SAMHSA-HRSA
Center for Integrated Health Solutions

Engaging Consumers and Developing Workflows

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Agenda

- Overview of Challenges (Jenny Crawford)
- Consumer Engagement - Lessons from the Field (David Moore)
- Staff Engagement – A Strategy of Inclusion (Jenny Crawford)
- Diagramming and Analyzing “As Is” Workflows
- Creating the Vision for the “To Be” Workflow – Ensuring Integration in Day-to-Day Clinical Activities (Colleen O’Donnell)

Some of the Challenges Ahead

- How many consumers do you need to reach out to in order to enroll 200 patients?
- How will you engage clients for baseline ("transfer of trust," "warm hand-off") and 6 month reassessment (what is behavioral health involvement)?
- Peer ambassadors integrated into the overall strategy?
- Plan for engaging patients at every type of encounter?
- How will you capture health risk indicators (quarterly BP, BMI, waist circumference, CO) lipids and fasting glucose (or HgA1c)?
- How will PC and BH record, share and use data to monitor changes and plan interventions? (Data quality is directly related to data utility; sharing essential to "Meaningful Use")

Project Management

- The Human Service Center identified early on that the organization needed a project management plan in place to ensure enrollments were occurring at the pace that we had stipulated in the grant proposal with SAMHSA
- Team was put together and data was identified that needed to be shared with the Wellness team on a weekly basis
- The team meets if a threshold is breached – this has been where many of the new creative ideas for engagement have come from

Engagement

- Placing a Wellness coach at the front door when enrolling to services automatically (providing Wellness curricula to receiving case managers that have already had Wellness training)
- Pairing a Wellness coach with each outpatient case manager to enroll their caseload and giving the case manager the curricula to use with each consumer – joint treatment planning
- Prescribers are also a direct referral source as they identify Wellness needs during med checks
- Incentives to outpatient team members to enroll the respective caseloads of their own

Engagement, Cont.

- Having Wellness coaches as personal trainers has increased the referrals (who wouldn't want a personal trainer?)
- Incentives in various groups
- Wellness coach assigned to each outpatient team that goes in and makes sure that all consumers have been exposed to Wellness
- Direct admits from FQHC – this includes dual enrollments: Wellness and Mental Health Services

Reassessments

- Pull the list from TRAC on a weekly basis
- List is sent out to all staff (including case managers), easy to read format and each staff has their clients listed on a separate sheet
- Highlight names that are approaching the due date
- Specific staff person follows up with case manager and the team to help track people.

Q & A?

Please type your questions in the chat box

Creating Staff Awareness and Engagement

- Develop vision – how will project change organization? Impact day-to-day activities?
- Engage all staff - BH, PC, administrative…recognize success
- Create enthusiasm, awareness (marketing or promotion plan)
- Make certain all staff are aware of enrollment criteria (SAMHSA criteria, focus criteria if there are any)

Creating Patient Awareness and Engagement

Environmental cues

- Banners, posters, table tent at sign in desk (“The Nurse is “In”)
- Health and wellness bulletin board, materials around the waiting room for MH and PC information
- TV screen plays wellness videos in waiting room

Patient non-monetary incentives

- Allowed for assessment and reassessment (up to $25 on explicit incentives per year, per consumer)
  - $5 - $10 grocery cards
  - Gift bags with toiletries
  - Reduced fee gym memberships
  - Free lunch (on site cafeteria) of healthy foods

Finding Wellness Coaches Who Are Billable

- Check with State Medicaid Office for billable services and required credentials for the positions (link to resources at end of Webinar)
  - Is patient health education a billable service in your state?
  - Are Peer-based Wellness Services billable?
  - What are the associated required credentials the professional must have to make a service billable? (i.e., “Nurse Care Manager,” “Peer Specialist,” etc.

Q & A?

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Polling question: How would you describe the degree to which you have developed your plan for consumer engagement and outreach?

