Tuesday, October 22; 11 a.m. – 11:45 a.m. PT

Data Trends & Improvements

CalHIVE BHI BeeHIVE Webinar

PB GH **California Quality Collaborative**
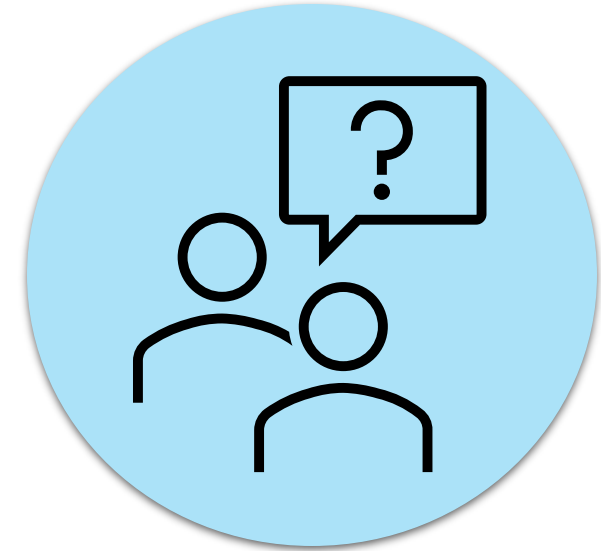
Tech Tips

Welcome!

Add your organization to your name

Turn on video if possible

Engaging Today

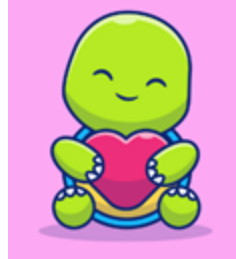- Share questions in the chat or come off mute

Need help?

Direct message Anna Baer if you have any technical issues

Mute   Start Video

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Welcome!

CalHIVE BHI Values

1. Collaboration around a common goal

2. Trust & transparency

3. Reflect, revise & adjust

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Our Objective

Today, we'll:

Analyze CalHIVE BHI cohort unblinded data

Discuss data trends with peers to identify improvements

Anchoring

Thinking of the data trends you reviewed in advance, what is one data point you want to learn more about today?

Understanding and Prioritizing Data Trends

The Role of Measurement in Quality Improvement

Understand
- How does the current system perform? Does the system perform equally for all populations?

Predict
- What interventions might improve the performance of the current system?

Evaluate
- Did our interventions result in improvement? For all populations?

Monitor
- Are our improvements sustained over time?

Engage
- Are we considering what is important for others to know?

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Important Factors for Interpreting Data

- Context

- Understanding variation

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Consider Context

- Compare
  - Data in previous months, quarters or years
  - Performance of similar organizations (benchmarking)
  - Trends in different patient populations
  - Industry standards
  - Your organization's performance goals

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Why Context is Important?

- Partnership Clinic retained 20 staff

- Partnership Clinic's 30-day all-cause readmission rate is 7%
  - **What if it started at 20%? 5%?**

- 90% of patients are satisfied with Partnership Clinic
  - **What if the state mandates a satisfaction rate of 100%?**

CalHIVE BHI Data Trends & Discussion
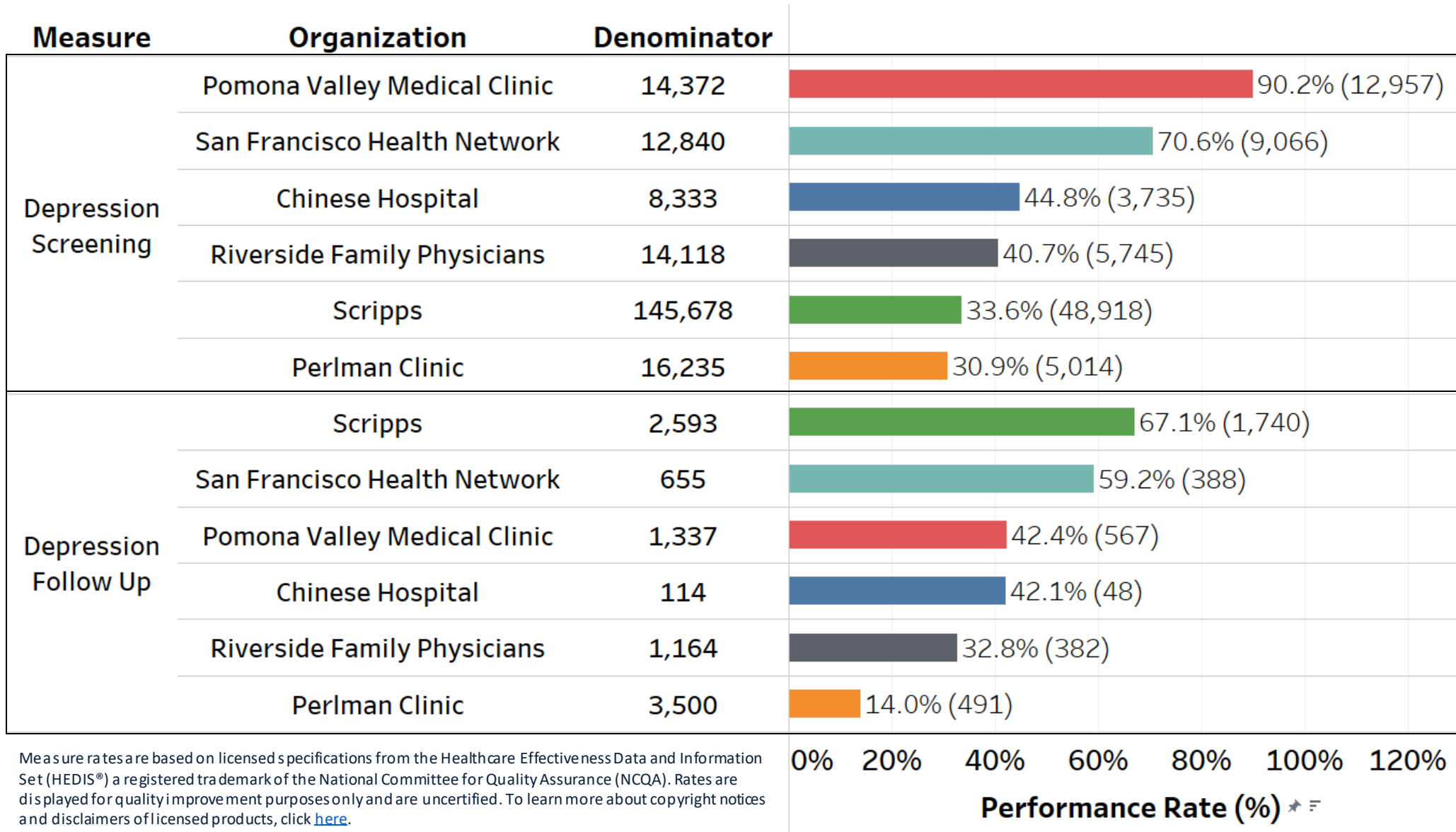
CalHIVE BHI Depression Measures

