From Training to Retaining: A Roadmap to Successful Onboarding of Learners and Licensed BH Providers into Integrated Care

- Jeremy Vogt, PhD, Psychologist
- Jennifer Grote, PhD, Psychologist
- Elizabeth Lowdermilk, MD, Psychiatrist
- Leigh Kunkle, MA, Psychology Resident
Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.
Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.
Learning Objectives

At the conclusion of this session, the participant will be able to:

• **Identify** ideal candidates capable of functioning at a high level in integrated care settings.

• **List** beneficial components of onboarding and areas of training in both medical and non-medical behavioral health providers at various levels of training.

• **Describe** how to market and create buy-in of new behavioral health professionals into existing medical clinics and systems.


Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.
Your mission...
(should you choose to accept it):
“Hire a BHC!”

Where to begin??
Preliminary Considerations

• Licensure/Discipline
• FTE/hours
• Location
• Clinic needs/population served
• Sustainability
Recruitment

- Describe the position in the job description/posting
  - This is key: really describe the position!
- Post the position and spread the word in the integrated behavioral health community using listservs, word of mouth, connections with area universities and training programs
- Review cover letters and CV's:
  - The cover letter is the “hook”—this is where the candidate can demonstrate their commitment to the mission of your organization and their understanding of integrated behavioral health
  - Look for relevant clinical experiences within integrated care and analogous experiences if they are new to the field
  - Look for training specific to the role being hired (pediatrics, lifespan training, LGBTQ experience)
Interview Process

- Initial phone screen
- Face to face interview with clinical supervisor
- Face to face interview with members of the BHC team, ideally those that work in the same clinic or similar clinic location
- Group interview with members of clinic leadership, providers, and care team
- Tour of clinic space and examples of workflow, location of BHC space relevant to clinic care team
## Behavioral Health Consultant Screen

<table>
<thead>
<tr>
<th></th>
<th>Do Not Agree</th>
<th>Somewhat Agree</th>
<th>Agree</th>
<th>Strongly Agree</th>
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<tbody>
<tr>
<td>1. I prefer working with a specific population and/or disorder.</td>
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<td>2. I prefer treating psychiatric disorder.</td>
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<td>3. I need to spend at least 50 minutes to an hour with a patient.</td>
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<td>4. I perform best in a quiet working environment.</td>
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<td>5. I am in charge of my patient’s care.</td>
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<td>6. Treating eight to ten patients per day is reasonable.</td>
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<td>7. I work best in a structured setting.</td>
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<td>8. I approach care with the idea of helping a patient function better.</td>
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<td>9. I am comfortable working in a busy environment.</td>
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<td>10. I am comfortable meeting with patients in medical exam rooms.</td>
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<td>11. I prefer to work with multidisciplinary teams to help patients.</td>
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<td>12. I have training in brief interventions including social and behavioral interventions.</td>
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<td>13. I provide at least basic assistance to help a patient of any age.</td>
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<td>14. I think it is better to spend 10 minutes with a patient rather than no time with a patient.</td>
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Interviewing

• Goodness of fit for both the candidate and the team(s)

• Personality characteristics:
  • The “Big Three”: Flexibility, Assertiveness, Self-driven

• Integrated behavioral health clinical experience
  • Knowledge of team-based care practices
  • Understanding of medical settings
  • Knowledge and comfort with Psychopharmacology

• Clinical experiences outside of integrated care that may align well
Interviewing (cont’d)

• Strengths and growth edges
  • Behavioral interview questions are key; “tell me about...describe a time when...”

• Clinical vignettes (“a day in the life”)
  • Evaluate diagnostic skills and evidence-based intervention abilities
  • Evaluate ability to assess for risk, suicidality, recognize the need for a higher level of care
  • Ability to triage and prioritize multiple consults at once

• Resilience factors

• Grasp of population health approach to care vs. Managing a caseload
Congratulations, you’ve hired a BHC! What’s Next?
Onboarding

- Successful onboarding serves many purposes, including:
  - Orienting the BHC to the clinic
  - Introducing the BHC and their role to the clinic
  - Orienting the BHC to the larger system

- The amount of time spent on onboarding may vary based on the BHCs prior experience, and the size and complexity of the clinic and the system
Onboarding

- Orient the BHC to the clinic using shadowing that emphasizes
  - Team members roles
    - Has the BHC worked in a medical clinic before? If not, who are those people walking around in scrubs, what’s that blinking machine and why are staff walking around with cups of pee in bags?
  - How the BHC and the team member specifically interact
    - Check with each team member about how they best like to be communicated with, what about urgent/ emergent situations (think MHHs)?
    - What about the patient who asks the BHC to have some look at their rash/ refill their meds/ etc. since they are already there at clinic?
  - The larger clinic flows
    - How does a patient check in? Where do they wait? Where does a patient go to reschedule?
    - How does the clinic handle emergencies? What is a “doc of the day”?
Onboarding

- Understanding of roles and flows in the clinic may improve our likelihood to successfully manage the periodic collisions of the behavioral health and medical worlds
  - Shadow a PCP for at least ½ a day
  - Shadow the psychiatrist for at least ½ a day
  - Shadow other team members (can be as little as 15 min) including the clerks/ front desk, the HCPs/ medical assistants, the nurses, the social worker, the clinical pharmacist, and other key team members
Onboarding

