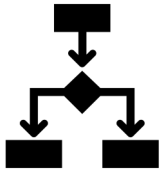
TEAM UP
Learning Community



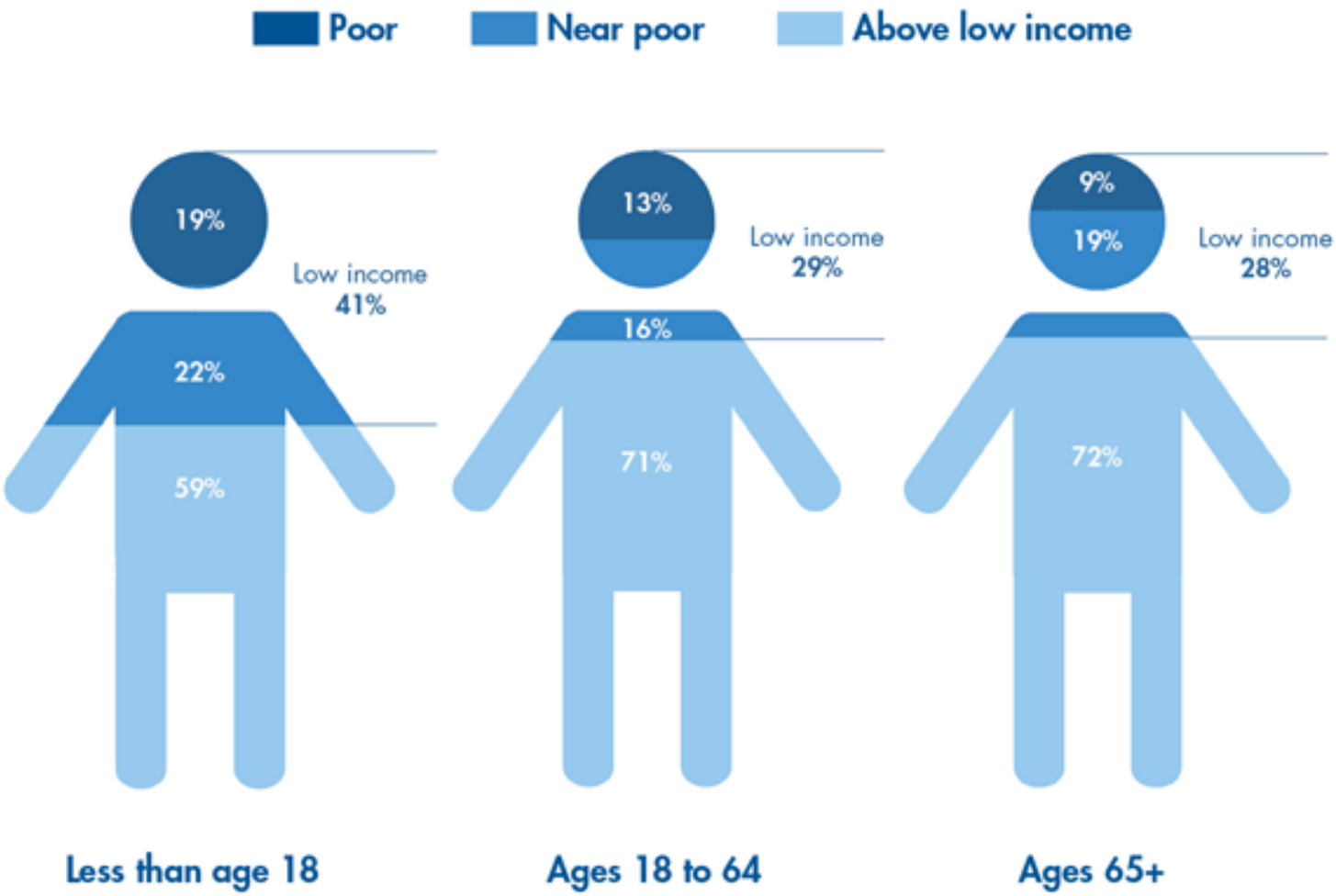
TEAM UP
FOR CHILDREN

Transforming and
Expanding
Access to
Mental Health Care in

Urban
Pediatrics

BOSTON MEDICAL CENTER

Current Childhood Landscape – Child Poverty



Koball, H., & Jiang, Y. (2018). Basic Facts about Low-Income Children: Children under 18 Years, 2016. New York: National Center for Children in Poverty, Columbia University Mailman School of Public Health.

Current Childhood Landscape – The Need

TEAM UP FOR CHILDREN

- 1 out of 5 children in the US have a mental health issue
- 80% do not receive an adequate diagnosis
- More than 2/3 of children experience at least 1 traumatic event by the age of 16
- Children who need mental health services do not receive them in a timely manner

Current Childhood Landscape – The Consequences

TEAM UP FOR CHILDREN

- Infants and young children represent 55% of children in federally-funded shelters
- In the 2016-2017 school year, 1.4 million students ages 6-18 experienced homelessness
- Children in foster experience a rate of ~ 8 moves per 1,000 days
- Rate of expulsion from preschool of children ages 3-4 is higher than that of school-aged children (K-12)
- Suicide was the second leading cause of death for youth ages 10-24

Our Vision and Aim

TEAM UP FOR CHILDREN

Vision

All children and families will live within a community that fosters and promotes physical and behavioral health, wellness, and resilience

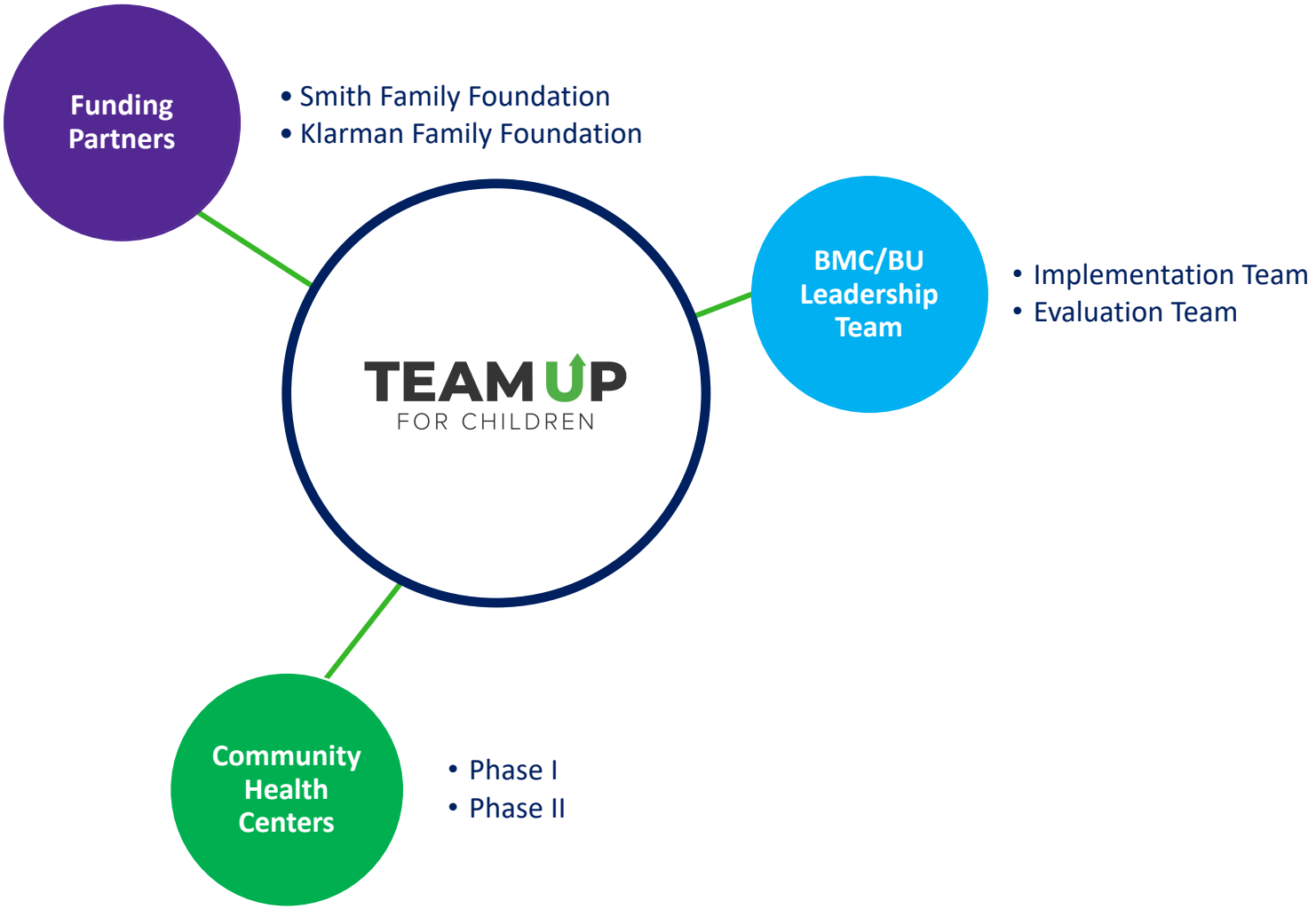
Aim

To promote positive child health and well-being through innovation and consistent delivery of evidence-based integrated behavioral health care

