SAMHSA-HRSA
CENTER for INTEGRATED HEALTH SOLUTIONS

Project Management - Workflows & Building Buy-in

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Overview of Today's Presentation

1. Developing a Project & Risk Management 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

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Developing the Project & Risk Management Plan

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 organization's involved in the grant)

- Must be on the Board and Senior Leadership dashboard for regular monitoring (i.e., of all partnering organization's involved in the grant)

- Must be created by the Interdisciplinary Team Members and Partnering Provider Agencies

Project Work Plan Elements

1. Charge
2. Goals
3. Objectives
4. Tasks
5. Timelines
6. Measures
7. Accountable Task Leader
8. Resource Requirements
9. Risk Management Plan
10. Communication Plan

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Risk Management Plan

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

- Details the actual nature of the risk
- Specific strategy for how to address that risk
  1. Avoid Impact All Together
  2. Mitigate/Diminish Impact If it Occurs
  3. Manage Impact While it is Happening
- Central to communicating around issues that may slow down or are actually impeding progress

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Common Work Plan Goal Areas

- Work force development: Hiring, Training, Roles/Responsibilities-job description/scope of work
- Financing
- Health Information Technology
- Performance/Quality Improvement
- Clinical Services Design
- Wellness Services
- Provider Network Development
- Grants management

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Example of PBHCI Project Work Plan Schedule

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Creating the Integrated Health Care Team

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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/DCI; H-indicators; IPP; Enrollment/Reassessment; Wellness Program Participation;
- Monitor the budget
- Develop/Edit Quarterly Reports
- Attend Technical Assistance Calls/Meetings
- Hire Staff
- Create & Monitor Culture Change
- Create Work Flows and Care Pathways
- Basically Everything/Anything that is needed be Successful!

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PBHCI Treatment Team(s)

- Primary Care Provider
- Nurse Care Coordinator
- Integrated Care Manager/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 and Execute Work Flows and Care Pathways
- Problem solve issues related to access to services (transportation, cost of medication, etc.)

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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 Leadership-Project Director

- Provide the CEOs with accurate information about the purpose, importance, and success of the PBHCI initiative

- Ensure that the both the BH and PC workforce supports the aims of the PBHCI initiative

- Ensure that the primary care partners understand, value, and act in ways that are likely to engage consumers

- Capture the stories—binder, power points, newsletters

- Celebrate successes and compliment any resistors when you see an opportunity

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The Role of the Peer

- Evidence support this is one of the most important members of the team from the stand point of both health behavior change of your participants but on also from standpoint of cost savings
- 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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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
- 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
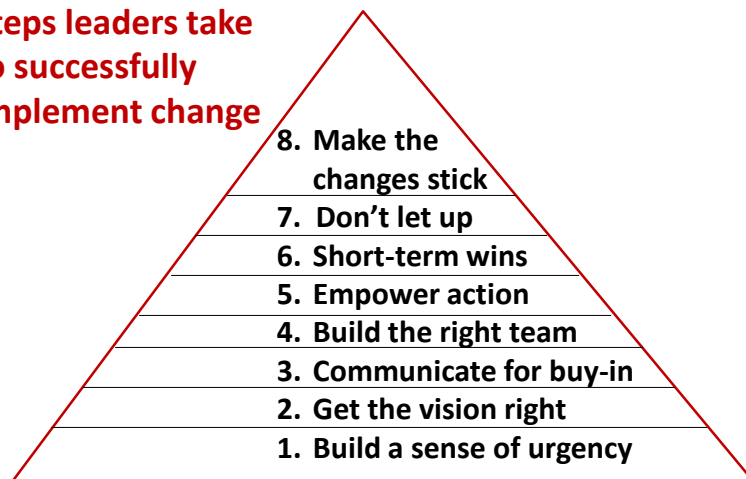
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The Communication Plan

Defines the communication requirements for the project and how information will be distributed.