Depression Screening and Follow Up for Adolescents and Adults:

- The percentage of members 12 years of age and older who were screened for clinical depression using a standardized instrument and, if screened positive, received follow-up care.

  - **DSF1 – Depression Screening:** The percentage of members who were screened for clinical depression using a standardized instrument.

  - **DSF2 – Follow-Up on Positive Screen:** The percentage of members who received follow-up care within 30 days of a positive depression screen finding.

Depression Remission or Response for Adolescents and Adults:

- The percentage of members 12 years of age and older with a diagnosis of major depression and an elevated PHQ-9 score (>9), who had evidence of response or remission within 4–8 months of the elevated score.

  - **DRR1 – Follow-Up PHQ-9:** The percentage of members who have a follow-up PHQ-9 score documented within 4–8 months after the initial elevated PHQ-9 score.

  - **DRR2 – Depression Remission:** The percentage of members who achieved remission within 4-8 months after the initial elevated PHQ-9 score.

  - **DRR3 – Depression Response:** The percentage of members who showed response within 4-8 months after the initial elevated PHQ-9 score.

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Depression Screening & Follow Up by PO (Mar. 2024)

Lower is better

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Measure	Organization	Denominator	Performance Rate (%)
Depression Screening	Pomona Valley Medical Clinic	14,372	90.2% (12,957)
	San Francisco Health Network	12,840	70.6% (9,066)
	Chinese Hospital	8,333	44.8% (3,735)
	Riverside Family Physicians	14,118	40.7% (5,745)
	Scripps	145,678	33.6% (48,918)
	Perlman Clinic	16,235	30.9% (5,014)
Depression Follow Up	Scripps	2,593	67.1% (1,740)
	San Francisco Health Network	655	59.2% (388)
	Pomona Valley Medical Clinic	1,337	42.4% (567)
	Chinese Hospital	114	42.1% (48)
	Riverside Family Physicians	1,164	32.8% (382)
	Perlman Clinic	3,500	14.0% (491)

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Depression Remission or Response by PO (Mar. 2024)

