Tuesday, May 21, 2024

2024 CalHIVE BHI Convening

Implement, Improve, Impact

Day 1

PBGH | California Quality Collaborative

Anchoring Today

CHINESE HOSPITAL & CLINICS

Riverside Family Physicians

Community Memorial HEALTHCARE

San Francisco Health Network
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

perlmanclinic++

Scripps

POMONA VALLEY HOSPITAL MEDICAL CENTER

SHARP

just keep SWIMMING

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Embarking today

CalHIVE BHI Values

1. Collaboration around a common goal
2. Trust & transparency
3. Reflect, revise & adjust

Take care of yourself

Ensure space for all voices

Be here
Connect with team and cohort

Have fun

Our Plan (Learning Objectives)

By the end of today, we hope you will have...

- Developed workflows and training plans for integrating BHI into current operations

- Mapped out BHI Implementation Plan for pilot site as team

- Exchanged lessons learned and highlighted successes with collaborative cohort

Getting Settled

Materials
- Workbook & Handouts
- Event Evaluation
- Materials posted on CalHIVE BHI website

Logistics
- Restrooms
- Meals
- Parking
- Photos

Networking Session

CalHIVE BHI Team

Peter Robertson
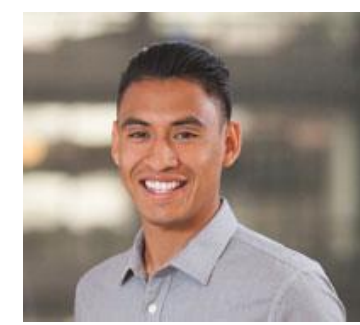Senior Director,
Practice Transformation
Advisor

Kristina Mody
Director,
Practice Transformation
**CalHIVE BHI Director/
Improvement Advisor**

Mary Nickel-Nguy
Senior Manager,
Behavioral Health
Integration
Improvement Advisor

