

Using a High-Performing Team to Successfully Achieve Integrated Care

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About PCDC

PCDC provides capital financing, expertise, and advocacy to expand primary care access and advance health equity in communities that need it most.



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).



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“Operationalizing Integration” Webinar Series Tip Sheets

MITIGATING BURNOUT THROUGH INTEGRATED HEALTHCARE

IMPACT OF BURNOUT

How Integration Can Mitigate the Impact of Burnout

High turnover, predicts intent to retire and reduce clinical hours → Turnover disrupts patient care, affects remaining team → Can impact professional and personal lives leading to declining mental health and damaging interpersonal relationships

Resources for Health Care Worker Well-Being: 6 Essential Elements

Remember that trans-disciplinary connections are protective. They improve patient care and support staff communication and relations.

Examples include:

- Daily huddles
- Weekly meetings
- Treatment planning sessions

The goal is to create space, collaborate, share information, and problem solve together, moving towards an integrated strengths based approach.

COLLABORATIVE CARE MANAGEMENT 101

STEPPED STRATEGIES FOR INTEGRATION¹

Principles of Collaborative Care¹

- Patient-Centered Team.** The patient, primary care, and mental health providers collaborate effectively using shared care plans that incorporate patient goals.
- Population-Based.** A registry is used to facilitate engagement and outcome tracking in a defined group of patients at the caseload and clinic level.
- Measurement-based Treatment to Target.** Progress is measured regularly, and treatments are actively changed until clinical goals are achieved.
- Evidence-Based Treatments.** Providers use treatments that have research evidence for effectiveness.
- Accountable.** The care team is accountable to the patient and other care team members for quality of care and clinical outcomes, not just the volume of care provided.

COLLABORATIVE CARE FOR VARIOUS BEHAVIORAL HEALTH CONDITIONS¹

Established Evidence-Base

- Depression**
 - Adolescent Depression
 - Depression, Diabetes, and Heart Disease
 - Depression and Cancer
 - Depression in Women's Health Care
- Anxiety**
- Post Traumatic Stress Disorder**
- Chronic Pain**
- Dementia**
- Chronic Substance Use Disorder**
- Bipolar Disorder**

MATERNAL MENTAL HEALTH CONSIDERATIONS

Burden of Untreated Perinatal Mood and Anxiety Disorders (PMADs) in the United States

PREVALENCE
Most common complication of pregnancy and childbirth

ECONOMIC
Average cost per affected mother-child dyad: \$31,800

PERSONAL
Associated with poor birth and early childhood outcomes, substance use challenges, suicide, lost wages, families under stress

Perinatal Mood and Anxiety Disorders Defined
Perinatal: Anytime during pregnancy through the first year postpartum

Conditions:

- Depression
- Anxiety
- Panic Disorder
- Bipolar Disorder
- Post Traumatic Stress Disorder
- Obsessive Compulsive Disorder
- Bipolar Disorder
- Postpartum Psychosis

Inequities in Maternal Mental Health Care and PMADs in Historically Marginalized Populations
Research shows that marginalized populations are 2x more likely to experience a perinatal mood and anxiety disorder due to:

- Unconscious and conscious racism
- Cultural differences in engaging with medical systems
- Limited evidence
- Unequal access
- Underreported symptoms
- Lower rates of screening and treatment

High-Level Solutions to Address the Burden of Untreated PMADs in the United States

Policy	Infrastructure	Health Care System
Support policies to expand insurance eligibility, enrollment, and provider and services covered	Incentive providers to practice in low resource areas	Encourage the creation of multi-disciplinary teams and team based coordinated care processes
Provide patient navigation to insurance and alternative providers	Widen providers' care area potential	Have mental health providers consult with obstetricians
	Provide flexibility by offering extended hours or after-hours care	Screen for PMADs, report quality measures, and use maternity mental health safety bundles

PROVIDING EQUITABLE AND RESPONSIVE CARE

Defining Equity

EQUALITY: Everyone gets the same—regardless if it's needed or right for them.

EQUITY: Everyone gets what they need—understanding the barriers, circumstances, and conditions.

Equity:^{1a}

- Everyone gets the treatment or care that is right for them.
- Allows people to attain the highest level of health, regardless of cultural, demographic, or socio-economic status.

Responsiveness:^a

- The intentional and consistent decision providers make to see, respect, and celebrate the aspects that make each person unique.
- An acknowledgment of a patient's intersectional existence in the world and how this shapes their experiences.

"Deep equity means working towards outcomes in ways that model dignity, justice, and love without re-creating harm in our structures, strategies, and working relationships."
Change Element¹

"Equity is the absence of avoidable or remediable differences among groups of people, whether those groups are defined socially, economically, demographically, or geographically."
World Health Organization²

Social Determinants and Intersectionality³

FRUITS: health and well-being

LEAVES: quality and use of services

TRUNK AND BRANCHES: social determinants

ROOTS: structural determinants

SOIL: cultural determinants

Structural Determinants of Health: Policies and institutional practices that determine the allocation of societal resources.

Social Determinants of Health: Conditions in which people are born, live, learn, work, play, worship and their age, which affects a wide range of health functioning and quality of life outcomes and risks.

Quality and use of services: The safety, effectiveness, patient-centeredness, timeliness, efficiency, and consistency of healthcare and other social resources that people use.

Health and wellness: Well-being experienced by various individuals and groups.

Click on the tree for more on Intersectionality: Amplifying Impacts on Health Equity

“Mitigating Burnout through Integrated Healthcare”

tip sheet can be accessed here:
https://www.thenationalcouncil.org/wp-content/uploads/2023/12/1.-Mitigating-Burnout-Tip-Sheet_Final.pdf

“Collaborative Care Management 101”

tip sheet can be accessed here:
https://www.thenationalcouncil.org/wp-content/uploads/2023/12/2.-Collaborative-Care-Management-Tip-Sheet_Final.pdf

“Maternal Mental Health Considerations”

tip sheet can be accessed here:
<https://www.thenationalcouncil.org/wp-content/uploads/2023/12/3.-Maternal-Mental-Health-Tip-Sheet--Final-06.16.23.pdf>

“Providing Equitable and Responsive Care”

tip sheet can be accessed here:
<https://www.thenationalcouncil.org/wp-content/uploads/2023/12/4.-Equitable-and-Responsive-Care-Tip-Sheet--Final.pdf>

“Operationalizing Integration” Webinar Series Tip Sheets

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Operationalizing Integration by Addressing Maternal Mental Health

Maternal Mental Health (MMH) ^{1,2,3,4,7}

1 in 5 Pregnant/postpartum people are impacted by MMH conditions

75% Of people impacted by MMH conditions remain untreated

>80% Of maternal deaths due to MMH conditions are preventable

Individuals who experience racial or economic inequities, are more likely to experience maternal mental health conditions, but less likely to get help.

Annual MMH costs in the U.S. = \$14.2 billion
 \$32,000 per parent/child dyad

Per parent cost: \$19,520 (Lost wages and productivity) Per child cost: \$12,480 (Treating impact)

Untold Costs

- Impact on relationships with partner, other children
- May choose not to have additional children

Impact on Mother and Baby

Women with untreated MMH during pregnancy are more likely to:

- Experience more barriers to prenatal care
- Have inadequate diets/nutritional needs
- Use substances (alcohol, tobacco, drugs)
- Experience physical, emotional, and sexual abuse

Children born to mothers with untreated MMH are at higher risk for:

- Low birth weight
- Small head size
- Pre-term birth
- Stillbirth
- Longer stay in the NICU

Women with untreated MMH postpartum are more likely to:

- Be less responsive to baby's cues
- Have fewer positive interactions with baby
- Experience breastfeeding challenges
- Question their competence as mothers

Children living with mothers with untreated MMH are at higher risk for:

- Excessive crying
- Impaired parent-child interactions
- Behavioral, cognitive, or emotional delays
- Adverse Childhood Experiences (ACEs)

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Lessons Learned: Integrating Primary and Behavioral Health Care

Promoting Integration of Primary and Behavioral Health Care (PIPBHC) in Iowa³

Background

The Promoting the Integration of Primary and Behavioral Health Care Grant's (PIPBHC), also known as Iowa's Integration Project, goal was to improve primary and behavioral health outcomes for individuals with substance use disorders. The PIPBHC grant was implemented by the Iowa Department of Health and Human Services and funded by the Substance Abuse and Mental Health Services Administration Center (SAMHSA). Using the care coordination model, team-based care was provided through co-located team members between the three participating health centers and their community partner for behavioral health services:

- Primary Health Care, Inc. & Community and Family Resources
- Siouxland Community Health Center & Rosecrance Jackson Centers
- Community Health Care, Inc. & Centers for Alcohol and Drug Services

This model also included a special population focus for our soldiers which was facilitated between the Iowa Army National Guard & two behavioral health service providers - House of Mercy and UCS Healthcare. This partnership ensured that soldiers received screening, brief interventions and referrals to treatment as needed. It also funded the coordination of primary and behavioral healthcare for soldiers.

Oversight of the PIPBHC grant was provided by the Iowa Department of Health and Human Services, who provided subject matter expertise, facilitated technical assistance and led data collection between the health centers and behavioral health organizations.

