CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

pcmh kids patient-centered medical home

ADVANCING INTEGRATED HEALTHCARE

IBH Learning Collaborative– with a Focus on NCQA BH Distinction and Virtual IBH

Wrap Up Meeting: April 28th, 2022
8:00 – 9:00 am

Care Transformation Collaborative of RI

Housekeeping

- Please…
  - Mute yourself when not speaking
  - If possible, turn your video on, especially when speaking
  - Feel free to put questions in the chat

- *Note: This meeting will be recorded and posted on the CTC-RI IBH webpage: https://www.ctc-ri.org/integrated-behavioral-health/tele-ibh-and-ncqa-bh-learning-collaborative*

Agenda

8:00 am	**Welcome**	Nelly Burdette
8:05 am	**Practice Presentations:** • Anchor Lincoln • Anchor Pediatric • Anchor Providence & Anchor Warwick • Associates in Primary Care Medicine • Brown Medicine • Care New England Family Medicine • PCHC Capitol • PCHC Central • PCHC Olneyville • PCHC Prairie	All
8:50 am	**Tele-IBH Post Assessment Data & NCQA BH Distinction Updates**	Kristin David and Liz Cantor
8:55 am	**Wrap up and Year 2 Overview**	Nelly Burdette

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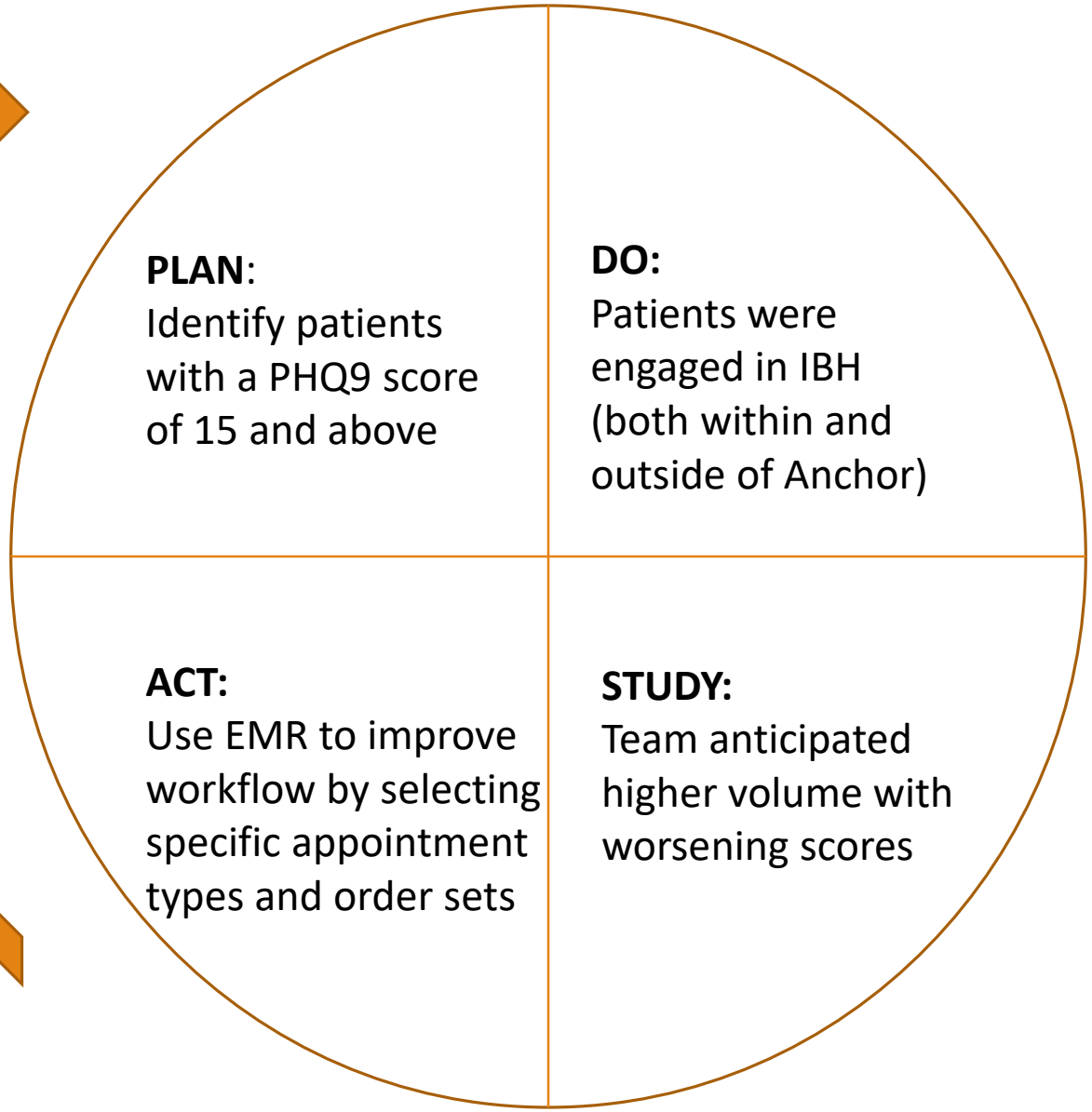
Integrated Behavioral Health at Anchor Medical

