



Integrating Primary Care and Behavioral Health June 19 Regional Meeting – Mankato

Minnesota Department of Health

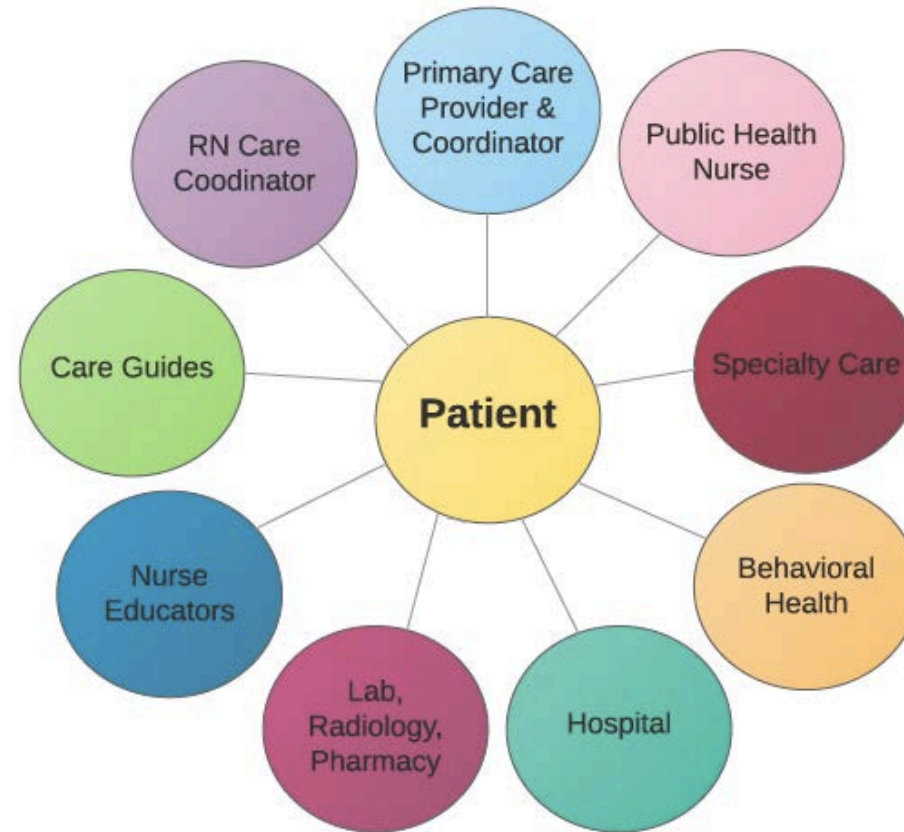
Minnesota Department of Human Services

Integration Efforts to Support Whole Person Care in Minnesota

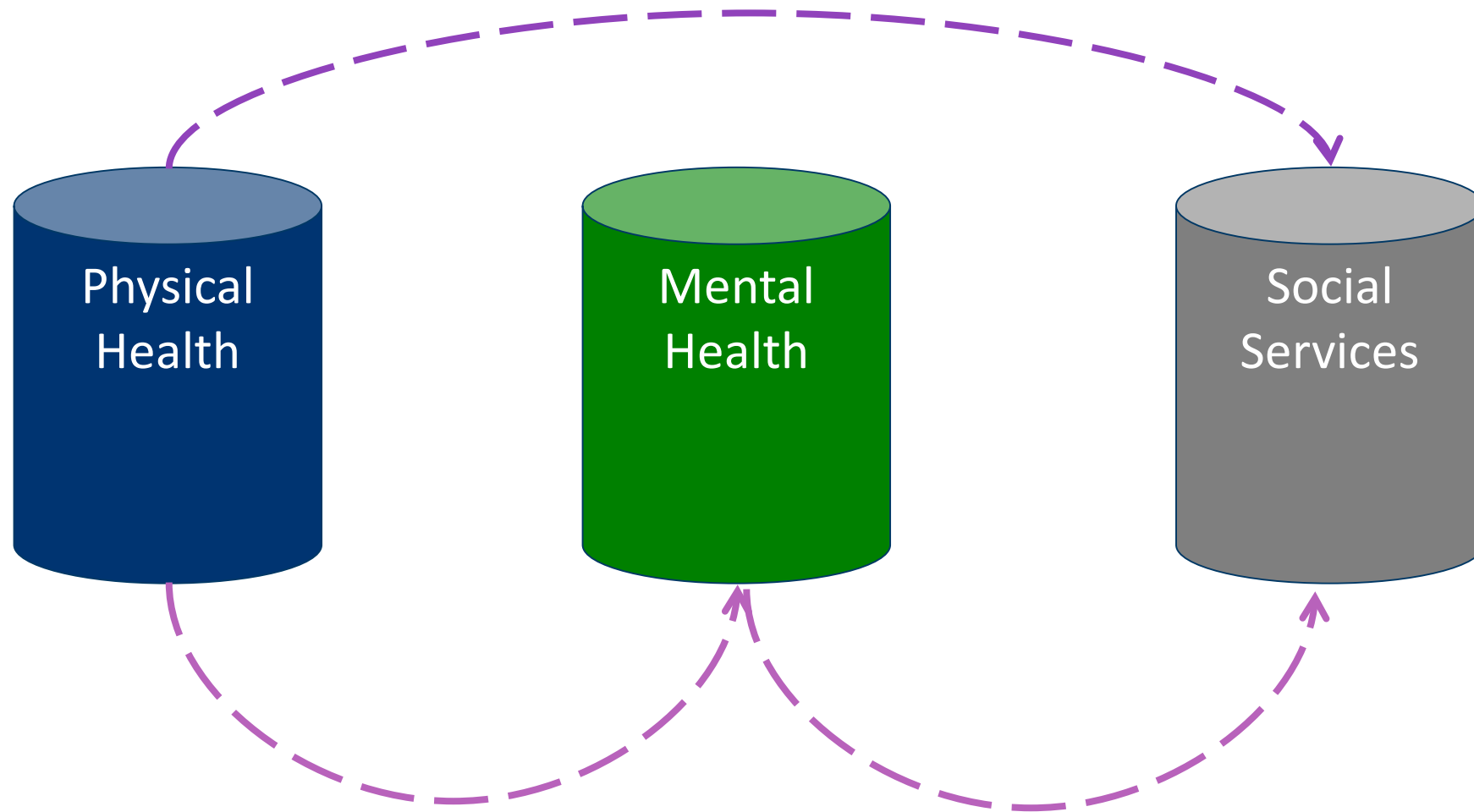
Health Care Homes (HCH)	Behavioral Health Home services (BHH)	Certified Community Behavioral Health Clinics (CCBHCs)
MN's version of the "patient centered medical home"	MN's federal "health home" benefit for medical assistance enrollees with serious mental illness	A federal demonstration project in which 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

Why we are here.

