Everything is Awesome When You’re Part of a Team: Behavioral Health Providers as Team Members and Consultants

Matthew Martin, PhD
Clinical Assistant Professor

C.R. Macchi, PhD
Clinical Associate Professor

Christine Borst, PhD
Clinical Assistant Professor

Doctor of Behavioral Health
Arizona State University
Learning Objectives

Participants will...

• Explore the differences between provider/patient care and team/patient care

• Identify principles and strategies for improving integrated team-based care

• Practice applying the principles to specific cases involving common primary care team problems
What are we talking about?

- Team-based care is vital for achieving the Quadruple Aim
- Primary care is a demanding, intense operation that can stress team cooperation and functioning
- Behavioral health providers can help facilitate team-based care
What is Integrated Team-Based Care?

- **View from the outside looking in** - interdisciplinary members who share clinical, operational, and financial goals and processes that support the Quadruple Aim

- **View from the team members’ perspective** – members share patient responsibility to target treatment and demonstrate support for each other’s work

- **View for the patient’s perspective** – team members work together to support patient agency and self-management, addressing multiple issues, using the right approaches, involving the right people, at the right time
Integrated Behavioral Health

- Moves away from focusing on team members’ **roles** and toward team members’ **functions**
- Built upon the foundation of each member’s specific training and experience
- Members are further trained to layer additional competencies
  - Team-based care
  - Behavioral assessments and interventions

(Hunter & Goodie, 2010; Macchi & Kessler, 2018)
An Ounce of Prevention

FORMAL Strategies
Policy

Process

Procedure
An Ounce of Prevention

INFORMAL Strategies
Process $\geq$ Outcomes

INTERVENTION Strategies
What and If

PROBLEM?

What is it?

If you should intervene?
Masters Your Stories

See/Hear

Tell a Story

Feel

Act
Create Safety in the Discussion

S - Share your facts
T - Tell your story
A - Ask for others’ paths
T - Talk tentatively
E - Encourage testing
Collaborate on a Solution
Vignettes

• What is the problem, and should you intervene?
• What stories do you need to master in your own head before speaking?
• Who needs to be involved in the discussion?
• How can you create safety in the discussion?
• What measures could you put into place to prevent similar issues in the future?
You are the behavioral health provider (BHP) at a busy primary care clinic. Several months ago, you led a lunch and learn for the clinic staff and providers about implementing a PHQ-4 universal screening protocol, to screen all patients for depression and anxiety. The providers and staff agreed to the proposed protocol, and began implementing it clinic-wide. It has recently come to your attention that not all medical assistants are screening patients while taking vitals. You even overheard one member of the nursing team “screen” a patient by saying “You aren’t depressed, are you?”
Reflection Questions

• What is the problem, and should you intervene?
• What stories do you need to master in your own head before speaking?
• Who needs to be involved in the discussion?
• How can you create safety in the discussion?
• What measures could you put into place to prevent similar issues in the future?
Vignette 2 – Cool Hand Luke

You are the behavioral health provider (BHP) at a busy primary care clinic. You were recently called in to consult on complex patient cases by several different medical providers. After realizing the similarities between the cases, (and seeing that the providers were experiencing similar struggles), you asked one of the doctors if he had discussed this case with the physician assistant, who also had a patient with those comorbidities. He mumbled something about there being no time, and ran off to see his next patient.
Reflection Questions

• What is the problem, and should you intervene?
• What stories do you need to master in your own head before speaking?
• Who needs to be involved in the discussion?
• How can you create safety in the discussion?
• What measures could you put into place to prevent similar issues in the future?
You are the behavioral health provider (BHP) at a busy primary care clinic. Generally speaking, you have felt that behavioral health integration has been well-supported by the providers. One morning, as you are reviewing the providers’ patient schedules for the day, you see that a patient had been referred to a psychiatrist after being flagged with a high PHQ-9 score. You were never called in to consult with this patient. After further investigation, you discover that two of the providers are routinely referring patients to outside mental health providers without consulting you first. One of the providers is a physician who is relatively new to the clinic. The other provider is a nurse practitioner who has been with the practice for decades.
Reflection Questions

• What is the problem, and should you intervene?
• What stories do you need to master in your own head before speaking?
• Who needs to be involved in the discussion?
• How can you create safety in the discussion?
• What measures could you put into place to prevent similar issues in the future?
You are the behavioral health provider (BHP) at a busy primary care clinic. You recently realized that one of the primary care providers refuses to consult with any “other” service providers at the clinic (e.g., behavioral health, dietician, asthma educator), even when patients would clearly benefit. You are concerned that the medical provider’s refusal to consult with others may be detrimental to patients’ progress.
Reflection Questions

• What is the problem, and should you intervene?
• What stories do you need to master in your own head before speaking?
• Who needs to be involved in the discussion?
• How can you create safety in the discussion?
• What measures could you put into place to prevent similar issues in the future?
You are the behavioral health provider (BHP) at a busy primary care clinic. After arriving to work one morning, you overheard a heated argument between a nurse and a front desk staff member (this was about the fourth time in as many weeks that you had walked into a tense clinic). There are complaints that the front desk staff are scheduling too many complex patients in appointment slots that are meant for more brief, routine issues. This is stressing out the medical providers and increasing wait times for the patients. In the break room that afternoon, the scheduling assistant mentioned that she was so tired of being “yelled at” by everyone – the nurses, the patients, the providers. She now understood why the last two schedulers had left, and was secretly looking for new work. This was not surprising to you - over the past several months, you have observed increased tension, complaining, turnover, and blaming. Staff members have been teaming up and taking sides.
Reflection Questions

• What is the problem, and should you intervene?
• What stories do you need to master in your own head before speaking?
• Who needs to be involved in the discussion?
• How can you create safety in the discussion?
• What measures could you put into place to prevent similar issues in the future?
References
