

Reference Sheet: Warm Handoff and Team Collaboration

TEAM UP Model and Guiding Principles

The TEAM UP Scaling and Sustainability Center (TEAM UP) encourages consistent, thorough, and recurring collaboration among all core team members of the integrated care team: Primary Care Providers (PCPs), Behavioral Health Clinicians (BHCs), and Community Health Workers (CHWs). As your practice implements the TEAM UP Model™, there are three primary objectives to ensure team collaboration:

1. Establish workflows for consistently providing warm handoffs (WHOs), which are defined as same-day encounters with a BHC, CHW, or Psychiatric Provider following a PCP visit
2. Establish workflows for initiating cold handoffs (CHOs), defined as scheduled non-same-day encounters with either a BHC, CHW, or Psychiatric Provider following a PCP visit, and referral processes to both internal and external resources through to loop-closure
3. Establish protocol for consistent documentation processes for bi-directional communication among members of the integrated care team

The TEAM UP Warm Handoff and Team Collaboration was co-developed with prior practices implementing the TEAM UP Model. During this process, several factors were deemed critical to successful WHOs, CHOs, and team collaboration.

- Staff & Personnel – Given the variability of professional backgrounds for each of the care team roles, clearly defined roles are needed to provide indicated care among children with a behavioral health or developmental (BH/Dev) concerns.
- Communication – Standardization of communication pathways pertaining to assess the availability to receive WHOs/CHOs and to provide care updates following the WHO/CHO among the integrated care team
- WHO/CHO Initiation – Standardization of clinic workflow procedures of initiating a WHO/CHO with the patient/family (i.e., how the applicable care team members comes into contact with patient/family following the identification of BH/Dev concern)
- Workflow Protocol – Establish and document detailed protocol for delivering and executing WHOs/CHOs to be shared among the integrated care team

Evidence-Based Guidelines

The Agency for Healthcare Research and Quality (AHRQ) has a longstanding commitment to supporting the warm-handoff process as an effective means to promote patient and family engagement with the primary care setting (AHRQ, 2021). The AHRQ has developed a comprehensive implementation guide pertaining to WHOs that includes a design guide, a checklist for conducting warm handoffs, and a training toolkit (AHRQ, 2021). The TEAM UP WHO and Team Collaboration protocol aligns with the recommendations of the AHRQ.

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<https://www.ahrq.gov/patient-safety/reports/engage.html>

Pertinent Literature

WHOs reduce barriers to care, especially to typically underserved patient populations in urban, low-income areas (Sheldrick et al., 2022; Hoff et al., 2020; Mitchell et al., 2022; Young et al., 2020; Jackson-Triche et al., 2020; Pace et al., 2018; Dillon-Naftolin et al., 2017)

- Barriers such as timeliness of the referral, transportation, awareness, familiarity, and stigma are reduced when WHOs are prioritized and the complete care team has greater collaboration and consultation support.
- PCPs most often utilize WHOs and engage other members of the care team when there are concerns over patient engagement, patients with low literacy, or patients with a history of poor clinical engagement.
- WHOs help facilitate and embolden trust between the patient/family and the primary care provider.
- WHOs and collaborative care reduce health disparities and promote health equity

WHOs have been demonstrated to improve clinical outcomes in pediatric behavioral health care (Sheldrick et al., 2022; Hoff et al., 2020; Mitchell et al., 2022; Sanderson et al., 2021; Dillon-Naftolin et al., 2017).

- When compared to typical referral processes, patients receiving a WHO were over 90% more likely to receive and attend a subsequent behavioral health visit.
- Compared to traditional referral processes, WHOs were associated with greater timeliness in receiving a BH-related visit.
- WHO involving CHWs have been shown effective in addressing social determinants of health and increase the delivery delivering behavioral health care services completed by PCPs and BHCs.
- WHO facilitate greater collaboration and consultation between the behavioral health care team and the medical care team, ultimately allowing for enhanced health care delivery.

Integrated team collaboration improves the quality of care delivered to patients (Brady et al., 2022; Fong et al., 2019; Asarnow et al., 2015; Campo et al., 2018).

- Including the CHW role within the integrated team helps reduce unmet social needs and allows for other care-team members to initiate behavioral health care services.
- When compared to co-located care, integrated behavioral health allows for greater team collaboration, which ultimately improves the quality of care delivered to patients.
- Organizational and structural shifts that allow for frequent collaboration among care-team members within an integrated behavioral health care setting were associated with a greater likelihood of improved clinical outcomes when compared to typical primary care practices
- Within a clinical trial exploring the health outcomes for depression-related care, care team collaboration was associated with a greater proportion of patients receiving acceptable standards of depression-related treatment, responding to treatment, and achieving remission when compared to more traditional primary care treatment methods

Integrated team collaboration promotes workplace fulfillment and can prevent provider/staff burnout (Brady et al., 2022; Fong et al., 2019; Asarnow et al., 2015; Campo et al., 2018).

- Teamwork that is prompted by integrated team collaboration creates space for all members of the team to be valued and needed in providing comprehensive, high-quality care.
- Being a part of a comprehensive and multi-disciplinary team reduces provider and staff feelings of helplessness and prevents burnout.

References

Will add once document is finalized (all in-text citations have been archived in Zotero)