Setting the Stage:
Today's Moderator

Madhana Pandian
Associate
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

To participate
Use the chat box to communicate with other attendees

Use the question box to send us a question directly to

Listserv
Look for updates from:
bh_integration_ic@nationalcouncilcommunities.org

Setting the Stage:
Today's Facilitator

Nick Szubiak, MSW, LCSW
Integrated Health Consultant
SAMHSA-HRSA Center for Integrated Health Solutions
Agenda

1. Check in: On Data and Homework
2. Measurement-informed care
3. Screening
4. Interventions
5. Sustainability factors

Homework

- Learn your 2015 Depression Screening Profile: https://bphc.hrsa.gov/uds/datacenter.aspx?q=d
- Choose/Convene Core Implementation Team
- Get your UDS data ready – Data Czar!
- Begin Developing Work Plan

Organizational Self-Assessment (OSA)

Part 1:
- Completing the organizational self assessment


Part 2. Linking Your Org Self Assessment Scores to your IC Work Plan

The OSA was designed to provide new perspectives on the work you need to do to improve screening, interventions, and producing meaningful data.

Unpacking your scores can lead to clear steps your organization needs to take to develop and execute a work plan.

Part 3. Data JAM!

https://www.surveymonkey.com/r/UDSDataEntry_2017

Measurement-Informed Care: Core Components for Success

1. Systematic administration of screening tool
2. Use of the results to inform treatment
3. Timely follow-up with re-administered screening
4. Population management tracking
5. Team culture of quality improvement using measurement-based coordinated care
Measuring Depression:
- Percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented.

Measuring Substance Use:
- Percentage of patients screened with a standardized tool for substance use.
- Percentage of patients with a positive screen for substance use who received a brief intervention.
- Percentage of patients with a positive screen for substance use who received a brief intervention and are referred to treatment.

Table 6B: Depression Screening and Follow-up

Numerator: Number of patients aged 12 and older who were 1) screened for depression with a standardized tool and, if screened positive for depression, 2) had a follow-up plan documented

Denominator: Number of patients who were aged 12 or older at some point during the measurement year and who had at least one medical visit during the reporting year.

Exclusions:
- Patients with an active diagnosis for Depression or Bipolar Disorder
- Patients who are already participating in on-going treatment for depression

Examples of Measurable Clinical Outcomes

- Blood Pressure
- Depression: PHQ-9, Beck, etc
- Anxiety: GAD-7
- BMI
- Lipids
- Hemoglobin A1c
- Pain: Brief Pain Inventory
- Alcohol/Drug Use: AUDIT, DAST, CRAFFT, etc.

Use a Standardized Tool

- To objectively rate symptoms, intensity, risk level
- To inform treatment/referral best practices
- To measure improvement

“Just another slow paced, mellow day at the office.”
Translating Depression Management with the PHQ-9

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
<th>Actions</th>
</tr>
</thead>
<tbody>
<tr>
<td>1-4</td>
<td>Community Norms</td>
<td>No further action</td>
</tr>
<tr>
<td>5-9</td>
<td>Mild Symptoms</td>
<td>Annual re-screening Education, reinforcement</td>
</tr>
<tr>
<td>10 – 14</td>
<td>Moderate Symptoms</td>
<td>Medication or counseling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Follow-up at least monthly</td>
</tr>
<tr>
<td>15 – 19</td>
<td>Moderate-Severe</td>
<td>Medication and/or counseling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Physical activity, self-management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Follow-up at least every 2-4 weeks</td>
</tr>
<tr>
<td>≥ 20</td>
<td>Severe</td>
<td>Medication and counseling</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Physical activity, self-management</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Follow-up weekly</td>
</tr>
</tbody>
</table>

Mitchell, J. et al, Adult Depression in Primary Care Guideline. www.icsi.org Updated September 2013

Patient Engagement Strategies

“This tool is an objective way to determine the main symptoms you are having related to your depression.

“These questions help us see how you are doing and where we need to focus our efforts to improve your symptoms and daily functioning."

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Healthy Lifestyle Screening

Discussion Questions

1. What is your depression / substance use screening process?
2. How many patients reliably get screened?
3. How do you use screening results to inform next steps?
4. What are the challenges to implementing screening?

Interventions

Stepped Care
- Follow-up & treatment adjustments based on measureable targets

Self-Management Support
- Help for people with chronic conditions to manage their health on a day-to-day basis

Using the PHQ-9 to Monitor & Adjust Treatment at 4-6 Weeks

<table>
<thead>
<tr>
<th>PHQ-9</th>
<th>Treatment Response</th>
<th>Treatment Plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drop of 5 points from baseline</td>
<td>Adequate</td>
<td>No treatment change needed Follow up in four weeks</td>
</tr>
<tr>
<td>Drop of 2-4 points from baseline</td>
<td>Possibly Inadequate</td>
<td>May warrant an increase in antidepressant dose or increase therapy intensity Follow up in 2-4 weeks</td>
</tr>
<tr>
<td>Drop of 1 point, no change or increase</td>
<td>Inadequate</td>
<td>Increase dose; Augmentation; Informal or formal psychiatric consultation; Add psychotherapy if not done Follow up in 1-2 weeks</td>
</tr>
</tbody>
</table>