Daniela Vela Hernandez
CFHA Technical
Assistance Associate
Improvement Advisor

Jose Ordonez
Manager,
Data Analytics
Data Lead

Erika Lind
Manager, Care
Transformation Events
and Learning

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**Clinical Advisor, BHI
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Anna Baer
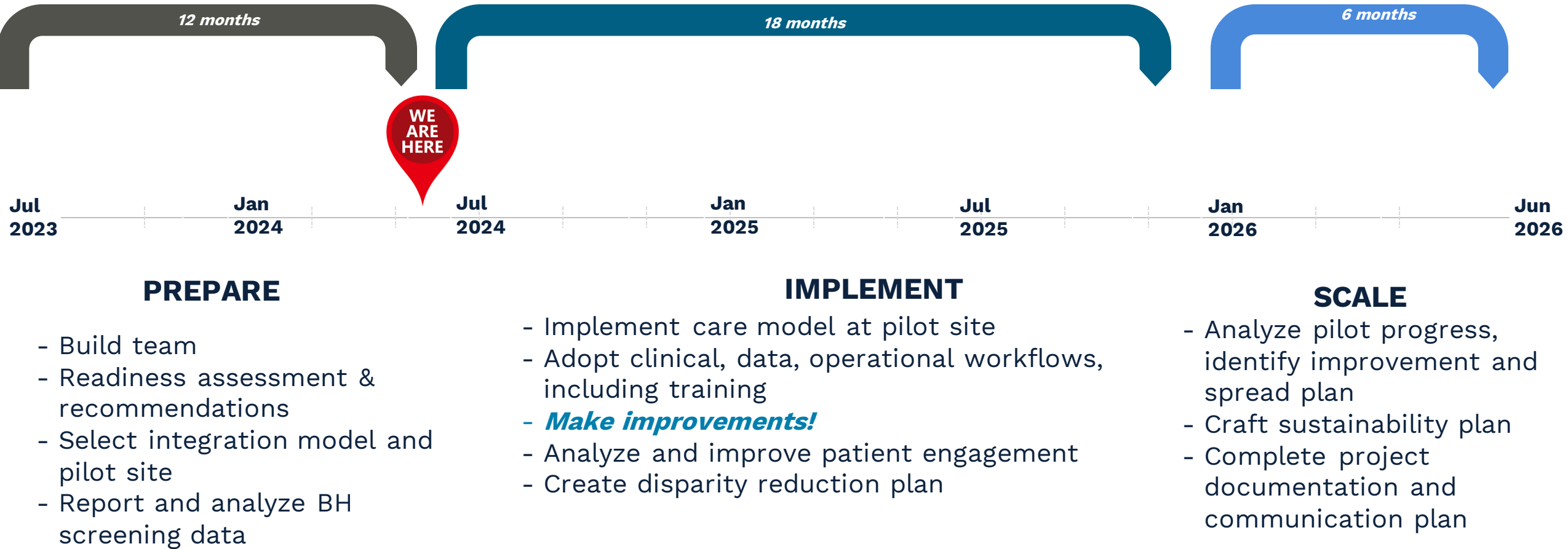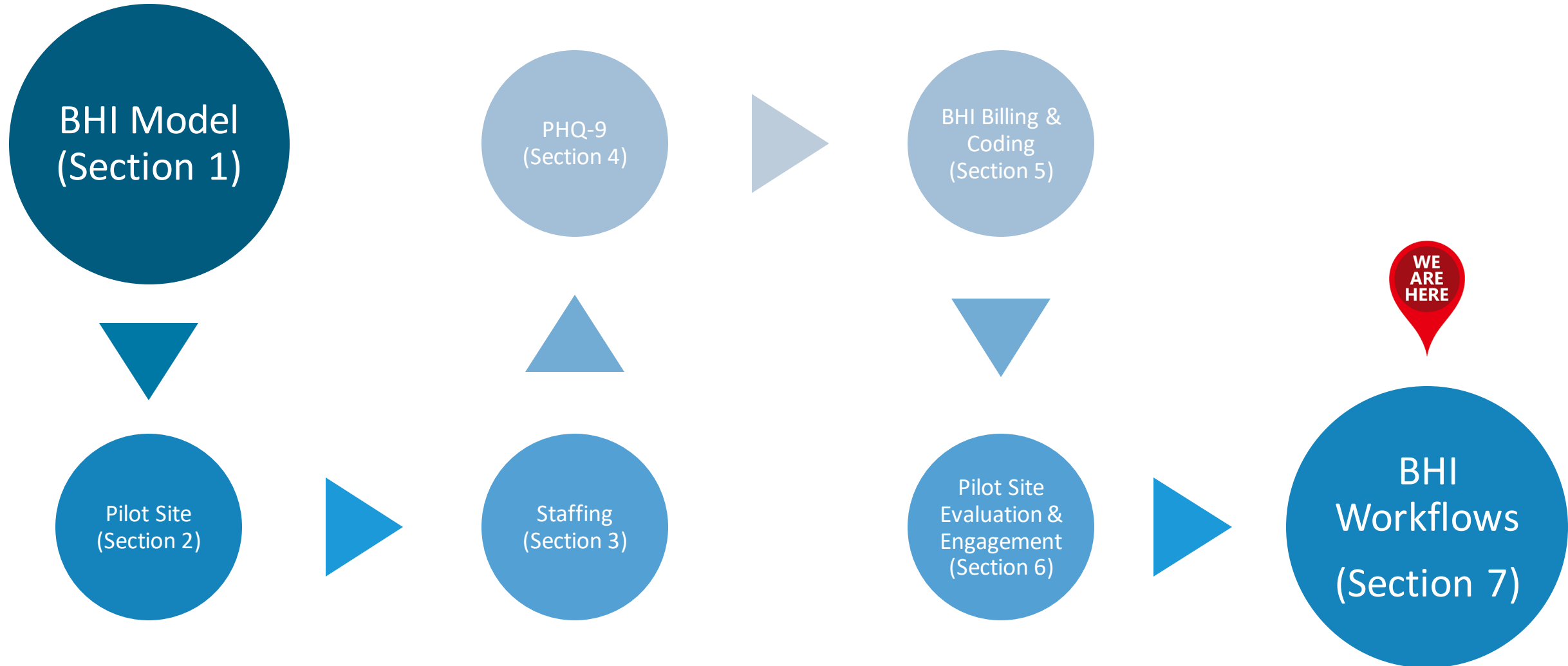Program Coordinator,
Care Transformation
Event Manager