Target

Children, and their families, seeking care at participating TEAM UP federally-qualified community health centers

TEAM UP Organization



TEAM UP Organization

- 3 Community Health Centers

Phase I

Planning	Implementation Year 1	Implementation Year 2	Implementation Year 3
Months 1-9	Months 10-21	Months 22-33	Months 34-45
9/15-5/16	6/16-5/17	6/17-5/18	6/18-5/19

- 4 Community Health Centers

Phase II

Planning	Implementation Year 1	Implementation Year 2	Implementation Year 3
Months 1-9	Months 10-21	Months 22-33	Months 34-45
9/19-5/20	6/20-5/21	6/21-5/22	6/22-5/23

Community Health Center Teams

- Project Manager
- Clinical Champions
- Billing Champion
- IT Analyst
- Pediatric Providers
- Behavioral Health Clinicians
- Community Health Workers

Transformation Model

TEAM UP FOR CHILDREN

TRANSFORM CARE

STRENGTHEN FAMILIES

- Augment support during the prenatal-postpartum transition
- Promote strength-based parenting and access to early childhood education

ENHANCE SCREENING

- Screen for social, developmental, and behavioral issues
- Screen for parental concerns and social determinants of health

ENSURE ACCESS

- Address material needs and identify emerging behavioral issues
- Engage families in comprehensive, integrated care
- Build population health strategies and refine clinical workflows

BRIDGE CONNECTIONS

- Navigate families to Early Intervention and community-based services
- Provide innovative pathways to specialists

TRANSFORM

STRENGTHEN FOUNDATIONS

SHIFT THE CULTURE

- Fully commit to transformation
- Engage leaders and empower champions
- Involve families and the community

READY THE ENVIRONMENT

- Optimize revenue and prepare for sustainability
- Fortify EMR and reporting systems
- Prepare the physical space
- Foster a trauma-forward, culturally-responsive environment

BUILD THE TEAM

- Augment staffing and establish new roles on the care team
- Grow evidence-based knowledge and clinical skills
- Collaborate in a team-based approach to care

STRENGTHEN

TEAM UP FOR CHILDREN

CREATE A LEARNING COMMUNITY

CLINICAL TRAINING

- Develop skills in the core competencies of pediatric integrated behavioral health care
- Provide role-focused support for new and existing care team members

PRACTICE TRANSFORMATION

- Utilize a data-driven quality improvement framework to promote long-term sustainability
- Share learnings, celebrate successes, and disseminate results

CREATE

Transformation Model

TEAM UP FOR CHILDREN

TRANSFORM CARE

The WHAT

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STRENGTHEN

The HOW

TEAM UP FOR CHILDREN

CREATE A LEARNING COMMUNITY

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- Provide role-focused support for new and existing care team members

PRACTICE TRANSFORMATION
- Utilize a data-driven quality improvement framework to promote long-term sustainability
- Share learnings, celebrate successes, and disseminate results

CREATE

TEAM UP
Learning Community

Learning Community Objectives

TEAM UP FOR CHILDREN

CLINICAL TRAINING

- Develop skills in the core competencies of pediatric integrated behavioral health care
- Provide role-focused support for new and existing care team members

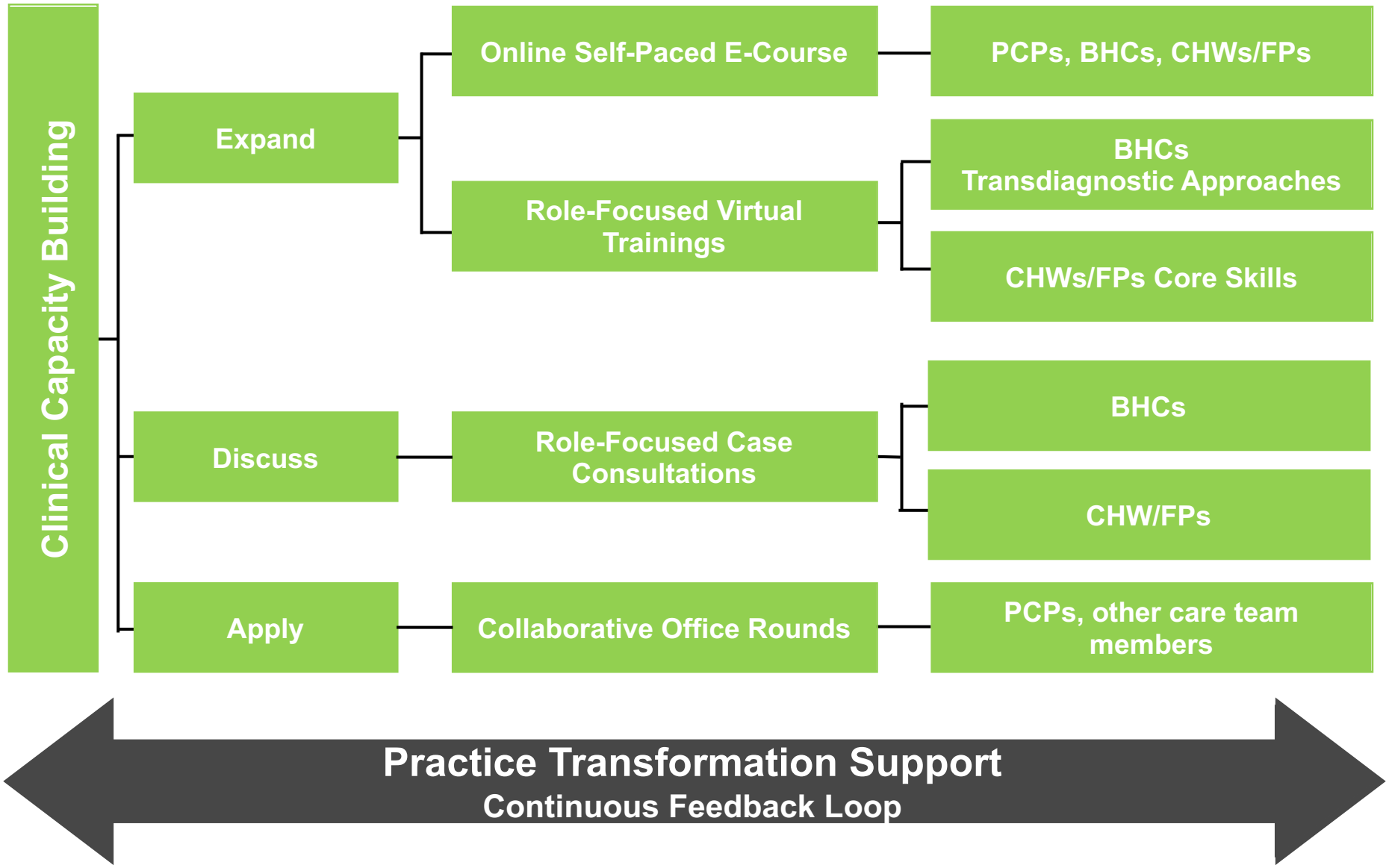
- Expand knowledge in core areas of pediatric behavioral health
- Discuss cases with specialists and build capacity and content expertise
- Apply new skills to think through clinical processes as a team

