



The logo features a central white circle with a human silhouette, surrounded by six smaller circles containing icons: a cross, a heart, a water drop, a document, a pill, and a brain. These are connected by a white circular line.

SAMHSA-HRSA
CENTER for INTEGRATED
HEALTH SOLUTIONS

Project Management - Workflows & Building Buy-in

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Overview of Today's Presentation

1. Developing the PBHCI Work Plan
2. Creating the Integrated Health Grant Team
3. Communicating for Buy-in: Engaging Stakeholders in the Topic of Integration
4. Strategic Planning using the BHICA & IPAT Tools

Developing the Project & Risk Management Plan

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The Project Work Plan

- Based on the terms of your grant award (i.e., what you agreed to create and what SAMHSA/HRSA requires)
- Must be clearly linked to the organization's vision, mission & overall strategic business plan (i.e., of all partnering organizations involved in the grant)
- Must be on the Board and Senior Leadership dashboard for regular monitoring (i.e., of all partnering organizations involved in the grant)
- Must be created by the Interdisciplinary Team Members and Partnering Provider Agencies

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Project Work Plan Elements

1. Goals (Stretch Goals)
2. Objectives (Sub-goals that are Specific, Measurable, Attainable, Realistic, Timely Goals)
 - a. Tasks/Action Steps
 - b. Timelines for Tasks
 - c. Measures for Tasks
 - d. Accountable Person for Tasks
 - e. Resource Requirements to Achieve Tasks
3. Risk Management Plan
4. Communication Plan

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Common Work Plan Goal Areas

- Workforce Development: Hiring, Training, Roles/Responsibilities-job description/scope of work
- Data Collection and Reporting Work Flow
- Use of Data to Inform Cont. Quality Improvement Performance
- Billing/Financing Services
- Clinical Services Design and Provision
- Wellness Programming Design and Provision
- Provider Network Development

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Risk Management Plan

Identifies the factors that may interfere with project success from the standpoint of time, cost & scope:

- A. Details the actual nature of the risk
- B. Specific strategy for how to address that risk
 - Avoid Impact Altogether
 - Mitigate/Diminish Impact if it Occurs
 - Manage Impact While it is Happening
- C. Central to communicating around issues that may slow down or are actually impeding progress

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The Communication Plan

- ❖ Details how the Sr. Management & Grant Team will communicate the organization's strategic goals specific to the Grant & Work Plan
- ❖ Defines new terms found in the grant (e.g., integrated health)
- ❖ Clarifies key performance indicator targets (e.g., enrollment/reassessment, H Indicators, etc.)
- ❖ Reinforces the importance of the Grant Team's Work
- ❖ Provides evidence that leadership is committed to the grant succeeding

Communication Plan Continued

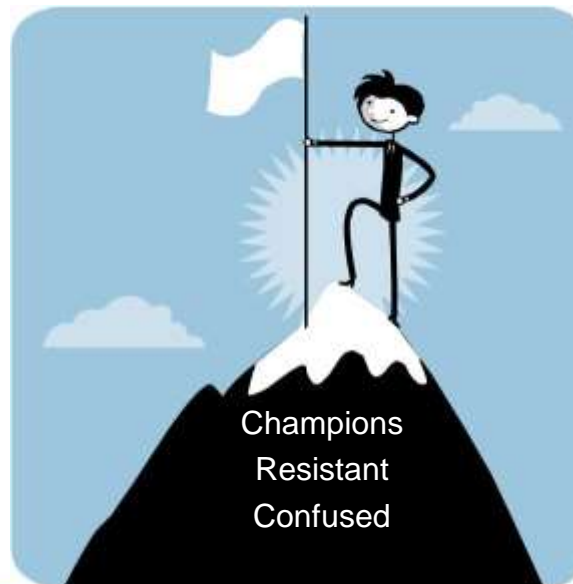
- ❖ Helps the leaders to know if the urgency is understood by all stakeholders
- ❖ Removes confusion or resistance (i.e., inertia) by articulating the urgency of organizational priorities
- ❖ Allows for the identification & management or coaching of resistant staff
- ❖ Helps to keep champion staff focused & productive therefore preventing burnout
- ❖ Supports middle managers/supervisors who need the influence of sr. leadership to change staff work flow behaviors



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Communicating for Buy-in: Engaging Stakeholders in the Topic of Integration

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Successful Change Communication

- Change Communication is not intuitive and typically takes longer than the change agent expects
- Must co-create message with stakeholders
- Must have a measurable communication strategy/plan (i.e., no message w/o measure)
- All change agents (i.e., leaders/champions) must repeat a simple/clear message explaining the change



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Successful Change Communication

Stakeholders need answers to these questions:

- What evidence is there that this change is for real?
- Oh, it is for real! ...then is this good for me?
- How do I get more information/clarity?
- Is this good for my patient/healthcare provider?
- What do I stop doing?
- What do I keep doing the same?
- What do I do differently?



