Advancing Behavioral Health Screening and Improving Care Coordination

Archie Hamilton, MA, LPC

January 27, 2016

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Objectives

- Introduce atom Alliance
- Provide overview of behavioral health (BH) project priorities and opportunities
  - Primary Care Providers (PCPs)
  - Inpatient psychiatric facilities (IPFs)
  - Stakeholders and partners
- Recognize that major depression and alcohol misuse are common, under-identified BH conditions
- Identify screening tools for depression and alcohol misuse
- Determine the return on investment gains from conducting screenings

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Polling Question #1

Which State are you from?

☐ Alabama ☐ Indiana ☐ Mississippi ☐ Kentucky ☐ Tennessee

☐ Other

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Introduction to atom Alliance

Multi-state alliance for powerful change composed of three nonprofit, healthcare QI consulting companies.

Qsource.

IQH Information & Quality HEALTHCARE

AQAF THE BUSINESS OF QUALITY

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atom Alliance

Archie Hamilton MA, LPC

Archie has a masters in counseling psychology and over 10 years of experience working to advance behavioral health integration and quality improvement.

He currently serves as the behavioral health manager with the atom Alliance, working to improve behavioral health care in the primary care and inpatient settings.

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Cherokee Health Systems

Parinda Khatri, PhD

Cherokee Health Systems

Dr. Khatri holds a PhD in clinical psychology and post-doctoral fellowship in behavioral medicine.

She has 18 years experience in clinical psychology and leads Cherokee Health's integrated care implementation.

Dr. Khatri is involved in national initiatives to support integration, healthcare workforce development and healthcare for safety net populations.

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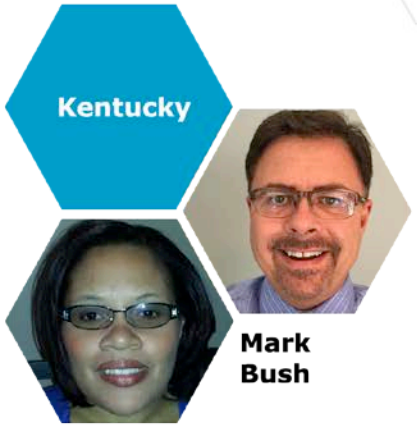
Meet the Team



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Additional Team Members

- Cherokee Health Systems
  - Parinda Khatri, PhD
  - Suzanne Bailey, PsyD
  - Sara Propst, PhD
  - Eboni Winford, PhD
  - Joel Hornberger, MHA

- mdLogix
  - Matt Briner
  - Aaditya Goswami

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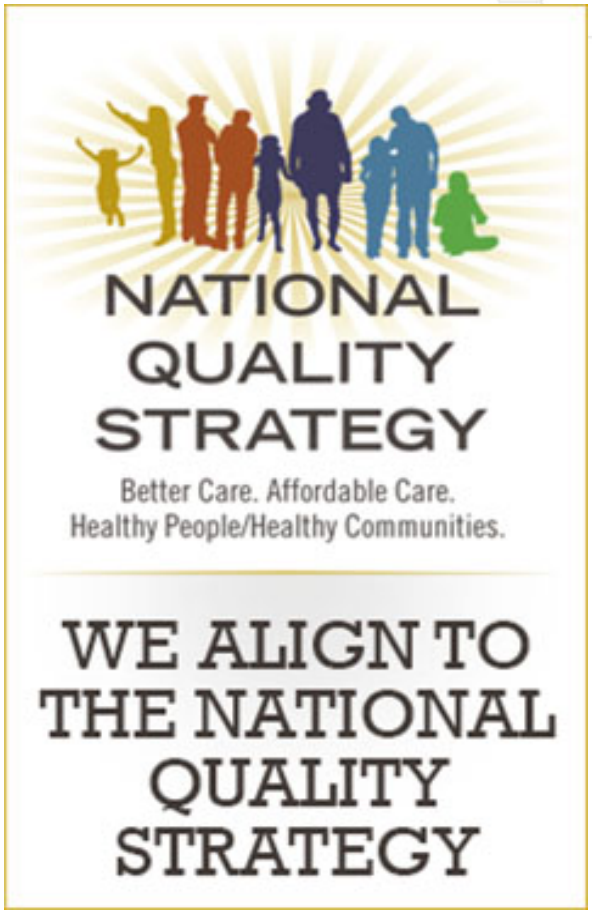
atom Alliance: What We Do

- Contracted by the Centers for Medicare & Medicaid Services (CMS)

- Change agents focused on three aims:
  - Better Care
  - Smarter Spending
  - Healthier People

- Partner with patients, providers and practitioners across five states to conduct quality improvement activities that put patients first and equip providers to do the same



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atom Alliance: Behavioral Health

- Newly funded priority area under the atom Alliance contract with CMS
- Allows us to bring resources and educational support to PCPs and IPFs across five states

Why Advance Behavioral Health Integration?

- Physicians screen fewer than half of their patients for alcohol use disorder.
- Roughly two-thirds of those with a BH disorder do not get BH treatment.
- Depression is identified in fewer than half of primary care patients.
- Depression and alcohol use disorder are common BH conditions in adults, but are often under-identified in primary care settings.

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Why Advance Behavioral Health Integration? (cont.)

- Approximately 6.7 percent of American adults−about 14.8 million people−live with major depression.
- About 9.2 million adults have co-occurring mental health and addiction disorders.
- Challenges in effective care coordination for these and other behavioral health conditions contribute to high hospital readmission rates and problems with treatment adherence.

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Polling Question #2

Which type of organization do you represent?

- ☐ Inpatient Psychiatric Facility
- ☐ Physician practice (including FQHC and RHC)
- ☐ Stakeholder/partner

