Behavioral Health Screening in Primary Care Practices

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PROBLEM STATEMENT/BACKGROUND

Behavioral Health Integration (BHI) is an important component of the Patient Centered Medical Home (PCMH) and necessary for whole person care. National studies estimate that in a one-year period, up to 30% of American adults suffer from one or more mental health problems.1

BHI is an opportunity to improve health outcomes and patient experience without significantly increasing healthcare costs. First step in BHI begins in primary care with screening for behavioral health conditions/issues. As primary care practices focus on BHI, we need to understand different approaches taken by practices to implement behavioral health screening in primary care within the context of different BHI models.

AIMS

Objective 1: Identify process and system changes needed for implementing behavioral health screening in primary care.

Objective 2: Develop strategies to address identified patient behavioral health needs.

Patient-Centered Medical Home Model-BHI is part and parcel of each step

Care Coordination — Clinical Care Management — Clinic System Integration

Multi-Disciplinary Care Team — Evidenced-based, Pro-active care delivery — Patient-centeredness

Leadership Engagement — Data-Driven Quality Improvement — Patient Involvement in Transformation

Models of Integrated Care: A Continuum

Co-located — Fully Integrated

APPROACHES

An Overview of Multidisciplinary Team (includes behavioral health clinicians)

Behavioral Health Screening in MA PCMH

Tracked screening for depression, tobacco use and tobacco cessation counseling for all adult patients; and tracked depression screening for patients identified as diabetic.

Behavioral Health Screening in PCPR

Track the behavioral health screening and results of pediatric and adolescent panel enrollees using the EMR

Screen and utilize the EMR to track adult panel enrollees for behavioral health conditions at annual examinations using a standardized tool

Screen and manage panel enrollees for suicide and public safety risks

An example of Standardized Behavior Health Screening Tool

MA Primary Care Reform Initiatives

MA Patient Centered Medical Home Initiative (MA PCMH)

• Multi payer, state-wide initiative
• Sponsored by MA Health & Human Services; legislatively mandated 46 participating practices
• 3-year demonstration: March 2011 - March 2014
• Included payment reform and technical assistance

Primary Care Payment Reform (PCPR)

• Single payer
• MA Medicaid’s flagship alternative payment program
• To improve access, patient experience, quality, and efficiency through care management and coordination and integration of behavioral health
• 30 participating practice organizations, approximately 50 sites
• 3-year Project: March 2014 - March 2017

BEHAVIORAL HEALTH SCREENING

Screening is the foundation of any level of BHI

If behavioral health needs are identified solely by PCPs who are under time pressure, about half of the people with depression are missed.2

• Screening enables a population approach to healthcare.
• Screening supports early identification and intervention and to monitor for changes in conditions.
• Screening for behavioral health introduces mental and emotional issues as a permitted area of conversation and of care.
• Screening everyone reduces stigma for those who have a positive result.

WORKFLOWS FOR BEHAVIORAL HEALTH SCREENING

First steps to identify the workflows....

How are positive screens addressed?

How are the results of the screen communicated/stored/monitored?

Who is administering the tool?

What is the current state of screening for behavioral health in your practice?

Sample Workflow for Depression Screening in Primary Care Practices

Before the provider enters exam room

Scrubbing the chart

Medical Assistant (MA) reviews charts and identifies patients with target chronic illness and finds their last PHQ-9, indicating patient followed by behavioral health provider.

The huddle

Care team decides which patients will receive PHQ-9 form to complete.

After the patient checks in

Front desk gives the patient a paper PHQ-9 form to complete.

Rooming the patient

MA reviews the PHQ-9 with the patient and enters it in the chart. If the score is above the threshold, MA sets up orders for referral to behavioral health provider.

Provider in exam room with patient

Provider discusses referral to behavioral health provider with patient and signs the order entered by the MA. Provider may decide to discuss a behavioral health issue based on PHQ-9 score.

After the visit

Warm hand-off to someone on the behavioral health team. Referral processed.

Behavioral Health Screening Workflow at Boston Community Health Center

At the start of the visit, patients complete a double sided screening tool that covers depression, anxiety, PTSD, and alcohol use.

Nurse reviews the completed tool and inputs the info into the EMR

Provider incorporates screening information into patient interviews, reviews other issues and if needed refers to embedded BH clinician with warm hand-off.

MA PCMH Behavioral Health Screening: Change over Time

Average Rate

Baseline

Time 11

Values met the study’s definition of statistical significance p<.05.

<table>
<thead>
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<th>Measure</th>
<th>Baseline</th>
<th>Time 11</th>
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<tbody>
<tr>
<td>Screened for Depression</td>
<td>25.2</td>
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<tr>
<td>Tobacco Use Assessment</td>
<td>82.4</td>
<td>90.5</td>
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<td>Tobacco Cessation Intervention</td>
<td>46.5</td>
<td>51.3</td>
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<td>Depression PHQ-9 Score</td>
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<td>21.4</td>
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<tr>
<td>Depression Self-Management Goal</td>
<td>11.5</td>
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<tr>
<td>Care Plans for Highest Risk Patients</td>
<td>36.1</td>
<td>64.7</td>
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