



**Mitigating burnout through integrated healthcare:  
our present state and ideas to enhance  
professional well-being**

**Presented by: Dr. Chantal Brazeau, MD  
and Dr. Noa'a Shimoni, MD**

# Today's Moderator



**Kristin Potterbusch, MPH**  
Senior Program Manager  
Primary Care Development Corporation



# About PCDC

Primary Care Development Corporation (PCDC) is a national nonprofit organization and a community development financial institution catalyzing excellence in primary care through strategic community investment, capacity building, and policy initiatives to achieve health equity.

# Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).



[www.samhsa.gov](http://www.samhsa.gov)

# Audience Demographics Poll

## Do you work in a:

- Primary care setting
- Behavioral health setting
- Integrated care setting

## Are you working primarily as a:

- MD/DO
- Nurse Practitioner/Registered Nurse
- Physician Assistant
- Medical Assistant
- Therapist
- Social Worker
- Care Manager
- QI Manager
- Informatics
- Other

## Please rate your current skills and comfort with utilizing collaboration-based care and other models of integration to contribute towards professional well-being.

- Very Low
- Low
- Moderate
- High
- Very High

# Panelists



**Chantal M. Brazeau, MD,**  
Chief Wellness Officer, Rutgers Biomedical and Health Sciences, Assistant Dean for Faculty Vitality, New Jersey Medical School and Robert Wood Johnson Medical School Professor of Family Medicine and Psychiatry, New Jersey Medical School



**Noa'a Shimoni, MD,**  
Associate Vice President for Student Health and Wellness, Rutgers University, Associate Vice Chancellor for Health and Wellness, Rutgers University-New Brunswick, Medical Director, Student Health Services and Assistant Professor, New Jersey Medical School

# **It all started with a phone call**

# Objectives

- Describe challenges faced by healthcare professionals before and during the COVID-19 pandemic
- Describe personal and systems-based strategies to maintain professional well-being
- Describe approaches to collaborative care
- Discuss how models of collaborative care between primary care and mental health professionals can contribute to professional well-being



# Burnout & Professional Fulfillment

# Burnout Existed Before COVID-19

- **Emotional exhaustion:** tired, nothing left to give, no pleasure  
*lost energy*
- **Depersonalization:** cynicism, going through the motions, treating diseases instead of people with diseases  
*lost enthusiasm*
- **Decreased sense of personal accomplishment:** never good enough, not worthwhile  
*lost confidence*



Maslach C, Jackson S. Journal of Occupational Behaviour, 1981  
Art: National Academy of Medicine: Expressions of Clinician Well-Being

# Impact



# Impact

- High turnover, predicts intent to retire and reduce clinical hours

Linzer et al. Am J Med, 2001; Shanafelt et al. Journal of Clinical Oncology, 2014, Sinski et al, Mayo Clinic Proceedings. 2017

