# Preparing Trainees for Integrated Care

## Triple Board and the Postpediatric Portal Program

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**KEYWORDS**

• Integrated care • Combined training • Education • Triple board • PPPP

**KEY POINTS**

- Training that combines the disciplines of pediatrics, psychiatry, and child and adolescent psychiatry dates back to World War II, but formal combined programs began more than 3 decades ago as the Triple Board Program and 10 years ago as the Postpediatric Portal Program (PPPP).
- Triple board training was rigorously examined as a pilot program and ongoing surveys suggest that it provides successful training of physicians who can pass the required board examinations and contribute to clinical, academic, and administrative/advocacy endeavors.
- The PPPP began as a pilot program in the Accreditation Council for Graduate Medical Education monitored by the Psychiatry Review Committee, but more recently is administered under auspices of the American Board of Psychiatry and Neurology. Recent surveys suggest that, like the triple board, the PPPP graduates have high pass rates in board examinations and practice in numerous settings, sometimes in combined practices but primarily in child and adolescent psychiatry.
- As evidence grows showing the clinical and fiscal value of integrated care, physicians with combined training will offer a unique perspective for developing systems.

### INTRODUCTION: RATIONALE FOR COMBINED TRAINING

The traditional path to child and adolescent psychiatry (CAP), unlike most subspecialties focused on children, goes through general (adult) psychiatry before allowing specialization in CAP. Throughout the history of CAP training, there have been efforts

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to offer alternative pathways to becoming a child and adolescent psychiatrist. For example, In the post–World War II era, with the increased awareness of the importance of children's mental health in predicting response to war and the revolution in pediatric care that came with antibiotic treatments, the federal government provided funding for pediatricians to train in child psychiatry, resulting in some of the extraordinary figures of child psychiatry.[1] The topic was addressed again in the 1980s, when leaders in CAP comprehensively reviewed the state of the field and recommended that the entry into child psychiatry training and the pathways for full training and certification be more flexible. This recommendation addressed a practical need to expand the recruitment pool for CAP but also recognized the importance of developing collaborative, interdisciplinary approaches to care and maintaining a connection to physical medicine.[2] The 2 formal pathways that have developed since this call are the triple board (pediatrics, psychiatry, and CAP) programs and the postpediatric portal programs (psychiatry and CAP after full training in pediatrics). Although the primary rationale for the development of these programs was the practical issue of the workforce shortage, physicians with combined training may offer particularly useful skills in integrated care, in which being familiar with both pediatrics and child psychiatry is seen as an asset. This article describes the background of the 2 formal combined programs in CAP, reviews both published and unpublished outcomes, and considers the role of these physicians in integrated or collaborative care.

## DEVELOPMENT OF TRIPLE BOARD PROGRAMS

The Triple Board Program was developed in response to the Project Future call to action for considering more flexible pathways to training in CAP. The movement to develop these programs was led by John Schowalter MD, seen by many as the "grandfather" of the triple board programs, who led the Pediatrics-Psychiatry Joint Training Committee, which included representation from the American Board of Pediatrics (ABP), the American Board of Psychiatry and Neurology (ABPN), the Committee on Certification in Child and Adolescent Psychiatry, the American Academy of Pediatrics, the American Psychiatric Association, and the American Academy of Child Psychiatry, now the American Academy of Child and Adolescent Psychiatry (AACAP).[3] Dr Schowalter led the planning, selection, and evaluation of the programs and elicited endorsement for the project from the Society of Professors of Child Psychiatry, the American Association of Directors of Psychiatric Residency Training (AADPRT), the American Association of Chairmen of Departments of Psychiatry, and the Accreditation Council for Graduate Medical Education (ACGME) Review Committees (RCs) for Psychiatry and for Pediatrics.[3] After substantial discussion and negotiation, described by Dr Schowalter as "oratory, sweat, and blood,"[3] 6 triple board programs, selected from 32 applications, opened their doors in 1986. The original training programs at Tufts, Brown, Utah, Kentucky, Mount Sinai, and Albert Einstein each admitted 2 residents per year. The programs were intended to recruit medical students who might otherwise have focused primarily on a pediatrics pathway but who were driven by an interest in physical and mental health of children. The Triple Board Program was designed to be shorter than the 8 years that training in pediatrics and separately psychiatry and CAP would require. The program required a total of 5 years of training: 24 months in pediatrics, 18 months in general psychiatry, and 18 months in CAP, requirements that remain to the present time. Because the program was a pilot, a rigorous 10-year evaluation plan was developed, with funding from the National Institutes of Mental Health. In 1995, after only 7 years, the evaluation was discontinued early, in part because of positive findings. At that time, the programs were left under

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