



Please chat in your:

1. Name
2. Organization
3. Any fun trips / getaways this summer?



Tuesday, June 25, 2024; 11:00-12:00

# Pilot Site Evaluation & Engagement Office Hours & Peer Sharing

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## CalHIVE BHI Webinar



California Quality  
Collaborative

# Tech Tips



## Welcome!

Add your organization  
to your name

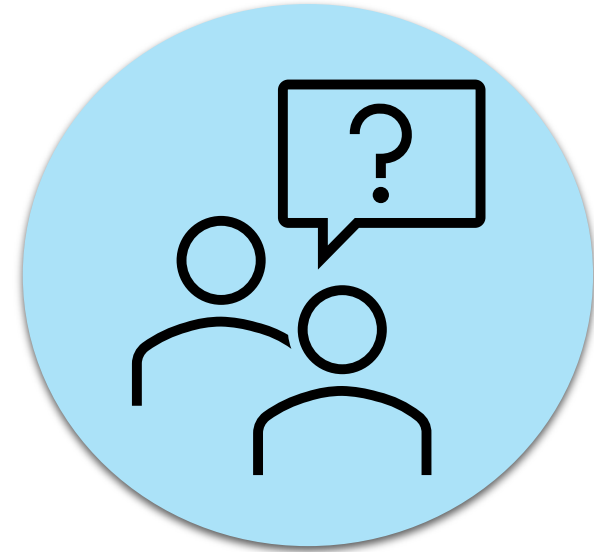
Turn on video if  
possible



## Engaging Today

Share questions in the  
chat or come off mute.

Participate in Zoom  
polls.



## Need help?

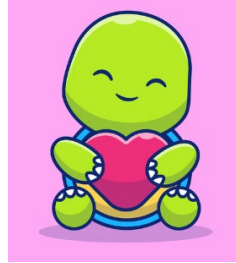
Direct message  
Kristina Mody  
if you have any  
technical issues

# Round Robin

## Who's in the virtual room?



**CHINESE  
HOSPITAL  
& CLINICS**



Riverside Family Physicians



San Francisco  
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



perlmanclinic++



# Our Agenda

**Today, we'll:**



**Highlight general trends, opportunities & bright spots for the Pilot Site Evaluation Measures (Section 6)**



**Share questions and progress around BHI Evaluation & Engagement (Section 6 Implementation Plan)**

## CalHIVE BHI Values

1. Collaboration around a common goal
2. Trust & transparency
3. Reflect, revise & adjust





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# Pilot Site Evaluation Measures

Why measure for CalHIVE BHI?

# Reflection

## How will you know your BHI pilot is successful?

Team is working together and patients are being referred regularly.

my patients get the timely help they need, my providers feel less burden and feel supported

PHQ score improvement, BH care manager schedule utilization, provider feedback, etc.

buy in from everyone

How will you know that your behavioral health integration pilot is successful?



Monitor key metrics overtime

All teams and disciplines have standardized the work

Increase patient satisfaction, increased physician satisfaction, PHQ improvement

that PCBH visit volume goes up, pts are held as a care team, WHO's increase, pts are seeing improved health outcomes

