Web Conference Rules & Etiquette

- To see presentation- click on link in meeting invitation

- Can hear audio two ways:
  - Dial in by phone
  - Log in via computer

- Please limit background noise & conversation
  - Use MUTE button if available
  - Never use HOLD (avoid practice recorded on-hold messages)

- Questions encouraged- only 1 person can speak at a time
  - Identify yourself by name & practice
  - Can also use messaging feature to either “group” or individuals
Thank You to Our Improvement Partners

- DC Collaborative for Mental Health in Pediatric Primary Care
- American Academy of Pediatrics, DC Chapter
- DC Department of Behavioral Health
- DC Department of Health Care Finance
- DC PICHQ: Partnership to Improve Children’s Healthcare Quality
- Children’s National Health Network
- DC Department of Health: This project made possible through a sub-grant agreement with DC Department of Health Title V program. Notice of Grant Agreement # CHA.PSMB.CNMC.PGRM-C.052013. The views and opinions contained in this presentation do not necessarily reflect those of DC Department of Health or the US Department of Health and Human Services, and should not be construed as such.
Agenda

• Background:
  • DC Collaborative for Mental Health in Pediatric Primary Care
  • Why routine mental health screening?
  • Challenges of screening

• QI MOC Learning Collaborative
  • Overview
  • Benefits of participation
  • Details

• Next Steps
DC Collaborative for Mental Health in Pediatric Primary Care

Working Group
- American Academy of Pediatrics (DC Chapter)
- Children’s National Health System
- Children’s Law Center
- DC Department of Behavioral Health
- DC Department of Health
- DC Department of Health Care Finance
- Georgetown University
- U of Maryland

Advisory Board
- DC Behavioral Health Association
- DC Public Schools
- GW University
- HSCSN
- Howard University
- Mary’s Center
- Office of CM Alexander
- Office of the Deputy Mayor (HHS)
- Strong Start DC
- Total Family Care
- Unity Health Care
- Zero to Three

Disciplines represented:
- Advocacy
- Education
- Pediatrics
- Policy
- Psychiatry
- Psychology
- Social Work

Funding Sources:
- DC Department of Health Title V Block Grant Program
- Howard and Geraldine Polinger Family Foundation

Project team
Activities-Initiatives

- Support for Practices
- Support for Families
- Integrated Services
- Policy-Advocacy
- Resource Guide
- Family Navigators
- Coordinated Systems of Care
- Perinatal Depression and Anxiety
- Access to Services
- Payment Reform

- Education and Training
- Behavioral Health Access Program
- Integrated Consultation
- Integrated Evaluation and Treatment
- Routine, Universal MH Screening
- Expert Resource

Evaluation and Research
Why Universal Mental Health Screening?

- **High unmet mental health needs:**
  - 20% of children with MH problems, yet only 20% of them receiving care
  - 100% of DC-based pediatric providers surveyed agreed there is a high level of unmet need for mental health treatment in children

- **PCPs need to play a significant role in addressing needs:**
  - 96% of primary care providers agreed that they are expected to identify and address mental health problems

- **Difficult to identify MH issues w/o screening tools:**
  - Sensitivity rates for pediatric providers are low (14%-54%)
  - Few parents (17.7%) who report elevated problems on screening tools spoke to a provider about these issues

- **Brief screening tools can help to identify issues:**
  - Brief screening in early childhood can predict 67.9% of children found to have MH disorders in early elementary school
Medicaid Screening Requirement

• MH surveillance ≠ MH screening

• As of 7/1/2013, the DC Department of Health Care Finance new 5-year contracts with the DC Medicaid Managed Care Organizations (MCO’s)
  • “[MCO] shall require annual Mental Health & Substance Abuse screenings by the enrollee’s PCP....”
  • “DMH (now Department of Behavioral Health) must approve the screening tool used by the [MCO’s] PCPs.”

• Currently approved screening tools (though more will soon be added):
  • 0 – 66 months: Ages and Stages Questionnaire: Social-Emotional (ASQ:SE)
  • 3 – 21 years: Strengths and Difficulties Questionnaire (SDQ)
  • 18 – 21 years: Patient Health Questionnaire-9 (PHQ-9)
Challenges of Screening

- **Logistical concerns**
  - “I’m too busy!” (to screen and improve my practices)
  - “There are no mental health resources!”

- **Content concerns**
  - “I’m not a mental health provider…I don’t have the training to handle positive screens!”
  - “Pandora’s box”

*In DC, ~1 in 10 PCPs said they are usually able to meet the needs of children w/MH problems.*
We are here to help!!

- There is a **gap between** what we know is recommended “**best practice**” and **what we actually do** in busy practice setting.

- **Quality Improvement** is a structured approach to measuring and improving care.
  - Applies improvement science & methods to busy practice setting through small incremental changes.

- Ongoing **Quality Improvement now required** by specialty boards (ABP and ABFM) for maintenance of certification (MOC).