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BHI Workflows – Key Concepts

CalHIVE BHI Program

12 months

18 months

6 months

WE ARE HERE

Jul 2023 Jan 2024 Jul 2024 Jan 2025 Jul 2025 Jan 2026 Jun 2026

PREPARE

- Build team
- Readiness assessment & recommendations
- Select integration model and pilot site
- Report and analyze BH screening data

IMPLEMENT

- Implement care model at pilot site
- Adopt clinical, data, operational workflows, including training
- *Make improvements!*
- Analyze and improve patient engagement
- Create disparity reduction plan

SCALE

- Analyze pilot progress, identify improvement and spread plan
- Craft sustainability plan
- Complete project documentation and communication plan

Implementation Plan

BHI Workflows
Implementation Themes (So Far)

- *PHQ-9 Workflows* – workflow optimization takes a **long** time

- *Importance of identifying and tracking outcomes/progress* – make changes, get buy-in

- *Integration = internal transformation* – calls for a culture shift
  - For medical <u>and</u> behavioral providers

- *BHI Models* – should reflect needs of organization
  - Can evolve

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Getting Started

What is your one key question around workflow development in context of BHI?

- Get in groups of 3 (with people outside of your organization)

- Welcome a few groups to share with larger group

Framing Workflow Development – Why?

- We are going to build workflows, but you have to know the "why" behind what we are doing
  - Buy-in for the workflows requires buy-in for the model
    - Do the staff and providers buy-in to the model?
    - Address objections to BHI strategy before the workflow process

- (Co) Develop, then test, then feedback, then iterate
  - Creating buy-in, adapting well, and executing effective~~ly~~ solidify adoption
  - Be a part of standing provider and operational meetings
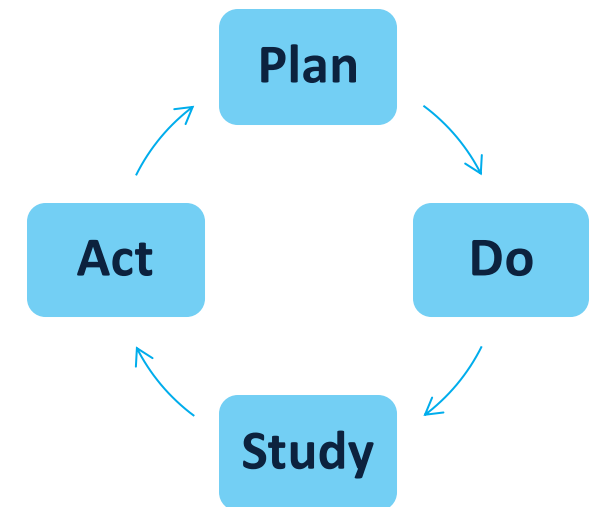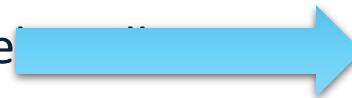
BHI Workflows: Align & Combine

What needs to get done for BHI?

- Leverage your current workflows

- How it gets done depends on…
  - What you're already doing
  - Considering what to expand/revise

- Create alignment with what exists AND works!

- Integration becomes what you're already doing
  - Helpful from adoption/implementation/spread standpoint
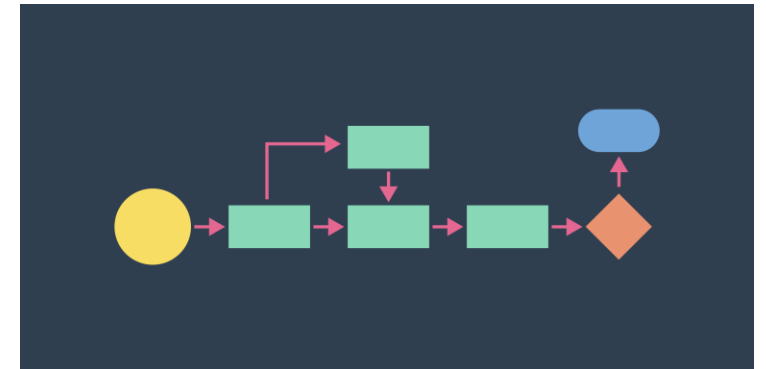
Team Engagement

How do you engage teams?

