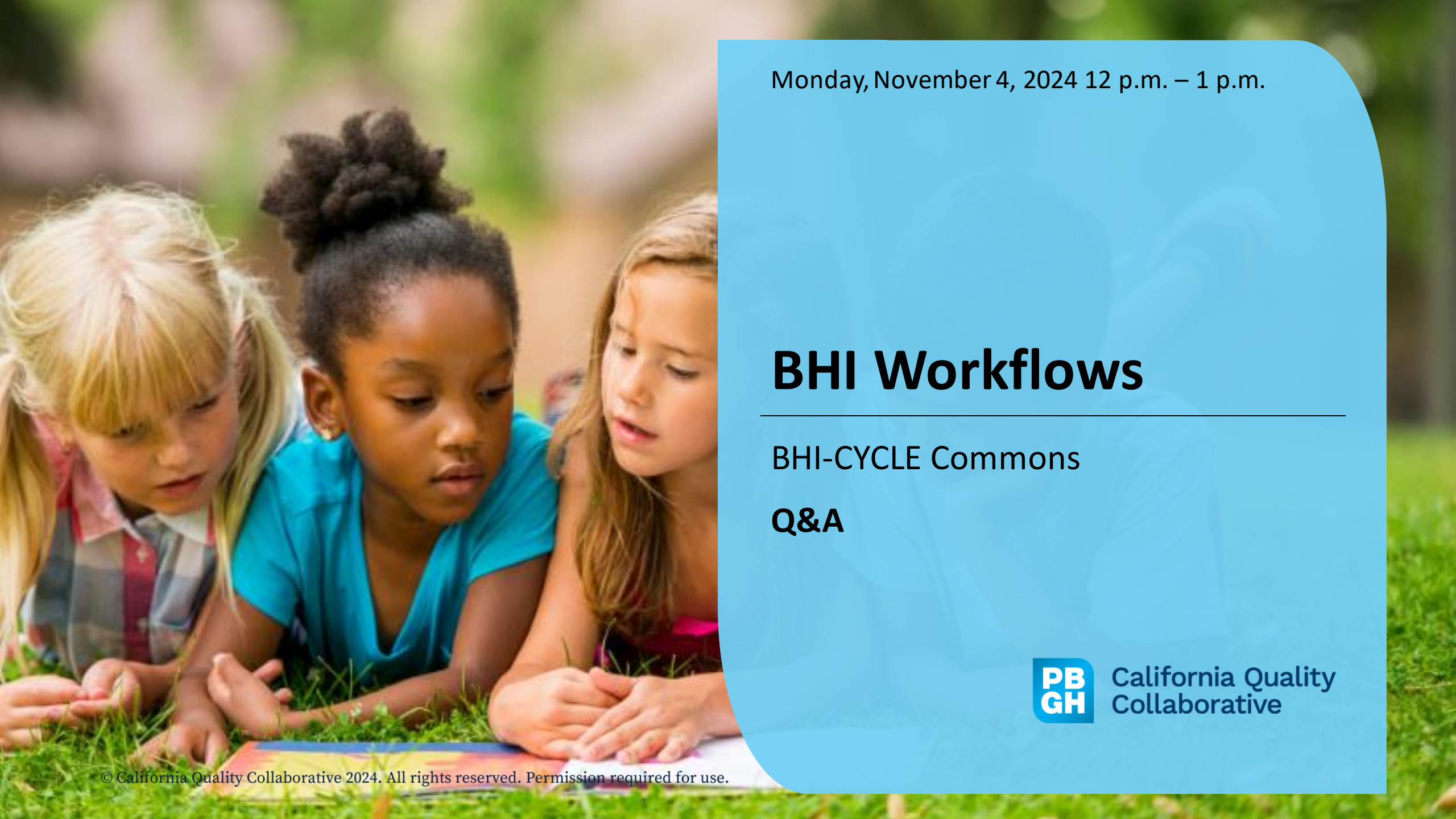


Monday, November 4, 2024 12 p.m. – 1 p.m.

BHI Workflows

BHI-CYCLE Commons

Q&A

California Quality Collaborative

Questions & Answers
Rady Children's Hospital

- How do you negotiate with medical providers with BH training or knowledge who prefer to address these needs with the patients as opposed to reaching out to the BH team?
  - Give input and provide expertise, give feedback but recognize that ultimately a lot of the time these providers will feel like they're the provider who's taking care of this child throughout childhood
  - Recognizing they are advocating for their patient and that the primary care IHT and Integrated Health Team is there to do the same
  - Rely on Primary Care Integrated Health Therapists (IHT) to help. They do huddles at the beginning of the day with PCPs to discuss incoming patients and see if it would be helpful for them to meet with an IHT.
- Share the business case you made to get this program going?
  - In Feb 2025 we will host a learning session on financing

Questions & Answers
Rady Children's Hospital

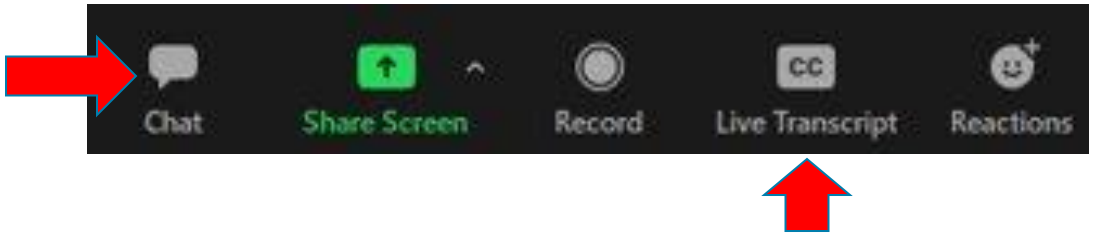
- What support do you provide when patients don't want to speak with a behavioral health provider and just want to keep following up with PCP?
  - IHTs are the front line and are embedded in the site so if they get a warm hand off and the family is not interested in therapy or medication, the IHT can still work the PCP team to see how they may address issues the next time the family comes in for a visit. IHT can check back in with them.
  - Changing the terminology used and relying the PCP to know what the family may need to get engaged. For example, counselor can change to support staff.
- Curious to know what the referral pathway to care coordinators looks like from the IHTs.
  - IHTs and psychiatrists refer directly to care coordinators, as needed
  - We don't allow PCPs to refer directly to our care coordination team, as they have other options for similar services and we need to maintain access for patients within our program to keep access and timeline considerations
- Are you using EPIC to track those internal referrals from the IHTs or something else?
  - We've used excel spreadsheets, which aren't ideal, and are currently working on an EPIC referral system for our Care Coordination referrals. We hope to have it ready within the next couple of months.

Questions/Feedback
CHOC

- Are the psychologists and social workers able to sit in shared spaces with PCPs? That has been helpful for us in trying to clarify some of the roles (not perfect but getting better).
  - Yes! For the most part. We do have separate offices for a couple of our smaller primary care clinics
- Rady: One idea may be site champions. We hold meetings with them, and they can really help facilitate the communication of a workflow change, program expectation and monthly WHO reports across other PCPs at their site. We also try to empower the sites with data so they know how they are performing in referrals or warm handoffs
- Rady: We provide a structured onboarding training for new providers when they start that the site champion helps facilitate. Additionally, every year we offer refresher trainings and we go out to the sites and sit down with PCPs over lunch and go over the model and scope.
- CQC
  - Collaboration -BH join daily/weekly clinical huddles, scrub charts to ID potential BHI patients
  - Scheduling ideas - reverse WHOs: leverage when PCP is running late, and have BHC come before
  - Being clear on workflows - we like this swim lane template to identify different program offerings

