Integrating Mental Health Screening & Follow-Up into Primary Care

OPHIC LESSONS LEARNED

EXPLORE
HEALTHCARE SUMMIT

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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Professor Emeritus, OUCOM Dept of Fam & Prev Med

Learning Objectives

1

Describe the use of Dissemination and Implementation (D&I) science to accelerate the implementation of evidence-based guidelines in primary care.

2

Identify best practices related to implementation of SBIRT in primary care.

3

Assess the complexity of implementing universal screening in primary care and discuss a roadmap for implementation based on lessons learned.

State of Mental Health in Oklahoma

Health in Oklahoma

Commonwealth Fund 2022 Scorecard on State Health System Performance

Oklahoma

Ranking Highlights[a]

	National Rank	Rank Among Southwestern States*
Overall	**50** of 51	**4** of 4
COVID-19	50	4
Access & Affordability	50	3
Prevention & Treatment	37	2
Avoidable Hospital Use & Cost	48	4
Healthy Lives	44	4
Income Disparity	47	4
Racial & Ethnic Equity	42	4

* Southwestern states include AZ, NM, OK, TX

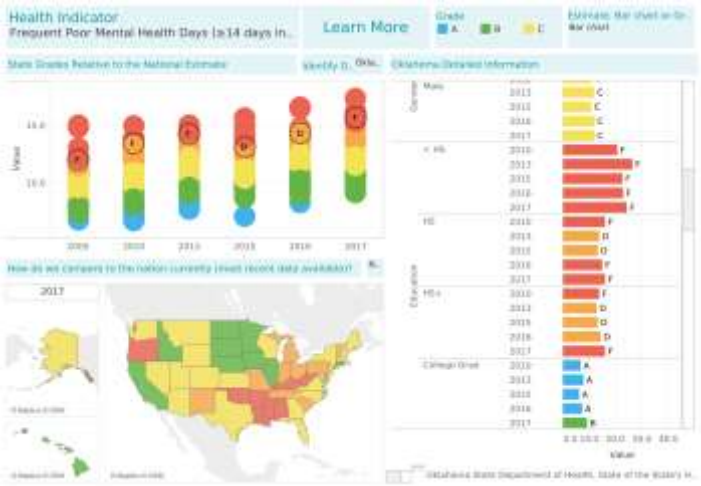
How Health Care Performance Changed in Oklahoma[b]

Mental Health in Oklahoma

https://stateofstateshealth.ok.gov/

Depression

Poor Mental Health Days

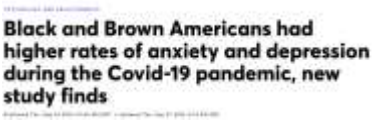


Smoking Prevalence

Suicide Deaths

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

McDowell AK, Lineberry TW, Bostwick JM. Practical suicide-risk management for the busy primary care physician. Mayo Clin Proc. 2011 Aug;86(8):792-800. doi: 10.4065/mcp.2011.0076. Epub 2011 Jun 27. PMID: 21709131; PMCID: PMC3146379.

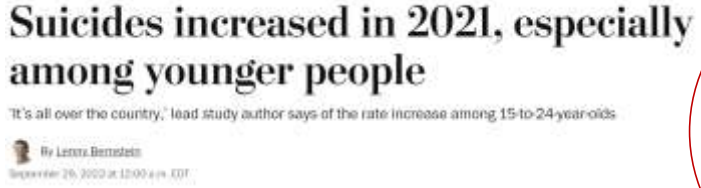


Black and Brown Americans had higher rates of anxiety and depression during the Covid-19 pandemic, new study finds

Building 'bravery muscles' to fight rising anxiety among kids

Harvard psychologist Ellens says pandemic-worsened trend and screening, early intervention key to avoiding bigger problems

Meeting the Mental Health Challenge in School and at Home



Suicides increased in 2021, especially among younger people

'It's all over the country,' lead study author says of the rate increase among 15-to-24-year-olds

By Lenny Bernstein

Physician Burnout Has Reached Distressing Levels, New Research Finds

Nearly two-thirds of doctors are experiencing at least one symptom of burnout, a huge increase from before the pandemic. But the situation is not irreparable, researchers say.

