CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

CALL TO ACTION

Position Statement on Behavioral Science and Interprofessional Healthcare Integration in Family Medicine Residency

Written by the CFHA Integrated Care Behaviorists in Family Medicine Residency Workgroup

Healthcare in the United States is becoming increasingly multidisciplinary and integrated, especially within the specialty of family medicine (FM). Graduate medical education has followed suit to improve clinical outcomes and support physicians-in-training. FM residency (FMR) programs are at the forefront of this evolution, ensuring the next generation of physicians can balance evidence-based decision-making with the complex realities of patients' lives and the systems in which they receive care. Comprehensive, integrated behavioral health training not only promotes contextually appropriate, whole-person care, but also empowers physicians to navigate interpersonal dynamics, address social determinants of health, and lead within team-based models.

Behavioral Science Faculty

An emphasis on behavioral health training in FM has existed from its conception. In 2022, the Accreditation Council for Graduate Medical Education (ACGME) updated its FMR program requirements to mandate integration of behavioral health in all aspects of patient care, including integrated, interprofessional behavioral healthcare. The task of ensuring a given program meets these requirements typically falls to dedicated educators – often but not always trained behavioral clinicians – who are generally referred to as Behavioral Science (BS) Faculty.

These professionals may function as providers and educators simultaneously, guiding education across a wide range of essential clinical issues from lifespan development and chronic disease management to structural determinants of health and interpersonal effectiveness. BS Faculty occupy a niche role at the intersection of behavioral health, primary care, and interprofessional practice, making them key assets in resident education and exemplars for the concept of healthcare integration. They must deploy their skills to meet the demands of

competency-based education, particularly those related to systems-based practice, communication, practice-based learning, and professionalism.

However, there is currently a paucity of guidance with respect to minimal standards for integrating interprofessional behavioral health into FMR. Each FMR program is unique in composition, structure and progression; clinical training expectations in interprofessional behavioral healthcare will therefore vary even further. Additionally, given these factors, FMR programs often struggle to find and retain faculty who are fully equipped to address behavioral science competencies and outcomes mandated by accreditation and certification groups, respectively.

BS Faculty also face systemic barriers within the organizational environment, including limited resources, inconsistent institutional support, and variable role definitions. The absence of a unified business model and challenges in billing for services (especially those specific to integrated behavioral healthcare) further complicate these issues. Fee-for-service models often miss the value of the team-based, consultative, and educational services that behavioral faculty provide. This can create a significant disconnect between the essential work they do and the financial sustainability of their roles, impacting both job security and institutional backing.

To address these gaps, FM must invest in and empower BS Faculty to integrate all clinical and educational initiatives within their local system and to renew efforts specifically in the domain of integrated interprofessional behavioral healthcare and team-based medicine in FMR.

A Call to Action

The Collaborative Family Healthcare Association (CFHA) aims to support FMR programs and their sponsoring institutions in a shared commitment to interprofessional practice, the science of integrated behavioral healthcare, and those to teach these essential components. We stand with these programs as they move toward excellence within integrated interprofessional healthcare training and propose a set of goals to create a unified vision for BS integration across clinical and training elements of FMR – an ideal we refer to as integration culture.

Goal 1: Center Clinical Curricular Content Specific to Healthcare Integration and Interprofessional Practice

Behavioral health is no longer merely a specialization; it has become a central topic in all primary care, making the focus on integration and collaboration more

important than ever. Our residents will be serving as leaders for these integrated care models and should be able to practice full spectrum FM alongside all team members. Key strategies to reach this goal include:

- Deliver specific training and curriculum on evidence-based models of integrated behavioral health (e.g., Primary Care Behavioral Health, Collaborative Care Model)
- Deliver specific training in practical leadership skills, team-based medicine and shared decision-making, effective communication, and conflict resolution.
- Build into the core curriculum competency-based training in telehealth delivery models, digital mental health tools, and engagement with Artificial Intelligence (AI) in the furtherance of integrated interprofessional practice.
- Develop specific curriculum standards for key evidence-based interventions, including those related to Cognitive-Behavioral Therapy (CBT) and Motivational Interviewing (MI), as well as suicide risk management and addiction treatments

Goal 2: Fortify Integrated Behavioral Healthcare Curriculum Evaluation & Quality Improvement

To ensure that integrated healthcare education is effective and responsive to evolving evidence, programs must commit to ongoing curriculum evaluation and improvement. Key strategies to reach this goal include:

- Use implementation science to assess the impact of integrated, interprofessional behavioral health curricula on resident competencies and patient outcomes.
- Support program development and evaluation initiatives, particularly those that take advantage of team-based services.
- Map integrated behavioral health training to ACGME competencies and ABFM core outcomes to ensure sustained clarity and accountability.
- Support organizational efforts to utilize outcome data, (e.g., reductions in emergency department visits, A1c, improved SUD treatment outcomes) to align with value-based care models.
- Highlight the systematic use of behavioral health assessments to support measurement-based care and collaborative decision-making.

Goal 3: Harmonize Role Expectations and Program Needs

Behavioral faculty are uniquely positioned to support integrated care, drawing on their training to serve as educators, clinicians, consultants, mentors, supervisors, advisors, and leaders within residency programs. Often, these roles are not formally recognized or built into their official duties. Key strategies to reach this goal include:

- Establish an organizational structure that that empower BS Faculty to lead change within their local system.
- Ensure behavioral faculty have clearly defined responsibilities aligned with program needs, including designation as core faculty, as appropriate, under ACGME guidelines.
- Safeguard time for faculty to fulfill essential roles (e.g., wellness, recruitment, onboarding) and invest in infrastructure that supports interprofessional collaboration.
- Advocate for sustainable funding models that recognize and support the educational and systemic roles of behavioral faculty even when non-revenue-generating.
- Invest in and optimize infrastructure that actively supports team-based care and interprofessional collaboration, including both physical space and robust communication/EHR platforms.

Future Directions

CFHA envisions a future in which behavioral integration is the bedrock of all healthcare. To meet this aspirational goal, BS Faculty in FMR must lead the charge toward comprehensive, team-based care. The recommendations described here serve as a starting point.

Moving forward, CFHA intends to foster reciprocal and sustainable partnerships with national organizations – such as the Society of Teachers in Family Medicine (STFM), Association of Psychologists in Academic Health Centers (APAHC), the American Academy of Family Physicians (AAFP), and the American Medical Association (AMA) – to reinforce professional development pathways for BS Faculty as a strategic method to uplift integration science and interdisciplinary education. Additionally, CFHA will continue to focus on critical tasks in supporting the pipeline for future BS Faculty. These tasks include supporting formal study programs for this highly specialized field, contributing to robust mentorship networks, and encouraging scholarly activity that demonstrates the

value of this role. Finally, CFHA intends to continue advancing a set of recommendations for minimum standards for integrated, interprofessional behavioral healthcare, which will not only guide professional development of our future leaders but may also encourage payment models to continue to evolve and guide best practices in healthcare integration. By investing in BS Faculty today, we contribute to the promise of a healthcare system that depends on integration culture to deliver healthcare excellence for all.

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