PRACTICE TRANSFORMATION

- Utilize a data-driven quality improvement framework to promote long-term sustainability
- Share learnings, celebrate successes, and disseminate results

- Implement and improve new clinical workflows for integrated behavioral health
- Engage in systems change to enable operational support for new care delivery models
- Innovate, share learning, and build the field through model development and dissemination

Learning Community



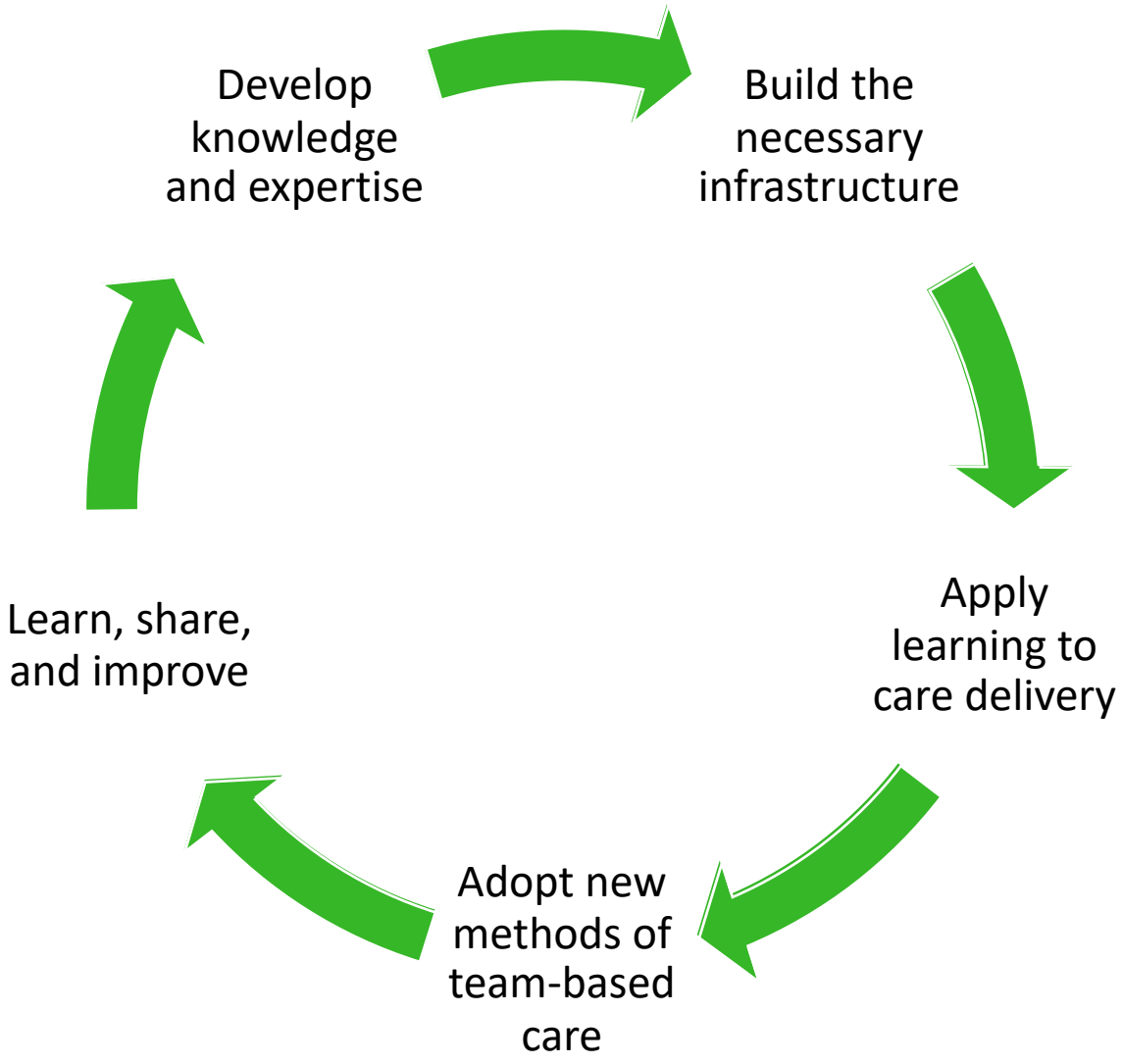
Clinical Training Activities

- Primarily geared toward engaging the therapeutic and integrated teams: PCPs, BHCs, CHWs/FPs
- Focus on increasing knowledge of common child behavioral health challenges and developing skills needed for addressing them within the integrated setting
- Emphasis on promoting team-based approach to care delivery
- Guidance to integrate learning within daily practice and build internal expertise and capacity

Practice Transformation Activities

- Combination of planning and development, implementation and improvement, and shared learning
- Focus on developing the TEAM UP model for integrated care delivery
- Support for planning, implementation, and improvement to build operational capacity for integrated care delivery
- Forums for shared learning and collaboration across all health centers within TEAM UP and beyond

