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Screening and Measurement-Based Care

Lori Raney, MD

- ❑ **Review of validated screening tools: adults and pediatrics**

- ❑ **Using a registry to track results**

- ❑ **Process of measurement-based care**

- ❑ **Tracking individual patient response**

- ❑ **Tracking Referrals to Outside Providers**

- ❑ **Tracking practice performance on process and outcomes measures**

PCMH PRIME Elements Discussed in Webinar:
1) Element D 1-6: Screening and Comprehensive Health Assessment
2) Element B-3: Referral Tracking
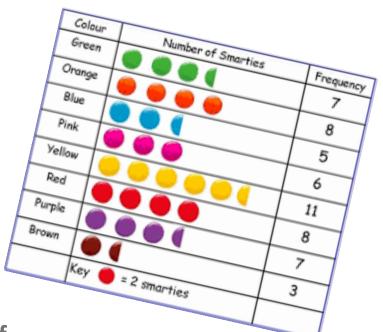3) Element F-1: Identifying Patients for Care Management

PROCESS: SCREEN, TREAT, TRACK, FEEDBACK

- Screen

- Diagnose

- Start treatment

- Measure treatment response

- Track outcomes

- Adjust treatment if needed

- Feedback results to team

✚ Define a population based on clinical data

✚ Depression

✚ Anxiety

✚ Depression or Anxiety and $\geq$ 1 chronic illness

✚ ADHD

✚ Adolescent depression

✚ Post partum depression

Changing from reacting to the ad hoc needs of individual patients to proactive management of a practice's patient panel.

SCREENING: USE VALIDATED TOOLS

Mood Disorders
(Criteria D 3-depression,
D 6 -postpartum depression)

- PHQ-9 Depression
- MDQ: Bipolar Disorder
- CIDI: Bipolar Disorder
- EPDS: Postnatal Depression

Anxiety Disorders
(Criteria D 4)

- GAD-7: Anxiety
- PCL-C: PTSD
- Young-Brown: OCD
- Mini Social Phobia: Social Phobia

Psychotic Disorders

- Brief Psychiatric Rating Scale
- Positive and Negative Syndrome Scale

Substance Use Disorders
(Criteria D 5)

- CAGE-AID
- AUDIT
- DAST
- CRAFFT
- Alcohol Screening and BI for Youth

Developmental Screening
(Criteria D 2)

- ASQ
- SWYC
- CHAT
- PEDS

PCMH PRIME Criteria D 1-6 requires regular comprehensive health assessments including use of validated screening tools

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CHILD AND ADOLESCENT

+ PHQ-A – Depression

+ Vanderbilt – ADHD

+ SCARED

NICHQ Vanderbilt Assessment Scale—PARENT Informant

Today's Date: _____ Child's Name: _____ Date of Birth: _____

Parent's Name: _____ Parent's Phone Number: _____

Directions: Each rating should be considered in the context of what is appropriate for the age of your child. When completing this form, please think about your child's behaviors in the past <u>6 months.</u>

Is this evaluation based on a time when the child ☐ was on medication ☐ was not on medication ☐ not sure?

Symptoms	Never	Occasionally	Often	Very Often
1. Does not pay attention to details or makes careless mistakes with, for example, homework	0	1	2	3
2. Has difficulty keeping attention to what needs to be done	0	1	2	3
3. Does not seem to listen when spoken to directly	0	1	2	3
4. Does not follow through when given directions and fails to finish activities (not due to refusal or failure to understand)	0	1	2	3
5. Has difficulty organizing tasks and activities	0	1	2	3
6. Avoids, dislikes, or does not want to start tasks that require ongoing mental effort	0	1	2	3
7. Loses things necessary for tasks or activities (toys, assignments, pencils, or books)	0	1	2	3
8. Is easily distracted by noises or other stimuli	0	1	2	3
9. Is forgetful in daily activities	0	1	2	3
10. Fidgets with hands or feet or squirms in seat	0	1	2	3
11. Leaves seat when remaining seated is expected	0	1	2	3
12. Runs about or climbs too much when remaining seated is expected	0	1	2	3
13. Has difficulty playing or beginning quiet play activities	0	1	2	3
14. Is "on the go" or often acts as if "driven by a motor"	0	1	2	3
15. Talks too much	0	1	2	3
16. Blurts out answers before questions have been completed	0	1	2	3
17. Has difficulty waiting his or her turn	0	1	2	3
18. Interrupts or intrudes in on others' conversations and/or activities	0	1	2	3
19. Argues with adults	0	1	2	3
20. Loses temper	0	1	2	3
21. Actively defies or refuses to go along with adults' requests or rules	0	1	2	3
22. Deliberately annoys people	0	1	2	3
23. Blames others for his or her mistakes or misbehaviors	0	1	2	3
24. Is touchy or easily annoyed by others	0	1	2	3
25. Is angry or resentful	0	1	2	3
26. Is spiteful and wants to get even	0	1	2	3
27. Bullies, threatens, or intimidates others	0	1	2	3