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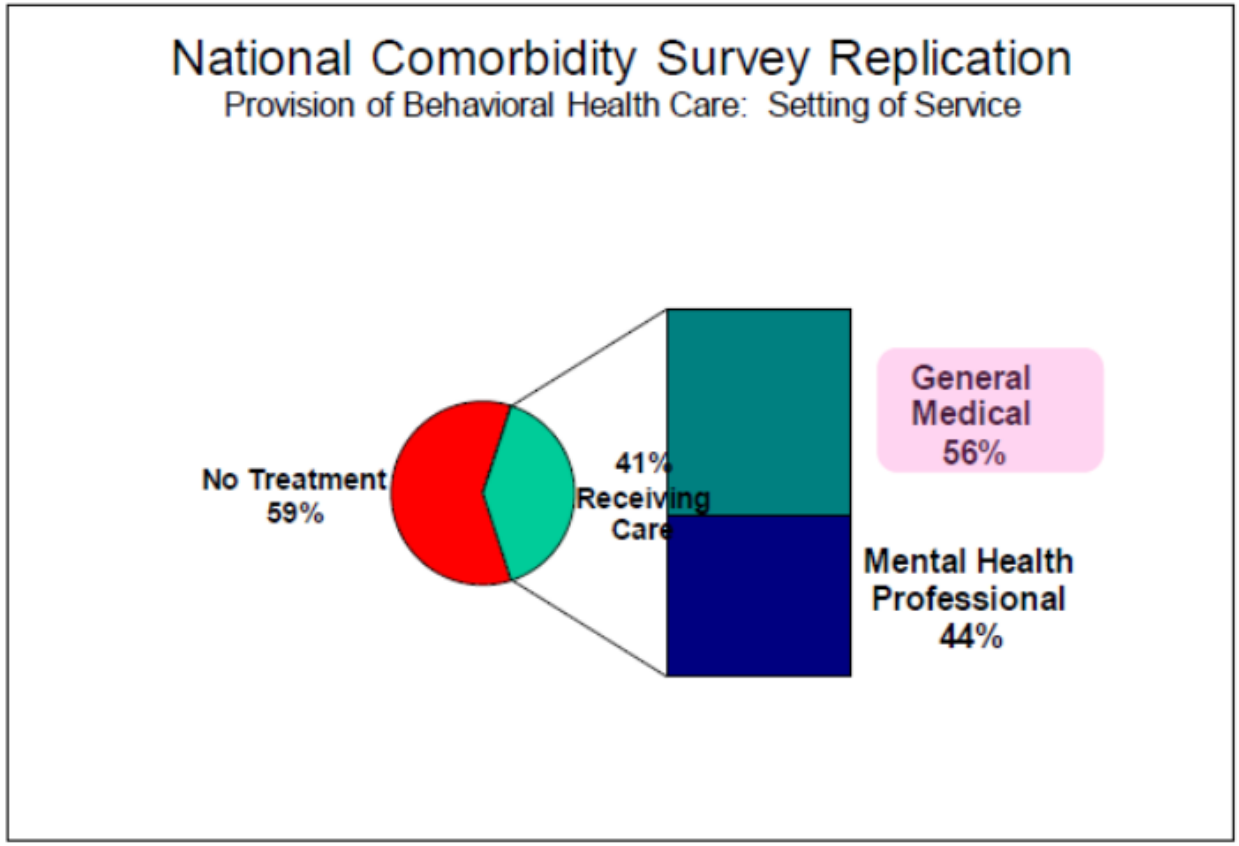
Behavioral Health and Primary Care



Source: Wang P et al. *Arch Gen Psychiatry*, 2005: 62.
Adapted from Katon, Rundell, Unützer, Academy of PSM Integrated Behavioral Health 2014

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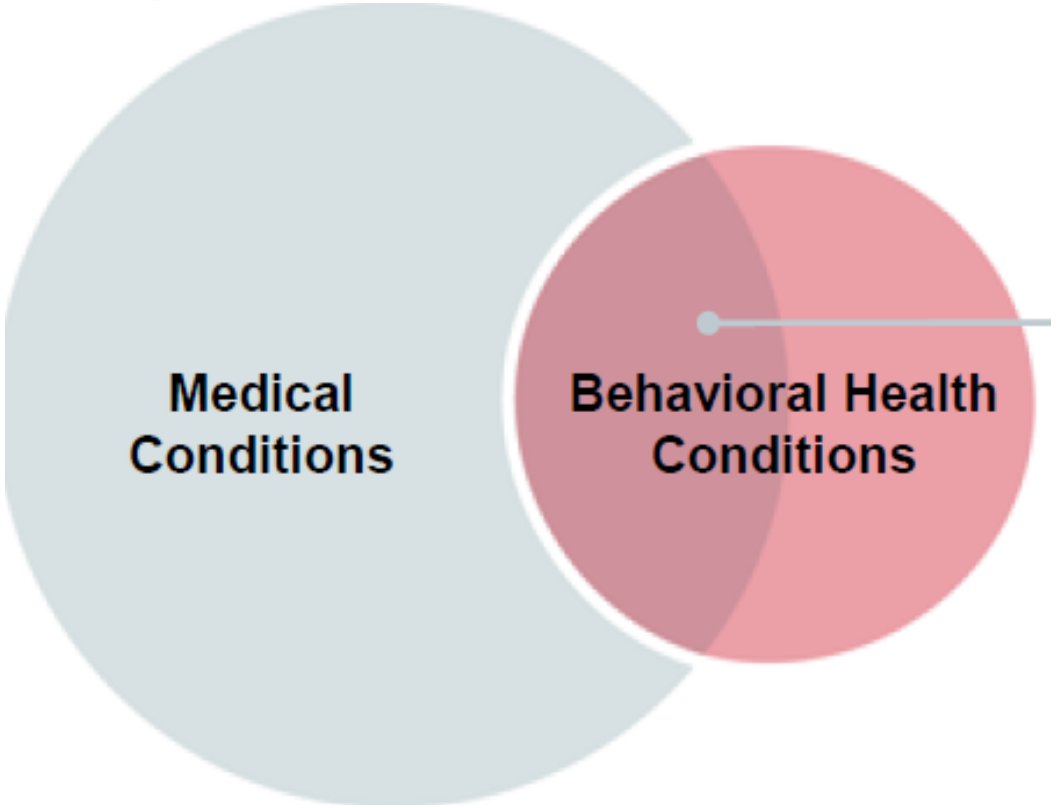
Behavioral Health and Primary Care (cont.)



68% of adults with BH conditions have medical conditions and 29% of adults with medical conditions have BH conditions