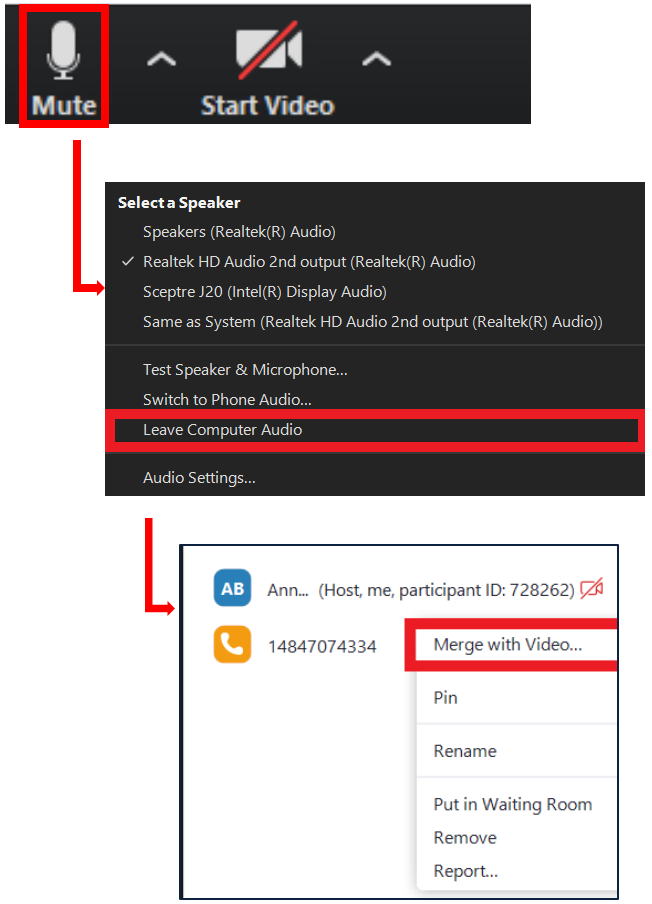
Zoom Tips

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

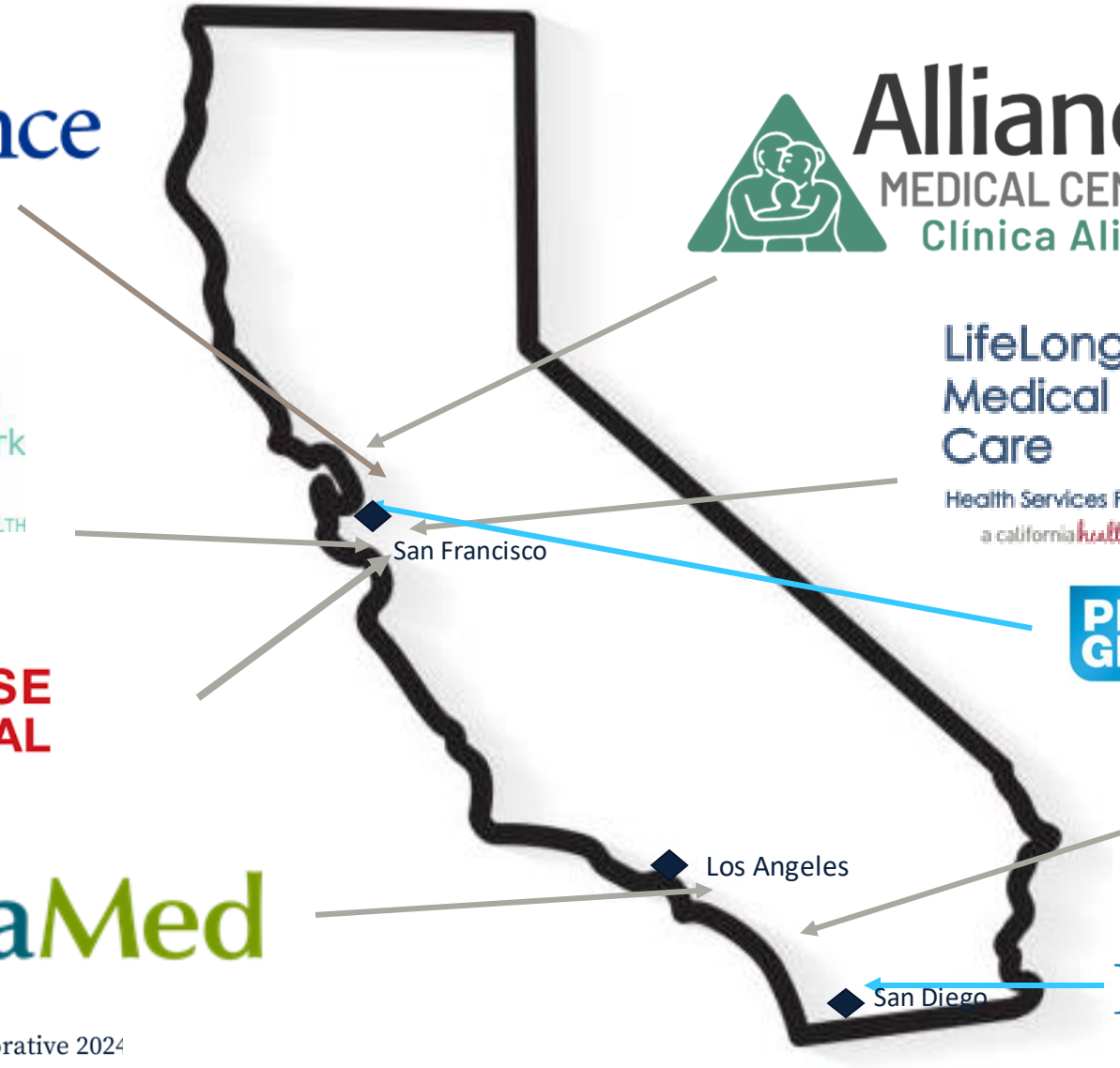


- Request closed captioning with 'Live Transcript' button
- Welcome to update name, pronouns and organization in your Zoom name
  - Right click on yourself → Rename
- **Direct message Anna Baer** if you have any technical issues

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



Hello and Welcome!



Providence

Alliance MEDICAL CENTER Clínica Alianza

San Francisco Health Network
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