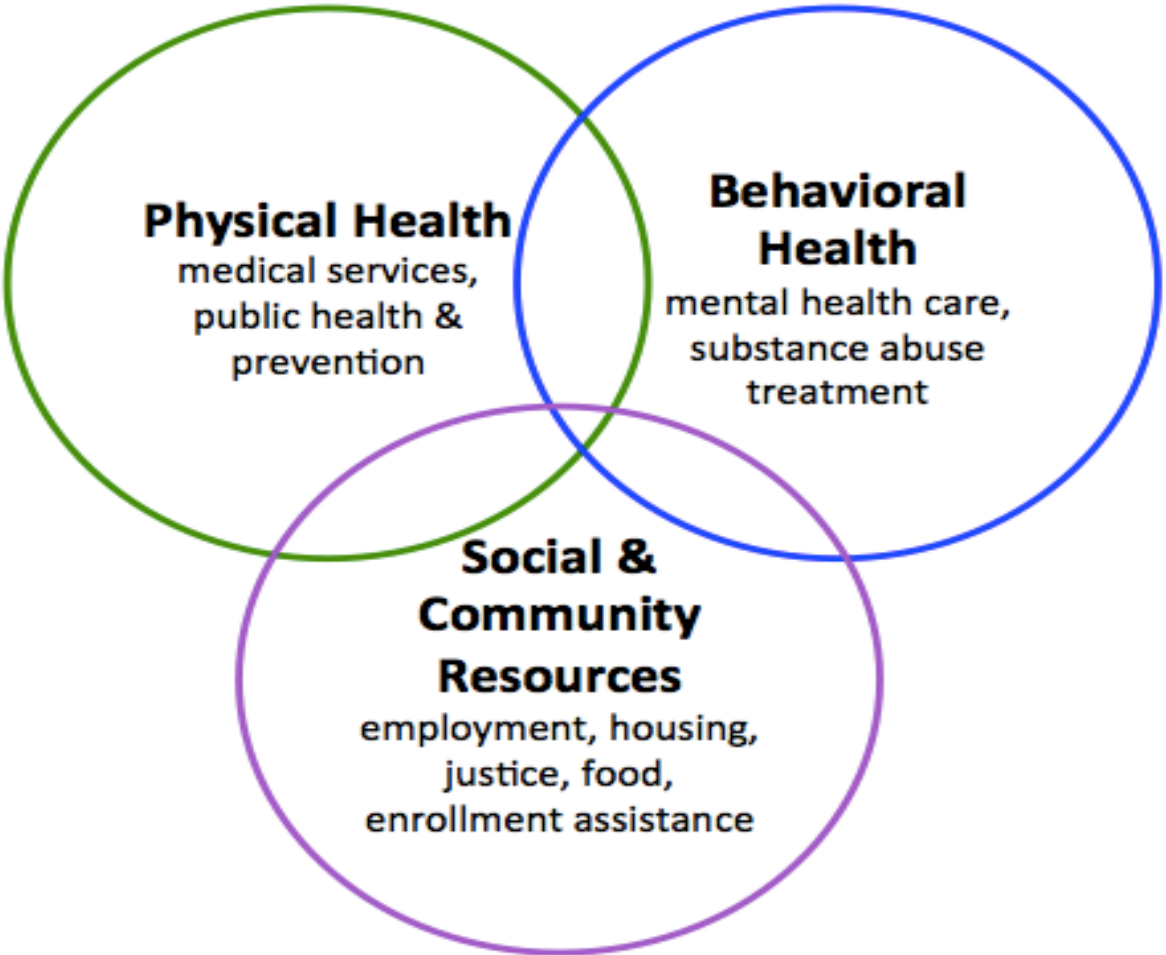
Integrated/Coordinated Care



Centers of Excellence



Whole Person Care Model



Mind

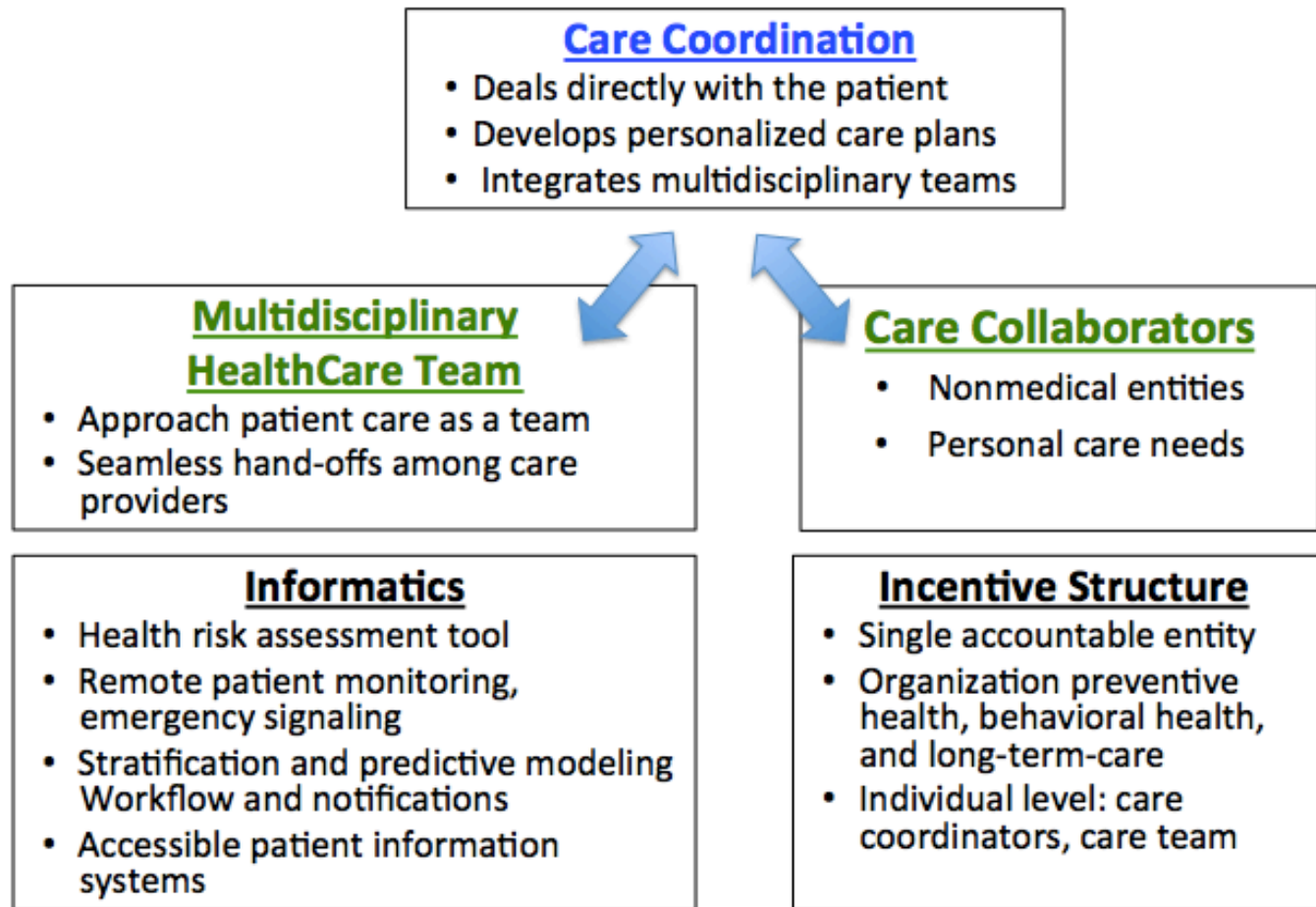
Body

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

Agenda - morning

Topic	Start*	End*
Welcome & Program Overview	9:00	9:10
Setting the Stage	9:10	9:30
Networking – Table Introductions	9:30	10:00
BREAK	10:00	10:10
The Science of Improvement	10:10	11:00
Speed Networking	11:00	11:30

