



July 16th 2024 Webinar: Enhancing Communication & Coordination with Medical Teams with Dr. Cody Hostutler

*Oregon Pediatric Improvement Partnership (OPIP) Learning Collaborative for **Integrated Behavioral Health in Primary Care**: Strategies and Tools to Provide Issue Focused Interventions Addressing **Social Emotional Health in Young Children (Birth to Five)***

While We Wait to Let Everyone In

PLEASE UPDATE YOUR NAME IN ZOOM TO INCLUDE:

- **FIRST AND LAST NAME**
- **INITIALS of the PRIMARY CARE PRACTICE IN WHICH YOU WORK**

NOTICE OF RECORDING

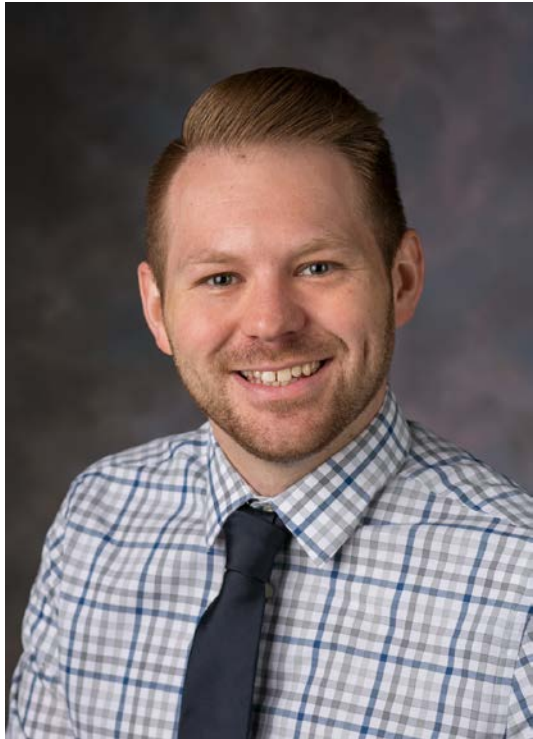
- *We will be recording this overview webinar for those attendees who registered but could not attend*



Agenda

- Topic Specific Focus for Today: **Enhancing Communication & Coordination with Medical Teams**
- Case Consultation on Implementing These Strategies:
Participant Ask Questions, Share Examples, and Obtain Feedback
- Looking forward to August 2024

Introducing Dr. Cody Hostutler



- Dr. Cody Hostutler is a pediatric primary care psychologist at Nationwide Children’s Hospital and associate professor in the department of pediatrics at The Ohio State University.
- Dr. Hostutler’s career is focused on improving the behavioral health (BH) care patients and families receive within their primary care medical home through practice innovation, interprofessional education, and research.
- Specifically, he has worked within interdisciplinary teams to develop and scale innovative models of primary care integration; consult, train, and mentor primary care teams and medical residents on BH skills; and has co-authored a textbook supporting skills development for medical providers (Mental Health Strategies for Pediatric Care).



Enhancing Communication & Coordination with Medical Teams

Cody Hostutler, PhD | [he/him](#)

Pediatric Psychologist, Nationwide Children's Hospital
Associate Professor, Department of Pediatrics, The Ohio State University



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- 1. Name 3 barriers to communication and coordination**
- 2. Describe 3 evidence-based team-based care processes**
- 3. Use WHO spotlight intervention**



About Me

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Term	Definition	Notes
Communication	Sending or sharing information, often unidirectional	<ul style="list-style-type: none"> ● limited expectation for problem- solving or longitudinal relationship
Collaboration	≥2 providers working together within or across systems or sectors to support patient outcomes	<ul style="list-style-type: none"> ● an active process requiring information exchange and problem-solving
Interprofessional collaboration	Providers from multiple disciplines working independently to achieve a common clinical goal	<ul style="list-style-type: none"> ● involves integration of efforts of individual providers, communication, and collaboration
Interprofessional team-based care	Health care professionals collaborate to meet the needs of the patient/family, engaging them as full participants	<ul style="list-style-type: none"> ● Involves IP, coordinated care delivered via team approach with shared goals <p>Often works across systems and with the patient/family at the center</p>
Interagency collaboration	Providers from multiple agencies (schools, communities, hospitals, schools) working interdependently to achieve a common clinical goal	<ul style="list-style-type: none"> ● involves integration of efforts across systems of care.