Implementation Approach

- Promoting integrated healthcare services through a bidirectional model utilizing an integrated care team approach.
- Supporting the improvement of integrated health services provided to individuals with SUD, serious mental illness (SMI), and co-occurring health conditions.
- Increasing the number of integrated healthcare services provided to individuals with SUD, SMI, and co-occurring health conditions.
- Implementing an innovative and comprehensive care team approach between the Iowa Army National Guard (IANG) and co-located substance use/mental health professionals.

Grant Activities that Supported Success

- Weekly care team care coordination meetings and monthly provider calls to identify and discuss challenges as well as facilitate communication between organizations and providers to improve coordination of care.
- Annual site visits to assess barriers to implementation and define and determine sustainability goals.
- Frequent data collection and analysis to monitor progress towards program goals.
 - Monthly: training of PIPBHC funded staff in evidence-based practices, number of services provided, inpatient hospitalization data
 - Quarterly: number of integrated health care services provided, volume of prevention and recovery services, and wellness and health promotion activities
 - Annually: overall outcomes and impacts on physical health

Patients Received Focused Attention to Support Whole-Person Care Through:

- Consultation and dedicated time to work with the ICT
- Collaboration with Recovery Peer Coaches
- Incentives for completing follow-up interviews
- Recovery Support Services including but not limited to childcare, education, transportation, and recovery peer coaching
- Wellness activities focused on nutrition, exercise, and whole health management

“Addressing Maternal Mental Health”

tip sheet can be accessed here:

https://www.thenationalcouncil.org/wp-content/uploads/2024/01/MMH-Webinar-1_11.16.23_Tip-Sheet-1.24.24.pdf

Audience Demographics Poll

Do you work in a:

- Primary care setting
- Behavioral health setting
- Integrated care setting

Are you working primarily as a:

- MD/DO
- Nurse Practitioner/Registered Nurse
- Physician Assistant
- Medical Assistant
- Therapist
- Social Worker
- Care Manager
- QI Manager
- Informatics
- Other

Please rate your current skills and comfort with recruiting and retaining strong team members and evaluating individual readiness to implement integrated care.

- Very Low
- Low
- Moderate
- High
- Very High

Today's Presenter



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Disclosures

- The presenter has no relevant financial disclosures to report.

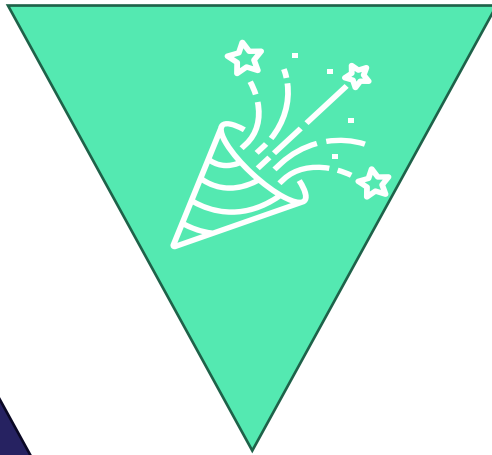
Learning Objectives

At the completion of this webinar, participants will be able to

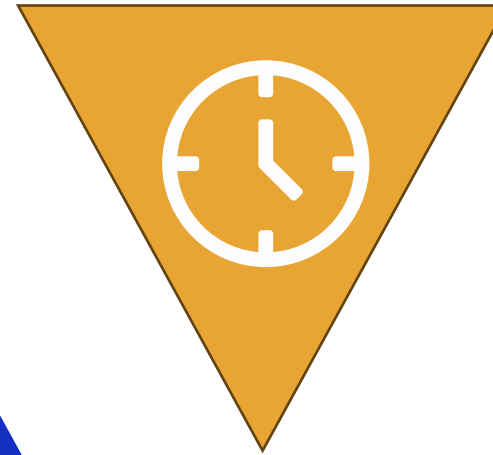
- Describe 5 ways leaders demonstrate support for integrated care
- Describe 3 ways integrated care leaders can recruit to retain strong team members
- Utilize Rogers' Innovation Adoption Curve to identify individual team members' readiness to implement integrated care

How Do Leaders Demonstrate Active Support?

Excite



Time



Evaluate



Empower



Support

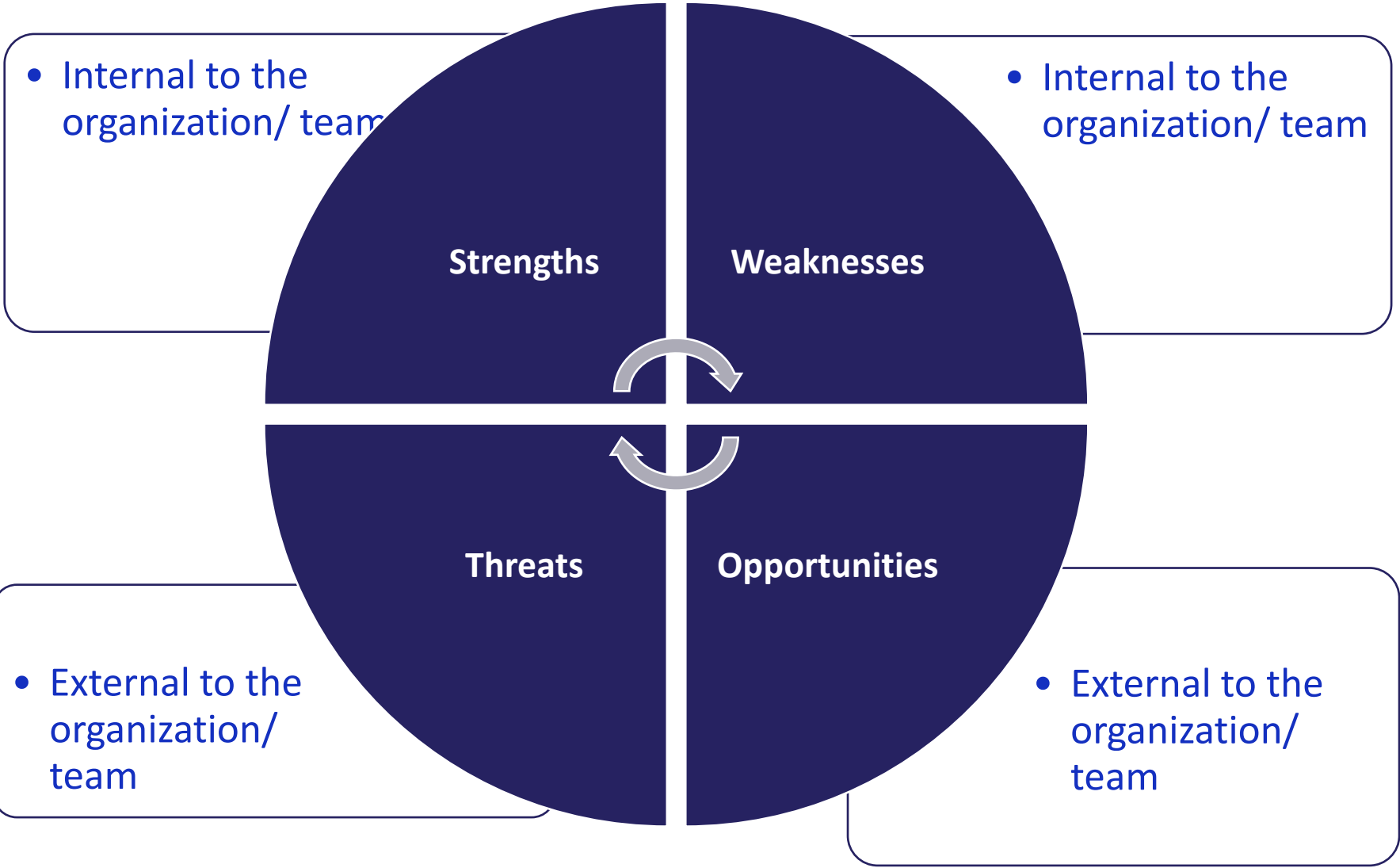
How Do Leaders Demonstrate Active Support?



