CQC
CALIFORNIA QUALITY COLLABORATIVE
A program of the Pacific Business Group on Health

California Quality Collaborative

September 29, 2020 | 11:00am

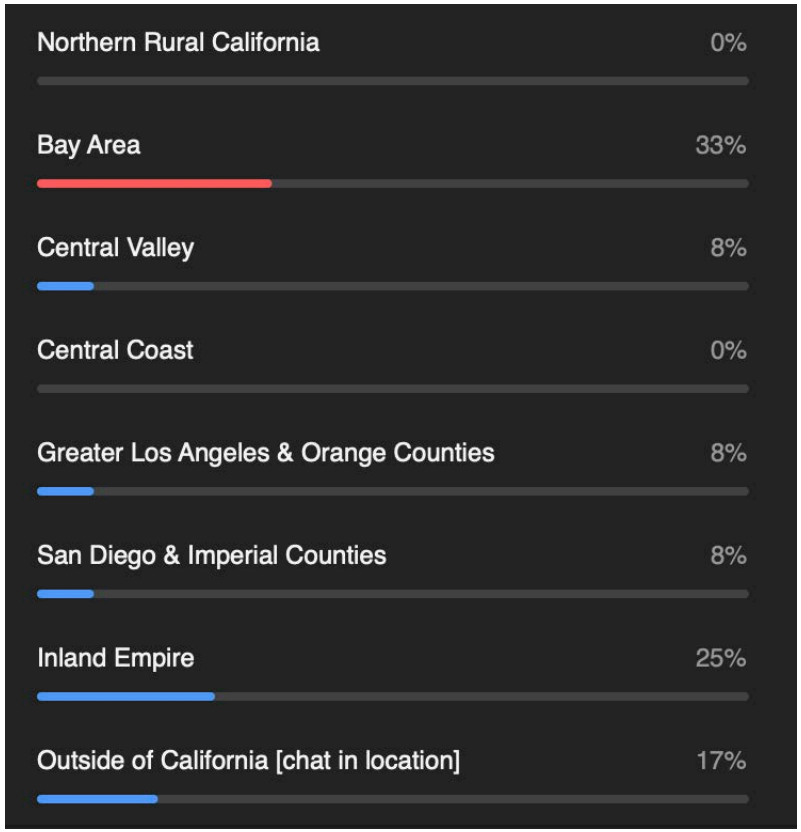
Accelerating Integrated Care:
Measure Screening and Access for Behavioral Health

Webinar Background

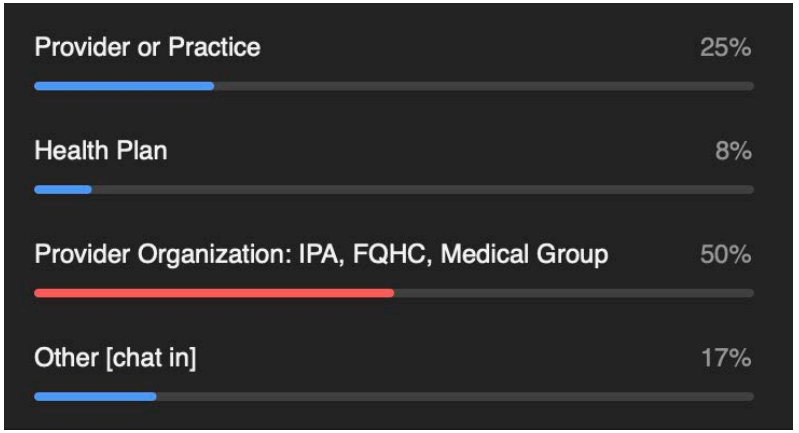
- Webinar title:
  Measure Screening and Access to Behavioral Health
- Date & time: Tuesday, September 29th, 11:00am PST
- Target Audience:
  - Provider organizations (typically medical groups and independent practice associations)
  - Payers
- Participants:
  - 63 unique attendees

Poll: Who was in the (virtual) room?

From where did participants dial?



What types of organizations were represented?



About CQC

California Quality Collaborative (CQC) is a healthcare improvement program dedicated to advancing the quality and efficiency of the health care delivery system in California.

- Generates scalable and measurable improvement in the care delivery system important to patients, purchasers, providers, and health plans.
- Governed by a multi-stakeholder committee and is administered by the Pacific Business Group on Health.

PBGH
PACIFIC BUSINESS GROUP ON HEALTH

Visit CQC's homepage for additional information and resources **calquality.org**

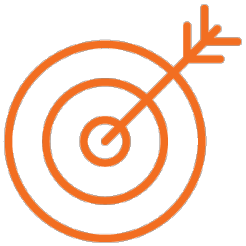
Visit PBGH's homepage for additional information and resources **pbgh.org**

Today's Speakers

Crystal Eubanks,
Director,
Care Redesign Strategy & Programs,
California Quality Collaborative (CQC)

Emily London,
Senior Manager,
Measurement & Accountability
Pacific Business Group
on Health (PBGH)

Today's Objectives



In this webinar, participants:

- **examined** the current state of access to behavioral health screening and treatment
- **considered** the use and application of patient-reported access and experience data
- **identified** immediate actions their organization can take to better understand your patients' access to behavioral health care

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What changes can we make that will result in improvement?

