

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

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Building the Team in Team-based Integrated Health Care  
**2018 Integrated Health Care Conference**

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# 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



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# 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



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# The Big Picture

**A Systems Framework**

# 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



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# 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

Targeted, brief behavioral assessments & interventions

Warm handoff referral

Patient data & population-based care

Care coordination, consultation, & communication

Workflows

Clinical assessments & interventions

Practice management

Professional development

Specific Training

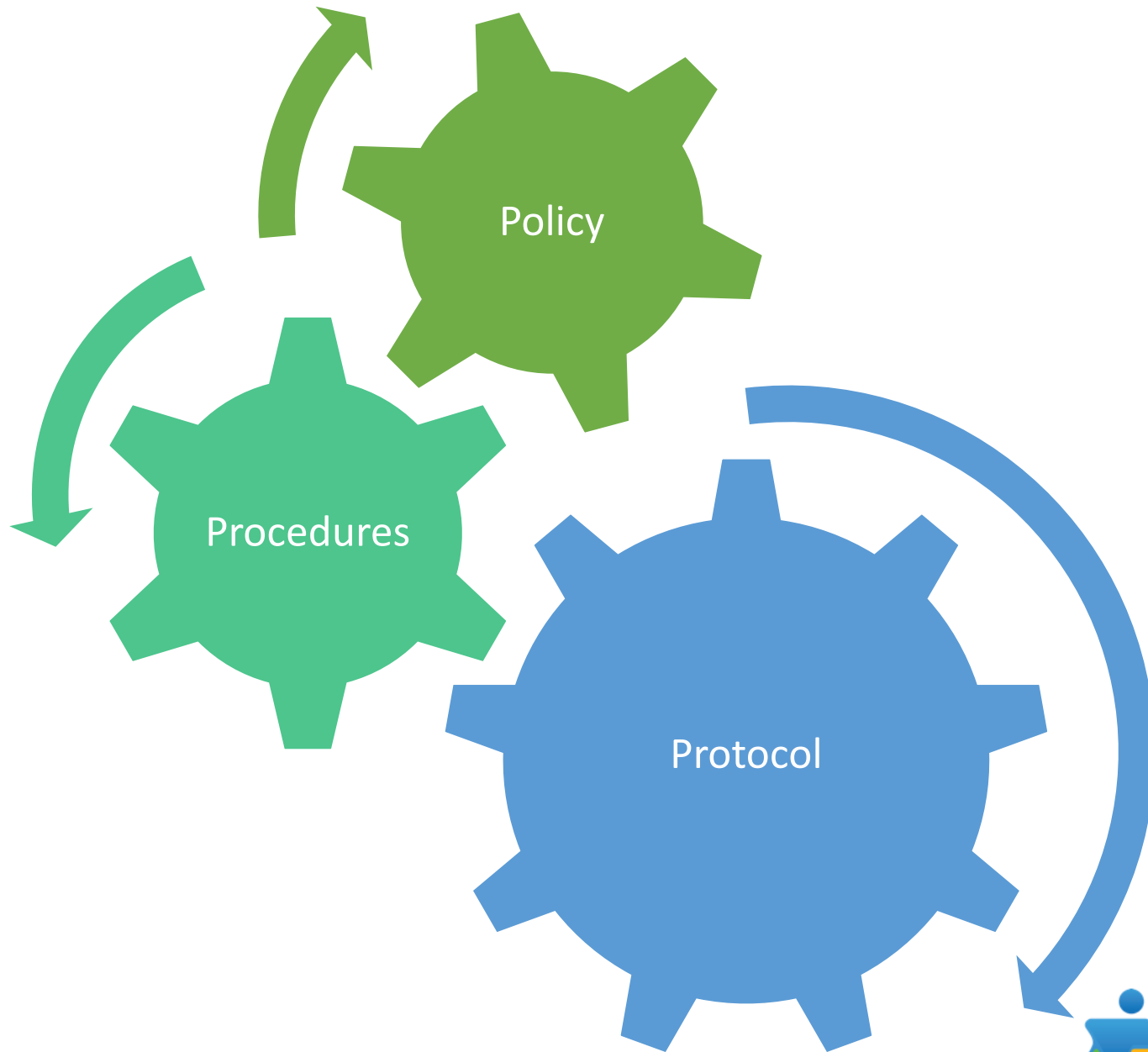
Team-based Care

Behavioral Health Integration

(Hunter & Goodie, 2010;  
Macchi & Kessler, 2018)

