

# **Emerging Leaders PECHAKUCHA**

PRESENTS:

# **Emerging Leaders**

**Nick Redmond and Tey Silva  
Community Health Partners  
Gallatin and Park County**



# COMMUNITY HEALTH PARTNERS

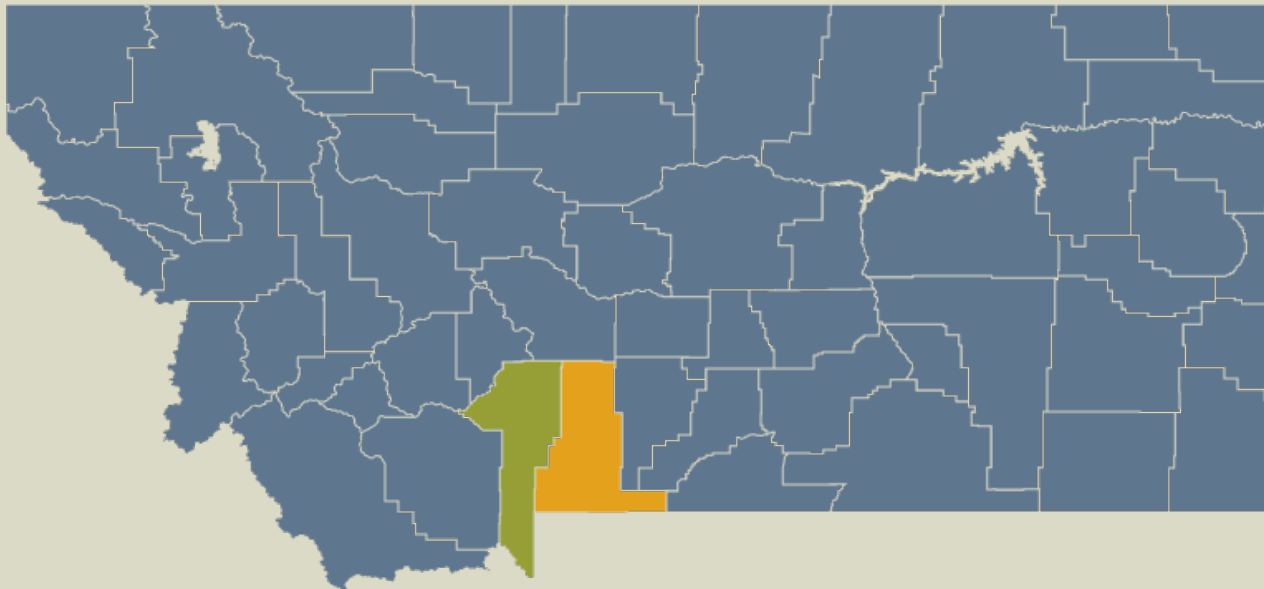
REAL PEOPLE. REMARKABLE HEALTHCARE.