Adapted from Shahidullah et al. (2022). Interprofessional team-based care. In H. Feldman, N. Blum, T. Stancin, M. Jimenez (Eds). *Developmental-Behavioral Pediatrics, 5th Edition*. Philadelphia: Elsevier.

How do you communicate and coordinate with your medical team?

What barriers to communication do you all experience?

Improved well-visit attendance and receiving immunizations on schedule

Improved social emotional functioning by age 3 for “at-risk” children

Lower rates of obesity at age 5 for children who were “at-risk”

Improved safe sleep practices

Reduced emergency room visits for injuries



Ammerman, R. T., Herbst, R., Mara, C. A., Taylor, S., McClure, J. M., Burkhardt, M. C., & Stark, L. J. (2022). Integrated Behavioral Health Increases Well-Child Visits and Immunizations in the First Year. *Journal of Pediatric Psychology*, 47(3), 360-369.

Brown, C. M., Raglin Bignall, W. J., & Ammerman, R. T. (2018). Preventive behavioral health programs in primary care: A systematic review. *Pediatrics*, 141(5).
Healthy Steps Evidence Summary: file:///C:/Users/cah015/Downloads/HealthySteps_Evidence_Summary_2021-FINAL.pdf

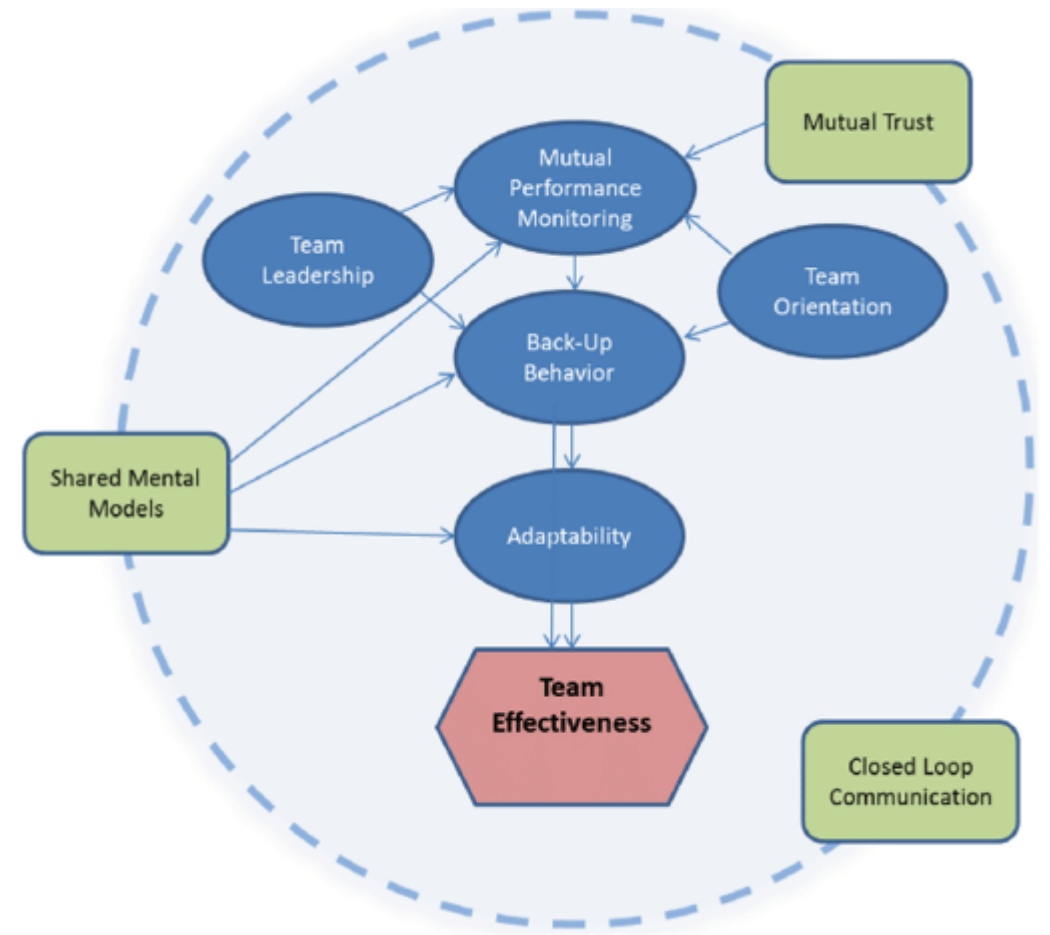
Effectiveness in Early Childhood

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[Interprofessional Education Collaborative](#)

Salas, E., Sims, D. E., & Burke, C. S. (2005). Is there a “big five” in teamwork?. *Small group research*, 36(5), 555-599.

