Thursday September 28, 2023, 1:00 PST

Beekeeper's Corner - Staffing

CalHIVE BHI Webinar

PB GH California Quality Collaborative
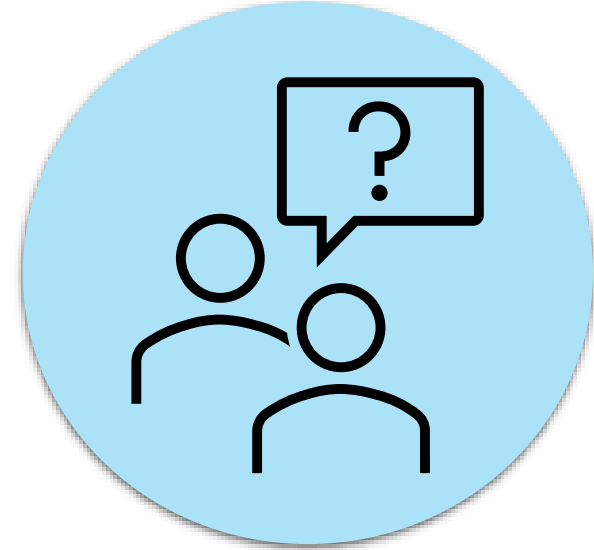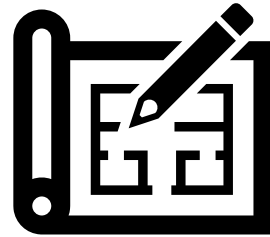
Our Agenda

Today, we'll:
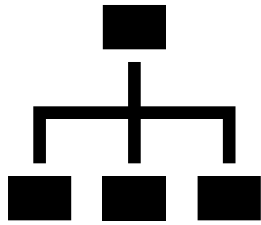
Identify steps needed to understand staffing needs and structure

Lay the groundwork for completing Section 3 of the Implementation Plan

Review resources to support staffing your BHI program

Engaging today

- Turn your camera on if comfortable and able
- Share questions through chat (Q&A) or come off mute

Who all is on the line today?

CHINESE HOSPITAL & CLINICS

POMONA VALLEY HOSPITAL MEDICAL CENTER

Riverside Family Physicians

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Family Care Specialists Medical Group, INC
a subsidiary of Altais Clinical Services

