

Monday, November 4, 2024 12 p.m. – 1 p.m.

BHI Workflows

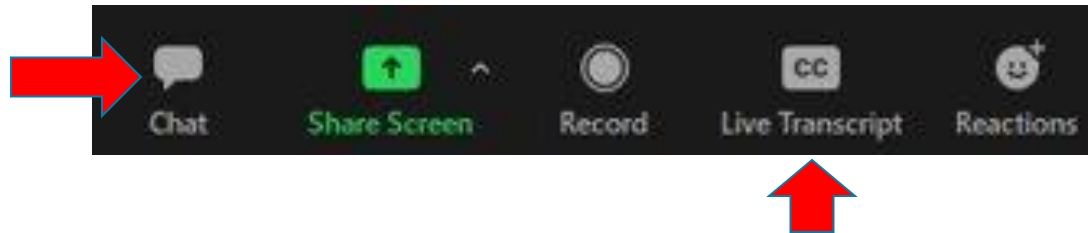
BHI-CYCLE Commons



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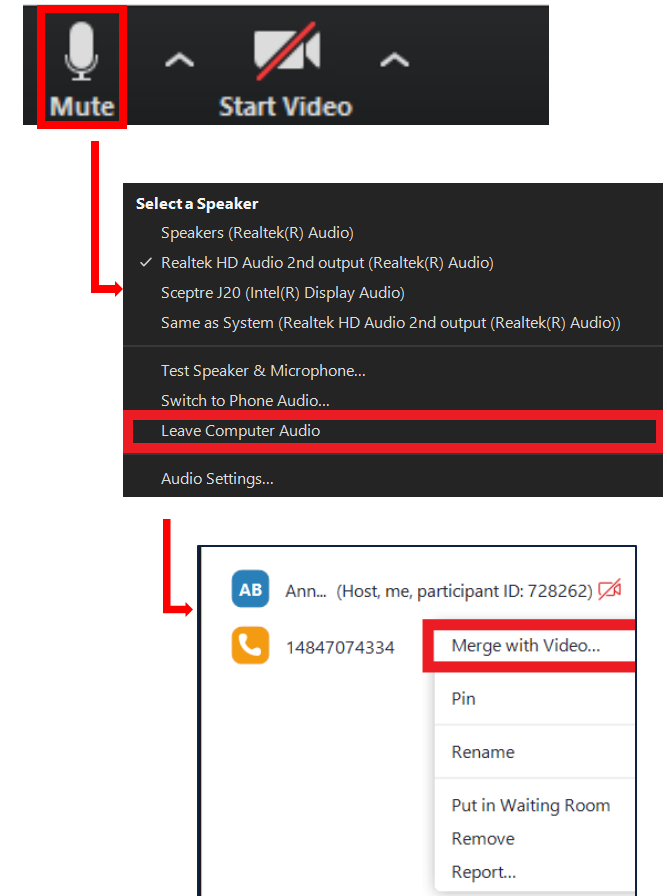
Zoom Tips

- Attendees are automatically **MUTED** upon entry
- Use the **chat box** for questions



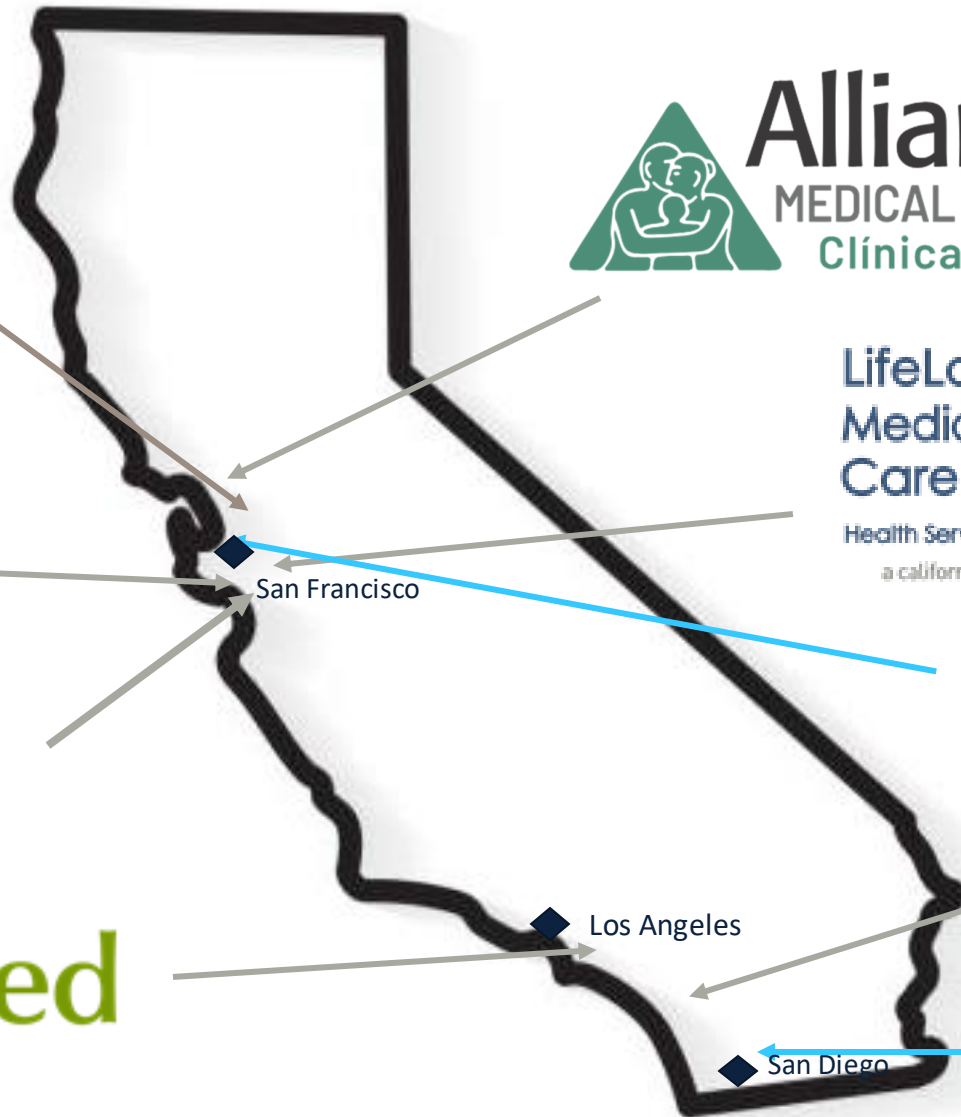
- Request closed captioning with 'Live Transcript' button
- Welcome to update name, pronouns and organization in your Zoom name
 - Right click on yourself → Rename
- **Direct message Anna Baer** if you have any technical issues

- If you've dialed in, please link your phone to your video/computer



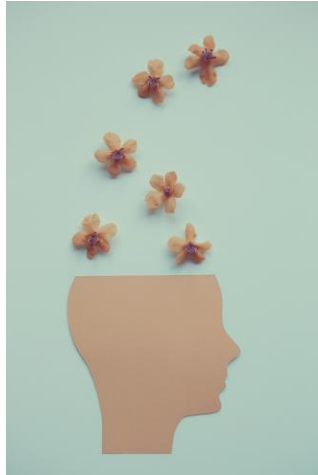
Hello and Welcome!

What is your organization's biggest opportunity around BHI workflows?