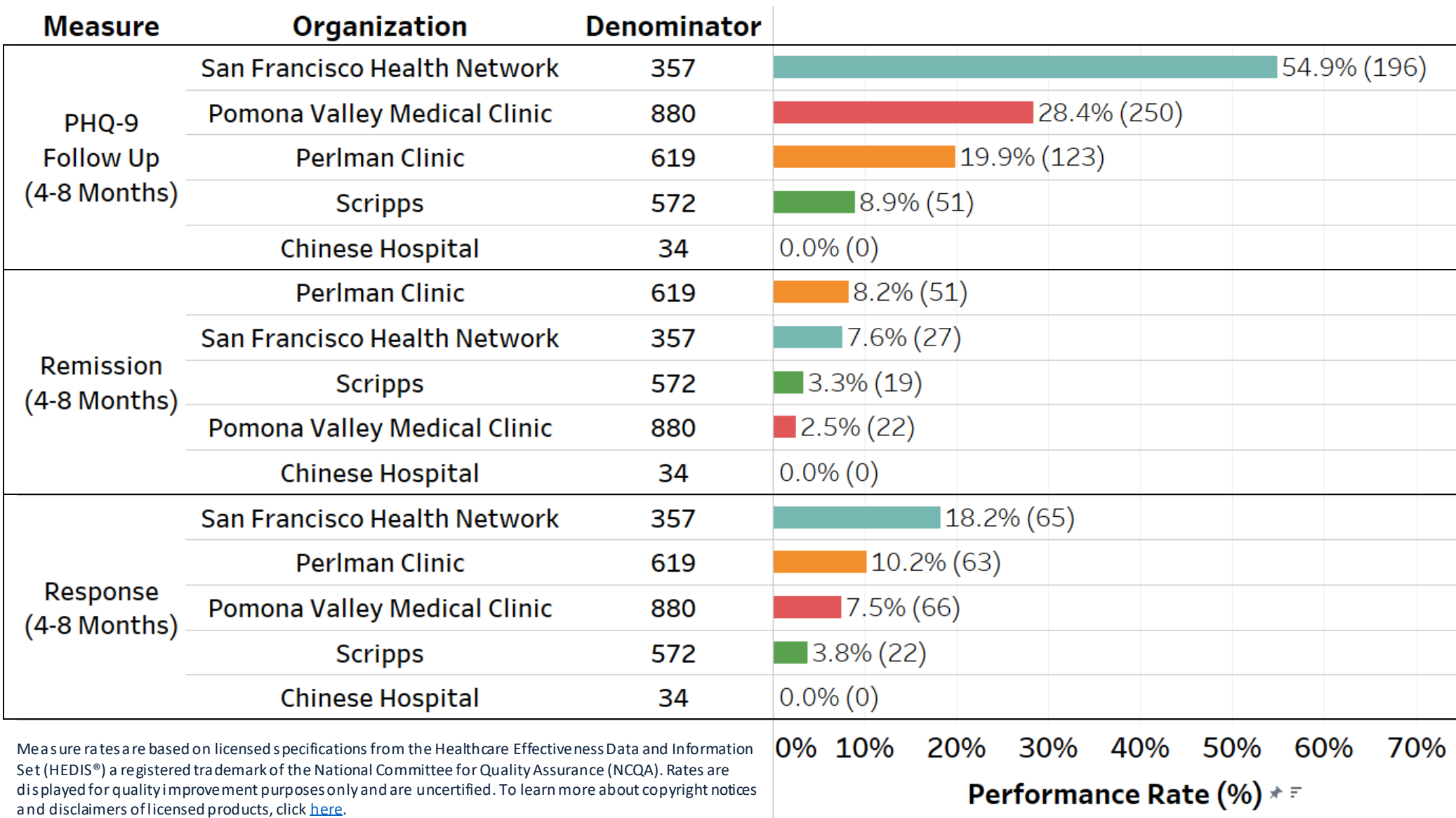| Measure	Organization	Denominator	Performance Rate (%)
PHQ-9 Follow Up (4-8 Months)	San Francisco Health Network	357	54.9% (196)
	Pomona Valley Medical Clinic	880	28.4% (250)
	Perlman Clinic	619	19.9% (123)
	Scripps	572	8.9% (51)
	Chinese Hospital	34	0.0% (0)
Remission (4-8 Months)	Perlman Clinic	619	8.2% (51)
	San Francisco Health Network	357	7.6% (27)
	Scripps	572	3.3% (19)
	Pomona Valley Medical Clinic	880	2.5% (22)
	Chinese Hospital	34	0.0% (0)
Response (4-8 Months)	San Francisco Health Network	357	18.2% (65)
	Perlman Clinic	619	10.2% (63)
	Pomona Valley Medical Clinic	880	7.5% (66)
	Scripps	572	3.8% (22)
	Chinese Hospital	34	0.0% (0)

