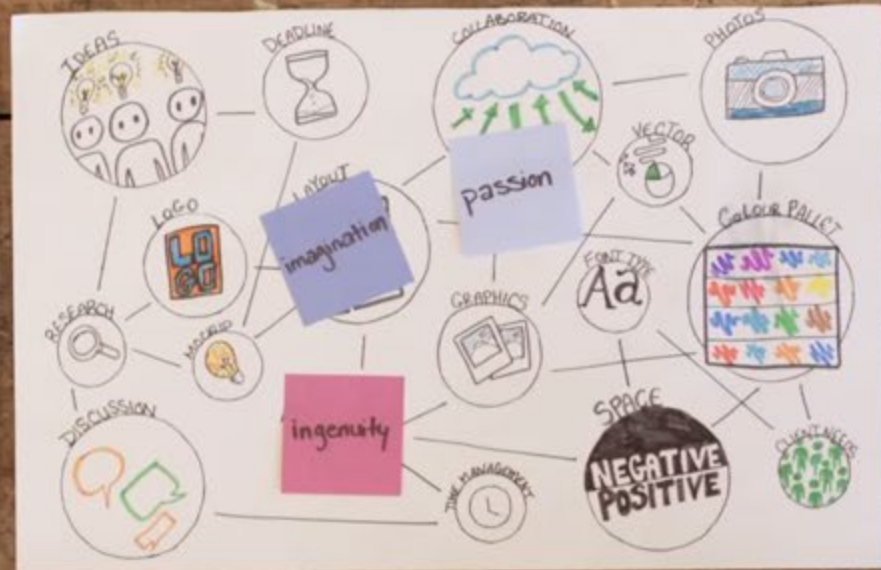


Office Operations

A Team-based Approach



OBAT Team Components

- Protocols to manage and respond to patients
- Conducting a Comprehensive Assessment
- Workflows for screening, managing, monitoring and referring
- Billing and coding use
- **Team roles and responsibilities**

Review of Protocols to Consider

- Pre-determined screening tool and criteria use to identify patients
- Process for inputting information into the registry and systematic reporting
- Documentation standards - note types and templates
- Care coordination protocol for patients requiring higher level of care
- Induction treatment protocol
- Follow up and monitoring protocol
- Monitoring for proper and optimal use of billing codes
- Obtaining authorization and use of patient information
- Protocol for team-meetings to review SUD cases - who, what, when

Assessment – Action Period Review

1. **Determine Candidate Criteria**

1. Review OBAT Candidate Criteria - use this - modify - use own

2. **Initial Screening**

1. Who on the team
2. Finalize Screening Form
3. Team decision to proceed with intake
 1. Case review committee/meeting
 2. Team composition
4. Create a report algorithm