General Team-Based Strategies

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Values and Ethics

Work with team members to maintain a climate of shared values, ethical conduct, and mutual respect.

Roles and Responsibilities

Use the knowledge of one's own role and team members' expertise to address health outcomes

Communication

Communicate in a responsive, responsible, respectful, and compassionate manner with team members

Teams and Teamwork

Apply relationship-building **values** and the principles of **team science** to plan, deliver, and evaluate **patient/population centered care** that is **safe, timely, efficient, effective, and equitable**

Quality is better than **Quantity**; Quantity is better than silence

Familiarity of team members potentiates relationship between communication and performance

Content **type** matters:

- Information elaboration strongest predictor of performance
- Knowledge sharing second
- Profession specific jargon interferes with performance

Pre-pandemic data suggest that strictly **virtual communication is slightly less effective**, it helps to be in a room at least some of the time

Marlow, S. L., Lacerenza, C. N., Paoletti, J., Burke, C. S., & Salas, E. (2018). Does team communication represent a one-size-fits-all approach?: A meta-analysis of team communication and performance. *Organizational behavior and human decision processes*, 144, 145-170.

Evidence-Based Pearls from Team-Based Communication

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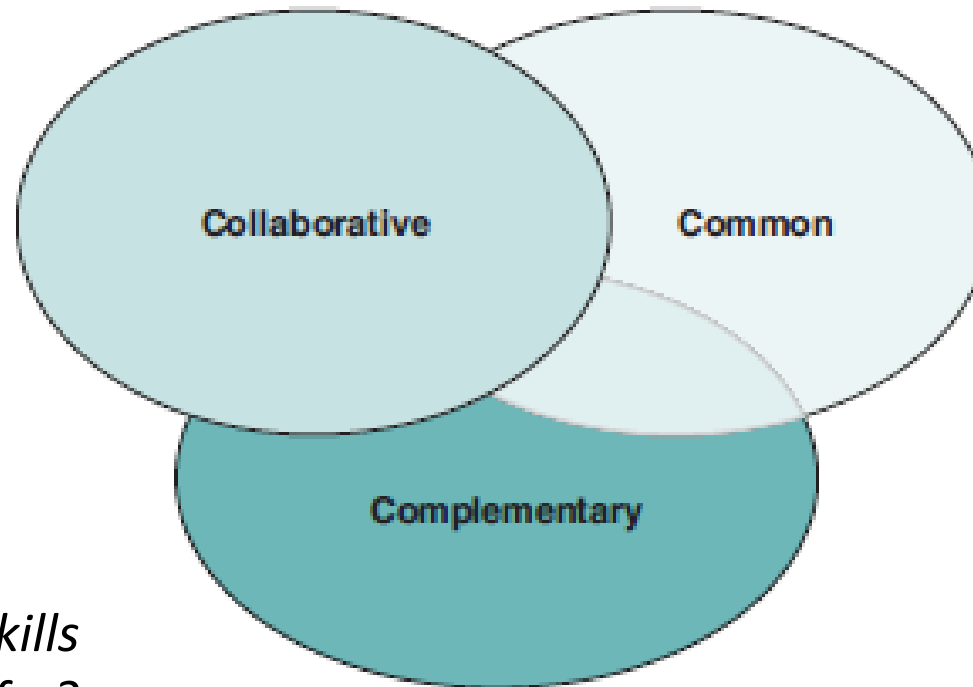


