



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

June Webinar Depression and SBIRT Management

Nick Szubiak
Director of Practice Improvement

Setting the Stage: Today's Moderators



Roara Michael



Madhana Pandian

Associates

SAMHSA-HRSA Center for Integrated Health Solutions

**Slides for today's webinar will
be available on the CIHS
website:**

www.integration.samhsa.gov

Under About Us/Innovation Communities

Our format...



Structure

Short comments from experts
Specifics from their point of view

Polling You

Every 20-minutes
Finding the “temperature” of the group

Asking Questions

Watching for your written questions

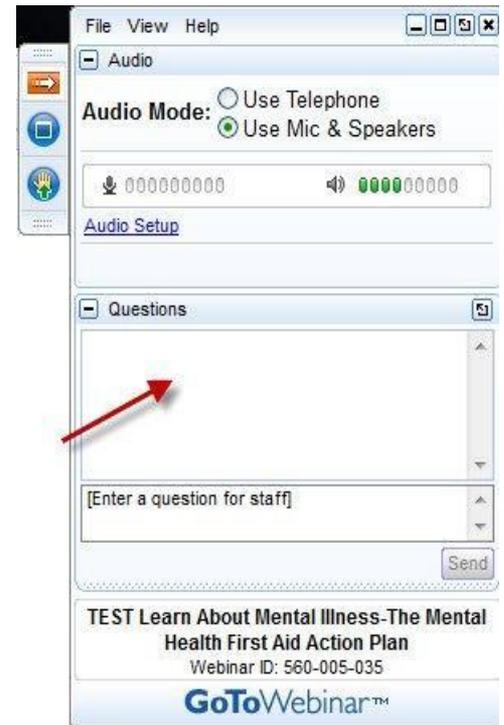
Follow-up and Evaluation

Ask for what YOU want or expect
Ideas and examples added to the
AOS Resource Center

How to ask a question during the webinar



If you dialed in to this webinar on your phone please use the “raise your hand” button and we will open up your lines for you to ask your question to the group. **(left)**



If you are listening to this webinar from your computer speakers, please type your questions into the question box and we will address your questions. **(right)**

Listserv

Look for updates from:

[bh_integration_ic@](mailto:bh_integration_ic@nationalcouncilcommunities.org)

[nationalcouncil](mailto:bh_integration_ic@nationalcouncilcommunities.org)

[communities.org](mailto:bh_integration_ic@nationalcouncilcommunities.org)

Setting the Stage: Today's Facilitator



Nick Szubiak

Integrated Health Consultant

SAMHSA-HRSA Center for Integrated Health Solutions

Webinar 6: Presentations by several organizations on their implementation plans and performance indicators related to the SBIRT and PHQ9 Screening. Highlight effective approaches and strategies

Group consultation call: Participants share their progress and engage in collective problem solving.

- Presentations by FQHCs who have developed high quality implementation plans
- Identifying common challenges and improvement strategies to overcome barriers
- Connect early data - What is the data teaching us now?

Poll Question:

Are you willing to share in today's meeting one area you find challenging in your organization around SBIRT or depression screening and invite your colleagues to discuss similar experiences and potential solutions?

Yep – I am willing to do that today

Nope – That's not for me today

How to implement/operationalize the measure

Teodoro 'Teo' Anderson Diaz, LICSW

Director of Behavioral Health at First Choice Health Centers – East Hartford, Connecticut

Teo has a passion for performance improvement which engages the souls of healthcare professionals and support staff in need of reaffirmation and purpose.

An example of a successful roll out of a Depression Screening project at the First Choice Health Centers of Connecticut. 1.

