

NATIONAL COUNCIL
FOR BEHAVIORAL HEALTH

Team Based Care; Potential and Impact in Behavioral Health Settings

Wednesday, May 20, 2020
2:00-3:00pm ET



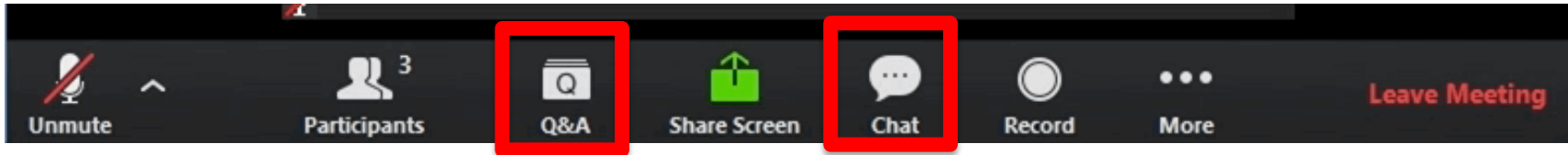
COE

Center of Excellence for Integrated Health Solutions

Funded by Substance Abuse and Mental Health Services Administration

Operated by the National Council for Behavioral Health

How to Ask a Question/Make a Comment



Type in a **question** in the **Q&A box**
Type in a **comment** in the **chat box**

Both are located at the bottom of your screen.
We'll answer as many questions as we can at the end of the presentation.

Disclaimer

The views, opinions, and content expressed in this presentation do not necessarily reflect the views, opinions, or policies of the Center for Mental Health Services (CMHS), the Substance Abuse and Mental Health Services Administration (SAMHSA), or the U.S. Department of Health and Human Services (HHS).

SAMHSA

Substance Abuse and Mental Health
Services Administration

www.samhsa.gov



Poll #1: What best describes your role?

- Clinician
- Administrator
- Policy Maker
- Payer
- Other (specify in chat box)



Poll #2: What best describes your organization? (check all that apply)

- Behavioral Health Provider
- Primary Care Provider
- Mental Health Provider
- Substance Abuse Provider
- Other (specify in chat box)



Poll #3: What's your organization's experience with integrating primary care and behavioral health?

- We're interested and researching what's involved
- We have a referral relationship where we can send patients
- We have a co-located with another organization to provide services
- We offer both primary care and behavioral health services within our organization
- We offer integrated primary care and behavioral health using a defined model (e.g., Collaborative Care Model, Primary Care Behavioral Health Model)



Introductions



Jeff Capobianco, PhD, LLP
Integrated Health Sr.
Consultant, National
Council for Behavioral
Health



John Bischof, MD
Medical Director,
Behavioral Health,
Care Oregon



Angela Pinheiro, MD
Medical Director,
Community Mental
Health of Center Michigan



Learning Objectives

By the end of this webinar, you will be able to:

- 1. Describe research findings supporting Team-based Care**
- 2. Identify the key elements of Team-based Care**
- 3. Define the Need for Team-based Care in the CMHC/CCBHC**
- 4. Understand the Barriers and Opportunities for Implementing Team-based Care in a CMHC/CCBHC**



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Teams as a Standard of Care

“The high-performing team is now widely recognized as an essential tool for constructing a more patient-centered, coordinated, and effective health care delivery system.”

Source: Mitchell, P., M. Wynia, R. Golden, B. McNellis, S. Okun, C.E. Webb, V. Rohrbach, & I. Von Kohorn. (2012). *Core principles & values of effective team-based health care*. Discussion Paper, Institute of Medicine, Washington, DC. www.iom.edu/tbc. P.5.

**National Committee on Quality Assurance (NCQA)
Patient Centered Health Home (PCMH) Requires Team-based Care**

See: <https://www.ncqa.org/programs/health-care-providers-practices/patient-centered-medical-home-pcmh/pcmh-concepts/>

“There is near consensus that community-based integrated and comprehensive psychiatric services performed by interdisciplinary teams constitutes the gold-standard for the care of patients suffering from mental illness.”

