If We Only Knew: What We Learned from an Integrated Complex Care Initiative

By Leslie Brooks and Elizabeth Morrison

Select Organizations Based on Readiness and Willingness

- Pilot site selection based on membership attribution, type of organization (to intentionally increase variety of pilot site settings), and relationship status with the funder are insufficient site selection criteria. In addition to these criteria the site selection process must include a readiness assessment of executive leadership and mid-level management (i.e. clinic manager) engagement, functional operational supports (including sufficient team space, technology), adequate foundational whole health practices, and cultural-based strengths (such as valuing a learning environment) to ensure timely and effective initiation of the pilot. The readiness, commitment, adaptability, and culture of a site is the most important predictor of success.
- A higher quantity and diversity of pilot sites introduces significant complexity in the adaption of the approach, distribution of training and support resources, and evaluation of program efficacy. Consideration should be given to piloting the intervention within a somewhat homogeneous and/or smaller group of sites from which learnings can be harvested and spread to other clinics.
- Frank communication with leadership regarding the expectations of participation early on is critical to initiate thorough planning and prepare leadership and teams for the significant culture change required to be successful. These conversations also serve to expose gaps in leadership engagement and allow for early intervention to enhance connection and buy-in.
- A roll-out timeline with clear milestones is essential to ensure teams effectively transition through the phases of testing and implementation. After site selection, if there are varying degrees of readiness, or if implementation milestones are not met, pilot sites should be consciously formed into unique cohorts with modified phases of testing and implementation, or accountability plans can be tailored to create momentum and drive course correction.

Ensure Measures Match the Target Population and Initiative Aims

- The target population must be clearly defined, and data sources must be available to aid in the identification of people who meet the target population criteria. Selected measures need to match the target population and be congruent with the aims of the larger initiative.
- A target population too broadly defined, and a set of measures that may not match the identified population (for example, using a depression measurement tool within a target

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- population that has not been selected based on this condition), can result in frustration for the team, evaluators, payers, and even patients.
- Outcome measures that match the chosen target population, are actionable by the team, and are congruent with the larger aims of the initiative, increase the relevance of measurement, which in turn supports consistent team and patient engagement with data, and reduces measurement burden and burnout.
- Thoughtfully consider the role and use of process measures. An absence of processes measures can make it difficult for teams to monitor key activities that support consistent communication and follow-up with team members and patients.

Concurrently Focus on Developing Integrated Behavioral Health Services

- Within primary care organizations, offering sufficient integrated behavioral health services for the total clinic population is important for the success and sustainability of an integrated complex care initiative.
- Organizations that have insufficient or ineffective integrated behavioral health services, need coaching and support to develop a plan to concurrently enhance, increase, and improve these services while developing complex care programs.
- Without integrated care practices, or without purposeful concurrent building of fledgling integrated care practices, complex care programs will likely not be successful for many reasons: 70% of medical visits are driven by psychosocial factors; 40% of the Medi-Cal population has a mental health condition; 17% have a substance use condition. It is untenable for one behavioral health provider on a complex care team, caring for less than 100 patients, to ignore the need in the thousands of other patients; caring providers and staff may engage in any means to get behavioral health services for their patients, including putting them on registries where they don't meet the criteria, or asking behavioral health providers to see other patients, or serve in other programs.

Hire and Configure the Team for Success

- Hiring the right people is an absolute necessity, especially when starting any initiative that departs in philosophy and practice of the traditional medical model. While a new hire who is a poor fit/match is never ideal, it can be tolerated once the cultural shift has been institutionalized. During the early stages of development, however, the staff are the

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messengers, the billboards, the sales people, and the cultural ambassadors that represent the change; a poor fit/match at this stage can be a significant barrier to transformation efforts.