LifeLong Medical Care
Health Services For All Ages
a california health center

CHINESE HOSPITAL

PBGH California Quality Collaborative

CHOC
LONG LIVE CHILDHOOD

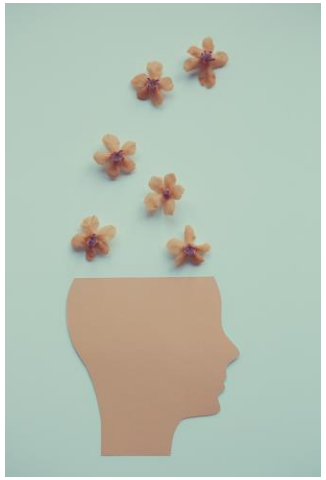
AltaMed

Rady Children's

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

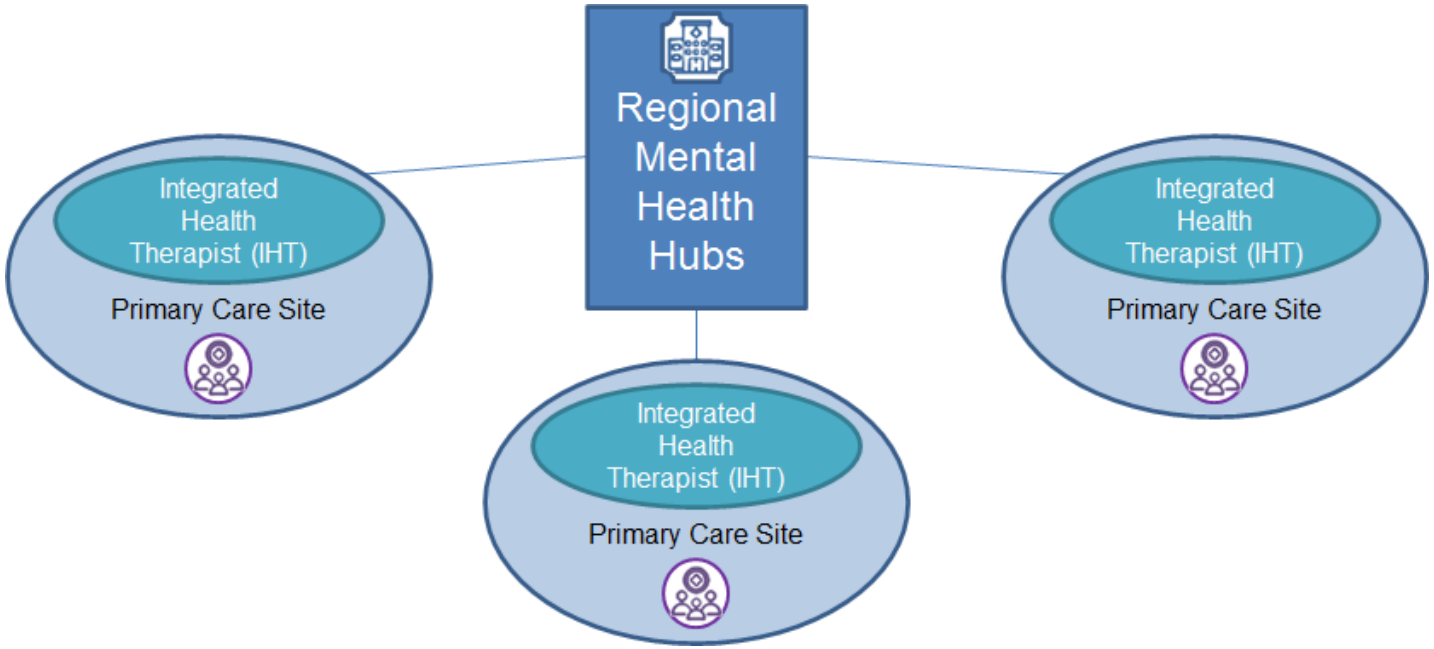
Identify improvement area for your organization's BHI workflows

California Quality Collaborative

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

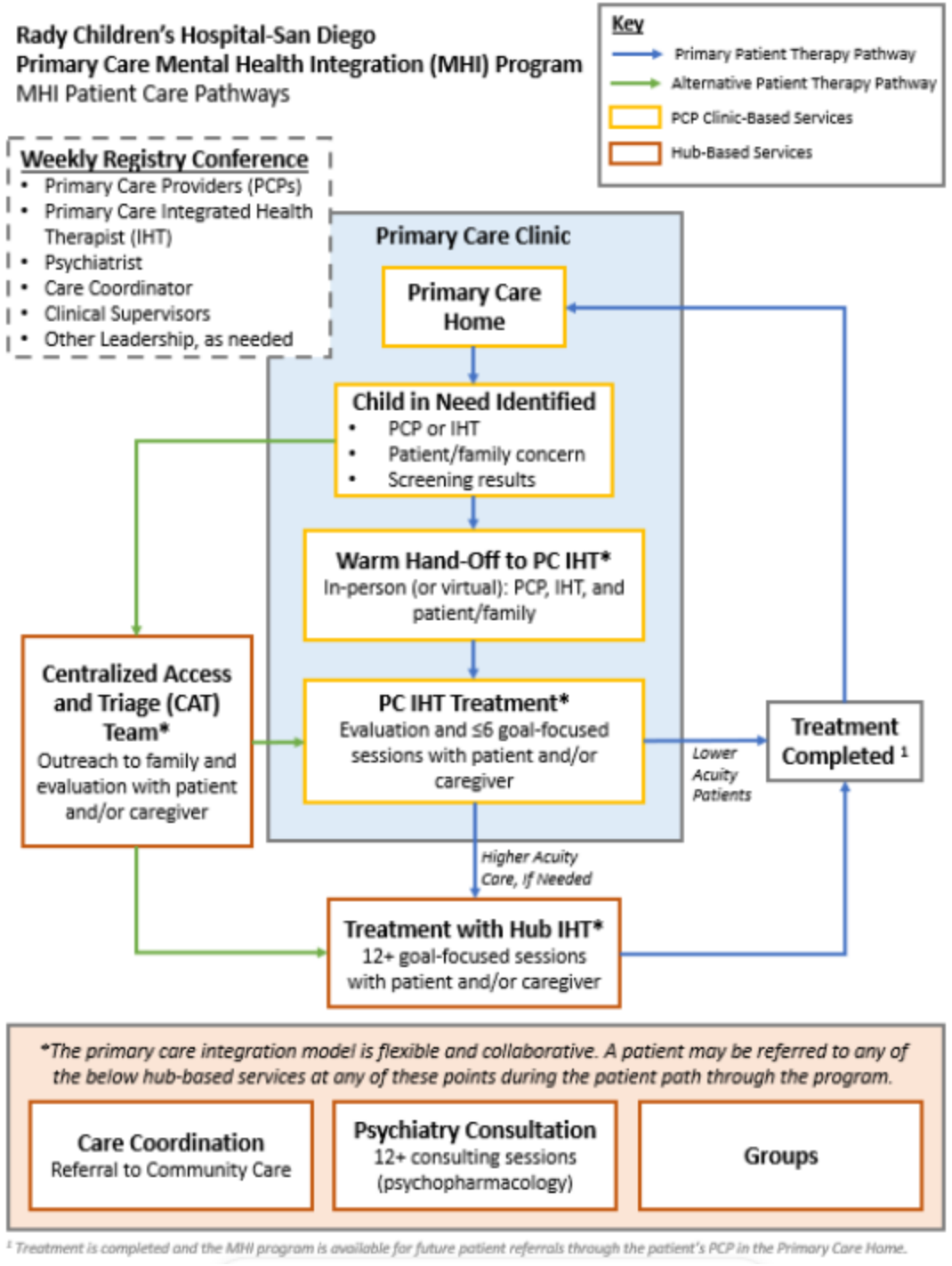
Why Warm Handoffs?

