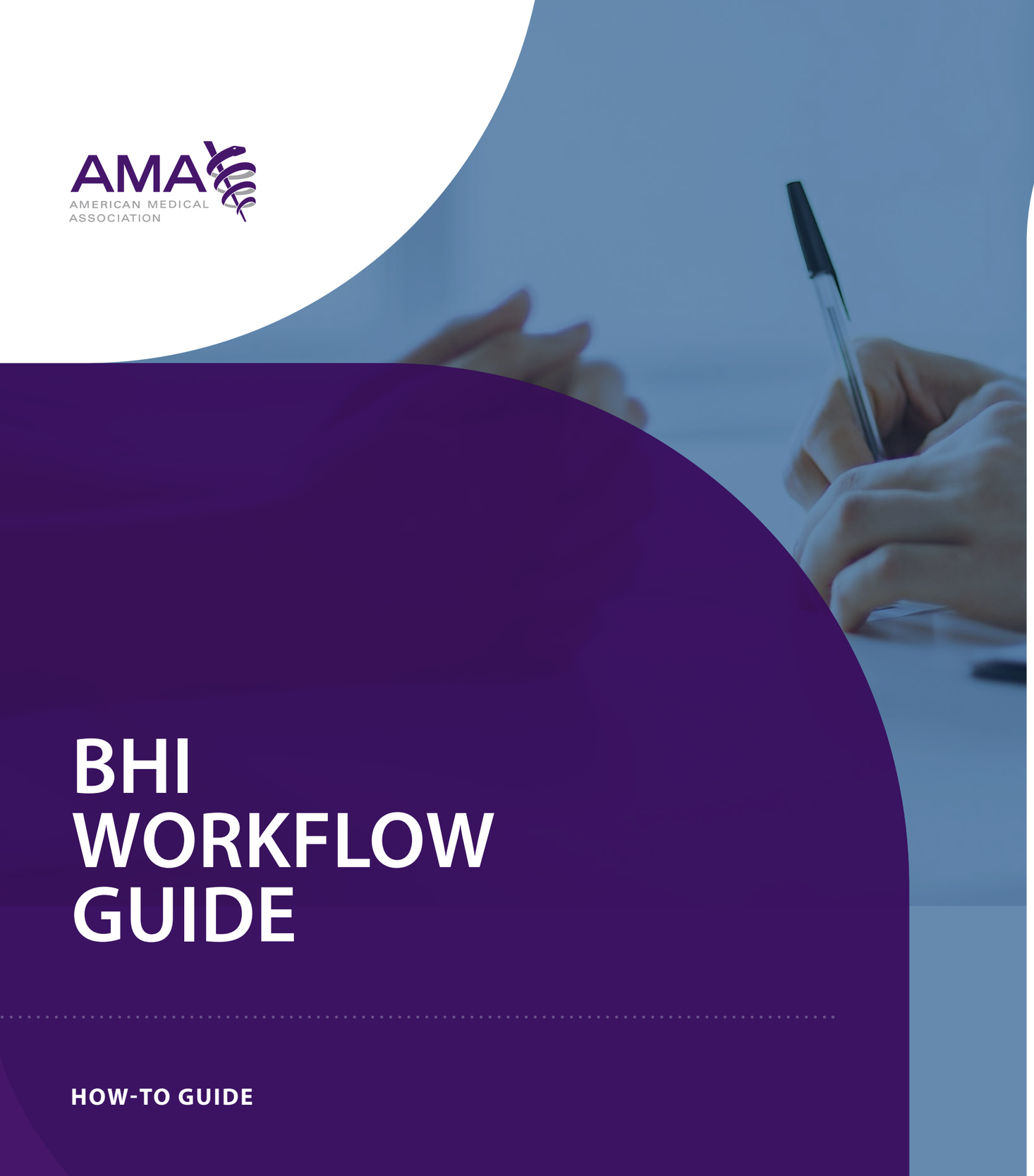

BHI WORKFLOW GUIDE

HOW-TO GUIDE

This guide offers actionable, evidence-based best practices on workflow design, enabling primary care physicians and other members of the care team to overcome key barriers to operationalizing integrated behavioral health (BH) care in their practice. This resource is reflective of the generous time and direction provided by numerous workflow design subject matter experts with firsthand experience effectively integrating BH care within practices.

