Tuesday, March 12; 11:00 AM PT

Using Data to Support Clinical Workflows

CalHIVE BHI Commons
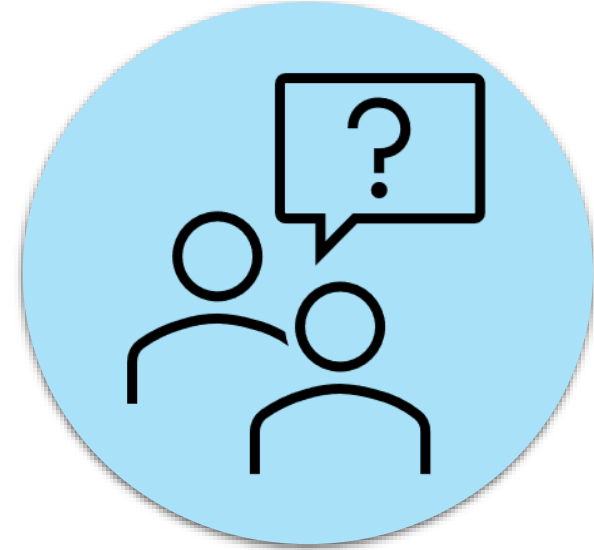
Tech Tips

Welcome!

Add your organization to your name

Turn on video if possible

Engaging Today

- Share questions in the chat or come off mute

- Participate in Zoom polls

Need help?

Direct message Anna Baer if you have any technical issues

Our Agenda

Today, we'll:

Highlight how to leverage technology to support BHI

Review recommendations and successful practices around BHI reporting

Using Data to Support Clinical Workflow

CalHIVE BHI Program
BluePath Health Webinar
March 12, 2024

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PBGH — Purchaser Business Group on Health

Meeting Outline

No.	Items		Time
1	Conceptual Framework		10 minutes
	a.	The Why: Discuss the Value of Data Collection as Quality Improvement	
	b.	The How: Facilitate Efficiency by Considering the People, the Processes, and the Technology	
	c.	Aligning Clinical & Data Elements	
2	Introduce the PHQ-9 Screening & F/U Implementation Checklist		10 minutes
3	Group Exercise: Practice Application		20 minutes
4	Discuss Challenges & Review Best Practices		10 minutes
5	Discussion/Q&A		10 minutes

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The Why: Value of Data Collection

Data collection is imperative for program success

Promote Quality Improvement

Analyzing collected data allow programs to **identify areas for enhancement** and i**mplement targeted quality improvement efforts**

Track Performance and Outcomes

Data allows programs to **monitor their performance** and **evaluate outcomes against predefined goals and objectives**

Communicate Success with Leaders/Funders/Regulators

Data serves as **evidence of a program's impact and effectiveness** which can **demonstrate the value** of the program

Contribute to Thought Leadership

Analysis and interpretation of data trends can help advance thought leadership by **sharing findings, best practices, and lessons learned**

Promote Equity

By **collecting and analyzing demographic and outcome data**, programs can **identify and address inequities**

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The How: Facilitating Efficiency

Efficiency in data collection can be facilitated by considering people, processes, and technology.

Try to let technology "do the heavy lifting"

People

Processes

Technology

Identify Technology Gaps
"Doing what you can do with what you have"

- Consider resources and people
- Work to improve processes
- Align reporting with quality improvement goals
- Build off of what you have

Clinical Workflow

Opportunities for Efficiency
Attempt to align clinical workflows with data elements/needs
Ex. best practice alerts

Data Workflow

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Depression Screening & Follow-up Measure

