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Advancing Team-Based Care Learning Collaborative

Learning Session 6: Wednesday May 8th, 2024

NTTAP National Health Center Training & Technical Assistance Partners Clinical Workforce Development
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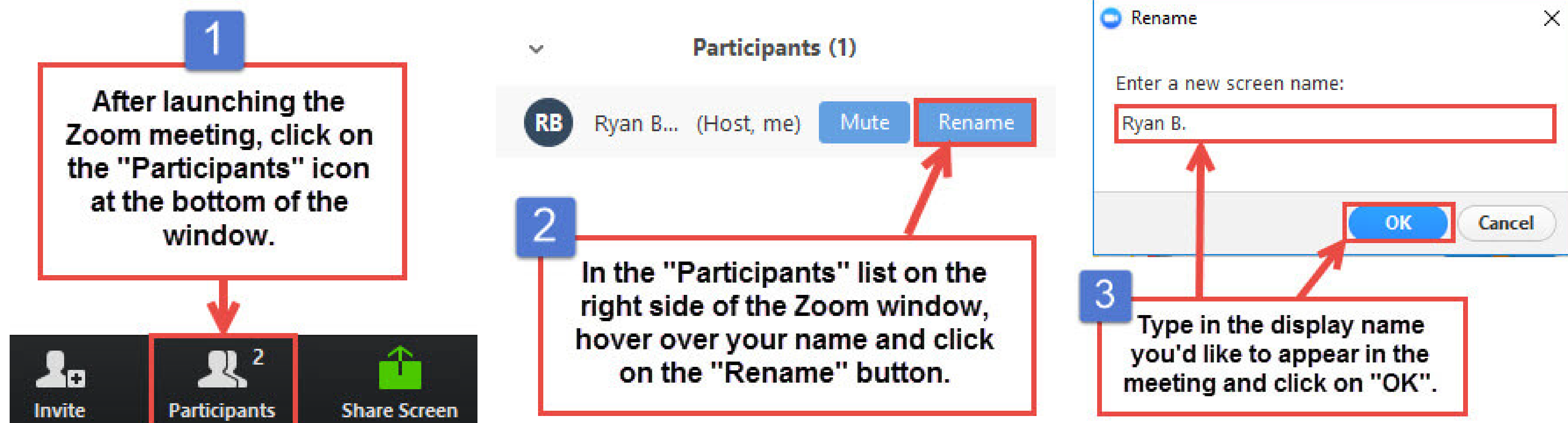
Get the Most Out of Your Zoom Experience

- Please keep yourself on MUTE to avoid background/distracting sounds
- Use the CHAT function or UNMUTE to ask questions or make comments
- Please change your participant name to your full name and organization
  - “Meaghan Angers CHCI”



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Session 6 Agenda

1:00 – 1:05	Introduction
1:05 – 1:45	Integrated Behavioral Health
1:45 – 2:00	Making Your Team Work: Monitoring Your Progress
2:00– 2:25	Quality Improvement Refresh: Standardization & Spread, Playbooks
2:25– 2:30	Q/A, Next Steps, and Evaluation

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National Training and Technical Assistance Partners

Clinical Workforce Development

Provides free training and technical assistance to health centers across the nation through national webinars, learning collaboratives, activity sessions, trainings, research, publications, etc.

Team-Based Care

- Fundamentals of Comprehensive Care
- Advancing Team-Based Care

Training the Next Generation

- Postgraduate Residency and Fellowship Training
- Health Professions Training

Emerging Issue

- HIV Prevention

Advancing Health Equity

Preparedness for Emergencies and Environmental Impacts on Health

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Collaborative Structure and Expectations

Eight 90-minute Zoom Learning Sessions

Session 1	Session 2	Session 3	Session 4	Session 5	Session 6	Session 7	Session 8
Dec. 6th	**Jan. 17th**	**Feb. 7th**	**March 6th**	**April 3rd**	**May 8th**	**May 29th**	**June 19th**

Between Session Action Periods

- Meet weekly as a team
- Conduct daily huddles
- Complete deliverables and upload to the Google Drive
- Use the Weitzman Education Platform to access resources and receive CME credit for learning sessions

Between Sessions

- Coaches meet with coach-mentors weekly
- Faculty support
- Complete deliverables

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2023-2024 Cohort

Organization	Location
Brockton Neighborhood Health Center	Massachusetts
Brooklyn Plaza Medical Center	New York
Center for Family Health & Education	California
Klamath Health Partnership	Oregon
Migrant Health Center, Western Region, Inc.	Puerto Rico
The Wright Center for Community Health	Pennsylvania

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Integrated Behavioral Health

Tim Kearney, Chief Behavioral Health Officer

Community Health Center, Inc.

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Principles of Integrated Behavioral Health Care

- **Team care**: Primary care and behavioral health providers, whether co-located or not, share care.
- **Population-based**: The care team shares a defined group of patients tracked in a dashboard to ensure no one 'falls through the cracks.' Practices track and reach out to patients who are not improving.
- **Treat-to-Target**: Each patient's treatment plan clearly articulates personal goals and clinical outcomes that are routinely measured. Treatments are modified until the clinical goals are achieved.
- **Evidence-based care**: Patients are offered treatments for which there is credible research evidence to support their efficacy in treating the target.

