



# **Integrating Primary Care and Behavioral Health May 31 Regional Meeting – St. Cloud**

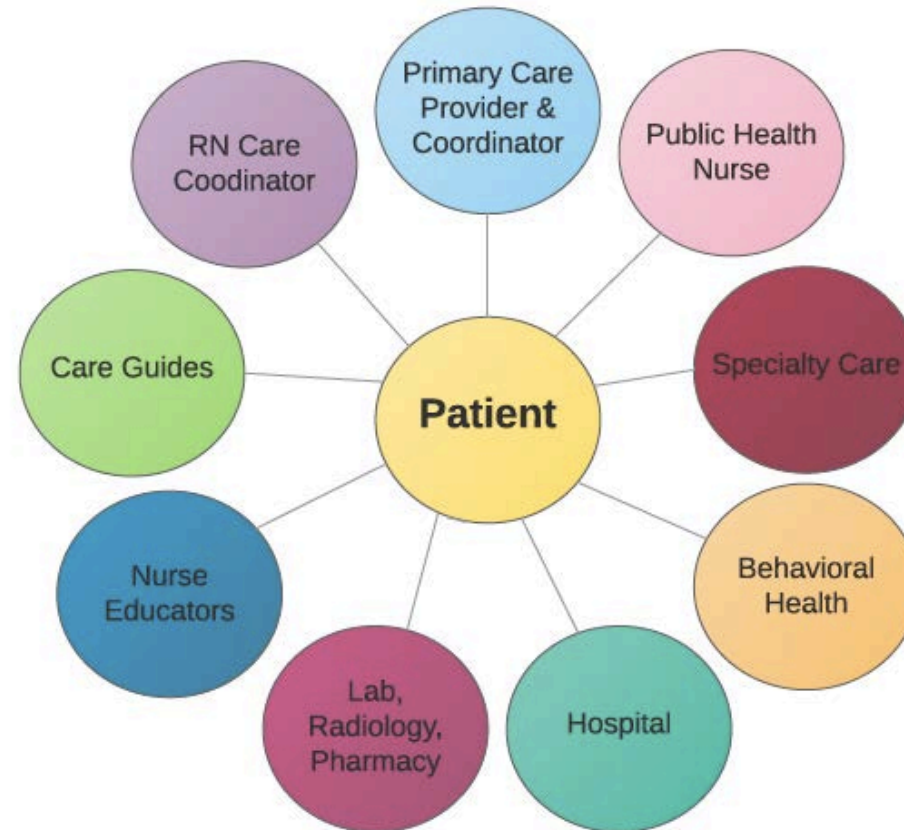
**Minnesota Department of Health**

**Minnesota Department of Human Services**

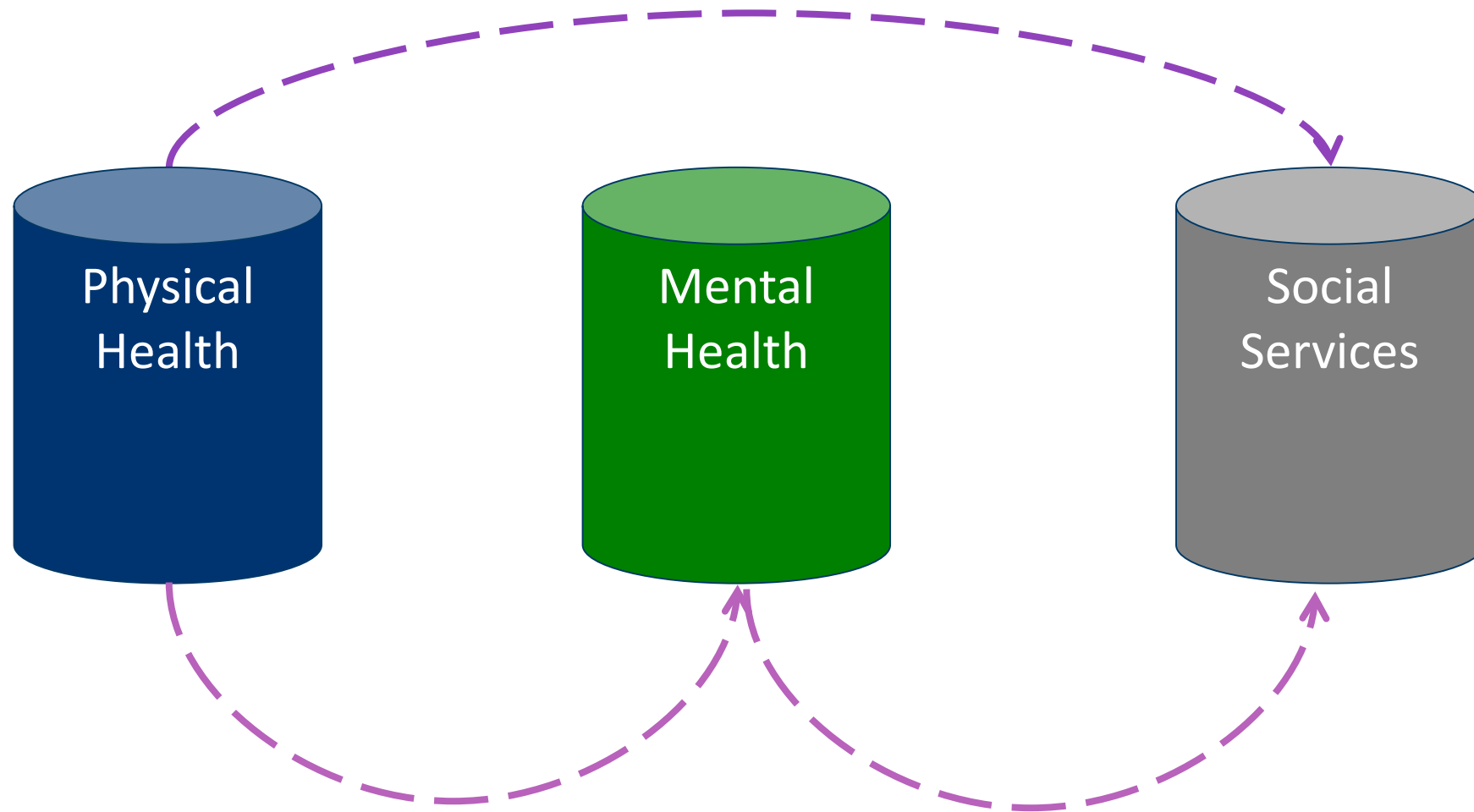
# Integration Efforts to Support Whole Person Care in Minnesota

Health Care Homes (HCH)	Behavioral Health Home services (BHH)	Certified Community Behavioral Health Clinics (CCBHCs)
MN's version of the "patient centered medical home"	MN's federal "health home" benefit for medical assistance enrollees with serious mental illness	A federal demonstration project in which MN was 1 of 8 states selected to participate
<p>Part of MN's 2008 Health Reform Legislation with the first clinic certified in 2010</p> <p>Over 350 certified Health Care Homes (56% or primary care providers)</p>	<p>State Plan Amendment (SPA) was approved by CMS on March 21, 2016 and implemented effective July 1, 2016</p> <p>25 certified BHH services providers</p>	<p>Two year demonstration project July 1, 2017-June 30, 2019</p> <p>6 certified community behavioral health clinics participating in the demonstration project</p>
Person-centered, team based approach to primary care engaging patients/families as partners in their care	Comprehensive whole person approach delivering federally required services	Required to provide a range of culturally competent mental health, substance use disorder services, and primary care screening with coordination across the spectrum of care

