Support Your Workforce and Reduce Burnout:

How Integrated Care Can Improve the Work Experience

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TEAM UP FOR CHILDREN

Transforming and
Expanding
Access to
Mental Health Care in

Urban
Pediatrics

Panel Presenters

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Presenter Disclosure

The presenters in this session do not have anything to disclose with regard to commercial interests and do not plan on discussing unlabeled/investigational uses of a commercial product.

AGENDA

TEAM UP FOR CHILDREN

10:50am-10:55am	Welcome and Introductions
10:55am-11:05am	*Can the TEAM UP approach to care help with Burnout?*
11:05am-11:20am	Lowell CHC: *Addressing Burnout at All Provider levels-PCPs, BHCs, and CHWs*
11:20am-11:35am	South Boston CHC: *How to effectively use the multidisciplinary team approach to enhance team cohesion*
11:35am-11:55am	Discussion

AGENDA

TEAM UP FOR CHILDREN

- Identify ways to support primary care providers (PCPs), behavioral health clinicians(BHCs), and community health workers(CHWs) as they incorporate integrated behavioral health care into their practice.
- Describe how integrated behavioral health and the team approach can increase job fulfillment
- Understand the importance of building team cohesion to help prevent burnout

Can the TEAM UP approach to care help with burnout?

Original Article

Perceptions of the Implementation of Pediatric Behavioral Health Integration in 3 Community Health Centers

Clinical Pediatrics
1–11

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PERCEPTIONS OF IMPLEMENTING PEDIATRIC BHI

TEAM UP FOR CHILDREN

- In-depth interviews with **38 professionals** involved in a comprehensive pediatric BHI initiative at 3 community health centers to explore perceptions of the impact of BHI on clinical practice, and facilitators and barriers to BHI implementation.

- Professionals identified 2 overarching themes about the impact of BHI on clinical practice: **1) greater interdisciplinary collaboration/ communication and 2) enhanced provider wellness**

How has integration affected your sense of professional fulfillment? How has it affected feelings of burnout? What emotional supports are in place for providers involved in integration services?

PCPs, BHCs, and other staff reported that BHI has allowed them to develop strong relationships with each other and work closely to serve children and families.

I think there's this deep shared love for how important each other's role is. How much we need each other. . . . [T]o have this integrated team available has deepen[ed] that relationship and trust that we've been able to really build and learn from each other in different ways.

Participants described greater communication across disciplines, in person and via a shared electronic medical record.

Qualitative Results (cont)

How has integration affected your sense of professional fulfillment? How has it affected feelings of burnout? What emotional supports are in place for providers involved in integration services?

There are more frequent huddles, more frequent conversations, a commitment to having conversation, and really trying to understand each other's perspective.

Participants reported *greater professional fulfillment* from providing better patient care, both individually and organizationally, through BHI. They explained *how rewarding it was to more comprehensively address the BH and psychosocial needs of children and families*. They expressed pride about being able to identify more BH problems and *provide timely access to BH services within their own CHCs,* locations that they considered more familiar and less stigmatizing than traditional mental health agencies.

How has integration affected your sense of professional fulfillment? How has it affected feelings of burnout? What emotional supports are in place for providers involved in integration services?

I am really excited to be a part of any sort of team or system that can destigmatize mental health and that can really sort of help it to be seen as part of the continuum of care and wellness. And so I take a lot of satisfaction . . . in the work that I do.

It decreases [burnout] because you're not as isolated, and when you can process with not only with your own team, integrated behavior health team, but also the docs as well around challenging clients. . . . They have challenges with these particular clients medically and so we can compare and contrast that support.

- Efforts to enhance provider wellness, a factor that is associated with better health care system performance and quality of care have focused on increasing professional fulfillment and preventing burnout.

- Results suggest positive effects of BHI that extend beyond improved clinical outcomes for children and involve provider well-being: the 4th aim of the Triple Aim in Healthcare

Lippincottsoulutions.lww.com

Addressing Burnout at All Provider levels-PCPs, BHCs, and CHWs:

Lowell Community Health Center

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TEAM UP Clinical Champion
Senior Clinician
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Lowell CHC Pediatric Provider Survey (2017)

Please indicate the extent to which you think that BHI has had an impact on the department of Pediatrics (n=7) (1=no impact, 5=big impact)

What changes have you observed in the clinical care provided in Pediatrics since BHI began compared to the care provided prior to BHI? Please be specific.

What changes have you observed in the operational processes in Pediatrics since BHI began compared to the care provided prior to BHI? Please be specific.

Please describe how Pediatric BHI changes or has an impact on the way that you think about primary care and/or the way that you approach your work.

