Tuesday, September 12, 2023

CalHIVE BHI Improvement Collaborative

2023 Annual Convening:

Connect, Create & Commit

California Quality Collaborative


WELCOME

Hello, CalHIVE BHI Teams!

CHINESE HOSPITAL & CLINICS

POMONA VALLEY HOSPITAL MEDICAL CENTER

Riverside Family Physicians

San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

FAMILY CARE SPECIALISTS MEDICAL GROUP, INC
a subsidiary of Altais Clinical Services

Scripps

perlmanclinic++

SHARP

Diving in today

Take care of yourself

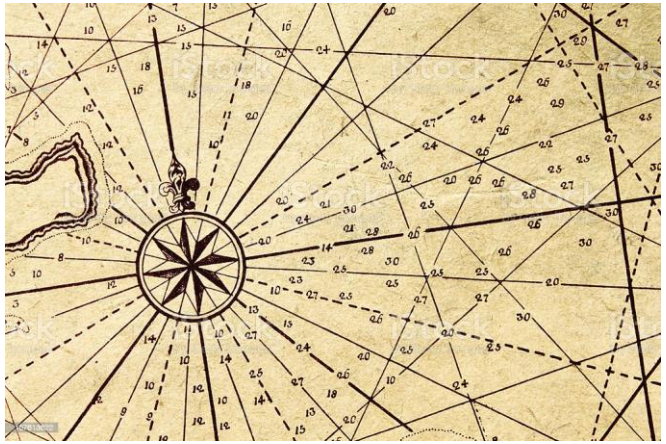
All voices heard

When you're here, be here

Connect with team and cohort

Have fun

Our map (Learning Objectives)



By the end of today, we hope you will have…

- Deepened relationships as a team and with the cohort
- Composed and shared your team's project vision statement
- Advanced your organization's BHI Implementation Plan
- Identified lessons to apply to your own integration work from organizations experienced in BHI
- Examined the role of the PHQ-9 within the CalHIVE BHI measures

Housekeeping

- Materials to support learning
  - Workbook
  - Event Evaluation
  - Materials posted on CalHIVE BHI website
- Logistics
  - Restrooms
  - Meals
  - Parking
  - Photos

Team Introduction

Peter Robertson
Senior Director, Practice Transformation
Advisor

Kristina Mody
Associate Director, Practice Transformation
CalHIVE BHI Director/ Improvement Advisor

Felicia Skaggs
Senior Manager, Behavioral Health Integration
Improvement Advisor

Julie Geiler
CFHA Technical Assistance Associate & Policy Coordinator
Clinical Advisor

Daniela Vela Hernandez
CFHA Technical Assistance Associate
Improvement Advisor

Jose Ordonez
Manager, Data Analytics
Data Lead

Anna Baer
Program Coordinator, Care Transformation
Event Manager

California Quality Collaborative

CFHA COLLABORATIVE FAMILY HEALTHCARE ASSOCIATION

Erika Lind
Manager, Care Transformation Events and Learning

Crystal Eubanks
Vice President, Care Transformation

Melissa Preciado
Associate Director, Equity and Transformation

Kerry Donohue
Senior Manager, Equity and Transformation

Anna Elgart
Communications Manager

Purchaser Business Group on Health

Developing Your Integrated Team and Your Vision

Keeping True North

Why set a vision statement at the beginning of a project?

In your project team:

- Creates a sense of purpose and commitment for project work
- Answers “why” you are doing this work
- Brings together team members with diverse roles and goals

Outside your project team:

- Aligns project goals with organization-wide goals
- Supports communication with outside stakeholders
- Increases engagement and support

Defining the status quo

- Work in a group of 2 or 3 at your team table

- Describe the **current care experience in primary care** for the following patient scenario:
  - A female patient comes in for her primary care visit. She is in her mid-40s, with two children, and is her family's primary breadwinner who recently lost her job. She was diagnosed with depression two years ago and was prescribed antidepressants but is now overwhelmed and struggling.

- We invite a few groups to share out in the large group

What stands out?

- On your own, review the vision statements in your workbook and underline which elements make them impactful

- As a group, let's identify elements of an impactful vision statement
  - What stands out for you in each vision statement?
  - Which words are grabbing your attention?

Impactful Vision Statements

- Concise and clear
- Future focused
- Challenging and ambitious
- Inspiring, with strong visuals
- Specific to your organization
- Co-designed

Creating (& Crafting) Your Vision

- In your teams, spend some time crafting your vision statement for BHI at your organization
- Once complete, write your vision statement, and decorate it on your team's poster board

A spokesperson from each team will share their vision statement and how they plan to use it

You'll be asked to vote for the Most Creative entry – announced at the end of the day!

Writing your vision statement

Remember:

- It is a not a mission statement.
  - A mission statement focuses on what your organization is doing and how they are doing it
- Focus on the 'why'
  - If a new team member joined your team, could you tell them why they are here?

Ask yourselves:

- How does our vision statement improve the current patient experience you shared before?
- Does our vision statement align with our organization's vision statement?

