

# SOUTHLIGHT HEALTHCARE

## **Team-Based Care in Practice**



# SouthLight Healthcare – A Brief History

Founded in 1970 as Drug Action of Wake County

- In response to drug epidemic of 1960s
- Opioid Treatment and 12 steps engagement

Name changed to SouthLight in early 1990s

- To highlight shift, change included mental healthcare and multiple addictions
- Shift to evidence-based practices (EBP) treatment approaches

SouthLight Healthcare – current name; established in 2012

- Focus on Integrated Care and whole person care in addition to EBPs



# SouthLight Culture and Practice

## Multidisciplinary, Team-Based Approach to Substance Use Disorder (SUD) and Behavioral Healthcare

- Delivered in an Open Access model of care
  - Collaborative process for patient success
    - Admin/Front desk
    - Insurance verification
    - Qualified Professionals (QPs) completing NCTOPPS, etc
    - Licensed clinician more time with patient
    - Same day psychiatric and/or opioid treatment available
    - Physical health screening - referral to care as warranted
    - Peer Support as needed



# SouthLight Culture and Practice

- ▶ Convenient Availability of Care
  - ▶ Multiple office locations in Wake County and surrounding counties
  - ▶ Meet clients where they are in community
    - ▶ Outreach
    - ▶ In-home services
    - ▶ Electronic Health Record to facilitate real time communication between providers and other caregivers from different locales
  - ▶ Meets needs of whole community – community-based services and care for indigent
    - ▶ Also insured and self-pay patients in clinic setting



# The SouthLight Team



- Executive Team: CEO, CFO, COO, CMO
- Leadership Team: Executive Team plus Practice Leads and Administrative Leads
- Clinical Practice Team:
  - Psychiatrists (Adult, Child, Addiction)
  - Physicians Assistants (PAs) and Nurse Practitioners (NPs)
  - Licensed Therapists
  - QPs
  - Peer Support Specialists
- Teams work collaboratively to ensure that care is as comprehensive and efficient as possible



# SouthLight Workflows - Service Specific

## Outpatient clinic settings

- Receptionist – who knows the patients and is part of the information team
- Doc, APP, Therapist

## Intensive and Community-Based Treatment (C-BTx)

- OTP – Check in; Locked door for MAT; Therapist before medication at times
- C-BTx- Usually 1 Provider/Team member with client or family – Team "behind" that person to support
- Intensive Services – 1-2 Providers but care team to support

# Key Roles of Clinical Team

- Collaborative process for patient success
- Admin/Front desk - patient check in and insurance verification, etc
- Qualified Professionals (QPs) completing NCTOPPS, PCPs and other relevant items
- Licensed clinician with patient at intake and for ongoing care
- Same day psychiatric and/or opioid treatment available by psychiatrist or mid-level (PA/NP) provider – medical expert
  - Psych evals and psych medication treatment as warranted
  - OTP intake, induction, and medication-level monitoring
  - Mental Health RN helps with screening, triage, and meds
- Physical health screening - referral to care as warranted
- Peer Support Services as needed



# Administrative Team

- Executive and Leadership Teams
  - Set strategy
  - Ensure clinical care and trajectory are on target
  - Support and reinforce collaborative, evidence-guided, team-based approach to behavioral healthcare

# A Patient's Journey (Example)

Arrive at SouthLight Garner Rd location without an appointment but seeking treatment

- Open Access new patient queue
- Initial evaluation
- Administrative process
- Psychiatric services
- Peer Support Services
  - As warranted to assist with stability, treatment continuity, and/or connection to social determinants of health care
- Opioid Treatment (MAT)
  - Same day induction, if warranted
- Next appointment



# Benefits to Patients

- Connections with multiple providers or team members
  - Enhances awareness of the patient and his/her individual complexity
  - Offers more providers with whom to experience strong rapport – research suggests this improves outcomes
  - Increases touches = better care = superior results
  - Focuses on patient benefits - not without some downsides



# Paying for Team-based Care

- Mostly Fee for Service Model Still
  - Limits patient care depending on payer
  - Was huge challenge with Integrated Care for SLHC
- Some value-based care contracts
- Bundled rates exist – few to date



# **Effective Communication between Team Members to Facilitate Enhanced Care – Critical for Success**

- Weekly Treatment Team Meetings
- Morning Huddles – Twice Week
- Hallway Conversations – Many Services Under Same Roof
- Leadership Team Meetings – Every Two Weeks
- Executive Leadership Team Meeting – Weekly- Team-Based Care and Clinical Collaboration fostered regularly and highest levels.



# Maintaining and Growing Intra-Team Relationships

- Organizational Culture which Support Team-Based Care
- Team-Building Exercises and Outings – Monthly
- Leadership Team Meetings Regularly
- Clinical Supervision – Individual and Group, which promote team-based approaches
- Clear Outlets (Clinical Supervisor or other) to Address Shortcomings if Warranted



# The Benefits for SouthLight Team Members

*From SouthLight Team Members*

- It provides a richer work environment
- I feel supported by my colleagues
- My clinical growth is exponential through working with and learning from such an excellent team
- I feel like I can make a difference in the life and care of our patients in my role as an administrative support specialist
- Less experienced clinicians get the benefit of maturing faster by working with seasoned clinicians in a team care environment

**Value of a  
Team-  
Based Care  
Approach**

**Better clinical results**



**Overall more satisfied patients**



**A happier, higher performing team**