Plan Phase

Baseline Data: Compliance rate of less than 15% by 12/1/14

Goal: 80% compliance rate

Identify assigned staff

Mobilize a multi-disciplinary work group

Homework: Answer 2 Questions

Do Phase

Committee structure & public agreements

Addressing the why

Develop an intervention

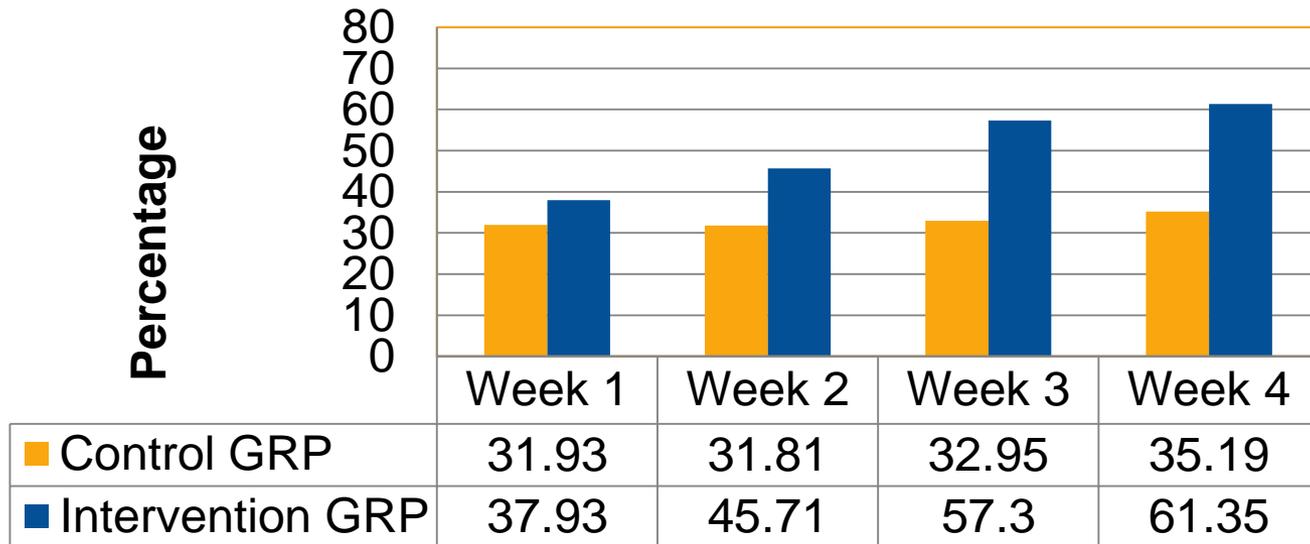
Pilot the intervention

Provide feedback

An example of a successful roll out of a Depression Screening project at the First Choice Health Centers of Connecticut. 2.

Study Phase

January 6, 2015 through January 31, 2015



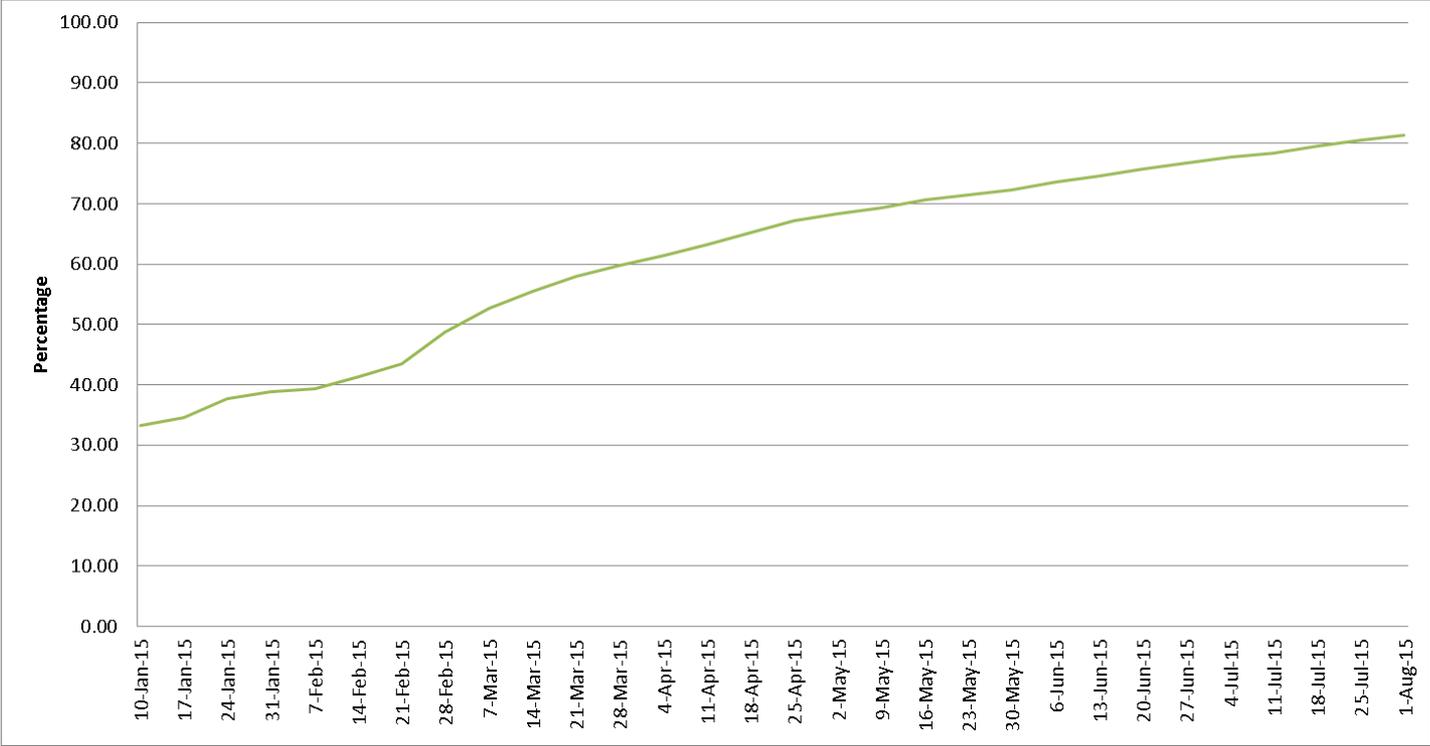
Control GRP: Total Nu. of Eligible Pts: 1,972. Total Nu. Screened: 694