Evaluate

Determine whether your organization is ready for this level of change

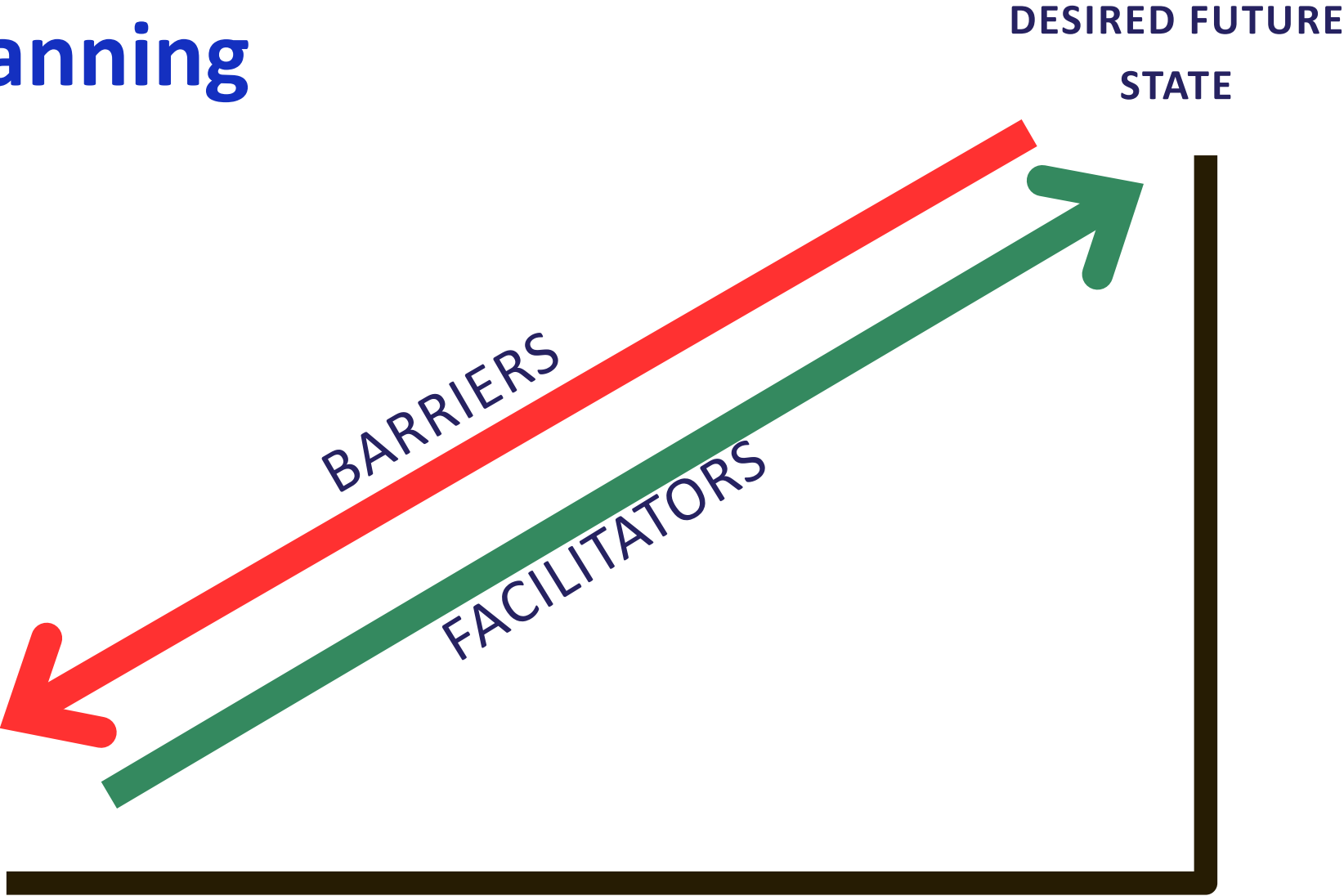
S.W.O.T. Analysis



Strategic Planning



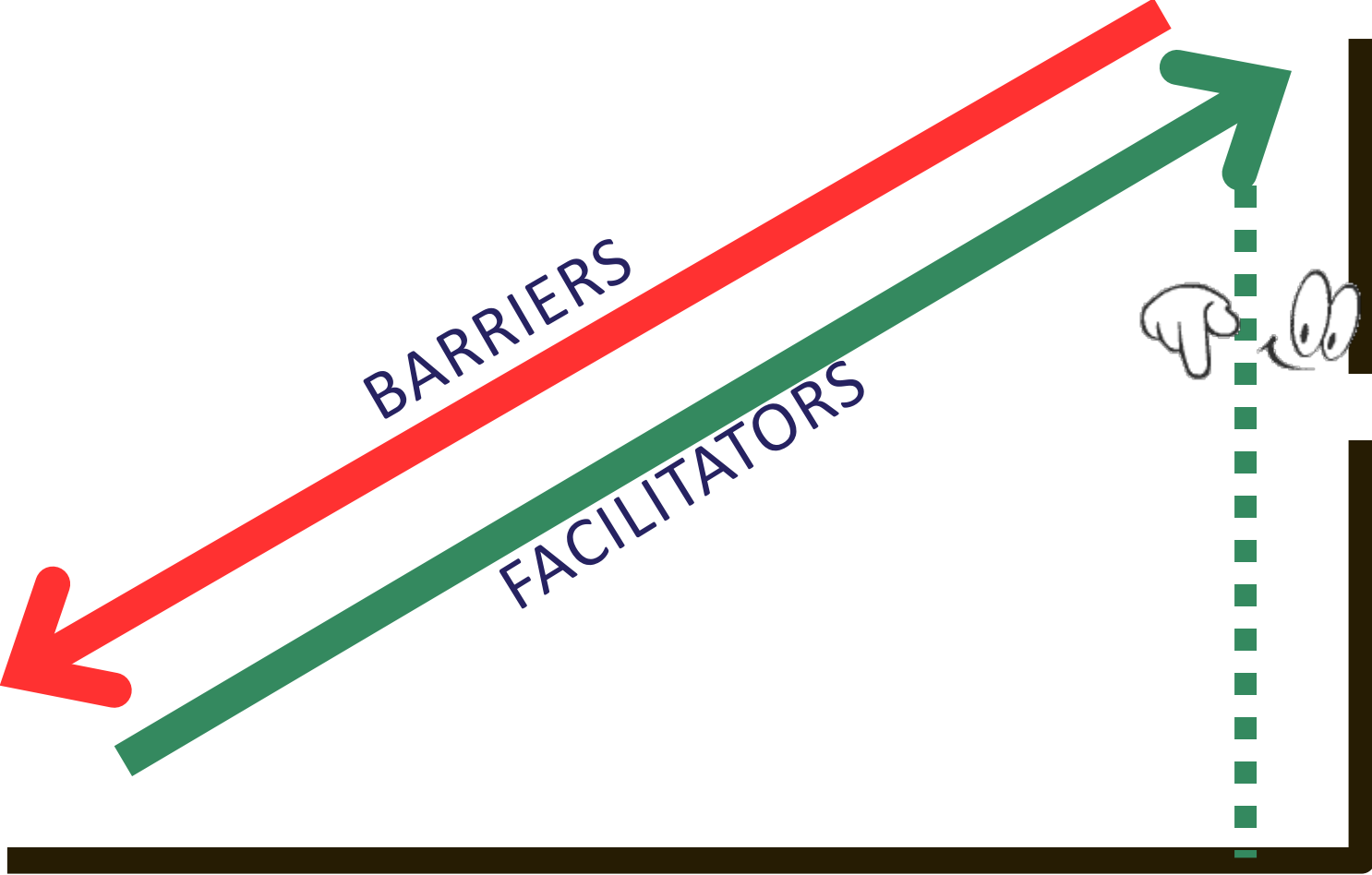
CURRENT STATE



Strategic Planning



CURRENT STATE

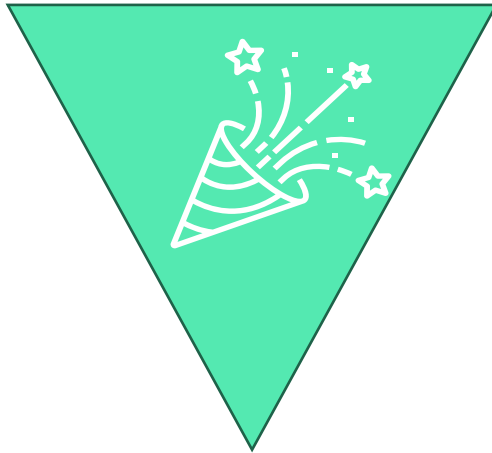


DESIRED FUTURE STATE

LEADERSHIP

How Do Leaders Demonstrate Active Support?

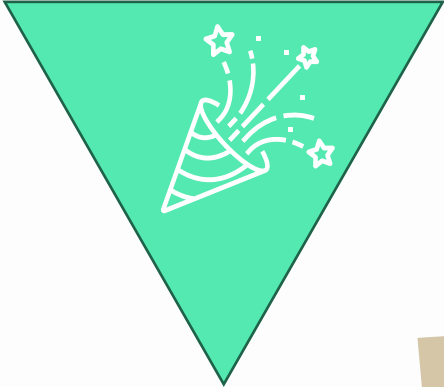
Excite



Host kick-off event(s) where key leaders “brag” about integrated care.

Speak positively

Who Should Attend the Kick-Off Meeting?



C-SUITE

BILLING &
CODING

CLINIC
OPERATIONS
MANAGER

IT

NURSE
CHAMPION

BEHAVIORAL
HEALTH

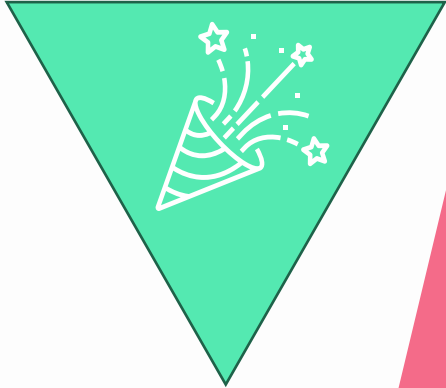
PHARMACY

PRIMARY CARE
PROVIDER
CHAMPION

FRONT OFFICE
CHAMPION

WHO
ELSE?

What Should You Do at a Kickoff Event?



SHOW
ENTHUSIASM

EXPRESS
HOPE

SHARE
POSITIVE
STORIES

ENCOURAGE
FEEDBACK

SHARE
EVIDENCE

TEACH
THE
CLINICAL
MODEL

DISCUSS
QUALITATIVE
DIFFERENCES IN
CARE MODELS

NORMALIZE
ANXIETY

MAKE AN
ACTION PLAN

How Do Leaders Demonstrate Active Support?