Agenda - afternoon

LUNCH <i>DHS and MDH Q&A - Panel Begins at Noon</i>	11:30	12:30
Collaborative Communication	12:30	1:15
Vision & <u>TRIZ</u>	1:15	1:45
Break	1:45	2:00
15% Solutions & Cultivating Next Steps	2:00	2:30
Reflection	2:30	2:55
Wrap Up and Close	2:55	3:00



Networking – Table Introductions

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



Morning BREAK

The Science of Improvement: Influencing and supporting change

We know what “success” can look like - recap

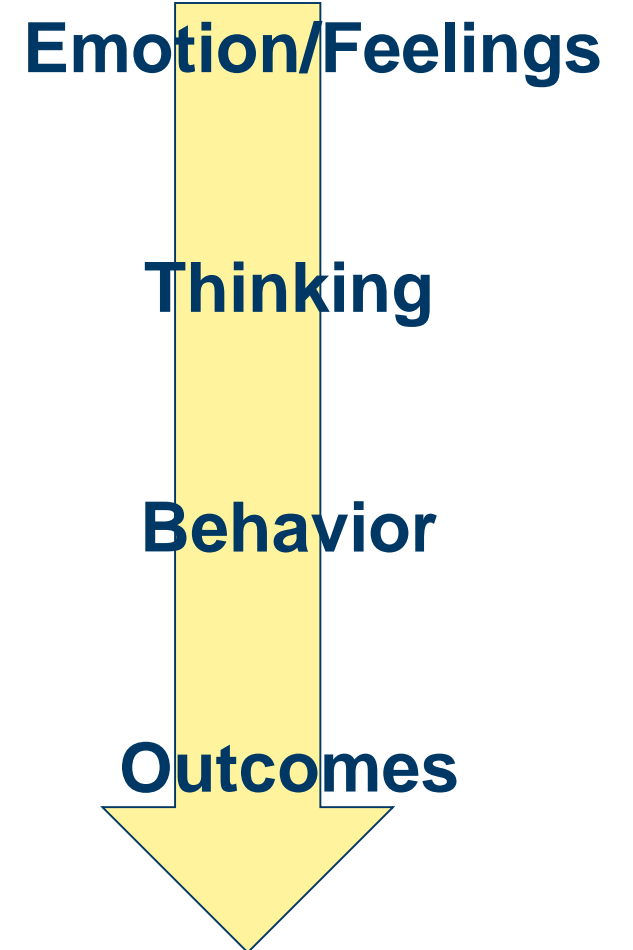
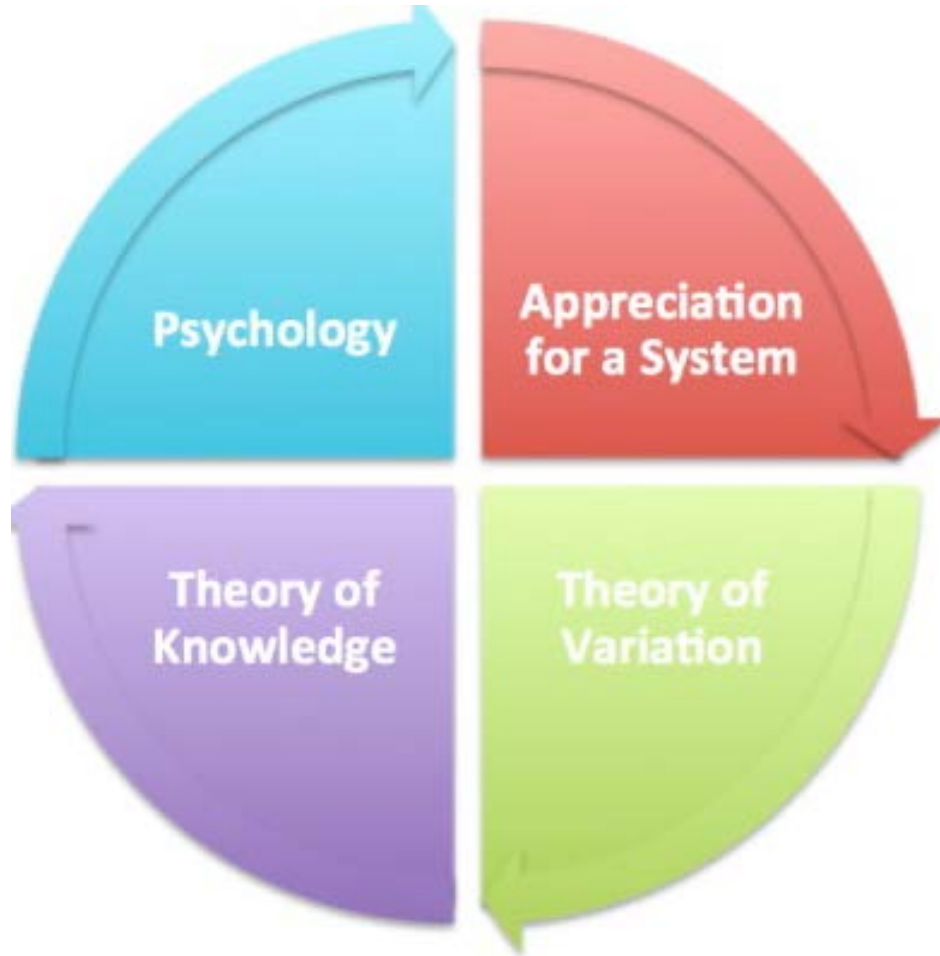
**It's not the
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“We are asking people to participate in meetings that don't naturally occur, to make changes that may not align with our interests and take risks with uncertain rewards.”

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

Deming's System of Profound Knowledge



Everyday Improvement Projects

Getting to work

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

Everyday Improvement Projects

Cooking / recipes

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

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

Everyday Improvement Projects

Family routines

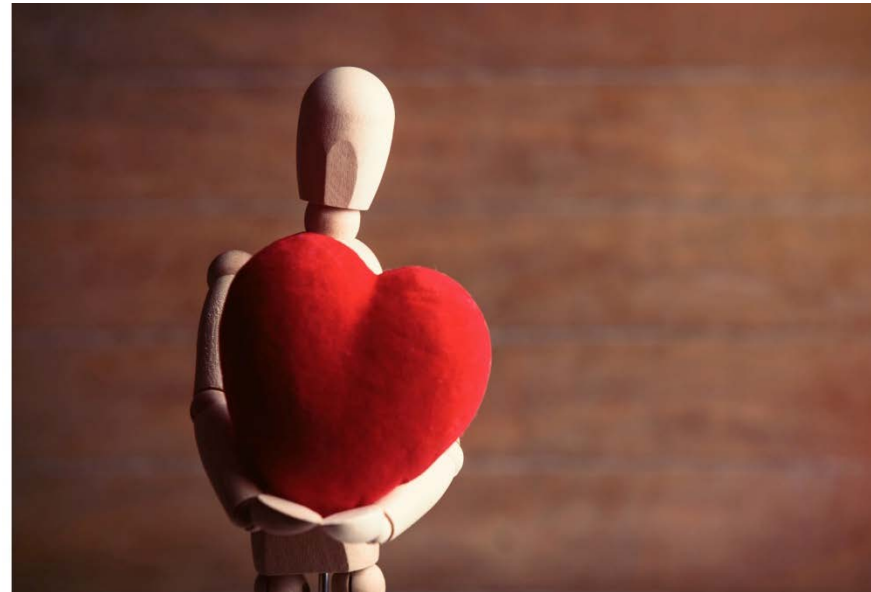
- **Getting to work**
 - Goal: On time
- **Cooking / recipes**
 - Goal: Tastes good, doesn't take too long
- **Family routines**
 - Everything gets done, everyone is happy

How culture affects improvement

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

Home = Safe

Work = Risk/Consequences



What might be some improvement work you want to do?