**Belgrade**

**Bozeman**

**Livingston**

**West Yellowstone**





**Phone Tree Redesign**

**Integrated Behavioral  
Health**

**Infrastructure**

**Quality**

**PCMH**

**Compensation**

**Upgrade**

**Optimization**

**Employee  
Retention**

**Productivity**

**Community Behavioral  
Health Needs**

**Demand**

**SBIRT**

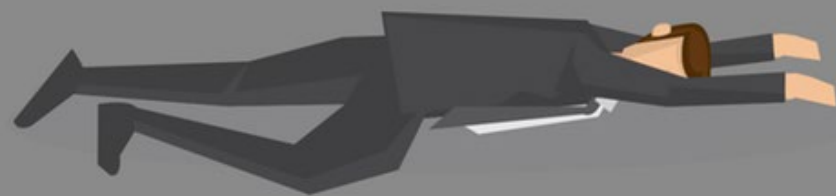
**UDS**

**Scheduling Templates**

**Employee  
Engagement**

**Marketing**





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**Mission  
& Vision**

**Strategy**

**Structure**

**Culture & Values**

**Employee Engagement**

**Leadership & Management**





## OUR MISSION

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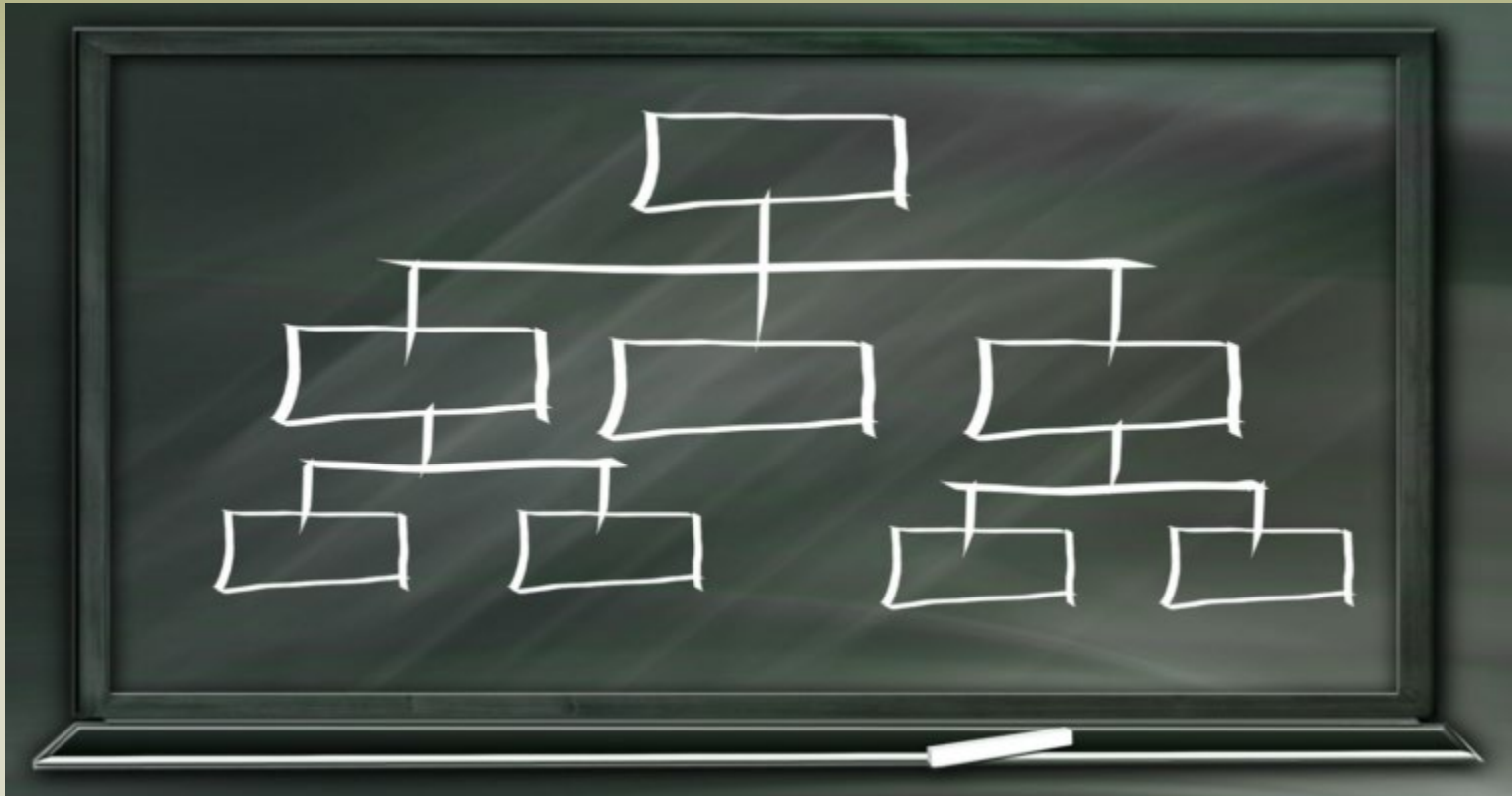
To enhance community health and well-being.  
Vision: 100% access, zero disparity.







# Structure



# Culture and Values







orientaltrading.com  
XIAZHI 0515







**FACTS**



**ASSESSMENTS**















Thank You

Questions?