We have a plan in place for both engagement and reassessment

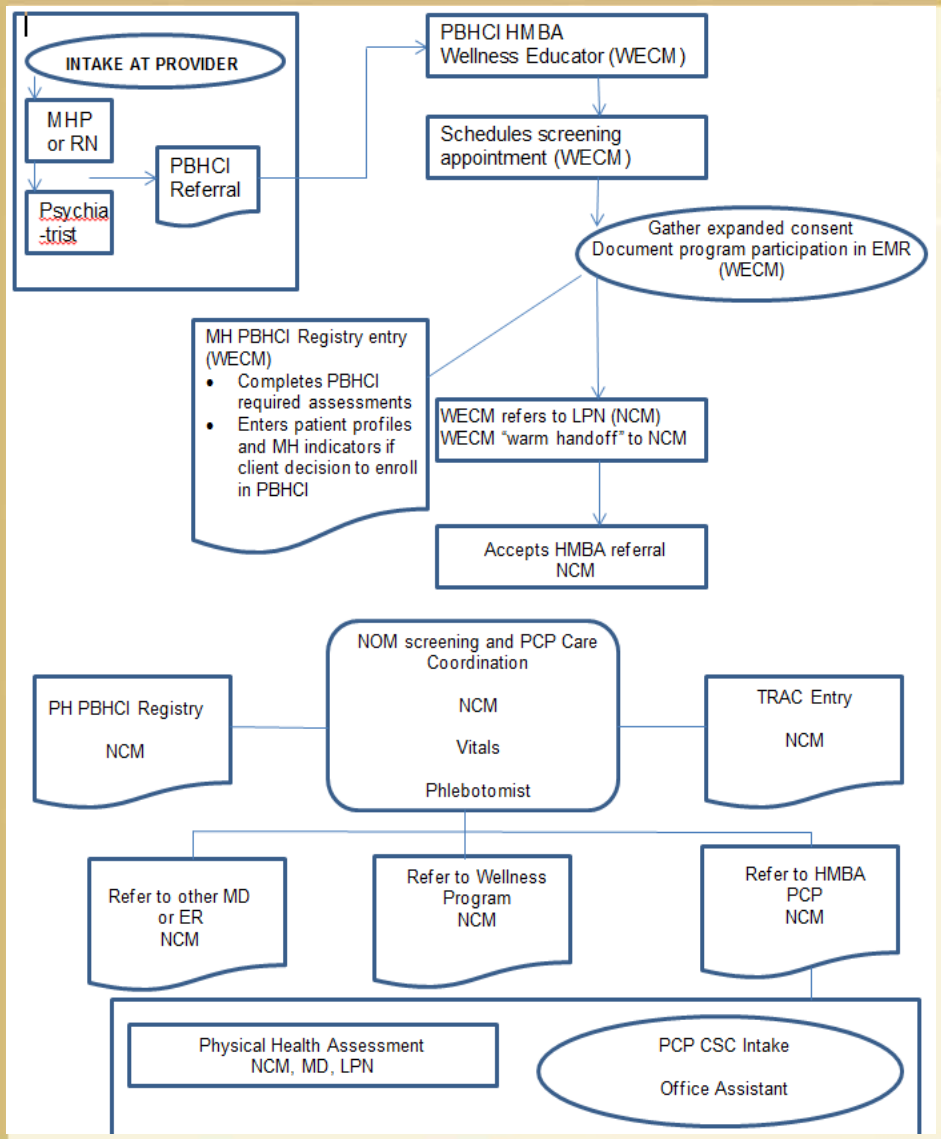
We have a plan in place for engagement only