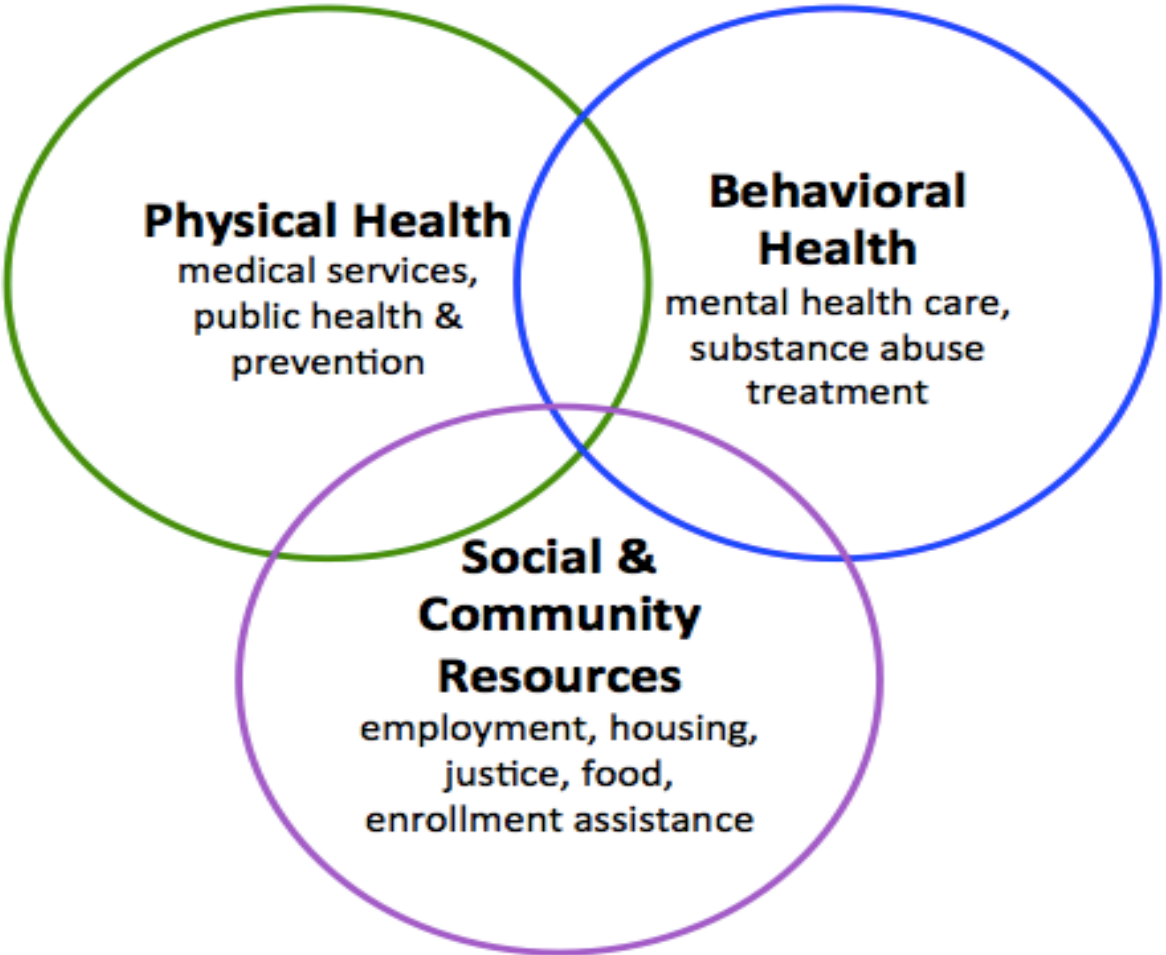
# Integrated/Coordinated Care



# Centers of Excellence



# Whole Person Care Model



**Mind**

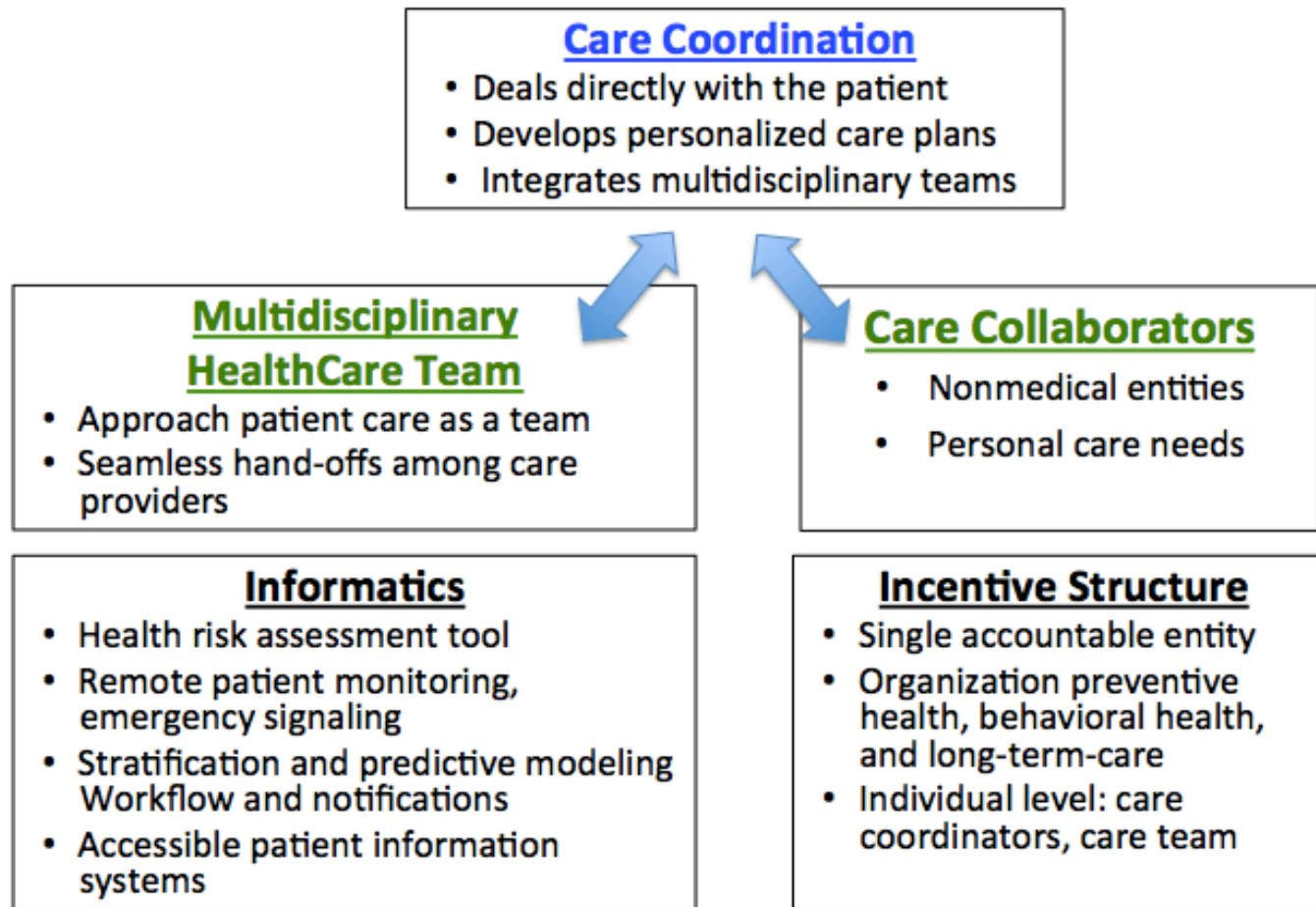
**Body**

**Spirit**

**Community**

*Source: National Approaches to Whole-Person Care In the Safety Net – March 2014. California Association of Public Hospitals & Health Systems and the California Health Care Safety Net Institute*

