

Want to improve behavioral health
access, treatment effectiveness while
reducing stigma?

Consider a Team Approach to Care

Session Objectives

Objective 1


Define Team Based Care and review research on the effectiveness of team-based approaches

Objective 2

Discuss the Behavioral Health Clinicians role on the team

Objective 3

Discover how team-based care differs from usual care through case examples

A photograph showing a diverse group of people of various ethnicities and ages, all smiling and holding hands in a circle. The image is taken from a high angle, looking down at the group. The background is bright and slightly blurred, focusing attention on the people and their hands. The overall mood is positive and collaborative.

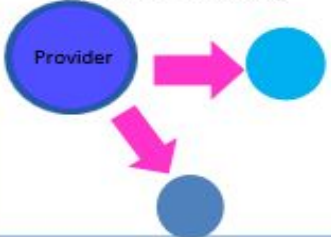
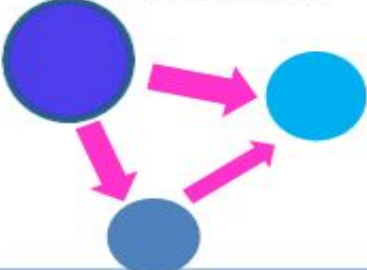


“Never doubt that a small group of thoughtful, committed, citizens can change the world. Indeed it is the only thing that has.”

—Margaret Mead

Team Based Care

Section 1

Team Based Approaches

Uni-disciplinary (Not a Team) 	Multi-disciplinary 	Inter-disciplinary 	Trans-disciplinary 
<ul style="list-style-type: none"> • Shorter-term, episodic relationships • Shared information only • Separate goals, resources, and structures 	<ul style="list-style-type: none"> • Longer-term effort around a issue or task • Some planning and separate roles • Some shared resources, rewards, and risks 	<ul style="list-style-type: none"> • More durable and pervasive relationships • A structure with commitment to common goals • Team members contribute resources and share rewards and leadership 	<ul style="list-style-type: none"> • Longest lasting and most durable relationships • Common, mutually developed and agreed upon goals • ALL share responsibility for outcomes with equality among partners.
<p><i>What is the matter with you? What is wrong? Do this....</i></p> <p><i>I am the expert, I know what you need. I am responsible for your outcome. I tell you what you should do.</i></p>	<p><i>What is the matter with you? What is wrong? Here is what to do...</i></p> <p><i>We are experts who know what is best and tell you what you should do. We are responsible for your outcome.</i></p>	<p><i>What is the problem as you see it? We will get back to you and let you know what we figured out.</i></p> <p><i>We are the experts and we share our thoughts with each other before we tell you what to do together. Then you can ask us questions about what you should do.</i></p>	<p><i>What matters to you? What is the problem as you see it? Let's figure this out together.</i></p> <p><i>We all are experts and have a voice in the conversation. We share decision-making and responsibility to select the best options for your health and well-being. Ultimately it is your life.</i></p>



Provider



Patient



Support Staff/Cargivers



Communication

Key Components of a Transdisciplinary Team Approach

The team includes individuals from multiple disciplines

Teams meet on a regular basis

The team has a clear and common purpose

Team members cross discipline boundaries

One team member serves as the Lead

Patients, family members and caregivers are an integral part of the team

The team works together by pooling knowledge, skills and resources

Co-visits are encouraged

Services are individualized for the patient, caregiver and family

All members share responsibility for implementation of the plan

Benefits of a Transdisciplinary Approach

Points intervention toward functional, integrated supports and services

Helps avoid duplication and fragmentation

Blends multiple perspectives and expertise

Reduces the likelihood of conflicting and confusing treatment plans and communications with patients, caregivers and families

Enhances access and coordination of services

Teams share responsibility with patient, caregiver, family and to one another.

