

# Role-Specific Competencies and Team Coordination (Module 2)

## Learning Objectives

By the end of this module, learners will be able to:

- Describe the specific competencies required for each team role in PCBH
- Explain how telehealth integration enhances team collaboration

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## Executive Summary

The Primary Care Behavioral Health (PCBH) Training program equips healthcare teams with the knowledge and skills to deliver fully integrated, evidence-based care. At its core, the PCBH model recognizes the undeniable link between physical and behavioral health and brings behavioral health expertise directly into the medical home. With the addition of telehealth technology, this approach ensures patients can access high-quality, coordinated services regardless of location or resource barriers.

Module 1 introduces the need for integrated behavioral health, highlighting how conditions like depression, anxiety, chronic pain, and sleep disorders impact medical outcomes. It explains how the PCBH model, enhanced by telehealth, provides a systematic and accessible solution by embedding behavioral health within primary care. Module 2 shifts focus to team effectiveness, emphasizing the importance of clear roles, cross-discipline collaboration, and strong communication processes. These elements are especially vital in telehealth-enabled PCBH, where providers may be working across different locations and systems. Module 3 centers on evidence-based brief interventions—the heart of PCBH—demonstrating how skill-based, immediately applicable strategies can be effectively delivered both in person and via telehealth to improve health and wellbeing.

Together, the three modules provide a comprehensive roadmap for implementing PCBH. Participants will understand the model's rationale, learn how to build high-functioning integrated teams, and gain practical clinical skills that improve outcomes and advance the Triple Aim of better care, improved population health, and reduced costs.

## **Introduction: Building Effective PCBH Teams**

The success of any PCBH program depends on how well team members understand their roles and work together to provide seamless, integrated care. In traditional healthcare models, providers often work in silos, with limited communication and coordination between disciplines. PCBH fundamentally changes this approach, creating truly collaborative teams where each member's expertise contributes to optimal patient outcomes.

When telehealth technology is integrated into PCBH, the importance of clear roles and effective communication becomes even more critical. Team members may be working from different locations, using various technology platforms, and coordinating care across multiple systems. Success in this environment requires not just clinical competence, but also strong communication skills and a deep understanding of how each role contributes to the overall team effectiveness.

The telePCBH model introduces unique considerations that traditional PCBH teams don't face. Geographic separation, technology dependencies, and multi-system coordination create both challenges and opportunities. The key to success lies in leveraging each team member's strengths while building robust communication and coordination processes that ensure no patient falls through the cracks.

## Primary Care Clinician Competencies

Primary Care Clinicians—including physicians, nurse practitioners, and physician assistants—serve as the foundation of the PCBH team. Their role extends beyond traditional medical care to include behavioral health screening, brief interventions, and coordination with behavioral health consultants. This expanded role requires specific competencies that build on existing clinical skills.

### Universal Screening Implementation

Effective PCBH begins with systematic identification of behavioral health concerns. Primary Care Clinicians must develop competency in implementing universal screening protocols that identify problems early when interventions are most effective.

This competency involves more than simply administering screening tools. Providers must understand when and how to use different screening instruments, interpret results accurately, and respond appropriately based on screening outcomes. They need to integrate screening into routine workflow, so it becomes a natural part of patient care rather than an additional burden.

Key screening tools in PCBH include:

- PHQ-9 for depression
- GAD-7 for anxiety
- C-SSRS for suicide risk assessment
- PCL-5 for PTSD screening
- NICHQ Vanderbilt Assessment Scales for ADHD
- AUDIT-C/DUDIT-C for substance use concerns

Providers must be comfortable with each tool's purpose, administration, and interpretation.

The integration of telehealth doesn't change the screening tools themselves, but it may affect how they're administered. Providers need to understand how to conduct screening effectively during virtual visits, ensuring patient privacy and accurate responses despite the technology interface.

### Risk Assessment and Safety Evaluation

When screening identifies potential concerns, Primary Care Clinicians must be skilled in conducting focused risk assessments that determine the appropriate level of response. This competency is crucial for patient safety and appropriate resource utilization.

Risk assessment in PCBH uses a systematic approach that considers both the severity of symptoms and the patient's overall functioning. The color-coded risk stratification system provides a framework for decision-making:

- Green Zone: Routine care with no immediate behavioral health needs
- Yellow Zone: Mild symptoms requiring brief intervention and monitoring
- Orange Zone: Moderate symptoms needing same-day BHC consultation
- Red Zone: Severe symptoms requiring immediate safety intervention

Providers must be able to quickly assess which zone a patient falls into and respond accordingly. This includes knowing when to provide brief interventions themselves, when to consult with a BHC, and when to initiate emergency protocols.