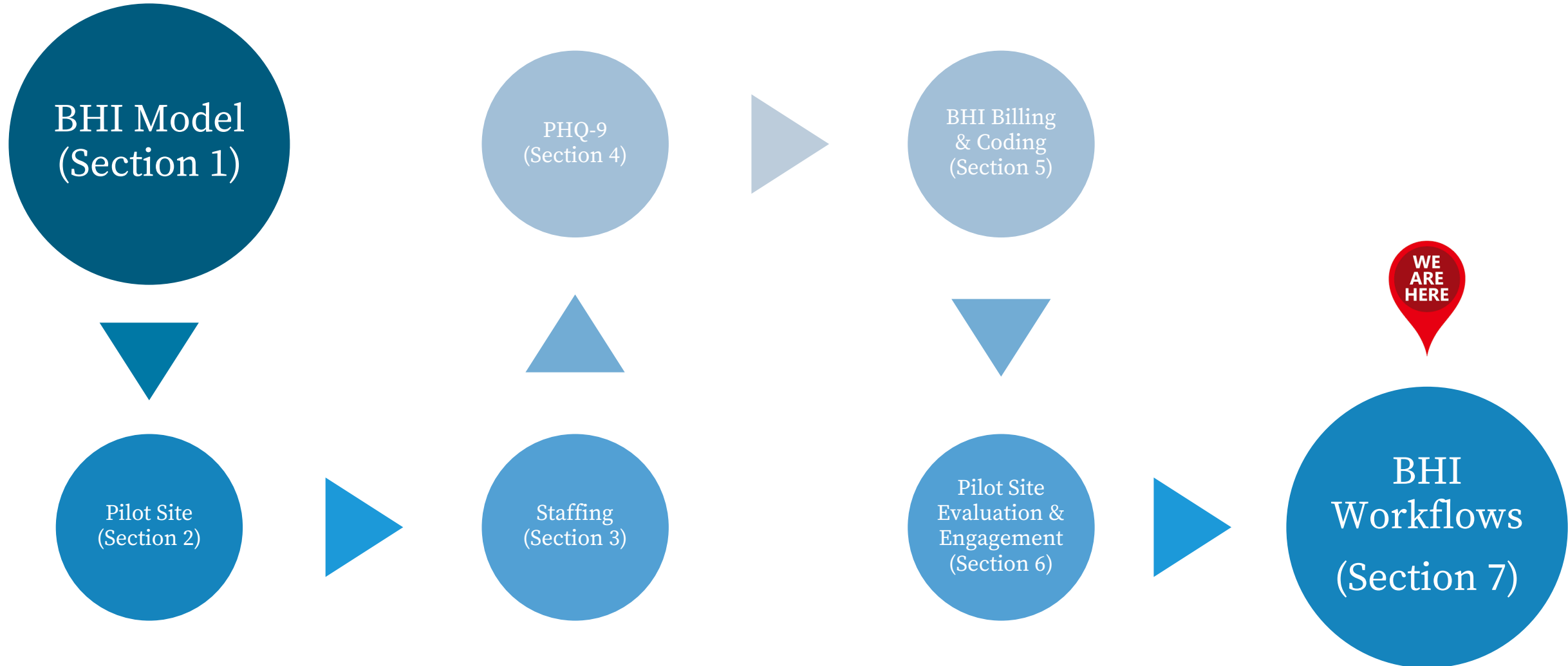


# Why measure pilot progress?

- **Support implementation**
  - Understand what's working (and what's not)
  - Review small tests of change
  - Move towards org-wide adoption & sustainability
- **Get buy in**
  - Generate enthusiasm about project
  - Build provider and staff champions
- **Demonstrate success**
  - Internally
    - Show positive impact of program implementation
  - Externally
    - Capture shared value with health plans, other partners
    - Contribute to best practices and implementation research



# Implementation Plan



# Measure Reporting for CalHIVE BHI

**Cycle Baseline – Cycle 10  
(2024 – 2026)**

## Global Reporting

- |    |                                    |
|----|------------------------------------|
| 1. | Enrollment (all patients)          |
| 2. | Depression Screening and Follow-Up |
| 3. | Depression Remission or Response   |
| 4. | Diabetes HbA1c Poor Control (> 9%) |

**Global Reporting:** Measure Performance Data reported through rolling 12 months measurement periods for the entire primary care PO network (includes pilot site)