Learning Community

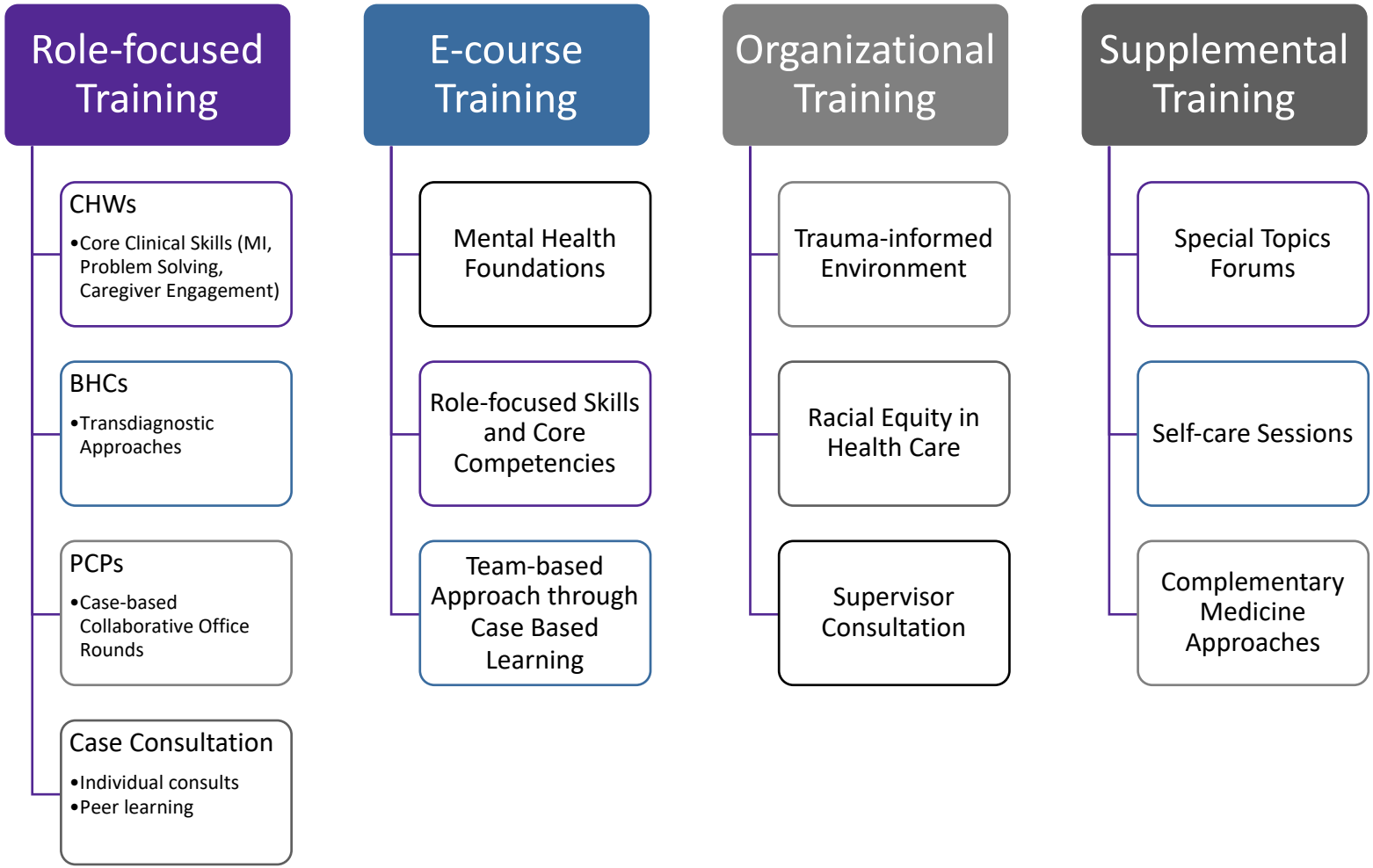


TEAM UP
Clinical Training

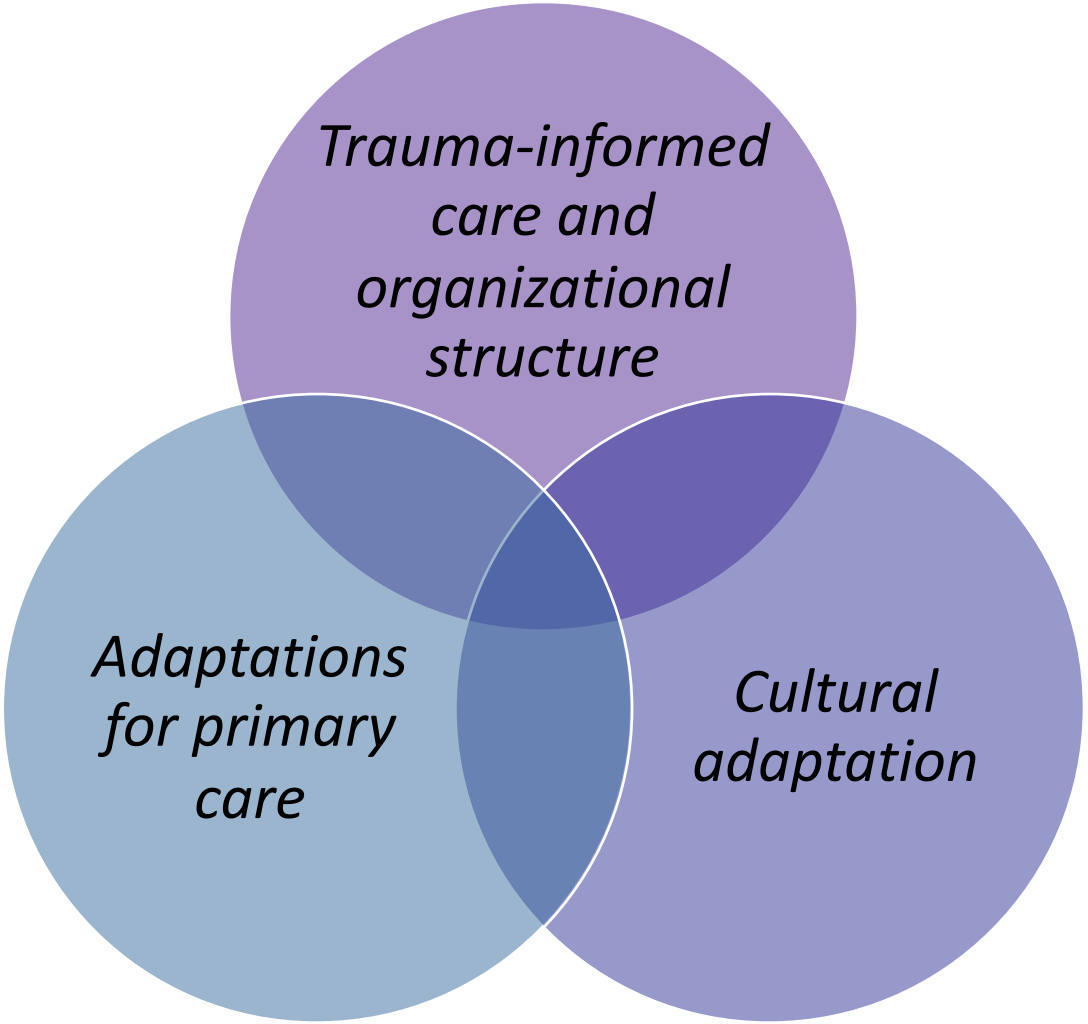
Clinical Training Activities

TEAM UP FOR CHILDREN

If you are an integrated care team member at a TEAM UP health center, here's what you receive in clinical training over two years



Theoretical Approaches Driven by Populations and Contexts



E-Course Content

Foundational

This section will provide a foundation of common mental health issues seen in the pediatric primary care setting.

Go to All Foundational Training »

Early Childhood

Estimated Time: 1 hour

Externalizing Child

Estimated Time: 1 hour

Parental Stress

Estimated Time: 1 hour

Safety and Suicidality

Estimated Time: 1 hour

Traumatic Stress

Estimated Time: 1 hour

Role-Focused

Participants will delve deeper into their particular role and engage in role-specific techniques and strategies to work with children and families in their setting.

Go to All Role-Focused Training »

Behavioral Health Clinicians

Community Health Workers

Primary Care Providers

Team-Based Approach

Participants will practice applying concepts and strategies from previous modules using a team-based approach.

Go to All Team-Based Training »

Protected: Andres' New Friends and New Habit

Protected: Joseph's Externalizing Behavior

Protected: Rose's Parents Notice a "Change"

Protected: Yodalis' Exposure to Trauma

TEAM UP
Practice Transformation

Practice Transformation Framework

TEAM UP FOR CHILDREN

Model Development

- Collaborative development of TEAM UP model with contribution and co-creation by all TEAM UP health centers

