Psychiatrists are in a unique position to help shape mental health care delivery in the current rapidly evolving healthcare reform landscape using integrated care approaches, in which mental health is delivered in primary care settings. In this model of care, a team of providers, including the patient’s primary care provider, a care manager and a psychiatric consultant, work together to provide evidence-based mental health care. This course includes a combination of didactics and interactive exercises to provide psychiatrists and primary care providers with the skills necessary to leverage their expertise in the Collaborative Care model, the integrated care approach with the strongest evidence base. The course describes the delivery of mental health care in primary care settings with a focus on the evidence-base, guiding principles and practical skills needed to function as a primary care consulting psychiatrist. Topics include supporting accountable care, leadership essentials for psychiatrists, payment and an introduction to implementation strategies for the primary care providers.

As a Support and Alignment Network (SAN) in the CMS Transforming Clinical Practice Initiative (TCPi), APA is partnering with the AIMS Center at the University of Washington to train 3,500 psychiatrists over 4 years as well as primary care providers in the clinical and leadership skills needed to support primary care practices that are implementing integrated behavioral health programs. This training is supported as part of the TCPi.

This course will offer Continuing Education credits.
Registration Fees
GLIPS Members: $50/person
Non-Members & Guests: $75/person
Residents (members & non-members): $15/person

The training, materials, honorarium, and CME is covered by APA's TCPI CMS grant.

GLIPS Members can register through the Members Only Section of longislandpsych.org.

* Guests from the Nassau and Suffolk Medical Societies can register by going to http://bit.ly/June9Guest and entering the password "integrated-care"

Registration is open until June 1, 2018

Overall Desired Outcomes
By the end of this training, participants will know, recognize, apply, reflect on, and appreciate:

- A general history of integrated care models, including co-located care, BH, consultant, and Collaborative Care.
- The workflow differences between traditional psychiatry and psychiatric consultation in Collaborative Care.
- Differences between common presentations in primary care and in a typical psychiatry practice.
- How initiating treatment as part of a team is different than doing it alone.
- What a registry is and how it is used to facilitate treating-to-target and setting personal targets; How the use of a registry differs from current practice.
- Measurement and treatment to target follow-up can be done in individual practice even if not practicing Collaborative Care.
- The role of the accountability principle in team functioning.
- The application Collaborative Care guiding principles to own work in psychiatry; Setting personal goals for incorporating principles into own practice.
- The goals of the Transforming Clinical Practice Initiative and the APA Support and Alignment Network.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education through the American Psychiatric Association (APA). The APA is accredited by the ACCME to provide continuing medical education for physicians.

Designation
The APA designates this live activity for a maximum of 4 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Presenters
John Kern, MD
John Kern is a Clinical Professor at University of Washington School of Medicine, Department of Psychiatry and Behavioral Sciences, appointed November 2016. Prior to this he was for 22 years Chief Medical Officer at Regional Mental Health Center in Merrillville, IN. He received his bachelor’s degree in psychology from the University of Michigan in 1980, MD from Wayne State University School of Medicine in 1985, and completed residency at the Department of Psychiatry and Behavioral Sciences at Northwestern University Medical School in 1989. He has been board-certified by the American Board of Psychiatry and Neurology since 1991. Dr. Kern served as Medical Director and Chief Medical Officer at Southlake Center and Regional Mental Health Center since 1994, where he was responsible for all medical services, and all intensive psychiatric, addictions and emergency programs, as well as directing all programs integrating behavioral health and primary care, areas in which Regional has been long recognized as a national leader. He initiated and ran a Collaborative Care program providing mental health services to a partner FQHC, NorthShore Health Systems, since March 2007, supervising over 5000 visits per year. A plan to provide care in the FQHC site for bipolar disorder has now seen over 900 patients. Dr. Kern was also the project director for a now-completed Cohort 2 SAMHSA Primary Care Behavioral Health Care Initiative Grant, with primary care and support services in Northwest Indiana sites, with the goal of improving medical outcomes for individuals with severe mental illness. Ongoing pursuit of integration of care led to a successful application for a Federally Qualified Health Center grant in 2013, and Dr. Kern served for 2 years as the founding Chief Medical Officer for this organization. After 27 years, Dr. Kern left Regional Mental Health Center to focus on training and implementation of the Collaborative Care Model at the University of Washington.

Alexander W Thompson, MD, MBA, MPH
Alex Thompson received his undergraduate degree in Finance at UT-Austin and then completed a joint MD/MBA program at Baylor College of Medicine / Rice University. He completed his internship in the family medicine - psychiatry program at the University of Iowa before completing his adult psychiatry training at Johns Hopkins.

Following residency, Dr. Thompson transitioned to the University of Washington in Dr. Wayne Katon’s two year health services research fellowship focused on psychiatry in primary medical settings. During his fellowship, he was one of the initial physicians involved in the roll out of the IMPACT / TEAMcare models of integrated behavioral health care in Washington State. As part of the fellowship, he completed a Master’s in Public Health and developed a strong appreciation of the need for different approaches to managing mental disorders in our country. Following fellowship, he took on different leadership roles at Baylor Scott and White in Texas, Group Health Cooperative in Seattle, and also back at the University of Washington. He has now settled back at the University of Iowa in the role of Director of Integrated Care and an inpatient psychiatry medical director. He has extensive clinical experience in hospital-based psychiatry, collaborative care, and managing somatoform disorders. He is board certified in adult psychiatry and psychosomatic medicine.