Enhances skills of the practitioners on the team

PERSON CENTERED VS. ILLNESS-CENTERED TREATMENT

*Courtesy of Mark Ragins, M.D.,
The Village*

The Person is the foundation	The Diagnosis is the foundation
Begin with welcoming - outreach and engagement	Begin with illness assessment
Services are based on personal suffering and help needed	Services are based on diagnosis and treatment needed
Services work towards quality of life and goals	Services work towards illness reduction goals
Treatment and rehabilitation are goal driven	Treatment is symptom driven and rehabilitation and disability driven
Personal recovery is central from beginning to end	Recovery from the illness sometimes results after the illness and then the disability are taken care of
Track personal progress towards recovery	Track illness progress towards symptom reduction and cure
Use techniques that promote personal growth and self responsibility	Use techniques that promote illness control and reduction of risk of damage from the illness
Services end when the person manages their condition	Services end when the illness is cured
The relationship may change and grow throughout	The relationship only exists to treat the illness

Shared Care Plan

My Care Plan:

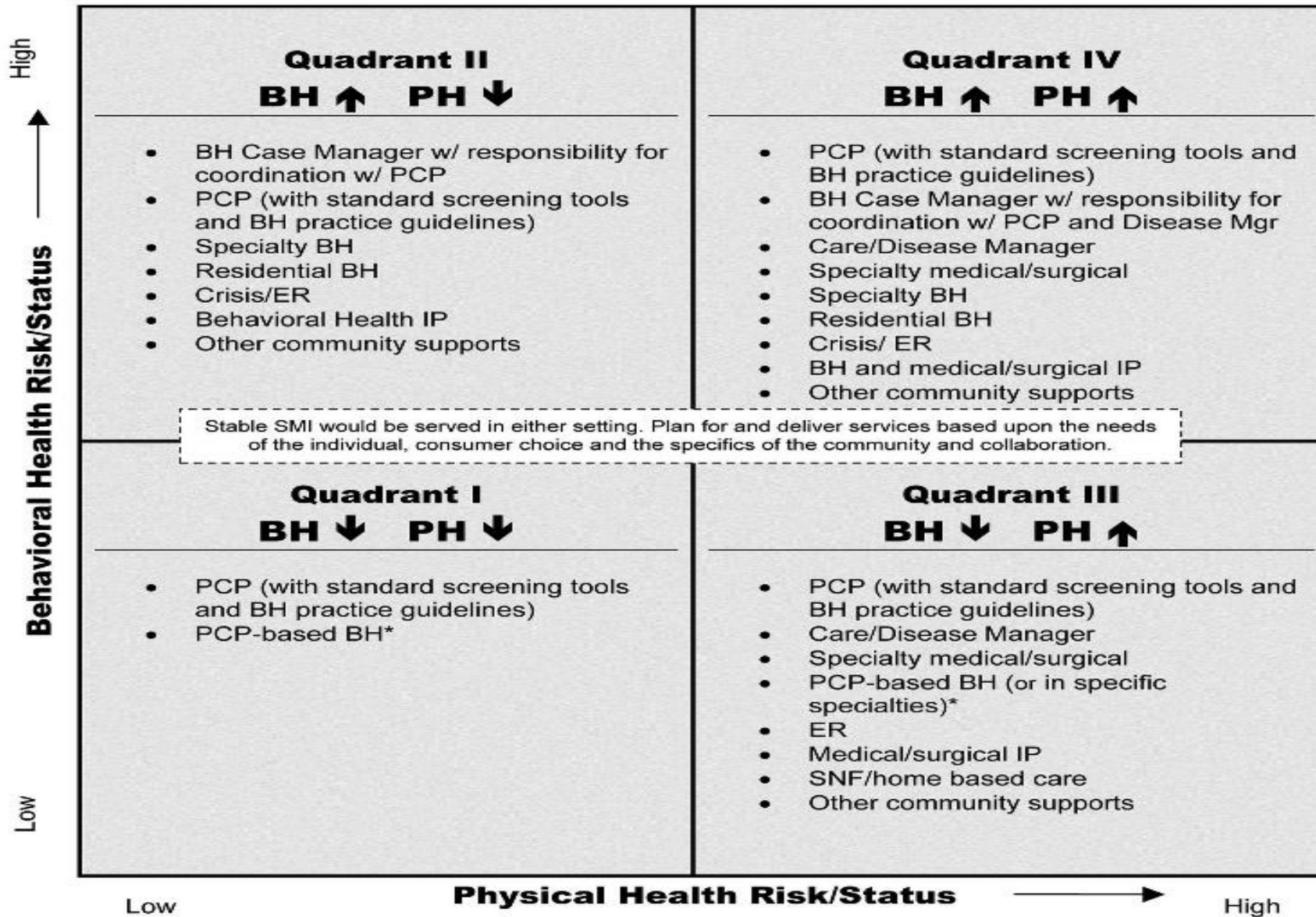
- 1. My goals to improve my health: *****
- 2. My healthcare team's goals: *****
- 3. My strengths and supports to meet my goals: *****
- 4. Challenges to meeting my goals: {BARRIERS FOR BRIEF CARE PLAN:16120::"need more support"}**
- 5. My healthcare team: *****
- 6. My Action Plan: {ACTION PLAN FOR BRIEF CARE PLAN:16121::"keep my appointments"}**
- 7. My confidence that I can follow my Action Plan: {Numbers; 1-10:17898}**



