

Welcome and Sign-In

- Please sign-in by chatting
 - your name,
 - your organization
 - anyone else joining you today
- If you have not yet registered, please email uwictp@uw.edu and we will send you a link

General Disclosures

The University of Washington School of Medicine also gratefully acknowledges receipt of educational grant support for this activity from the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout Washington State.

Planner Disclosures

The following series planners have no relevant conflicts of interest to disclose:

- Denise Chang, MD
- Jessica Whitfield, MD, MPH
- Betsy Payn, MA, PMP
- Esther Solano
- Anna Ratzliff MD PhD

Overview of Learning Collaborative

- Audience:
 - Psychiatric Consultants
 - Working or hoping to work in integrated care settings
- Goals:
 - Provide ongoing integrated care education (CME available)
 - Foster learning and support network
 - Support sustainment of integrated care
- Structure:
 - Monthly lunch hour on 2nd Tuesday
 - Didactic topic 20-30 mins
 - Open discussion remainder of time

Last Session will be June 2025

Thank you all for attending and
supporting UW PCLC!

Alternatives to UW PCLC

- [UW PACC](#)
- [UW Community-based Fellowship](#)
- [Collaborative Care Community through APA](#)
- Conferences:
 - [UW Integrated Care Conference](#)
 - [Collaborative Family Healthcare Association \(CFHA\)](#)
 - [Academy of Consultation Liaison Psychiatry](#)
 - [American Psychiatric Association](#)
 - [Mental Health Services Conference](#)

Suicide Care in Healthcare Systems

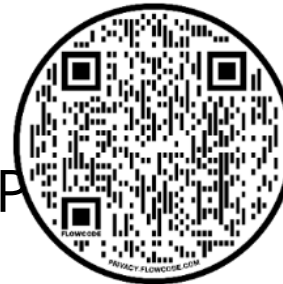
- **Spring and Fall dates**
- **Virtual, live training** is designed to provide you with an understanding of how best to serve patients across the suicide care pathway
- **Audience:** Primary Care Providers, Psychiatrists, Psychologists, Behavioral Health Providers, Physician Assistants, Nurse Practitioners, and other clinical roles working in healthcare settings.
- **Length:** 8 hours
- **Cost:** \$180.00 for Community Clinicians; Free to employees of UW Medicine, Seattle Children's, SCRC Affiliated Clinics, or VA Puget Sound; additional fee if claiming CE.
- **Continuing Education:** 6.75 credits (with optional additional credit available)
- **Register here:** <https://uwcspar.org/upcoming-training/upcoming-trainings-and-registration/>

Integrated Care Conference 2025

Integrated Care Across the Lifespan: Serving the Behavioral Health Needs of All Ages

June 5-6, 2025, DoubleTree SeaTac

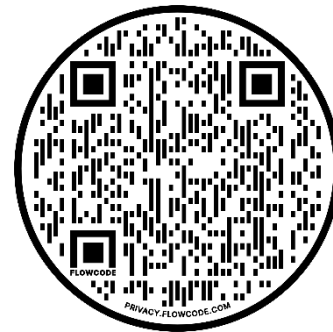
- **Register by May 31!**
- **Keynote Sessions:**
 - Katharine Bradley, MD Kaiser Permanente
 - Karen Bullock, PhD, LICSW, FGSA, APHSW-C Boston College
 - Panel Discussion: Perspectives on Integrated Care Payment, Policy, and Advocacy
- **Conference Breakout Tracks:**
 - Lifespan of the Patient
 - Lifespan of an Integrated Care P
 - Clinical Care
- **Register here:** <https://cvent.me/QVnnB1>
- Please email uwictp@uw.edu for more information or visit <https://ictp.uw.edu/conference-feature/>



