You May Already Be Doing it: NCQA Behavioral Health Distinction
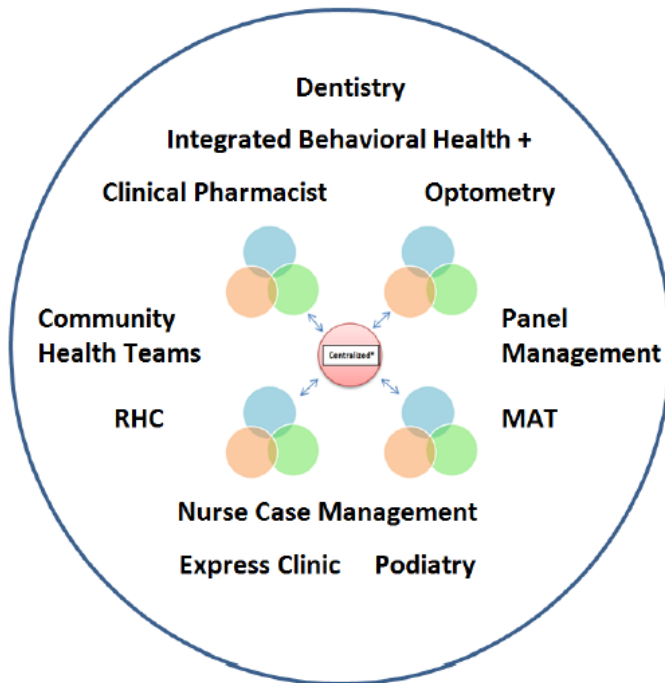
Nelly Burdette, PsyD, Director of Integrated Behavioral Health

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PCHC Background

* 8 primary care locations across Providence
* 61,000 patients served with 210,000 visits last year
* 70% Medicaid, 10% Commercial, 10% Medicare, 10% Uninsured
* PCMH Recognition since 2014
* Multi-specialty (OB-Gyn, Pediatrics, Family, Internal Medicine, Dental, Optometry, Podiatry, IBH, and Psychiatry)
* 60% best-served in a language other than English

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Birdseye View of PCHC Pop Health

Dentistry
Integrated Behavioral Health +
Clinical Pharmacist   Optometry
Community Health Teams
Centralized*
Panel Management
RHC   MAT
Nurse Case Management
Express Clinic   Podiatry

Core Population Health Services:
Integrated Behavioral Health
Nurse Care Management
Community Health Workers
Clinical Informatics

Additional Services In-House:
Reproductive Health Counselors / Title X
Medication Assisted Treatment
Clinical Pharmacist
Pediatric and Adult Dentistry
Optometry
Podiatry

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Integration in clinic will be critical

Silos → Informal → Co-Location → Collaborative Care → Integration
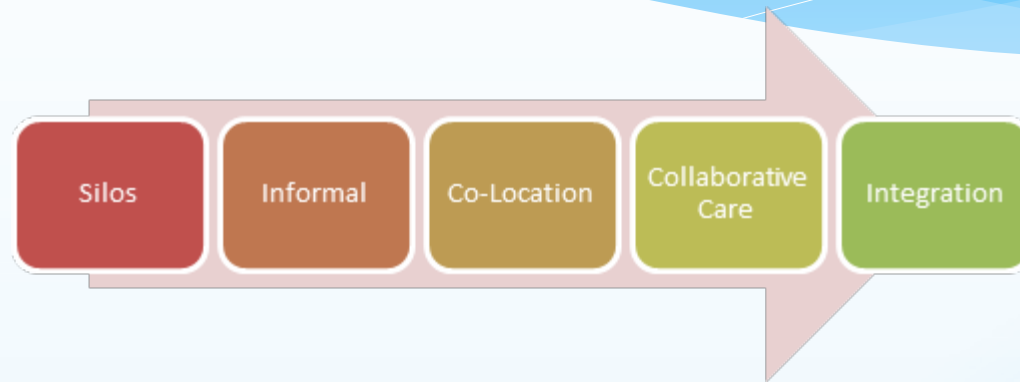
One of our core strategies has been **Integrated Behavioral Health**

- But not just *reacting* to the crisis at hand
- But *actively looking* for problems *before* they detonate

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Behavioral Health Distinction Overview

When Can you Apply?

