



**Begin with the end in mind**



Tuesday, January 9, 2024; 11:00am PT

# Pilot Site Evaluation & Engagement

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**CalHIVE BHI Commons**



California Quality Collaborative

# Tech Tips



## Welcome!

- Add your organization to your name
- Turn on video if possible



## Engaging Today

- Share questions in the chat or come off mute
- Participate in Zoom polls



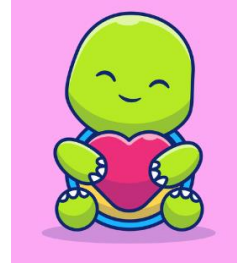
## Need help?

Direct message  
Anna Baer  
if you have any  
technical issues

# Happy 2024, CalHIVE BHI Teams!



**CHINESE  
HOSPITAL  
& CLINICS**



Riverside Family Physicians



San Francisco  
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



perlmanclinic++



 **Scripps**



**POMONA VALLEY HOSPITAL**  
MEDICAL CENTER



**SHARP**



# Our Agenda

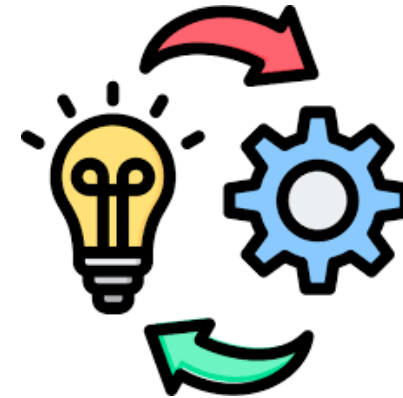
## Today, we'll:



Identify how to select measures for pilot site success



Review change management principles and tactics to improve pilot site engagement & buy-in



Apply and share experiences from integration implementation



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# Pilot Site Evaluation

# Reflection

Team is working together and patients are being referred regularly.

my patients get the timely help they need, my providers feel less burden and feel supported

PHQ score improvement, BH care manager schedule utilization, provider feedback, etc.

How will you know that your behavioral health integration pilot is successful?

buy in from everyone

Monitor key metrics overtime



All teams and disciplines have standardized the work

Increase patient satisfaction, increased physician satisfaction, PHQ improvement

that PCBH visit volume goes up, pts are held as a care team, WHO's increase, pts are seeing improved health outcomes

# Why measure pilot progress?

- **Support implementation**
  - Understand what's working (and what's not)
  - Review small tests of change
  - Move towards org-wide adoption & sustainability
- **Get buy in**
  - Generate enthusiasm about project
  - Build provider and staff champions
- **Demonstrate success**
  - Internally
    - Show positive impact of program implementation
  - Externally
    - Capture shared value with health plans, other partners
    - Contribute to best practices and implementation research





# What to measure?

Category – Definition	Examples
<b>Outcome</b> – impact of the health care service or intervention on patients’ health	<ul style="list-style-type: none"> <li>• CalHIVE BHI Measures               <ul style="list-style-type: none"> <li>• Depression Remission or Response for Adolescents and Adults</li> <li>• HbA1c Poor Control for Patients with Diabetes (&gt; 9%)</li> </ul> </li> </ul>
<b>Process</b> – if steps in the system are performing as planned	<ul style="list-style-type: none"> <li>• CalHIVE BHI Measures               <ul style="list-style-type: none"> <li>• Depression Screening and Follow-Up for Adolescents and Adults</li> <li>• Unhealthy Alcohol Use Screening and Follow-up (ASF)</li> </ul> </li> <li>• Screening Rates (e.g., patients eligible, patients screened)</li> <li>• Patients Seen</li> <li>• Referrals: BHI [Internal], External, Warm Hand-Offs</li> <li>• Referral Conversion Rate (patients referred to BHI who agree to services)</li> <li>• BHC/BHCM Caseload</li> <li>• Provider Consults</li> <li>• Provider engagement (provider referrals)</li> <li>• Time from referral to first visit</li> </ul>
<b>Patient Experience</b> – patient perceptions across continuum of care	<ul style="list-style-type: none"> <li>• Measures (e.g., CAHPS, Patient Assessment Survey, NPS-based measurement)</li> <li>• Surveys – incorporate BHI</li> <li>• Interviews/focus groups</li> </ul>
<b>Workforce</b> – experience from providers and other care team members, workload, collaboration	<ul style="list-style-type: none"> <li>• Surveys (e.g., annual staff survey)</li> <li>• Interviews</li> <li>• Collaboration: Provider Huddles, Team Meetings, consultations</li> </ul>
<b>Financial</b> – direct and indirect costs and revenue	<ul style="list-style-type: none"> <li>• Revenue Generation: Screening Codes and Visits</li> <li>• BHI Visits</li> <li>• Quarterly Profit &amp; Loss Reports</li> <li>• Claims processing</li> </ul>

