

Charleston

# Creating a sustainable model of staffing retention for Tele Health Based Psychiatric Collaborative Care Candace Sprouse-McClam, PhD, LISW-CP (S), LCSW and Tammy Hayes-Nichols, MSW, LISW-CP People: Improving Employee Engagement

# **OPPORTUNITY**

One in five adults and one in six youth experience mental illness each year. In South Carolina (SC), the lack of access to mental health (MH) providers is apparent with the state included with the six worse states for mental health. Acuity has worsened since the pandemic. A primary reason is a drastic shortage of psychiatry and mental health providers. High staff turnover rates have been a concern for decades. With the US DHHS citing factors such as low pay, lack of workplace supports, inadequate training and benefits as various reasons. In 2017 SAMSHA reports a turnover rate of more 50% for Mental Health workers.

# **IDEA SUMMARY**

Stressors including high workloads, stretched resources, and financial stress have resulted in healthcare workers facing higher rates of mental health conditions, including high suicide rates, high rates of staff absences, and high vacancy rates for various healthcare positions. These facts indicate that a systematic and sustainable approach to mental health support for retention of healthcare workers is more important than ever.

### **IMPLEMENTATION PLAN**

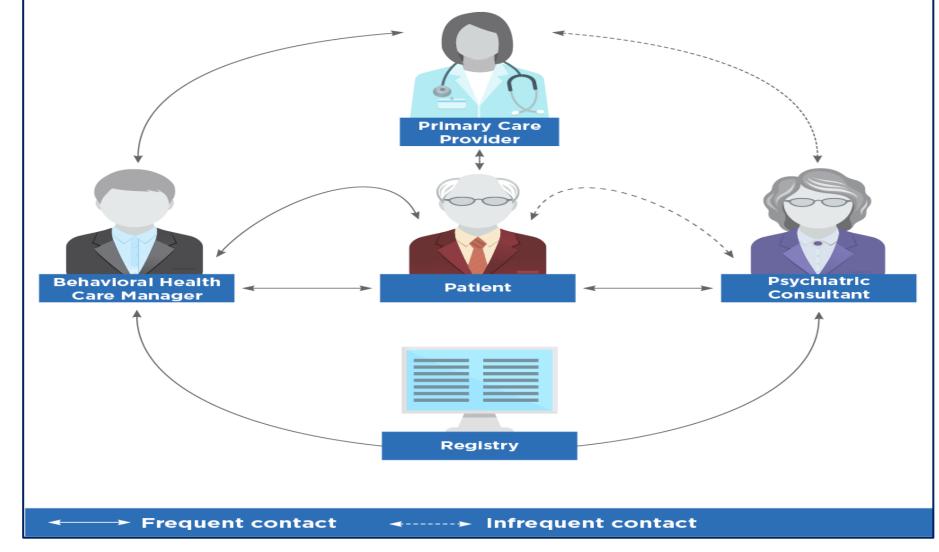
Sustainability and retention issues can be influenced by technological developments. It became clear during the pandemic that advances in enabling medical technology, didn't change the care that was given but the way that it was delivered. Utilizing Telehealth Enabled Psychiatric Collaborative Care has created a manageable platform to serve the mental health needs of patients while working with caseload sizes of 60 and above. Studies suggest that higher rates of turnover are seen during implementation processes. Thus, in addition to utilizing telehealth enabled services to manage high workloads, implementing strategies to ensure employee well-being and retention offer benefit to the organization and patients served and should be considered. Suggested strategies include, good benefits packages, competitive wages, flexible scheduling options, promoting employee health and well-being, open lines of communication, and career growth opportunities.

# **BENEFITS**

Research has indicated that employees who have higher job satisfaction are less likely to be absent, are more productive, display organizational commitment and are less likely to leave. The variables impacting those satisfaction rates vary by position and organization.

# **FINANCIALS**

Experts estimate that the cost of replacing an employee ranges from 50% to 200% of that employee's annual salary. These costs are broken down into categories that include recruitment, training, and separation activities/expenses. Other expenses not directly connected to dollar amounts include decreased productivity, impact of morale on remaining team members, loss of institutional knowledge and negative impact on patient relationships.