One Solution: Better Integrate Behavioral Health & Primary Care

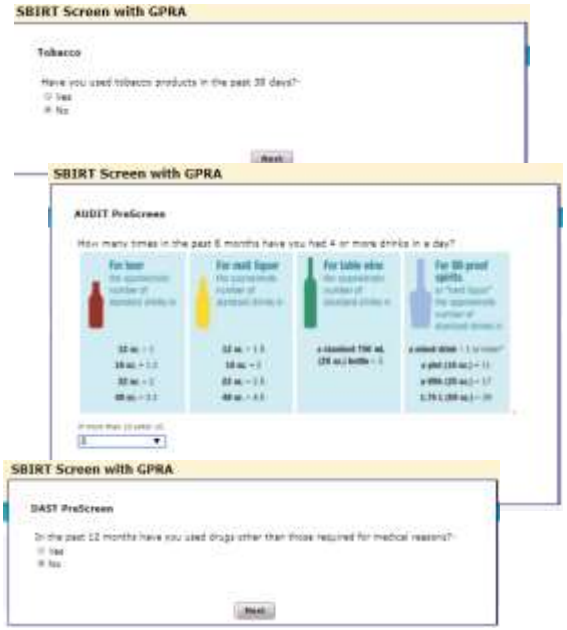
Screening, Brief Intervention, and Referral to Treatment (SBIRT)

"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."

https://www.samhsa.gov/sbirt

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[16]
Drug use (misuse or illicit use)	✓	✓	✓	SAMHSA recommended, TIP 63,[17] growing body of evidence*
Tobacco use	✓	✓	✓	USPSTF category B recommendation*[2]
Depression	✓	✓	✓	Behavioral activation promising as a brief intervention in primary care[18]
Suicide	✓	✓	✓	Brief intervention reduced suicide vs. usual care[3]

✓ benefit identified ✓ not well studied

*USPSTF update in process

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**

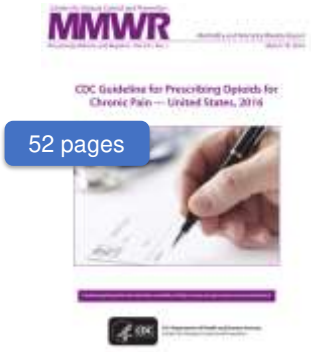
Fleming MF et al. Benefit-cost analysis of brief physician advice with problem drinkers in primary care settings. Med Care. 2000;38(1):7-18.

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



52 pages

198 pages

Why Dissemination and Implementation Research?

Randomized Controlled Trial

Guidelines

Primary Care Practice

17 Years

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

OPHIC Model


Academic Detailing
Practice Facilitation
Technology Support
Performance Feedback
Other Support

OPHIC Projects

OPHIC Collaborators

State Government Agencies

Technical Partners

Community Partners

OPHIC Implements SBIRT

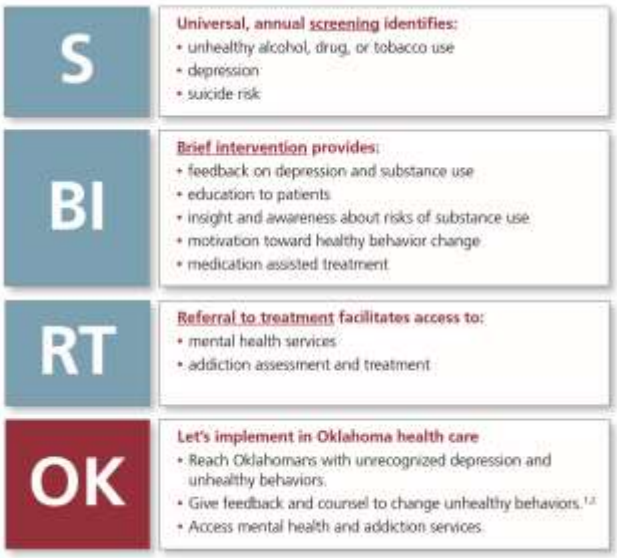
OPHIC SBIRT Projects

- 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?



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:

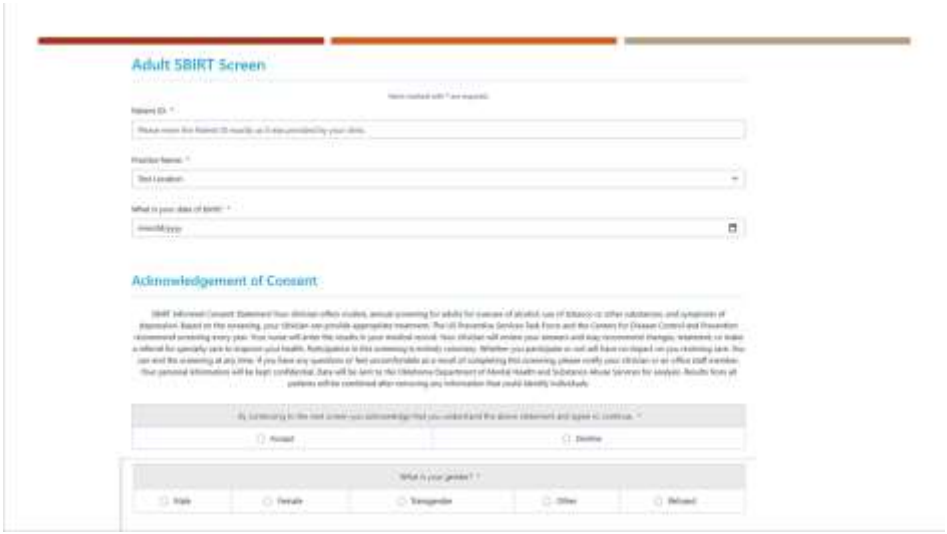
- **Depression & suicide risk**
- **Substance use disorders**