More webinars to dive into… measurements and screening tools

- Understanding variation in measure definitions
- BH Screening Tools
  - Are there different tools for people who have intellectual or developmental disabilities?
  - How effective is using PHQ2 to assess patient for BH concerns?

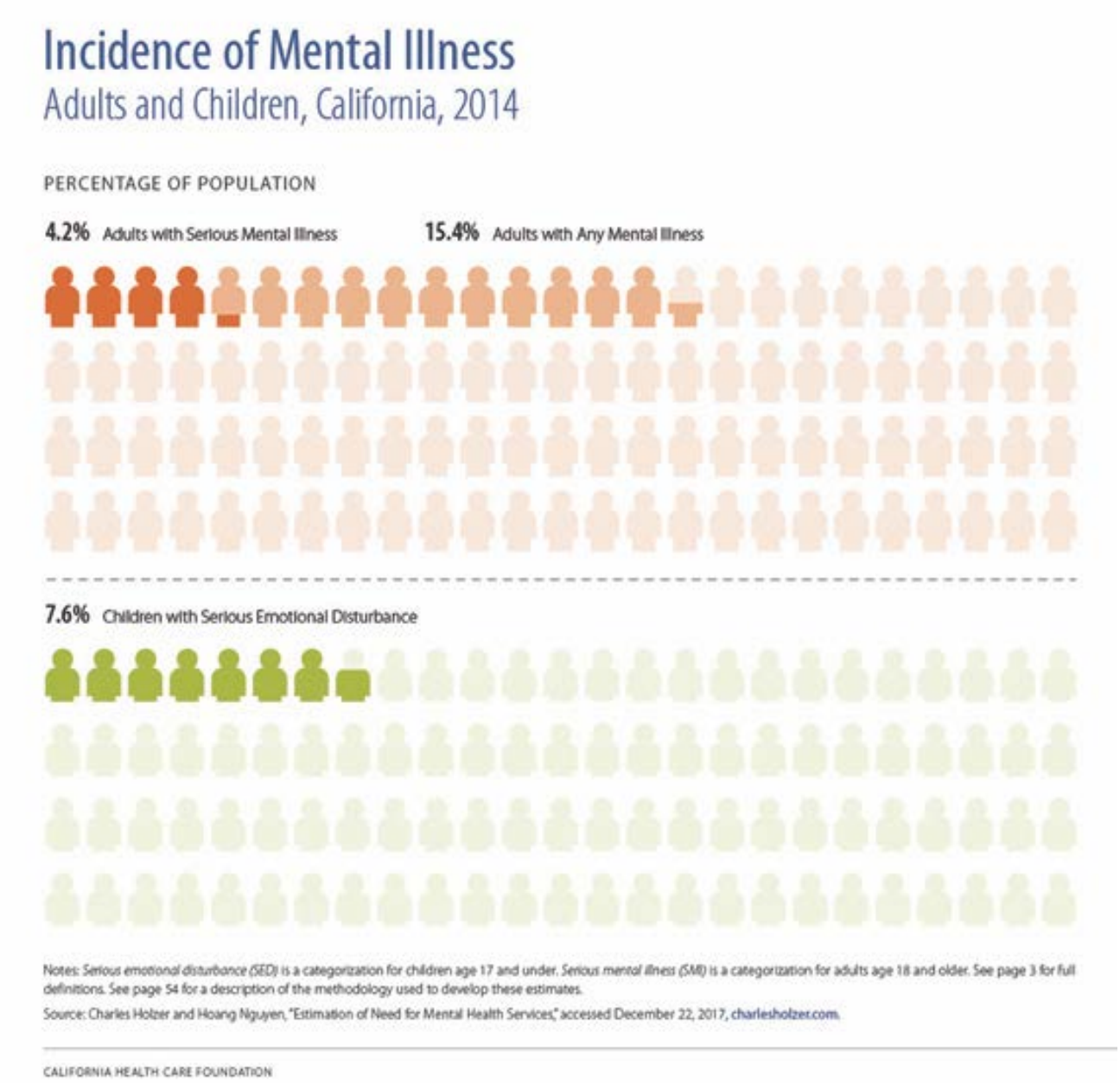
More webinars to dive into… improving access to BH screening

How to address barriers facing clinicians around adoption of measurement-based care and patient-reported outcome measures (PROMs)

- Staff knowledge and training
- Patient engagement
- Communication between behavioral health counselors and medical providers regarding their mutual patients
- Getting started
- Capture necessary information from providers in a standardized format for analysis
- Effective registries that track health screenings (including follow ups, treatment plans, progress, outcomes) over time across a health system (with capacity for communication between Primary Care, Specialty Care and Hospital)
- What actionable information can payers provide provider organizations to support behavioral health screens in primary care?