We have some aspects of the plan in place for engagement and/or reassessment

We have not yet developed our engagement plan

Analyzing the PBHCI Intake Workflow

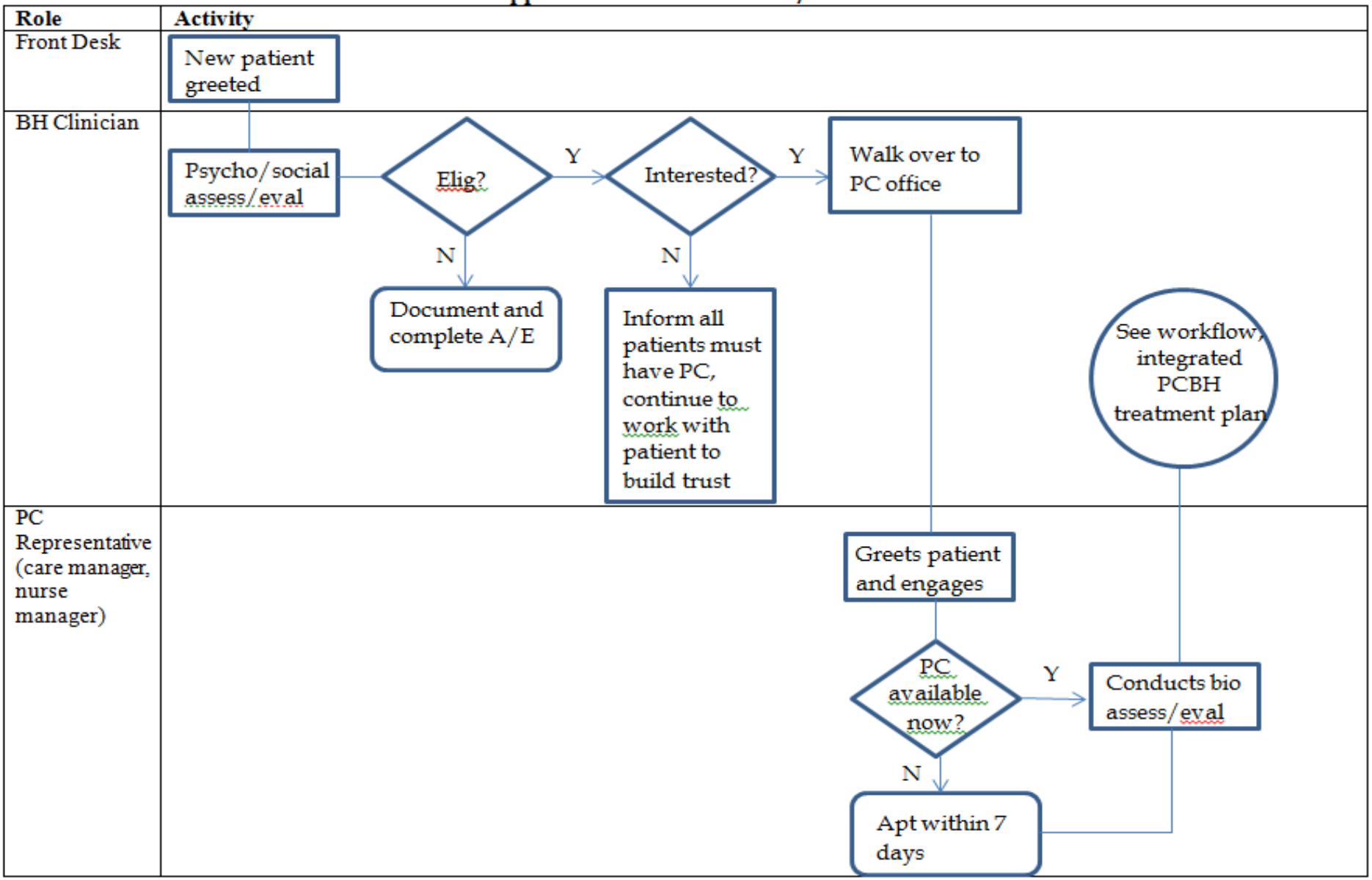
- Assemble team and ensure that every staff member who touches the “As Is” workflows to be analyzed is present - from finance to administrative assistant answering phone/greeting patients to the persons delivering the service
- Key elements of “To Be” Workflows
  - Data collection activities operationalized as part of biopsychosocial assessment and evaluation (not treated as a separate process)
  - Reflects organizational goal – PC/BH integration to become part of organizational culture and identity
  - Therefore all staff are trained, know how to do a “warm hand-off” and this is part of the workflow
  - Screening, interviewing etc. do not delay access to the primary care provider (introduction if warm hand-off not feasible)