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Overview of BH Landscape

<u>Clinical Providers</u>:

- Therapists
  - Social worker, marriage and family therapist, counselor, psychologist, drug and alcohol counselor
- Medication providers:
  - Psychiatrist, psychiatric nurse practitioner, prescribing psychologists
- Level of licensure
  - Licensed Independent Practitioners (LIP)
  - Licensed to Practice Under Supervision
  - Student or Resident Under supervision of appropriately credentialed LIP

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Behavioral Integration & Primary Care Team

Screening for depression	Medical assistant, Medical Provider, Behavioral Health Provider
Care management	RN
Crisis management	Behavioral Health specialist
Brief Psychotherapy	Behavioral Health specialist
Referral for longer-term psychotherapy	BH Specialist, Referral Coordinator
Psychotropic Medication	PCP or PMHNP, Psychiatrist
Psychiatric Consultation	Consulting Psychiatrist, PMHNP, Psychiatry
SBIRT	Trained staff to screen, treat, refer

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Best Practices for Optimizing Integrated Behavioral Health

1. Shared Electronic Health Record between all disciplines on the team to allow greater coordination of patient care.
2. Physical and virtual co-location with the other disciplines to provide patient-centered care and communicate seamlessly.
3. All patients are “CHCI patients”, not “medical patients” or “behavioral health patients” or “dental patients.
4. Having the right people and orienting them to an integrated model of care

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Shared Electronic Health Record

- Patient signs an informed consent for behavioral health care treatment where they are informed that the shared EHR is a standard practice.
- BH Provider notes the type of session (individual, family, group) and whether the patient was seen in real life, via phone, or via video and gives a brief summary of the session.
- Screen for suicide at every session
- All providers treating the patient have access to records from all disciplines

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Co-Location

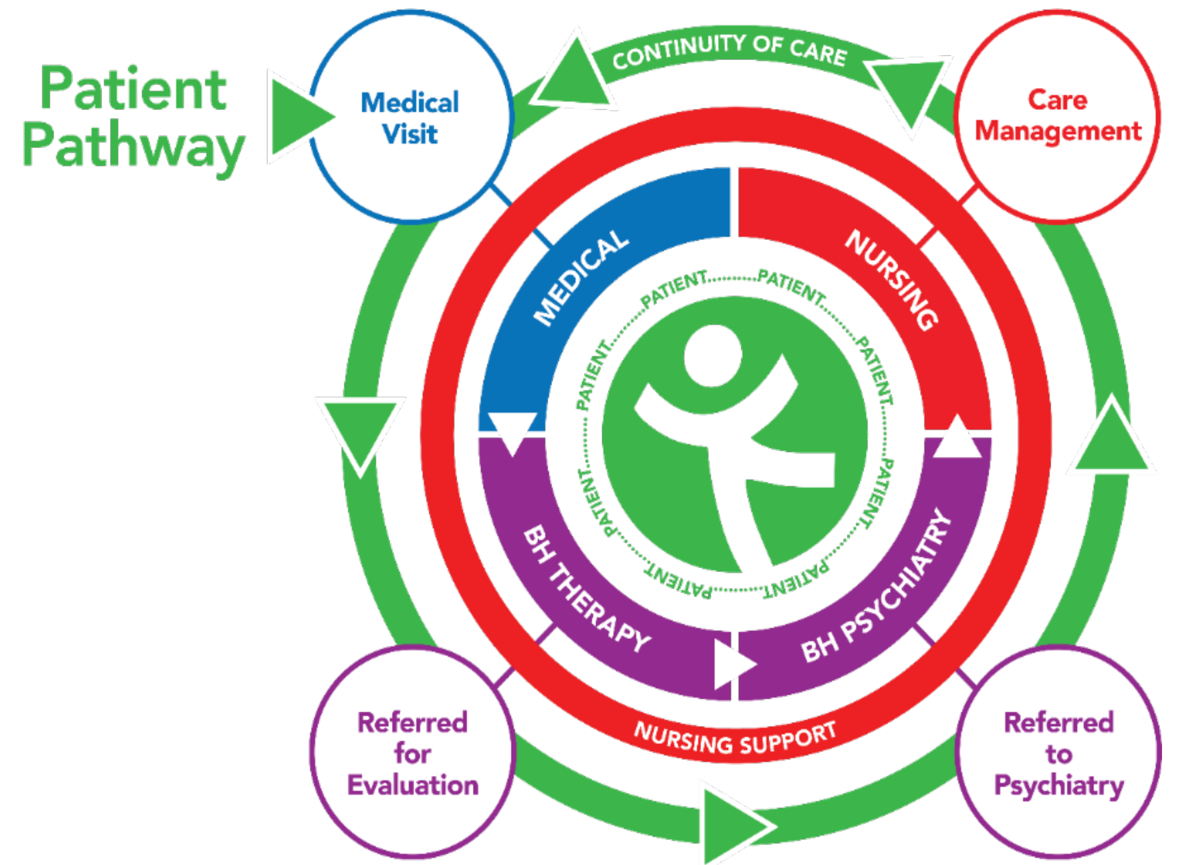
- Physical and virtual co-location with other clinical disciplines
- Move towards telehealth eliminated the greatest challenge – adequate physical space
- Offer a wide-range of behavioral health services: brief assessments; individual, family and group therapy; short-term and long term behavioral health care; and Medication Assisted Treatment (MAT) programs with relapse prevention support group

Warm Hand Off

Warm Hand Off can be maintained in a hybrid team:

- If a member of the team thinks a patient needs to see a behavioral health provider before leaving the appointment, it is flagged for the MA
- MA briefs the BH provider
- Every effort is made for patient to meet a BH provider before patient leaves

E-WHO (Electronic Warm Hand Off)



All Patients are "CHCI Patients"

- In 2023, 12.0% of CHC Primary Care Patients were also CHC BH Patients, and 65.3% of CHC BH Patients were also CHC Primary Care Patients.
- All patients enter through the same doorway to be greeted by the same patient service representatives, avoiding the stigma associated with seeing a therapist.
- Getting behavioral health care outside of our integrated team-based care system does not disqualify a patient from getting medical care at CHCI, though it makes coordination of services more difficult.
- Medical patients were more likely to keep initial appoints for behavioral health than those who had no previous connection to CHCI.

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Having the Right People

- Behavioral health clinicians continue to focus on the interplay between a patient's inner world and social reality.
- The 45 minute session or weekly sessions that are often the norm ins free standing BH programs are often not needed, and the opportunity to have other team members provide parts of the care that the BH provider would need to do if they were a solo practitioner can lead to more effective and efficient care.
- Strong pod identify to build camaraderie
- Inform candidates of unique opportunities, responsibilities, and obstacles of integrated care at time of hire
- Training opportunities

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Questions?

