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

Lindsay Hunt, MEd
Harvard Medical School
Center for Primary Care
June 5, 2019
“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

1) Goals
   *Aim Statement*
   - What are we trying to accomplish?

2) Content Theory
   *Driver Diagram or Change Package*
   - What changes will we make that will result in improvement?

3) Execution Theory
   *Logic Model*
   - How will we know that a change is an improvement?

4) Data Measurement & Learning
   *Measurement Plan*

5) Dissemination
   *Dissemination & Spread Plan*

---

Aim Statement

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

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

AIM

Theory of Practice Improvement

“Probably wrong and definitely incomplete”

Current Performance

Harvard Medical School Center for Primary Care
Mental Health Integration Initiative

Driver Diagram

**Primary Drivers**

- Patient and Family Engagement
- Optimized Team Roles and Integration with Mental Health Team
- Seamless Care Coordination
- Population Management
- Community Integration

**Secondary Drivers**

- Care team support for patient/family self-management and adherence
- Increased level of primary care teams’ mental health knowledge, expertise, and confidence
- Mental health team competency in new skills needed for integrated care
- Care manager or care coordinator role as integral member of care team
- Implementation of processes for stepped care
- Support for patients’/families’ physical, mental, and contextual needs
- Knowledge of and relationships with community based resources
- Improved interconnections with specialty mental health resources

**Action Items**

- Provide care team training in patient/family engagement techniques
- Provide regular patient/family mental health education and self-management support
- Conduct local environmental scan of mental health resources; add resources to care team as needed
- Provide regular mental health education for care team members
- Provide regular in-person, telephonic, and/or electronic mental health consultations to care team members
- Provide regular case conferences and case reviews for care team members
- Administer validated screening/monitoring tools to all patients at regular intervals
- Provide brief therapy interventions and primary care psychopharmacology
- Meet regularly as an integrated care team to review overall aims and care processes
- Build registry of screening, assessment, monitoring, and encounter tools to facilitate “treat to target” models and track utilization and outcomes over time
- Develop processes for effective care management
- Create care compacts with mental health resources
- Develop criteria for referral to specialty mental health resources

*Improve outcomes and experience and reduce costs for patients with mental health & co-morbid physical illnesses*
### Oral Health Driver Diagram

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

Select Topic (develop mission)

Participants (10-100 teams)

Prework

Develop Framework & Changes

Planning Group

LS 1 → LS 2 → LS 3

Supports

Email Visits
Phone Assessments
Monthly Team Reports
Measurement & Learning

- Visual Management Systems
- Plot the Dots
- Learning Systems
Dissemination

• Change packages
• Publications
• Poster presentations
• Workshops
Five+ Core Components

1) Goals
   Aim Statement

2) Content Theory
   Driver Diagram or Change Package

3) Execution Theory
   Logic Model

4) Data Measurement & Learning
   Measurement Plan

5) Dissemination
   Dissemination & Spread Plan

- What are we trying to accomplish?
- What changes will we make that will result in improvement?
- How will we know that a change is an improvement?

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
“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*
Thank you!