Description

The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.
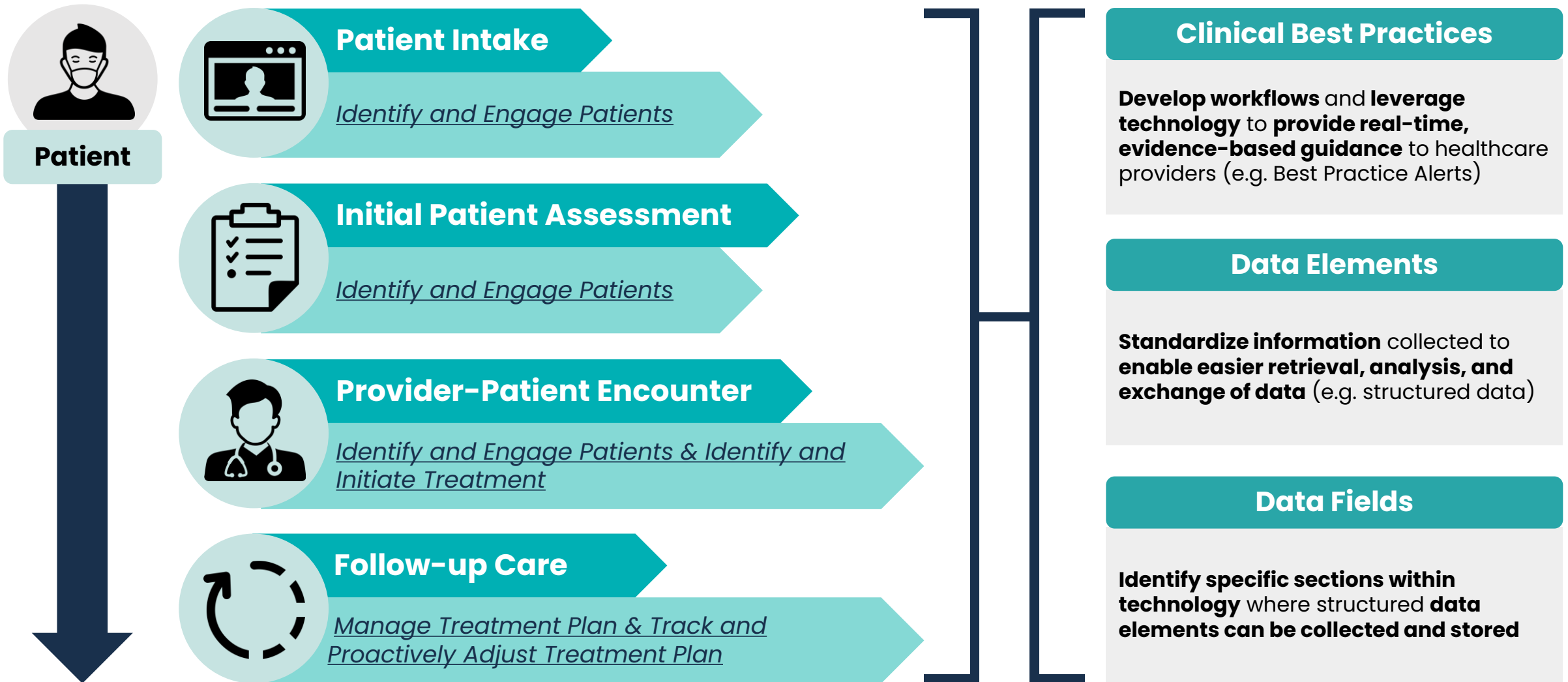
Depression Screening

The percentage of members who were screened for clinical depression using a standardized instrument.

Follow-up on Positive Screening

The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

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PHQ-9 Screening & F/U Implementation Checklist Overview

Patient

Patient Intake
Identify and Engage Patients

Initial Patient Assessment
Identify and Engage Patients

Provider-Patient Encounter
Identify and Engage Patients & Identify and Initiate Treatment

Follow-up Care
Manage Treatment Plan & Track and Proactively Adjust Treatment Plan

Clinical Best Practices
Develop workflows and **leverage technology** to **provide real-time, evidence-based guidance** to healthcare providers (e.g. Best Practice Alerts)

Data Elements
Standardize information collected to **enable easier retrieval, analysis, and exchange of data** (e.g. structured data)

Data Fields
Identify specific sections within technology where structured **data elements can be collected and stored**

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Patient Intake | *Identify and Engage Patients*

#	Clinical Best Practice	Data Elements	Data Fields
1	Patient is checked-in/registered Staff Role(s): front desk admin, could be automated/electronic	• Collect specific demographic data fields (race/ethnicity, sex/sexual orientation & gender identify (SOGI), etc.) • Ensure age capture • Confirm patient provider organization (PO) "enrollment" and attribution • Confirm and document payer/plan/product coverage • Additional organizational steps	Age or Date of Birth (DOB) Payer/health plan/product primary care provider (PCP)/provider attribution

What's being Solved?