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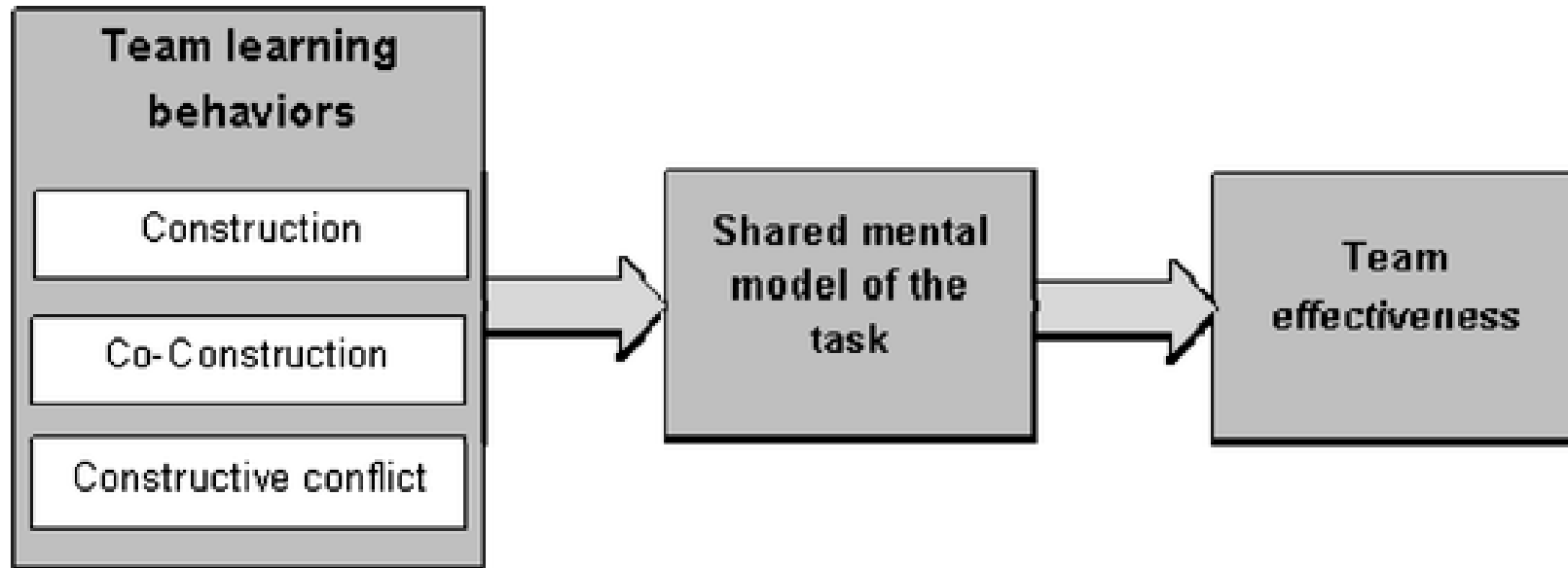
*How do I function
as part of a team?*

*Which of my skills
are similar to
others?*



*What unique skills
do I have to offer?*

Adapted from Shahidullah et al. (in press). Interprofessional team-based care. In H. Feldman, N. Blum, T. Stancin, M. Jimenez (Eds). *Developmental-Behavioral Pediatrics, 5th Edition*. Philadelphia: Elsevier.



Van den Bossche, P., Gijsselaers, W., Segers, M., Woltjer, G., & Kirschner, P. (2011). Team learning: building shared mental models. *Instructional science*, 39, 283-301.

Provides practice-level leadership

Builds motivation for change

Monitors implementation

Educates the team/peer-to-peer coaching

Mobilizes resources

Builds consensus on key decisions

Pilots new approaches

Who?