Scan for more
information

Community-Based Integrated Care Fellowship Applications open

- This fellowship welcomes psychiatric providers seeking additional training to deliver integrated care in community-based settings
- CME-accredited and is free for Washington State providers
- **WHEN:** September 2025 – June 2026
- **APPLY:** Visit ictp.uw.edu/apply; deadline to apply is **May 18**
- **REQUIREMENTS:**
 - active medical license
 - Current practice
 - Brief personal statement
 - Current CV



Scan for
more
information



Integrated Care Training Program

Letter of support from current employer, if employed

Resources

- [AIMS Center office hours](#)
- [UW PACC](#)
- [Psychiatry Consultation Line](#)
 - (877) 927-7924
- [Partnership Access Line \(PAL\)](#)
 - (866) 599-7257
- [PAL for Moms](#)
 - (877) 725-4666
- [UW TBI-BH ECHO](#)



Primary Care Learning Series

Ramanpreet Toor, MD

Associate Professor

Speaker Disclosures

- None

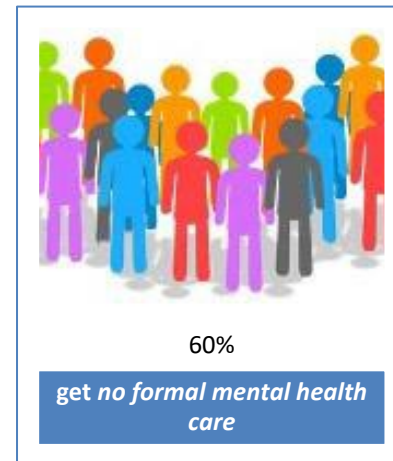
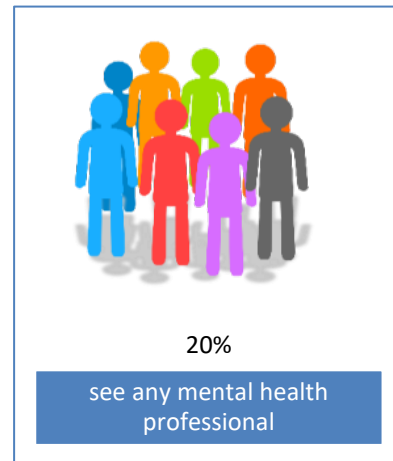
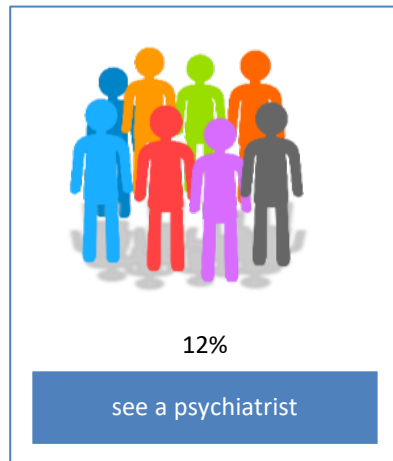
Learning Objectives

By end of this talk I hope you will be able to:

- Describe the process of development of mental health learning series
- Describe framework of mental health learning series

Why are we exploring various ways to enhance mental health care?

- Of all individuals in the U.S. living with mental health disorders.....



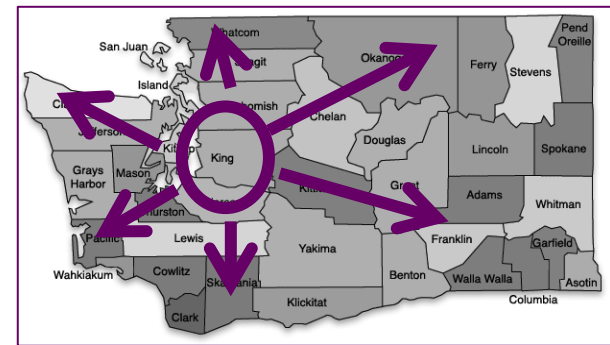
- *Only 20% of individuals treated for mental health conditions in traditional primary care settings improve

