



# UC Irvine Health

## UCI School of Medicine Train New Trainers (TNT) Primary Care Fellowships

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## ***Expand and Optimize*** **Behavioral Health Care Delivery**

- Primary Care Psychiatry (PCP) Fellowship
- Child and Adolescent Psychiatry (CAP) Fellowship
- Primary Care Training and Education in Addiction Medicine (PC-TEAM)

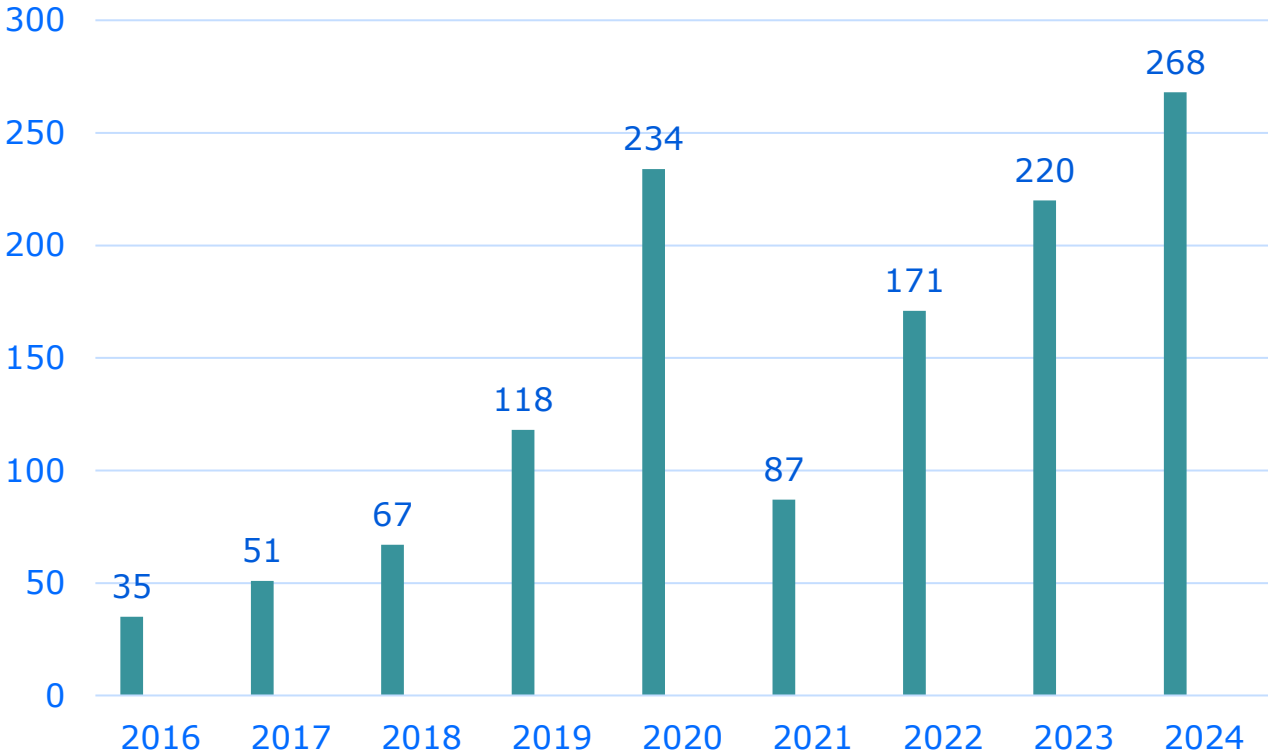
# Core Objectives

- Complete a **quick** and **targeted** psychiatric exam or substance use screening
- Focus on how to treat **common psychiatric conditions or substance use** and pain-related disorders
- Learn **when to refer** to a behavioral health specialist and how best to interface with mental health colleagues
- Learn how to train other providers - **"TNT"**
- Over 60 contact hours with faculty and **50 CME credits** per learner
- Published outcomes
  - ✓ Improved self-efficacy
  - ✓ Change in knowledge
  - ✓ Enhanced confidence in psychiatric interviewing/ teaching psychiatric topics/ managing common psychiatric conditions

# Program Synopsis

- Year-long clinical education programs
- Two online live lectures per month
- Two weekend in-person conferences – 4 days total
- At least one hour per month of mentorship
- Open office hours mentorship sessions
- Certificate from School of Medicine
- **TNT Faculty multi-trained/practice in primary care *and* psychiatry or addiction medicine**
- ***Career-long learning for all TNT Alumni***