Ensuring data accuracy and consistency at registration and enrollment, capturing demographic information

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Initial Patient Assessment | *Identify and Engage Patients*

#	Clinical Best Practices	Data Elements	Data Fields
2	**OPTIONAL:** Consider use of age and language appropriate depression screening tool [administered electronically or by a member of the care team] Consider Best Practice Alerts (BPAs) to care team for screening, annual or with associated signs/symptoms Staff Role(s): Medical Assistant (MA), could be automated/electronic	● If appropriate, include structured data field for initial screening assessment value ● Include associated administration date ● Additional organizational steps	Screening measure value Screening date

What's being Solved?

Considering assessments by team or technology and ensuring data accuracy and consistency

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Provider-Patient Encounter | *Identify and Engage Patients & Identify and Initiate Treatment*

#	Clinical Best Practices	Data Elements	Data Fields
3	Age and language appropriate depression standard assessment tool is administered to patient [administered by the provider or a member of the care team] Consider BPA to care team for screening, annual or with associated signs/symptoms Staff Role(s): MA, provider/clinician, could be automated/electronic	• Include structured data field overall standard assessment value/score • Include associated administration date • Include appropriate depression screening and/or standard assessment CPT code(s) • Additional Organizational Steps	Screening measure value Assessment Date CPT code(s)
4	If positive, follow-up care is discussed with the patient and a plan made for next steps Consider BPA to provider/clinician to discuss F/U plan, closed when completed/documented Staff Role(s): provider/clinician	• Include structured data field for documentation of a completed follow-up plan (this could be a binary Y/N or checkmark field or a more nuanced 'drop down' menu field with F/U plans) • Include appropriate depression and/or behavioral health diagnosis ICD code(s) • Include appropriate depression and/or behavioral health CPT code(s) • Additional Organizational Steps	F/U completion/plan (consider Y/N or dropdown menu) ICD code(s) CPT code(s)

What's being Solved?

Ensuring data accuracy and consistency in capturing scores, associating dates & service/claims, and documenting F/U

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Follow-Up Care | *Manage Treatment Plan & Track and Proactively Adjust Treatment Plan*

#	Clinical Best Practices	Data Elements	Data Fields
5	Depression follow-up care is completed within 31 days, and may include any of the following: (a) F/U visit with an associated behavioral health diagnosis (b) Depression case management visit with associated services (c) Behavioral health encounter (d) Dispensed antidepressant medication Consider BPA to provider/clinician for F/U care completion, closed when completed/documented Staff Role(s): MA, provider/clinician	• Include appropriate depression and/or behavioral health diagnosis ICD code(s) • Include appropriate depression and/or behavioral health CPT code(s) • Include associated date of service • Define/classify antidepressant medications (and others as clinically defined by organization/practice) • Additional Organizational Steps	F/U completion/plan ICD code(s) CPT code(s) Follow-Up Date Medications

What's being Solved?

Ensuring data accuracy and consistency in documenting F/U and associating dates & service/claims

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Group Exercise: Practice Application

#	Clinical Best Practice	Data Elements	Data Fields	Notes: Next Steps & Additional Context
5	Depression follow-up care is completed within 31 days, and may include any of the following: (a) F/U visit with an associated behavioral health diagnosis (b) Depression case management visit with associated services (c) Behavioral health encounter (d) Dispensed antidepressant medication Staff Role(s): MA, provider/clinician **TASK 4: Opportunity for BPA/Alerts/PHM:**	• Include appropriate depression and/or behavioral health diagnosis ICD code(s) • Include appropriate depression and/or behavioral health CPT code(s) • Include associated date of service • Define/classify antidepressant medications (and others as clinically defined by organization/practice) • Additional Organizational Steps	F/U completion/plan ICD code(s) CPT code(s) Follow-Up Date Medications	**TASK 1: Who is involved:** **TASK 3: Opportunities for efficiency:**

Task ➤ **Consider the 5 tasks below in group discussion and complete the highlighted sections above.**

People
1. **Identify key stakeholders: doers, operators, partners, leaders**

Processes
2. Review parallel workflows and discuss applicability to your PO
3. **Highlight opportunities for workflow efficiencies/improvements**

Technology
4. **Brainstorm how BPAs and a PHM approach can be used to facilitate completeness**
5. Consider how technology can be leveraged to support each step

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Group Exercise Instructions

Group Exercise: Practice Application of the PHQ-9 Screening & F/U Measure Checklist			
#	**Task**	**Individual/Group**	**Time**
1	Consider the checklist & complete the highlighted sections for your PO	Individual	2-3 minutes
2	Discuss the given Tasks as a group and share lessons learnt across PO sites	Group	15 minutes
3	Reflect on applicability/utility to your PO and report on any immediate next steps	Group	2-3 minutes
			20 minutes