**Cycle 2 – Cycle 10  
(2024 – 2026)**

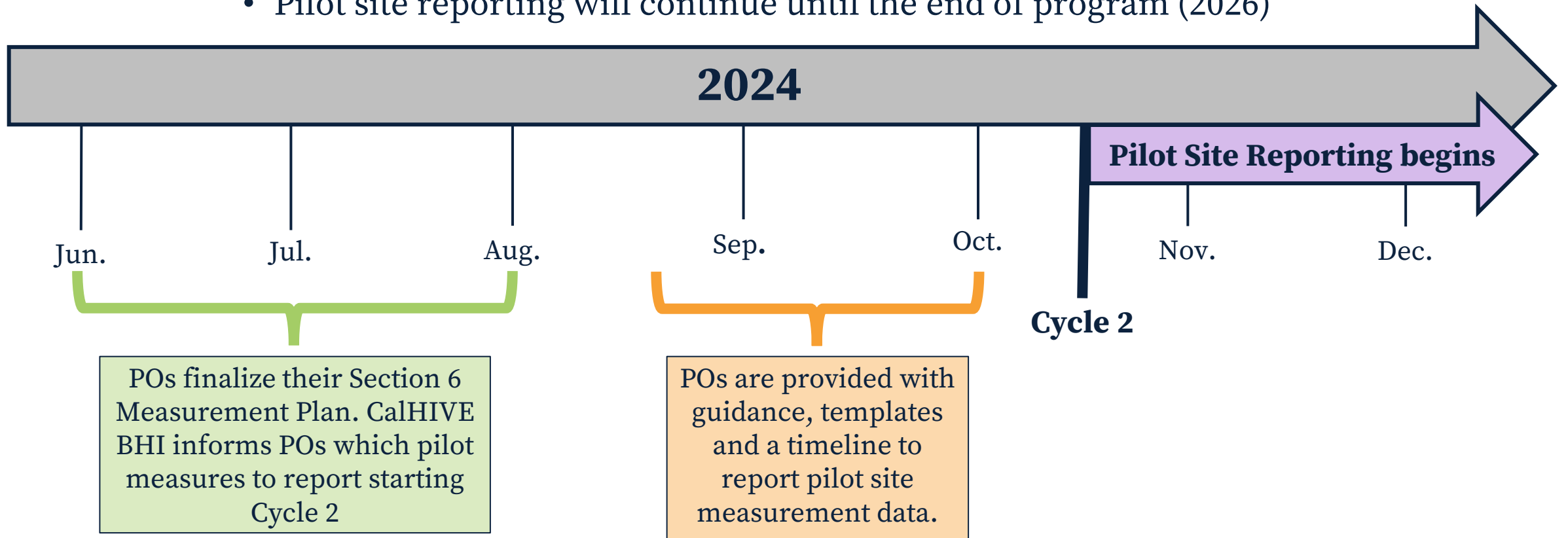
## Pilot Site Reporting

- |    |                             |
|----|-----------------------------|
| 1. | Implementation Plan Measure |
| 2. | Implementation Plan Measure |

**Pilot Site Reporting:** Measure performance data reported only for the pilot site. Measures and Measurement periods are TBD.

# Pilot Site Data Reporting Timeline

- Pilot site reporting will continue until the end of program (2026)



**Recommendation:** Connect with your program teams to discuss the measures from their Section 6 Measurement Plan

# Discussion Questions

1. What did your team learn in selecting measures for your Measurement Plan (Section 6)?
2. How do you think your Measurement Plan (Section 6) may change during implementation? Post implementation?





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# Pilot Site Evaluation Measures

How to improve measures?

# Themes

- Data Sources
  - EHR, Registry, Patient interviews
- Measurement Frequency
  - Weekly, Monthly, Quarterly, Annually
- Data Presentation
  - Clinic Dashboard, Registry, BHI Report Card, Leadership / staff communication or report, generated reports

# Pilot Site – Evaluation Measures

Category – Definition
<b>Outcome</b> – impact of the health care service or intervention on patients’ health
<b>Process</b> – if steps in the system are performing as planned
<b>Patient Experience</b> – patient perceptions across continuum of care
<b>Workforce</b> – experience from providers and other care team members, workload, collaboration
<b>Financial</b> – direct and indirect costs and revenue

