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Translating Ideas to Action: Lessons from the Behavioral Health Integration Journey

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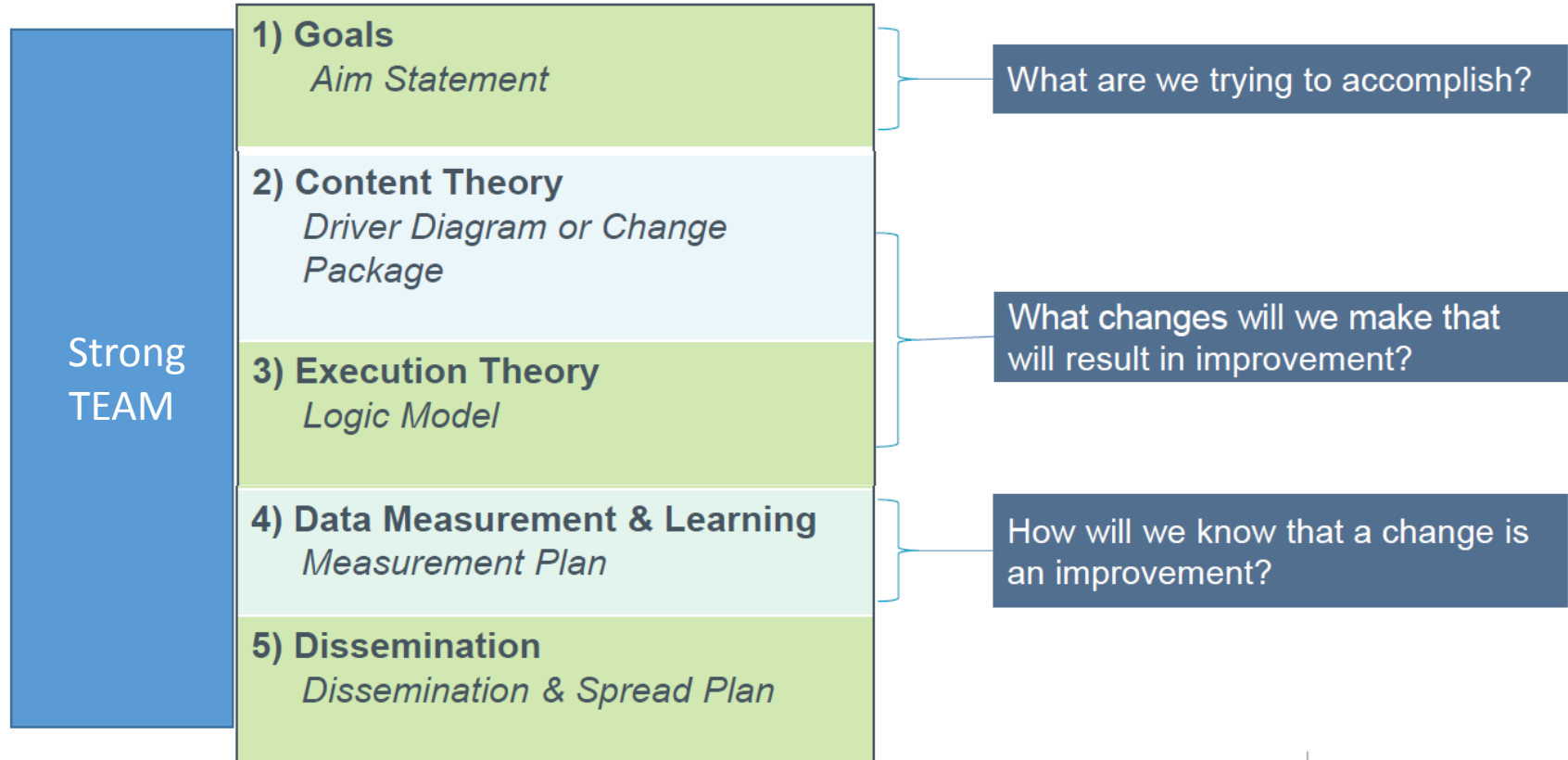


“Science, my lad, is made up of mistakes, but they are mistakes which it is useful to make, because they lead little by little to the truth.”

Jules Verne, A Journey to the Center of the Earth



Five+ Core Components for Program Success



Slide Credit: Federico, F. "Core Components for Program Success" 3/4/17.