Provider Champions:

1) Lincoln – Dr. Kathleen Henderson
2) Warwick – Dr. Stephanie Favreau

AIM: DEVELOP A PROCESS FOR MANAGING CLINICALLY SIGNIFICANT DEPRESSION SCREENS AND THEIR FOLLOW UP SCORES



Lincoln - 51
Warwick - 79

Lincoln - 24
Warwick - 23

Lincoln - 11
Warwick - 33

Anchor Pediatrics

Focus of the initiative: NCQA IBH Distinction

Focus of the PDSA: CDS for marijuana

Project Plan: to submit Action Plan, pending hiring of new BHC

PDSA AIM: To establish evidence-based Clinical Decision Support guidelines for patients aged 16 and older who admit smoking marijuana (supporting NCQA BH Distinction criteria BH14)

Clinical rationale: Largely based on CRAFFT responses, providers noticing so many teens coming in who were smoking; wanted more effective response, including materials for recommendations and intervention

Anchor Pediatrics Plan

- Add Risk Stratification table into Athena:

Risk Level	CRAFFT Score	Clinical Action
LOW	No use in past 12 months and CRAFFT score of 0	Provide information about risks of substance use and substance use-related riding/driving; offer praise and encouragement
MEDIUM	No use in past 12 months and "Yes" to CAR question only OR Use in past 12 months and CRAFFT score < 2	Provide information about risks of substance use and substance use-related riding/driving; brief advice; possible follow-up visit
HIGH	Use in past 12 months and CRAFFT score ≥ 2	Provide information about risks of substance use and substance use-related riding/driving; brief advice; follow-up visit; possible referral to counseling/treatment

- Review handouts/materials for suitability for teens and select desired ones
- Track "orders" for handouts within Athena (i.e. if Q2 positive for marijuana, provider should put in an order for the educational info
- Data will be reviewed in May; preliminary response is positive from providers

PDSA

ANCHOR MEDICAL PROVIDENCE

MARNA HECK-JONES : IT SUPPORT

AMY MATOS, LICSW : IBH PROVIDER

ROBYN OSTAPOW, PA : PROVIDER CHAMPION

DIANE SIEDLECKI, MD : PROVIDER CHAMPION

Aim, Plan

- **Aim**: Improve identification and treatment of patients with anxiety using the GAD-7. Deliver interventions in the form of a warm hand off, IBH referral, or same day visit

- **Plan**: To develop and implement anxiety screening

Do, Study

- **Do:**
  - Phreesia
  - Delays
  - GAD-7 pilot
    - Score of 10 or higher
- **Study:**
  - Predicted:
    - Some initial challenges adjusting to changes and workflows
    - Increase in warm hand offs
    - Increase in behavioral health referrals
    - Improved outcomes

Results

- 3/4/22-4/1/22 Pilot
- Total number of GAD-7 screens administered: 59
  - Some scores not entered
- Total number of positive scores: 7
  - A few established with outpatient services

Act

- Phreesia check in process roll out
- Staff training
- Behavioral health screenings attached to specific appointment types (annuals/wellness exams, IBH initial visits)
- Specific appointment type developed for follow up regarding behavioral health concerns (behavioral health screenings attached to visit type)
  - Monitor treatment response/progress
- Adjusting score cut off
- Question: potential group offerings?

Associates in Primary Care Medicine

RECOGNIZED
NCQA
PATIENT-CENTERED MEDICAL HOME

Certificate of Recognition

National Committee for Quality Assurance commends

Associates in Primary Care Medicine

Recognized with Distinction in Behavioral Health Integration

on Achievement of Recognition for Systematic Use
of Patient-Centered, Coordinated Care Management Processes

Awarded from: **May 24, 2021** to: **July 31, 2022**

NCQA
Measuring quality. Improving health care.

