Screening and Measurement-Based Care

Lori Raney, MD
AGENDA

- 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
CHOOSE A POPULATION TO TREAT AND TRACK

- Define a population based on clinical data
  - Depression
  - Anxiety
  - Depression or Anxiety and > 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**
### 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 6 months.

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

<table>
<thead>
<tr>
<th></th>
<th>Not at All</th>
<th>Several Days</th>
<th>More than Half the Days</th>
<th>Nearly Every Day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Scoring:
O-2 – negative score
3 or more – positive and give PHQ-9
VALIDATED SCREENING AND MEASUREMENT TOOLS

PHQ 9 > 9

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

<table>
<thead>
<tr>
<th>Over the last 2 weeks, how often have you been bothered by the following problems?</th>
<th>Not at all sure</th>
<th>Several days</th>
<th>Over half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Feeling nervous, anxious, or on edge</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Not being able to stop or control worrying</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Worrying too much about different things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Trouble relaxing</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Being so restless that it's hard to sit still</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Becoming easily annoyed or irritable</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Feeling afraid as if something awful might happen</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Add the score for each column

| + | + | + | + |

**Total Score (add your column scores) =**

Score ≥ 10 indicates possible diagnosis
CIDI – BI-POLAR (questions abbreviated)

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

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 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?

If No, Diagnosis not likely, stop screening
**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)
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.
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
## DATA POINTS: SETTING UP A REGISTRY

<table>
<thead>
<tr>
<th>View</th>
<th>Treatment Status</th>
<th>Name</th>
<th>Date of Initial Assessment</th>
<th>Date of Most Recent Contact</th>
<th>Number of Follow-up Contacts</th>
<th>Weeks in Treatment</th>
<th>Initial PHQ-9 Score</th>
<th>Last Available PHQ-9 Score</th>
<th>% Change in PHQ-9 Score</th>
<th>Date of Last PHQ-9 Score</th>
<th>Initial GAD-7 Score</th>
<th>Last Available GAD-7 Score</th>
<th>% Change in GAD-7 Score</th>
<th>Date of Last GAD-7 Score</th>
<th>Flag</th>
<th>Most Recent Psychiatric Consultant Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Active</td>
<td>Susan Test</td>
<td>9/5/2015</td>
<td>2/23/2016</td>
<td>10</td>
<td>26</td>
<td>22</td>
<td>14</td>
<td>-36%</td>
<td>2/23/2016</td>
<td>18</td>
<td>17</td>
<td>-6%</td>
<td>1/23/2016</td>
<td></td>
<td>Flag for discussion &amp; safety risk</td>
</tr>
<tr>
<td>View</td>
<td>Active</td>
<td>Albert Smith</td>
<td>8/13/2015</td>
<td>12/2/2015</td>
<td>7</td>
<td>29</td>
<td>18</td>
<td>17</td>
<td>-6%</td>
<td>12/2/2015</td>
<td>14</td>
<td>10</td>
<td>-29%</td>
<td>12/2/2015</td>
<td></td>
<td>Flag for discussion</td>
</tr>
<tr>
<td>View</td>
<td>Active</td>
<td>Nancy Fake</td>
<td>2/4/2016</td>
<td>2/4/2016</td>
<td>0</td>
<td>4</td>
<td>-</td>
<td>No Score</td>
<td>-</td>
<td></td>
<td>-</td>
<td>No Score</td>
<td>-</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### TREATMENT STATUS DATA POINTS

<table>
<thead>
<tr>
<th>View</th>
<th>Treatment Status</th>
<th>Name</th>
<th>Date of Initial Assessment</th>
<th>Date of Most Recent Contact</th>
<th>Number of Follow-up Contacts</th>
<th>Weeks in Treatment</th>
<th>Initial PHQ-9 Score</th>
<th>Last Available PHQ-9 Score</th>
<th>% Change in PHQ-9 Score</th>
<th>Date of Last PHQ-9 Score</th>
<th>Initial GAD-7 Score</th>
<th>Last Available GAD-7 Score</th>
<th>% Change in GAD-7 Score</th>
<th>Date of Last GAD-7 Score</th>
<th>Flag</th>
<th>Most Recent Psychiatric Consultant Note</th>
</tr>
</thead>
<tbody>
<tr>
<td>View</td>
<td>Active</td>
<td>Albert Smith</td>
<td>8/13/2015</td>
<td>12/2/2015</td>
<td>7</td>
<td>29</td>
<td>18</td>
<td>17</td>
<td>-6%</td>
<td>12/2/2015</td>
<td>14</td>
<td>10</td>
<td>-29%</td>
<td>12/2/2015</td>
<td>Flag for discussion</td>
<td>12/2/2015</td>
</tr>
</tbody>
</table>