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Aim Statement

- Specific (the WHAT)
- Time-bound (by WHEN)
- Include population (the WHO)
- Measurable (the HOW will you know)
- Focused
- Ambitious
- Revisit regularly

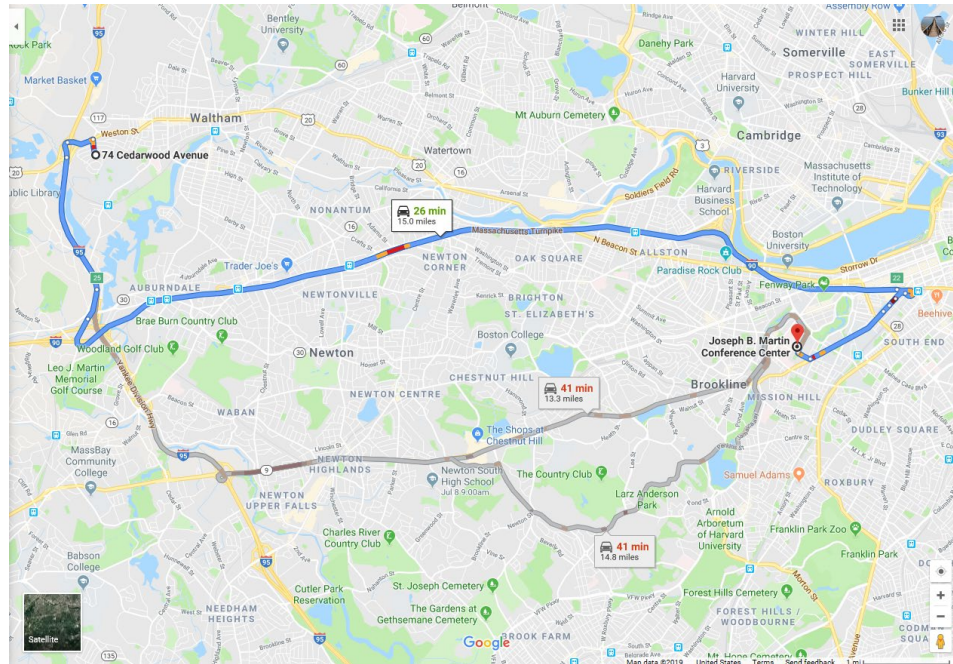


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Improve the oral health outcomes of pediatric primary care patients at the Martin Clinic as measured by an increase in access to dental health services, a decrease in rates of oral disease for children, and an increase in patient satisfaction.

What is a Content Theory?

A conceptual explanation of how the program, as defined, will theoretically result in the desired improvement.



Driver Diagram

- Quality improvement tool used to outline the system that underlies the process or outcome you want to improve.
- A ‘map’ that helps improvement teams identify change concepts that are likely to move you towards the desired outcomes.

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Why use a Driver Diagram?