## TIPS

- Start **small**
- **Leverage existing data collection** (especially technology, e.g. text-based patient surveys)
- If you can’t get the data now, **identify a plan for how you can get the data** (*don’t let it be a barrier to program success/launch*)
- **Be clear with a plan and priority** and engage stakeholders early (let them know what you want to report on and ask for help)
- Your **measures may change** as the program evolves

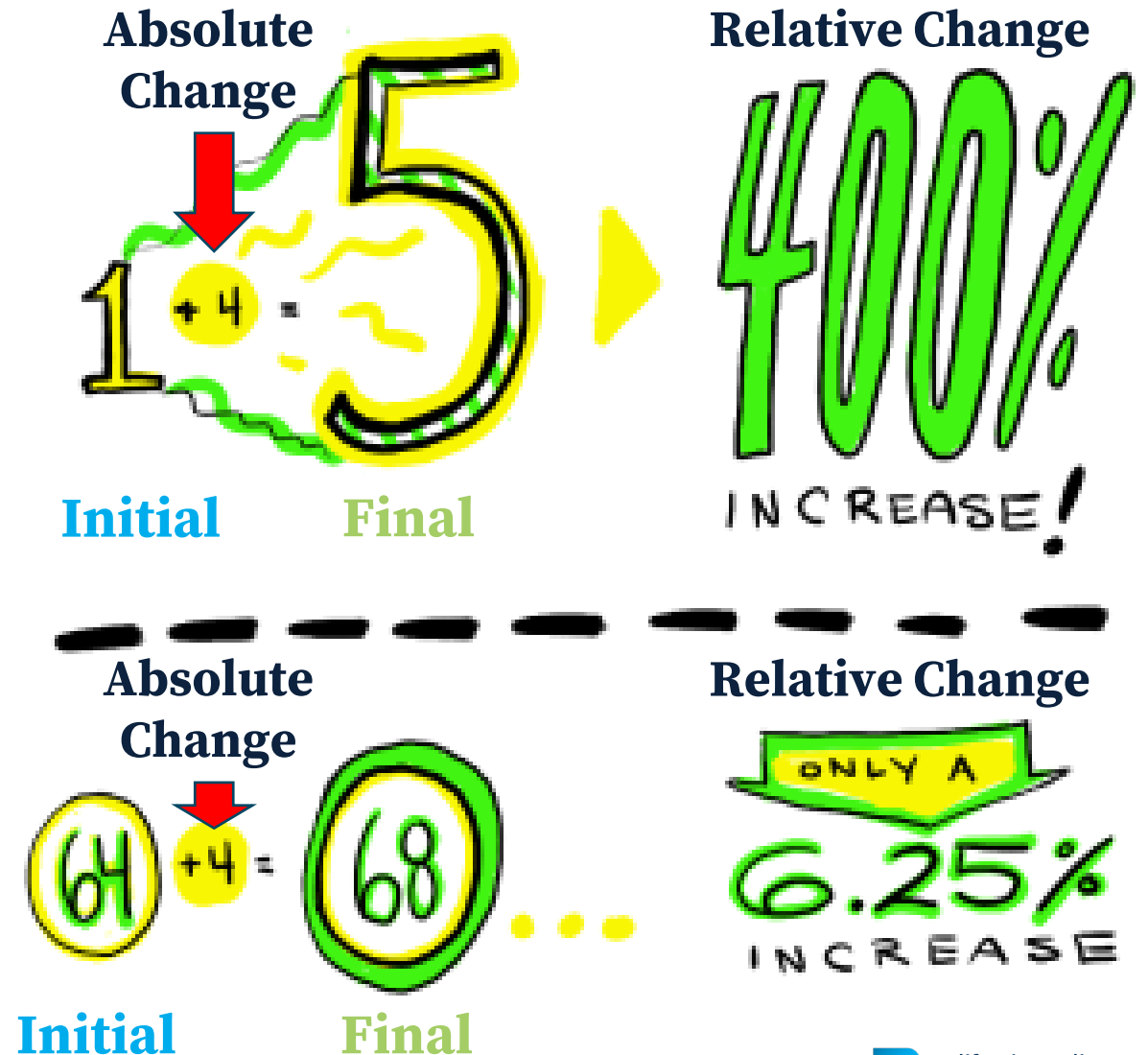


# Recommendations

- Data Collection
  - Can you even pull a report?
  - What data do you need that you don't have? Who has that data?
- Baseline & Target
  - Need to capture and review baseline before you can set a realistic target
  - Likely will need to change targets
- Exclusions
  - Important to name internally
- BHI “Report card”
  - How is all the data rolling up?
  - Who owns it?
  - Who will talk about it