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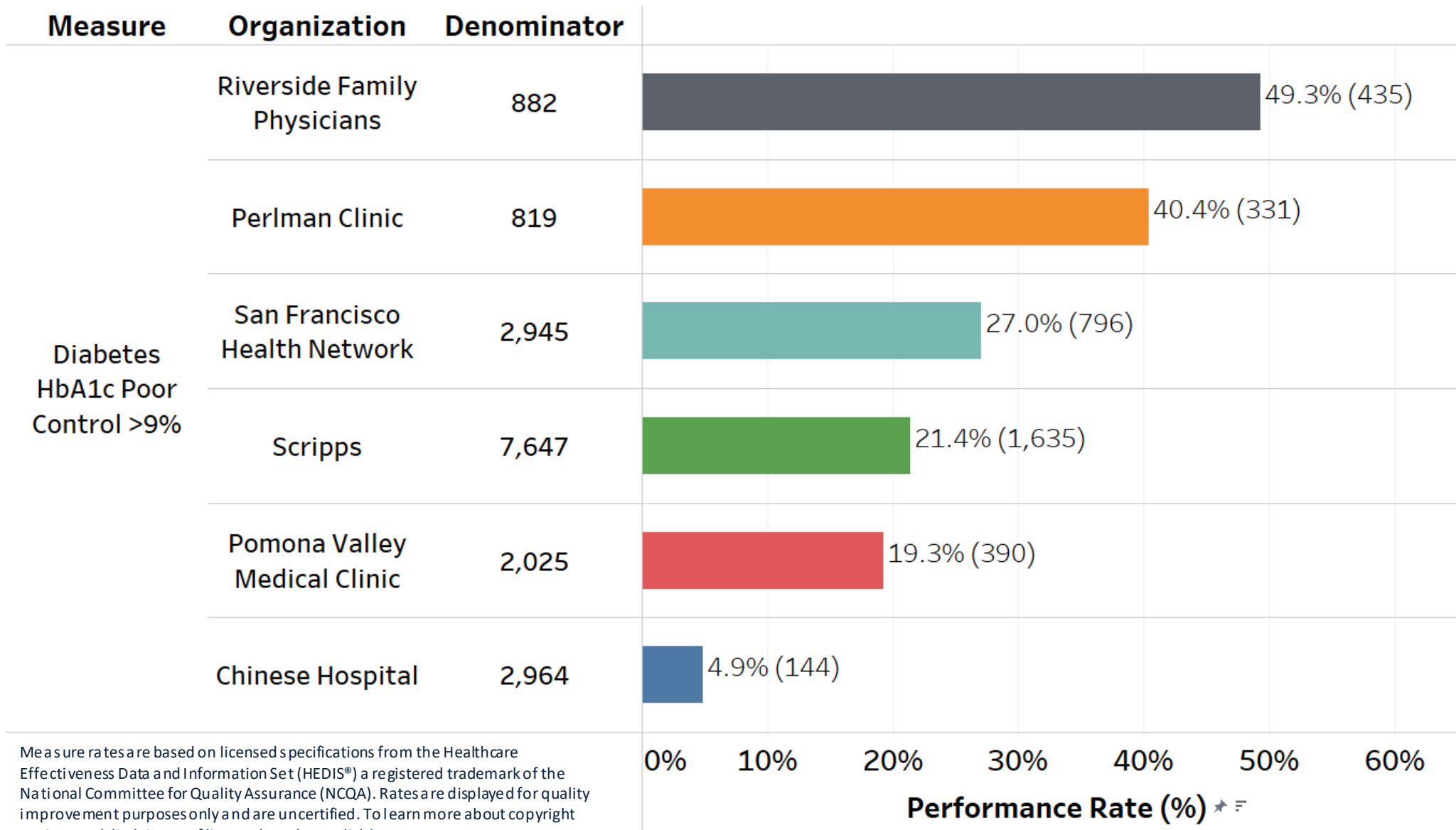
Diabetes HbA1c Poor Control >9% by PO (Mar. 2024)

Measure	Organization	Denominator	Performance Rate (%)
Diabetes HbA1c Poor Control >9%	Riverside Family Physicians	882	49.3% (435)
	Perlman Clinic	819	40.4% (331)
	San Francisco Health Network	2,945	27.0% (796)
	Scripps	7,647	21.4% (1,635)
	Pomona Valley Medical Clinic	2,025	19.3% (390)
	Chinese Hospital	2,964	4.9% (144)

Lower is better

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Discussion

1. What stands out to you about the data:
   - As a cohort?
   - Top performers' performance?
   - Depression Screening and Follow Up Rates?
   - About your own organization's performance?

2. What quality improvement might you want to make?
   - Clinical – outreach, enhanced workflows
   - Data integrity – intake, quality, mapping

3. How might you change how you share performance data?

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Moving Forward

Internal

❑ Compare pilot site to network

❑ Plan "PDSA" improvement project

❑ Ensure data shared widely across team (e.g., providers, care teams, executive)

CalHIVE BHI

❑ Work in improvement advising meetings to prioritize improvements
    ❑ Capture in Section 8 Implementation Plan

❑ Review resources
    ❑[CalHIVE BHI Measure logic](#)
    ❑PHQ-9 Improvement: [CalHIVE BHI Webinar](#)(October 2023)
    ❑ Stratification: CalHIVE BHI Convening – [Day 2 slides](#)(May 2024)

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Tableau Updates

- Self-service unblinded cohort analytics coming end of October

- Suggestions on Tableau?
  - Send to Jose

Implementation Plan - Section 8

Screening	Pilot Site Evaluation & Measurement

1. What strategies are established to ensure PHQ screening has been rolled out to all patients? *[IMAT 5.2]*
2. Are there opportunities to incorporate additional screenings at your organization? i.e.: GAD-7, DAST, AUDIT, SBIRT *[IMAT 5.2]*
	1. What metrics or key performance indicators (KPIs) are being used to evaluate the success of the integration program? *[IMAT 6.1 and Section 6 Measures]*
	2. How effectively has data been collected, analyzed, and utilized to monitor program performance? *[IMAT 6.1]*
	3. Are there any areas where data collection and reporting could be leveraged for:
	   • sustainability? *[IMAT 7.1, 8.1]*
	   • health equity? *[IMAT 9.1]*
	4. How has the implementation of the behavioral health integration program affected patient outcomes and satisfaction? *[IMAT 6.1 and Section 6 Measures]*

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Q4 2024 Sprint: Reflect and Adjust

OCTOBER

Improvement Advising
- Collaborate on Section 8 (BHI Workflows, Evaluation & Measurement, BHI Billing & Coding and Sustainability)