Types of Team-Based Care

Section 2

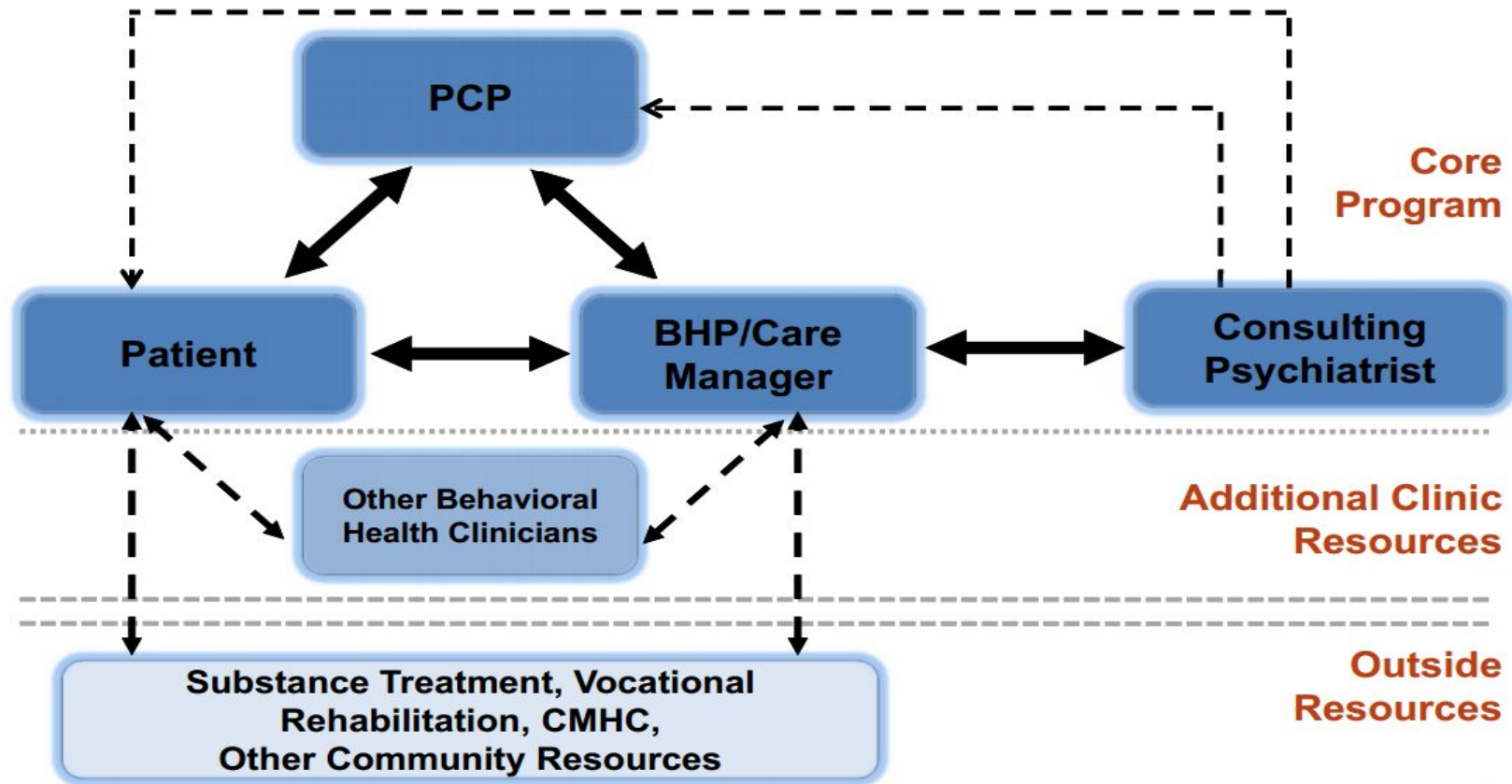
The Four Quadrant Clinical Integration Model



