HRSA
Health Resources & Services Administration

Identification and Evidence-Based Interventions for Treating Anxiety and Depression

Community of Practice

Patient-Centered Care Planning

February 14, 2023

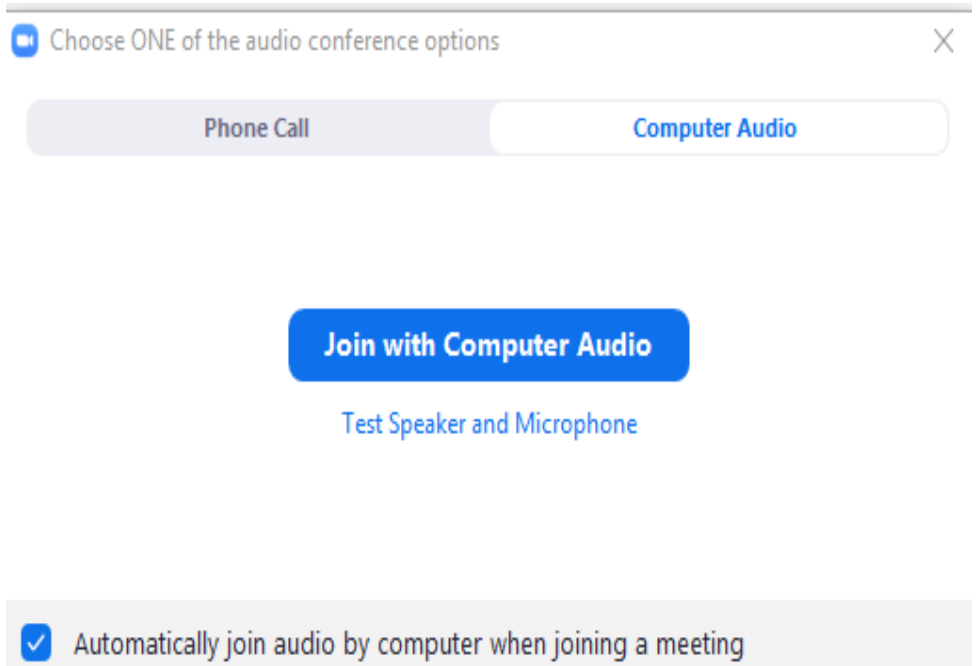
2:00–3:30 p.m.

Vision: Healthy Communities, Healthy People

Connecting to Audio

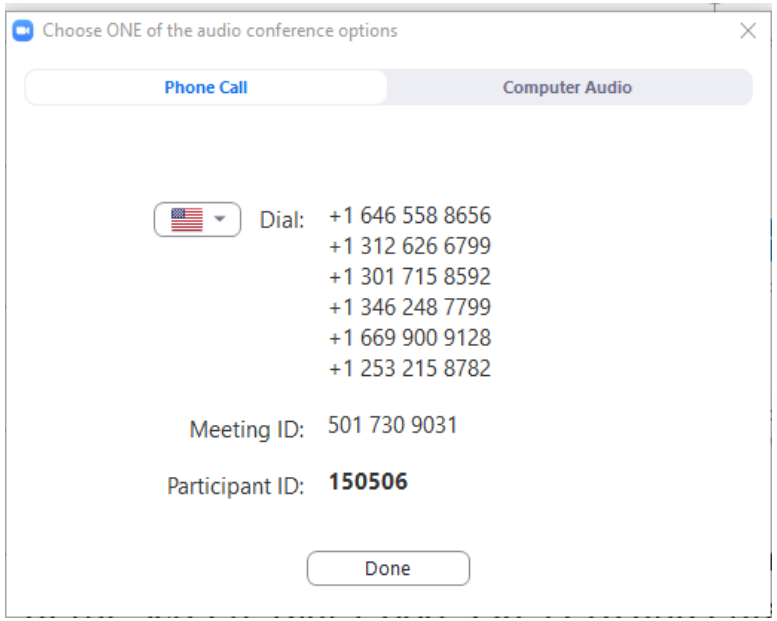
By computer:

- Click **Join with Computer Audio**.



By phone:

- Click the **Phone Call** tab, dial a listed phone number, and enter **Meeting ID** and **Participant ID**.



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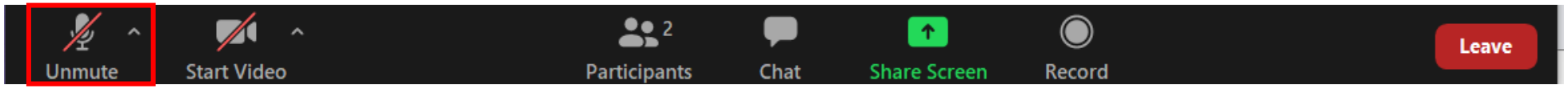
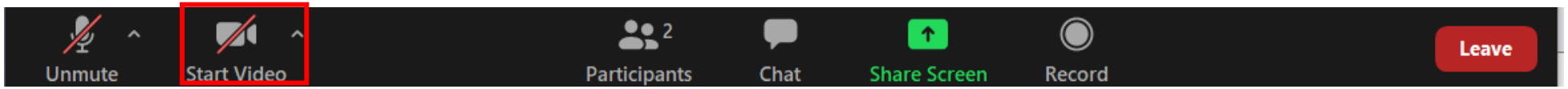
Zoom Participation

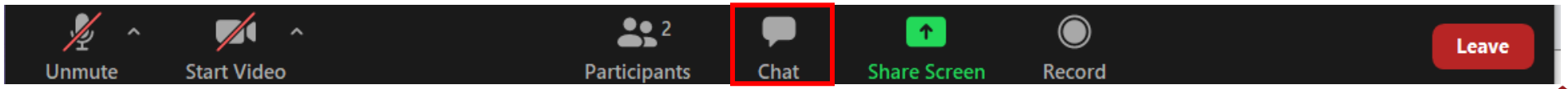
- You will begin muted. To **unmute/mute**, click the **microphone** icon located at the bottom left of your Zoom window.