- Initial application of NCQA PCMH Recognition
- Added after PCMH recognition achieved
  Note: Virtual Review may be done
- Annual Reporting

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IBH DISTINCTION PRICING

Initial Recognition Fee
$500 flat fee for each practice site
Not per clinician

Annual Reporting Fee
$150 flat fee for each practice site

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Behavioral Health Distinction Overview

* **18 criteria**: 11 core and 7 elective

* **Submit 13 criteria**: 11 core & 2 electives

* **7 criteria** part of PCMH recognition:
     4 core and **3 elective** criteria

Behavioral Health Distinction Overview

MAIN CONCEPTS

- Behavioral Health Workforce –
  Integrated behavioral health
  Care team is trained to identify & address MH and SUD concerns
- Information Sharing
  Able to share information
  Integrated/coordinated treatment plan
- Evidence-Based Care & Protocols
- Measuring and Monitoring –Utilizes quality measures to monitor care

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IBH Competencies & Criteria

COMPETENCY	CORE CRITERIA	ELECTIVE CRITERIA
Behavioral Health Workforce	4	2
Integrated Information Sharing	1	3
Evidence Based Care	4	0
Measuring and Monitoring	2	2
TOTAL	11	7 **(Choose 2)**

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PCMH AND IBH CRITERIA OVERLAP

Behavioral Health Workforce	Evidence Based Care	Information Sharing	Measuring & Monitoring
TC 08 = **BH 01** BH Care Manager **CC 09** = **BH 05** Referral Expectations	**KM 18** = **BH 10** Use RI PDMP	***KM 03** = **BH 11** Depression Screening ***KM 04** = **BH 12** 2 BH Screenings ***KM 20A** = **BH 13** MH Evidence based/CDS ***KM20B** = **BH 14** SUD Evidence based/CDS	None

*PCMH 2017 CORE CRITERIA

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Documentation Submitted
Core Criteria

* BH 01 : **BH CARE MANAGER** - Job Descriptions, staff list
* BH 03: **BH CLINICIAN** - Name/Title of clinician & brief intervention protocols
* BH 05: **REFERRAL EXPECTATIONS** - Referral agreement or documented process
* BH 06: **REFERRAL RELATIONSHIP** - Agreement for ad hoc consult or internal process
* BH 07: **REFERRAL TRACKING/MONITORING** – Documented Process & Evidence
* BH 11: **DEPRESSION SCREENING** – Documented Process, Report, evidence
* BH 12: **2 BH SCREENINGS** – Documented Process, Report, evidence
* BH 13: **CDS for MH Condition** – evidence – alerts, order sets, templates, dx support
* BH 14: **CDS for SUD Condition** –evidence – alerts, order sets, templates, dx support
* BH 15: **MONITORING & ADJUSTING TREATMENT** – flowcharts & notes or referral
* BH 17: **2 BH CLINICAL MEASURES** – HEDIS, ECQMS

Competency A: Behavioral Health Workforce

The practice incorporates behavioral health providers at the site, utilizes behavioral health providers outside the practice and trains the care team to address the mental health and substance use concerns of patients.

BH 01 (Core) Behavioral Health Care Manager: Has at least one care manager qualified to identify and coordinate behavioral health needs.

The practice identifies the *behavioral health care manager* and provides qualifications. The care manager has the training to support behavioral health needs in the primary care office and coordinates referrals to specialty behavioral health services outside the practice.	*SAME AS TC08* Identified BH manager Submitted: Job Descriptions: -Director -BH clinician -BH Community Health Worker Staff List by site

BH 03 (Core) Behavioral Health Clinician in the Practice: Has at least one clinician located in the practice who can directly provide brief interventions on an urgent basis for patients identified with a behavioral health condition.

A clinician within the practice has the training to provide <u>brief interventions</u> based on evidence-based guidelines.

-Integrated into practice workflow and accessible when needed.
-Simple co-location does not meet the requirement
-Telehealth capabilities would meet this criterion.

The evidence identifies the name/title and qualifications of clinician(s) responsible for the brief intervention and <u>describes how staff access the services when needed.</u> | **Evidence of Implementation**

Staff – Name & Title (same list as BH01)

Documented process for accessing the clinician:
-warm hand off
-appointments
-telehealth |

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BH 05 (Core) Behavioral Health Referral Expectations: Works with behavioral healthcare providers to whom the practice frequently refers, to set expectations for information sharing and patient care.

