PHLN: Behavioral Health Integration

Axis Community Health
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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
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.