Integrated Behavioral Health in Primary Care

Mary R. Talen • Aimee Burke Valeras
Editors

Integrated Behavioral Health in Primary Care

Evaluating the Evidence, Identifying the Essentials

Springer

Editors
Mary R. Talen
Northwestern Family Medicine Residency
Erie Family Health Center
Chicago, IL, USA

Aimee Burke Valeras
NH Dartmouth Family Medicine Residency
Concord Hospital Family Health Center
Concord, NH, USA

ISBN 978-1-4614-6888-2 ISBN 978-1-4614-6889-9 (eBook)
DOI 10.1007/978-1-4614-6889-9
Springer New York Heidelberg Dordrecht London

Library of Congress Control Number: 2013936941

Printed on acid-free paper

Springer is part of Springer Science+Business Media (www.springer.com)

To our families:
Thomas, Aaron, and Emily
Andy, Ayanna, and Alique

Foreword

The Landscape of Integrated Behavioral Health Care Initiatives

Five decades ago, orthodoxy reigned in the canons of medical science: medical breakthroughs, scientific discoveries, and lifesaving procedures were occurring at an ever-increasing pace, and new specialties and subspecialties were brought into existence to accommodate these new discoveries and incorporate them into clinical care. Medical progress was understood as inexorably linked to deeper and more narrowly focused biological and biochemical inquiry. Biomedicine reigned supreme. The generalist heart of the health care system was being hollowed out, disappearing, supplanted by an explicit priority for specialism and a burgeoning army of specialists and subspecialists.

A few observers noticed that this biomedical hyper-specialization, however conducive to discoveries at the molecular level, was also exacerbating the fragmentation in an already-fragmented health care system. Within such a system, clinicians were unable to make good use of these marvelous discoveries. Diseases were understood, but patients weren't getting healthier. This problem led to three developments: (1) a new, more comprehensive, and integrated model of medical science and health care, the biopsychosocial model; (2) a new appreciation of the shortfalls in health care; and (3) recommendations to redesign the health care system with a foundation of primary care, to better remedy these perceived shortfalls (vide the Millis, Willard, and Folsom Reports).

Family Medicine was born, and took off, together with General Internal Medicine and General Pediatrics, to heal this fragmentation and to lay in a foundation for our health care system that was personal, coordinated, and comprehensive. Behavioral health was baked into Family Medicine from the beginning, principally as a training requirement. But there were many problems with this initial rollout:

- First, there was little agreement on what was meant by integration, behavior, and other basic terms.
- Second, the research support was thin and inconsistent.

- Third, there were unanticipated difficulties with actually incorporating behavioral health care into primary care effectively. Local variations in the primary care settings, and the context in which they existed, made it difficult to arrive at general principles – implementation was maddeningly local.
- Fourth, there were plenty of behavioral clinicians around, but they hadn't worked in primary settings. Transition from one setting, culture, and paradigm was jarring.
- Fifth, there are costs associated with integration that were difficult or even impossible to cover, particularly in a fee-for-service, behavioral carve-out environment.
- Finally, purchasers, payers, and even patients had no experience with this kind of care, didn't realize its advantages, and as a result, weren't particularly motivated to advocate for it.

This is not how the world of integrated behavioral–primary care looks today. In fits and starts, there has been significant progress on many of these fronts. This kind of integrated care turns out to be a very good idea, with solid evidence (that can be found in the pages that follow) behind it. There have been beautiful conceptual formulations of how this kind of care can look, how behavioral and primary care clinicians can be trained to work together, and how clinics, payers, purchasers, and policymakers can respond to this opportunity and succeed.

The notion of integrated primary care has taken hold and looks like it is here to stay. But there are still problems aplenty. The very growth of interest in whole-person primary care itself creates problems. For the first time, it is becoming impossible to keep up with the literature – with the trials, demonstration projects, pilots, and innovations across the nation. We have not yet developed the means to learn from the experience of others. We still suffer from a crippling lack of agreement about our terms, criteria, prerequisites, and principles. We have not yet made a sufficiently compelling case for integration that disrupting the status quo seems worth it to those doing well today. We don't know how to design trials for these incredibly complex, multilevel transformations that will tell us whether we are making progress. So today, even though we can be heartened by the ever-widening support for and adoption of integrated forms of care, there remains resistance, confusion, and challenge in the field of integrated care.

