



***SAMHSA-HRSA
Center for Integrated
Health Solutions***

**Developing High Functioning Teams
Innovation Community**

Webinar #5

April 14, 2015

Today's Agenda

- Updates, Reminders
- Anna Ratzliff, MD, PhD; University of Washington, AIMS Center
- Resources & Next Steps

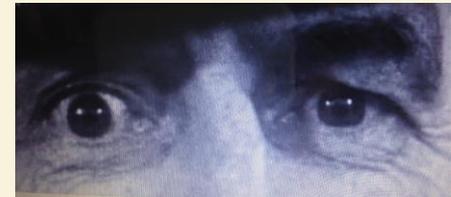


In March



Measuring Team Process: Hitting the bulls eye in setting up a model of a subspecialty medical home

Eva Szigethy MD, PhD
University of Pittsburgh Medical Center



Implementation Plans

**Time to
UPDATE!**

Implementation Objective #1:

Action Steps	Champion	Timeline	Learnings, challenges & opportunities
3/1/15			
5/1/15			
7/1/15			

Hearing from Colleagues

May	June	July	Aug
Canyon Pediatrics, AZ	Florida Dept of Health in Sarasota Co / CHC of North Port, FL	LIFECORE Health Group, MS	United Community and Family Services, CT
CODAC BH Services, AZ	Harbor, OH	Lutheran Family Services, NE	Vocational Instruction Project Community Services, NY
Connections, DE	Hamakua Health Center, HI	Midtown Community Mental Health, IN	White Earth BH, MN
Family Alliance, IL	Henderson BH, FL	Myrtle Hilliard Davis Health Centers, MO	Will County CHC, IL
Family First Health, PA	JeffCare, a program of JPHSA, LA	Southwest BH Services, AZ	

Poll Question

How are you building your team?

1. We have done some first steps but need a plan to build our team.
2. We have a team and are starting to build a workflow but want ideas to work better together.
3. We have a team that functions well, but we are always looking for new ideas to make our team better.

Team Building: Creating Effective Workflows



Anna Ratzliff, MD, PhD

Assistant Professor, University of Washington

Associate Director for Education, Division of Integrated Care and Public Health

Agenda

Two different approaches:

- AIMS Center Teambuilding Tools
- Qualis Safety-Net Medical Home Initiative: GROW Tool

Tips and Tricks

- Use a Practice Patient
- Focus on Communication
- Plan Time to Team Build

Team Building Process

1. Identify a specific facilitator for each organization and/or clinical site
 - Pros / cons of a single person for larger initiatives
2. Orientation for facilitators
3. Create a plan for team building process
 - What is practical for YOUR organization?

Agenda

Two different approaches:

- AIMS Center Teambuilding Tools
- Qualls PCMH Initiative: GROW Tool

Tips and Tricks

- Use a Practice Patient
- Focus on Communication
- Plan Time to Team Build

Integrated Care Team Building Process

Define scope and tasks of integrated care team

Assess current resources and workflow

Define team member responsibilities and new collaborative workflows

Assess hiring and training needs

Overall Process

Step 1

- **Each staff person completes Step 1 Worksheet**
 - At minimum, get input from key informants representing each role

Step 2

- **Facilitator compiles Step 1 worksheets into a summary**

Step 3

- **Small group led by facilitator uses summary to create concrete, specific implementation plan/workflow**
 - Best with input from all key roles
 - At minimum, get input from key informants representing each role