Intervention GRP: Total Nu. of Eligible Pts: 326. Total Nu. Screened: 200

An example of a successful roll out of a Depression Screening project at the First Choice Health Centers of Connecticut. 3.

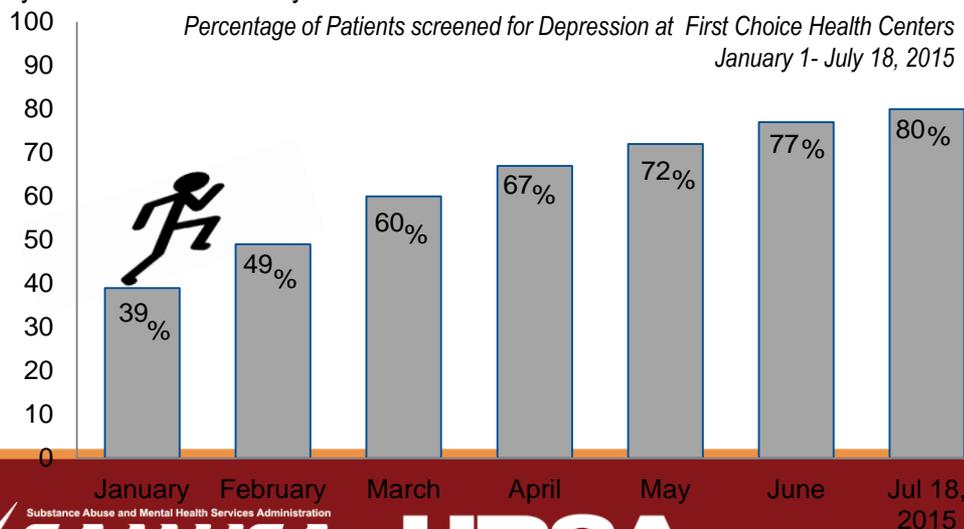
- Act Phase/Roll Out
- Parallel training of medical assistants and provider
- Weekly monitoring and sharing of data
- Coaching
- Seeking consumer representation
- Sharing results with our consumer base

Example of internal posting and sharing of weekly data at First Choice Health Centers Jan 1- Aug 1, 2015 (81.37%)



Depression Screening: One more reason why you can feel confident that **First Choice** is the **Best Choice** for all your health care needs.

In August 2014, First Choice Health Centers launched their behavior health services. In December 2014, medical and mental health providers and other staff at First Choice Health Centers united efforts to increase the screening of patients ages 12 and older for depression. This is important because untreated clinical depression can negatively impact health outcomes for people who have other chronic diseases such as diabetes, hypertension, asthma, and angina (CDC, 2012). Today, First Choice Health Centers has screened 80% of all eligible patients for depression and is on track to exceed the national benchmark in 2015. This is one more reason why you can feel confident that First Choice is your best choice for all your health care needs.