**BULLHOOK**  
Community Health Center

**CARE  
MANAGEMENT  
INTEGRATION  
PROJECT**

**ELIZABETH LOHSE-DENTAL DEPARTMENT MANAGER**

**DEIDRE REITER-BEHAVIORAL HEALTH DEPARTMENT MANAGER**

**KELLY KOHLER-FRONT END SUPERVISOR**



# INSPIRING A HEALTHY COMMUNITY THROUGH PATIENT-CENTERED CARE.

PROJECT GOAL: TO CREATE A CULTURE OF **"WE THINKERS"** WHILE IMPLEMENTING BEHAVIORAL HEALTH CARE MANAGEMENT INTO FOUR DEPARTMENTS WITHIN OUR CLINIC TO ENHANCE WHOLE PERSON CARE AND BREAKDOWN DEPARTMENT SILOS.

FOUR AREAS OF DEPARTMENT IMPLEMENTATION:

- i. RECEPTION
- ii. BEHAVIORAL HEALTH
- iii. MEDICAL
- iv. DENTAL

# STEPS

- COMING TOGETHER AS A MANAGEMENT TEAM TO IDENTIFY THE NEED FOR CARE MANAGEMENT AT BCHC.
- DEVELOP THE ROLES AND RESPONSIBILITIES OF EACH CARE MANAGER'S POSITION.
- HIRE CARE MANAGERS AND ASSIGNED THEM TO EACH DEPARTMENT
- TRAINING
- IMPLEMENTATION OF DAILY TEAM HUDDLES

# WHAT DO HUDDLES LOOK LIKE?

- DEPARTMENT PROVIDERS
- DEPARTMENT MANAGERS
- CARE MANAGERS
- DEPARTMENT SUPPORT STAFF
- PHARMACIST
- RECEPTION

# HOW HUDDLES HELP!

- IDENTIFY UNIQUE PATIENT NEEDS
- ADDRESS NO-SHOW PATIENTS AND DEVELOP A PLAN FOR THESE PATIENTS
- IDENTIFY PATIENT BARRIERS
- ENSURE PROPER SCHEDULING
- FOLLOW UP ON REFERRALS
- MEDICATION LISTS
- IDENTIFY MISSED OPPORTUNITIES
- IDENTIFY WARM HANDOFF PATIENTS



# BEHAVIORAL HEALTH CARE MANAGER

DANIELLE OSTWALT



- MAT
- PRIME FOR LIFE
- HILL COUNTY TREATMENT COURT
- MENTAL HEALTH CARE MANAGEMENT
- SUBSTANCE USE DISORDER CARE MANAGEMENT
- CHILD ADVOCACY CENTER
- BEHAVIORAL HEALTH SCREENINGS
- CONFIRMATION CALLS
- AVAILABLE FOR WARM HAND-OFFS

# DENTAL CARE MANAGER

SOMER MESSERLY



- CONFIRMATION CALLS
- REFERRALS TO MEDICAL & BEHAVIORAL HEALTH
- RESULT BEHAVIORAL HEALTH SCREENINGS
- PLACE FLUORIDE TREATMENTS ON CHILDREN IN MEDICAL
- IDENTIFY PATIENTS WITH INCOMPLETE TREATMENT PLANS
- PROVIDE PATIENT EDUCATION

# MEDICAL CARE MANAGER

SARA STRISSEL



- PRE-APPOINTMENT PLANNING
- PROVIDE HEALTH LITERACY EDUCATION
- REFERRALS TO BEHAVIORAL HEALTH AND DENTAL
- RESULT BEHAVIORAL HEALTH SCREENINGS
- IDENTIFY PATIENT BARRIERS TO HEALTH
- REFERRALS TO COMMUNITY AGENCIES
- MEDICATION ASSISTED TREATMENT CARE MANAGEMENT
- POPULATION HEALTH
- WRITTEN AND ORAL COMMUNICATION TO PATIENTS
- APPOINTMENT FOLLOW UP
- IDENTIFY PATIENT SOCIAL DETERMINANTS OF HEALTH NEEDS