- Turnover disrupts patient care, affects remaining team

Helfrich, J Gen Intern Med 2017

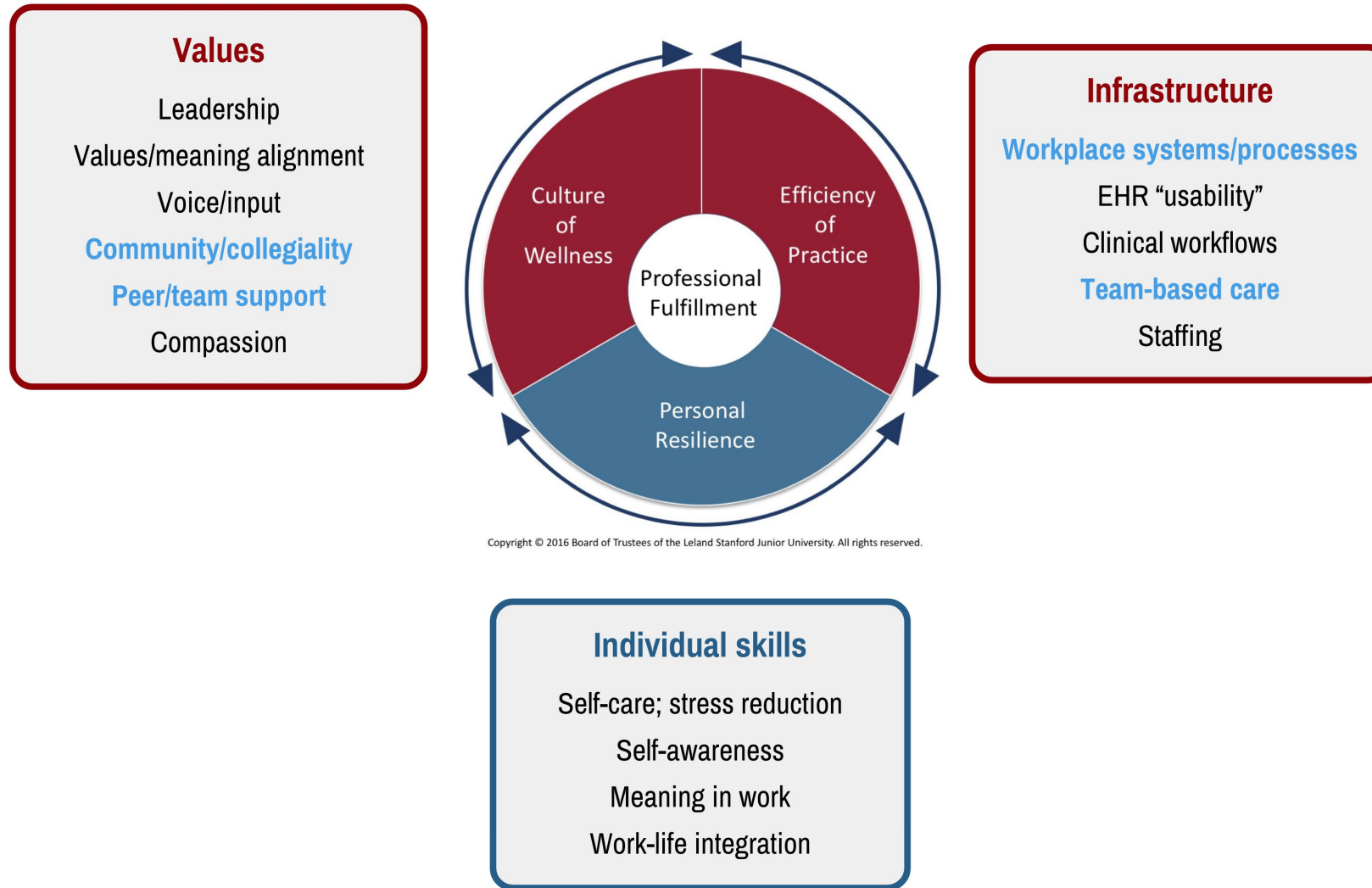
- Suicidal ideation, broken relationships

Shanafelt, Mayo Clinic Proc, 2017



Art: National Academy of Medicine: Expressions of Clinician Well-Being

# A Broad View of Professional Fulfillment



# Individual Skills



Art: National Academy of Medicine: Expressions of Clinician Well-Being

Self-care/stress reduction

Self-awareness

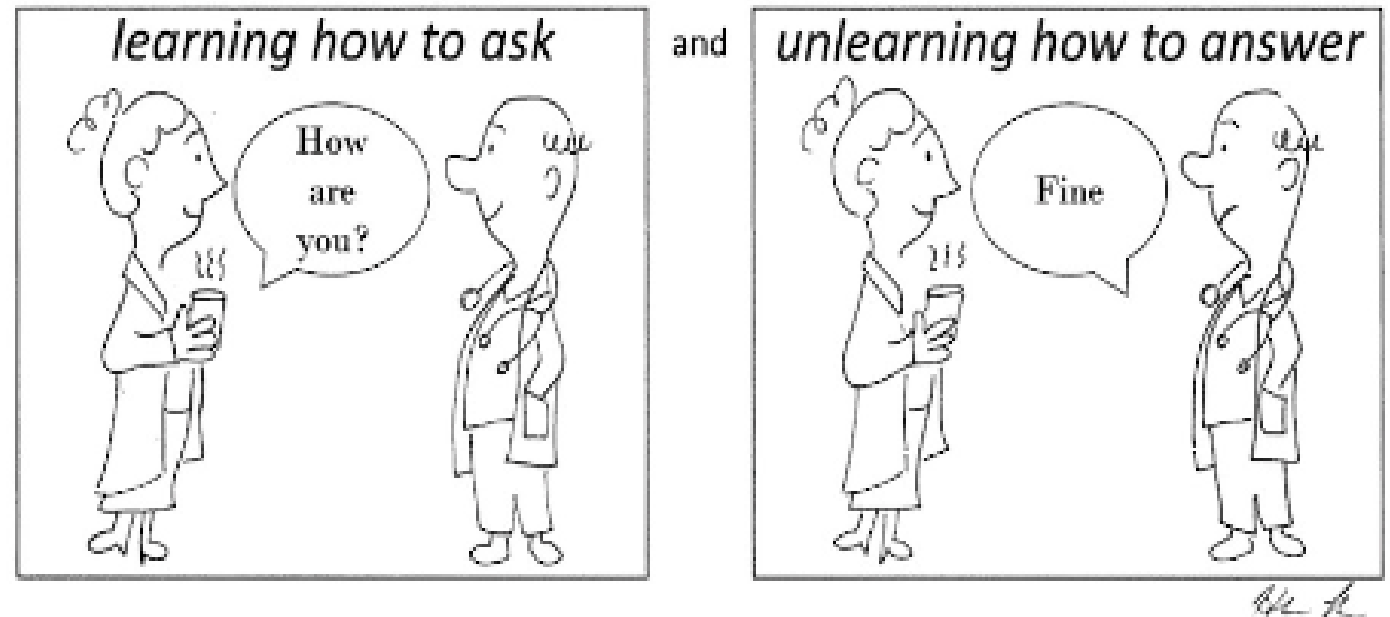
Meaning at work

Work-life integration

# Culture of Wellness/Values

- Leadership
- Values/meaning alignment
- Voice/Input
- Community/Collegiality
- Peer/team support
- Compassion