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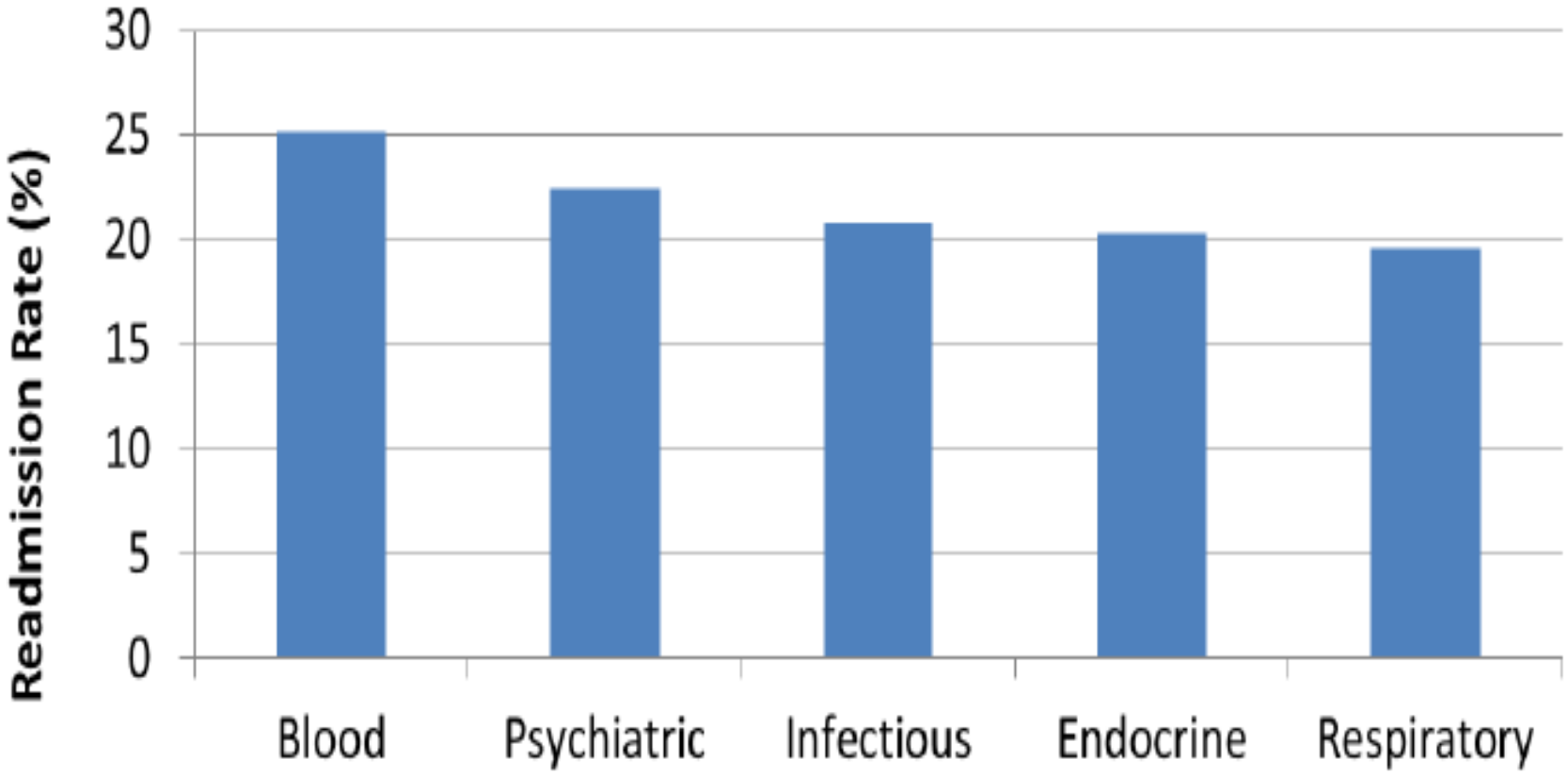
Behavioral Health and Primary Care (cont.)



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How We Will Advance Behavioral Health

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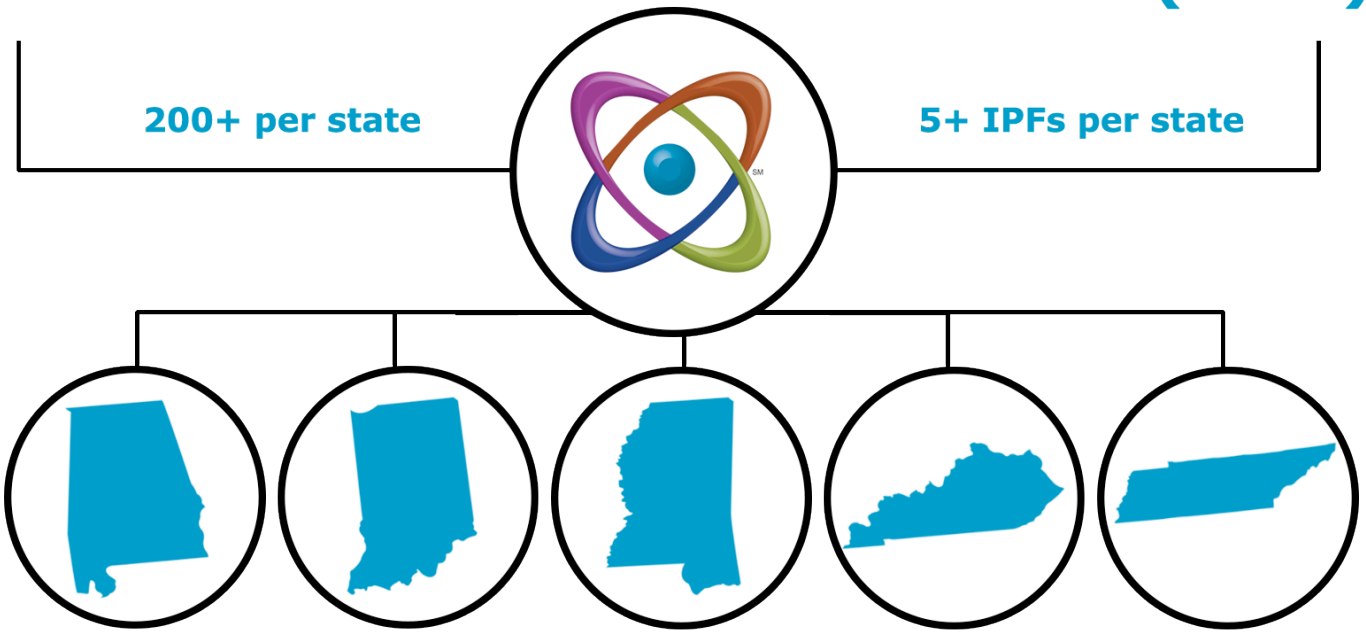
Partner Participation

1,000+
primary care practices

25+
Inpatient Psychiatric Facilities (IPFs)



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atom Alliance Goals

Provide technical assistance and education interventions to:

- Increase physician/provider rates of BH screening for depression and alcohol abuse
- Increase outpatient follow-up for psychiatric discharges
- Reduce 30-day readmission rate

PCPs:

- 10,000 practices will screen a majority of their Medicare case load for depression and alcohol abuse with a validated screening instrument
- Total of 1.5 million beneficiaries screened by 2019

IPF inpatient settings:

- Reduce Psychiatric readmission rate
- Increase follow-up rate for BH practitioners following discharge

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Your Challenges, Our Solutions

Your Challenges

- Limited BH referral resources
- Lack of BH training
- Competing priorities

Our Solutions

- Industry best practices
- Healthcare and Integration expertise
- Cherokee Health Systems (CHS)
- Medical Decision Logic, Inc.©

mdlogix accelerating clinical research

Cherokee Health Systems
Together...Enhancing Life

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CHS: Who We Are

- Cherokee Health Systems' roots are planted firmly in East Tennessee.
- Since 1960, we have served the health care needs of our neighbors. Our philosophy is simple, we believe the best approach to wellness involves treating both the body and mind.
- That's why we offer an array of comprehensive primary care, behavioral health and prevention programs and services.
- Whether you need medical, dental or behavioral health care, our compassionate, dedicated staff is here to help you.

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CHS: Responsibilities

- Develop and update “how-to” tools and resources
- Provide clinical practice and implementation guidance for identification and management of depression and alcohol misuse in primary care
- Provide “Train the Trainer” module(s) for atom staff to support BH task
- Provide “Champion Training” to clinics in one central location in each of the five atom states: Alabama, Mississippi, Tennessee, Kentucky and Indiana
- Offer subject matter expert support

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CHS: Project Support

- Content expertise on screening/identification referral practices in primary care
- Material/Resource development
- Training
- Coaching/consultation on clinical, administrative and operational strategies to achieve project objectives
- Facilitate and support partnerships with local, state and national entities

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CHS: Screening Tools

- Alcohol Misuse Screening
  - CAGE AID – 5 items
  - AUDIT-C – 3 items

- Depression Screening
  - Patient Health Questionnaire (PHQ)
    - PHQ-2 – preliminary screening
    - PHQ-9 – additional screening if PHQ-2 is positive

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Polling Question #3

What type of screening tool are you currently using for alcohol/substance misuse?