- **Respected**
- **Passionate**
- **Connected**





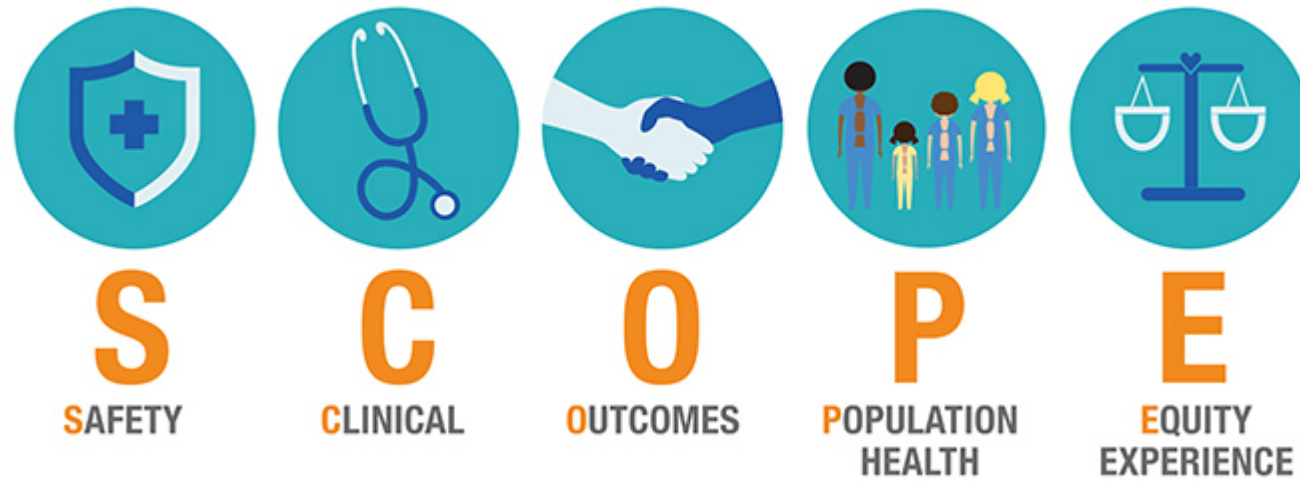
Specific Strategies

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Team-Based Quality Improvement

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Brief: Prior, to develop a plan

Huddle: During, to update or check in on a plan

***Debrief:** After, to review how the plan went (successes, errors, improvements) and prepare for next performance

Best Practices in Debriefing Medical Teams: A Checklist for Team Debrief Facilitators

Pre-brief
Performance
 
Debrief
<input type="checkbox"/> 5. Do team members feel comfortable during debriefs?
<input type="checkbox"/> 6. Is the focus concentrated on a few critical performance issues during the debrief?
<input type="checkbox"/> 7. Are the specific teamwork interactions and processes involved in the team's performance described during the debrief? <ul style="list-style-type: none">▪ Planning▪ Situation assessment▪ Supporting behavior▪ Communication▪ Leadership / initiative
<input type="checkbox"/> 8. Is feedback supported with objective indicators of performance?
<input type="checkbox"/> 9. Is outcome feedback provided later and less frequently than process feedback?
<input type="checkbox"/> 10. Are both individual and team-oriented feedback provided?
<input type="checkbox"/> 11. Is the delay between task performance and feedback kept to a minimum?
<input type="checkbox"/> 12. Are conclusions and goals set recorded to facilitate feedback during future debriefs?

Salas, E., Klein, C., King, H., Salisbury, M., Augenstein, J. S., Birnbach, D. J., Robinson, D. W., & Upshaw, C. (2008). Debriefing medical teams: 12 evidence-based best practices and tips. *Joint Commission journal on quality and patient safety*, 34(9), 518–527. [https://doi.org/10.1016/s1553-7250\(08\)34066-5](https://doi.org/10.1016/s1553-7250(08)34066-5)

Tannenbaum, S. I., & Cerasoli, C. P. (2013). Do Team and Individual Debriefs Enhance Performance? A Meta-Analysis. *Human Factors*, 55(1), 231-245. <https://doi.org/10.1177/0018720812448394>

1. Must be diagnostic
2. Build psychological safety
3. Focus on a few critical performance issues
4. Debrief as soon as possible after performance
5. Frequent focus on process, occasional look at outcome
6. Allow for time to discuss emotions and different perspectives
7. Support feedback with objective indicators of performance
8. Provide both individual and team feedback, but know when each is appropriate
9. Record conclusions made and set goals to facilitate feedback during future debrief

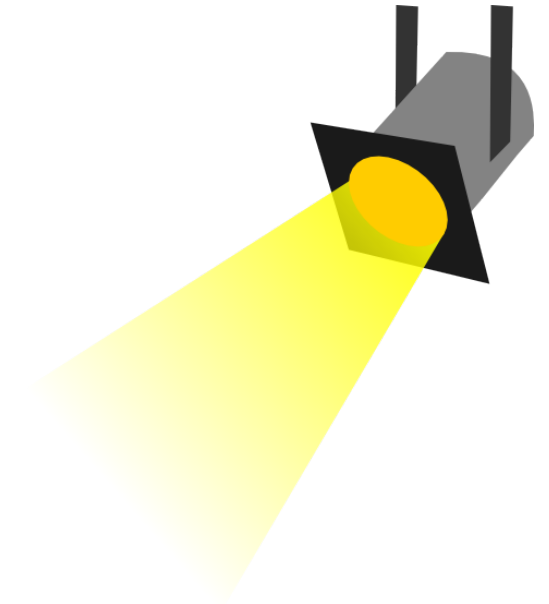
Salas, E., Klein, C., King, H., Salisbury, M., Augenstein, J. S., Birnbach, D. J., Robinson, D. W., & Upshaw, C. (2008). Debriefing medical teams: 12 evidence-based best practices and tips. *Joint Commission journal on quality and patient safety*, 34(9), 518–527. [https://doi.org/10.1016/s1553-7250\(08\)34066-5](https://doi.org/10.1016/s1553-7250(08)34066-5)