Today's Agenda

Today, we'll:



Review BHI workflow best practices from Rady Children's Hospital

*20 min presentation +
7 min Q&A*



Reflect and share advice on peer case study: BHI workflows

*10 - 15 min presentation +
10 min feedback*



Identify improvement area for your organization's BHI workflows

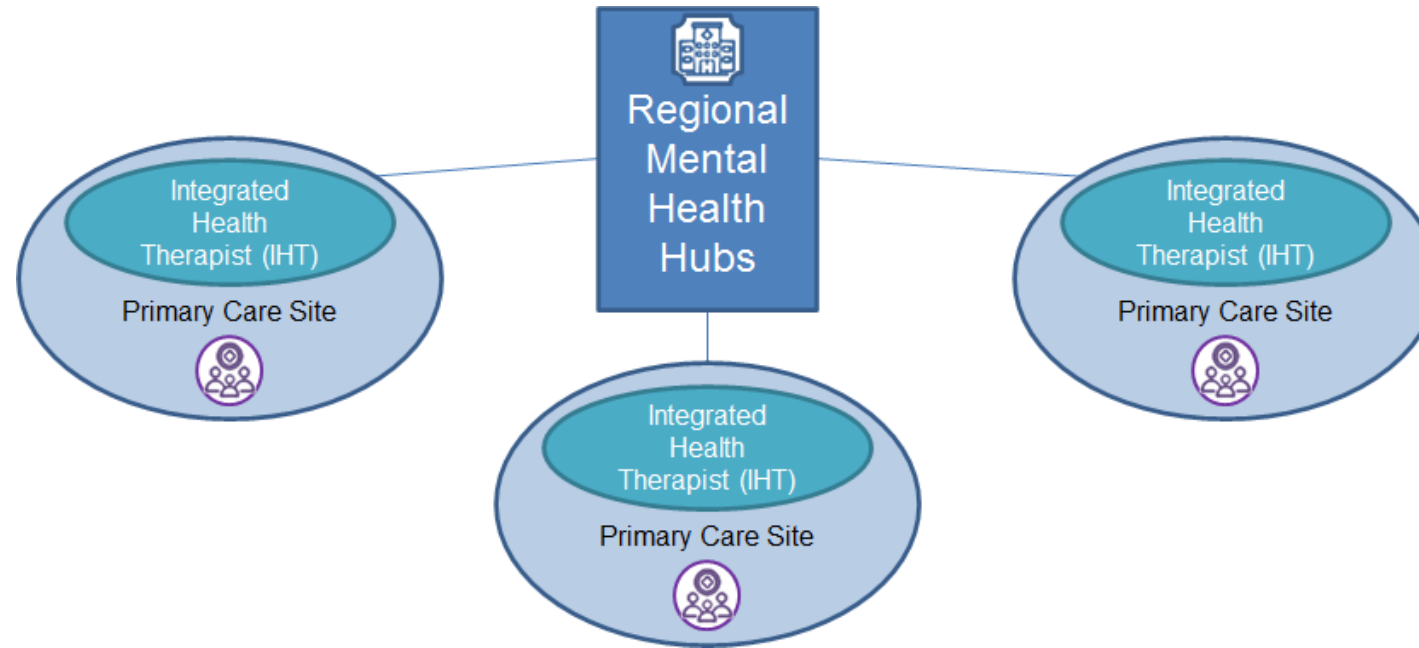


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Rady Children's Hospital Transforming Mental Health

BHI Workflows

Mental Health Integration Hub and Spoke Model



Primary Care Spokes

- Warm Hand Offs
- Assessments
- Brief goal/solution-focused therapy (4-6 visits)
- Care Coordination
- Preventative work and lower complexity
- **Co-manage with PCP**

Mental Health Integration Hubs



- Brief goal/solution-focused therapy (<12 visits) +/- Groups
- Psychiatric consultations
- Care Coordination
- More complex pathology, higher risk
- **Co-manage with PCP**



Why Warm Handoffs?

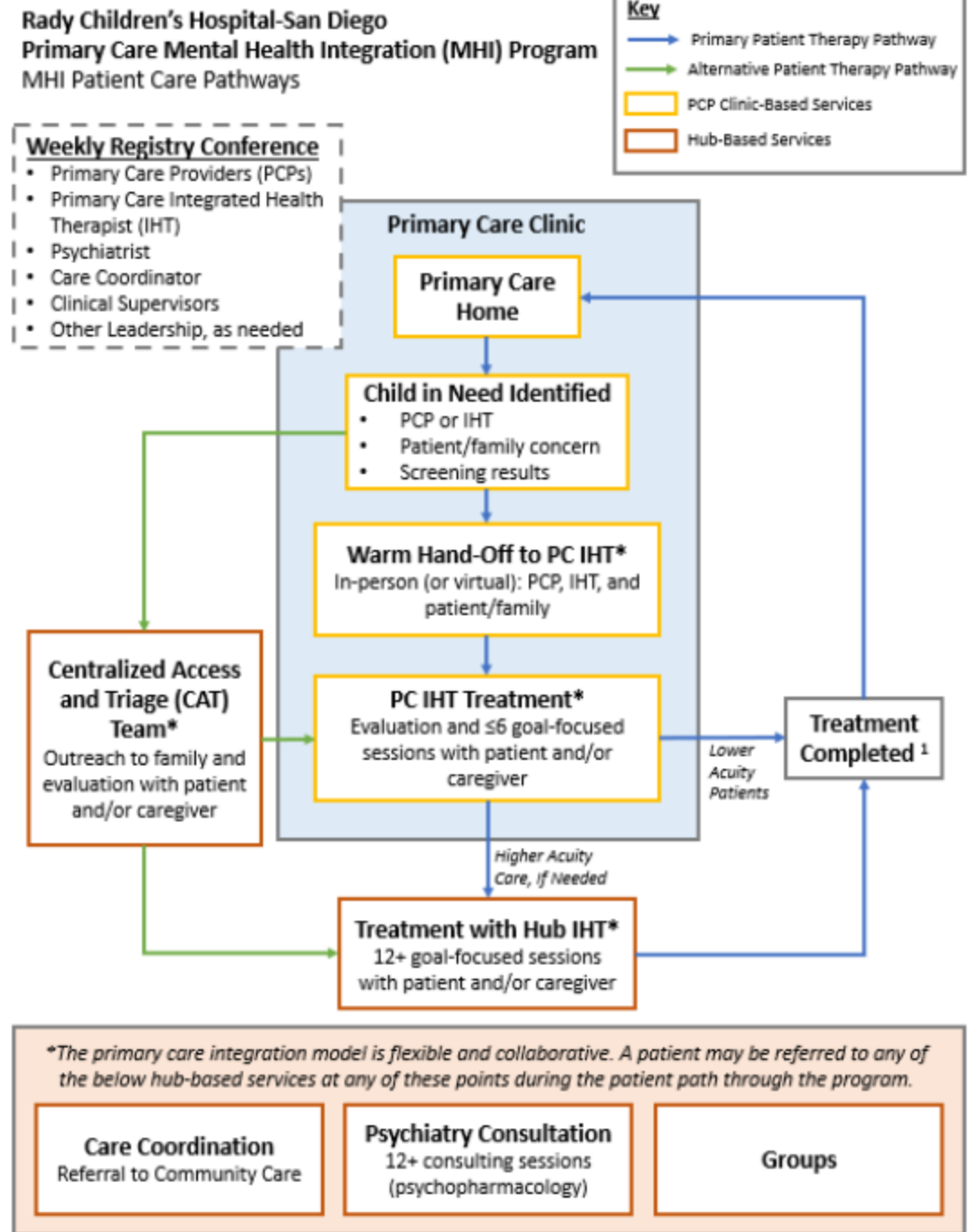
- Increased appointments with behavioral health
- Fewer no-shows/same-day cancellations
- Fewer PCP no-shows/same-day cancellations
- Decreased time to schedule or complete BH follow-up post referral