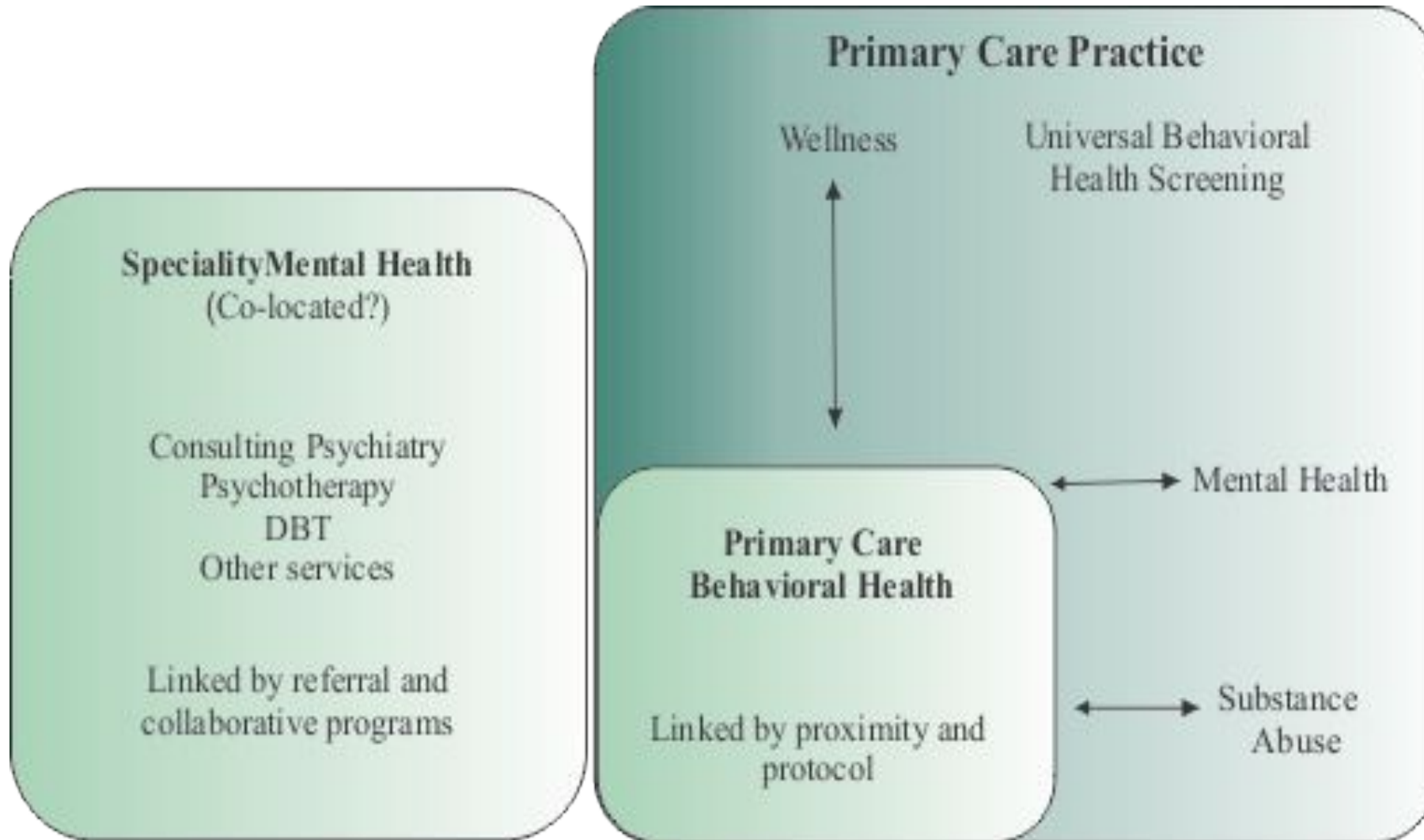
*PCP-based BH provider might work for the PCP organization, a specialty BH provider, or as an individual practitioner, is competent in both MH and SA assessment and treatment

