



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Building High Performing Multi-Disciplinary Teams

SAMHSA MAI CoC Grantee Virtual Meeting
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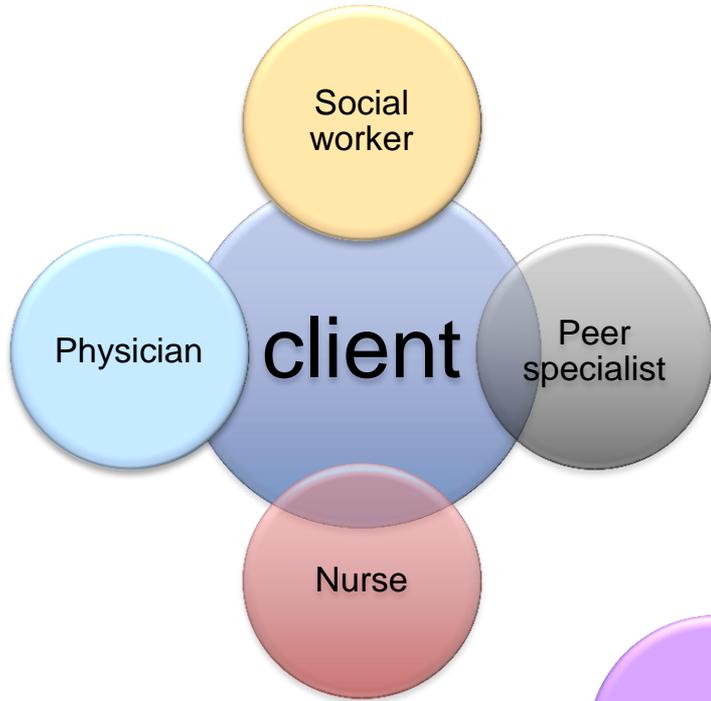


Objectives

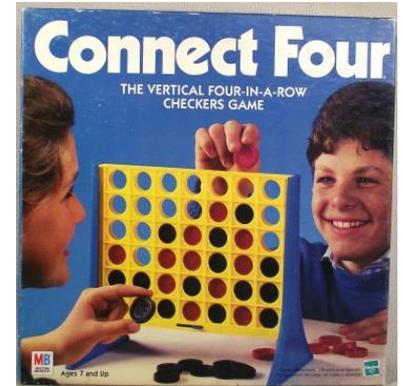
- Assess the main characteristics of high-performing teams for HIV Primary Care
 - Establish quality improvement strategies for practice-based learning.
 - Define collaborative care planning and coordination.
 - Describe ways to implement collaboration and teamwork for integrated care.
 - Review factors that inhibit and enhance interpersonal communication.
- **Bonus!** Learn about adaptive change for team success

What is a High-Performing Team?





