

1302 Behavioral Health Collaborative Learning Session

Defining Roles and Optimizing Workflow in Integrated Care

April 21, 2025



Disclosure & Accreditation

Disclosure Information In accordance with disclosure policies of ASAM and Joint Accreditation, the effort is made to ensure balance, independence, objectivity, and scientific rigor in all CME/CE activities. These policies include mitigating all relevant financial relationships with ineligible companies for the Planning Committees and Presenters. All activity Planning Committee members and Presenters have disclosed all financial relationship information. The ASAM CE Committee has reviewed these disclosures and determined that the relationships are not inappropriate in the context of their respective presentations and are not inconsistent with the educational goals and integrity of the activity. **The planners, faculty and have no relevant financial relationships.**

Accreditation & Credit Designation Statements Joint Accreditation Statement In support of improving patient care, this activity has been planned and implemented by the University of Colorado and the American Society of Addiction Medicine. The American Society of Addiction Medicine is jointly accredited by the Accreditation Council for Continuing Medical Education (ACCME), the Accreditation Council for Pharmacy Education (ACPE), and the American Nurses Credentialing Center (ANCC), to provide continuing education for the healthcare team. Physicians The American Society of Addiction Medicine designates this live activity for a maximum of 5 AMA PRA Category 1 Credits™. Physicians should claim only the credit commensurate with the extent of their participation in the activity. Nurses This activity awards 5 Nursing contact hours. Social Workers As a Jointly Accredited Organization, ASAM is approved to offer social work continuing education by the Association of Social Work Boards (ASWB) Approved Continuing Education (ACE) program. Organizations, not individual courses, are approved under this program. Regulatory boards are the final authority on courses accepted for continuing education credit. Social workers completing this course receive 5 general continuing education credits.



Get to Know Your Table

- Introductions
 - Role
 - Organization/Clinic
- *Ice Breaker: Where you are in the IBH journey?*



Learning Objectives



Understand the key roles and responsibilities in integrated care



Learn best practices for interdisciplinary collaboration in virtual settings



Begin to streamline workflows for seamless patient care

REMINDER:

This is an opportunity for...

- Peer-to-peer learning
- Resource sharing
- Networking



Defining Key Roles



Defining Key Roles in Co-located Virtual Environment

Role	Primary Responsibilities	Role in Virtual Care
Medical Provider	Conducts medical assessments, initiates behavioral health referrals, prescribes medication	Behavioral health promotion, Initiates virtual warm handoffs, communicates via EHR/messages, team collaboration
Behavioral Health Provider (BHP)	Provides therapy, brief intervention, crisis intervention, consultation to medical team, stratification of patients for referral	Conducts virtual consultations, documents in EHR, follows up post-handoff with care team, initiate referral to psychiatry
BH Care Navigator	Manages BH referrals, connects patients with resources	Schedules virtual follow-ups, monitors engagement
Medical Assistant	Supports intake, administers screening tools, enters results in EMR and discusses with medical provider	Flags behavioral health concerns, sets up virtual appointments
Administrative Support	Manages scheduling, EHR documentation support, outreach new/existing patients, insurance estimates/eligibility	Ensures BH coverage, Coordinates virtual workflows, sends reminders
Psychiatric Provider	See complex patients, provide medication management, initial diagnosis	Receive warm handoff from BHP, prescribe medication, provide consultation to Medical Provider