*Clinician well-being is*



Art: National Academy of Medicine: Expressions of Clinician Well-Being

# Infrastructure



- Workplace systems and processes
- EHR “Usability”
- Clinical workflows
- Team-based care
- Staffing



# The Toll and Impact of Covid-19

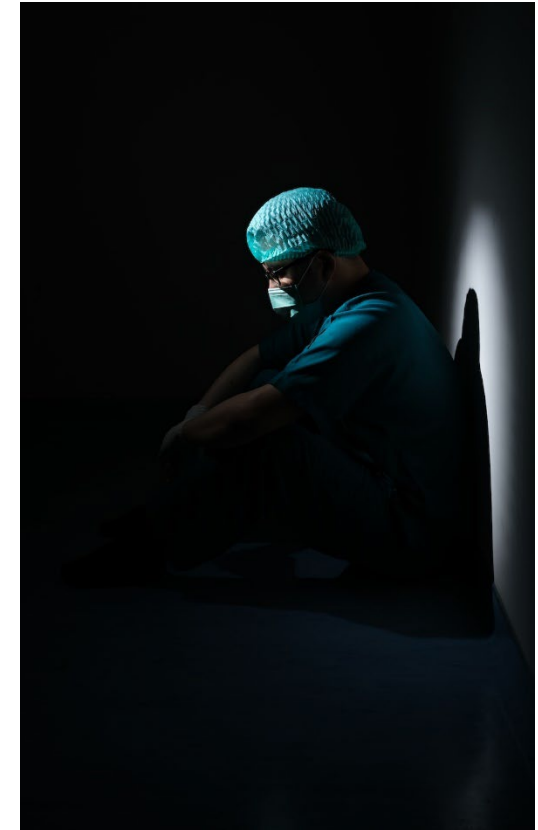
- Exposure to or threat of death, lack of control, uncertainty, morally complex decision-making, isolation, anxiety and depression

*Shechter et al Gen Hosp Psych. 2020 Hai et al JAMA Network Open. 2020 Shanafelt et al, JAMA. 2020*

- 35% traumatic symptoms (>8,000 HCWs June 2020, 683 FPs Sept 2022) - long term?

*Maunder et al, Emerging Infectious Diseases. 2006, Olson et al, Am Coll. Occ. Env. Med, 2022*

- 23% changed priorities of what is important in life
- Traumatic experiences, changes in priorities, and especially burnout led to intent to retreat from clinical practice in various ways



# Burnout Data: Healthcare Providers

Burnout in physicians increased since the pandemic (62.8%)

~54% nurses

~60% medical students/residents

~61-75% pharmacists

Jones et al., 2017; NASEM, 2019; Patel et al., 2021.