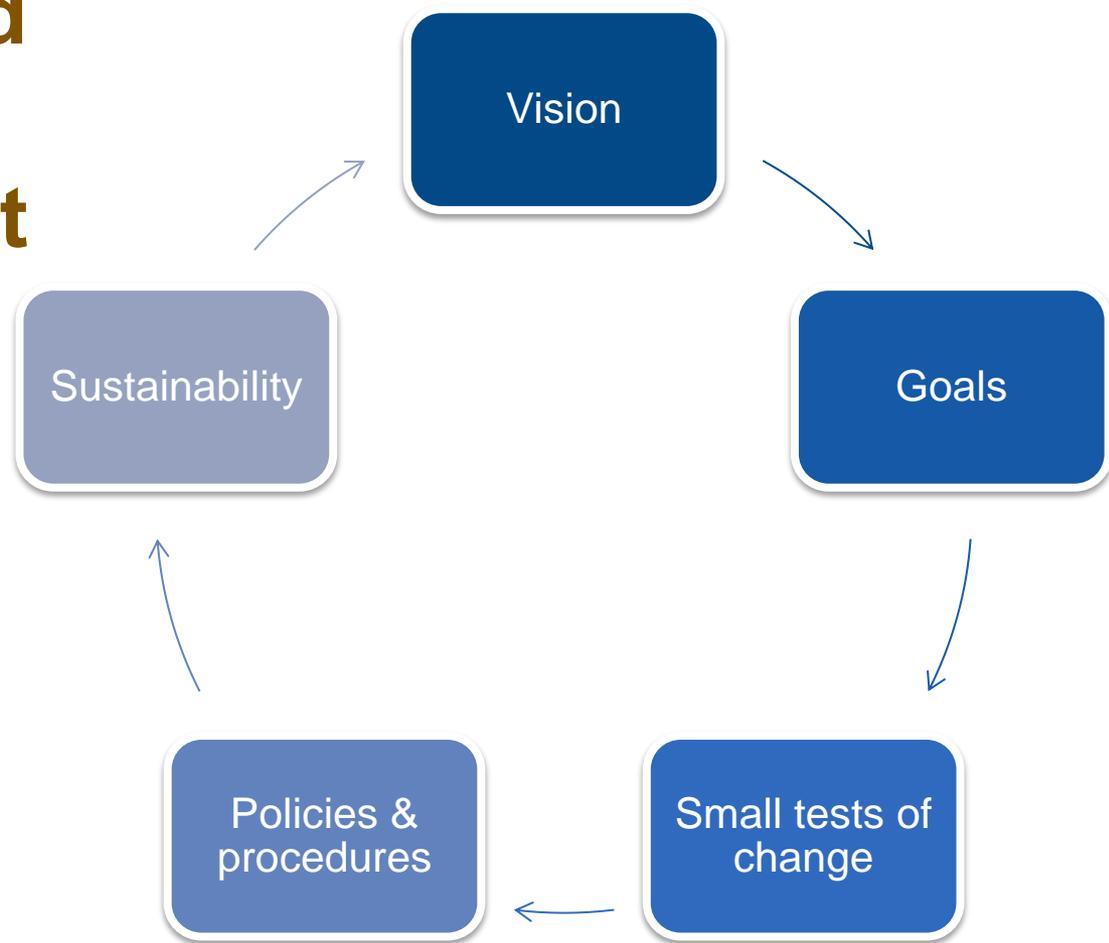
Four Core Competencies for Integrated Teams



1. Practice-Based Learning & Quality Improvement
2. Care Planning & Coordination
3. Collaboration & Teamwork
4. Interpersonal Communication

www.integration.samhsa.gov/workforce/core-competencies-for-integrated-care

1. Practice-Based Learning and Quality Improvement



Setting the Vision



- A mission and/or vision are critical, especially in times of change
- Leaders may set the vision, but soon the team members should integrate – work for shift in culture
- All members should resonate with mission/vision
- Work backwards and align goals with organizational mission but also with model that ensures sustainability

