

Rhode Island Care Transformation Collaborative Behavioral Health Registries and Metrics

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Advancing Integrated Mental Health Solutions



We've trained over 6,000 clinicians in Collaborative Care. We've provided training, coaching, and psychiatric consultation to more than 1,000 clinics around the world.

AIMS CENTER

Advancing Integrated Mental Health Solutions



DIVISION OF INTEGRATED CARE & PUBLIC HEALTH

UNIVERSITY of WASHINGTON

Department of Psychiatry & Behavioral Sciences

Recent AIMS Center collaboration:

Behavioral Health Implementation Guide



Patient-Centered Care for the Safety Net

The Safety Net Medical Home Initiative was a national Patient-Centered Medical Home (PCMH) demonstration to help 65 primary care safety net sites become high-performing medical homes and improve quality, efficiency and patient experience. [Learn more about the Initiative.](#)

The Initiative created a framework for PCMH transformation and published a library of resources and tools to help practices implement the PCMH Model of Care. [Access our PCMH materials.](#)

NEW RESOURCES NOW AVAILABLE

The latest additions to our collection of resources address integrating behavioral healthcare services into the primary care setting. Visit the [Behavioral Health Integration page](#) to learn more.

  
MacColl Center for Health Care Innovation

www.safetynetmedicalhome.org



Objectives for Today

**Build upon “Universal Screening 101”
(Understanding PHQ9, GAD7, CAGE-AID)**

- **Work flow options for administering PHQ9**
- **Tracking outcomes to facilitate proactive monitoring & “Treatment to Target”**
- **Real world options and examples of patient tracking registries**
- **Registries and new HEDIS depression metrics**

System Ripe for Innovation

- Six out of ten people with mental health disorders get NO CARE.
- Of those who get care:
 - Only two out of ten see a trained mental health professional.
 - Majority receive treatment in primary care: 30 million receive a prescription for a psychiatric medication in primary care.
 - Only one in four improve.



“Of course you feel great. These things are loaded with antidepressants.”

Collaborative Behavioral Health Care



Patient-Centered Team Care

Team members learn to work differently.



Population-Based Care

*All patients tracked in a registry.
No one “falls through the cracks.”*



Measurement-Based Treatment to Target

Treatments are actively changed until clinical goals are achieved.



Evidence-Based Care

Treatments used are evidence-based.



Accountable Care

Providers held accountable for their patients' clinical outcomes.



Proactive Monitoring Measurement-Based Treatment to Target

- **Patients regularly monitored using validated clinical rating scales (PHQ9, GAD7) and other clinical measures**
- **Measurable treatment goals defined**
- **Results of scales and other patient measures tracked carefully in a registry**
- **Treatment results frequently evaluated and treatment is changed until goals achieved**



Proactive Monitoring


Measurement-Based Treatment to Target

- **Patients regularly monitored using validated clinical rating scales (PHQ9, GAD7) and other clinical measures**
 - Efficient depression screening starts at the front desk, often with a paper copy in the patient's preferred language
 - PHQ9 as the fourth vital sign
 - PHQ9 scored and recorded by medical assistant, results called to attention of PCP as necessary
 - Protocol in place for suicidal ideation (question #9)



Proactive Monitoring Measurement-Based Treatment to Target

- **Measurable treatment goals defined and tracked**
 - PHQ9 re-administered frequently in person and over phone
 - PHQ9 score of 5 or less indicates remission
 - Remission score may not be an appropriate goal for all patients, look at trends and percent improvement



Measurement-Based Treatment to Target

Treatment results frequently evaluated and treatment is changed until goals achieved

- **In recent study of over 7,000 patients:**
 - **Time to remission was 86 days for patients in measurement based, treatment to target**
 - **Time to remission in usual care was 614 days**



What Data is Needed in a Registry?

