Thank you for joining us for the presentation: Utilizing Huddles for Care Optimization in Integrated Care

- ► The presenters will be with you shortly
- ► This is a 30-minute broadcast
- All lines are muted
- ► The host for the broadcast today is:

Stacy Hull, LPC MAC Alliant Quality Behavioral Health Task Lead

*For technical difficulties, please email <u>alliant@e4enterprise.com</u>





Polling Questions During the Quickinar

- ► The Alliant Quality team in interested in your feedback. The following polling questions will be asked at different times during the Quickinar. We look forward to hearing from you!
 - 1) How often do you conduct office huddles?
 - Who should be a part of the huddle team?
 - 3) How likely are you to utilize huddles?





Utilizing Huddles for Care Optimization in Integrated Care



Thursday, July 20, 2017

Presented by

Lesley Manson, Psy.D





Continuing Medical Education

"This Live series activity, Behavioral Health Learning and Action Network Webinar Series, from 09/29/2016 - 09/29/2017, has been reviewed and is acceptable for credit by the American Academy of Family Physicians. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Approved for 0.5 AAFP Prescribed credits.





Continuing Education Accreditation

This program has been approved for 0.5 nursing education contact hours. This continuing nursing education activity was approved by the Ohio Nurses Association, an accredited approver of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation. (OBN-001-91)





Continuing Education Instructions Obtaining CNE

- Please follow these steps to obtain Continuing Nursing Education:
 - Attend the program in full
 - Complete the evaluation form (link will be provided at the end of the program)

Following the completion of the evaluation you will have an opportunity to download or print a certificate





Disclosures

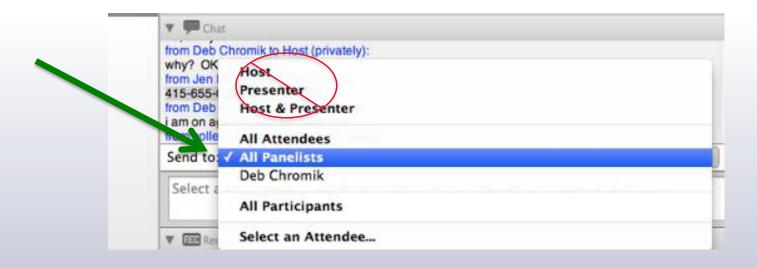
- ► The planners and faculty for this activity have no relevant relationships to disclose.
- No commercial support was received for this activity.



Housekeeping: Submitting Questions

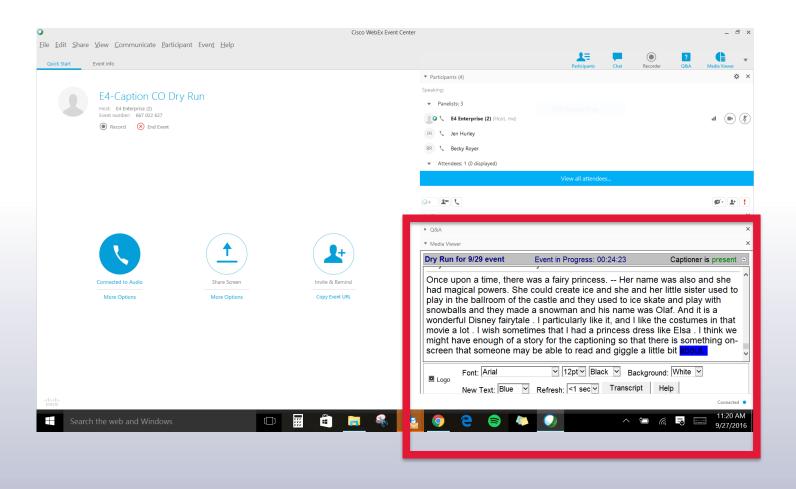


 Send messages <u>to the panelists</u> using the chat feature using the drop down menu



Closed Captioning Service

Enter your name and company into the captions box in the Media Viewer in the lower right-side of the screen to initiate captioning services.



Recorded Alliant Quality Behavioral Health Quickinar Events

- Please access all recorded events on the Alliant Quality website (<u>www.alliantquality.org</u>) at the following link: http://e4enterprise.com/Alliant/Webinar_ Recordings.html
 - Recorded events have been approved for 0.5 AAFP Prescribed Continuing Medical Education (CME) credits and 0.5 Continuing Nursing Education (CNE) contact hours by the Ohio Nurses Association (ONA).
 ONA is authorized by the American Nurses Credentialing Center to approve CNE. (OBN-001-91)
- Please forward to your colleagues

Opening Remarks



- Purpose
- Welcoming Lesley Manson, PsyD
- ► Q&A

Stacy Hull, LPC MAC
Behavioral Health Task Lead





Free Technical Assistance

Alliant Quality can offer the following technical assistance to help your primary care practice improve screening rates:

- Expertise in billable screening tools, treatment approaches and referral processes
- Process design and linkages to referral programs
- Training in quality improvement methodologies
- Opportunities to participate in Learning and Action Networks
- Education on best practices, shared successes and lessons learned





Alcohol Misuse Screening & Counseling Codes

- G0442 Annual alcohol misuse screening, 15 minutes frequency: annual basis
- GO443 Brief face-to-face behavioral counseling for alcohol misuse, 15 minutes frequency: for those with positive screens, 4 times a year.