# Absolute & Relative Change

- **Absolute change:** The simple difference between two points in time
- **Relative Change:** the simple difference between two points in time compared to the initial point expressed as a percentage.
  - **Example:** From March 2024 to April 2024, 4 patients became controlled for Hypertension



# Setting Improvement Targets

## Setting Targets - Improvement Target

- Using the Minnesota Method, improvement targets consider the distance from each CCO's baseline to the benchmark divided by 10. The result of the calculation, added to baseline is the improvement target. Each CCO needs to reduce the distance to the benchmark by 10% every year.

### Example

- One example year the “timeliness of postpartum care” **benchmark = 69.4%**
- CCO Performance in the **baseline** year is **50%**
- $(69.4 - 50) / 10 = 1.94$  ..... add to 1.94 to 50% baseline so.....
- Improvement Target for next year is **51.9%**

# Outcome Measure

Category	CalHIVE BHI - Team Selection
<p><b>Outcome</b> – impact of the health care service or intervention on patients’ health</p>	<ul style="list-style-type: none"> <li>• (6) Depression and Remission Rates</li> <li>• Depression Screening &amp; Follow-Up</li> <li>• HbA1c Poor Control for Patients with Diabetes (&gt; 9%)</li> </ul>
<p><b>Bright Spots</b></p>	<ul style="list-style-type: none"> <li>• We will create a quarterly behavioral health report card to present to staff and faculty. Using grant funds to offer group incentives if targets are met (e.g., taco party, pizza party, ice cream party, etc.) [Pomona]</li> <li>• Dashboards for supervisors to monitor out, provider reports [SF]</li> </ul>
<p><b>Opportunities</b></p>	<ul style="list-style-type: none"> <li>• Identify and compare how to track which patients are getting BHI visits</li> <li>• Reference depression remission and response benchmark (commercial, CA, national)</li> <li>• Consider the clinical outcome (e.g., remission and response not just follow-up)</li> <li>• Can consider non-BH measure</li> </ul>

# Process Measure

Category	CalHIVE BHI Themes
<b>Process</b> – if steps in the system are performing as planned	<ul style="list-style-type: none"><li>• (3) Percentage of patients referred to BHI that agree to services</li><li>• (3) Depression Screening and Follow-Up for Adolescents and Adults</li><li>• Depression Screening</li></ul>
<b>Bright Spots</b>	<ul style="list-style-type: none"><li>• Exclusion: Patients who refuse BHI services [Riverside]</li><li>• Documenting a BHI referral [Chinese Hospital]</li></ul>
<b>Opportunities</b>	<ul style="list-style-type: none"><li>• Identify how to track which patients are getting BHI visits; need to have filters on getting BHI (e.g., enrollment in CoCM)</li><li>• Consider: PHQ2 and PHQ9?</li><li>• Consider: all patients presenting? Ages 12 or 18 and up?</li></ul>