More webinars to dive into… improving access to BH treatment

- What is the best approach to providing PCPs with resources necessary to address patient needs once a screening indicates presence of depression?
- BH therapy is carved out in our HealthPlan contests. How do we do what we can to follow up on referrals and a patients care plan since BH issues affect all other aspects of health?
- We administer PHQ 9 screening but we don't look at it collectively as an average for our population. I would like to know if this is used by other organizations and how the measurements are used to track patients or trigger interventions
- What practices are in place to address the needs of folks with co-occurring intellectual/developmental disabilities and mental/behavioral health needs?
- What tools do provider organizations need from payers to support access to care for patients with diagnosed behavioral health conditions?

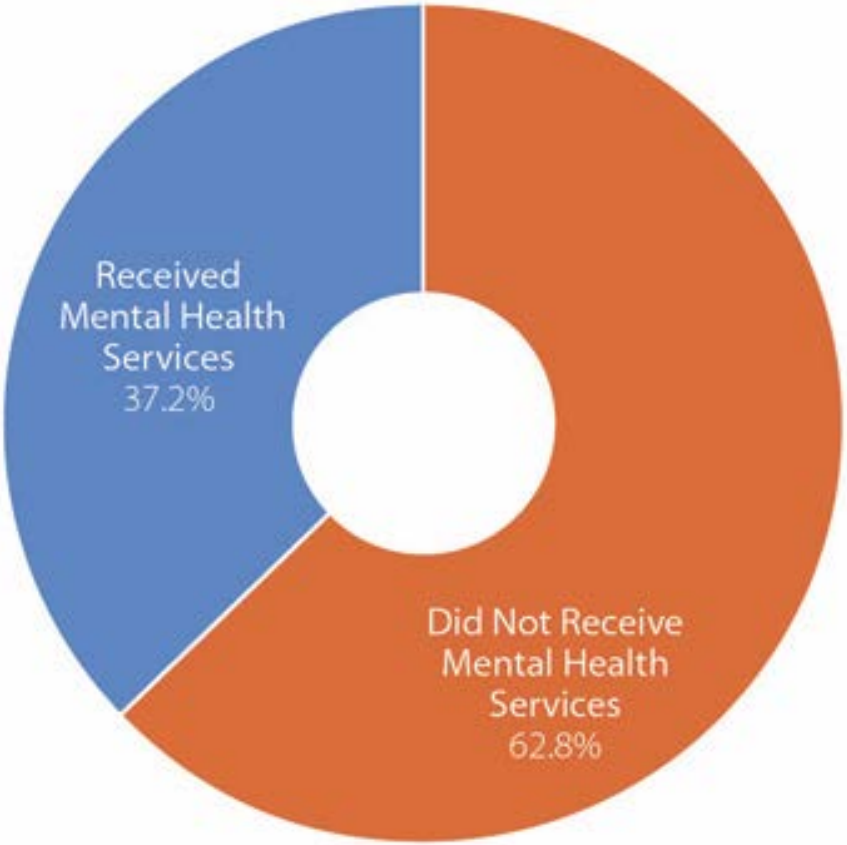


[AHRQ Evidence Summary: Screening for Depression in Adults]

Treatment for Mental Illness

Adults with AMI, California, 2011 to 2015

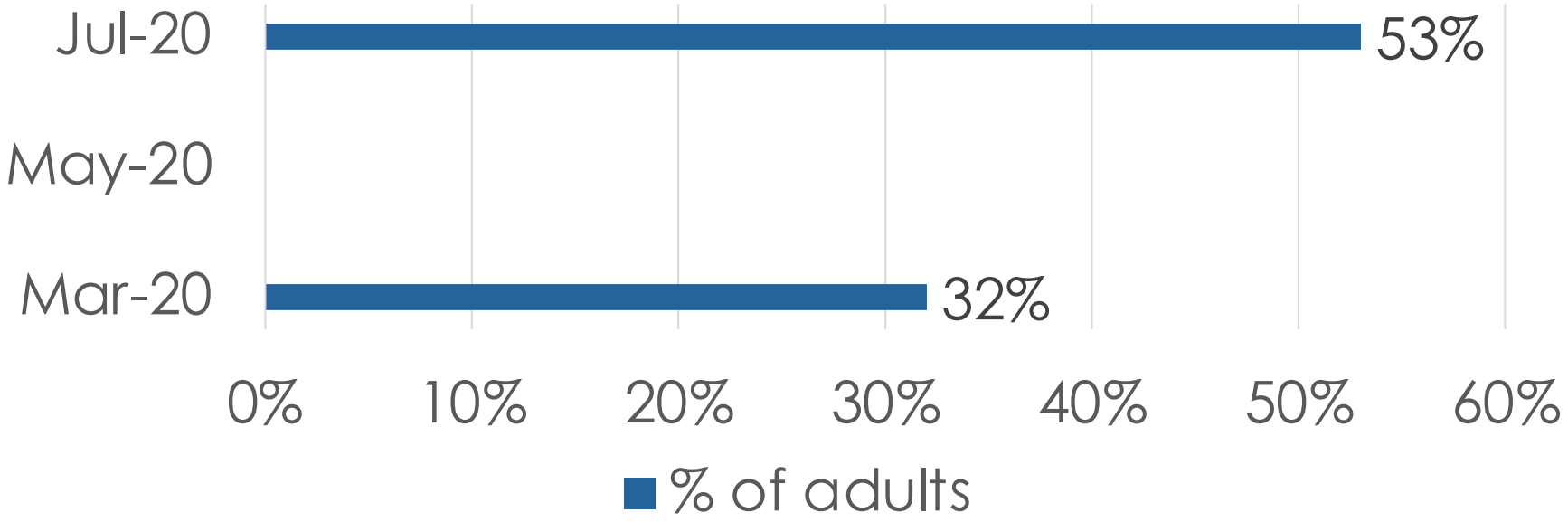
PERCENTAGE WHO . . .