## Brief Intervention Delivery

Primary Care Clinicians are often the first to address behavioral health concerns, and they must be competent in delivering brief, evidence-based interventions that can be integrated into routine medical visits. These interventions don't replace specialized behavioral health treatment, but they provide immediate support and often prevent problems from escalating.

The 5 A's Framework provides a systematic approach to brief interventions:

- **Ask:** Systematically screen for behavioral health concerns using validated tools and clinical observation.
- **Advise:** Provide clear, specific advice about behavior change based on assessment findings and patient readiness.
- **Assess:** Evaluate the patient's motivation and readiness to change, understanding that different patients require different approaches.
- **Assist:** Help develop a specific change plan, provide resources, and teach basic skills that support behavior change.
- **Arrange:** Schedule appropriate follow-up, coordinate with other team members, and ensure continuity of care.

Brief interventions might include basic relaxation techniques, sleep hygiene education, motivational interviewing strategies, or simple problem-solving approaches. The key is matching the intervention to the patient's immediate needs and the time available during the medical visit.

## Warm Hand-Off Execution

One of the most important competencies for Primary Care Clinicians in PCBH is the ability to execute effective warm hand-offs to other team members, particularly Patient Coordinators and BHCs. A warm hand-off involves personally introducing the patient to the next provider, explaining their role, and ensuring the patient understands and accepts the consultation.

Effective warm hand-offs increase patient acceptance of behavioral health services and improve coordination between team members. The process involves:

1. Preparing the patient by explaining why the consultation would be helpful
2. Introducing the patient to the patient coordinator or behavioral health consultant with a brief summary of concerns
3. Staying present during the initial introduction to support the transition
4. Following up to ensure the consultation was helpful and to integrate recommendations

In telehealth settings, warm hand-offs may occur through technology platforms, but the principles remain the same. The goal is to create a seamless transition that maintains the patient's trust and engagement.

## **Integration of Recommendations**

Primary Care Clinicians must be skilled at integrating BHC recommendations into ongoing medical care plans. This requires understanding how behavioral health interventions complement medical treatments and being willing to modify treatment approaches based on behavioral health input.

Integration might involve adjusting medication regimens based on behavioral factors, incorporating stress management techniques into chronic disease management, or modifying treatment goals to account for behavioral health concerns. The key is viewing behavioral health as an integral part of medical care rather than a separate service.

## **Public Health Nurse Competencies**

Public Health Nurses play a unique role in PCBH, particularly in community health settings where they often serve as the primary point of contact for patients. Their competencies focus on population health approaches, health education, and connecting patients with appropriate resources.

### **Population Health Recognition and Coordination**

Public Health Nurses are skilled in recognizing behavioral health concerns during individual and community encounters. Rather than conducting formal screening or assessment, their role emphasizes early recognition of needs and connecting patients to appropriate services.

When a concern is identified, nurses can offer patients a connection to behavioral health resources, including a brief explanation of telehealth as an accessible option. This helps normalize the use of virtual services and ensures patients are aware of available supports.

A key responsibility of the Public Health Nurse is to coordinate the handoff to a Patient Coordinator, who can then guide the individual or family through the next steps of accessing behavioral health services. By serving as a trusted point of recognition and referral, Public Health Nurses help ensure timely access to care without assuming the responsibilities of formal behavioral health screening or clinical assessment.

### **Health Education and Engagement**

Public Health Nurses excel at health education and patient engagement, skills that are crucial for PCBH success. They help patients understand the connection between behavioral health and physical health, explain treatment options, and motivate patients to engage in behavior change.

Their educational role includes helping patients understand how telehealth services work, what to expect from BHC consultations, and how to access ongoing support. This education is particularly important for patients who may be unfamiliar with behavioral health services or hesitant about virtual care.

### **Resource Connection and Navigation**

Public Health Nurses are often experts in community resources and social services. In PCBH, this knowledge helps connect patients with supports that address social determinants of health and complement clinical interventions.

They help patients navigate complex healthcare systems, access financial assistance programs, connect with community support groups, and find resources that address basic needs like housing, food security, and transportation. This comprehensive approach addresses the full range of factors that affect health outcomes.

## **Cultural Competency and Community Engagement**

Public Health Nurses often work with diverse populations and must be culturally competent in their approach to behavioral health. This includes understanding how different cultures view mental health, adapting interventions to be culturally appropriate, and building trust with communities that may have experienced healthcare disparities.

Their community engagement skills help build relationships that support PCBH implementation and sustainability. They understand local contexts, community strengths, and potential barriers to service utilization.