Scripps

perlmanclinic++

SHARP

just keep SWIMMING

Staffing

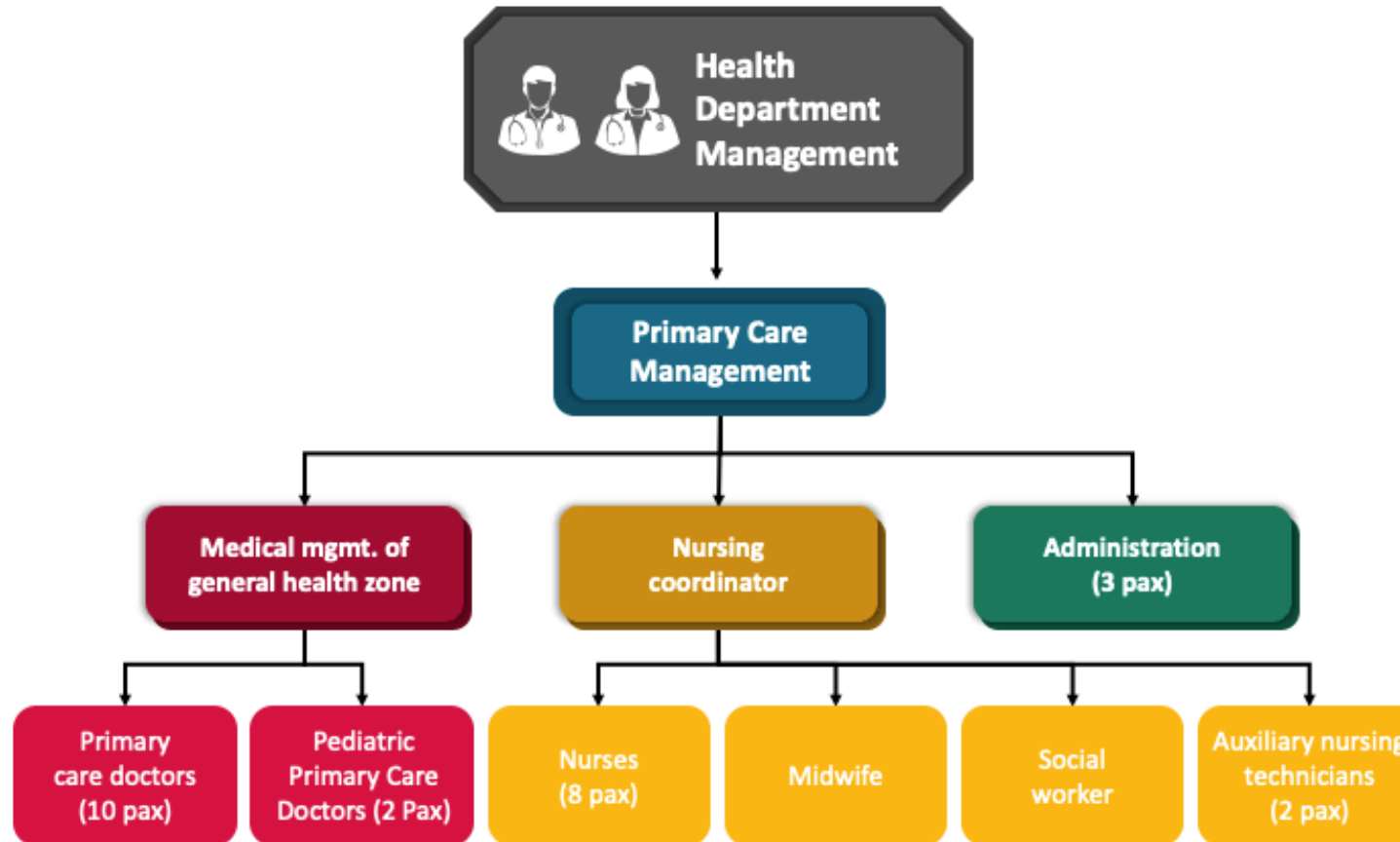# Organizational Chart Why is this important?

- Who will own the project team?

- What does the reporting structure look like?

- Are there changes that need to be made to the current org chart?

- Which providers/ office will the BHC/BHCM work with?

