

Integrating Mental Health Screening & Follow-Up into Primary Care

OPHIC LESSONS LEARNED



Disclosures

The projects outlined in this presentation are funded by the Oklahoma Department of Mental Health and Substance Abuse Services (ODMHSAS).

The content presented does not necessarily represent the official views of, nor endorsement by, ODMHSAS.

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Mental Health in Oklahoma



<https://stateofstateshealth.ok.gov/>

Depression



Poor Mental Health Days



Smoking Prevalence



Suicide Deaths



...45% of those dying by suicide saw their primary care physician in the month before their death.

McDowell AK, Lindberg TL, Rostbark JM. Practical suicide-risk management for the busy primary care physician. *Mayo Clin Proc.* 2011 Aug;86(8):752-800. doi: 10.4066/mcp.2011.0076. Epub 2011 Jun 27. PMID: 21709332; PMCID: PMC3146379.

Black and Brown Americans had higher rates of anxiety and depression during the Covid-19 pandemic, new study finds

Building STRENGTH THROUGH TOGETHERNESS AMONG KIDS

Merika's Mental Health Challenge is National of Hope

Suicides increased in 2021, especially among younger people

Small text below headline: National Institute of Mental Health



Physician Burnout Has Reached Alarming Levels, New Research Finds

Horizontal lines for notes corresponding to the top row of articles.

One Solution: Better Integrate Behavioral Health & Primary Care

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Screening, Brief Intervention, and Referral to Treatment (SBIRT)

“SBIRT is a comprehensive, integrated, public health approach to the delivery of early intervention and treatment services for persons with substance use disorders, as well as those who are at risk of developing these disorders.”

<http://www.samhsa.gov/sbirt>

Horizontal lines for notes corresponding to the SBIRT section.

Annual Screening

- AUDIT
 - Alcohol Use Disorders Identification Test
- DAST-10
 - Drug Abuse Screening Test
- Tobacco Use
- PHQ-9
 - Patient Health Questionnaire
- C-SSRS
 - Columbia-Suicide Severity Rating Scale



Evidence for the Efficacy of SBIRT

	Screening	Brief Intervention	Referral to Treatment	Notes
Alcohol use	✓	✓	✓	USPSTF category B recommendation ¹⁴
Drug use Involvement in illicit activities	✓	✓	✓	SAMHSA recommendation, TIP 42 ¹⁵ "young adults at risk"
Tobacco use	✓	✓	✓	USPSTF category B recommendation ¹⁴
Depression	✓	✓	✓	Behavioral activation promising as a first intervention in primary care ¹⁶
Suicidal thoughts	✓	✓	✓	Brief intervention reduced suicidal thoughts ¹⁷

✓ Screened ✓ Not well studied ✓ USPSTF recommendation

Evidence Supporting SBIRT

- Improves lives by early treatment of depression
- Saves lives by preventing suicide and treating addiction
- Reduced frequency and severity of substance use
- Reduced morbidity and mortality of chronic conditions
- Decreased health care costs and utilization



Thornig MP, et al. Benefit-cost analysis of brief physician advice with problem drinkers in primary care settings. Med Care. 2002;40(12):1311-20.

What is the Oklahoma Primary Healthcare Improvement Cooperative (OPHIC)?

OPHIC Overview

- Centered at the NIH-funded Oklahoma Clinical and Translational Science Institute (OCTSI)
- Part of the University of Oklahoma Health Sciences Center
- Collaboration across multiple campuses with Department of Family and Preventive Medicine, College of Public Health, and Department of Medical Informatics
- Infrastructure established in 2014 through funding from AHRQ's EvidenceNOW Initiative
- Specialize in quality improvement techniques to disseminate and implement emerging evidence-based guidelines
- Includes community collaborators

Multiple, Complex Recommendations



Why Dissemination and Implementation Research?



- Speed up adoption of evidence-based guidelines
- Evaluate provider and patient outcomes

OPHIC Model





OPHIC Projects

OPHC Collaborators

State Government Agencies

Technical Partners

Community Partners



OPHC Implements SBIRT

OPHC SBIRT Projects



- ◆ Focus on primary care practices serving adults
- ◆ 49 practices
- ◆ Principal Investigators: Juell Homco, PhD, MPH & Steven Crawford, MD



- ◆ Focus on primary care practices serving adolescents
- ◆ 7 practices
- ◆ Principal Investigators: Juell Homco, PhD, MPH & Melissa Van Cain, MD



- ◆ Focus on primary care practices serving uninsured adults with diabetes
- ◆ 12 practices
- ◆ Principal Investigators: Juell Homco, PhD, MPH & Steven Crawford, MD

How is OPHIC Implementing SBIRT-OK?