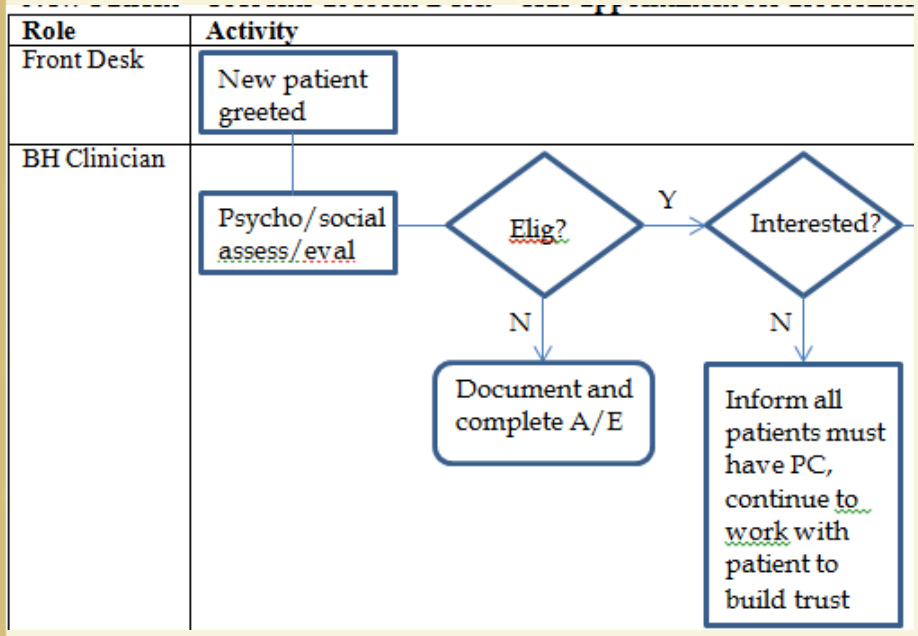
What's wrong with this picture?

- BH and PC not integrated. PBHCI treated as a separate "program" and there is no contact between primary care and BH clinicians after referral to PCP
- Data collection separate events – data collection activities should be operationalized
- Takes days or even weeks for patient to see primary care provider

New Patient > Presents at Front Desk > Has appointment for assessment/evaluation with BH clinician



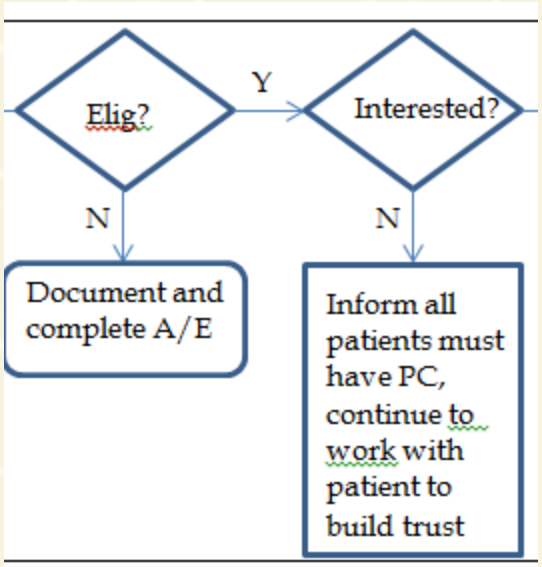
Intake and Screening



New Patient PsychoSocial Assess/Eval

- Does patient meet basic eligibility criteria for admittance to services?
- Clinician confirms eligibility and moves forward (warm-hand off / transfer of trust or trust-building)

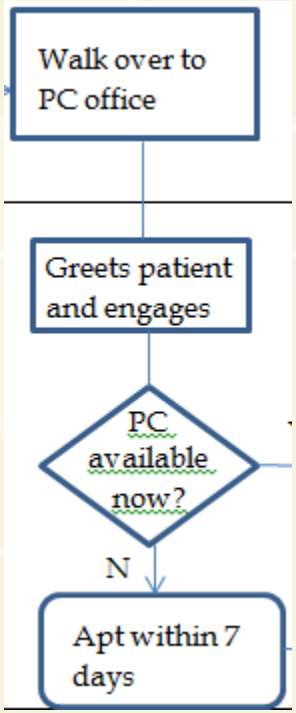
Primary Care Provider Determination



Initial Intake Decision Point
Critical to Integration of Care!