Sample Org Chart

CLINIC ORGANIZATION STRUCTURE

Enter your sub headline here

- Health Department Management
  - Primary Care Management
    - Medical mgmt. of general health zone
      - Primary care doctors (10 pax)
      - Pediatric Primary Care Doctors (2 Pax)
    - Nursing coordinator
      - Nurses (8 pax)
      - Midwife
      - Social worker
      - Auxiliary nursing technicians (2 pax)
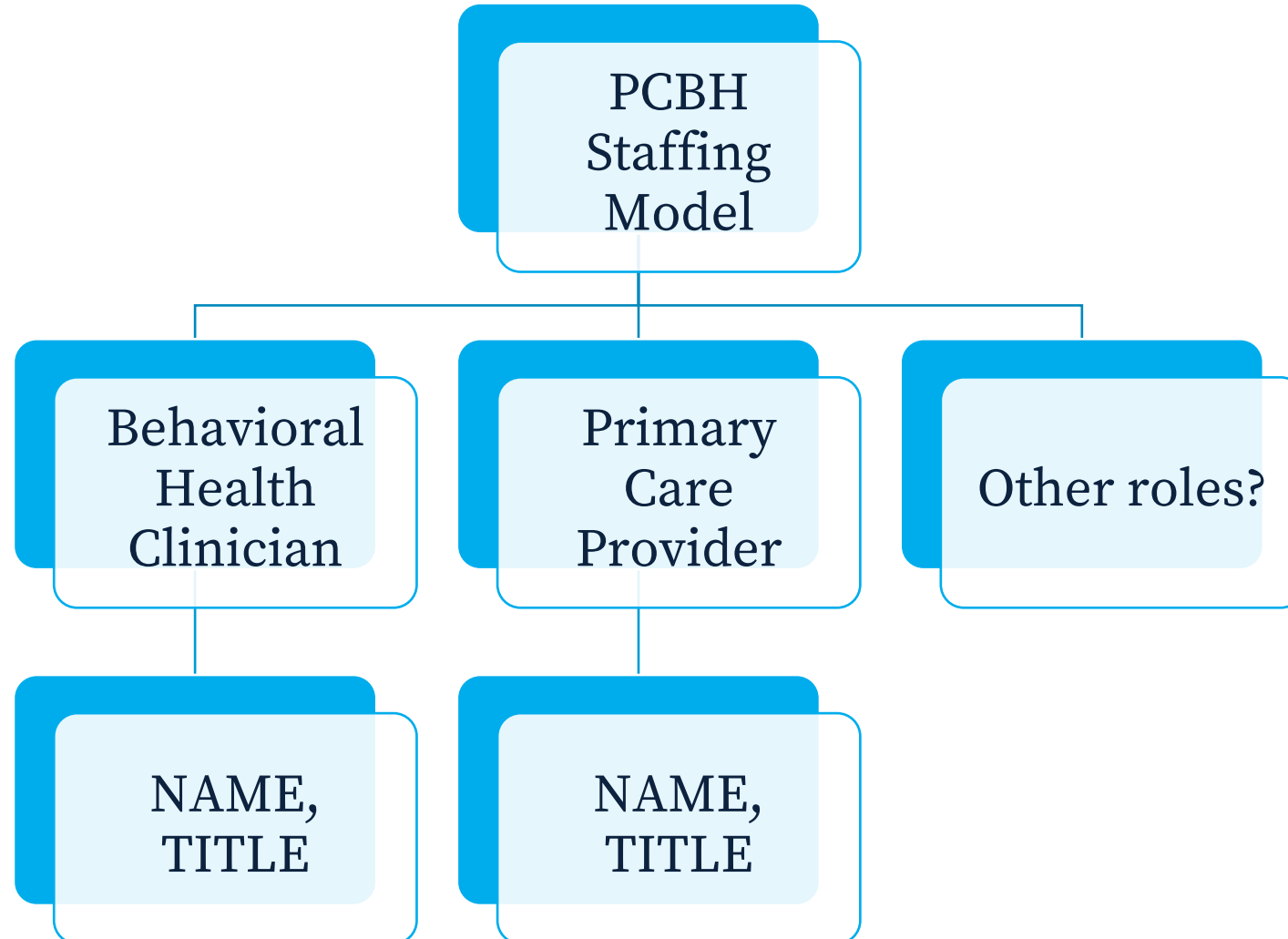   - Administration (3 pax)