- We encourage everyone to keep their video enabled. Click **Start Video** to join by webcam.



- To ask a question using the **Chat** feature, click the **Chat** icon located at the bottom center of your Zoom window.



HRSA Health Center Program

Continuing Education

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- You **must** complete the Health Center Satisfaction Assessment after **each** session for which you plan on receiving CEs.
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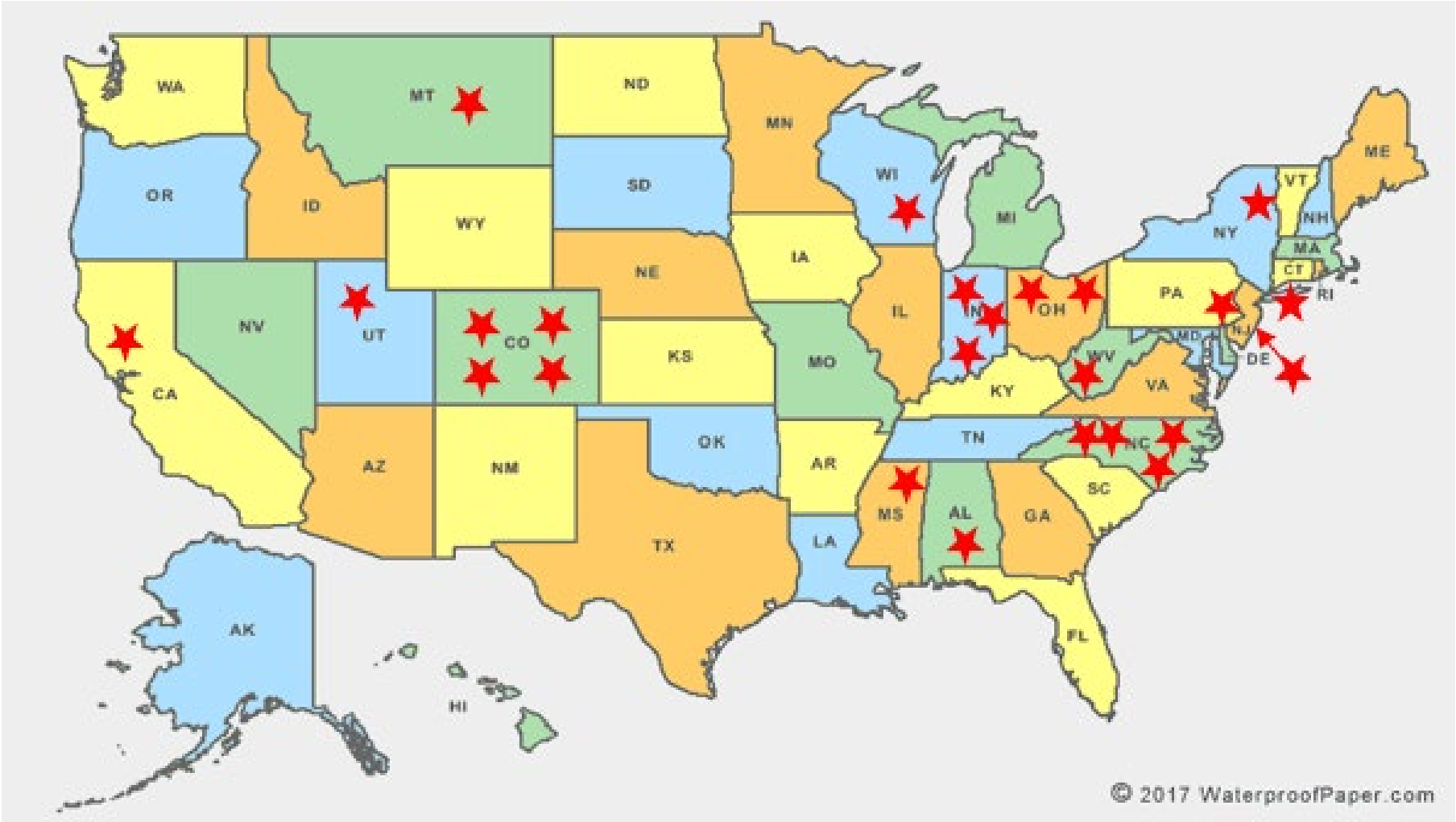
HRSA Health Center Program

Session 3 Facilitators

Joseph Hyde, M.A., LMHC, CAS
BHTA Project Director and Senior Technical Expert Lead
JBS International, Inc. (JBS)

Laura M. Rosenbluth, M.S., LMFT
BHTA Technical Expert Lead
JBS International, Inc. (JBS)