Lyons, R., Lazzara, E. H., Benishek, L. E., Zajac, S., Gregory, M., Sonesh, S. C., & Salas, E. (2015). Enhancing the effectiveness of team debriefings in medical simulation: more best practices. *Joint Commission journal on quality and patient safety*, 41(3), 115–125. [https://doi.org/10.1016/s1553-7250\(15\)41016-5](https://doi.org/10.1016/s1553-7250(15)41016-5)

One Page Handout for PCCs

Includes

- *Topic* (Sleep, Healthy Weight, Feeding)
- *Education*
- *Evidence-Based Screening Questions* (e.g., BEARS)
- *Why/When to get BHC*
 - You know the “what,” let us help with the “how.”
 - Save you time in the room
- *What BHC will do*



*Request of the Week;
Robinson & Reiter, 2016*

Increase education about BH topics

Increase productivity

Increase referrals for specific conditions

Benefits of consulting your BHC for Healthy Weight

- You know the "what," let the BHC help with the "how"
- Saves you time having to problem-solve barriers in the room.

Weight Status Category	Percentile Range
Underweight	< 5th percentile
Healthy Weight	5th - 84th percentile
Overweight	85th - 94th percentile
Obese	95th percentile or greater

When to Get the BHC

- Low motivation for treatment
- Body image issues: negative body image, body dissatisfaction, low self-esteem
- Social-emotional consequences: poor quality of life, withdrawal
- Psychological comorbidities: depression, anxiety, behavior problems, binge [eating](#)
- School problems: bullying, academic concerns, school refusal
- Lack of progress despite motivation
- Anytime you think the patient/family would benefit!

Things Your BHC Can Do to Help

Assessment

- Comprehensive assessment to help with identifying barriers to health behavior recommendations and current impact of weight management problems on patient and family functioning

Problem-solving with family to increase adherence to PCP recommendations

Intervention

Example of Problems	Examples of Interventions
Psychological factors affecting medical condition	Assessment of psychosocial factors; Broad-band, narrow-band screening
Lack of motivation	Motivational interviewing
Low self-efficacy	Goal setting, self-monitoring, cognitive restructuring
Noncompliance with treatment recommendations	Behavior modification E.g., Premack Principle, Stimulus Control Motivational Interviewing
Behavior problems in response to recommendations	Behavior management E.g., Positive reinforcement, behavioral contracting

	Easy to Do	Difficult to Do
Big Impact	Just do it!	Challenge
Small Impact	Possible	Kill

PCP Results (n = 5)

	Just do it!	Challenge	Possible	Kill	Average
Have multiple in-person conversations	3	2	-	-	1.40
Have physicians pick topics from a list	3	1	1	-	1.60
Visual Reminder	3	-	2	-	1.80
Give Feedback regarding frequency of referrals	1	2	2	-	2.20
Consider use of goal-setting, and incentives	2	1	1	1	2.20
Lunch n' Learn about the topic	2	1	-	2	2.40
Implement with all staff	2	-	2	1	2.40

<i>Psych Results (n = 4)</i>	Just do it!	Challenge	Possible	Kill	Average
Have physicians pick topics from a list	4	-	-	-	1.00
Multiple in-person conversations	3	-	1	-	1.50
Lunch n' Learn about the topic	-	4	-	-	2.00
Give feedback regarding frequency of referrals	1	-	3	-	2.50
Goal-setting, and incentives	-	2	-	2	3.00
Visual Reminder	-	-	4	-	3.00
Implement with all staff	-	-	3	1	3.25



Just do it!