TERMINOLOGY:

- When "primary care physician (PCP)" is utilized in this document, it is inclusive of physicians across specialties—including family medicine, internal medicine, pediatrics, and obstetrics and gynecology. While not trained in primary care, non-primary care specialties, such as cardiology, gastroenterology, neurology, and oncology, can also benefit from integrating behavioral health into their practices to support their patients.
- While "patient" will be used throughout, note that this also encompasses the families and caregivers, who play an important role in integrated care.

CHILD AND ADOLESCENT

A Developmental Approach to Child and Adolescent Mental Health Care

PCPs who serve children and adolescents have a unique opportunity to promote healthy mental and emotional development and safe, stable, nurturing relationships in families. Mental health (MH) concerns manifest differently in children than in adults; as such, pediatric approaches to behavioral health integration (BHI) can differ compared to adult practices. To that end, we have included guidance specific to child and adolescent MH care where appropriate. This type of information will be noted with the icon above.

Designing a BHI Workflow

Depending on the practice size, patient population, current staff capabilities, technology, and resources, etc., one organization's BHI workflow may look and feel different from another's. Within this resource, there are key considerations, examples, and tools to help teams create a workflow that works best for their practice while maintaining high-quality, equitable care for patients.

To begin crafting a workflow that is efficient and effective, consider the key questions and workflow criteria.

General Considerations

Staffing

- ❑ What kind of staff does the practice need?
  - *Tip: Consider clinical staff and administrative staff for daily operations, clinical care, and data/record management, as well as patient demographics, financial considerations, and practice setting. Reference the BHI Compendium for different models to consider.*
- ❑ Are any key roles unfilled? Is additional training needed?
- ❑ Who will verify insurance eligibility and obtain authorization?
- ❑ Who manages the transition between physical and BH care services, if needed?

Training

- ❑ Does staff need to be trained to screen for BH issues? Who needs to be trained? Who will provide the training?
- ❑ Is training provided on basic phone crisis management, information gathering, and service descriptions? If so, who needs to undergo this training?
- ❑ Is escalation training provided to all staff members?
- ❑ Is training provided on how to code for BHI services?
- ❑ Is mindfulness and compassion training provided to PCPs?
  - *Tip: Trainings are available from the Stanford Medicine Center for Compassion and Altruism Research and Education, UC San Diego Center for Mindfulness, and UMass Chan Medical School Center for Mindfulness.*

Handoffs

- ❑ How and at what frequency will the staff discuss BH caseloads? (See the BH Orientation Checklist and BH Huddle Agenda included at the end of this resource.)
- ❑ How will patient updates be communicated to the integrated care team?
- ❑ How is information documented so that it is visible and can be considered by the PCP at patient appointments?

Technology

- ❑ How and under what circumstances will telehealth be used, if at all, to deliver BH care?
- ❑ What other technologies (e.g., a patient intake solution or BH caseload tracker/registry) are needed for seamless BHI, and how can all BHI staff have access to it?
  - *Tip: The AIMS Caseload Tracker offers two versions to choose from, depending on practice and connectivity preferences.*
- ❑ Is there a patient portal? What kind of apps, if any, can be recommended to help patients track their BH issues?
- ❑ How does current software meet data and record management needs? Is additional software required?

Setting Logistics

- ❑ Where does the patient wait to see a BH clinician if on-site?
- ❑ How is privacy ensured in this waiting area?
- ❑ Where does the patient go when connecting with a BH clinician virtually?
- ❑ What kind of privacy protections are required for virtual visits?

Billing and Coding Procedures

- ❑ Are the appropriate codes available in the EHR system?
- ❑ Who manages BHI coding, submission of claims, documentation, and policies?
- ❑ How might on-site IT, billing, and/or coding team members, if available, help in the initial planning to support building a streamlined documentation workflow (e.g., templates, built-in encounter forms with CPT codes to choose from, software needs, etc.)?

Patient Communication and Feedback

- ❑ How are patients initially informed of the practice's integration of BH care?
  - *Tip: Consider hanging posters in the restroom, break room, and treatment rooms to encourage patients to share any BH concerns they may have with the PCP.*
- ❑ Who is responsible for updating and providing patient-facing information about BHI on an ongoing basis?