~40% dentists ~58% dental students

Singh et al Occ Med 2015

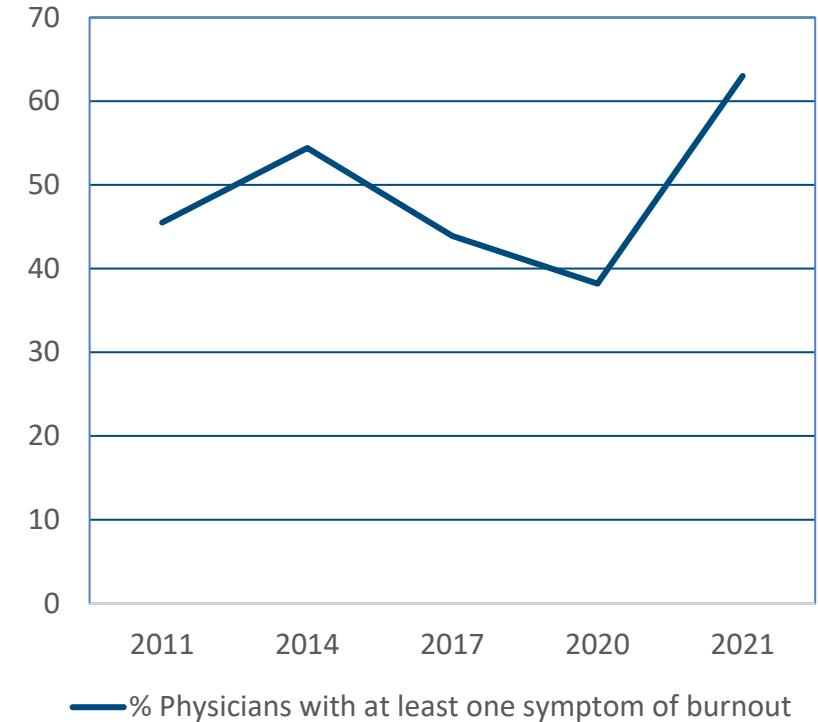
Rural PAs 64%

Benson et al, Phys Assist Educ Assoc, 2016

>50% behavioral health providers

SAMHSA 2022

Burnout in Physicians



Shanafelt et al, Mayo Clinic Proceedings Sept 2022

# Surgeon General Advisory on Health Worker Burnout (May 2022)



# Resources for Health Care Worker Well-Being: 6 Essential Elements



 National Academy of Medicine  
Action Collaborative on  
Clinician Well-Being and Resilience

[nam.edu/CW](http://nam.edu/CW) | #ClinicianWellBeing

# Collaborative/Integrated Care

# Collaborative/Integrated Care Models

Collaborative models for medical and mental health/behavioral health services: a continuum

- Coordinated
- Co-located
- Integrated care

Table 1. Six Levels of Collaboration/Integration (Core Descriptions)

COORDINATED KEY ELEMENT: COMMUNICATION		CO-LOCATED KEY ELEMENT: PHYSICAL PROXIMITY		INTEGRATED KEY ELEMENT: PRACTICE CHANGE	
Level 1 Minimal Collaboration	Level 2 Basic Collaboration At A Distance	Level 3 Basic Collaboration Onsite	Level 4 Close Collaboration Onsite With Some System Integration	Level 5 Close Collaboration Approaching An Integrated Practice	Level 6 Full Collaboration In A Transformed/ Merged Integrated Practice
behavioral health, primary care and other healthcare providers work:					
In separate facilities, where they:	In separate facilities, where they:	In same facility not necessarily same offices, where they:	In same space within the same facility, where they:	In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where they:
<ul style="list-style-type: none"> <li>▶ Have separate systems</li> <li>▶ Communicate about cases only rarely and under compelling circumstances</li> <li>▶ Communicate, driven by provider need</li> <li>▶ May never meet in person</li> <li>▶ Have limited understanding of each other's roles</li> </ul>	<ul style="list-style-type: none"> <li>▶ Have separate systems</li> <li>▶ Communicate periodically about shared patients</li> <li>▶ Communicate, driven by specific patient issues</li> <li>▶ May meet as part of larger community</li> <li>▶ Appreciate each other's roles as resources</li> </ul>	<ul style="list-style-type: none"> <li>▶ Have separate systems</li> <li>▶ Communicate regularly about shared patients, by phone or e-mail</li> <li>▶ Collaborate, driven by need for each other's services and more reliable referral</li> <li>▶ Meet occasionally to discuss cases due to close proximity</li> <li>▶ Feel part of a larger yet non-formal team</li> </ul>	<ul style="list-style-type: none"> <li>▶ Share some systems, like scheduling or medical records</li> <li>▶ Communicate in person as needed</li> <li>▶ Collaborate, driven by need for consultation and coordinated plans for difficult patients</li> <li>▶ Have regular face-to-face interactions about some patients</li> <li>▶ Have a basic understanding of roles and culture</li> </ul>	<ul style="list-style-type: none"> <li>▶ Actively seek system solutions together or develop work-arounds</li> <li>▶ Communicate frequently in person</li> <li>▶ Collaborate, driven by desire to be a member of the care team</li> <li>▶ Have regular team meetings to discuss overall patient care and specific patient issues</li> <li>▶ Have an in-depth understanding of roles and culture</li> </ul>	<ul style="list-style-type: none"> <li>▶ Have resolved most or all system issues, functioning as one integrated system</li> <li>▶ Communicate consistently at the system, team and individual levels</li> <li>▶ Collaborate, driven by shared concept of team care</li> <li>▶ Have formal and informal meetings to support integrated model of care</li> <li>▶ Have roles and cultures that blur or blend</li> </ul>

