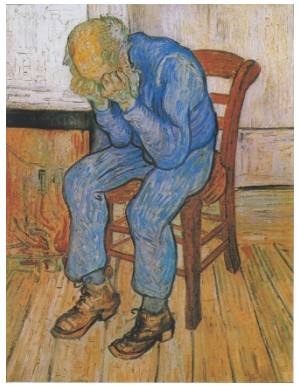
Open Door Community Health Services

PHLN Year 2 Project Aim

Improve Behavioral Health Integration with Primary Care.

We have focused on Depression Screening and follow-up and developed a system to ensure patients with severe depression (based on a high PHQ9 score of 20 or higher) have received the care they need to address the severity of their depression.



Measures for Success

Process Measure:

Review of charts by BH Providers for patients with severe depression.

Outcome Measure:

All patients with severe depression receive recommended care.

Changes

Tested Changes

Outcome Measure:

Patients with a PHQ9 score >=20 receive recommended care

1. Created Electronic Medical Records reports

2.BH Provider reviewed charts of patients seen in the Red Pod in the past two weeks and who had a PHQ9 score >=20

3. Tested process at another three other sites.

4. Spread to all 11 Sites

Implemented Changes

- Reinforce through depression screening dashboards the need to conduct routine/ annual depression screening.
- Use of specific documentation of follow-up when a positive screening occurs.
- QI Coordinators create and distribute weekly Electronic Medical Records patient lists.
- BH Providers review patient chart and contact patient as needed for a referral, follow-up phone call, coordination with County Mental Health, case management support, etc.

Using Data for Improvement

OD Eureka Patients with a PHQ9 of 10 and above who had a documented Warm Hand Off Q1 - Q3 2019

PHQ 9 Scores grouped:10-19 and 20-29

Q1	**% WHOs when PHQ9 was 10 -19**	4.6%
	% WHOs when PHQ9 was 20-29	7.4%
	Total % WHOs	5.3%
Q2	**% WHOs when PHQ9 was 10 -19**	1.9%
	% WHOs when PHQ9 was 20-29	8.7%
	Total % WHOs	3.9%
Q3	**% WHOs when PHQ9 was 10 -19**	4.8%
	% WHOs when PHQ9 was 20-29	0.0%
	Total % WHOs	3.6%
	% Total Pts with PHQ9 score 10-29	4.5%

Strategies for Success

1. We have used the PDSA process for tracking tests of change until implementation
2. Quality Improvement Coordinators Communicate with the BH providers weekly to notify them of the number of patients from the week prior
3. Surveying BH providers to assess their satisfaction with areas of training needs and relationship with the Care Teams
4. Meeting every 2 weeks to keep momentum going.

Key Tools & Resources

My Reports

Electronic Medical Records reporting to identify patients with a high PHQ9 score

Utilized the Survey Monkey tool to build a survey to assess the satisfaction of our BH providers and a separate survey to assess the satisfaction of the Care Teams with BH Integration

Next Steps

Spreading

Train LSCW and BHC Interns to conduct chart review and follow-up.

Centralize follow-up for sites that need assistance.

Expand to patients at moderate to high depression based on PHQ9 scores of 10-19

Sustaining

Develop best practice algorithm follow-up.

Use interns and/or trained support staff.

Develop BH Leadership.

Develop metric on treating depression to remission (proposed HRSA/UDS measure in 2020).

Current Challenges or Barriers

1

Some resistance by BH providers to take on a new task due to:

- feeling overwhelmed with high demand for access to care
- high turn-over among provider and inadequate onboarding
- Frustration and time spent on documentation requirements.

2

Lack of BH leadership until recently.