Collaborative Care Model

Collaborative Team Approach

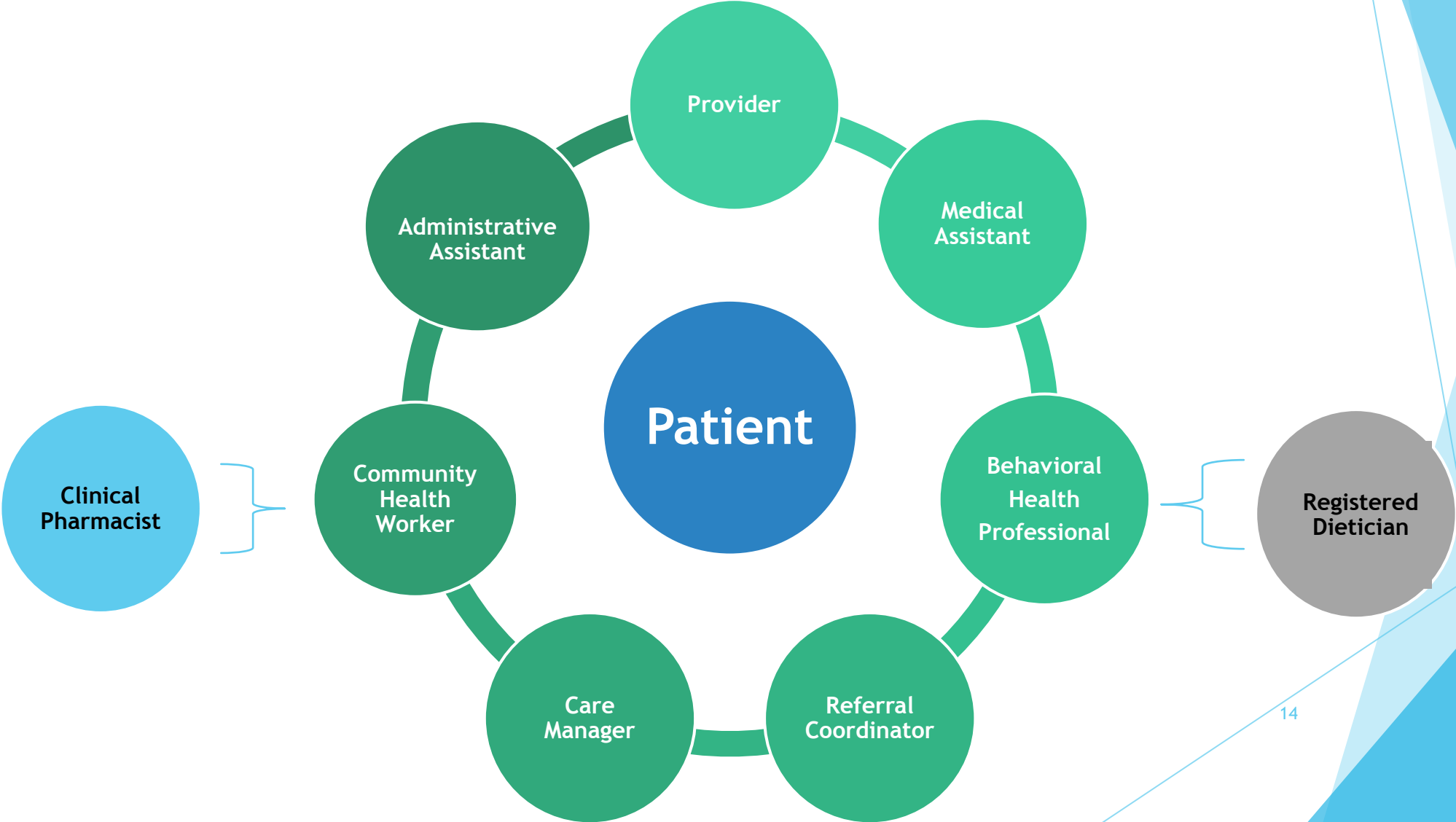


Primary Care Behavioral Health Model