Participant Locations



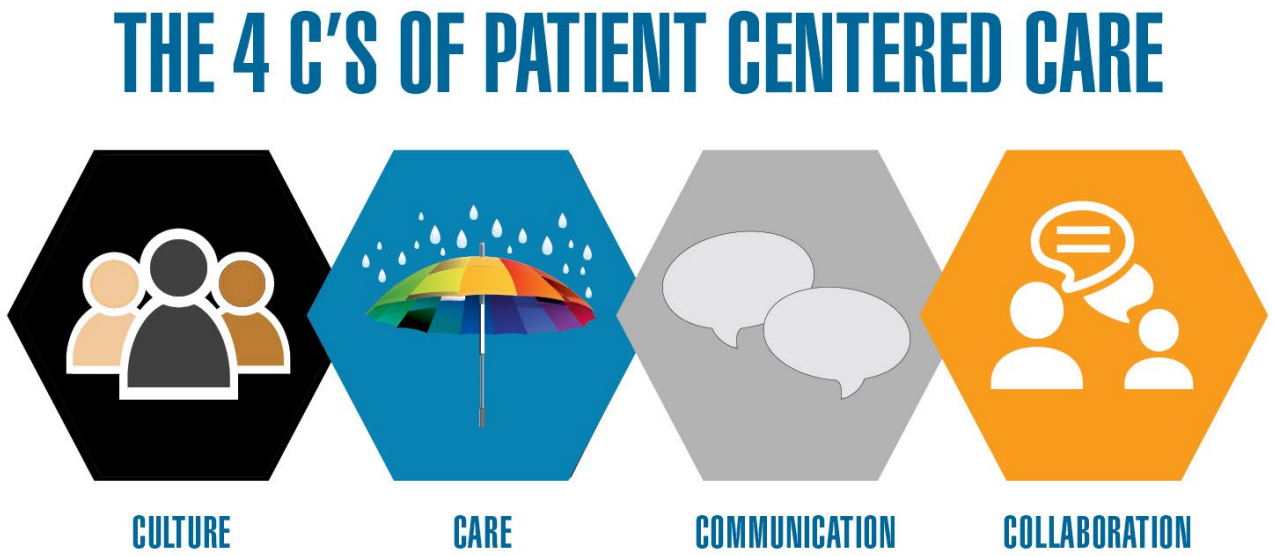
Objectives

Source: iStock

Participants of today's CoP Session 3 will

1. Define patient engagement in care planning,
2. Contextualize care plan strategies,
3. Align care with patient values and culture, and
4. Negotiate patient-relevant goals.

Patient-Centered Care



Values – Preferences – Traditions – Shared Decision-Making – Accessibility – Socioeconomic Conditions[1.]

Develop a Partnership Through Shared Purpose

- **Create a shared vision, mission, goal(s), and objectives**
  - Vision: Communicates the ideal conditions for the patient if the problem was resolved.
  - Mission: Describes what the partnership is going to do and why it's going to do it.
    - ✓Mission statements are concise and outcome oriented.
  - Goal(s): Action-oriented statements that describe the outcomes the partnership hopes to achieve.
  - Objectives: Specific strategies and tasks that will be used to reach one's goals. Use SMART format:
    - ✓Specific
    - ✓Measurable
    - ✓Achievable
    - ✓Realistic
    - ✓Timed (has a target date or timetable)

Image: publicdomainvectors.org

Intervention Strategies in Integrated Care

- **Care Team Collaboration**
  - Trusted family members/significant others
  - Other supportive connections, such as friends, peers, social workers, community resources (food, literacy, $ assistance)
- **Brief Therapy Best Practices (discussed more in later sessions)**
  - Provided by behavioral health care manager
  - Behavioral activation
  - Cognitive behavioral therapy-primary care
  - Problem solving therapy[2.]

Negotiating Treatment Priorities

Interpersonal

- Communication among care team
- Knowing the patient's values, beliefs, abilities, preferences
- Importance of all team members present