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Making Your Team Work:

Monitoring Your Progress

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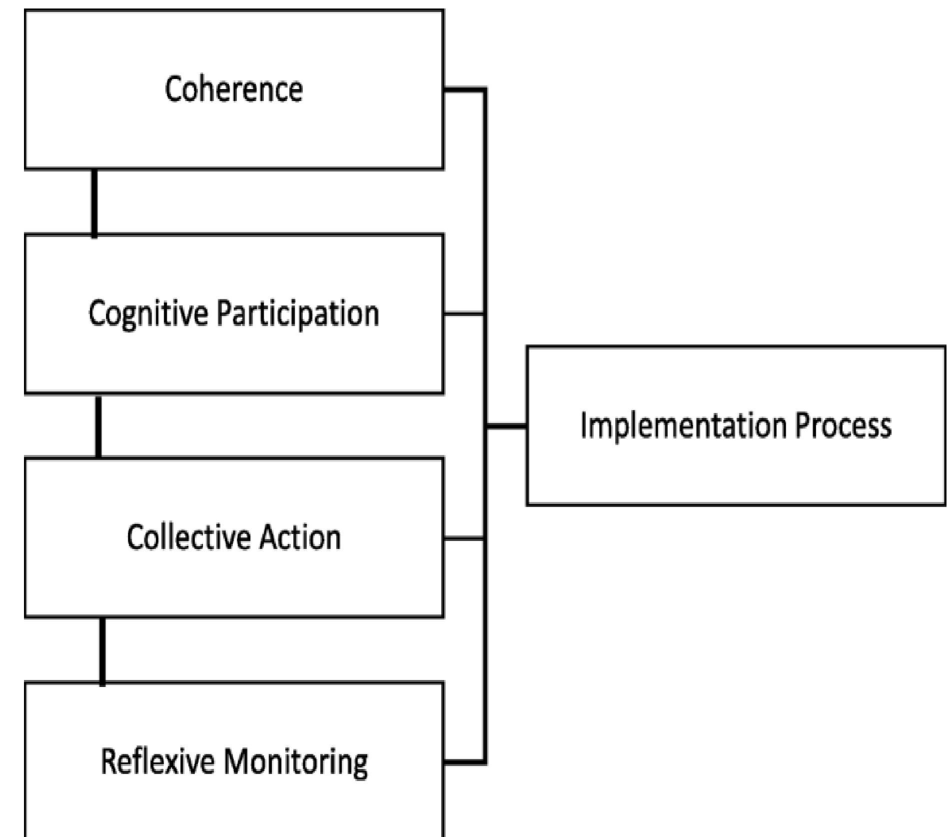
Normalization Process Theory

- Normalization process theory is a sociological theory developed by Carl R. May, Tracy Finch, and colleagues between 2003 and 2009.
- Four stages
  - **Coherence** – clarity of purpose, expectation, and value; why are we here?
  - **Cognitive Participation** – relational work of the team; do we have the right people on the team?
  - **Collective Action** – operational work of the team and a shared mental model among team members; do we have the necessary resources, data, and time?
  - **Reflexive Monitoring**



https://implementationscience.biomedcentral.com/articles/10.1186/s13012-018-0758-1

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Reflexive Monitoring

- **Reflexive Monitoring** is the **appraisal work** that people do to assess and understand how change is working.
- The team **measures and tracks results**, talk about spread to other parts of the organization. *Is this working out after all? How do we spread this?*
- As they evaluate the work, they may **make changes to refine it**, or to **adapt it** to other settings for **sustainability**. *What fine-tuning do we need to do to make sure it is sustainable?*
- Appraisal is both personal as well as collective. Individuals may express **personal pride** in what they've learned, the team as a whole might feel good, and see growth in their ability to work as a team. Their efforts are seen as worthwhile. *We make a good team. I got a lot out of this.*

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Examples of Reflexive Monitoring

- “In 2 weeks they are going to re-run the report to see in the call back time has changed – to see if it’s more efficient.”
- “Physician on core team explained to other providers how this [pre-visit planning would work as part of standing orders, training for MAs, etc.”
- “This morning we had a mtg re: strategic planning, etc. Others talking about importance of communication, etc. at their sites, whereas we are implementing some of what they were talking about, things here are already working more smoothly, so we could talk about it.”
- “The team were trying to discuss what the team would like after the collaborative is over.”
- “Were able to make improvement to what they presented last time. Their team was able to present some of their work to their CMO.”