# TNT PCP Fellows 2016-2024



# TNT PCP Topics Covered

- AMPS primary care psychiatric interview
- Mental status examination
- **Child and Adolescent Psychiatry**
- **Cultural psychiatry**
- Mood and anxiety disorders
- Trauma-related disorders
- **Substance use disorders**
- Psychotic disorders
- Somatic symptoms disorders
- **Pain psychiatry**
- Neurocognitive disorders
- Personality disorders
- Suicide risk assessment
- Cognitive behavioral therapy
- Supportive psychotherapy
- Motivational interviewing
- Fundamentals of psychopharmacology
- Collaborative care
- **Provider Wellness & Integrative Health**

# TNT CAP Topics Covered

- Child and adolescent psychiatric interview
- Overview of **family-focused care**
- Pediatric mood disorders
- Pediatric anxiety disorders
- Behavioral issues, learning disorders, and **school performance**
- **Sexual orientation and gender identity** in the primary care setting
- **Substance use disorders (SUD)**
- Eating disorder
- **Adolescent behavioral health**
- ADHD
- **Self-harm and risk assessment**
- Screen time and social media
- Autism spectrum disorders
- Primary care **ACES assessment**
- Motivational interviewing
- **Cultural humility and diversity**

# TNT PC-TEAM Topics Covered

- Addiction medicine **health disparities**
- Medication for Opioid Use Disorder (MOUD)
- Chronic pain management and **opioid prescribing**
- Assessment, diagnosis, and treatment of:
  - Nicotine Use Disorder**
  - Sedative/Hypnotic Use Disorder**
  - Alcohol Use Disorder**
  - Stimulant Use Disorder**
  - Cannabis Use Disorder**
- Motivational interviewing
- Common pain disorders and treatment considerations
- Addiction and other mental health issues among healthcare workers**
- Special populations:
  - Adolescents and Children**
  - Older Adults
  - Pregnancy
  - Individuals with Legal Involvement



# Survey of current Kentucky fellows (6)

- Do you feel this fellowship is better preparing you to diagnosis and treat patients who have behavioral health conditions more effectively? *All - Strongly Agree*
- Do you believe there is a need for TNT Fellowships training with clinicians within rural and underserved Kentucky? *All - Strongly Agree*
- Upon completion, do you intend to teach others within your underserved clinic or region? *All - Likely & Very Likely*
- Do you think this training would be helpful to your colleagues in underserved Kentucky? *All - Strongly Agree*

## Train New Trainers Primary Care Psychiatry Fellowship—Optimizing Delivery of Behavioral Health Care Through Training for Primary Care Providers

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**Objective:** To expand and optimize the behavioral health workforce, it is necessary to improve primary care providers' (PCPs) overall knowledge and clinical skills in primary care–based psychiatry. Studies on the effects of postgraduate psychiatric education programs for PCPs on psychiatric knowledge are limited.

**Methods:** A total of 251 PCPs completed a 1-year fellowship. Data from program development and evaluation were analyzed for 4 fellowship years (2016–2019). Fellows were surveyed at baseline, midpoint, and postfellowship about mental health stigma, perceived competency, attitudes about psychiatry, satisfaction with current psychiatric knowledge, confidence and comfort to treat psychiatric illnesses, and program satisfaction. Psychiatric knowledge was evaluated at baseline, midpoint, and postfellowship.

**Results:** Large effects were noted on perceived competency/self-efficacy and confidence in the treatment of common psychiatric disorders encountered in primary care settings. Positive effects were observed on attitudes of mental health stigma, and even more robust effects were found with improvement in psychiatry clinical knowledge. Knowledge improved by 12% at postfellowship ( $P < .0001$ ). Correlations of the degree of change in attitude with improved psychiatric literacy demonstrated significant relationships with reduction of stigma total score ( $r = -0.2133$ ,  $P = .0043$ ), increased willingness ( $r = 0.1941$ ,  $P = .0096$ ), and increased positive attitudes ( $r = 0.1894$ ,  $P = .0111$ ).

**Conclusion:** Innovative initiatives to improve and expand psychiatric knowledge and clinical skills among those who provide the most behavioral health care (PCPs) can have marked impacts on attitudes toward mental health care delivery, stigma, and competency/self-efficacy. Future studies are necessary to consider the impact of this program on clinical practice pattern outcomes on a larger scale.