Actionable Data is a Crucial Component of Measurement-Based Care

- Care team must have readily available data on patient status, PHQ9 scores and other outcomes to drive changes in treatment
- Psychiatric consultant must be able to use registry data to efficiently prioritize patients for review and consultation



Three Options for Registries

- **Spreadsheet**
 - Best for small scale
- **Build into EHR or Care Mgmt System**
 - Experience with Epic Healthy Planet, Epic Pre-Healthy Planet, Valant
- **AIMS Care Management Tracking System (CMTS)**
 - HIPAA-compliant web application
 - Used in conjunction with EHR



Spreadsheet Registries

- Many healthcare organizations use to pilot their integration program
- Spreadsheet often an interim solution while planning and building longer term solution
 - *ACO partner we are working with has 23 clinics working on spreadsheets for over three years*
- AIMS Excel[®] patient tracking template available on AIMS website

AIMS Excel® Patient Tracking View

Patient information		Enrollment Status and Actions				Contacts				Measurements				Treatment		Notes	
MRN	Name	Treatment Status	Show All Visits/Most Recent Visit	Tickler	Episode Number	Follow-up Contact Number	Date Follow-up Due	Actual Contact Dates	Type of Contact	PHQ-9 Score (target is < 5 within 5-7 months of initial elevated PHQ-9)	% Change in PHQ-9 score (target is -50% within 5-7 months of initial elevated PHQ-9)	GAD-7 Score (target is < 10 within 5-7 months of initial elevated GAD-7)	% Change in GAD-7 score (target is -50% within 10 weeks of its initiation or change)	Current Psychotropic Medications	Treatment Plan (Continue Meds, Pleasant Activity, Behavioral/Social Intervention)	Care Manager Contact Notes and Flag for Psychiatric Consultation (Include notes about safety risk and referrals to specialty services)	Psychiatric Consultant Notes (Enter date of note in left column; enter summary or location of note in right column)
1234	Joe Smith	Active			1	Initial Assessment	2-week follow-up schedule	11/30/15		14		10				Flag for discussion	2/26/16 Date of most recent Psychiatric Consultant Note automatically populates to the left
1234	Joe Smith				1	1	12/14/15	12/14/15		13	-7%	8	-20%				1/25/16 in EHR
1234	Joe Smith				1	2	12/28/15	12/28/15		15	7%	8	-20%				2/26/16 in EHR
1234	Joe Smith				1	3	1/11/16	1/15/16		12	-14%	6	-40%				
1234	Joe Smith				1	4	1/29/16	1/30/16		11	-21%	7	-30%				
1234	Joe Smith				1	5	2/13/16	2/13/16		9	-36%	7	-30%				
1234	Joe Smith				1	6	2/27/16	2/28/16		10	-29%	6	-40%				
1234	Joe Smith					7	3/13/16	.		.	.	.
1234	Joe Smith					8	3/27/16	.		.	.	.
1234	Joe Smith					9	4/10/16	.		.	.	.
1234	Joe Smith					10	4/24/16	.		.	.	.
1234	Joe Smith					11	5/8/16	.		.	.	.
1234	Joe Smith					12	5/22/16	.		.	.	.
1234	Joe Smith					13	6/5/16	.		.	.	.
1234	Joe Smith					14	6/19/16	.		.	.	.
1234	Joe Smith					15	7/3/16	.		.	.	.
1222	Bob Dolittle	Active			2	Initial Assessment	2-week follow-up schedule	1/5/16	in-person	21		12				Flag as safety risk	2/18/16 Date of most recent Psychiatric Consultant Note automatically populates to the left
1222	Bob Dolittle				1	1	1/19/16	1/19/15	in-person	19		10					3/31/15 in EHR
1222	Bob Dolittle				1	2	2/2/15	2/2/15	in-person	15		7					2/18/16 in EHR
1222	Bob Dolittle				1	3	2/16/15	2/16/15	in-person	10		7					

AIMS Excel® Caseload Overview

View Record	Treatment Status	Name	Treatment Status				PHQ-9				GAD-7				Psychiatric Consultation	
			Date of Initial Assessment	Date of Most Recent Contact	Number of Follow-up Contacts	Weeks in Treatment	Initial PHQ-9 Score	Last Available PHQ-9 Score	% Change in PHQ-9 Score	Date of Last PHQ-9 Score	Initial GAD-7 Score	Last Available GAD-7 Score	% Change in GAD-7 Score	Date of Last GAD-7 Score	Flag	Most Recent Psychiatric Consultant Note
View	Active	Susan Test	9/5/2015	2/23/2016	10	26	22	14	-36%	2/23/2016	18	17	-6%	1/23/2016	Flag for discussion & safety risk	1/27/2016
View	Active	Albert Smith	8/13/2015	12/2/2015	7	29	18	17	-6%	12/2/2015	14	10	-29%	12/2/2015	Flag for discussion	
View	Active	Joe Smith	11/30/2015	2/28/2016	6	14	14	10	-29%	2/28/2016	10	6	-40%	2/28/2016	Flag for discussion	2/26/2016
View	Active	Bob Dolittle	1/5/2016	3/1/2016	3	9	21	19	-10%	3/1/2016	12	10	-17%	3/1/2016	Flag as safety risk	2/18/2016
View	Active	Nancy Fake	2/4/2016	2/4/2016	0	4	No Score				No Score					
View	RP	John Doe	9/15/2015	3/6/2016	10	25	20	2	-90%	3/6/2016	14	3	-79%	3/6/2016		2/20/2016