# Five Elements - Whole Person Care Complex Model



Source: *Healthcare for Complex Populations – The Power of Whole Person Care Models*. Booz & Co. 2013

# We know what “success” can look like

**It's not the  
WHAT.  
It's the HOW.**

*“We are asking people to participate in meetings that don't naturally occur, to make changes that may not align with our interests and take risks with uncertain rewards.”*

*ICSI Member 2018*

- Connect with and learn from other participants
- Enhance a culture of learning and teamwork in your organization
- Explore next steps in nurturing collaborative partnerships
- Consider ways to acquire knowledge and apply learning to help create sustainable solutions



# Networking – Table Introductions

- Introduce Yourself
  - Name
  - Organization
  - Role
- How is your organization integrating “whole person care”?
- What brought you here today?



# Collaborative Communication: Embracing a “Yes, and…” Culture

We can't do it alone



“How do I get them to buy-in?”

# Ownership vs. Buy-in

## Buy-in:

Someone else, or some group of people, has done the development, the thinking and the deciding, and now they have to convince you to come along. **You are being sold their idea** -- so that you can implement their idea without your involvement in the initial conversations or resulting decisions.

## Ownership:

You are a stakeholder of an idea, a decision, an action plan, a choice; you have participated in its development; **it's a choice you freely made.**

# Team Definition - Noun

## **Team (noun):**

a group of people who work together at a particular job

Oxford Dictionaries

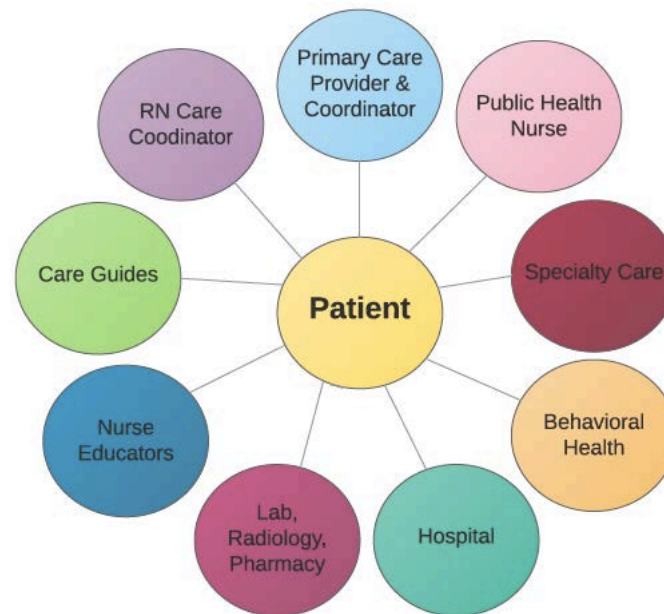
## Traditional Teams:

- **Care Team** (provider and nurse/MA or unit)
- **Leadership/Management Team**
- **Quality Improvement Team**
- **Department/Work Unit**



## Triple Aim Era Teams:

- “Team Based Care” (care team + care coordinators, PHN, RN specialists)
- **Health vs. Health Care** (patients as part of the team, community engagement partnerships)





## **Team (verb):**

To come together [as a team] to achieve a common goal

Oxford Dictionaries

- Target Model
- Fundraising Team
- Annual Meetings
- Hospital Janitor

## How do we **work together** to achieve shared goals?

- Smooth transitions for patients
- Partnerships between organizations to coordinate care
- Notifications and feedback loops
- Patient self-management plans
- Staff engagement/ownership for new initiatives
- Sharing data

# A model for teamwork culture – outside of healthcare



## “improvise”

to compose, or simultaneously compose and perform, on the spur of the moment and without any preparation; extemporize

# Improvisational Theater / Jazz

- No script / sheet music
- Highly interactive
- Requires listening and mindfulness (flow state)
- Produce a product that would not be created alone
- Takes practice

# Improv in Action

[Avalanche](#)

**Exceptional Teamwork**  
**Unbridled Collaboration**



# 7 Rules of Collaborative Communication



## Trust your partners and yourself

- You are enough.
- Assume good intentions.
- Believe the people you are working with are the best people you can be working with right now.
-

## Don't negate or deny your partners

- Saying “no” stops the flow and stunts ideas.
- Ideas are “gift” and “offerings”.
- Goal: Honor and validate.

## Be flexible in your role

- Sometimes you are the leader, other times a supporter, sometimes a follower.
- Power is easily and willingly handed among trusted partners.
- LET EACH OTHER SHINE!

# Rule 4 – Know your environment

## Be aware of what's going on around you

- Be here now.
- Listen, watch, concentrate
- Seek to understand how others are feeling and what they are non-verbally communicating.
- Be ready to jump in and help.

# Rule 5 - Make Each Other Look Good

## Be trusted partners

- Don't let those around you fail.
- Jump in and help.

## Keep things moving

- Movement encourages creativity.
- Don't dwell on where you are or where you have been.
- Move the problem forward toward resolution.
- Make changes when you are stuck.

## Work to the top of your intelligence

- Be innovative and creative.
- Stay true to the mission.



# Improv in Action

[Avalanche](#)  
[Avalanch Scene to Rap](#)

# Tools for working together in any environment

- Trust
- Yes, and...
- Give and take
- Environmental awareness
- Letting each other shine
- Making actional choices
- Working to the top of your intelligence

# We already use these skills\*

## Rules of “Brainstorming”:

- Creativity welcome
- No bad ideas
- No judgment - Safe environment
- Think big!

*\*reserved for off-site retreats or special circumstances*

## Activity

1. “No, but...” + Universal Not Face

## Activity

1. “No, but...” + Universal Not Face
2. Yes, And...

# Collaborative Communication

- Seek to validate and honor
- Create an environment of safety where people can
  - Be heard
  - Feel supported
  - Can test ideas, when appropriate
- Keep moving forward

BREAK

# Speed Networking

- Introduce Yourself
  - Name
  - Organization
  - Role
- What's an answer/solution you have learned about enhancing Whole Person Care?
- What partnership or resources are you curious about/seeking?
- What's your "burning question?"