Notes: Estimates are annual averages based on combined 2011–2015 NSDUH data. Treatment estimates were based only on responses to items in the NSDUH Adult Mental Health Service Utilization module. Respondents with unknown treatment/counseling information were excluded. Estimates of any mental illness were based on self-report of symptoms indicative of any mental illness. *Any mental illness (AMI)* is a categorization for adults age 18 and older. See page 3 for full definitions.

Sources: *Behavioral Health Barometer: California, Volume 4*, Substance Abuse and Mental Health Services Administration, 2017, www.samhsa.gov (PDF); Larry Goldman, Nancy Nielsen, and Hunter Champion, "Awareness, Diagnosis, and Treatment of Depression," *Journal of General Internal Medicine* 14, no. 9 (September 1999): 569–80.

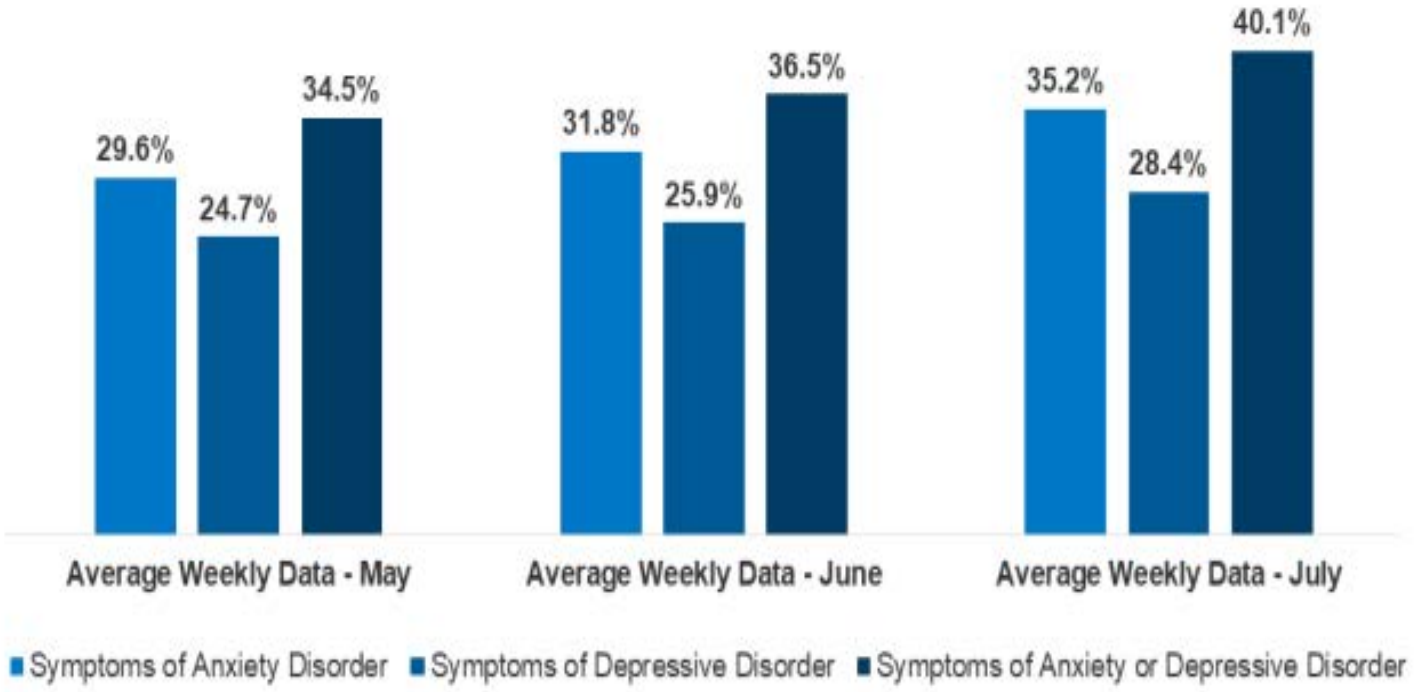
% of adults in the United States reporting that their mental health has been negatively impacted due to worry and stress over the coronavirus



[Kaiser Family Foundation Issue Brief: The Implications of COVID-19 for Mental Health and Substance Use (August 2020)]