- Algorithmic thinking, clinically meaningful

- Shared lexicon and relationships

- Leveraging scheduled provider meetings to share wins and immediately address issues

Thinking Ahead:

Implementation Plan Section 7 – BHI Workflows

Workflow: Owners and Implementers

- **Owners** – those that will oversee workflow & will make changes

- Importance of ownership
    - Program needs to dictate owner of process [person/team]
    - Responsible for closing loops, communicating the workflows

- Owners should measure progress
    - Process Measures
        - Model processes
        - Measure engagement/adoption

- Outcome Measures
    - Standard measures
    - Clinical BH related
    - Utilization

- **Implementers** – those that will be doing the work

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Developing BHI Workflows Checklist

❑ Could this be absorbed in the current workflow? (Y/N)

If no…

❑ Who owns the workflow?

❑ What is the target patient population for this workflow?

❑ How will BHI workflows align with other workflows?

❑ Who is implementing the workflow?

    ❑ What clinical staff are involved in each step?

    ❑ Is each step clear to everyone based on roles?

❑ What are the steps needed for this workflow?

❑ How does the patient experience the workflow?

    ❑ Are there considerations around specific patient needs (e.g. language, literacy, digital access)?

❑ Technology

    ❑ What technology changes are needed?

    ❑ What are documentation templates to be developed?

❑ Finance

    ❑ Does the finance team need to be involved?

BHI Workflows

Screening → **Warm-Handoff and Initiation of Care** → **Initial Assessment** → Follow-Up Care → Patient Re-engagement

Implementation Plan
Section 7 – PCBH Initial

INITIAL BHC VISIT WORKFLOW

HMA   INTEGRATED CARE DC

Screening
Patient Identification

Health Center BH Screening	Warm Handoff	Prevention Visit
• PHQ-9 • GAD7 • AUDIT	• Review of charts • Team huddles	

Warm Handoff

| Introduction script Share provider's/health perspective | **Initial Assessment** | Elicit person's perspective on their symptoms, what matters to them, their values, strengths, supports, community | Functional assessment – how does the person's symptoms/behaviors impact their daily life? Assess stage of change |

Initial Visit and Planning

Elicit person's vision/goal for the future	Apply evidence based behavioral interventions could help them reach this goal	Develop a SMART action step and follow up plan

| Close the loop with the PCP | Document visit (SOAP/APSO) |

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Patient Re-engagement

| Person shows up for scheduled visit | Proactive outreach to no-show | Catch person at next PCP visit |

Follow–Up Care

Re-administer BH Screener

Any change in score (+/-) ?

No
Did they take any action?
What got in the way?
What would they like to try next?
- Would medication help?
- Is this the right level of care?

Yes
What made them successful?
What would they like to try next?

Apply evidence-based behavior change strategies

Develop a SMART action step and follow up plan

Close the loop with the PCP

Document visit (SOAP/APSO)

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Implementation Plan
BHI Workflows - Section 7

- Work with your team to refine your draft BHI workflows
  - Due to your IA Fri. 6/28

- Use the Workflow Checklist

Plan today…

- What training modules will need to be developed?

- How will this be woven into your organizational culture?

For later/at home…

- Work with team-members for additional feedback & buy-in

Screening	Warm-Handoff and Initiation of Care	Initial Assessment	Follow-Up Care	Patient Re-engagement

Getting Ready

- Take a moment to reflect and write in your notebook

- How are you going to approach refining and sharing your BHI workflows?

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BHI Workflows – In Practice

Initiating BHI Workflows

What?	Who?	When?
Positive screeners	Screener on EHR or tablet (Individual self-report; front office; provider)	• PHQ-9 score >10+, Q9 + • GAD-7 score of 8+, and/or • AUDIT score of 8+
Integrated care team identification	PCP, MA, RN or front desk referral	• Based on clinical judgement
Self-referral	Individual self-report or family/friends may refer if loved one has a cognitive or developmental impairment	• Life transition • Change in medical or behavioral health
Past medical/behavioral health history	EHR or partner pharmacy	• Chart review indicates prior history • Pharmacy report adherence • Medication management concerns
Ongoing care	Self-report, integrated care team, family/friends, or/and partners	• New diagnosis of chronic disease or co-occurring diseases

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As a team, identify:
* In addition to screening, how will you identify patients for BHI workflows?