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Group Exercise: Practice Application

#	Clinical Best Practice	Data Elements	Data Fields	Notes: Next Steps & Additional Context
5	Depression follow-up care is completed within 31 days, and may include any of the following: (a) F/U visit with an associated behavioral health diagnosis (b) Depression case management visit with associated services (c) Behavioral health encounter (d) Dispensed antidepressant medication Staff Role(s): MA, provider/clinician **TASK 4: Opportunity for BPA/Alerts/PHM:**	• Include appropriate depression and/or behavioral health diagnosis ICD code(s) • Include appropriate depression and/or behavioral health CPT code(s) • Include associated date of service • Define/classify antidepressant medications (and others as clinically defined by organization/practice) • Additional Organizational Steps	F/U completion/plan ICD code(s) CPT code(s) Follow-Up Date Medications	**TASK 1: Who is involved:** **TASK 3: Opportunities for efficiency:**

Task ▶ **Consider the 5 tasks below in group discussion and complete the highlighted sections above.**

People
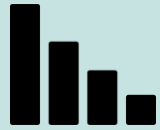1. **Identify key stakeholders: doers, operators, partners, leaders**

Processes
2. Review parallel workflows and discuss applicability to your PO
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Technology
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Discuss Challenges

Issues with Data Consistency/Integrity and Incomplete Data Capture

Incomplete data capture occurs due to a **lack of standardized clinical workflows** which can lead to **inconsistent and unreliable data**. Clinicians and staff may be capturing different data elements or capturing data in different ways.

Technology Limitations and Lack of Tools to Support Reporting Needs

Many EHR systems **lack templates/ways to capture necessary data elements in a structured format** without configuration or additional population health reporting tools which are costly and time-consuming to implement.

Poor Alignment with Systems/Reporting Tools and Clinical Workflows

Due to a lack of optimal EHR systems/reporting tools, POs may **develop alternative workarounds** to capture necessary data elements; however, these workarounds **may involve lots of manual effort** that are **inefficient** and **may lead to human error in data capture**.

Difficulties Engaging the Right Stakeholders to Support Implementation

Lack of engagement from clinical leadership can lead to **lack of resources and adequate support** to implement necessary changes for program success. Additionally, **difficulties engaging internal IT staff** can lead to **difficulties with EHR system configuration** to allow for optimal data capture.

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Review Best Practices

Utilizing Best Practice Alerts to Facilitate Screening and F/U

Using **clinical decision support (CDS) tools such as Best Practice Alerts (BPAs)** can help **support clinical decision-making, streamline workflows and support evidence-based care**. BPAs can help facilitate depression and substance use screenings and help inform recommendations for follow-up care.

Optimizing Documentation Through Structured Data

Ensuring **necessary data elements are available in health IT technologies in a standardized format** can help **optimize documentation by ensuring consistency**. It will also help **streamline data entry workflows** and **assist with quality improvement and public health reporting**.

Considering Data Sharing to Support Data Access and Evidence-Based Care

Data sharing could potentially help support programs by **allowing a wider view to a patient's care journey** (e.g. if a patient has received behavioral health care in another hospital) **and assisting with aggregate reporting**. It is important to ensure systems comply with state and federal privacy regulations (HIPAA, 42 CFR Part 2, etc.).