Source: von Peter, 2018



A Continuum of Healthcare Teams

- **Multi-disciplinary Team** = hierarchical, each role separate, some communication, parallel processes.
- **Inter-disciplinary Team** = interdependent, maintain distinct professional responsibilities & assignments, must make dramatic adjustments in their orientation to co-workers.
- **Trans-disciplinary Team** = shared decision making, every member can do everyone else's role if needed, one process, much communication.

Source: Cooper et al. (2003). The Interdisciplinary team in the management of chronic condition: Has its time come? RWJF.





Team-based Care (TBC)

Fundamental Definition

- **At least two health providers who work collaboratively with patients and their caregivers – to the extent preferred by patient—to accomplish shared goals and achieve coordinated, high quality care.¹**
- **Inter-disciplinary (e.g., behavioral health professionals, primary care professionals, peer support specialists).¹**
- **Clear roles, mutual trust, effective communication, measurable processes and outcomes.²**

¹Adapted from ACA definitions of team in Sections 2703 and 3502

²IOM White Paper: Mitchell, Wynia, Golden et al (October 2012), Core Principles and Values of Effective Team-based Health Care.

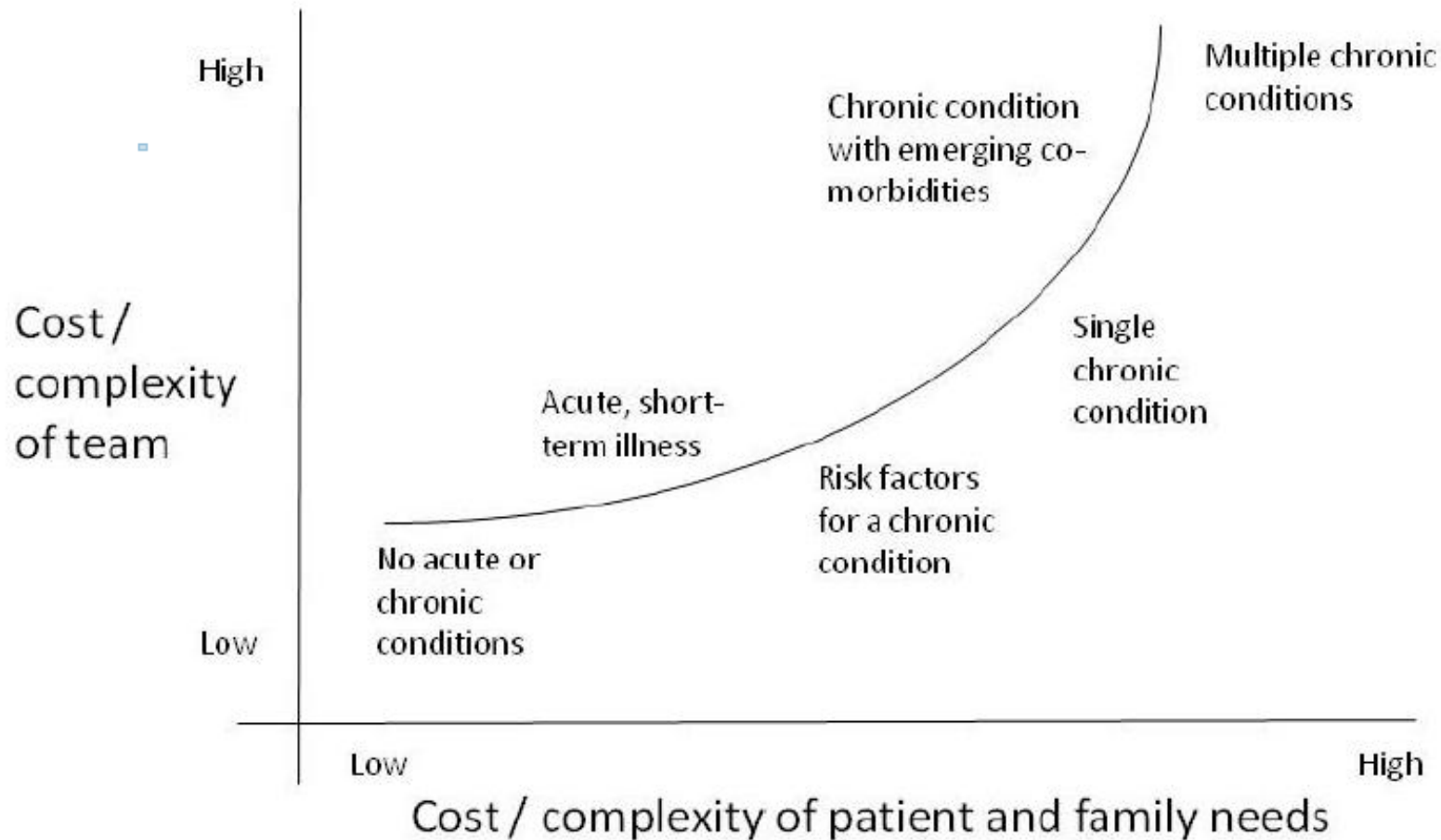


Team vs. Teaming

team • ing (v.)

Teaming is teamwork on the fly—coordinating and collaborating, across boundaries, without the luxury of stable team structures
Teaming is especially needed when work is COMPLEX and UNPREDICTABLE.

Edmondson, A. (2003). Managing the risk of learning: Psychological safety in work teams. In International Handbook of Organizational Teamwork and Cooperative Working, M. West (Ed.). London: Blackwell, pp. 255-276

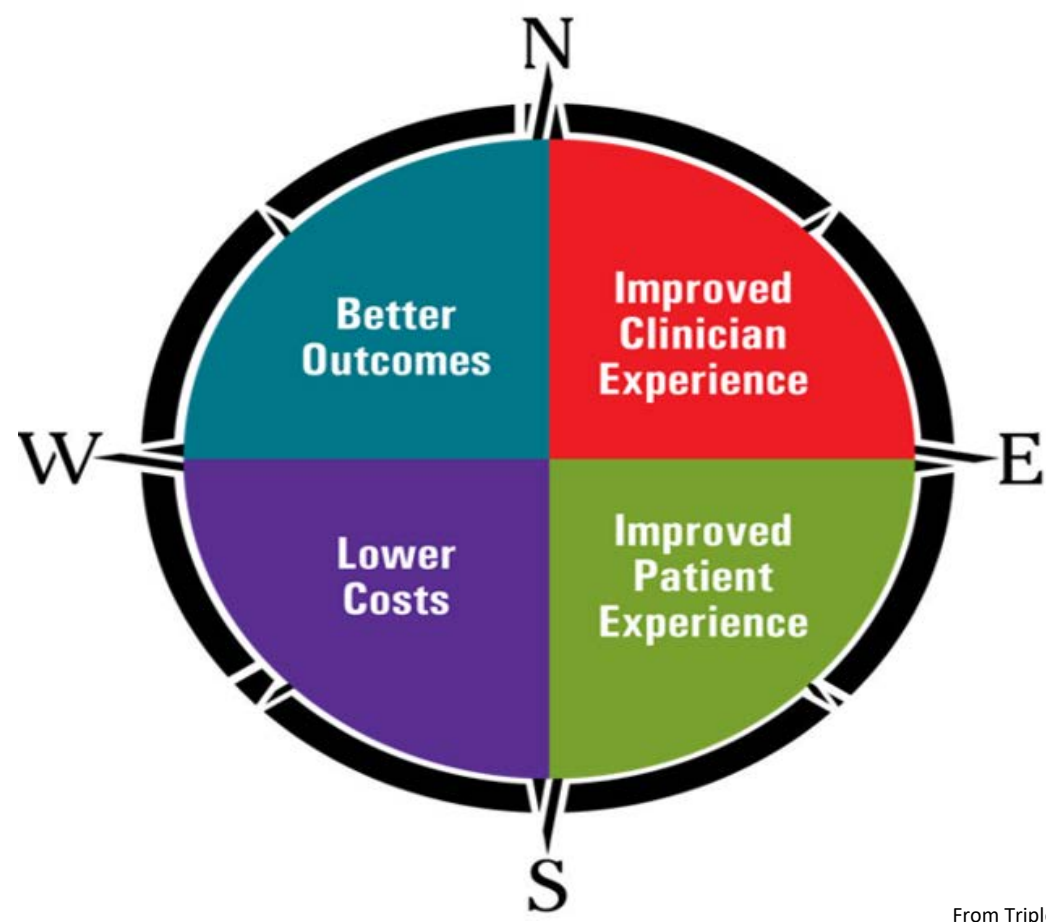


Note: This axis represents progression of medical needs but should also be interpreted to represent needs from social / situational complexity.