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

Respond to Suicide Risk

When the risk of suicide is indicated by the SBIRT-OK screening …

- Staff immediately alert the clinician to contact or encounter with the patient
- Follow previously established practice protocols including …
  - Staff or clinician administer C-SSRS questionnaire
  - Establish a Suicide Prevention Plan with the patient

If suicide is considered eminent, contact proper authorities, such as 988, & remain with the patient until assistance arrives

Administer the C-SSRS Form

Always ask questions 1 and 2.	Past Month
1) Have you wished you were dead or wished you could go to sleep and not wake up?	
2) Have you actually had any thoughts about killing yourself?	
If **YES** to 2, ask questions 3, 4, 5 and 6. If **NO** to 2, skip to question 6.	
3) Have you been thinking about how you might do this?	
4) Have you had these thoughts and had some intention of acting on them?	High Risk
5) Have you started to work out or worked out the details of how to kill yourself? Did you intend to carry out this plan?	High Risk
Always Ask Question 6	Life-time / Past 3 Months
6) Have you done anything, started to do anything, or prepared to do anything to end your life? Examples: Took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind or it was grabbed from your hand, went to the roof but didn't jump, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc. **If yes, was this within the past 3 months?**	High Risk

988 SUICIDE & CRISIS LIFELINE

If YES to 2 or 3, seek behavioral healthcare for further evaluation.
If the answer to 4, 5 or 6 is YES, get immediate help: Call or text 988, call 911 or go to the emergency room.
STAY WITH THEM until they can be evaluated.

Download Columbia Protocol app

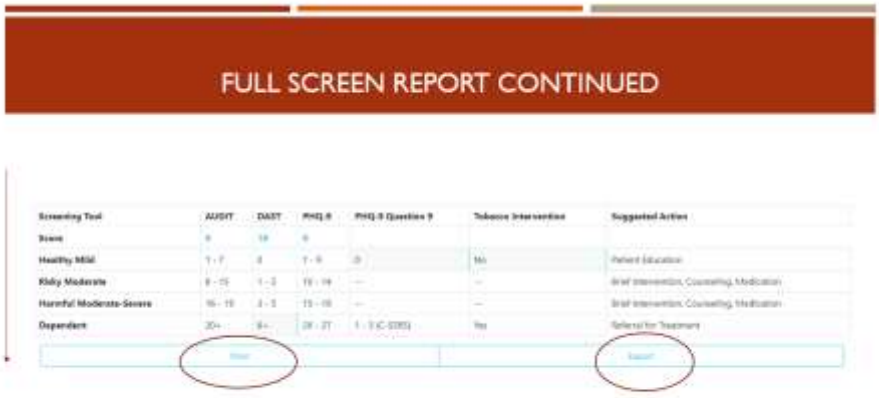
Suicide Prevention Plan

https://zerosuicide.edc.org/sites/default/files/Transforming%20Systems.pdf

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



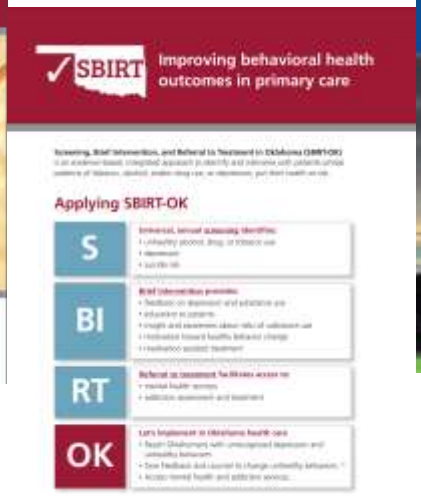
Print the Full Report for all patients by selecting their ClientID and then click on "Full Report."