# An Ounce of Prevention

**FORMAL Strategies**



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Policy

Process

Procedure



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# TRAINING

Medical

Nursing

Operational

Financial



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# An Ounce of Prevention

**INFORMAL Strategies**

Walking  
rounds

Sitting in  
common  
area

Finding  
Champions

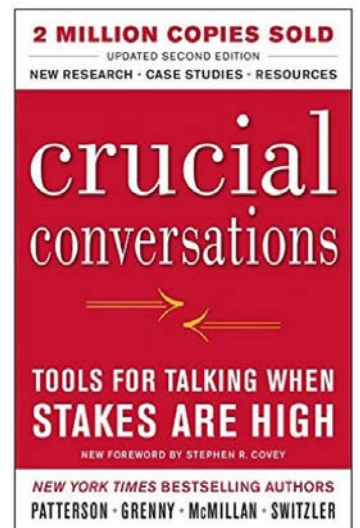


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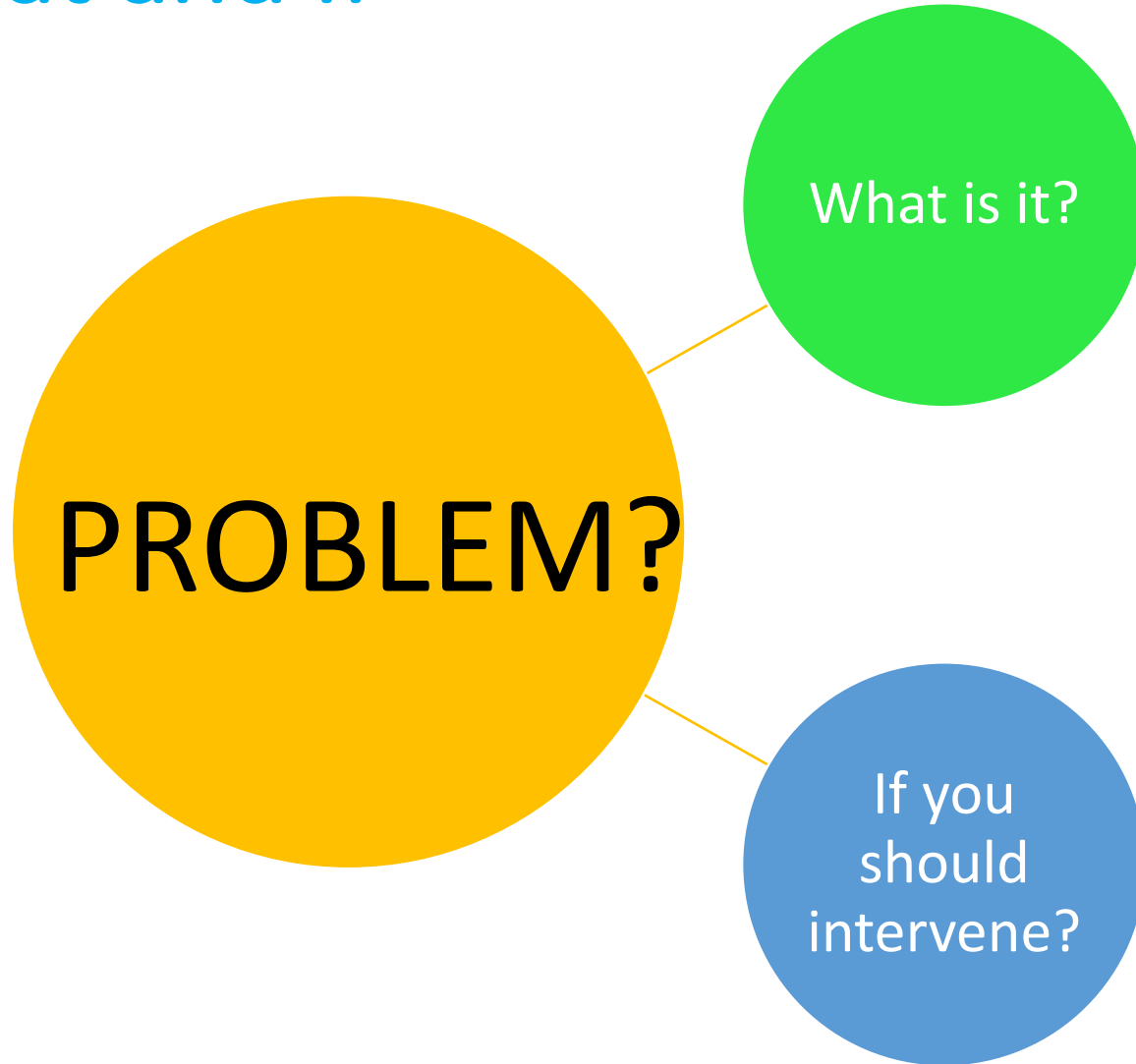
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# Process $\geq$ Outcomes