Leverage Scarce Psychiatric Resources

- Focus on Population → Through a Team (eg Collaborative Care)



- Over Distance → Telepsychiatry, e-consults, phone consults



- Education → PCP training

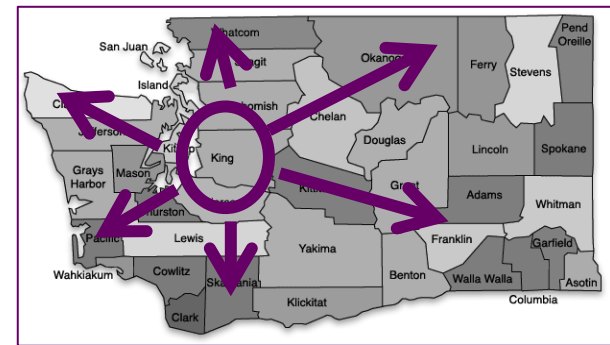


Leverage Scarce Psychiatric Resources

Focus on Population →
Through a Team (eg
Collaborative Care)



Over Distance → Telepsychiatry, e-
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Education -> PCP training



Journey prior to 2023

APA initiative of teaching 3500 psychiatrist in Collaborative Care Model

Full time ICTP fellowship to train psychiatrists to work in Collaborative Care Model

Since 2018, worked as Curriculum Faculty Lead for the Integrated Care Training Program (ICTP)/ community-based fellowship (CBF) for psychiatric providers. This is a 10-month program comprised of self-paced content and live in-person and online sessions.

Over the years we received a lot of interest / questions like ‘can PCPs apply for this fellowship?’ This prompted us to start thinking about a version of the CBF that would be appropriate for PCPs.



(above) Patrick facilitating a session at one of the CBF Live Skills Workshops.

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- Solicited feedback from ICTP faculty
- Original proposal:
 - **“Advanced Behavioral Health Primary Care Provider Community-Based Fellowship”**
- Feedback centered on whether to focus on **individual PCP skills development vs. more systematic PCP learning** (e.g., development of PCP Champion akin to AIMS Center role)
 - **Decision: focus on individual PCP skills development for this pilot.**

November 2023 Needs Assessment Survey

- Solicited feedback from PCPs in the BHIP clinic network
- N = 25
- Asked for input on:
 - Preferred structure (online only vs. in-person)
 - Highest priority clinical topics

Feedback:

- Strong preference for the entire series conducted online
- Range of clinical topics requested:

Brief behavioral interventions

Medication interactions

PTSD

Adult ADHD

Bipolar (diagnosis and treatment)

Anxiety and somatic complaints

Adult autism spectrum

Development Timeline: 2024

Winter/spring:

- Curriculum mapping & design

Fall:

- Recruitment
- Content development

Summer:

- CME application
- Recruitment planning
- Canvas course testing

Development Timeline: 2025

Winter

- Launched cohort 1!

Spring (now)

- Recruit cohort 2

Summer

- Launch cohort 2



The screenshot shows the course page for the 'Mental Health Learning Series for PCPs'. The page has a purple header with the title. Below the header is a 'Welcome' banner with a photo of two women. The main content area contains a welcome message and a 'Curriculum Schedule' section. On the right side, there is a 'To Do' list with three items, each with a link icon and a brief description.

Mental Health Learning Series for PCPs

[View Course Notifications](#)

Welcome

Welcome to the Mental Health Learning Series for PCPs!
We hope you find this program to be supportive, encouraging,
and filled with practical information.