3. **Care Manager Intake**

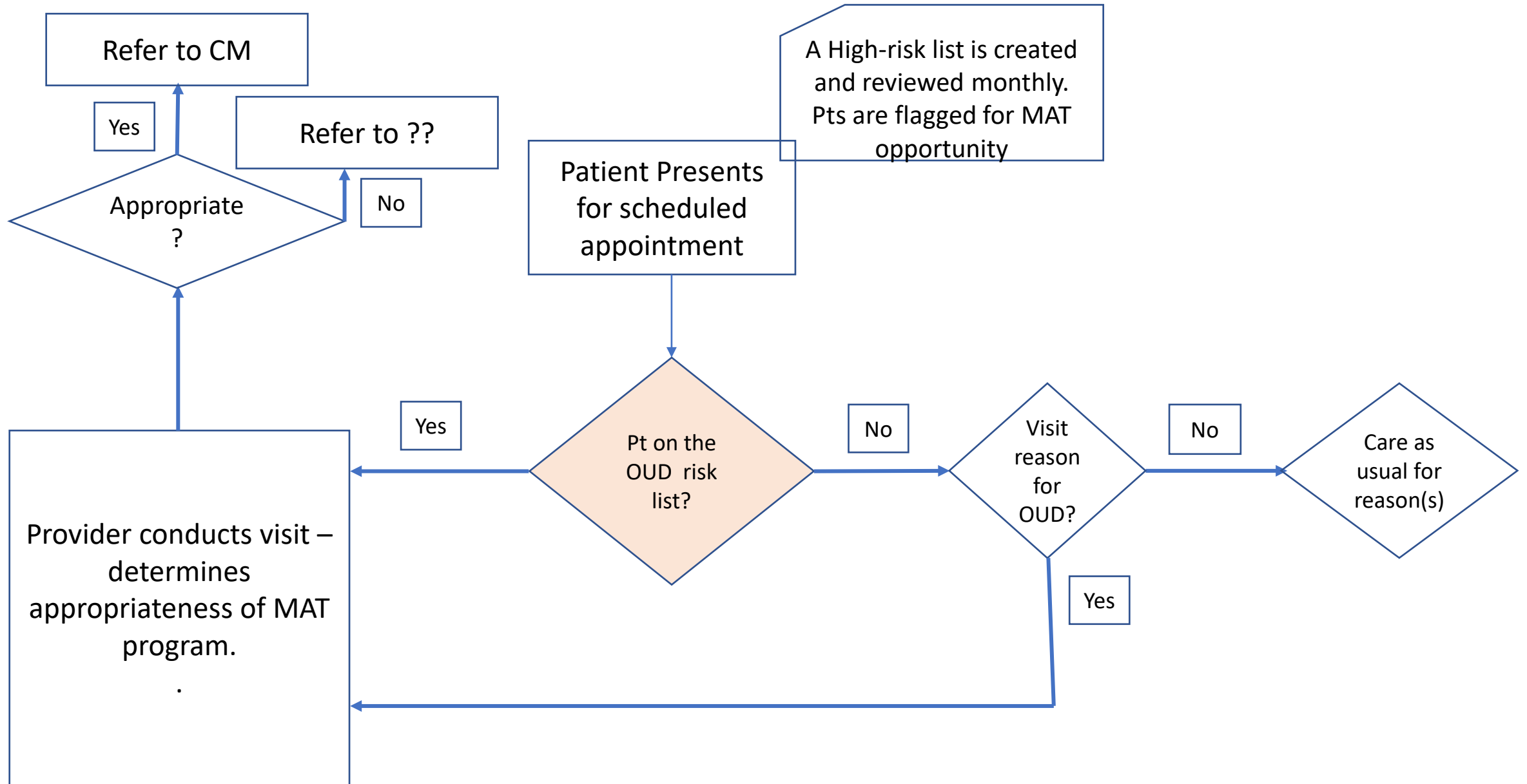
1. Form agreement
2. Patient agreement to treatment model or referral elsewhere protocol
3. Create an enrollment monitoring report and process "Initiation"

Workflow Review

Mapping a pre-planned approach to managing SUD

- Starting point: Patient identification
- Ending point: Graduation, coordination to higher level of care, dis-enrollment

Sample In-person Visit Workflow



Team Roles and Responsibilities

Using the protocols and workflow:

- List each member of the team within the clinic
- Review the list of tasks affiliated with SUD
- Check tasks assigned to each team member

Example: Team Expanded Roles

PCP	RN - CM	SW CM – Behavioral Health Specialist	Clinical Pharmacist Medication Management	Community Health Worker	Office clerical Referral Management	MA Panel Management
<ul style="list-style-type: none"> • Annual Physical • Orders preventive care • Diagnosis, discussion of treatment options and management of acute and chronic conditions • Coordination of care and care team • Referrals to specialists • On call 	<ul style="list-style-type: none"> • Provide care management for high-risk patients • Chronic illness monitoring response to treatment and titrating treatment according to delegated order sets 	<ul style="list-style-type: none"> • Provide behavioral health services in the practice or by referral • Protocol or (service may be in the practice or at another site) • Urgent BH patient need 	<ul style="list-style-type: none"> • Medication review for patients • Review prescribing practices • Assist patients with problems such as non-adherence, side effects, cost of medications, understanding medications, medication management challenges • Titrate medication for selected groups of patient under standing orders • Manages chronic conditions according to Collaborative Practice Agreements 	<ul style="list-style-type: none"> • Provides self-management support • Coordinates care by helping patients navigate the healthcare system and access community services 	<ul style="list-style-type: none"> • Assist with outreach to help patient establish overdue appointments • Assist patients with obtaining referral appointment, having preauthorization orders, and obtaining follow-up reports 	<ul style="list-style-type: none"> • Collaborate with providers in managing a panel • Outreach on preventive services • Provides services to chronically ill patients such as self-management coaching or follow-up phone calls • Scrub chart, provides pre-visit screenings • Reviews medication list
<p>Quality Improvement Activities Team conducts QI activities to monitor quality measures and improve metrics with involvement of patient and families Team monitors program targets and make changes to improve</p>						