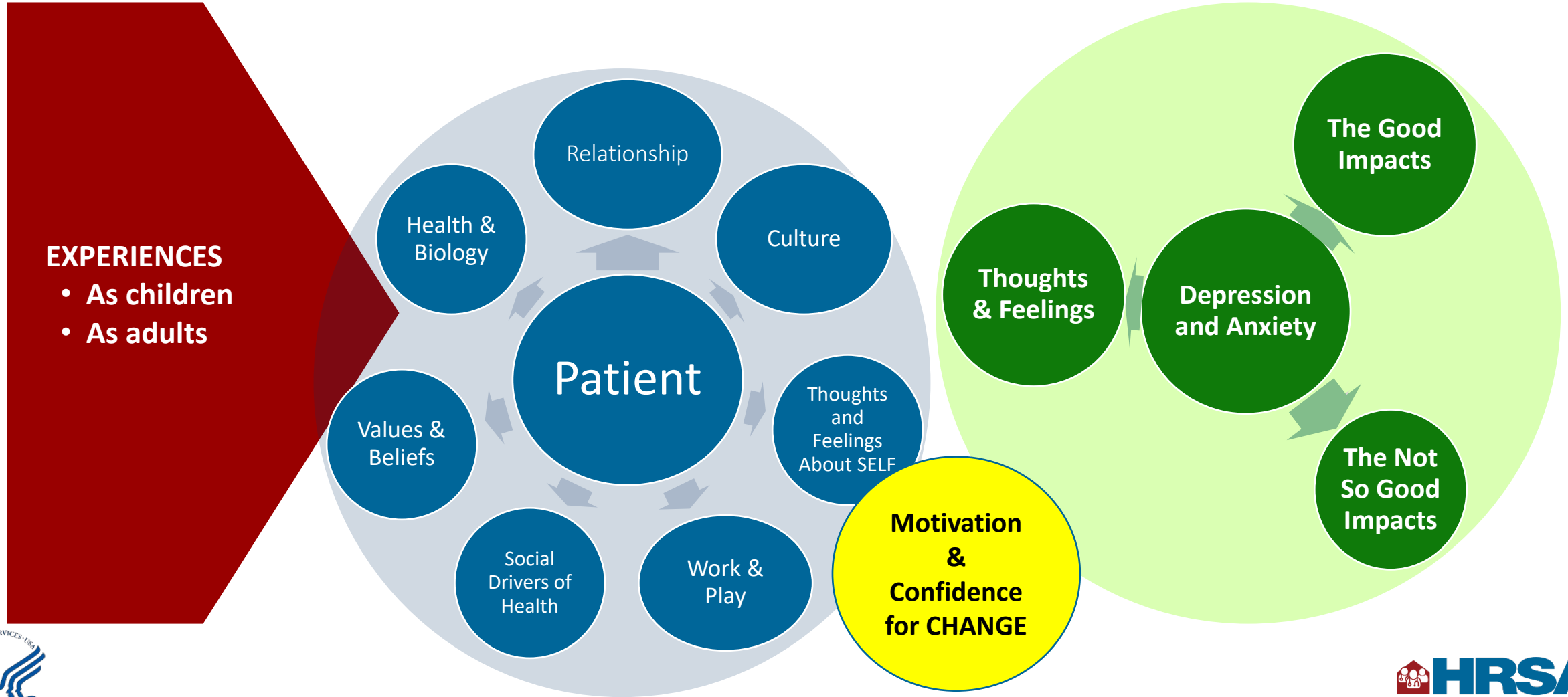
Clinical

- Shared decision-making using best practices and self-management
- Coordination and continuity among all center staff and providers
- Types of visits available

Systemic

- Physical environment is calm and welcoming
- Access to care: ease in making appts, wait times
- Information technology (IT) supports collaborative care planning; coordinated, consistent, efficient [3.]

Contextual Understanding of Personal Experience of Anxiety and Depression



Patient-Centered Care Plan

Be specific regarding strategies and tasks that will be used to reach one's goals.

SMART Format

Cecilia will write in her journal once weekly for the next 90 days.

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Sample Change Plans

Prescription for Change

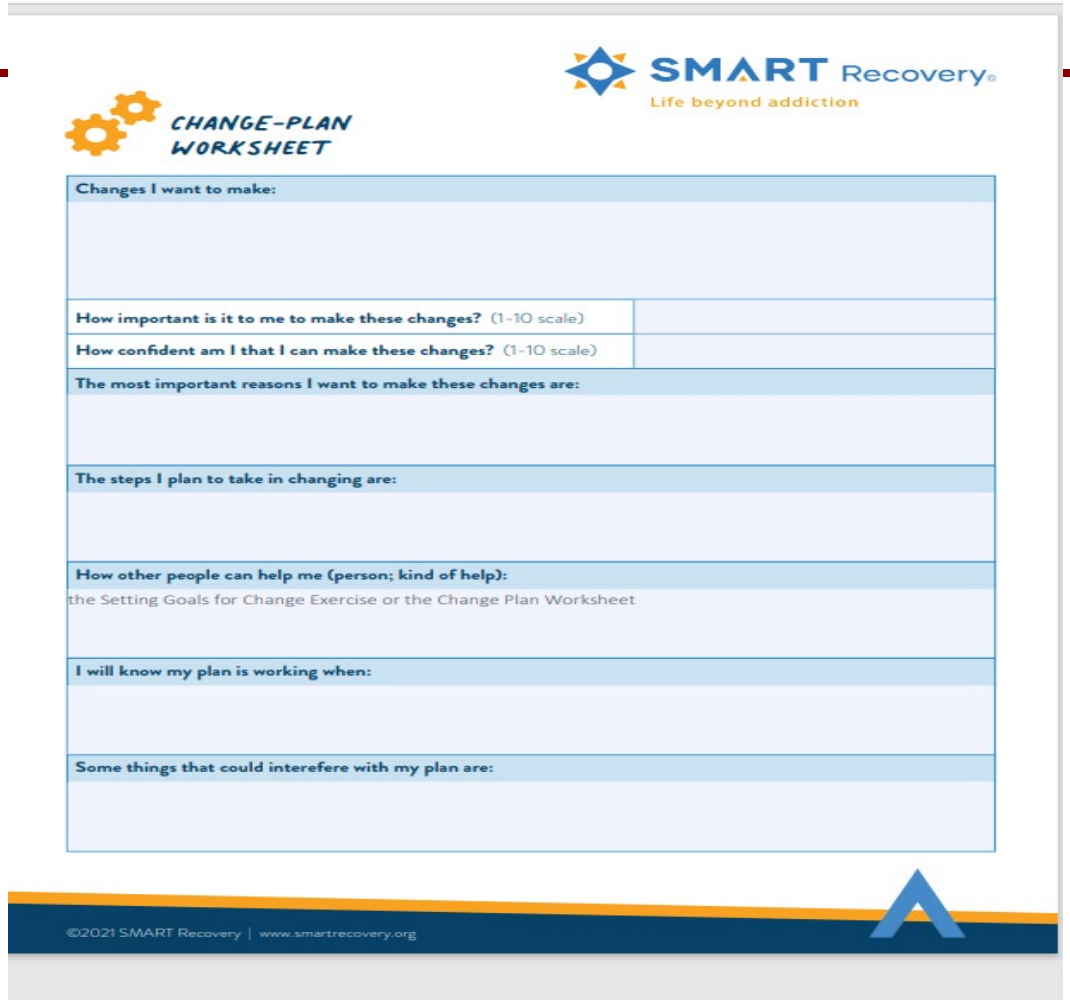
Date: _____

Action Plan
1. _____
2. _____
3. _____

Signature: _____

Witnessed by: _____

Please call _ _ _/_ _ _-_ _ _ _ on _____
to let us know if this plan is working for you.

