Measurement to Support Integrated Behavioral Health in Primary Care
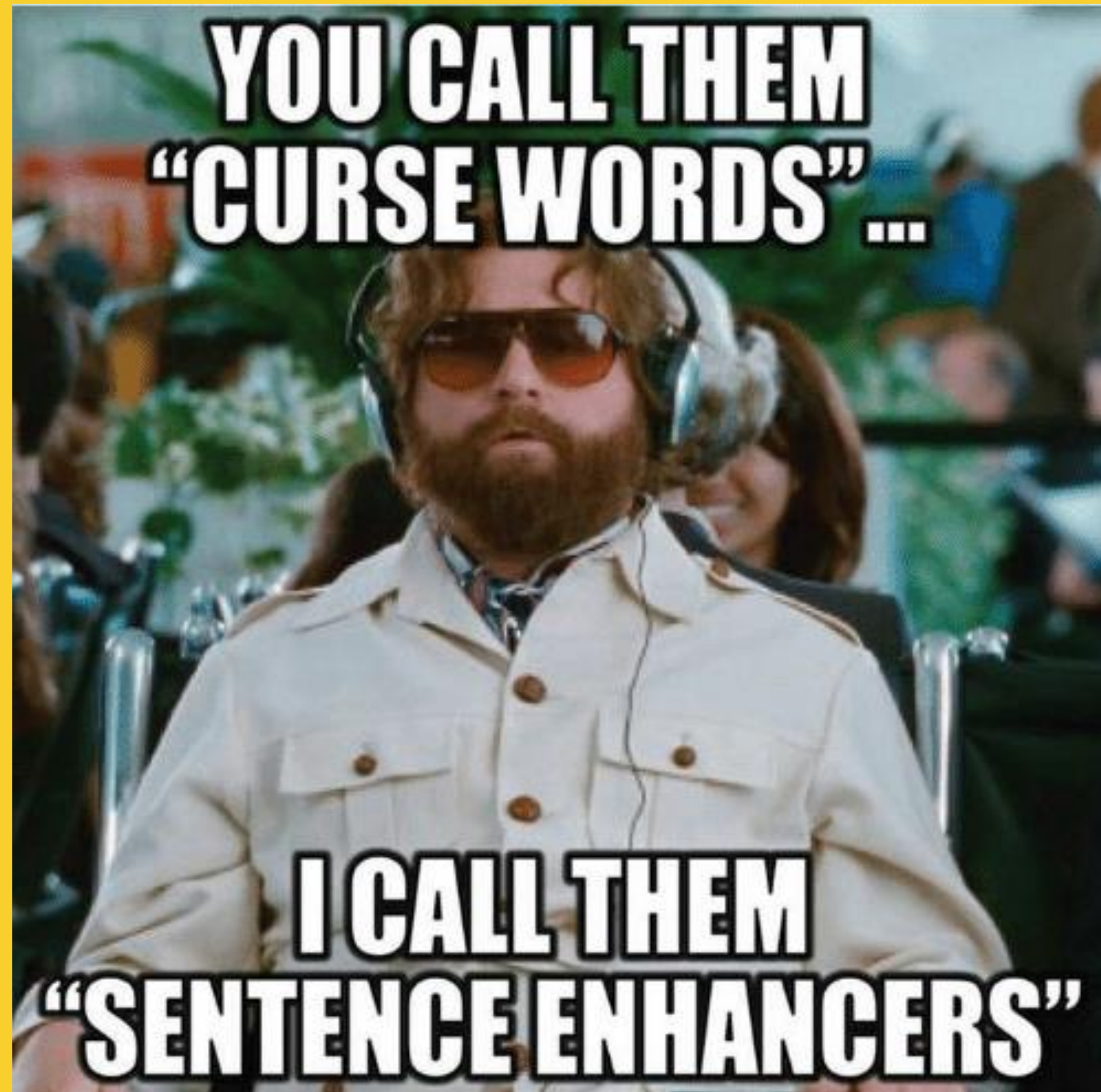
ALEXANDRA HULST, PHD, LMFT

MARCH 2020

ROCKY MOUNTAIN
HEALTH PLANS®

DATA

OUTLINE

USEFULNESS OF DATA

Internal program evaluation

Clinical quality measure (CQM) reporting

Other program deliverables

TYPES OF DATA

Process

Outcome

USE YOUR PEOPLE

Brainstorming

Strategizing

Action planning

A PRIMER ON MEASUREMENT TO SUPPORT INTEGRATED BEHAVIORAL HEALTH IN PRIMARY CARE

June 2019

What do we know about the evidence for integrated behavioral health (IBH)?

Point #1

IBH reduces wait times for new appointments and improves clinician productivity and evaluations of new referrals

(Pomerantz et al., 2008)

Point #2

IBH is associated with more rapid and improved treatment for depression for patients who screened positive for depression in primary care.

(Watts et al., 2007)

Point #3

Most primary care behavioral health providers treat primarily mental health issues, as opposed to broader behavioral medicine issues.

(Beehler et al., 2016)

Point #4

IBH enhances medical provider efficiency, reduces amount of time with individual patients, and generates additional revenue.

(Gouge et al., 2016)

Why bother with collecting more data at my clinic?

Entity	Benefits
Patients	• Can facilitate deeper conversation about specific symptoms & impact on day-to-day life • Heightened awareness of patterns for patients • Analysis of trends can highlight areas for improvement to meet patients' needs
Members of healthcare team	• Can help guide clinical decision making and reduce uncertainty • Common language/reference point for team members • Anchor point to see how patients are improving → fulfillment for care team members
Stakeholders	• Helpful for aggregating data across practice sites • Essential piece of developing value proposition

(Fortney et al., 2016; National Council on Behavioral Health, 2019)

THE WHY

INTERNAL PROGRAM EVALUATION & MONITORING

- How open is our access to BH services?
- How often are our BH apt slots filled?
- How do we need to deal with no-shows and cancellations?
- Are our BH services effective? *(measurement-based care)*
- Am I ready to expand staffing?