# The Science of Improvement: Influencing and supporting change

# We know what “success” can look like

**It's not the  
WHAT.  
It's the HOW.**

*“We are asking people to participate in meetings that don't naturally occur, to make changes that may not align with our interests and take risks with uncertain rewards.”*

*ICSI Member 2018*

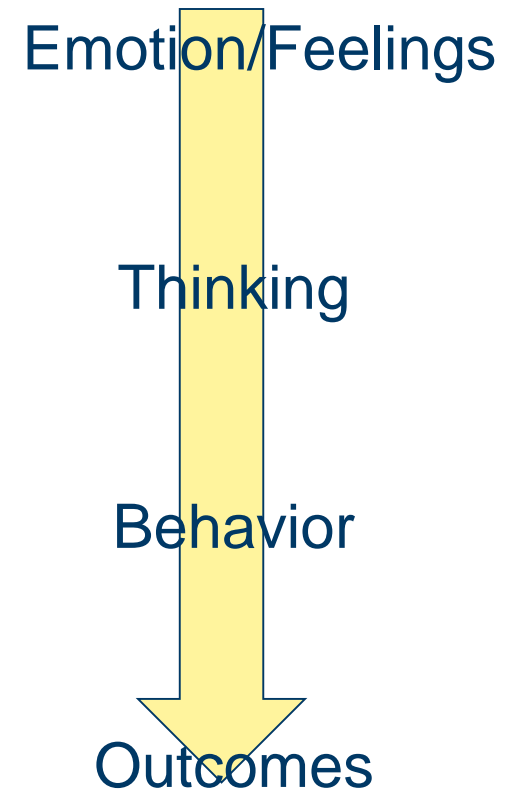
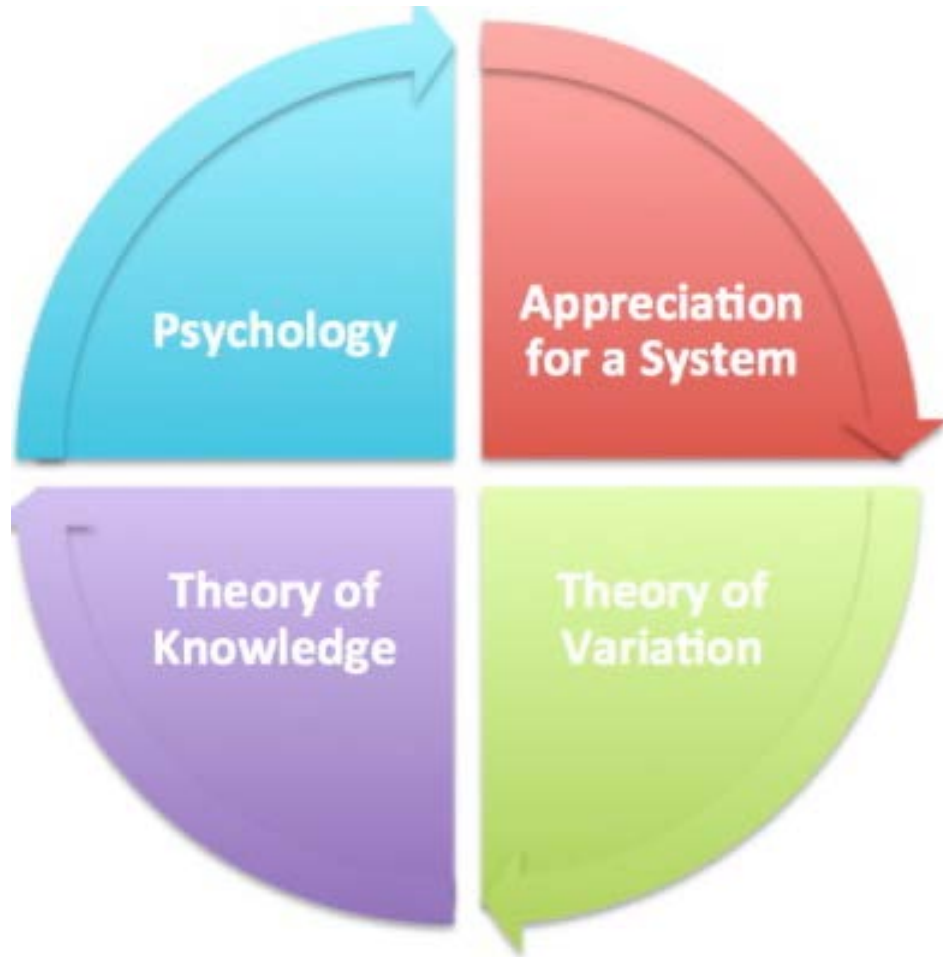
What comes to mind when you hear  
“quality improvement?”

## “Classic” Improvement Tools

- Model for Improvement
- Toyota Production System
  - ✓ Lean – eliminate waste
  - ✓ Six Sigma – reduce variation



# Deming's System of Profound Knowledge



# Improvement Tools

## “Classic” Improvement Tools

- Model for Improvement
- Toyota Production System
  - ✓ Lean – eliminate waste
  - ✓ Six Sigma – reduce variation



## Complimentary Tools (*sample*)

- Human Centered Design
- Positive Deviance
- Positive Psychology
- Appreciative Inquiry
- Motivational Interviewing

# Everyday Improvement Projects

- **Getting to work**
  - Goal: On time

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- **Cooking / recipes**
  - Goal: Tastes good, doesn't take too long



# Everyday Improvement Projects

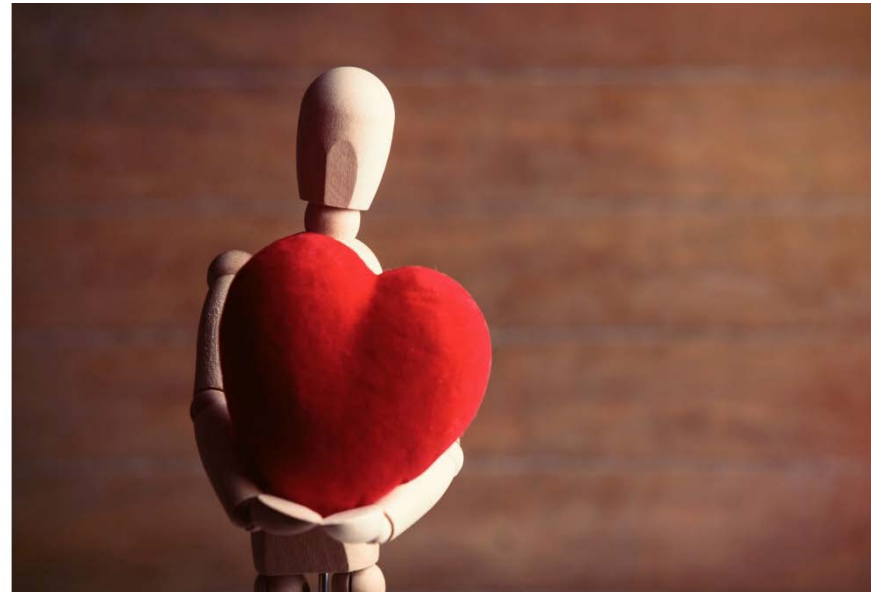
- **Getting to work**
  - Goal: On time
- **Cooking / recipes**
  - Goal: Tastes good, doesn't take too long
- **Family routines**
  - Everything gets done, everyone is happy

# How culture affects improvement

We are more likely to test and accept changes at home, than at work.