For more information about this performance improvement project please contact Ivette Santiago, Behavior Health Care Coordinator at (860) 528-1359 ext. 261 or at isantiago@firstchc.org



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Tri-Town Community Action Agency

Integrated Behavioral Health
Program

Health Center

Current IBH Processes

- Universal screening for depression, anxiety and substance use for all new patients and all yearly physicals.
- Follow-up screenings every six months.
- Follow-up screenings on all positive screens at provider follow-up appointments.
- IBH Psychotherapy Sessions for all patients that are interested in brief treatment. (6-8 sessions)

Improved Aspect of Screening/Follow-up

- Purposeful planning for all patients
- Provider/IBH staff collaboration and communication
- Resource sharing with providers and patients
- Follow-up with patients

Provider/IBH Collaboration and Communication

Daily Huddles: An IBH staff member participates in morning huddles with the provider and MA. Pre-visit planning information is reviewed and discussed. Follow-up plans are also discussed for patients that may have missed behavioral health appointments.

NCM/IBH/Provider Collaboration Meetings: Monthly meetings with IBH staff, NCM, Provider and MA to review high-utilizer lists and follow-up on care plans for these patients.

Purposeful Planning for all patients

Pre-visit planning: IBH staff review next-day appointments for all patients. Identify any MH concerns/history, substance use history and history of use of Behavioral Health Services.

Review of registry: IBH staff review the screenings registry which contains screenings results and treatment planning for all patients that score positive on any IBH screening.

Resource sharing with providers and patients

- IBH staff are on the primary care team.
- IBH open door policy for resource questions or assistance with referrals.
- Warm hand-offs to assist providers and patients with immediate assistance from an IBH staff member.
- Appointments for behavioral health (either IBH brief treatment or outpatient behavioral health services) are provided to patients before they leave their clinic appointment.
- Resources and assistance with referrals are provided for patients that need a resource outside the scope of Health Center services. (Partial Programs, Inpatient Services)

Follow-up with patients

- IBH sessions for any patient that would benefit from brief, solution focused therapy. (30 minute sessions, 6-8 sessions)
- Review of the registry on a weekly basis by the BH Director to identify any patient that has scored positive on any screenings and what the follow-up treatment plan is.
- After review of the registry, recommendations to IBH staff and providers when follow-up has not been completed.
- Outreach to patients who have not followed up with IBH sessions as well as outpatient behavioral health sessions.

Positive Changes to Treatment Culture

- Providers and IBH staff members are all members of the same treatment team.
- Providers approach IBH staff daily to inquire about community resources.
- Patients receive seamless same-day services with a team member that is knowledgeable about their strengths and needs due to constant communication.
- Providers are able to focus on other aspects of the medical appointment.

Next Steps:

- Looking at data from EHR and Registry reports and sharing this data with Health Center staff at team meetings.
- Looking at a more efficient process for follow-up screenings for depression, anxiety, substance use.

Thank You!



Cabarrus Rowan Community Health Center

Tiffany Thomas

Michelle Wilson, MSW, LCSW



Cabarrus Rowan Community
Health Centers, Inc.

Call us directly: (704) 855-5200 | (704) 792-224

China Grove, NC | Concord, N

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Family Medical Services

Everyone is welcome!

Three Locations

Offices in Concord & China Grove

Prescription Assistance

Free medication to those who qualify

Se habla Español

We have Spanish speaking staff, too!

Health Education



Cabarrus Rowan Community
Health Centers, Inc.



SAMHSA-HRSA CENTER for INTEGRATED HEALTH SOLUTIONS

Improving Behavioral Health Integration

Cabarrus Rowan Community
Health Centers, Inc.

Presentation by Tiffany Thomas,
MSW, LCSW

tlthomas@crchc.org

Key Ideas

- Ensure all medical providers understand the role of the Behavioral Health Clinician (BHC) and how the BHC can assist with patient care and care coordination.
- Encourage ongoing communication with all medical providers via monthly meetings, email, visibility in clinic, and a shared EMR.
- Avoid terms that deter patients from seeking assistance from the BHC (i.e.. Social Worker).
- Have medical providers discuss with patients the benefits of actively seeking assistance from a BHC (i.e. improved health outcomes and a decrease in ongoing stressors).
- Have the BHC meet with patients prior to PCP prescribing any long-term mental health medications or referring patients to psychiatrist and/or outside therapist.
- Ensure the BHC meets with all patients presenting with any chief complaint around a mental health diagnosis or concern.
- Invest in interpreters based on the demographics of your population.