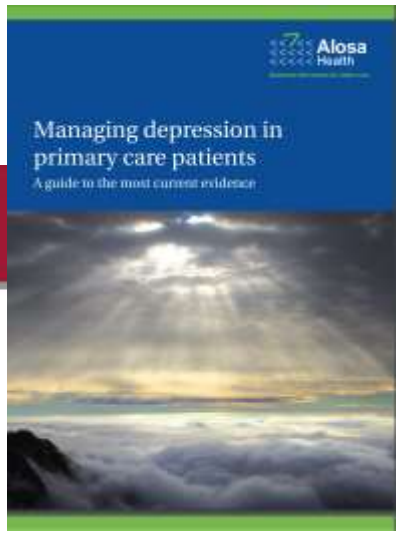
OPHIC Model


Academic Detailing
Practice Facilitation
Technology Support
Performance Feedback
Other Support

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-Tryon@ouhsc.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

Facilitation Activities

- Two Practice Facilitator visits/month per practice (minimum)
- Many visits now virtual
- Practice visits account for approximately 80% of Practice Facilitator's time

Encounter Type and Mode Count by Practice Facilitator (PF)

Show Support Type Show PF Name

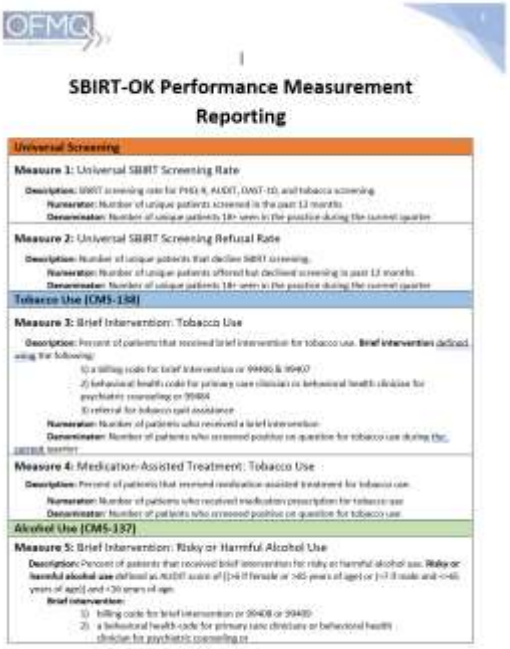
Primary PF	Support Type	Call	Fax	EMail	Mail	Prep	Text	Visit	Web	NA	TOTAL
	Academic Detail Kickoff	4		3			3	16	20		46
	Academic Detail Visit			1				11	12		24
	Administration	439		1506	1	50	148	132	4	1	2281
	Close-Out Meeting			13		3	1	63			80
	EHR Data Extraction	3		9				7			19
	End of Study							2			2
	Enrollment	22		70	1	18	6	115	3		235
	Failed Visit	8		5			4	54	7		78
	Practice Facilitation	125		582	1	5	52	975	18		1758
	Practice Planning	35		80		19	8	7	2		151
	Recruitment	267	41	433		5	16	366	5		1133
	Screener Workflow Training Complete			1				41	9		51
	Survey or Research Data	1		22		2	1	3			29
	Technology Support	22		53			2	23	18		118
	Total	**926**	**41**	**2778**	**3**	**102**	**241**	**1815**	**98**	**1**	**6005**
	Grand Total	**926**	**41**	**2778**	**3**	**102**	**241**	**1815**	**98**	**1**	**6005**

1,758 Practice Facilitation Encounters

Technology Support

- OPHIC contracts with IT experts to …
  - Assist practices and Practice Facilitators with EHR modifications
  - Data extraction
  - Workflow issues
- Multiple EHR systems with variations across Oklahoma
- Average one to two visits per practice per project
  - Can vary considerably according to need

SBIRT Performance Measures



OFMQ

SBIRT-OK Performance Measurement Reporting

Universal Screening

Measure 1: Universal SBIRT Screening Rate

Description: SBIRT screening rate for PHQ-9, AUDIT, DAST-10, and tobacco screening

Numerator: Number of unique patients screened in the past 12 months

Denominator: Number of unique patients 18+ seen in the practice during the current quarter

Measure 2: Universal SBIRT Screening Refusal Rate

Description: Number of unique patients that decline SBIRT screening

Numerator: Number of unique patients offered but declined screening in past 12 months

Denominator: Number of unique patients 18+ seen in the practice during the current quarter

Tobacco Use (CMS-138)

Measure 3: Brief Intervention: Tobacco Use

Description: Percent of patients that received brief intervention for tobacco use. **Brief intervention** defined using the following:

1) a billing code for brief intervention or 99406 & 99407
2) behavioral health code for primary care clinician or behavioral health clinician for psychiatric counseling or 99484
3) referral for tobacco quit assistance