REFERRALS FOR TREATMENT	*Same as PCMH CC 09*
Established relationships with behavioral healthcare providers (formal or informal agreements)	**Documented process & Evidence of Implementation**
Outlines expectations for exchange of information (frequency, timeliness, content)	**OR**
*A notification of legal inability to receive a report that includes confirmation of a BH visit meets the content requirement.	**Agreement**
-Agreement needed if sharing facility/campus with BH professionals but has separate systems	**Submitted:** **-Agreements** **-Summary of our integration and each referral relationship**
-The practice may present existing internal processes if there is partial integration of behavioral healthcare services.	**-Shareable if the same for all sites**

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BH 06 (Core) Behavioral Health Referral Relationship: Has a formal agreement/consultative relationship with a licensed behavioral health provider or practice group that acts as a resource for patient treatment, referral guidance and medication management

AD HOC ACCESS FOR CONSULTATION

At least one formal agreement with a BH specialist/group for *non-visit consultation* (referral guidance/ med mgmt)

Agreement : Includes arrangements and availability of the BH specialist/group for ad hoc discussions

These non-visit consultations give PCP advice on how to address patient behavioral health needs (if referral needed, community resources, dosage advice, patient safety issues).

"Right care, at the right time, in the right place."

Documented process &

Evidence of Implementation

OR

Agreement

Submitted:
Documented Process
(summary of warm hand off)
Warm Hand off Report
(one report for all sites)

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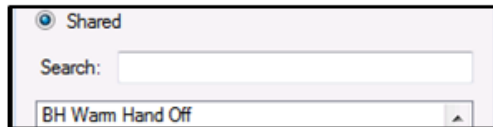
BH 06 (Core) Documented Process Documentation in EMR of Warm Hand off

Warm Hand offs are used for immediate consult with the behavioral health clinician and documented in the EMR.

Behavioral Health Warm Hand Off:

For the Behavioral Health staff to document a warm hand off from a provider, which can be tracked for reporting, the BH worker will need to pull the following favorite into the note.

- Open an encounter note for the patient

- Click on Favorites [Favorites]

- Load the Shared favorite "BH Warm Hand Off"

    Shared
    Search: [   ]
    BH Warm Hand Off

DISCUSSED
- Warm hand off: Met with pt briefly to introduce Integrated Behavioral Health (IBH) Services and explain role of IBH provider. Pt encouraged to call on same day for appointment or pre-book as convenient

This favorite includes a tracking Medcin(ID1000228) which can be tracked on the reporting end of Intergy.

Competency B: Information Sharing
The practice shares patient information within and outside the practice to support an integrated/coordinated patient treatment plan.

BH 07 (Core) Behavioral Health Referrals Tracking and Monitoring: Tracks referrals to behavioral health specialists and has a process to monitor the timeliness and quality of the referral response.

A tracking report showing date of referral and expected timing for receiving information	***ALIGNS WITH CC11***
	Documented process &
	Evidence of Implementation
If the specialist does not send a report, the practice contacts the specialist's office and documents its effort to retrieve the report in a log or an electronic system.	Submitted: Documented Process (internal & external referrals) Referral policy Referral tracking report
The practice bases its definition of "timely" on patient need.	

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DOCUMENTED PROCESS
REFERRALS

Creation of Referrals

Internal IBH referrals: Follow IBH protocol

External Referrals:

1. Provider determines need for referral to an outside specialist and completes referral in EMR

2. Priority is determined

   a) High Risk Referrals (HRR) (Priority 1) – tasked to the Referral Coordinator or nurse for processing within 1 business day

    Assign Due Date: Appointment within 1 week

   b) Routine Referrals (REF) (Priority 2 & 3) – tasked to the Referral Coordinator for processing within 2 business days

    Due Date: Appointment within 4 weeks

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DOCUMENTED PROCESS
REFERRAL FOLLOW UP

Tracking Report – Weekly list of open referrals

Referral Coordinator will review list and check the chart for information

➢ Contact the patient and/or specialty practice to determine if care was provided

➢ Continue to work open referral every 30 days and sends monthly task to the referring provider regarding the referral status

➢ Close referral after receipt of information or document the reason why referral not completed (unable to reach patient, patient did not show for appointment, patient did not make appointment, unable to procure referral from insurance)

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Competency C: Evidence-Based Care
The practice uses evidence-based protocols to identify and address the behavioral health needs of patients

BH 11 (Core) Depression Screening: Conducts depression screenings for adults and adolescents using a standardized tool.