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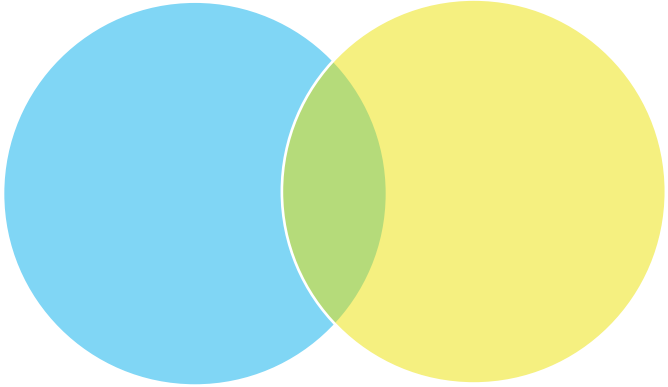
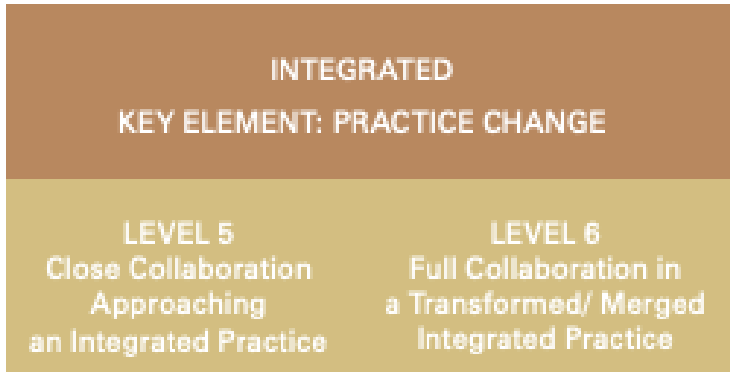
BHI: What We Wished We Knew

Behavioral Health Integration: Two Models





Both models offer:

- Interdisciplinary ***team-based care***
- ***Stigma reduction*** in community settings
- Reimbursement codes ***supporting financial sustainability***
- Proven ***long-term cost-savings***
- ***Evidence-based measures*** for treatment planning
- Demonstrated ***very high provider satisfaction***
- Real-time ***availability of behavioral health providers***
- ***Brief interventions for low- to moderate-acuity presentations:*** Both models employ brief interventions to address low- to moderate-acuity cases, preventing unnecessary referrals to overloaded community pathways

PCBH

Sarah McVay, PsyD

Regional Manager of Integrated Behavioral Health
Providence Medical Group

Today's Learning Objectives:

- Understand operational factors that must be considered when implementing PCBH model
- Discuss factors that foster success for the PCBH clinician
- Identify common pitfalls in implementing PCBH and workarounds for bolstering a successful model using lessons learned

How it started

- Providence NorCal picked PCBH and received grant funding for two years.
- Unclear why PCBH was chosen, but probably based on existing successful program at Providence in Oregon.
- PCBH is population based and eliminates barriers to receiving BH care.
- 3 psychologists, 1 psychologist manager/clinician, 1 psychiatrist for the entire region.

hire the manager first

Early steps for operations

- Make friends with the office managers and supervisors.
- Get to know the most common payers, get credentialed with them.
- Work with revenue cycle to understand where charges go.
- Find your stakeholders and supporters: physician leadership, site-specific providers, executives.
- Connect with informatics about how you can pull reports and screening data.
- Develop workflows and share these workflows in every way possible.

Early steps for the clinician

- Know local resources, have a list of reliable referral resources broken down by insurance.
- **Own the process, not the problem.**
- Be flexible, be present, say yes to everything.
- Create a channel of communication with other people doing this work (a Teams channel, monthly meeting).
- Your BHP does not need to be an extrovert, but they do need to be comfortable with being present, available, and flexible.
- 8 billable visits a day is goal.

Expectation Management

- This type of work takes time and flexibility. A stable program takes over a year to develop (some people say closer to 18 months)
- Not everyone will be on board right away. The slow adopters will need to gain your trust.
- PCBH will solve many problems in the primary care model, but won't be a "cure all."
- Behavioral Health won't make money, strive to be financially neutral.

Lessons learned summary

- Know the payer mix and get credentialed with carve out plans.
- Understand how the money works in EHR.
- Find key stakeholders and on-site champions.
- Get MA support for calls, billing questions, registration.
- Train your BHP well, give them plenty of support.
- Find contacts at the health plans, as there WILL be problems.
- Create a PCBH “brand” for your organization. I wish I had done this earlier.
- Ask questions, get to ALL the meetings, know who you work with so troubleshooting is easier.

Next steps

- After three years, we are finally financially sustainable.
- Expansion to pediatrics, smaller primary care clinics, specialty clinics.
- Use of virtual BH to provide PCBH to rural clinics.
- Pursue grant funding to help prop up program development.

CoCM

Julian Mitton, MD, MPH

Clinical Leader

Today's Learning Objectives:

- Analyze the key decision factors and motivations contributing to the launch of a collaborative care model in integrated behavioral health in Central California
- Discuss key lessons learned and opportunities for improvement in launching an integrated behavioral health program at a network of primary care clinics
- Critique key outcome measures to capture equity, health outcomes and financial sustainability of a collaborative care model

Why BHI

- Local request from PCPs
- Mental health crisis compounded by the pandemic
- “Nothing fancy, no new app or login please”
- Evidence-based solution
- Ease of scale/expansion
- Staffing challenges in behavioral health
- Health equity goals

How We Did It

- Due diligence process in identifying resources (“build vs. buy”)
- Grant funds for implementation/start-up
- Selected a small pilot, 6 month window
- Early administrative and clinical engagement
- Rigorous evaluation plan and deliverables/milestones
- Oversight/leadership council

Early Results & Experience

- Some Successes: Good patient engagement, excellent patient & provider satisfaction, clinical outcomes at/above national benchmark, diverse patient engagement
- Some Challenges: Early payer resistance, EHR transition, billing confusions, provider expectations and aligning with CoCM evidence/model
- Successful pilot → move to measured expansion within CA and other ("favorable") states
- Expansion toolkit, transitioning from resource intensive pilot team to technical assistance

Lessons Learned

1. Early clinical, operations and regulatory buy-in and engagement
2. Aligning CoCM/BHI provider expectations with model/evidence
3. Think early about sustainability (volume, scale & expansion, financial goals/expectations)
4. Rigorous evaluation & reporting plan
5. Expanding access & volume through registry/population health approach/BPAs

Thank you for your time!