**Home = Safe**

**Work = Risk/Consequences**

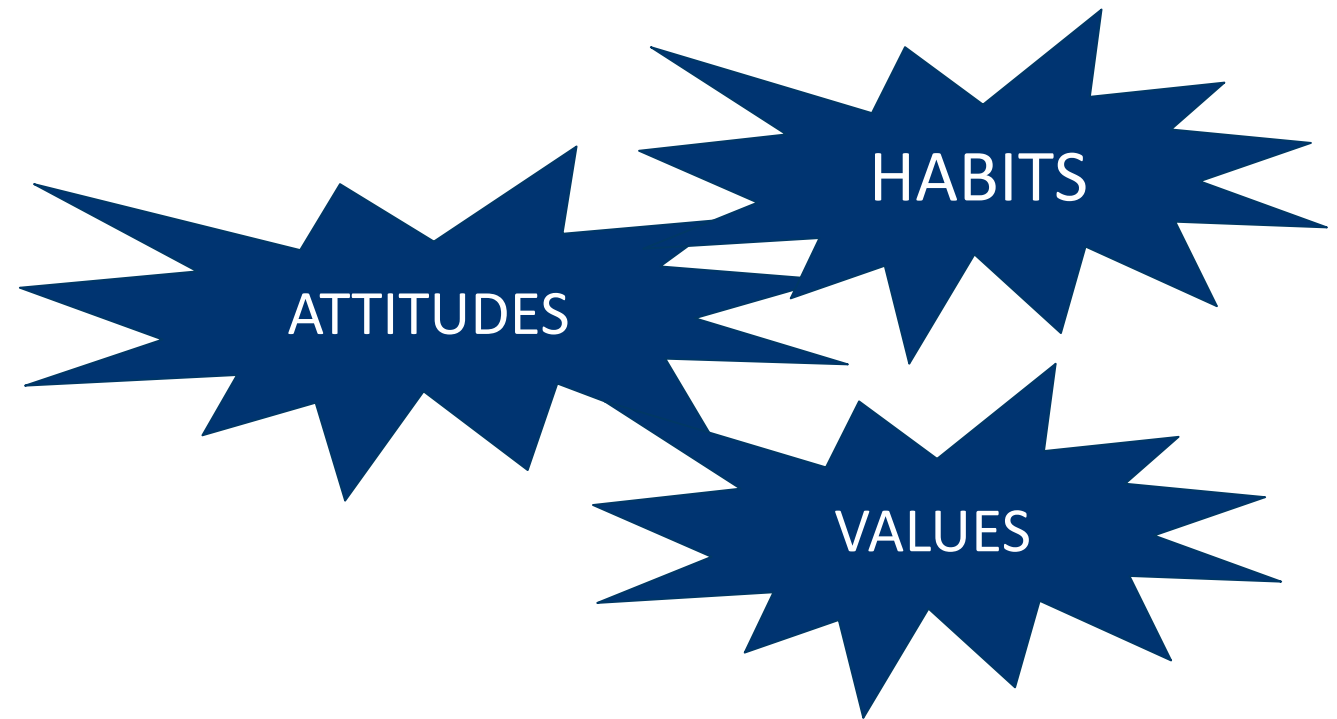


## Technical Challenges

- Problem well defined
- Implementation is clear
- Value of “expert” to provide answer
- Answer can be found within present structure



## Complex Issues Require Change in



The most powerful tool in improvement =  
thoughtful conversation



# Begin with the Experience in Mind

**<Who/noun> needs a way to <what/verb> because <why>?**



# <Who/noun> needs a way to <what/verb> because <why>?

## Sample drafts:

- Providers need a way to comprehensively assess their patients so they can
  - ensure they can develop a care plan that addresses the “whole person”
  - refer them to appropriate services
- Patients need a way to access services quickly so they
  - can avoid escalating into crisis
  - maintain wellbeing
- Staff need a way to know what services the patient’s insurance pays for so they can help get them to the right resource.

# Five Whys



**Problem: Corrosion**

- 1. Harsh Cleaning Products**
- 2. Pigeon Poop**
- 3. Spiders**
- 4. Mites**
- 5. Lights**

**Solution: Change the Lighting**



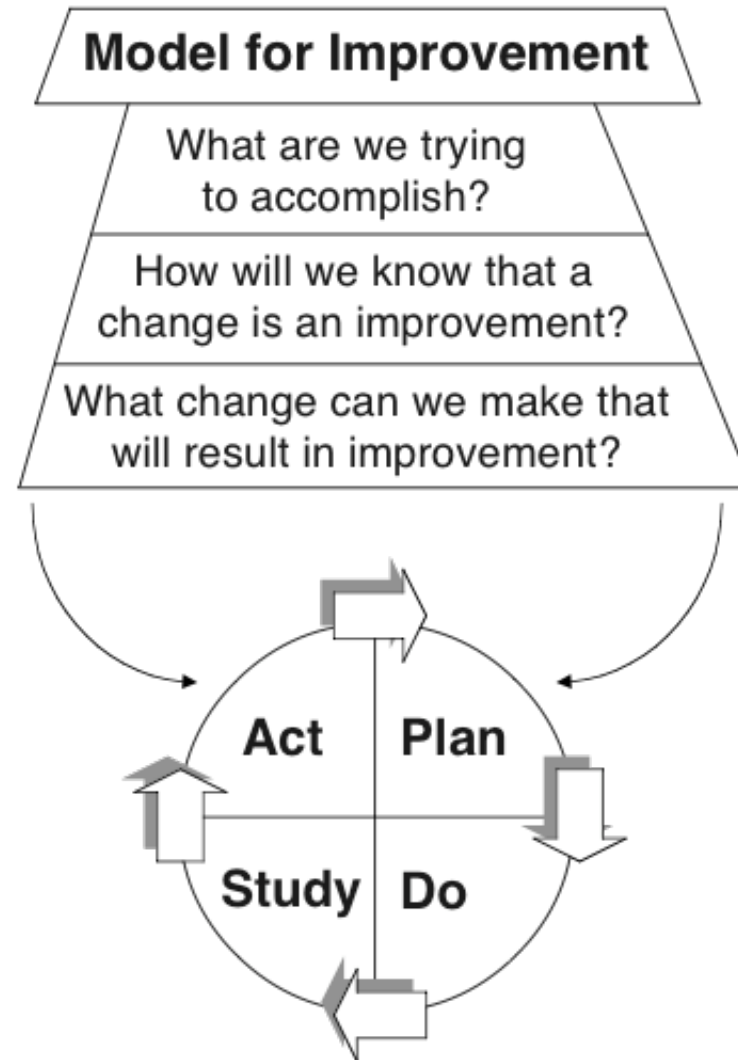
## You may have many possible solutions

- All ideas have value
- You've likely tried some of those ideas already
- Avoid paralysis