Pathway Model

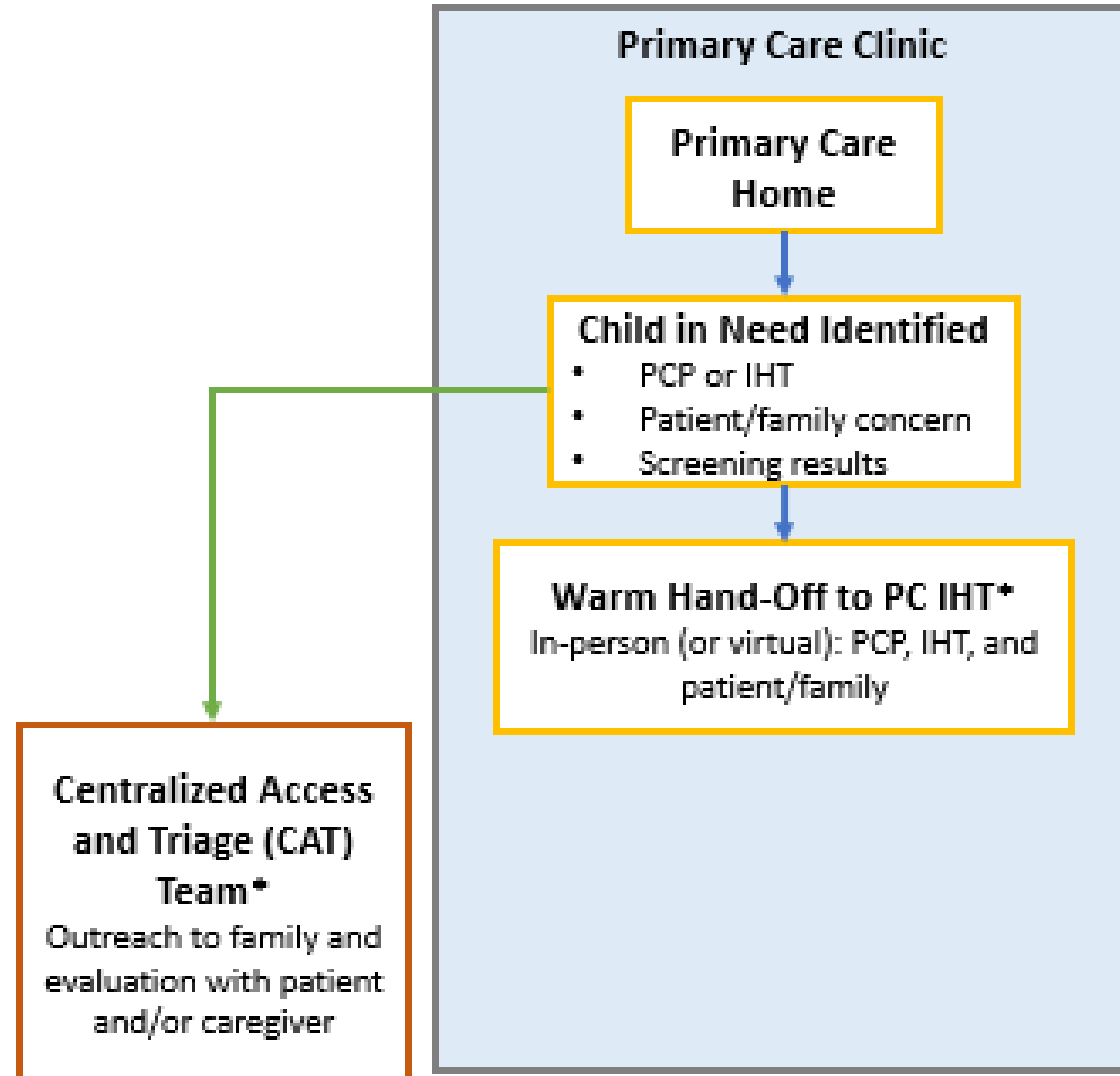
The Pathway Model outlines how our patients move through and between our MHI services.

The PCP remains the primary medical home provider for the patient while in MHI treatment, and we work in collaboration with a shared treatment plan for each child.



¹ Treatment is completed and the MHI program is available for future patient referrals through the patient's PCP in the Primary Care Home.

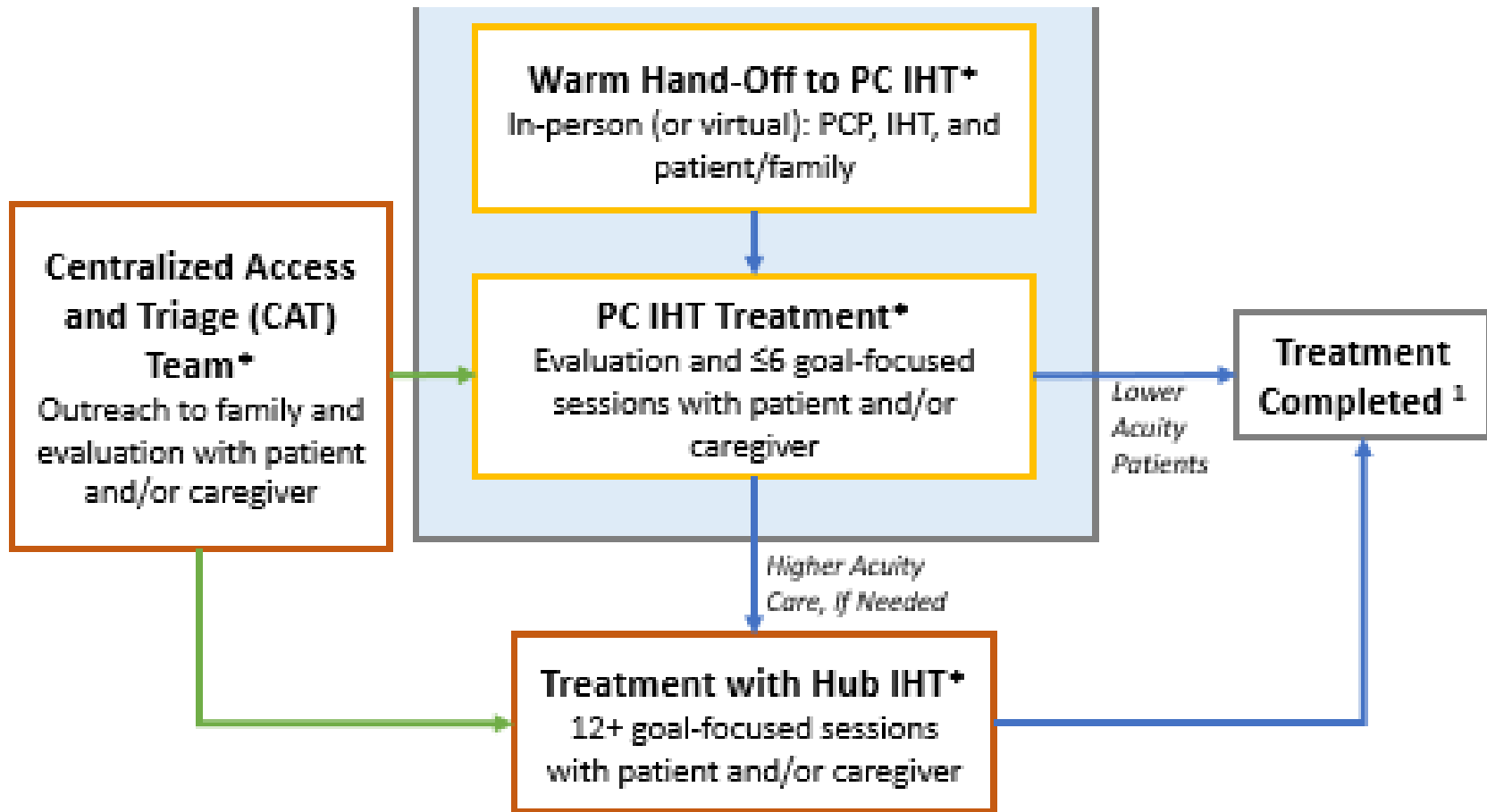
Pathway Model (Cont.)