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Over the last 2 weeks, how many days have you been bothered by any of the following problems?	Not at All	Several Days	More than Half the Days	Nearly Every Day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed or hopeless	0	1	2	3

Scoring:

O-2 – negative score

3 or more – positive and give PHQ-9

PHQ 9 > 9
- < 5 – none/remission
- 5 - mild
- **10 - moderate**
- 15- moderate severe
- 20 - severe
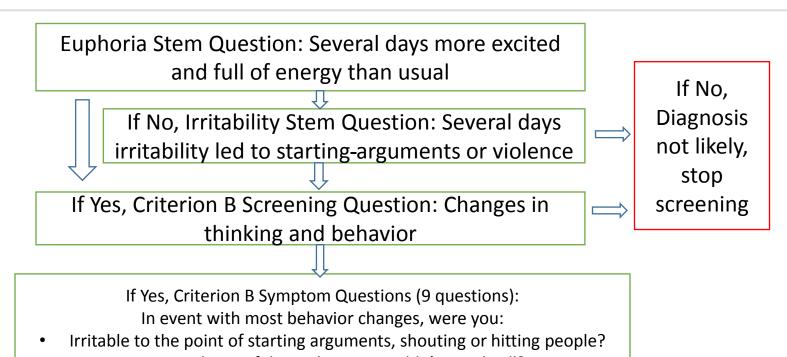
Generalized Anxiety Disorder 7-item (GAD-7) scale

Over the last 2 weeks, how often have you been bothered by the following problems?	Not at all sure	Several days	Over half the days	Nearly every day
1. Feeling nervous, anxious, or on edge	0	1	2	3
2. Not being able to stop or control worrying	0	1	2	3
3. Worrying too much about different things	0	1	2	3
4. Trouble relaxing	0	1	2	3
5. Being so restless that it's hard to sit still	0	1	2	3
6. Becoming easily annoyed or irritable	0	1	2	3
7. Feeling afraid as if something awful might happen	0	1	2	3
Add the score for each column		+	+	+
Total Score *(add your column scores)* =				

Score ≥ 10 indicates possible diagnosis

CIDI – BI-POLAR (questions abbreviated)

Euphoria Stem Question: Several days more excited and full of energy than usual

If No, Irritability Stem Question: Several days irritability led to starting-arguments or violence

If No, Diagnosis not likely, stop screening

If Yes, Criterion B Screening Question: Changes in thinking and behavior

If Yes, Criterion B Symptom Questions (9 questions):
In event with most behavior changes, were you:
- Irritable to the point of starting arguments, shouting or hitting people?
  - So restless or fidgety that you couldn't stand still?
    - Do anything else that was not usual for you?
    - Try to do things that were impossible to do?
    - Constantly keep changing plans or activities?
  - Find it hard to keep mind on what you were doing?
- Thoughts seemed to jump from one thing to another?
  - Sleep less than usual but not feel tired?
- Spend money such that it caused financial trouble?

Positive Predictive Value increases with each positive of 9 symptom questions:
High risk = 7-9 questions positive

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SCREENING, DIAGNOSTIC, OR MEASUREMENT TOOL?

+ Some tools are *for screening* – examples:

    + PHQ2/9/A

    + GAD2/7

    + Vanderbilt

    + CIDI

    + PTSD – PC

    + AUDIT

+ ***None of these are diagnostic*** – need to add a dose of clinical judgement and make a diagnosis

+ Some of these tools are *validated measurement tools* – examples:

    + PHQ9

    + GAD7

    + Vanderbilt

    + SCARED (children)

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WHAT IS A REGISTRY?