Feel free to reach out!

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Q&A

Sarah McVay, PsyD

Regional Manager of Integrated Behavioral Health
Providence Medical Group

Julian Mitton, MD, MPH

Clinical Leader

Purchaser Business Group on Health

Break

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Selecting Your Integration Model

Learning from Past Journeys

- Think of a previous project that did not go as planned
- Get in a group of 3, with people you don’t know
- Share an experience of a project not going as expected (10 min)

Current Trends

Population Targeted

- Need to support geriatric population and cultural and linguistic needs
- 2 organizations focusing on patients with 2 or more chronic conditions, plus depression/ anxiety

Provider Needs

- Access to BH for patients in real-time
- Understanding how to integrate BHI into workflow
- Difficulty with coordination of care and referrals

Stakeholder Engagement

- Senior Leadership Teams
- Clinic Physicians
- Director of Population Health
- IT/ Data Teams

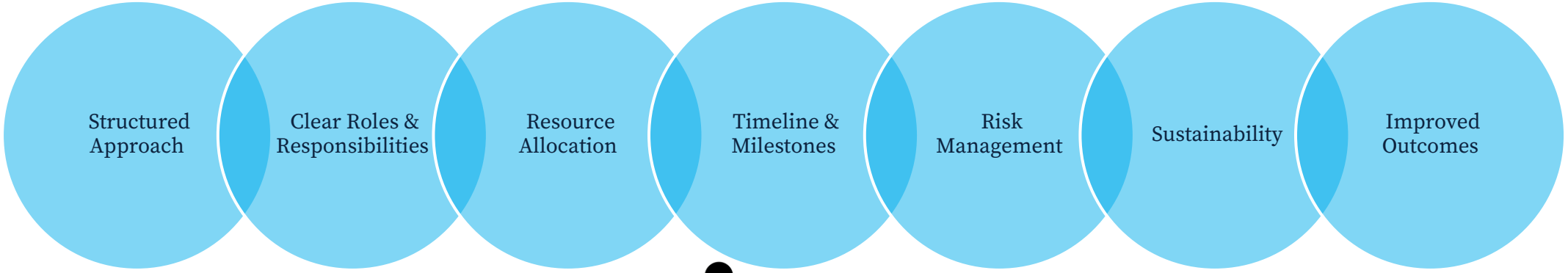
Pilot Sites

- 7 of 9 organizations have pilot sites identified

Planning the Journey

Choosing your BHI model is just the **first step** of this journey

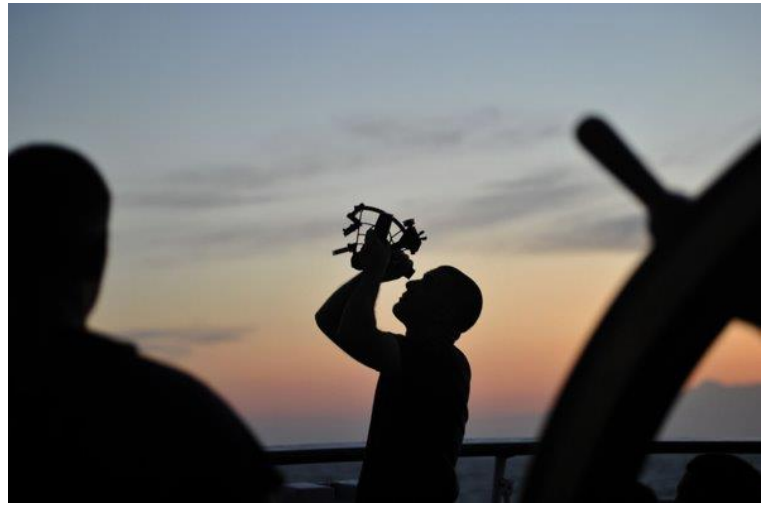
- Implementation Plan will be our guide to plan next steps toward integration
- Ensures a systematic and organized approach to integrating behavioral health services into broader health care delivery system
- Results in better patient care, improved outcomes, and efficient resource utilization



Planning the Journey

Behavioral Health Integration Model Implementation Plan is crucial for several reasons:

- One place to plan next steps
- Track lessons learned
- Document strengths & successes
- Implementation Plan becomes **playbook** for future spread



Finding the Right Crew

The right crew brings:

- Together a diverse range of expertise
- Promotes interdisciplinary collaboration
- Ensures effective change management and cultural sensitivity

This combination of **skills** and **perspectives** increases the likelihood of creating a successful program

Preparing for the Journey

Team Time!

- With your teams, review what you have completed so far (Questions #1-4)
- Focus on answering Questions #5-12 *(page 10 in the workbook)*
- 25 minutes of work time
- CQC team will be available for questions and feedback
- We will reconvene and share with the larger group
- Reminder: Complete Section 1 (with Action Plan) – due by **Fri. 9/29** to your Improvement Advisor

Embarking on Your Journey

Congratulations!