# Patient Experience Measure

Category	CalHIVE BHI Themes
<b>Process</b> – if steps in the system are performing as planned	<ul style="list-style-type: none"> <li>• (7) Patient Satisfaction Survey</li> <li>• Interviews</li> </ul>
<b>Bright Spots</b>	<ul style="list-style-type: none"> <li>• 10 patients will be randomly selected from those who screened positive and received some level of behavioral health intervention. They will be interviewed by staff or behavioral health intern about the experience with 4 item standardized survey about their experience [Pomona]</li> <li>• Patient’s POV, opinions, attitudes, and experiences throughout BHI journey -from initial consultation, diagnosis, treatment, to follow-up care [Chinese Hospital]</li> <li>• All – ID themes from pt survey re: improvements [SF]</li> <li>• Leveraging technology (PocketDoc App) [Perlman]</li> <li>• Survey – Via text message after visit: To what extent were your behavioral health needs met at this visit? How would you rate the behavioral health visit you received today? [Sharp Rees Stealy]</li> </ul>
<b>Opportunities</b>	<ul style="list-style-type: none"> <li>• Aligning surveys (medical + BH); PressGaney</li> <li>• All patients; comparison groups</li> <li>• Capturing qualitative stories</li> </ul>

# Workforce Measure

Category – Definition	CalHIVE BHI Themes
<p><b>Workforce</b> – experience from providers and other care team members, workload, collaboration</p>	<ul style="list-style-type: none"> <li>• 6 Survey (Staff and/or Provider)</li> <li>• Huddles</li> </ul>
<p><b>Bright Spots</b></p>	<ul style="list-style-type: none"> <li>• Experience from providers and other care team members (medical assistants, front desk staff, care coordinators, call center representatives, billers, etc.), and their familiarity with the project and satisfaction about the workflow and workload change from implementation of the project [Chinese Hospital]</li> <li>• Exclusion: Staff who leave employment [Riverside]</li> <li>• Assess if staff members feel adequately equipped with the necessary resources to implement the program [Perlman]</li> </ul>
<p><b>Opportunities</b></p>	<ul style="list-style-type: none"> <li>• Target: completion of survey, or certain rate?</li> <li>• How to assess ongoing collaboration</li> </ul>

# Financial Measure

Category – Definition	CalHIVE BHI Themes
<p><b>Financial</b> – direct and indirect costs and revenue</p>	<ul style="list-style-type: none"> <li>• BH visits completed</li> <li>• Utilization of BHI codes</li> <li>• Percentage of PCP team members that utilize the PHQ screen billing code</li> <li>• (3) Revenue Generation: Screening codes and visits; BHI Visit Revenue</li> </ul>
<p><b>Bright Spots</b></p>	<ul style="list-style-type: none"> <li>• Ability to capture charges placed by BHI visit and revenue generation for the provider group. Which visit type, consider copayments (cost sharing with patients). List/link to specific CPT codes. [Chinese Hospital</li> <li>• Utilization of codes for P4P and HEDIS measures related to behavioral health and therapy codes will create an opportunity to demonstrate fiscal value. The utilization of codes will be the marker, where opportunities to use codes occur. [Pomona Valley]</li> <li>• Exclusion: Patient cancelation [Riverside]</li> </ul>
<p><b>Opportunities</b></p>	<ul style="list-style-type: none"> <li>• Tracking / identify when codes / claims are not used               <ul style="list-style-type: none"> <li>• Denominator- total visit where a billing code could be used (therapy visits, PHQ) [Pomona]</li> </ul> </li> </ul>



# Discussion Questions

1. What improvements will you make to your Implementation Plan Measurement Plan (Section 6)?
2. How do you think you can leverage your Implementation Plan Measurement Plan (Section 6) to
  - .... Increase engagement for BHI?
  - ....Identify an ROI for BHI?
  - ....Other?



**Open question/feedback**

# Next Steps

- ❑ Ongoing: review resources on [CalHIVE BHI/Learn](#)
- ❑ Aug: review and make any updates to your Implementation Plan with your Improvement Advisor
- ❑ Sept./Oct.: CQC to provide teams with guidance, templates and a timeline to report pilot site measurement data
- ❑ Nov: POs to report pilot site measurement data



