HRSA Primary Care Training and Enhancement

Fully Integrating Behavioral Health Care into an Academic Family Medicine and a FQHC Clinic: Preparing Residents to Work Effectively in Integrated Care

Department of Family and Community Medicine
Wake Forest University School of Medicine
United Health Center
TOBHP28568

Our Goal
Integrated Patient-Centered Medical Home Care
Create an educational infrastructure and transform clinical operations to become fully integrated Patient-Centered Medical Homes (IPCMH)

- Ensure more effective care and safety for all patients (IRB approvals), especially for underserved patients who have more behavioral health needs.
- Teach residents, faculty, and health professions learners to function in integrated teams.

Overall Project Objectives

- Develop, implement, evaluate, and sustain an Integrated Patient-Centered Medical Home (IPCMH) curriculum and practice for residents, faculty, students, and staff.

- Develop, implement, evaluate, and sustain the model for all clinician providers, learners, and staff to enhance resident and health professions learner education.
Evaluation Pieces

Patient Experience

Patient Clinical Outcomes and Sustainability

Provider Experience

Patient Clinical Outcomes and Sustainability

PHQ-9 = Patient Health Questionnaire,
GAD-7 = Generalized Anxiety Disorder,
SDOH = Social Determinants of Health
### Universal Screenings - PHQ-9, GAD-7, SDOH

Start Year 1, 3rd Quarter; sessions with BHP** until treatment complete; 6 months post completion

| Office visits | Frequency/Costs | Years 1-5 Baseline and through provision of IC*** |
| Missed/No-Show visits | Frequency/Costs | Years 1-5 Baseline and through provision of IC |
| Costs of ED Visits | Frequency/Costs | Years 1-5 Baseline and through provision of IC |
| Hospitalizations | Frequency/Costs | Years 1-5 Baseline and through provision of IC |

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### Patient Clinical Outcomes and Sustainability Evaluation Timeline

*IP - Identified Patients

**When an Identified Patient meets with Behavioral Healthcare Provider (BHP) for individual

***IC (Integrated Care) sessions

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### Patient Experience

Clinician & Group Adult Survey 3.0 (CG-CAHPS Adult Survey 3.0)

Individual Patient Interviews

Patient Advisory Council

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7/25/17
Patient Experience Evaluation Timeline

- **Clinician and Group Adult Survey 3.0 (CG-CAHPS Adult Survey 3.0)**
  - Beginning in Year 2
  - Biannual for IP

- **Individual Patient Interviews**
  - Beginning in Year 2
  - Quarterly years 2-3; biannual years 4-5

- **Patient Advisory Group**
  - Beginning in Year 2
  - Quarterly years 2-3; biannual years 4-5


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Practice Experience

- **Maine Health Access Foundation Site Self Assessment (MeHAF SSA)**
- **Provider Satisfaction Instrument**

Practice Experience
Evaluation Timeline

<table>
<thead>
<tr>
<th>MeHAF SSA</th>
<th>Baseline and twice yearly for all providers and clinical staff - Both Sites</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provider Satisfaction</td>
<td>Begin 3rd Quarter and Quarterly throughout</td>
</tr>
</tbody>
</table>

Evaluation Plan

- **Qualitative**
  - Patient Advisory Groups
  - Individual Patient Interviews

- **Quantitative**
  - Statistic and summary of evaluative measures
“This is where the idea for the new EHR starts getting a little complicated.”
### PHQ-9 - Patient Health Questionnaire PHQ-9

**Time taken:** 15:00

**Values By:** Create Note

**Depression Screening - Over the last month, how often have you been bothered by any of the following problems?**

- **Patient refuses one or both of depression screenings**
  - [ ] [ ] [ ] [ ]

- **During the past month, have you often been bothered by feeling down, depressed, or hopeless?**
  - [ ] [ ] [ ] [ ]

- **During the past month, have you often been bothered by little interest or pleasure in doing things?**
  - [ ] [ ] [ ] [ ]

### SDOH - Social Determinants of Health

**Time taken:** 15:00

**Values By:** Create Note

**Social Determinants of Health**

- **Do you worry that your food will run out before you get money to buy more?**
  - [ ] [ ] [ ] [ ]

- **Do you worry that your home is unhealthy or that your family may become homeless?**
  - [ ] [ ] [ ] [ ]

- **Do you have trouble paying utility bills (like gas, electricity, and phone/cell phone)?**
  - [ ] [ ] [ ] [ ]

- **Does your family have trouble affording things you need for your health (like medicines, eyeglasses, etc)?**
  - [ ] [ ] [ ] [ ]

- **Do you need help with transportation to clinic appointments, the pharmacy, and other services?**
  - [ ] [ ] [ ] [ ]

**SDOH Total Score**

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8
Data Tools

- EPIC – Reporting Workbench, Crystal Reports, Healthy Planet
- WFUBMC – Data Mart
- Commercial Software – Tableau, SPSS/SAS
Suggestions/Challenges

- IT Personnel – Are your friends (e.g. flowsheets)
- Raw Data – Always check random sample
- Challenge – Epic: High security clearance
- Challenge – Epic: All variables not populated
- Challenge – >1 EHR
- Challenge – Analysis cross-sectional and longitudinal, different enrollment dates

EPIC Reports Cover a Variety of Domains
EPIC Report Writer allows for multiple patient search criteria from simple patient demographics to searches by diagnoses, procedures—including results—medications, and health maintenance overdue.

