Effective Care Management for Behavioral Health Integration
Behavioral Health Integration

A process improvement initiative focused on improving mental health outcomes

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Prevalence of Mental Health Issues

- Approximately 61.5 million Americans experience mental illness in a given year.

- This translates to about 1 in every 4 adults

- One in 17 about 13.6 millions –live with a serious mental illness such as schizophrenia, major depression or bipolar disorder

NAMI Website
Prevalence of Mental Health Issues

- Approximately 60% of adults and almost one half of youth ages 8 to 15 with a mental illness received no mental health services in the previous year.

- One half of all chronic mental illness begins by the age of 14; three quarters by age 24. Despite effective treatment, there are long delays –sometimes decades – between first appearance of symptoms and when people get help.
Prevalence of Mental Health Issues

- Serious mental illness costs America $193.2 billion in lost earnings per year.

- Individuals living with serious mental illness face an increased risk of having chronic medical conditions.

- Adults living with serious mental illness die on average 25 years earlier than other Americans, largely due to treatable medical conditions.
Prevalence of Mental Health Issues

- The Mental Health Gap Analysis prepared by the National Council for Community Behavioral Healthcare (2009) indicates:
  - Over 392,000 indigent, uninsured people in Texas need mental health services
  - Of the nearly 1.5 million people who reside in Northeast Texas about 54% are either uninsured or enrolled in some form of publicly funded insurance
Prevalence of Mental Health Issues

- Northeast Texas is the most rural region in the state, 25 of the 28 counties in the region are entirely or have a service area within the county that is Medically Underserved. (Combs 2008)

- The Northeast TX region has a behavioral health professional shortage and significant unmet mental health needs.
Comorbidities in Depression

- Diabetes- doubles the risk for depression and the chances of becoming depressed increases as the complications of diabetes worsen
- Heart Disease- increases the risk for depression, and people with depression are at a greater risk for developing heart disease
- Cancer- depression can exist before or after a cancer diagnosis and can impact the course of the disease and a person's ability to participate in treatment

NIMH Website
Depression Signs and Symptoms

- Persistent sadness, anxiety, hopelessness, and guilt
- Irritability and feeling restless and worthless
- Loss of interest in pleasurable hobbies
- Fatigue and decreased energy
- Difficulty concentrating and making decisions
- Insomnia or excessive sleeping
- Overeating or appetite loss
- Aches, headaches, cramps, or digestive problems
- Thoughts of suicide

NIMH Website
Research Question?

Given the very busy schedules of primary care physicians, how can the complex needs of behavioral health patients be added to an already crowded appointment schedule?
Integration Benefits for Patients

- The reduction of the stigma associated with a mental health diagnosis by receiving treatment at the same time as other medical illnesses.
- Expanded care options and improved access for patients.
- Reduced health care costs and improved patient outcomes.
Delivery System Reform Incentive Payment (DSRIP)

- Incentive payments available for projects under the waiver to enhance access to care, increase the quality of care, improve the cost-effectiveness of care provided, and improve the health of the patients served.

- Projects must be evidence-based and have outcomes that are measurable, time-bound, and demonstrate impact on the health of a population.
Behavioral Health Integration Project
(DSRIP funded Project Number 127278302.2.18)

Target Goal: Remission of Depression in patients 18 and above

Depression is defined in the Metric as a PHQ9 score above 8
Depression Remission is defined as a PHQ9 score below 5
NQF guidelines indicate:

- All patients should be screened for depression
  - Annually if they do not have depression
  - At least every 4 months if they have a diagnosis of depression
    - Unless they decline the survey
    or
    - Have a diagnosis that negates the completion of the survey such as Dementia, Cognitive Impairment or Serious Mental Illness
PHQ-9 (Patient Health Questionnaire)

- Screening Tool For Depression
- Self Administered Questionnaire
- Responses are reviewed by the provider to confirm the diagnosis of depression
- Other Diagnoses that should be ruled out or considered before a patient is diagnosed with depression include:
  - Bipolar Disorder
  - Grief
  - Anxiety
  - Psychosis
  - Medical Disorders
# PHQ-9 (Patient Health Questionnaire)