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Warm-Handoff - Spotlight

Warm Handoff and Initiation of Care

Spotlight: Introduce BH Specialist
BHI Warm Handoff (WHO)

Standard Definition: A warm handoff is a transfer of care between two members of the health care team, where the handoff occurs in front of the patient and family. This transparent handoff of care allows patients and families to hear what is said and engages patients and families in communication, giving them the opportunity to clarify or correct information or ask questions about their care.

For BHI Context

Provider-facing Goal: Ensuring care continuity

- Framing of chief complaint and expectations of PCP to BHP
- Communication about roles/responsibilities between PCP/BHP/care team members
- Includes strategies for closing communication loop

Patient-facing Goal: Destigmatizing care & increasing engagement

- Understands roles and responsibilities of each team member (with patient/family as integral member)

Implementing a BHI Warm Handoff (WHO)

	Referral Handoff	Ideal Warm Handoff
Provider to Provider Communication	• Limited communication of concerns • Lack of trust demonstrated	• Mutual understanding of • Model • Key terms • Shared trust & cheerleading
Patient Engagement	• Reinforced stigma around symptoms and diagnosis	• Decreased patient stigma • Improved ability to meet patient specific needs • Normalization of symptoms
BHI Intervention	• Scheduled in the future • No immediate intervention provided	• Immediate intervention provided • Explanation of services
Follow up	• No coordination or debrief with provider	• Coordinated follow up

BHI Warm Handoff (WHO)
Do One

- Pair up:
  - One medical provider
  - One BH provider

- Take turns practicing scenario with script

Scenario – Do One

- Patient accepts

- Patient refuses

- Patient needs higher level of care

Reflect – What was your experience trying a BHI WHO?

Initial Assessment

- Visit Structure
  - Expectations for treatment
  - Goal Setting
  - Functional Assessment

- Documentation
  - Concurrent Documentation
  - SOAP Note, Open Notes

Introduction (Hint: Develop a script)	Elicit person's perspective on	Functional assessment
• Share provider's/health center's perspective	• Their symptoms • What matters to them • Their values, strengths, supports, community	• How does the person's symptoms/behaviors impact their daily life? • Assess stage of change

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Initial Assessment

$$S + O = A , P$$

Subjective: What the patient reports

- (Time, Trigger, Trajectory)

+

Objective: What you observe or measure

- (PHQ-9, Mental Status)