(For both services the co-payment/co-insurance & deductible are waived.)





Featured Guest Speaker



Lesley Manson, PsyD Clinical Assistant Professor, Assistant Chair of Integrated Initiatives, Consultant for Integration Implementation and Auditing

- Dr. Manson has spent over a decade providing direct service. Her dedication to integrated care led her to directing programs, providing continuing education to healthcare providers, and developing workshops and trainings for interprofessional teams.
- Spearheaded interprofessional teams leading them to meet the quadruple aim of healthcare.
- Voluminous national presentations on integration with clinical and management focus and providing consultation and training for healthcare organizations in developing and auditing for integrated care quality and fiscal sustainability.
- Numerous publications on integration and is a co-author of "Integrating Behavioral Health into the Medical Home."





Utilizing Huddles for Care Optimization in Integrated Care

- 1. Identify tools which are industry standard to facilitate huddles in integrated care.
- Learn strategies for effective huddle implementation and management.
- Recognize the core components of successful huddle development for care coordination and early identification.
- 4. Identify ways to implement brief screening into the huddle for improved comorbid management







Polling Question

- ► How often do you think huddles should occur?
 - 1) Daily
 - 2) Weekly
 - 3) Monthly
 - 4) Never
 - 5) As problems arise







Huddles

- Huddles are an essential core component to integrated team based care.
- Team based services rely on communication and coordination to optimize care.
- When teams effectively utilize daily huddles, they improve team based services, early identification, care coordination and communication, chronic disease management, preventative care adherence, team member satisfaction, follow up on urgent whole health needs, and assist in preparing for logistical staffing and daily clinic planning.
- Efficient huddles contribute to improved care coordination, team culture, and patient and family experience of care.

Huddles

Definition:

• Who, what, when, where, & why

Evidence

• Brief screening for co-morbid conditions

Workflows

Monitoring



Patient & Family Outcomes	Team Outcomes
Satisfaction	Satisfaction
Engagement	Productivity
Adherence	Accurate problem and early identification
Self-care	Fewer errors
Fewer missed visits	Less turnover: Reduced presentism and absenteeism
Clinical outcomes	Fiscal return



DEFINITION





Huddles are short, daily meetings in which a team/teamlet or pod reviews their patient list for the day for coordination, continuity, and efficiency.

HUDDLE:

- Prior to Each Clinic AM/PM
- Beginning/End of Day







Providers (MD, DO, PA, FNP, NP, Midwives) Other Team Members (Nursing, Specialists Nutrition, Behavioral Health) Medical Assistants

Polling Question

- ▶ Who should be a part of the huddle team?
 - 1) Front desk staff
 - 2) Nurses
 - 3) Medical Assistants
 - 4) Physicians
 - 5) All identified team members







Characteristics of Successful Team Huddles...1

- ► Huddles typically last no more than 10 minutes.
- Scheduled time and place.
- ► Identified team members are present (start/stop on time).
- No interruptions rule: This rule reduces distractions of phone calls, emails, or other items.





Characteristics of Successful Team Huddles...2

- Close proximity
- ► Time and communication efficiency: SBAR
- Formatted for your clinic practice-patient needs
- Routine and roles assigned (facilitator, timekeeper)
- ► All inclusive: team-based, everyone contributes
- Formatted for your team





Characteristics of Successful Team Huddles...3

- Pre-work completed/use of tools (SBAR, checklists, agenda, shared documents, chart review)
- Addresses whole person interprofessional care
- ► Assess, adapt, and adopt
- ▶ Practice, practice, practice





Type of information shared

- Schedule for the day/changes
- Rapid review of patient needs
- Health maintenance
- Standing orders and Assessments (e.g.: depression screening)
- Referrals needed
- Adherence
- Chronic disease management
- Self-management
- Focus on scheduled patients / current emergent needs





DEPRESSION SCREENING





Depression Screening Codes

The following clinicians are eligible to bill for the services listed below: General Practitioners; Family Practitioners; Internists; Geriatricians; Nurse Practitioners; Certified Clinical Nurse Specialists; Physician Assistants.