- For this reason, existing organizational recruitment, selection, or hiring processes may not be effective for staffing new complex care teams. Hiring processes may need to be overhauled to ensure congruency with the whole health, integrated nature of the teams. Hiring practices should prioritize candidates who love working with a team, have a relational orientation to care and excellent interpersonal skills, value multidisciplinary practices, have beliefs and training consistent with patient self-efficacy, and are expert in empathy-based behavior change strategies, such as motivational interviewing. These qualities are equally important for all team members, from physicians to receptionists.
- Team configuration may not be the same for all organizations; team make-up might vary based on target population, individual team members' strengths and/or limitations, or the larger organization or community's resources. It is ideal to engage in small scale testing of team configuration, and to adapt the configuration to best match the work before spreading.

Develop Connected Teams to do the Best Work

- Learning and development activities are most effective when they are offered early in the initiative, are robust and comprehensive, and focus initially in a few areas, such as:
    - Practices of high preforming teams, including building trust-based interpersonal relationships, effective informal and formal communication skills, and healthy conflict toleration and management.
    - Helping teams define roles and responsibilities of each member, and how these are interrelated to each other, with acknowledgement that roles and responsibilities are not the same in each team; responsibilities fluctuate depending on team members' strengths and/or limitations.
    - Evidenced-based communication practices within the team and with patients and families serviced by the team, including motivational interviewing and other empathy based self-management facilitation techniques. These strategies and techniques are agnostic, applying to interactions with team members and patients equally, and applicable to any behavior change or relationship.
    - Population health principles and practices, including identifying the target population, using a registry, and practicing measurement-based care and systematic caseload reviews.

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Elevate the Role of the Practice Coach

- Success in practice coaching depends on the development and maintenance of a therapeutic alliance with the organization, the team, and individuals. Practice coaches can expect, and must be prepared, to devote a significant amount of time to building relationships with team members and clinic and health care organization leadership, in addition to negotiating, repairing and maintaining inter-team, clinic, and organization relationships. Competency in motivational interviewing enhances practice coaches' effectiveness in this area.
- A positive working relationship with leadership staff is essential to maintain leadership engagement and provide clear communication to teams. When practice coaches and leadership are not connected or aligned, disparate messages to the team create confusion and tension and undermine the teams' ability to implement practice changes successfully.
- It is important for practice coaches to model interdisciplinary, collaborative team work. To this end, having practice coaches from different disciplines (behavioral health, medical, quality improvement, etc.) fosters inter-team consultation, allows the option of working in integrated pairs, and provides modeling for the complex care teams.
- Physicians are still typically considered the de-facto leaders of their team or site; practice coaches play an important role in engaging site-based providers and can provide helpful feedback to clinic leadership on the identification and engagement of the physician champion. Developing a personal relationship with the physician champion through face-to-fact visits and phone calls increases' the champion's understanding of their role on the team and supports greater team structure and connection.
- Due to the complexity of their work, practice coaches require protected time for consultation with other each other to celebrate successes and share strategies for addressing barriers, challenges, and developing team autonomy and accountability. This consultation mirrors the practice of systematic caseload review, and it ensures that teams with acute challenges, and their assigned practice coach, benefit from the wisdom and support of the full practice coach team.

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Engage in Team and Patient Experience, a Parallel Process

- Employee experience and engagement are closely correlated with patient experience and engagement; the measures are often used as proxies for each other. Employee experience and engagement are also correlated to patient adherence, as well as overall clinical outcomes.
- For this reason, attending to the team experience is vital. Making employee experience an explicit focus, and one of the core data points, at initiation of the initiative demonstrates its importance.
- Surveys and subsequent data are only the beginning of employee and patient experience and engagement work. It is vital to help teams develop processes for discussing experience outcomes regularly and setting goals related to improving experience for themselves and their patients. This work will be new to most teams, particularly in regard to employee experience; most healthcare organizations don't measure employee experience, and those that do often do it only yearly, with delayed feedback loops and sometimes little follow up.
- Because this is new work to most teams, practice coaches must be passionate, persuasive, convincing, and competent in assisting teams to secure the time, effort, and resources to devote to this work.
- Practice coaches will be more genuine, and therefore more effective, advocates for this work if they are doing the same work themselves. It is important for practice coaches, and all colleagues on the initiative, to engage in a parallel process of surveying their own experience and engaging in discussion and goal setting to positively affect it.

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