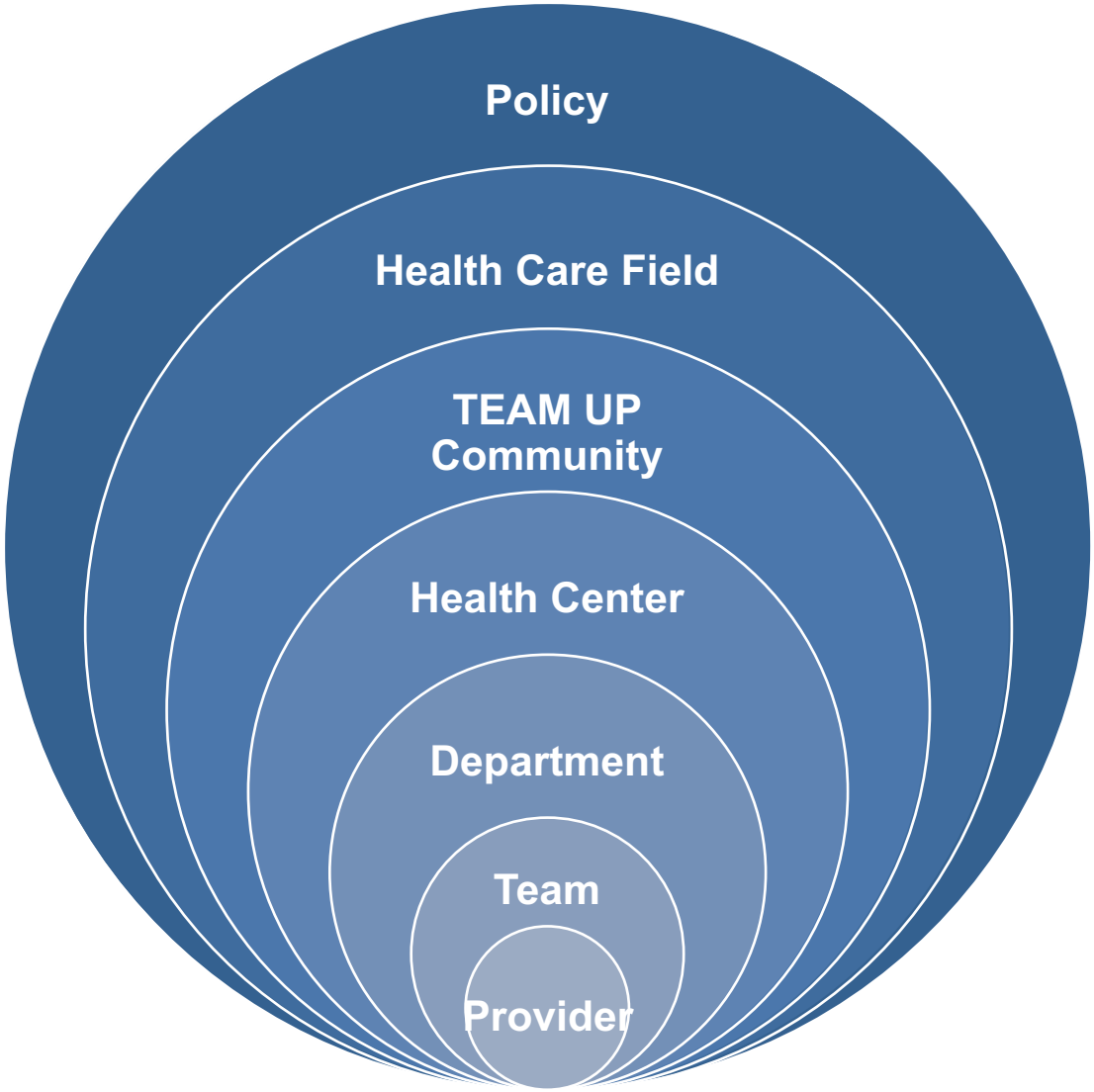
Implementation & Improvement

- Site-specific implementation of all Transformation Model components and development of continuous quality improvement plan

Learning & Dissemination

- Communication of TEAM UP-wide learning and innovation to promote the field of behavioral health integration

Levels of Practice Transformation



Practice Transformation Activities

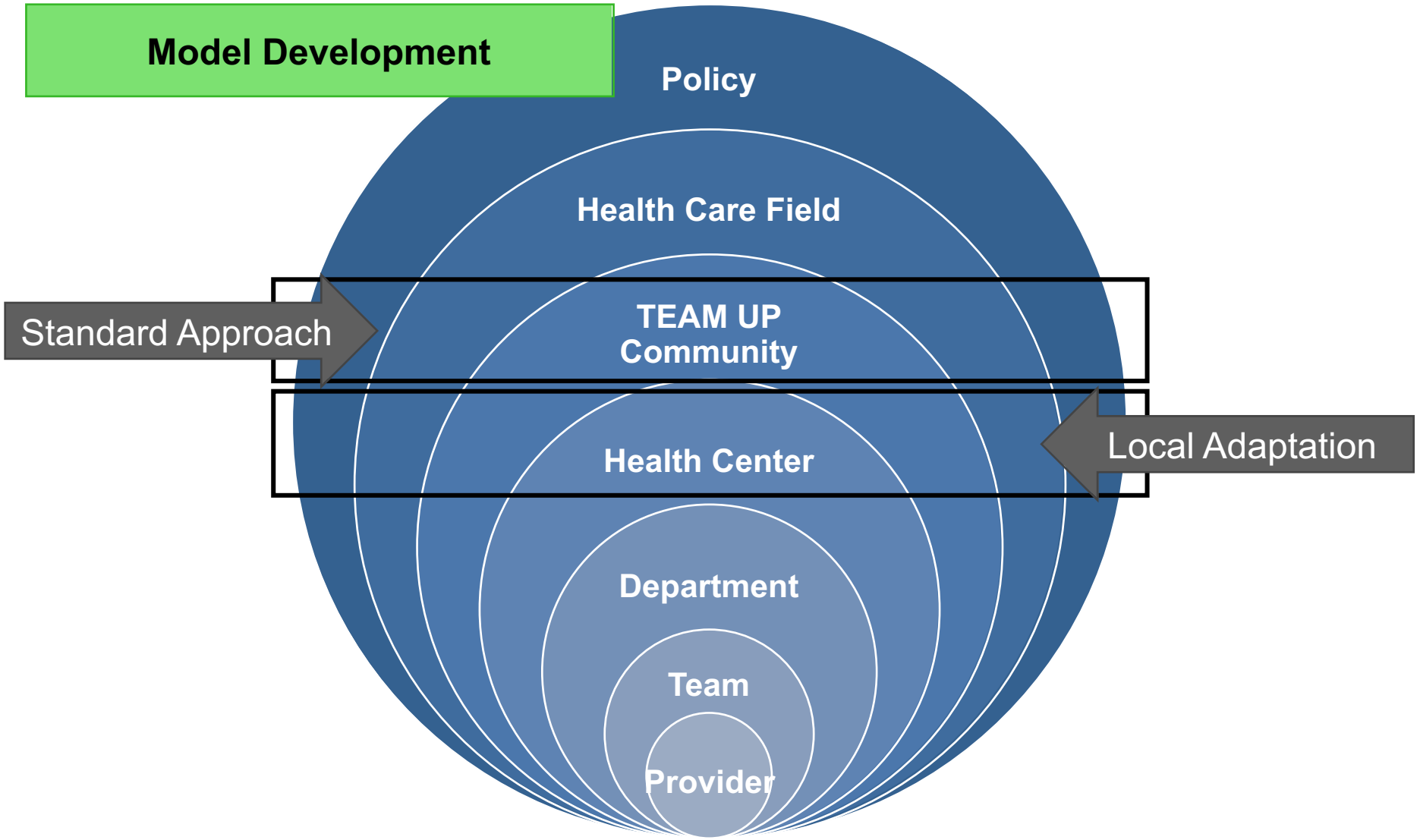
TEAM UP FOR CHILDREN

Activities	Participants
Model Development	
Steering Committee Meetings	Clinical Champions, PMs
Implementation & Improvement	
Practice Transformation (PT) Meetings	Clinical Champions, PMs
Revenue Optimization Workgroup	Billing Champions, PMs
Team-Based Care Sessions	Pediatric Department
Learning & Dissemination	
Community Dinners	Core Team, Integrated Care Team, PCPs & Other Staff
Symposium	All CHC Staff & Stakeholders

Model Development

Activities	Frequency
Steering Committee Meetings ✓ Develop and refine the core components of TEAM UP ✓ Co-create options for integrating currently undefined model components ✓ Collectively identify implementation priorities and monitor progress	Monthly

Levels of Practice Transformation



Model Development Framework

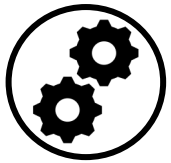
TEAM UP FOR CHILDREN

Define a unifying framework

Articulate & agree upon an inclusive, common framework through Steering Committee meetings

Establish a starting point

Analyze the baseline performance & priorities for each health center



Innovate, observe, evaluate & share

Share our experience & outcomes in PT meetings

Iterate and focus in

Assess the impact & define what contributes to improved outcomes at each health center