Pathway Model (Cont.)





Key

- Primary Patient Therapy Pathway
- Alternative Patient Therapy Pathway
- PCP Clinic-Based Services
- Hub-Based Services



Pathway Model (Cont.)

Key

-  Primary Patient Therapy Pathway
-  Alternative Patient Therapy Pathway
-  PCP Clinic-Based Services
-  Hub-Based Services

**The primary care integration model is flexible and collaborative. A patient may be referred to any of the below hub-based services at any of these points during the patient path through the program.*

Care Coordination

Referral to Community Care

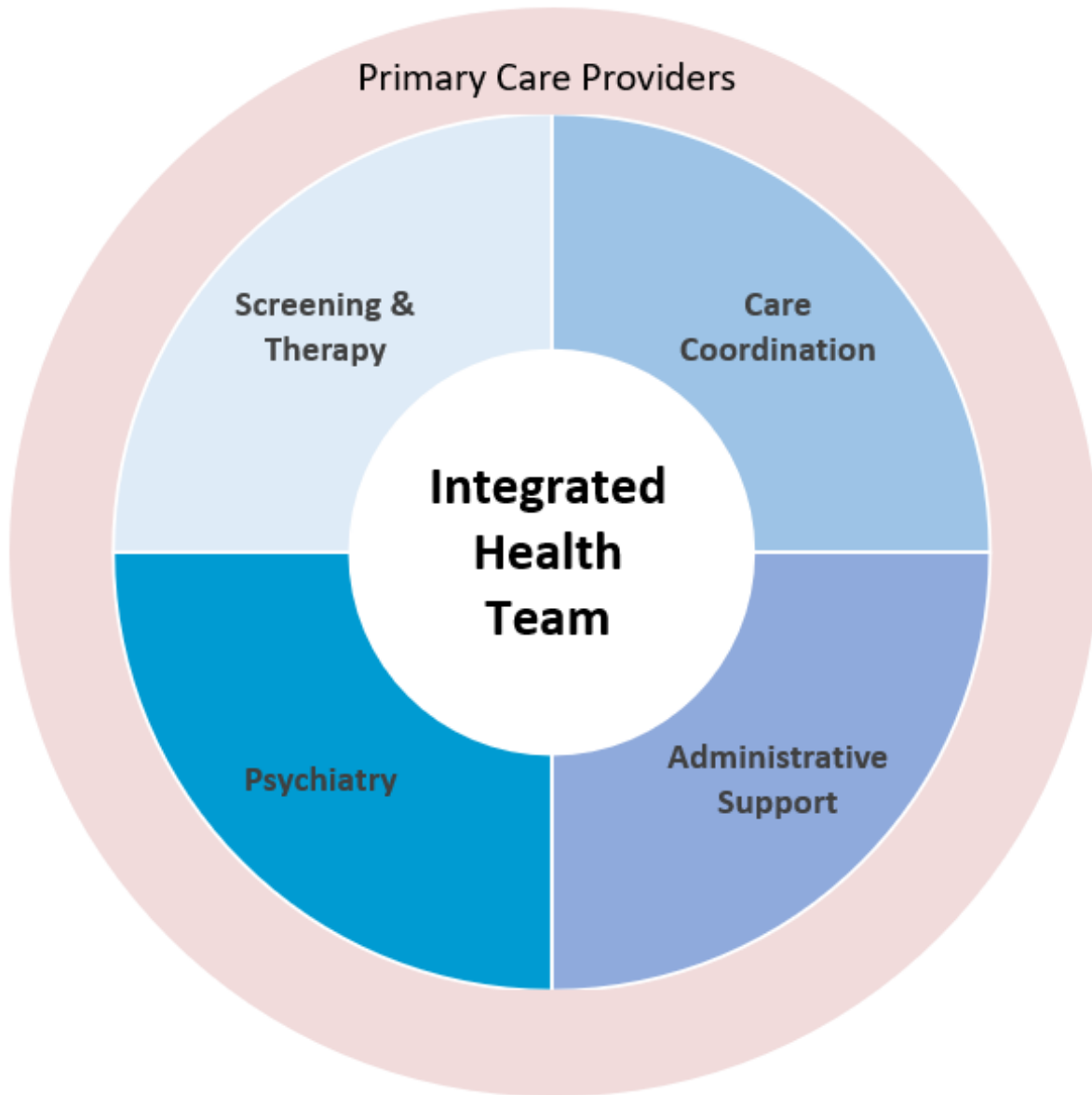
Psychiatry Consultation

12+ consulting sessions
(psychopharmacology)