Mitchell, P., M. Wynn, R. Golden, B. McNellis, S. Okun, C.E. Webb, V. Rohrbach, and I. Von Kohorn. 2012. Core principles & values of effective team-based health care. Discussion Paper, Institute of Medicine, Washington, DC. www.iom.edu/tbc.



The Quadruple Aim



From Triple to Quadruple Aim: Care of the Patient Requires Care of the Provider. Bodenheimer & Sinsky
Ann Fam Med. 2014 Nov; 12(6): 573–576.

Care Management: Care Pathway

Conduct Screening & Assessment

Conduct Biopsychosocial Assessment using Social Determinant, Physical Health, & Behavioral Health Screening Data

Assess Patient's Readiness for Change for each Clinical & Social Determinant Need

Develop Treatment Plan

Based on the Screening & Assessment
Develop Treatment Plan based on the Patient's Readiness for Change with Treatment Targets to address each Health Condition & Social Determinant need

Provide Services Using Team-based Care: Conduct Regular Population Health Management to Stratify Risk & Adjust Care

Assess Risk & Stratify Care Based on Goal Progress

Interdisciplinary Team Meets Regularly to Conduct Population Health Management & Coordinate Care

Based on Risk Strat. Findings Step Care Up or Down

Achieve Treatment Targets

Achieve the Target Goals for each Health Condition & Social Determinant Need



Benefits of Team-base Care

Improved safety, reduced errors, better communication and better clinical outcomes including hypertension, diabetes, reduced emergency department (ED) utilization

Smith, 2018; Dehmer, 2016; AHRQ publication , 2015

Greater capacity and overall access to care and reduced complications

Weller, 2014

Reduced hospital admissions, 30-day all-cause readmissions, length of stay, mortality rates and total costs

WHO, 2010; English, 2017

Improved experiences for people receiving services and providers, including enhanced acceptance of treatment, decreased staff turnover and decreased tension and conflict among care providers

WHO, 2010

Decreased burnout and increased staff productivity

Smith, 2018



What Makes a Google Team Effective?

The 5 key dynamics that set successful teams apart according to research.

- 1 PSYCHOLOGICAL SAFETY**
Team members feel safe to take risks and be vulnerable in front of each other.
- 2 DEPENDABILITY**
Team members get things done on time and meet Google's high bar for excellence.
- 3 STRUCTURE & CLARITY**
Team members have clear roles, plans, and goals.
- 4 MEANING**
Work is personally important to team members.
- 5 IMPACT**
Team members think their work matters and creates change.

Research by: **Google**
Illustrated by: **Larry Kim (@larrykim)**



Five Components of Effective Interdisciplinary Teams:

1. Established, open, safe communication patterns.
2. Well-defined and appropriate team goals.
3. Clear role definitions and expectations for team members.
4. A real-time, structured yet flexible decision-making process.
5. The ability of the team to “treat itself” by celebrating accomplishments and addresses breakdowns.

Source: Leipzig, Hyer et al. (2002). Attitudes Toward Working on Interdisciplinary Healthcare Teams: A Comparison by Discipline J Am Geriatr Soc 50:1141–1148.



1. What happens on teams without psychological safety?

Natural human tendency to use “impression management.”
No one wants to look:



Uninformed

Don't ask questions
Lack of cross training occurs & and reduces collaboration

Incompetent

Don't admit weakness or mistake
Lack of trust developed between PCP & BHP

Intrusive

Don't offer ideas
Don't benefit from diversity of disciplines & reduced warm handoffs

Negative

Don't critique the status quo
Missed opportunity to integrate

Source: Amy Edmondson Ted X on Psychological Safety in Teams

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2. Defining appropriate team goals

- Develop a team dashboard that includes measurable, and meaningful/relevant goals.
- The goals must relate to broader organizational goals.
- Tie movement toward the goals to a quality improvement/PDSA process.
- Incorporate discussion of the goals into every meeting.