"In-the-Field" Bright Spots from CalHIVE Participating Organizations

Engaging Clinical Leadership Early

Standardizing Workflows and Processes
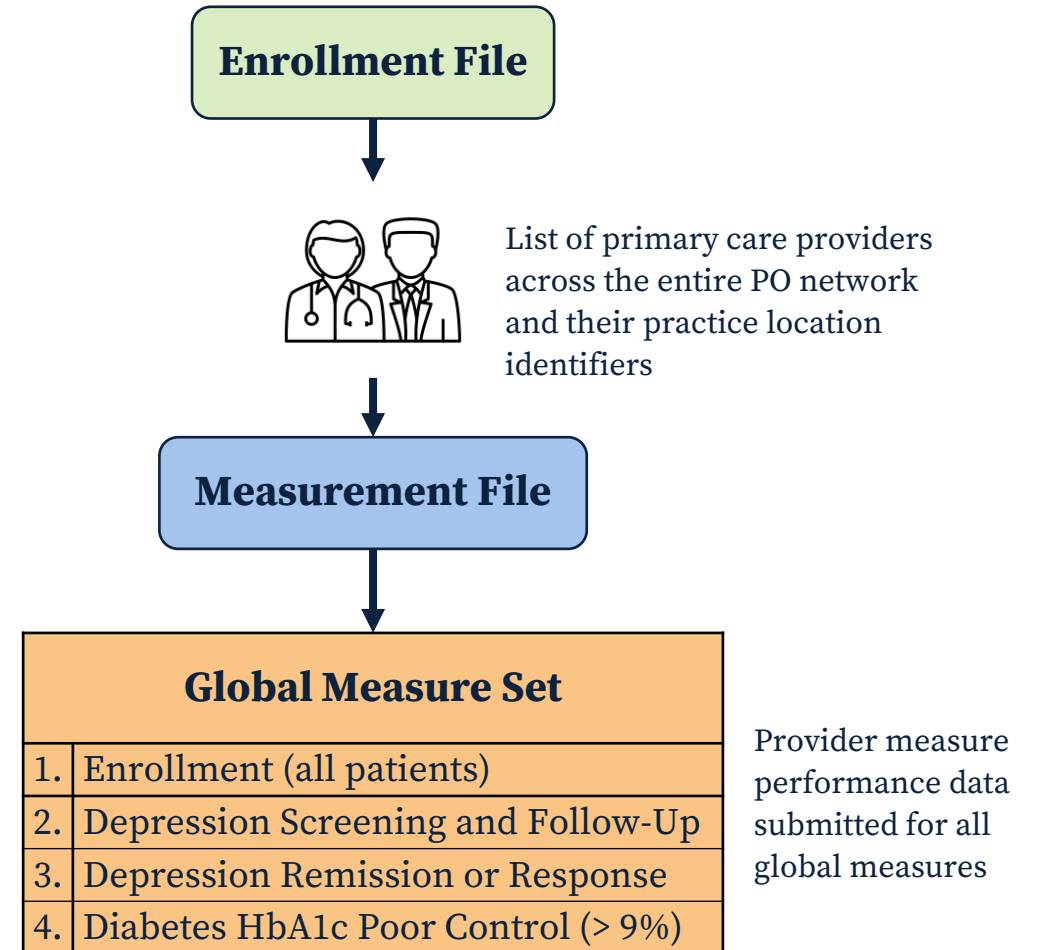
Leaning on Additional Technologies/Sources

Unifying communication with IT and program staff

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CalHIVE BHI – Cycle Baseline due in April!

- **Enrollment file is due on April 5th by EOD**
  - Enroll your primary care providers from your pilot site and practices/clinics in your entire PO network

- **Measurement file is due on April 12th by EOD**
  - Report measurement data for the enrolled providers across all global measures (**NPs, PAs, residents or any mid-level providers should report measurement data under their supervising PCP.**)

  - Measurement Period: 1/1/2023 – 12/31/2023 (12/31/2023)

  Contact **Jose** if you have any questions

Enrollment File

List of primary care providers across the entire PO network and their practice location identifiers

Measurement File

Global Measure Set

1.	Enrollment (all patients)
2.	Depression Screening and Follow-Up
3.	Depression Remission or Response
4.	Diabetes HbA1c Poor Control (> 9%)

Provider measure performance data submitted for all global measures

California Quality Collaborative

Do you want to gain new tools to help better healthcare quality improvement projects at your organization?

Support and education to complete your team's project Aim Statement

SIGN UP TODAY for

Model for Improvement

A seven-week virtual learning series aimed at giving learners the tools to identify, test and launch improvements to better health quality.

Weekly series of self-paced learning modules for team and cohort collaboration

Timeframe: March 18 – May 3

Participation: Two 60-minute live webinars and 15-25 minutes of weekly self guided learning

Two webinars providing peer connection and real-world application

Live Webinar Dates: 3/26 and 4/30 (11-12pm via Zoom)

Eligibility: Any learner from a provider organization who leads and/or works on quality improvement projects

Resource library to support learning and use of new skill building

Cost: FREE for all participants

For more information contact Anna Baer, Program Coordinator, abaer@pbgh.org.
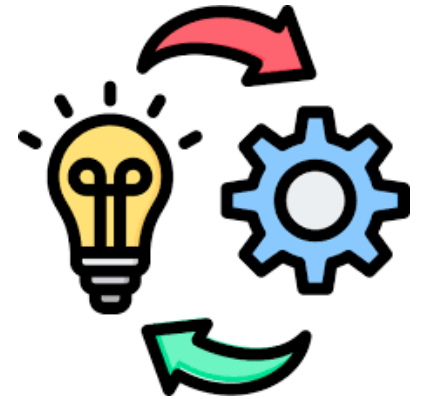
PB GH **California Quality Collaborative**

Feedback please!