SAMHSA-HRSA CENTER FOR INTEGRATED HEALTH SOLUTIONS

Table 3. Advantages and Weaknesses at Each Level of Collaboration/Integration

COORDINATED		CO LOCATED		INTEGRATED	
LEVEL 1 Minimal Collaboration	LEVEL 2 basic Collaboration at a Distance	LEVEL 3 basic Collaboration Onsite	LEVEL 4 Close Collaboration Onsite with Some System Integration	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed/ Merged Integrated Practice
Advantages					
<ul style="list-style-type: none"> <li>▶ Each practice can make timely and autonomous decisions about care</li> <li>▶ Readily understood as a practice model by patients and providers</li> </ul>	<ul style="list-style-type: none"> <li>▶ Maintains each practice's basic operating structure, so change is not a disruptive factor</li> <li>▶ Provides some coordination and information-sharing that is helpful to both patients and providers</li> </ul>	<ul style="list-style-type: none"> <li>▶ Colocation allows for more direct interaction and communication among professionals to impact patient care</li> <li>▶ Referrals more successful due to proximity</li> <li>▶ Opportunity to develop closer professional relationships</li> </ul>	<ul style="list-style-type: none"> <li>▶ Removal of some system barriers, like separate records, allows closer collaboration to occur</li> <li>▶ Both behavioral health and medical providers can become more well-informed about what each can provide</li> <li>▶ Patients are viewed as shared which facilitates more complete treatment plans</li> </ul>	<ul style="list-style-type: none"> <li>▶ High level of collaboration leads to more responsive patient care, increasing engagement and adherence to treatment plans</li> <li>▶ Provider flexibility increases as system issues and barriers are resolved</li> <li>▶ Both provider and patient satisfaction may increase</li> </ul>	<ul style="list-style-type: none"> <li>▶ Opportunity to truly treat whole person</li> <li>▶ All or almost all system barriers resolved, allowing providers to practice as high functioning team</li> <li>▶ All patient needs addressed as they occur</li> <li>▶ Shared knowledge base of providers increases and allows each professional to respond more broadly and adequately to any issue</li> </ul>
Weaknesses					
<ul style="list-style-type: none"> <li>▶ Services may overlap, be duplicated or even work against each other</li> <li>▶ Important aspects of care may not be addressed or take a long time to be diagnosed</li> </ul>	<ul style="list-style-type: none"> <li>▶ Sharing of information may not be systematic enough to effect overall patient care</li> <li>▶ No guarantee that information will change plan or strategy of each provider</li> <li>▶ Referrals may fail due to barriers, leading to patient and provider frustration</li> </ul>	<ul style="list-style-type: none"> <li>▶ Proximity may not lead to greater collaboration, limiting value</li> <li>▶ Effort is required to develop relationships</li> <li>▶ Limited flexibility, if traditional roles are maintained</li> </ul>	<ul style="list-style-type: none"> <li>▶ System issues may limit collaboration</li> <li>▶ Potential for tension and conflicting agendas among providers as practice boundaries loosen</li> </ul>	<ul style="list-style-type: none"> <li>▶ Practice changes may create lack of fit for some established providers</li> <li>▶ Time is needed to collaborate at this high level and may affect practice productivity or cadence of care</li> </ul>	<ul style="list-style-type: none"> <li>▶ Sustainability issues may stress the practice</li> <li>▶ Few models at this level with enough experience to support value</li> <li>▶ Outcome expectations not yet established</li> </ul>



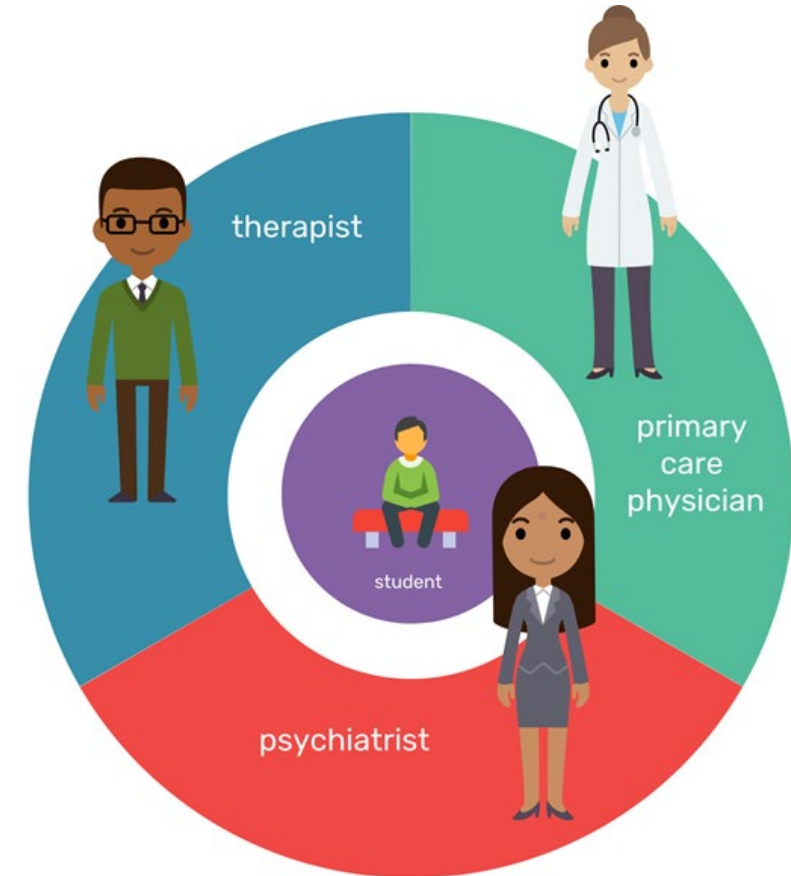
# Student Health: Steps to Integration

- Large institution delivering services in silos
  - Jed Campus Initiative – wellness self-assessment across our healthcare schools and Healthy Minds Study (to survey the student body)
  - Small Student Health
  - Small Student Wellness Program
- Opportunity to collaborate
  - Slow initiation impeded by the pandemic: 8 therapist hours at Student Health
    - Collaborative patient care monthly meetings
  - Ramp up: one full time therapist at Student Health
    - Collaborative patient care meetings every other week (physicians, therapists, psychiatrist)
    - Weekly staff meetings