Protocols for Crises

- ❑ What is the protocol and plan in place to manage a patient in crisis, such as domestic abuse, homicidal ideation, abuse, etc.?
- ❑ What is the protocol and plan in place to manage if more than one patient is in crisis? How is this prioritized? Where do they wait to meet with a BH clinician?
- ❑ What is the protocol and plan in place to manage a patient who is experiencing a crisis due to a substance use disorder?
- ❑ What is the protocol and plan in place to manage a patient who has been identified as being at a moderate or severe/imminent risk of suicide?
- ❑ Who is responsible for safety planning for patients at severe/imminent risk of suicide and/or overdose?
- ❑ Who develops and maintains a referral list with contact information for higher-level care?

Patient and Staff Feedback

- ❑ How is patient and staff feedback collected and used to iterate on and improve the BHI workflow?
- ❑ Which members of the staff are providing feedback?
- ❑ Who is responsible for responding to and acting on feedback received?

Designing a BHI Workflow

Identify and Engage Patients, Families, and Caregivers

- ❑ How and when will patients complete the initial BH screening?
- ❑ Is staff training required to choose the appropriate screening tools and introduce them to the patient properly to complete them?
- ❑ How are previous psychotropic medication records requested or obtained via a prescription drug monitoring program (PDMP) or pharmacy?
- ❑ Who will identify functional impairments and problematic symptoms?
- ❑ Who will diagnose a BH condition?
- ❑ How is that information shared across the integrated care team?
- ❑ How is the BH clinician engaged and introduced to the patient?
  - *Tip: See the BH Clinician Introduction Script section.*
- ❑ When is patient consent to meet with a BH clinician, receive a BH assessment, and proceed with treatment requested and obtained?
- ❑ How will a BH assessment be conducted, and by whom?

Initiate and Provide Behavioral Health Care

- ❑ How is education provided to the patient before a treatment/intervention plan is established so they can make an informed decision to engage/provide consent?
- ❑ How is the treatment plan written to reflect the patient's participation in and approval of the planned intervention(s)?
- ❑ If psychotropic medication is deemed clinically appropriate, will the PCP prescribe or refer to a psychiatrist or developmental-behavioral pediatrician to prescribe?
  - *Tip: The American Medical Association's (AMA's) Psychopharmacology How-To Guide can be referenced here for more detailed information.*

Manage Treatment Plan and Track Care Outcomes

- ❑ How does the integrated care team track and communicate patient strengths, needs, abilities, preferences in treatment, and challenges or barriers to treatment engagement?
- ❑ How are individual care outcomes monitored and recorded to measure progress/improvement?
- ❑ How are measurement-based care tools used to determine intensity of follow-up or to plan for conclusion of treatment around an episode of care?
- ❑ How often and what kind of follow-ups are scheduled (e.g., visits with the PCP or BH clinician)?
- ❑ How are non-adherent or disengaged patients re-engaged with the BH treatment plan?

Proactively Adjust Treatment if Patients Are not Responding

- ❑ How are changes in the treatment plan considered in advance of needing them?
- ❑ How are treatment plan adjustments decided upon with the patient when needed?
- ❑ How are changes in the treatment plan determined, implemented, and communicated across the integrated care team?

TIP:

Download the editable Workflow Plan to create your own workflow based on your responses above.

BHI Workflow Examples

Here are two detailed workflow examples for integrated on-site and off-site BH care:

1. **BH Care Team On-Site.** BH clinician/care manager is physically located in the same facility, potentially with shared spaces.
2. **BH Care Team Off-Site.** BH clinician/care manager is located off-site either full-time or part-time and available for scheduled visits.

Please note that the workflow may look different depending on the practice, staffing, and resources; however, the general sequence of actions is often consistent. Feel free to adjust to fit practice needs, workflows, and resources.

Introducing the Team

Warm Handoffs

When introducing the patient to the integrated care team, a warm handoff is best practice, taking place in person and in front of the patient. All members of the integrated care team can give and receive a warm handoff. For example, the PCP can use a warm handoff to present the patient to the BH team member, and the BH team member can provide a warm handoff back to the team. The PCP can also use a warm handoff with schedulers, lab technicians, or staff who assist with referrals.