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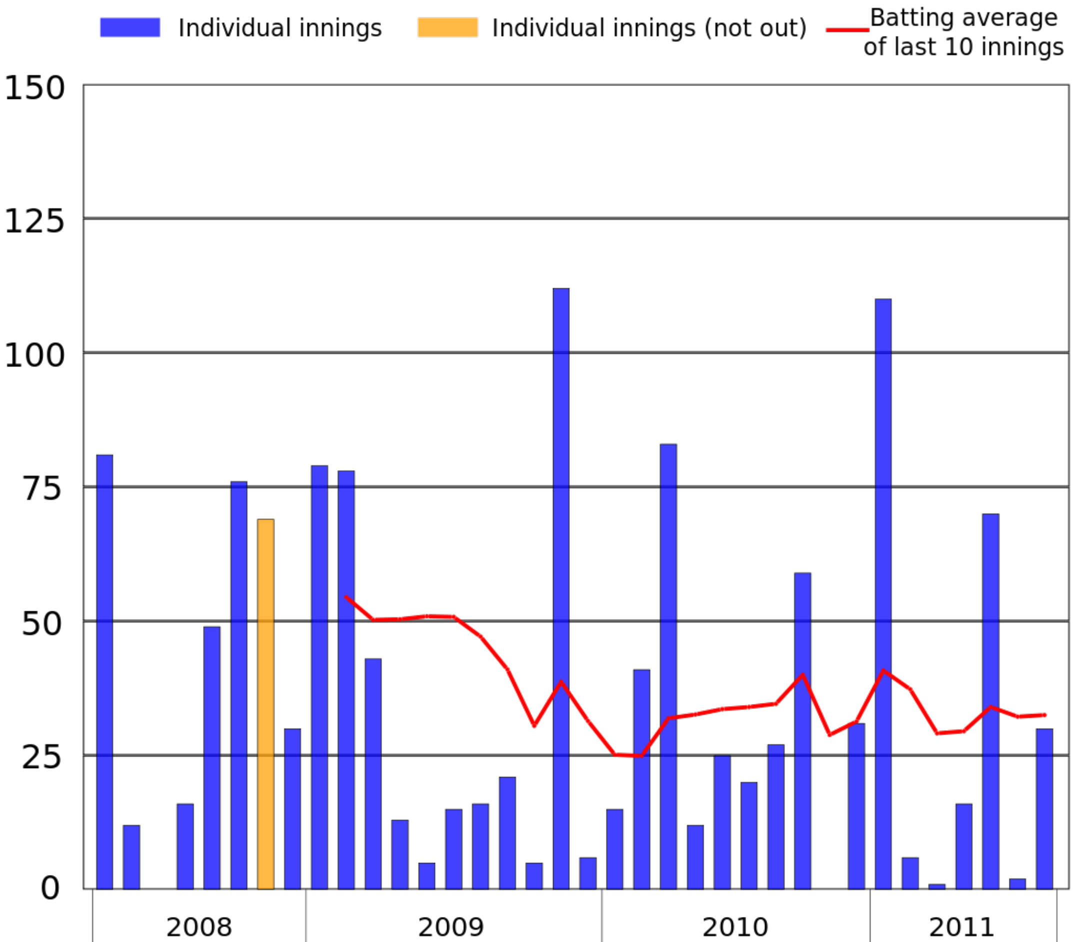
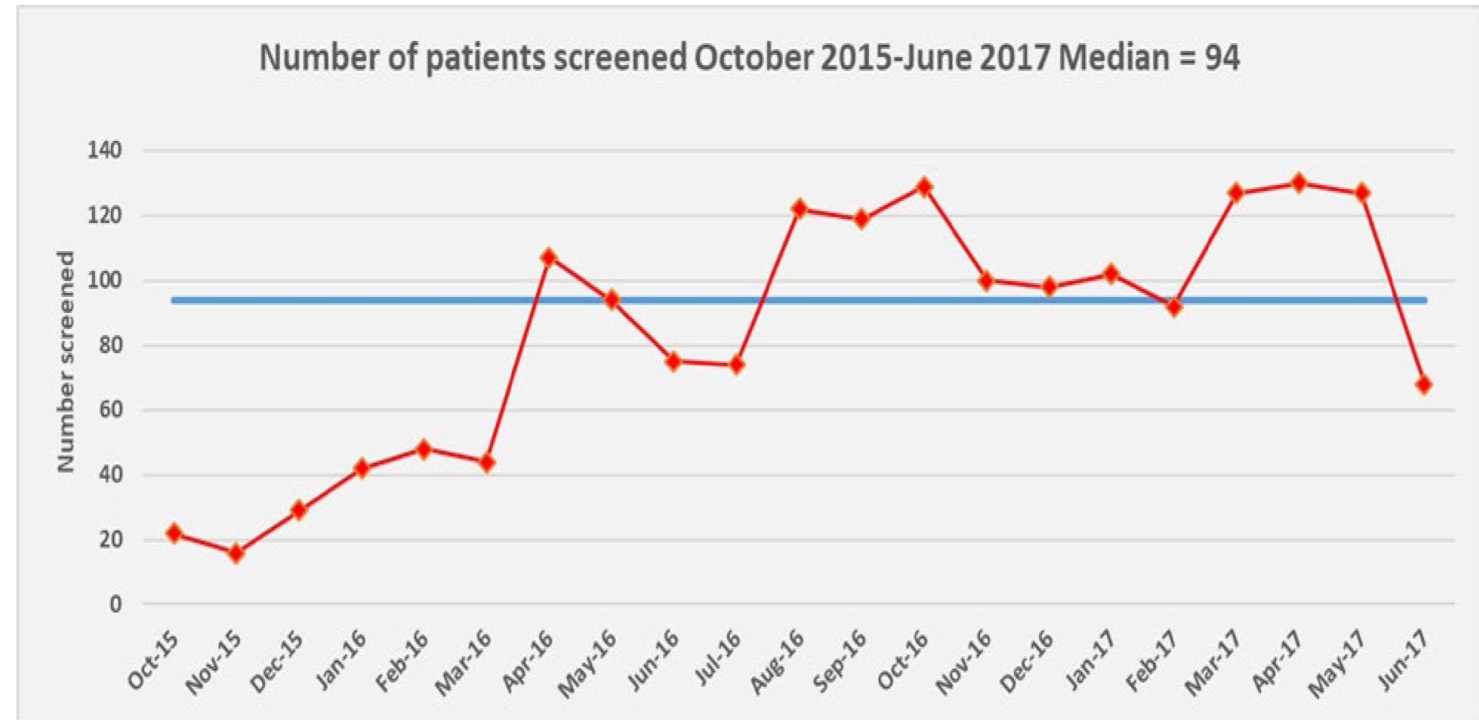
Making Your Team Work: Reflexive Monitoring



Without reflexive monitoring, the work cannot spread, be sustained, or be revised/improved as needed.



Sources of Conflict & Failure to Normalize Change

<u>Lack of Reflexive Monitoring:</u>

- ✓Team stops meeting. Resources disappear. "All done. Next project."
- ✓No plan to track data to demonstrate improvement—or not—over time.
- ✓Aims were too broad to be achievable, measurable, trackable.
- ✓Spread without testing minor adaptations to suit new setting.
- ✓Failure to spread shared mental models of improvement and TBC, failure to be systematic (i.e., Pilot becomes policy without testing spread. No sense of accomplishment—I wasted my time. Team doesn't get credit for their work
- ✓No playbook to sufficiently detail the work and guide spread and standardization

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Quality Improvement Refresh:

Standardization and Spread
Introduction to Playbooks

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The Stages of Improvement

Team & Roles Defined

Assessment And Baseline Data

Global Aim

Problem Statement

Change ideas/ solution storming

Specific Aims and measures

PDSA

SDSA

Spread Measure and Monitor

On-Going Data Collection & Review

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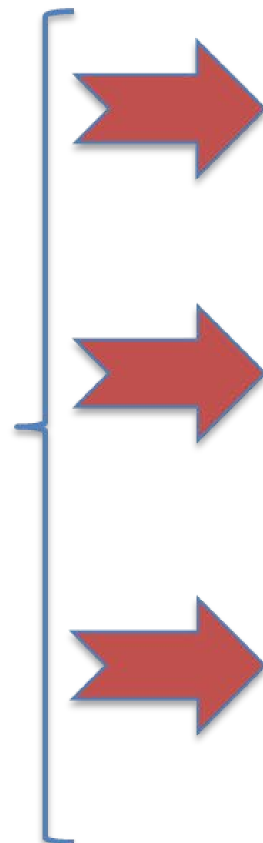
Action Period

Global Aim

- We aim to improve…..