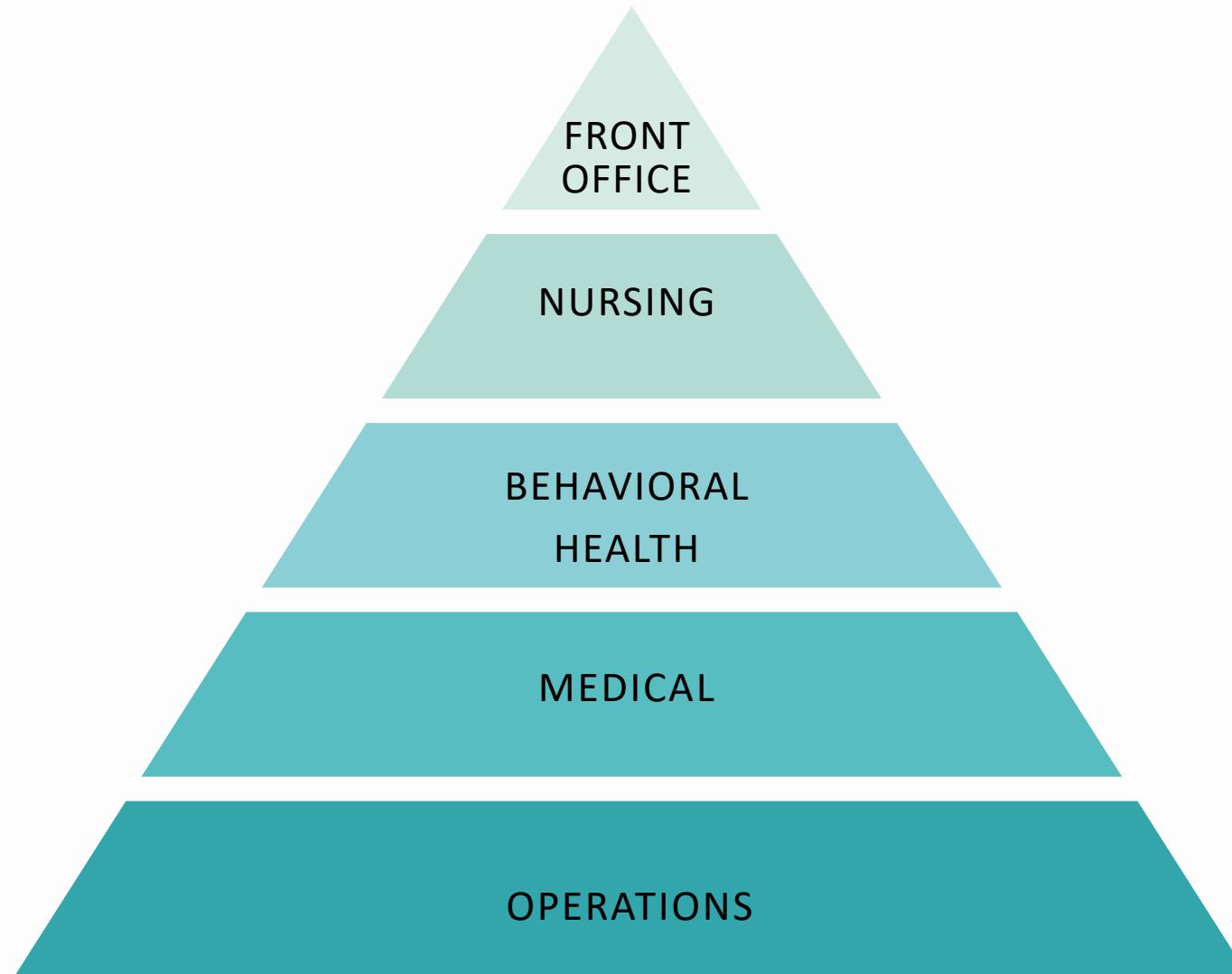


Empower

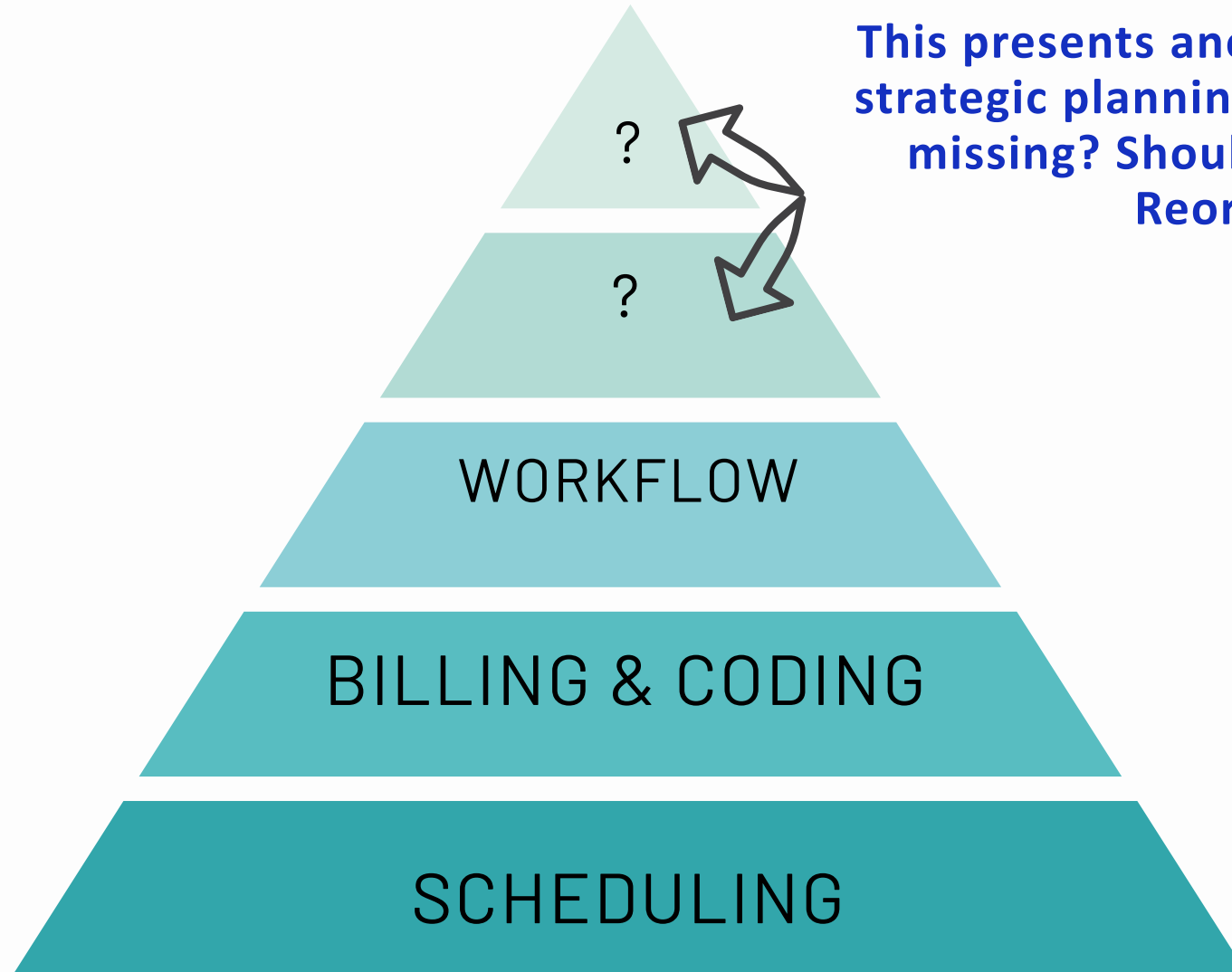
Handpick interdisciplinary team. Develop workforce while empowering team members to implement rapid change.

Give designated authority.

Leadership at Every Level



Leadership at Every Level



This presents another opportunity for strategic planning. What positions are missing? Should they be created? Reorganized?



Team Members Just Fit



The “Right” People

- Are committed to excellence/quality
- Enjoy change
- Are attentive to details
- See the big picture
- Are flexible and willing to try new ideas
- Want to make a difference
- Enjoy working in teams
- Are excellent communicators
- Are computer literate/scribes

The “Not So Right” People

- Resistant to change
- Negative
- Inflexible
- Risk averse
- Protective of “their” turf
- Defenders of the status quo

How Do You Get the “Right” People?

Job Advertisement: Who's More Likely to Apply?