Figure 1

Average Share of Adults Reporting Symptoms of Anxiety or Depressive Disorder During the COVID-19 Pandemic, May-July 2020

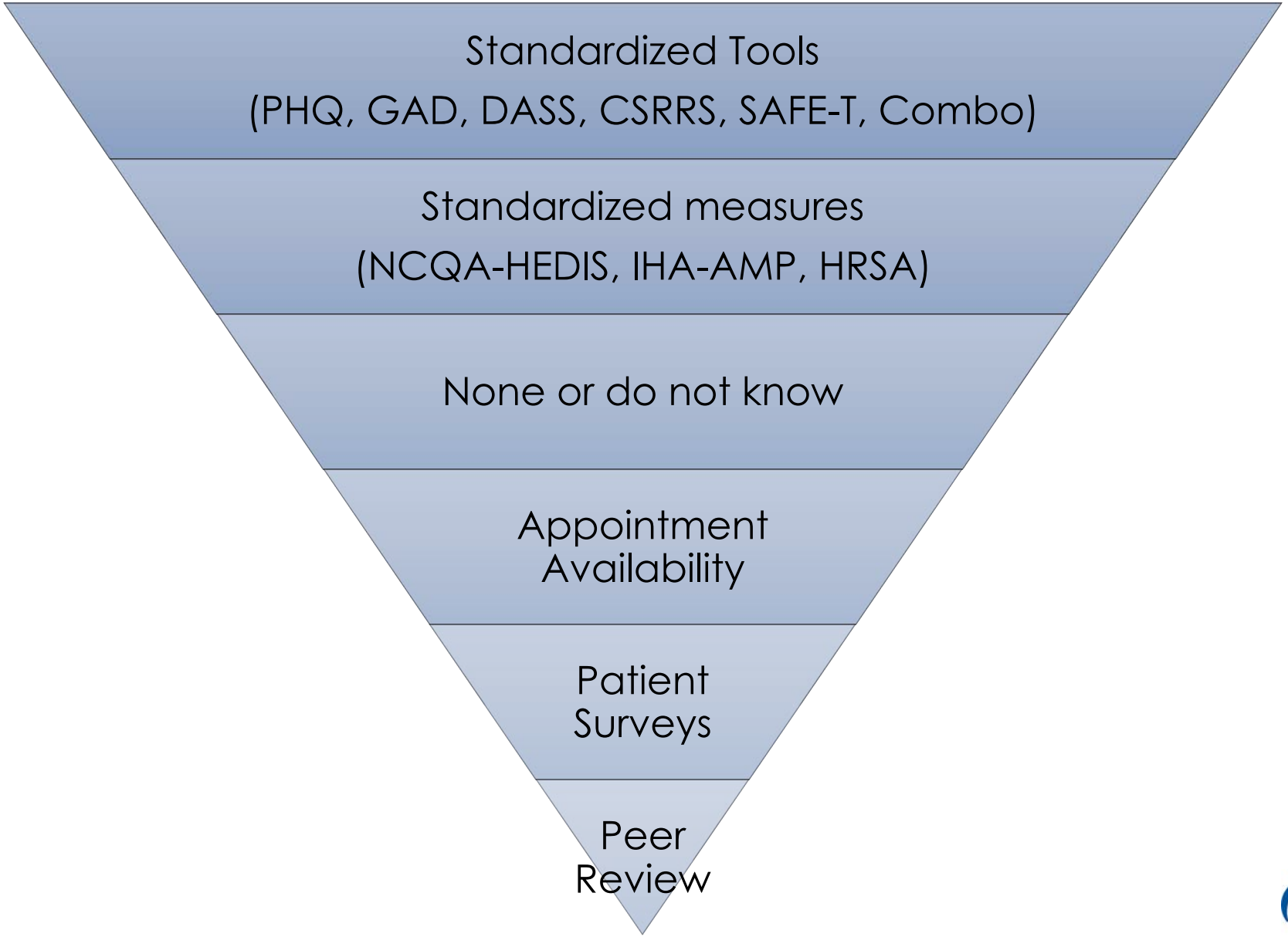


NOTES: These adults, ages 18+, have symptoms of anxiety or depressive disorder that generally occur more than half the days or nearly every day. Data presented for "symptoms of anxiety or depressive disorder" also includes adults with symptoms of both anxiety and depressive disorder. Data presented for May is the average of the following weeks of data: May 7-12, May 14-19, May 21-26, May 28- June 2; for June, data is the average of June 4-9, June 11-16, June 18-23, and June 25-30; for July, data is the average of July 2-7, July 9-14, and July 16-21 (last week of published data).