- Have providers topics pick from a list
- Have multiple in-person conversations

Consider

- Goal setting
- Giving feedback about # of referrals
- Lunch n' Learns about topic

Not now

- Incentives
- Visual reminders
- Implement with all staff

	Easy to Do	Difficult to Do
Big Impact	Just do it!	Challenge
Small Impact	Possible	Kill

Needs Assessment Survey

Review results with PCC team (or Medical Champion)

Have PCCs select topics

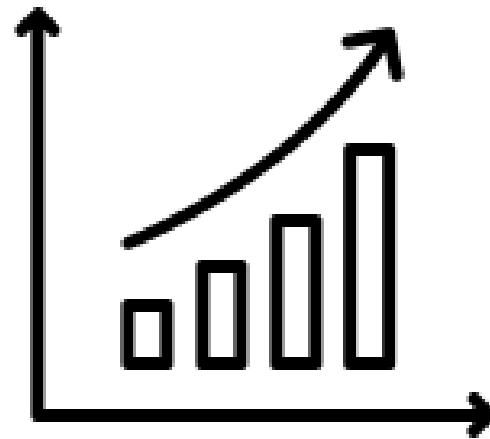
Create and Launch WHO Spotlight

Track WHOs for topic, share regularly

Remind in Brief, Huddle as needed, Debrief at the end of the day



Circle back after receiving a WHO (or Referral)



Values and Ethics

Roles

Communication

Teamwork



Diagnosing Team-Based Challenges

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Team-work requires the team to be engaged (Champions)

Shared Mental Model, shared vision and purpose

Quality communication is important

Introducing Next Month's Speaker: Dr. Ariel Williamson



- August 20th 12:00-1:00: Topic Focus: **Early Childhood Sleep with Dr. Ariel Williamson**



- Dr. Ariel Williamson is Assistant Professor at the University of Oregon in the department of psychology and at the Ballmer Institute for Children's Behavioral Health in Portland, OR. She is a licensed psychologist, diplomate in behavioral sleep medicine, and sleep expert for the Pediatric Sleep Council, which provides free, evidence-based early childhood sleep information.
- Dr. Williamson applies socio-ecological theory, implementation science principles, and community-engaged methods to conduct research on addressing sleep problems and sleep health disparities in primary care and other community settings.



Looking Forward

Month	Topic-Focused Webinars & Person-Specific Registration Links (Third Tuesday of the Month)	OPTIONAL Office Hours & Zoom Links (First Tuesday of the Month)
June	6/18/24: 12-1pm Early Childhood Anxiety Registration Link: https://us06web.zoom.us/meeting/register/tZYod-irrDsiHdBHag1_JWuOfNM4v9BaKkCq	6/4/24: 12-12:30pm Zoom Link: https://us06web.zoom.us/j/89365465702
July	7/16/24: 12-1pm Enhancing Communication & Coordination with Medical Teams with Dr. Cody Hostutler Registration Link: https://us06web.zoom.us/meeting/register/tZAqf-2tqT0rE9c0arq-WwxBgHiKo_h6evuO	7/2/24: 12-12:30pm Zoom Link: https://us06web.zoom.us/j/89365465702
August	8/20/24: 12-1pm Early Childhood Sleep with Dr. Ariel Williamson Registration Link: https://us06web.zoom.us/meeting/register/tZlvd-2vrz8uG9UMG1rcbGG09AsDQVT8kGnk	8/6/24: 12-12:30pm Zoom Link: https://us06web.zoom.us/j/89365465702
September	9/17/24: 12-1pm Culturally-Informed Motivational Interviewing with Dr. Rachel Herbst Registration Link: https://us06web.zoom.us/meeting/register/tZYtcu6grD4jEtdlocRXNNzoAnJVImOGOGoNlp	9/3/24: 12-12:30pm Zoom Link: https://us06web.zoom.us/j/89365465702
October	10/15/24: In-Person Learning Session 8:00am-12:00, Optional Lunch from 12-1 Registration Link: https://www.eventbrite.com/e/integrated-behavioral-health-learning-collaborative-fall-learning-session-tickets-866680172727?aff=oddtcreator	
November	11/19/24: 12-1pm Toilet Training and Elimination Problems Registration Link: https://us06web.zoom.us/meeting/register/tZEduiqpjiosGNCw1rOCTgbUvM5bm4mv7Th4	11/5/24: 12-12:30pm Zoom Link: https://us06web.zoom.us/j/89365465702
December	12/17/24: 12-1pm Incorporating Trauma-Informed Principles into IBH with Dr. Kim Burkhart Registration Link: https://us06web.zoom.us/meeting/register/tZcuceGoqjwpH9liz8bWB91uBhtxGIIA1l0A	12/3/24: 12-12:30pm Zoom Link: https://us06web.zoom.us/j/89365465702