- Role-based
- What information will be communicated
- How the information will be communicated
- When will information be distributed
- Who does the communication
- Who receives the communication
- Centralized information

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Steps leaders take to successfully implement change

8. Make the changes stick
7. Don't let up
6. Short-term wins
5. Empower action
4. Build the right team
3. Communicate for buy-in
2. Get the vision right
1. Build a sense of urgency

Source: J. Kotter (2002), The Heart of Change.

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Ten Principles for Effective Organizational Change

1) Address change systematically and proactively
2) Start with executive level leadership
3) Involve every layer of the organization
4) Make a formal case – why & how
5) Leadership has "ownership" of the change
6) Communicate the change plan
7) Consider the organizational culture
8) Address the organizational culture
9) Expect the unexpected
10) Engage the individual

Ten Guiding Principles of Change Management (2004). Reggie Van Lee, John Jones, Paul Hyde, Gary Neilson, Andrew Tipping, DeAnne Aguirre, Wolfgang Schirra, Jörg Krings, and Claudia Staub. Booz Allen Hamilton, 2004.

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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 use 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 MOU's 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 & a 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 TRAC[1]/CDP[2] 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

[1]TRansformation ACcountability System
[2] Common Data Platform
Both are web-based data entry and reporting system that provides a data repository for CMHS program performance measures

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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 30, 2015 the BHICA/IPAT Must Be Completed

- The IPAT & the BIHCA are complimentary, valuable work plan development resources!
- The IPAT providers 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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Take Part in the IPAT/BIHCA Webinar!

November 13th
3:00 PM EST

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Space Design Resources

Primary Behavioral Healthcare Toolkit
http://www.mdhelpsd.org/downloads/Partners-in-Health.pdf

Promising Practices in Safety-Net Clinic Design: An Overview
http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/P/PDF%20PromisingPracticesClinicDesignOverview.pdf

Designing Safety-Net Clinics for Innovative Care Delivery Models
http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/P/PDF%20DesigningClinicsInnovativeCareDeliveryModels.pdfPromisingPracticesClinicDesignOverview.pdf

http://www.chcf.org/publications/2011/03/promising-practices-clinic-design#ixzz2AGhBMjq5

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More Space Design Resources

Designing Safety-Net Clinics for Flexibility
http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/D/P
DF%20DesigningClinicsFlexibility.pdf

Designing Safety-Net Clinics for Cultural Sensitivity
http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/D/P
DF%20DesigningClinicsCulturalSensitivity.pdf

Clinic Design: Transforming Primary Care Environments
Through Evidence-Based Design
http://www.healthdesign.org/clinic-design

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Change Management Resources

- Waterman Jr., Robert H., Peters, Thomas J., and Julien R. Phillips. (1980). "Structure is not organization." *Business Horizons* 23, no. 3: 14.
- Managing Transitions: Making the Most of Change, 2nd Edition (2003). William Bridges.
- The Advantage (2012). Patrick Lencioni.
- Our Iceberg is Melting: Changing & Succeeding Under Any Conditions (2005). John P. Kotter & Holger Rathgeber.
- A Sense of Urgency (2008). John P. Kotter
- The Heart of Change (2002). John. P. Kotter
- Thinking for a Change. (2003). John C. Maxwell
- Why Some Ideas Die and Other Stick: Made to Stick. (2008). Chip & Dan Heath

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Additional Resources

Sample MOUs

http://www.integration.samhas.gov/operations-administration/contracts-mous

Considerations for BH and FQHC partnerships

http://www.integration.samhsa.gov/images/res/

CMHC%20FQHC%20Checklist%20v2.pdf

"Assessing and Addressing Legal Barriers to the Clinical Integration of CHC's & Other Community Providers" www.commonwealthfund.org

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

KEEP CALM AND ASK ON ?

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Reminder

What?

Next Webinar in the Series: Creating Your Wellness Component –
Selecting & Implementing Evidence-based Practices

When?

Wednesday, November 18, 2015 • 2:00 – 3:00 PM EST

Who should attend?

Project directors, peer wellness coaches, wellness coordinators

What will you learn?

- Essential elements of a comprehensive wellness program
- Sustaining wellness services
- Evidence-based wellness services, including Million Hearts Campaign protocols

Please complete the survey that follows this webinar!

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