Defining Team Goals

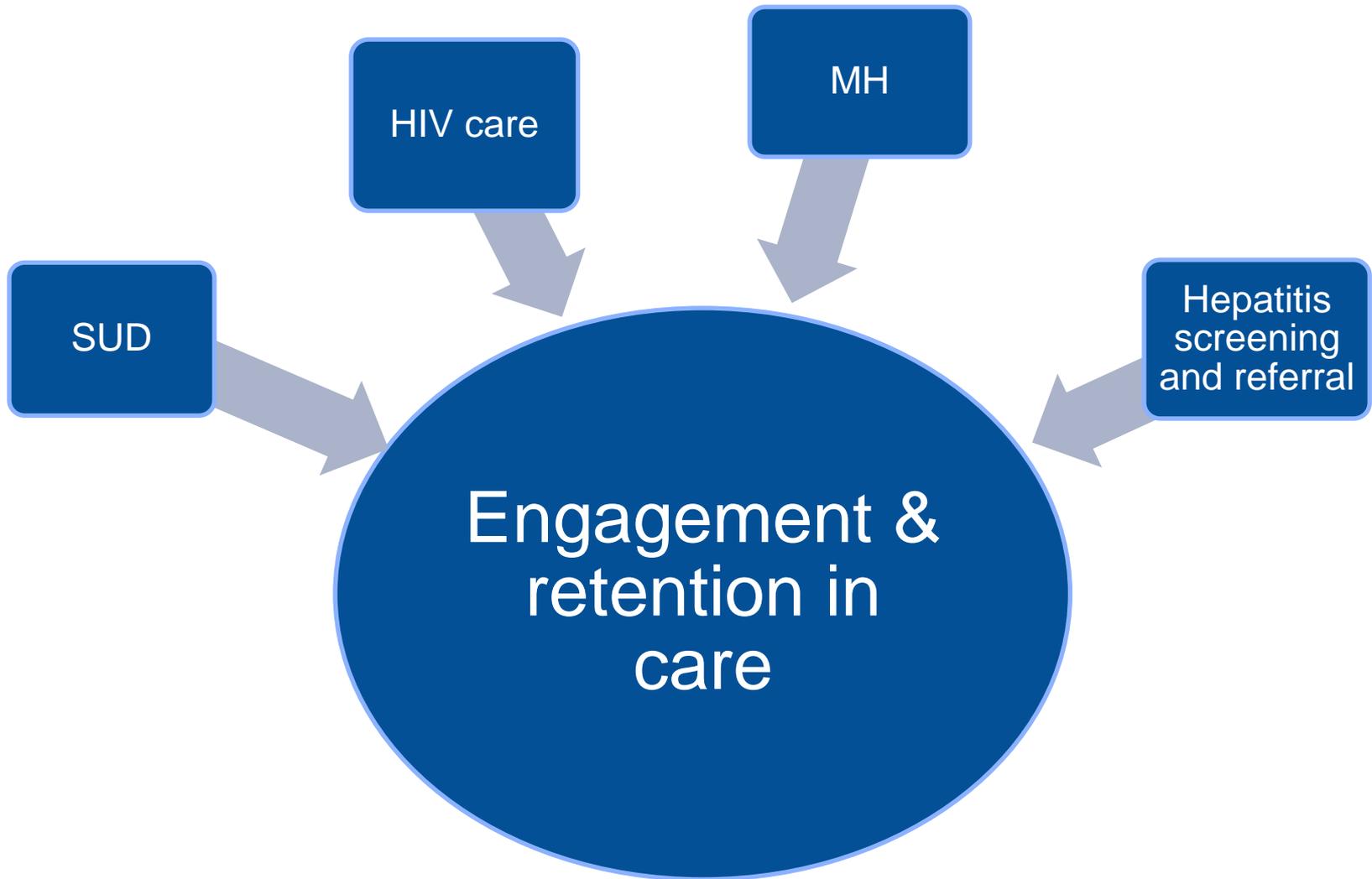
- Develop a team dashboard that includes measurable, and meaningful/relevant goals
- The goals must relate to broader organizational goals
- Tie the goals to a quality improvement/PDSA process
- Incorporate discussion of the goals into every meeting



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Key Questions for Goal Setting

1. What are we trying to accomplish?
2. How will we know that a change is an improvement?
3. What change can we make that will result in improvement?