Complex patient data can be displayed and downloaded. EPIC downloaded Excel files are easily transported to SPSS/SAS for statistical analysis.
EPIC Crystal Reports Are also available

Crystal Reports are not as restrictive as Work Bench in terms of amount of data reported. Often used for YTD reports

Data Mart Reports are an Enterprise Application Maintained by ITData Mart Reports Are Excel Pivot Tables. They are refreshed in real time (almost). They are customizable on the fly.

Data Mart Pivot Tables allow you to select variables as filters and control the way the data is laid out.
Data Mart Reports
Include a plethora of visit and financial information

Hospital data is available as well as outpatient Data can be split by any number of variables*

* For example, IC vs Non-IC patient
Data Mart Reports
Can also show Individual Patient Data

<table>
<thead>
<tr>
<th>Item</th>
<th>Appts</th>
<th>Patient Distinct</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Age</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1-6</td>
<td>18</td>
<td>17</td>
<td>1.74</td>
</tr>
<tr>
<td>7-12</td>
<td>39</td>
<td>28</td>
<td>2.86</td>
</tr>
<tr>
<td>13-17</td>
<td>74</td>
<td>39</td>
<td>3.99</td>
</tr>
<tr>
<td>18-65</td>
<td>1,741</td>
<td>781</td>
<td>79.86</td>
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<tr>
<td>66≤</td>
<td>282</td>
<td>115</td>
<td>11.76</td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>1,545</td>
<td>716</td>
<td>73.21</td>
</tr>
<tr>
<td>Male</td>
<td>610</td>
<td>262</td>
<td>26.79</td>
</tr>
</tbody>
</table>

1. Appointments = 2,155 appointments; Patient Distinct Count = 978; 1 missing = .1%
Psychological/SDOH Scores for Enrolled Patients – Most Recent Assessments

Data for 3/23/2016 - 3/22/2017

<table>
<thead>
<tr>
<th>Item</th>
<th>PHQ-9</th>
<th>GAD-7</th>
<th>SDOH</th>
</tr>
</thead>
<tbody>
<tr>
<td>N</td>
<td>662</td>
<td>659</td>
<td>236</td>
</tr>
<tr>
<td>Mean</td>
<td>12.16</td>
<td>10.66</td>
<td>4.09</td>
</tr>
<tr>
<td>Median</td>
<td>12.00</td>
<td>11.00</td>
<td>3.00</td>
</tr>
<tr>
<td>SD</td>
<td>6.50</td>
<td>6.23</td>
<td>4.42</td>
</tr>
<tr>
<td>Minimum</td>
<td>0</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Maximum</td>
<td>27</td>
<td>21</td>
<td>20</td>
</tr>
</tbody>
</table>

Scores are current as of 5/3/2017

PHQ9 Scores by Number of Therapy Sessions

<table>
<thead>
<tr>
<th>Session</th>
<th>N</th>
<th>Mean</th>
<th>SD</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>286</td>
<td>12.20</td>
<td>6.28</td>
</tr>
<tr>
<td>2-5</td>
<td>269</td>
<td>12.48</td>
<td>6.64</td>
</tr>
<tr>
<td>&gt; 5</td>
<td>81</td>
<td>10.54</td>
<td>6.54</td>
</tr>
</tbody>
</table>

Scores are current as of 5/3/2017
### Data for 3/23/2016 - 3/22/2017

<table>
<thead>
<tr>
<th>Item</th>
<th>Patient Distinct</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Anxiety – F41.9</td>
<td>206</td>
<td>19.51</td>
</tr>
<tr>
<td>Anxiety and depression – F41.9, F32.9</td>
<td>88</td>
<td>8.01</td>
</tr>
<tr>
<td>Depression – F32.9</td>
<td>74</td>
<td>4.63</td>
</tr>
<tr>
<td>Other Depression – F32.89</td>
<td>67</td>
<td>3.68</td>
</tr>
<tr>
<td>Stress – F43.9</td>
<td>43</td>
<td>3.49</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder – F41.1</td>
<td>42</td>
<td>3.73</td>
</tr>
<tr>
<td>Grief Reaction – F43.20</td>
<td>36</td>
<td>1.97</td>
</tr>
<tr>
<td>Bipolar I Disorder – F31.9</td>
<td>10</td>
<td>0.95</td>
</tr>
</tbody>
</table>

343 diagnoses

### How helpful have the BH services been for your patients?

- Not at all
- A little
- A moderate amount
- A lot
- A great deal

![Bar chart showing the percentage of helpfulness](chart.png)
Do you think having a BH service has improved your willingness to recognize, assess, and treat BH problems of your patients?

When you have included a BHP in your workflow...affected speed of visit?
Lessons Learned

- Identify team members – interdisciplinary
- Understand roles/responsibilities (‘buckets’)  
- Schedule meetings and communicate
- Address partners HIPPA concerns
- How do you get data in? Data out?
- Shared vision*