+ Systematic collection of a clearly defined set of health and demographic **data** for patients with specific health characteristics

+ Held in a central **database** for a predefined purpose

+ Medical registries can serve **different purposes**—for instance, as a tool to monitor and improve quality of care including risk stratification, or as a resource for epidemiological research.

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HOW CAN A REGISTRY HELP?

+ Keep track of all clients so no one "falls through the cracks"

  + Up-to-date client contact information

  + Referral for services

+ Tells us who needs additional attention

  + High risk individuals in need of immediate attention

  + Clients who are not following up

  + Clients who are not improving

  + Reminders for clinicians & managers

  + Customized caseload reports

+ Facilitates communication, specialty consultation, and care coordination

+ Helps to stratify risk

  + Concentrate resources where needed most

+ Choose the initiative most likely to have significant impact and use to focus educational efforts

	Treatment Status						PHQ-9				GAD-7				Psychiatric Consultation	
				Indicates that the most recent contact was over 2 months (60 days) ago			✔ Indicates that the last available PHQ-9 score is at target (less than 5 or 50% decrease from initial score) ! Indicates that the last available PHQ-9 score is more than 30 days old				✔ Indicates that the last available GAD-7 score is at target (less than 10 or 50% decrease from initial score) ! Indicates that the last available GAD-7 score is more than 30 days old					
View Record	Treatment Status	Name	Date of Initial Assessment	Date of Most Recent Contact	Number of Follow-up Contacts	Weeks in Treatment	Initial PHQ-9 Score	Last Available PHQ-9 Score	% Change in PHQ-9 Score	Date of Last PHQ-9 Score	Initial GAD-7 Score	Last Available GAD-7 Score	% Change in GAD-7 Score	Date of Last GAD-7 Score	Flag	Most Recent Psychiatric Consultant Note
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View	Active	Albert Smith	8/13/2015	! 12/2/2015	7	29	18	17	-6%	! 12/2/2015	14	10	-29%	! 12/2/2015	Flag for discussion	
View	Active	Joe Smith	11/30/2015	2/28/2016	6	14	14	10	-29%	2/28/2016	10	✔ 6	-40%	2/28/2016	Flag for discussion	2/26/2016
View	Active	Bob Dolittle	1/5/2016	3/1/2016	3	9	21	19	-10%	3/1/2016	12	10	-17%	3/1/2016	Flag as safety risk	2/18/2016
View	Active	Nancy Fake	2/4/2016	2/4/2016	0	4	.	No Score			.	No Score				
View	RP	John Doe	9/15/2015	3/6/2016	10	25	20	✔ 2	✔ -90%	3/6/2016	14	✔ 3	✔ -79%	3/6/2016		2/20/2016

TREATMENT STATUS DATA POINTS

View Record	Treatment Status	Name	Treatment Status				PHQ-9				GAD-7				Psychiatric Consultation	
			Date of Initial Assessment	Date of Most Recent Contact	Number of Follow-up Contacts	Weeks in Treatment	Initial PHQ-9 Score	Last Available PHQ-9 Score	% Change in PHQ-9 Score	Date of Last PHQ-9 Score	Initial GAD-7 Score	Last Available GAD-7 Score	% Change in GAD-7 Score	Date of Last GAD-7 Score	Flag	Most Recent Psychiatric Consultant Note
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GAD-7: Indicates that the last available GAD-7 score is at target (less than 10 or 50% decrease from initial score). Indicates that the last available GAD-7 score is more than 30 days old

MEASUREMENT DATA

View Record	Treatment Status	Name	Treatment Status				PHQ-9				GAD-7				Psychiatric Consultation	
			Date of Initial Assessment	Date of Most Recent Contact	Number of Follow-up Contacts	Weeks in Treatment	Initial PHQ-9 Score	Last Available PHQ-9 Score	% Change in PHQ-9 Score	Date of Last PHQ-9 Score	Initial GAD-7 Score	Last Available GAD-7 Score	% Change in GAD-7 Score	Date of Last GAD-7 Score	Flag	Most Recent Psychiatric Consultant Note
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GAD-7: ✔ Indicates that the last available GAD-7 score is at target (less than 10 or 50% decrease from initial score) ! Indicates that the last available GAD-7 score is more than 30 days old

PSYCHIATRIC REVIEW, SAFETY FLAGS

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| View Record | Treatment Status | Name | Treatment Status | | | | PHQ-9 | | | | GAD-7 | | | | Psychiatric Consultation | |
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Two crucial data points:
50% reduction PHQ-9
Remission (PHQ 9 < 5)