Source: Center for Integrated Primary Care, UMass Medical School

Example Care Team

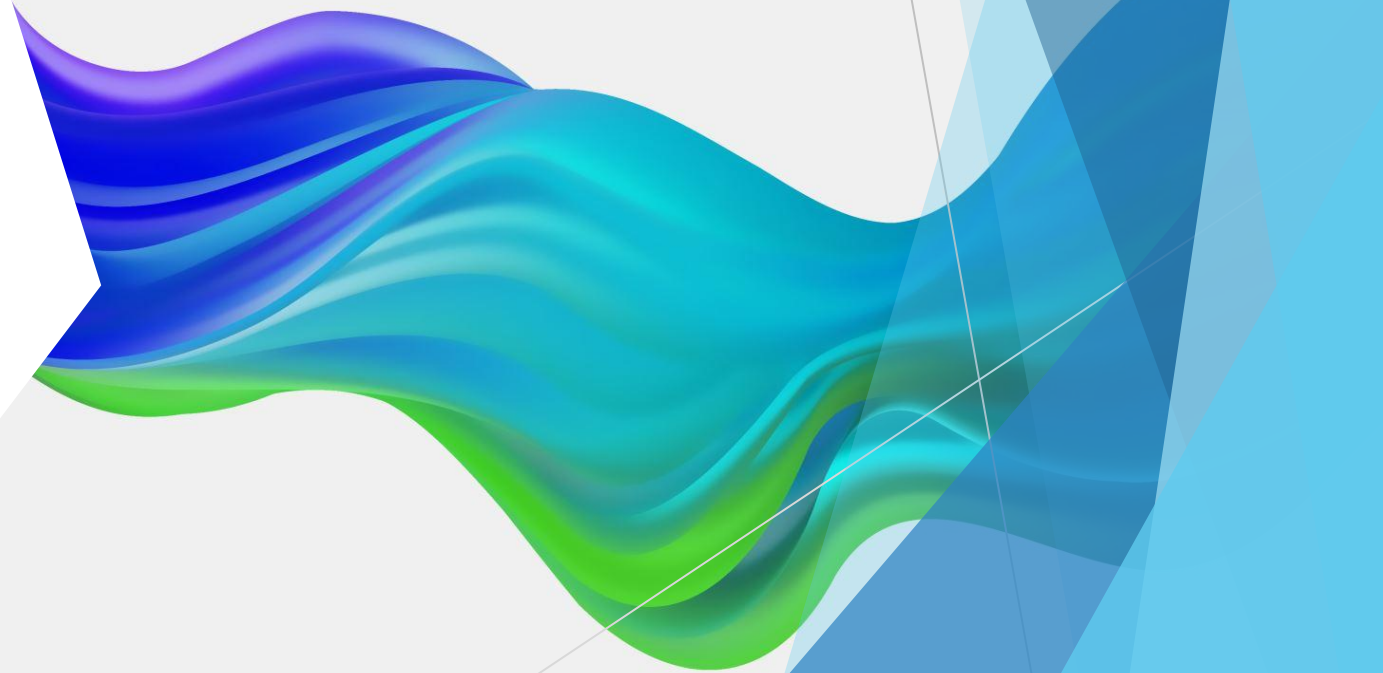


Exercise—Develop a team that supports the “whole person”

