

# Rhode Island Care Transformation Collaborative Behavioral Health Registries and Metrics March 29, 2016

Anne Shields, RN, MHA, Associate Director University of Washington AIMS Center Advancing Integrated Mental Health Solutions



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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.

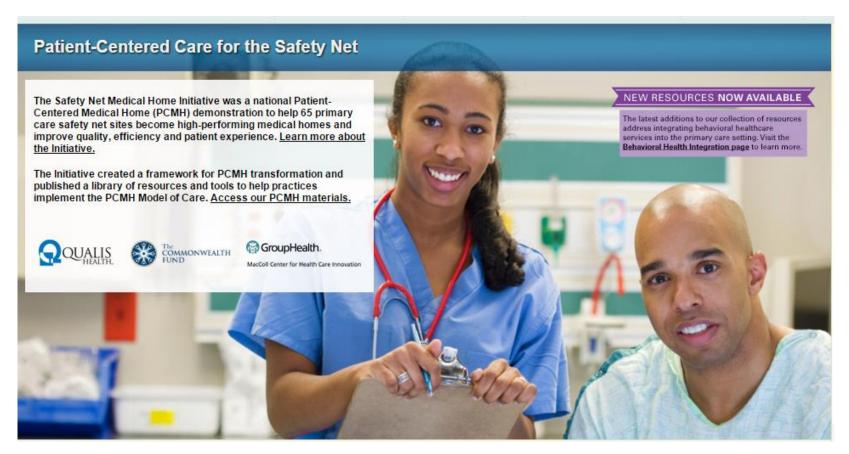
## AIMS CENTER

Advancing Integrated Mental Health Solutions



#### **Recent AIMS Center collaboration:**

#### **Behavioral Health Implementation Guide**



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			Treat	ment	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 tx 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		Psychiatric Consultant Notes (Enter date of note in left column; enter summary or location of note in right column)	
1234	Joe Smith	Active	State or and		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		2000		1	1	12/14/15	12/14/15		13	-7%	8	-20%					1/25/16	in EHR
1234	Joe Smith	Rection	2000000		1	2	12/28/15	12/28/15		15	7%	8	-20%					2/26/16	in EHR
1234	Joe Smith	e de la companya de	0.000		1	3	1/11/16	1/15/16		12	-14%	6	-40%						
1234	Joe Smith	900000			1	4	1/29/16	1/30/16		11	-21%	7	-30%						
1234	Joe Smith		2000		1	5	2/13/16	2/13/16		9	-36%	7	-30%						
1234	Joe Smith	Region	Albanian orași Albania		1	6	2/27/16	2/28/16		10	-29%	6	-40%						
1234	Joe Smith			Past Due		7	3/13/16					1250							
1234	Joe Smith			Contact due in 4 days		8	3/27/16			۰		528							
1234	Joe Smith	Sections				9	4/10/16					(*)							
1234	Joe Smith	Restor				10	4/24/16	82				•							
1234	Joe Smith		description of			11	5/8/16					(*)							
1234	Joe Smith		30 cm = 1			12	5/22/16					0.50							
1234	Joe Smith		2000 p2 1000 p			13	6/5/16					7.0							
1234	Joe Smith					14	6/19/16												
1234	Joe Smith					15	7/3/16					180							
1222	Bob Dolittle	Active	55.000 maga 1955001		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	Sec.			1	1	1/19/16	1/19/15	in-person	19		10						3/31/15	in EHR
1222	Bob Dolittle		90000		1	2	2/2/15	2/2/15	in-person	15		7						2/18/16	in EHR
1222	Bob Dolittle	00000	30000 ES		1	3	2/16/15	2/16/15	in-person	10		7							



#### AIMS Excel® Caseload Overview

				Treatment 9	tatus	Ī	PHQ-9				GAD-7							
			ndicates that the	most recent contact v	vas over 2 month		or 50% decrea	the last available P ase from initial score the last available P	e)		✓ Indicates that the last available GAD-7 score is at target (less than 10 or 50% decrease from initial score)     ✓ Indicates that the last available GAD-7 score is more than 30 days old					Psychiatric Consultation		
View	Treatment	Name	Date of Initial	Date of Most	Number of	Weeks in	Initial PHQ-9	Last Available	% Change in	Date of Last	Initial GAD-7	Last Available	% Change in	Date of Last	Flag	<b>Most Recent</b>		
Record	Status	- 0.077	Assessment	Recent Contact	Follow-up	Treatment	Score	PHQ-9 Score	PHQ-9 Score	PHQ-9 Score	Score	GAD-7 Score	<b>GAD-7 Score</b>	<b>GAD-7 Score</b>		<b>Psychiatric</b>		
~	T,	•	~	~	Contacts -	<b>v</b>	-	4	~	·	-	-			_	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		
<u>View</u>	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			
<u>View</u>	Active	Joe Smith	11/30/2015	2/28/2016	6	14	14	10	-29%	2/28/2016	10	<b>√</b> 6	-40%	2/28/2016	Flag for discussion	2/26/2016		
<u>View</u>	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		
<u>View</u>	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	<b>√</b> 2	<b>₹</b> -90%	3/6/2016	14	<b>√</b> 3	<b>√</b> -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
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#### **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