Talen and Valeras, along with their distinguished authors, understand the state of the field, the problems and barriers we are facing, and what must be done next. They have aimed this book squarely at the problems in the field *today*. It is fitting that in a field that avers the primacy of integration and coherence, this book advances this field's coherence. To begin, the reader will find a rigorous and defensible shared lexicon, an early report on a beautiful pre-empirical research effort still under way that clears out one of the most consistent impediments to progress in science. Other authors have reviewed the scattered and inconsistent literature on clinical integration and pulled it into a useful, internally consistent framework – they have organized wildly variable evidence and data into a sensible, consistent matrix that is easy to read and use. Now we can see where we are! Now we can see what to do next, from the simple to the complex. And this is not only true for clinical or operational dimensions of collaboration, but also the policy, macro dimension, as well.

It will take good policy to sustain collaborative care, and this book points the way ahead for policymakers and funders.

Finally, this volume reminds us that collaboration goes beyond those in primary care and those in the behavioral sciences. We must collaborate with the patient, the patient's family, the patient's community, and others. Some of the principles are the same, and yet effective collaboration requires that we approach each of these partners humbly, carefully, and on their own terms and find a unique way to make that partnership work. This book equips the field with advice and warnings that make these extended collaborative partnerships more likely to succeed.

You have in your hands a book that fits its times, that meets the field right where it needs most. Read this and you will surely emerge more knowledgeable and better equipped to join the rising tide of patients, clinicians, practice leaders, educators, researchers, policymakers, carriers, and purchasers whose lives, health, and welfare are improved by collaborative care.

Frank V. deGruy
Susan H. McDaniel

Acknowledgments

We cannot find the right words to adequately acknowledge the important influences of a diverse group of colleagues who have shaped this book—some in unintentional, simple ways, and others who were the backbone for this project. We want to recognize those who have sustained this project from an idea to a completed manuscript. The idea for this book came serendipitously when I (Mary) visited Maine and met pioneering integrated behavioral health care providers through MeHAF (Maine Health Care Access Foundation). Laura Ronan, a consultant at MeHAF, and I sparked up a conversation where we shared a secret about feeling like we were in a swirl of confusion in this field. She propelled the initial goal of this project—to provide some order to the chaos—and helped set guidelines for evaluating behavioral health initiatives. Laura, who has the talent for drilling down to the details, wanted to decipher the passion and vision conversations from the evidence-based practice statements. With her love of charts, she helped organize the "data" and helped define the common components of integrated behavioral health initiatives. By chance, Bill Gunn introduced me to Aimee Valeras who was able to walk onto this ambitious project as a coeditor in November of 2011. She brought to this project her strong clinical experience, keen critical analysis, and editorial skills.

The third serendipitous event was meeting CJ Peek at the CFHA annual meeting in 2010 and learning more about his efforts to form a lexicon for the stakeholders in integrated behavioral health. Without his tenacious efforts to organize the community, we would still be floundering. CJ Peek has an unassuming, approachable style with an engineer's sensibilities in his work. He has the knack for communicating sophisticated, robust concepts as if you were talking at the kitchen table. He is an expert at turning dry academic writing into something that has a narrative flow. We have turned to CJ at every juncture and impasse and he generously gave his time, detailed suggestions, and thoughtful revisions. He would pose questions to help us and other authors better articulate our subject. Without the lexicon and parameters, this book project would not be.

The last serendipitous event was the willingness of our stellar roster of authors who joined this endeavor. We were continually surprised whenever we approached experts in the field with their level of interest, openness, and investment in writing on their topic. Our regular conference calls with our authors were mini-tutorials that helped us connect the dots between a host of projects and perspectives from diverse groups around the USA. These authors devoted more time than they initially anticipated and shaped the way that we think about the breadth and depth of behavioral health and all of its nuances of meaning and reiterations of practices. We are thankful for the opportunity to have worked with such a talented group.