Sources: Texas Medication Algorithms and Henry Chung MD, Montefiore Medical Center

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### Translating PHQ-9 Depression Scores into Initial Planning

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Mitchell, J. et al. Adult Depression in Primary Care Guideline. [www.icsi.org](http://www.icsi.org) Updated September 2013

### Brief Intervention: The Brief Negotiated Interview Format

1. Raise the subject
2. Provide feedback
3. Enhance motivation
4. Develop a plan

### Self-Management Strategies

Supporting care plan adherence (meds, attending therapy, peer support, etc)

**Depression**
- Schedule pleasant activities to reinforce positive experiences
- Identify potential barriers and mood triggers
- Re-establish routines
- Use MI change talk/CBT to facilitate action

### Discussion Questions

1. Does treatment depend on who does the intake?
2. If each patient gets different care, how can we ever tell if any proposed improvement is really better?
3. Evidence is strong for formal CBT/MI. Does your clinic provide this?
4. How many of your clinicians initially engage patients about the relative benefits/costs of behavioral activation vs psychotherapy vs medications vs combinations?
5. What other strategies can be employed to help patients respond to treatment interventions?
6. Do you know how many patients drop out of treatment, when, and why?
7. How many patients get better (response and remission rates)?

### Sustainability and Success Factors

- Leadership support (focused reliable leader time, attention and feedback)
- Strong influential long-term clinical champion
- Staff buy-in
- Freeing up all staff to work up to training/experience capabilities and testing expanded roles
- Accountability

### Making It

- Do all team members have a shared understanding of the objectives & strategy? (How do we know?)
- Can each team member articulate how they contribute and add value to the objectives?
- In what way is data a team member?
- How do we promote positive gossip?
- Who are our rising stars?
Summary

1. Measurement-informed care involves building patient-centered, data-driven systems that support targeted conditions and improvement rates.

2. Reliable screening tools objectively rate symptoms, inform intervention best practices and measure progress.

3. Sustaining screening and interventions that are measurement-informed requires accountability, including leadership support and staff engagement.

<table>
<thead>
<tr>
<th>Due Date</th>
<th>UDS Data Report Period</th>
<th>Organizational Self Assessment</th>
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<tbody>
<tr>
<td>February 5</td>
<td>October 1 – January 31</td>
<td>February 5</td>
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<tr>
<td>June 5</td>
<td>February 1 – May 31</td>
<td>June 5</td>
</tr>
<tr>
<td>August 16</td>
<td>June 1 – August 16</td>
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Webinar Schedule

<table>
<thead>
<tr>
<th>Webinar Number</th>
<th>Date</th>
<th>Time</th>
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<tr>
<td>January #1</td>
<td>Tuesday, January 31</td>
<td>2:00 – 3:00pm</td>
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<tr>
<td>February #2</td>
<td>Monday, February 27</td>
<td>1:00 – 2:00pm</td>
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<tr>
<td>March #3</td>
<td>Wednesday, March 29</td>
<td>1:00 – 2:00pm</td>
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<tr>
<td>April #4</td>
<td>Wednesday, April 26</td>
<td>1:00 – 2:00pm</td>
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<td>May #5</td>
<td>Wednesday, May 31</td>
<td>1:00 – 2:00pm</td>
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<td>June #6</td>
<td>Wednesday, June 28</td>
<td>1:00 – 2:00pm</td>
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<td>July #7</td>
<td>Wednesday, July 26</td>
<td>1:00 – 2:00pm</td>
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<tr>
<td>August #8</td>
<td>Wednesday, August 23</td>
<td>1:00 – 2:30pm</td>
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Webinar Titles

- **January 2017** – Tuesday, January 31: 2–3pm
  Kickoff webinar followed by small group discussion and Q&A (20 participating organizations).

- **February 2017** – Monday, February 27: 1–2pm

- **March 2017** – Wednesday, March 28: 1–2pm

- **April 2017** – Wednesday, April 26: 1–2pm
  Webinar 4: Using a quality improvement process to adopt innovation. Highlights depression screening plan implementation plan and identify barriers to implementation and strategies to address challenges.

- **May 2017** – Wednesday, May 31: 1–2pm

Affinity Group Calls

<table>
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<th>Time</th>
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<tbody>
<tr>
<td>March 16th</td>
<td>Data/Work Plans 2:00 – 3:00pm</td>
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<tr>
<td>April 24th</td>
<td>Data/Work Plans 2:00 – 3:00pm</td>
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<tr>
<td>May 17th</td>
<td>Data/Work Plans 2:00 – 3:00 pm</td>
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<tr>
<td>June 12th</td>
<td>Data/Work Plans 2:00 – 3:00 pm</td>
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<td>July 19th</td>
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</tr>
<tr>
<td>August 2nd</td>
<td>Data/Work Plans 2:00 – 3:00 pm</td>
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Thank you for joining us today. Please take a moment to provide your feedback by completing the survey at the end of today’s webinar.

If you have additional questions/comments please send them to:

Nick Szubiak – nicks@thenationalcouncil.org
Madhana Pandian – madhanap@thenationalcouncil.org