

### Team Roles and Responsibilities Module 10

#### **Today's Presenters**

#### Claire Nolan, PharmD

Program Manager for MI-CCSI's involvement in the Michigan Overdose Data to Action (MODA) program, content expert, faculty member, and participant in practice transformation initiatives. Dr. Nolan has experience in community, specialty, and ambulatory pharmacy.

#### Robin Schreur, BS, RN, CCM

Trainer for MI-CCSI with care management experience in the primary care, behavioral health, and payer settings. She has trained hundreds of clinicians on the care management process and motivational interviewing. Her love of and partnership with patients, families and clinicians is rooted in early work as a psychiatric nurse and the deep conviction that care management is a privilege and calling.



# Disclosure

MI-CCSI, or the presenter, does not have any financial interest, relationships, or other potential conflicts, with respect to the material which will be covered in this presentation.

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# Patient-Centered Treatment for Substance Use Disorder in Primary Care



	Clinical	Operational				
Module	Title	Module	Title			
1	Navigating Buprenorphine Prescribing for the Primary Care Physician	2	Substance Use Disorder and Patient Identification			
3	Buprenorphine Medical Management: Monitoring the Patient	4	OBAT Eligibility, Intake and Assessment			
5	Challenging Clinical Scenarios in MOUD: Early Refills and Lost or Stolen Medication	6	Patient Support for Induction and Maintenance			
7	Complex Cases in Buprenorphine Treatment, Part 1	8	Operationalizing Team Meetings, Systematic Case Review, & Documentation			
9	Complex Cases in Buprenorphine Treatment, Part 2	10	Team Roles and Responsibilities			
11	Pain and Addiction	12	Supporting the Patient Beyond Buprenorphine			

### Action Period Assignment From Module 8

- Identify the communication strategy, documentation tools, and billing strategies your team will utilize.
- Define how team meetings will be conducted within your practice and schedule them on the calendar.
  - What is the purpose?
  - Who will be involved?
  - How often will meetings occur?
  - Where will meetings occur?





# **OBJECTIVES**

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

#### Recognize key aspects of team-based care.

- Our Content of Cont
- **Representation of the second second**
- **Provide a state of the Appendix of the Appendix of the OBAT model.**



# AGENDA

1	Review
2	Team-Based Care Approach
3	Importance of a Roles and Responsibilities
4	Examples of Roles and Responsibilities
5	Creating Workflows
6	Practice Interviews



# REVIEW

**Previous Modules** 

Massachusetts Nurse Care Model of Office Based Addiction Treatment: Clinical Guidelines. (2021). Office Based Addiction Treatment Training and Technical Assistance. Boston Medical Center.

Improve, Enhance, Restore

# Office-Based Addiction Treatment (OBAT)

- Patient-focused
- Evidence-based
- Primary care / community model
- Offer of medication and psychosocial therapies as a component of a comprehensive care plan
- Select patients identified via screening may be candidates for OBAT

https://www.bmcobat.org/resources/index.php?filename=22 2021 Clinical Guidelines 06.22.21.FINAL.pdf

Physiologic functions Community connection Hope for recover Overall quality of life

Symptoms Risks Illicit or problematic substance use Withdrawal symptoms / cravings

Reduce

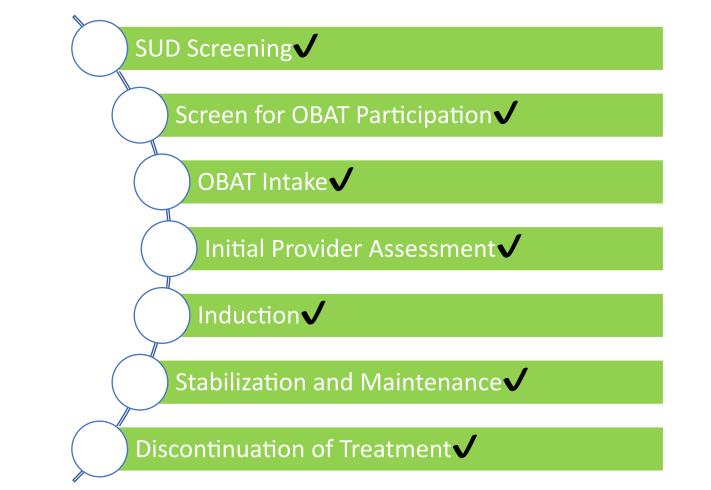


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#### Team-Based Approaches Complementing OBAT



# Communication Roles and Responsibilities **Care Coordination** Services/Interventions **Problem Solving**

#### Team-Based Approaches Complementing OBAT



# Communication√ **Roles and Responsibilities Care Coordination** Services/Interventions **Problem Solving**

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# **Team-Based Care Approach**

### Team-Based Care An Overview



#### National Academy of Medicine definition:

"...the provision of health services to individuals, families, and/or their communities by at least two health providers who work collaboratively with patients and their caregivers—to the extent preferred by each patient - to accomplish shared goals within and across settings to achieve coordinated, high-quality care."