Job Title: Licensed Social Worker

Function: Therapy in a primary care setting

Requirements: MA, LCSW, licensed or license-eligible, in the state of practice; Two years' prior experience working in medical settings such as inpatient hospitals and partial hospitalization settings

Skills: Ability to carry a caseload of 10-12 patients

Job Title: Behavioral Health Clinician

Function: Work alongside primary care providers to promote whole person care

Requirements: PhD/PsyD in clinical psychology or related specialty, LCSW, LPC, or LMFT; licensed or license-eligible in the state of practice, prior experience in primary care preferred but not required

Skills: High energy, flexibility, strong communication skills

The Interview: Choosing the Individual Team Members



- Selection, selection, selection
- Surface-level attributes can be important, but “deep level attributes” (i.e., personality, values, abilities, optimism/pessimism, value working in groups, high conscientiousness) seem to have biggest impact on team performance (Bell et al., 2018).
- No “ideal personality;” the complimentary nature of team members’ personalities matters most for positive team processes and outcomes (Salas et al., 2018)



Choosing the Individual Team Members: Valuable Deep-Level Attributes



Conscientious	Sociability	Optimism	Value Teamwork
<ul style="list-style-type: none">• Responsible• Hardworking• Back up• Monitor	<ul style="list-style-type: none">• Agreeableness• Emotional stability• Friendly	<ul style="list-style-type: none">• Positive affect• Team contagion	<ul style="list-style-type: none">• Collectivism

Bell ST, Brown SG, Colaneri A, & Outland N. Team Composition and the ABCs of Teamwork. *American Psychologist*. 2018. 73(4), 349–362. Available at https://www.researchgate.net/profile/Suzanne-Bell-3/publication/325349160_Team_composition_and_the_ABCs_of_teamwork/links/5b19553445851587f2988376/Team-composition-and-the-ABCs-of-teamwork.pdf

Balancing Team Member Characteristics



- **Results oriented** (take charge, confident, competitive, energetic)
- **Relationship focused** (attuned to others' feelings, consensus building, warm, diplomatic)
- **Process & rule followers** (reliable, organized, conscientious)
- **Innovative & disruptive thinkers** (imaginative, curious, open)
- **Pragmatic** (practical, hard-headed, challengers of new ideas, prudent)

Winsborough D & Chamorro-Premuzic T. Great Teams Are About Personalities, Not Just Skills. *Harvard Business Review*. 2017 Jan; 3. Available at <http://boostpotential.ca/wp-content/uploads/2015/09/Great-Teams-Are-About-Personalities-Not-Just-Skills.pdf>

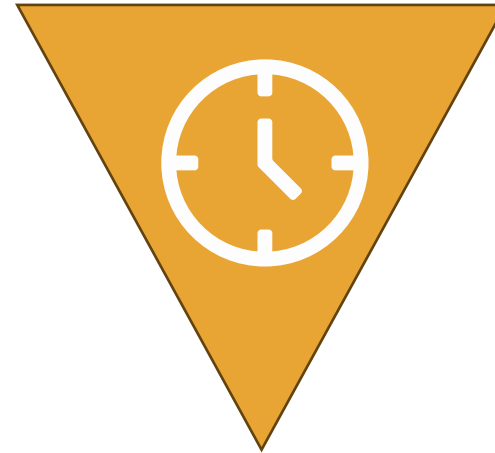
Sample Interview Questions to Elicit these Characteristics



- Tell me something about yourself that is not included in your application or CV
- Tell me about a time when you had to demonstrate flexibility at work
- Describe your ideal clinical day
- How many lemons can you fit into a limo?
- How do you manage conflict or other challenges?
- Clinical scenario that represents typical day

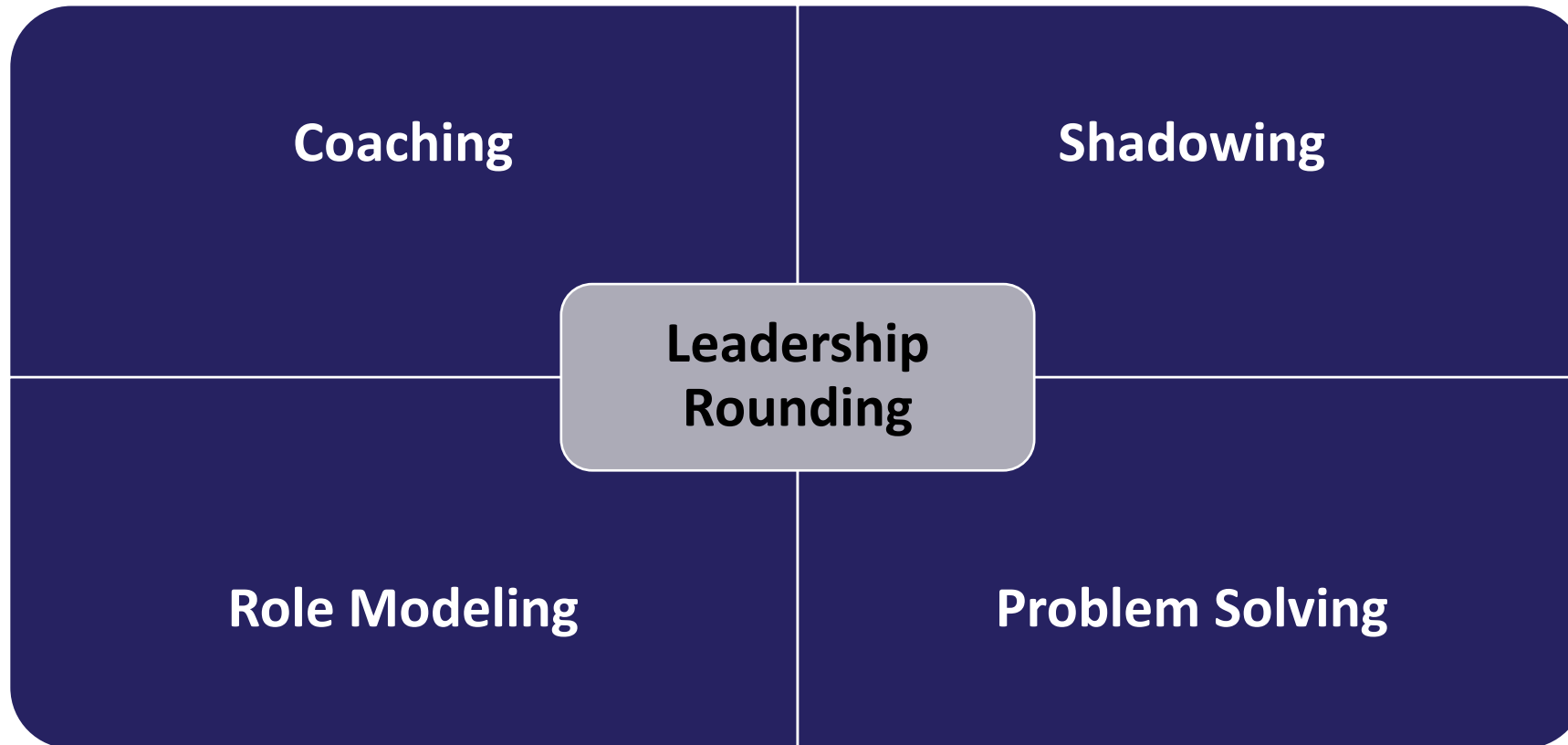
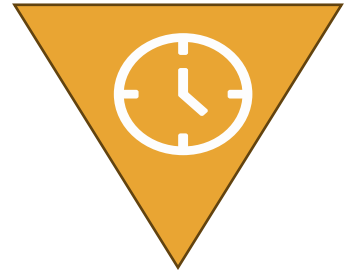
How Do Leaders Demonstrate Active Support?

Time



**Dedicate time to routinely check in with implementation team.
Supportive iterative quality improvement**

Give, Create, and Take



How Do Leaders Demonstrate Active Support?