To what extent do the responses provided on the SWYC contribute to your decision to make a warm hand-off for a patient? (n=9) (1=not at all, 5=a lot)

Aside from the SWYC, what factors (if any) contribute to your decision to make a warm hand-off for a patient?

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Lowell CHC Pediatric Provider Survey (2017)

What changes in patient outcomes have you observed in those for whom you provided a warm hand-off to a behavioral health clinician? Please be specific.

What changes in patient outcomes have you observed in those for whom you provided a warm hand-off to an integrated CHW? Please be specific.

In what skills or content areas do you need or want more training in order to best care for your patients?

Please use the space below to share any benefits OR challenges of having Pediatric BHI at LCHC that you may not have yet shared or any needs you may have that are not currently being addressed.

The following space is an opportunity for you to share any suggestions, questions, or final thoughts about BHI to help inform our shared work going forward.

Lowell CHC Pediatric Provider Survey Results

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What changes have you observed in the operational processes in Pediatrics since BHI began compared to the care provided prior to BHI?

- Patient Experience
  - Appreciate that care is taken
  - Get help from the BHCs and CHWs
  - More help with problem solving
- Operations/Flow
  - Presence of BHCs on the floor
  - Easier to connect patients to prescribing provider, BH and social needs support
  - Addressing suicidal patients with staff
  - Rapid appointments
  - Readily available consultation for meds
- Screening
  - More and better screening for developmental and behavioral problems
- Connecting with Systems outside of LCHC
  - Schools
  - Easier referrals to DBP at BMC
  - Easier connections/sharing information externally
- Workload

Lowell CHC Pediatric Provider Survey Results

Please describe how Pediatric BHI changes or has an impact on the way that you think about primary care and/or the way that you approach your work.

- Medical Home
  - Provide most need services
  - Share team responsibility
  - Offer more for whole child/family
  - More holistic approach
- Provider Awareness
  - MH is crucial to Primary Care
  - Increased attention to MH and social-emotional development
  - More accurately recognize what is needed and triage accordingly
  - More likely to identify anxiety/depression
- Provider Confidence
  - Providing everything family needs at the health center
  - Don't carry the burden alone of caring for MH without the adequate training

- Improved access to BH services, connecting patients to resources with CHWs and case management.
- Real time availability of BHCs and CHWs has improved
- Increased access to behavioral health services
- Having CHW and BHCs on the floor has made a big difference. It saves providers and patients time. They readily available for warm hand off
- Having a BHC and CHW at all times is incredibly helpful.
- It's always great to have a BHC on the floor and accessible for warm hand-offs. We are also fully staffed now, which is also great for the patients and primary care in pediatrics in general.

Please describe how Pediatric BHI has changed or has an impact on the way that you think about primary care and/or the way that you approach your work.

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- I have learned more about treatment of BH conditions
- I feel I can immediately offer patients the support they need
- We are so lucky to have BHI and such talented and compassionate providers
- I am able to recommend consultations, offer help so much more readily – families really appreciate the real time help when they are here
- Increased the degree to which I screen for/ask about behavioral health issues since we have increased resources to address them
- We can better diagnose behavior disorders including post partum depression and manage these as a team
- It has enabled me to take care of more aspects of the patients health and psychosocial life.

Hiring and Retaining BH Integrated Staff

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- Manage Expectations
  - Short term relationships with patients
  - Scheduling changes, appointment interruptions
  - High volume
  - Team Based Care
- Emphasize Unique Job Satisfaction with Integration
  - Longitudinal relationships with patient and family
  - Engage patients who typically have not engaged in BH
  - Embrace the diversity of problems
  - Develop clinical diagnostic and focused intervention skills
  - Innovative and exciting work

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Challenges

- Large % of new patients
- Wide range of problems
- SDOH hard to change
- Crises
- Shorter term relationships

Structures that Support these Challenges
Shared Space
Shared responsibility for patients: specific workflows
Individual Supervision
Weekly huddles
Connected to other BHC or CHW peers in various departments
Easy access to different resources

How to effectively use the multidisciplinary team approach to enhance team cohesion:

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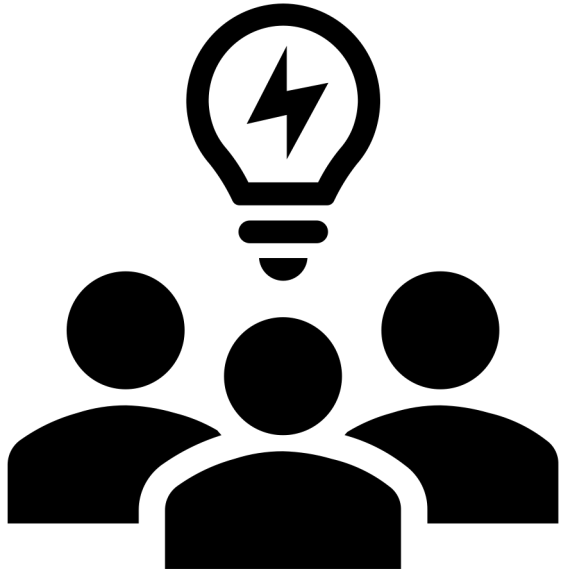
SOUTH BOSTON COMMUNITY HEALTH CENTER