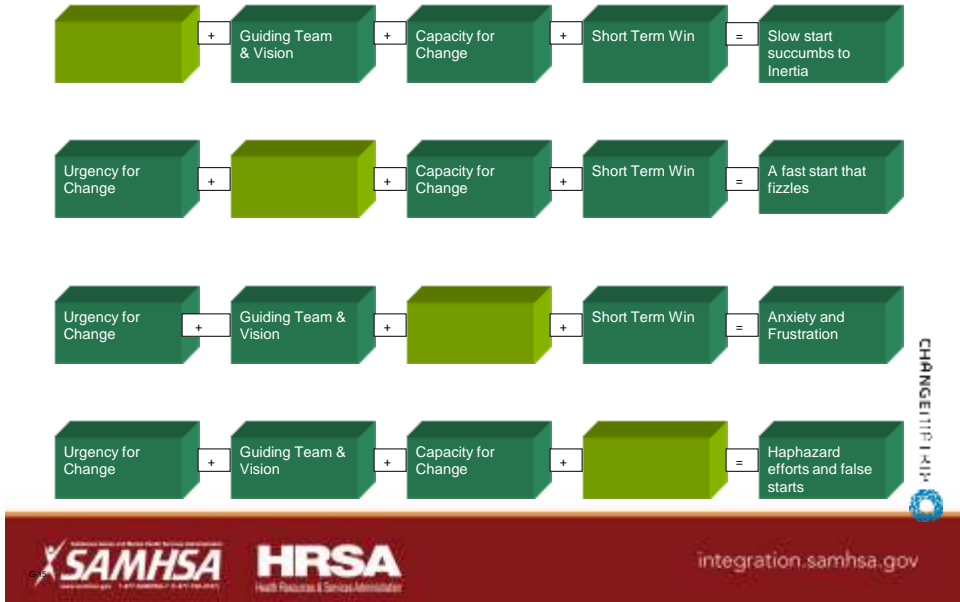
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The Role of Leadership & Roll-out Strategy

- Leadership must clarify & communicate the vision for integrating services
- Leadership must explain and require the charge/expectation regarding the implementation
- Leadership must decide on the roll-out approach: will it begin as a start-up/pilot program and then spread to the rest of the organization OR will it start system-wide

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When Leading Change...Every Step Matters



Creating the Integrated Health Care Team

PBHCI Grant has Three Teams in Play

1. Coordination Team
2. Core Implementation Team
3. Treatment Team(s)

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Each Grantee Must Establish PBHCI Coordination Team

at minimum, team is comprised of:

- Chief Executive Officer
- Chief Financial Officer
- Chief Medical Director
- Primary Care Lead
- PBHCI Project Director
- PBHCI Consumers (at least half of the team must be consumers)

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PBHCI Grant Coordination Team

Must meet at least quarterly to:

- Provide leadership and guidance
- Serve as link between program, partners, and community
- Ensure compliance with state and federal laws
- Develop and implement sustainability efforts
- Review data and support CQI efforts
- Ensure program becomes part of the culture and services array of the organizations involved

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PBHCI Core Implementation Team

- Lead Primary Care Provider
- Lead Nurse Care Coordinator
- Lead Peer Wellness Coach
- Lead Behaviorist
- Grant Project Manager
- Lead Co-occurring Substance Use Disorder Counselor
- Other Leads (Nutritionist, OT, Pharmacist, Evaluator, Medical/Office Asst., etc.)

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PBHCI Core Implementation Team

Team meets at least weekly to:

- Develop & Execute the Grant Work Plan
- Monitor NOMS; H-indicators; IPP; Enrollment/Reassessment; Wellness Program Participation
- Monitor the Budget
- Develop/Edit Quarterly Reports
- Attend Technical Assistance Calls/Meetings
- Hire Staff
- Create & Monitor Impact of Communication Plan
- Create & Monitor Admin. Work Flows & Disease/Care Pathways
- Basically Everything/Anything that is Needed be Successful!

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The PBHCI Treatment Team

- Primary Care Provider
- Nurse Care Coordinator
- Integrated Care Manager/Project Director
- Behaviorist
- Peer Wellness Coach
- Co-occurring Substance Use Disorder Counselor
- Front Desk/Support Staff
- Medical Assistant
- Other: Pharmacist, Nutritionist, Dentist, OT, etc.

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PBHCI Treatment Teams

Must meet at least once per week to:

- Discuss cases & monitor each client's person-centered plan
- Engage in population health management
- Establish & execute work flows & care pathways
- Problem solve issues related to services access (e.g., transportation, cost of medication, etc.)