- 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

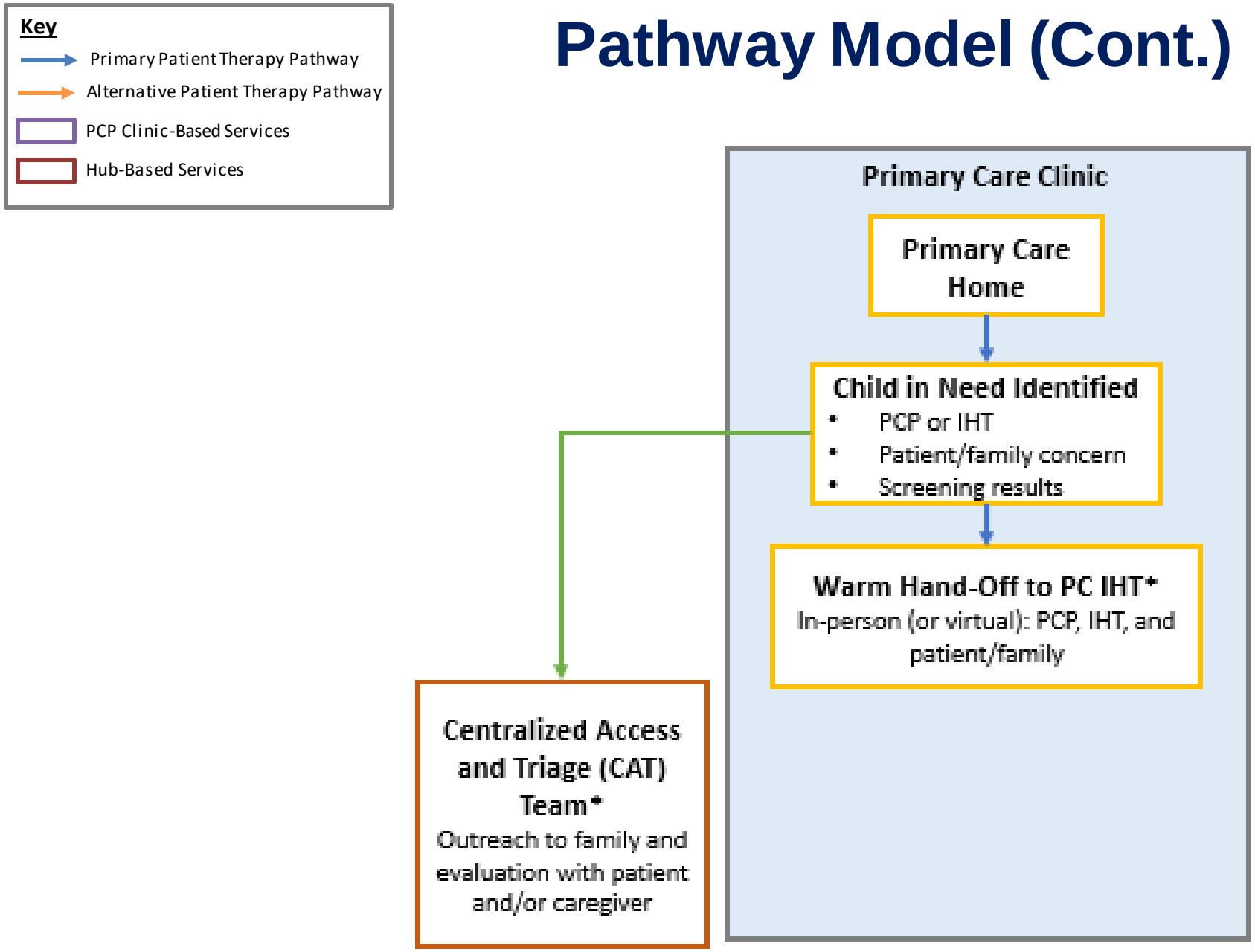
Pathway Model

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

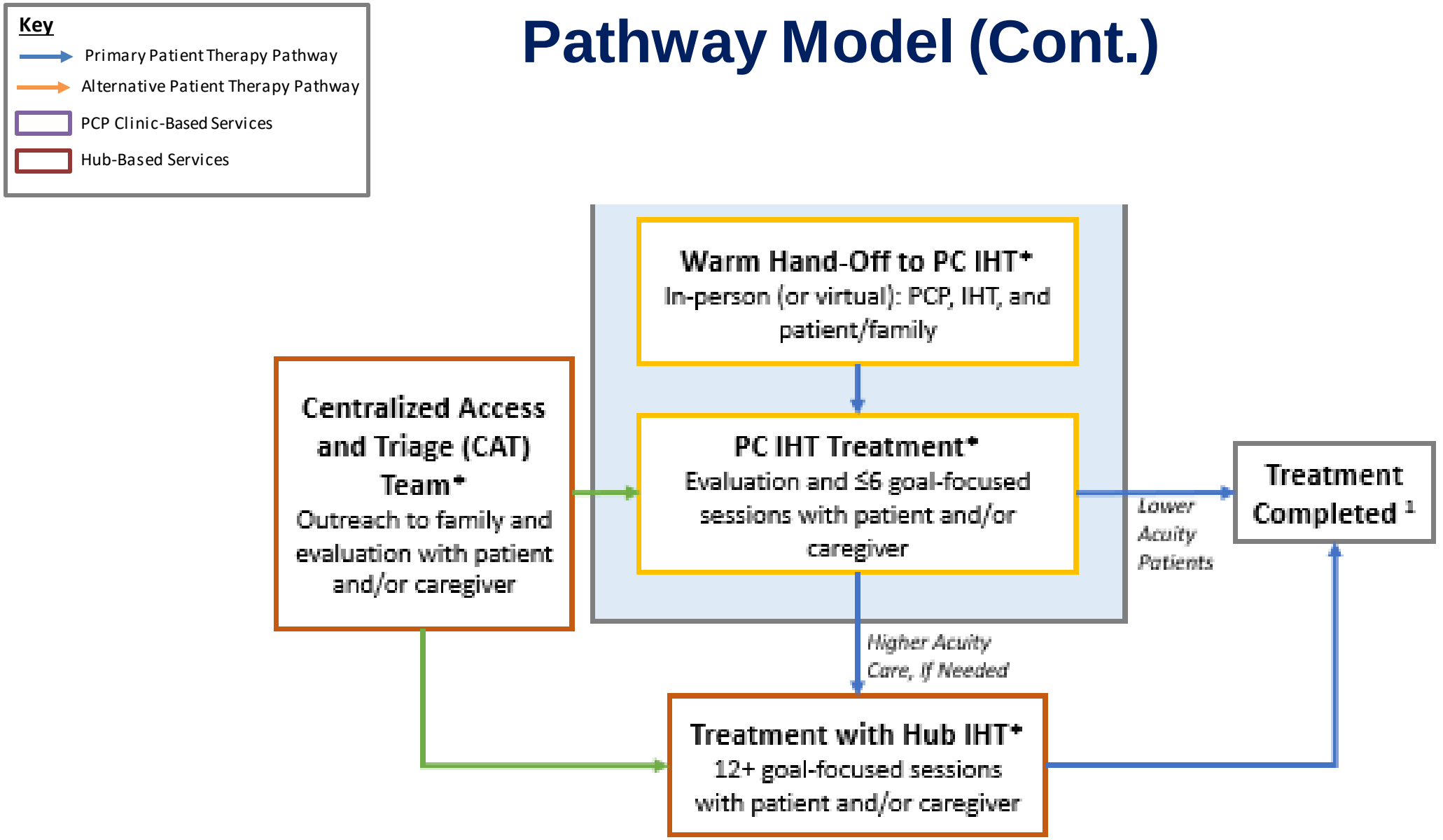
The PCP remains the primary medical home provider for the patient while in MHI treatment, and we work in collaboration with a shared treatment plan for each child.



Pathway Model (Cont.)



Pathway Model (Cont.)



Pathway Model (Cont.)

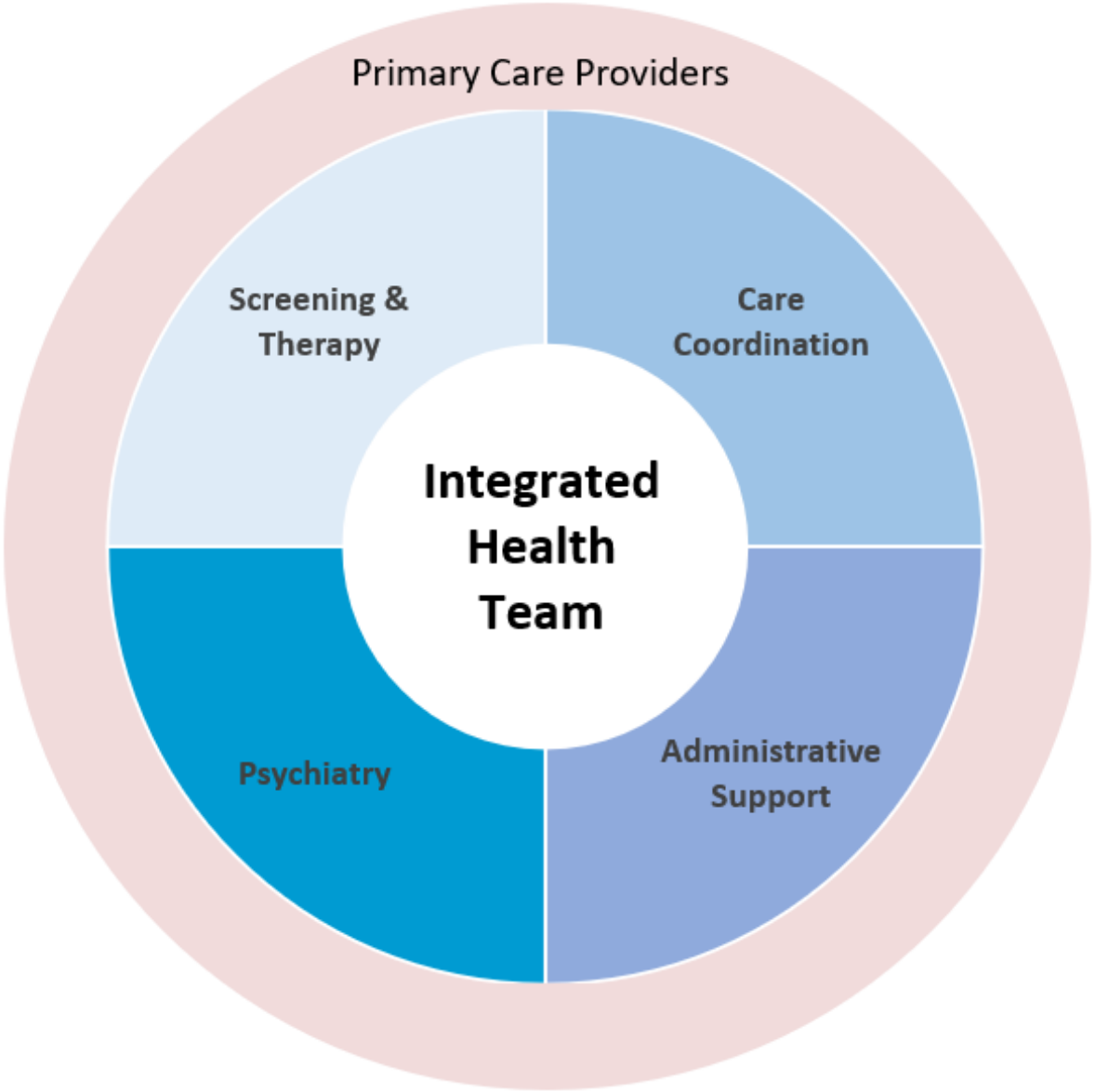
The primary care integration model is flexible and collaborative. A patient may be referred to any of the below hub-based services at any of these points during the patient path through the program.