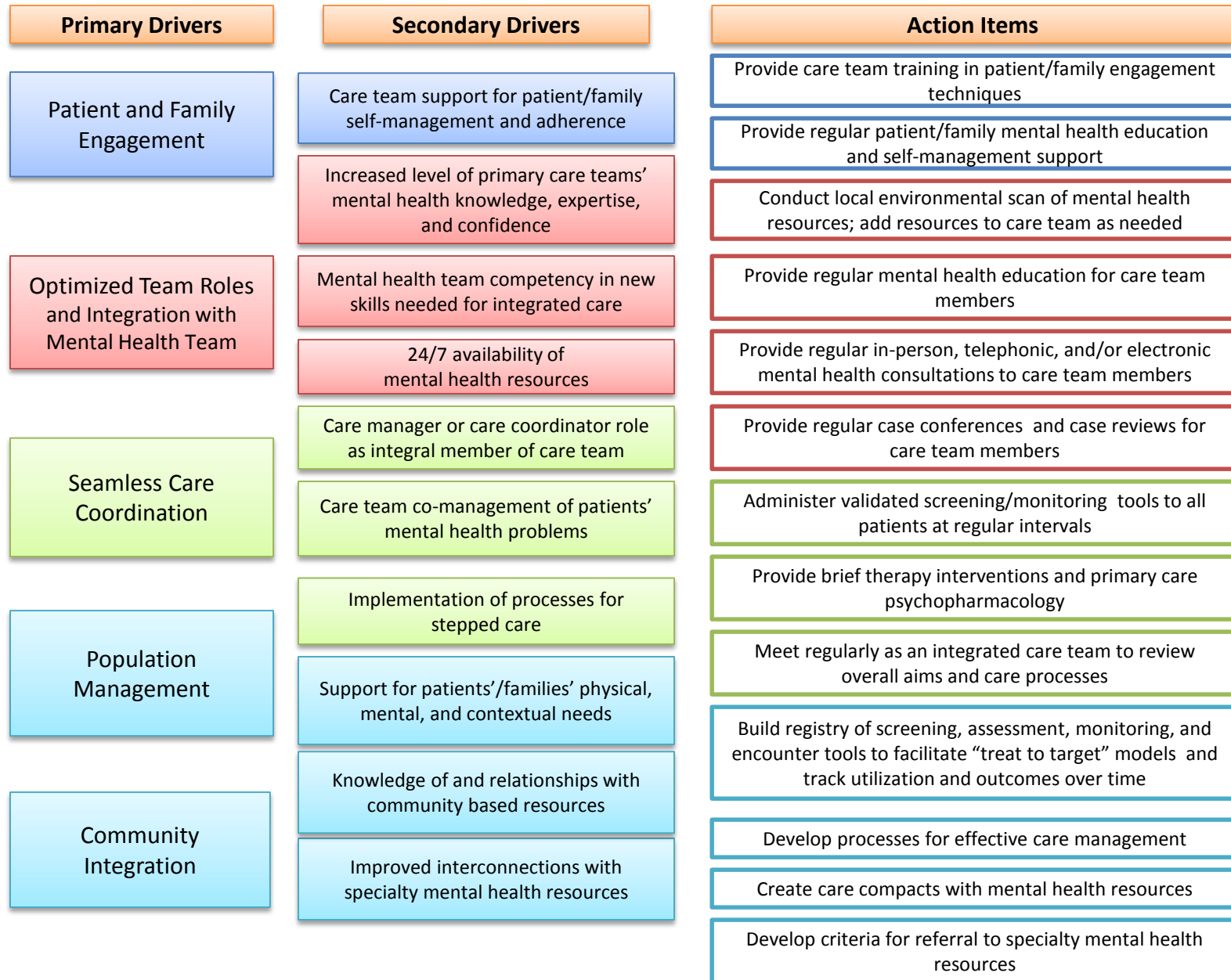
- Creates a common language
- Focus on the most important parts of a system
- Shows how changes are related to an aim & how different projects fit into a larger portfolio of work
- Outlines a theory so it can be tested



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Mental Health Integration Initiative

Driver Diagram



Improve outcomes and experience and reduce costs for patients with mental health & co-morbid physical illnesses