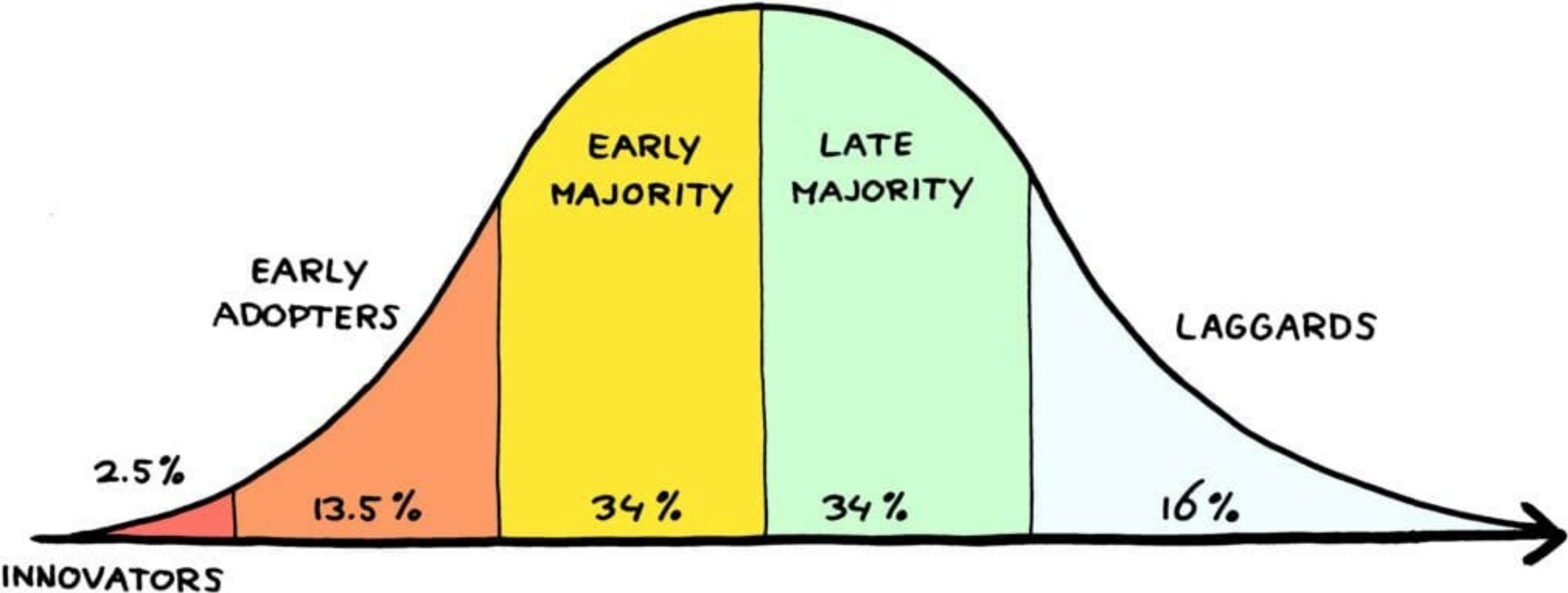


Support

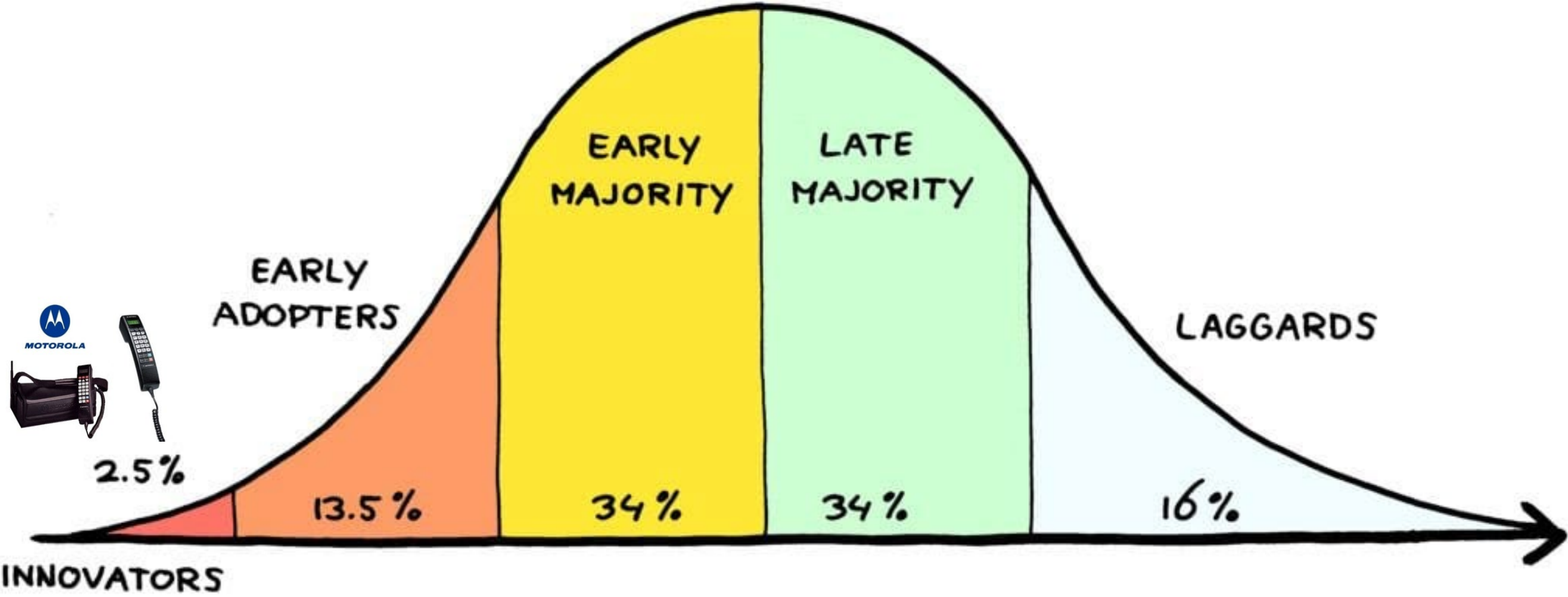
Communicate enthusiasm and expectations of leaders at all levels.

Share positive stories

Rogers' Innovation Adoption Curve



Rogers' Innovation Adoption Curve



Rogers' Innovation Adoption Curve



EARLY