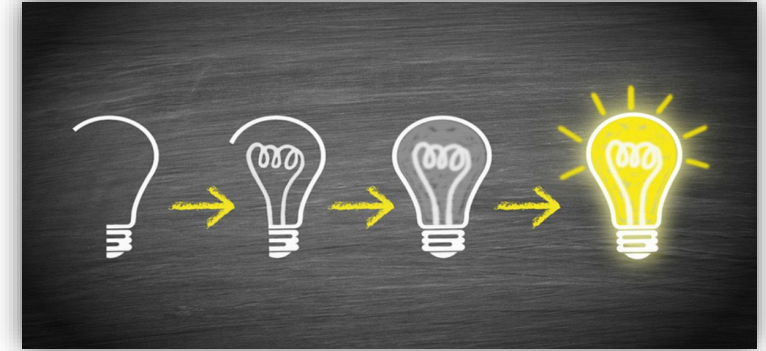
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# Closing

# Feedback please!

1. Today's webinar was useful for me and my work *[select one]*

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree



2. Of the topics we covered today, what was especially helpful? *[select multiple]*

- Highlight general trends, opportunities & bright spots for the Pilot Site Evaluation Measures (Section 6)
- Share questions and progress around BHI Evaluation & Engagement (Section 6 Implementation Plan)

# Program Reminders

## CalHIVE BHI Data Office Hours

- **June 27<sup>th</sup>, 2024, from 11am- 12pm.**
- Office hours are optional but attendance it is highly recommended
- Participants will have the opportunity to discuss data reporting challenges, network with peers from other organizations and share best practices



## CFHA

- Conference registration is open!  
<https://www.integratedcareconference.com/>
- Reminder – you get 1 year of membership (for 2024) as part of CalHIVE BHI
- Review this [CFHA Membership tutorial video](#) for how-to

# Q3 2024 Sprint: Implementation Go-Live!

## JULY

### Improvement Advising

- Review CalHIVE BHI individual data trends
- Collect questions around BHI billing and coding

### Tues. 7/16 (11-12) CalHIVE BHI Commons

#### Patient/Family Engagement for BHI

- Highlight fundamentals of patient family engagement for BHI
- Prioritize opportunities for education, including surveys, resources, brochures, handouts

### Fri. 7/19– Cycle 1 Data due

- Measurement reporting periods:
- 2/1/2023 – 1/31/2024; 3/1/2023 – 2/29/2024; 4/1/2023 – 3/31/2024

Improvement Advising

Webinars

In Person Events

Data / Reporting

Assignments

## AUGUST

### Improvement Advising

- Access CalHIVE BHI self-service data analytics
- Review and update Section 6 & Section 7: BHI Workflows for improvements

### Tues. 8/13 (11-12) CalHIVE BHI Commons Virtual Site Visit

- Hear from operational leader experienced in BHI
- Review lessons for improving culture and buy-in for BHI, including staff development
- Identify takeaways for BHI spread and sustainability

### Tues. 8/27 (11-12)

- [OPT] CalHIVE BHI BeeHIVE: Model Office Hours
- Host peer connections around integration model (PCBH/CoCM)

## SEPTEMBER

### Improvement Advising

- Review and update Section 6 & Section 7: BHI Workflows for improvements

### Tues. 9/10 (11-12) CalHIVE BHI Commons

#### External Pathways and Partnerships for BHI

- Analyze possible improvements for external care pathways for BH referrals
- Hear opportunities to strengthen partnerships

### Thurs. 9/12 – Data Webinar: Cycle 2

### Tues. 9/24 (11-12)

#### [OPT] CalHIVE BHI BeeHIVE: BHI Implementation Reality Check

- Hear peer updates on two CalHIVE BHI pilot sites, including training, education, addressing staff barriers

### Wed. 9/18 (12-1)

#### [OPT] CFHA/CQC Cal-IN Meeting

- Connect and learn from integrated peers

### By Mon. 9/30

#### BHI Implementation Plan: Section 6 & 7 – Updates & Improvements

- Due to IA

# Thank you!

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## Program Administration



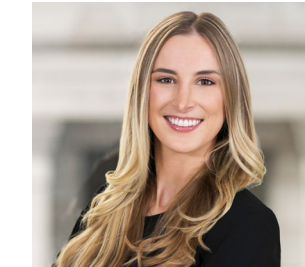
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