- ☐ AUDIT-C
- ☐ CAGE-AID
- ☐ Other
- ☐ None

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Polling Question #4

What type of screening tool are you currently using for depression?

- ☐ PHQ-2/PHQ-9
- ☐ Other
- ☐ None

Return on Investment (ROI)

- Financial
  - Access to experts, education, and resources paid for by CMS
  - ROI average screening reimbursement rates are $16 per patient, multiplied by the number of patients seen per practices
- Qualitative - Improved patient care
- Protection for clinicians – Not knowing a patient has behavioral health or substance use risks can increase risk for the clinician, such as prescribing medications that may be contraindicated
- Access to data from atom Alliance
- Help for practices in meeting Patient Centered Medical Home (PCMH) status, if applicable

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Screening Billing Codes

G0442	Annual Alcohol Misuse Screening	15 minutes	$18
G0443	Brief Face-to-Face Behavioral Counseling For Alcohol Misuse	15 minutes	$25.19
G0444	Annual Depression Screening	15 minutes	$18

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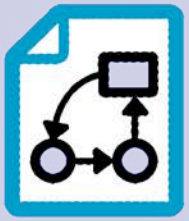
The Process

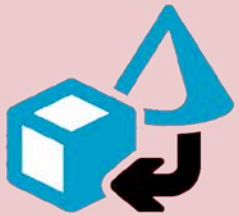
1 Assess

Assess current practice workflow and screening use.



3 Make the Business Case

Address psychosocial factors to improve patient care and enhance reimbursements.



5 Transform Practice

Implement screening tools, strengthen referral sources and continue training and communication.

7 Sustain

Promote long-term adoption and continuous improvement of screening tools.

2 Onboard

Identify helpful methods for workflow enhancement.

4 Train and Communicate

Perform ongoing training on the enhancements of behavioral health interventions in primary care.

6 Analyze Performance

Share analytics from the National Coordinating Center (NCC) for project feedback and performance.

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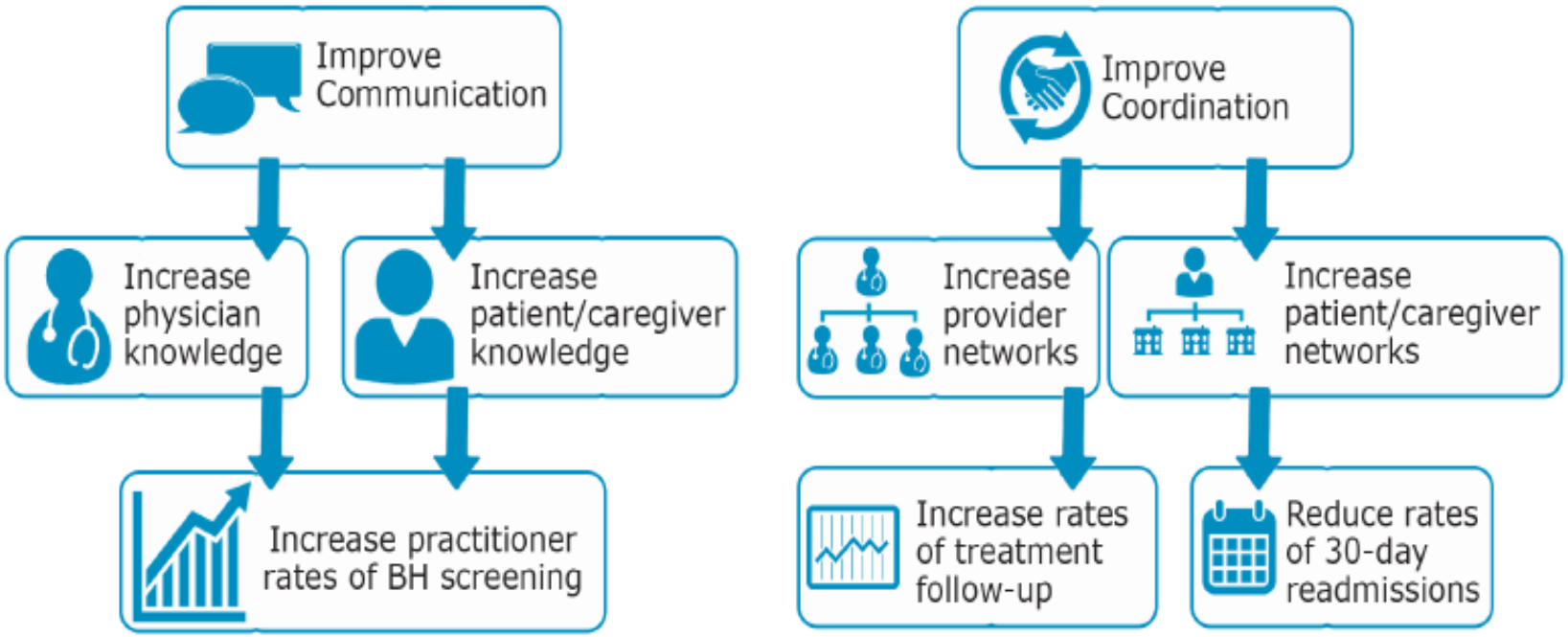
Overall Technical Approach



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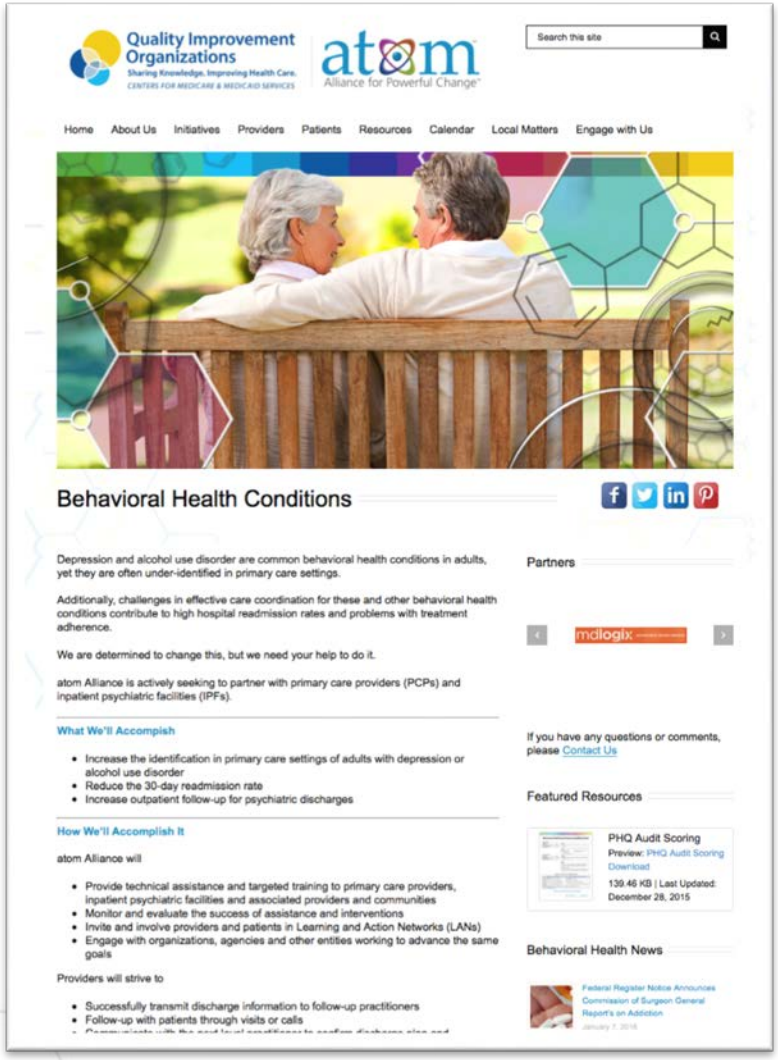
Website