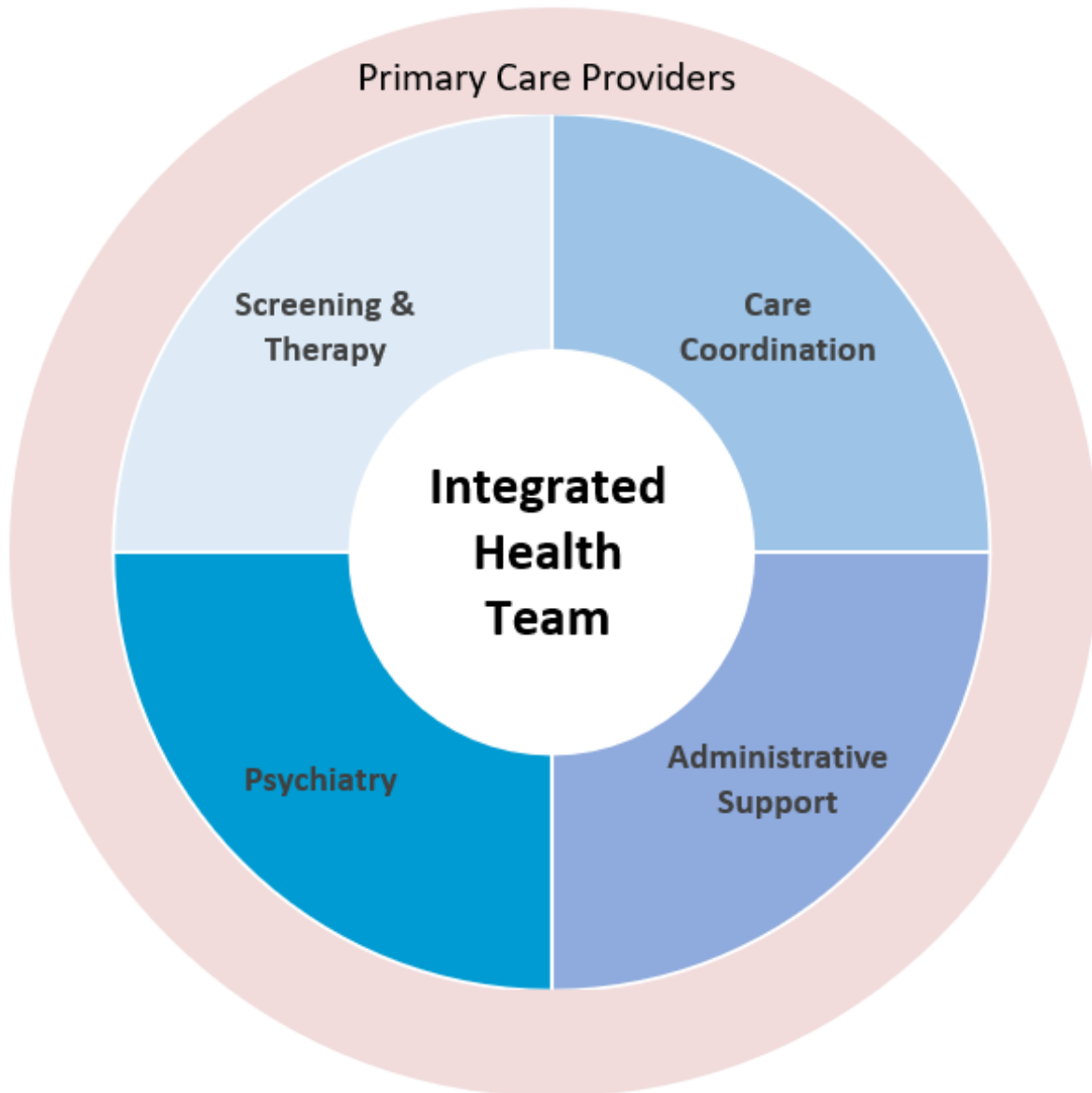
Groups



PCMHI Care Team Roles



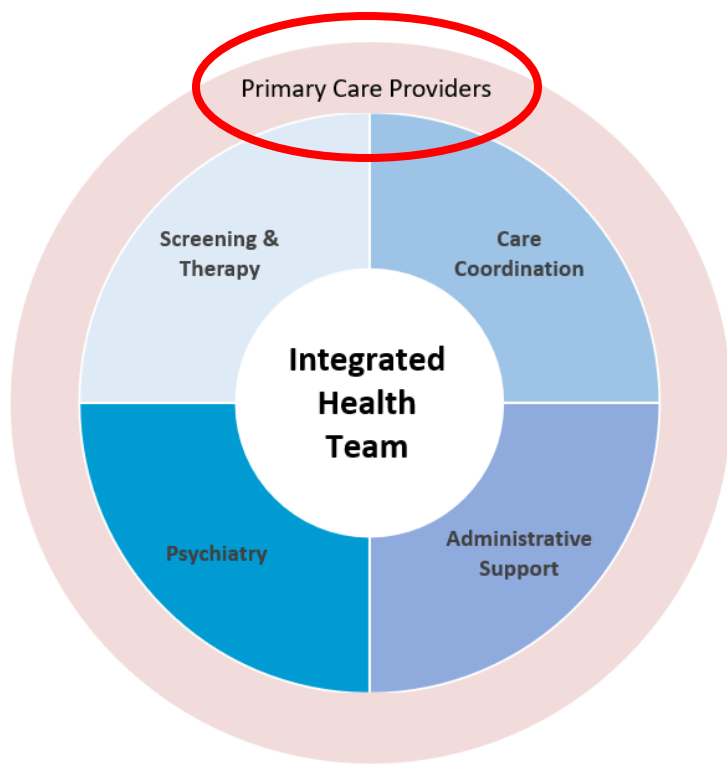
PCMHI Care Team Roles



- **Primary Care Providers**
 - PCP Site Champions
 - PCPs
 - Front Desk/Scheduling Staff/Back office/Office Managers
- **Clinical Team**
 - Clinical Operations Director and Medical Director
 - Clinical Supervisors
 - Child Psychiatrists
 - Integrated Health Therapists and Pediatric Psychologists
 - Care Coordinators
 - Hub Administrative Associates
- **Administrative Team**
 - Senior Director
 - Administrative Assistants, Analysts, Strategic Planners, Quality Improvement, Communications/Marketing



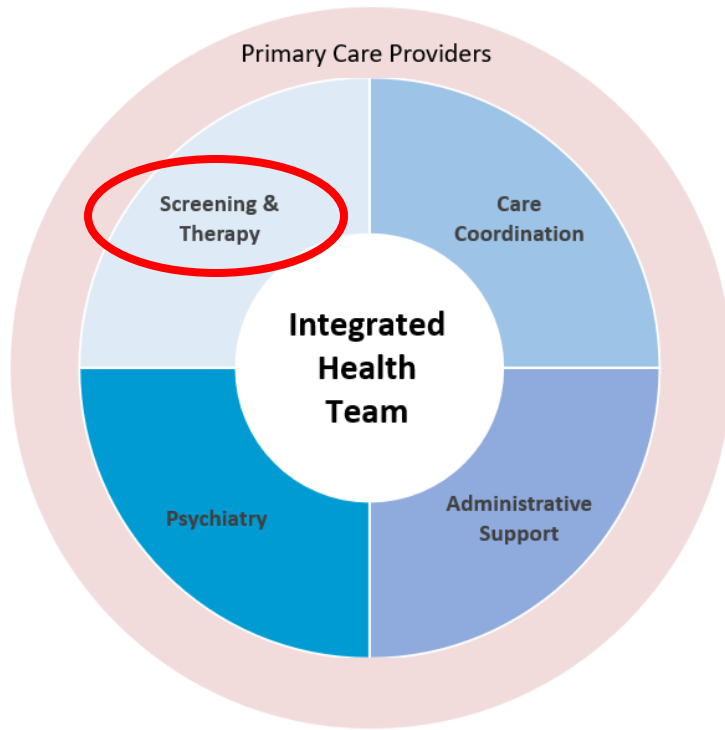
Primary Care Providers



- PCMH services begin in the primary care office
- PCPs refer patients to an IHT via a WHO, often same day
- PCPs and IHTs maintain close communication throughout the course of the patient's treatment



Screening & Therapy



- IHTs are generalist providers
- Provision of brief, solution-focused interventions
- Bridge services are offered pending patient's connection to longer-term mental health care