[Policies](#) | [CME Information](#) | [About us](#) | [Contact us](#)

Curriculum Schedule

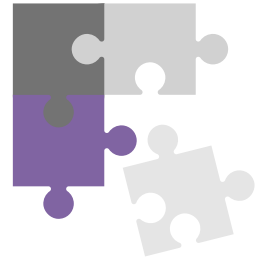
To Do

- [Trauma \(Assessment & Diagnosis\): Knowledge Quiz](#)
Mental Health Learning Series for PCPs
4 points | Apr 23 at 11:59pm
- [Trauma \(Pharmacological Treatments & Trauma-Informed Care\): Knowledge Quiz](#)
Mental Health Learning Series for PCPs
4 points | Apr 23 at 11:59pm
- [Trauma, Part 4: Clinical Case Applications](#)
Mental Health Learning Series for PCPs
4 points |



LEARNING SERIES OVERVIEW

Faculty and Staff Contributors



Ramanpreet Toor (Faculty Lead)

Anna Ratzliff

Patrick Raue

Emily Schutzenhofer

Melissa Farnum

Betsy Payn

Trudy Mossop

Goals



To help PCPs increase their confidence in evaluating and treating common mental health conditions that present in primary care.



To provide PCPs with exposure to brief, evidence-informed psychosocial interventions for adults that they can use in a 20-minute appointment.

Things to Note



UW faculty shaped content based on their experiences working as psychiatric consultants & common PCP questions.



UW Psychiatry PCL (psychiatry consultation line) is often encouraged as a resource for more complex questions.