# CARE MANAGER-FLOAT

## JACINTA FINNEMAN



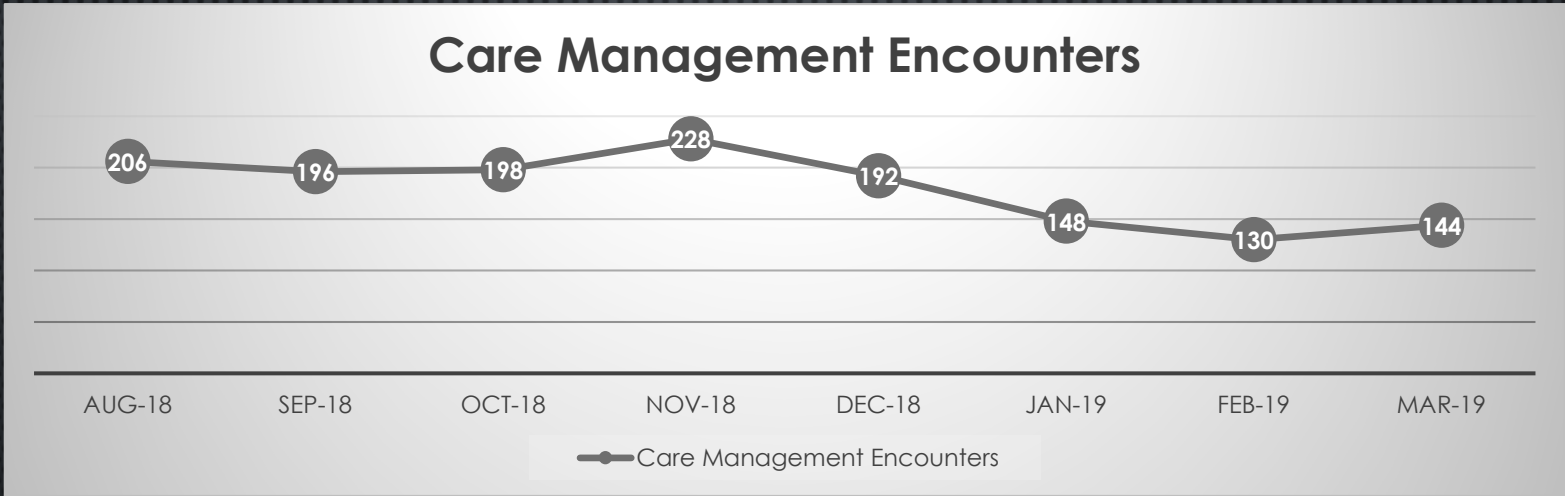
- CERTIFIED APPLICATION COUNSELOR
- ASSIST WITH PATIENT INSURANCE NEEDS
- ASSIST NON-SCHEDULED WALK-IN PATIENTS
- ASSIST PATIENTS WITH TRANSPORTATION BARRIERS
- ASSIST PATIENTS NEEDING MONTANA LEGAL SERVICES
- CONFIRMATION CALLS
- CERTIFIED NURSING ASSISTANT TO PROVIDE STAFFING COVERAGE



# FACTORS

- STAFFING CHANGES AND TRAINING TIME
- LACK OF LAC PROVIDERS DURING THE MONTH OF DECEMBER
- 2 CARE MANAGERS TRANSITIONED FROM CARE MANAGEMENT TO LAC-E/ACLC, ONE IN OCTOBER 2018 AND ONE IN JANUARY 2019
- MEDICAL CARE MANAGER HIRED IN OCTOBER 2018
- DENTAL CARE MANAGER HIRED IN FEBRUARY 2019 IMPLEMENTED IN DENTAL MARCH 2019
- FRONT END CARE MANAGER IMPLEMENTED IN MARCH 2019

# ENCOUNTERS BY MONTH AUGUST 2018-MARCH 2019



BY CREATING A CULTURE OF

**“WE THINKERS”**

WE HAVE SUCCESSFULLY ACHIEVED  
THIS INTEGRATION GOAL WITH OUR  
SHARED VISION FOR OUR PATIENTS TO  
RECEIVE WHOLE PERSON CARE.