ADAPTERS

EARLY
MAJORITY

LATE
MAJORITY

LAGGARDS

2.5%

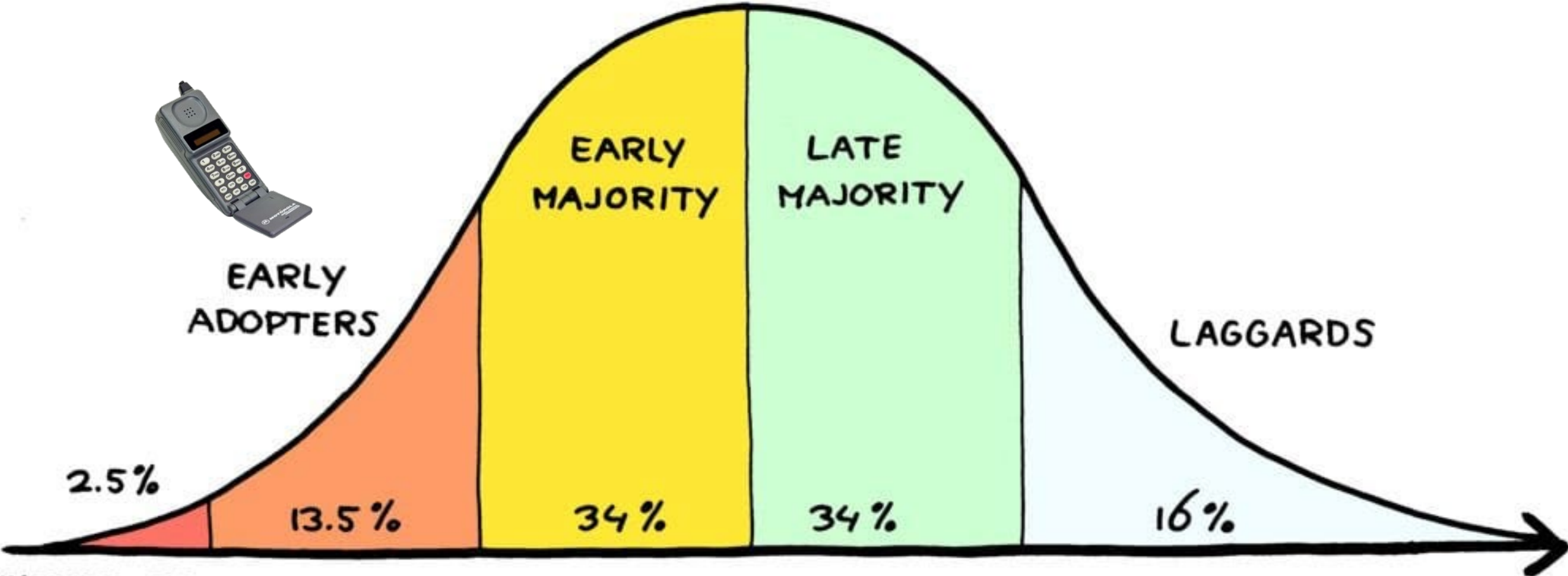
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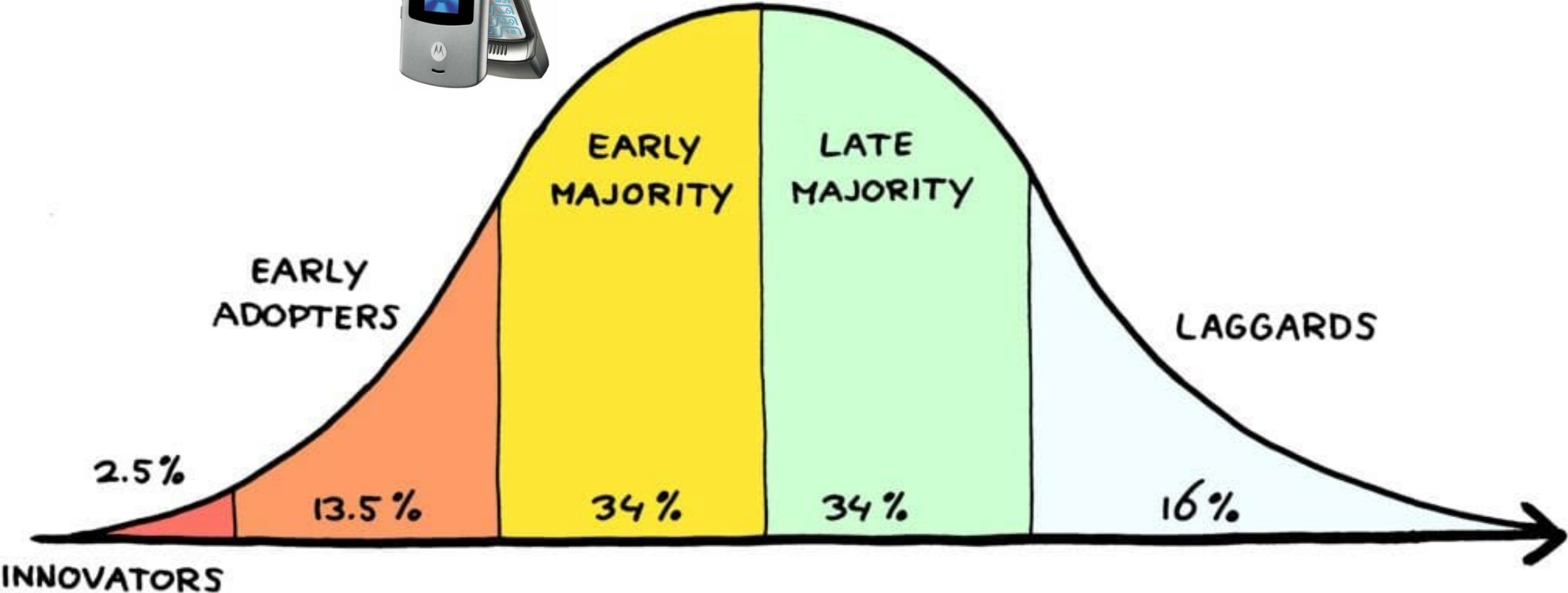
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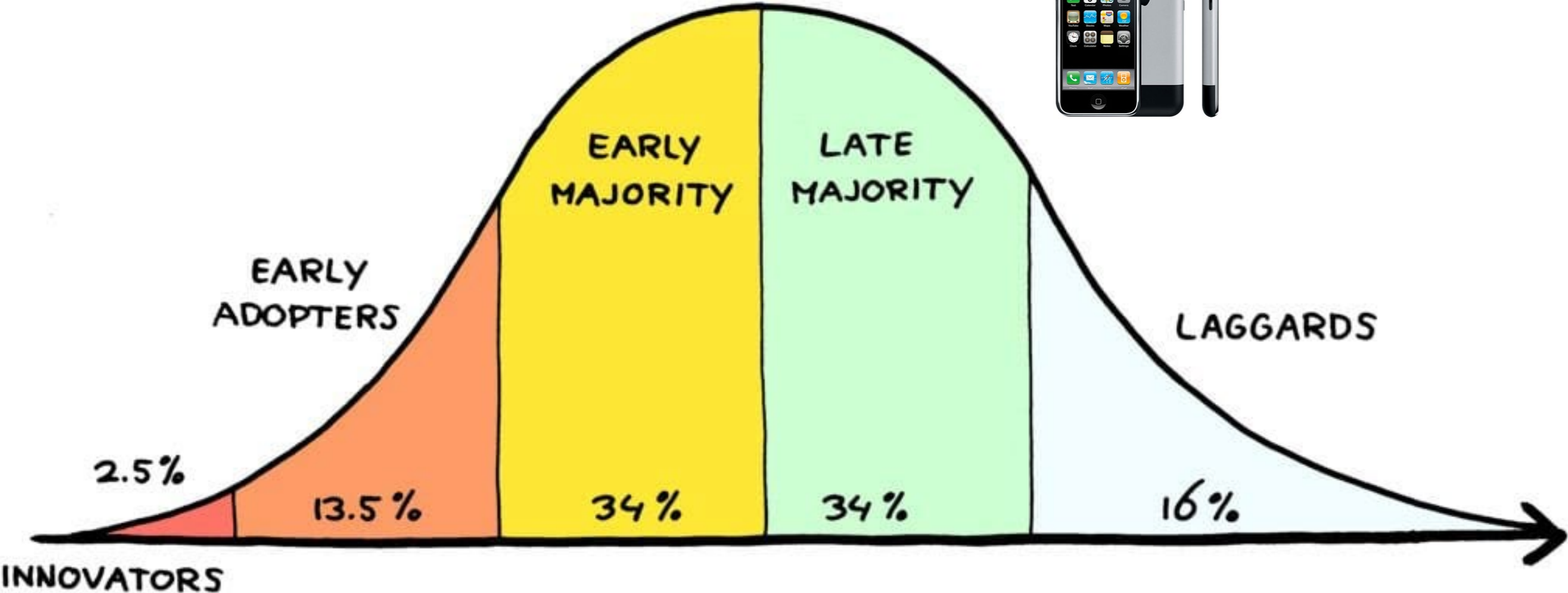
INNOVATORS