- ► G0402 Initial Preventive Physical Examination
 NC (\$175.95); Atlanta (\$183.14); Rest of GA (\$174.20)
- G0438_- <u>Annual Wellness Visit</u>
 NC (\$181.05); Atlanta (\$188.64); Rest of GA (\$179.13)
- ► G0444 Annual Depression Screening 15 minutes
 NC (\$18.98); Atlanta (\$19.99); Rest of GA (\$18.65)

http://www.alliantquality.org/content/behavioral-health





Depression Screening

- Screening is the completion of a clinical or diagnostic tool used to identify people at risk of developing or having a certain disease or condition, even in the absence of symptoms.
- Depression screening tests do not diagnose depression, but rather indicate severity of depression symptoms within a given time period, i.e., the past several days, past week, or past two weeks including today.



Depression Screening

Standardized Depression Screening Tool is a normalized and validated depression screening tool developed for the patient population in which it is being utilized.





Depression Screening

- ► PHQ2
 - 2 questions.
- ▶ Patient Health Questionnaire (PHQ9)
 - 9 questions.





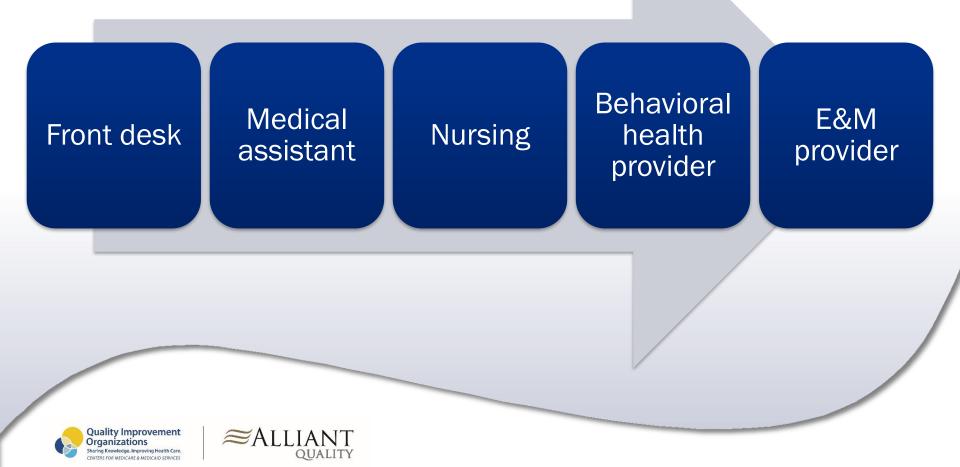


WORKFLOW





Service Structure



Service Structure

Front desk

- Provides assessment
- Scheduled Annuals
- Physicals
- Chronic Care Mgmt
- Universal

Medical assistant

- Provides assessment
- Scores
- Alerts

Nursing

- Provides assessment
- Scores
- Intervention
- Documentation
- Communication

Behavioral health provider

- Provides assessment
- Scores
- Intervention
- Documentation
- Communication

E&M provider

- Medical decision making
- Intervention alignment
- Treatment plans
- Documentation
- Referrals
- Follow up







MONITORING





Team Huddle Competency Check Sheet with Scoring Key

Team member name: Team member name:											
	Team member name: Team member name:										
Elements of Successful Team Huddles Notes											
	Α	В	С	D	E	F	G	Н	1	J	К
	Huddle Date										
	PCP Team										
4	Patient Names	Screening Tools Needed	ED Visits (90days)	AOD or MH DX	Chronic Health Condition	Opioid Medication	Health Maintenance Needed	N/S or CX Hx	Labs/Standing Orders	BH Consult Needed	Notes
	Man. Smith	PHQ9		NA			FLU SHOT			YES	
	Brenda Mark	AUDIT	07/03	AOD/MH	DM2		FLU SHOT		HA1C		
	Sara Jones										

Recognizing Success: Huddles

Patient Outcomes

- Continuity of care
- Improved access
- Manage population health

Team Outcomes

- Reduced medical errors
- Improved satisfaction
- Improved teamwork and engagement
- Improved chronic care mgmt.

Assessment

- Huddle use/competency
- Depression screening
- SUD

► Huddle

- Efficiency
- Effectiveness
- Visit preparation
- Clinic preparation





Polling Questions

- ► How likely are you to utilize huddles?
 - 1) Most likely
 - 2) Not at all
 - 3) Sometimes
 - 4) Never







Closing

Thank you!

For more information, please contact:

Lesley Manson, PsyD

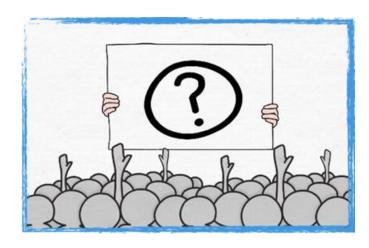
Email: lesley.manson@asu.edu

Phone: (602) 496-6790





Submitting Questions



- WebEx Chat
 - Send messages to the panelists using the chat feature using the drop down menu



Contact Information



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Behavioral Health LAN: Upcoming Event

Understanding & Applying the SBIRT Model: An Efficient Approach for Primary Care

August 17, 2017

12:30 to 1:00pm ET



Tiffany Cooke, MD MPH FAPA