TABLE SHARE

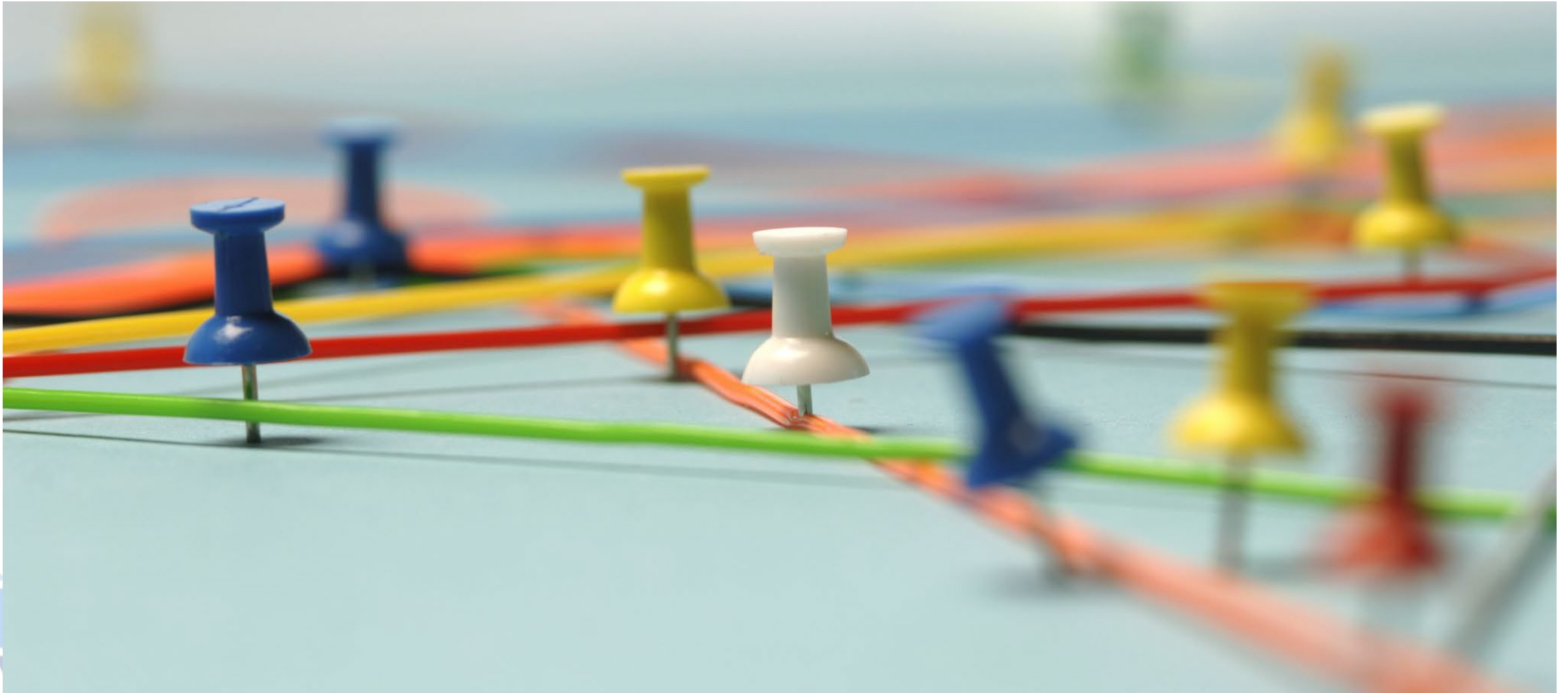
Discussion:

What roles do you have in your practice?

If you have virtual care options, or want to in the future,
which roles are most impacted?



Workflow Optimization



Workflow for Virtual Integrated Care

Administration confirms benefits for medical and behavioral health services

Pt. identification/Screening

MA utilizes screening tool (PHQ, GAD, SBIRT, etc)
If concern identified, PCP initiates warm handoff

PCP introduces concept of integrated care
Gains verbal consent for BHP consult
Warm handoff introduction

Connecting w/BHP

PCP messages BHP via internal comms system
If BHP available, they join the visit live. If not, they schedule a follow up

PCP remains on call to introduce BHP
BHP engages pt, gathers info, determines next steps
PCP exits

Post-Handoff

BHP documents and outlines next steps
Care coordinator follows up with scheduling, resources, care plan reminders

Virtual Warm Handoff Process

Virtual Handoff

TABLE SHARE

Discussion:

What have you found to be best when working in a virtual setting?

What challenges and opportunities do you see in your current workflow?

How do you maintain seamless coordination?



Tips for Success: Virtual Best Practices



Virtual Team Huddles

Team huddles in a virtual environment can be both effective and energizing with the right structure and tools:

1. Set a clear purpose
2. Pick a consistent time and platform
3. Assign a huddle leader or facilitator
4. Create/follow a brief agenda
5. Encourage participation
6. Utilize shared visuals and/or trackers
7. Track action items
8. Make space for connection
9. Use cameras thoughtfully
10. Close with a recap and uplift

The Virtual Warm Handoff



Adobe Acrobat
Document

A virtual warm handoff is a powerful tool in integrated care settings:

1. Builds Trust and Continuity of Care
2. Reduces Barriers to BH engagement
3. Improves Follow through on referrals
4. Promotes whole person care
5. Facilitates immediate risk assessment
6. Strengthens team communication
7. Normalizes mental health support
8. Improves outcomes and patient satisfaction
9. Enhances efficiency
10. Supports equity in access

*Example
Script*

Other Considerations

Technology Considerations:

- Use HIPAA-compliant video conferencing tools.
- Have a backup communication method (secure messaging, phone).

Scripting & Patient Engagement:

- Normalize behavioral health care in medical visits.
- Maintain warmth and rapport through virtual interactions.

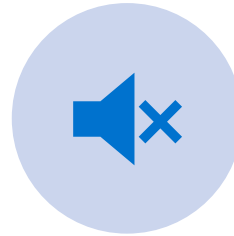
Team Coordination & Availability:

- Set clear expectations for response times.
- Use EHR alerts or shared calendars for scheduling.

Troubleshooting Challenges:

- What to do if the BHP is unavailable.
- Managing patient reluctance in virtual settings.