S	<p>Universal annual screening identifies:</p> <ul style="list-style-type: none"> • identify alcohol, OTC, or tobacco use • depression • suicide risk
BI	<p>BIH (Brief Intervention) provides:</p> <ul style="list-style-type: none"> • feedback & an education and education on: • education to patients • insight and awareness about risks of substance use • education about healthy behavior change • education and treatment
RT	<p>Referral to treatment facilitates access to:</p> <ul style="list-style-type: none"> • referral health services • additional assessment and treatment
OK	<p>OK is implemented in 28 substance health care:</p> <ul style="list-style-type: none"> • Health Management with comprehensive approach and • primary prevention • Case Management, and (social) to change unhealthy behaviors • Access mental health and substance services

SBIRT-OK Implementation Map



SBIRT-OK Goals

The goal of the SBIRT-OK program is to conduct **annual screening** for every patient of appropriate age seen in a primary care practice for behavioral health needs including:

- Depression & suicide risk
- Substance use disorders

SBIRT Screening Strategies

The SBIRT-OK Screening is **automated** and **completed by the patient**. This can occur ...

- **Away from the office** within 24 hours of an in-person or virtual appointment using the patient's device
- **In the office** immediately before an appointment using the patient's device or a provided electronic tablet

SBIRT-OK Screening Tool



Screening Tool Functionality



Print Full Screening Report



Print the Full Report for all patients by selecting their ClientID and then click on "Full Report."

Print Full Screening Report



Print the Full Report for all patients by selecting their ClientID and then click on "Full Report."

OPHIC Model



Academic Detailing (a.k.a. Peer Consultation)

- Primary care clinicians trained in process and project content
- In-person or video conferences with clinicians, staff, and Practice Facilitator
 - Establish trust, briefly review project, and answer questions
 - Review and discuss the evidence behind the proposed improvements
 - Review performance data, if available
 - Discuss potential strategies
 - Develop a preliminary plan aligned with practice priorities
- At least 1 to 2 visits per practice per project



Email Charles.Troyen@duke.edu for copies

Benefits of Academic Detailing

- Clinicians can air concerns and questions about the evidence and recommendations
- Clinicians and staff feel valued and connected
- Emphasizes the Practice Facilitator's credibility
- Academic Detailer available for ongoing peer consultation

Challenges of Academic Detailing

- **Organization and simplification: detailing materials, training, and continuing education**
- **Hard to adequately compensate for time away from faculty position or patient care**
 - Need support from administration/supervisors
- **Travel time and complex schedules pose barriers and increase cost**
 - Virtual visits are now an option
 - Add option to view recording when necessary

Practice Facilitation

- **Team of Practice Facilitators**
 - Geographically distributed
 - MPH, MHA, RN, IMG-MD
 - Trained in formal quality improvement methods
- **One Practice Facilitator serves as Team Lead for each project**
- **Encounters documented in an OPHIC-developed electronic practice record (EPR)**

Facilitation Activities

- **Align work with practice's priorities (shared agenda)**
 - Quality of care for individual patients
 - Financial stability and success
 - Enjoyment of practice
 - Community health improvement



SBIRT Performance Measures



Performance Feedback

- The data-driven OPHIC model relies on . . .
 - Rapid, meaningful feedback to motivate practice change
 - Credible data
 - An infrastructure that is repeatable and scalable
- You can't improve on what you don't measure
- Health information exchange (HIE), Electronic Health Record (EHR), and/or chart abstraction

Performance Feedback



Electronic Practice Record (EPR)

Encounter Tracking

- Dose, frequency, duration, and type of intervention

Practice Characteristics Survey

- Practice demographics
- Electronic health record information

Building Blocks of Primary Care Survey

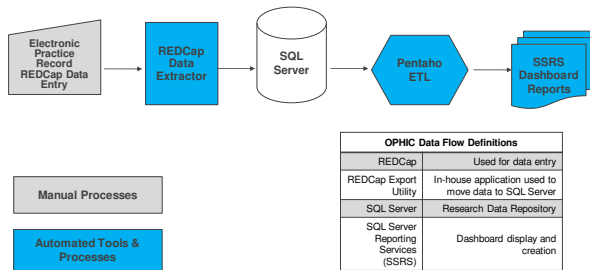
- Measures essential elements of primary care

Practice Member Survey

- Roles, hours worked, years at practice
- Perceptions of work environment
- Level of agreement with evidence



OPHIC Data Flow



Data Analysis and Reporting

- Web-based reporting tool
- Used to implement dashboard delivery
- Organizes data into actionable dashboards
- Available to Practice Facilitators in the field
- Provide clean datasets for evaluation



Other Support

To extend the dissemination process, OPHIC invested in ...

- 6 module CME program on ODMHSAS' Learning System at no cost*



- RPR Exchange
 - Relevant, curated content for primary care available to all OK clinicians for free
 - Alerts and forums



*thru June 30, 2024, but still available at minimal cost

Implementation Challenges



What have we learned?

- OK primary care practices:
 - Need D&I support
 - Are under considerable stress, financial & behavioral
- Currently, grants and contracts have funded this work, but only for specific projects
- Availability of funding for this support and to lessen OK's primary care practices' stress is needed (and maybe forthcoming)
- Flexibility is key in meeting a practice where they are
- Technical expertise is required to create an integrated data strategy