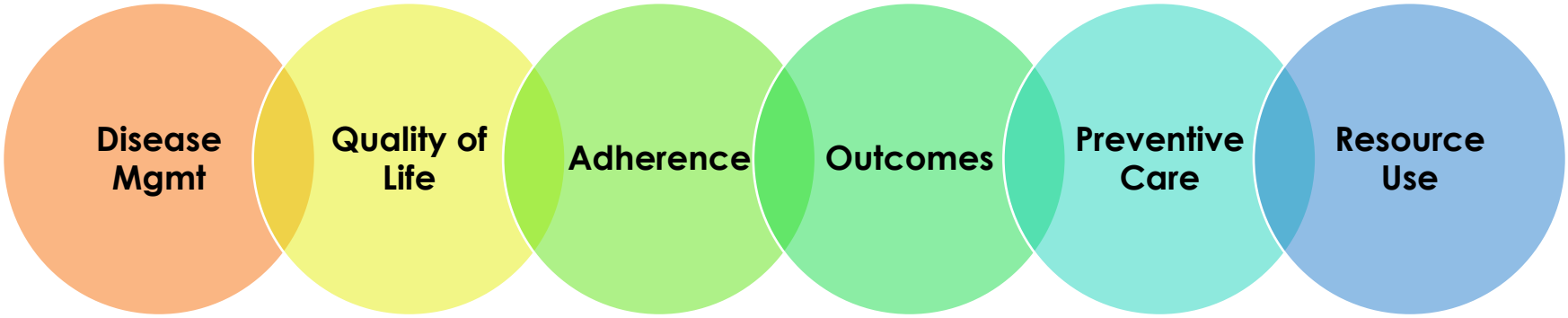
SOURCE: U.S. Census Bureau, Household Pulse Survey, 2020.

KFF
HENRY J KAISER FAMILY FOUNDATION

How participants measure BH access



Patient Experience is Important to Care



Digital Tools for Employee Mental Health Research, by Emily London

Patient Experience is Important to Business

Higher Employee Satisfaction

Better Patient Loyalty

Lower Medical Malpractice Risk

PAS is the Nation's Largest Program

~40,000 Patients

176 Medical Groups

11 Health Plans

PAS Measures What Patients Care About

- Access
- Communication
- Care Coordination
- Office Staff
- Overall Ratings

Patients Struggle with Access

- 1 in 6 Californians experiences mental illness, yet 60% do not receive treatment
- Access, cost, and stigma pose significant barriers
- Only 50% of mental health providers accept insurance, which is much lower than for other specialties

Data is Scarce

- Access to mental health services is measured at a state-wide level only
- Workforce data suggest shortages in many areas
- Limited information on whether access is getting better or worse, or how it varies regionally or by medical group

PAS Collected Data From ~35,000 Patients

- Survey sent to 176 medical groups across California
- Patients are primarily enrolled in HMO, and some in Medi-Cal
- Patient visits with a primary care provider or a specialty care provider
  - **Note:** Mental health encounters not included
- Survey refers to the patient experiences over the last 6 months

2 Buckets Were Measured

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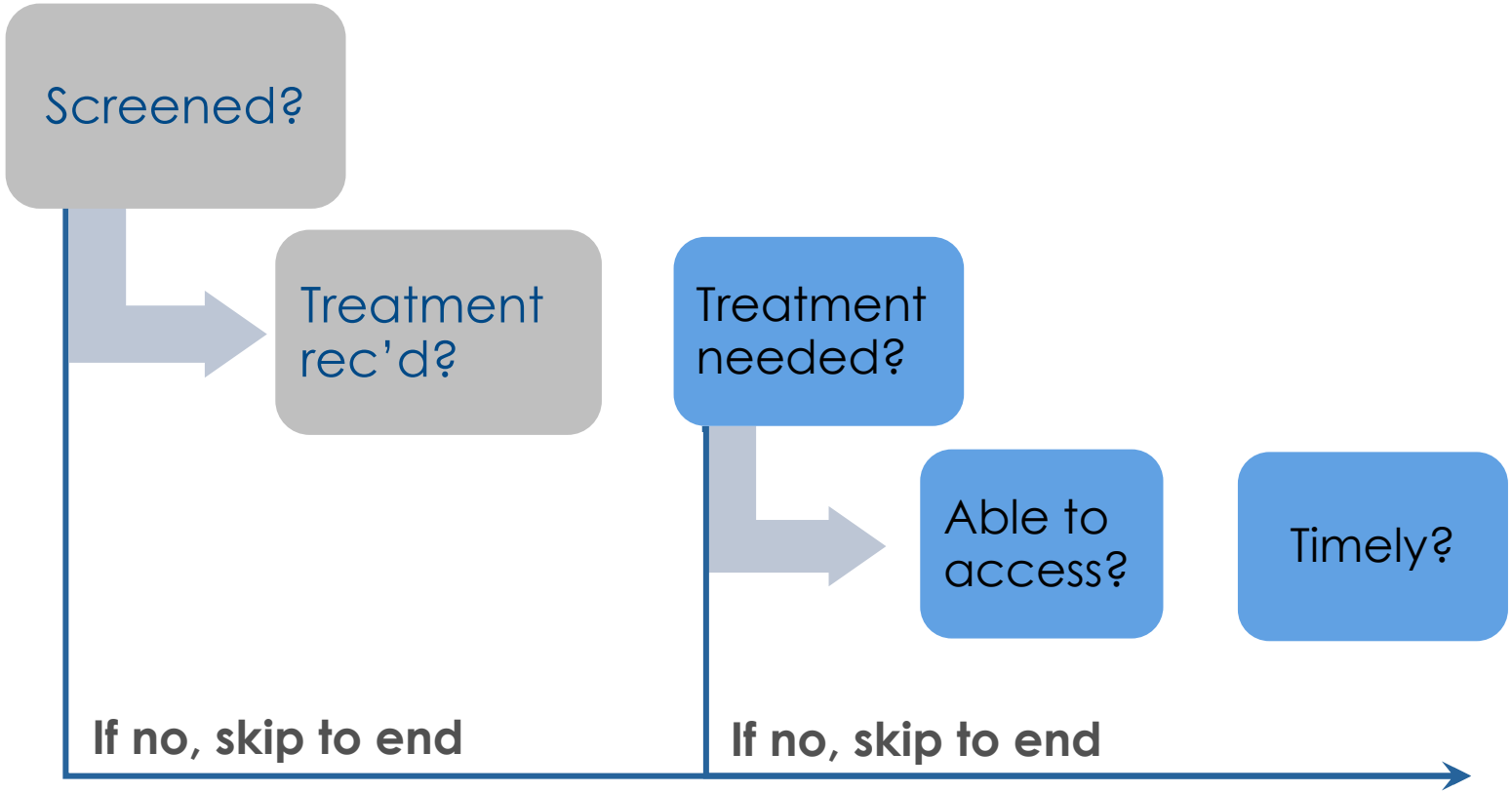
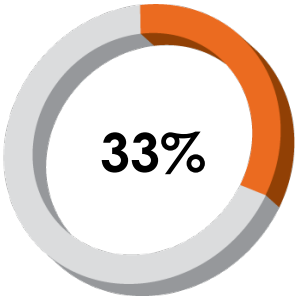
Screening	Access
• Were you asked about mental health symptoms? • Was treatment recommended?	• Did you need treatment? • Were you able to get care? • Were you able to get care when you needed it?