Margaret E. O'Kane
President

PDSA Worksheet for Testing Change

Associates in Primary Care

Aim **Establish a standardized workflow, including Clinical Decision Support, for patients with a potential for suicide (supporting NCQA BH Distinction criteria BH03 and BH13)**

Describe your first (or next) test of change:	Person responsible	When to be done	Where to be done
The Columbia Suicide Severity Rating Scale (CSSRS) will be administered to patients that identify a positive response to the PHQ question # 9; "Thoughts that you would be better off dead or of hurting yourself in some way". The satisfaction of practice primary care providers with the CSSRS will be measured.	Providers G.S.	Annual Office Visits or As Needed Staff Meetings(s)	Office Office

Plan

List the tasks needed to set up this test of change	Person responsible	When to be done	Where to be done
Athena IT team will establish new CSSRS workflow within Athena EMR (including CSSRS form available via Athena Print Forms and structured Scoring field). CSSRS workflow will be introduced to office staff Team will determine what scores/data the providers will enter in the structured data field(s) – i.e. level of risk (Low, Medium, High) vs. a positive score (Y/N) defined as a YES to either Q2 or Q6	Bill / Athena IT G.S. Team	09/12/21 09/13/21 Before 9/12	EMR Office

Predict what will happen when the test is carried out	Measures to determine if prediction succeeds
50% of patients that identify a positive response to the PHQ question # 9; "Thoughts that you would be better off dead or of hurting yourself in some way" will then receive additional screening via the Columbia Suicide Severity Rating Scale (CSSRS). A minimum of 4 / 7 providers will endorse the continued use of the CSSRS.	Athena EMR data report produced end of February 2022 Provider polling during February 2022 office team meeting

COLUMBIA-SUICIDE SEVERITY RATING SCALE

Screen with Triage Points for **Primary Care**

Ask questions that are in bold and underlined.	**Past month**	
Ask Questions 1 and 2	**YES**	**NO**
1) Have you wished you were dead or wished you could go to sleep and not wake up?		
2) Have you actually had any thoughts of killing yourself?		
If YES to 2, ask questions 3, 4, 5, and 6. If NO to 2, go directly to question 6.		
3) Have you been thinking about how you might do this? e.g. "I thought about taking an overdose but I never made a specific plan as to when where or how I would actually do it….and I would never go through with it."		
4) Have you had these thoughts and had some intention of acting on them? as opposed to "I have the thoughts but I definitely will not do anything about them."		
5) Have you started to work out or worked out the details of how to kill yourself? Do you intend to carry out this plan?		
6) Have you ever done anything, started to do anything, or prepared to do anything to end your life? Examples: Collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump; or actually took pills, tried to shoot yourself, cut yourself, tried to hang yourself, etc.	**Lifetime**	
If YES, ask: Was this within the past 3 months?	**Past 3 Months**	

Possible Response Protocol to C-SSRS Screening

Item 1 Behavioral Health Referral
Item 2 Behavioral Health Referral
Item 3 Behavioral Health Referral
Item 4 Behavioral Health Consultation and Patient Safety Precautions
Item 5 Behavioral Health Consultation and Patient Safety Precautions
Item 6 Behavioral Health Referral
Item 6 3 months ago or less: Behavioral Health Consultation and Patient Safety Precautions

Do

1. We identified a publicly available paper version of the Columbia Suicide Severity Rating Scale (CSSRS).
2. We reproduced a number of paper copies and made them available within exam rooms.
3. We also scanned a copy into our EMR (Athena) and applied a document bar code as specified per our EMR document requirements. (Bar coding facilitates uploading of the completed CSSRS to the electronic medical record after the CSSRS is completed with the patient.)
4. Staff was trained on the proper use of the CSSRS.
5. Patients eligible to receive a CSSRS were identified (inclusion required a positive response to the PHQ question # 9; “Thoughts that you would be better off dead or of hurting yourself in some way”).
6. After completion of the CSSRS, clinical decision making in coordination with the patient, determined the applied clinical course of action.

Study

- For dates of service 09/13/2021 thru 02/08/2022, 59/111 (53.1%) of patients meeting criteria were successfully administered the Columbia Suicide Severity Rating Scale (CSSRS). The initial prediction of 50% was exceeded.

- Seven out of 7 providers endorsed the continued use of the CSSRS The initial prediction of 4/7 was exceeded.

Act

- Members of the care team feel as though having a defined process in place for patients that expressed potentially suicidal thoughts, provides an enhanced level of patient care. Patients also seemed to appreciate the extra level of attentiveness from the care team.

- The currently implemented process requires us to introduce a paper-based workflow into an EMR environment. We find that introducing paper-based workflows into an EMR can be inefficient. We are therefore exploring our options for transferring this process into a fully EMR-based workflow that would not require paper.