You have taken the first steps toward selecting your model and developing your Implementation Plan

Wrapping Up:

1. What went well with this process?
2. Select someone from your team to write your organization name on a post-it
3. Place the post-it in the appropriate column on the poster board

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Lunch

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Networking

CalHIVE BHI Onboarding

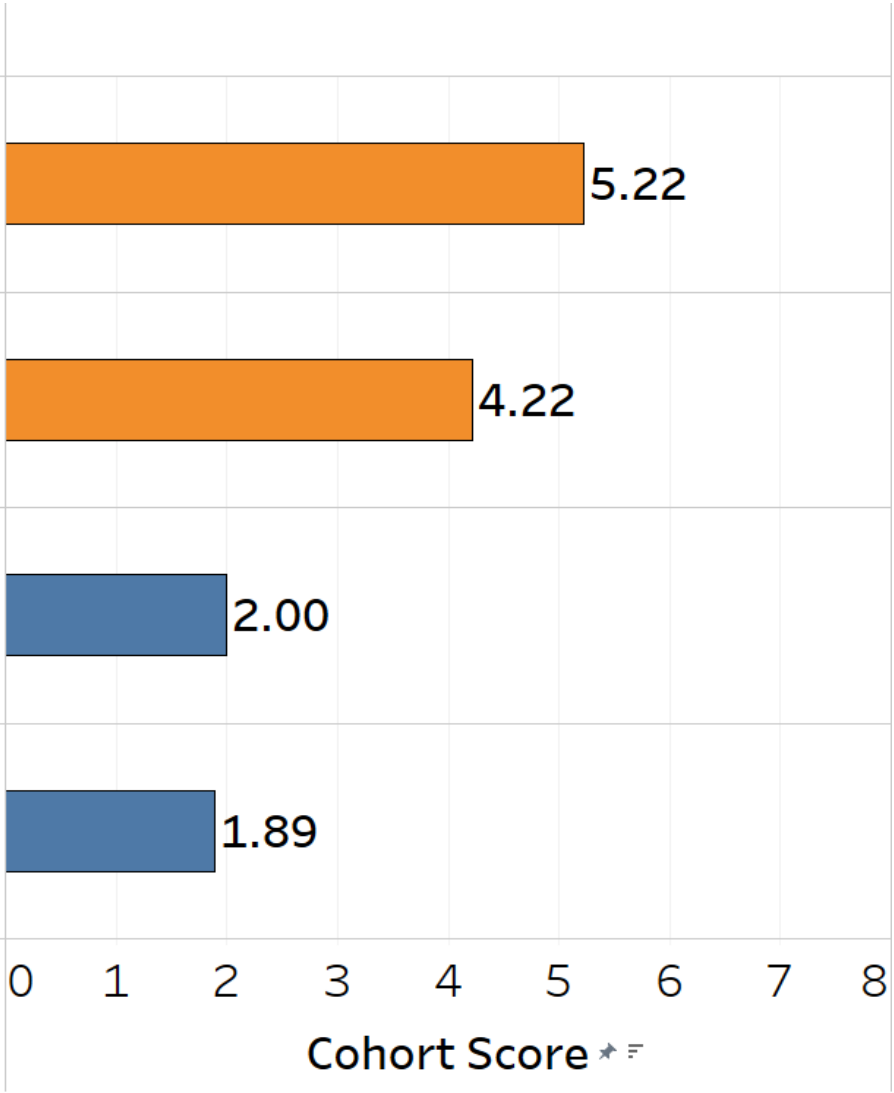
Onboarding Objectives:

- Identify organization's current state, strengths, opportunities
- Help CQC tailor support for each organization as well as cohort

1. Implementation Milestone Assessment Tool (IMAT) – assessment tool designed to:
   - Measure change and opportunities within the provider organization around BHI
   - Synthesize impact of CalHIVE BHI
   - Be reference tool for provider organization to use at practice/clinic level
2. Needs Discussion
   - Conducted during onboarding phase of CalHIVE BHI; includes first IMAT
3. Data Onboarding Questionnaire
   - Capture data reporting capabilities and systems

IMAT Averages

Domain	Subdomain	Description
4 - Health IT	4.2	Privacy and security documentation
5 - Clinical Care Model	5.2	Build capacity for an integrated team
2 - Patient Family Engagement	2.2	Developed educational materials for patients and support systems
8 - Sustainability	8.1	Developed a business case for integrated care



Needs Discussion Themes

Strengths
Privacy and security in EHRs
BHI capacity and workflows
Access in EHR for BHI
Clinical care model
Shared vision in the organization

Opportunities
Patient/family engagement
Workforce
Integration Implementation Plan
Financing/Sustainability
Health Equity

Connecting with your colleagues

- Two sessions of 20 minute peer sharing
- Five topics, with question prompts on poster

When you've gathered

- Make introductions
- Discuss lessons and questions with groups
- Switch when prompted
- Repeat

Round 1 Table Topics

Table 1

Re-configuring the Primary Care Team with BH

Table 2

Improving Outreach To Your Assigned Patients

Table 3

Providing Culturally Competent BHI Care

Table 4

Securing Buy-In & Leadership Support for BHI

Table 5

Optimizing Your EHR - Clinical Workflows

Round 1 Topics

Round 2 Table Topics

Table 1
Financing BHI

Table 2
Improving BH Screening

Table 3
Moving from Co-location to Integration

Table 4
Strengthening External Partnerships

Table 5
Optimizing Your EHR - Data & Reporting Workflows

Round 2 Topics

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Screening and Monitoring Depression Over Time with the PHQ-9

Share one of your Goals!

Partner with someone from your table and share the following:

1. A goal that you are currently working on (personal or professional) **AND**
2. How are you monitoring the progress of your goal?