Principles & Tasks Checklist

Core Components & Tasks	None	Some	Most/All
	<i>of our patients receive this service</i>		
1. Patient Identification and Diagnosis			
Screen for behavioral health problems using valid instruments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnose behavioral health problems and related conditions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use valid measurement tools to assess and document baseline symptom severity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Engagement in Integrated Care Program			
Introduce collaborative care team and engage patient in integrated care program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiate patient tracking in population-based registry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Evidence-Based Treatment			
Develop and regularly update a biopsychosocial treatment plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide patient and family education about symptoms, treatments, and self management skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide evidence-based counseling (e.g., Motivational Interviewing, Behavioral Activation)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide evidence-based psychotherapy (e.g., Problem Solving Treatment, Cognitive Behavior Therapy, Interpersonal Therapy)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribe and manage psychotropic medications as clinically indicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Change or adjust treatments if patients do not meet treatment targets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Systematic Follow-up, Treatment Adjustment, and Relapse Prevention			
Use population-based registry to systematically follow all patients	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proactively reach out to patients who do not follow-up	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor treatment response at each contact with valid outcome measures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monitor treatment side effects and complications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify patients who are not improving to target them for psychiatric consultation and treatment adjustment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create and support relapse prevention plan when patients are substantially improved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Communication and Care Coordination			
Coordinate and facilitate effective communication among providers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engage and support family and significant others as clinically appropriate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitate and track referrals to specialty care, social services, and community-based resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Systematic Psychiatric Case Review and Consultation			
Conduct regular (e.g., weekly) psychiatric caseload review on patients who are not improving	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide specific recommendations for additional diagnostic work-up, treatment changes, or referrals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide psychiatric assessments for challenging patients in-person or via telemedicine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Program Oversight and Quality Improvement			
Provide administrative support and supervision for program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide clinical support and supervision for program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Routinely examine provider- and program-level outcomes (e.g., clinical outcomes, quality of care, patient satisfaction) and use this information for quality improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Tasks identified by consensus panel as most critical for success of integrated care programs

Specific Tasks that need to be accomplished by **SOMEONE**

Rate degree to which already providing this kind of care

Team Building Process: Getting Started

1. Define Tasks based on your target patient population, clinic setting, target conditions, etc.
 - Customize Step 1 worksheet to fit your implementation
 - Include all target conditions (medical and/or BH)
 - CHCN and County will provide suggested revisions to task list
 - Clinics encouraged to make other ADDITIONS based on their own needs

Team Building Process: Getting Started

2. Identify staff to participate

- **ALL Care Team Members**
 - BH Professionals, Primary Care Providers, Consulting Psychiatrists
- **Silent Partners**
 - Administrators, Clinic Manager, Front Desk Staff, Medical Assistants, IT Staff, Billing Staff
- **Other Behavioral Health Staff**
 - Specialty behavioral health clinic and/or co-located psychotherapists in primary care clinic

Step 1: Staff Self-Assessment

- Customize to best fit your site
- Each staff member completes this worksheet
 - ROLE (not name)
- Individually or in a group
- Make sure they complete ALL columns

STEP 1: Staff Self-assessment

Conditions for which you plan to provide clinical care (select all that apply)

Depression
 Anxiety (e.g. PTSD)

Substance Abuse
 Other Mental Disorders

What is your role in the clinic? _____

Integrated Care Tasks	Is This Your Role Now?		If No, Whose Role? Write in position title	Your Organization's Capacity with This Task?		Your Level of Comfort with This Task		Would You Like Training to Perform This Task?	
	Yes	No		High	Med/Low	High	Med/Low	Yes	No
Identify and Engage Patients									
Identify People Who May Need Help	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Screen for Behavioral Health Problems Using Valid Measures	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diagnose Behavioral Health Disorders	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Engage Patient in Integrated Care Program	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiate and Provide Treatment									
Perform Behavioral Health Assessment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Develop & Update Behavioral Health Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Education about Symptoms & Treatment Options	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Prescribe Psychotropic Medications	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Patient Education about Medications & Side Effects	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Brief Counseling, Activity Scheduling, Behavioral Activation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evidence-based Psychotherapy (e.g., PST, CBT, IPT)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Identify & Treat Coexisting Medical Conditions	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitate Referral to Specialty Care or Social Services	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Create & Support Relapse Prevention Plan	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track Treatment Outcomes									
Track Treatment Engagement & Adherence using Registry	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reach out to Patients who are Non-adherent or Disengaged	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track Patients' Symptoms with Measurement Tool (e.g., PHQ-9)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track Medication Side Effects & Concerns	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Track Outcome of Referrals & Other Treatments	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Proactively Adjust Treatment if Patients are Not Responding									
Assess Need for Changes in Treatment	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Facilitate Changes in Treatment / Treatment Plan	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide Caseload-Focused Psychiatric Consultation	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Provide In-Person Psychiatric Assessment of Challenging Patients	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other Tasks Important for Our Program (add tasks as needed)									
Coordinate Communication Among Team Members / Providers	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Administrative Support for Program (e.g., Scheduling, Resources)	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical Supervision for Program	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Training of Team Members in Behavioral Health	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Step 2 Worksheet