Oral Health Driver Diagram

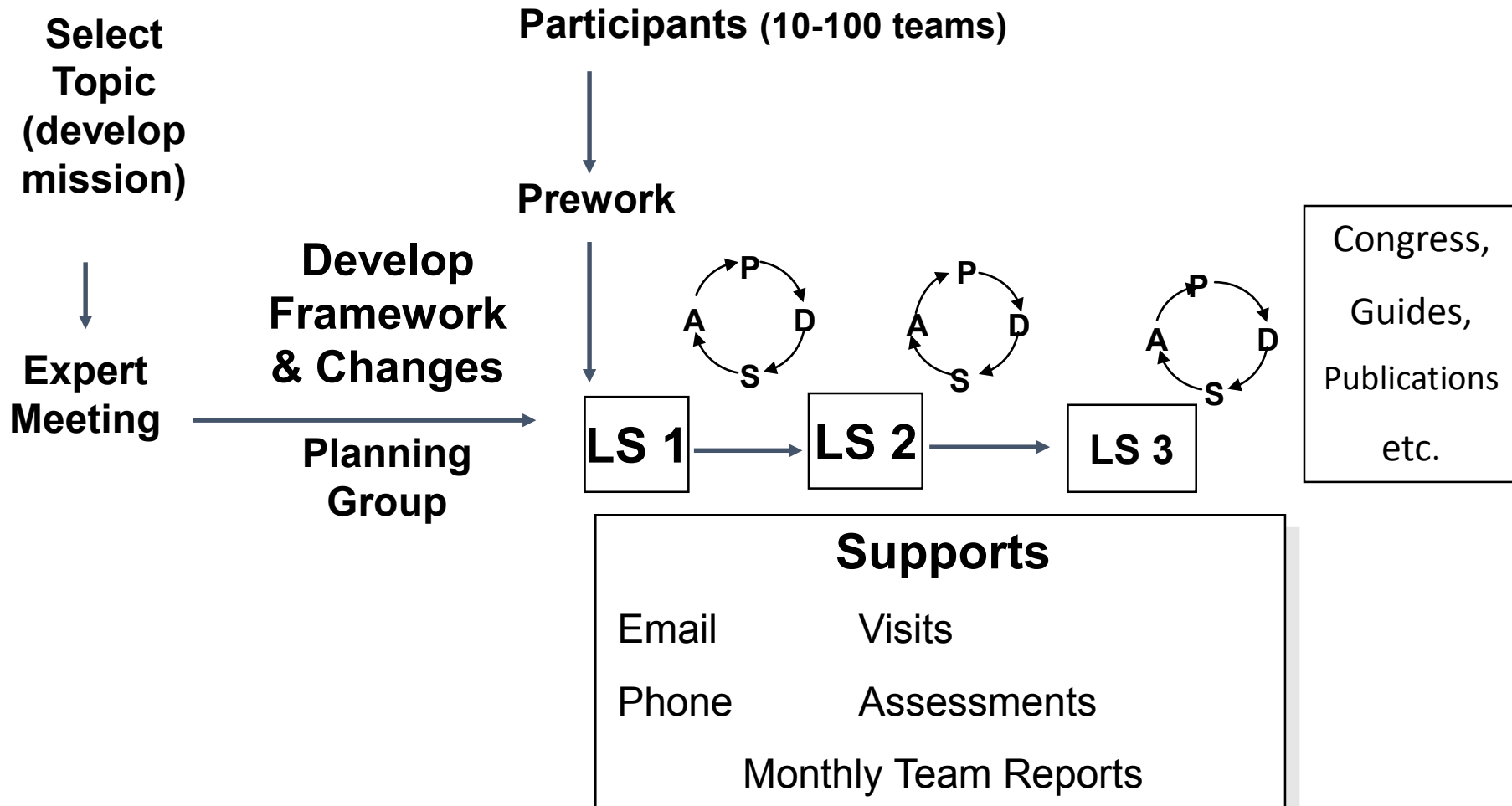
ADVANCING TEAMS PROGRAM
ORIGINALLY DEVELOPED THROUGH THE ACADEMIC INNOVATIONS COLLABORATIVE

AIM	PRIMARY DRIVERS	SECONDARY DRIVERS
To improve the oral health outcomes of primary care patients as measured by an increase in access to dental health services, a decrease in rates of oral disease for children and adults, and an increase in patient satisfaction.	Optimize provision of dental services in the primary care setting	Increase rates of fluoride varnish application to children's teeth during primary care visits Increase rates of caries risk assessment during primary care visits
	Increase communication and interaction between medical and dental providers	Increase interoperability of electronic medical and dental records
		Increase face-to-face meeting opportunities for medical and dental providers
		Engage trainees in both medicine and dentistry
		Develop mechanism to confirm dental or medical visit to alternate providers
	Increase rates of dental care utilization	Streamline referral between medical and dental departments
		Increase patient awareness of dental services and benefits
		Increase number of patients reporting a dental home
		Increase number of medical patients receiving annual dental examinations
		Increase triage of symptomatic dental disease in medical setting for prompt referral to dental
		Reduce emergency department utilization rates for dental pain
	Increase patient satisfaction with oral health	Decrease average wait time from call to dental appointment
		Increase oral health-related quality of life reported by patients
		Develop process for continuous assessment of patient satisfaction
	Optimize EHRs and data to better assess outcomes	Identify 1 or 2 shared outcome measures around oral health
		Identify or build structured fields that collect information that correlate to measures of interest