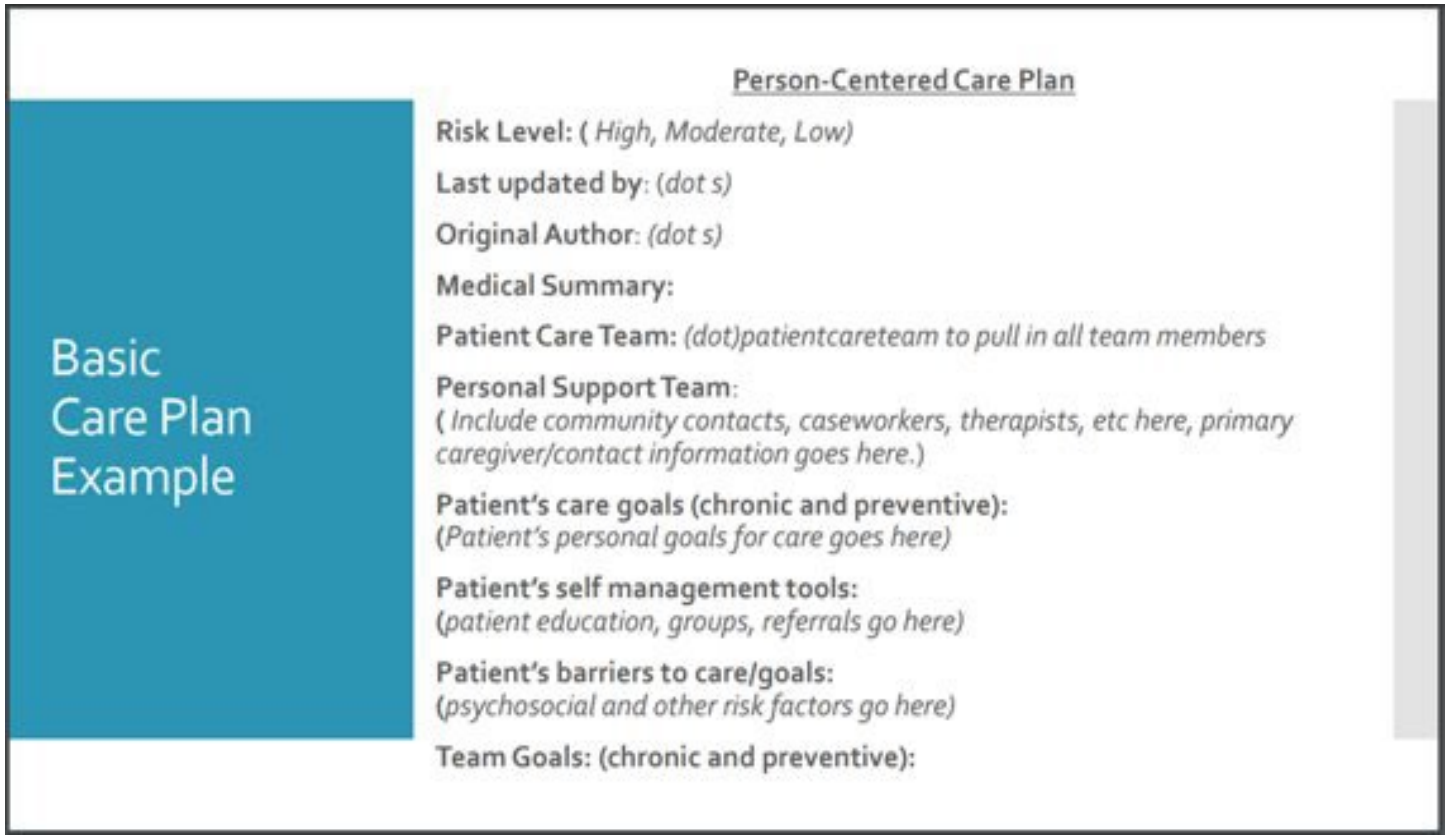


SMART Recovery®
Life beyond addiction

CHANGE-PLAN WORKSHEET

Changes I want to make:
How important is it to me to make these changes? (1-10 scale)
How confident am I that I can make these changes? (1-10 scale)
The most important reasons I want to make these changes are:
The steps I plan to take in changing are:
How other people can help me (person; kind of help): the Setting Goals for Change Exercise or the Change Plan Worksheet
I will know my plan is working when:
Some things that could interefere with my plan are:

Sample Change Plan



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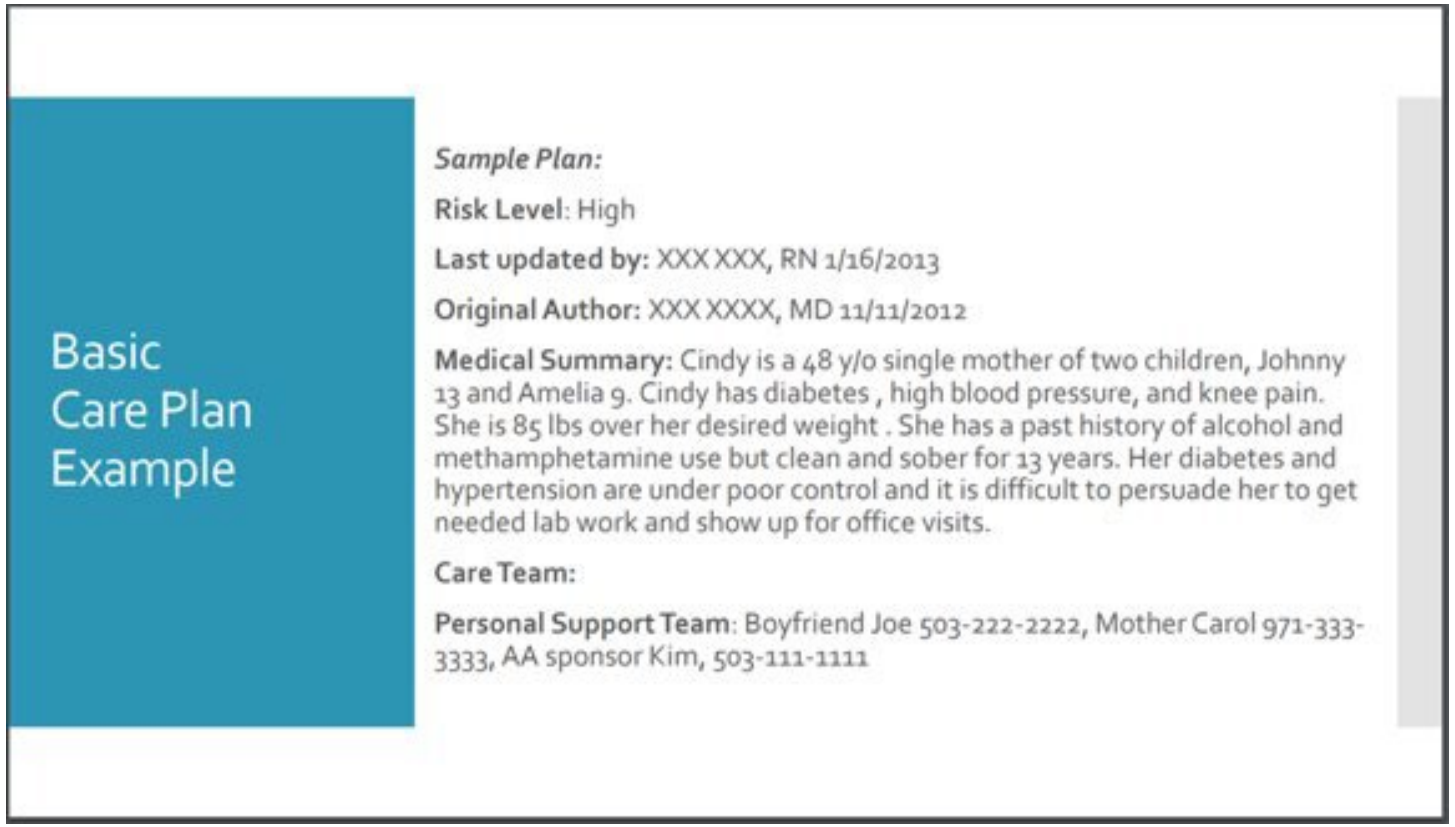
Sample Change Plan (continued)