**BULLHOOK**

Community Health Center

# Operations – Making it Work

BIGHORN VALLEY HEALTH CENTER



# Who We Are

- **Bighorn Valley Health Center – Hardin**
- **Bighorn Valley Health Center – Ashland**
- **Bighorn Valley Health Center – School-based Health Center Ashland**
- **OneHealth – Miles City**
- **Central Montana Community Health Center – Lewistown**
- **Sweet Medical Center – Chinook and Harlem**

# Operations - Purpose

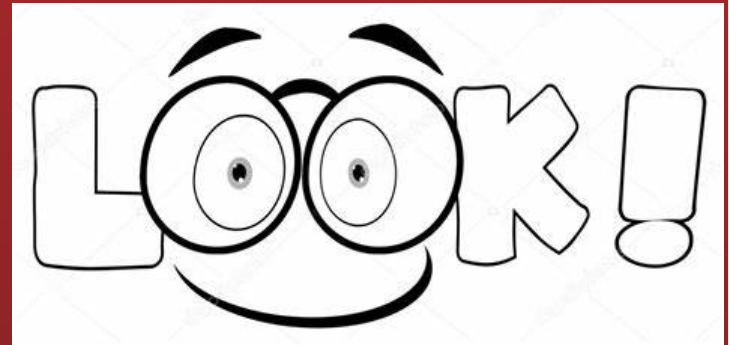
- The Operations Team includes supervisors and managers from all areas of the various clinic sites
- Provide communication between Executive Leadership and Supervisors/Managers
- Supervisors/Managers disseminate information to their staff
- Going forward will include Professional Development – this is a work in progress

As members of Operations, we have been defined as leaders within the organization.

During these meetings, it is important to be clear about the primary goals and if they align with the organization mission.

As leaders, it is our duty to suspend judgement and open up our peripheral vision.

We need to examine the solution from the other side of the table, to make sure we are doing what is best for the organization, not just our individual departments.





# Operations - Surveyed

- **What do you expect/want from the Operations Meeting? (What would help you most and be the best use of your time?)**
- **What is missing from the current Operations Meetings?**
- **What should Updates include? (What is helpful to learn about other sites?)**
- **How can each member come prepared?**
- **What should be on the agenda? What shouldn't?**
- **What does professional development look like? What would be most helpful to you?**

# Operations - Surveyed

- Survey sent to all 18 members of the team
- Six members responded
- Overwhelming response was that members were not sure of the purpose of the Operations meetings

# Operations Meetings – The Plan

- **Static Agenda Items:**
  - **Executive Leadership Update - Chief Operating Officer**
    - Information for supervisors to pass on to their staff
  - **Department Updates**
    - Sent to members prior to the meeting - questions answered at the meeting
    - Should include services being added, new employees
  - **Professional Development**
    - Leadership Skills
    - Building rapport with staff
    - Each member responsible for content?
  - **Celebrate Successes**
  - **Report on Trainings Attended by Members**
  - **Project/Subcommittee Reports**

# Operations Meetings

- **To be determined by members:**
  - **Ground Rules**
    - What rules do we want to establish for meetings?
      - Examples
        - No side conversations
        - No cell phone/computer use during the meeting
        - Everyone contributes
        - Everyone arrives prepared to participate
  - **Timekeeper**
    - To ensure adherence to the agenda
  - **Minutes**
    - Taken at the meeting and distributed afterwards
  - **Member Commitment**
    - to attend or send someone in your place
    - to be prepared and participate
    - to communicate information to staff

# Emotional Intelligence

- **Problem Solving**
  - Be polite
  - State the nature of the issue
  - Provide a firm resolution statement
- Be gracious with people
- Be ruthless/relentless with results

# Building Workplace Culture With Intent

- **Operationalizing core beliefs**
  - What are our core beliefs?
- **Designing norms and rituals**
- **Leadership competencies**
  - What will Professional Development look like