Thurs. 10/3 (12-1) – Data Office Hours: Cycle 2

**Tues. 10/8 (11-12)
CalHIVE BHI Commons
BHI Revenue Cycle Successful Practices**
- Share practices and lessons learned around BHI revenue cycle, including codes, training approaches and monitoring processes
- Troubleshoot current practices

Fri. 10/11 – Cycle 2 Data due
Measurement reporting periods:
- 5/1/2023 – 4/30/2024; 6/1/2023 – 5/31/2024; 7/1/2023 – 6/30/2024

**Tues. 10/22 (11-11:45)
[OPT] CalHIVE BHI BeeHIVE:
Data Trends & Improvements**
- Review CalHIVE BHI Tableau dashboard
- Identity drivers for improvement

NOVEMBER

Improvement Advising
- Collaborate on Section 8 (Screening, Pilot Site Engagement and Training)

**Tues. 11/12 (11-12) CalHIVE BHI Commons
Monitoring and Process Improvement**
- Highlight Tools and processes to monitor BHI implementation fidelity (post go-live and ongoing), and how to incorporate improvements

**Wed. 11/13 (11-12)
[OPT] CQC Public Webinar: Behavioral Health
Integration Lessons Learned**
- **Register Here**

Legend
Improvement Advising
Webinars
In Person Events
Data / Reporting
Assignments

DECEMBER

Improvement Advising
- Complete Section 8 (Reflect and Adjust)

**Wed. 12/4 (12-1)
[OPT] CFHA/CQC Cal-IN Meeting**
- Connect and learn from integrated peers

**Tues. 12/10 (11-12)
CalHIVE BHI Commons
Hello 2025, Goodbye 2024**
- Celebrate wins and accomplishments of 2024
- Preview 2025 program milestones and events

Thurs. 12/12 (12-1) – Data Webinar: Cycle 3

**By Mon. 12/16
BHI Implementation Plan: Section 8 (Reflect and Adjust)**
- Due to IA

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Thank you!

Program Advisor

Peter Robertson
Senior Director,
Practice Transformation

probertson@pbgh.org

Clinical Advisor

Dr. Brian Sandoval
Clinical Advisor, BH
Integration

Data Reporting

Jose Ordonez
Manager,
Data Analytics

jordonez@pbgh.org

Improvement Advisors

Kristina Mody
CalHIVE BHI Director
Director,
Practice Transformation

kmody@pbgh.org

Daniela Vela Hernandez
CFHA Technical Assistance
Associate

dvhernandez@cfha.net

Mary Nickel-Nguy
Senior Manager, Behavioral
Health Integration

mnickelnguy@pbgh.org

Program Administration

Michael Au
Senior Manager,
Care Transformation

mau@pbgh.org

Anna Baer
Program Coordinator,
Care Transformation

abaer@pbgh.org

Erika Lind
Manager,
Care Transformation Events
and Learning

elind@pbgh.org

Appendix

CalHIVE BHI Measures

Depression Screening and Follow Up for Adolescents and Adults (DSF1 & DSF2)

California Quality Collaborative

Patient (12 years and older)

Patient meets any of the following exclusions?
- History of bipolar disorder any time during the patient's history through the end of the year prior to the measurement period.
- Patient with depression that starts during the year prior to the measurement period.
- Patient in hospice or using hospice services any time during the measurement period.

No → Denominator 1

Yes → No Denominator 1

Denominator 1:
- Screened for depression using an appropriate standardized instrument (PHQ9) during the measurement period
- Not Screened for Depression during the measurement period → No Numerator 1

Screened:
- Positive ≥ 10 → Numerator 1 & Denominator 2
- Negative < 10 → Numerator 1

Numerator 1 & Denominator 2:
- Follow-up documented
- No follow-up or no follow up documented → No Numerator 2

Follow-up documented:
- On or up to 30 days after the date of first positive screen (31 days) → Numerator 2
- After 31 days → No Numerator 2