atomalliance.org/initiatives/behavioral-health/

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Providers.Exchange

A members-only, online portal designed to advance healthcare quality improvement conversations among the five-state atom Alliance partners and healthcare

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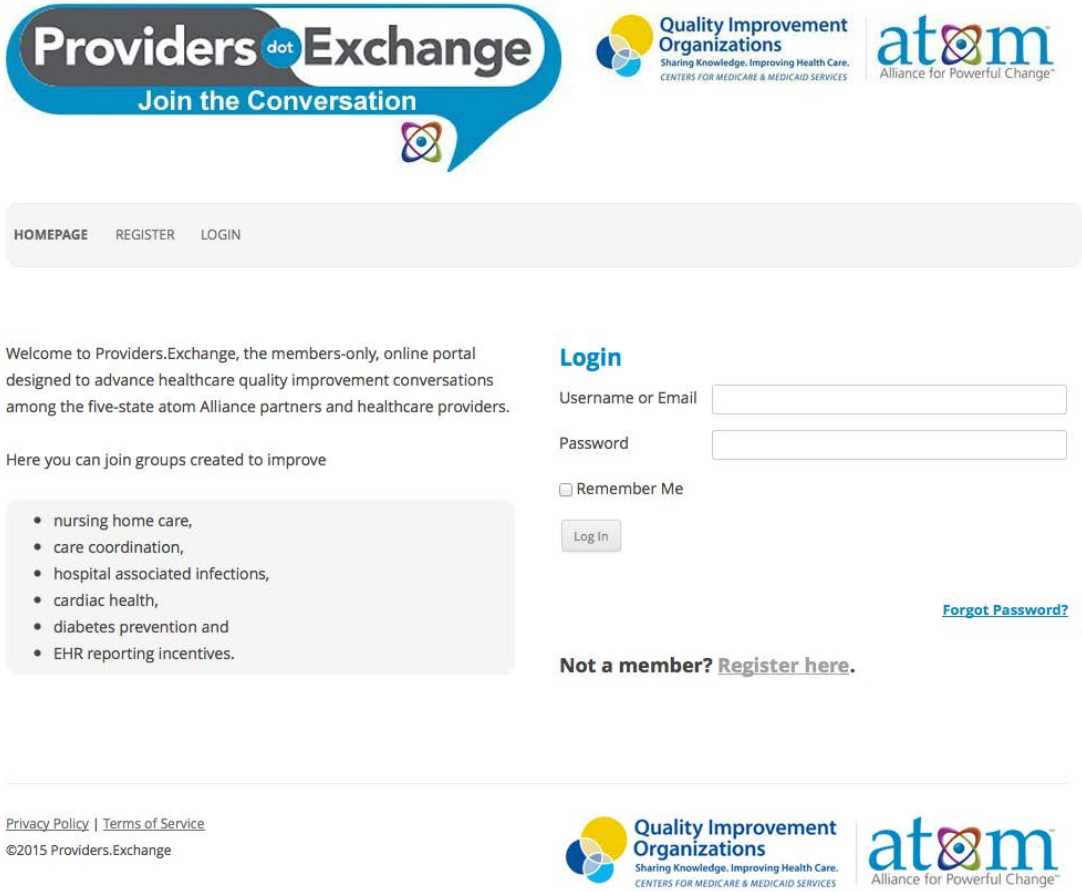
Providers.Exchange (cont.)

- Safe, secure members-only site
- Only recruited partners, providers and communities invited
- Main method of communication

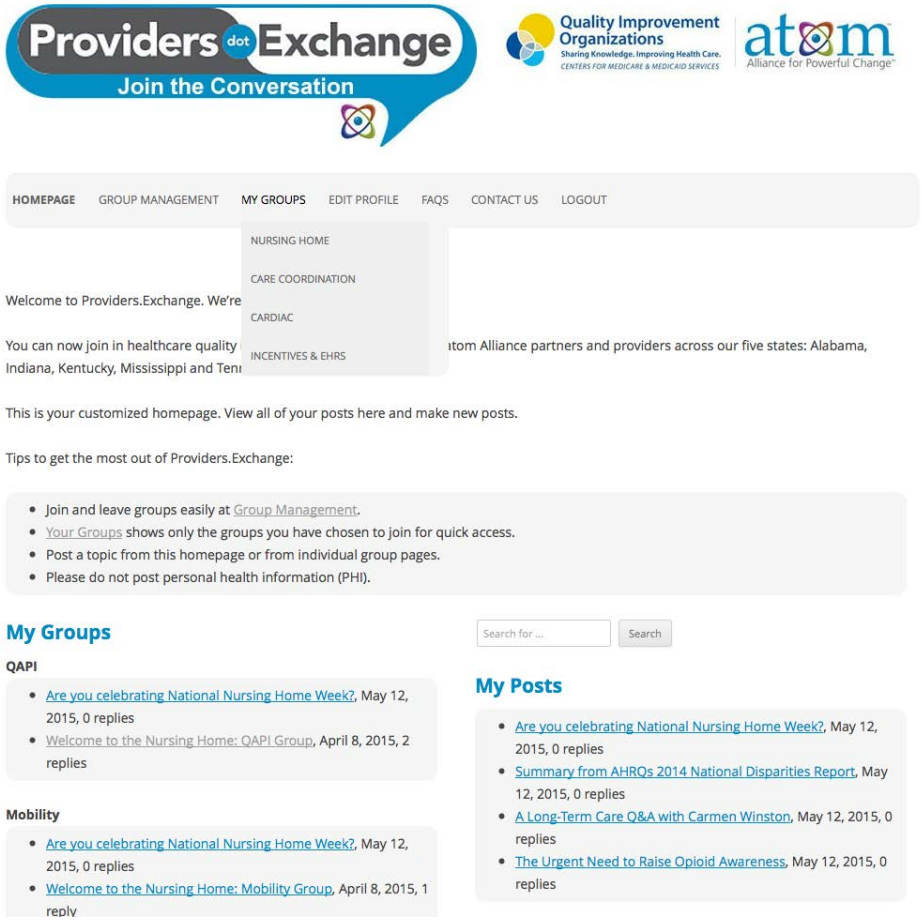


Providers.Exchange (cont.)