Structure

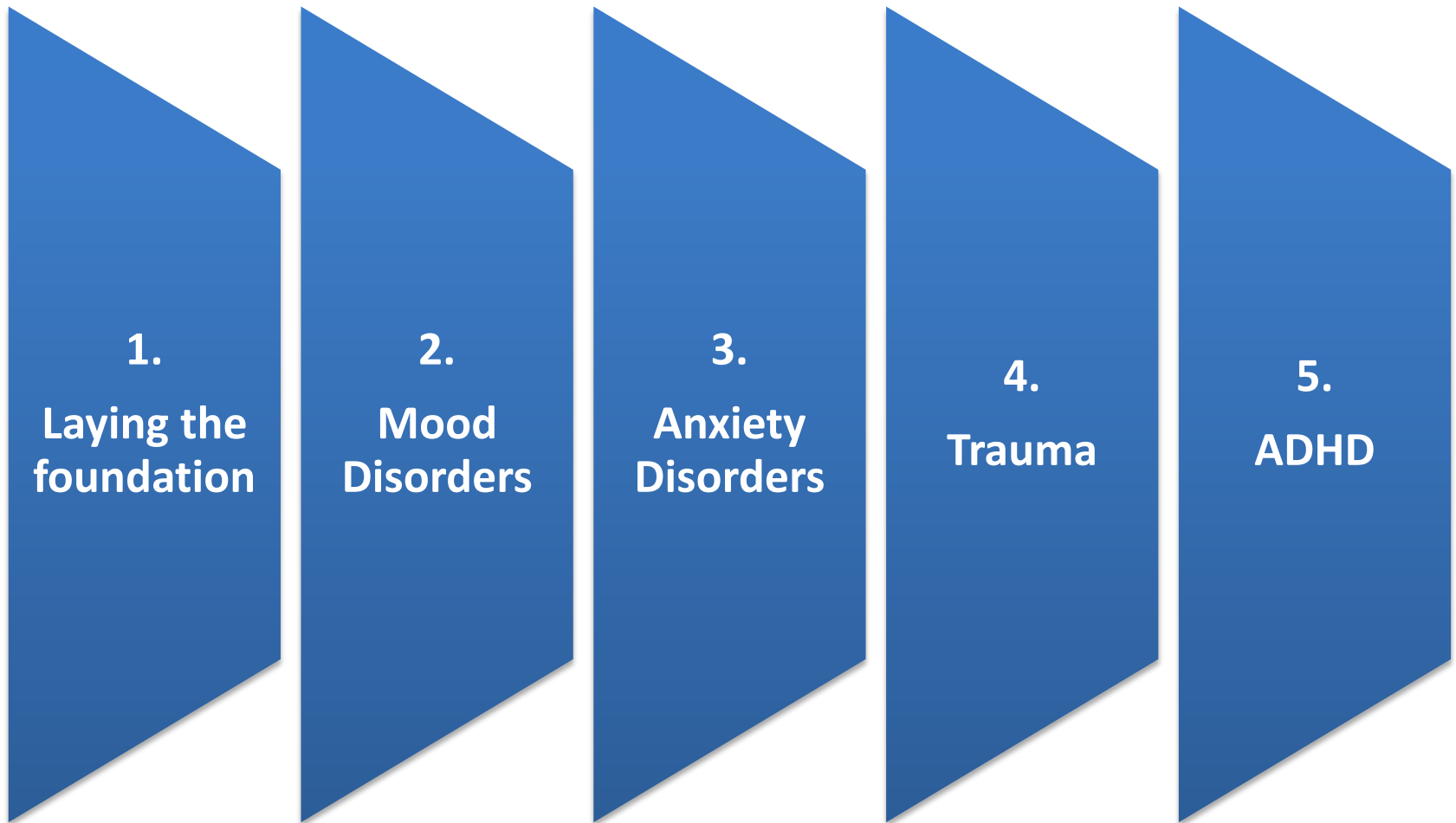
6-month curriculum

Cohort-based,
current size: 12

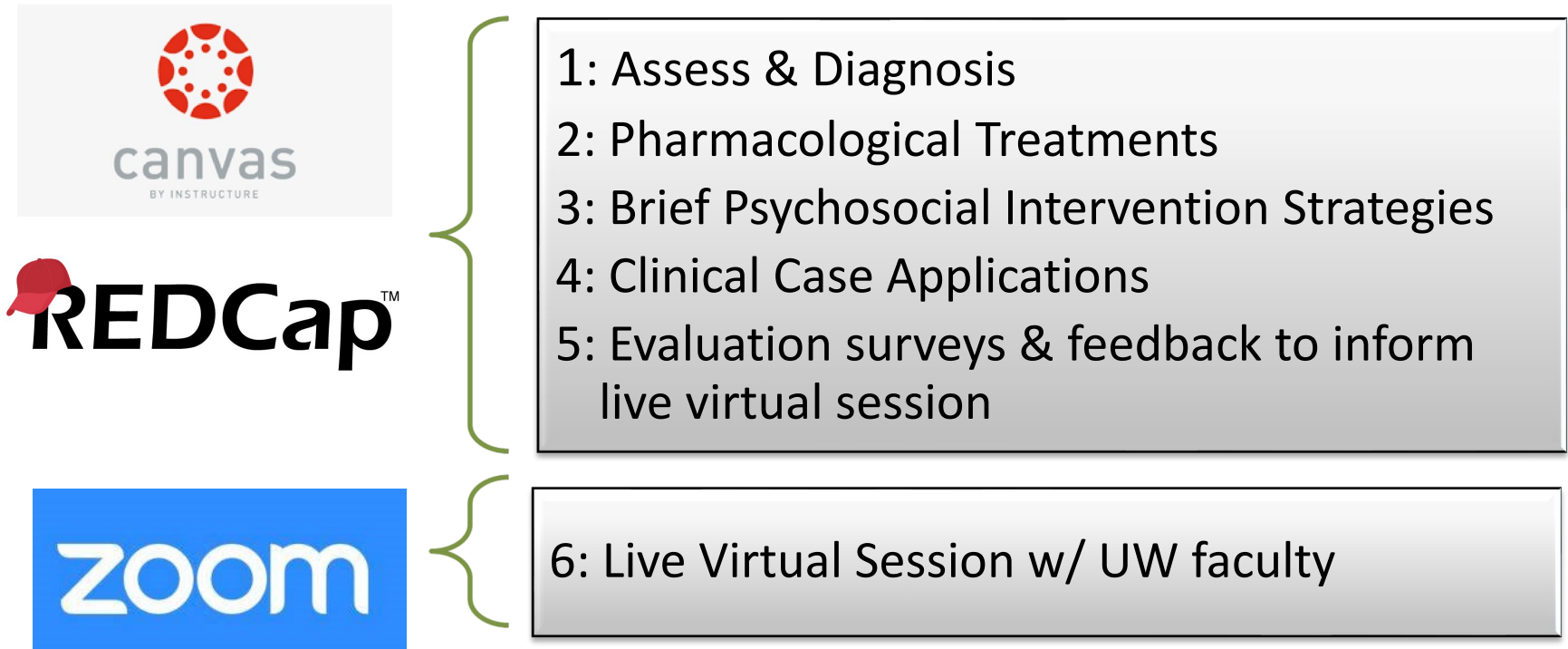
80% online, self-paced
20% live, Zoom sessions