Lastly, we want to acknowledge the support of our institutions. I (Mary) have had the luxury of working within several family medicine residency programs that provided the rich experiences and support for integration of behavioral health—in particular Lorraine Stephens, MD, at Bethesda Family Medicine in Cincinnati, Ohio; Yvonne Murphy, MD, at MacNeal Family Medicine, Chicago; and Deb Edberg, MD, Lee Francis, MD, David Buchanan, MD, and Anuj Shah, MD, at Northwestern University–Erie Family Health Center's Family Medicine programs. I also want to acknowledge a few colleagues who have influenced my professional development over the years—Timothy Horton, Ph.D., Michael Floyd, Ed.D., Julie Schirmer, LCSW, Ed Shahady, MD, Randy Longenecker, MD, Cheryl Levine, Psy.D., and Scott Fraser, Ph.D. I (Aimee) have received unwavering support from the New Hampshire Dartmouth Family Medicine Residency and Leadership Preventive Medicine Residency housed at Concord Hospital Family Health Centers, in particular, Joni Haley, MS; Bill Gunn, PhD; Dominic Geffken, MPH, MD; Doug Dreffer, MD; Marie Wawziniack, RN; and Dan Eubank, MD. Angela Phillips, LICSW, David Twyon, LICSW, Lori Pelletier-Baker, LICSW, and Jeannine Ouelette, LICSW, regularly implement some of the most groundbreaking practices of integrated behavioral health care, and I learned from them and laughed with them throughout this process.

As coeditors, we want to acknowledge our simpatico relationship. We easily shared responsibilities, talked about our new discoveries, and relished in making connections between the evidence-based practices and our own experiences. Email, texting, conference calls, and in-person meetings became a regular part of our daily communication routines. It is rare to have such a mutually admiring relationship. We are finding more and more ways that our lives overlap and professional interests merge. We may have another book in us.

Lastly, our families have been the backbone of support throughout the process of editing this book.

My (Aimee) husband, Andy, was steadfast in his support of me joining Mary in this project. He inquired genuinely about the content and process of each chapter because he sincerely wanted to learn as much as he possibly could about integrated care. On a regular basis, I get the unique opportunity to work alongside him and partner together to put theory and evidence into practice. Together, and through the process of engaging with this book, he has helped me hone my skills as a social worker with a true biopsychosocial approach and he has earned a reputation as a physician who sees the whole person. During the life of this book, my days were

packed with joy and love and energy, as my wonderful son, Alique, joined our family and my caring daughter, Ayanna, became a big sister. My two toddlers were patient with me when this book stole my attention, and they gave me the best possible reason to "get the work done."

If it weren't for my (Mary) husband, Thomas Dozeman, telling me that I had a book in me that I had to get out, I never would have taken this on. He was like my marathon coach balancing the messages "you can do it" with "just do it." My children, siblings, and parents have given me the rich balance in life that fuels my passion for a family-focused foundation for wellness and behavioral health.

Contents

Contributing Authors

Andrea Auxier, PhD, is a licensed clinical psychologist focused on the operational and policy aspects of behavioral health integration into primary care in a medical home model. She holds a B.A. from Cornell University, an M.A. from New York University, and an M.A. and Ph.D. from the University of Massachusetts Boston. As a Senior Clinical Information Strategist for the Colorado Community Managed Care Network, Dr. Auxier is responsible for implementing a strategic approach to clinical and financial outcome data. She is also a clinical consultant for Management Solutions Consulting Group, Inc, providing operational site visits and technical assistance for federally qualified health centers throughout the country. She also remains active in teaching and research: she is a senior clinical instructor at the University of Colorado Denver, Department of Family Medicine, an adjunct faculty member at the University of Denver, an associate editor for the Journal of Translational Behavioral Medicine, and serves on the Executive Board of the Collaborative Care Research Network.

Macaran (Mac) A. Baird, MD, MS, is professor and head of the University of Minnesota Department of Family Medicine and Community Health. In addition, he is board of directors' chair for UCare Minnesota, the fourth largest Minnesota HMO. Baird began his medical career in 1978 as a rural family physician in Wabasha, Minnesota. He has held academic positions in Oklahoma, New York, and Rochester, Minnesota. In addition to being a family physician, he is a family therapist.

