be possible to support team-based competencies through changes in the curricula of basic professional education programs, it will be challenging to provide sufficient continuing education for those already practicing to develop the competencies required. Baker, Day and Salas state that "team training must be institutionalized throughout health care and professional training" and perhaps specific adaptations made for health care teams.

At this juncture it should be clear that training the workforce to work in teams will be an important priority for some time to come. Team training outcomes are likely also to be effected by organizational characteristics such as "leadership support, learning climate, and commitment to data-driven change". That also embodies the challenge to health services for patients: how to provide leadership for the improvement of services to patients without stigmatization, how to create in both primary care and substance abuse treatment settings, a climate which uses science to facilitate growth and maturation, and how to create work environments for health professionals, where change is driven by data about patient outcomes rather than what is convenient, comfortable or status quo, for health professionals and the systems in which they work.

Please Note that references supporting this brief may be found in the complete paper.