# How to get the data?

## Data Sources

- **Administrative**: claims, enrollment, provider database
- **Clinical**: EHR, registry, pop health management
- **Surveys**: patient, provider, staff
- **Qualitative**: Interviews, focus groups, testimonials/narratives
- **Manual**: spreadsheet, visual management system

## TIPS

- Start **small**
- **Leverage existing data collection** (especially technology, e.g. text-based patient surveys)
- If you can't get the data now, **identify a plan for how you can get the data** (*don't let it be a barrier to program success/launch*)
- **Be clear with a plan and priority** and engage stakeholders early (let them know what you want to report on and ask for help)
- Your **measures may change** as the program evolves

# Example Measure

Project Name: Referral Conversion Rate									
Measure	Measure Type	Description/Specs <i>(include definition of numerator/denominator where appropriate; stratification)</i>	Data Source	Measurement Frequency	Reporting Frequency	How will data be presented	Responsible	Baseline	Target
Percentage of patients referred to BHI that agree to services	Process	Numerator: Include any of the following <ul style="list-style-type: none"> <li>Patients with an initial BHI appointment within 30 days of referral to BHI</li> </ul> Denominator: Patients that have a referral documented in EHR to BHI program Exclusions:	Registry	Monthly	Monthly	EHR clinic dashboard	Data collection: MA, PCP, Scribe Data presentation: PCP champion and/or QI Manager	30%	70% by 6/30/2024

# Implementation Perspectives

## **Julian Mitton, MD, MPH**

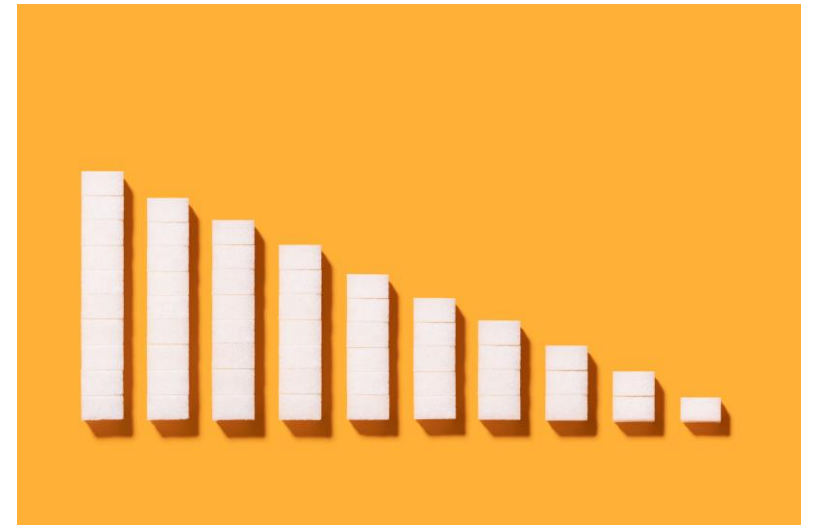
Clinical Advisor  
BluePath Health



- Think early about sustainability: volume, engagement, scale & expansion, financial goals/expectations
- Rigorous evaluation & reporting plan (deliverables, milestones)
- Diversity of data (sources and measures)

# ROI

- Understand your organization's expectations and timeframe
  - Reference research to support and manage expectations
- Tee up for future tracking, e.g.:
  - Profit and Loss Reports
  - Reimbursement Rates
  - Staff Training & Implementation Costs
  - Long-Term Healthcare Savings



# Implementation Plan



- What do we know we need to capture for: external reporting (e.g., P4P), leadership, financial sustainability?
- What do we want to capture to measure internal success for the pilot site/team?