NOTE: Each partner will have a 1.5 minutes to share. Total of **3 minutes** for sharing.

What is the Patient Health Questionnaire-9 (PHQ-9)?

- Evidence-based tool that screens for behavioral health disorders
- Contains nine items directly based on the nine diagnostic criteria for major depressive disorder in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV)
- Functions as a screening tool, an aid in diagnosis, and a symptom tracking tool
- Validated mostly in primary care settings but also used successfully in Behavioral Health centers

Resource: PHQ-9 Depression Scale – AIMS Center: https://aims.uw.edu/resource-library/phq-9-depression-scale

How is the PHQ-9 Relevant to the CalHIVE BHI Program?

- Utilizing the PHQ-9 allows us to track and evaluate depression screening and follow-up documentation processes and improve health outcomes for patients experiencing depression
- CalHIVE BHI collects measure performance data across two depression measures:
  - Depression Screening and Follow Up for Adolescents and Adults (DSF)
  - Depression Remission or Response for Adolescents and Adults (DRR)

Benefits of Using the PHQ-9

- Shorter than other depression rating scales
- Can be administered in person by a clinician or other care team member by telephone, or self-administered by the patient
- Facilitates diagnosis of major depression
- Provides assessment of symptom severity
- Well-validated and documented in variety of populations
- Can be used in adolescents as young as 12 years of age
- No permission is required to reproduce, translate, display or distribute the PHQ-9

Let's Take a look at the PHQ-9 –What do You see?

Please use the hard copy in your folders.

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

ID #: _____ **DATE:** _____

Over the last *2 weeks*, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
			add columns	+ +
			(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).	TOTAL:

10. If you checked off *any problems*, how *difficult* have these problems made it for you to do your work, take care of things at home, or get along with other people?	Not difficult at all _____ Somewhat difficult _____ Very difficult _____ Extremely difficult _____

Interpret a PHQ-9 Score – Diagnosis of Depression Disorder

- Certain PHQ-9 scores are strongly correlated with a subsequent major depression disorder diagnosis
- However, not everyone with an elevated PHQ-9 score is certain to have a depression disorder
- After a patient has completed a PHQ-9 consider a depression disorder if one of the following applies:
  - Major Depressive Disorder – if there are at least 5 **√s** in the shaded section (one of which corresponds to question 1 or 2).
  - Other Depressive Disorder – if there are 2-4 **√s** in the shaded section (one of which corresponds to question 1 or 2)

Interpret a PHQ-9 Score – Depression Severity

Monitor depression severity over time for newly diagnosed patients or patients in current treatment for depression:

1. Have patients complete the PHQ-9 at baseline and at regular intervals
2. Convert every ✓ into a numeral score based on the column categories (Several days = 1, More than half the days = 2, and Nearly every day = 3)
3. Add up column scores to get a TOTAL score.
4. Refer to the PHQ-9 Scoring Box to interpret the TOTAL score.
5. Results may be included in patient files to assist you in setting up a treatment goal, determining degree of response, as well as guiding treatment intervention.

Total Score	Depression Severity
1-4	Minimal Depression
5-9	Mild Depression
10-14	Moderate Depression
15-19	Moderately Severe Depression
20-27	Severe Depression

Depression Screening and Follow Up for Adolescents and Adults (DSF)

- The PHQ-9 can be utilized to screen the measure's eligible population (denominator 1)
- A documented PHQ-9 score can determine if a patient screens positive (≥10) or negative (≤9) for depression (numerator 1).
- Patients with a positive finding for depression (denominator 2) must have a documented follow up on or after 30 days (numerator 2).
- If the PHQ-2 is used and a patient (denominator 1) screens positive for depression (numerator 1 and denominator 2), documentation of a negative finding from a PHQ-9 performed on the same day qualifies as evidence of follow-up (numerator 2).

Depression Remission or Response for Adolescents and Adults (DRR)

- The PHQ-9 must be used for the Depression Remission or Response measure.
- The initial population for this measure must have a diagnosis of major depression and an elevated PHQ-9 score >9 (partial criteria for denominator 1,2 and 3).
- DRR1: A Follow Up PHQ-9 must be completed within a period of 4-8 months after the initial elevated PHQ-9 score to monitor patients' depression symptoms (numerator 1).
- DRR3: If a patient experiences a response to treatment within the 4-8 months period, a follow up PHQ-9 score would demonstrate at least a 50% score reduction.
- DRR2: If a patient experiences remission within the 4-8 months period, a follow up PHQ-9 a score <5 from the initial elevated score which would also demonstrate a response.

Activity: Instructions

1. Join the game by using your phone or laptop and type the following in your browser: PollEv.com/pbgh
2. Enter your first name and the Initial of your last name (e.g., Jose O.)
3. Questions will be read out before multiple choice answers are revealed
4. You will have 30 seconds to submit an answer

Winner!

Share with us!

- What was 1 thing that you learned about the PHQ-9 relevant to your role/position?