Let's Chat



Team Roles, Responsibilities, and Tasks

Activity Review Preparation:

1. List the team members involved in the MAT/SUD patient care
2. Review the tasks outlined (source - the OBAT Guideline)
3. Assign the tasks to the team members
4. Be prepared to share during the operations webinar

Preparation for Wrap Up: Best Practice Sharing



Goal: Community learning



How: Use of storyboards



Why: Learn from one another



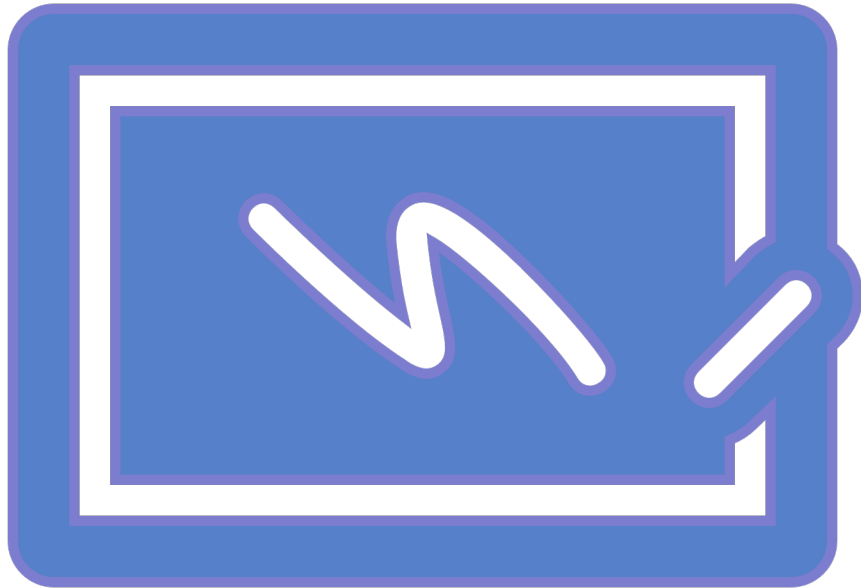
We all learn from others' experiences with testing and implementing changes in real settings – who should be on the team; what measures were tracked; which changes worked best or didn't work at all; and what lessons were learned.



To accelerate our collective learning, and in the spirit of "all teach, all learn," the stories and improvement reports shared describe the improvement journeys and experiences of individuals, teams, and organizations.

Creating a Storyboard

From IHI: Storyboards are a useful tool for effectively presenting a team's work to a variety of audiences — to other groups within the organization, to other organizations, and to the larger community.



Storyboards – Capturing the Journey

Reviewing storyboard examples

MPCA Support

- Describe compensation plan for creating a storyboard
- Describe MPCA share point
- Describe MPCA support i.e. staff roles, coaching, etc..

Action Period

- Identify a team member as the “storyboard lead”
 - Facilitate and coordinate meetings
 - Using brainstorming, capture team members ideas
 - Organize the key ideas
 - Assign tasks
- Create a draft and capture feedback from the team
- Finalize for presentation
- Identify a “presenter” for the storyboard sharing

Questions, Comments, Announcements

Announcements:

- Next Presentation - June 11:
 - Dr. Jouney presenting on, "Overcoming High Priority Challenges/Barriers to Prescribing"
- Series Best Practice Sharing - July 8
 - Storyboard Sharing
 - Review of the Journey
 - Next Steps