Finalize core components

Finalize TEAM UP model components at Steering Committee meetings

Disseminate learning

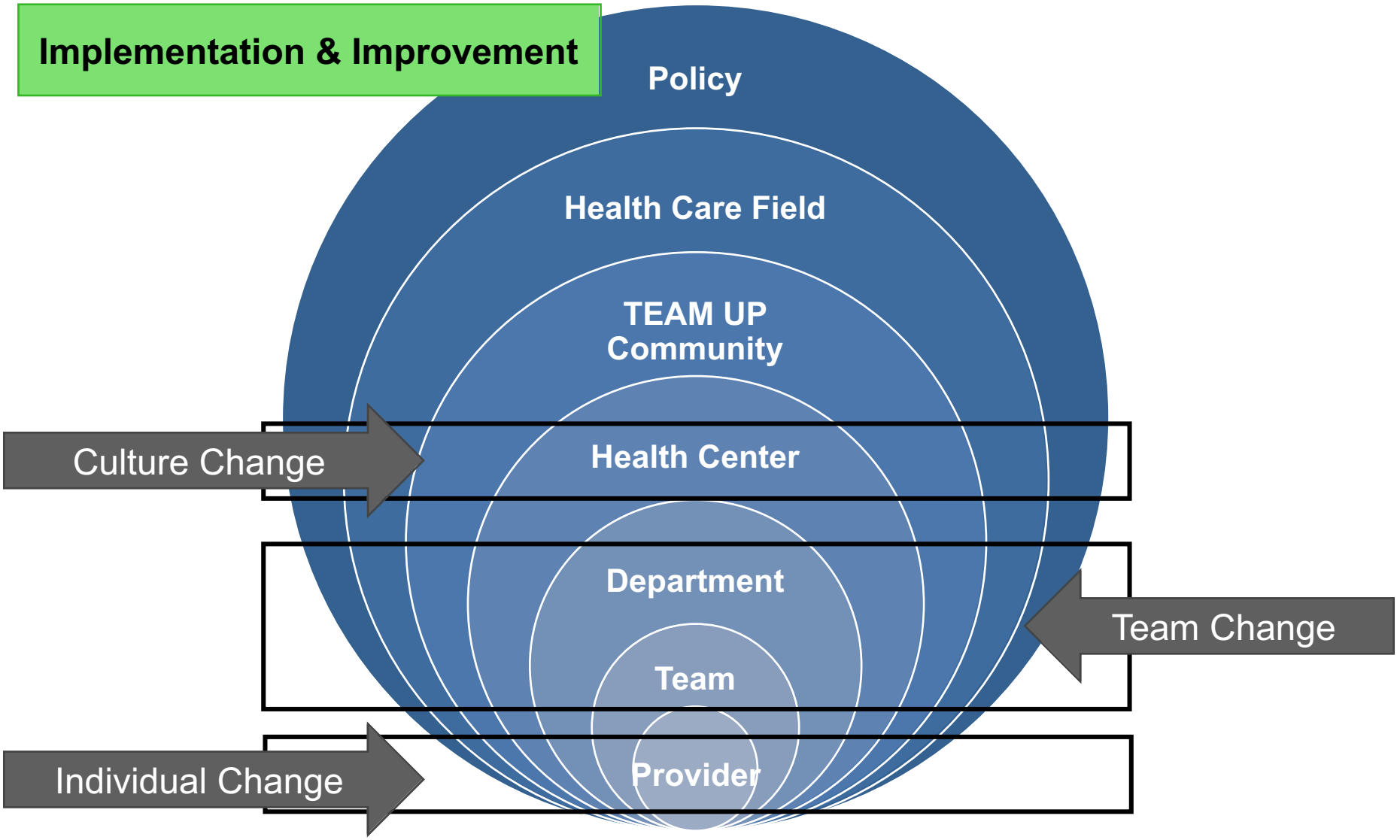
Share findings and model components beyond TEAM UP community to build the field

Implementation & Improvement

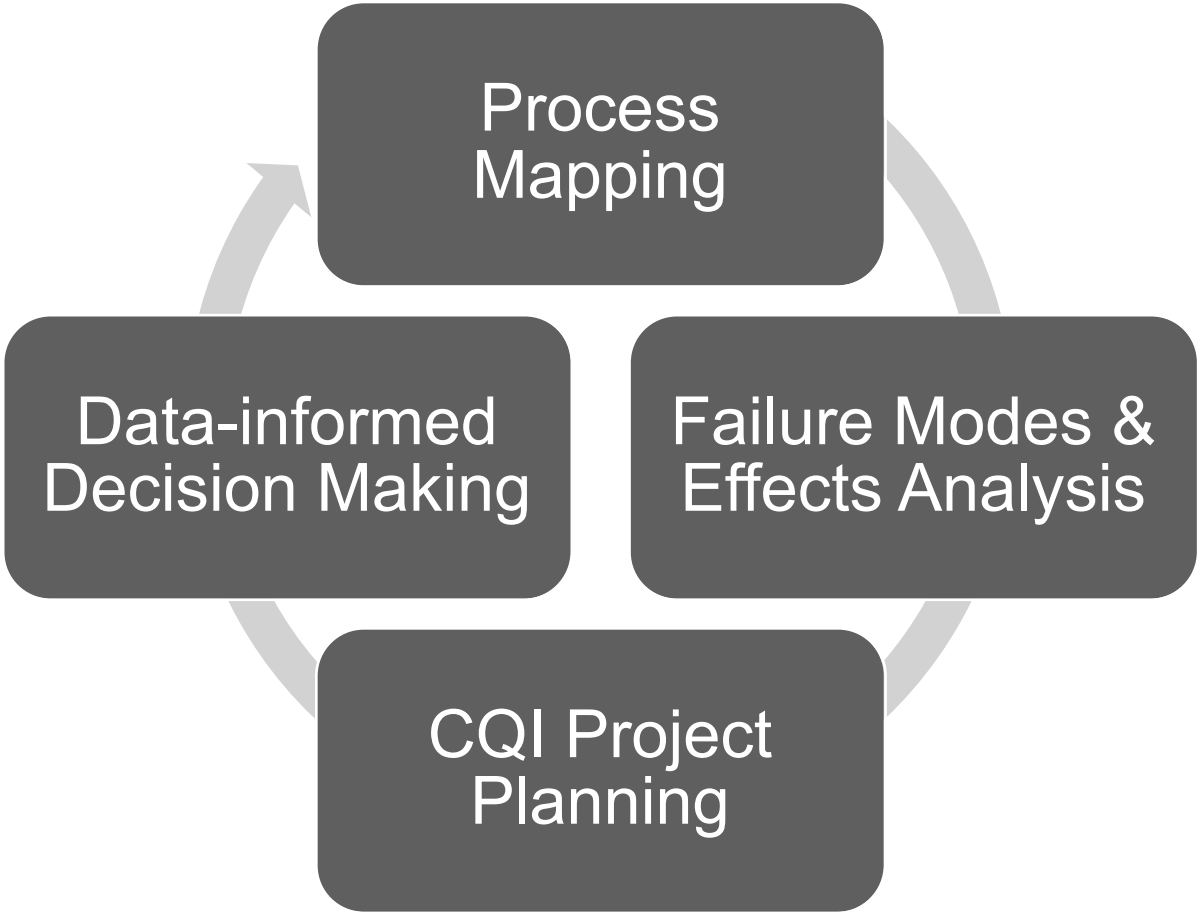
TEAM UP FOR CHILDREN

Activities	Frequency
Practice Transformation Meetings ✓ Support TEAM UP champions and leaders in implementation planning ✓ Ensure health center progress towards adoption of Transformation Model ✓ Utilize data to support CQI planning and ensure sustainability	Weekly
Revenue Optimization Workgroup ✓ Build health center capacity to generate revenue for integrated care ✓ Enable mentoring and collaboration among billing champions ✓ Promote sustainability of TEAM UP model past grant period	Quarterly
Team-Based Care Sessions ✓ Engage care team in development and refinement of clinical workflows ✓ Promote use of quality improvement methodologies within the clinic ✓ Foster collaboration in practice transformation across care team	Quarterly

Levels of Practice Transformation



Implementation & Improvement Methodology



Implementation & Improvement Methodology

Process Mapping	Development of visual representation of all sequential steps within the workflow; step to codify workflow development and planning
Failure Modes & Effects Analysis	Method for identifying failure points within workflow and potential impact on care delivery; strategy for identifying and prioritizing areas for improvement
CQI Project Planning	Process for development of improvement strategies to be tested on a small scale; involves planning for implementation and evaluation of strategies
Data-Informed Decision Making	Utilization of data to evaluate effectiveness of improvement strategies and workflow; findings utilized to determine next steps to further implementation