Care Team Model/Pod

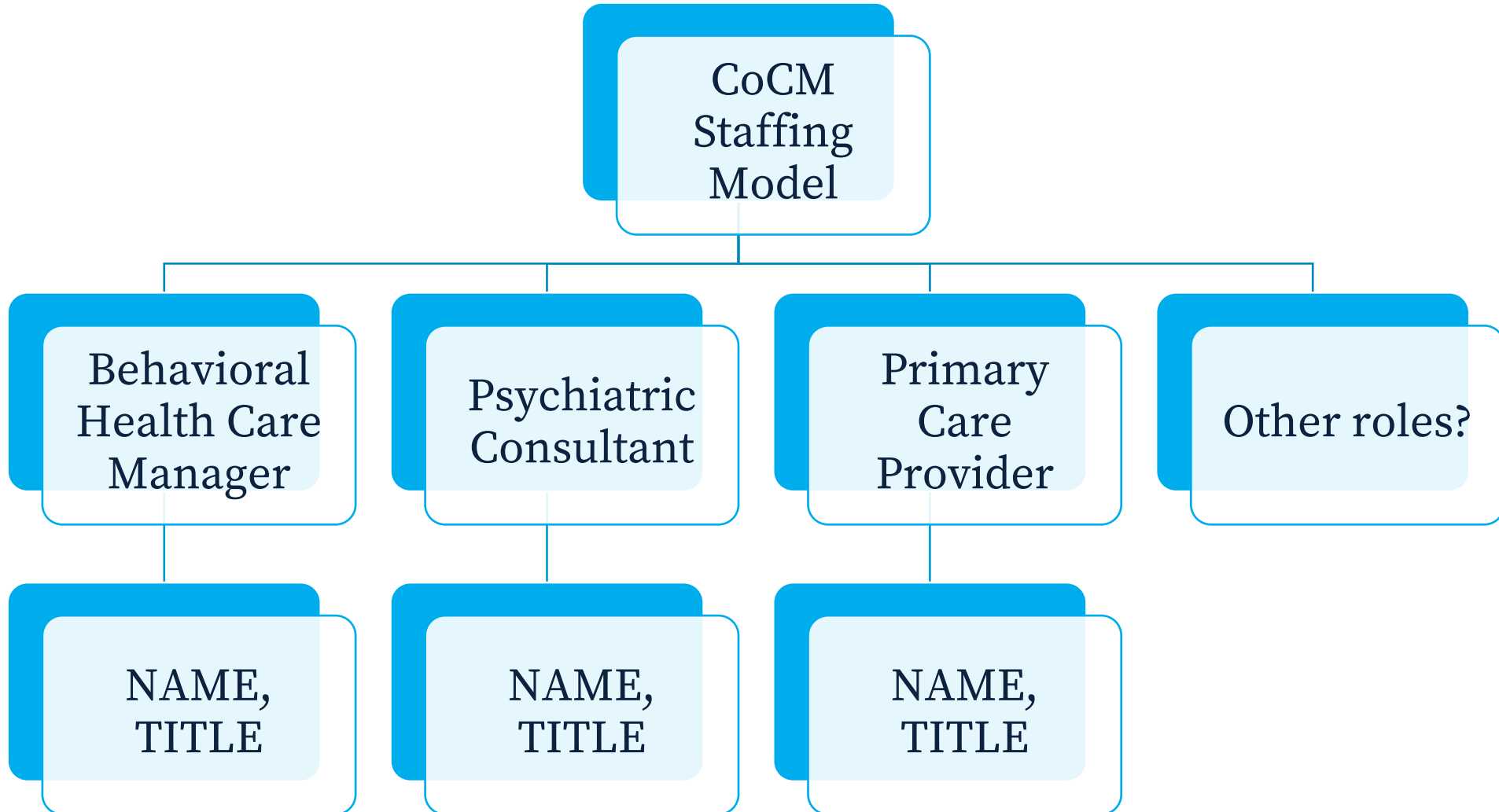- Identify the Care Team(s), based on selected integration model and pilot site

- Identify Team Member Roles
    - Complete Team Based Care Team Member Role Definition Template worksheet (from the National Council)

- Complete a diagram to represent the care team
    - Complete Template (slide 5 or slide 7 based on model)

- Section 3 due October 31, 2023

https://www.pbgh.org/calhive-bhi/#learn

Sample PCBH Staffing Model

PCBH Staffing Model
- Behavioral Health Clinician
  - NAME, TITLE
- Primary Care Provider
  - NAME, TITLE
- Other roles?

Sample CoCM Staffing Model

CoCM Staffing Model

Behavioral Health Care Manager

Psychiatric Consultant

Primary Care Provider

Other roles?

