

Health Psychologists in Integrated Primary Care Teams

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Background

Primary care and psychology have significant challenges in meeting the needs and current demands of the population in a timely manner^{1,2}. Increasingly, multi-disciplinary models of working are seen as part of the answer to addressing this³.

Aim

To trial the use of Health Psychologists as part of team-based approaches in primary care.

What we did

- As part of new models of care delivered in two GP practices in Angus, Scotland, we developed a health psychologist role to support patients to be motivated to change behaviours required to better manage:
 - long term conditions.
 - symptoms of stress and somatic symptoms.
 - their lifestyle.
 - situational stress.
- Interventions were short and focused, generally seeing patients for 30 minutes plus 1-5 follow up sessions by phone or face-to-face. Interventions were low- to high-intensity.
- A range of approaches were used, including: behaviour therapy and behaviour change techniques, acceptance and values-based work, motivational interviewing, psychoeducation and brief cognitive work.
- The new models of care within the practices were informed by the Alaskan Nuka model:
 - One practice operated a 'team-based approach': patients were assigned a team who were co-located and discussed patients frequently ('Level 5 Integrated Care'⁴).
 - The other operated a 'case management approach': doctors case managed patients through phone or face-to-face appointments ('Level 3-4 Integrated Care'⁴).

Impact from one-year evaluation

- 446 referrals (15-84 years old; 27% male).
- Average wait for Health Psychologist appointment 7 days (17% same day) in level 5 practice; 14 days in level 3-4 practice.
- Patient- and clinician-rated problem scores 'much improved'; self-rated health and satisfaction with life improved (more so in level 5 practice); moderate or substantial behaviour changes were reported for 93% of patients.
- Patient and staff experience was very positive.
- Mean appointments with all other practice staff reduced in the 3 months following intervention compared with 3 months pre. Only significant in level 5 practice where appointments halved.

Conclusions and recommendations

Embedding health psychology within primary care benefits patients and the wider practice. The strength of some findings was greater for the practice that was more integrated, so co-located and fully integrated models may be needed.

Further Information

tinyurl.com/BHC2016Paper

rebrand.ly/HPprimarycareAngus

References

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