Baird served on the Robert Wood Johnson Depression in Primary Care National Advisory Council and co-chaired the Institute of Medicine (IOM) Report on Health and Behavior. He was a member of a national panel of experts invited to work with the Carter Center in Atlanta, Georgia, to encourage government and insurers efforts to integrate behavioral health and prevention services into primary care. His research foci are integration of behavioral medicine into primary care, population-based health, family therapy, and improving the care of patients with chronic illness.

For the past 5 years, Baird has worked with a multidisciplinary team to develop the Minnesota Complexity Assessment Method©, currently being tested in collaboration with a variety of practices in Minnesota.

Jamie Banker, PhD, MFT, is the Director of Counseling Psychology Masters program and Assistant Professor at California Lutheran University in Thousand Oaks California. She has a special interest in integrated care and has worked in three integrated primary care practices. Now her focus is on training Marriage and Family Therapy students to work in integrated care sites.

Banker's current research is on understanding postpartum depression and disorders of the endocrine system for a biopsychosocial model.

John Bartlett, MD, MPH, is the senior adviser for the Carter Center's Mental Health Program activities. His focus is leading and coordinating the activities of the Mental Health Program's Primary Care Initiative, which is intended to identify policy levers to improve the coordination and cooperation between the mental health and substance abuse treatment sectors and primary care. Dr. Bartlett is a psychiatrist and former physician executive who specializes in quality and accountability issues for mental health, substance abuse, and chronic health care. Prior to working at The Carter Center, he was a principal partner at The Avisa Group, a policy, research, and consulting firm that specializes in behavioral health care. Dr. Bartlett also has served as the senior medical director and senior vice president for CIGNA Behavioral Health and as the executive vice president for clinical strategy for Charter/Magellan Health Services. He received his medical training at Yale University and completed his psychiatric residency at the UCLA School of Medicine, where, following his residency, he was a Robert Wood Johnson Clinical Scholar.

Joane G. Baumer, MD, is an active clinical practitioner that oversees the largest family medicine residency training program in the country and the JPS Physician Re-entry Program. She is an associate clinical professor at UTSW School of Medicine at Dallas. She serves on legislative committees with the State of Texas, the Board of the Society of Teachers of Family Medicine, Commission on Education of the AAFP, and the Steering Committee of the Forum on Behavioral Health. She has authored numerous presentations and publications on educational topics for clinicians.

Jerica M. Berge, PhD, MPH, LMFT, CFLE, is an assistant professor and behavioral health provider in the Department of Family Medicine and Community Health at the University of Minnesota's Medical School. Her research and clinical expertise focuses on using integrated health care models and community-based participatory research methods to create partnerships between health care providers, mental health clinicians, and families to address child health issues such as childhood obesity.

Larry A. Cesare, Psy.D., is a Clinical Health Psychologist who has served as an executive, clinician, professor, and consultant in the behavioral health field for over 30 years. With extensive experience in developing innovative care delivery systems, in integrating medical and behavioral services, and in optimizing health care operations via metrics-based performance improvement methods, evidence-based practices, and outcomes evaluation, he has played lead roles in (a) private sector managed care and insurance corporations providing at-risk health care services and

(b) not-for-profit organizations and delivery systems providing behavioral, medical, support, and housing services for Medicare, Medicaid, and other underserved populations. Dr. Cesare has been in direct service and executive roles within community behavioral health and social service organizations and has held positions as Vice President of Behavioral Health at Health Care Service Corporation in Richardson, Texas, Regional Quality Director for Magellan Behavioral Health in Columbia, Maryland, and Assistant Professor in the School of Professional Psychology at Wright State University in Dayton, Ohio.

William J. Doherty, PhD, LMFT, LP, is a Professor at the University of Minnesota (UMN) in the Department of Family Social Science and the Director of the UMN's Citizen Professional Center. His investigative interests center on creating and advancing community organizing approaches to working with families and promoting cultural change, and target a broad range of important social and medical content areas, including engaged and responsible fatherhood, overscheduled families, diabetes/obesity, and teen pregnancy.