=

Assessment: Clinical Formulation
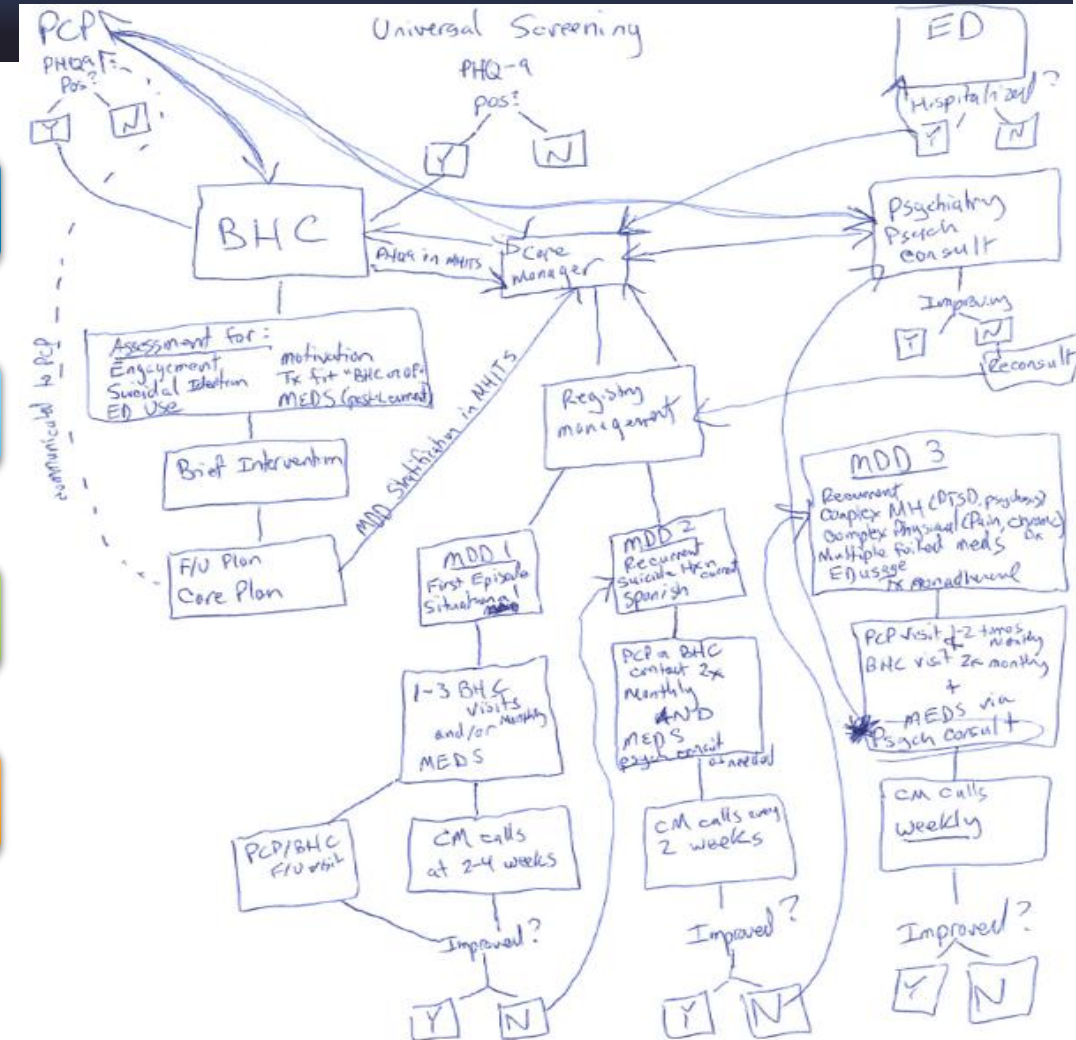
- (Diagnosis, Maintaining/Mitigating Factors)

Therefore, **Plan:** Treatment and Next Steps

- (Intervention/Follow-Up)

Why do this?

- Thinking and Practicing Algorithmically Facilitates Integration

- Using a Shared Lexicon Promotes Shared Care Planning

- Depression Remission or Response
  - CoCM - Built in monitoring
  - PCBH - Monitoring when back to see PCP: scrub; huddle; engage medical team
    - Leverage EHR/portal, MAs
- What are care pathways?
  - Internal (e.g., pain management, obesity, ECM)
  - External (e.g., community resources)
- When to discontinue services vs refer out

Closing the Loop

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Too much care?

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When is it time to refer out?

Transition to Community Resources:

1. Patient not getting better

2. Conditions requiring special expertise

3. Conditions requiring longer-term care

4. Need for recovery-based services (e.g., SMI)

5. Patient request

Stretch Break!

Breakout Session by Model

PCBH

CoCM

PCBH Breakout Group

G is for Generalist Approach
A is for Accessibility
T is for Team-Based
H is for High Productivity
E is for Educator
R is for Routine

- BHC Identity - Managing the Change / Addressing Resistance

- Key Facets of PCBH (GATHER)