■ The documented process includes screening process and approach to follow-up for positive screens.	SAME AS KM03
■ Screens patients at age 12+	Documented Process OR Report AND Evidence of Implementation
■ Reports the screening rate (N/D) and identifies the standardized screening tool	Submitted: Documented Process Quality Measure Report EMR Screen shot of completed screen
■ Uses a standardized tool using current, evidence-based approach (PHQ) endorsed by national or regional organization	
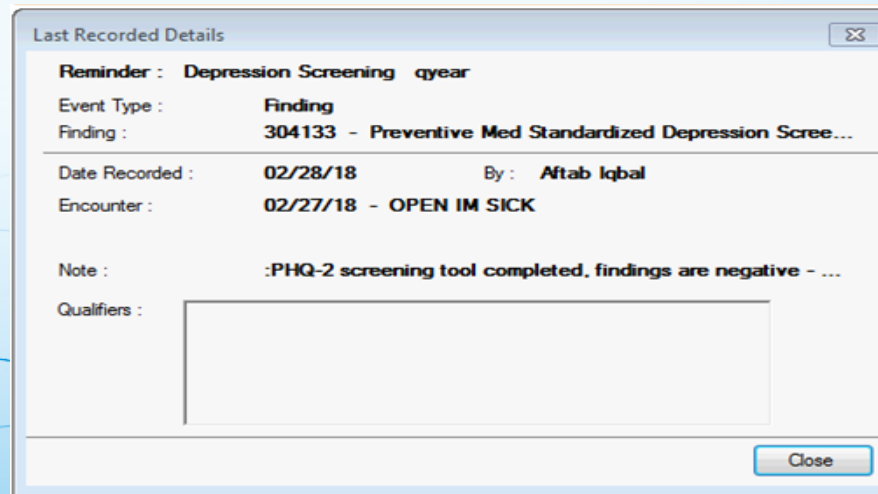
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Depression Screening

* Health Reminder
* Screen using PHQ-2- If positive complete and score PHQ-9
* Follow Up - Documented in EMR
  Integrated: warm hand off or appointment made with BH clinician
  Non Integrated: PCP addresses, uses ad hoc consult or makes referral to external BH clinician
* Evidence of Implementation: Submitted screen shot of depression screening done

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Evidence of PHQ -9 in EMR

PHQ-9

PATIENT HEALTH QUESTIONNAIRE-9

Over the last 2 weeks, how often have you been bothered by any of the following problems?

	0 DAYS/wk	1-3 DAYS/wk	4-5 DAYS/wk	6-7 DAYS/wk
1. Little interest or pleasure in doing things	0 ☐ N	1 ☐ Y	2 ☐ Y	3 ☐ Y
2. Feeling down, depressed, or hopeless	0 ☐ N	1 ☐ Y	2 ☐ Y	3 ☐ Y
3. Trouble falling or staying asleep or sleeping to much	0 ☐ N	1 ☐ Y	2 ☐ Y	3 ☐ Y
4. Feeling tired or having little energy	0 ☐ N	1 ☐ Y	2 ☐ Y	3 ☐ Y
5. Poor appetite or overeating	0 ☐ N	1 ☐ Y	2 ☐ Y	3 ☐ Y
6. Feeling bad about yourself or that you are a failure or have let yourself or family down	0 ☐ N	1 ☐ Y	2 ☐ Y	3 ☐ Y
7. Trouble concentrating on things such as reading newspaper or watching television	0 ☐ N	1 ☐ Y	2 ☐ Y	3 ☐ Y
8. Moving or speaking slowly or being fidgety or restless	0 ☐ N	1 ☐ Y	2 ☐ Y	3 ☐ Y
9. Wishing to be dead or of hurting yourself	0 ☐ N	1 ☐ Y	2 ☐ Y	3 ☐ Y