**Notes:**
- 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 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

#### Treatment Status
- 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

#### PHQ-9
- Initial PHQ-9 Score
- Last Available PHQ-9 Score
- % Change in PHQ-9 Score
- Date of Last PHQ-9 Score

#### GAD-7
- Initial GAD-7 Score
- Last Available GAD-7 Score
- % Change in GAD-7 Score
- Date of Last GAD-7 Score

#### Psychiatric Consultation
- Flag
- Most Recent Psychiatric Consultant Note

<table>
<thead>
<tr>
<th>View</th>
<th>Treatment Status</th>
<th>Name</th>
<th>Date of Initial Assessment</th>
<th>Date of Most Recent Contact</th>
<th>Number of Follow-up Contacts</th>
<th>Weeks in Treatment</th>
<th>Initial PHQ-9 Score</th>
<th>Last Available PHQ-9 Score</th>
<th>% Change in PHQ-9 Score</th>
<th>Date of Last PHQ-9 Score</th>
<th>Initial GAD-7 Score</th>
<th>Last Available GAD-7 Score</th>
<th>% Change in GAD-7 Score</th>
<th>Date of Last GAD-7 Score</th>
<th>Flag</th>
<th>Most Recent Psychiatric Consultant Note</th>
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</thead>
<tbody>
<tr>
<td>View</td>
<td>Active</td>
<td>Albert Smith</td>
<td>8/13/2015</td>
<td>12/2/2015</td>
<td>7</td>
<td>29</td>
<td>18</td>
<td>17</td>
<td>-6%</td>
<td>12/2/2015</td>
<td>14</td>
<td>10</td>
<td>-29%</td>
<td>12/2/2015</td>
<td>Flag for discussion</td>
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<tr>
<td>View Record</td>
<td>Treatment Status</td>
<td>Name</td>
<td>Date of Initial Assessment</td>
<td>Date of Most Recent Contact</td>
<td>Number of Follow-up Contacts</td>
<td>Weeks in Treatment</td>
<td>Initial PHQ-9 Score</td>
<td>Last Available PHQ-9 Score</td>
<td>% Change in PHQ-9 Score</td>
<td>Date of Last PHQ-9 Score</td>
<td>Initial GAD-7 Score</td>
<td>Last Available GAD-7 Score</td>
<td>% Change in GAD-7 Score</td>
<td>Date of Last GAD-7 Score</td>
<td>Psychiatric Consultation</td>
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<td>View 1</td>
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<td>Susan Test</td>
<td>9/5/2015</td>
<td>2/23/2016</td>
<td>10</td>
<td>26</td>
<td>22</td>
<td>14</td>
<td>-36%</td>
<td>2/23/2016</td>
<td>18</td>
<td>17</td>
<td>-6%</td>
<td>1/27/2016</td>
<td>Flag for discussion &amp; safety risk</td>
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</tr>
<tr>
<td>View 2</td>
<td>Active</td>
<td>Albert Smith</td>
<td>8/13/2015</td>
<td>12/2/2015</td>
<td>7</td>
<td>29</td>
<td>18</td>
<td>17</td>
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<td>14</td>
<td>10</td>
<td>-29%</td>
<td>12/2/2015</td>
<td>Flag for discussion</td>
<td></td>
</tr>
</tbody>
</table>
### MEASURING CHANGE

Two crucial data points:

- 50% reduction PHQ-9
- Remission (PHQ 9 < 5)

<table>
<thead>
<tr>
<th>Treatment Status</th>
<th>PHQ-9</th>
<th>GAD-7</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Initial Assessment</td>
<td>Date of Most Recent Contact</td>
<td>Number of Follow-up Contacts</td>
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<tr>
<td>View</td>
<td>Record</td>
<td>Status</td>
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<tr>
<td>Active</td>
<td>Albert Smith</td>
<td>8/13/2015</td>
</tr>
<tr>
<td>Active</td>
<td>Nancy Fake</td>
<td>2/4/2016</td>
</tr>
</tbody>
</table>
SHARE RESULTS WITH PATIENTS AND STAFF
PROCESS OF MEASUREMENT-BASED 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
AGGREGATE DATA TO MEASURE PERFORMANCE ON A CLINICIAN LEVEL

**CASELOAD STATISTICS L1**

<table>
<thead>
<tr>
<th>CO</th>
<th># OF P.</th>
<th>CLINICAL ASSESSMENT</th>
<th>FOLLOW UP</th>
<th>50% IMPROVED AFTER &gt; 10 WKS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>#</td>
<td>MEAN PHQ</td>
<td>MEAN GAD</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LCSW</td>
<td>70</td>
<td>68 (97%)</td>
<td>15.1</td>
<td>12.8</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(n=61)</td>
<td>(n=52)</td>
<td>(n=52)</td>
</tr>
<tr>
<td>LCSW</td>
<td>86</td>
<td>86 (100%)</td>
<td>15.9</td>
<td>14.2</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(n=86)</td>
<td>(n=84)</td>
<td>(n=84)</td>
</tr>
<tr>
<td>All</td>
<td>156</td>
<td>154 (99%)</td>
<td>15.6</td>
<td>13.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>(n=147)</td>
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INEFFECTIVE APPROACHES

✚ One-time screening
✚ Assessing symptoms infrequently
✚ Feeding back outcomes outside the context of the clinical encounter
**STEPPE 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

**SOURCE:** Van Korff et al 2000
WHO NEEDS REFERRAL TO A HIGHER LEVEL OF CARE?

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

**REFERRAL TRACKING RESULTS VARY BY LEVEL OF INTEGRATION**

- Confirming that patient attended appointment *
  (no PCMH PRIME credit)
- Report conveying changes in medication or treatment plan (i.e. visit frequency)
- Reporting on results of the visit, changes in medication or care plan
- Discussing results of the visit, changes in medication or shared care plan

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
+ 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)
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

**Act**
- What changes are to be made?
- Next cycle?

**Plan**
- Objective
- Predictions
- Plan to carry out the cycle (who, what, where, when)
- Plan for data collection

**Study**
- Analyse data
- Compare results to predictions
- Summarise what was learned

**Do**
- Carry out the plan
- Document observations
- Record data
TRANSPARENCY: CELEBRATE SUCCESSES!

- Blinded or not
- Reward staff
- Carrot approach
- Stick approach
- Set new benchmarks
American Psychiatric Association found that when P4P arrangements were in place, median time to depression treatment response was reduced by half.
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.