#### **Behavioral Health Care Manager (BHCM)**

- Develops treatment plans
- oProvides brief intervention & care coordination
- Powers the program and does bulk of work

#### Psychiatric consultant

- Meets weekly with BHCM to review complex cases and patients not improving to advise on treatment strategies, including Medication recommendations
- Available for direct consult with PCP or patient as needed

#### Primary Care Provider

- Refers patients to program
- oPrescribe meds to patient based on psychiatrist recommendations

# Tele Health Enabled CoCM – BHCM Perspective

Psychiatric collaborative care management (CoCM) is a model for treating BH in the context of primary care indicating strong evidence base with over 90 clinical trials across a variety of primary care settings.

#### **Key components:**

- 1. <u>Team-based Care</u>: Primary care provider, BH care manager, psychiatric consultant
- 2. <u>Population-focused</u>: universal, preventative screenings and referrals to treatment; patient registries for efficient management
- 3. <u>Measurement-based</u>: Regularly administered, validated BH assessments to monitor progress toward to reach treatment goals

While the model has proven an effective way to treat and manage behavioral health needs in primary care settings, taking a closer look at maintaining the staff doing the work is necessary.

The Behavioral Health Care Manager (BHCM), usually a licensed mental health professional is responsible for much of the work, making increased support, adequate pay, and flexible scheduling a necessity to their wellbeing and retention in the position.

MUSC Center for Telehealth Psychiatric Collaborative Care Program began as a pilot in 2023 serving 4 clinics. Today the program has grown employing multiple BHCMs and is serving all MUSC clinics enterprise wide. With rapid expansion patient loads have increased. CoCM services navigated organic expansion through contracts as well as playing a significant role in the multi million-dollar HRSA and Duke Endowment grants. Marking the first full year after the pilot phase, CoCM enrolled 327 unique patients resulting in 2,000+ billable patient months.

As we continue to advance our knowledge base, collaborate, and consult with other healthcare organizations offering similar services, we began to evaluate our team culture and dynamics. Many of our counterparts have experienced turnover within the BHCM role where we have not. Leaving us to ask what are we doing differently?? Valued Components Voiced by MUSC BHMCs:

- My ideas matter
- Leaders who care
- Flexible Scheduling
- Learning Environment
- Open Communication/Transparency
- Career Growth Opportunity

# **Additional Information**

Division: Charleston Department: Telehealth. Leader: Emily Warr, MSN, RN.

# REFERENCES

**Qureshi**, I., Chaloner, J., Gogoi, M., Al-Oraibi, A., Wobi, F., Reilly, H., Medisauskaite, A., Martin, C. A., Irizar, P., Papineni, P., Lagrata, S., Agbonmwandolor, J., Pareek, M., & Nellums, L. (2023). Caring for Those Who Take Care of Others: Developing Systemic and Sustainable Mental Health Support for the Diverse Healthcare Workforce in the United Kingdom. *International Journal of Environmental Research and Public Health*, 20(4), 3242. <a href="https://doi.org/10.3390/ijerph20043242">https://doi.org/10.3390/ijerph20043242</a>

Bukach, A. M., Ejaz, F. K., Dawson, N., & Gitter, R. J. (2017). Turnover among community mental health workers in Ohio. *Administration and Policy in Mental Health and Mental Health Services Research*, *44*(1), 115-122.

Debbie L. Young. Turnover and Retention Strategies among Mental Health Workers. Fortune Journal of Health Sciences 5 (2022): 352-362.

Pal, Meera and Smith, Kelly Anne. The Worst States for Mental Health Care 2024. Forbes Advisor. May 3, 2024. https://www.forbes.com/advisor/health-insurance/worst-states-for-mental-health-care

Woltmann, E. M., Whitley, R., McHugo, G. J., Brunette, M., Torrey, W. C., Coots, L., Lynde, D., & Drake, R. E. (2008). The role of staff turnover in the implementation of evidence-based practices in mental health care. *Psychiatric services (Washington, D.C.)*, *59*(7), 732–737. https://doi.org/10.1176/ps.2008.59.7.732

University of Washington AIMS Center. AIMS Center: Advancing Integrated Mental Health Solutions. Accessed 10/1/2022, https://aims.uw.edu/

https://doi.org/10.1080/10967494.2018.1549629

An, S. H. (2019). Employee Voluntary and Involuntary Turnover and Organizational Performance: Revisiting the Hypothesis from Classical Public Administration. *International Public Management Journal*, 22(3), 444–469.

Singh, J. K., & Jain, M. (2013). A study of employees' job satisfaction and its impact on their performance. *Journal of Indian research*, 1(4).