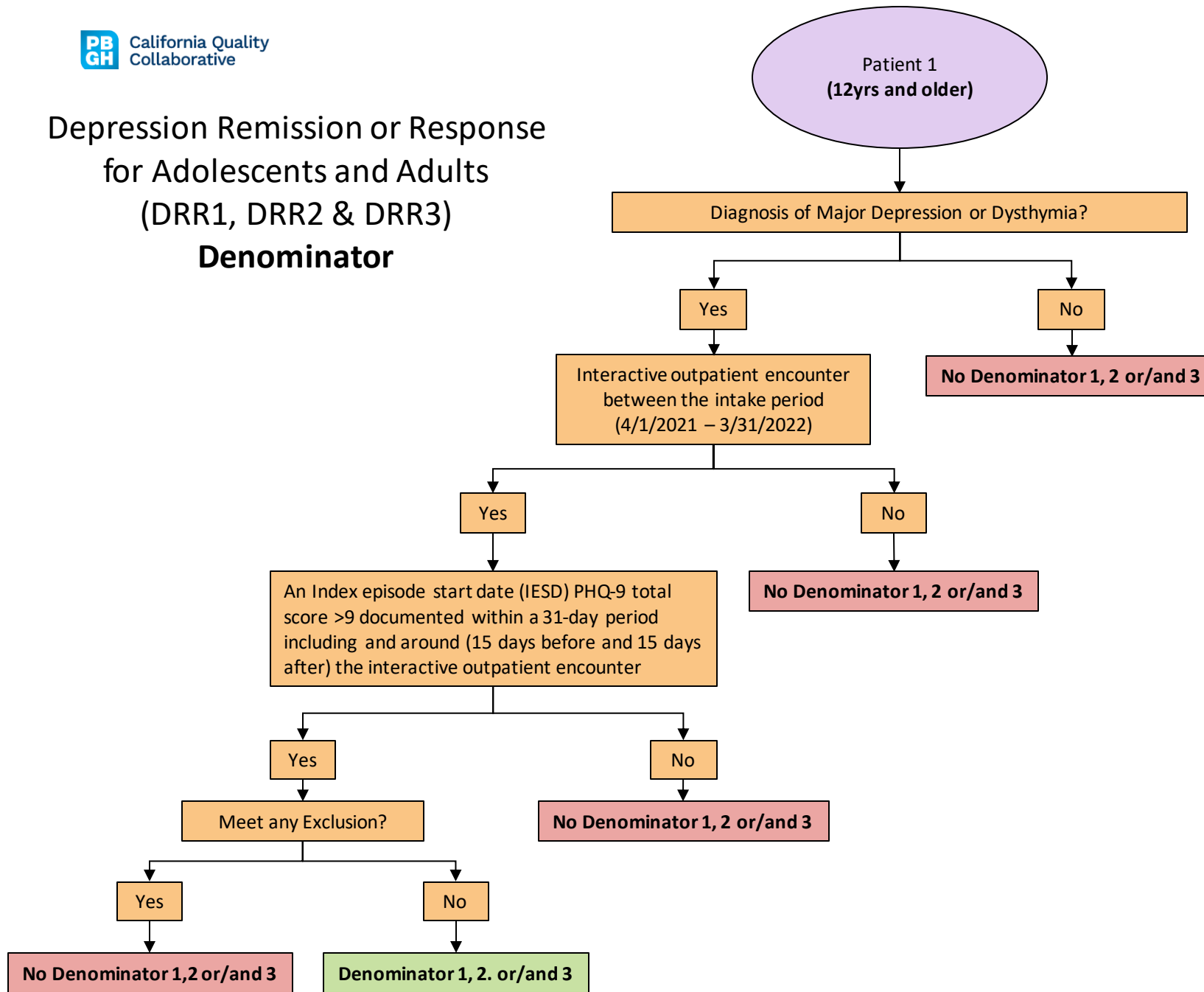**Measurement Period Example:** 1/1/2022 – 12/31/2022

Denominator 1: The initial population (members 12 years of age and older at the start of the measurement period) minus exclusion
Numerator 1: Members with a documented result for depression screening, using an age-appropriate standardized instrument, performed between the first date of the first month and first date of last month of measurement period.
Denominator 2: All members from numerator 1 with a positive screen finding between the first date of the first month and the first date of last month of the measurement period.
Numerator 2: Members who received follow-up care on or up to 30 days after the date of the first positive screen (31 total days).

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Depression Remission or Response
for Adolescents and Adults
(DRR1, DRR2 & DRR3)
Denominator

Patient 1
(12yrs and older)

Diagnosis of Major Depression or Dysthymia?

Yes

No

No Denominator 1, 2 or/and 3

Interactive outpatient encounter
between the intake period
(4/1/2021 – 3/31/2022)

Yes

No

No Denominator 1, 2 or/and 3

An Index episode start date (IESD) PHQ-9 total
score >9 documented within a 31-day period
including and around (15 days before and 15 days
after) the interactive outpatient encounter

Yes

No

No Denominator 1, 2 or/and 3

Meet any Exclusion?

Yes

No

No Denominator 1,2 or/and 3

Denominator 1, 2. or/and 3

Depression Remission or Response for Adolescents and Adults (DRR1, DRR2 and DRR3)
Numerator

Denominator 1, 2. or/and 3

↓

Follow up PHQ9 score recorded 4-8 months after the earliest date during the intake period (4/1/22-3/31/23) (IESD) where PHQ9 was greater than 9

- **Yes** → **Numerator 1**
- **No** → **No Numerator 1,2 and 3**

Numerator 1 ↓

PHQ9 score recorded during follow up period is at least 50 percent lower than the PHQ-9 score associated with the IESD,

- **Yes** → **Numerator 3**
- **No** → **No Numerator 3 and 2**

Numerator 3 ↓

PHQ9 score recorded during follow up period is <5

- **Yes** → **Numerator 2**
- **No** → **No Numerator 2**

Measurement Period Example: 1/1/2022 – 12/31/2022

IESD: Earliest date during the intake period where a PHQ9 greater than 9 is documented within a 31-day period including and around (15 days before and 15 days after) an interactive outpatient encounter with a diagnosis of major depression or dysthymia.

Intake Period: April 1 of the year prior to the Measurement Period through March 31 of the Measurement Period.