Execution Theory

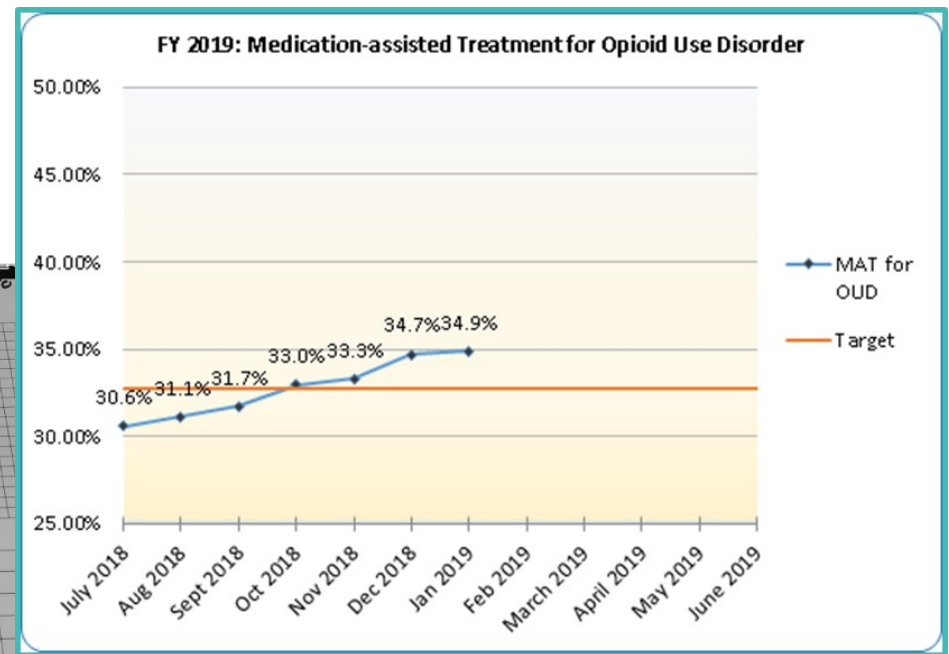
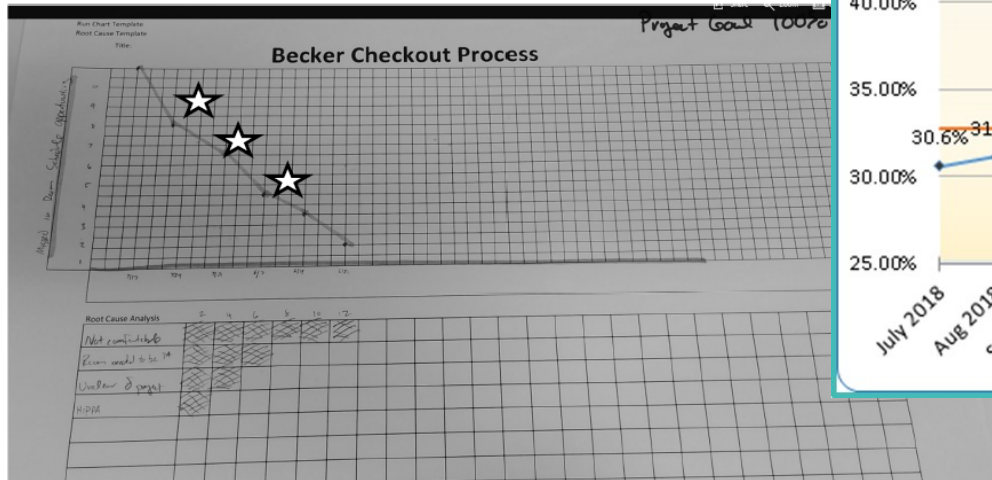
- Executive order
- One-on-one Coaching
- Training Program
- Online Modules
- Learning Collaborative – Breakthrough Series Model

IHI Breakthrough Series (9 to 18 months time frame)