Identify Gaps, Duplicate Services, Training Needs

STEP 2: AIMS TEAM BUILDING Task Summary by Staff

INTEGRATED CARE TASKS PLEASE MARK AN X BELOW WHERE APPROPRIATE	STAFF 1	STAFF 2	STAFF 3	STAFF 4	STAFF 5	STAFF 6	STAFF 7	PARTNER AGENCY	REFERRAL	TOTAL #	CHANGES NEEDED
NAME:											
ROLE/TITLE:											
Identify and Engage Patients											
Identify People Who May Need Help	<input type="checkbox"/>										
Screen for Behavioral Health Problems Using Valid Measures	<input type="checkbox"/>										
Diagnose Behavioral Health Disorders	<input type="checkbox"/>										
Engage Patient in Integrated Care Program	<input type="checkbox"/>										
Initiate and Provide Treatment											
Perform Behavioral Health Assessment	<input type="checkbox"/>										
Develop & Update Behavioral Health Treatment Plan	<input type="checkbox"/>										
Patient Education about Symptoms & Treatment Options	<input type="checkbox"/>										
Prescribe Psychotropic Medications	<input type="checkbox"/>										
Patient Education about Medications & Side Effects	<input type="checkbox"/>										
Brief Counseling, Activity Scheduling, Behavioral Activation	<input type="checkbox"/>										
Evidence-based Psychotherapy (e.g., PST, CBT, IPT)	<input type="checkbox"/>										
Identify & Treat Coexisting Medical Conditions	<input type="checkbox"/>										
Facilitate Referral to Specialty Care or Social Services	<input type="checkbox"/>										
Create & Support Relapse Prevention Plan	<input type="checkbox"/>										
Track Treatment Outcomes											
Track Treatment Engagement & Adherence using Registry	<input type="checkbox"/>										
Reach out to Patients who are Non-adherent or Disengaged	<input type="checkbox"/>										
Track Patients' Symptoms with Measurement Tool (e.g., PHQ-9)	<input type="checkbox"/>										
Track Medication Side Effects & Concerns	<input type="checkbox"/>										
Track Outcome of Referrals & Other Treatments	<input type="checkbox"/>										
Proactively Adjust Treatment if Patients are Not Responding											
Assess Need for Changes in Treatment	<input type="checkbox"/>										
Facilitate Changes in Treatment / Treatment Plan	<input type="checkbox"/>										
Provide Caseload-Focused Psychiatric Consultation	<input type="checkbox"/>										
Provide In-Person Psychiatric Assessment of Challenging Patients	<input type="checkbox"/>										

Completed by
 facilitator

- Purpose:
- Identify gaps and duplicate services
 - Identify attitudes
 - Identify training needs