Numerator 1: A PHQ-9 total score in the member's record during the depression follow-up period.
Numerator 2: Members who achieve remission of depression symptoms, as demonstrated by the most recent PHQ-9 score of <5 during the depression follow-up period.
Numerator 3: Members who indicate a response to treatment for depression, as demonstrated by the most recent PHQ-9 total score being at least 50 percent lower than the PHQ-9 score associated with the IESD, documented during the depression follow-up period.

CalHIVE BHI Measure Performance

Provider Organization & Pilot Site – *Unblinded*

Updated October 2024

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CalHIVE BHI Depression Measures

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Response (4-8 Months)	San Francisco Health Network	357	18.2% (65)
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	Pomona Valley Medical Clinic	880	7.5% (66)
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Diabetes HbA1c Poor Control >9% by PO (Mar. 2024)

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Performance Rate (%)

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Depression Screening & Follow by Pilot Site (Mar. 2024)

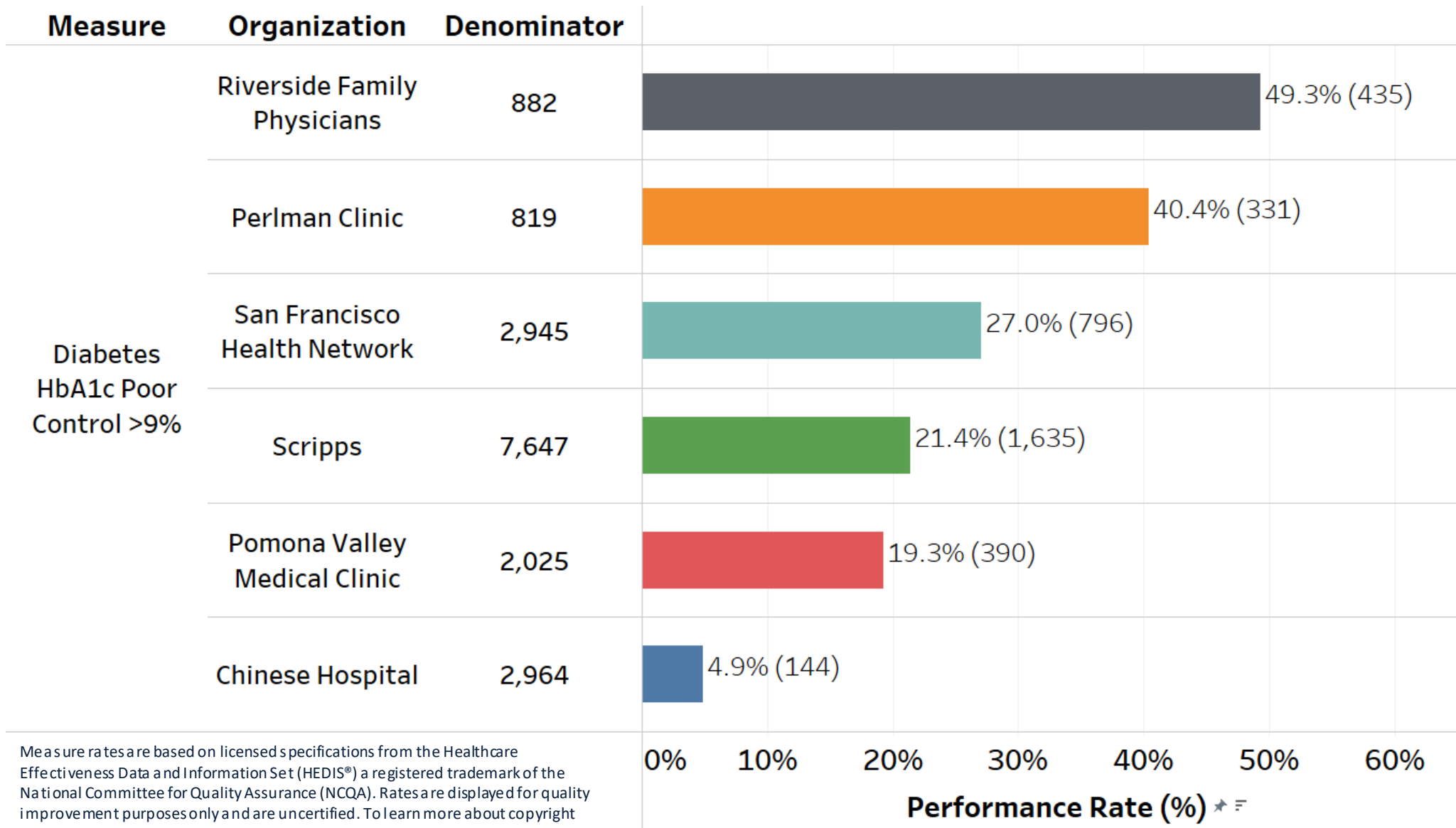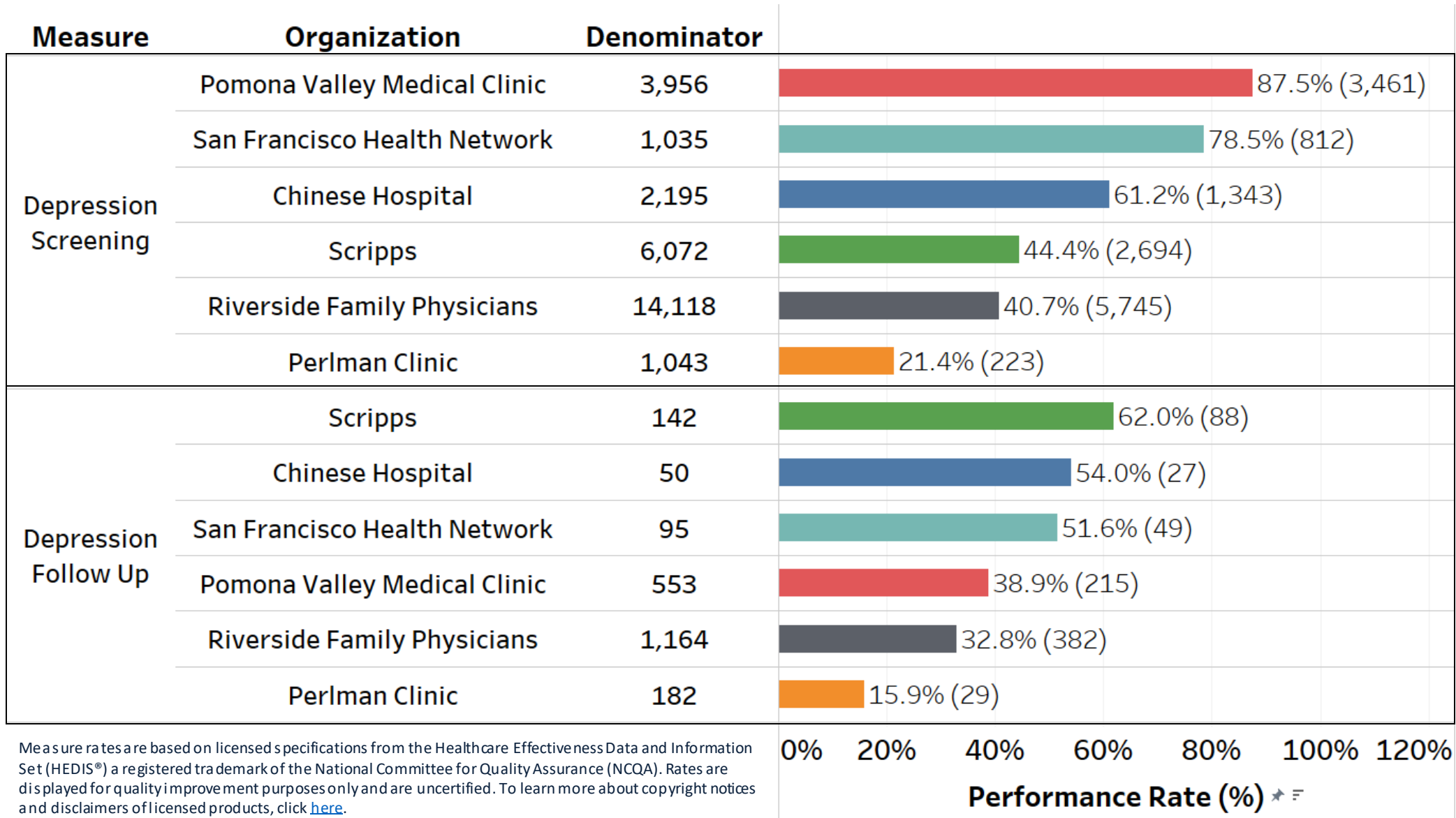| Measure	Organization	Denominator	Performance Rate (%)