1. Today's webinar was useful for me and my work *[select one]*
   - Strongly agree
   - Agree
   - Neither agree nor disagree
   - Disagree
   - Strongly disagree

2. Of the topics we covered today, what was especially helpful? *[select multiple]*

   - Highlight how to leverage technology to support BHI

   - Review recommendations and successful practices around BHI reporting

Q1 2024 Sprint: Pilot Site Roll-Out

JANUARY

Improvement Advising
- Complete Implementation Plan Section 5: BHI Billing and Coding
- In-Person Improvement Advising Site Visit (Q1 2024)
- Review CFHA Membership opportunities

Tues. 1/9 (11-12)
CalHIVE BHI Commons – Pilot Site Evaluation & Engagement
- Identify how to select and monitor Pilot Site evaluation measures
- Review successful practices to maximize pilot project buy-in and engagement

Tues. 1/30 (11-12)
[OPT] BeeHIVE Webinar – Pilot Site Evaluation & Engagement
- Peer sharing & resources supporting pilot site

By Wed. 1/31
**BHI Implementation Plan
Section 5 – BHI Billing and Coding**
- Due to IA

| Improvement Advising |
| Webinars |
| In Person Events |
| Data / Reporting |
| Assignments |

FEBRUARY

Improvement Advising
- Complete Implementation Plan Section 6: Pilot Site Evaluation & Engagement
- In-Person Improvement Advising Site Visit (Q1 2024)
- Review CFHA conference presentation opportunity

Tues. 2/13 (11-12)
CalHIVE BHI Commons – BHI Workflows
- Identify operational changes and document operational, clinical and health IT workflow changes for BHI at pilot clinic
- Highlight successful practices for BHI operations including as warm handoffs and scheduling

Tues. 2/27 (11-12)
[OPT] BeeHIVE Webinar - BHI Billing and Coding (Implementation Plan Section 5)
- Highlight bright spots from your Implementation Plan Section 5 submissions
- Identify general recommendations and opportunities for improving BHI billing and coding

By Thurs. 2/29
**BHI Implementation Plan
Section 6 – Pilot Site Evaluations & Engagement**
- Due to IA

MARCH

Improvement Advising
- Complete Implementation Plan Section 7: BHI Workflows
- In-Person Improvement Advising Site Visit (Q1 2024)

Thurs. 3/7 – Data Webinar: Baseline Submission

Tues. 3/12 (11-12)
CalHIVE BHI Commons – BHI Data Best Practices
- Hear from BluePath Health
- Analyze changes needed to ensure compliant BHI for patient consent, privacy and security

Tues. 3/26 (11-12)
[OPT] BeeHIVE Webinar – Model For Improvement Fundamentals (1 of 2)
- Cover basics for Model for Improvement and launching tests of changes

Thank you!

Program Advisor

Peter Robertson
Senior Director,
Practice Transformation

probertson@pbgh.org

Clinical Advisor

Dr. Brian Sandoval
Clinical Advisor, BH
Integration

Data Reporting

Jose Ordonez
Manager,
Data Analytics

jordonez@pbgh.org

Improvement Advisors

Kristina Mody
CalHIVE BHI Director
Associate Director,
Practice Transformation

kmody@pbgh.org

Daniela Vela Hernandez
CFHA Technical
Assistance Associate

dvhernandez@cfha.net

Mary Nickel-Nguy
Senior Manager,
Behavioral Health
Integration

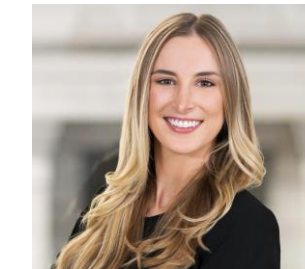mnickelnguy@pbgh.org

Program Administration

Michael Au
Senior Manager,
Care Transformation

mau@pbgh.org

Anna Baer
Program Coordinator,
Care Transformation

abaer@pbgh.org

Erika Lind
Manager,
Care Transformation
Events and Learning

elind@pbgh.org

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