- Building Advocacy among PCPs

- Casting a Wide Net

- Sole vs. Distributed Leadership

- Measuring Program Adoption and Success

- Promoting Sustainability and Building Culture

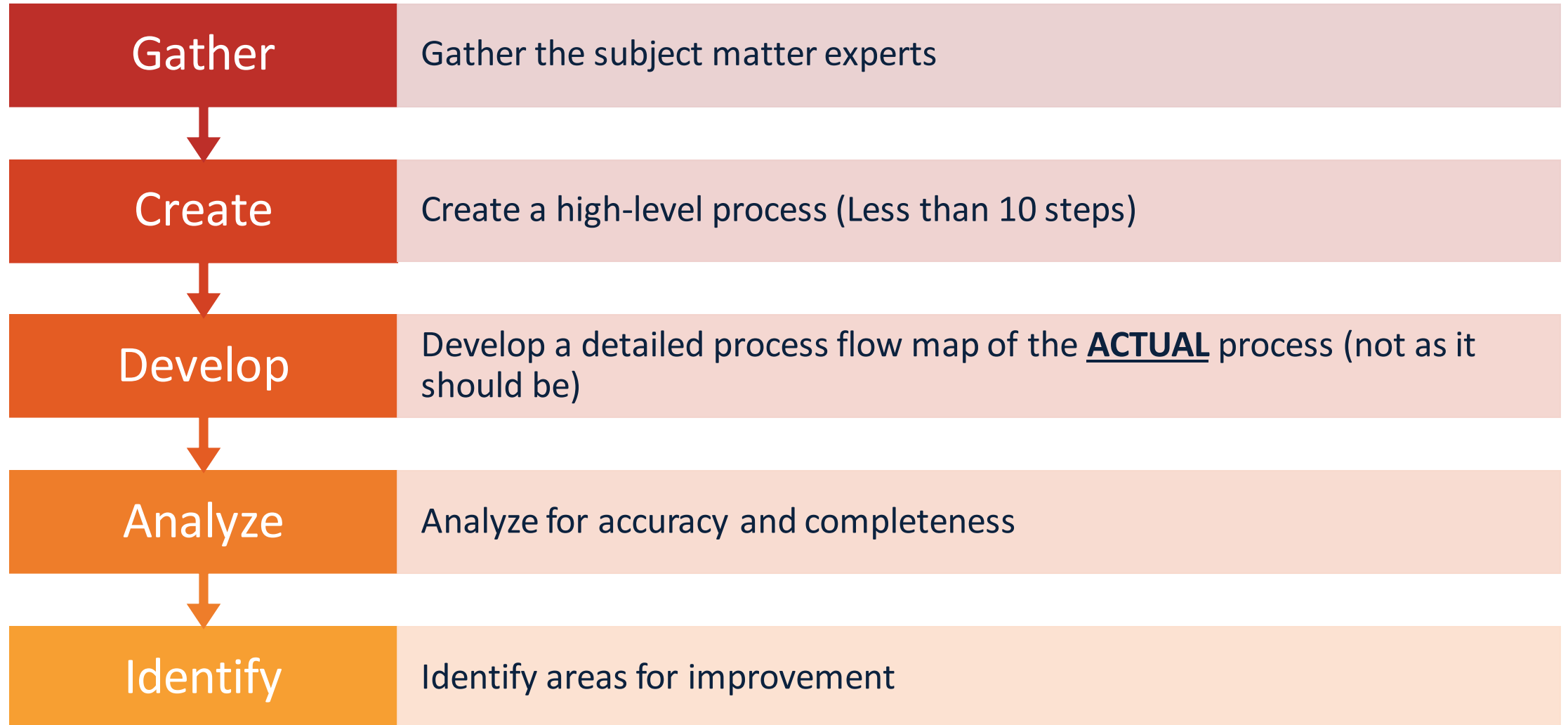California Quality Collaborative

Lunch & Networking

Implementation Plan Team Time – BHI Workflows

What is Process Flow Mapping?

- Visual representation of a process or workflow

- Depicts each step sequentially

- Source for understanding what needs to be improved

Inputs → Tasks → Outputs

Developing a Process Flow Map

Gather	Gather the subject matter experts
Create	Create a high-level process (Less than 10 steps)
Develop	Develop a detailed process flow map of the **ACTUAL** process (not as it should be)
Analyze	Analyze for accuracy and completeness
Identify	Identify areas for improvement

Implementation Plan Team Time – BHI Workflows

- Team time to work on BHI integration Implementation Plan [section 7]