Care Coordination
Referral to Community Care

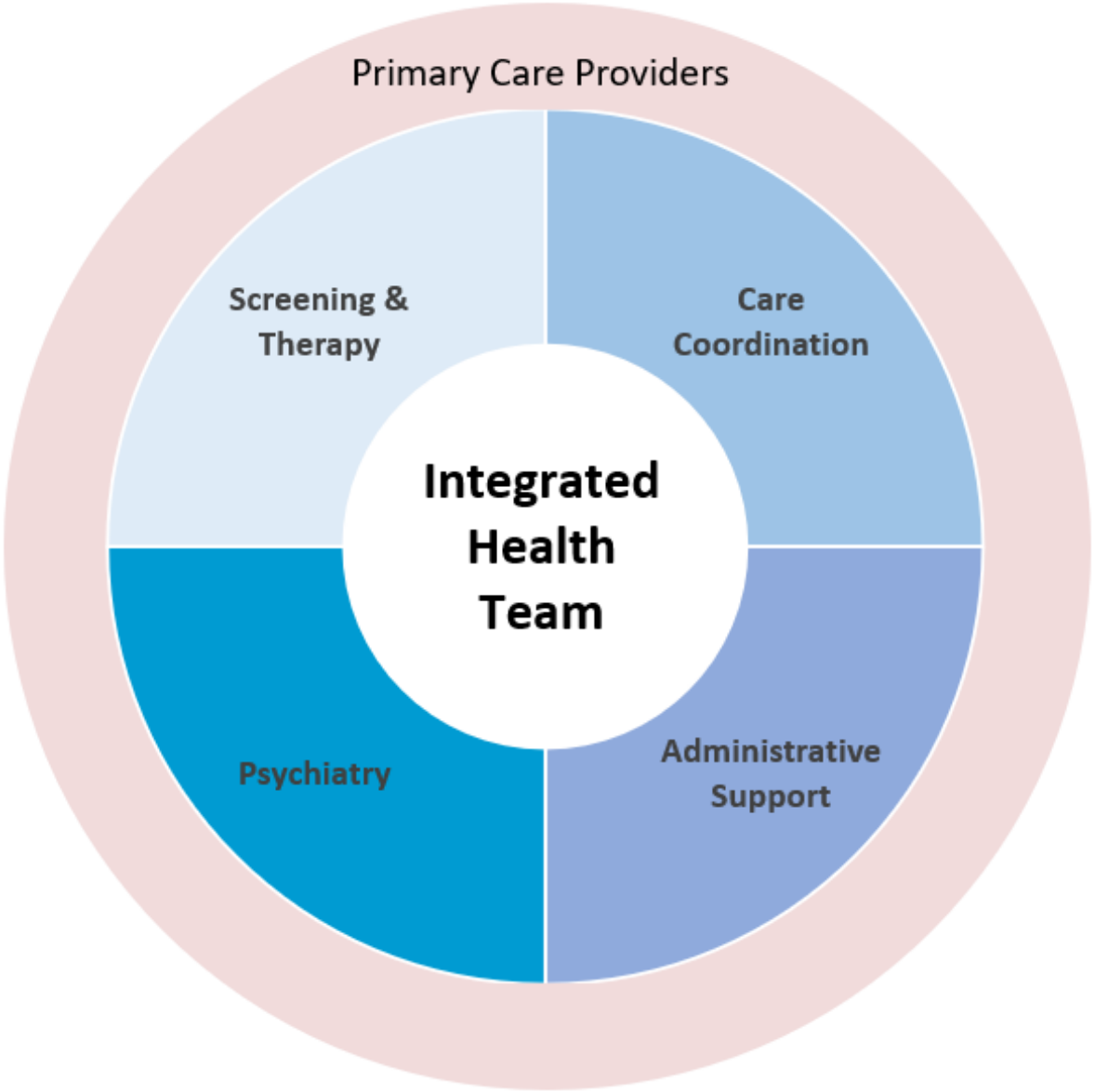
Psychiatry Consultation
12+ consulting sessions (psychopharmacology)