# Integrated Medical and Mental Health Care

One location for medical and mental health care with:

- One phone number for appointments
- Telehealth and in-person visits
- Extended evening hours
- Collaborative team with regular meetings between family physicians, therapists, and psychiatrist



# Circling back to the phone call...

A small meeting, intentionally designed to be inclusive, cultivates connections

## Weekly staff meetings

- Share information, even institutional ‘gossip’
- Problem solve protocols, flow, other challenges
- Include everyone, actively engage

## Collaborative care meetings

- Reduce individual provider burden by discussing cases, problem solve difficult patient situations

## Resources for Health Care Worker Well-Being: 6 Essential Elements



# Burnout Mitigation Through Community

- Lu, O'Toole, et al 2022
  - Joy of Medicine Taskforce surveyed nurses and physicians at Hopkins medicine about burnout, team efficiency, isolation
  - **Team efficiency** correlated with **decreased burnout (p<.01)**
  - **Isolation at work** correlated with **increased burnout (p<.001)**
- Lund, et al 2022
  - Survey of surgical residents and faculty at 7 US institutions that measured burnout, mentorship, social community outside work
  - **Struggling to find a mentor** correlated with **increased burnout (p=.004)**
  - **Lack of social community outside work** correlated with **increased burnout (p<.001)**

# Key Take Aways

- Burnout is not a **me** problem, but a **we** problem
- Professional well-being should be viewed broadly, and improved by giving attention to culture and systems of care
- Collaborative care models offer opportunities for collegiality and meaningful collaborations that build community and grow professional fulfillment
- This framework is good for both patients and the professionals who care for them

# Tools, Resources, and References

## Tools and Resources

Substance Abuse and Mental Health Services Administration (SAMHSA):

**Addressing Burnout in the Behavioral Health Workforce Through Organizational Strategies.**

SAMHSA Publication No. PEP22-06-02-005. Rockville, MD: National Mental Health and Substance Use Policy Laboratory. Substance Abuse and Mental Health Services Administration, 2022.

[https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/pep22-06-02-005.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/pep22-06-02-005.pdf)

Cynthia D. Smith, Celynne Balatbat, Susan Corbridge, Anna Legreid Dopp, Jessica Fried, Ron Harter, Seth Landefeld, Christina Y. Martin, Frank Opelka, Lew Sandy, Luke Sato, and Christine Sinsky (2018).

**Implementing Optimal Team-Based Care to Reduce Clinician Burnout. National Academy of Medicine.**

<https://nam.edu/implementing-optimal-team-based-care-to-reduce-clinician-burnout/>

# Tools, Resources, and References

## References

- Archer, J., Bower, P., Gilbody, S., Lovell, K., Richards, D., Gask, L., Dickens, C., & Coventry, P. (2012). Collaborative care for depression and anxiety problems. *Cochrane Database of Systematic Reviews*, 10. <https://doi.org/10.1002/14651858.CD006525.pub2>
- Gillies, D., Buykx, P., Parker, A. G., & Hetrick, S. E. (2015). Consultation liaison in primary care for people with mental disorders. *Cochrane Database of Systematic Reviews*, 9. <https://doi.org/10.1002/14651858.CD007193.pub2>
- Lu, M. A., O'Toole, J., Shneyderman, M., Brockman, S., Cumpsty-Fowler, C., Dang, D., Herzke, C., Rand, C. S., Sateia, H. F., Van Dyke, E., Eakin, M. N., & Daugherty Biddison, E. L. (2022). “Where You Feel Like a Family Instead of Co-workers”: a Mixed Methods Study on Care Teams and Burnout. *Journal of General Internal Medicine*. <https://doi.org/10.1007/s11606-022-07756-2>
- Lund, S., D'Angelo, A. L., Busch, R., Friberg, R., & D'Angelo, J. (2022). With a Little Help From My Friends: The Negating Impact of Social Community and Mentorship on Burnout. *Journal of Surgical Research*, 278, 190–195. <https://doi.org/10.1016/j.jss.2022.04.062>
- Reeves, S., Pelone, F., Harrison, R., Goldman, J., & Zwarenstein, M. (2017). Interprofessional collaboration to improve professional practice and healthcare outcomes. *Cochrane Database of Systematic Reviews*, 6. <https://doi.org/10.1002/14651858.CD000072.pub3>
- Reilly, S., Planner, C., Gask, L., Hann, M., Knowles, S., Druss, B., & Lester, H. (2013). Collaborative care approaches for people with severe mental illness. *Cochrane Database of Systematic Reviews*, 11. <https://doi.org/10.1002/14651858.CD009531.pub2>