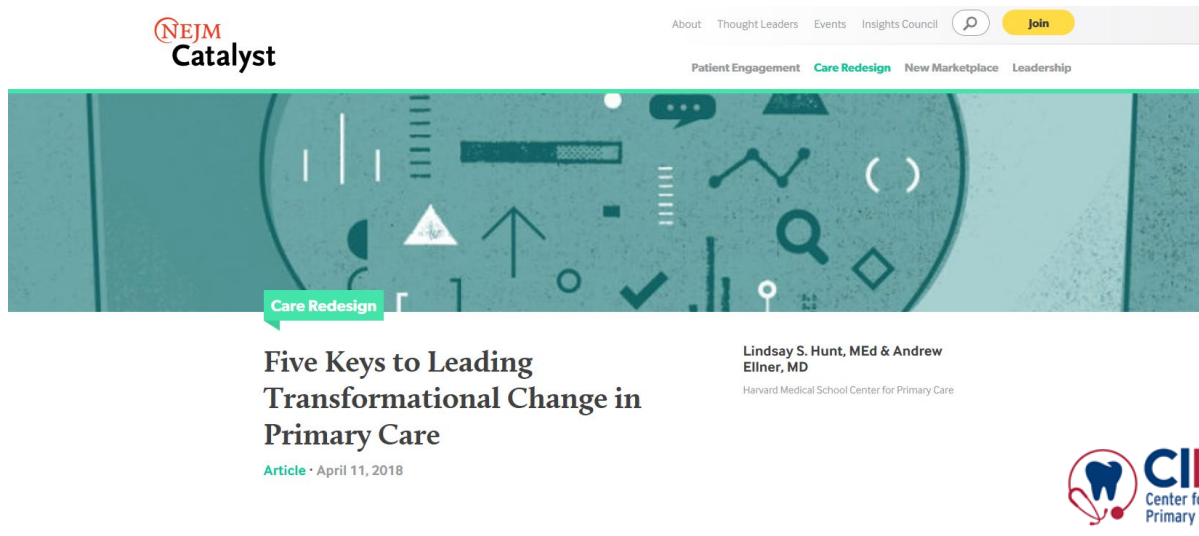
Measurement & Learning

- Visual Management Systems
- Plot the Dots
- Learning Systems




Dissemination

- Change packages
- Publications
- Poster presentations
- Workshops



The screenshot shows the NEJM Catalyst website. The header includes the NEJM Catalyst logo, navigation links (About, Thought Leaders, Events, Insights Council), a search icon, and a yellow 'Join' button. Below the header is a navigation bar with links for Patient Engagement, Care Redesign (highlighted in green), New Marketplace, and Leadership. The main content area features a large teal banner with abstract geometric shapes. Below the banner, the article title 'Five Keys to Leading Transformational Change in Primary Care' is displayed, along with the authors 'Lindsay S. Hunt, MEd & Andrew Ellner, MD' and the affiliation 'Harvard Medical School Center for Primary Care'. A small green tag labeled 'Care Redesign' is positioned above the title. The date 'Article • April 11, 2018' is shown at the bottom left. On the right side of the article, there are two logos: CIPCOH (Center for Integration of Primary Care and Oral Health) and the Harvard School of Dental Medicine Initiative logo, which includes the Harvard crest and the text 'HARVARD School of Dental Medicine Initiative INTEGRATING ORAL HEALTH & MEDICINE'.

NEJM Catalyst

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Patient Engagement **Care Redesign** New Marketplace Leadership


Care Redesign

Five Keys to Leading Transformational Change in Primary Care

Lindsay S. Hunt, MEd & Andrew Ellner, MD
Harvard Medical School Center for Primary Care