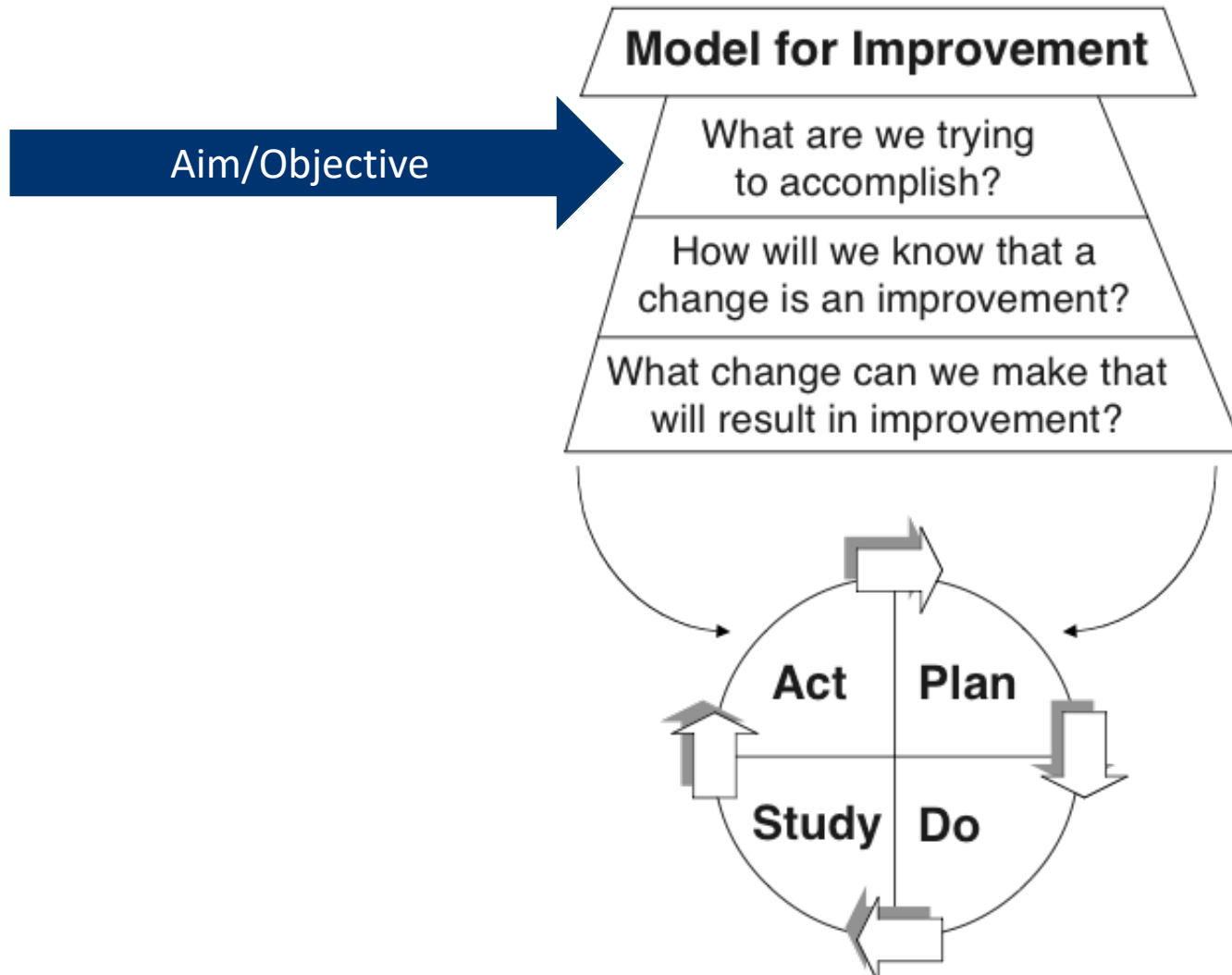
# Idea Prioritizer



# The Model for Improvement



# The Model for Improvement



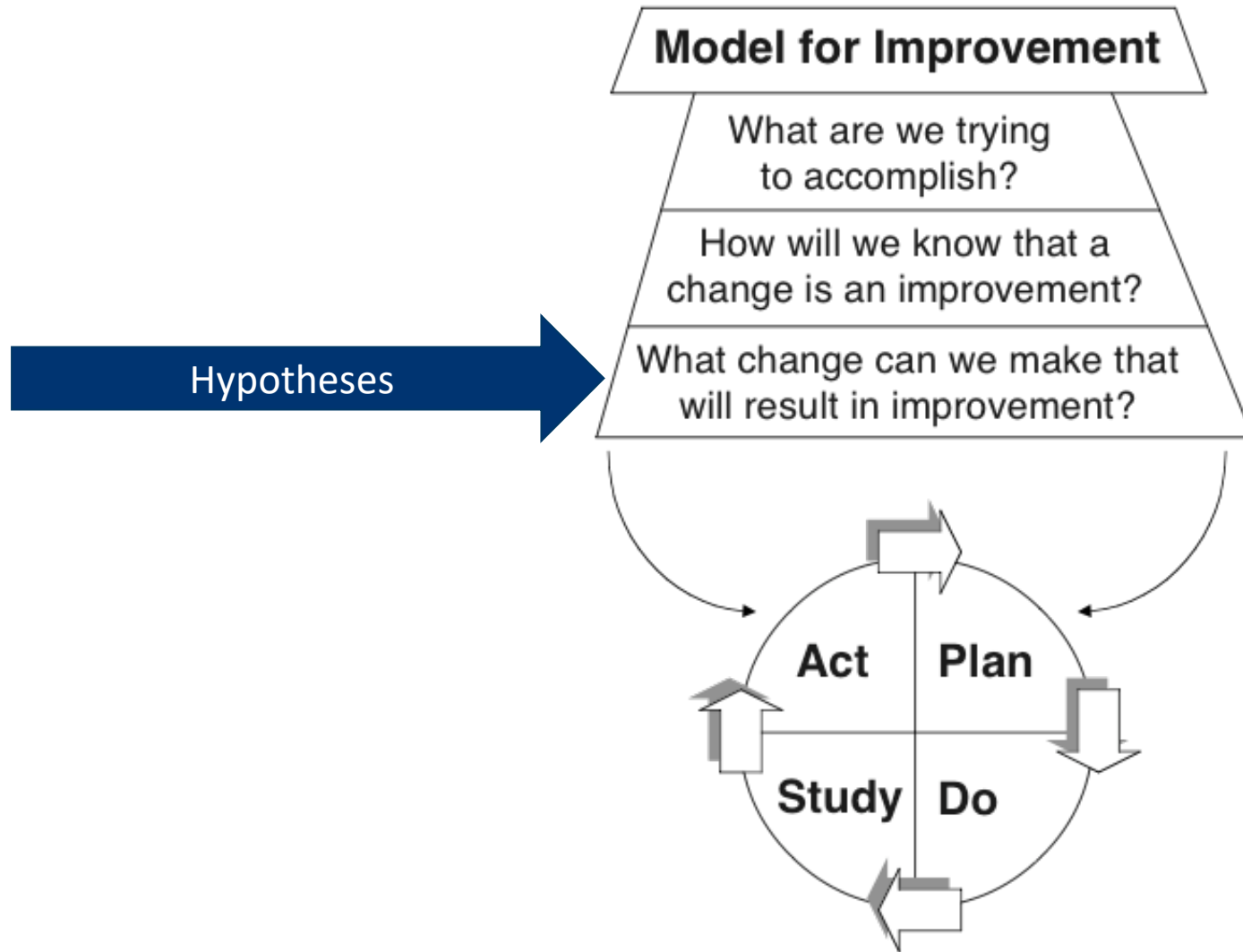
# Aim: in its simplest form

I want to do <what> by <when>.

**By <this date>,  
we will <increase or decrease>  
<what>,  
for <for whom>,  
by <how much>.**

- By September 30, 2018, we will increase our “connection rate” for patients with depression by 10%.
- By next Tuesday, I will set up coffee with one potential partner organization.

# The Model for Improvement



Used with permission: Reference: The Improvement Guide: A Practical Approach to Enhancing Organizational Performance, 2nd Edition, Gerald Langley, Ronald Moen, Kevin Nolan, Thomas Nolan, Clifford Norman, Lloyd Provost. Jossey-Bass Pub., San Francisco, 2009.

## **hy-poth-e-sis** noun

A supposition or proposed explanation made on the basis of limited evidence as a starting point for further investigation.