James M. Fauth, PhD, received his doctorate in counseling psychology from the Pennsylvania State University in 2000. After graduation, he became an assistant professor in the Counseling and School Psychology program at the University at Buffalo. His initial clinical and research interests focused on psychotherapy process and training research, and he continues to publish and serve on several editorial boards (e.g., Journal of Counseling Psychology) in this area. Since coming to Antioch University New England (AUNE) in 2002 to direct the Center for Research on Psychological Practice, his scholarship has increasingly focused on the collaborative/integrated health care, participatory methods of evaluation and quality improvement in naturalistic settings, and the promotion of health and wellness in community settings.

Jennifer S. Funderburk, **PhD,** is a Clinical Research Psychologist for the Veteran's Administration Center for Integrated Health Care located at the Syracuse VA Medical Center. She is also an adjunct assistant professor at Syracuse University's Department of Psychology and an adjunct senior instructor at the University of Rochester's Department of Psychiatry. She has been either serving as a clinician or conducting research on integrated health care for the past 10 years. Her research interests focus on the implementation of integrated health care and the types of brief interventions providers can use within the primary care setting, especially those interventions targeting depression, alcohol misuse, and insomnia.

William B. Gunn, **PhD,** is a faculty member of the NH Dartmouth Family Medicine Residency in Concord, NH, and holds a clinical appointment at Dartmouth Medical School. He is a board member of the Collaborative Family Health Care Association. Bill is a co-author of *Models of Collaboration* (2006) and *The Collaborative Psychotherapist* (2009). He coordinates an integrated care "learning community" in New Hampshire, which meets regularly. He is co-chair with Nancy Ruddy of the Division 38 primary care subcommittee.

Tricia Hern, MD, is the Associate Program Director of the Community Health Network Family Medicine Residency Program and serves as the Medical Director of their Family Medicine Center. Dr. Hern attended Northwestern University Medical School, completed her residency at University of North Carolina in Chapel Hill, and was a Primary Care Faculty Development Fellow at Michigan State University. Dr. Hern's areas of interest include curricular redesign and innovation in residency training, Patient-Centered Medical Home transformation, and building and leading health care teams.

Jennifer Hodgson, PhD, LMFT, is a Professor in the Department of Child Development and Family Relations and has reappointed time in the Department of Family Medicine at East Carolina University. She received her doctoral degree from Iowa State University, specializing in marriage and family therapy, and completed a fellowship in medical family therapy at the University of Rochester, New York. She co-authored the nation's first doctoral program in medical family therapy. She is a clinical member of AAMFT, an AAMFT Approved Supervisor, Chair of the Commission on Accreditation for Marriage and Family Therapy Education, Chair of the NC Marriage and Family Licensure Board, and long time member and immediate past president of the Collaborative Family Health Care Association.

Christopher L. Hunter, PhD, ABPP, did his graduate work at the University of Memphis specializing in behavioral medicine. He is board certified in clinical health psychology and works for TRICARE Management Activity as the Department of Defense Program Manager for Behavioral Health in Primary Care. He has extensive experience as a staff member in Air Force and Navy psychology internships where he trained interns to work as behavioral health consultants in primary care. Dr. Hunter also has extensive experience working in outpatient behavioral health clinics and primary care settings treating common mental health conditions (e.g., depression) as well as tobacco dependence, obesity, sleep problems, and working with individuals who have chronic medical conditions like diabetes and chronic pain. In 2002 he received the Arthur W. Melton Early Career Achievement Award from Division 19 (Military Psychology) of the American Psychological Association for his work on integrated behavioral health in primary care service and training. He has published several research articles and book chapters and is the lead author on the book *Integrated Behavioral Health in Primary Care: Step-by-Step Guidance for Assessment and Interventions*.

Bethany M. Kwan, PhD, MSPH, is a senior instructor in the Department of Family Medicine at the University of Colorado Denver. She received her PhD in social health psychology from the University of Colorado at Boulder in 2010, where she studied physical activity promotion and depression. She currently works for a practice-based research network of safety net health care organizations, which conducts health services research in the domains of patient-centered medical home and collaborative care for patients with chronic disease.