BROWN MEDICINE: INTERNAL MEDICINE

Tele-IBH/NCQA BH Distinction Readiness Project

PDSA Report Out

BROWN MEDICINE
BROWN PHYSICIANS, INC.

Development

Goal/Purpose:

Brown Medicine Internal Medicine piloted a stress management virtual group to increase the availability of Integrated Behavioral Health and to ensure feasibility and sustainability for future groups.

Development

Implementation:

- The IBH Clinician developed group curriculum for stress management skills.
- The IBH team compiled group documentation, including consent forms.
- Participants were recruited from the list of patients waiting for IBH intake
- The first group was held in August 2021
  - 7 participants signed up; 3 patients participated in all six sessions.
- We identified opportunities for improvement as the group was conducted and after all 6 sessions
- Based on this, we held a second group in November 2021

Process and Reevaluation

Telehealth Stress Management group 1:

- Identified some areas for improvement related to workflow and process.
  - Expectations to patients
  - Clarify technology use
  - Improve electronic means to provide handouts
  - Collect necessary documents (assessments and consent forms)
  - Suggested need for phone number to call if problems with connection

Telehealth Stress Management Group 2:

  - Active recruitment and flyer helped increase group membership
  - Pre-Screening suggested by provider and attendees as a needed step
  - Provide quicker turnout for group evaluation
  - Time of group needs to be evaluated further

Future Directions

- Continue to improve electronic communications, consents, assessments, and surveys.
- QI to evaluate the services and options for enhancing behavioral health services.
- Enhance processes with help of staff and providers for:
    - improved and changing workflow
    - group content
    - group length/time of day
    - brief prescreening options
- Continue to improve patient satisfaction survey and explore added benefits of Integrated Behavioral Healthcare such as influence on ER utilization.

CNEMG Family Care– Plan, Successes and Barriers

Plan

Tracking and Monitoring: Track referrals to outside behavioral health (BH) specialists by implementing a BH referral work flow separate and distinct from non-BH referrals, with the goal of tracking 10 patient referrals on a pilot basis.

Successes

-Enhanced ability to track referrals to The Providence Center and Butler Hospital.

-Have noticed a positive different n communication with outpatient BH clinics. For example, we have confirmation for some of the orders placed by IBHCs that patients were contacted by the outpatient BH Clinic to schedule an intake session. This confirmation would come in the form of either a patient telling the IBHC that they were contacted by an outpatient clinic to schedule an intake or by the FCC referral staff member notifying the IBHC of the referral status.

Barriers

IBHCs have the capacity to generate referral orders for all BH referrals, however with limited support staff and the IBHCs needing to close the loop on their own referrals, the process is time consuming and challenging. Although it is great care, it limits the number of direct care hours the IBHCs are able to provide.

CNEMG Family Care– Act portion of PDSA

Act

We are currently advocating within our system of care for greater support in the form of a referral hub and securing necessary resources to track BH referrals.

In the meantime, the IBHCs and the practice manager are in the process of working to devote staffing resources at the FCC to the BH Team specifically. We have drafted a job description for the IBH Assistant role, and we are preparing to pilot this role during one IBH clinic session to start. We also hope to submit a proposal to CNE leadership which would fund an IBH Assistant position on a permanent basis. With this type of assistance, the IBH Team will have the capacity to more efficiently and effectively manage and track our BH referrals, which is an important part of patient-centered care in IBH.

PCHC CENTRAL – VIRTUAL IBH PDSA

JAMIE RAMIREZ LESLIE, BSW
AND
ELIZABETH BOGUS, LICSW

- Goal for PDSA – By January of 2022, 7 virtual pts will access an online activity to be used as part of the session or homework
  - deliver tools virtually that we used in person sessions
  - See if patients found getting information during virtual sessions helpful.
  - See if we found use of virtual products productive

RESULTS OF OUR PDSA

- Data
  - 11 pts participate (given information virtually during session)
  - 9 pts were able to access said information
  - 7 completed activity, 2 did not
  - 6 people found helpful
  - The 2 who did not complete activity and the one who did not find it helpful said would have rather paper
- Interesting comments
  - Liked getting in real time
  - Liked being able to pull up on phone whenever (like in line at the supermarket)
  - After the call could not re-find the link

WHAT WE LEARNED IN PROVIDING VIRTUAL SESSIONS

Majority of people participating enjoyed getting tools virtually

Challenges

- Common
- Uncommon (what others have not noted)

How we grew

- Pivot to increased literacy population (new)
- Managing WHO on a virtual call (in some ways easier to not pause but anticipate between sessions)
- Using therapy clearinghouse more