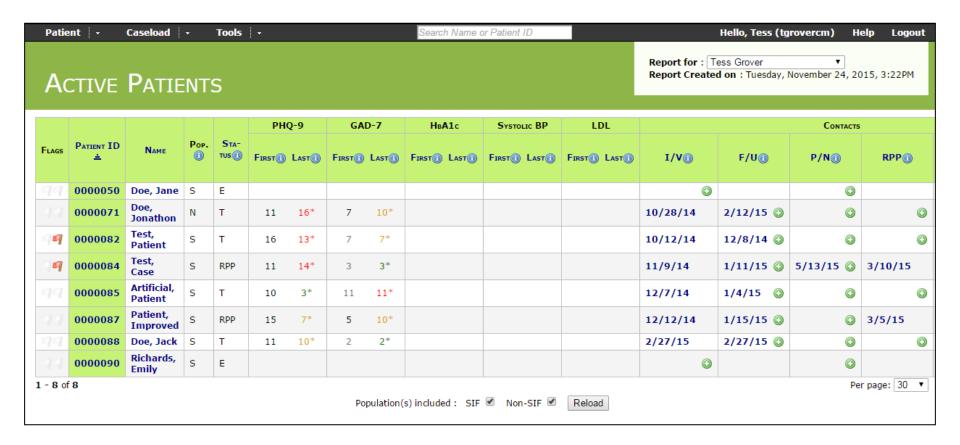
**Quality initiatives** 

Hartford Foundation, Archstone Foundation

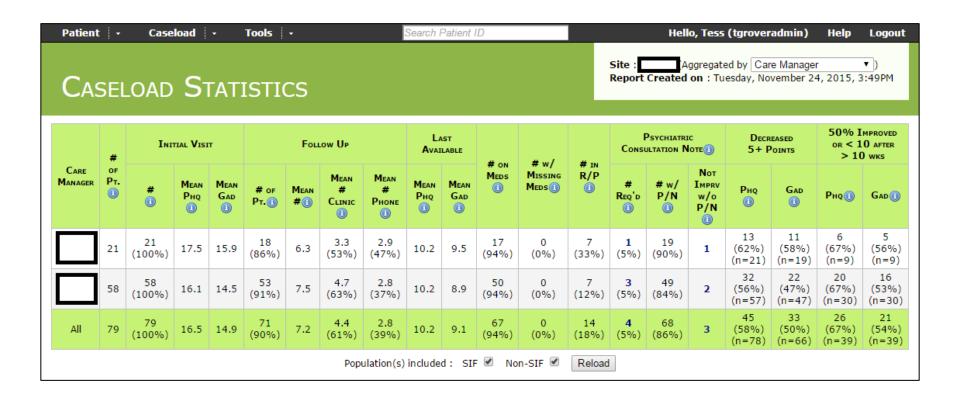




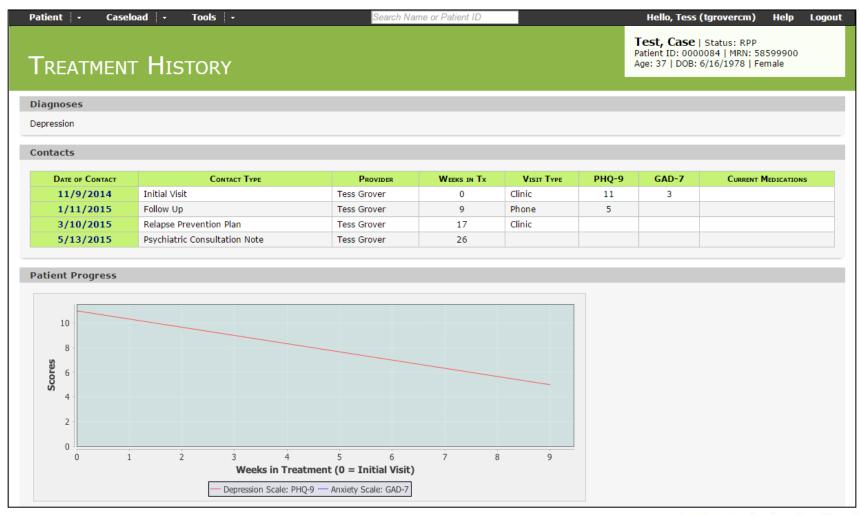
#### **CMTS Caseload List**



#### **CMTS Caseload Statistics**



### **CMTS Patient Treatment History**





#### **Summary: Comparing Registry Tools**

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

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### **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

ashields@uw.edu