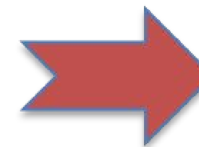


Specific Aim Statements

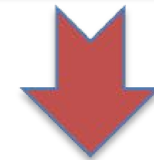
Specific Aim Statement
- PDSA#1-Measurement-Results
- PDSA #2-Meaurement-Results

Specific Aim Statement
- PDSA#1-Measurment-Results
- PDSA #2-Meaurement-Results

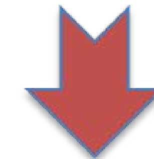
Specific Aim Statement
- PDSA#1-Measurement-Results
- PDSA#2-Measurement-Results



SDSA



Playbook



Spread

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Testing Changes (PDSAs) to .....
Standardizing (SDSAs) to....
Testing by Another POD Before a Broader Spread

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Clarifying Terms

- **Plan-Do-Study-Act (PDSA) Cycle** – an approach to testing a change and learning from the experience
- **Standardize** – the effort to make something reliable and defect-free
- **Standardize-Do-Study-Act (SDSA) Cycle** – an approach to standardizing a process and learning from the experience
- **Spread** – the movement of an idea or process from one setting to another setting
- **Sustain** – the ability to maintain an effort (process) without or with minimal vulnerability over time

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- You can spread a successful PDSA process to another POD
- You can create a playbook describing the new standardized steps and process
- You can create sustainable change that positively impacts patients

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What is Spread?

- Spread is the process of taking a successful implementation process from a pilot, and replicating that change or package of changes (playbook) in other teams within a practice or other practices.
- During implementation, teams learn valuable lessons necessary for successful spread including key resource issues, best sequence of tasks, and how to help team members adopt and adapt a change.
- **Spread efforts benefit from the use of the SDSA cycle.** Teams adopting the change have the skills to test the standard and work toward achieving the results of other teams.

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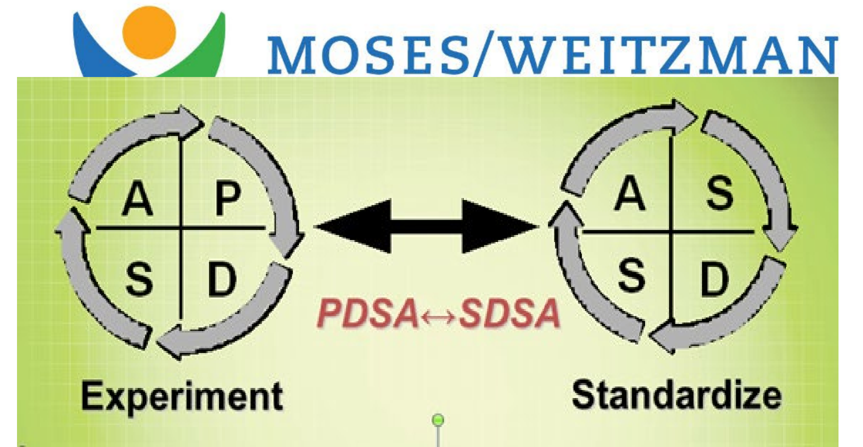
Ok, we've got this great process that is working well for our POD.

How do we know if we are ready to spread our work?



Is the Process Standardized?

1. *Is the process failure free over time?*
   - Can your team count on it not to fail when everyone is following the process?
   - If one person overlooks it, will another catch it?
   - Are there clear specifications and communication?
   - Is the process supported by technology to reduce failure (EHR)?
   - A process recognizable by your team as “the way we do things” here
2. *Is there an expectation that that the evidence based process will be followed?*
3. *Is the process LEAN with minimal steps in the process?*

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Testing Changes to Spread Collaborative Expectations