Step 2 Worksheet

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q	R	S	T	U	V	W	
1	AIMS Team Building		Question 1: Is this your role now?																					
2	Task Summary by Staff																							
6	5/15/2012																							
7			PCPs									MAs												
8		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19				
9		Integrated Care Tasks	Psy- chiatrist	Phys.	Phys.	Phys.	Phys.	Phys.	Phys./ CMD	Phys. (PRN)	NP	MA	MA	MA	MA	MA	MA	MA (Pre- op)	LCSW- C	IM Charge Nurse	HBA	% PCPs: "YES"	% MAs: "YES"	
10	Identify and Engage Patients																							
11	1	Identify People Who May Need Help	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	-	-	Yes	No	Yes	No	Yes	Yes	Yes	100%	33%	
12	2	Screen for Behavioral Health Problems Using Valid Measures	Yes	-	Yes	Yes	Yes	Yes	No	Yes	Yes	No	-	-	-	No	Yes	No	Yes	No	No	75%	17%	
13	3	Diagnose Behavioral Health Disorders	Yes	-	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	-	No	Yes	No	Yes	No	No	88%	17%	
14	4	Engage Patient in Integrated Care Program	No	Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	No	-	No	Yes	No	Yes	Yes	Yes	Yes	75%	17%	
15	Initiate and Provide Treatment																							
16	5	Perform Behavioral Health Assessment	Yes	No	No	Yes	Yes	Yes	Yes	No	Yes	No	No	No	-	No	No	No	Yes	No	No	63%	0%	
17	6	Develop & Update Behavioral Health Treatment Plan	Yes	No	No	Yes	No	No	Yes	No	No	No	No	-	No	Yes	No	Yes	No	No	No	25%	17%	
18	7	Patient Education about Symptoms & Treatment Options	Yes	Yes	No	Yes	No	Yes	Yes	Yes	Yes	No	No	-	No	Yes	No	Yes	Yes	No	No	75%	17%	
19	8	Prescribe Psychotropic Medications	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	-	No	Yes	No	No	No	No	No	88%	17%	
20	9	Patient Education about Medications & Side Effects	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	-	No	Yes	No	Yes	Yes	No	No	100%	17%	
21	10	Brief Counseling, Activity Scheduling, Behavioral Activation	No	No	No	Yes	Yes	No	Yes	Yes	No	No	No	-	No	Yes	No	Yes	No	No	No	63%	17%	
22	11	Evidence-based Psychotherapy (e.g., PST, CBT, IPT)	No	No	No	No	No	No	Yes	No	No	No	No	-	No	Yes	No	Yes	No	No	No	13%	17%	
23	12	Identify & Treat Coexisting Medical Conditions	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	-	No	Yes	No	No	No	No	No	100%	17%	
24	13	Facilitate Referral to Specialty Care or Social Services	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	-	-	Yes	No	No	Yes	Yes	Yes	88%	17%	
25	14	Create & Support Relapse Prevention Plan	Yes	No	Yes	No	Yes	Yes	No	No	No	No	-	No	-	Yes	No	Yes	No	No	No	38%	17%	
26	Track Treatment Outcomes																							
27	15	Track Treatment Engagement & Adherence using Registry	No	No	No	No	No	-	No	No	No	No	No	-	No	Yes	No	No	No	No	No	0%	17%	
28	16	Reach out to Patients who are Non-adherent or Disengaged	Yes	No	No	No	No	-	No	Yes	No	No	-	No	-	Yes	No	Yes	No	No	No	13%	17%	
29	17	Track Patients' Symptoms with Measurement Tool (e.g., PHQ-9)	Yes	Yes	No	Yes	Yes	-	Yes	Yes	Yes	No	No	No	Yes	-	Yes	No	No	No	No	75%	33%	
30	18	Track Medication Side Effects & Concerns	Yes	Yes	No	Yes	Yes	-	Yes	Yes	Yes	No	No	-	No	Yes	No	No	No	No	No	75%	17%	
31	19	Track Outcome of Referrals & Other Treatments	No	No	No	Yes	Yes	-	No	Yes	Yes	No	No	-	-	Yes	No	No	No	No	No	50%	17%	
32	Proactively Adjust Treatment if Patients are Not Responding																							
33	20	Assess Need for Changes in Treatment	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	-	No	Yes	No	Yes	No	No	No	100%	17%	
34	21	Facilitate Changes in Treatment / Treatment Plan	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	-	No	Yes	No	Yes	No	No	No	88%	17%	
35	22	Provide Caseload-Focused Psychiatric Consultation	No	No	No	No	No	-	No	No	No	No	-	No	Yes	No	No	No	-	-	-	0%	17%	