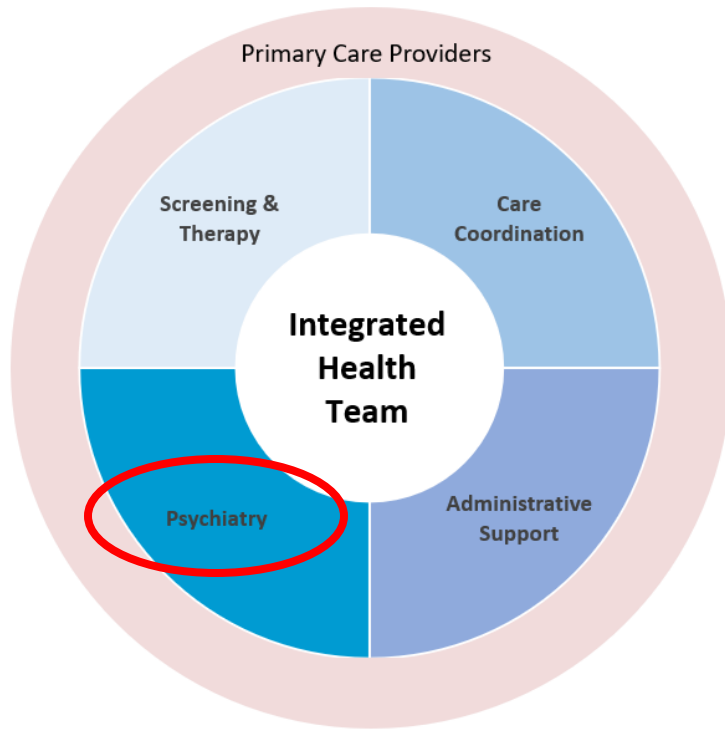
1-4 Sessions

30-Minute Duration

6 Sessions Max *Based on case-by-case clinical necessity*



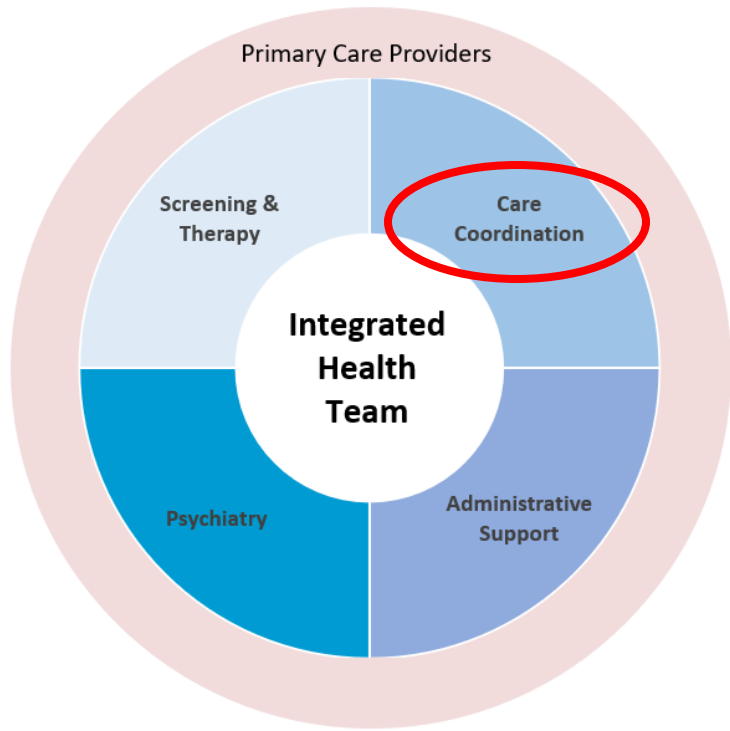
Psychiatry Consultation



- Providers involve psychiatry for medication optimization and psychiatric involvement.
- 1 - 8 sessions
- Psychiatrists communicate updates regarding patients to care team



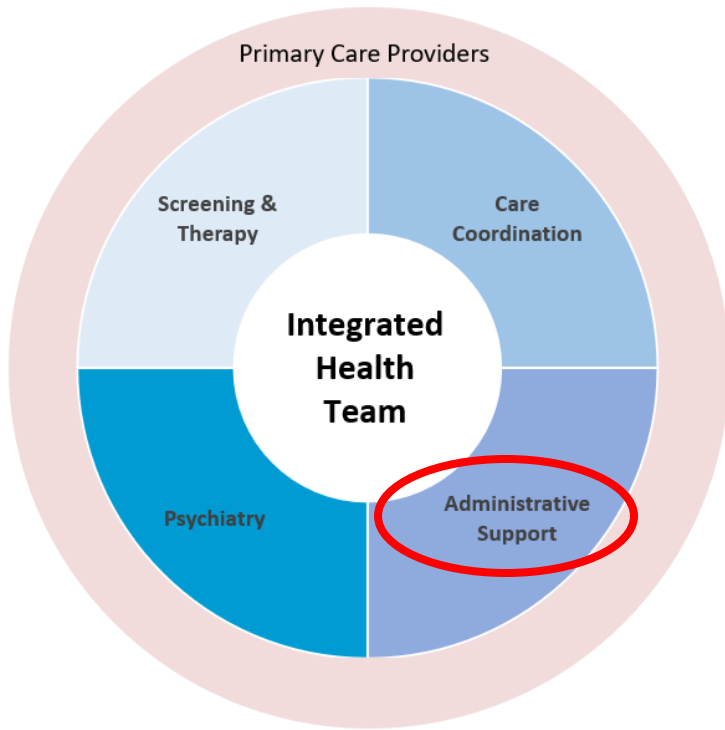
Care Coordination



- Patients referred to an IHT may be connected with PCMHI Care Coordinators for referrals including:
 - Linkages to appropriate therapy in the community, psychiatry, specialized treatment
 - Educational advocacy: related to IEPs, 504 Plans
 - Developmental services
 - Connection to Regional Center and educational resources
 - Community referrals/SDOH referrals



Administrative Support



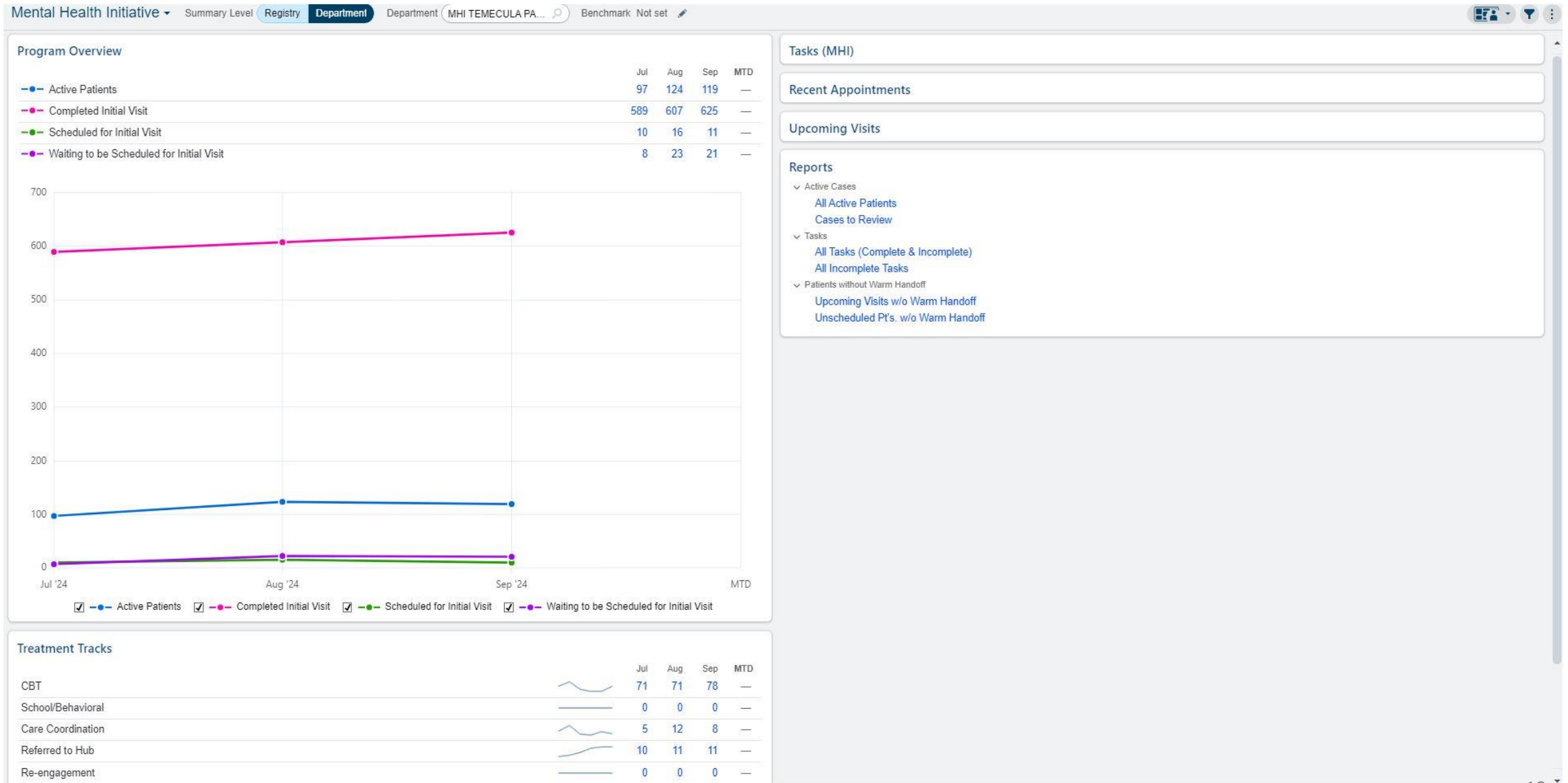
- Team of Hub Admins and a Medical Assistant support day-to-day clinical operations onsite at our four regional Hubs
 - Patient scheduling, triaging calls, provider support, data tracking and reports