Importance of PHQ-2 and PHQ-9

- What is a PHQ-2/PHQ-9, and how can they assist with increasing knowledge of mental health concerns, that may contribute to ongoing medical concerns within clinics?
- PHQ-2 should be provided to all patients, preferably at each visit.
- Who should implement the PHQ-2 and how do you know when to use the PHQ-9?
- Develop a universal scale, when utilizing the PHQ-9, that triggers mandatory BHC implementation with the patient.
- Ensure an appropriate plan is implemented anytime a patient indicates thoughts of wanting to be dead, harming themselves, suicidal ideations, or plan within the PHQ-9 regardless of overall score.
- Ensure your EMR system automatically calculates and tracks PHQ-2/PHQ-9 scores, or ensure tools are properly scanned or inputted into the EMR system for each patient.
- Develop an effective way to track PHQ-2/PHQ-9, for each patient, in efforts to track progress.

Final Two Webinar Report Outs

5 minute presentation

- Pick one action item
- Tell us your story
- Show us the data

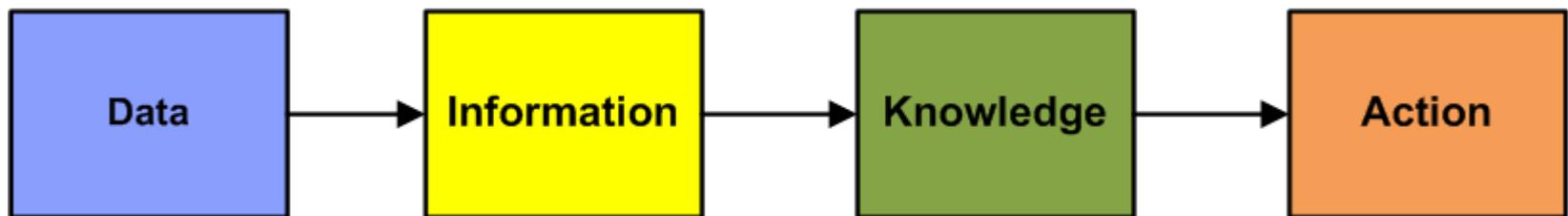
The ability of the team to “treat” itself

- Include a “Team self-audit” process that is tied to the team’s dashboard.
- Encourage questioning & the voicing of alternative views.
- Declare team breakthroughs & team breakdowns when necessary.
- Encourage necessary acts of leadership.

What is the ultimate purpose of collecting & sharing data?

To turn it into action!

(AKA Continuous Quality Improvement)



What are some effective ways to communicate the data with your team?



Defining appropriate team goals

- Develop a team dashboard that includes measurable, and meaningful/relevant goals.
- The goals must relate to broader organizational goals.
- Tie the goals to a quality improvement/PDSA process.
- Incorporate discussion of the goals into every meeting.

The establishment of open communication patterns

- Create avenues for communication (e.g., logs, regular team meetings, use of common language, etc.).
- Maintain regular contact with agency leadership.
- Maintain regular one-on-one supervision.

What's in a Mission Statement?

To provide our patients and community with the highest quality, empirically driven, integrated healthcare!



Defining appropriate team goals

Develop a team dashboard that includes measurable, and meaningful/relevant goals.

The goals must relate to broader organizational goals.

Tie the goals to a quality improvement.

Incorporate discussion of the goals into every meeting.

Tips For Using Data and Continuous Quality Improvement

- Set a specific time
- Know your team
- Make it a part of those other meetings/all staff
- Make it Matter, Make it Fun

Tips For Using Data and Continuous Quality Improvement

- 8 times 8 ways
- Put it on the agenda
- Dashboards
- Post it in public places

Open Discussion – Your Experiences Implementing Screening, Brief Intervention and Referral to Treatment



RESOURCES

Team Based Care Toolkit

http://www.integration.samhsa.gov/workforce/team-members/Cambridge_Health_Alliance_Team-Based_Care_Toolkit.pdf

Two articles on Workforce Competencies for BH working in PC

https://integrationacademy.ahrq.gov/sites/default/files/AHRQ_AcadLitReview.pdf

<http://farleyhealthpolicycenter.org/wp-content/uploads/2016/02/Core-Competencies-for-Behavioral-Health-Providers-Working-in-Primary-Care.pdf>

National Council Resources

<http://www.thenationalcouncil.org/consulting-best-practices/areas-of-expertise/>

Thank you for joining us today!

**Please take a moment to provide
feedback by completing the survey at
the end of today's webinar**

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