Can be useful to put information into spreadsheet for easier analysis

Steps 3 Worksheet: Generate Integrated Care Workflow and Plan

STEP 3: AIMS TEAM BUILDING Summary & Change Plan

IDENTIFY AND ENGAGE PATIENTS				
INTEGRATED CARE TASKS	WHO Name / Discipline	HOW Process (Including Hand-offs) & Communication Methods (e.g., telephone, mail)	WHEN	WHERE
Identify People Who May Need Help				
Screen for Behavioral Health Problems Using Valid Measures				
Diagnose Behavioral Health Disorders				
Engage Patient in Integrated Care Program				
Needs for Implementation <input type="checkbox"/> Staff Hires <input type="checkbox"/> Staff Training <input type="checkbox"/> Clinical Supervision <input type="checkbox"/> Administrative Supervision <input type="checkbox"/> Other Resources needed	Notes:			
Timeline:				

MOST Important Step!

Facilitator completes with subgroup of clinic staff

Important to include representatives of each group

Generate Integrated Care Workflow and Implementation Plan

Facilitator leads discussion

- Where are we now?
 - Review completed WS #2
 - Gaps, Duplications
- Where do we want to be?
 - Practical Ideal
- Who will do each Integrated Care Task?
 - Complete WS #3 as a group
- Generate Integrated Care Workflow & Implementation Plan
 - Share with all clinic staff, so they know what to expect

Agenda

Two different approaches:

- AIMS Center Teambuilding Tools
- Qualis Safety-Net Medical Home Initiative: GROW Tool

Tips and Tricks

- Use a Practice Patient
- Focus on Communication
- Plan Time to Team Build

PCMH Behavioral Health Integration Pathway



www.safetynetmedicalhome.org

Goals

Common Targets

- Patients in crisis and distress
- Patients with common chronic mental illnesses such as depression and anxiety
- Patients needing support to manage serious, chronic and persistent mental illness
- Other populations

Example Responses

- *We need to be able to see several patients per day to support PCPs. Right now a social worker helps with this challenge.*
- *We have a large older adult population with co-morbid depression and diabetes that we would like to serve better.*

Resources

Common Resource Areas

- Geography
- Physical space
- Support of leadership
- Care team and workforce development
- Shared workflows
- Available technology/HIT
- Financial Resources

Example Responses

- *The social workers currently sit in an office that is in the back of the clinic and the PCPs sit in the front of the clinic in their workroom.*
- *We have a small grant to start the transformation but then need to work toward financial sustainability. This will be a change because we have never charged for behavioral health visits.*

Options

Common Pathways

Access:

- Facilitated referral
- Onsite behavioral health provider

Accountability

- Measurement based treatment-to-target for individuals
- Commitment to population outcome improvement

Example Responses

- *We might need to increase BHP FTE. We need to address the rate of patient no-shows to maximize existing psychiatric consultant's time.*
- *Some providers have used a screener since getting the new EHR, but this is not routine in the clinic.*
- *We track patients with diabetes, so the providers are familiar with the idea, but we have not done this for depression.*

Workflow Development

Key Questions

- Staff and training needs?
- What facilities, HIT, and other resources?
- Communication strategies?
- How will our physical space foster collaboration?
- Introduction materials?
- When and how will we evaluate our progress?

Example Responses

- *We will need funding to support increased staff time*
- *We have the care manager office close to the PCP workspace.*
- *Our care manager will schedule most patients but need some open spaces to allow her to see patients urgently, so we will keep some same-day slots in her template for warm handoffs.*

Agenda

Two different approaches:

- AIMS Center Teambuilding Tools
- Qualis Safety-Net Medical Home Initiative: GROW Tool

Tips and Tricks

- Use a Practice Patient
- Focus on Communication
- Plan Time to Team Build

Use a virtual patient to consider:

- How will you identify patients that need treatment?
- Who will administer screening?
- What, if a PCP is concerned for mental health condition, would happen next in your clinic?
- How will you engage challenging patients?
- How will you introduce your integrated care effort? Do all team members have a clear introduction?
- When is a behavioral health provider introduced? How?
- How will you communicate about patients? Talk to the PCP? The psychiatric consultant?
- Would the patient get treatment?
- How will your team track the patient's progress?
- How will follow up be scheduled?
- How will you complete treatment?