# Functional Community of Professionals

- Demonstration of Manners
- Ownership of Assigned Tasks
- Honoring All Colleagues
- Organizationally Focused
- Respect for Everyone's Time
- "Give" without "Get" Focus
- Demonstration of Maturity
- Confidentiality Honored
- Demonstrating "Benefit of the Doubt" – Assume good intentions
- Shared Global Goals & Contributions
- Enrolls Others in Mission, Vision, and Core Values
- Robust Dialogue & Speaking "Ground Truth"
- Others Held in High Regard
- Trust Becomes Cultural Currency

# High Performing Teams

- Learn to disagree in a healthy, productive way
- Teams must have a shared identity



# Building High Performance Teams

- **Aim**
  - Define clear goals in accordance with overall organization aim (the BIG picture)
  - Deploy “Intense Clarity” Rule
  - Continually Articulate a Positive End Result
- **Score - Be very careful what you measure**
  - Define and Create Interdependencies
  - Think and score with the end in mind
  - Build multidimensional measurements
  - Define both outcome scores and behavioral metrics
- **Blueprint – Creates tangibles for behavioral and team transactions**
  - Build Team Charters, Decision Scope and Models

# Building High Performance Teams

- **Language**
  - **Conduct momentum conversations**
  - **Stay “why” focused, vs. what/how**
  - **Be Candid & Clear (followed by committed action)**
  - **Ensure that people are heard, valued and understood**
  - **Understand what people are thinking and feeling**
  - **Surface hidden and competing agendas**
  - **Ensure the team knows exactly what the steps look like**
  - **Use appreciative inquiry – Ask, “What don’t I know?”**
  - **Encourage forward thinking**
  - **Create energy and use language that builds**

# Building High Performance Teams

- Talent
- Right people, right roles
- Identify key influencers and passionate advocates
- Decode individual talents and communication styles
- Complete talent profiles and identify subject matter experts

# Building High Performance Teams

- **Coach**
  - **Raise emotional fortitude and team capacity**
  - **Build resilience and demonstrate belief in their potential**
  - **Deploy: Why + What + How = Clarity & Action**
  - **Provide Clear & Consistent Feedback**

TEAM-BASED APPROACH TO  
IMPLEMENTING INTEGRATED  
MEDICATION ASSISTED  
TREATMENT (IMAT) SERVICES

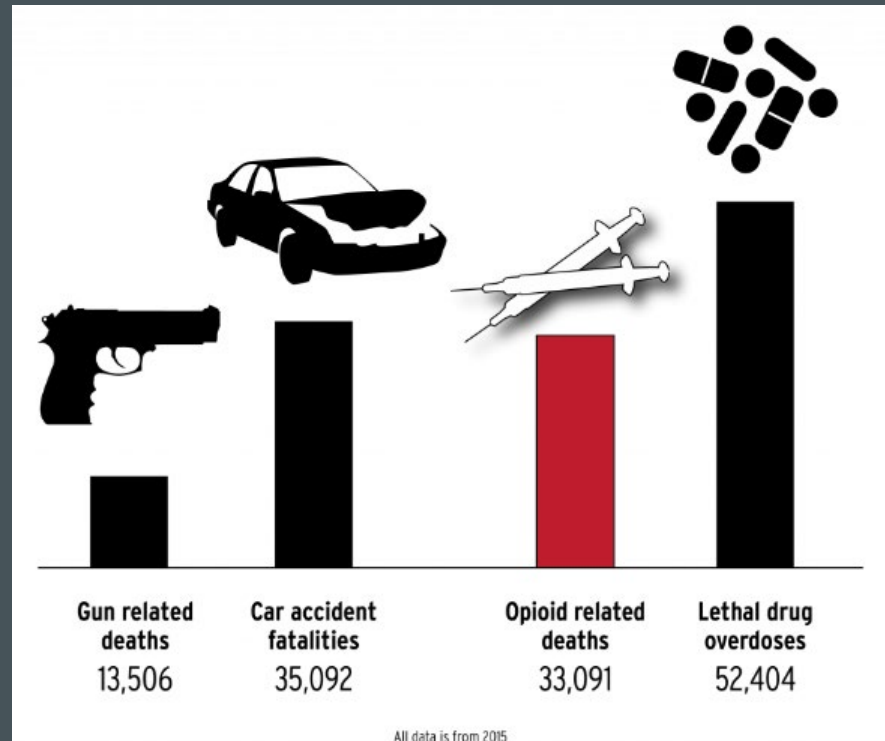


# CONTENTS

- Identifying need for IMAT
- Community and CHC collaborations
- Project managers
- Planning for implementation of IMAT
- Evaluating processes/patient outcomes