10. Activities of daily living for the patient due to the depression symptoms are:

☐ Y Not difficult at all
☐ Y Somewhat difficult
☐ Y Very difficult
☐ Y Extremely difficult

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Evidence of Implementation Depression Screening Follow up

Follow-Up Plan

PHQ-9 Score	Support Staff		Provider	
0-4 No Significant Symptoms □ Y □	Advised to repeat in 1 yr or as per PCP	□ Y ▣	Advised to repeat in 1 yr or as needed	□ Y ▣
			Symptoms due to acute stress/situation, advised to reassess in 3 month	□ Y ▣
5-9 Mild to Moderate Symptoms □ Y □	Referral To Physician	□ Y ▣	Referred to Mental Health Worker/Professional	□ Y ▣
	Depression handout provided E	□ Y ▣	Referred to behavioral health consultant	□ Y □
	S	□ Y ▣	Referral To Psychiatrist	□ Y □
			Referred elsewhere for Psychiatric Therapy For Crisis Intervention/Baker Acted	□ Y ▣
			Under care of mental health team	□ Y □
			Follow up and Suicide Risk discussed	□ Y ▣
			Refusing treatment/Suicide Risk Discussed	□ Y ▣
			Results dscussed with Patient follow up plan initiated	□ Y ▣
10 > Clinically Significant Symptoms □ Y □	Referral To Mental Health Worker/Professional	□ Y ▣	Referred to Mental Health Worker/Professional	□ Y ▣
	Referral To Physician	□ Y ▣	Referred to behavioral health consultant	□ Y □
	Depression handout provided E	□ Y ▣	Referral To Psychiatrist	□ Y □
	S	□ Y ▣	Referred elsewhere for Psychiatric Therapy For Crisis Intervention/Baker Acted	□ Y ▣
			Antidepressants	□ Y ▣
			Under care of mental health team	□ Y □
			Follow up and Suicide Risk discussed	□ Y ▣
			Refusing treatment/Suicide Risk Discussed	□ Y ▣
			Results dscussed with Patient follow up plan initiated	□ Y ▣

BH 12 (Core) Conducts behavioral health screenings and/or assessments using standardized tool. (Implement two or more.)

A. Anxiety: GAD-2, GAD-7	**SAME AS KM 04**
B. Alcohol use disorder: AUDIT, DAST, CAGE and Adolescents: CRAFFT or Alcohol Screening and Brief Intervention for Youth	**Documented process & Evidence of Implementation**
C. Substance use disorder: CAGE AID or DAST-10 Adolescents: CRAFFT or DAST-20	
D. Pediatric behavioral health screening (BASC) Behavioral Assessment System for Children	**Submitted: Anxiety: GAD-7 Alcohol Use Disorder: CAGE-AID**
E. Post-traumatic stress disorder	
F. Attention deficit/hyperactivity disorder: The Vanderbilt Assessment Scale OR DSM V ADHD checklist for adults or children/adolescents	**Documented Process**
G. Postpartum depression: PHQ-2, PHQ-9, Edinburgh Postnatal Depression Scale (EPDS)	**EMR Screen shots of Completed tool in EMR**

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BH 12 Behavioral Health Screenings Documented Process

Done Yearly and as needed

Health Reminders have been created to help track with CAGE-AID and GAD7 screening.

If the screening needs to be performed, the Health Reminder will display "Due"

The reminders are set yearly and will begin to appear 2 months before they are due
The Health Reminders will continue to display Due until the following is satisfied.

GAD7 – satisfied if the patient scores below 10 and the user selects one of the following:
3-9 Mild Symptoms
0-2 No Significant Symptoms

CAGE-AID Screening will be satisfied if the patient scores a 0.
0 CAGE AID Screening result is negative

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Behavioral Health Screening: CAGE-AID Documented Process

<u>Documenting the CAGE-AID:</u>

• Ask each question and document the value on the right **1** (positive) or **0** (negative).
• Add he numerical values and enter the score in the **CAGE-AID score** box.
• Using the selection on the Left, **<u>0</u>**, **<u>1-4</u>** document the range the score falls into.
• For a score 1 or higher, further evaluation is needed.
• If this is a rescreening, document the following: ☑ Y Is this a rescreening?

