



# AGENDA SETTING IN THE INTEGRATED PRIMARY CARE SETTING

Audrey Reich Loy,  
LCSW, LAC

# AGENDA

- Managing team expectations
- A typical “huddle” with the Multidisciplinary Team (MDT)
- The role of the BHP in the huddle
- Time Management, Staying Focused, and Conducting brief assessments
- The importance of “closing the loop” and after-visit activities
- Suggested Screens
- Challenges and Tips
- Resources
- Questions

# MANAGING TEAM EXPECTATIONS

- Identify BH needs as part of the primary care team; develop plan to address needs
- Engage/activate patients in their care
- A focus on behaviors to support health outcomes
- Support MH and high-risk concerns
- Support optimal team function
- Represent social work values

# A TYPICAL HUDDLE

- Blocked slot or other designated time (usually 15 minutes)
- Multidisciplinary Team
- Brief
- Led by designated team member, agenda, goals/focus
  - High-focus patients
  - Flow and time management
  - Schedule management

# THE ROLE OF THE BHP ON THE MDT

- Pre-huddle planning/Chart Scrub
  - Past referrals
  - Expired screens
  - Review med list, problem list
  - WAEF: Screen Everyone
- Equal role to others
- Receive requests within scope: Screen, Assess, Psychoeducation, Referrals/Resources, Diagnosis/Ongoing Counseling
- Advocacy
- Brevity
- Add value

# WITH EACH PATIENT

- Be available
- Communicate
- Plan with Medical Provider – Before/After
- Be flexible
- Close the loop

# TIME MANAGEMENT

1. Gain Consent – What and Why
  - Why a healthcare setting
  - Risks, Confidentiality
2. Follow a tool, but make it conversational
  - Ask questions as written; explain
  - Tone/Body Language
3. Psychoeducation
  - What are the recommendations and next steps
  - Impact on health outcomes
4. Motivational Interviewing

# STAYING FOCUSED

- Manage expectations up front
- Validate and redirect
- “Soft Skills”
- Flexibility with Medical Provider
- Move the patient
- Reflect – benefits of ongoing counseling
- Follow-up
- A note on emergencies

# **AFTER THE VISIT – CLOSE THE LOOP**

- Hallway updates
- “Can you see me now?”
- Clinical Staff and Medical Provider
- Documentation!!
- Completion of tasks

# SUGGESTED SCREENS

- PHQ 9/A
- SBIRT
- EPDS
- SUD: DAST, AUDIT, CAGE
- GAD-7
- MoCA/MMSE
- ADHD: Vanderbilt
- SLUMS
- Trauma Screens
- Misc: SDOH, Safety, Unexplained Symptoms

# CHALLENGES

- Role clarification
- Requests outside of scope
- Hierarchies and priorities
- Time management, Rooming
- Communication
- Only one BHP, many medical providers
- Patient perception/stigma
- Patient response (positive and negative)

# TIPS FOR SUCCESS

- Start with one medical provider/team as a “pilot” or champion
- Dedicated time
- Communication and rapport building
- Clarify roles
- Request feedback
- Celebrate and be clear on successes
- Take your show on the road
- Add value

# RESOURCES

- <https://cepc.ucsf.edu/morning-huddle-video>
- <http://www.improvingprimarycare.org/sites/default/files/topics/PlannedCare-Step4-Sebastopol-Care%20Team%20huddle%20roles%20and%20responsibilities.pdf>
- <http://www.improvingprimarycare.org/sites/default/files/topics/PlannedCare-Step4-Huddle%20Resources-from-Cambridge-Team-Based%20Care%20Toolkit.pdf>
- Role Handout-provided

# QUESTIONS?

# THANK YOU

Audrey Reich Loy, LCSW, LAC

[Audrey.Reich@slvrmc.org](mailto:Audrey.Reich@slvrmc.org)