Registry Builds in EHR

- **Many healthcare organizations investing significant resources**
- **Thus far, few successes, numerous failures, many war stories**
 - **Epic Healthy Planet**
 - **Epic Pre-Healthy Planet**
 - **Valant Behavioral Health EHR**
- **Approach with caution!**



Registry Functions Built into EHR

- **Many healthcare organizations investing significant resources**
- **Thus far, few successes, numerous failures, many war stories**
 - **Epic Healthy Planet**
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 - **Valant Behavioral Health HER**
- **Approach with caution!**



AIMS Care Management Tracking System

- **HIPAA-compliant application that facilitates a shared care plan for integrated care**
- **Web-based functionality allows providers at remote sites to track patient progress**
- **Facilitates population-based approach to treatment to target**
- **Efficiently organizes caseload for systematic case review**



AIMS Care Management Tracking System

- **Deployed in 24 states and Canada**
- **Good solution for organizations and initiatives whose participating clinics do not share the same EHR**

State Medicaid programs

New York State OMH Depression Program

Health plans and other purchasers

Community Health Plan WA, Amerigroup

Quality initiatives

Hartford Foundation, Archstone Foundation

CMTS Caseload List

Patient		Caseload		Tools		Search Name or Patient ID		Hello, Tess (tgrovercm)		Help		Logout						
ACTIVE PATIENTS																		
Report for : <input type="text" value="Tess Grover"/>																		
Report Created on : Tuesday, November 24, 2015, 3:22PM																		
FLAGS	PATIENT ID	NAME	POP.	STA-TUS	PHQ-9		GAD-7		HbA1c		SYSTOLIC BP		LDL		CONTACTS			
					FIRST	LAST	FIRST	LAST	FIRST	LAST	FIRST	LAST	FIRST	LAST	I/V	F/U	P/N	RPP
??	0000050	Doe, Jane	S	E														
??	0000071	Doe, Jonathon	N	T	11	16*	7	10*							10/28/14	2/12/15		
??	0000082	Test, Patient	S	T	16	13*	7	7*							10/12/14	12/8/14		
??	0000084	Test, Case	S	RPP	11	14*	3	3*							11/9/14	1/11/15	5/13/15	3/10/15
??	0000085	Artificial, Patient	S	T	10	3*	11	11*							12/7/14	1/4/15		
??	0000087	Patient, Improved	S	RPP	15	7*	5	10*							12/12/14	1/15/15		3/5/15
??	0000088	Doe, Jack	S	T	11	10*	2	2*							2/27/15	2/27/15		
??	0000090	Richards, Emily	S	E														