Going forward

Surprises with engagement, interested in virtual

QUESTIONS FOR THE GROUP

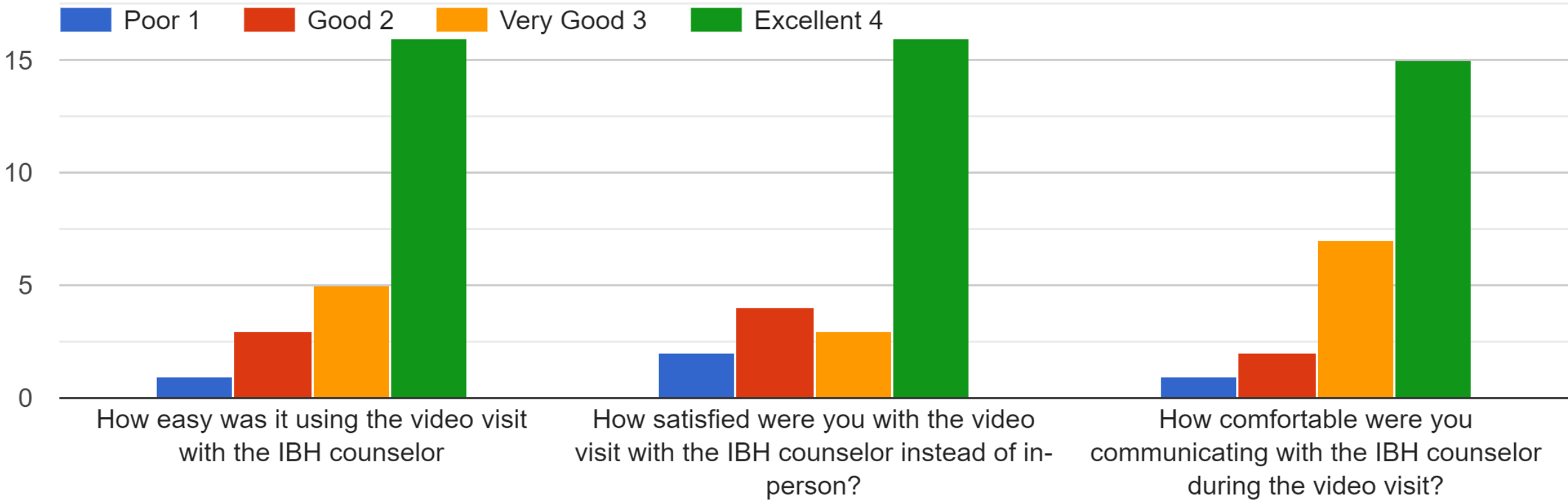
- Dose anyone love their telehealth platform?
- What are the things people like about their current platform?
- How have people managed / adjusted flow with their current platform?
- Anyone do anything dramatically differently on the virtual sessions vs in-person sessions

Capitol Hill PCHC:PDSA aimed to Identify ways to improve access to IBH telehealth services for adults over 45