## WHY CARE ABOUT IMAT?

- Drug overdoses kill more people than cars and guns



# PARTNERS

- HRSA – dedicated grant funding
- MPCA – support/networking
- State Medical Officer – facilitation of training/policy
- Mental Health Local Advisory council – represented by 50% consumers/County level support
- Community Health Centers – learning from processes already implemented
- SMART – out-patient treatment facility
- Facilitating partnerships with all stakeholders in the community and surrounding areas



# PROJECT MANAGERS

- Clinical Educator - project management along with
  - IMAT RN
  - LAC/LCSW/LCPC
  - Clinical Pharmacy
    - SWTMCHC clinicians and staff
- Key elements to success include unified vision, collaboration, and administrative support
  - CEO, CFO, COO
  - Medical director



PROCESS

# PROJECT APPROACH

<ul style="list-style-type: none"> <li>Meet with ER/Hospitals</li> </ul>	Steward	
<b>Internal/Administrative</b>		
Staffing and Education		
<ul style="list-style-type: none"> <li>Establish team: providers (SB, KR, KH), program RN (Chris), CM (Kerry), pharm (Marcus, Kate), RN/MA (Rikki, Ashley)</li> </ul>		Done
<ul style="list-style-type: none"> <li>Meeting <a href="#">schedule</a>; Thursdays at 9am</li> </ul>		Done
<ul style="list-style-type: none"> <li>Reach out to potential patients: Created patient list in Epic (<a href="#">SWMTCHC IMAT</a> potential patients)</li> </ul>		December
<ul style="list-style-type: none"> <li>Motivational Interviewing/SUD with Gina</li> </ul>	Molly	Done
<ul style="list-style-type: none"> <li>Narcan training at clinical meeting</li> </ul>	Pharmacy	January
<ul style="list-style-type: none"> <li>Dr. <a href="#">Nauts</a> training</li> </ul>	Shawna	Done
<ul style="list-style-type: none"> <li>ACES training</li> </ul>	Molly	Done
<ul style="list-style-type: none"> <li>Nurse/MA MAT medication training</li> </ul>	Marcus	Done
SMART Partnership		
<ul style="list-style-type: none"> <li>Meet with SMART/CCCS</li> </ul>	Molly	Done
<ul style="list-style-type: none"> <li>Follow up meeting with SMART CCCS</li> </ul>		Done
<ul style="list-style-type: none"> <li>All 6 LACs have completed MAT training</li> </ul>		Done
<ul style="list-style-type: none"> <li>MOU/Contract</li> </ul>		
<ul style="list-style-type: none"> <li>Start SUD group with LAC or Peer Support</li> </ul>		
Billing and Coding Guidelines		
<ul style="list-style-type: none"> <li>MAT billing codes approved</li> </ul>	Annie	Done
<ul style="list-style-type: none"> <li>Urine drug testing system</li> </ul>	Amy/Kara	Done
<b>Behavioral Health</b>		
Additional FTE		
<ul style="list-style-type: none"> <li>Write job description Peer Support</li> </ul>	Molly	Done
<ul style="list-style-type: none"> <li>Write job description LAC (dual license preference)</li> </ul>		Done
<ul style="list-style-type: none"> <li>Post job Peer Support</li> </ul>		

## PATIENT OUTCOMES/ PROCESS EVALUATION

- 9 patients currently on IMAT therapy
- 28 patient touches in 2019
- Continue to integrate processes with services to remove barriers to medication, socioeconomic needs, and ongoing behavior modification and addiction services
- Education to reduce stigma and obstacles to care

QUESTIONS?