Telehealth Requirements



ENSURE A PRIVATE,
QUIET SPACE



STABLE INTERNET
CONNECTION



CAMERA AND
MICROPHONE



PROVIDE CLEAR
INSTRUCTIONS AND
EXPECTATIONS



OBTAIN INFORMED
CONSENT



FOLLOW LEGAL AND
ETHICAL
GUIDELINES

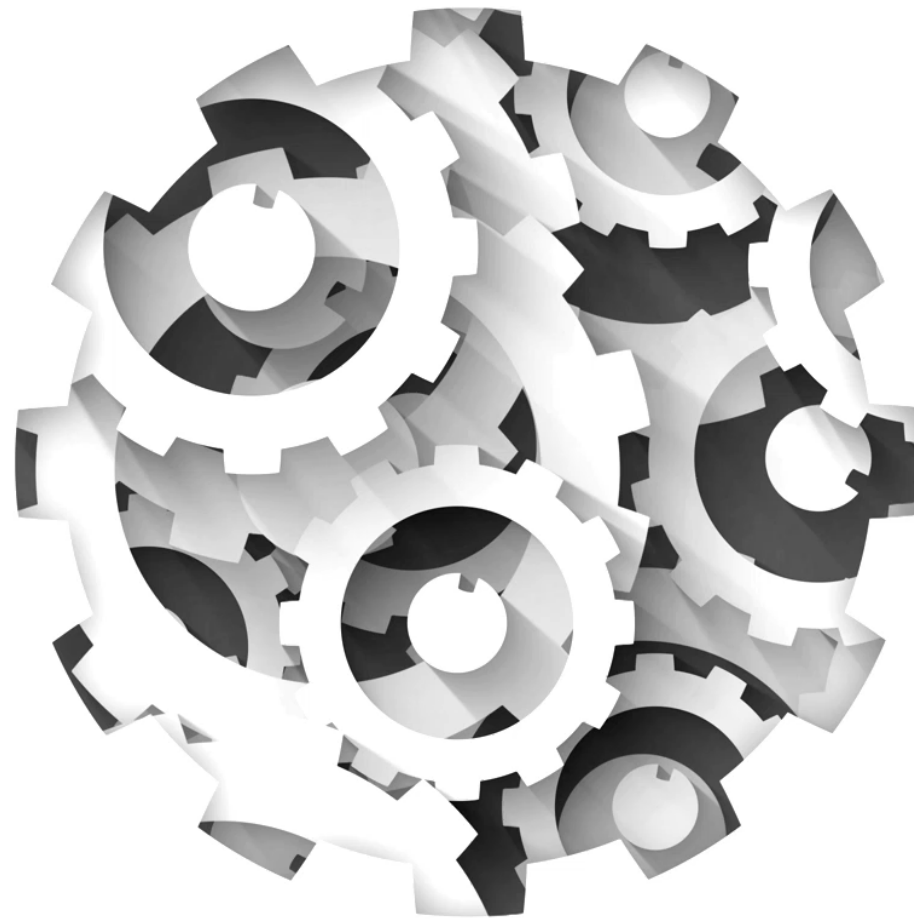
TABLE SHARE

Discussion:

How do virtual huddles or warm handoffs support (or fail to support) integrated team functioning in your day-to-day work?
What would make them more effective or meaningful for you?



Continuous Improvement



Measuring Success and Continuous Improvement

Key Performance Indicators (KPIs):

Percentage of completed warm handoffs.
Patient engagement in follow-up behavioral health visits.
Provider satisfaction with the workflow.

Gathering Feedback:

Team debriefs to refine handoff processes.
Patient experience surveys.

Adjusting Workflow for Efficiency:

Using standing meetings for provider coordination.
Addressing barriers like appointment availability.

Group Activity: The Integrated Care Journey



Patient Scenario

- **Background:**

Maria is a 28-year-old Spanish-speaking woman who recently gave birth to her second child at a community health clinic. During her 8-week postpartum visit with her family care provider, she scores a 14 on the PHQ-9 and reports feeling overwhelmed, tearful, and disconnected from her baby. She also shares that she's having trouble sleeping and doesn't have much family support nearby.

- **Journey Starting Point:**

The medical provider identifies the elevated PHQ-9 score and considers a referral to virtual integrated behavioral health services within the clinic.



Instructions

1. Brainstorm key steps for a virtual warm handoff/referral
2. Arrange the workflow in chronological order (one step per post it)
3. Add annotations to identify potential bottlenecks, gaps, or risks
4. Present workflow - Choose one person to share 1-2 key takeaways



Group Activity Discussion

1. What challenges did you face while integrating medical and behavioral health elements?
2. How does this activity reflect real-life patient care coordination?
3. What changes could be implemented in your clinic to strengthen integrated care?





THANK YOU!