## Next Steps

- Begin work on Implementation Plan Section 6: Pilot Site Evaluation Measures
- By Thurs. 2/29 : BHI Implementation Plan – Implementation Plan Section 6 due to IA



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# Engaging the Pilot Site

# Poll

What are ways that you see resistance to a new project or initiative?

- Not participating
- Nit-picking / criticism
- “Present” (but not engaging)
- Other?
  - “we are still working on getting the team together and getting the pilot ready for implementation”
  - “The old way was working just fine.”







# Definition of Change Management



**Definition:** “Change management is the application of a structured process and set of tools for leading the people side of change to achieve a desired outcome. We apply change management by helping individuals impacted by a change make the successful personal transitions that enable them to engage, adopt, and use a change.”

## 5 Certainties During Change

- People are the Heart of Change
- Resistance is Expected
- Reframing Reality is Required
- Engagement is Essential
- Communication is Critical

# Addressing Change

## ☐ People are the Heart of Change

- Address what they are looking for

### CONTROL

- Ways to establish person sense of control

### UNDERSTANDING

- How it will work during and after
- What's in it for them

### SUPPORT

- Acknowledge impact
- Specific actions to help them

### PURPOSE

- Reiterate work has meaning and purpose (even if it changes)

## ☐ Resistance is Expected

Why?

- 1) Structural – Perceived lack of skills and/or resources
- 2) Personal - Change can threaten a level of comfort and/or expertise
- 3) Physiological – Change takes more energy!

# Addressing Change *continued*

## ❑ Reframing Reality is Required

- Culture transformation, not just a standalone project

Improves Ability to Implement Change	Hinders Ability to Implement Change
<ul style="list-style-type: none"><li>• Collaborative leadership style</li><li>• Trust in management</li><li>• Belief that change is possible</li><li>• Action-oriented</li><li>• Openness to dialogue and ideas</li><li>• Unease with current state</li><li>• Learning organization</li><li>• Consistent with beliefs and values</li></ul>	<ul style="list-style-type: none"><li>• Authoritarian leadership style</li><li>• Distrust of management</li><li>• Belief that change is not possible</li><li>• Analysis paralysis</li><li>• Close-mindedness</li><li>• Value status quo</li><li>• Inwardly focused</li><li>• Inconsistent with belief and values</li></ul>

# Addressing Change *for CalHIVE BHI*

## □ Engagement is Essential

- Understand the concerns/questions & expectations of leadership, providers & staff about BHI
  - Perception survey
  - Feedback meeting
  - Quick interviews
- Utilize CalHIVE BHI tools (presentations, Implementation Plan, IA support)
- Leverage your clinical champion and early adopters
- Consider planning for patient/family feedback



# Addressing Change *for CalHIVE BHI*

## ❑ **Communication is Critical**

- Develop a communication plan
  - Map out stakeholders
  - Plan how you will give them regular updates
- Think creatively about products
  - An initiative brand?
  - Handouts, materials, website, trainings, whiteboards, checklists



# Implementation Perspectives

## **Julian Mitton, MD, MPH**

Clinical Advisor  
BluePath Health



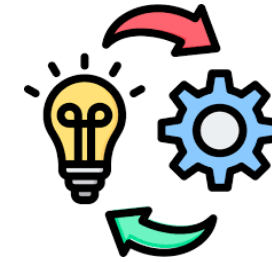
- Some Successes: Good patient engagement, excellent patient & provider satisfaction, clinical outcomes at/above national benchmark, diverse patient engagement
- Some Challenges: Early payer resistance, EHR transition, billing, confusions, provider expectations and aligning with CoCM, evidence/model
- Early clinical, operations and regulatory buy-in and engagement
- Aligning CoCM/BHI provider expectations with model/evidence

# Q&A





# What's Your Next Step?



## Next Steps

- Begin work on Implementation Plan Section 6: Pilot Site Evaluation & Engagement
- By Thurs. 2/29 : BHI Implementation Plan – Implementation Plan Section 6 due to IA

our next step is to get our team together with the clinical champion and engaging stakeholders.