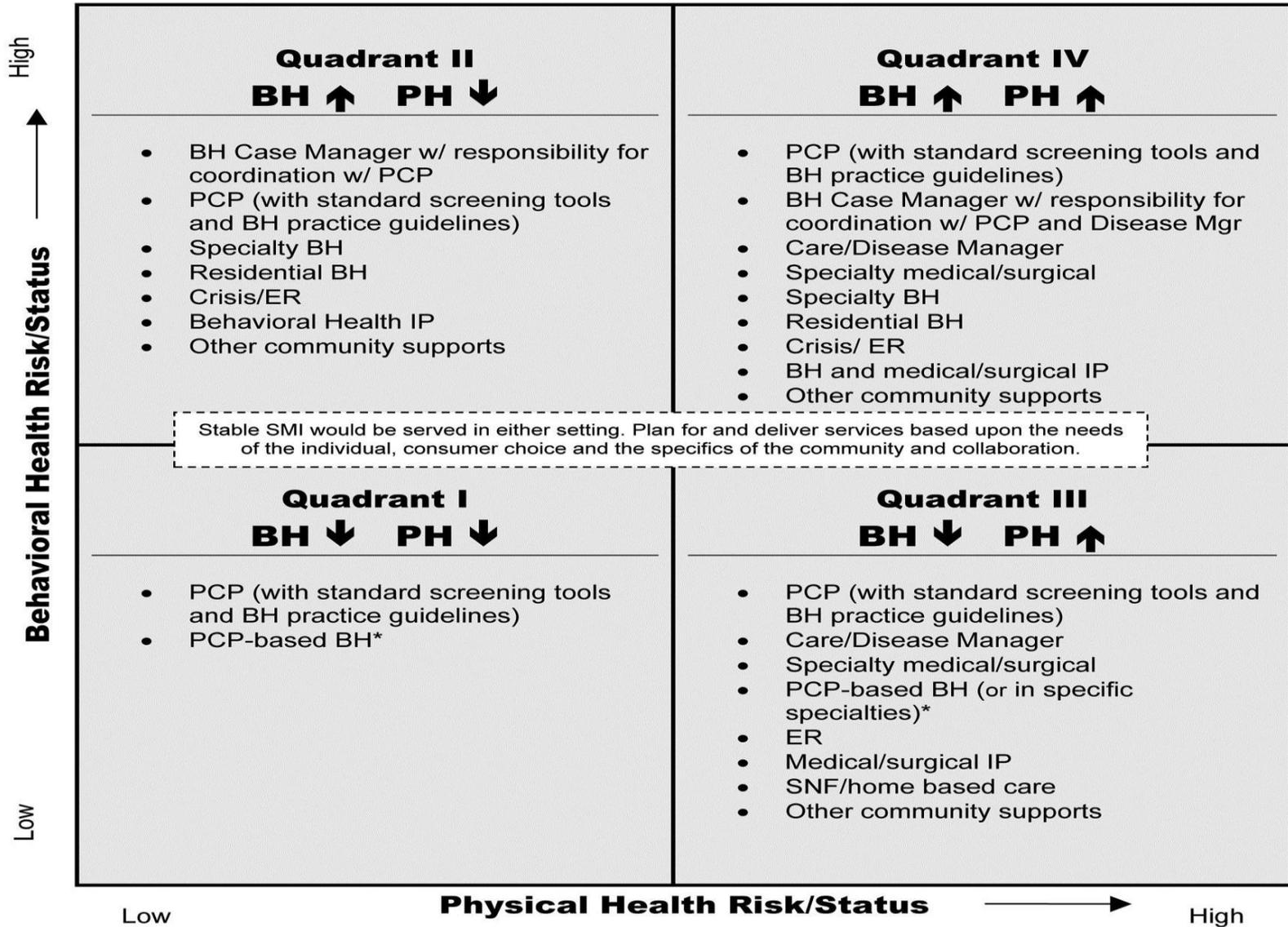


2. Care Planning & Coordination

- Type & intensity of services matched to needs
- Linked services between HIV, SUD, MH
- Information exchange
- Integrated care plans
- Warm handoffs
- Prioritized treatment goals - who decides?



The Four Quadrant Clinical Integration Model



*PCP-based BH provider might work for the PCP organization, a specialty BH provider, or as an individual practitioner, is competent in both MH and SA assessment and treatment

Standard Framework for Integration

Referral		Co-Located		Integrated	
Key Element: Communication		Key Element: Physical Proximity		Key Element: Practice Change	
Level 1 Minimal Collaboration	Level 2 Basic Collaboration at a Distance	Level 3 Basic Collaboration On-Site	Level 4 Close Collaboration On-Site 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 others work:					
In separate facilities.	In separate facilities.	In same facility not necessarily same offices.	In same space within the same facility.	In same space within the same facility (some shared space).	In same space within the same facility, sharing all practice space.

Poll Question

How would you rate your agency's current level of integration?