Modeled after the CBF,
but scaled back to fit a
PCP's schedule

Topic Areas




Curriculum Flow for Each Topic





Presenter: [Ramanpreet Toor, MD](#) 

 Disclosures: none






Example of Content: Mood Disorders

•

Learning Objectives

1. Differentiate between different depressive disorder diagnoses.
2. Select screening tools for depressive disorders.
3. List different lab tests to consider when patients present with symptoms of depression.
4. Use recommended guidelines to make shared and collaborative treatment plans with their patients.
5. Decide and educate patients on when to stop medication and how to cross titrate.
6. Describe clinical presentation of Serotonin Syndrome and first step treatment.

Activities

1. View the video lectures by Dr. Ramanpreet Toor:
 1. [Intro to Mood Disorders](#)  (duration: 1 min)
 2. [Depression: Assessment](#)  (duration: 20 min)
 3. [Depression: Treatment 1](#)  (duration: 25 min)
 4. [Depression: Treatment 2](#)  (duration: 10 min)
2. Complete [knowledge quiz on Depression](#). (4 multiple-choice questions - a score of 75% or greater is required for CME credit).
3. Give us feedback on this session by completing the [evaluation survey](#) .

Resources:



Integrated Care Training Program

UW Psychiatry & Behavioral Sciences

Brief Psychosocial Intervention Strategies in Primary Care Settings

Patrick Raue, PhD

*AIMS Center, Associate Director
for Evidence-Based
Psychosocial Interventions*



Levels of Behavioral Health Support in Primary Care

1. Identification of need (i.e., screening, diagnosis)
2. Engaging patient using psychosocial intervention strategies (i.e., psychoeducation, motivational interviewing, shared decision making)
3. Delivery of brief evidence-based psychosocial interventions within primary care
4. Referral for longer-term psychotherapy outside primary care setting, in collaboration with primary care

PCP Role in Using Psychosocial Strategies to Support Interventions

- Engaging patients is the most important ingredient for success.
 - *Articulation of plan and roles is critical*
 - *PCP recommendation is powerful*
 - PCP sees the whole picture.
- Unlike other specialties, PCP has stable and continuous relationship with patients.
- Key Messages:
 - Options
 - Proactive persistence
 - Hope

What is Psychoeducation?

- Psychoeducation is a conversation:
 - learning from patients about their experiences and beliefs about mental health.
 - providing education to patients about mental health conditions.

What to Include When Providing Psychoeducation

- Provide information on:
 - Symptoms and functional impairment
 - The medical term used for those symptoms and impairment
 - What is known about causes and prognosis
 - What treatments are known to be effective, ineffective
 - Make space for questions and concerns; address myths and individual/cultural differences.
-

What is Motivational Interviewing

- Collaborative, goal-oriented style of communication
- Pays attention to the patient's language of change
- Strengthens personal motivation for and commitment to a specific goal
- Elicits and explores a patient's own reasons for change
- Atmosphere of acceptance and compassion

Motivational Interviewing: OARS Example

Open-ended questions

“What has worked for you in the past in being more physically active?”