#### Creating Patient-Centered Team-Based Primary Care. (2016). AHRQ, U.S. DHHS. https://pcmh.ahrq.gov/page/creating-patient-centered-team-based-primary-care

#### Key aspects:

- ≥ 2 health care providers working together to provide care for a panel of patients
- Shared goal setting in collaboration with patient and caregiver
- Coordinated high-quality care

# **Team-Based Care**



#### **Example: Team Roles**

Primary Care Provider	Registered Nurse Care Manager	Social Worker / Behavioral Health Specialist	Clinical Pharmacist	Community Health Worker	Clerical	Medical Assistant
<ul> <li>Annual physical</li> <li>Orders for preventative care</li> <li>Diagnosis</li> <li>Discussion of treatment options</li> <li>Management of acute and chronic conditions</li> <li>Coordination of care and care team</li> <li>Referrals to specialists</li> <li>On call</li> </ul>	<ul> <li>Care management for high-risk patients</li> <li>Chronic illness monitoring – response to treatment and titrating treatment according to delegated order sets</li> </ul>	<ul> <li>Provide behavioral health services in the practice or by referral</li> <li>Response to immediate behavioral health needs</li> </ul>	<ul> <li>Medication review</li> <li>Review prescribing practices</li> <li>Assist with nonadherence, side effects, cost concerns, medication questions / challenges</li> <li>Titrate medications under standing orders</li> <li>Manage chronic conditions under Collaborative Practice Agreement</li> </ul>	<ul> <li>Self-management support</li> <li>Coordinate care by helping patients navigate the healthcare system and access community services</li> </ul>	<ul> <li>Outreach to overdue patients</li> <li>Referral appointments, pre- authorization orders, follow-up reports</li> </ul>	<ul> <li>Collaborate wit provider to manage panel</li> <li>Preventative service outreach</li> <li>Self-management coaching or follow- up phone calls</li> <li>Scrub charts</li> <li>Provide pre-visit screenings</li> <li>Review medication list</li> </ul>



# Importance of Defining Roles and Responsibilities The "Why"

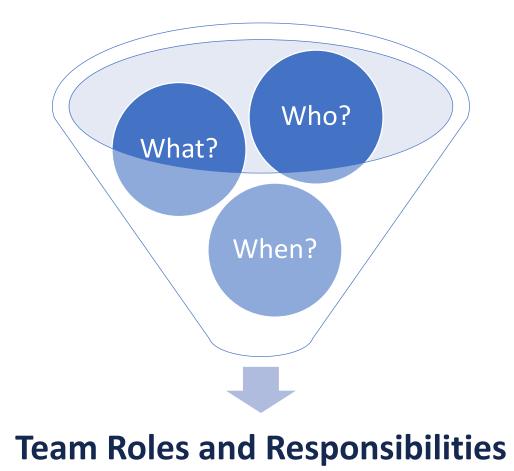
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# Defining Roles and Responsibilities The "Why"



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- Screening tool for patient identification
- Criteria for screening
- Documentation and billing standards
- OBAT eligibility determination
- Program intake
- Induction process
- Relapse prevention planning
- Follow-up and monitoring
- Team meeting logistics



# Defining Roles and Responsibilities Task List Tool



Task	Front Desk	MA	Provider	Office Nurse	RN Care Manager	BH Specialist	Pharmacist	Psychologist	Care Coordinator	Biller	Other (List Role)
Gives the patient a screening tool to fill out for SUD											
Provides the patient with the purpose of the SUD screening tool											
Provide SUD counseling for patients than score low risk (provide affirmation and education)											
Provide SUD counseling for patients than score at risk (provide brief intervention)											



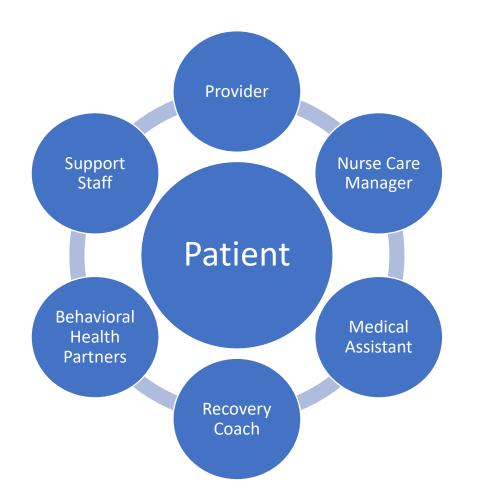
# **Example Roles and Responsibilities**