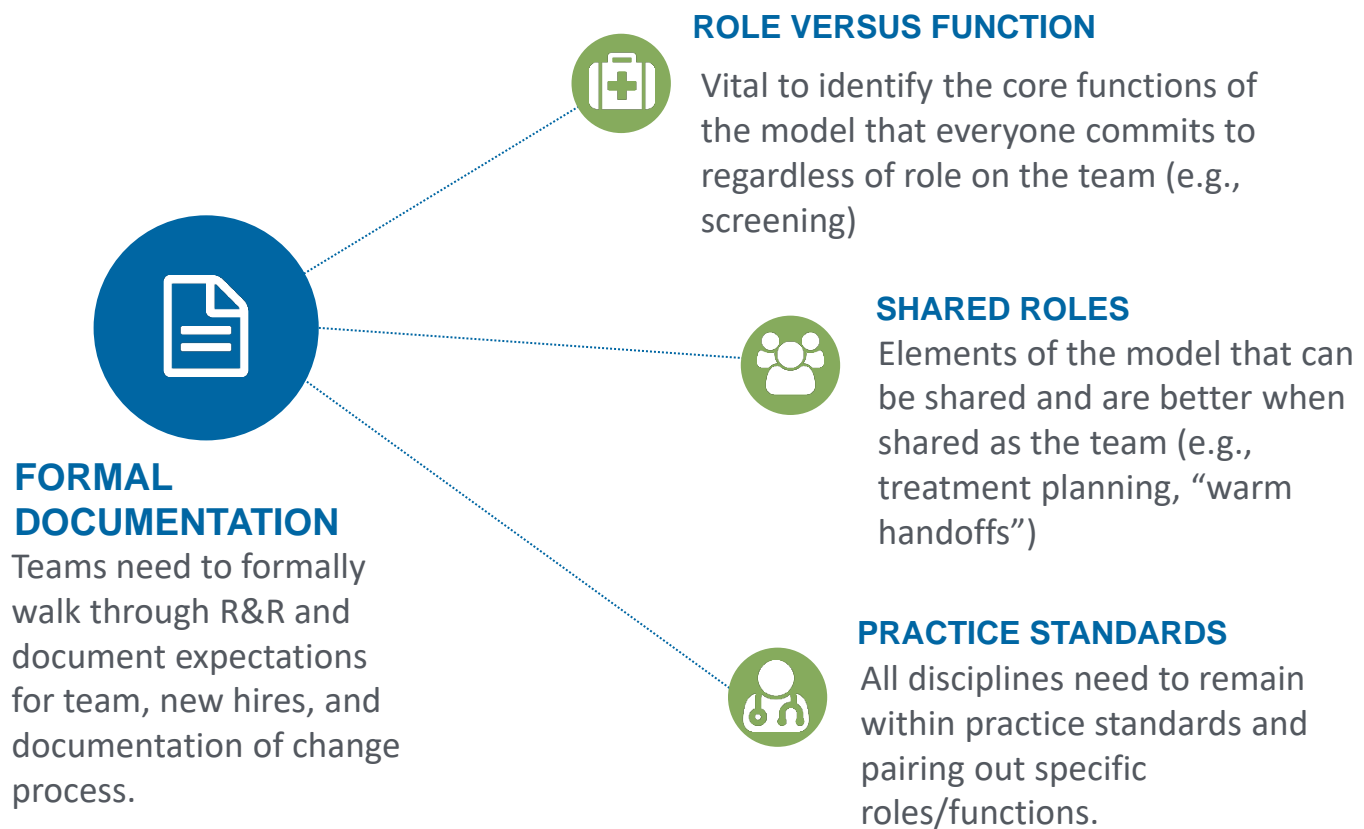
3. Clear role expectations for team members

- The more complex the task, the clearer roles must be.
- All team members have their own opinions of what their role is and what their team member's role is.
- If suspected or seen, role ambiguity & conflict should be discussed right away.
- Routinely, clearly state who "owns" or is "responsible" for a task to help foster this thinking.