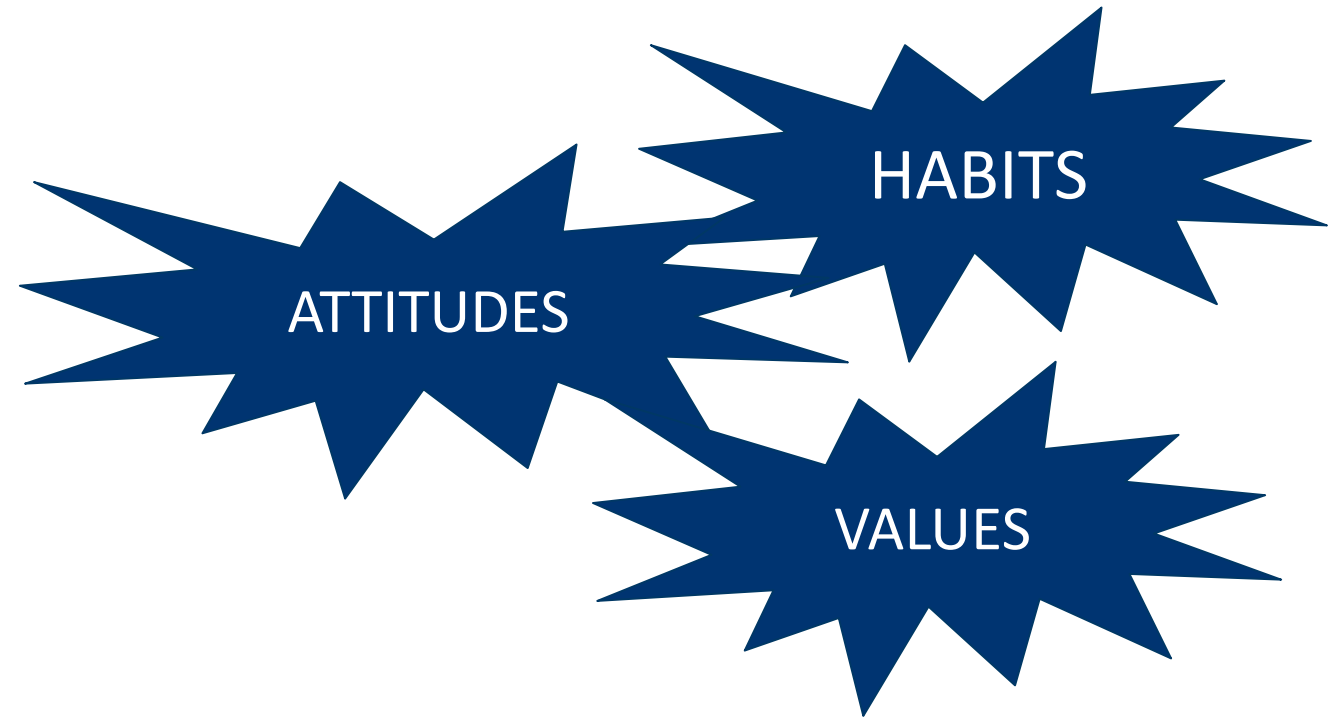
- Care coordination and seamless transitions
- Adapting “best practice” or “promising practices”
- Providing additional services
- Forming partnerships
- Educating staff and providers
- Certification
- Contracts

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>?

Samples:

- **Providers** need a way to comprehensively assess their patients so they can ensure they can develop a care plan that addresses the “whole person”
- **Patients** need a way to access services quickly so they 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