Physical vs. Mental Health

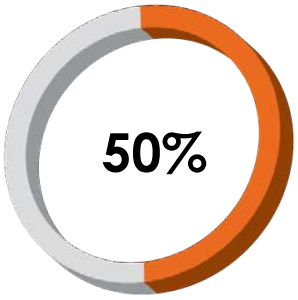
Questions We Answered



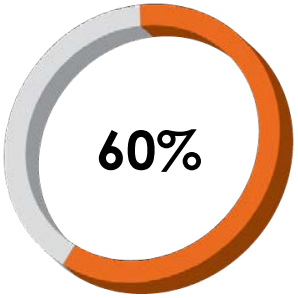
How Many Patients Were Screened For Mental Health Symptoms?



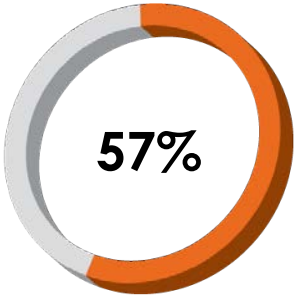
If Screened, How Many Patients Had Treatment Recommended?



If Needed, How Many Patients Got Care?



If Needed, How Many Patients Got *Timely* Care?

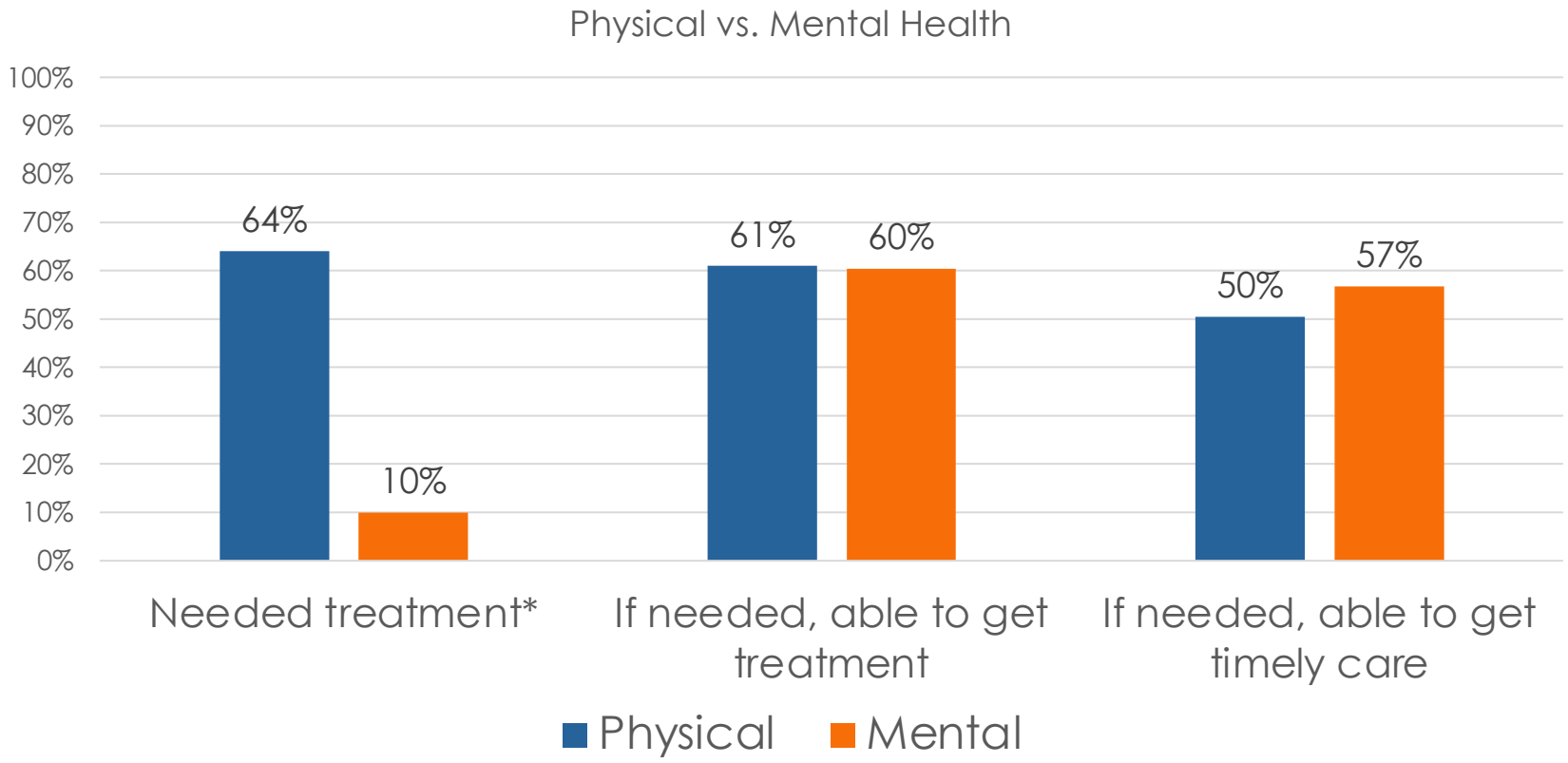


How Many Patients Needed Care, But No One Asked?

- **16%** said they needed treatment, but were not screened
- **29%** said they got care, but were not screened
- **35%** said they got timely care, but were not screened

Takeaway: If your patients are not screened, you could be missing many that need care

Did Access Differ Between Physical and Mental Health?



* 10% of all survey respondents were screened for mental health needs, had treatment recommended, and felt they needed treatment.

Differences Between IPAs and Medical Groups?

Top box responses by IPA/Med Group

	Answer	IPA	Med Grp
Screened	Yes	28.8%	37.0%
Got Care	Always	60.0%	60.6%
Timely Care	Always	58.3%	55.5%

Differences Between NorCal and SoCal?

Top box responses by CA region

	Answer	Northern	Southern
Screened	Yes	34.7%	32.2%
Got Care	Always	60.4%	60.3%
Timely Care	Always	57.2%	56.4%

What Was Expected

- Screening for mental health symptoms was low
- Access to care overall was low for both physical and mental health care
- Access to care in a *timely* manner was low for both physical and mental health care

What Was Surprising

- Of those asked about mental health symptoms, half had treatment recommended
- No significant differences in access to care overall for mental health vs. physical health care
- Slightly better access to care in a *timely* manner for mental health vs. physical health care

Dot Voting!

Using your **stamp**, click on the box that aligns with your organization.

Screening for mental health symptoms is low	