Engage with recruited PCPs and IPFs online across five states in group forums

Join other groups working on quality improvement initiatives that interest you.

- Care Coordination
- PQRS
- Cardiac Health
- Diabetes Management
- And more!



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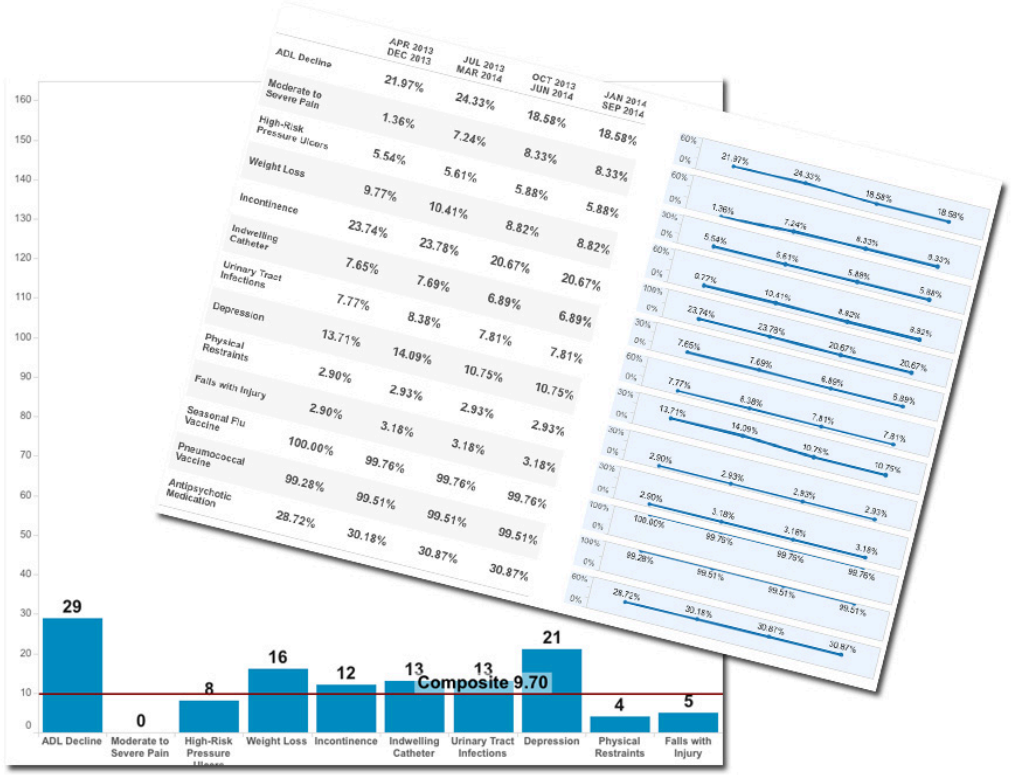
Providers.Exchange (cont.)

Access password-protected, quality improvement data and share with your team. *Coming soon...*



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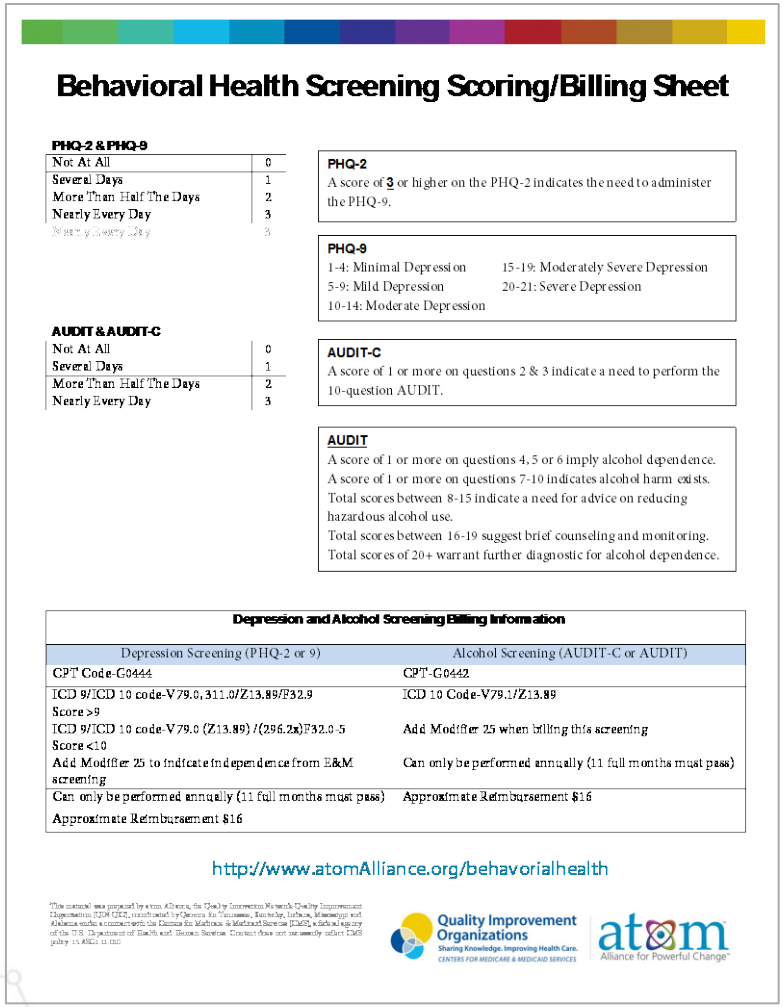
Tools & Resources



Behavioral Health Screening Scoring/Billing Sheet

PHQ-2 & PHQ-9

Not At All	0
Several Days	1
More Than Half The Days	2
Nearly Every Day	3
Nearly Every Day	3

PHQ-2
A score of **3** or higher on the PHQ-2 indicates the need to administer the PHQ-9.

PHQ-9
1-4: Minimal Depression
5-9: Mild Depression
10-14: Moderate Depression
15-19: Moderately Severe Depression
20-21: Severe Depression

AUDIT & AUDIT-C

Not At All	0
Several Days	1
More Than Half The Days	2
Nearly Every Day	3

AUDIT-C
A score of 1 or more on questions 2 & 3 indicate a need to perform the 10-question AUDIT.

AUDIT
A score of 1 or more on questions 4, 5 or 6 imply alcohol dependence.
A score of 1 or more on questions 7-10 indicates alcohol harm exists.
Total scores between 8-15 indicate a need for advice on reducing hazardous alcohol use.
Total scores between 16-19 suggest brief counseling and monitoring.
Total scores of 20+ warrant further diagnostic for alcohol dependence.