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The Role of Leadership-Project Director

- Provide the CEOs with accurate information about the purpose, importance, & success of the PBHCI initiative
- Ensure that the both the BH & PC workforce supports the aims of the PBHCI initiative
- Ensure that the primary care partners understand, value & act in ways that are likely to engage consumers
- Capture the stories—binder, power points, newsletters
- Celebrate successes & compliment any resistors when you see an opportunity
- Timely updates to GPOs & CIHS on progress made & barriers experienced

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The Role of the Evaluator

- Types of Evaluators
- Role of an Evaluator
- How to Engage your Evaluator



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The Role of the Peer

- Evidence supports this is one of the most important members of the team from the standpoint of both health behavior change of your participants but on also from standpoint of cost savings
- Peers should be included in data collection & reviews, team meetings, policy procedure development, etc.
- If your organization doesn't have a strong history/culture of hiring peers get TA ASAP

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Remember the Characteristics of Successful Teams:

1. Appropriate team goals defined
2. Clear role expectations for team members
3. A flexible decision-making process
4. Mutual trust/open communication patterns
5. Individual & group coaching
6. Expectation/culture of continuous learning
7. The ability of the team to “treat” itself.

Sources: Leipzig, Hyer et al. (2002). Attitudes Toward Working on Interdisciplinary Healthcare Teams: A Comparison by Discipline *J Am Geriatr Soc* 50:1141–1148.

Mitchell, P., M. Wynia, R. Golden, B. McNellis, S. Okun, C.E. Webb, V. Rohrbach, and I. Von Kohorn. 2012. Core principles & values of effective team-based health care. Discussion Paper, Institute of Medicine, Washington, DC. www.iom.edu/tbc.

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Tips from PBHCI Grantees Who Have Gone Before You...

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Working with a Partner Organization

- ✓ Be very specific about the range of services the health partner will provide. Are services such as nutrition and diabetes counseling included?
- ✓ Define how staff coverage is provided in case of illness or vacation
- ✓ Clearly outline the reporting expectations (monthly or quarterly) for billing and revenue generation and patient utilization numbers
- ✓ Specify how revenue generated will be used and the plan for when grant resources will expire

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Additional Partnering Consideration

- ✓ Are there extra costs associated with providing specific reports?
- ✓ Establish system to communicate promptly if problem exists with client Medicaid/Medicare or private insurance to ensure maximum billing potential
- ✓ If primary care partner is responsible for patient billing, make certain that the consumer/client understands he/she may receive a bill/statement from a different entity
- ✓ Don't assume your partnering organization thinks the same way about the project that you do...be really explicit about any expectation

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Partnering with an FQHC

- ✓ Many benefits to partnering with FQHC but since they have to abide by numerous regulations, designing an agreement can be time consuming
- ✓ A “Change of Scope” application must be filed in order to provide coverage at a new location – can be a lengthy process
- ✓ FQHCs are required to collect payment from every patient which can be confusing to CMHC staff and consumers
- ✓ FQHCs are required to collect a lot of different kinds of data, tap into this expertise and then use it to build the case for additional funding sources

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Steps to Consider Before Kickoff

- ✓ Create a weekly action plan for the Core Team
- ✓ Don't rush to hire team members
- ✓ Review or modify your MOU with partners (minimum of 3 MOUs required by the grant) as needed
- ✓ Design or change your space so that BH & PC staff are close to each other
- ✓ Include Peers in the design of workflows
- ✓ Start the process for all legal steps early: licenses/permits for space, state licenses for new staff, scope changes

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Steps to Consider Before Kickoff (cont.)

- ✓ Request licenses/arrangements if needed for blood draws and lab pick ups
- ✓ Make sure all BH & PC staff know why integrated care is important and understand their role
- ✓ Review & consolidate all forms (e.g., can new enrollees enroll as a behavioral health & an FQHC client at the same time?)
- ✓ Designate someone to review, understand, & create a workflow for all grant data requirements
- ✓ Have a plan for engaging all staff in the organization... “we were surprised at how long it took to get everyone on board”

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Steps to Consider Before Kickoff (cont.)

- ✓ Sign up for **TR**ansformation **AC**countability System (TRAC) training and decide on client ID numbers
- ✓ Write or update all project staff job descriptions
- ✓ Create satisfaction surveys for clients and for BH and PC staff
- ✓ Remember Wellness is more about the Culture of your organizations than a Program required by the PBHCI Grant
- ✓ Make use of Technical Assistance

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Strategic Planning Using the Behavioral Health Integration Capacity Assessment (BHICA) & Integration Practice Assessment Tool (IPAT)

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By November 30th, 2016 The BHICA/IPAT Must Be Submitted

- The IPAT & the BIHCA are complementary, valuable work plan development resources!
- The IPAT provides a high-level assessment of the degree of integration on a six-point continuum
- The BIHCA provides in depth assessment of the various domains of integration
- Have all Team Members complete the instruments and discuss as a Team what the scores mean.
- Use the scores to inform the Work Plan and your Organization's Strategic Business Plan

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**Please type your
questions/discussion
points in the chat box!**



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Reminder

What?

Next Webinar in the Series:
Understanding and Using Data to Inform Implementation

When?

Wednesday, November 16, 2016 • 2:00 – 3:30 PM EST

Who should attend?

Project directors, evaluators, staff responsible for data collection

What will you learn?

- Data collection requirements
- How population health management informs client outcomes

Register here

<https://attendee.gotowebinar.com/register/180832657458795267>

Please complete the survey that follows this webinar!



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