Application to Transformation Model

TEAM UP FOR CHILDREN

Identifying failure points within the warm handoff process

Process mapping workflows

Utilizing revenue data to inform productivity

Adapting care team roles to better meet patient need

TRANSFORM CARE

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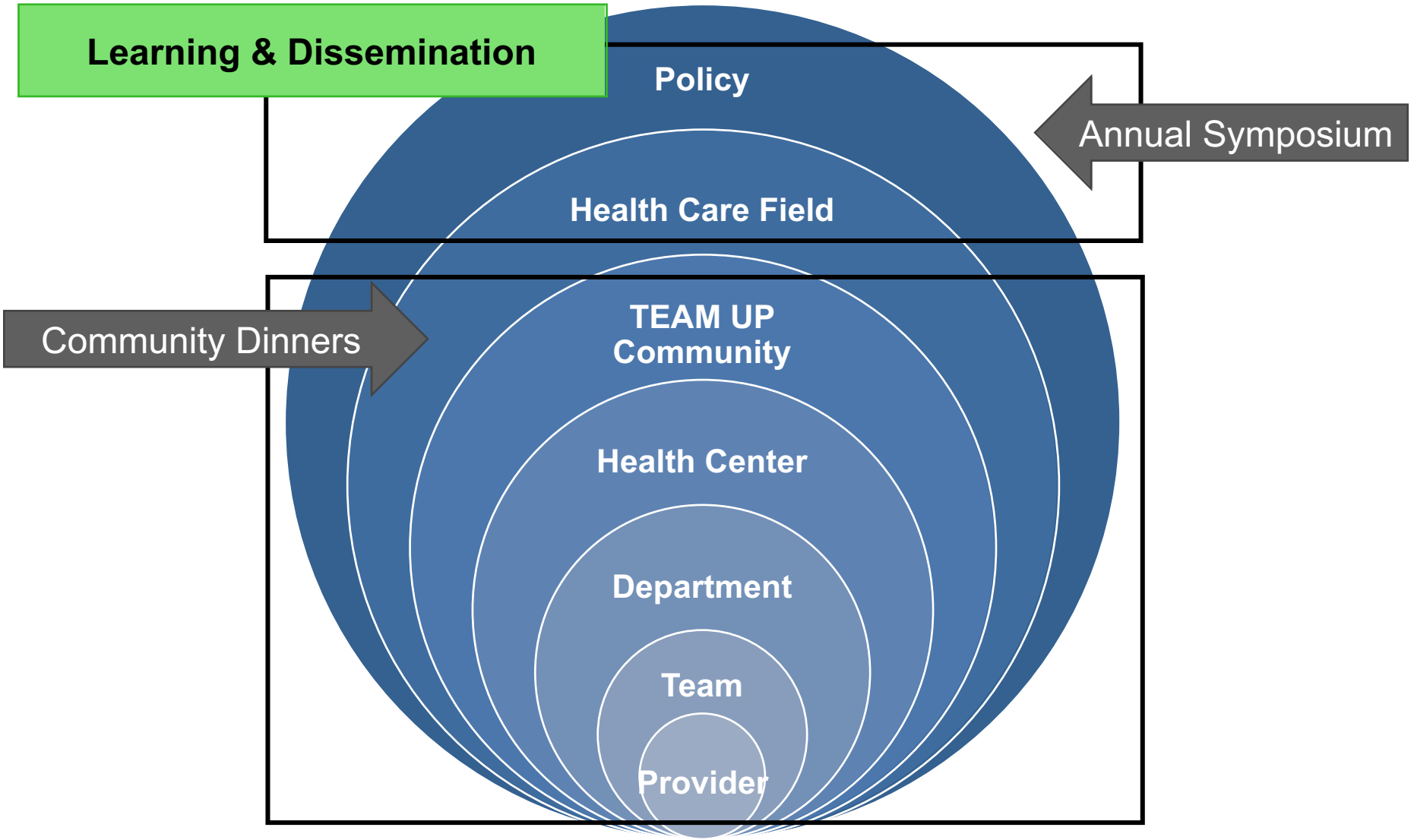
TRANSFORM STRENGTHEN

Learning & Dissemination

Activities	Frequency
Community Dinners ✓ Share learning across TEAM UP ✓ Develop relationships & connections across health centers ✓ Celebrate unique & individual successes	Bi-Annual
Symposium ✓ Gather TEAM UP community & external stakeholders ✓ Engage broad coalition on future of BHI ✓ Showcase TEAM UP advances & health center innovation	Annual

Levels of Practice Transformation



Sharing Our Work

TEAM UP FOR CHILDREN

HEALTHCITY

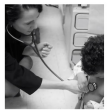
POLICY AND INDUSTRY

Integrated Behavioral Health in Pediatric Primary Care: 'You're Treating the Kid, but the Family Is the System'

TEAM UP pushes pediatric behavioral health integration out into the community.

By Ray Hainer | April 22, 2019

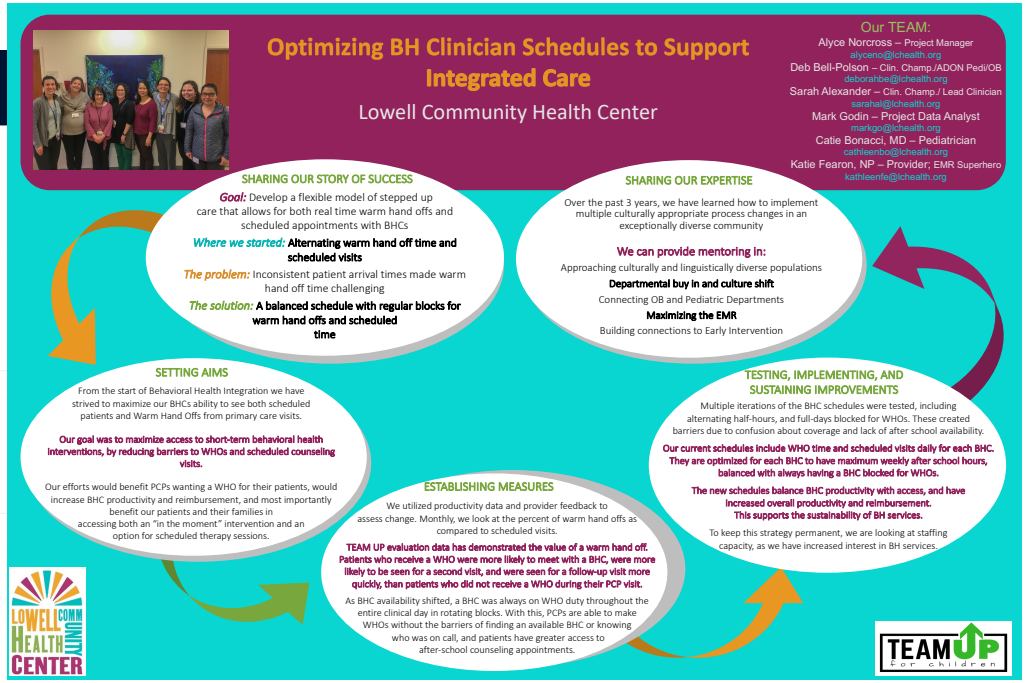
Related



Only about 20% of the children in the United States who experience behavioral health issues **receive specialized care**, and it's not hard to understand why. Thanks to a **nationwide shortage of providers** and mazelike insurance plans, a simple referral from a pediatrician can easily turn into an odyssey of forms, fees, missed phone calls, and weeks-long waits for appointments. For parents who are managing the stresses of living in poverty or negotiating cultural or language barriers, the experience can be even more daunting.

For over a decade, pediatricians and psychiatrists have made a push to **integrate behavioral health services into primary care settings**, in order to streamline communication, facilitate prevention and care, and reduce long-term healthcare costs. The **early results** have been promising, and the evidence that **behavioral health integration can improve outcomes** for children is getting stronger. At the same time, national surveys have continued to highlight **vast numbers of untreated children** and ongoing **racial disparities** in care, signaling that much work remains to be done.

Behavioral health integration comes in many forms, ranging from minimal collaboration across separate locations to fully merged practices. One model at the latter end of this broad spectrum, **TEAM UP for Children**, has pushed the definition of integration even further, to emphasize close partnerships with families and community partners. TEAM UP is currently found at three community health centers in Massachusetts and is planning to expand to three or four more over the next several years, with support from the **Richard and Susan Smith Family Foundation** and **The Klarman Family Foundation**.



Integrated Culture

TEAM UP for children

Transforming and Expanding Access to Mental Health Care in Urban Pediatrics for Children

Sharing Our Work

TEAM UP FOR CHILDREN

November 2019 Community Dinner Storyboard – Codman Square Health Center

TEAM UP for children

Perinatal Stepped Care Model and Transitions During Infancy & Early Childhood

Molly Brigham LICSW, Hannah Carey LCSW, Genevieve Daftary MD MPH, Ingrid Dautruche, Tinamarie Fioroni LMHC, Cleisa Gomes, Patricia Hanley LICSW, Rebecca Hooper MA, Sara Pierre, Jacqueline Rue MA+, Chanelle Thomas.