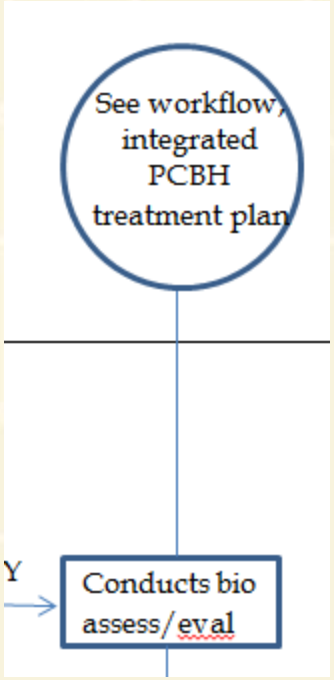
- Is patient eligible?
  - If no, can they ID a PCP? Can you exchange patient information with physician (CCR)?
  - If yes, promote participation in PBHCI
  - Even if not interested, emphasize that all patients need to have a primary care provider

Patient Treatment



- Goal is warm hand-off, minimum is appointment within 7 days, with reminders for upcoming appointments and follow up on no-shows
- What is the process for maximizing attendance at appointments?
  - Reminders?
  - Late and no-shows?
  - Open Access?
  - BH team member involved!

Connecting with Primary Care



- Addressing health risk indicators out-of-normal-range results are part of BH treatment plan
- Patient participation in Wellness activities promoted and monitored by BH professional
- Improvements in health risk indicators are monitored – if not improving, modify intervention

Q & A?

Please type your questions in the chat box

Polling Question: Describe the degree to which you have developed the workflows for integrating primary and behavioral health care:

We have developed and documented the "To Be" workflows for integrating primary and behavioral health care, identifying activities by roles and tasks

We have developed and documented at least some of the "To Be" workflows for integrating primary and behavioral health care

We have initiated the process of developing and documenting these workflows for integrating primary and behavioral healthcare

We have not yet examined workflows associated with integrating primary and behavioral health care

Workflow Analysis

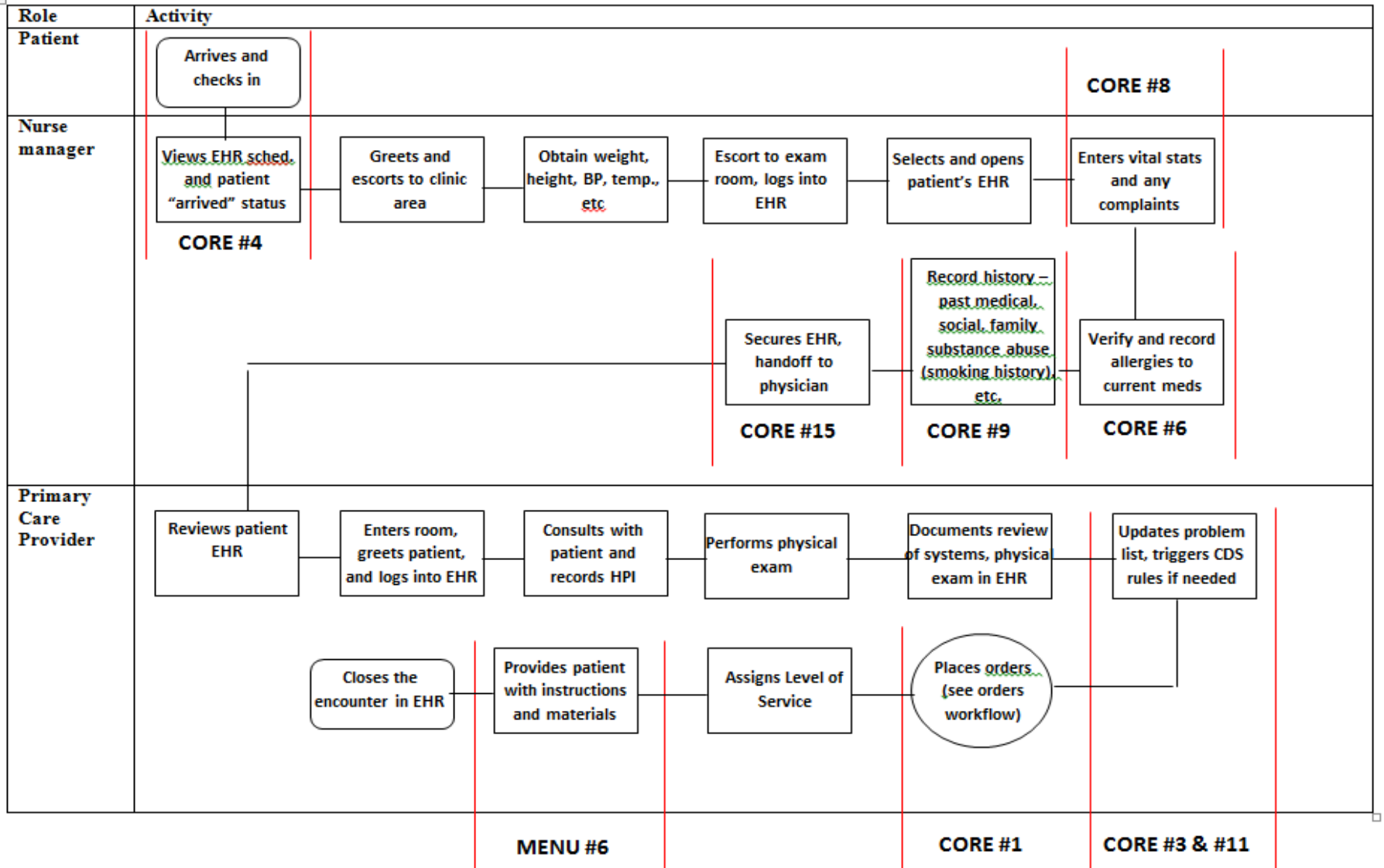
- **Timing**
  - How long are activities within the process taking?
  - How much time passes between activities?
- **Billing**
  - What are the billable/non-billable events?
  - Is there a way you can make non-billable events billable?
  - How do these events match up to the appropriate license/credential of the role? Are you maximizing the amount of reimbursement?
- **Role License and Credentials**
  - Where and how are you meeting credentialing requirements?
  - Do they match the billable activities?