Testing Changes (PDSAs) A POD

Try change in another POD, then try in another POD

Standardizing SDSAs & Documentation

Use and improve Playbook

Broad Spread and Sustainability

A BIG Deal

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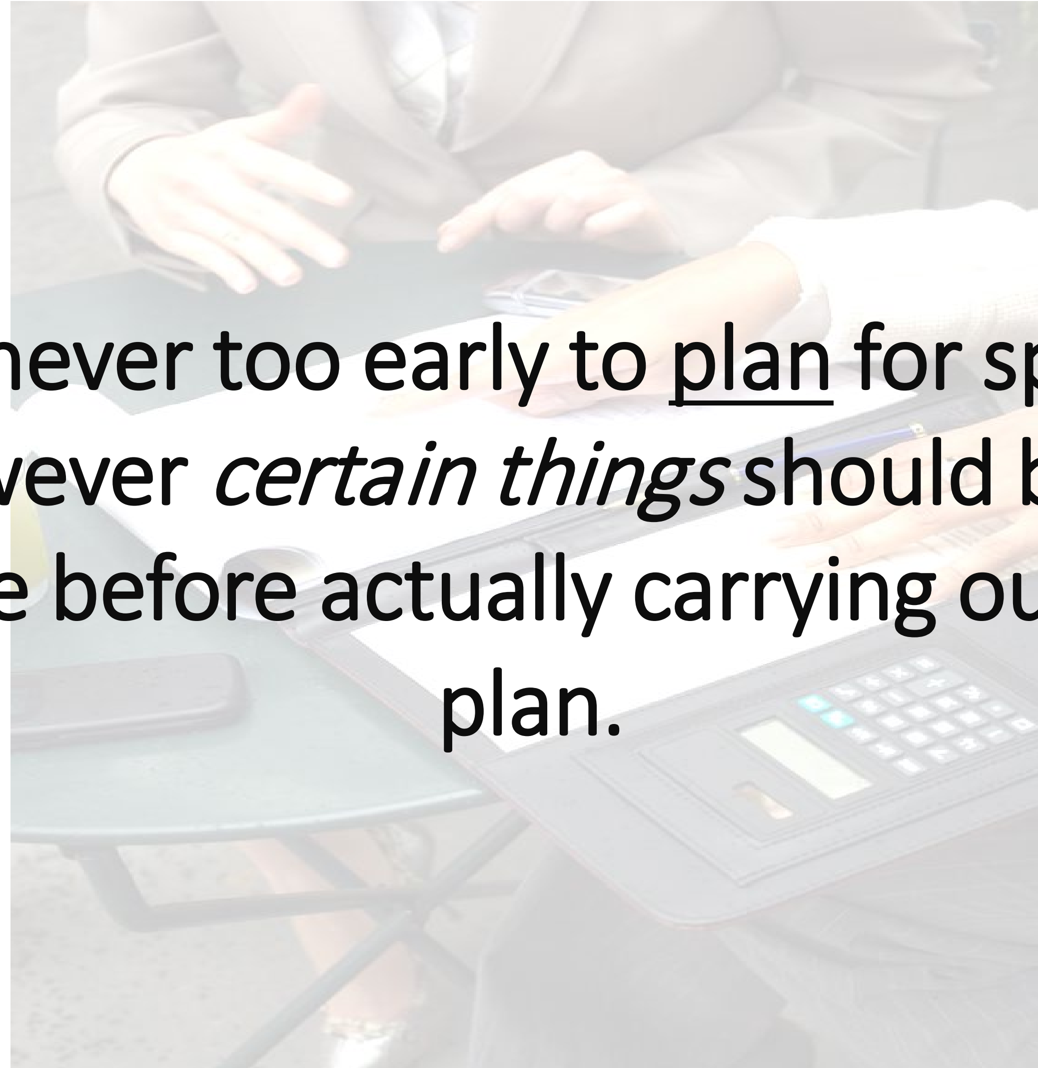

It is never too early to plan for spread however *certain things* should be in place before actually carrying out the plan.

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Communicating Spread

- ✓ Does leadership have all of the information they need to confidently speak with staff about the standardization?
- ✓ Have you gotten the approval of any committee or group internally that is required for standardization?
- ✓ Do you have a strategy to train the necessary staff on the standardization before it is implemented?
- ✓ Do you have (at the very least) the framework for a playbook that agency staff can use a reference?
- ✓ Have you developed a plan for evaluation with timelines and individuals responsible for measurement?

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How Will You Know?

- A process recognizable by all in the workplace as **"the way we do things" here**
- **Five staff members** can regularly articulate the process steps when asked individually to describe
- A "miss" (defect) in the process flow can be **immediately identified** so that it can corrected
  - There is a process in place to identify a failed step in process
  - There is a communication plan to support correcting a process defect to all areas
- **Measures** clearly indicate that the process is working

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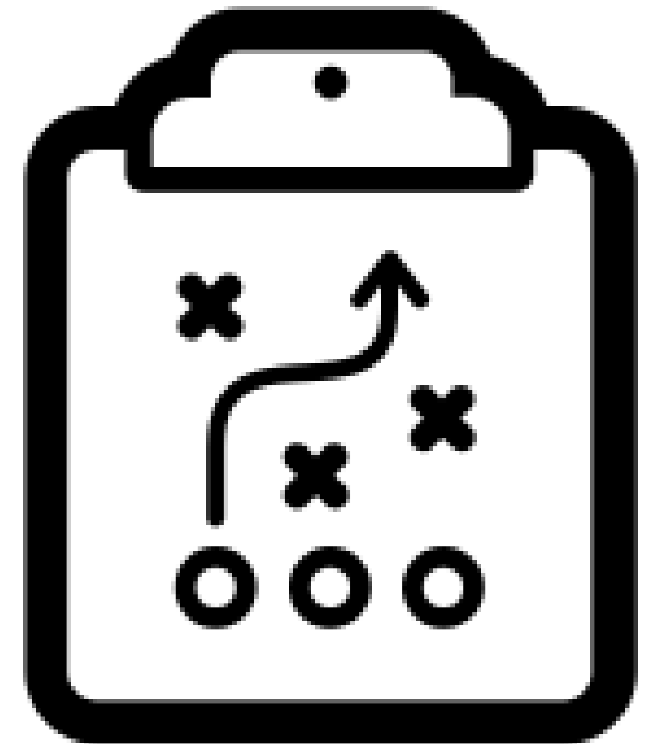
What is a Playbook?

- **Collection of processes and tools** that have been tested using improvement science and resulted in a ‘way we want process done’.
- Playbook serve as **repository for standard processes** (SDSAs), ensuring improvement does not ‘slip’.
- The purpose is to provide a common and **easy to access** place to post and search all standardized processes and tools – using technology.



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What is a playbook & Why is it important?

Playbook Table of Contents

#1. SOGI Questionnaire

#1a. Administering the SOGI Questionnaire in a Medical Provider Visit

#1b. Administering the SOGI Questionnaire in a Nursing Visit

#1c. Administering the SOGI Questionnaire in a Behavioral Health Visit

#2. Documenting patient responses in eCW

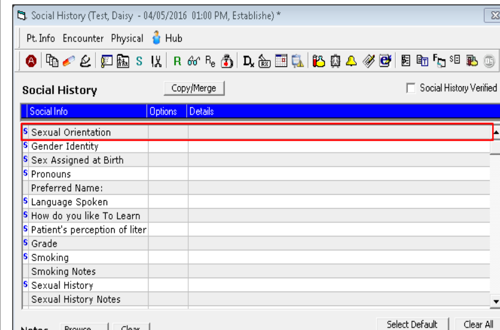
#2a. Documentation for Transgender Patients

#3. Patients with complete SOGI Profiles

#4. Reporting SOGI Data

Key Steps

1. In the Progress Note, navigate to the Social History Section
2. Click in the **Details** section next to Sexual Orientation
   a. From the structured drop-down, choose the patient response
   b. In the Date Collected field, click the Notes section to populate a calendar date
3. Click **Next** at the bottom of that screen to move on to Gender Identity
4. Complete these steps until you reach the Preferred Name field