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Break

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Engaging the Pilot Site

Share with someone not at your table

Get up, visit a neighbor

Share the benefits of doing a pilot (3 min)

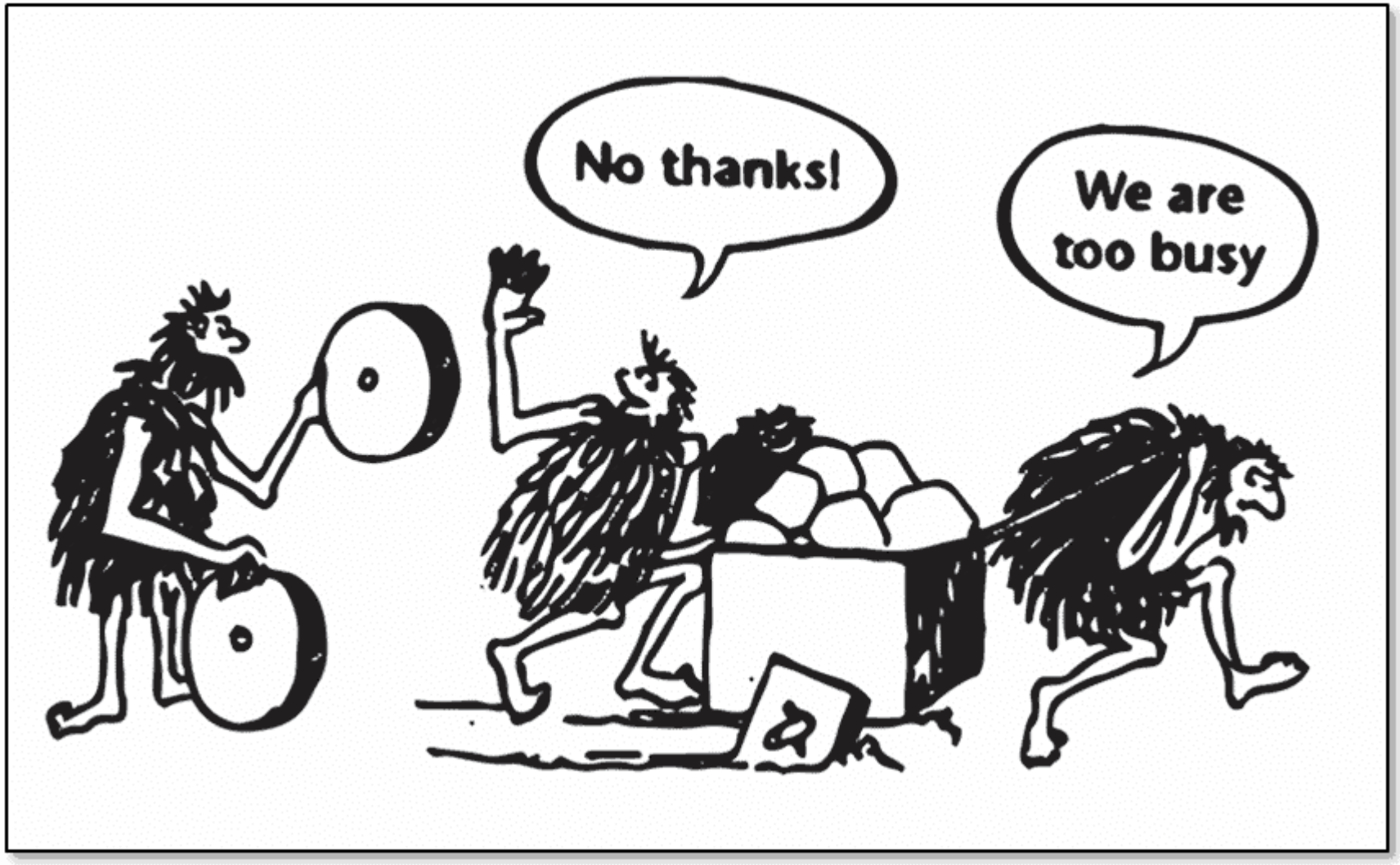
Benefits of a Pilot Site

- Figure things out on smaller scale
- Test, perfect, document
- Build local champions
- Allows you to create a project that can then be replicated across the organization

Change Readiness: A Two-Part Equation

Organizational Readiness + Clinic/Practice Readiness = Change Readiness

Are you prepared for this . . .



Or this . . .

CHANGE FATIGUE

#RSD2_AHO @JOSINAVINK @MANUELAAGUIRREU

How do we prepare for the changing tides?