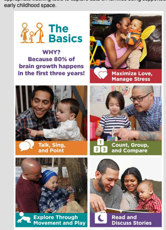
Introduction

Opportunity Statement

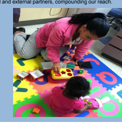
Activities

Facilitators and Challenges

CQI Process



Impact Analysis



Next Steps

Acknowledgements

Codman Square Health Center

BEST OF ACADEMY HEALTH 2019 ANNUAL RESEARCH MEETING

HSR Health Services Research

The effects of integrating behavioral health into primary care for low-income children

Megan B. Cole PhD, MPH[1] | Qiuyuan Qin MS[2] | Radley C. Sheldrick PhD[1] | Debra S. Morley PhD[2] | Megan H. Bair-Merritt MD, MSCE[2,3]

[1]Department of Health Law, Policy, and Management, Boston University School of Public Health, Boston, Massachussets

[2]Department of Pediatrics, Boston Medical Center, Boston, Massachussets

[3]Department of Pediatrics, Boston

Abstract

Objective: To evaluate the impact of TEAM UP—an initiative that fully integrates behavioral health services into pediatric primary care in three Boston-area Community Health Centers (CHCs)—on health care utilization and costs.

Analyzing and Improving New Clinical Workflows

Transforming and Expanding Access to Mental Health Care in Urban Pediatrics

Mahader Tamene, MSc[1]; Anita Morris, MSN[1]; Megan Bair-Merritt, MD, MSCE[1,2]

Introduction

TEAM UP - Transforming and Expanding Access to Mental Health Care in Urban Pediatrics - is a pediatric integrated behavioral healthcare initiative undertaken by three urban health centers serving 21,000 children. TEAM UP promotes positive child health and well-being by building the capacity of urban community health centers (CHCs) to deliver high quality, evidence-based integrated behavioral health care to children and families.

Failure Modes and Effects Analysis (FMEA) is a quality improvement tool used to identify failures in implementation of clinical workflows, assess the relative impact of different failures, and prioritize opportunities for improvement. FMEA is a useful tool for healthcare professionals interested in evaluating implementation of new clinical processes or assessing the impact of proposed improvements to existing processes.

Study Design

At the mid-point (October 2017) and end-point (February 2019) of the initiative, we conducted FMEA for two workflows that are foundational to integrated behavioral health care:

- screening for child behavioral health (BH) concerns, and
- real-time, 'warm' hand-offs (WHOs) between primary care providers (PCPs) and behavioral health clinicians (BHCs).

The FMEA tool was completed in accordance with the Institute of Healthcare Improvement's QI Essentials Toolkit. Multidisciplinary clinical teams at each CHC created process maps and collectively identified likely failures in the process for each workflow, including the causes and effects of those failures. Each failure mode was quantified with a Risk Profile Number (RPN). The RPN is calculated in three domains: likelihood of occurrence, likelihood of detection, and severity. The total score represents the product of these domains.

Results & Data

In the mid-point FMEA, CHCs identified a diverse set of potential failure modes, ranging from 4 to 11 per process. Across both studied processes, failure modes fell broadly into two categories: parent and family receptivity and engagement and consistent implementation of the process by CHC staff.

All CHCs identified failures related to family characteristics, such as issues of literacy, language incongruence, and feeling burdened, intimidated, or offended by the process.

All CHCs also identified failures related to application of the new workflow, such as staff not using the correct screening form and incomplete hand-offs between PCPs and BHCs.

The risk score associated with each failure mode varied. Some failure modes were identified by all three CHCs, however the risk scores associated with those common failure modes were ranked differently.

Table #1: Characteristics of FMEA Results

Workflow	Range of Failures Identified	Range of Risk Profile Number
Screening for Child BH Issues	6 – 11	34.33 – 282.36
Warm Hand-off	4 – 8	28.5 – 299.22

Table # 2: Failure Modes with Highest Risk Profile Number

Workflow	CHC #1	CHC #2	CHC #3
Screening for Child BH Issues	Parents feeling burdened by answering questions (RPN=282.36)	Parental literacy (RPN=174.00)	Parents feeling defensive, intimidated, or offended (RPN=159.84)
Warm Hand-off	Completing real-time hand-offs from the urgent care department (RPN=299.22)	Families declining services (RNP =57.75)	Incomplete hand-offs between PCPs and BHCs (RPN=240)

Table # 3: Characteristics of Common Failure Modes

Workflow	Family Characteristics	Application of New Workflow	Common Failure Modes
Screening for Child BH Issues	Parents feeling burdened, defensive, offended; Parental literacy; Incomplete forms	Screener not given to family; Screener in wrong language; Screener scored incorrectly	Parental literacy (RPN range: 123.90 – 276.32)
Warm Hand-off	Families declining services; Less 'buy-in' from families to treat developmental concerns	BHC not available; Interpreter not available; Warm hand-off requested but no action taken; Lack of time/space for warm hand-off	BHC not available (RPN range: 50.4 – 164.77)

In the end-point FMEA, CHCs again identified a diverse set of potential failures that mirrored those outlined in the first administration. These included failures related to parent and family receptivity and engagement, such as literacy and parent refusal or feeling of burden; and, failures related to application of the new workflow, such as incorrect screeners given, lack of language concordance, and incomplete handoff between PCP and BH team. Additional characteristics are compared in Table #4 below.

Table #4: Characteristics of FMEA Results Comparison

Characteristics of FMEA		2017	2019
Range of Failures Identified	Screening	6.0 - 11.0	8.0 - 11.0
	WHO	4.0 - 8.0	8.0 - 16.0
Range of Risk Profile Numbers	Screening	34.33 - 282.36	42.75 - 295.12
	WHO	28.5 - 299.22	33.52 - 461.65

Discussion

FMEA is a valuable tool to use when transforming clinical practice as it effectively identifies potential barriers to implementation of new workflows and prioritizes areas for improvement. Focusing on these areas when planning improvement efforts is likely to mitigate these failures.

Each health center developed a plan to address the most significant risks identified through the FMEA process. Tables #5 and 6 below illustrate improvement plans created after the mid-point FMEA process.

Table #5: Excerpt from CHC#1's FMEA: Screening for Child Behavioral Health Issues — Failure Modes with Highest RPNs & Actions to Reduce Risk of Occurrence

Table #6: Excerpt from CHC#3's FMEA: Warm Hand-off to Behavioral Health Clinician — Failure Modes with Highest RPNs & Actions to Reduce Risk of Occurrence

CHCs created new improvement plans after the end-point FMEA process. In this second round, CHCs were additionally asked to set a performance goal. Table #7 shows one such example of this process from CHC #3.

Table #7: Excerpt from CHC#3's end-point FMEA: Warm Hand-off to Behavioral Health Clinician — Failure Modes with Highest RPNs, Actions to Reduce Risk of Occurrence, and Goals for Completed Warm Hand-offs

Measuring Improvement: Set your goal for completed warm hand-offs. 75% of attempted warm hand-offs will be completed

Conclusion

FMEA can be used successfully in CHCs to identify diverse, contextual barriers to implementing BH workflows. The FMEA process also facilitates on-going improvement and, as such, is likely to contribute to improved implementation and long-term sustainability of new workflows.

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TEAM UP Advocacy Agenda

TEAM UP FOR CHILDREN

Match up the clinical model and the payment model	*Caring for vulnerable children and families requires a team effort to address social determinants of health, coordinate care and services, and ensure easy access to care. Make sure the payment model recognizes and reimburses for the workforce and infrastructure that makes TEAM UP work.*
	Ensure the payment system promotes prevention and early identification of emerging issues. This will help de-stigmatize behavioral health care.
Ensure Sustainability	*Integrated care requires an investment in workforce development to prepare BHCs and CHWs for their role in the primary care. This includes focused clinical training as well as consultation and implementation support.*
	While the BHC role can be sustained through direct revenue, sustainability of the CHW role requires further work. The transition to alternative payment methodologies provides an opportunity to develop more flexible sustainability models.

Questions

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TEAM UP FOR CHILDREN

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