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SHARE RESULTS WITH PATIENTS AND STAFF

PROCESS OF MEASUREMENT-BASE CARE

✚ Systematic administration of symptom rating scales – use huddle or registry

    ✚ Measurement Based Care is NOT a substitute for clinical judgement

✚ Use of the results to drive clinical decision making at the patient level – overcome clinical inertia

✚ Patient rated scales are equivalent to clinician rated scales

SOURCE: Fortney et al Psych Serv Sept 2016

AGGREGATE DATA

✚ Professional development at the provider level – MACRA, MIPS

✚ Quality improvement at the clinic level

✚ Inform reimbursement at the payer level

SOURCE: Fortney et al Psych Serv Sept 2016

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Patient ▾ | Caseload ▾ | Program ▾ | Tools ▾ | Logout | Hello, Jurgen (unutzer)

(Switch to Clinic-stat)

CASELOAD STATISTICS L1
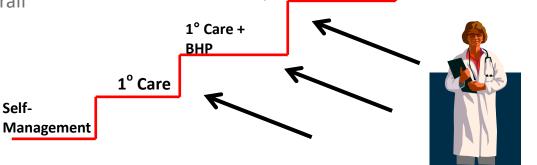
| CO | # OF P. | CLINICAL ASSESSMENT | | | FOLLOW UP | | | | 50% IMPROVED AFTER > 10 WKS | |
		#	MEAN PHQ	MEAN GAD	# OF P.	MEAN #	MEAN # CLINIC	MEAN # PHONE	PHQ	GAD
LCSW	70	68 (97%)	15.1 (n=61)	12.8 (n=52)	62 (91%)	6.7	5.5 (82%)	1.2 (18%)	19 (49%) (n=39)	16 (41%) (n=39)
LCSW	86	86 (100%)	15.9 (n=86)	14.2 (n=84)	79 (92%)	12.4	6.4 (52%)	6.0 (48%)	34 (68%) (n=50)	28 (56%) (n=50)
All	156	154 (99%)	15.6 (n=147)	13.6 (n=136)	141 (92%)	9.9	6.0 (61%)	3.9 (39%)	53 (60%) (n=89)	44 (49%) (n=89)

C/C = Continued Care Pla

INEFFECTIVE APPROACHES

✚ One-time screening

✚ Assessing symptoms infrequently

✚ Feeding back outcomes outside the context of the clinical encounter

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STEPPED CARE APPROACH

+ Uses limited resources to their greatest effect on a population basis

+ Different people require different levels of care

+ Finding the right level of care often depends on monitoring outcomes

+ Increases effectiveness and lowers costs overall

Psychiatric Inpatient tx

BH specialty long term tx

BH specialty short term tx

Psychiatric consult (Face-to-face)

1° Care + BHP

1° Care

Self-Management

Psychiatric Consultation

SOURCE: Van Korff et al 2000

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WHO NEEDS REFERRAL TO A HIGHER LEVEL OF CARE?

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GAD-7: Indicates that the last available GAD-7 score is at target (less than 10 or 50% decrease from initial score) / Indicates that the last available GAD-7 score is more than 30 days old

Can use registry as reminder for referral tracking (PCMH PRIME Element B-3)

REFERRAL TRACKING RESULTS VARY BY LEVEL OF INTEGRATION

✚ All information is valuable in the ongoing management of patient

✚ Patient consent sought for sharing information between providers. Psychotherapy notes and other information with additional protections not shared unless additional consent is obtained.

✚ Information from referral improves ability to provide measurement based care and care management

Discussing results of the visit, changes in medication or shared care plan

Reporting on results of the visit, changes in medication or care plan

Report conveying changes in medication or treatment plan (i.e. visit frequency)

Confirming that patient attended appointment * (no PCMH PRIME credit)

PCMH PRIME Element B-3: Tracks BH referrals until the consultant's or specialist's report is available, flagging and following up on overdue reports

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BEST PRACTICES IN REFERRAL TRACKING

+ Agreement with BH provider details expectations for communication and results sharing (PCMH PRIME Element B-1)

+ Primary Care non-licensed staff makes first BH appointment for patient, notes the day and time of the appointment