• Introduce the BHC and their role to team members
  • For BHCs entering a practice at the start of integrated care, this is a great opportunity to explain the BHCs title and role
    • This should not be the first time the staff is hearing about the BHCs role
    • Tip: If the BHC is a psychologist, explain that yes, they are a Dr., and no, they do not prescribe
  • For practices with existing integrated care, it’s a great opportunity to do a refresher and to subtly address slippages from the model
Onboarding

• Onboard the BHC to the larger system. Provide education about and/or shadowing experiences at:
  • Local mental health center/ community treatment centers
  • Community Inpatient Psychiatry Hospital(s)
    • Inpatient Consult Liaison team
  • Psychiatric Emergency Room
  • Local and national Crisis Services
Onboarding

• Orient the BHC to the basics of their job
  • Can be done by another BHC and/or supervisor
  • Day to day work flow & expectations
    • notes, computer systems, patient schedule, etc.
  • Hours, PTO, and related organizational processes
  • Who in the clinic is the point person for what type of question or problem?
  • Who do they call for clinical questions? Emergencies?
    • What are they expected to notify a supervisor about?
  • Especially if the BHC is new to integrated care, consider having another BHC/supervisor present and available for questions as the BHC starts to see patients

• Tip – use a checklist and provide written/electronic materials
  • use team member roles not names

• Tip – check back regularly with the BHC and the clinic after onboarding
OK, now you have them onboarded and ready to go.

What else do they need?
Core Training

• BHCs require knowledge and clinical training in several types of therapies that may vary by the population served.

• Programs should identify key competencies and develop processes for ongoing educational needs
  • Review each new hire for competencies, arrange training over the first 6-12 months to fill gaps
  • For larger teams, consider in house trainings
Core Training: Competencies to Consider

• Specific therapies
  • Behavioral activation, motivational interviewing, ACT, brief therapy models
• Trainings that address provider needs
  • Secondary trauma
• Trainings that address our approach to care
  • Trauma informed care
• Trainings that focus on specific populations
  • LGBTQ, geriatrics, women in the peripartum period, etc.
• Trainings that focus on specific problems
  • Insomnia (think CBT-I) or chronic pain
Core Training: Psychopharmacology

• Psychopharmacology, knowledge of which typically increases over time, can by taught via
  • A course or other formal training
  • Interactions with the consulting psychiatrist during each patient consultation and by mini talks that focus on:
    • The basic treatment algorithms for common conditions (by family)
    • Common side effects of medications (by family or individual drug)
    • Why a specific drug is chosen
      • Including consideration of previous medication trials, dosages, side effects, certainty of diagnosis, and what symptoms are the most bothersome
Core Training: Skills to Master

• Diagnosis, Safety Assessments
  • BHCs will come with different levels of training and varying past clinical experiences
  • Diagnosis is routinely addressed with the psychiatrist in case consultations and mini talks

• Use observation to assess and to increase skills
  • Supervisor observation of BHC
  • BHC observation of supervisor or peer
  • BHC observation of psychiatrist
    • Consider seeing patients with a confounded or complex diagnosis together
    • Psychiatrist observation of BHC

• For safety assessments, consider expectations regarding clinical consultations (when, with who)
Presenting a case to different audiences. Consider how a case presentation might look if given to:

- The primary care provider
- The psychiatrist
- Other team members (social work, clinical pharmacist)
- A colleague

As individuals vary, communication skills are key:

- Remember back to the shadowing days, think consider their work flow & time restraints
- Ask early what information they need/ is useful to know
- Questions back from the listener can be used to inform future presentations

Shadowing, practice and coaching can be used to improve this skill.
Onboarded and trained.

They’re good, right??
Keys to “Keeping Them Happy”

1. Busy, yet Manageable
2. Connection to Clinic and Community
3. Support
4. Professional Growth and Development
Building a Case Load

- Marketing Your New BHC
  - Creation of BHC Brochure
  - Multiple Benefits – Introducing role of BHC to patients as well as providers/care team
- Introduction to BH visits/screening
- “Theme” Weeks/Months to ramp up referrals
Productivity

• Schedule development
  • Finding the right balance between scheduled and integrated visits
  • May require tweaking over time

• Efficiency
  • Adherence to IBH Model – Shorter visits; Time-limited
  • “Good Enough” Documentation
Connection to Clinic & IBH Community

- Clinic Visibility
  - Presence at daily huddles, monthly staff and provider meetings
  - Proximity to providers – finding a high traffic spot

- Reducing BH “Island/Isolation” Effect
  - Peer connection through IBH meetings
  - Journal clubs
Clinical, Professional, & Emotional Support

• “Do you still need supervision once you’re licensed?”

• Can serve multiple purposes and roles:
  • Case consultation (routine and urgent/emergent)
  • Ongoing evaluation, building of skills/competencies, goal-setting
  • Connection back to the behavioral health world
  • Administrative tasks and updates
  • Troubleshooting/Addressing “Clinic Culture”
The Many Forms of Supervision in IBH

- Routine, scheduled 1:1 meetings with supervisor/manager
- "On the fly" case consultations (phone vs in-person)
- Weekly case reviews with psychiatrist consultant
- Chart reviews
- Team meetings
- Meetings with other clinic leadership or teams
Additional Forms of Support

• Peer-Collegial Support
  • Case Consultation/Group Supervision
  • Balint Groups

• Resource Sharing
  • Department Mailing Lists
  • CFHA Listserv
Professional Growth Opportunities

• Supervising students, residents, fellows

• In department lectures and didactics

• Providing trainings to care team, IBH team, or community

• CE Funds to attend trainings and conferences
A Learner’s Journey
Questions
Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.
Join us next year in Philadelphia, Pennsylvania! Thank you!