Consider Introducing Your Care

Combine with other patient educational materials

Customize!

- Insert staff photos and contact information
- Put assessment tool(s) (e.g. PHQ-9) on back
- Make into tri-fold brochure and include other general information for patients

Your Care Team at XYZ Clinic



YOU

What is the patient's role?

You are the most important person on the team! You will get the best care if you participate actively with your primary care physician (PCP) and your care manager (CM). Tell them what is working for you and what is not working for you. Work with your team to track your progress using a simple checklist. Let them know if you have questions or concerns about your care. If you take medication, know what it is and take it as prescribed.



PCP Name and Photo

What is the primary care provider's role?

The PCP oversees all aspects of your care at the clinic.

He or she will work closely with the other members of the care team to make sure you get the best care possible. The PCP will make and / or confirm your diagnosis and may write or refill prescriptions for medications. The PCP works closely with your care manager to stay informed about your treatment progress. The PCP may also consult with the team psychiatrist if there are questions about the best treatments for you.



CM Name and Photo
Telephone (xxx) xxx-xxxx
Email janed@email.rog

What is the care manager's role?

The care manager works closely with you and the PCP to implement a treatment plan. The CM answers questions about your treatment. He or she will check-in with you to keep track of your treatment progress and can help identify side effects if you are taking medications. The PCP and the CM work together with you if a change in your treatment is needed. The CM may also provide counseling or refer you for counseling if that is part of your treatment plan.



Team Psychiatrist Name
and Photo

What is the team psychiatrist's role?

The psychiatrist is an expert consultant to the PCP and the CM. The team psychiatrist is available to advise your care team about diagnostic questions or treatment options, especially if you don't improve with your initial treatment. The CM meets and consults regularly with the team psychiatrist to talk about the progress of patients in the program and to think about treatment options. With your permission, the team psychiatrist may meet with you in person or via telemedicine to help inform your care.

Agenda

Two different approaches:

- AIMS Center Teambuilding Tools
- Qualis Safety-Net Medical Home Initiative: GROW Tool

Tips and Tricks

- Use a Practice Patient
- **Focus on Communication**
- Plan Time to Team Build

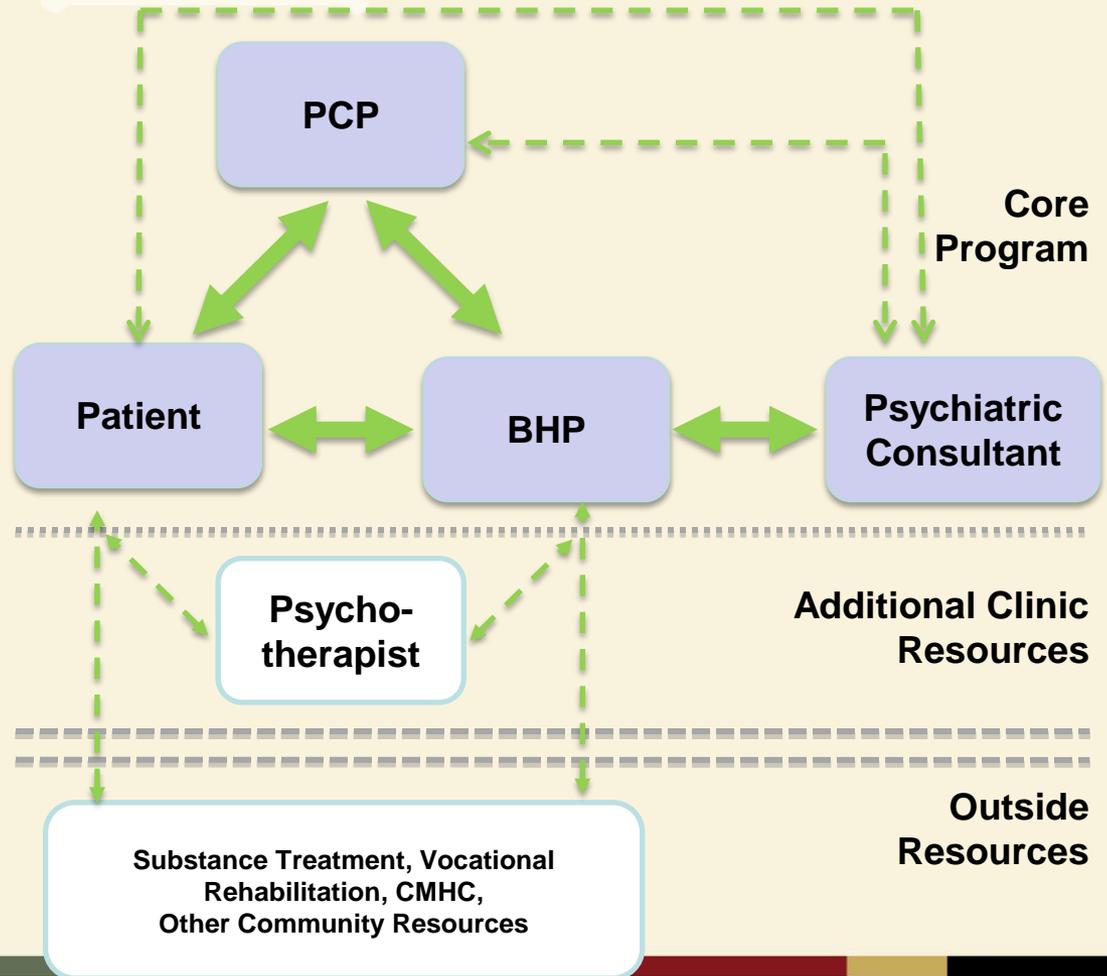
Provider to Provider Communication: How and When?