More Analysis Examples

- **Resources**
  - Are licensed/credentialed (and therefore expensive) staff answering the phone when they could be conducting billable services?
  - Are particularly responsible staff being over-utilized?
  - Are two roles being implemented by one staff? Is this creating conflicts?
  - What happens when critical staff go on vacation or take leave?
- **Data collection points**
  - For the PBHCI grant?
  - For Meaningful Use?
  - For other reporting requirements and quality improvement activities?
- **Physical locations**
  - Does the physical layout support the workflow?
  - Is one workflow being conducted over multiple locations? How does this impact the workflow?

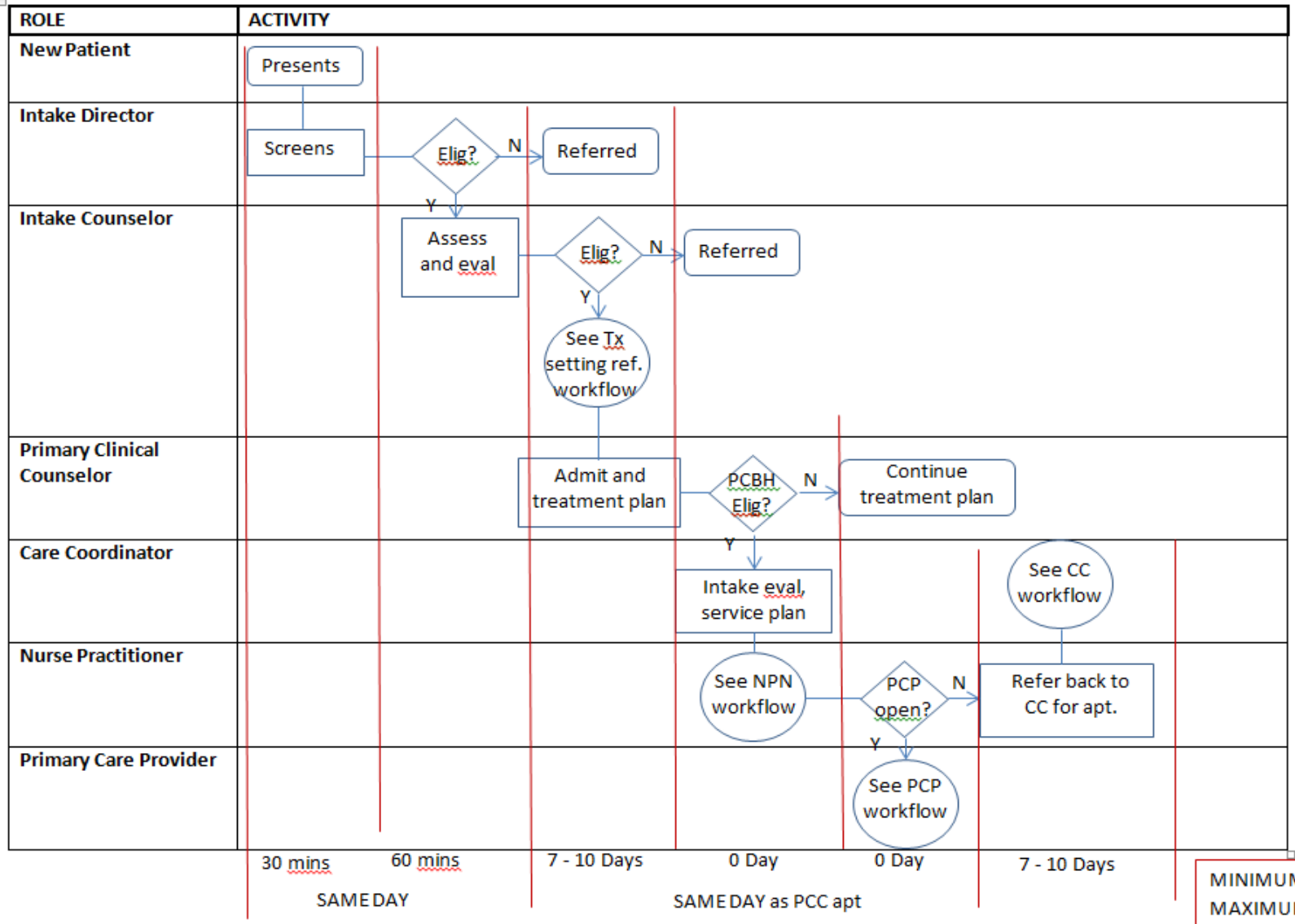
Workflow Analyzed for Meaningful Use

OFFICE VISIT WORKFLOW Analyzed for Meaningful Use Data Collection Points

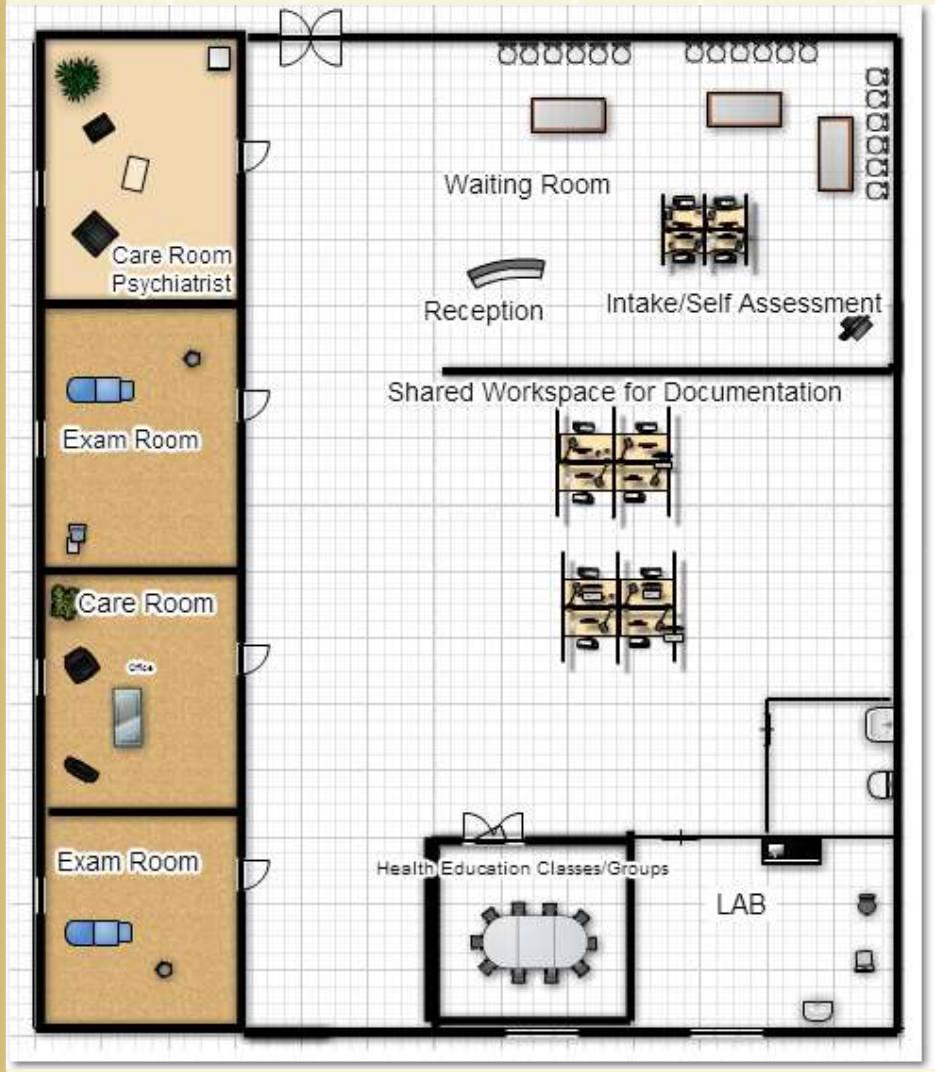


Workflow Analyzed for Time

Process: New patient, Central Intake, Screening and Referral to PBHCI for Eligibility Assessment, sees Primary Care Provider



MINIMUM 7 Days
MAXIMUM 20 Days
Initial Contact to PCP



Analysis for Physical Space

- Does physical workspace support BH participation (i.e., is it physically proximate? Can patients be walked over easily? How will they be welcomed?)
- Is concurrent documentation physically possible? Can the EHR be used as an adjunct to treatment?

What Next?

- Make list of workflows around each of these five high level processes (we all do the same things)