Groups

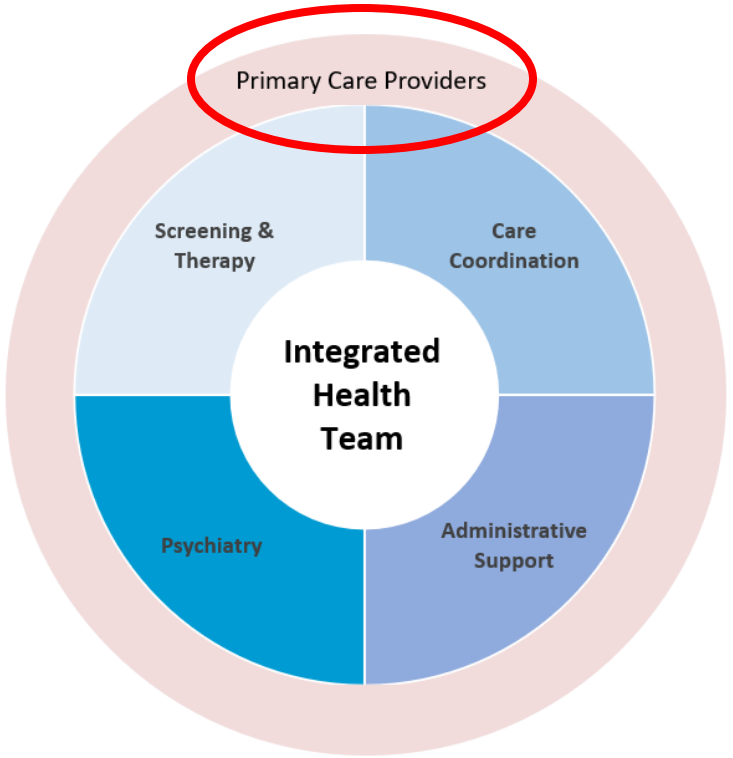
PCMHI Care Team Roles



PCMHI Care Team Roles

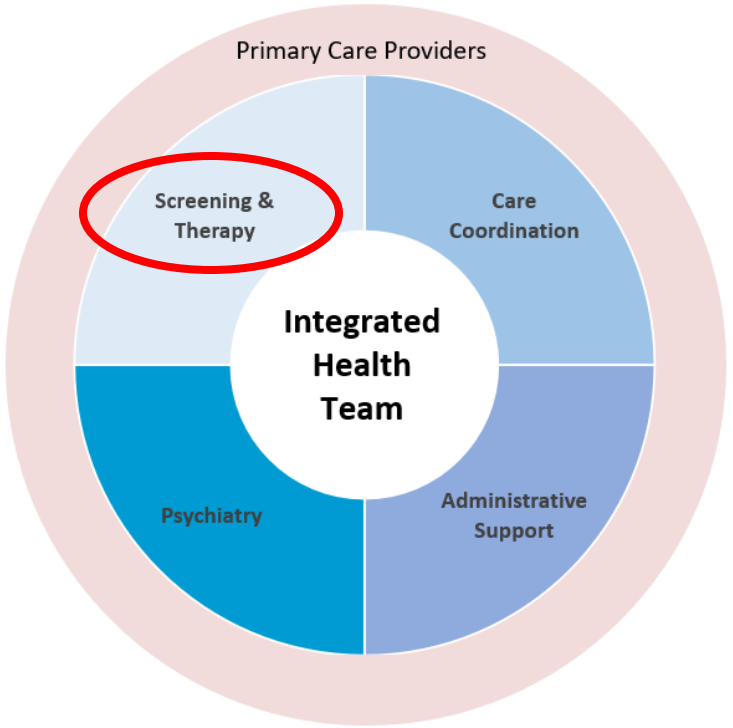


- **Primary Care Providers**
  - PCP Site Champions
  - PCPs
  - Front Desk/Scheduling Staff/Back office/Office Managers
- **Clinical Team**
  - Clinical Operations Director and Medical Director
  - Clinical Supervisors
  - Child Psychiatrists
  - Integrated Health Therapists and Pediatric Psychologists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