Belinda Soares, IBH BHCA
Marianela Dougal, LICSW, IBH Provider

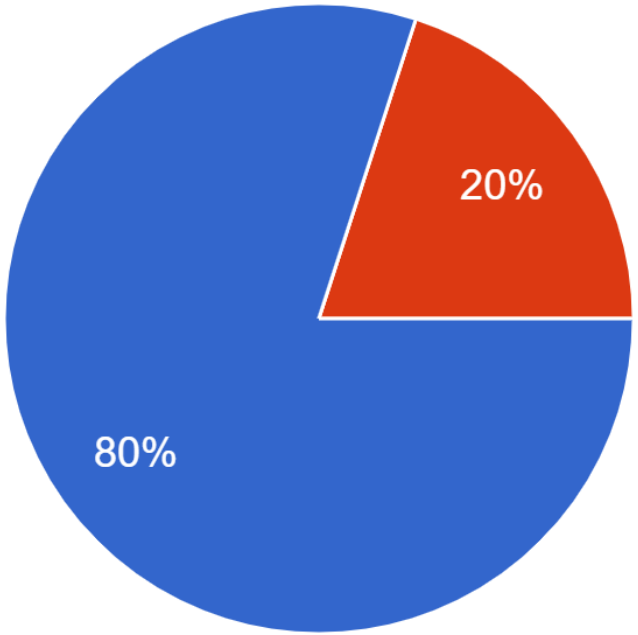
25 Patient Responses

1. On a scale of 1-4, with 4 being the highest, please rate the questions below:



3. Would you continue to use the IBH telehealth services?

25 responses



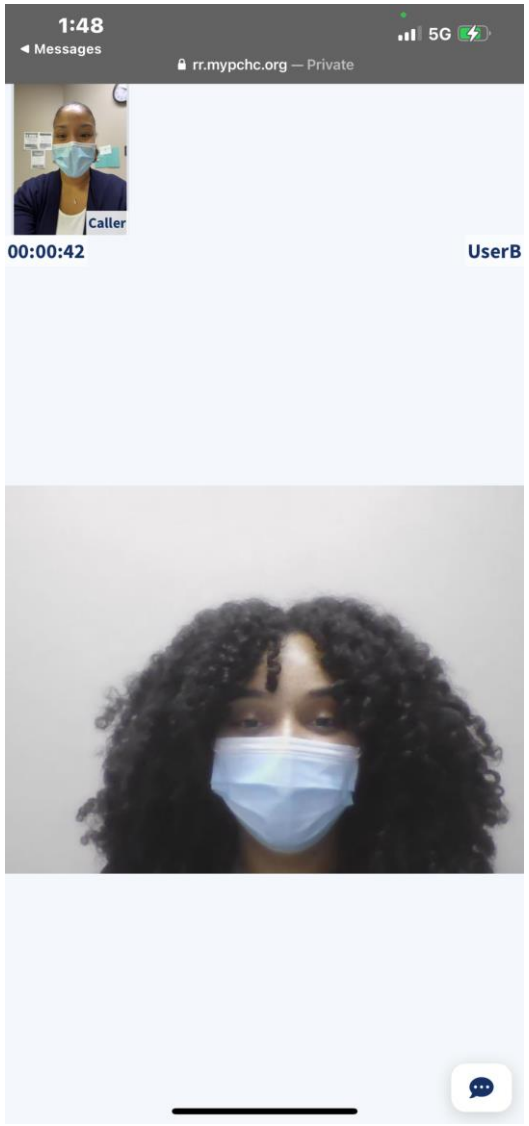
Number of Participants = 25
Female = 21
Male = 4
Male Age Range = 51 -53
Female Age Range = 45-81

The stories behind the 5 No’ s or Poor satisfaction responses

“I prefer in person”

“I need assistance from my daughter”

The end!



CTC – Learning Collaborative

PCHC Olneyville

Fraynelis Andujar and Laurie Cepeda

AIM STATEMENT

PCHC Olneyville

By January 2021, the Olneyville IBH team will increase patient confidence/competence in TH use, across patients who report hesitancy around telehealth technology to increase access to care.

Surveys

CTC Pre and Post Telehealth Questionnaire

Date of visits:

Do you know how to use virtual or telehealth platforms for medical visits?

Yes No

Pre:

On a scale of 1 to 10 how comfortable do you feel using virtual platforms for medical visits?

0	1	2	3	4	5	6	7	8	9	10
Low										High

Post:

On a scale of 1 to 10 how comfortable do you feel using virtual platforms for medical visits?

0	1	2	3	4	5	6	7	8	9	10
Low										High

Post:

On a scale of 1 to 10 how comfortable do you feel using virtual platforms for medical visits?

0	1	2	3	4	5	6	7	8	9	10
Low										High

What part of the training did you find most helpful?

Walk-through

Hand out

Other

Training - Implemented 5 minute training to increase telehealth confidence and competence

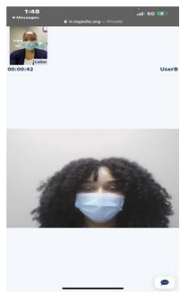
1. Open the text message and click on the link