Article • April 11, 2018

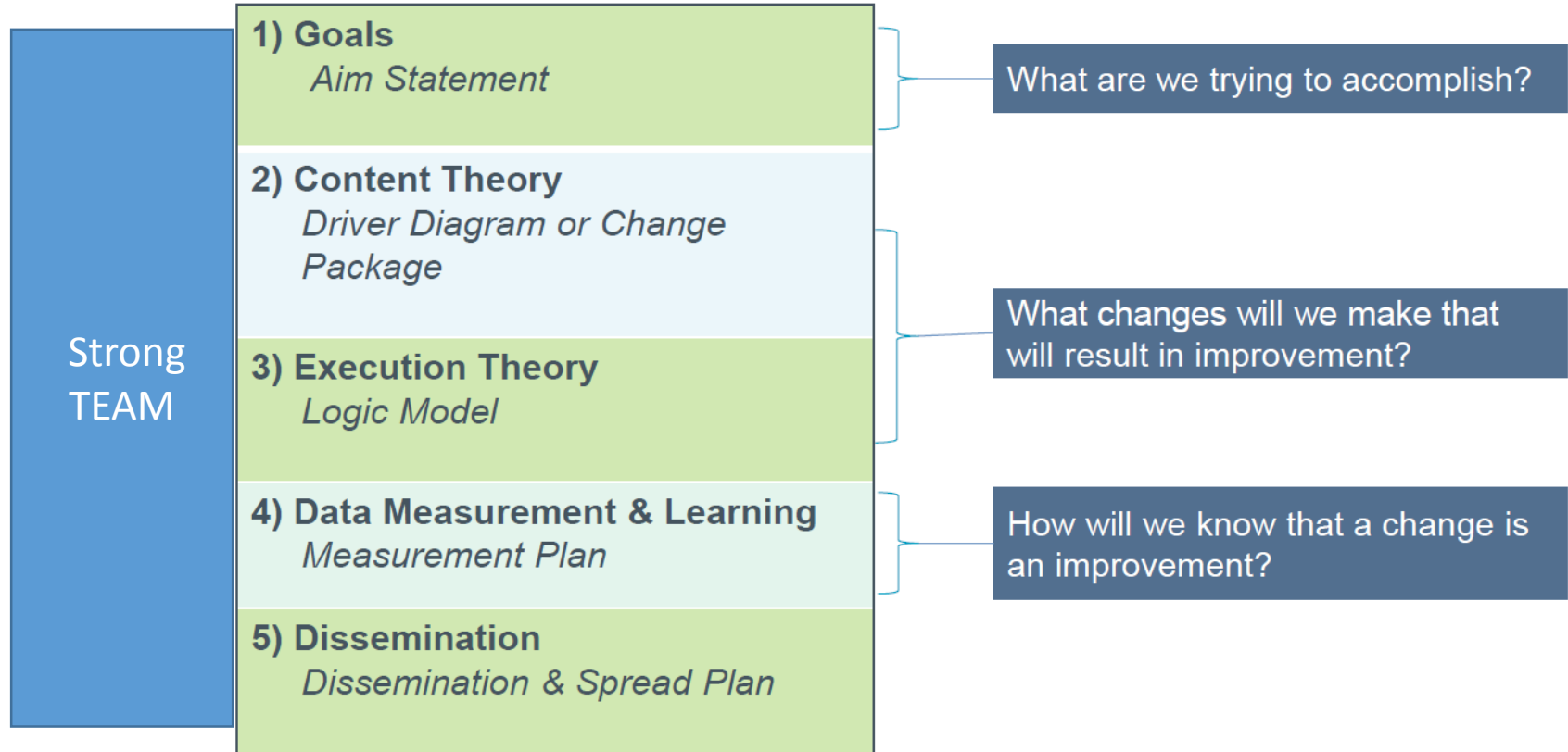
 **CIPCOH**
Center for Integration of Primary Care and Oral Health

 **HARVARD**
School of Dental Medicine Initiative
INTEGRATING ORAL HEALTH & MEDICINE



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Five+ Core Components



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Primary Care Behavioral Health Integration

Transformation Challenges

- More need than capacity
- Culture change
- Learning curves
- Power dynamics
- Physical Space
- Interdepartmental siloes
- Time for workflow
- Paper-based system
- Language & cultural barriers
- Workforce isolation
- No roadmap for <18

Implementation Strategies

- Shared Leadership Structure
- Integrated Staff
- Team-Based Care
- Consultation
- EMR/IT Optimizations
- Ongoing Training
- Electronic Screening
- Workforce development
- Workforce support
- Innovation/adaptation

Behavioral Health Integration Lessons/Key Ingredients

- Multi-disciplinary team engagement
- Regular meetings to assess progress, discuss challenges, identify next steps and owners
- Leadership support and buy-in
- Importance of physical space design
- Clear algorithms for screening and process when escalation is needed
- Forums for peer support
- Visual data displays to motivate and engage
- Patient and family engagement



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“The bottom line for leaders is that if they do not become conscious of the cultures in which they are embedded, those cultures will manage them. Cultural understanding is...essential to leaders if they are to lead.”

Ed Schein, *Organizational Culture and Leadership*



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Thank you!