

At Work in an Integrated Care Setting: A Day in the Life for Behavioral Health Providers

Senior Director, Julie Schilz, BSN, MBA

Senior Program Manager, Kristin Potterbusch, MPH



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Learning Objectives

- Understand composition of integrated care teams
- Recognize the role of the behavioral health provider in a no wrong door approach
- Identify how you can leverage interdisciplinary teams to mitigate burn out

Agenda

- Discuss types of teams and members
- Being part of “no wrong door”
- How integration benefits you

Integrated Care Teams

Who do you want on your team?

- Imagine your ideal team composition:
 - *What colleagues, providers, admin, etc.. are working beside you?*

How do you interact with your team?

- Imagine your ideal style of collaboration
 - Hold your ideal team composition in your mind
 - How often do you speak?
 - What do you check in about?
 - How do you relay information (EMR, case consults, etc..)

Ideal vs. Reality

- The needs of clients should determine the types of services and providers that an organization has
- Each organization has different team compositions
- Each organization has different collaboration styles (vary by individuals as well)
- Common combinations:
 - PC + BH
 - BH + Case Manager + Peer
 - PC + Specialty + Case Manager + BH
- Common Collaborations:
 - Morning huddles (varying length)
 - Case consults (high need clients)
 - Weekly hour case review + daily EMR note review

Roles

- Clients
- Primary care
- Behavioral health
- Oral
- Case Manager
- Peer
- Nutrition
- Billing
- Front Desk
- Admin

What is...

No Wrong Door?

Access to care from any point

How does no wrong door work?

- By designing systems and workflows which facilitate no barrier client access to the services they need:
 - In a BH appointment, client mentions not having seen a PCP in 5 years

The *Next Door* frontier?

- Open door
 - Seamless movement for a client between various services from current care provision to new care initiation all whilst supporting the collaboration and communication needed between care team members to ensure client has no barriers to any care

Behavioral Health as the Key

- Initiation of new services for clients
- Identification of current or future care goals
- Understanding that future orientation for adolescents (or anyone) cannot be assumed
- Educator to other providers on supportive client interactions
- Proactive support for clients who may experience multi service saturation

Integration Supporting You!

Part 1: Day in the life

- Arrive at clinic
 - Get coffee
 - Review schedule for the day
- 30 min morning huddle
 - Discuss shared clients
 - Pharmacist identifies long-acting injectable medication for your adolescent client struggling with adherence
- Conduct sessions with clients
 - Note in EMR progress towards shared treatment goals or suggested modifications
 - A client shares about infrequent condom use, provide basic information about PrEP and conduct warm hand off to available physician for potential Rx
 - A client shares challenges juggling the various appointments they have, with their consent invite Peer into the end of your session who can provide support
- Eat quick lunch and do documentation, oral health calls for you to provide support as an individual is having a panic attack while getting a cavity filled
 - You are now slightly behind on your notes

Part 2: Day in the Life

■ Conduct more client sessions

- Part way through session with new client you realize their family is struggling with food insecurity, with consent you check to see if the nutrition is free-they have grocery store gifts cards, resources and snacks.
- You catch up on documentation
- You have a no call no show, and therefore list yourself as available. One of your newer colleagues asks if you can help them feel more comfortable and practice responding to some of the intake screening questions that involve SDoH

■ End of day huddle

- Not everyone is present as some team members are still seeing clients or had to leave early
- You mention your no call no show- the front desk had done a real time outreach call and will do a follow up tomorrow
- You mention your new client who needs to get rescheduled since you prioritized them meeting with the nutritionist, the nutritionist already checked in with that client and got them rebooked. You and the nutritionist are going to touch base after you read the EMR notes to ensure you are up to speed prior to seeing the client again

■ Leaving the clinic

- You notice there is a note about your client from earlier, the Peer who met with that client is recommending you both collaborate for the next month to ensure the client does not drop out of care do to being overwhelmed with the number of other visits they are having. You write a note to yourself to follow up further at the morning huddle about next steps and ideas around how to best collaborate with the Peer and to bring other providers into the conversation, so the client gets support across all areas of their care

Reflections

- Integration is a give and take
- Collegial reciprocity
- Open sharing, trust and interdependence
- What appealed or did not appeal to you about the day outlined?

Wrapping Up

- Team composition and collaboration
 - The right team members that collaborate to meet client needs
- Behavioral health is the key
 - Opening the doors to access and supporting clients to have their needs met
- Integration for you
 - Being part of a team allows for strengths base approaches. You always have backup and support.

Thank you!

Julie Schilz, BSN, MBA: jschilz@pcdc.org

Kristin Potterbusch, MPH: kpotterbusch@pcdc.org

For more resources:

www.pcdc.org/integrationworks

www.pcdc.org/sleep

www.pcdc.org/diabetes

Thank you for Participating



Questions Regarding the Equity and Justice Focused Integrative Behavioral Health Training Project can be directed to:

ibhequity@sfsu.edu

To see a schedule of future events and archived webinars, visit:

ibhequity.sfsu.edu