Referral		Co-Located		Integrated	
Key Element: Communication		Key Element: Physical Proximity		Key Element: Practice Change	
Level 1 Minimal Collaboration	Level 2 Basic Collaboration at a Distance	Level 3 Basic Collaboration On-Site	Level 4 Close Collaboration On-Site with Some System Integration	Level 5 Close Collaboration Approaching an Integrated Practice	Level 6 Full Collaboration in a Transformed/ Merged Integrated Practice

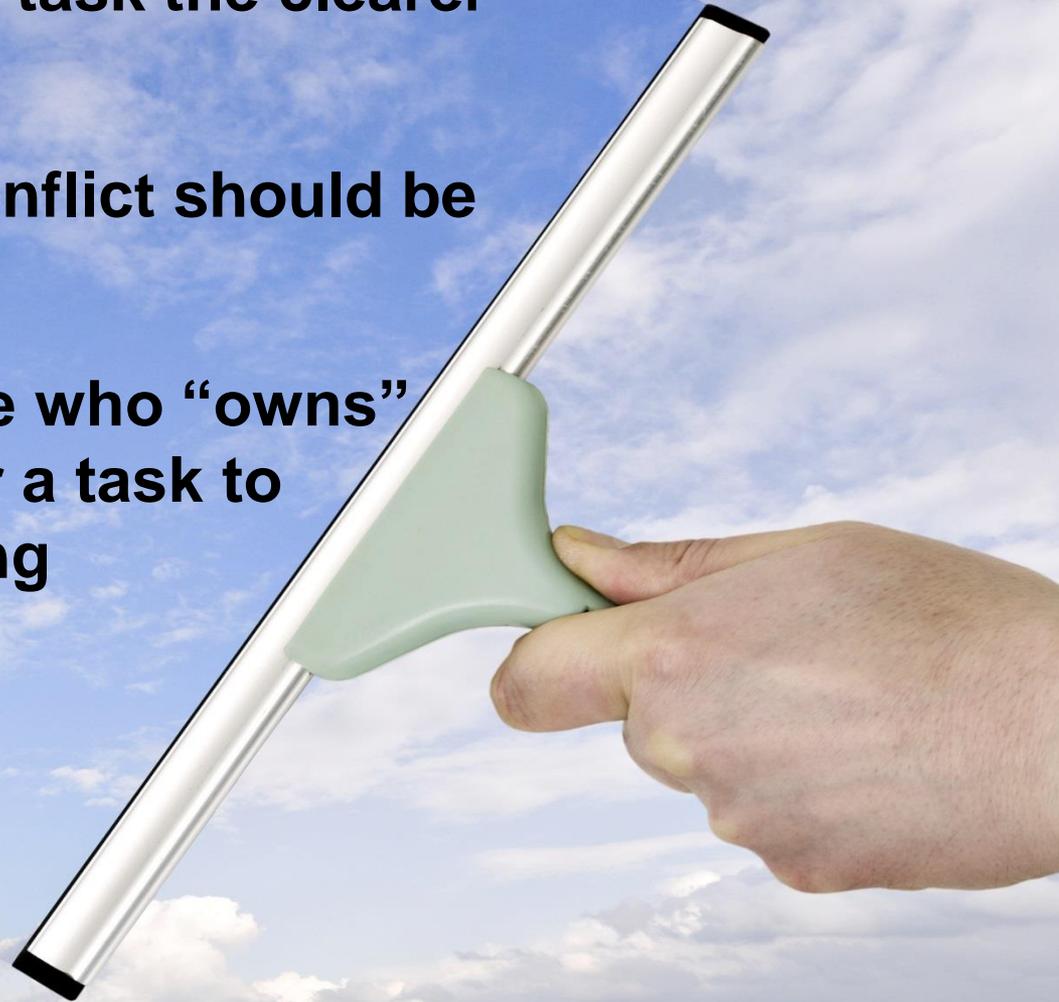
3. Collaboration & Teamwork



- Clarity of roles/tasks
- Huddles
- Handoffs
- Shared-decision making

Clear Role Expectations

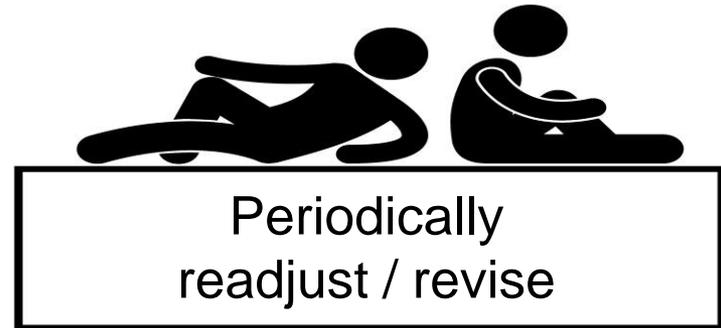
- **The more complex the task the clearer roles must be**
- **Role ambiguity and conflict should be discussed right away.**
- **Routinely, clearly state who “owns” or is “responsible” for a task to help foster this thinking**



Worksheet Example

	Your role?	Who's role?	Training and/or support needs for role
Screening for substance use			
Medication reconciliation			
Using motivational Interviewing			
Other tasks...			

Success Strategies

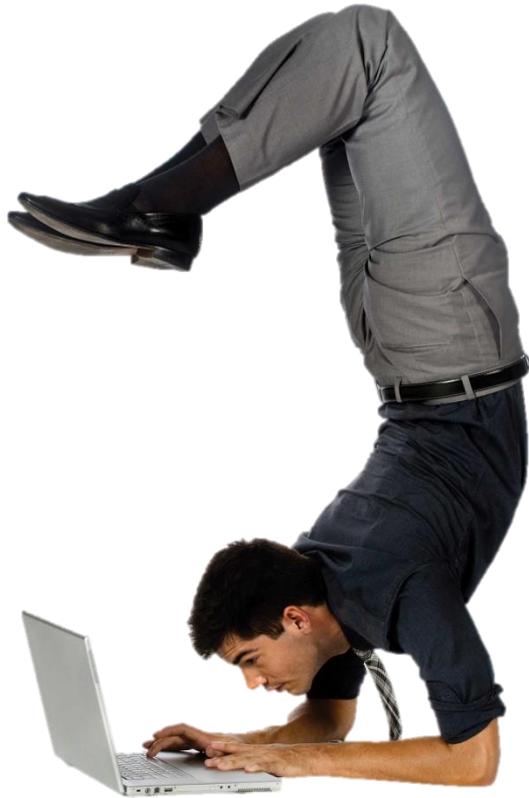


4. Interpersonal Communication

- Trust
- Shared understanding and accountability
- Decision making



A flexible decision-making process



- A team is a problem-solving, decision-making mechanism. This is not to imply that an entire group must always make all decisions as a group.
- The issue is one of relevance and appropriateness; who has the relevant information and who will have to implement the decision.

Teams can choose from a range of decision-making mechanisms, including:

1. Decision by default (lack of group response)
2. Unilateral decision (authority rule)
3. Majority vote
4. Consensus
5. Unanimity



Bonus!

Technical vs. Adaptive Change



- Problem is well defined
- Answer can be found within present structure
- Implementation is clear
- Mechanic = Fix



- Challenge is complex
- Need to address deeply held beliefs and values
- Loss is inherent part of the process
- Organic = Grow



EHR, tools,
staff memos,
process & workflow

Leadership support &
clinical champions

Staff engagement, values, beliefs

Allowing staff to work up to training
capabilities & testing expanded roles

Shared vision & accountability



Teams with greater occupational diversity reported higher overall effectiveness and the innovations introduced by these teams were more radical and had significantly more impact both on the organization and on patient care.

Borrill & Haynes (2000). Managers' lives. Stressed to kill. *Journal of Health Service*.10;110(5691):24-5.

PCMH Teams & Adaptive Reserve

“Transformation occurs not at a steady & predictable pace, but in fits & starts.”