Affirmations

“You’ve done a good job in the past with this, it sounds like you’re ready to tackle this again.”

Reflective Listening

“I hear you saying that you’ve been feeling lower and less energetic than usual, but at the same time you’d like to increase your physical activity.”

Summarizing

“So, it sounds like you’d like to try out walking more during your lunch break, and maybe start slowly with one or 2 times in the next week”

Shared Decision Making for Common Mental Health Conditions: *Intervention Components*

Review	Review mental health symptoms & impacts on functioning
Provide	Provide psychoeducation on their mental health condition(s)
Elicit	Elicit their experiences, preferences, and values
Use	Use decision aid materials
Arrive	Arrive at a mutually-agreed upon decision
Provide	Provide treatment



RECEPTION

Recruitment

- Greater number of applicants than we initially estimated.
 - Initial goal: recruit 10 PCPs (who practice in WA state)
 - Received 23 applications
 - Accepted 12 for cohort 1; created cohort 2 for remaining approved applicants
- Cohort 1 consists of:
 - ARNP (5)
 - PA (3)
 - MD (1)
 - DO (1)
 - DNP (1)
 - NP (1)
- Washington state areas represented:
 - Bellevue (2)
 - Bellingham (3)
 - Seattle (2)
 - Spokane (2)
 - Tukwila (1)
 - Vancouver (1)
 - White Salmon (1)

Evaluation Survey Feedback

	Average scores (scale 1-5)	
Live virtual sessions*	Relevance	Quality
	4.8	4.7

Online Didactics By Topic	Average scores (scale 1-5)	
	Relevance	Quality
Laying the Foundation	4.6	4.4
Mood Disorders	4.6	4.4
Anxiety Disorders	4.8	4
Trauma	5	5
ADHD	coming June 2025	

Comments

Feedback on the presentation,
*Brief Psychosocial Intervention
Strategies & Anxiety Disorders*
(Patrick)

“It is very helpful to have some behavioral health tools to add to my practice.”

Feedback on Live Virtual Session
for Anxiety (Raman, Patrick):
“What were the strengths of this
session?”

- Multiple expert panels
- Real life scenarios
- Discussion of dosing specifics
- Discussion of dosing conversion for SSRI and SNRI
- Real life discussion medications

Feedback on Live Virtual Session
for Trauma
(Raman, Emily, Patrick)

“I appreciate your modeling of how to talk to patients about trauma, especially the anticipatory guidance re: what to expect from EMDR. I love your language use. Thank you!”

Key Takeaways

One of the ways to leverage scarce psychiatric resources is by **enhancing PCPs' skills to assess, diagnose and provide evidence-based treatment** for common mental health disorders

PCPs can enhance patient treatment engagement by using evidence-based pharmacological and psychosocial strategies.

Additional Free Resources for Washington State Healthcare Providers

*No cost

EDUCATIONAL SERIES:

- [AIMS Center office hours](#)
- [UW Traumatic Brain Injury](#) – Behavioral Health ECHO
- UW Psychiatry & Addictions Case Conference ECHO [UW PACC](#)
- UW TelePain series [About TelePain \(washington.edu\)](#)
- TeleBehavioral Health 101-201-301-401 [Telehealth Training & Support - Harborview Behavioral Health Institute \(uw.edu\)](#) | bhinstitute@uw.edu

PROVIDER CONSULTATION LINES

- UW Pain & Opioid Provider Consultation Hotline [Consultation \(washington.edu\)](#) – 844-520-PAIN 7246)
- [Psychiatry Consultation Line](#) - (877) 927-7924
- [Partnership Access Line \(PAL\)](#) (pediatric psychiatry) - (866) 599-7257
- [PAL for Moms](#) (perinatal psychiatry) - (877) 725-4666

Questions and Discussion

- Ask questions in the chat or unmute yourself

Registration

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