3. Team Member Roles & Responsibilities



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4. A flexible decision-making process

- A team is a problem-solving, decision-making mechanism. This is not to imply that an entire group must always make all decisions as a group or that there is no defined leader.
- The issue is one of relevance and appropriateness; who has the relevant information and who will have to implement the decision.
- This is the notion of “Teaming.”



4. A flexible decision-making process cont.

- Teams can choose from a range of decision-making mechanisms, including:
 1. Decision by default (predetermined based on policy or protocol)
 2. Unilateral decision (authority rule)
 3. Majority vote (team vote)
 4. Consensus (agree to disagree)
 5. Unanimity (all must approve/no disagreement)





4. The establishment of open communication patterns

- Create avenues for communication (e.g., logs, regular team meetings, use of common language, protocols, procedures, etc.).
- Maintain regular contact with agency leadership.
- Review vision and goals often.
- Maintain regular group & one-on-one supervision.
- Maintain fidelity to Evidence Based Practice.



5. The ability of the team to “treat” itself

- Include a “Team self-audit” process that is tied to the team’s dashboard.
- Encourage questioning & the voicing of alternative views.
- Declare team breakthroughs & team breakdowns when necessary.
- Encourage necessary acts of leadership!
- The team has a protocol for how to support each other when one or members experiences a trauma (when at work or not).
- *Celebrate! Be Cocky yet Humble! Focus on the Positive!*

Team Based Care is a Paradigm Shift



"I'm afraid you've had a paradigm shift."

HEALTH M



WARNING

Model Components Vary in Difficulty when it comes to Implementation

- Implementing discrete/structural model components was easier than process model components involving changing roles and work patterns to use them.
- For example, many practices implemented disease registries but were unable to reconfigure work processes to use them effectively for population management.
- Same-day scheduling and e-prescribing were far easier than developing team-based care and population management.

Source: Paul A. Nutting, see <http://www.slideserve.com/kobe/the-patient-centered-medical-home-implications-for-health-policy-and-workforce-development>



Creating System Change

The Learning Organization

- Systems Thinking
- Team Learning
- Building a Shared Vision
- Understanding Mental Models
- Personal Mastery



Source: The Fifth Discipline by Peter Senge

Good Leaders Address Staff Experience of Care Provision by Helping Staff Answer these Questions

Team Work-Flow Questions

- What should we keep doing the same way? (Standardization)
- What should we stop doing? (Identify Waste)
- What should we do differently? (Continuous Quality Improvement)
- What are our breakdowns?
- What should we celebrate?

Work-Life Questions

- Is my job fulfilling my passion/life vision?
- Is my job fulfilling my career goals?





TBC Model Process & Structure Implementation Elements

1. Adopt an Organizational Change Management Strategy
2. Identify Team Principles & Norms that Create a Safe Workplace to Innovate
3. Define Team Structure & Shared Team Goals/Targets
4. Define Clear Role Definitions for Each Team Member
5. Implement Protocol Supervision, Team Huddles & Team Meetings in order to Process Team Workflow and Information
6. Map Measurement Based Care Pathways for Clinical Conditions and Social Determinants of Health

Discussion Question!

Poll 5: What would be most helpful to you/your organization with regard Team-Based Care implementation?

- a. Team-Based Care Learning Collaborative
- b. Team-Based Care Individual Technical Assistance
- c. Team-Based Care Extension for Community Healthcare Outcomes (ECHO) Sessions
- d. Team-Based Care List-serv
- e. Team-Based Care Start-up Grants



Questions?



Team-based Care Resources

- [Essential Elements of Effective Integrated Primary Care and Behavioral Health Teams](#)
- [Toolkit for Designing and Implementing Care Pathways](#)
- [AHRQ Team-Based Primary Care Measurement Database](#)



Upcoming Webinars & Events

COVID-19 Office Hours – Learn more and register for events or view previous session recordings on our website here:

<https://www.thenationalcouncil.org/integrated-health-coe/training-events/>

Learning Communities and ECHOs – Learn more on our website here:

<https://www.thenationalcouncil.org/integrated-health-coe/learning-collaboratives/>

Relias Online Trainings – Learn more on our website here:

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Questions?

Email integration@thenationalcouncil.org

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