Numerator: Number of patients who received a brief intervention

Denominator: Number of patients who screened positive on question for tobacco use during the current quarter

Measure 4: Medication-Assisted Treatment: Tobacco Use

Description: Percent of patients that received medication-assisted treatment for tobacco use

Numerator: Number of patients who received medication prescription for tobacco use

Denominator: Number of patients who screened positive on question for tobacco use

Alcohol Use (CMS-137)

Measure 5: Brief Intervention: Risky or Harmful Alcohol Use

Description: Percent of patients that received brief intervention for risky or harmful alcohol use. **Risky or harmful alcohol use** defined as AUDIT score of ((>4 if female or >65 years of age) or (>3 if male and <=65 years of age)) and <20 years of age.

Brief intervention:

1) billing code for brief intervention or 99408 or 99409
2) a behavioral health code for primary care clinicians or behavioral health clinician for psychiatric counseling or

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

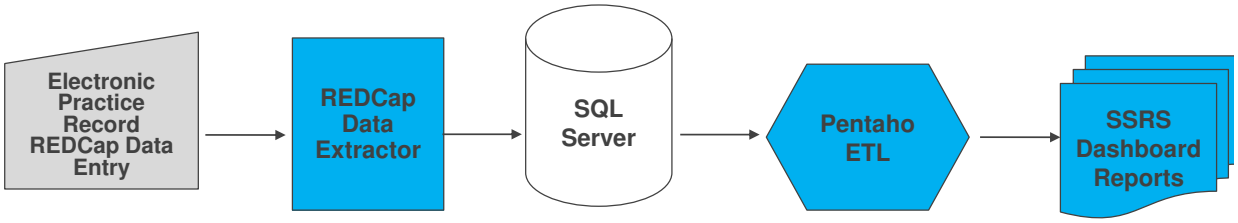
Building Blocks of Primary Care Survey

- 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



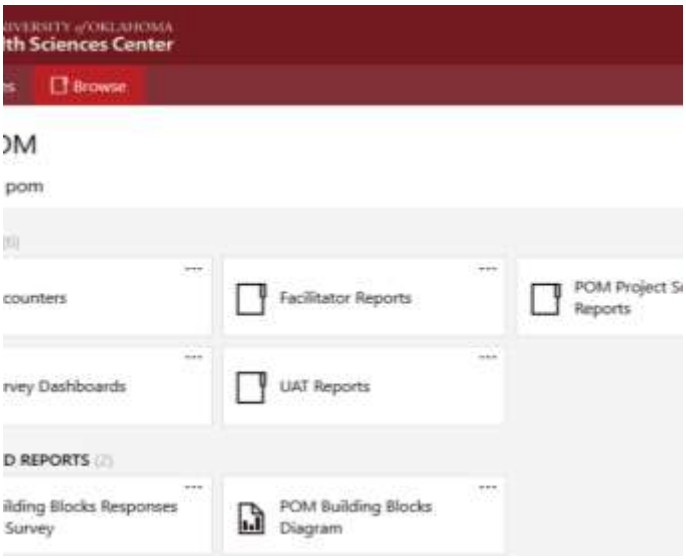
Manual Processes

Automated Tools & Processes

OPHIC Data Flow Definitions	
REDCap	Used for data entry
REDCap Export Utility	In-house application used to move data to SQL Server
SQL Server	Research Data Repository
SQL Server Reporting Services (SSRS)	Dashboard display and creation

Data Analysis and Reporting

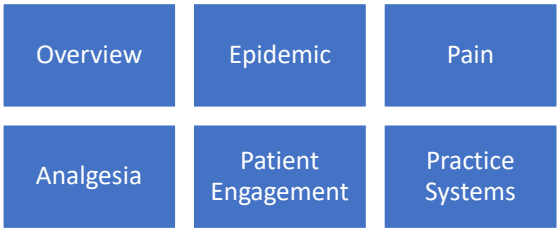
- Web-based reporting tool
- Used to implement dashboard delivery
- Organizes data into actionable dashboards
- Available to Practice Facilitators in the field
- Provide clean datasets for evaluation



Other Support

To extend the dissemination process, OPHIC invested in …

- **6 module CME program on ODMHSAS' Learning System at <u>no cost</u>***



- **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

PANDEMIC

STAFF SHORTAGES AND TURNOVER

DIFFICULTY PRIORITIZING QI

ADDING A NEW THING

BUY IN AT ALL LEVELS

LACK OF EHR INTEGRATION

MINIMAL REIMBURSEMENT FOR SBIRT ACTIVITIES

PERFORMANCE MEASURES DO NOT EXIST

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