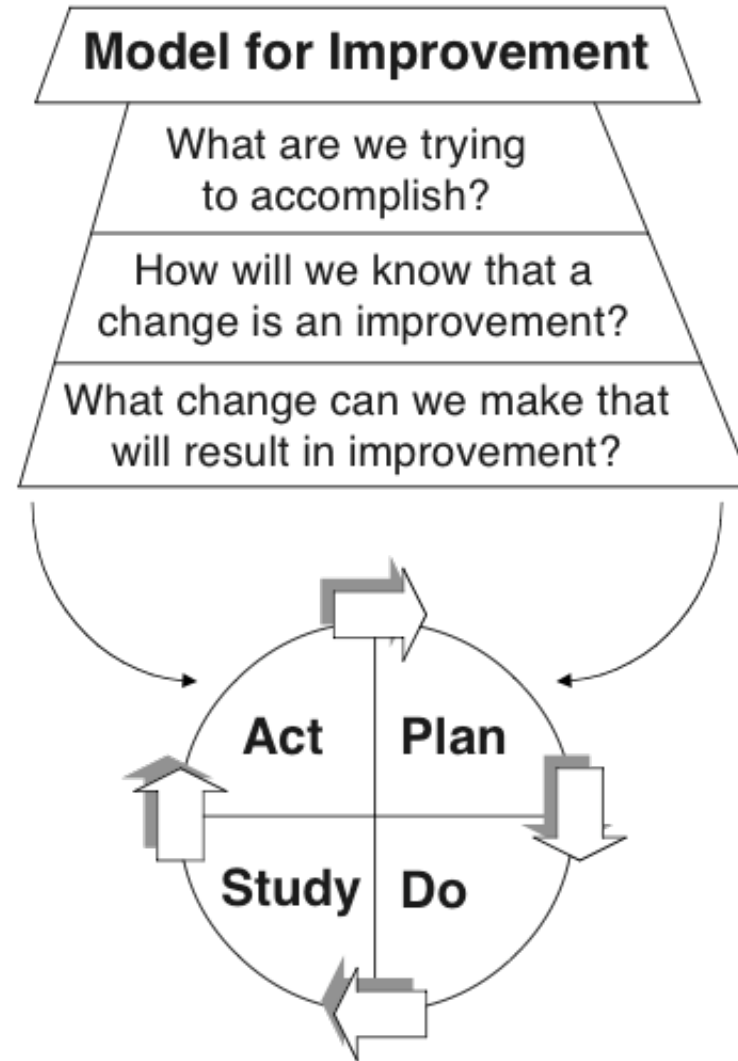
You may have many possible solutions

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

Idea Prioritizer

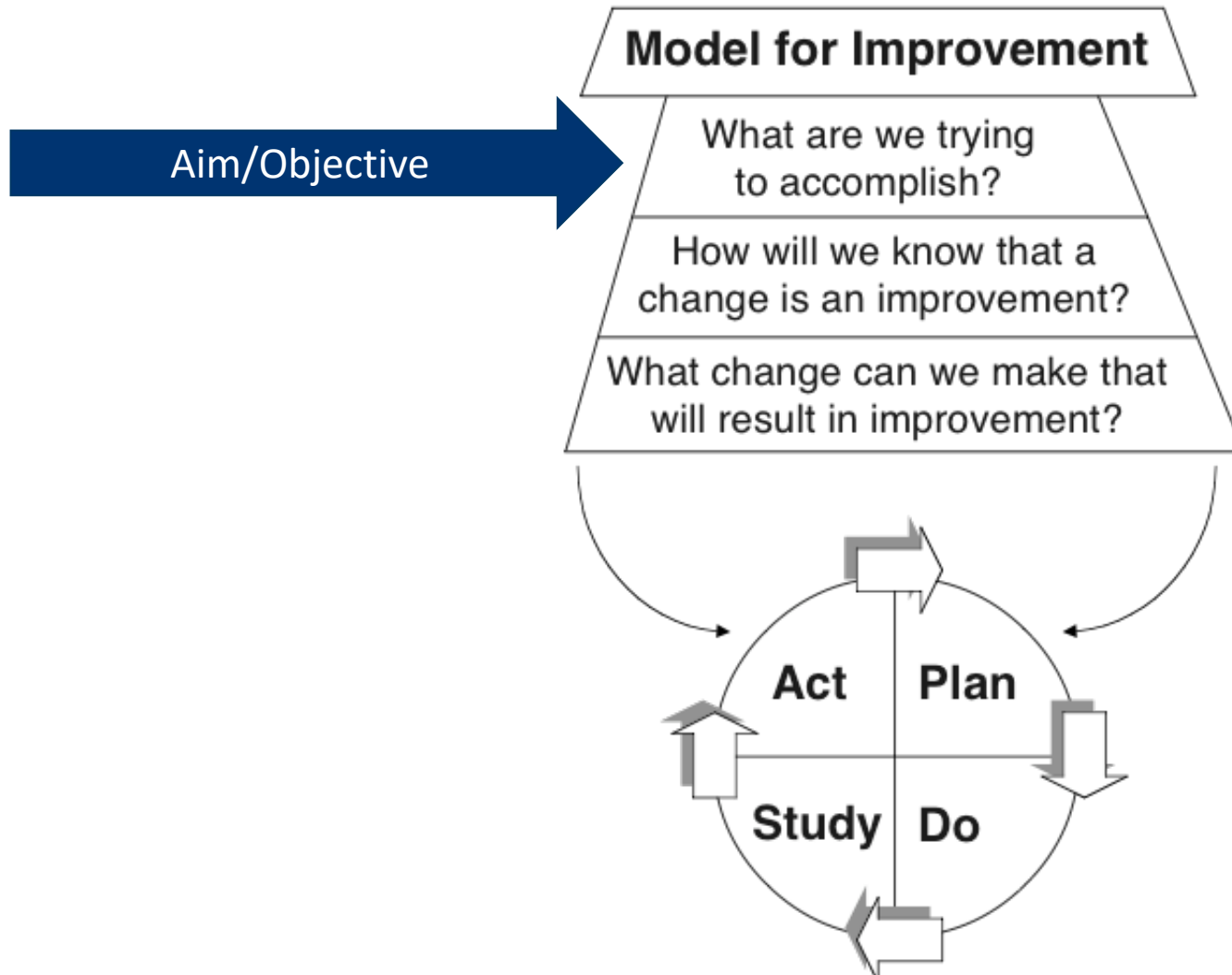


The Model for Improvement



The Model for Improvement

What are we trying to accomplish?



What are we trying to accomplish?

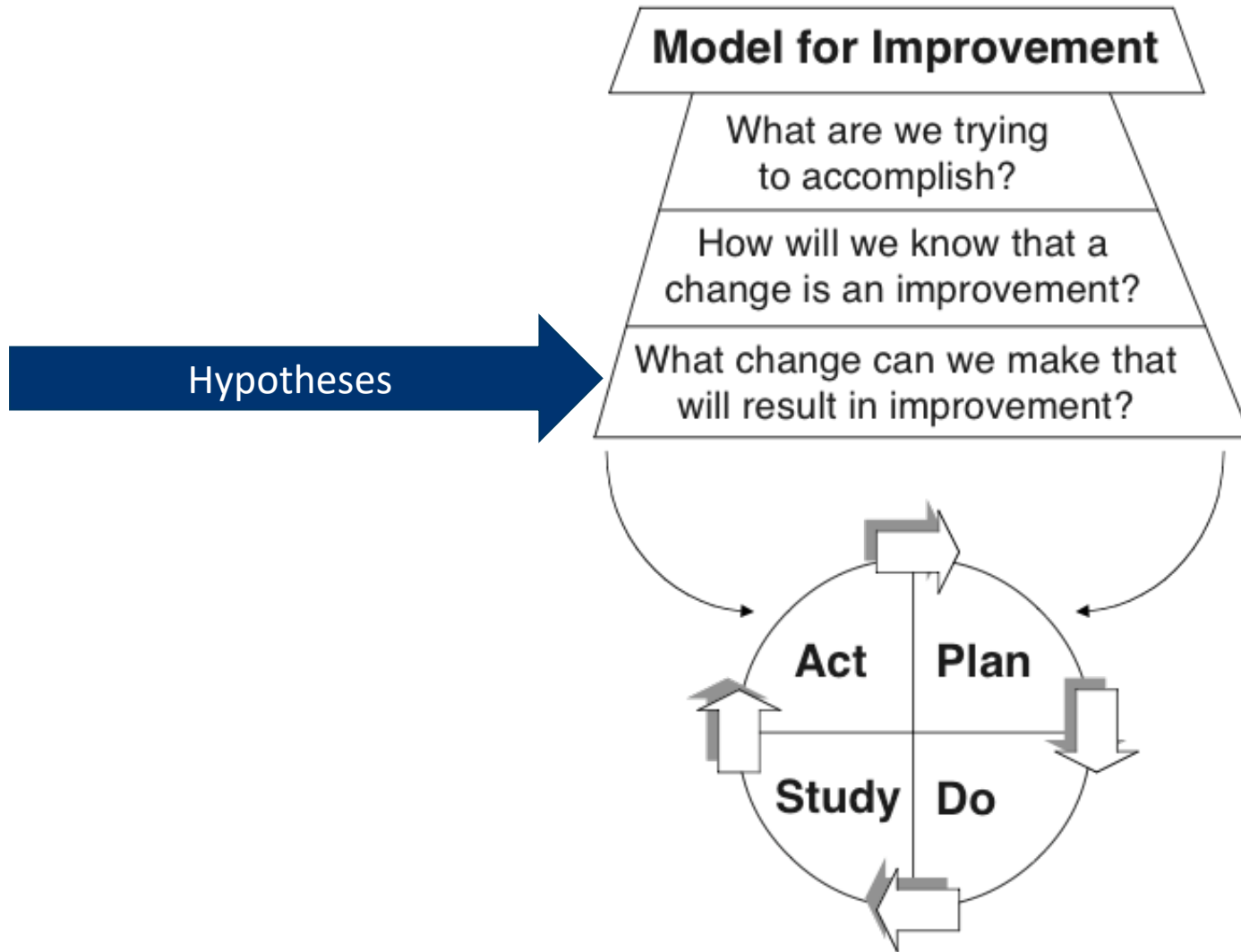
Aim: in its simplest form

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 Hypotheses



What change can we make that will result in 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.