NAME, TITLE

NAME, TITLE

NAME, TITLE

Integrated workflow vs Traditional BH Workflow

Targeted Treatment

Complete Consult → Complete Consult → Complete Consult → Return Repeat PRN →

Standard Treatment

Intake → Tx Planning → Intervention → Discharge

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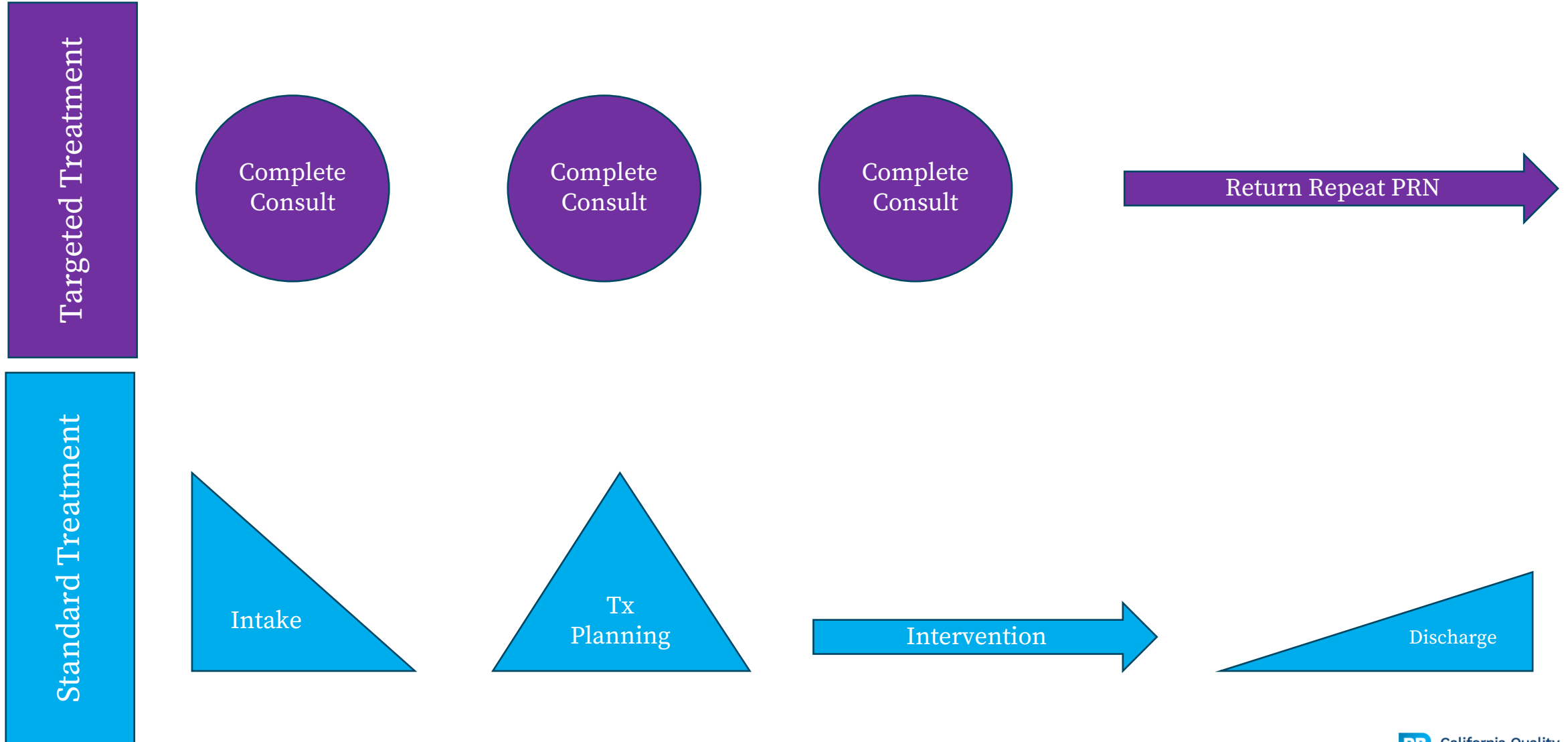
Recruiting/Hiring

- Identifying the right person for the role

- External or internal – finding the right fit

- Is this person able to make the identity shift to being a primary care team member?

- Who needs to be part of this process?

- Does the interviewing process change?

- IT, communications, billing, HR , etc

- Create interview questions specific to the role

Sample Job Descriptions and Postings

- CalHIVE BHI Website

- https://www.pbgh.org/calhive-bhi/#learn

Questions/Discussion

- Staffing considerations - what is current state for PCPs and how to consider BHC staffing
  - PCBH –
  - CoCM –
  - https://www.pbgh.org/calhive-bhi/#learn

- How to retrain behavioral health staff
  - Emphasis on culture shift
  - Look at work flows so there us no veering off from warm hand off to a 50 min hour
  - Create templates and support so they are guided in how to provide the service
  - Buy in from providers
  - Therapy isn't always necessary
  - https://www.amazon.com/Brief-Interventions-Radical-Change-Principles/dp/1608823458
  - Do you have resources to share?