IHI.org
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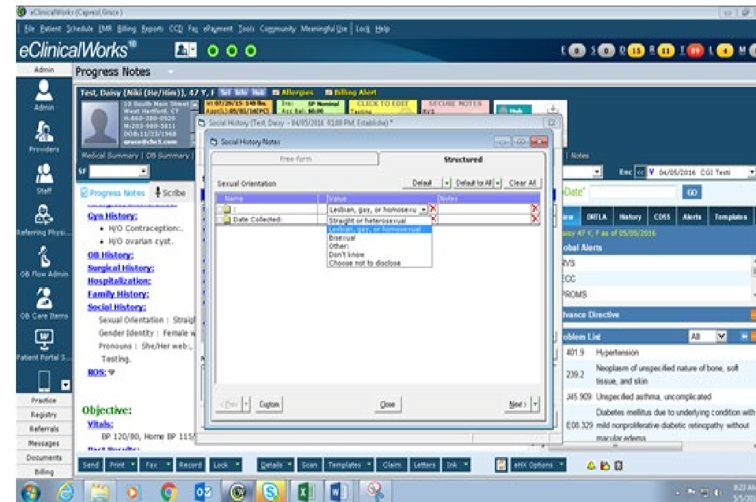
Sexual Orientation and Gender Identity (SOGI) Playbook



Key Steps:

Cube Report available from the CHC Analytics server

1. Sexual Orientation
2. Gender Identity
3. Pronouns
4. Sex Assigned at Birth

	A	B	C	D	E	F	G	H
1	Sexual Orientation					Gender Identity		
2	Calendar Date	Last 12 Months				Calendar Date	Last 12 Months	
3	Age	(Multiple Items)				Age	(Multiple Items)	
4	Provider	(Multiple Items)				Provider	(Multiple Items)	
5								
6	**Row Labels**	**Patients**	**Patients with Office Visit**			**Row Labels**	**Patients**	**Patients with Office Visit**
7	Bisexual	8	0.19%				1	0.02%
8	Choose not to disclose	5	0.12%			Additional gender category/Other, please specify:	2	0.05%
9	Don't know	2	0.05%			Female	134	3.19%
10	Lesbian, gay, or homosexu	12	0.26%			Male	117	2.78%
11	Other:	4	0.10%			Transgender Female/Trans Woman/Male to Female (M	4	0.10%
12	Straight or heterosexual	232	5.54%			Transgender Male/Trans Man/Female to Male (FTM)	2	0.05%
13	Unreported	4693	93.74%			Unreported	4696	93.81%
14	**Grand Total**	**4956**	**100.00%**			**Grand Total**	**4956**	**100.00%**
15								
16								
17								
18	Pronoun					Sex Assigned at Birth		
19	Calendar Date	Last 12 Months				Calendar Date	Last 12 Months	
20	Age	(Multiple Items)				Age	(Multiple Items)	
21	Provider	(Multiple Items)				Provider	(Multiple Items)	
22								
23	**Row Labels**	**Patients**	**Patients with Office Visit**			**Row Labels**	**Patients**	**Patients with Office Visit**
24	He/Him	116	2.76%			Choose not to disclose	2	0.05%
25	She/Her	124	2.97%			Female	135	3.21%
26	They/Them	1	0.02%			Male	126	3.00%
27	Unreported	4715	94.25%			Unreported	4693	93.74%
28	**Grand Total**	**4956**	**100.00%**			**Grand Total**	**4956**	**100.00%**

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Playbook Checklist

- Process Maps
- Role Responsibilities
- Protocols
- Standing Orders
- Data Collection Tools
- Pictures or Visuals

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PLAYBOOK CHECKLIST

Name of Process: ______________________
Contact Person:
Which of the following are included in this section?

- ☐ Process Maps and Role Responsibilities
  - ☐ ______________________
  - ☐ ______________________
  - ☐ ______________________
  - ☐ ______________________
- ☐ Protocols | Standing Orders | Forms
  - ☐ ______________________
  - ☐ ______________________
  - ☐ ______________________
- ☐ Data Collection Tools for Measuring and Monitoring Standards Implementation
  - ☐ ______________________
  - ☐ ______________________
  - ☐ ______________________
  - ☐ ______________________
- ☐ Visuals and Pictures
  - ☐ ______________________
  - ☐ ______________________
  - ☐ ______________________

WHO will observe, review and update? ______________________ (Name)
______________________ (Frequency of Review)

DATE of last review: ______________________ (Date)

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Playbook Template Example

Play #1 – (Who is Involved in this step)

(Title)

Overview:

Key Steps

-

Process flow instructions and flow map:
(Copy/paste process flow below)

Strategy
This play begins the eight-stage process of creating major change in an organization.
Change Management Component: Play #1 helps to establish the sense of urgency with the identified organization, brings the team together to examine data and realities of the current process, potential crises and major opportunities and how these can be enhanced by implementation of CECN eConsult model.

Ownership and Involvement
The Implementation Manager will coordinate all meetings and communications with initial team. Primary contacts in this play will include XXXXX.

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Lessons Learned

- Standardization is on-going and the process requires continuous attention.
- Prioritize a true change in agency culture not just process.
- Facilitate collaborations with internal departments early in the process (i.e.: data, business intelligence)
- Be prepared for the “hoops” you need to jump through to get to an agency wide initiative – committee presentations, BOD approval
- Patient feedback can invigorate enthusiasm in staff
- Training to all levels of staff is arduous but necessary in standardization – remember to include administration, IT, billing, finance.
- Communication to the correct individuals is a key to success.
- Recognition for key staff (especially those with increased work load) is essential
- Leadership buy-in can make or break an initiative.
- Assign a key point of contact for questions, concerns and suggestions.
- Highlight successes often!