# Post-presentation Skills and Comfort Poll

**After attending this webinar, please rate your current skills and comfort with utilizing collaboration-based care and other models of integration to contribute towards professional well-being.**

- Very Low
- Low
- Moderate
- High
- Very High



# Office Hour



office hours

you've got questions... we might have answers

# Upcoming CoE Events

Population Health Series Part 1: Introduction to Population Health

[Register for the Webinar](#) on Tuesday, December 6<sup>th</sup>, 2-3pm ET

CoE-IHS Office Hour: Growing the Workforce Pipeline through Strategic Community Partnerships

[Register for the Webinar](#) on Thursday, December 8th, 2-3pm ET

Interested in an individual consultation with the CoE experts on integrated care?

[Contact us through this form here!](#)

Looking for free trainings and credits?

[Check out integrated health trainings from Relias here](#)

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# Upcoming CoE Events

## Office Hour Series (Sept-Dec)

- **Session 1, Sept:** [Solutions to Improve Workforce Retention](#)
- **Session 2, Oct:** [Solutions to Strengthen Workforce Recruitment](#)
- **Session 3, Nov:** [Improving the Workforce through Diversity, Equity & Belonging Innovations](#)
- **Upcoming - Thursday, Dec. 8, 2-3 p.m. ET:** [Growing the Workforce Pipeline through Strategic Community Partnerships](#)

**Blog Series** – Participants of the LC have been authoring blogs to further disseminate our work. This has a tentative timeline of Oct through Jan/Feb. One blog has been published and another is in progress.

- [COPE Community Services Blog](#)

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*for* Mental  
Wellbeing



# Contact Us



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## Integration at Work SAMHSA Webinar Series

### A Roadmap for Behavioral and Primary Care Collaboration

Integrated care is a journey for every practice – wouldn't it be nice to have a little guidance for the road ahead? Over the next 12 months, PCDC, in collaboration with the SAMHSA Center of Excellence for Integrated Health Solutions, will provide the roadmap for what you need to know to keep integrated health "at work" within your care practice. This initiative is designed to empower professionals within the integrated health field with critical knowledge – from navigating upskilling on multi-disciplinary expertise to scaling operations.

Throughout the year we will update this space with printable tip sheets and recordings of our free and open to the public quarterly learning intensive events led collaboratively by a team of three experts from the field.

[SIGN UP FOR NEWS, RESOURCES, AND EVENT INVITES](#)

### The Art and Science of Integrated Care Partnerships

Tuesday, July 13, 2022  
2:00 – 3:30 PM EST @ 11:00 AM – 12:30 PM PST

[REGISTER](#)

[pcdc.org/integrationworks](https://pcdc.org/integrationworks)

## Operationalizing Integration SAMHSA Webinar Series

### Putting Integration Best Practices to Work

There are many components to integrated care, but how do you leverage the right ones for the clients you serve? Integration is expansive and includes aspects beyond behavioral health and primary care—it includes standing up multi-faceted responsive services that meet the needs of the individuals you serve in comprehensive ways. Identifying how you and your organization can operationalize the types of care that progress beyond the traditional pathways of integration is critical for your clients and your own sustainability.

Join us and experts from the field as we explore practical ways to integrate best practices such as workforce challenges, client sexual and reproductive health needs, and more!

### Mitigating Burnout through Integrated Healthcare: Our Present State and Ideas to Enhance Professional Well-Being

Thursday, November 17, 2022  
2:00–3:30 PM

[REGISTER](#)

#### Speakers:

Chantal M. Brazeau, MD, Chief Wellness Officer, Rutgers Biomedical and Health Sciences, Assistant Dean for Faculty Vitality, New Jersey Medical School and Robert Wood Johnson Medical School, Professor of Family Medicine and Psychiatry, New Jersey Medical School

Noa's Shiloni, MD, Associate Vice President for Student Health and Wellness, Rutgers University, Associate Vice Chancellor for Health and Wellness, Rutgers University–New Brunswick, Medical Director, Student Health Services and Assistant Professor, New Jersey Medical School

Increased trauma is being reported from those working in behavioral health and primary care to all the providers and staff in between. It's time to be honest about where we are so we can mitigate harm and identify the systemic options that can be leveraged to create change. Join our expert presenters for an informed discussion of both the state of our providers and a real-world case study on how operationalizing integration methodologies of collaboration and communication benefited one healthcare team. Together, let's explore how integrated care can be leveraged in support of you—the provider.