## INTERVENTION Strategies



# What and If



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# Masters Your Stories

See/Hear

Tell a Story

Feel

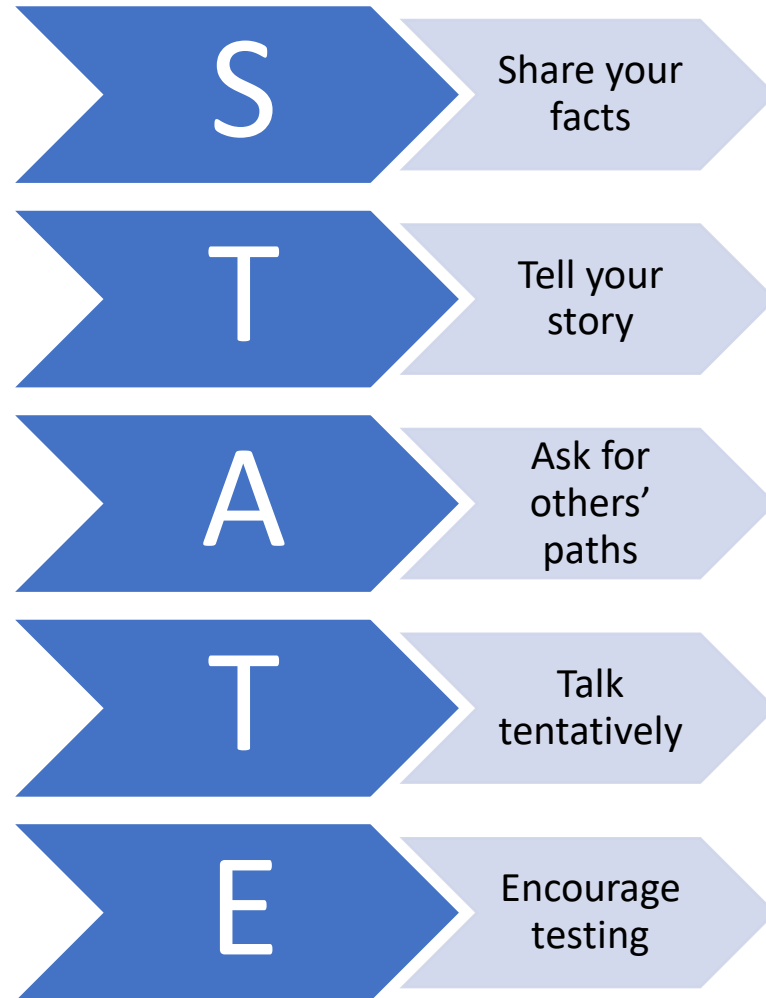
Act



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# Create Safety in the Discussion



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# Collaborate on a Solution



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# Application

## Vignettes

# 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?



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# Vignette 1 – Thelma and Louise

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?”



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# Reflection Questions

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## 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.



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## Vignette 3 – Benedict Arnold

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.



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# Vignette 4 – Hans Solo

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.



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# Vignette 5 – Lord of the Flies

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

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# References

- Hunter, C., & Goodie, J. (2010). Operational and clinical components for integrated-collaborative behavioral healthcare in the patient-centered medical home. *Families, Systems, & Health, 28*(4), 306-321.
- Macchi, C., & Kessler, R. (scheduled for 2018). Enhancing team-based skills in primary care: A competency-based approach to training and workforce development. In C. Macchi & R. Kessler (Eds.), *Training to deliver integrated care: Skills aimed at the future of healthcare*. New York, NY: Springer.



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