Consider modality

- In person
- Staff (MA or nurse)
- Phone
- Fax
- Email (*careful with confidential info*)
- EMR

Frequency

- Scheduled
- As needed



Agenda

Two different approaches:

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Tips and Tricks

- Use a Practice Patient
- Focus on Communication
- Plan Time to Team Build

What will be the biggest challenge for your team? (Polling Question)

1. Shared Goals
2. Clear Roles
3. Mutual Trust
4. Effective Communication
5. Measurable Processes and Outcomes

Team Assessment

Shared Goals

- 1 All primary and behavioral healthcare team members have a shared vision for integrating primary care and behavioral health.
- 2 Each member of the primary and behavioral healthcare team, including the patient, is clear about the goals of our behavioral health integration effort.

Clear Roles

- 3 Everyone on the primary and behavioral healthcare team is clear about his/her role and responsibilities.
- 4 All primary and behavioral healthcare team members share one workflow for team-based patient care.

Mutual Trust

- 5 There is trust in communication and relationships in our primary and behavioral healthcare team.
- 6 All primary and behavioral healthcare team members can rely on each other for support in their role on the team.

Effective Communication

- 7 All primary and behavioral healthcare team members regularly use effective communication to facilitate care.
- 8 Conflict on our primary and behavioral healthcare team is addressed openly and constructively.

Measurable Processes and Outcomes

- 9 All primary and behavioral healthcare team members regularly reflect on successes and failures related to our integrated behavioral health implementation goals.
- 10 All primary and behavioral healthcare team members regularly reflect on our successes and failures in team functioning to support integrated behavioral health implementation goals.