## **Patient Coordinator: The Critical Hub**

The Patient Coordinator role is perhaps the most unique and critical component of successful telePCBH implementation. While traditional PCBH models may include care coordinators, the telePCBH model places Patient Coordinators at the center of all team communication and coordination activities.

## **Central Communication Hub Function**

Patient Coordinators serve as the central communication hub for all PCBH activities. This means they facilitate information flow between Primary Care Clinicians, Public Health Nurses, BHCs, and patients. They ensure that everyone has the information they need when they need it, preventing communication breakdowns that could compromise patient care.

This hub function is particularly crucial in telePCBH because team members may be working from different locations and using different systems. The Patient Coordinator bridges these gaps, ensuring that geographic and technological barriers don't interfere with effective team communication.

## **Multi-System Coordination Expertise**

One of the biggest challenges in telePCBH is coordinating care across different healthcare systems, each with its own electronic health records, scheduling systems, and communication protocols. Patient Coordinators develop expertise in navigating these different systems and ensuring that information flows appropriately between them.

This coordination includes:

- Managing scheduling across multiple platforms and providers
- Ensuring that consultation notes and recommendations reach the appropriate providers
- Coordinating follow-up care and monitoring patient progress
- Facilitating communication when technical issues arise
- Maintaining continuity of care despite system differences

## **Patient Navigation and Support**

Patient Coordinators provide direct support to patients, helping them navigate the PCBH process and access needed services. This includes explaining how telehealth consultations work, helping patients prepare for virtual visits, providing technical support when needed, and following up to ensure patients received the help they needed.

Their patient support role is crucial for ensuring that patients don't get lost in the system or become frustrated with technology barriers. They serve as patient advocates, ensuring that individual needs are met and that the system works for each patient.

## **Technology Facilitation**

In telePCBH models, Patient Coordinators often serve as technology facilitators, helping patients and sometimes providers navigate virtual platforms. This doesn't require advanced technical skills, but it does require comfort with technology and the ability to provide basic troubleshooting support.

They help patients download and use video platforms, test connections before appointments, provide backup communication options when technology fails, and ensure that technical barriers don't prevent patients from receiving needed care.

## **Quality Assurance and Improvement**

Patient Coordinators are often in the best position to identify system problems and improvement opportunities because they see the entire process from the patient's perspective. They track patient outcomes, identify barriers to care, and provide feedback that helps improve the overall system.

Their quality assurance role includes monitoring patient satisfaction, tracking completion of referrals and follow-up appointments, identifying patterns in system failures, and providing data that supports continuous improvement efforts.

## **Behavioral Health Consultant (BHC) Competencies**

BHCs conduct focused assessments that quickly identify key issues and inform brief interventions. These assessments are different from traditional mental health evaluations because they're designed to support primary care decision-making rather than establish mental health diagnoses.

The assessment process typically includes:

- Reviewing screening results and primary care provider concerns
- Conducting a brief clinical interview focused on current functioning
- Identifying immediate safety concerns and risk factors
- Assessing patient motivation and readiness for change
- Developing intervention recommendations that complement medical care

## **Brief Intervention Implementation**

BHCs must be skilled in delivering effective interventions within the brief timeframe available in primary care settings. This requires adapting evidence-based treatments to be more focused and immediately applicable.

Common brief interventions include:

- Motivational interviewing to enhance patient engagement
- Basic cognitive-behavioral techniques for mood and anxiety concerns
- Problem-solving therapy for life stressors
- Behavioral activation for depression
- Relaxation training for stress and anxiety
- Sleep hygiene education for sleep problems
- Brief substance use interventions

The key is selecting interventions that can be learned quickly, implemented immediately, and integrated into the patient's daily life without extensive ongoing support.

## **Telehealth Service Delivery**

When providing services via telehealth, BHCs must adapt their clinical skills to virtual platforms while maintaining the same quality of care they would provide in person.

Research consistently shows that behavioral health interventions are as effective when delivered via telehealth, but this requires competence in virtual service delivery.

Telehealth competencies include:

- Establishing rapport and therapeutic relationships through video platforms
- Conducting assessments and interventions via technology
- Managing confidentiality and privacy in virtual settings
- Providing crisis intervention and safety planning remotely
- Coordinating with local emergency services when necessary

## **Documentation and Communication**

BHCs must document their services in ways that support integrated care and team communication. This means writing consultation notes that are useful to primary care providers and other team members, not just other mental health professionals.

Effective documentation includes:

- Clear summary of assessment findings
- Specific intervention recommendations
- Patient response to interventions
- Suggestions for ongoing monitoring and support
- Clear next steps and follow-up plans

## Team Coordination and Communication Protocols

Effective PCBH requires robust communication protocols that ensure all team members have the information they need to provide coordinated care. In telePCBH models, these protocols become even more important because team members may be working from different locations and systems.