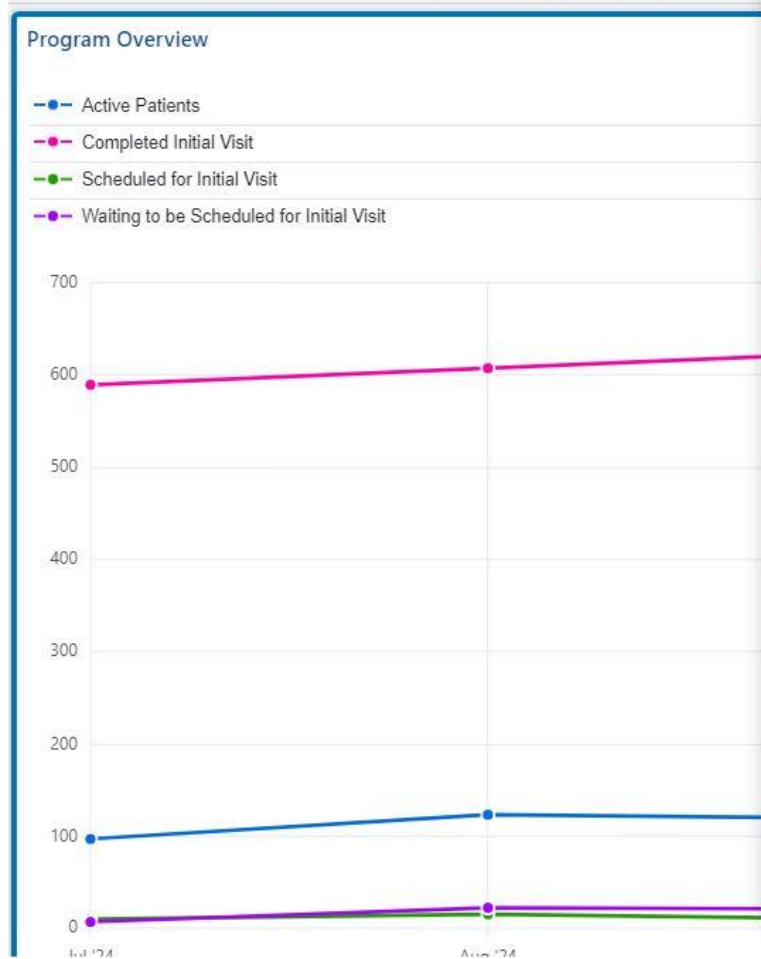


- Non-clinical administrative team members support broader TMH operations for clinical, research, and educational initiatives



Use of Data Registry





ID	Department	Center	Specialty	Location	Service Area
10100409	MHI MID CITY	MHI HUB Mid City	Psychiatry	CHN MHI-BH	RADY CHILDRE...
100101128	H SCHEDULING			RADY CHILDRE...	RADY CHILDRE...
10100402	MHI SOUTH BAY	MHI HUB South Bay	Psychiatry	CHN MHI-BH	RADY CHILDRE...
10100403	MHI NORTH COASTAL ENC	MHI HUB North Coastal	Psychiatry	CHN MHI-BH	RADY CHILDRE...
10100413	MHI HUB HEMET	MHI Hemet HUB	Psychiatry	CHN MHI-BH	RADY CHILDRE...
10100410	MHI TEMECULA PARKWAY	P North County	Behavioral Health	CHN MHI-BH	RADY CHILDRE...
10100411	MHI JEFFERSON TEMECULA	P North County	Behavioral Health	CHN MHI-BH	RADY CHILDRE...
10100406	MHI CMG SAN MARCOS	P North County	Behavioral Health	CHN MHI-BH	RADY CHILDRE...
10100404	MHI SANFORD	P North Coast	Behavioral Health	CHN MHI-BH	RADY CHILDRE...
10100416	MHI CITRACADO	P North County	Behavioral Health	CHN MHI-BH	RADY CHILDRE...
10100415	MHI ALVARADO	P East County	Behavioral Health	CHN MHI-BH	RADY CHILDRE...
10100414	MHI HEMET	P Hemet	Behavioral Health	CHN MHI-BH	RADY CHILDRE...
402000001	P MEDICAL CENTR CT	P South Bay	Pediatrics	RCP MEDICAL C...	RADY RCPMS/C...
10100401	MHI CMP	P South Bay	Behavioral Health	CHN MHI-BH	RADY CHILDRE...
10100408	MHI VALLE VERDE PEDS	P North County	Behavioral Health	CHN MHI-BH	RADY CHILDRE...
10100407	MHI LA MESA PEDS	P East County	Behavioral Health	CHN MHI-BH	RADY CHILDRE...
400007002	P TEMECULA PARKWAY	P North County	Pediatrics	RCP TEMECULA...	RADY RCPMS/C...
400062001	P ALVARADO	P East County	Pediatrics	RCP ALVARADO	RADY RCPMS/C...
100101169	CAPS UNIT		Child/Adolescent Psychia...	CHN MAIN CAM...	RADY CHILDRE...
400031001	P JEFFERSON TEMECULA		Pediatrics	RCP JEFFERSO...	RADY RCPMS/C...
10100412	ZZMHI CHMA		Behavioral Health	CHN MHI-BH	RADY CHILDRE...
100101010	EMERGENCY		Emergency Medicine	CHN MAIN CAM...	RADY CHILDRE...
100101222	PSYCH ED		Child/Adolescent Psychia...	CHN MAIN CAM...	RADY CHILDRE...

Detail List Explore Referring MD Summary

Filter

Refresh Selected Select All

MRN	Patient	Age	Review	Last Reviewed	Referral Date	Reason for Referral	Referring MD	Treatment Track	Last WHO	Last MHI Visit	Next MHI Visit	Plan	Psychiatri	Care Team: Care Navigator	IHT Therapist	Hub Therapist

Case Review

- [Open Case Review SmartForm](#)
- Notes:
- Last reviewed:
- [Add tasks to the checklist](#)

Department References

- Reviewed and updated annually along with workflow handouts/tip sheets
- Stored on a shared Clinical Team drive for reference

Transforming Mental Health Internal Department Guide

- CHARTER
- WORKFLOW
- DEPARTMENT REFERENCE

APPROVAL DATE: **April 2024**

MANUAL: **TMH MHI**

TRACKING #: **TMH 101**

TITLE: **MISSION AND MODELS - PROGRAM OVERVIEW**

PERFORMED BY: **All PCMHI Staff**

Department References

Procedure #	Title
101	Mission and Models Program Overview
201	Patient Outreach and No Show/Cancellation Process
202	Hub Scheduling Workflow
205	PCMHI Coverage Process
208	CAT Team Process
209	Hub Therapist Task List
211	PCMHI Admin Coverage Plan
214	Registry Conference
215	Provider to Provider Communication
216	Warm Hand-Off Process
218	Onboarding New Therapist Checklist
220	Care Coordinator Task List

Lessons Learned

- Ensure buy-in from team members, program and institutional leadership, and stakeholders
- Consider generalizability and standardization of workflows for training, scalability, and sustainability
- Communication is key
- Continuous quality improvement
- Don't let perfection get in the way of progress



Resources

- Provider/Administrator resources are available on the **Education** tab of Rady Children's Behavioral Health Services webpage

<https://www.rchsd.org/programs-services/behavioral-health/education/>

Join Us for Our Child and Adolescent Psychiatry Grand Rounds



A Continuing Medical Education Program of Rady Children's Hospital-San Diego and the Division of Pediatrics Child & Adolescent Psychiatry of UC San Diego School of Medicine.