- Review current workflows, including PHQ-9
    - Check assumptions
    - Is it clear?
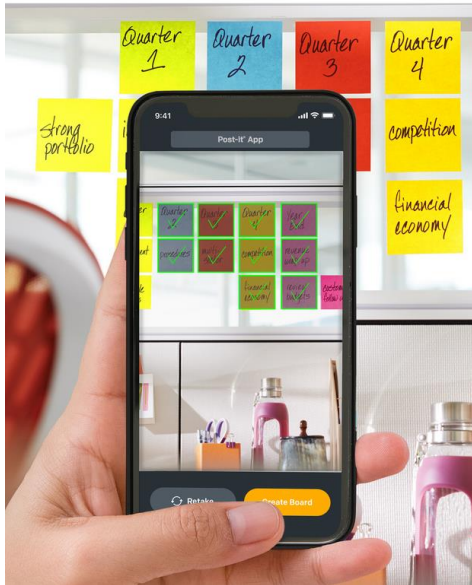
Try it – Post It App
- Free
- Will scan notes
- Upload to collaborative whiteboard
- Allows you to move around and edit

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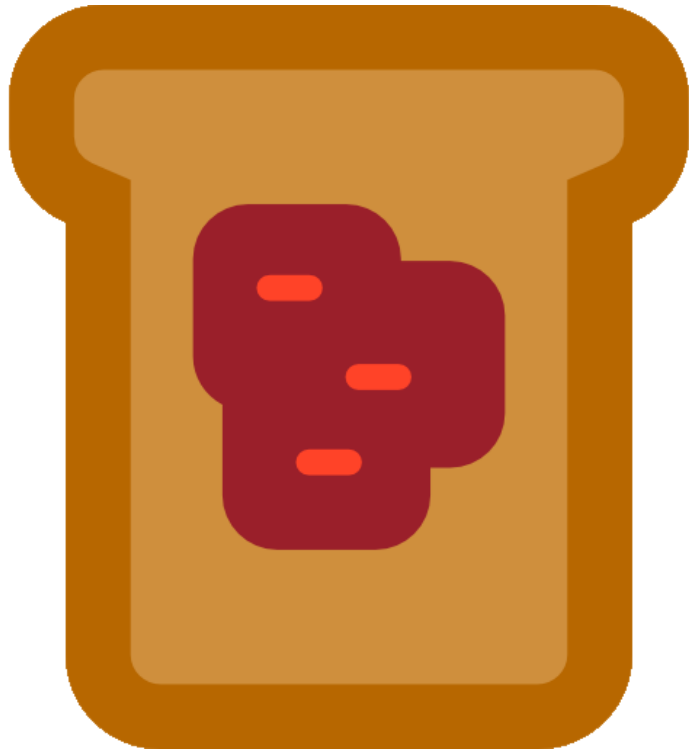
❑ Finance

    ❑ Does the finance team need to be involved?

Training & Monitoring

Peanut Butter and Jelly

Write down the steps to prepare a Peanut Butter and Jelly sandwich

Training & Education

Workflow Changes

- What needs to be updated?
  - Leverage Implementation Plan work
  - Consider: workflows, protocols

- How will you educate those who are doing the work (implementers)?
  - Preceptorship model of resident training ("See one, do one, teach one")
  - Shadowing

- How will you incorporate changes/feedback?
  - Regular cadence of reviewing feedback

Training/Education (Ongoing)

- Part of new employee orientation / onboarding

- Lunch and Learns

- Standing agenda items at meetings (e.g. PCBH Corner)

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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

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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!

Appreciation

How do you reward workflows? Engagement?

- Appreciation & acknowledgement
  - Teamwork & collaboration
    - WHO the Stuffed Owl
    - MVBHC – Most Valuable BHC
  - Leadership & mentorship
  - Adaptability to change

- Use measures to reward and acknowledge work being done

Monitoring

For the **Owner** of the workflows

- What are we monitoring after screening?

- What will you monitor?
    - Accuracy in new workflows
    - Model fidelity

- Create scale-able way to monitor and track (and make part of culture)
    - Dashboarding

- Spot-check, root cause analysis

- Identify: evaluation, metrics, connection to value proposition

Model-Specific:

- PCBH – ORS (Rubric for PCBH fidelity by BHCs)

- CoCM – Built in because data driven

Collaborative Time

Meet with another team and share:

- What is your current training process? What needs to be updated around training for BHI?

- How will you show appreciation for buy-in for BHI workflow changes?

- What are your opportunities around monitoring for BHI?

Closing

Given what we covered today, how will you approach refining and sharing your BHI workflows when you return home?

Thank you!

Networking – invited to connect over snacks and drinks

Evaluations – share feedback for today

See you tomorrow – we start at 8:30!

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Networking