**Keywords:** psychiatric knowledge, primary care providers, train new trainers, fellowship

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[https://journals.lww.com/jcehp/abstract/2022/04220/train\\_new\\_trainers\\_primary\\_care\\_psychiatry.7.aspx](https://journals.lww.com/jcehp/abstract/2022/04220/train_new_trainers_primary_care_psychiatry.7.aspx)

<https://doi.org/10.1007/s10488-023-01290-x>

ORIGINAL ARTICLE



## Antidepressant Prescription Behavior Among Primary Care Clinician Providers After an Interprofessional Primary Care Psychiatric Training Program

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### Abstract

Primary care providers (PCPs) are increasingly called upon to screen for and treat depression. However, PCPs often lack the training to diagnose and treat depression. We designed an innovative 12-month evidence and mentorship-based primary care psychiatric training program entitled the University of California, Irvine (UCI) School of Medicine Train New Trainers Primary Care Psychiatry (TNT PCP) Fellowship and examined whether this training impacted clinician prescription rates for antidepressants. We retrieved information on 18,844 patients and 192 PCPs from a publicly insured health program in Southern California receiving care between 2017 and 2021. Of the 192 PCPs, 42 received TNT training and 150 did not. We considered a patient as exposed to the provider's TNT treatment if they received care from a provider after the provider completed the 1-year fellowship. We utilized the number of antidepressant prescriptions per patient, per quarter-year as the dependent variable. Linear regression models controlled for provider characteristics and time trends. Robustness checks included clustering patients by provider identification. After PCPs completed TNT training, "exposed" patients received 0.154 more antidepressant prescriptions per quarter-year relative to expected levels ( $p < 0.01$ ). Clustering of standard errors by provider characteristics reduced precision of the estimate ( $p < 0.10$ ) but the direction and magnitude of the results were unchanged. Early results from the UCI TNT PCP Fellowship demonstrate enhanced antidepressant prescription behavior in PCPs who have undergone TNT training. A novel, and relatively low-cost, clinician training program holds the potential to empower PCPs to optimally deliver depression treatment.

**Keywords** Primary care · Psychiatry · Depression · Antidepressant · Medical education

<https://link.springer.com/article/10.1007/s10488-023-01290-x>

# IEHP Prescription Pattern Outcomes

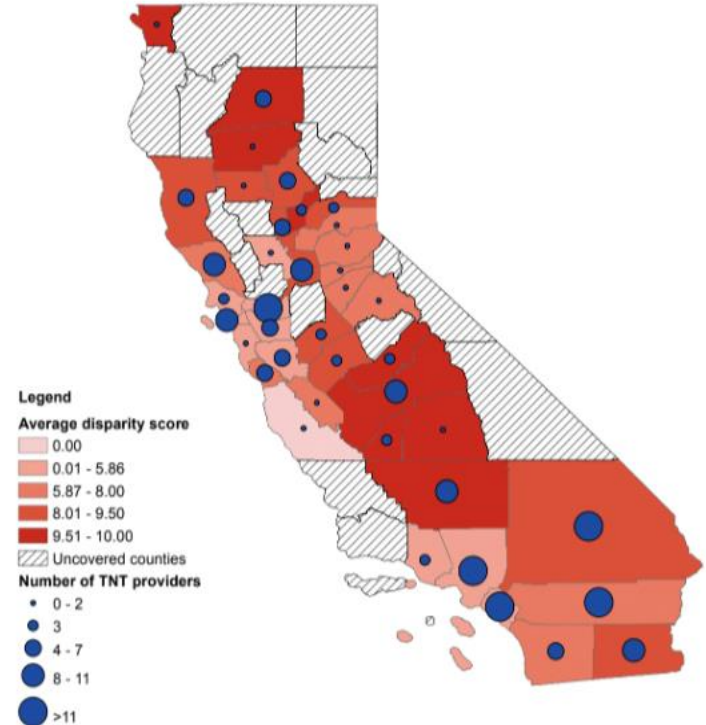
- 40 TNT-PCPs vs. 152 non-TNT PCPs with 18,844 patients in total
- 94,274 antidepressant prescriptions, 18,510 benzodiazepine prescriptions, and 32,216 opioid prescriptions in total.
- We applied ordinary least-squares regression techniques and included providers' characteristics and quarter-year indicator variables as controls
- Figure: Mean prescriptions per patient per quarter for Antidepressants, Opioids, and Benzodiazepines before and after the TNT provider training for three separate TNT cohorts (2018, 2019, and 2020). Providers who never received the TNT training are shown on the right side of each panel.

# Improving Behavioral Health Disparities in Disadvantaged Communities

This study aimed to test the criterion validity for the TNT fellowship by looking at the disparity scores of fellows' practice locations from the 2021-2023 cohorts

Of 347 fellows that practice location was available for:

- 88.8% received scholarships
- 32.3% of practices served the highest ADI (9-10)
- We saw an increase in the proportion of fellows practicing in underserved areas as in 2023:
  - 89.9% received scholarships
  - 40.5% of practices served the highest ADI





## **How to make a difference in Kentucky**

- \$500,000 per year for 5 years
- Trains 32 fellows per year
- Trains 160 fellows and future trainers over 5 years
- Includes career-long mentorship and training for all Kentucky TNT Alumni

**Thank You...**



**[medschool.uci.edu/tnt](https://medschool.uci.edu/tnt)**

