Setting the Stage:
Today’s Moderator

Roara Michael
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 2017

Webinar 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
To participate

Use the chat box to communicate with other attendees

Use the question box to send us a question directly to

integration.samhsa.gov

Listserv

Look for updates from:

bh_integration_ic@nationalcouncilcommunities.org
Setting the Stage

Nick Szubiak
Integrated Health Consultant
SAMHSA-HRSA Center for Integrated Health Solutions

Overview of Today’s Webinar

• What Have I Signed-up For?: Review of the Innovation Community Objectives
• Getting to Know Each Other: Who are your IC Colleagues?
• Calendar of Events
• Review the Organizational Self-Assessment Tool & Work Plan
• Wrap-up Questions
What is an Innovation Community?

• Intensive eight month rapid improvement process

• Distance-learning infrastructure:
  • Webinars
  • Conference Calls
  • Listserv
  • Website

• Subject matter & peer-based learning approach

IC Learning Objectives

This Innovation Community is designed to bolster your integrated model of care by increasing screening, interventions and work flows that will result in improved UDS measures.

Improve depression screening and follow-up measures to improve use of evidence-based practices for treating depression

Use your EHR for effective data recording, analysis and communication of outcomes to your teams
By the end of the Innovation Community

Using data and Quality Improvement strategies demonstrate improved UDS measures for Depression Screening

Your health center will have a plan and structure for sustaining these practices.

The Innovation Community offers another opportunity for you to examine your workflows and processes to ensure changes made with BHI funding become an ongoing part of your organizational culture and practice.

Getting to Know Each Other! 1 minute!

Please have your lead introduce your team:

1. Title and role
2. Tenure at the health center
3. Addition to background information about the health center.
Innovation Community Participants

- Affinia Healthcare
- Centro Sam Vicente
- Chicago Family Health Center
- Chinatown Service Center
- Coastal Health & Wellness
- Community Health Center of Southeast Kansas
- Consejo de Salud de Puerto Rico, Inc
- East Valley Community Health Center
- Hamilton Health Center
- Harbor Health Services, Inc
- Health Services Inc
- La Clinica de La Raza, Inc
- Lakewood Resource and Referral Center
- LifeLong Medical Care
- Myrtle Hilliard Davis Comprehensive Health Centers
- Neighborhood Health
- Project H.O.P.E
- PryMed
- Seattle Indian Health Board
- Shawnee Health Service and Development Corporation
- South Cove Community Health Center
- Stephen F. Austin Community Health Network
- Texas Tech University Health Science Center
- The Wellness Plan Medical Centers
- Valley Health Care, Inc

UDS – Uniform Data System
Poll Question #1

Does your health center communicate and internally share UDS data?

Yes
No

Do you know your UDS data?

It is “a core set of information appropriate for reviewing the operation and performance of health centers”. UDS data are collected at the grantee, state, and national levels.
What does UDS track?

UDS tracks a variety of information, including patient demographics, services provided, staffing, clinical indicators, utilization rates, costs, and revenues.

It's what health centers do…..

It is a reporting requirement of grantees in the HRSA primary care programs including, Community Health Centers, Migrant Health Centers, Health Care for the Homeless, Public Housing Primary Care.
Poll Question

Do you know your UDS scores for depression?

Yes
No


Organizational Self-Assessment (OSA)

Part One:
• Completing the organizational self assessment

The Academy
Integrating Behavioral Health and Primary Care

Welcome to the Academy

What is Behavioral Health Integration?

Behavioral Health Integration is the care that results from a practice team of primary care and behavioral health clinicians, working together with more...

New & Notable

- Medicare Proposes Improvements to Paying for Care Coordination, Primary Care, and Mental Health, Social Payment Rate
- Integration Playbook: A Guide to Integrating Behavioral Health Care
- Practical Practices: Key Components for Integrated Care

integration.samhsa.gov
Taking the Self-Assessment Checklist

Online Version
Sign up for an account to take and save the results of the self-assessment checklist online. In the online results display, you will be offered guidance to relevant Playbook sections based on your responses to the checklist.

Offline Version
A downloadable version of the self-assessment checklist is available. You may wish to print several copies of the checklist for providers and staff to answer individually before coming to collective agreement on responses to each question.

Login or Sign Up
Download(PDF)
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 a clear steps your organization needs to take to develop and execute a work plan.
Work Plan Development

Every IC member must develop a work plan targeting 1-3 goals that are achievable by August of 2016.

Using a SMART approach to setting goals is a useful approach.

Common Work Plan Components

1. Charge from Leadership
2. Goals/Objectives/Tasks
3. Responsible Lead Staff
4. Supporting Staff
5. Measurable Target Outcome(s)
6. Timeline & Due Date/Completion Date
7. Resources Required
Sample Work Plan Elements

1. **Goal**: Increase percentage of pts 12+ for depression
2. **Objective1**: Determine availability of data
3. **Tasks**: Sally R & Fred J to meet with billing specialist and “UDS Data Guru” to identify and collect data
4. **Responsible Lead Staff**: Fred J.
5. **Supporting Staff**: Sally R., Jim J., Erika P.
6. **Outcome(s)**: Aggregation of UDS data into report
   Date/Completion Date: March 1st
7. **Resources Required**: 3 hrs of IC team staff time; 15 hrs of finance dept. staff time

UDS Depression Screening and Follow-Up Measure

**PERFORMANCE MEASURE**: The performance measure is percentage of patients aged 12 years and older screened for clinical depression using an age appropriate standardized tool AND follow-up plan documented.

Health Center 2014 National Average = 38.8% and 50.6% in 2015
Data JAM!

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

4a. Our organization can generate a report from our EHR for the patients aged 12 and older who were 1) screened for depression with a standardized tool
4b. If screened positive for depression, 2) had a follow-up plan (brief intervention) documented
## Webinar Schedule

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<thead>
<tr>
<th>Webinar Number</th>
<th>Date</th>
<th>Time</th>
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<tbody>
<tr>
<td>January #1</td>
<td>Tuesday, January 31</td>
<td>2:00 – 3:00pm</td>
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<td>February #2</td>
<td>Monday, February 27</td>
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<td>March #3</td>
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<td>August #8</td>
<td>Wednesday, August 23</td>
<td>1:00 – 2:30pm</td>
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## UDS Data and Org Self-Assessment Schedule

<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>
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<td>August 16</td>
<td>June 1 – August 16</td>
<td>August 16</td>
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Madhana is your support!

Expect meeting invites for webinars and data due dates.

Please email Madhana with your team emails and data Czar!

madhanap@thenationalcouncil.org

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
Resources: www.integration.samhsa.gov

Screening Tools
http://www.integration.samhsa.gov/clinical-practice/screening-tools#depression
Understanding and Implementing UDS measures for Depression Screening, Documentation, and Practice
Treating Diabetes and Depression

Homework

• Learn your 2015 Depression Screening Profile: https://bphc.hrsa.gov/uds/datacenter.aspx?q=d

• Complete Organizational Self-Assessment

• Choose/Convene Core Implementation Team
• Get your UDS data ready – Data Czar!
• Begin Developing Work Plan
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