- We **coach and support** practitioners in quality improvement through structured QI “learning collaborative”.
Benefits of QI Project Participation

- Learn how to identify and manage MH concerns
- Expand knowledge of child mental health and increase comfort level via education from local mental health professionals and support from colleagues

- Receive complimentary resources (*DC practices):
  - AAP Addressing Mental Health Concerns in Primary Care: A Clinician’s Toolkit
  - ASQ:SE starter kit
  - Provider-friendly DC mental health resource guide: dchealthcheck.net

- Get CME & MOC credit
We’ve done this before… really!

- **Quality Improvement expertise**
  - DC PICHQ (DC Partnership to Improve Children’s Healthcare Quality) (2005)
  - Children’s National Health Network and CNMC Goldberg Center for Community Pediatric Health spread improvement regionally
  - Part of National Improvement Partnership Network (NIPN)

- **Successful regional QI projects:**
  - Preventive Care/EPSDT (DC Medicaid) (2005-2009)
  - Childhood Immunizations (2008-2011*)
  - Patient Centered Medical Home (2010)
  - Childhood Obesity (2011*)
  - Childhood Asthma (2012*, 2013*)
  - Childhood Mental Health (2014*)
    - *ABP Part 4 MOC Approved

- **CNHN now recognized by the American Board of Pediatrics as QI MOC Portfolio sponsor organization**
QI LC model produces great results!

Significant practice improvement in screening practices during Round 1 of the Learning Collaborative
Mental Health Screening QI Learning Collaborative

**Who?** DC pediatric practices
- Maryland and Virginia practices can also participate

**When?** January – June 2015 (option of continued support after that)

**Where?** In your own office & on the web

**Why?**
- Universal mental health screening required in new MCO contracts
- Clinical need
- Professional credit
  - ABP & ABFM MOC Part 4 QI credit (25 points)
  - CME credit (up to 30 hours)
Specific Aim Statement & Target Measures

• Between Jan – June 2015, practices will improve their office screening and management of childhood MH concerns as measured* by increasing:
  • Provider/practice **readiness to perform annual mental health screenings** for culturally diverse patients (pre- & post-project survey)
  • % of annual well child visits where a **DBH-approved screening tool is administered** (50% of visits)
  • % of mental health screenings (using DBH-approved tool) that have **scored documentation of results** (50% of visits)
  • % where administration of a screening tool is **appropriately coded and/or billed using 96110 CPT code** (75% of screens)
  • % of positive screens completed and billed (using 96110) in which **TS modifier** is appropriately coded (75% of screens)

*Targets may be adjusted based on benchmark chart audits
QI Learning Collaborative Project Components

- **Brief** data gathering & feedback to measure progress

- **3 Plan-Do-Study Act Cycles**

- **Web-based learning conferences** (live and recorded) by MH experts

- Monthly **practice team meeting** to look at data & implement mini-improvements

- Monthly **team leader project calls** with practice champion (local leader) and other practices to share data, successes, failures and tips (speak with experts, new practices, and practices that are doing screening)
Project Measures

• Provider Surveys (do individually):
  • Pre- and post-
  • Brief (<5 min) to assess current attitudes and practices

• AAP Practice Readiness Inventory (do as team):
  • Pre- and post-
  • Assess readiness to address mental health problems in 5 domains

• Chart Audits:
  • Baseline period (6-months pre-QI) & then monthly
  • Submit electronically via user-friendly tools

• Areas Assessed:
  • MH screening completed?
  • Tool used? (ASQ: SE, SDQ, PHQ-9, Other)
  • MH screening scored and documented?
  • Screening score in the clinical range?
  • Coded or billed for screening using 96110 CPT code?
  • Coded TS modifier for positive screens?
  • How were MH issues addressed?
### Mental Health QI Learning Collaborative-Track 2

#### November Practice Score Card: Practice Name

**Practice Code:** AA

<table>
<thead>
<tr>
<th>Provider Name</th>
<th>Count of charts</th>
<th>Percent of All</th>
<th>Approved Screens used by provider (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Elshady Bekele</td>
<td>2</td>
<td>20%</td>
<td>50%</td>
</tr>
<tr>
<td>Clarissa Dudley</td>
<td>2</td>
<td>20%</td>
<td>100%</td>
</tr>
<tr>
<td>Heidi Schumacher</td>
<td>1</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>Shaunte Henry</td>
<td>1</td>
<td>10%</td>
<td>0%</td>
</tr>
<tr>
<td>Cesar Machuca</td>
<td>1</td>
<td>10%</td>
<td>100%</td>
</tr>
<tr>
<td>Rosella Castro</td>
<td>1</td>
<td>10%</td>
<td>100%</td>
</tr>
<tr>
<td>Megan Gray</td>
<td>1</td>
<td>10%</td>
<td>100%</td>
</tr>
<tr>
<td>Nathalie Quion</td>
<td>1</td>
<td>10%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Avg. Age Reviewed:** 5.7 yrs. old