  - Screening
  - Intake
  - Assessment and Evaluation
  - Treatment
  - Discharge
- Start with HIGH LEVEL Workflows for each
- Drill down into the high – level processes for detailed workflows

Steps to Getting Started - Preparation

- Prepare “As Is” materials – gather the forms/identify screens, ensure existing policies and procedures are updated, current job descriptions are available, org charts on hand
- Understand that you are going to create the “To Be” vision
  - What policies, procedures have to change?
  - What forms are needed? Consents to participate, releases, translation of forms?
  - What positions need to be filled? What position descriptions need to be updated?

Steps to Getting Started - Diagram

a) Draw a swim lane flow chart and indicate the shapes to be used

b) Select a high-level workflow with specific conditions (i.e., new patient)

c) Identify all of the **ROLES** that will be involved in the process

d) Start identifying the discrete activities “What happens first…then what happens…then what happens next” (one activity per process box)

e) Diagram on a white board as a **TEAM** (from admin to PC), matching the process to the professional **ROLES**

TIPS

- Be prepared for tedious work the first few rounds – staff get more skilled as you progress
- Ask questions as though you were going to step in and do the work yourself
- Have an agenda and a time limit with processes to be diagrammed outlined as narrative
- Get a full picture of the current plan (“As Is”) then move to envisioning future state (“To Be”)
- Take notes – anything that is not captured will be lost

Q & A?

Please type your questions in the chat box

For Additional Information

Workflow Resources

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

Tip Sheet - Workflow design: A Focus on the Experience of the Recipient of Services

http://www.integration.samhsa.gov/pbhci-learning-community/Workflow_Tip_Sheet.pdf

Webinar - Integration Models: Lessons From the Behavioral Health Field

Recording: https://www2.gotomeeting.com/register/174403210

Slides: http://www.integration.samhsa.gov/about-us/Integration_Models_-_Lessons_from_the_BH_Field_webinar_-final.pdf

Webinar - Improve Access to Care: Eliminate No Shows and Wait Times

Slides: http://www.thenationalcouncil.org/galleries/resources-services%20files/NC_Live_Presentation_Access-Redesign_11-28-11.pdf

Workflow Assessment for Health IT Toolkit

http://healthit.ahrq.gov/portal/server.pt/community/health_it_tools_and_resources/919/workflow_assessment_for_health_it_toolkit/27865

How Do I Evaluate Workflow PowerPoint

http://www.integration.samhsa.gov/pbhci-learning-community/HowDoIEvaluateWorkflow,_ppp,_pdf.pdf

Medicaid and Medicare

http://www.integration.samhsa.gov/financing/medicaid-medicare

Thank You!

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