- Review Balint / Process Groups
- Review SBCHC's approach to incorporating these principles into a "Group Supervision" meeting
- Discuss how this approach builds team cohesion and can help prevent burnout



"At the center of medicine there is always a human relationship between a patient and a [provider]."

- Michael Balint

1. Anyone have a case?
2. Clarifying Questions
3. Group "holds" the case
4. Presenter invited to reflect

Balint Group or Group Process

- Safe space for emotional reflection on troubling cases
- Help a presenter consider other perspectives on the case
- Examine blind spots, biases, and assumptions
- Feel less isolated and less shame
- Hear and learn from others' cases
- Experience the power of a group
- Get back in touch with the humanity of all of our stories, avoid burnout, increase engagement, enhance resilience

Nicky Quinlan, prezi slides found online on Balint Groups, https://balint.co.uk/about/introduction/

1. Presenter gives brief case presentation (aim for 5-10 minutes) using the OUTLINE FOR CLINICAL PRESENTATIONS. The presenter should end their presentation with a **specific question or request for help.**

2. Group members are allowed **five minutes** to ask questions of the presenter. These should be framed as questions **NOT** comments (*e.g. Have you tried _____? Where was the child living before he was hospitalized ____? What does the DCF worker think about ____? What insurance does the patient have?*). During this time the presenter is **only** able to **answer questions** that are asked by group members. The presenter **CANNOT** add additional details or resume their presentation during this time.

3. Group members are then allowed **five minutes** to offer **hypotheses** for what they think is going on. Group members are encouraged to "think outside the box" and put every idea on the table (*e.g. Maybe the patient is using substances, Maybe the parent it terrified about what is going to happen to the other children, Maybe you don't think their partner is capable of ____*). It is important that group members are **respectful** and **honest**. A group leader or facilitator should create an atmosphere of openness and safety so that everyone feels comfortable sharing.

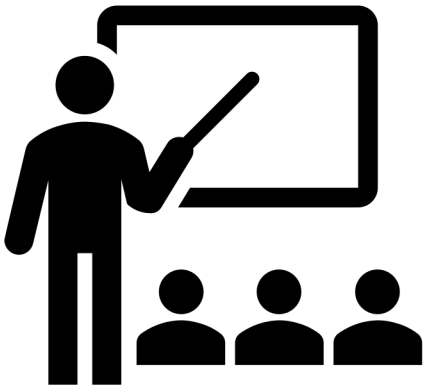
4. Group members are then allowed **five minutes** to suggest potential **ideas or suggestions for interventions** (*e.g. Consider getting neuropsych testing, Think about talking to a teacher and finding out what is going on at school during recess, Tell the patient you are worried about ____*).

5. The facilitator or group leader invites the presenter to **reflect** for **five minutes** on what they heard, and what it brought up for them (*e.g. I never thought about getting a release to talk to ____, I'm really worried about what is going to happen if I tell the patient ____, I feel embarrassed that I never considered _____, I feel relieved to hear other people think ____ too*).

6. The facilitator or group leader invites the presenter to share next steps and the plan for proceeding forward.

- SBCHC's group supervision model
- Adapted from a format used by wraparound CBHI teams @ Riverside Community Care / The Guidance Center

PRESENT



- Presenter gives brief case presentation (aim for 5-10 minutes)
- Uses a standardized presentation format
- Presenter ends with a **specific question or request for help**

OUTLINE FOR CLINICAL PRESENTATIONS

I. Demographic Information

- Age, race, gender, and guardianship status

II. Presenting Problem

- Reason for referral
- Referrer's reason for referral
- What happened today that necessitated this visit
- Precipitating factors

III. History of Present Illness

- Current diagnosis
- Current treatment (medications, therapy, care coordination)
- History of treatment (levels of care, medications, therapy)

IV. Medical History/Current Treatment

V. Mental Status Exam

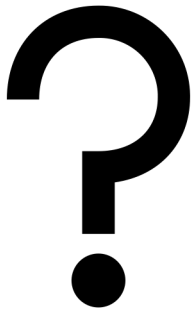
- Effects of presenting concerns on: appearance; orientation; behavior; speech; mood; affect; thought process; thought content; suicidal/homicidal/other violent ideation; perception; intellectual function; judgment; insight
- Include Axis I through Axis V