Over the last 2 weeks, how often have you been bothered by any of the following problems?  
(\textit{use "\checkmark" to indicate your answer})

<table>
<thead>
<tr>
<th>Question</th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed, Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

(add columns)  

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card)  

TOTAL:
PHQ-9 (Patient Health Questionnaire)

- Previous state: 9% of patients were having PHQ-9 scores recorded in the EMR
- There were several available templates for providers to input the scores
- Most patients were not being routinely screened
- Goal: PHQ-9 for every patient yearly and for depressed patients every 4 months except those with a diagnosis of:
  - Dementia, Cognitive Impairment or Serious Mental Illness
The project provided Community Health Workers with special mental health education. This new worker can assist in the management of patients with mental health diagnoses.

CHW-MHWs help the patient with referrals to support groups, community based education and self-care management support.

CHW-MHWs help with follow up of no-shows.

CHW-MHWs help with other duties in the clinic when not engaged in direct patient care.
BHIP Process for Depression Remission

• Assist the patient to enroll in a self-care management support class (exercise, nutrition)

• Assist the patient to find an AA, NA, NAMI, or faith-based recovery group

• Assist the patient’s family to find a caregiver support group/class
BHIP Process for Depression Remission

- Daily safety net phone calls to check in with caregiver to assure that patient is safe
- Conduct home visits as needed by the team
- Phone calls to see if meds were filled; phone calls to see if meds are being taken
- Phone calls to answer their presented questions as needed
- “No Show” phone calls to find out what the problem might be (scheduling, transportation)
**PDSA NQF 712 Screening Results**

*NQF 712: Patients with diagnosis of depression should be screened every four months*

*Irwin Internal Medicine Clinic and Ornelas Center for Healthy Aging*

<table>
<thead>
<tr>
<th>Month</th>
<th>Number with DX</th>
<th>Number with PHQ9</th>
<th>Compliance Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>December 2013</td>
<td>246</td>
<td>53</td>
<td>21.54</td>
</tr>
<tr>
<td>January 2014</td>
<td>272</td>
<td>49</td>
<td>18.01</td>
</tr>
<tr>
<td>February 2014</td>
<td>203</td>
<td>55</td>
<td>27.09</td>
</tr>
<tr>
<td>March 2014</td>
<td>155</td>
<td>143</td>
<td>92.2</td>
</tr>
<tr>
<td>March 2015</td>
<td>186</td>
<td>174</td>
<td>94.35</td>
</tr>
</tbody>
</table>
# PDSA NQF 418 Screening Results

**NQF 418**: All Patients should be screened for depression annually

Irwin Internal Medicine Clinic and Ornelas Center for Healthy Aging

<table>
<thead>
<tr>
<th>Month</th>
<th>Number with DX</th>
<th>Number with PHQ9</th>
<th>Compliance Rate %</th>
</tr>
</thead>
<tbody>
<tr>
<td>October 2014</td>
<td>823</td>
<td>566</td>
<td>74.75</td>
</tr>
<tr>
<td>November 2014</td>
<td>795</td>
<td>627</td>
<td>81.25</td>
</tr>
<tr>
<td>December 2014</td>
<td>1052</td>
<td>735</td>
<td>73.35</td>
</tr>
<tr>
<td>January 2015</td>
<td>939</td>
<td>930</td>
<td>99.10</td>
</tr>
</tbody>
</table>
Conclusions

- 338% improvement in PHQ-9 compliance for NQF 712 from Dec’13 to Mar’14
- 32.57% improvement in PHQ-9 compliance for NQF 418 from Oct’15 – Jan ‘15
- Patients now recognize the PHQ -9 as their 5th vital sign
- Patients are now more accepting of behavioral health care in a physical health care environment
- Physicians have been given additional resources and training so that they can more effectively manage mild to moderate behavioral health issues
Next Steps

- We are monitoring physical measures (BP, LDL, A1C) along with depression remission to see if there is a correlation

- Expanding telemedicine specifically for behavioral health

- PCMH 2014 now expects behavioral health to be considered in population health management

- Depression treatment utilizing standard treatment plan

- Shared medical appointments between primary care MD and psychiatrist
Questions...