2. Then, a webpage will open in your browser. Read through and

3. Click on the blue accept button to

4. If your phone asks for permis-sion to you use your camera and microphone

5. Wait for the provider to ac-cept the call



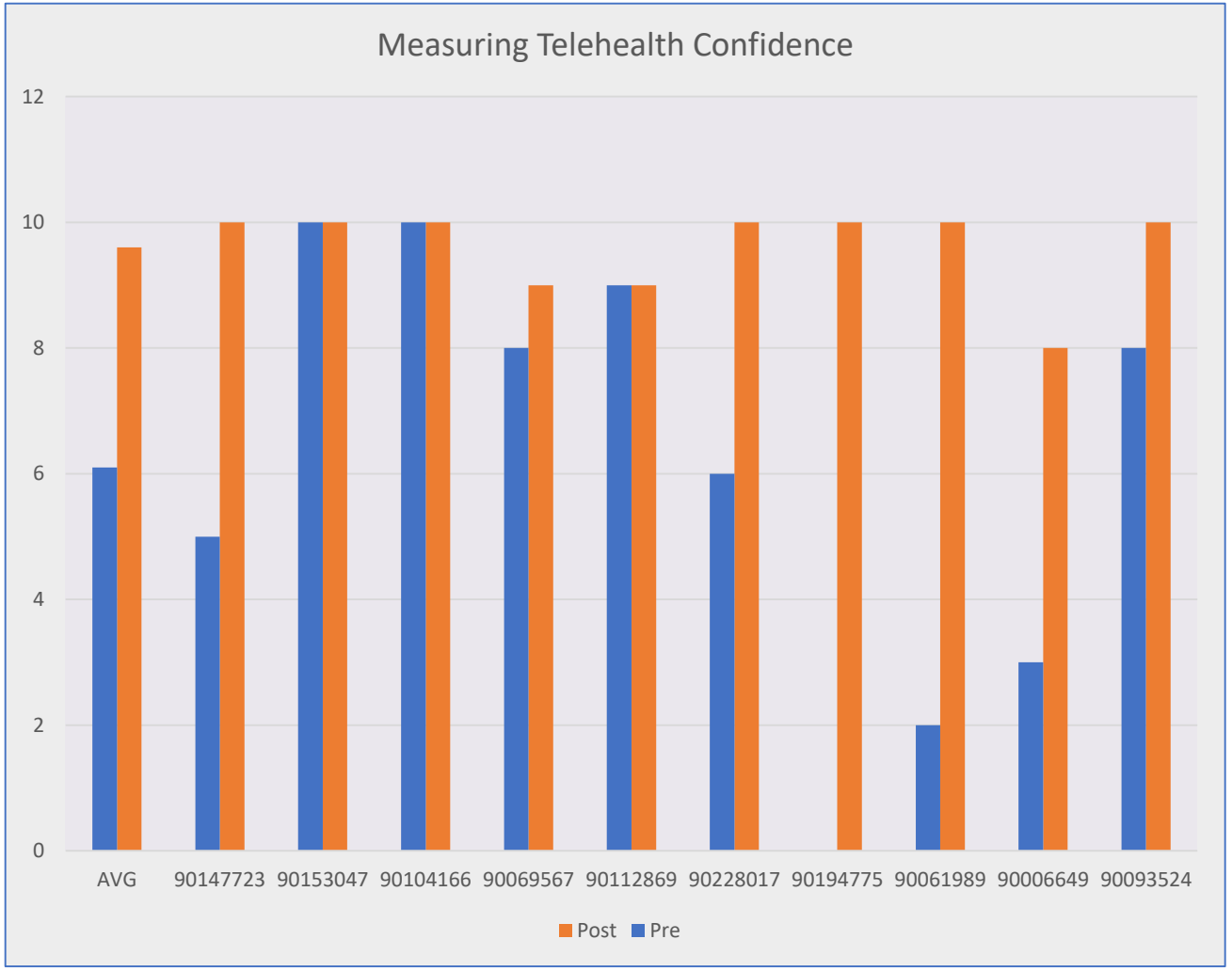
6. Smile!

You're on cam-era

Outcomes

On average, patients reported a 3.5-point increase in their confidence and competence to access telehealth visits