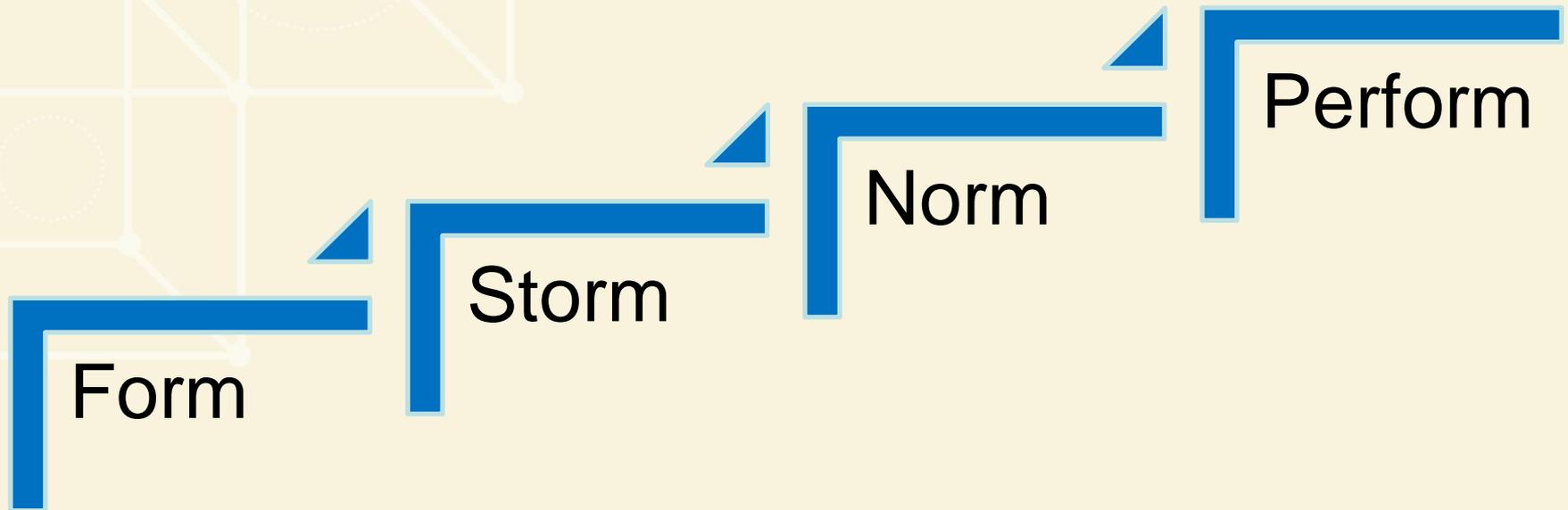
Sustainability Tips

- Continue to practice becoming an excellent group
- Ongoing feedback and coaching to group members
- Leadership continues to support the group
- Measure success of the group
- Organization celebrates gains of the group
- Develop a funding model to sustain the group
- Continually update the group's plan

Adapted from TeamSTEPPS: <http://teamstepps.ahrq.gov/>

Tuckman's Model of Team Building

Form-Storm-Norm-Perform



Questions?

AIMS Center Resources:

aims.uw.edu

Qualis

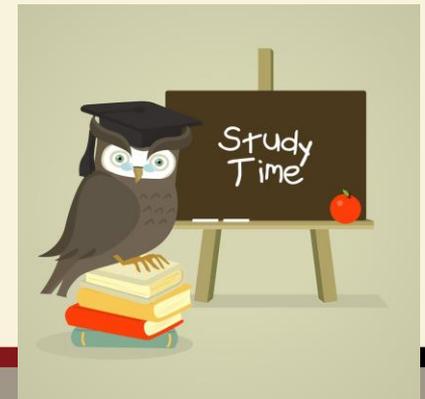
www.safetynetmedicalhome.org

Resources!

SAMHSA-HRSA Center for Integrated Health Solutions **Operations & Administration / Workflow**

<http://www.integration.samhsa.gov/operations-administration/workflow>

- Business Process Analysis Workbook for Behavioral Health Providers
- Workflow Design: A Focus on the Experience of the Recipient of Services



Next Steps

May
Canyon Pediatrics, AZ
CODAC BH Services, AZ
Connections, DE
Family Alliance, IL
Family First Health, PA

- 5-10 minutes each
- Slide(s) optional
- A key strength or challenge of your implementation plan
- Q&A

Attending the National Council Conference Apr 20-22?

Innovation Community Meet Up!

Monday April 20

12:00-1:15pm

Genius Bar



SAMHSA-HRSA Center for Integrated Health Solutions

**Slides for today's webinar are
available on the CIHS website at:**

www.Integration.samhsa.gov

under About Us/Innovation Communities