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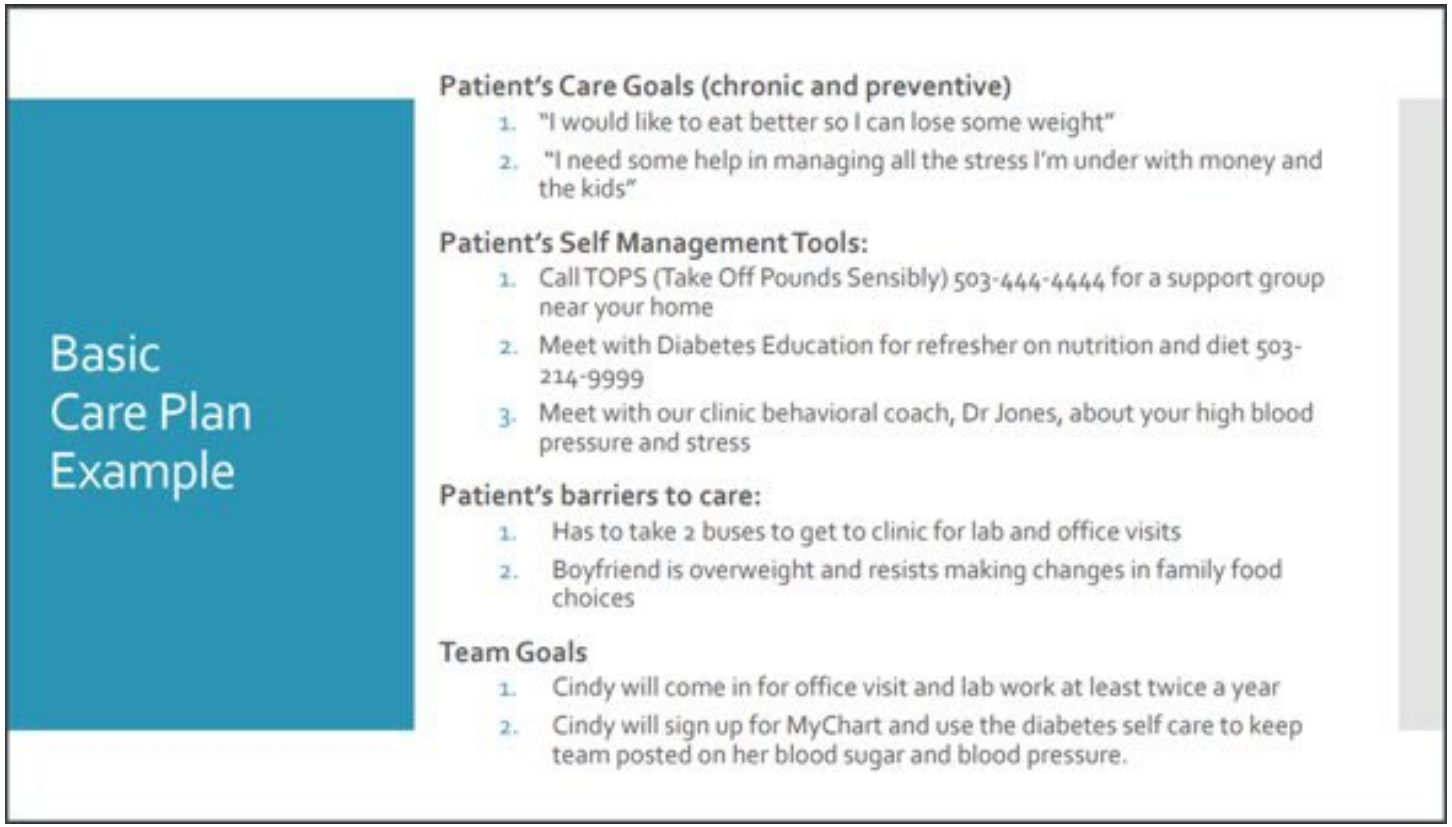
Sample Change Plan (continued)



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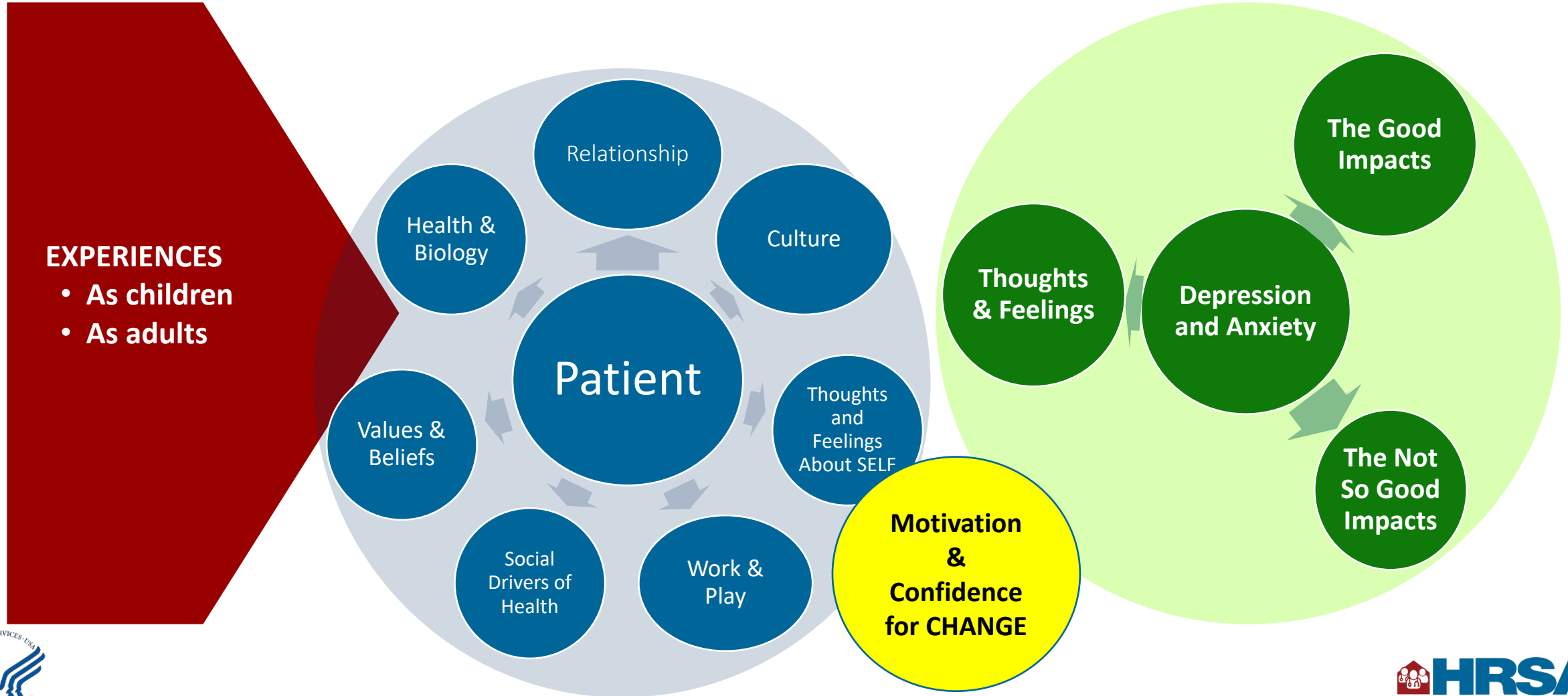
Breakout Session: Cecilia's Care Plan

Source: iStock

Contextual Understanding of Your Person and Their Experience of Anxiety and Depression



Debrief: Cecilia's Care Plan

A patient-centered care plan includes patient priorities (values), health center priorities, incremental strategies, available resources.