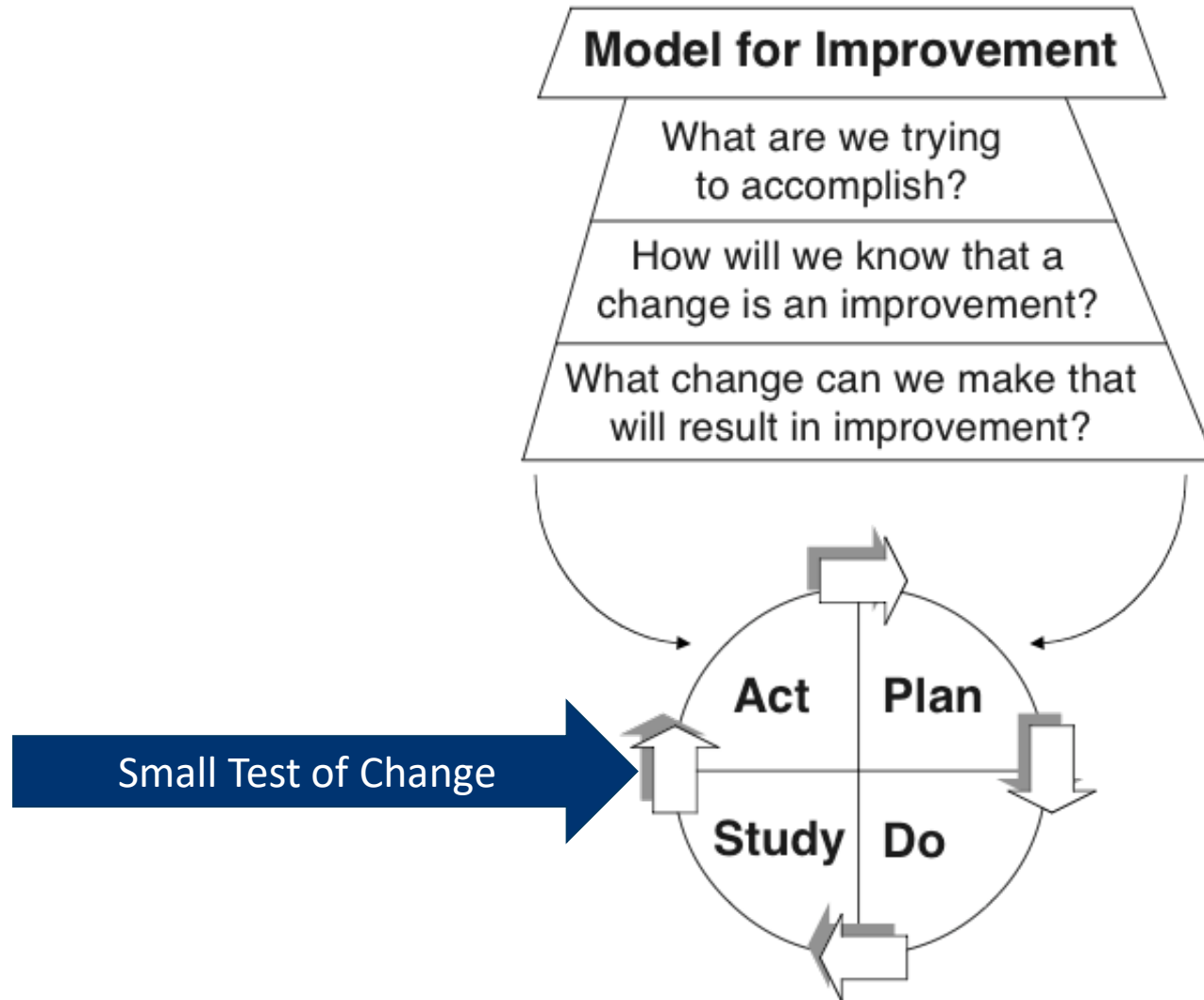
What is your hypothesis?

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 Test of Change



What small change
will you TEST?

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.

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?

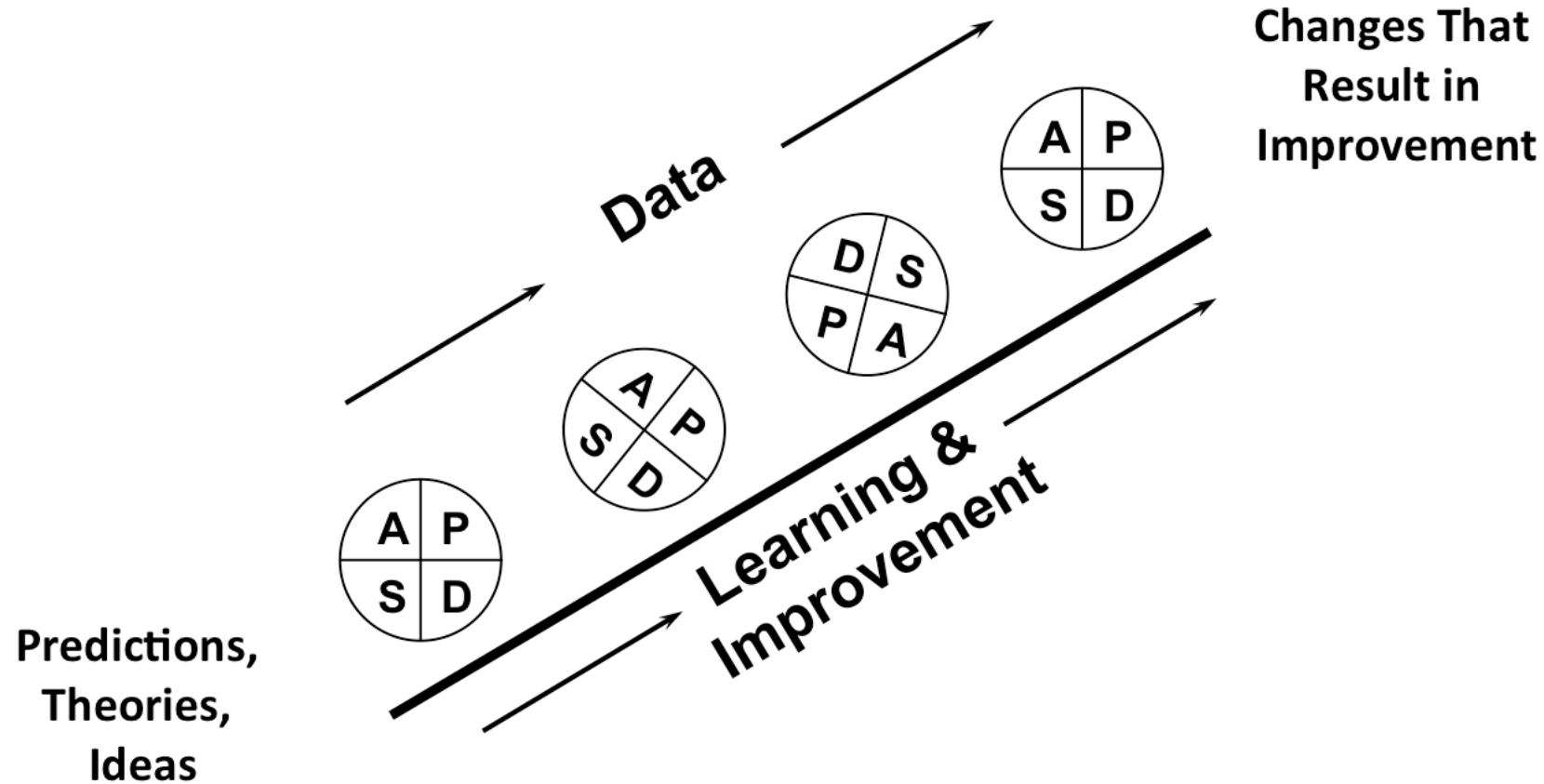
Adapt:

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



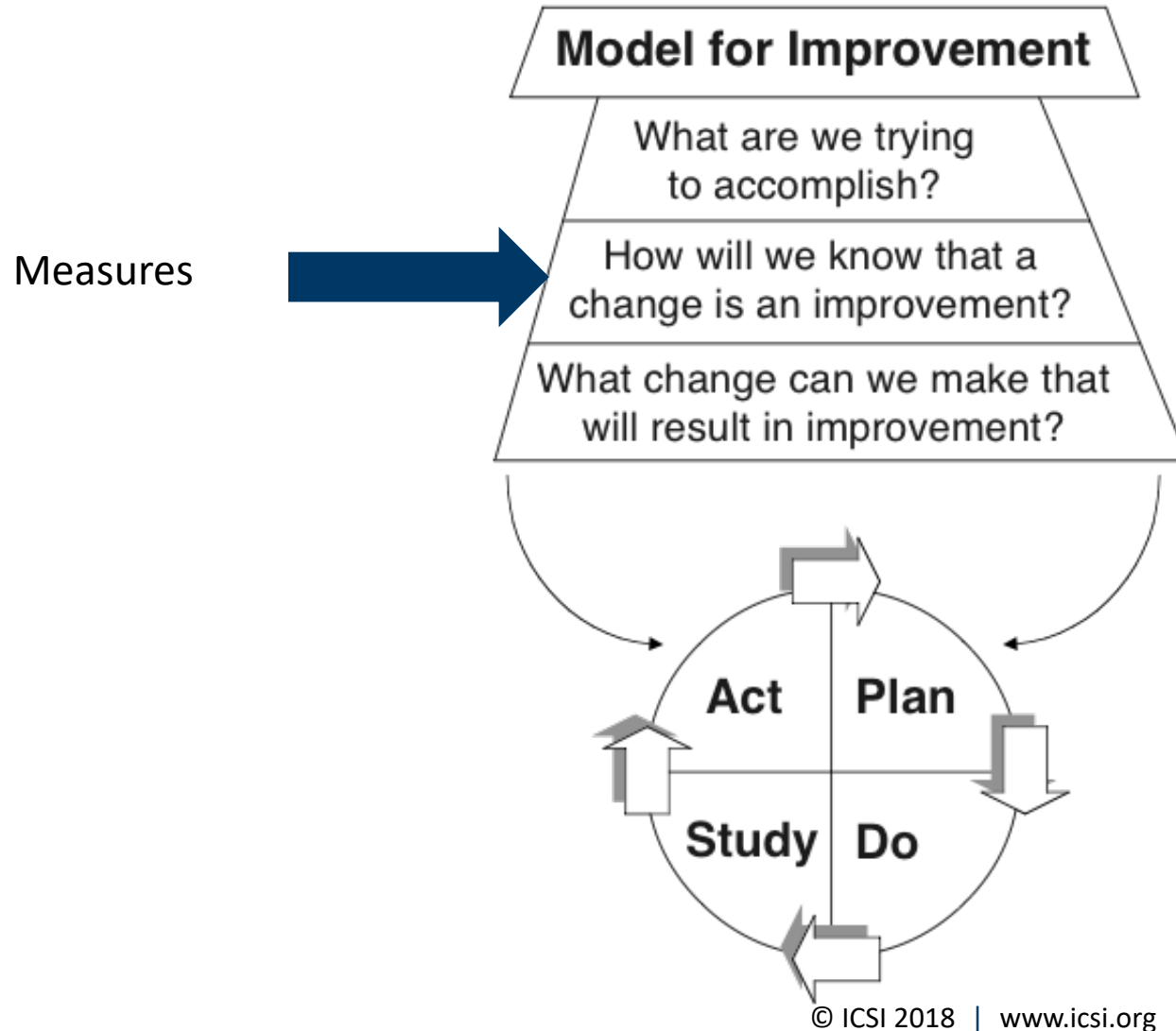
Lessons From Puzzle Activity

- *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”

The Model for Improvement Measures



How will we know that a change is an improvement?

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....”)

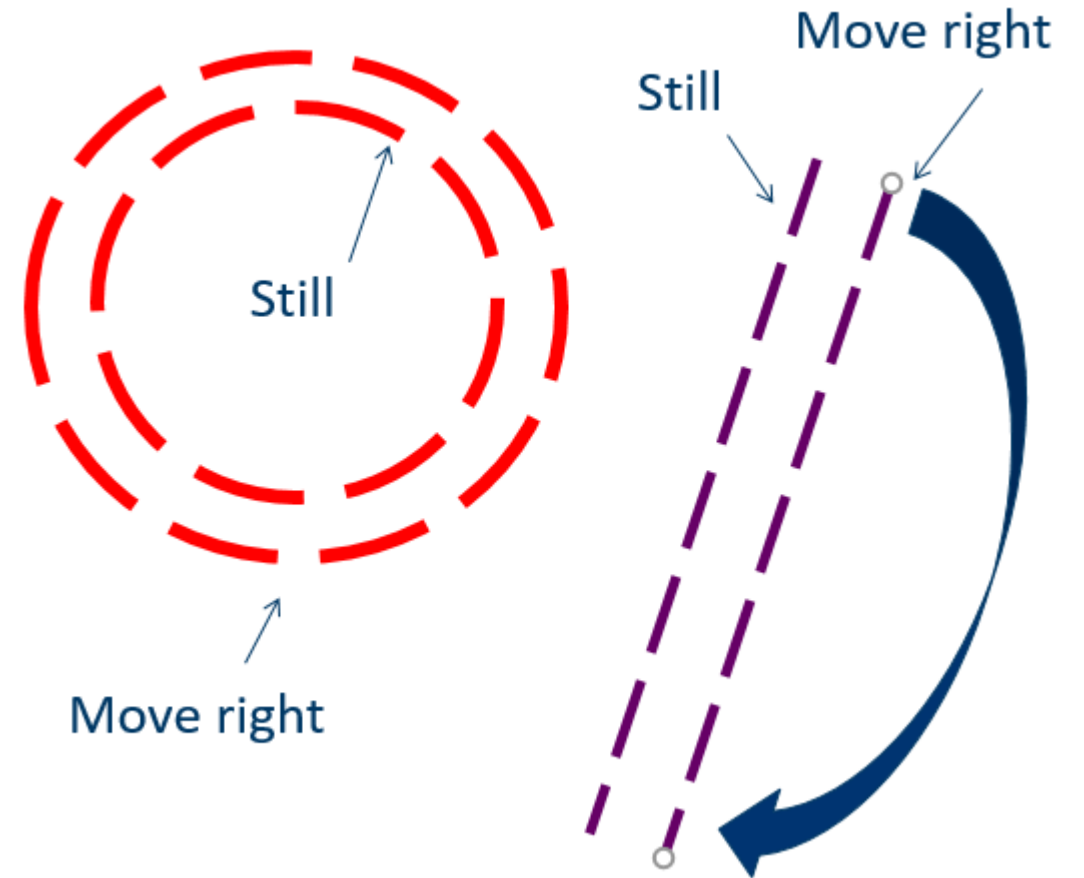


Speed Networking

- 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?"