- ▶ Get into groups of 4
- ▶ Read Mary’s Persona
- ▶ Imagine your clinic three years from now and imagine that you have created the “perfect” team to support this patient/client. Create an integrated team that could support Mary.
- ▶ Answer the following questions:
 - ▶ What skill sets would you include on your team?
 - ▶ What services would you offer?
 - ▶ How would the team involve the patient/client, and caregiver in developing unified goals for care and adjust them over time?
- ▶ Document one shared approach for the group
- ▶ Report out in large group

The BH Role

Section 3



The role of the Behavioral Health Consultant (BHC) in the integrated setting

TEAM SUPPORT

- ▶ Enhances relationship between patient and team
- ▶ Assists with co-management of chronic conditions
- ▶ Assist with identifying “at risk” patients early and supports a preventative approach
- ▶ Address lifestyle change issues for chronic medical conditions and patients with high-risk needs
- ▶ Educate teams on core mental health skills (reflective listening, open ended questions)
- ▶ Liaison between patient and medical staff to support clinic flow, patient/provider satisfaction, and adherence to treatment goals

Patient Support

- ▶ Acute management of behavioral health conditions (suicide, psychosis)
- ▶ Screening, assessment, and brief intervention for common behavioral health conditions (stress, grief, depression, anxiety, PTSD, substance use)
- ▶ Collaborate on treatment plans for behavioral health issues and chronic medical conditions (diabetes, hypertension)
- ▶ Assist with community resources and referrals (housing, food)
- ▶ Point of access to mental health services and referral to higher level care
- ▶ Facilitate communication with providers

BHC Skills and Background

- ▶ Who typically fills this role
 - Credentialed BH-LCSW, MFT, LPC-MHSP, Psych NP, or PhD/PsyD
- ▶ Skills
 - Broad, generalist BH training (including substance use)
 - Strong assessment, diagnostic, therapeutic and triage skills
 - Acceptance of change and open to new ideas
 - Desire for continuous learning
 - Flexibility
 - Comfort in working with brief, solution-focused interventions in a time-limited setting
 - Communication and consultant skills
 - Engaging of families and caregivers

Differences between MH Counselors, BH Care Managers and IBH Counselor

	Outpatient MH Therapist	BH Care Manager	Integrated BH Consultant
TRAINING	Specialized Mental Health	MI and PST, measurement-based treatment, specialized MH training	Broad, generalized mental health and substance use
CONDITION MANAGEMENT	Primary management	Systematic follow up and tracking of referral in collaboration with team	Co-management of Behavior Health conditions with team
TREATMENT DELIVERY	Primary tx to resolve MH condition	Algorithm based interventions. Does not provide “treatment” unless licensed	Treatment of common Behavioral Health conditions as part of an overarching plan of care.
DURATION	50-minute therapy session	Dependent on need	20-30 minute consultation
LEVEL OF CARE	Highly intensive, concentrated mental health treatment	Focus on improvement of environmental factors and mild to moderate MH	Focus on behavioral, functional outcome/Q.O.L
SESSION FOCUS	Emphasis on history, diagnosis and treatment	Emphasis on environmental needs, diagnosis, problem solving and action planning	Emphasis on level of functioning and intervention/treatment
TREATMENT PLANNING	Developed in collaboration with therapist (unidisiplinary or multidisciplinary)	Developed in collaboration with the Patient and PC team (Interdisciplinary and/or transdisciplinary)	Developed in collaboration with the Patient and PC team (Interdisciplinary and/or transdisciplinary)

Introducing your BHC to a Patient (Warm Handoff)

Step 1-Identify a patient that could benefit from a behavioral health consult

Step 2-Explain to the patient that you would like for them to speak to a member of the health care team that specializes in stress, anxiety, depression etc.

