Increasing Access to Integrated Care Training for Psychology Interns in Urban and Rural Alaska
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Background

Problem: Lack of an accredited internship for doctoral psychology candidates in Alaska
  - Difficult to retain psychologists upon completion of their degree with no accredited internships in Alaska
Solution: Alaska Psychology Internship Consortium (AK-PIC) established in 2010.
  - 2012, AK-PIC granted 7 years of accreditation by the American Psychological Association (APA)
Mission: Prepare interns to meet the unique challenges of practicing psychology in rural and remote settings, while ensuring clinical competency in serving Alaska’s specific cultural groups
  - Interns have a primary placement at 1 site and complete Alaska Specific Experiential Activities (AK-SEAS) throughout the year

Overview of AK-PIC

- 12-month psychology internship
- 2000 hours of training, minimum 500 hours in direct service to patients
- 5-site consortium across the state
- Expanded from 5 training slots in 2010 to 15 training slots for 2017-2018

Consortium Sites:
  - Alaska Family Medicine Residency/Providence Family Medicine Center – Anchorage, AK
  - Alaska Psychiatric Institute – Anchorage, AK
  - Aleutian Pribilof Islands Association – Anchorage, AK/Southwest Region
  - Hope Counseling Center – Fairbanks, AK
  - Norton Sound Health Corporation – Nome, AK

Funding

Federal Grant Programs:
  - HRSA Graduate Psychology Education Program
  - HRSA Behavioral Health Workforce Education and Training Grant Program
  - HRSA Rural Health Network Development Grants
  - SAMHSA Garrett Lee Smith Memorial Act

Initial Investment and Resources for Implementation
  - State of Alaska Psychology Internship Development Grant ($100,000 annual)
  - Alaska Mental Health Trust Authority ($15,000 annual)
  - HRSA start up grant and continuation grants
  - WICHE – Technical Assistance
  - Clover Educational Consultation Group – Grant Support
  - Consortium sites/licensed psychologists/cultural advisor

Integrated Care Experiences in an Urban Alaska Setting
Setting: Family Medicine Residency Clinic – Patient-Centered Medical Home

Integrated Care Experiences:
  - Consultation: Interdisciplinary team meetings, behavioral health consults, on-the-fly consultation
  - Assessment: Maternal psychosocial intakes, opioid risk stratifications, cognitive and depression screening for elderly patients
  - Intervention: Diabetes and chronic pain group medical visits, Hmong refugee community support group, individual chronic pain counseling services, individual counseling
  - Didactics/Research: Integrated didactics with medical residents and pharmacy students, facilitation of didactics for physician assistant students, multiple program evaluation opportunities

Lessons Learned:
  - Flexibility is key
  - Assertive communication ensures higher utilization of behavioral health
  - Open-mindedness and willingness to learn facilitates a strong team environment
  - Patients have a strong appreciation for united treatment teams
  - Thorough chart review and self-initiative to learn about medical conditions lends itself to more efficient use of time and effective interventions

Integrated Care Experiences in Rural Alaska Setting
Setting: Norton Sound Regional Hospital – Patient-Centered Medical Home

Integrated Care Experiences:
  - Consultation: Behavioral health consults (in person and video teleconference with village patients), on-the-fly consultation
  - Assessment: SBIRTs, mental health screeners, risk assessment
  - Intervention: Chronic pain management group, follow up consultations
  - Rural and remote services: BHCs serve alongside medical staff, case managers, social workers and tribal healers. Providers are organized into teams who serve different parts of the region (River, Tundra and Mountain teams). Periodically, PCPs fly out to villages while specialists open clinics at Nome primary care for Nome and village patients

Lessons Learned:
  - Coordinated care: BHCs coordinate with the PCP assigned to the Client’s home village, village-based counselors and village clinics
  - Needs-based development of psychoeducation groups: based on public health needs, smoking cessation and chronic disease healthy behaviors groups are current intern projects
  - Culture-informed care: BHCs can model cultural humility by consulting with tribal healers for patients who prefer native healing practices particular to Inupiat and Yupik cultures
  - Maximizing utilization of the BHC: constant emphasis on fostering collaborative working relationships in consideration of staff turnover due to medical staff employment contracts

Client Service Hours Provided 2010-2016

- 22,500 Direct Client Contact Hours
- 65,500 Support Hours

Return on Investment

Total $13 million return on $600,000 state dollars

- 6,000,000 HRSA Workforce Grant
- 1,600,000 BH Service, prevention, research dollars
- 5,950,000 Advocated, secured, managed internal monies and other significant contributions, but not direct PI

AK-PIC 2015-2016 Workforce Statistics

- 45 total graduates of AK-PIC
- 30 accepted their first job in Alaska
- 25 still reside in Alaska
- 23 have obtained a license to practice in Alaska
- 18 out of 25 practice in rural Alaska