Transcript: Scripts and Shared Language to Strengthen Integrated Care

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I am pleased to introduce you to today's presenter. Amber Murray is a program director at JBS International, Inc, where she collaborates with federal, state, and local agencies, as well as colleges and universities, to develop and disseminate integrated behavioral health curricula, training, and technical assistance. Ms. Murray is dedicated to supporting health care system transformation, that results in comprehensive care for those in need. It is now my pleasure to turn the webinar over to Amber. Amber, please go ahead.

Amber Murray: Great. Thank you, Kayla. Good morning, good afternoon, depending on where you're joining us from today. Thank you for your time and attention during this brief webinar on scripts and shared language. Just to quickly cover webinar objectives, our objectives here today are to explain the value of shared language and scripting to foster effective communication within and across integrated care teams.

Rather than identify scenarios for scripting, we'll really focus on covering some key tips and the value of scripts, given the abbreviated time that we have available. We will also talk or evaluate how the use of shared language can support team-based care, enhance trust, and foster consistency within integrated care service delivery. Those are our overall webinar objectives for today.

The reason that we want to focus on shared language and communication in the time that we've got, is that it's really a foundational aspect of effective integrated

care. You must have shared language and effective communication to create a sustainable integrated care environment within your health center. It's just as important as a focus on workflows, on the number of visits you aim to achieve, on billing and reimbursement opportunities.

It's often an overlooked and under-resourced or sometimes undervalued aspect of integrated care. Today, we're going to focus on that. My aim is that you can find at least one thing to incorporate in your health center, whether you're new to integrated care or more established with it. Language and communication really matter, again, as we established, because integrated care is team-based.

In effective integrated care systems that employ and use team-based care approach, collaboration within and across the care team is an expectation and should be a clearly communicated expectation across the care team rather than an exception. We also see multiple established and utilized pathways for closed-loop communication and collaboration.

What this looks like on the ground and within your health center may vary significantly across health centers, across sites within your health centers, and within your care team, just given the dynamics and the tools that you've got at your disposal. I've seen effective communication and language happen on passing sticky notes across and within care team members, all the way to utilizing direct messaging and electronic or virtual platforms for communication, and anything in between.

Maybe even leveraging your physical space to have care pods where you can have direct conversations with one another. The other thing that we'll see with effective care teams in the way that language and communication is leveraged is that your health center operations put resources and opportunities for the clinical team to enhance and optimize their opportunities for collaboration. We'll focus on that a little bit more as well.

Let's, from a logic model-type approach, break this down. Here, we're going to work from the right side of our screen to the left. To have and achieve our goal of effective integrated care, we know that integrated care must have an effective team. In order to have an effective team, those team members need to be able to collaborate well across and within themselves, and even within the health center.

In order to have effective collaboration, we need to have effective communication. In order to have effective communication, we need to have a common understanding and a shared language for how we, as care team members and as a health center at large, talk about the type of integrated care that we are providing, both to our patients and within and across staff across the health center and amongst our direct clinical team.

If team-based care is such an important aspect of integrated care, let's talk about some of these strategies. What I want to highlight here really is that communication is one of the key fundamental strategies for building an effective and a collaborative integrated care team environment. We'll touch on, just briefly though, on all four of these.

The first aspect is to have a common purpose and a goal. A team is really defined as a group of people who are working together towards a common goal. Without a known expressed goal, there really is no team. Strategies to create and enforce a common goal are to have an ongoing focus on why the team exists in the first place. This means really making the integrated care approach and understanding the value of integrated care a frequently communicated goal, objective, vision within and across health center staff, especially within your clinical team.

It means allowing team members opportunities to regularly interact with one another and establishing opportunities for those team members to connect, whether that's daily huddles, quarterly in-services, bi-annual or annual retreats, perhaps case reviews. Looking at all those kinds of opportunities for team members to get together and to be unified and to work towards this common goal to keep it front of mind.

The second strategy around building a collaborative team environment is trust. Team members usually work together well when they trust one another. This is especially important in any health care setting, particularly in an integrated care model. Trust usually comes from familiarity. When coworkers know who their colleagues are and understand their colleagues' roles, and how those roles fit into the objective and that common goal of integrated care, of collectively achieving improved health outcomes for our patients, trust becomes a natural outcome of that process of establishing familiarity and a sense of knowing one another.