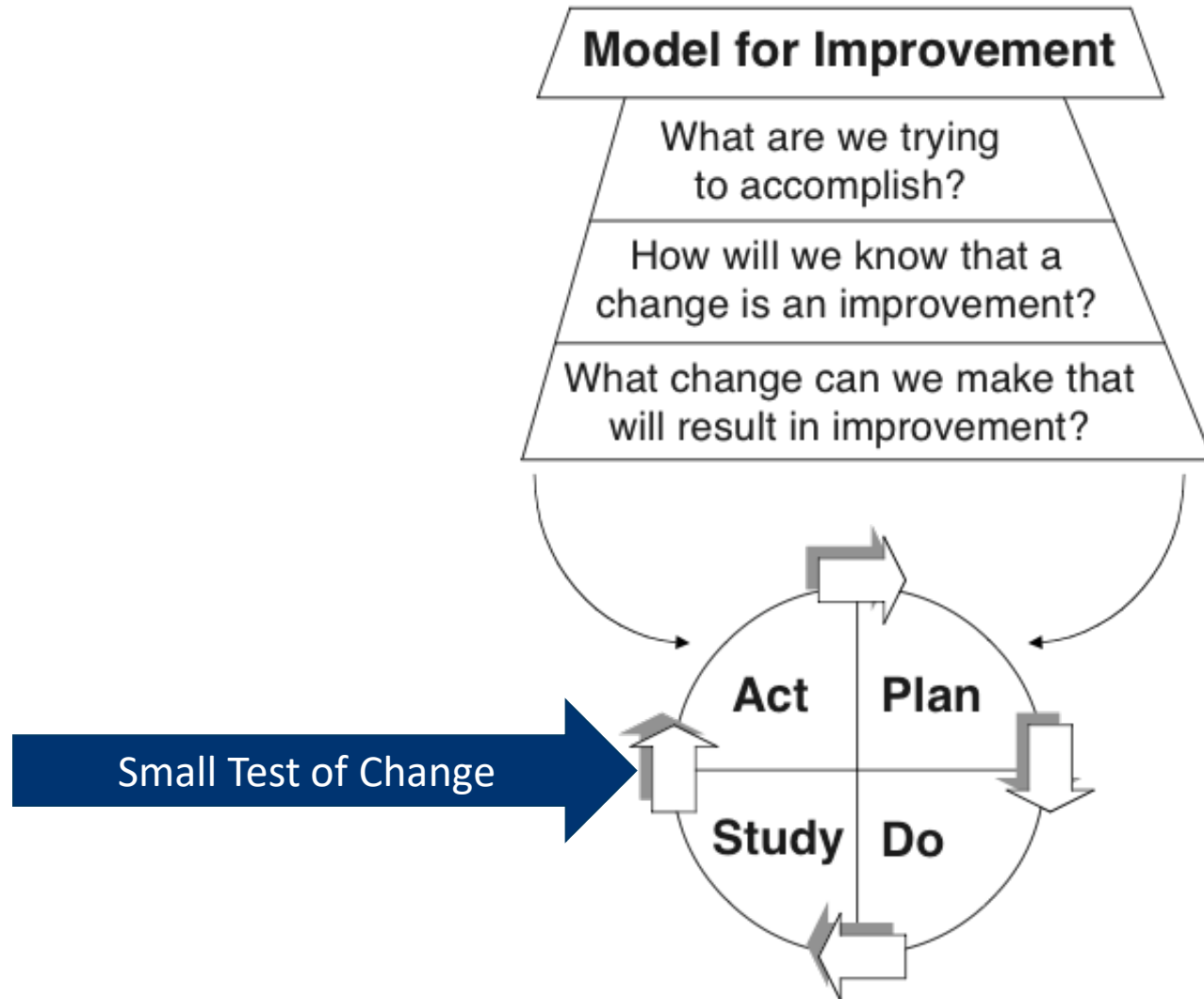
# What is your hypothesis?

I think if I do this (\_\_\_\_\_), then this (\_\_\_\_\_) will happen.

## **Example:**

*I think if we create a partnership with Public Health, then our patients would have faster access to community services.*

# The Model for Improvement



# Small Tests of Change Framework



## Plan

What change are you going to make? How will you do it?  
What is your hypothesis about what will happen?

## Do

What actually happened – what did you **observe**?

## Study

What did you **learn**? Did what you thought would happen actually happen. What worked, what didn't?

## Act

What will you **adopt, adapt, or abandon** for the next round?

# Adopt, Adapt, or Abandon

## **Adopt:**

What did we see that we should keep doing?

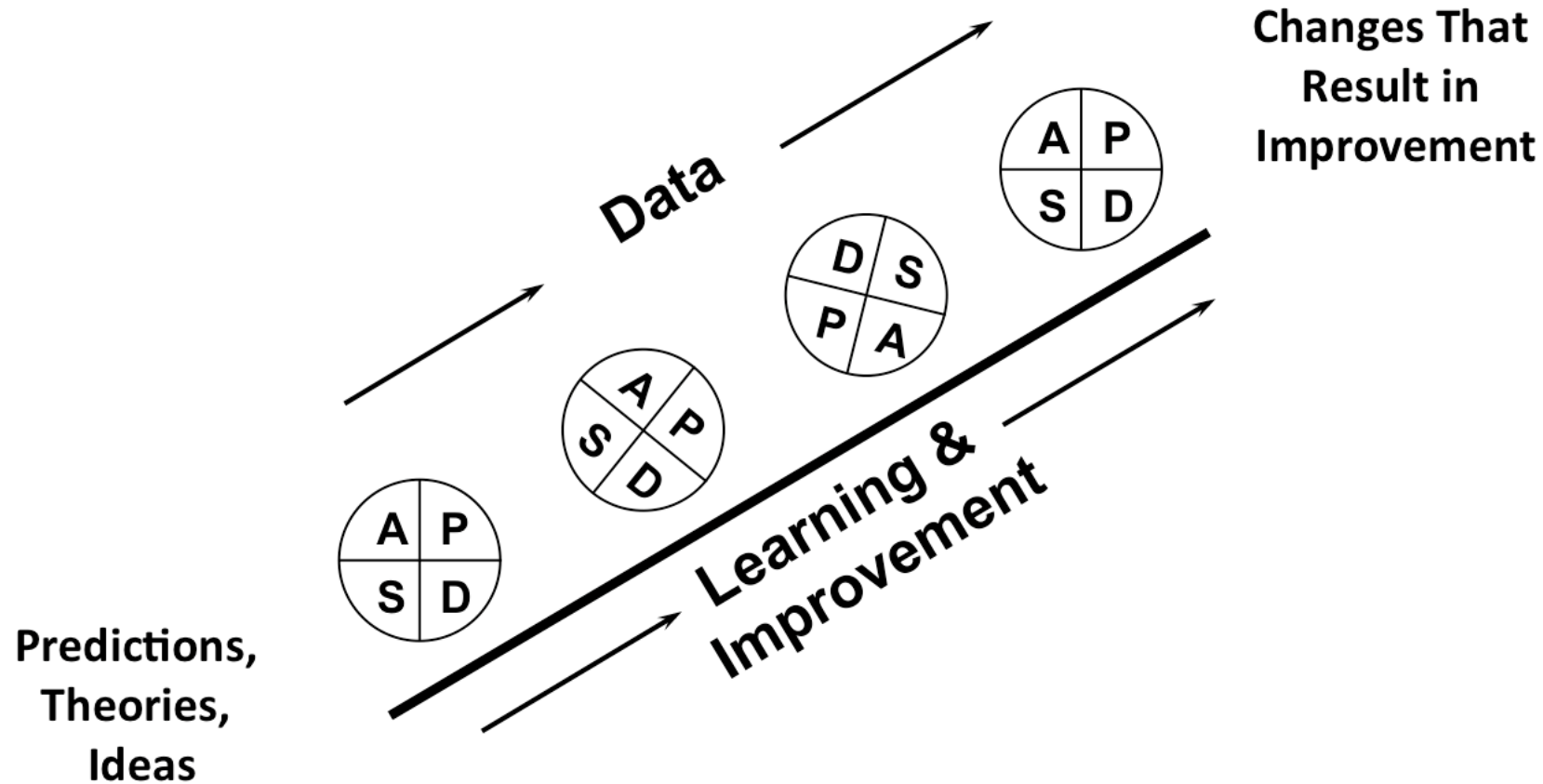
## **Adapt:**

What did we see that has potential if we did it differently?