Benefits & Challenges



PCHC Prairie

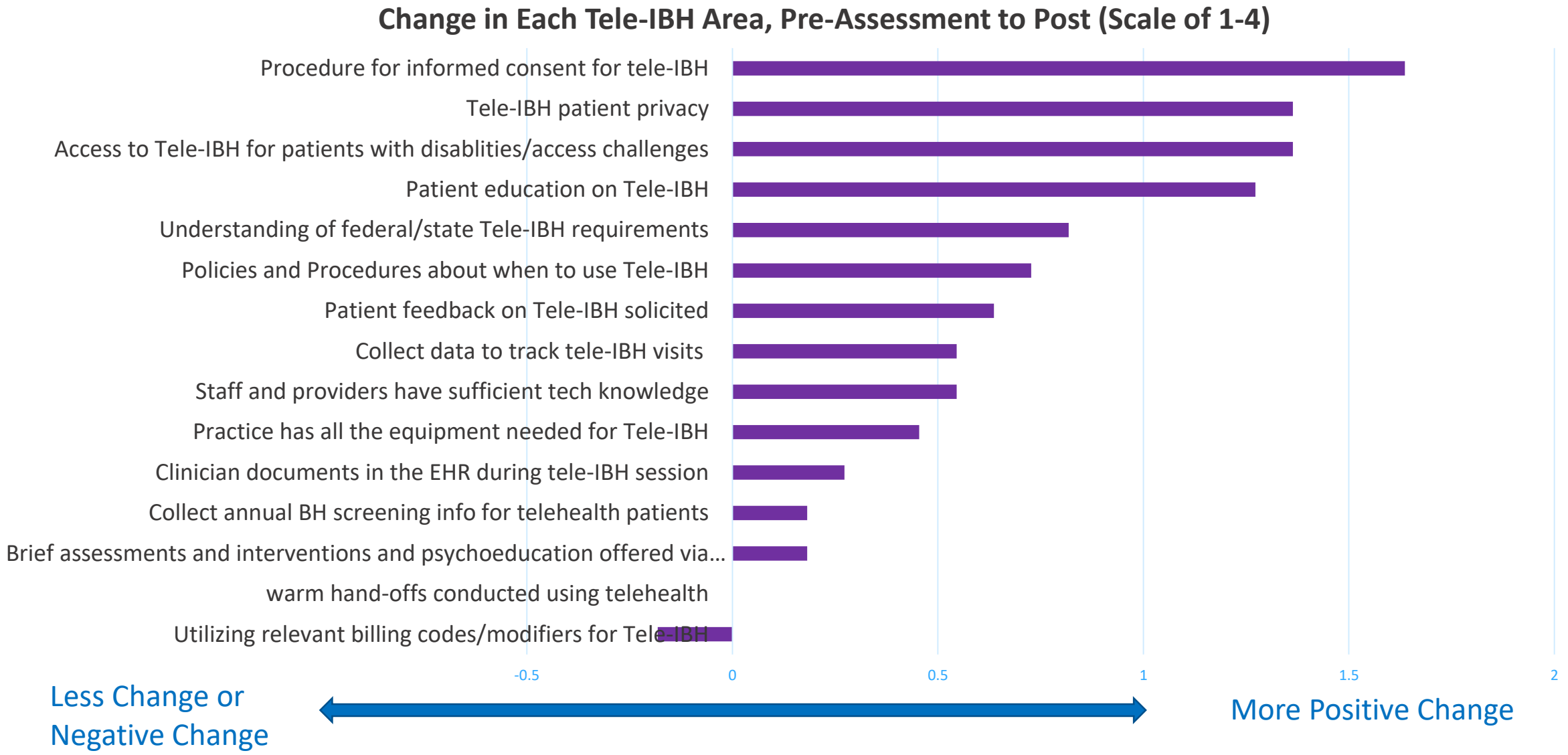
Aim: implement visuals with at least eight telehealth patients and measure their satisfaction with the use of visuals in the context of their telehealth experience.

Plan: By using the chat feature within Bluestream Health, hanging a whiteboard in our exam room for the purpose of sharing in-session visuals in the absence of share screen options through Bluestream Health, and launching a no-reply email in order to quickly share handouts with the patients of PCHC, Prairie Ave.

Study: The average helpfulness scale given was 7.6875. Thirteen out of sixteen patients gave a helpfulness rating of 7 or greater out of 10, which equates to 81.25%. This is consistent with our hypothesis that 80% of patients will find telehealth visuals helpful as identified by an average scaling score of 7.

Tele-IBH Assessment Summary– All practices

ADVANCING INTEGRATED HEALTHCARE



NCQA BH Distinction Readiness– Status Summary

Received NCQA BH Distinction after Application or Re-application

✓Associates in Primary Care Medicine
✓PCHC Capitol
✓PCHC Central
✓PCHC Olneyville
✓PCHC Prairie

In Process of Readying NCQA BH Distinction Application

- Anchor Pediatrics

Will Continue work in Year 2 of the NCQA BH Distinction Collaborative

- Brown Medicine
- Anchor Medical Lincoln
- Anchor Medical Providence
- Anchor Medical Warwick
- CNEMG Family Care Center

Year 2 of the NCQA BH Readiness Collaborative

CARE TRANSFORMATION COLLABORATIVE RHODE ISLAND

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ADVANCING INTEGRATED HEALTHCARE

Practices Continuing to Year 2	New Practices for Year 2
Brown Medicine	Lifespan Primary Group Newport
Anchor Medical Lincoln	Hasbro Children's Hospital Pediatric Primary Care
Anchor Medical Providence	Barrington Pediatric Associates
Anchor Medical Warwick	Aquidneck Pediatrics
CNEMG Family Care Center	NRI Pediatrics
	Children’s Medical Group

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Year 2 Information for Continuing Practices

Basics

- May 1, 2022- April 30, 2023
- You will have the same practice facilitator
- Focus on NCQA BH Readiness; no continuing focus on Tele-IBH

Next Steps

- Your practice facilitator will confirm with you that you will continue with the same PF meeting monthly time
- We will be scheduling several learning collaborative meetings throughout the year; dates TBD
- Infrastructure payments will be processed and mailed in May

Questions?
Leadership Team and Contact Info.

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