This is where it can be really critical to ask yourselves within your clinical team or within your health care center, what opportunities are you leveraging or could you leverage that would allow clinical staff and colleagues to get to know one another? How well do the clinical team members understand one another's roles and responsibilities?

Do medical, behavioral, oral, or pharmacological staff understand the value of integrated care, and the role that one another plays within it to help achieve those healthy patient outcomes? That's really a core foundation of building trust, is creating those opportunities for familiarity.

A third strategy around building collaborative team environment is role clarity. Knowing everybody's role and responsibility within team-based care helps create efficiency, flexibility, and that sense of familiarity that can be so critical for building trust, but it can be really tricky to balance role clarity with the multiple hats that staff often wear in a busy health center. Strategies that can support role clarity include ensuring that team members are really aware of the different roles on the team, and who it is within the team that is providing those roles.

If you've got community health workers or peers, or case managers, are primary care and behavioral health aware of the opportunities that staff within those roles can provide to help improve their patients' clinical outcomes? Likewise, if you've got integrated care and have a behavioral health department or division within your health center, do those behavioral health providers wear multiple hats?

Do they provide traditional therapy on some days and work in a brief behavioral consultation model on other days? If so, how do other staff on the other team know whether or not that particular staff member is working as a BHC (behavioral health

consultant) that day, or within their traditional therapeutic role? Having opportunities to understand and clarify that can be really critically important for this role clarity piece.

Again, providing opportunities for care team members to interact via team huddles, staff-in services, et cetera, and providing opportunities within that space for clinical team members to really learn and understand what one another does on the integrated care clinical team. Then within that, to have conversations about how can we support one another, or how can I be supported more effectively when we've got these various roles that are supporting our overall collective objective of improving healthy patient outcomes?

Then that final piece where we're really focusing today is communication. Communicating openly and effectively. We want to err on the side of over-communication using a structured communication tool or format when possible. To remember that we really have two responsibilities when it comes to effective communication. Speaking clearly, frequently, and responsively when we are speaking, and to express and verify what we've heard and understood when others are talking and we're in the listening side of communication. We'll get to that in a little bit.

Those are really the four key aspects for building effective team environments, and communication is really a key aspect of that. Let's break down a brief basic communication model. This looks very busy, but basically we've got two communicators here. Really somebody is the sender, and both of these roles are sending messages and receiving messages back and forth to one another. In between that space, we have all kinds of other factors that are influencing the conversation that is being had between two people.

There are social contexts. Who is around relational context? What is my role and what is your role and how does that influence the way that we are speaking with one another? There is an environmental role context. Where are we having this conversation? Is it in a busy waiting room? Is it in one of your pods? Is it in the room? Is the patient with you or not? All of these sorts of factors.

Then also physical and psychological context. What did I carry in with me today that might be influencing the way that I am communicating, that might be influencing the way I am understanding? Those different factors really are what is called noise in a basic communication model. That noise refers to anything that interferes, distorts, or disrupts the message and the feedback between the two individuals who are speaking with one another.

What we'll do next really is unpack this noise piece a little bit within a busy health center. What contributes to noise in a health center? There are many, many different factors that relate to what we just covered that apply to how noise may be experienced within communication in a health center. First, patients and even health center staff may speak many different languages and come from different places. That automatically institutes and may influence and increase opportunities for miscommunication.

Similarly, or additionally rather, health centers are really busy and chaotic places. There is a lot of literal noise. That noise can make it difficult to hear and understand one another, to find ideal places, to have sensitive conversations if needed. That can also relate to noise. Additionally, there are many health center staff, and this can be a big one that we see, who feel conflicted that they're really operating between two mandates.

One, to provide high-quality, whole patient care with the idea that you've got all the time in the world to dedicate to this person and all the complex health factors that are contributing to their health outcomes, and on the other end of the spectrum, this pressure to meet productivity standards, or to be able to bill and get reimbursement. Staff often feel conflicted between those two mandates, and also that you are getting conflicting messages around those.