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Q&A Session

- How to make primary care attractive to clinicians, there is a lot of competition with other work that is available for clinicians? Suggestions for recruitment?
- Look at job description closely
  - Articulate value of onsite job / work
  - Create work environment not to burn out
  - Emphasize benefits of continuing education

- Look at administrative time for these roles, and making sure choices are given for telecommuting
- Leverage interns
- Emphasize the added benefits of working with primary care.
- Look at the resource on our website from Rocky Mountain Health Plans.
- Taking an active role in clinic-wide quality improvement efforts (e.g. looking for ways to help improve clinical quality measures with a behavioral health component, like diabetes),
- Look into be eligible for National Service Corp
  - https://nhsc.hrsa.gov/scholarships/eligibility-requirements
  - California specific
    - https://hcai.ca.gov/loans-scholarships-grants/loan-repayment/

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Q&A Session

- How to write job description, especially with salary ranges for students?
  - Be clear about the salary as it will depend on experience and education level
  - You will need to add the salary range on the job posting
  - Look at other comparable jobs for the level of education and experience to get examples of salary ranges.

- Wonder about use of behavioral assistants to further extend the reach of BHC's in PCBH model? and how that would impact staffing suggestions?
  - From Mountainview Consulting - Staffing guidelines are based on several factors and the most important is the overall health of the population served. For clinics serving homeless populations, the ratio of PCCs to BHCs is often 1:1. In other community clinics, the ratio might be 1 BHC for 3,500-5,000 patients. In many instances, the BHC will provide all services and there will be no BHC Facilitator. If the need for BHC services exceeds capacity, a clinic may hire a BHC Assistant complete components of BHC work and extend the number of patients a BHC can see. Currently, the United States Air Force uses the following staffing guidelines: 1 BHC for 3,500 patients and 1 BHC Facilitator (RN) for 7,500 patients.

Q&A Session

- We have our ECM program currently, trying to figure out who is going to be referred to each program? Wants to know who is going to use the PHQ9 or any other tools?
    - Make sure to keep in mind the criteria of who qualifies for ECM.
    - PHQ-9 will be a good way to screen for depression and 1 factor, will also want to look at other factors to ensure patients are being treated in the right setting.
    - Streamlining the referral process as much as possible to leverage established programs and workflows

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Q4 2023 Sprint: PHQ-9, Billing & Coding

OCTOBER

Improvement Advising
- Complete Implementation Plan Section 3: Staffing
- Review screening workflows and determine needed improvements
- Begin pilot site engagement

Thurs. 10/5 – Test 2 Data Reporting Office Hours

Tues. 10/10 (11-12)
CalHIVE BHI Commons – PHQ9 Workflows
- Review workflow best practices based on selected BHI model

Friday, Oct 13 – Measurement File Submission Deadline

Thurs. 10/26 (11-12)
[OPT] BeeHIVE Webinar – Depression Screening
- Share current practices and challenges around depression screening

By. Fri. 10/31
BHI Implementation Plan
Section 3 - Staffing
- Due to IA

NOVEMBER

Improvement Advising
- Complete Implementation Plan Section 4: PHQ-9 Screening
- Evaluate screening documentation and coding practices

Tues. 11/14 (11-12)
CalHIVE BHI Commons – BHI Billing and Coding
- Review billing, coding and credentialing requirements specific to BHI model
- Identify changes needed at your org

Tues. 11/28 (11-12)
[OPT] Beekeeper's Corner Webinar – BHI Billing and Coding
- Share questions around billing and coding for CalHIVE BHI team and peer cohort

By. Thurs. 11/30
BHI Implementation Plan
Section 4 – PHQ-9 Screening
- Due to IA

DECEMBER

Improvement Advising
- Complete Implementation Plan Section 5: BHI Billing & Coding
- Confirm fulfillment of program deliverables for Payment 1: Program Year 1

Tues. 12/12 (11-12)
CalHIVE BHI Commons – Hello 2024, Goodbye 2023
- Celebrate wins and accomplishments of 2023
- Preview 2024 program milestones and events

By. Fri. 12/29
BHI Implementation Plan
Section 5 – BHI Billing & Coding
- Due to IA

Legend:
- Improvement Advising
- Webinars
- In Person Events
- Data / Reporting
- Assignments

Thank you!

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