Depression and Alcohol Screening Billing Information

Depression Screening (PHQ-2 or 9)	Alcohol Screening (AUDIT-C or AUDIT)
CPT Code-G0444	CPT-G0442
ICD 9/ICD 10 code-V79.0, 311.0/Z13.89/F32.9 Score >9	ICD 10 Code-V79.1/Z13.89
ICD 9/ICD 10 code-V79.0 (Z13.89) /(296.2x)F32.0-5 Score <10	Add Modifier 25 when billing this screening
Add Modifier 25 to indicate independence from E&M screening	Can only be performed annually (11 full months must pass)
Can only be performed annually (11 full months must pass)	Approximate Reimbursement $16
Approximate Reimbursement $16	

http://www.atomAlliance.org/behavorialhealth

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bit.ly/1ZYTt6J

Tools & Resources (cont.)

SBIRT Core Components

http:sbirt.samhsa.gov/core_comp/index.htm

Screening

Incorporated into the normal routine in medical and other community settings, screening provides identification of individuals with problems related to alcohol and/or substance use.

Screening can be through interview and self-report.

Three of the most widely used screening instruments are AUDIT, ASSIST and DAST.

PCP Priorities & Tools

Brief Intervention

Following a screening result indicating moderate risk, brief intervention is provided. This involves motivational discussion focused on raising individuals' awareness of their substance use and its consequences, and motivating them towards behavioral change. Successful brief intervention encompasses support of the client's empowerment to make behavioral change.

Brief Treatment

Following a screening result of moderate to high risk, brief treatment is provided. Much like brief intervention, this involves motivational discussion and client empowerment. Brief Treatment, however, is more comprehensive and includes assessment, education, problem solving, coping mechanisms and building a supportive social environment.

Referral to Treatment

Following a screening result of severe or dependence, a referral to treatment is provided. This is a proactive process that facilitates access to care for those individuals requiring more extensive treatment than SBIRT provides. This is an imperative component of the SBIRT initiative as it ensures access to the appropriate level of care for all who are screened.

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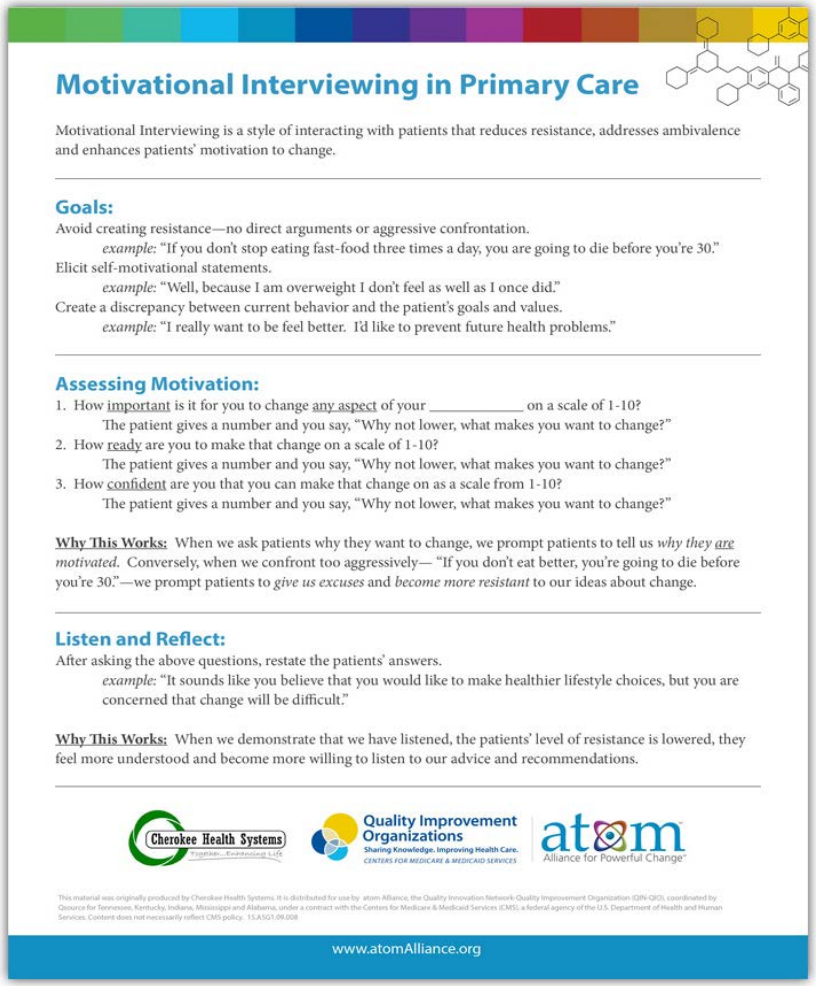
Tools & Resources (cont.)



Motivational Interviewing in Primary Care

Motivational Interviewing is a style of interacting with patients that reduces resistance, addresses ambivalence and enhances patients' motivation to change.

Goals:

Avoid creating resistance—no direct arguments or aggressive confrontation.
example: "If you don't stop eating fast-food three times a day, you are going to die before you're 30."
Elicit self-motivational statements.
example: "Well, because I am overweight I don't feel as well as I once did."
Create a discrepancy between current behavior and the patient's goals and values.
example: "I really want to be feel better. I'd like to prevent future health problems."

Assessing Motivation:

1. How important is it for you to change any aspect of your _____ on a scale of 1-10?
   The patient gives a number and you say, "Why not lower, what makes you want to change?"
2. How ready are you to make that change on a scale of 1-10?
   The patient gives a number and you say, "Why not lower, what makes you want to change?"
3. How confident are you that you can make that change on as a scale from 1-10?
   The patient gives a number and you say, "Why not lower, what makes you want to change?"

Why This Works: When we ask patients why they want to change, we prompt patients to tell us *why they are motivated*. Conversely, when we confront too aggressively— "If you don't eat better, you're going to die before you're 30."—we prompt patients to *give us excuses* and *become more resistant* to our ideas about change.

Listen and Reflect:

After asking the above questions, restate the patients' answers.
example: "It sounds like you believe that you would like to make healthier lifestyle choices, but you are concerned that change will be difficult."

Why This Works: When we demonstrate that we have listened, the patients' level of resistance is lowered, they feel more understood and become more willing to listen to our advice and recommendations.