Ready

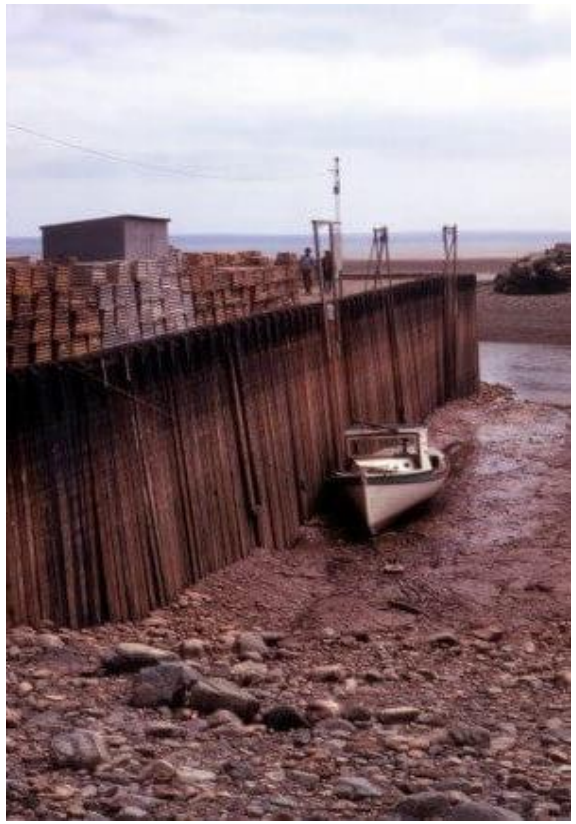
- Know what is expected

Willing

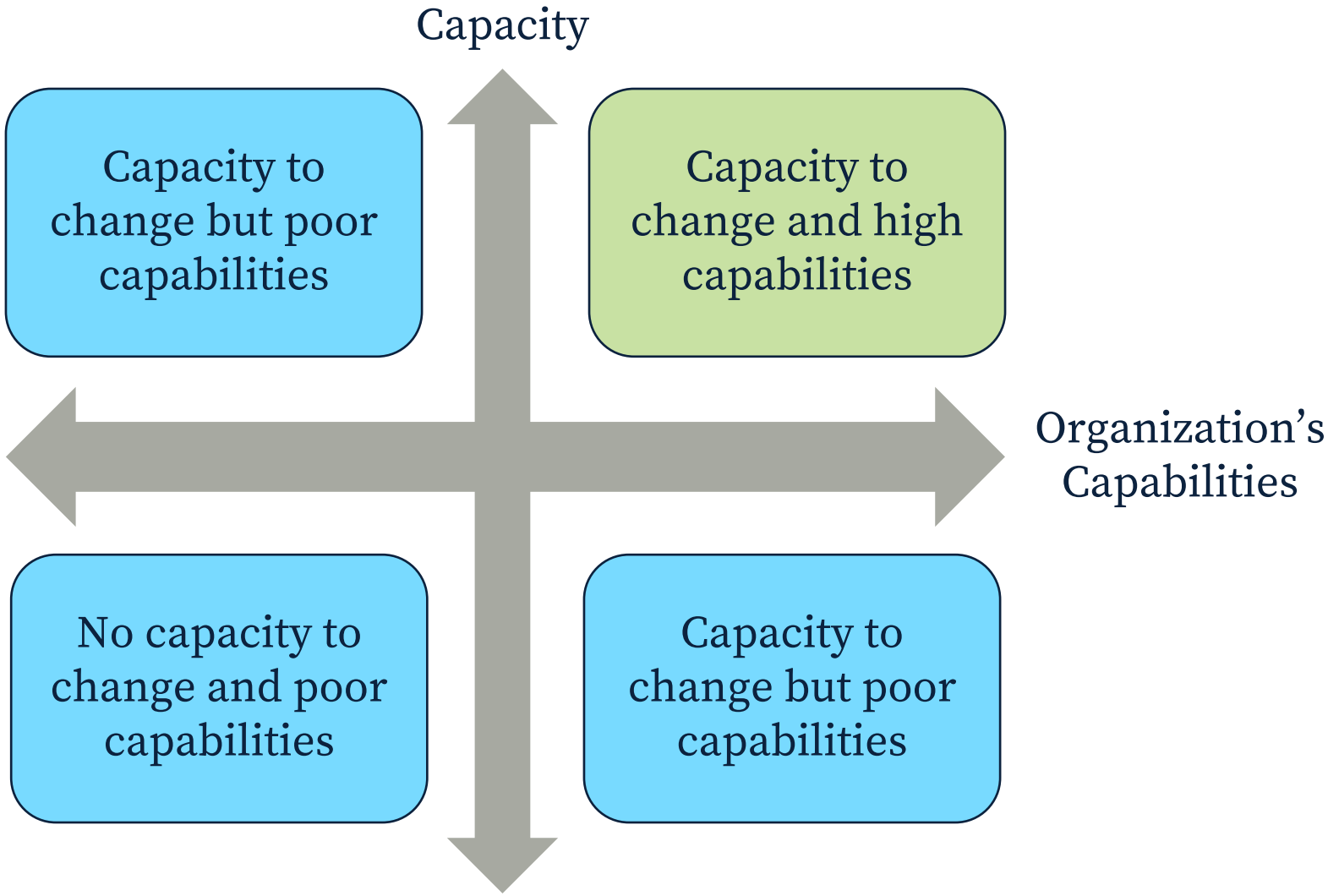
- Have a desire for the new process

Able

- Equipped with tools and skills



How will we manage change?



Adapted from: https://www.ahrq.gov/sites/default/files/wysiwyg/ncepcr/tools/PCMH/qi-strategies-practices.pdf

Do Your Homework: Learn About and Understand the Pilot Site

Capacity

- **Definition**: willingness to take on change
- Implementation Plan

Clinical Performance

- **Definition**: processes and outcomes of patient care
- Internally tracked
- Externally reported scorecards

Capability

- **Definition**: skills, knowledge, resources, stability
- Assessment (e.g., internal; health plan)
  - Implementation Milestone Assessment Tool
  - Others (10 Building Blocks, PCMH)