Behavioral Health Screening: GAD 7 Documented Process

Documenting the GAD 7:

Ask each question and document the value to the right 0, 1, 2, 3 according to the patient's response.

Add the numerical values and enter the score in the **GAD scoring** box.

Using the selections on the Left, **0-2**, **3-9**, **10-14**, **15-21** document the range the score falls into.

For a score 10 or higher please refer to Behavioral Health.

If this is a rescreening, document:

☑ Y   Is this a rescreening?

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BH11 BEHAVARIOAL HEALTH SCREENING EVIDENCE OF IMPLEMENTATION

BH 13 (Core) Evidence Based Decision Support— One Mental Health Condition
BH 14 (Core) Evidence Based Decision Support— One Substance Use Disorder

Uses clinical decision support following evidence-based guidelines

Mental Health Conditions:	BH 13 SAME AS KM 20A
Depression, anxiety, bipolar disorder, ADHD, ADD, dementia, Alzheimer's	BH 14 SAME AS KM20B
Substance Use Disorders:	**Identify Condition**
Illegal drug use, Rx drug addiction, alcoholism	**Source of Guideline**
	Evidence of Implementation
CDS is a systematic method of prompting clinicians to consider evidence-based guidelines at the point of care.	**Submitted:**
CDS encompasses a variety of tools, including, but not limited to:	**Identified Condition: Depression**
• Computerized alerts and reminders for providers and patients.	**Opioid Addiction**
• Condition-specific order sets.	
• Focused patient data reports and summaries.	
• Documentation templates.	
• Diagnostic support.	
• Contextually relevant reference information 29	8/23/2022

BH 13 & BH 14
Evidence-Based Decision /CDS
Evidence of Implementation

❖Identify any protocols, standing orders, EMR tools

❖Used screen shots and "walk through" narrative explanations for tools/processes:

1. **Diagnosis of depression** – Documentation of PHQ9, treatment plan Copy of Colorado Clinical Guidelines Collaborative (Healthteam works) Depression in Adults: Diagnosis & Treatment Guidelines

2. **Predictive Order Management (POM)** – EMR allows clinician to see medications & orders done by other clinicians for same diagnosis

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BH 13 & BH 14
Evidence-Based Decision /CDS

Evidence of Implementation

3. **Health reminders -** rescreening using PHQ9

4. **Reference Information access:** Screenshots of Medline access in EMR & Up-to-Date quick link on PCHC intranet

5. **Diagnostic Support:** Computerized Physician Order Entry (CPOE) Formulary check, drug to drug interaction, drug allergy warnings

6. **Templates:** Adult and child templates for initial and follow up behavioral health visits & MAT templates

7. **Intelligent Prompt (IP)** is searchable by diagnosis/condition provides clinical prompts for options for history, ROS, PE, testing, diagnosis, treatment

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Competency D: Measuring and Monitoring

BH 15 (Core) Monitor and Adjust—Mental Health or Substance Use Disorder: Monitors and assesses symptoms over time for patients identified with a mental health or substance use condition

adjusts the treatment plan for patients who do not demonstrate improvement

The practice provides a report demonstrating routine monitoring of patients screened and actions taken when they are not getting better for either mental health or substance use. Tools to consider for monitoring of symptoms are the PHQ-9 for depression or the AUDIT for alcohol use.	**Identify Conditions** **Source of guidelines** **and** **Evidence of Implementation** **OR** **BH16 (Elective)** **Submitted:** **Identified Condition:** **Depression** **Monitoring PHQ 9**

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BH15 Monitor symptoms and adjust treatment

Monitoring: PHQ9 Re-screening used to monitor symptoms

Reports:

1.   Monthly report of patients with over 10 integrated behavioral health visits

2.   Monthly report of patients with PHQ9 score is >10

Screen shots from a patient record showing behavioral health and PCP visits addressing depression and eventual referral to specialty mental health (Psychiatrist) for evaluation of medication.

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BH 17 (Core) Monitors Performance—Behavioral Health Measures:

Monitors performance for at least 2 behavioral health clinical quality measures

Data include the measurement period, the number of patients represented, the rate and the measure source (e.g., HEDIS, NQF#, measure guidance). **Submit definition of report metrics** **Submit report showing numerator/denominator**	Report Submitted Evidence: Depression Screening Post-Partum Screening

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