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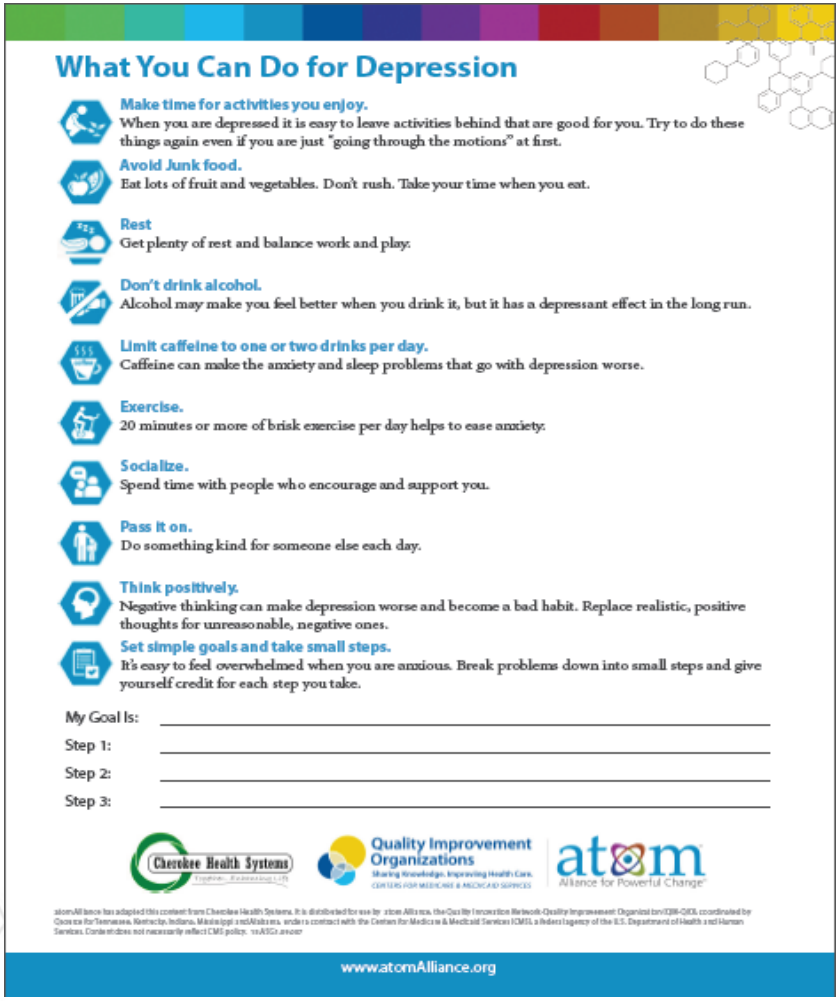
Tools & Resources (cont.)



What You Can Do for Depression

Make time for activities you enjoy.
When you are depressed it is easy to leave activities behind that are good for you. Try to do these things again even if you are just "going through the motions" at first.

Avoid Junk food.
Eat lots of fruit and vegetables. Don't rush. Take your time when you eat.

Rest
Get plenty of rest and balance work and play.

Don't drink alcohol.
Alcohol may make you feel better when you drink it, but it has a depressant effect in the long run.

Limit caffeine to one or two drinks per day.
Caffeine can make the anxiety and sleep problems that go with depression worse.

Exercise.
20 minutes or more of brisk exercise per day helps to ease anxiety.

Socialize.
Spend time with people who encourage and support you.

Pass it on.
Do something kind for someone else each day.

Think positively.
Negative thinking can make depression worse and become a bad habit. Replace realistic, positive thoughts for unreasonable, negative ones.

Set simple goals and take small steps.
It's easy to feel overwhelmed when you are anxious. Break problems down into small steps and give yourself credit for each step you take.

My Goal Is: _____

Step 1: _____

Step 2: _____

Step 3: _____

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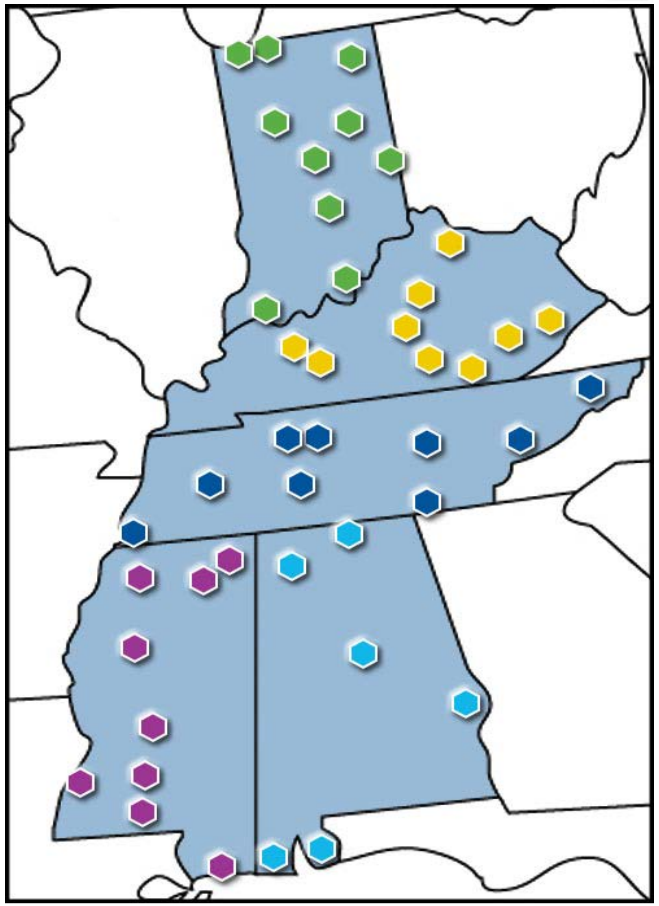
Building the BH Neighborhood

Care Coordination Communities:

- Implement evidence-based interventions to reduce hospital admissions and readmissions
- Track changes and progress using real-time and claims-based
- Redesign workflow, to improve care coordination between facilities
- Assemble, lead or contribute to care coordination communities



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Building the BH Neighborhood (cont.)

atom Alliance helps communities by:

- Supporting and promoting community meetings and care coordination activities
- Hosting on-site and virtual learning events
- Assisting facilities and communities in selecting measures for quality reporting
- Preparing data feedback reports and providing technical assistance
- Sharing the collective tools and resources of the five state atom Alliance

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Stakeholder Participation

- Our BH community stakeholders are key partners in the work to advance integrated and coordinated BH care in our communities.
- atom Alliance's stakeholder partners are involved in the work of advocating for patients, reducing the stigma of BH conditions and providing additional supports to the BH neighborhood.
- Our stakeholders bring to this task work expertise in various areas concerning BH and will enrich and enlighten the work that we do.
- In this collaboration it is our goal to provide mutual support and advance the shared goals that we have.

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Polling Question #5

What types of information would be helpful to you in future Learning and Action Network Events? (choose any/all that apply)

- ❑ Impact of depression and substance abuse on physical health
- ❑ What's billable, what's not?
- ❑ Business case for integrated screening – reimbursement and beyond
- ❑ Motivational interviewing
- ❑ Next step algorithm for positive depression screens – **brief** intervention strategies for depression
- ❑ Appropriate actions based on CAGE-AID and AUDIT-C scores
- ❑ Patient activation and engagement
- ❑ Using 5 As for behavior change
- ❑ Health disparities and/or cross-cultural issues in health disparities
- ❑ Other

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Questions and Technical Assistance
(cont.)

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Helpful Links

- atomalliance.org/initiatives/behavioral-health/
- mdlogix.com/
- cherokeehealth.com/
- integration.samhsa.gov/clinical-practice/screening-tools
- cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS_QuickReferenceChart_1.pdf
- cms.gov/Medicare/Prevention/PrevntionGenInfo/Downloads/MPS-QuickReferenceChart-1TextOnly.pdf

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