Speed Networking - Logistics



LUNCH
11:30 – 12:30

MDH/DHS
Panel begins & 12:00

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 (noun):

a group of people who work together at a particular job

Oxford Dictionaries

Traditional Teams:

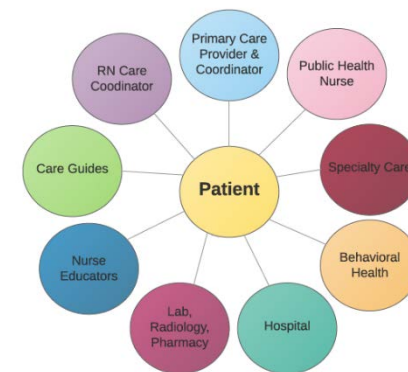
- **Care Team** (provider and nurse/MA or unit)
- **Leadership/Management Team**
- **Quality Improvement Team**
- **Department/Work Unit**



Triple Aim
Health Care Home
ACO/ACC/IHP
MACRA
Value Based Contracting
Pay for Performance
Care Coordination
Community Engagement
Transformation

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?

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

A model for teamwork culture – outside of healthcare



“improvise”

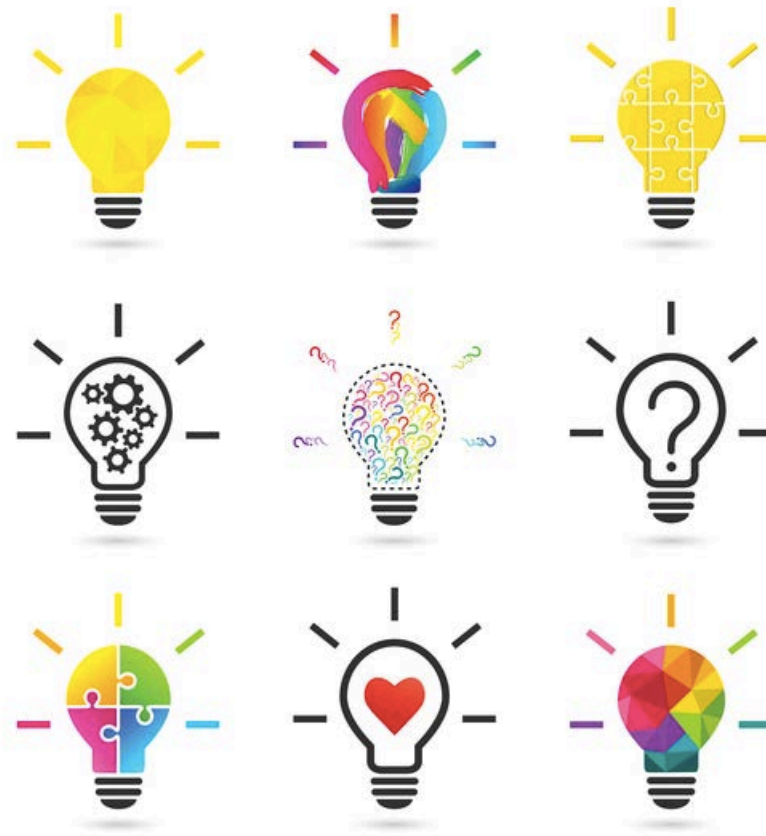
to compose, or simultaneously compose and perform, on the spur of the moment and without any preparation;

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

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.
- Create an environment of safety.



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

- Listen, watch, concentrate.
- Be here now.
- 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.
- Their success benefits everyone.



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.

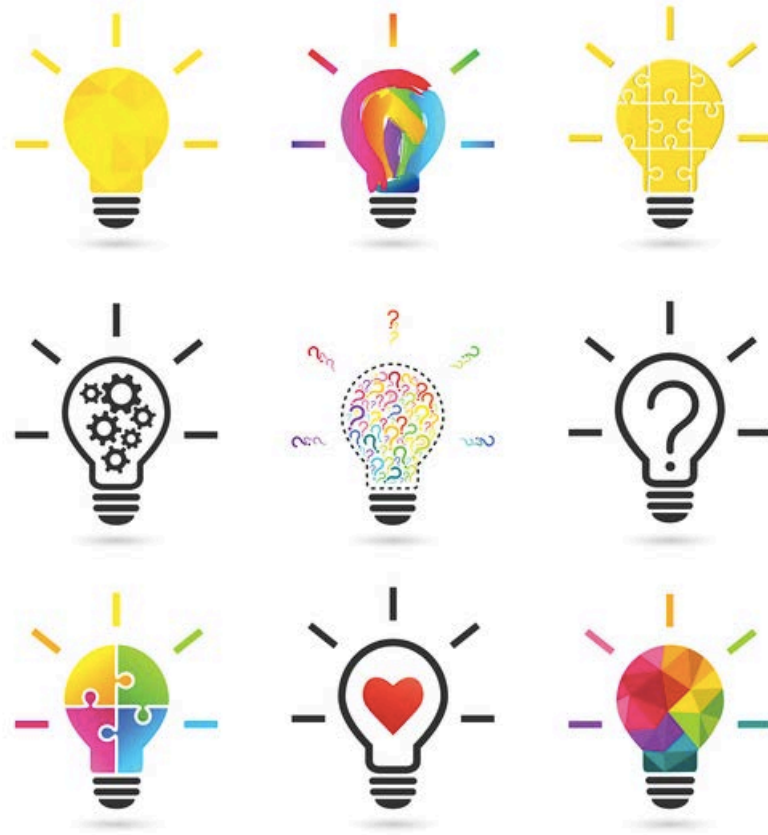


Work to the top of your intelligence

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



Improv in Action - recap



[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...

Leadership tensions in the shift

FEE FOR SERVICE

Structure & Familiar

Personal expertise

Script

Results & Systems

VALUE BASED CARE

Agility & New/Different

Team with other skills

Improvise

People – inclusion, teaming

The Next Generation of Healthcare Leadership – New demands in the shift to Value Based Care. Korn Ferry. 2017

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

Vision & TRIZ

- 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.

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

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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?

Afternoon BREAK

Activity: 15% Solutions

Assume that 85% of what happens 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?

Improvement Planning Worksheet

- **OPPORTUNITY**
- **AIM/GOAL**
- **HYPOTHESES**
- **MEASURES**
- **Action:** By next Tuesday I will....



Reflect - recap





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