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Action Period 6 Deliverables

- Conduct your weekly team meetings
- **Assignment**: Draft Playbook
- **Assignment:** Showcase Presentation

Google Drive

https://drive.google.com/drive/folders/1VFv0Ar6VbdVDS_fkY6fPXQw36Tq0A1Wg?usp=drive_link

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Showcase Overview

- Due Date: Wednesday June 5th
- Date: Wednesday June 19th
- Template Overview:
  - Innovations*
  - 'Aha' Moments*
  - Recommendations to others*
  - Global Aim Statement
  - Process Map or other visuals
  - Specific Aim Statement
  - Measures/Impacts
  - Key Partners
  - Quote from leadership
  - Quote from team member

*Required

ADVANCING TEAM-BASED CARE

2021-2022 NTTAP Learning Collaborative

MHEDS Multi-Cultural Health Evaluation Delivery System

HEALTH CENTER DESCRIPTION

MHEDS is a FQHC Look-Alike located in Erie, PA. We have 2 clinic sites and offer primary care, women's health, internal medicine, health education and medical case management. Our patient population consists primarily of refugees and immigrants from more than 15 countries, with about 80% better served in a language other than English. Many of our staff come from the communities we serve.

KEY PARTNERS

Internal stakeholders:
- Clinical team
- QI Staff
- IT Staff
- MHEDS' Management and Board of Directors

External stakeholders:
- Patients
- Insurers

GLOBAL AIM STATEMENT

We aim to improve the cervical cancer screening process at our JFK Center office. The process starts with pre-visit planning and CDSS alert review and ends with proper documentation of Pap test results in the Electronic Health Record such that the results are pulled in our UDS report.

PROCESS MAP

VOICE OF THE TEAM

"This project has been helpful because we are teaching our patients about screening exams and the importance of finding problems early. We have also learned the value of tracking down results and looking at our numbers so we can make sure all of our patients benefit from screenings."
- Rolonda Johnson, RN

SPECIFIC AIM STATEMENT

We will increase the percentage of eligible women who have cervical cancer screening done and documented in the chart from 19% to 50% by December 31, 2022.

INNOVATIONS

- Implemented daily 10 minute morning huddles.
- Clarified team communication through the electronic health record using telephone encounters and internal messaging.
- Developed streamlined workflow by creating detailed and process maps to identify areas for improvement.
- Created a detailed playbook of cervical cancer screening for future staff training.

VOICE OF LEADERSHIP

Prior to starting this collaborative, MHEDS realized "we need to decrease variation in many areas, both clinical and administrative, and communication throughout the organization needs to be consistent and effective." One outcome from participating in this collaborative is learning the value of scheduling time for staff to talk as a group, insuring that every member feels comfortable voicing their ideas and opinions.
- Sue Chute, COO

RECOMMENDATIONS

- Commit and plan time for team meetings. Don't expect staff to always meet during lunch. Block a consistent day and time weekly or monthly.
- Really focus on understanding every aspect of the current process before making a change. Process mapping is a great exercise that we have not previously used, but will definitely use again for future projects.

PDSA REFLECTIONS

- The changes we selected were simple for staff and effective.
- Looking at the data in detail uncovered a problem we didn't even know we had, which led to another change idea.

MEASURES

After just one month of implementing the changes in our PDSA cycles, we saw an organization level increase in compliance with cervical cancer screening from 19% in 2021 to 22% organization-wide. When each site was run separately, the JFK office increased to 25% compared to the Peach St. office at 21%.

MHEDS Cervical Cancer Screening

	2021 UDS report - whole organization	UDS report May 2022 - whole organization	Peach St. May 2022	JKF May 2022
Percent compliance with Cervical Cancer Screening	19%	22%	21%	25%

'AHA' MOMENT

Communication matters!
- Making time to meet with the team to discuss problems and share ideas regularly is key.
- When staff realize that their time, ideas and opinions are valued, they contribute in ways that management and administration can't.
- Many times our meetings about the improvement project resulted in discussions about other important problems that we were able to solve together as a group.

Reminders

Coach Calls:

- Wednesday May 15th 1:00pm ET / 10:00am PT
- Wednesday May 22nd 1:00pm ET / 10:00am PT

Session 7: Wednesday May 29th 1:00pm ET / 10:00am PT

CME and Resource Page
Access Code: TBC2023

https://education.weitzmaninstitute.org/content/nttap-comprehensive-and-team-based-care-learning-collaborative-2023-2024

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REMINDER: Complete evaluation in the poll!

Next Learning Session is **Wednesday May 29th!**

NTTAP
National Health Center Training & Technical Assistance Partners
Clinical Workforce Development
A PROJECT OF Community Health Center, Inc. and the weitzman institute

MOSES/WEITZMAN Health System

Explore more resources!

National Learning Library: Resources for Clinical Workforce Development

National Learning Library

CHC has curated a series of resources, including webinars to support your health center through education, assistance and training.

Learn More

The National Training and Technical Assistance Cooperative Agreements (NCAs) provide free training and technical assistance that is data driven, cutting edge and focused on quality and operational improvement to support health centers and look-alikes. Community Health Center, Inc. (CHC, Inc.) and its Weitzman Institute specialize in providing education and training to interested health centers in Transforming Teams and Training the Next Generation through;

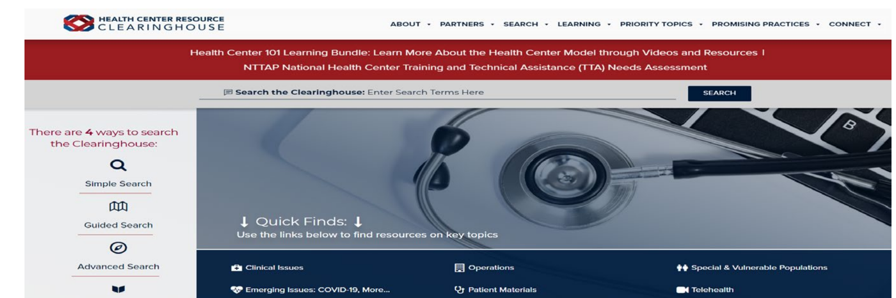
National Webinars on advancing team based care, implementing post-graduate residency training programs, and health professions student training in FQHCs.

Invited participation in Learning Collaboratives to advance team based care or implement a post-graduate residency training program at your health center.

Please keep watching this space for information on future sessions. To request technical assistance from our NCA, please email NCA@chc1.com for more information.

https://www.weitzmaninstitute.org/ncaresources

Health Center Resource Clearinghouse



https://www.healthcenterinfo.org/