

## *Example Process Improvement Projects*

# Expanding the Use of Behavioral Health Technicians in Clinical Care

### Find a process to improve:

The clinic leadership would like to expand the use of Behavioral Health Technicians (BHTs) in the clinic. BHTs are viewed as a valuable resource that could help the clinic to be more effective and efficient in meeting productivity and access to care goals.

### Organize a team that is familiar with the situation/process:

The following clinic personnel were recruited to serve on this Process Improvement (PI) project team:

- Clinic manager
- Departmental PI coordinator
- A few clinic providers
- Lead/Senior BHTs

The clinic manager is well-versed in ways that BHTs can serve as provider extenders. Additionally, Lead/Senior BHTs have extensive experience in the BHT role and responsibilities.

### Clarify the current process:

Currently the roles of BHTs in the clinic are mainly administrative. For the most part, BHTs serve as front desk staff and provide administrative assistance, including filing, managing telephone calls, and generating reports on clinic functioning. BHTs are also trained to provide a wide range of clinical support. In the clinic, this has become limited to occasional safety screenings and administering BHDP assessments.

### Uncover the root causes/Understand the issue:

The PI team employed several methods to understand the reason for low utilization of BHTs in the clinic. Each method is described below:

- Seeking feedback: Several team members conducted informal discussions with other clinic providers regarding BHT utilization asking about such areas as barriers to using BHTs in a clinical role, perceived competence, and acceptability for having BHTs support clinical functions. This was conducted prior to the brainstorming session.
- Brainstorming session: The team white boarded potential factors that could be contributing to the low levels of BHT clinic skill usage.

After examining information gathered, the team concluded that there were several issues related to BHTs being underutilized. Each of these key reasons is listed below:

- (A) The general clinic culture has not included using the BHTs clinical skills.
- (B) Some providers are hesitant about having unlicensed personnel assist with clinical work.
- (C) There is only one ongoing psychoeducational group, which is led by a provider (sleep improvement).
- (D) EBP groups have not traditionally used BHTs for support, other than helping with scheduling.

## Select the improvement (establish the goal you want to accomplish):

Greatly expand the use of BHTs to support clinical work in the clinic.

## Plan the improvement:

### Part 1 - Outline of planned improvements

The following are a list of planned improvements to expand the overall use of BHTs.

1. Educate and train clinic staff on the various roles of BHTs. This will include presentations in staff meetings as well as an effort to reassure non-military providers about BHT competency levels. Clinic manager and lead BHT(s) will complete EBP competency checklists for all BHTs and address any deficiencies identified. *Addresses issues A & B.*
2. Begin several psychoeducational groups, including Stress and Anger Management. Transition the sleep improvement group run by a provider over to a BHT working under the provider's supervision. *Addresses issue C.*
3. Begin using BHTs in support of EBP groups. One BHT will be assigned to support each provider who runs an EBP group. BHTs will provide group screenings if needed, track key information from group (attendance, MSE, homework completion) and draft notes for each attendee using group session note templates. *Addresses issue D.*

### Part 2 - Data collection plan

The team considered several potential measures of performance to determine if the interventions would have the desired impact. They looked at the baseline levels for each measure and planned to re-assess every month for six months.

- % of completion for the BHT competency assessment
  - Baseline was 0, as this was a new form for the clinic
- Psychoeducational group support
  - Number of psychoeducational group appointments per month
  - Patient and provider satisfaction with BHT leading psychoeducational groups (informal assessment)
- EBP Group support
  - % of EBP groups that have a BHT sitting in to support the provider
  - Provider satisfaction with BHT support of group (tracking information, drafting notes, etc.)

## Do:

The clinic implemented the planned improvement starting in August. BHTs began sitting in on existing EBP groups shortly after, and also began two new psychoeducational groups. A BHT worked with the provider running the sleep improvement group to take over teaching this on a regular basis.

BHTs used forms from the toolkit to track attendance and participation for EBP group members, as well as to draft group therapy notes.

## Check:

Six months after starting the planned interventions, the clinic reassessed progress on the measures, with the following results.

- % of completion for the BHT competency assessment
  - At the end of the first two months, all BHTs had completed the assessment. Several BHTs were noted to need improvement in running groups. They were assigned to shadow a more senior BHT who is running one of the psychoeducational groups.

- Psychoeducational group support
  - The clinic went from 1 type of psychoeducational group to 3, adding in stress management and anger management.
  - Both patients and providers have generally noted being satisfied with BHTs leading psychoeducational groups. One BHT was switched out with a more experienced BHT for one of the groups.
- EBP Group support
  - Currently, 100% of groups have an assigned BHT, who almost always sits in sessions to assist.
  - Provider satisfaction with BHT support to group treatment has been very high.

Although it was an adjustment for BHTs to be more involved in supporting EBP groups, the majority of techs noted greater job satisfaction, especially regarding running psychoeducational groups. A challenge was identified in that BHTs are split between administrative activities (such as booking appointments) and supporting group therapy.

### **Act:**

The plan was successful at expanding the use of BHTs in the clinic. The team will continue to monitor the progress and adjust as needed.

The clinic noted the challenge of BHTs being split between administrative and clinical duties and submitted a request to the chain of command for another non-BHT medic to support the clinic with administrative functions.