### Structured Communication Processes

Teams need structured processes for sharing information, coordinating care, and making decisions. This includes:

- **Case Consultation:** Regular opportunities for team members to discuss complex cases and develop collaborative treatment approaches.
- **Handoff Procedures:** Standardized processes for transferring patient care between team members, ensuring continuity and preventing information loss.
- **Emergency Communication:** Clear protocols for communicating urgent concerns and accessing crisis resources.

### Information Sharing Across Systems

One of the biggest challenges in telePCBH is sharing information across different healthcare systems and electronic health records. Teams need protocols that ensure important information reaches the right people at the right time, regardless of system differences.

This might include:

- Standardized communication templates
- Secure messaging protocols
- Regular information updates between systems
- Backup communication methods when technology fails

### Quality Monitoring and Improvement

Teams need processes for monitoring the quality of their coordination and identifying opportunities for improvement. This includes:

- Regular review of communication effectiveness
- Patient feedback on care coordination
- Provider feedback on team processes
- Data tracking to identify patterns and problems

### Workflow Processes and Decision Points

Clear workflow processes help teams coordinate care effectively and ensure that patients receive appropriate services at the right time. These workflows must account for the unique aspects of telePCBH, including geographic separation and technology dependencies.

## **Patient Entry and Initial Screening**

The workflow begins when patients enter the system, either through primary care visits or public health encounters. Initial screening identifies potential behavioral health needs and determines the appropriate level of response.

## **Quality Monitoring and Improvement**

1. Patient arrives for medical appointment
2. Universal screening conducted as part of routine care
3. Primary Care Clinician reviews screening results
4. Risk stratification determines next steps
5. Brief intervention provided if appropriate
6. Warm hand-off to Patient Coordinator if BHC consultation needed

## **Public Health Setting Workflow:**

1. Patient encounters Public Health Nurse for routine services
2. Nurse recognizes potential behavioral health concerns
3. Nurse briefly explains available behavioral health services, including telehealth as an option
4. Nurse coordinates a handoff to the Patient Coordinator for connection to BHC consultation
5. Patient continues to receive follow-up and support through ongoing public health services

## **BHC Consultation Process**

When BHC consultation is indicated, the Patient Coordinator facilitates the connection and ensures effective communication between all parties.

## **Follow-Up and Monitoring**

Ongoing monitoring ensures that patients receive appropriate follow-up and that interventions are effective.

## **Monitoring Process:**

1. Patient Coordinator tracks appointment attendance and engagement
2. Brief follow-up contacts assess progress and identify barriers
3. Communication with primary care/public health providers about patient progress
4. Additional BHC consultations scheduled if needed
5. Connection with community resources as appropriate

## **Setting-Specific Adaptations**

While PCBH principles remain consistent across settings, implementation must be adapted to fit different organizational contexts and patient populations.

## Primary Care Practice Adaptations

Primary care practices typically have established workflows, electronic health records, and team structures. PCBH implementation builds on these existing systems while adding behavioral health components.

Adaptations include:

- Integrating screening into existing clinical workflows
- Training staff on warm hand-off procedures
- Establishing communication protocols with remote BHCs
- Modifying documentation to support integrated care

## Public Health Department Adaptations

Public health departments focus on population health and prevention, which aligns well with PCBH principles. However, they may have different staffing patterns, funding structures, and service delivery models.

Adaptations include:

- Emphasizing population health screening and early intervention
- Connecting PCBH services with existing public health programs
- Adapting workflows for nurses who may work independently
- Integrating with community health improvement initiatives

## Summary

Successful PCBH implementation depends on clear role definition, effective team communication, and robust coordination processes. Each team member brings unique competencies that contribute to integrated care, but success requires understanding how these roles work together to serve patients effectively.

The Patient Coordinator role is particularly crucial in telePCBH models, serving as the communication hub that makes virtual integration possible. Their expertise in multi-system coordination, patient navigation, and quality assurance ensures that the benefits of PCBH reach patients regardless of geographic or technological barriers.

Telehealth technology enhances PCBH by expanding access and enabling new models of team collaboration. However, success requires competence in virtual service delivery, robust communication protocols, and workflow processes that account for the unique aspects of remote care coordination.

Understanding these role-specific competencies and coordination processes is essential for all team members, as each contributes to the overall effectiveness of PCBH services.

When teams work together effectively, they can provide integrated care that improves health outcomes, enhances patient satisfaction, and creates more efficient healthcare delivery.

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