Care Plan

Demographic Info – Care Team – Duration – Summary – Broad Goal(s) – Objectives – F/U

Goal #1: Cecilia will feel less sad and worried about how she is doing as a wife and mother.

Objectives:

Person(s) Responsible:

Review Date:

Progress to Date:

Q & A

A Collective Summary of Today's Session

Objectives

- Define Patient Engagement in care planning
- Contextualize care plan strategies
- Align care with patient values and culture
- Negotiate patient-relevant goals

❖ What worked well today? Opportunities?

❖ Topics for further discussion

Next Steps

Participate in Post-Session Office Hours

- Stay after each session to discuss the material presented, or
- Attend Office Hours: Friday the same week as CoP, 1:00-2:00 p.m. ET

Schedule One-to-One Coaching Session

- Facilitators will be contacting each CoP participant individually.
- Participants will engage in a 60-minute one-to-one coaching session with the facilitator to refine desired outcomes from participation.

BPHC-BH TA Portal

https://bphc-ta.jbsinternational.com/

- Request TA
- Access Learning Management System (LMS) modules
- Learn more about BH TA options
  - One-on-One Coaching
  - E-learning Webinars
  - Virtual Site Visits to Improve Outcomes
  - Integration of Oral and Behavioral Health
  - Virtual Brown Bag Sessions

HRSA Health Center Program

Coming in February and March

Micro-Webinar (30 minutes)

WEBINAR

2/15/2023, 12:30–1:00 PM ET, ***"Addressing Racial and Ethnic Disparities in Pediatric Mental Health in an Integrated Care Setting"***

REGISTER: https://bphc-ta.jbsinternational.com/event-calendar/addressing-racial-and-ethnic-disparities-pediatric-mental-health-integrated-care

LEARNING COLLABORATIVE (Oral Health and Behavioral Health Integration)
3/8/2023, 1:00 – 2:30 PM ET ***"Tobacco, Vaping, and Cannabis: Implications for Patients" - Didactic Session***

REGISTER: https://us06web.zoom.us/meeting/register/tZAuceyorTkrHta9eDN58p3T71uq8ADHNrGJ

3/9/2023, 1:00 – 2:00 PM ET ***"Tobacco, Vaping, and Cannabis: Implications for Patients" - Discussion Session***

REGISTER: https://us06web.zoom.us/meeting/register/tZAldeqtrz8sGNZQxw9gAZetrVXrC2lElZQe

Continuing Education & Satisfaction Assessment

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  - Follow the link in the chat
  - Use the link in the follow-up message from Alchemer (Survey Monkey)
- **CE credits will be distributed within 2 weeks after the session**

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Session 3: Individual Factors Affecting Engagement, Resilience, and Well-Being

Thursday, February 16, 2023

Vision: Healthy Communities, Healthy People

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Thank You!

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Laura Ross
lrosenbluth@jbsinternational.com

Endnotes

1. Health Leads Patient-Centered Care: Elements, Benefits And Examples - https://healthleadsusa.org/resources/patient-centered-care-elements-benefits-and-examples/
2. AIMS Center COLLABORATIVE CARE - https://aims.uw.edu/collaborative-care?msclkid=dc639558a6d911eca67279913db6a1e6
3. A Framework for Making Patient-Centered Care Front and Center - https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3442762/
4. Patient Centered Care Plan - https://www.aafp.org/dam/brand/aafp/pubs/fpm/issues/2015/0100/p7-rt1.pdf
5. Care Plans - An Overview of Key Elements of a Care Plan - https://www.ctc-ri.org/sites/default/files/uploads/CTC%20NCM%20Care%20Plans%202020FEB18%20-%20FINAL.pdf

References

- American Academy of Family Physicians. (n.d.). *Patient-centered care plan*. https://www.aafp.org/dam/brand/aafp/pubs/fpm/issues/2015/0100/p7-rt1.pdf
- Care Transformation Collaborative Rhode Island. (n.d.). *Care plans: An overview of key elements of a care plan*. https://www.ctc-ri.org/sites/default/files/uploads/CTC%20NCM%20Care%20Plans%202020FEB18%20-%20FINAL.pdf
- Greene, S. M., Tuzzio, L., & Cherkin, D. (2012). A framework for making patient-centered care front and center. *The Permanente Journal*, *16*(3), 49–53. https://doi.org/10.7812%2Ftpp%2F12-025
- Health Leads. (2018, November 11). *Patient-centered care: Elements, benefits and examples*. https://healthleadsusa.org/resources/patient-centered-care-elements-benefits-and-examples/
- University of Washington AIMS Center. (n.d.). *Collaborative care*. https://aims.uw.edu/collaborative-care?msclkid=dc639558a6d911eca67279913db6a1e6