Primary Care Providers

- PCMHI 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



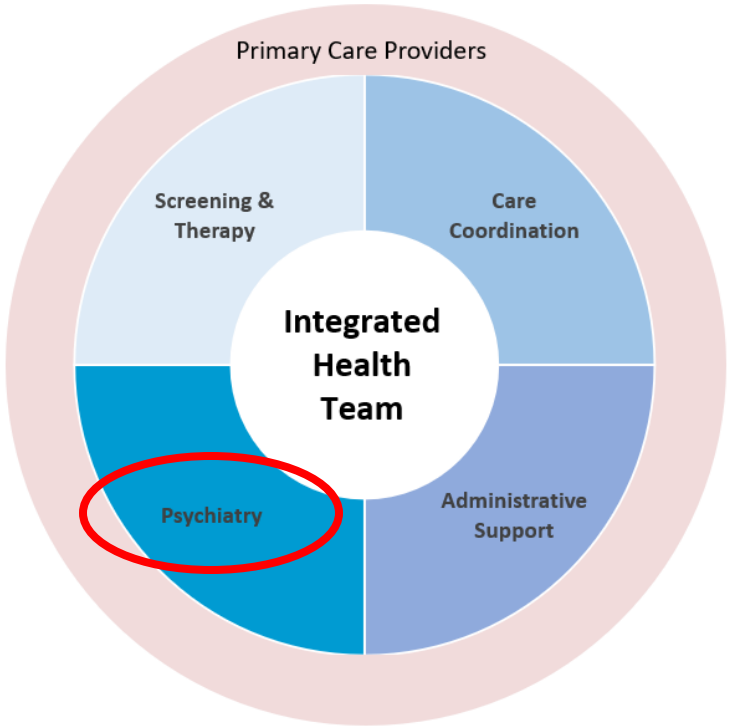
Screening & Therapy

- 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

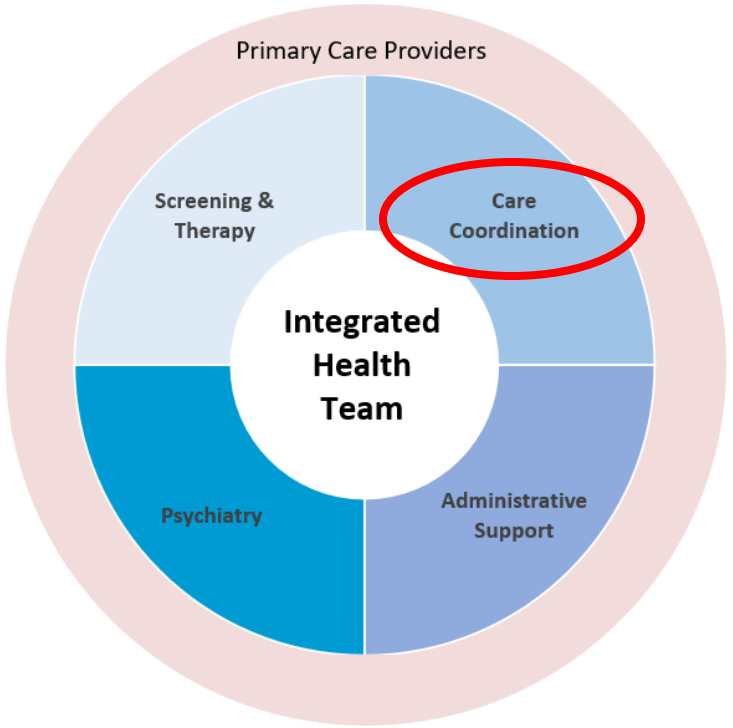
30-Minute Duration

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

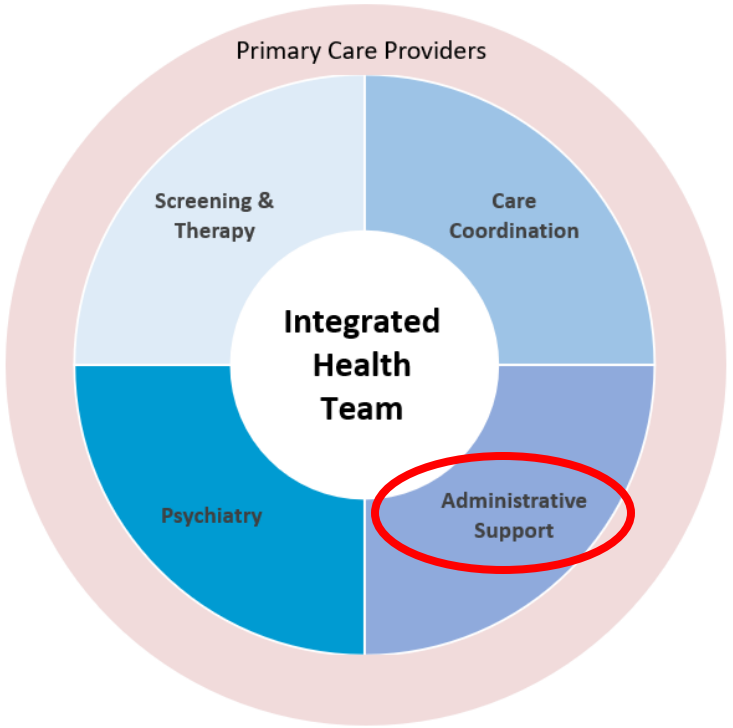
IRC San Diego Regional Center

RUSD RIVERSIDE UNIFIED SCHOOL DISTRICT

SDHC SAN DIEGO HOUSING COMMISSION

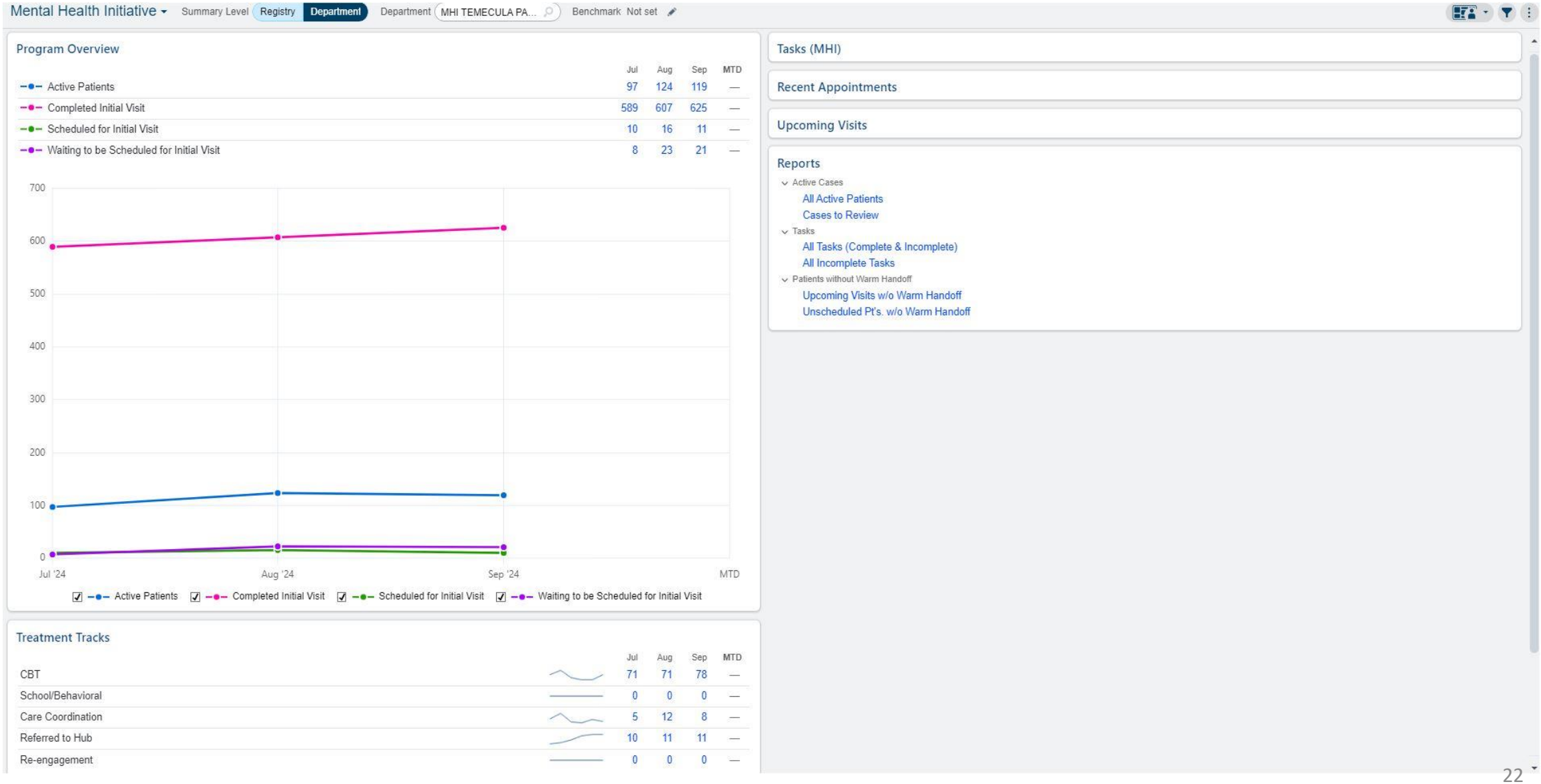
San Diego Unified SCHOOL DISTRICT

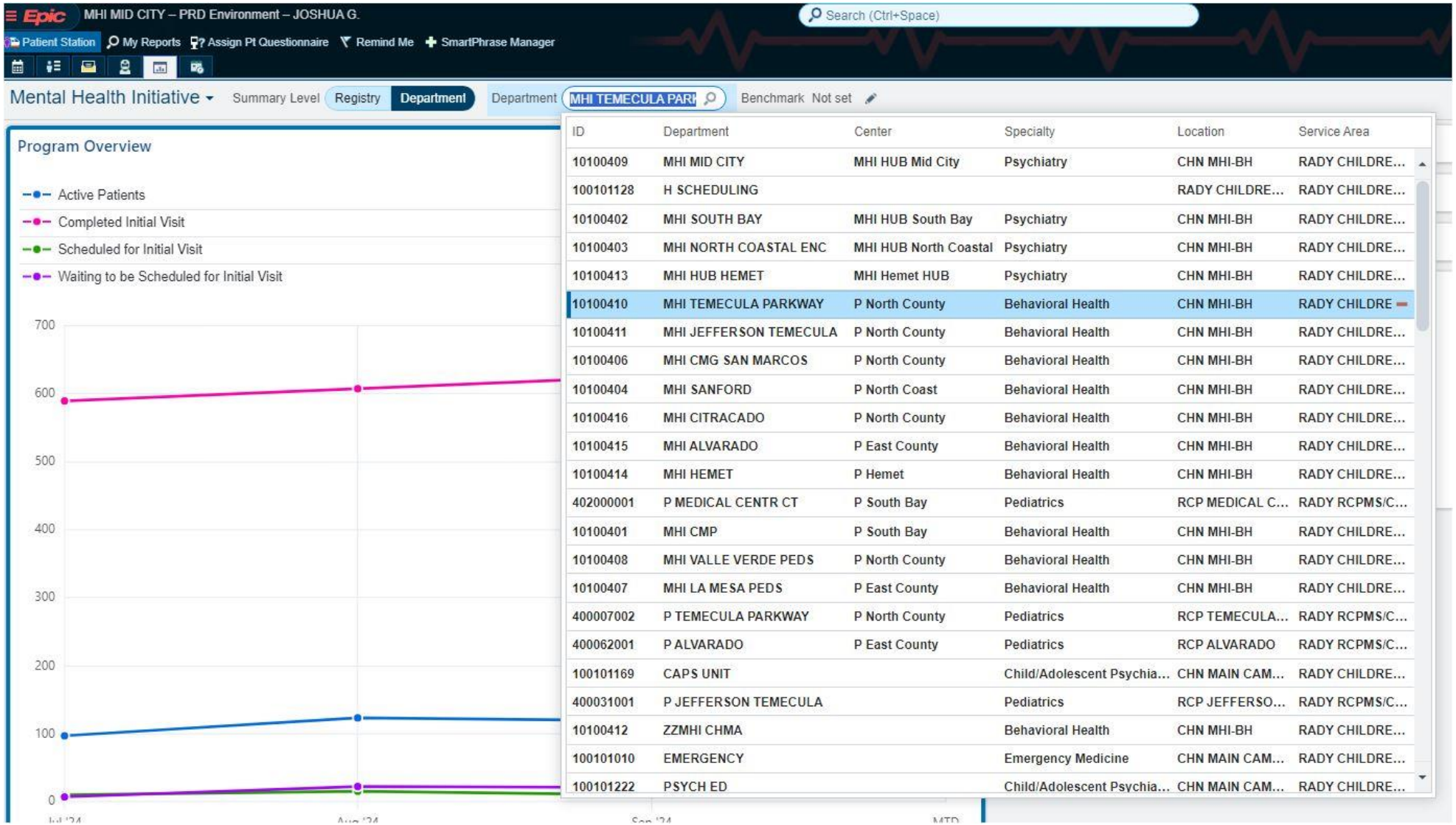
Administrative Support



- 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




MHI MID CITY – PRD Environment – JOSHUA G.
Search (Ctrl+Space)
Patient Station
My Reports
Assign Pt Questionnaire
Remind Me
SmartPhrase Manager
Mental Health Initiative
Summary Level
Registry
Department
Department
MHI TEMECULA PARK
Benchmark Not set
Program Overview
Active Patients
Completed Initial Visit
Scheduled for Initial Visit
Waiting to be Scheduled for Initial Visit
700
600
500
400
300
200
100
0
ID
Department
Center
Specialty
Location
Service Area
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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...
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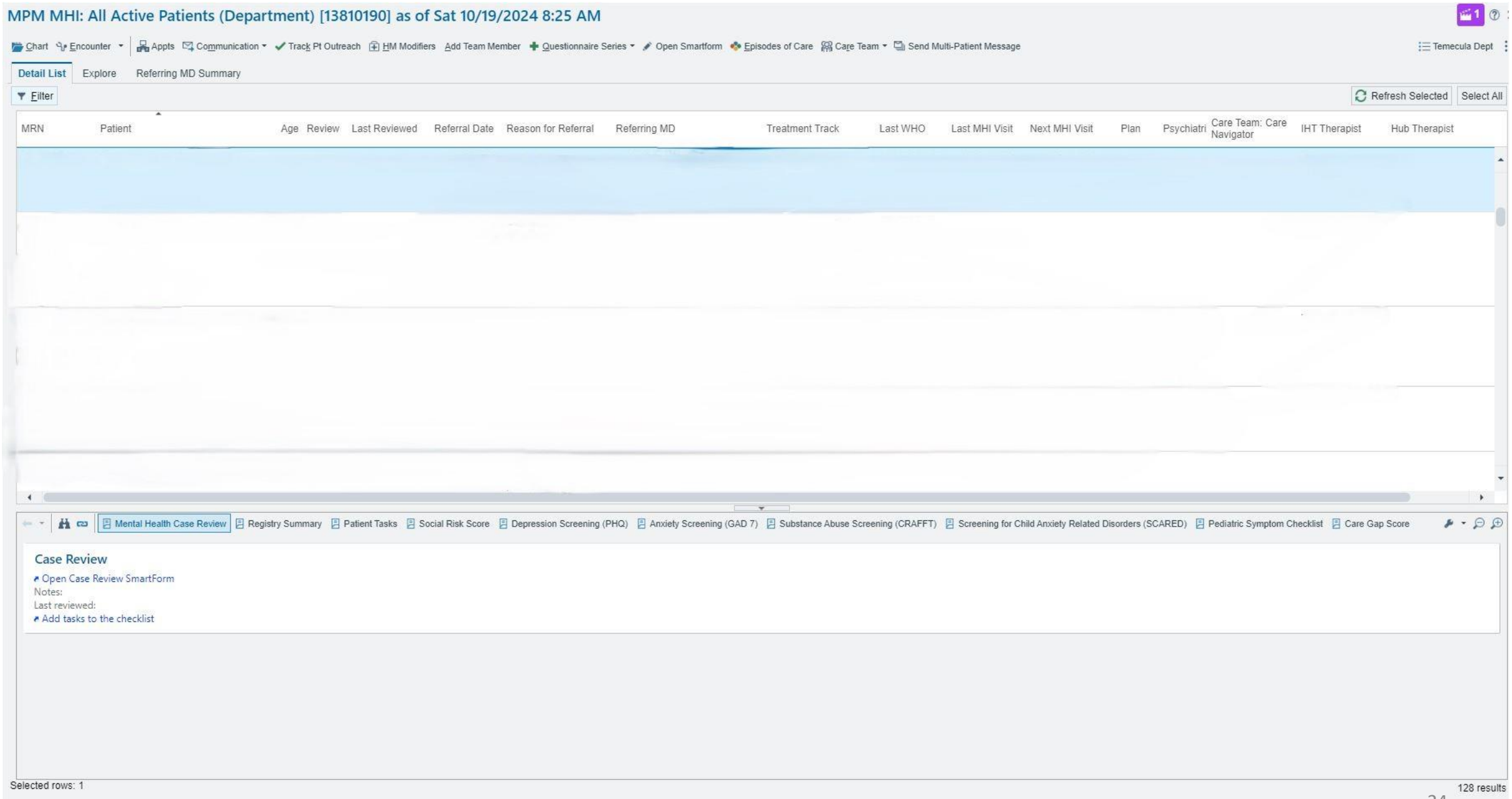
100101010 EMERGENCY Emergency Medicine CHN MAIN CAM... RADY CHILDRE...