LEVERAGE FOR EXTERNAL FUNDING

- Demonstrate value for financial incentives (RAE KPIs; CPC+ CQMs for CPC+, RAE tiering; Prime shared savings, etc.)
- Increase competitiveness for grant funding

What types of data should I consider?

COLDPLAY A RUSH OF BLOOD TO THE HEAD

P R O C E S S

Access
- # days from referral to open slot
- # no shows/week
- # cancellations/ week

Reach
- % total pts seen by BHP
- % high risk pts seen by BHP
- % PCPs referring to BHP
- % pts screened for BH condition

Productivity
- % BH slots filled/week
- # warm hand offs/co-visits

Fidelity to brief model
- % of BH appts scheduled for 30 min
- % of BH appts billed for 30 min
- Average # BH visits/pt
- Ratio established to new pts

BREAKING NEWS:

I DON'T CARE

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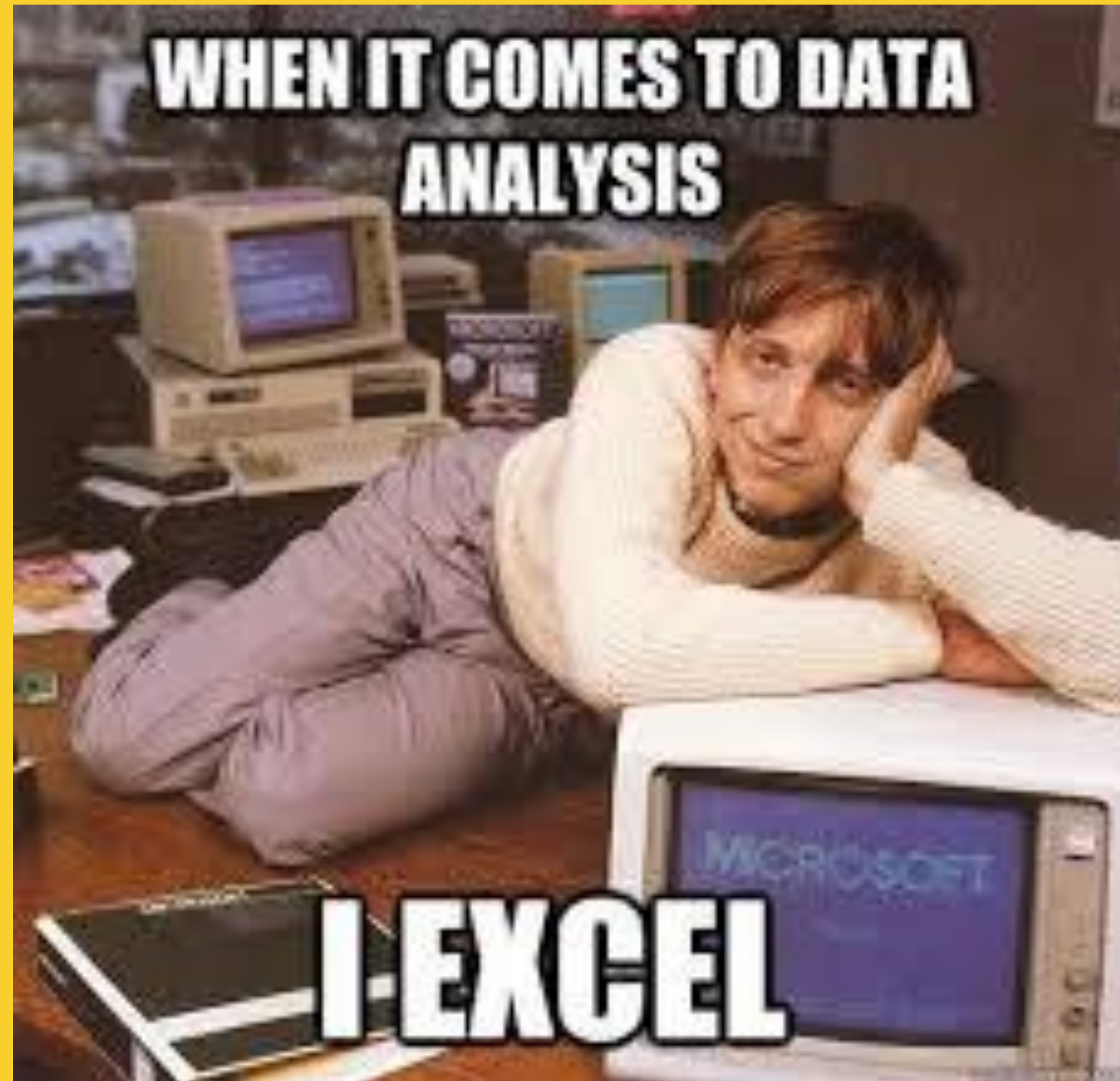
Use Your People

DATA TEAM

ASSEMBLE!!

Groups of Three

Current Data Being Collected

- What data points could you look at to demonstrate value of IBH services?
  - Process
  - Outcome
  - Mental health diagnoses
  - Beyond mental health diagnoses
    - What process changes would need to happen to reinforce the connection between BHPs' work and these data points?

New Data to Collect

- What data points would strengthen your value proposition for IBH?
- What steps can you take to collect this data?
- What will be the source of this data?
- What team will you need to assemble to make this happen?

Here to Help!

Alex Hulst

Integrated BH Advisor

Alexandra.Hulst@rmhp.org