Misty M. Mann, Psy.D., received her doctorate degree in clinical psychology (Psy.D.) from the Illinois School of Professional Psychology at Argosy University,

Chicago. She completed her pre-doctoral internship at MacNeal Hospital Family Medicine Residency program, and it was here she was introduced to collaborative care and primary care psychology. Currently, she is an Associate Director of Training at the Chicago School of Clinical Psychology where she assists clinical psychology graduate students in matters related to their clinical training. Additionally, she teaches graduate level courses which include group theory, seminar, and a research clerkship focused on primary care and health promotion programs.

Danna Mauch, PhD, is principal scientist/associate at ABT Associates Inc., a company that applies scientific research, consulting, and technical assistance expertise to a wide range of issues in social, economic, and health policy; international development; clinical trials; and registries. The focus of her work has been on integration of systems of care, financing, and management information to support clinical decisions and quality improvements toward excellent outcomes for children and adults with special health care needs. Dr. Mauch was a member of the SAMHSA National Advisory Council, the White House Conference, and the Surgeon General's Task Force on Mental Health. She is past board president and current vice president for clinical and educational outreach of the Massachusetts Association for Mental Health and a founding board member and committee chair of the MetroWest Community Health Care Foundation. She studied for her B.A. degree at Connecticut College and Wesleyan University and received her Ph.D. from Brandeis University.

Tai J. Mendenhall, PhD, LMFT, CFT, is an Assistant Professor at the University of Minnesota (UMN) in the Department of Family Social Science, the Associate Director of the UMN's Citizen Professional Center, and the co-Director of mental health teams within the UMN's Academic Health Center/Office of Emergency Response's Medical Reserve Corps (MRC). His investigative interests center on the use and application of community-based participatory research (CBPR) methods to target chronic illnesses in minority- and under-served patient and family populations.

Benjamin F. Miller, Psy.D., is an Assistant Professor in the Department of Family Medicine at the University of Colorado Denver School of Medicine where he is the Director of the Office of Integrated Health Care Research and Policy. He is a co-principal investigator and co-creator of the National Research Network's Collaborative Care Research Network and has been the principal investigator on several federal grants examining mental health and primary care integration.

Daniel J. Mullin, PsyD, is an Assistant Professor in the Center for Integrated Primary Care and the Department of Family Medicine and Community Health at the University of Massachusetts Medical School. He a clinician, educator, researcher, and consultant specializing in the integration of behavioral health and primary care services. Dr. Mullin completed his doctorate at Spalding University in Louisville, Kentucky, his internship in Primary Care Psychology in the Department of Family Medicine at the University of Colorado Health Sciences Center, and his fellowship in Primary Care Family Psychology in the Departments of Medicine, Psychiatry,

and Family Medicine at the University of Rochester School of Medicine and Dentistry. He is also a member of the Motivational Interviewing Network of Trainers and conducts research, teaches, and provides consultation related to Motivational Interviewing in health care settings.

Donald E. Nease Jr., MD, is the Associate Vice Chair for Research in the Department of Family Medicine at the University of Colorado—Denver, School of Medicine. He also serves as the Director of Practice Based Network Research at the Colorado Health Outcomes Program at CU Denver. Dr. Nease completed his Family Medicine residency at the Medical University of South Carolina in Charleston following medical school at the University of Kansas. Dr. Nease has pursued extensive research on effective recognition and care for mental health problems in primary care and is also a leader in patient and relationship centered care through work with the American Balint Society and the International Balint Federation.

Kavita K. Patel, MD, MSHS, is a fellow in the Economic Studies program and managing director for clinical transformation and delivery at the Engelberg Center for Health Care Reform. Dr. Patel is also a practicing primary care internist at Johns Hopkins Medicine and served in the Obama administration as director of policy for the Office of Intergovernmental Affairs and Public Engagement in the White House. She received her medical degree from the University of Texas Health Science Center.