How do you resolve that, and what does that look like within your health center? It's beyond the scope of this particular webinar to solve for that. Just gaining an awareness of that as a noise factor can pave the way for some important conversations to have and facilitate within your clinical team and across your health center's operations and admin team to really flesh out and discuss.

The last key contributor to noise here is personal weather. That we come in, the day that we had driving into work may have been stressful. Maybe we had an argument with our kids or our spouse, and we bring that with us. Our patients bring that with us. Being mindful of the space that we are in and how that might be influencing our communication can be a big noise factor as well.

Another factor that we want to consider here, and that can contribute to noise within a health center, especially in an integrated care team, is that the different members of an interdisciplinary or a cross-disciplinary care team use a variety of different care team approaches. When different professionals collaborate, they bring their own perspective, which is informed by their training and their clinical role. Some providers might have a more structured protocol-driven approach that might not align with providers or with clinical staff who have a more relational and contextual approach.

For example, a medical provider might focus more on diagnosis and physical symptom management, where a behavioral health provider might be more concerned about the underlying factors and context. Together, both of these perspectives are really important to drive effective patient-directed care, but oftentimes it can result in miscommunications between care providers. Taking time to understand how that communication is impacting our work environment can be really critical and important.

Let's take a moment really quickly to talk about effective tools for communication. There are several evidence-based and structured standardized tools for effective communication in health centers, one of them being a closed-loop communication. This is providing verbal feedback, including methods called call-outs or check-backs or teach-backs, to ensure that recipients understand the communication. Let's just talk about a quick example of this.

A primary care provider might say something like, "I'd like this patient to see behavioral health concerns related to anxiety and insomnia." A behavioral health

provider would then come back and say, "You want the patient to receive behavioral health support for stress management and sleep hygiene." Here, the behavioral health provider has verified, verbalized their understanding of what the PCP (primary care provider) has said.

The PCP then comes back and says, "Yes," confirms or denies, "Yes, that's what I want," et cetera, or no, and then clarifies. Situation background assessment request or recommendation, often referred to as SBAR, is frequently taught within medical schools, may or may not be taught within behavioral health providers, but can be leveraged as a tool for communicating critical, important information concerning the condition of a patient across different care providers. Let's talk about a quick example there. Someone might say, the situation, if I'm a behavioral health provider, this would be my approach. Here's the situation." I would say something like, "Dr. Smith, this is Amber in behavioral health. I'm reaching out about patient X who reports feeling that they've not felt well, or they have not been taking their hypertension medication because it makes them feel dizzy and anxious. Here's the background.

Patient X's dose of metoprolol was increased in his last visit in May. Since then, he reports feeling dizzy and lightheaded, which makes him feel anxious due to the foot neuropathy related to diabetes. He's afraid of falling and has stopped going out for errands or to socialize. My assessment is that the recent dose adjustment may be influencing patient X's anxiety.

My request or recommendation, which I've discussed with patient X, is the importance of medication adherence and letting you know as the PCP to address information about side effects and to assess his dose. We have also done relaxation exercises and breathing regulation exercises to address the anxiousness. Are you willing to make an appointment with him for medication review?"

That's a quick example of SBAR. The third thing is patient handoffs and referrals between medical and behavioral health. Communication here is essential. The main thing I want to highlight here in the interest of time with handoffs is that it's really critical to state the reason why you are making a handoff. This is where SBAR can be really important and effective tool to use within an effective handoff, that states what your recommendation or request to the provider is.

The key golden rule for effective handoffs is to provide the type of handoff that you yourself would like to receive. Many medical providers are trained in schools how to provide handoffs to different medical specialties. We can think of behavioral health as an extension of those specialties. Providing handoffs to behavioral health that talk about what it is specifically you want behavioral health to see the patient for and vice versa.

Let's talk a little bit about using language then to support some of these effective communication pieces. What is really critical to understand is that how an integrated care team and organization refers to themselves, really has a profound influence on patient perceptions of the care that they receive within the health center, of staff cohesion and their ability to work together, of the organizational environment and the commitment to integrated care, and even at times the community perceptions at large of the health center.