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[pcdc.org/integrationbestpractices](https://pcdc.org/integrationbestpractices)

## Solving for Sleep SAMHSA Webinar Series

### Integrating Care Through a Biopsychosocial Approach to Health

PCDC, in collaboration with the SAMHSA Center of Excellence for Integrated Health Solutions, is engaging in a year-long virtual initiative focused on addressing sleep and related social and health needs through enhanced integrated primary and behavioral health care. This initiative will include live virtual learning opportunities, free tools and resources, and linkage to experts in the field. An anchor for the year will be a monthly webinar series focused on building foundations and advanced applications of sleep knowledge.

### Unseen Impacts: Health Disparities and Sleep

Thursday, January 6, 2023  
12:00 to 2:00pm, ET

#### Speakers:

Sarahma Robinson, PhD, Associate Professor of Social Work, Colorado University (School of Social Work) PhD President, MPH, Director of Social Determinants of Health, Community Care Coordinator (CC) Officer (CC), PhD, Professor of Psychiatric, Washington University (Department of Psychiatry) Andrew Hill, PhD, CA Senior Director, Clinical & Population Health at Patient Care Development, IntegrisHealth

Announcing the second session of our solving for sleep webinar series, we now explore health disparities and sleep. Join expert presenters from across the country for an essential conversation on how disparities related to key demographics including housing, income, employment, and race intersect with sleep and health outcomes. Taking place January 7 from 12pm to 2pm, ET and immediately followed by an interactive 30-minute Q&A "open office".

[WATCH RECORDING](#) [DOWNLOAD PRESENTATION](#)

### Sleep: Behavioral Health Lens on Sleep: Assessment and Intervention

Thursday, February 9, 2023  
12:00 to 2:00pm, ET

#### Speakers:

Shoshana Glickman, PhD, Assistant Professor & Clinical Psychologist, Department of Psychiatry and Behavioral Science, University of Nevada, Reno, Senior of Education, Las Vegas; Senior Director of Behavioral Health, Legacy - North Sutter

This session will address sleep within behavioral health treatment – exploring for sleep health, behavioral interventions for sleep, interdisciplinary collaboration, and more.

[WATCH RECORDING](#) [DOWNLOAD PRESENTATION](#)

### Sleep: One Good Night: Experiences of Patients and Families Across the Lifespan

Thursday, March 9, 2023  
12:00 to 2:00pm, ET

Featuring individuals sharing their unique sleep stories, this interactive session offers a light on the lived experience of sleep difficulty, with an eye for the critical conversation on our sleeping for sleep. Join us as we learn firsthand how to assess our understanding of supporting comprehensive patient sleep needs.

[WATCH RECORDING](#) [DOWNLOAD PRESENTATION](#)



[pcdc.org/sleep](https://pcdc.org/sleep)

## An Integrative Approach to Addressing Diabetes Learning Series

With over 100 million Americans living with diabetes, more providers than ever before recognize chronic disease screening and management as a best practice of integrated primary and behavioral health care.



In this free virtual learning series by Primary Care Development Corporation (PCDC) and the U.S. Department of Health and Human Services Substance Abuse and Mental Health Services Administration (SAMHSA) Center of Excellence for Integrated Health Solutions, national experts provide guidance through seven multifaceted sessions – each addressing a different aspect of team-based care to improve diabetes screening and management. Topics range from behavioral treatment to reimbursement to operational decision-making.

[SIGN UP FOR NEWS, RESOURCES, AND EVENT INVITES](#)

Providers can round out their practice and earn a certificate in recognition of completion after completing this seven-part virtual learning series. Watch recordings and download the presentations below.

### Behavioral Treatment: Impacting Diabetes Risk and Management in the Visit

February 24, 2020 at 1:00 PM – 2:00 PM EST

[WATCH RECORDING](#) [DOWNLOAD PRESENTATION](#)

### Evidence-Based Prescribing Practices for Behavioral Health and Diabetes

March 23, 2020 at 1:00 PM – 2:00 PM EST

[WATCH RECORDING](#) [DOWNLOAD PRESENTATION](#)

### Focusing on Nutrition in Integrated Care for Diabetes

April 20, 2020 at 1:00 PM – 2:00 PM EST

[WATCH RECORDING](#) [DOWNLOAD PRESENTATION](#)

### Integrating Clinical Pharmacy with Diabetes Management

May 18, 2020 at 1:00 PM – 2:00 PM EST

[WATCH RECORDING](#) [DOWNLOAD PRESENTATION](#)

### Expanding Quality Improvement: Data, Health Records, and Diabetes Reimbursement

June 15, 2020 at 1:00 PM – 2:00 PM EST

[WATCH RECORDING](#) [DOWNLOAD PRESENTATION](#)

### Operational and Clinical Pathways: Improving Diabetes Screening, Monitoring, and Management

June 28, 2020 at 1:00 PM – 2:00 PM EST

[WATCH RECORDING](#) [DOWNLOAD PRESENTATION](#)

Persons with Lived Experience: Advice and Best Practices from Expert

[pcdc.org/diabetes](https://pcdc.org/diabetes)