If screened, many patients have treatment recommended	
Access to care is low for both mental and physical health	
Access to care is similar for mental and physical health	
Access to care in a *timely* manner is low for both mental and physical health	
Access to care in a *timely* manner is slightly better for mental health than for physical health	

If Your Org Already Collects Data

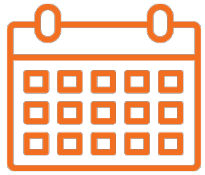
1. **Measure:** Identify a contact at your organization who can provide you with your data on mental health screening and access
2. **Interpret:** Compare your internal data to the statewide data presented today (33% screened, 60% able to access care) – how does your organization compare? Which populations might need extra support?
3. **Improve:**
    a) Set goals for screening and access
    b) Attend future CQC webinars for best practices to improve screening and access (details TBA)
    c) Identify key an action plan

If Your Org Does Not Yet Collect Data

1. **Measure:** Contact the presenter (Emily London at elondon@pbgh.org) for a copy of the survey questions your organization can use to collect data
2. **Interpret:** Use the data presented today as a placeholder until you collect your own data – assume your screening and access rates are similar (33% screened, 60% able to access care)
3. **Improve:**
   a) Set goals for screening and access
   b) Attend future CQC webinars for best practices to improve screening and access (details TBA)
   c) Identify key an action plan

Upcoming Events

- **Resilient Primary Care Series:**
  Primary & Maternity Care Integration
  Thursday, October 22nd
  11:00am PDT
  Register here!



- **Accelerating Integrated Care Series:**
  Future topics: measurement and screening tools, improving screening and treatment in primary care

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Thank you!
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