talk with pilot site leadership team about their willingness to recommit to scaling given recent clinic changes

ensuring stability for pilot site office

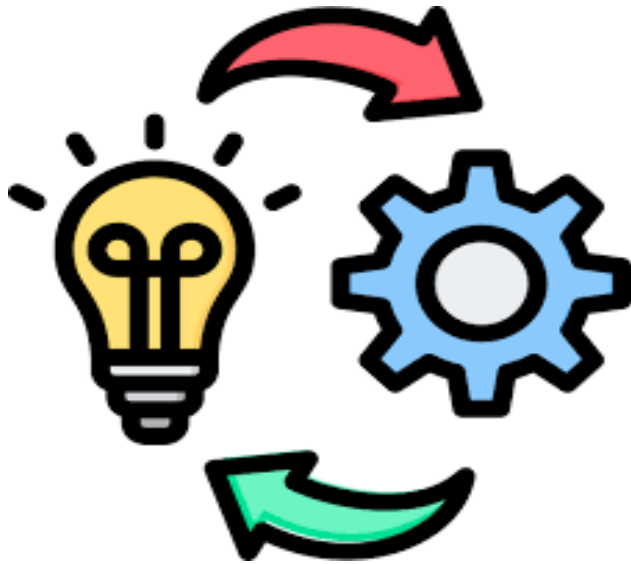
support our supervisors to engage in change management as we scale BHI to their sites as well!

# Feedback please!

1. Today's webinar was useful for me and my work *[select one]*
  - Strongly agree
  - Agree
  - Neither agree nor disagree
  - Disagree
  - Strongly disagree
2. Of the topics we covered today, what was especially helpful? *[select multiple]*
  - Identify how to select measures for pilot site success
  - Review change management principles and tactics to improve pilot site engagement & buy-in
  - Apply and share experiences from integration implementation

# Reminder!

## Upcoming webinar on today's topic **Pilot Site Evaluation and Engagement**



**Connect with peers**

**Bookmark resources**

**Come with questions & ready to share!**

Tuesday, January 30 11:00-12:00PM

# Q1 2024 Sprint: Pilot Site Roll-Out

## JANUARY

### Improvement Advising

- Complete Implementation Plan Section 5: BHI Billing and Coding
- In-Person Improvement Advising Site Visit (Q1 2024)
- Review CFHA Membership opportunities

**Tues. 1/9 (11-12)**

### CalHIVE BHI Commons – Pilot Site Evaluation & Engagement

- Identify how to select and monitor Pilot Site evaluation measures
- Review successful practices to maximize pilot project buy-in and engagement

**Tues. 1/30 (11-12)**

### [OPT] BeeHIVE Webinar – Pilot Site Evaluation & Engagement

- Peer sharing & resources supporting pilot site

**By Wed. 1/31**

### BHI Implementation Plan Section 5 – BHI Billing and Coding

- Due to IA

Improvement Advising

Webinars

In Person Events

Data / Reporting

Assignments

## FEBRUARY

### Improvement Advising

- Complete Implementation Plan Section 6: Pilot Site Evaluation & Engagement
- In-Person Improvement Advising Site Visit (Q1 2024)
- Review CFHA conference presentation opportunity

**Tues. 2/13 (11-12)**

### CalHIVE BHI Commons – BHI Workflows

- Identify operational changes and document operational, clinical and health IT workflow changes for BHI at pilot clinic
- Highlight successful practices for BHI operations including as warm handoffs and scheduling

**Tues. 2/27 (11-12)**

### [OPT] BeeHIVE Webinar - Training, Education, Monitoring

- Review training best practices for general onboarding and continuing education
- Understand how to set up and monitor standard work for providers and care team members

**By Thurs. 2/29**

### BHI Implementation Plan Section 6 – Pilot Site Evaluations & Engagement

- Due to IA

## MARCH

### Improvement Advising

- Complete Implementation Plan Section 7: BHI Workflows
- In-Person Improvement Advising Site Visit (Q1 2024)

**Thurs. 3/7 – Data Webinar: Baseline Submission**

**Tues. 3/12 (11-12)**

### CalHIVE BHI Commons – BHI Data Best Practices

- Hear from BluePath Health
- Analyze changes needed to ensure compliant BHI for patient consent, privacy and security

**Tues. 3/26 (11-12)**

### [OPT] BeeHIVE Webinar – Model For Improvement Fundamentals (1 of 2)

- Cover basics for Model for Improvement and launching tests of changes

**By Fri. 3/29**

### BHI Implementation Plan Section 7 – BHI Workflows

- Due to IA

# Thank you!

## Program Advisor



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