## **Abandon:**

What did we see that we DO NOT want to do again?

# A Repeating Process



# How long is a cycle?

Small test of change cycles are short:

- A single incident/encounter
- An hour
- A day
- A week

# Puzzle Activity



# Lessons From Puzzle Activity

- *Safe* to try something new
- Improvement comes from *testing* and *learning*
- Process greatly enhanced by *collaboration*
- Ok to *adopt* what works, *abandon* what doesn't and *adapt* something that has potential
- *Failure can be an option*, when the test is small



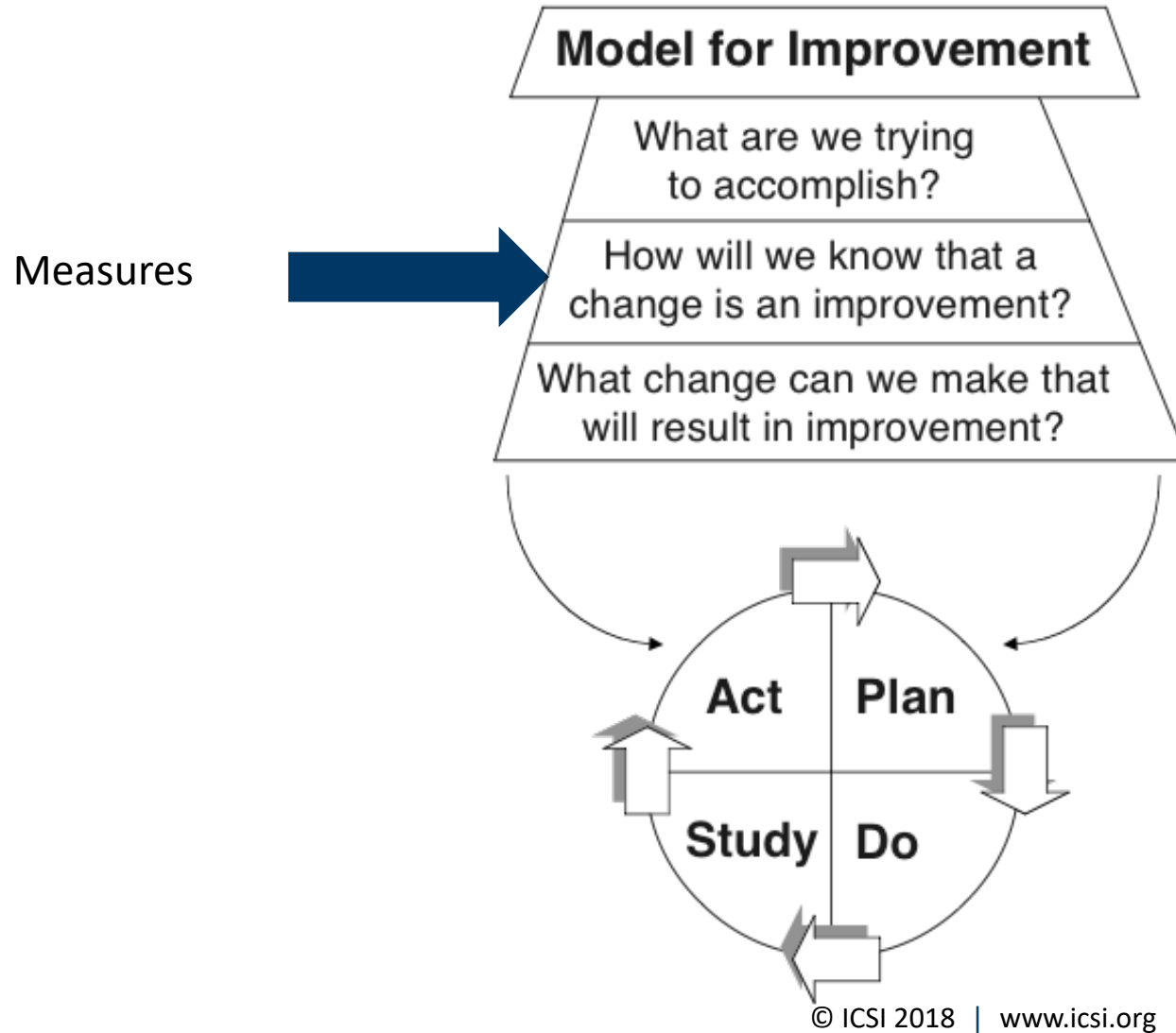
“Testing a change on a small scale actually speeds up the pace and increases the impact of improvement....

- People are less resistant to a test than large-scale implementation
- Fewer people involved in a small-scale test
  - Less logistics to be planned
- Problems can be identified and corrected early on”

Tom Nolan

*Source: Berman, S. Accelerating the Pace of Improvement: An interview with Thomas Nolan. Jt Comm J Qual Improv 23: 217-222, 1997*

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# Types of Measures

**Outcome Measure (what):** What are you ultimately trying to do?

**Process Measure (how):** Are you doing the right things to support getting there?

**Balancing Measure (unintended consequences):** Are the changes you are making causing problems in other areas?

# Measures Sample

**Outcome Measure (the big what):** # of patients who reached remission, with a PHQ-9 result less than five, six months (+/- 30 days) after an index visit.

**Process Measure (test of change measure):**

- # of patients with PHQ-9 given within +/- 30 day window.
- # of patients who were referred to therapy or prescribed meds at index visit.

**Balancing Measure (unintended consequences):** Amount of time spent by care coordinators to track and follow-up on patients with depression and other chronic conditions.

# Tips About Measurement for Improvement

- Seek usefulness, not perfection
- Use small, frequent sample sizes
- Don't wait for the information system
  - Pen and paper, quick surveys
- Use qualitative and quantitative data
  - Thoughtful conversation and reflection has value ( e.g. “ Is this working for you?” “On a scale of 1-10, how confident are you....”)



LUNCH

12:15 – 1:00 pm

# Activity: 15% Solutions

**Assume that 85% of what happen is out of your control.**

What is your 15 percent?

Where do you have discretion and freedom to act?

What can you do without more resources or authority?



- It's 2020 and you've realized your vision of fully integrated whole person care for individuals. Communities and workplaces are supporters of physical, mental, and social wellness and the concept of health is embraced as not just merely the absence of disease or illness. Individuals have access to the array of physical, behavioral and social supports they need, when they need them. Providers, care teams, partners, and communities have the training, resources and support they need to contribute to a healthy community.

# Close your eyes

- What does it feel like?
- What do you see around you?
- How would your staff describe the culture?
- How do the physicians describe the culture?
- Do patients see or feel a difference?



## Step 1: In a serious spirit of fun....

Make a list of everything you could do to sabotage your vision.

## **Step 1: In a serious spirit of fun....**

Make a list of everything you could do to sabotage your vision.

## **Step 2: Is there anything on the list that resembles your current practice?**

BREAK

## Step 1: In a serious spirit of fun....

Make a list of everything you could do to sabotage your vision.

## Step 2: Is there anything on the list that resembles your current practice?

## Step 3: Create your plan to achieve or avoid the “what not to do” items in step 2.

- Is there anything you could address and create a plan around for improvement?
- What opportunities do you see for improved collaboration (what’s not happening now that’s impeding whole person care)? How could we partner better?





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