C.J. Peek, PhD, is an Associate Professor with the Department of Family Medicine and Community Health at the University of Minnesota Medical School, where he focuses on care system development, integration of behavioral and medical care, organizational effectiveness, and leadership development. He has facilitated multiple stakeholder dialogue in state and national meetings on the integration of behavioral and medical care, implementation of patient-centered medical home, and addressing behavioral risk factors in primary care. As a clinician in the mid-eighties, he helped integrate behavioral and medical care in a large system and has co-authored a book, book chapters, and articles on the integration of mental health and medical care, presenting regularly on these and other topics. He has worked on state and national projects to develop workable lexicons and conceptual systems for emerging health care subfields, such as integrated behavioral health care, palliative care, shared decision-making, and patient-centered medical home, and has applied these to the creation of research agendas. Dr. Peek speaks, writes, and consults on a practical blend of clinical, organizational, communication, and leadership topics. He earned a PhD in clinical psychology from the University of Colorado in 1976, where he studied with Dr. Peter G. Ossorio, founder of the discipline of Descriptive Psychology.

Genevieve Riebe, MD, attended medical school at the University of Washington and is currently a Family Medicine resident at the University of Arizona. She plans on working with underserved populations and continuing research in primary care.

Randall Reitz, PhD, LMFT, is the Director of Behavioral Sciences at the St Mary's Family Medicine Residency in Grand Junction, Colorado. He is also the Director of Social Media with the Collaborative Family Health Care Association. His research

interests include collaborative care policy, collaboration with health information technology, and multiple role relationships in health care training settings.

John Rogers, MD, MPH, MEd, While President of the Society of Teachers of Family Medicine for 2007–2008, Dr. Rogers wrote a series of seven President's columns on the patient-centered medical home (PCMH) for Family Medicine as well as an invited editorial on the PCMH for the Journal of the American Board of Family Medicine. He was a guest co-editor for a special issue on the patient-centered medical home for *Families, Systems, & Health*, Vol 28(4), Dec 2010, and a dedicated issue on education and the PCMH for *Family Medicine*, Vol 43(10), November-December 2011. Dr. Rogers has been invited to speak on the medical home in eight US states, Canada, and China.

Mary R. Talen, PhD, is a licensed psychologist and the Director of Behavioral Health Primary Care at Northwestern University's Family Medicine Residency Program, Chicago, IL. She graduated with her masters and doctoral degree from Columbia University in New York City and she is certified in Family Therapy from Philadelphia Child Guidance Center. Dr. Talen has focused her research, teaching, and clinical practice in systems-based health care. She has taught family medicine residents, medical students, family nurse practitioners, and doctoral clinical psychology interns in behavioral health and multiprofessional health care. She has published and presented at national and international conferences in primary care psychology and integrative behavioral health. Her current research projects are in physician wellness, patient engagement, complexity care, and collaborative team practice.

George C. Tremblay, PhD, received his doctorate in clinical psychology from the University at Albany (SUNY) in 1996, following a pre-doctoral internship at the University of Mississippi and Veterans Affairs Medical Centers in Jackson, Mississippi. His early clinical and research interests focused on high conflict families and child maltreatment. Since then, he has become increasingly interested in promoting and evaluating community health and improving quality of care and access to health services.

Aimee Burke Valeras, PhD, LICSW, works with the NH Dartmouth Family Medicine Residency and the Leadership Preventive Medicine Residency and in the Behavioral Health Department at Concord Hospital Family Health Center. She received her undergraduate and Masters of Social Work degrees from Boston College and her Doctorate in Social Work from Arizona State University. Dr. Burke Valeras has presented nationally and internationally on the topics of integrating behavioral health and primary care, disability and illness identity, and qualitative research methodology.

Andrew Valeras, DO, MPH, is a faculty member of NH Dartmouth Family Medicine Residency. He received his undergraduate degree from Boston College, his Doctor of Osteopathy from Midwestern University, and training at NH Dartmouth Family Medicine Residency. Also a graduate of the Dartmouth Hitchcock Leadership Preventive Medicine Residency, Dr. Valeras currently seeks to integrate quality improvement and systems based thinking with the clinical practice and education of family medicine providers.