Step 3-Notify the BHC that you have patient that you would like for them to speak to and provide your “referral question”

Step 4-Introduce the BHC to the patient.

Example of the introduction: *"Mrs. Clark, this is Janet. She is the person that I was telling you about. She will spend some time with you and then we will talk about the next steps for your care."*

Strategies for Team Based Collaboration

- Explain to the patient that you have Behavioral Health Services on site
- Provide handout with BH clinician info that they will be referred to
- Introduce the BHC or schedule the appt for the patient
- Show the patient where they will be seen and what the check in process is
- Document in the same chart and ensure that treatment goals are co-created and visible to all team members
- Utilize shared screeners (PHQ, GAD) to track patient progress
- Set up weekly case review meetings and time for ad hoc consultation

Exercise

- ▶ Get into groups of 4
- ▶ Reread Mary's Persona
- ▶ Answer the following questions:
 - What is the benefit to Mary that her team takes a “whole person” approach?
 - What could be the role of the Behavioral Health Consultant in Mary's care?
 - How could this approach improve access to care?
 - How would this approach improve the coordination of Mary's care?
 - How might this approach to care improve Mary's outcome?
- ▶ Document your groups responses
- ▶ Report out in large group

Integrated Culture

What have you noticed
about the practice styles
or cultural differences in
medical care?

Behavioral Health vs. Medical Culture

Behavioral Health	Medical
Work alone in quiet office	Work closely with others in noisy, fast paced environment
Office has a couch, pillows, soothing colors, dimmed lighting and carpet	Office is often white, sterile with functional furniture
50 min visits that may stretch over many weeks to resolve an issue	15-20 min visit to resolve an issue with a possible follow/up appointment
Services work towards quality of life and goals	Services work towards illness reduction goals
Sessions are NEVER interrupted	Visits are often interrupted
Information is NEVER shared without appropriate "client" permission	Information is often shared between relevant parties
Providing care for family, friends, and acquaintances is an ethical violation	Providing care for family, friends, and acquaintances is commonplace
Use techniques that promote personal growth and self responsibility	Use techniques that promote illness control and reduction of risk of damage from the illness
Burn out prevention and discussion about the impact of a difficult case are seen as essential to provide quality care	Burn out prevention and discussion about the impact of a difficult case are rarely discussed or acknowledged.

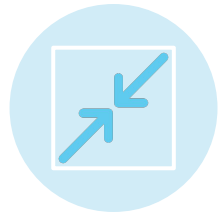
What happens when we take the best from both cultures?



BH sharing space with medical providers and seeing people in exam rooms (with occasional interruptions).



Team members learning from each others expertise and leveraging skills to addresses root causes.



Shared information to improve access and efficiency.



BH focused on functional outcomes and in 20-30 min visits. (measurement-based care)



Patients having a say in their health goals and having shared responsibility for outcomes.



Team members supporting each other in difficult cases and ensure self-care to avoid burnout.

Tactics to “Integrate Culture”

- ▶ Arrange team members to work in the same space
- ▶ Have same reporting structure as medical team
- ▶ Include medical team in hiring decisions
- ▶ Intentionally train BH in expectations for the clinic pace, language, time constraints, and team communication
- ▶ Ensure that teams have time to review difficult cases and develop a game plan
- ▶ Define clear scope of work for BH staff based on clinic need
- ▶ Prepare staff with clear expectations of how to use BH
- ▶ Teach all staff basic elements of self management support (MI)
- ▶ Introduce BH staff as part of the clinical team
- ▶ Build workflows that fit into existing processes
- ▶ Put both medical staff and BH staff together in work groups and clinical protocol development
- ▶ Include BH staff in staff meetings and clinic responsibilities

Questions?

