



Don't Go at it Alone - The Benefits of An Effective Team in Serving Persons with Complex Needs

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Learning Objectives

Upon completion of this training, attendees will be able to:

1. Describe the benefits of teams in caring for people with complex needs
2. Describe the disciplines needed on the team to best serve their populations
3. Identify the steps to implement teams in their organization/communities



Why the Team?

Activity 1 - True or False

As Behavioral Health Providers we are only responsible for people “from the neck-up”.



Activity 2

Take a moment to write down a time that working with a team was better than “going it alone”



And remember this - we will be using it again!



Why?

- People with behavioral health needs die 10-20 years earlier than the general population.*
 - This is not just related to BH needs, it is related managing chronic physical health conditions
- Multiple perspectives in health care offers the benefit of diverse knowledge and experience**
- Can address the multiple demands and challenges facing BH providers
- Responds to demands of VBP
- We can address the person's needs in an integrated and holistic manner

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One place can't be all things

- May need to bring in expertise from outside of the organization
 - Primary care
 - Chronic disease management
 - Care Coordination
- Complements the needs of your population and provides coordinated care across providers
- One stop on the path to integration

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Benefits of Integration

1. Increase the likelihood of follow-through on referrals
2. Improve physical health outcomes
3. Increase savings in healthcare cost
4. Reduce emergency room use



Planning the Team

Activity 3 - True or False

The team should be made up of entirely BH professionals.



Activity 4

Now reflect back on that team that worked well- what about the team and the team members made that experience work?



What is an Interdisciplinary Team?

Interdisciplinary teamwork is a complex process in which different types of staff work together to share expertise, knowledge, and skills to impact on patient care.

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<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3662612/>



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What Does the Team Need?

- Data, Data, Data!
 - Needs of the population you are serving
 - Needs of the community
 - Co-occurring needs
 - What disciplines are necessary to address those needs
- Build or collaborate?
 - Of the needed disciplines what do you have?
 - Who are partners that can provide those needs?

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It's more than the team, it is an organizational culture

- Leadership support and a dedicated implementation team
- High functioning, collaborative teams
- Measurement-based care pathways and protocols
- Person-served engagement strategies and activities
- Ongoing training and communication

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Coordinated

Key Element: Communication	Key Element: Communication
Level 1 Minimal Collaboration	Level 2 Basic Collaboration at a Distance
In separate facilities where they:	In separate facilities where they:
<ul style="list-style-type: none">• Have separate systems• Communicate about cases only rarely and under compelling circumstances• Communicate, driven by provider need• May never meet in person• Have limited understanding of each other's roles	<ul style="list-style-type: none">• Have separate systems• Communicated periodically about shared patients• Communicate, driven by specific patient issues• May meet as part of larger community• Appreciate each other's roles as resources



Co-Located

Key Element: Physical Proximity	Key Element: Physical Proximity
Level 3 Basic Collaboration Onsite	Level 4 Close Collaboration Onsite with Some System Integration
In same facility, not necessarily same office, where they:	In same facility, not necessarily same office, where they:
<ul style="list-style-type: none"> • Have separate systems • Communicate regularly about shared patients by phone or email • Collaborate driven by need for each other's services and more reliable referral • Meet occasionally to discuss cases due to close proximity • Feel part of a larger yet non-formal team 	<ul style="list-style-type: none"> • Share some systems, like scheduling or medical records • Communicate in person as needed • Collaborate, driven by need for consultation and coordinated plans for difficult patients • Have regular face to face interactions about some patients • Have a basic understanding of roles and culture



Integrated

Key Element: Practice Change	Key Element: Practice Change
Level 5 Close Collaboration Approaching an Integrated Practice	Level 6 Full Collaboration in a Transformed/Merged Integrated Practice
In same space within the same facility (some shared space), where they:	In same space within the same facility, sharing all practice space, where they:
<ul style="list-style-type: none"> Actively seek system solutions together or develop work-arounds Communicate frequently in person Collaborate, driven by desire to be a member of the care team Have regular team meetings to discuss overall patient care and specific patient issues Have an in-depth understanding of roles and culture 	<ul style="list-style-type: none"> Have resolved most or all system issues, functioning as one integrated system Communicate consistently at the system, team and individual levels Collaborate, driven by shared concept of team care Have formal and informal meetings to support integrated model of care Have roles and cultures that blur or blend





Developing and Implementing the Team

Activity 5 - True or False

It is best to let the team take shape naturally - we don't need expectations up front.

Activity 6

When you think about the team that worked well, what were some of the norms and expectations that you established?

How did you monitor those and ensure they remained in place?



It Starts with the Staff

- Understand importance of team
- Change culture from competition to partnership
- Break down internal siloes
 - Everyone is part of the care team
 - Learn other programs within the organization
 - Develop strategies to support internal transitions
 - PDSA - quickly learn what is working and what is not.



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What happens when we don't plan

- Uncoordinated “hand-offs”
- Team can be cumbersome and increase errors
- Increased costs



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What happens when we do plan

- Increased access
- Improved hand-offs
- Reduced burnout
- Increased organizational capacity

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Barriers to Collaborative Practice

- Professional cultures and stereotypes
- Inconsistent use and different understandings of language
- Knowledge of the roles and scope of other health professions

Enablers

- Leaders and champions
- Administrative, institutional and work culture support
- Mentorship and learning
- Shared vision or mission
- Physical environment and space design

Building Effective Teams

Shared values*

- Honesty
- Discipline
- Creativity
- Humility
- Curiosity

Principles of Team-Based Health Care

- Shared goals
- Clear roles
- Mutual trust
- Effective communication
- Measurable processes and outcomes



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<https://bit.ly/bhprovidertrainingsurvey>



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Appendix A: Additional Resources

Office Hours

Office Hours are offered on the last Friday of every month (through September 2024) at noon MT! Please visit the [HCPF Safety Net Webpage](#) for details & registration information.

Listserv

Join the Listserv to receive notifications of trainings, technical assistance, and other stakeholder engagement opportunities: [Register Here](#)

HCPF Safety Net Provider Website

Visit the website for details on upcoming training topics and announcements, training recordings and presentation decks, FAQs and more: <https://hcpf.colorado.gov/safetynetproviders>

TTA Request Form and E-Mail

Request TTA support or share your ideas, questions and concerns about this effort using the [TTA Request Form](#) or e-mail questions and comments to: info@safetynetproviders.com

