Axis Community Health

PHLN Year 2 Project Aim

Develop registry to identify patients w/:

- **1+ Behavioral Health Visit** (6 month look back)
- **Diagnosis** of depression
- **PHQ-9 score** of 15 or above

Report generated for the past 3 consecutive months.

Measures for Success

To have the ability to:

- **Track patient scores** throughout treatment
- **Examine** data to identify patients whose depression is not improving
- **Adjust** treatment as needed
- **Measure** improvements

Our Team

- Quality Enhancement / Data Analytics
  - Amit Pabla, MHA
  - Afsheen Islam, MHA

- Behavioral Health Lead
  - Dr. Jennifer Penney

- Consulting Psychiatrist
  - Dr. Jerry Ngo

- Integrated Behavioral Health Providers
  - 16 licensed providers at 4 locations

Changes

Tested by:

- **Discovering** new Epic Reporting capabilities as of January 2019

- **Brainstorming** new opportunities and limitations with Dr. Raney

- **Utilizing** a workgroup with our Consulting Psychiatrists

- **Determining** what data is most beneficial for the team

Implemented by adding:

- **PHQ-9 score changes** month to month for patients in treatment

- **Quick identifiers** to determine whether a patient's score has worsened or improved

- **Added current psychotropic medication** to the report in order to identify any impact to score as medication is adjusted

- **Provided report** to providers initially, and later to consulting psychiatrist also

- **One-on-one meetings** between the consulting psychiatrist and the treating BH provider

Using Data for Improvement
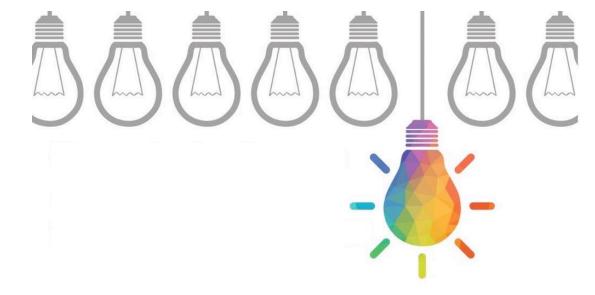
Data Collected:

- Reporting Period: 4/1/19 to 9/30/19

- 15 behavioral health providers

- 207 patients

- 115 patients with only 1 PHQ-9 Score

- **92 patients with 2 or more PHQ-9 Scores**
    - **59** patients whose score improved (by 1-19 points)
        - 16 improved by 50% or more
        - 43 improved by less than 50%

    - **26** patients whose score worsened (by 1-20 points)

    - **7** patients whose score was constant

Data Resulted:

- By identifying patients whose PHQ-9 scores were getting worse and adjusting their treatment plans accordingly

Strategies for Success

1 Utilized our **Coach**, Dr. Raney, to focus on a specific subset of our overall behavioral health patient population and learn from best practices (e.g. AIMS Institute).

2 Collaborated with **OCHIN Reporting Analysts** to discuss ways to innovate report to maximize use of key performance indicators.

3 Discussed data with providers during **staff meetings** to determine tracking which variables were most useful.

4 Utilized our **Consulting Psychiatrist** to advocate for change in treatment - discuss therapeutic strategy with therapists, and medication intervention with PCPs.

Key Tools & Resources

Epic Resources:

OCHIN Report Analysts

Depression Registry

CCI Resources:

Coach Dr. Raney

IBH Affinity Groups

Axis Resources:

IBH Team

Consulting Psychiatrist

Quality Enhancement Team

Next Steps

Spreading

- Pull more **general data**:

  - PHQ-9 & Depression Diagnosis

  - No IBH visits in the past year

  - Psychotropic medication, if prescribed

*Patients with high scores will be outreached by our care coordinators so that we can get them connected with treatment.

Sustaining

- **Automate** reports on a monthly basis

- **Organize and auto-distribute** to an internal drive monthly, reviewed by IBH management and dispersed to staff.

- Consulting psychiatrist now has standing meeting times to **discuss results with therapists** (consulting psychiatrist position is funded through the county).

- **Feedback** can be given directly to patients. Providers have been trained on using graphic screening reports on EPIC.

Current Challenges

1　A large portion of our IBH patients receive psychiatric treatment outside of our organization, therefore, it is **difficult to connect** with these providers in order to influence changes to medication.

2　Providers tend to become **overwhelmed by the data** and this can lead to under-utilization. We'd like to be able to develop an automated process to identify only clinically significant change, or lack of change in scores.