While tailoring each 'warm handoff' is important, there are some general principles for both a warm handoff and the BH team member's introduction.

Introduction to Integrated Care Team Script

The following is a sample script to introduce a patient to the integrated program and member(s) of the integrated care team. It's recommended not to read this verbatim but rather to make the following points in your own words.

- **Briefly introduce the role of your BH team member:** *"It sounds like you/your child might be having a lot of stress right now. I work with someone who specializes in helping with these issues, and I would like you to speak with them today to better help me help you/your child."*
  - There should not be a discernable difference in content or tone between a referral to a BH clinician and a referral to a cardiologist.
- **Reinforce the benefits of seeing a specialist:** *"These are the people who have extensive professional training and skills to address this; you/your child deserve the best care."*
  - Unless a patient has used a diagnostic term themselves ("I feel depressed"; "I had a panic attack"; "I'm addicted"), it is more effective to use general terms like "stress" to refer to BH problems.
- **Recommend having a conversation with the BH team member; be careful not to promise any specific results:** *"I'd recommend having a quick conversation with them, and we'll all partner to find a path forward."*
- **Provide the patient with any additional brochures or handouts for more information.**
- **If applicable, let them know someone will be following up to schedule an appointment.**

BH Clinician Introduction Script

The following is a sample script for the BH team member to introduce themselves to the patient. It is recommended not to read this verbatim but rather to make the following points in your own words.

- **Formally introduce your title and licensure:** *"Hi, I am (Insert Name) and a (title) by training, which means I am the kind of doctor/clinician who talks to people to help them learn how to live better and not the kind who needs to see any part of the body or prescribe medications. I'm part of the team working with (PCP Name) to support your health and development. I specialize in (credentials and/or licensure) and I work with (organization if not part of the same practice.)"*
- **Open the dialogue about BHI:** *"Here at (clinic name), we find that patients with your symptoms get better faster when we work together as a team with you and your PCP."*
- **Introduce the care team and your role in it:** *"Our team members bring different strengths and experiences, and we work together to offer you a variety of options for managing these symptoms. My role is to work closely with you until you feel a lot better, and I'll be communicating regularly with your PCP to make that happen as soon as possible."*
- **Inform the patient there may be an associated cost:** *"This treatment may have a cost depending on your insurance. To confirm coverage, make sure to check in with your insurance or follow up with our billing department and they can get it sorted for you."*
  - Someone from the practice may also be able to help the patient learn what their copay might be, even coming to the room depending on your practice structure.
- **Address patient privacy:** *"What we discuss here stays between us unless there is evidence that you're in danger to yourself or others."*
  - When working with minors: *"What is shared between the patient (when a minor) and myself stays between the medical care team and us unless there is a life/death issue or abuse and then by law, I would need to report to the appropriate agency."*
  - Establish ground rules with parents for teens – Do parents/caregivers give permission for the patient to conduct visits alone? Will parents be part of all interactions?
- **Obtain verbal consent from the patient to participate in the BHI program:** This may be facilitated by another team member for informed consent — the person facilitating might use language like, *"Consent and privacy promote your own autonomy, which promotes psychological safety."*
- **Document verbal consent in the EHR.**

Additional Guidance

BH Huddle Agenda

Regular team huddles support the building and maintenance of a strong relationship between the physical health and BH teams, one of the keys to an effective integration program. Huddles foster communication and relationship building and reinforce the benefits of an integrated practice.

Here is a list of items that can be included in an integrated care team huddle agenda:

- ❑ Review of patients scheduled for that day
- ❑ Identify scheduling opportunities
- ❑ Determine any special patient needs for clinic day
- ❑ Provide relevant updates about patients seen that week
- ❑ Discuss challenging patient cases
- ❑ Review patients experiencing a crisis from last week or in the Emergency Department
- ❑ Surface workflow challenges or other systems-level issues
- ❑ Conduct quality improvement activities
- ❑ Share important reminders about practice changes, policy implementation, or downtimes for the day

CALLOUT:

The frequency and length of huddles will depend on team size, available space (if in-person), and resources. Some practices choose to have short huddles twice daily, before and after the clinic. Others may have longer weekly huddles.