+ Primary Care non-licensed staff follow-up with specialist at set time (2 days, 7 days) after visit if no notification received

+ Electronic or paper referral form notes reason for visit, other requested information and communication request/ contact information

+ Referrals concentrated to limited number of providers to the extent possible, taking into account access and patient preferences

+ Innovative arrangements with partners can boost access and integration:

   + Dedicated blocks of time in psychiatrists' schedules for patients from particular PCPs (in Collaborative Care Model or other models)

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PERFORMANCE MEASURES

+ **Process Metrics**

    + Percent of patients screened for depression – NQF 712

    + Percent with follow-up with care manager within 2 weeks

    + Percent not improving that received case review and psychiatric recommendations

    + Percent treatment plan changed based on advice

    + Percent not improving referred to specialty BHP

+ **Outcome Metrics**

    + Percent with 50% reduction PHQ-9 – NQF 184 and 185

    + Percent reaching remission (PHQ-9 < 5) – NQF 710 and 711

+ **Satisfaction** – patient and provider

+ **Functional** –work, school, homelessness

+ **Utilization/Cost**

    + ED visits, 30 day readmits, med/surg/ICU, overall cost

OTHER METRICS

+ Anxiety

  + 50% reduction in GAD-7

  + Remission in anxiety GAD-7 < 5

+ Depression and chronic medical conditions

  + % with depression and 2 or more chronic conditions who had improvements in HbA1c/DBP/Lipids, etc

+ Alcohol use

  + % of patients with AUD who reduced intake to NIAAA safe drinking limits

  + % of patients with AUD who are abstinent

+ ADHD
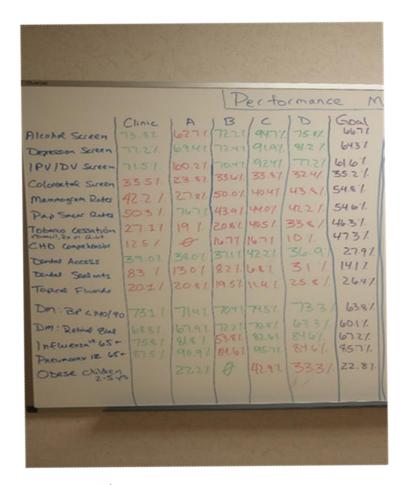
  + % of patients with reduction in score of items 1-18

TAKING CORRECTIVE ACTION

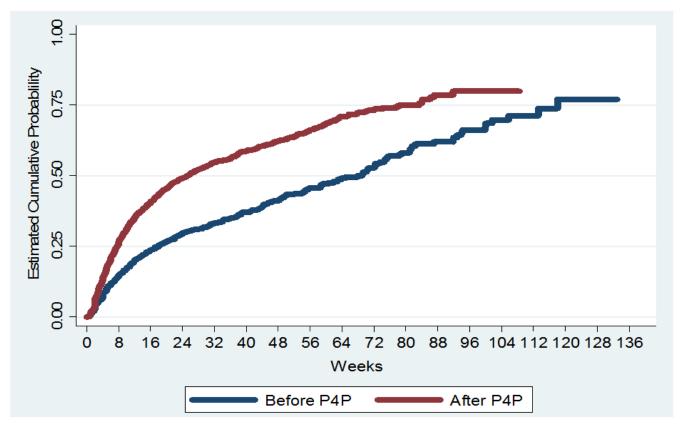# TRANSPARENCY: CELEBRATE SUCESSES!

- ✚ Blinded or not
- ✚ Reward staff
- ✚ Carrot approach
- ✚ Stick approach
- ✚ Set new benchmarks

PAY FOR PERFORMANCE FOR COLLABORATIVE CARE: COMING TO A THEATRE NEAR YOU!

American Psychiatric Association found that when P4P arrangements were in place, median time to depression treatment response was reduced by half

Unützer et al. 2012

NEW CODES FOR CoCM REQUIRED ATTENTION TO DETAIL

G0502 - $143

G0503 - $126   Billed once a month by the PCP

G0502 - $66

+ Outreach and engagement by BHP

+ Initial assessment of the patient, including administration of validated measurement scales

+ Entering patient data in a registry and tracking patient follow-up and progress

+ Participation in weekly caseload review with the psychiatric consultant

+ Provision of brief interventions using evidence-based techniques such as behavioral activation, motivational interviewing, and other focused treatment strategies.