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### **Care Team Members** Examples from OBAT Manual

- All teams are different
- Patient-centered care is the goal
- Role clarity provides comfort and confidence
  - Care team members
  - Provider









#### **Example Roles and Responsibilities (OBAT Manual)**

- Initial intake and assessment
- Support through medication initiation, stabilization, and maintenance phases
- Documentation
- Care coordination
  - Social workers/counselors, psychiatrists, pharmacies, primary care providers, recovery support persons, specialty care providers



# **Medical Assistants**

#### **Example Roles and Responsibilities (OBAT Manual)**

- Collection and preparation of laboratory specimens
- Record vital signs
- Rooming
- Documentation
- Greeting, scheduling, telephone communication



# **Recovery Coaches / Peer Supports**



**Example Roles and Responsibilities (OBAT Manual)** 

- Proactive outreach to patients not yet ready to engage in formal treatment
- Wellness planning
- Service navigation
- Sharing of and linkage to resources
- Community outreach and advocacy
- Social and emotional support

# **Behavioral Health Partners**

#### **Example Roles and Responsibilities (OBAT Manual)**

- Coordination and delivery of behavioral health treatment
  - Identifying and maintaining motivation for recovery
  - Developing insight into triggers for recurrent use
  - Creating safe and effective coping strategies
  - Building community connection
- Use of specific counseling techniques
  - Cognitive behavioral therapy
  - Motivational interviewing





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#### **Support Staff** Example Roles and Responsibilities (OBAT Manual)

- Greeting patients
- Scheduling appointments
- Administrative tasks
- Overdose identification and response
- Telephone communications





# **Creating Workflows**

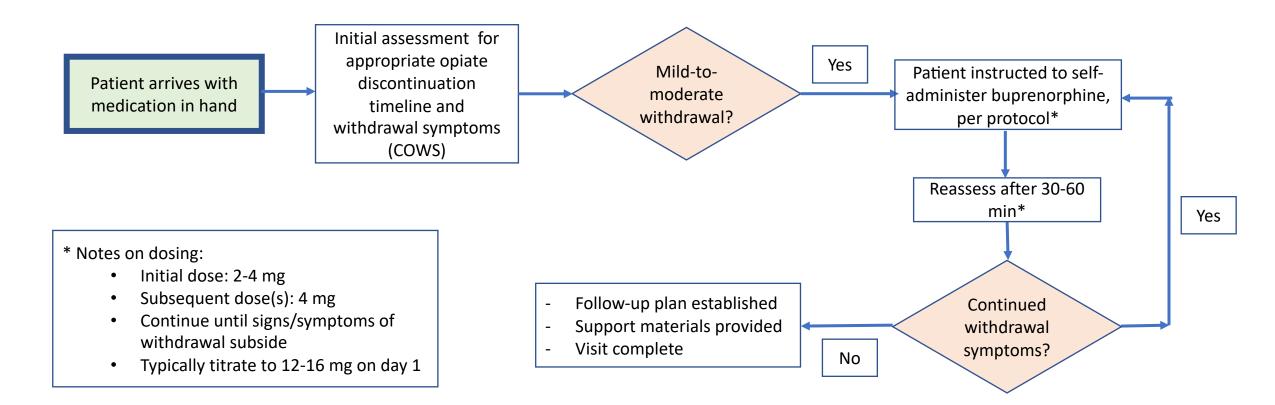


## Creating Workflows General Principals

- Team activity
- Map the "patient journey"
- Consider:
  - Who? How? When? Where?
  - Decision points
  - Warm handoffs
- Define your start and end points
  - Example: Patient identification to medication induction

University of Washington Psychiatry & Behavioral Sciences. (2014). Relapse Prevention Plan. AIMS Center. https://aims.uw.edu/sites/default/files/RelapsePreventionPlan.pdf

### **Example: In-Office Induction** Day 1 Workflow – Patient Arrives in Withdrawal



Massachusetts Nurse Care Model of Office Based Addiction Treatment: Clinical Guidelines. (2021). Office Based Addiction Treatment Training and Technical Assistance. Boston Medical Center. https://www.bmcobat.org/resources/index.php?filename=22\_2021\_Clinical\_Guidelines\_06.22.21.FINAL.pdf

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- Use the Task List Tool to define roles and responsibilities for your team.
- Develop workflows for key processes.





# Thank You

Please email <u>Claire.Nolan@miccsi.org</u> with any questions.



**Examples From Practice** 

**Team Roles and Responsibilities** 