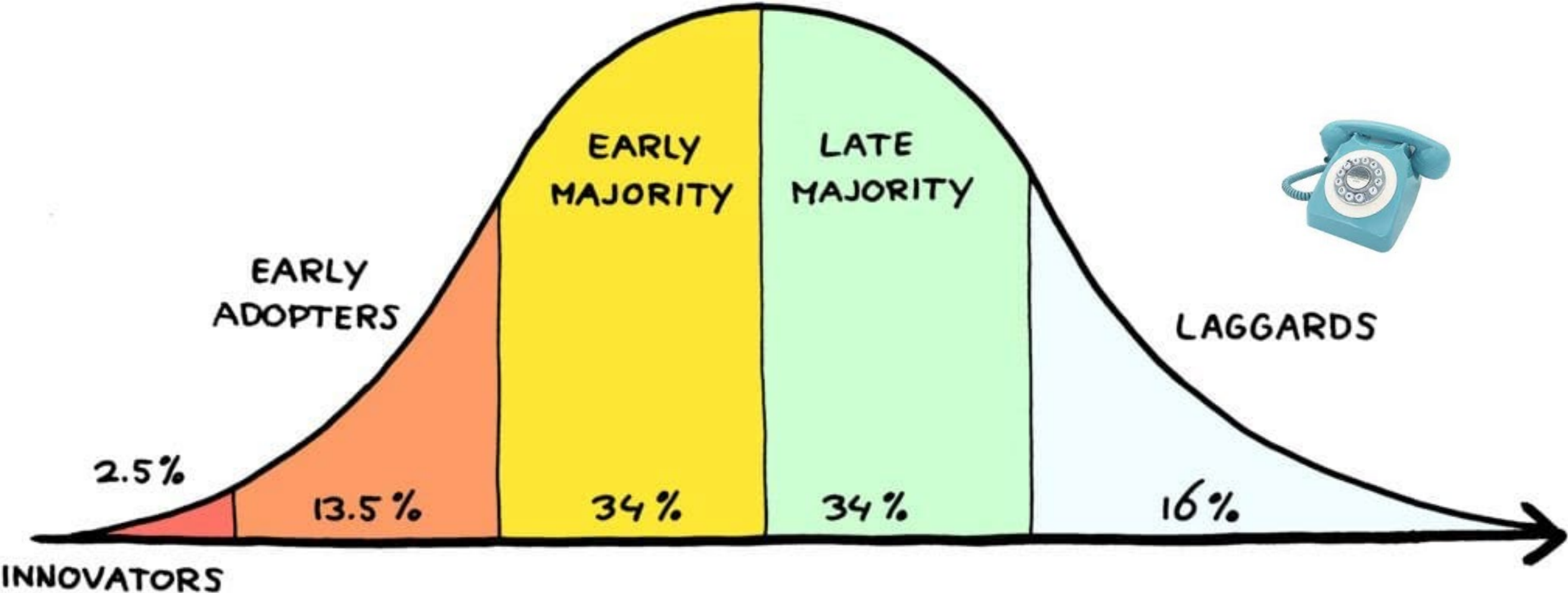
Rogers' Innovation Adoption Curve



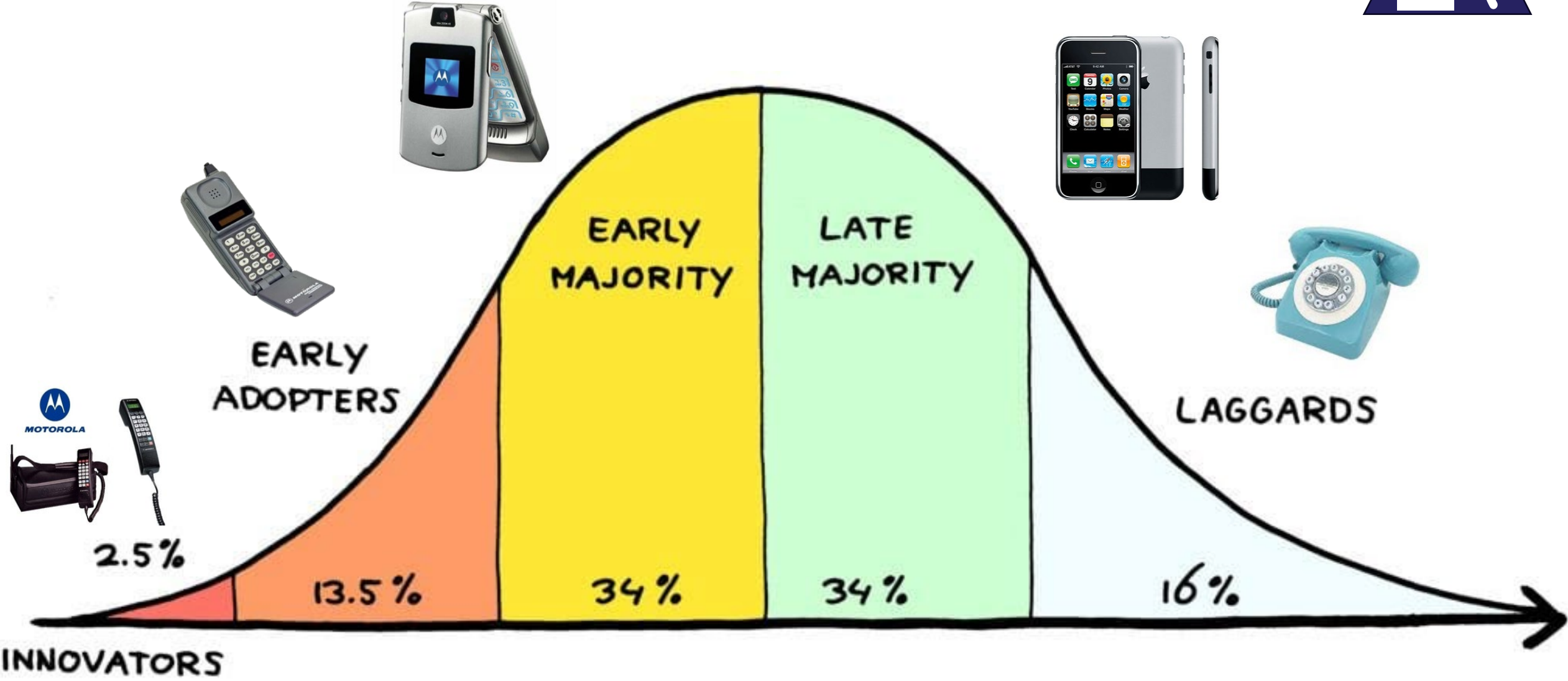
Rogers' Innovation Adoption Curve



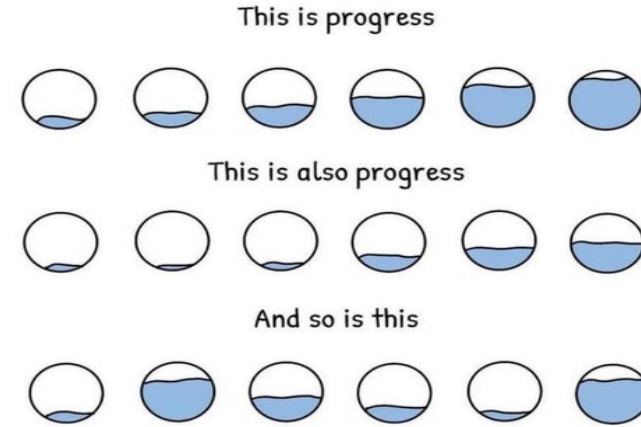
Rogers' Innovation Adoption Curve



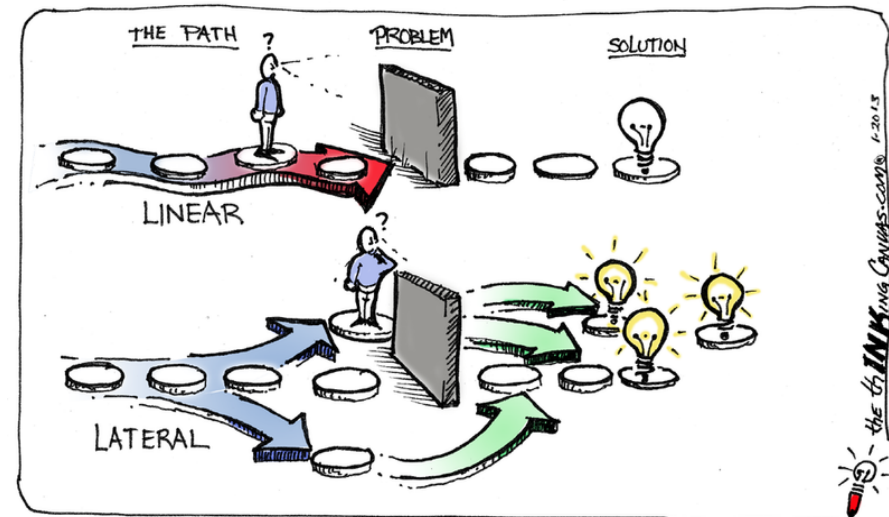
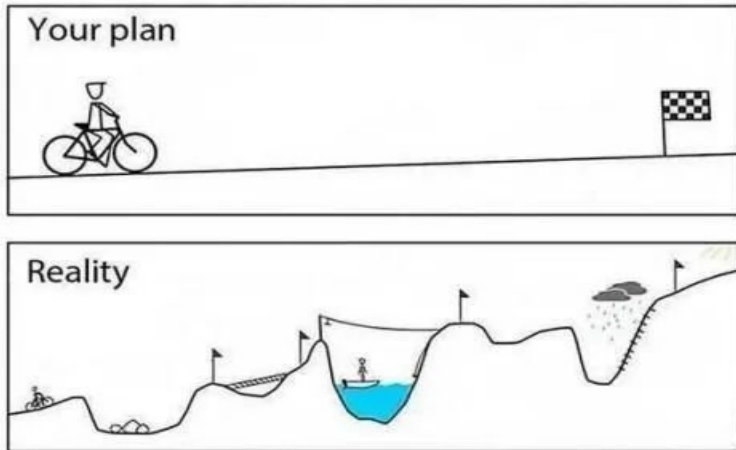
Rogers' Innovation Adoption Curve



Progress Isn't Always Linear



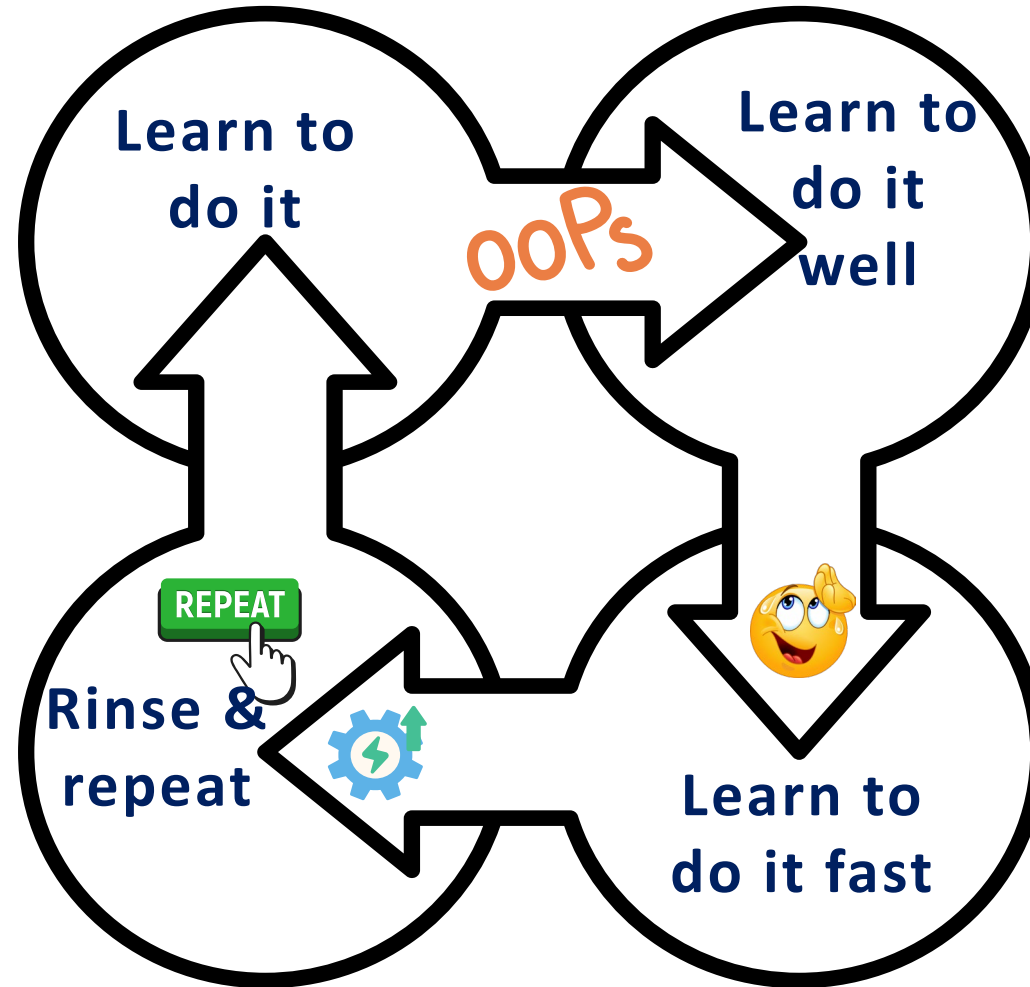
mounika.studio



the thinking canvas.com 1-2015



Progress Isn't Always Linear



Post-presentation Poll

After attending this webinar, please rate your current skills and comfort with recruiting and retaining strong team members and evaluating individual readiness to implement integrated care.

- Very Low
- Low
- Moderate
- High
- Very High

Office Hours



Open Discussion

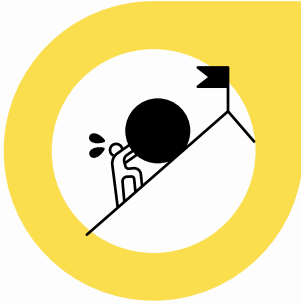
Successes



Asks & offers
(of & to each other)



Challenges



Clarification
(from me)



CoE-IHS Upcoming Events & Helpful Links



Mar 14

From 12-1pm ET

Equity in Action Session

Enhancing Maternal
Health Outcomes Through
Integrated Care for
Women Of Color

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