The language that we are using impacts how effectively we communicate within our teams and it's necessary for that collaboration factor. Let's break this down a little bit. How do we leverage language to support integrated care? If we understand that the powerful impact of language and how it influences the way patients think about care, the way staff think about care, the way staff and colleagues communicate and relate to one another and build an effective integrated team, then we want to really take some time to think about what language are we using, and what alternate language might we want to use?

Here are some examples and just think about the difference here. Think about the difference between a primary care provider saying, "I'm going to refer you to a therapist, or a substance use counselor, or a social worker." That may carry some stigmatization with it versus, "I'd like to refer you to another member of our integrated care team."

Here, I am communicating that I am on par with this other colleague in my department who has something else that they might offer in terms of your care and it's fairly neutral. Another example might be on the other side of that, "Hello, I'm a social worker with behavioral health here to spend some time with you today or for this visit." Sometimes, in some places, that can communicate stigmatization, versus, "Hello, I'm a member of the integrated care team who supports patients with health behaviors."

Just take a note to think about the way that you approach language, what language you use within your care team, how consistent that language is between medical, behavioral health, care support, pharmacy, oral health, et cetera, and what opportunities you might have to condense and combine that language. I don't think we have time to get to-- I guess we'll do these polling questions here.

We'll do this one. How much do you think the language used to talk about behavioral health conditions and treatment impacts how willing patients will be to engage in behavioral health services?

All right, a lot. Great. In a way, preaching to the choir here. That's great. Let's do the next one really quickly. Does your health center have a shared phrase or a term that you use for your entire staff that your care team identifies with? If you do, enter that into the Q&A.

Actually, it looks like most of you don't. That could be a real opportunity to think about. Moving along here, again, just some questions to consider within your health center about language and communication to facilitate that discussion. What language could you use? What would your community, what would your staff, what would your patients be responsive to, and how can you create consistency across the care team?

This is just a quick summary, which we will not go through because we've hit on all four of these points in the previous 20 minutes or so. Let's just spend a couple minutes on scripts. Scripts can be very helpful, especially for those of you who may be newer within the integrated care space. Let's quickly do an assessment here. Does your health center currently use scripts to discuss integrated care or behavioral

health services? You don't need to enter your script into the chat or the Q&A, just indicating yes, or no, or you're not sure is sufficient.

Looks like most don't here. Given that many of you don't institute scripts, let's just talk very quickly about their value. Scripts can be really helpful within an integrated care setting because they standardize some communication. They also offer an opportunity for training and onboarding. Folks who might be uncomfortable working or starting to work in an integrated care environment, if they receive some level of training during their onboarding process, this can help them feel a little bit more comfortable.

It's also an opportunity to educate, engage, and activate patients, patients who will repeatedly hear a script start to get more and more familiar with the idea of integrated care and usually more and more comfortable with the provision of those integrated care services. It can also provide a structure in new or difficult situations. Again, if you're new to integrated care, or you're changing some aspect of service provision, utilizing scripts can help folks feel more comfortable because they've got something that's structured, that's standardized, that they can orient themselves around.

It can also be a very effective branding and marketing approach within your care center. Very quickly within the time we have left, tips are we want to keep scripts short and simple. We want them to be consistent. We want them used by different care team members but all referred to care in the same way. I think that's about as much as we're going to go through there. All of the other ones are a little less critical, but we'll keep it to those three. Within that, do you think scripts could be helpful or useful?

Awesome. Lastly, I'll say, I know we are at time, we were unable to share some sample scripts with you, but they are available. If you just do a simple web search, you can find some. Also, there are ways to leverage technologies around AI to really quickly and effectively custom create scripts to help foster some shared language. I would recommend that as well. With that, I think we're at time. Thank you all. I'll kick things back for closing to Kayla.

Webinar support: Wonderful. Thank you so much, Amber. Access more behavioral health substance use disorder integration technical assistance opportunities by emailing the team, visiting the TA portal, and scanning the QR code to subscribe to Hub and Focus. We have other fall webinars coming up for your consideration. We'll add links to these events in the chat so you can take a closer look.

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Health Center TA satisfaction assessment to receive credit. We'll add the link into the chat for your reference. Thank you all for your attendance. This does conclude today's webinar. You may now disconnect.

Amber: Thank you, everybody.