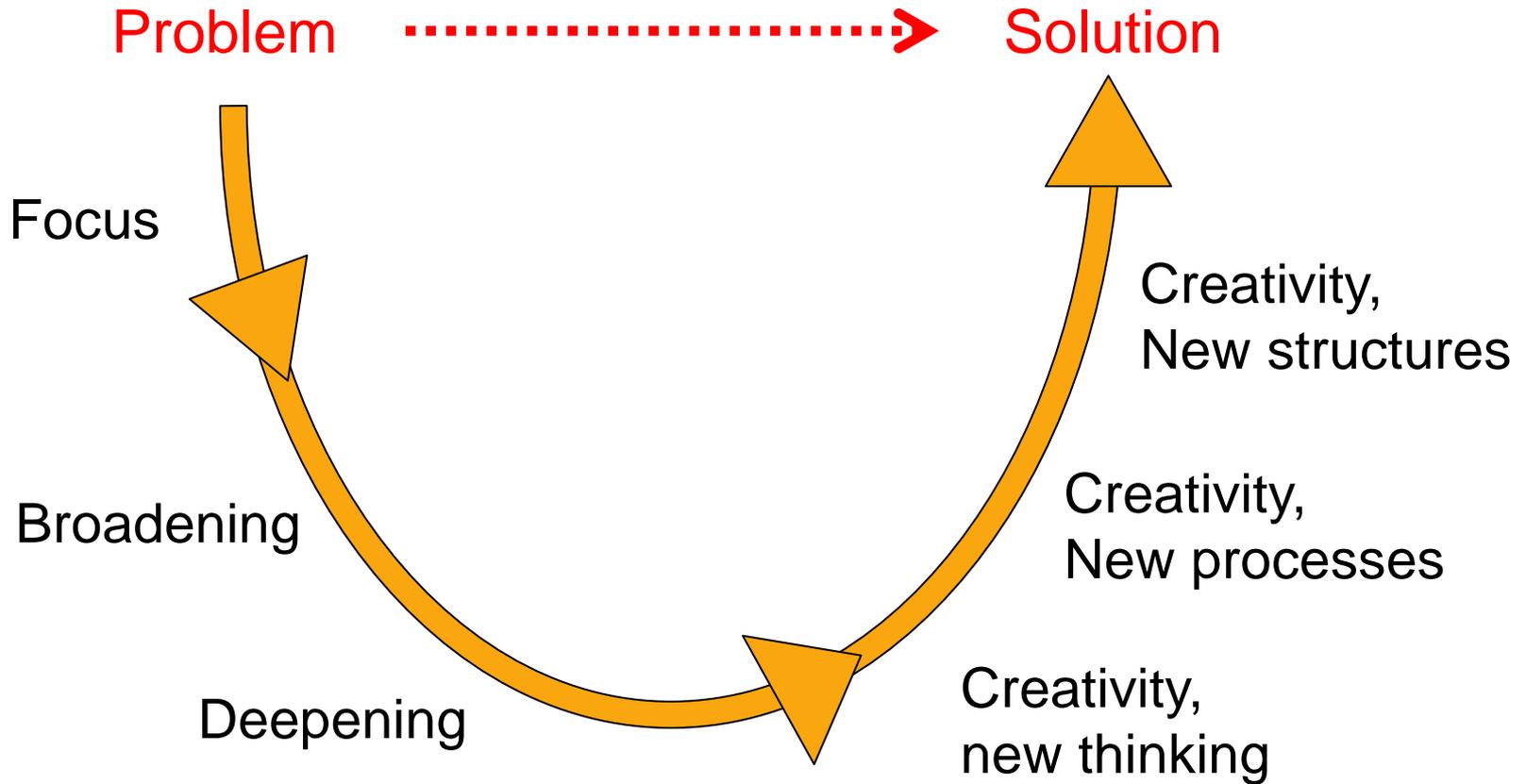
Nutting et al. Annals of Fam. Med. 2010

Adaptive Reserve: A practice's ability to make and sustain change.

- Shared **vision** of how care teams affect the patient experience
- Requires **shifts** in the ways people think about and understand their roles
- Requires individuals or groups to adopt **different mental models** of their work

Theory U

Otto Sharmer, PhD, MIT, 2007



Team Care & Persistence



- Recognize teams are dynamic, emotion laden, and need constant attention and reassurance
- Hardwire rewards into the work flows
- Be careful to hire team members, not positions
- Get in the habit of monitoring and responding to changes in morale/trust



Questions? Comments!

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