BH Orientation Checklist

A BHI orientation helps the physical and BH team members build and strengthen relationships and establish trust. A well-designed orientation is a key component of what makes BHI a success. While the BHI orientation may vary in structure and timing depending upon the practice, it's important that team members have some dedicated time together to become familiar with BHI, the BHI workflow, and each other.

Here is an example of a BHI orientation agenda:

KICKOFF & INTRODUCTIONS *(10–20 mins.)*

- Share agenda and ground rules
- Introduce team members within primary care and BH
- Conduct a team-building activity

ALIGN ON VISION *(45 mins.)*

- Generate enthusiasm for BHI:
  - Consider involving the leadership team, connecting BHI to the practice's goals, sharing a patient story, etc.
- Create a shared version for the integrated care team
  - *Tip: The BHI Collaborative's Shared Vision Template resource can be used as a guide*

WALK THROUGH THE BHI WORKFLOW *(30 mins.)*

- Share the established BHI workflow
  - *Tip: Consider sub-dividing groups by roles upon review*
- Define BHI language within the workflow (i.e., any lexicon that may be new or considered vague)
- Edit the BHI workflow based on team feedback and preferences

DEFINE ROLES & RESPONSIBILITIES *(15 mins.)*

- Clarify roles and responsibilities of the physical and BH team
  - Relate team member expectations to the team's overall vision
- Create team communication guidelines
  - Consider guidelines such as: when in doubt, overcommunicate to your team members, consider all perspectives, take responsibility for being understood, speak up if there are misunderstandings, support one another as part of one BHI team, etc.
- Have physical (clinical and non-clinical) and BH team (if in-house) shadow team members so they get to know "practice styles," roles, and responsibilities outside of BHI

Practice Spotlight

The team at Morris Hospital & Healthcare Centers in Morris, Illinois, identified integrating BH care as a core vision for their primary care practice.

To make this vision a reality, they partnered with the AIMS Center at the University of Washington to lay the groundwork for this new model of care and practice workflow that addresses this critical unmet need for their patients and community, particularly for their Medicaid-covered population.

They first identified a clinical champion, otherwise known as an implementation leader, allocating hours devoted to covering the necessary administrative duties. Next, they proceeded to identify the team that would complement their existing staff. To support their Collaborative Care Model (CoCM) approach, the team posted openings for a BH Care Manager and a Psychiatric Consultant. The Morris Hospital decided to partner with a telepsychiatry group. Despite being located hundreds of miles away, the psychiatric consultant can participate remotely as an essential member of the CoCM team. Every week, they discuss patients in their registry with the BH care manager and make treatment recommendations through the EHR. This support from the psychiatric consultant empowers the PCPs to expand their ability to prescribe medications when identified as an appropriate treatment option for identified BH conditions.

With the team in place and aligned to why CoCM was best for their patients, the Morris Hospital team turned to establishing protocols and a clinical workflow. This included making BH metrics a standard vital sign, just like a blood pressure reading would be. Each member of the care team was also made aware of their unique role and received training and coaching to implement integrated care consistently and confidently. Training ranged from topics such as communicating with patients about the new integrated BH model and administering screeners to coordinating warm handoffs and tracking patients' progress over time. Once the new processes were in place, Morris Hospital continued to look for opportunities to make its program more efficient. A CoCM steering committee was established to review their processes monthly and make recommendations to adjust workflows as needed.

As a result of these efforts, the Morris Hospital team feels more prepared and empowered to support the BH care needs of their patients. For example, when a patient approached them with the goal of ending his abuse of prescription medication and managing his depression, they already had a system in place to support him. The team knew the warning signs to look for, the assessments needed to inform treatment (in this case, PHQ-9, GAD-7, Clinical Opiate Withdrawal Scale, and a urine drug screen, ordered and reviewed by the PCP), and the staff and clinical training to implement an evidence-based pharmacology and behavioral therapy treatment plan. Additionally, due to the standing case review protocol in place between the BH care manager and psychiatric consultant, the patient was later diagnosed with bipolar disorder and had his treatment modified accordingly through his weekly appointments with the PCP. Thanks in no small part to their BHI care program, the patient no longer has cravings or symptoms of withdrawal and has improved mood stability as demonstrated by improved PHQ-9 and GAD-7 scores.