Integrated Health Topics Series

The Transforming Mental Health Initiative offers integrated health topic presentations to Primary Care Providers to foster interdisciplinary dialogue on mental health needs seen within the primary care setting. Please find recordings of these training sessions below.

Toolkit for Pediatricians

The Transforming Mental Health Initiative aims to share and spread its Primary Care Mental Health Integration Model to other pediatric institutions. Below please find videos and resources on the benefits of incorporating mental and behavioral health care into the primary care setting and how your organization can build an integrated care model.





Thank you!

Q&A





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CHOC

BHI Workflows

All Teach, All Learn



Reminders

- Pose questions
- Offer suggestions
- Recommend solutions

Team Introduction: CHOC (Children's Hospital Orange County)

Organization Background

- Children's Hospital Orange County (CHOC)
- We are a pediatric health care system consisting of hospitals, urgent cares and community based primary and specialty care clinics
- We are based in Orange County, CA
- We serve roughly 2 million children over four counties
- We utilize Cerner as our EHR

Primary Care

- CHOC has 26 primary care clinics (22 outlying clinics, 4 Medi-Cal clinics) and a mobile clinic team. Our Psychology and Social Work providers are integrated into most of these clinics and provide services on-site or via telehealth
- Psychology team consist 6 psychologists & 2 resource specialists
- Social Work team consists of 3 primary care social workers
- Projects we are interested in working on with our teams include sustainability, maximizing billing, integrating HealthySteps, and increasing in-person interactions during patients' primary care visits



Psychology



Chris Min, PhD



Sarah Ruiz, PhD



Annemarie Kelleghan, PhD



Mariam Ibrahim, PhD



Sandra Avila, PsyD



Darcy Alcantara, PhD



Maritza Estrada



Nataly Alvarado

Social Work



Amy Hernandez, LCSW, PMH-C



Gloria Flores, MSW



LuzElena Najera, LCSW

TEAM MASCOT (S)



What are you trying to solve?

- Efficient, timely application of behavioral health services in primary care clinics
 - Create a smooth “flow” in clinic
 - Allowing for ample time during visits to take care of mental health and resource issues
 - Helping medical teams with prioritization and triaging of multiple mental and physical health issues
 - E.g., Addressing acne vs. flu shot vs. positive depression screen vs. elevated ACES, all in the same visit
- Provide effective communication and education for medical teams
 - Reduce provider confusion between psychology and SW
 - Education regarding high-risk patients, breaking of confidentiality, and other important topics
- Billing and sustainability
 - Majority of staff are currently funded off grants

What have you tried?

- Regular meetings between Psychology, SW, Primary Care leadership
- Time allotted at clinic staff meetings to communicate information and data
- Monthly emails with coverage schedules and contact information
 - Coordination of schedules to ensure coverage for clinics
- Consistent space for psych and SW teams in each clinic
- EMR infrastructure
 - Creation of psych and SW orders in EMR along with education on use of orders
- Additional training/education/specialization to respond to needs of clinic population (e.g., TF-CBT, early childhood, PMH)
- Applying for grant funding and working with hospital philanthropy
 - CYBHI, First 5 grants for HealthySteps

What would you like advice on?

- Effective communication with medical team
 - Frequent and redundant communication is not effective or efficient
 - Especially with new residents in July – problems start again
- Helping medical team to understand the extent and scope of our work for each of our disciplines
 - Our teams are approached with the same requests
- Increasing in-person visits and warm hand-offs
 - Encouraging physicians to consult us while patients are in clinic
 - Follow-ups via phone after families have left clinic are largely unsuccessful

All Teach, All Learn



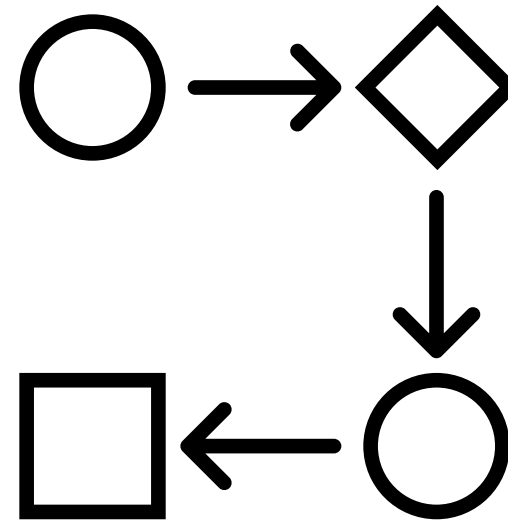
Reminders

- Pose questions
- Offer suggestions
- Recommend solutions

Wrapping Up

What is one takeaway from today that you will use to improve BHI workflows at your organization?

Come off mute or share in the chat!



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]

- Review BHI workflow best practices from Rady Children's Hospital
- Reflect and share advice on peer case study: BHI workflows
- Identify improvement area for your organization's BHI workflows



Next Steps and Reminders

Please complete the in person site visit design planning [survey](#). We welcome feedback until **Friday, November 15!**

[Sign up](#) for the optional Model for Improvement virtual learning course by **Friday, November 29.**

Have a question for someone on today's call?

- Access the [BHI – CYCLE participant list](#) to find emails for all participants and the Rady Children's Team.

Do you want to gain new tools to help better healthcare quality improvement projects at your organization?

SIGN UP: [Registration Form](#)

SIGN UP TODAY for
Model for Improvement

A virtual learning series aimed at giving learners the tools to identify, test and launch improvements to better health quality.

Timeframe: Launching November 2024

Participation: Complete self-guided learning modules at your own pace

Eligibility: Any learner from a participating provider organization who leads and/or works on quality improvement projects

Cost: FREE with your organization's participation in BHI - CYCLE



Support and education on quality improvement

Self-paced learning modules for team and cohort collaboration



Resource library to support learning and use of new skill building

For more information contact Anna Baer, Program Coordinator,
abaer@pbgh.org

Upcoming Events

BHI – CYCLE Project Descriptions

- **Due: Thursday, October 31;** will be posted on [BHI – CYCLE](#) website after submission

[Optional] BHI – CYCLE Peer Office Hour: BHI Workflows

- Monday, November 18, 12 p.m. – 12:45 p.m. (Rady Children’s Representative in attendance)

BHI – CYCLE Commons: BHI Teams

- Monday, December 2, 12 p.m. – 1 p.m.
- Highlight recommendations around BHI team engagement, training, quality control and collaboration (virtual, hybrid and in-person)
- *Peer Presenter:* Alliance Healthcare

BHI – CYCLE Commons: Screening

- Monday, January 6, 12 p.m. – 1 p.m.
- Share measurement based-care framework, screening successful practices (including ACES), and opportunities for optimization
- *Peer Presenter:* Providence

[Optional] BHI – CYCLE Peer Office Hour: BHI Financing and Sustainability

- Monday, January 21, 12 p.m. – 12:45 p.m. (Rady Children’s Representative in attendance)



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Thank you!