**Total Number of Charts:** 10

#### Project Tracking Measures

<table>
<thead>
<tr>
<th>Project Tracking Measures</th>
<th>Yes Response</th>
<th>Year 1 Final Practice Avg</th>
<th>Monthly Practice Avg</th>
<th>Project Aim</th>
<th>Distance from Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Appropriate MH screening completed</td>
<td>7</td>
<td>70%</td>
<td>50%</td>
<td>0%</td>
<td>-20%</td>
</tr>
<tr>
<td>Appropriate MH screening tool used</td>
<td>7</td>
<td>88%</td>
<td>50%</td>
<td>0%</td>
<td>-38%</td>
</tr>
<tr>
<td>Screening scored and documents</td>
<td>4</td>
<td>50%</td>
<td>50%</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Screening scored in the clinical range</td>
<td>3</td>
<td>75%</td>
<td>NA</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Project Billing Measures

<table>
<thead>
<tr>
<th>Project Billing Measures</th>
<th>Yes Response</th>
<th>Year 1 Final Practice Avg</th>
<th>Monthly Practice Avg</th>
<th>Project Aim</th>
<th>Distance from Goal</th>
</tr>
</thead>
<tbody>
<tr>
<td>Used 96110 code for MH screening</td>
<td>6</td>
<td>86%</td>
<td>50%</td>
<td>0%</td>
<td>-36%</td>
</tr>
<tr>
<td>Used -TS modifier if MH screen was positive</td>
<td>0</td>
<td>0%</td>
<td>50%</td>
<td>0%</td>
<td>50%</td>
</tr>
</tbody>
</table>

#### Project Follow-up: Actions Taken by Screening Tool

<table>
<thead>
<tr>
<th>Medicaid Approved Tools</th>
<th>Actions Completed</th>
<th>Count</th>
<th>Percent</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASQ:SE</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral made parent accepted</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Patient already connected with services</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Referral made parent refused</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Provider managed</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td><strong>SDQ-Parent Report</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral made parent accepted</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Patient already connected with services</td>
<td>1</td>
<td>33%</td>
<td></td>
</tr>
<tr>
<td>Referral made parent refused</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Provider managed</td>
<td>2</td>
<td>67%</td>
<td></td>
</tr>
<tr>
<td><strong>SDQ-Self Report</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral made parent accepted</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Patient already connected with services</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Referral made parent refused</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Provider managed</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td><strong>PHQ-9</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Referral made parent accepted</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Patient already connected with services</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Referral made parent refused</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
<tr>
<td>Provider managed</td>
<td>0</td>
<td>0%</td>
<td></td>
</tr>
</tbody>
</table>

**Mental Health issues addressed when appropriate screening tool used:**

- **ASQ:SE**
  - Referral made parent accepted: 0
  - Patient already connected with services: 0
  - Referral made parent refused: 0
  - Provider managed: 0

- **SDQ-Parent Report**
  - Referral made parent accepted: 0
  - Patient already connected with services: 1
  - Referral made parent refused: 0
  - Provider managed: 2

- **SDQ-Self Report**
  - Referral made parent accepted: 0
  - Patient already connected with services: 0
  - Referral made parent refused: 0
  - Provider managed: 0

- **PHQ-9**
  - Referral made parent accepted: 0
  - Patient already connected with services: 0
  - Referral made parent refused: 0
  - Provider managed: 0
Team-based practice improvements

• You develop and test small changes in your practice
  • Model for improvement: Plan-Do-Study-Act
  • Keep it simple!
  • Tips and examples from coaches and practices

• Evaluate PDSA success (or not), make adjustments and pilot as needed

• Track results
Web-based learning sessions

- Lunchtime learning (~1 hr)
- Web-based sessions from MH experts
  - Screening Overview & Implementation
  - QI 101
  - After the Screen
  - Motivating and Supporting Families to Address Mental Health
  - Managing Behavior Problems
  - Managing Anxiety
  - Perinatal Mental Health
- Archived for later viewing
- Can also watch archived webinars from Round 1 (e.g., Early Childhood Mental Health)
- CME accredited
Project website: QI Team Space

- QI project website to submit and see practice data
- Archived learning sessions, videos & webinars
- Practice resources for improving MH screening and intervention
We are recruiting practices now!

• Kick-off:
  • Part 1: Friday Jan 9th 12-1pm
  • Part 2: Monday Jan 12th 12-1pm

• Basic requirements:
  • Internet connectivity
How do I sign up or ask questions?

• Sign up online at:
  • https://www.surveymonkey.com/s/MHApp_yr2

• Questions about signing up?
  • Contact Tamara John at 202-476-5481 or tjohn@childrensnational.org

• Questions about the DC Collaborative for Mental Health in Pediatric Primary Care?
  • Contact Lee Beers (lbeers@childrensnational.org) or Leandra Godoy (lgodoy@childrensnational.org)
Thank you for participating!
Questions & discussion.