100101222 PSYCH ED Child/Adolescent Psychia... CHN MAIN CAM... RADY CHILDRE...


MPM MHI: All Active Patients (Department) [13810190] as of Sat 10/19/2024 8:25 AM
Chart
Encounter
Appts
Communication
Track Pt Outreach
HM Modifiers
Add Team Member
Questionnaire Series
Open Smartform
Episodes of Care
Care Team
Send Multi-Patient Message
Temecula Dept
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
Mental Health Case Review
Registry Summary
Patient Tasks
Social Risk Score
Depression Screening (PHQ)
Anxiety Screening (GAD 7)
Substance Abuse Screening (CRAFFT)
Screening for Child Anxiety Related Disorders (SCARED)
Pediatric Symptom Checklist
Care Gap Score
Case Review
Open Case Review SmartForm
Notes:
Last reviewed:
Add tasks to the checklist
Selected rows: 1
128 results

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

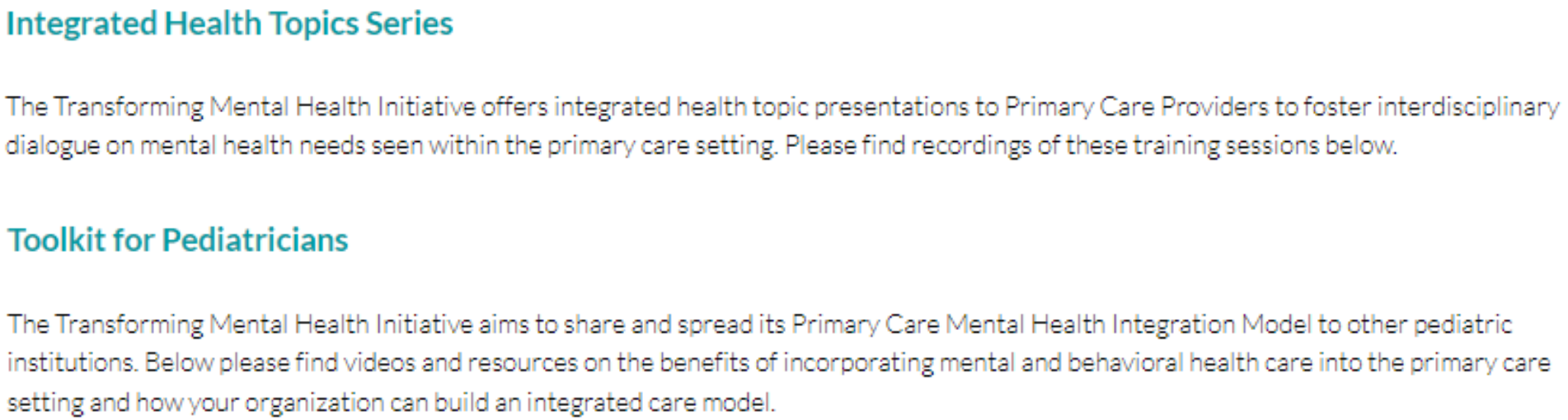
Lessons Learned

- 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/



Thank you!

Q&A

California Quality Collaborative

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

CHOC
LONG LIVE CHILDHOOD

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

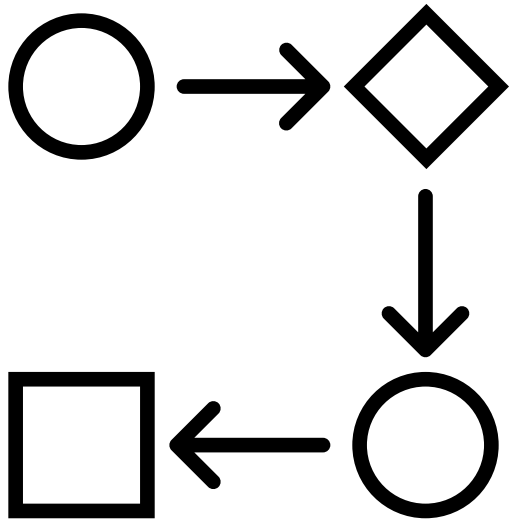
Reminders

- 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

California Quality Collaborative

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)

California Quality Collaborative

Thank you!