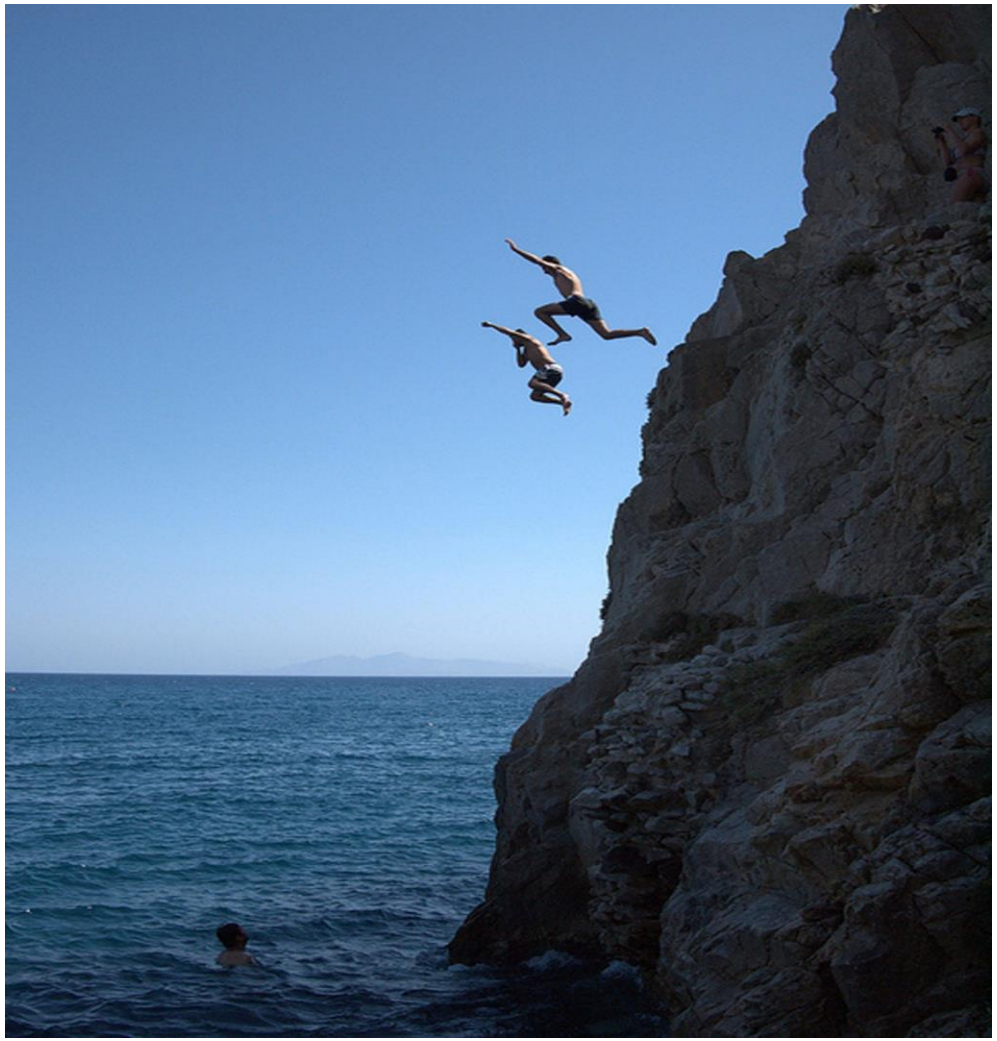
BHI - Pilot Site Success Factors

- Define a clear vision- the why behind the change
- Clinician buy-in / champion
- Stable pilot site
- Successful experience with previous pilots/projects

What Do We Know? What Don't We Know?

Question	What we know about the pilot site:	Still need to know about the pilot site or changes needed:
BHI Vision		
Pilot Site Staffing		
Pilot Site Background		
Patients		
Place & Space		
Collaboration		
Pilot Site Clinical Workflow		

Jump In



What do we need to do first to engage our pilot site?

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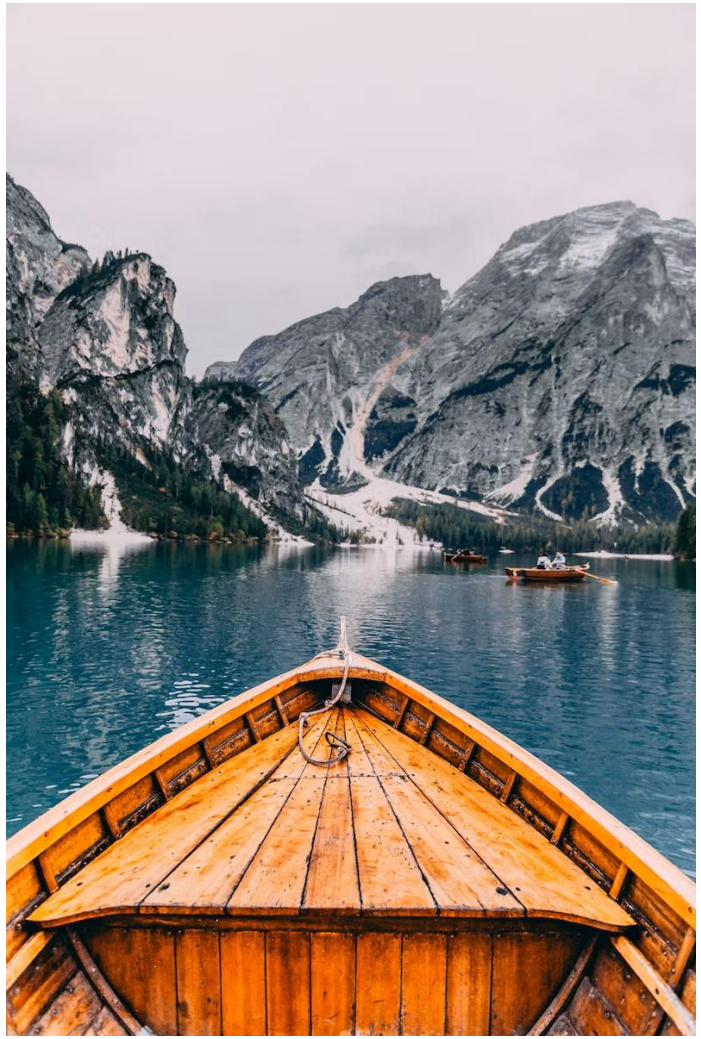
Closing

And the Winner Is.....

In Closing



Complete a post-it with your experience of the day, in one word

Share your feedback in event evaluations

Materials to be posted on CalHIVE BHI Website


THANK YOU