VI. Assessment of Risk and Safety Factors

- Self-harming behaviors, violent behaviors, sex-abusing behavior, fire-setting behaviors, substance abusing behaviors, gang involvement/delinquency, runaway behaviors, victim of abuse/neglect, and other recent trauma exposure
- Ability of caregivers to protect individual, youth and family from harm
- Ability of caregivers to adhere to non-restrictive treatment recommendations
- Individual, youth, family and community vulnerabilities, that may contribute to risk

VII. Recommendations by team using group supervision model

QUESTION

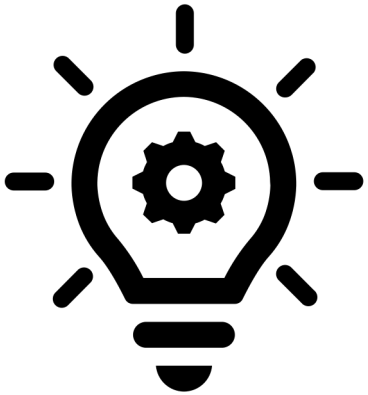


- Group members are allowed **five minutes** to ask questions of the presenter
- Leader asks if there are any simple questions about facts that need to be clarified *(e.g. how old is the patient? What's the insurance?)*
- These should be framed as questions **NOT** comments
- Presenter is **only** able to **answer questions** that are asked by group members and **CANNOT** add additional details or resume their presentation during this time

HYPOTHESIZE

- Group members are allowed **five minutes** to offer **hypotheses** for what they think is going on
- Group members are encouraged to "think outside the box" and put every idea on the table
  - (*e.g. Maybe the patient is using substances, Maybe the parent it terrified about what is going to happen to the other children, Maybe you don't think their partner is capable of* ____)
- It is important that group members are **respectful** and **honest**
- Group leader / facilitator works to ensure an atmosphere of openness and safety so that everyone feels comfortable sharing

SUGGEST

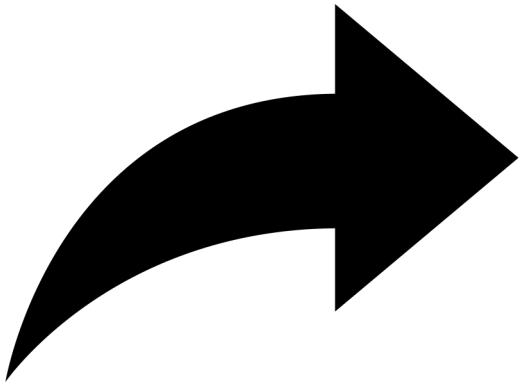


- Group members are allowed **five minutes** to suggest potential **ideas or suggestions for interventions**
  - (*e.g. Consider getting neuropsych testing, Think about talking to a teacher and finding out what is going on at school during recess, Tell the patient you are worried about ____*)

REFLECT

- The facilitator or group leader invites the presenter to **reflect** for **five minutes** on what they heard, and what it brought up for them
  - (*e.g. I never thought about getting a release to talk to ____, I'm really worried about what is going to happen if I tell the patient ____, I feel embarrassed that I never considered _____, I feel relieved to hear other people think ____ too*)

PROCEED



- The facilitator or group leader invites the presenter to share next steps and the plan for proceeding forward
- We ask the group if someone would like to prepare to present a case the following week

What Our Staff Experience…

TEAM UP FOR CHILDREN

"I love our meetings so much! They have created a formal structure and support that was previously lacking. Our team was/is comfortable talking with each other on an informal basis, but we were never all together at the same time discussing cases like we are now."

"I love hearing about the cases my colleagues are working with, and getting their input on my work with patients. It helps me feel less isolated and re-energizes me to approach a case in a new way. I like having the opportunity to present a case as well. It helps me organize patient information and prepares me to be able to effectively talk to other providers."

"This process helps introduce other perspectives; sometimes it can be challenging to incorporate other ways of thinking about a case when I am so focused on what goes into working with a patient."

"Creates a good bonding experience to give and take feedback for the team, which I think helps create more of a team approach."

"As a graduate student and social work intern, it is incredibly helpful to witness how other clinicians and mental health professionals approach their cases. I feel as though I learn so much from the questions, hypotheses, and discussions. I appreciate the unique perspective that each person brings into the room. After these meetings, I feel energized about the process of engaging in therapy and individualized care with the patients at SBCHC. These meetings remind me why I decided to become a social worker - you are never done learning."

Funding Acknowledgment

TEAM UP FOR CHILDREN

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IMPLEMENTATION AND EVALUATION PARTNER

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