1 - 8 of 8

Per page: 30

Population(s) included : SIF Non-SIF

CMTS Caseload Statistics

Patient Caseload Tools Hello, Tess (tgroveradmin) Help Logout

Site : Aggregated by Report Created on : Tuesday, November 24, 2015, 3:49PM

CASELOAD STATISTICS

CARE MANAGER	# OF PT.	INITIAL VISIT			FOLLOW UP				LAST AVAILABLE		# ON MEDS	# w/ MISSING MEDS	# IN R/P	PSYCHIATRIC CONSULTATION NOTE			DECREASED 5+ POINTS		50% IMPROVED OR < 10 AFTER > 10 WKS	
		#	MEAN PHQ	MEAN GAD	# OF PT.	MEAN #	MEAN # CLINIC	MEAN # PHONE	MEAN PHQ	MEAN GAD				# REQ'D	# w/ P/N	NOT IMPRV w/o P/N	PHQ	GAD	PHQ	GAD
<input type="text" value=""/>	21	21 (100%)	17.5	15.9	18 (86%)	6.3	3.3 (53%)	2.9 (47%)	10.2	9.5	17 (94%)	0 (0%)	7 (33%)	1 (5%)	19 (90%)	1	13 (62%) (n=21)	11 (58%) (n=19)	6 (67%) (n=9)	5 (56%) (n=9)
<input type="text" value=""/>	58	58 (100%)	16.1	14.5	53 (91%)	7.5	4.7 (63%)	2.8 (37%)	10.2	8.9	50 (94%)	0 (0%)	7 (12%)	3 (5%)	49 (84%)	2	32 (56%) (n=57)	22 (47%) (n=47)	20 (67%) (n=30)	16 (53%) (n=30)
All	79	79 (100%)	16.5	14.9	71 (90%)	7.2	4.4 (61%)	2.8 (39%)	10.2	9.1	67 (94%)	0 (0%)	14 (18%)	4 (5%)	68 (86%)	3	45 (58%) (n=78)	33 (50%) (n=66)	26 (67%) (n=39)	21 (54%) (n=39)

Population(s) included : SIF Non-SIF

CMTS Patient Treatment History

Patient Caseload Tools Hello, Tess (tgrovercm) Help Logout

TREATMENT HISTORY

Test, Case | Status: RPP
 Patient ID: 0000084 | MRN: 58599900
 Age: 37 | DOB: 6/16/1978 | Female

Diagnoses

Depression

Contacts

DATE OF CONTACT	CONTACT TYPE	PROVIDER	WEEKS IN TX	VISIT TYPE	PHQ-9	GAD-7	CURRENT MEDICATIONS
11/9/2014	Initial Visit	Tess Grover	0	Clinic	11	3	
1/11/2015	Follow Up	Tess Grover	9	Phone	5		
3/10/2015	Relapse Prevention Plan	Tess Grover	17	Clinic			
5/13/2015	Psychiatric Consultation Note	Tess Grover	26				

Patient Progress

Weeks in Treatment	Depression Scale: PHQ-9	Anxiety Scale: GAD-7
0	11	3
9	5	3

Summary: Comparing Registry Tools

Functionality	Care Management Tracking System	Patient Tracking Spreadsheet	Customized EMR Registry
Legal medical record			✓
Used for billing			✓
Tracks progress at individual patient level	✓	✓	✓
Tracks population-based care	✓	✓	Varies
Tracks progress at caseload level	✓	✓	Varies
Facilitates psychiatric consultation and systematic case review	✓		Varies
Prompts treat to target strategies	✓	✓	Varies
Provides decision support	✓		Varies
Cues Care Manager outreach	✓	✓	Varies
Aggregates data across multi-Institutional projects	✓		



New HEDIS Depression Metrics



New HEDIS Depression Metrics

- **Adapted from Existing NQF measures**
- **Voluntary phase-in beginning in 2016**
- **Measures field-tested through EHRs, claims, medical records, other electronic clinical data systems (ECDS)**
- **Learning collaborative underway for health plans to refine data collection and reporting guidelines**



HEDIS Depression Metrics Learning Collaborative Underway Now

- **AmeriHealth Caritas District of Columbia**
- **Avera Health Plans**
- **CalOptima**
- **CareMore**
- **CareSource**
- **FirstCare Health Plans**
- **Geisinger Health Plans**
- **Kaiser Permanente Northern California**
- **Medica**
- **Presbyterian Health Plan**
- **PrimeWest Health**
- **Rocky Mountain Health Plans**
- **Triple S Advantage (Blue Cross Blue Shield of Puerto Rico)**
- **Virginia Premier Health Plan, Inc.**



HEDIS Depression Metrics

First Measure Starting in 2017:

- Utilization of the PHQ-9 or PHQ-A to Monitor Patient Following Depression Diagnosis
- Use at least once in 4-month period
- Ages 12+ years



HEDIS Depression Metrics

Two measures starting in subsequent years:

Depression Remission or Response

- Measured by PHQ9 or PHQA (12+ years)
- Remission within 5 – 7 months of first elevated PHQ9

Depression Screening and Follow-up

- Based on NQF# 0418



Impact of New Depression Metrics

- **Already driving wider adoption of measurement-based care**

NYS Medicaid considering measure #1 for contracts

- **Already used in ACO and value-based purchasing**

Boeing ACO puts providers at risk for both depression screening and response

Taking Effective Models to Scale





Thank you!
Questions and Discussion
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