Depression Screening	Pomona Valley Medical Clinic	3,956	87.5% (3,461)
	San Francisco Health Network	1,035	78.5% (812)
	Chinese Hospital	2,195	61.2% (1,343)
	Scripps	6,072	44.4% (2,694)
	Riverside Family Physicians	14,118	40.7% (5,745)
	Perlman Clinic	1,043	21.4% (223)
Depression Follow Up	Scripps	142	62.0% (88)
	Chinese Hospital	50	54.0% (27)
	San Francisco Health Network	95	51.6% (49)
	Pomona Valley Medical Clinic	553	38.9% (215)
	Riverside Family Physicians	1,164	32.8% (382)
	Perlman Clinic	182	15.9% (29)

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Depression Remission or Response by Pilot Site (Mar. 2024)

Measure	Organization	Denominator	Performance Rate (%)
PHQ-9 Follow Up (4-8 Months)	San Francisco Health Network	51	62.7% (32)
	Pomona Valley Medical Clinic	427	32.3% (138)
	Perlman Clinic	28	14.3% (4)
	Scripps	18	11.1% (2)
	Chinese Hospital	22	0.0% (0)
Remission (4-8 Months)	San Francisco Health Network	51	7.8% (4)
	Scripps	18	5.6% (1)
	Perlman Clinic	28	3.6% (1)
	Pomona Valley Medical Clinic	427	3.5% (15)
	Chinese Hospital	22	0.0% (0)
Response (4-8 Months)	San Francisco Health Network	51	17.6% (9)
	Scripps	18	11.1% (2)
	Pomona Valley Medical Clinic	427	8.9% (38)
	Perlman Clinic	28	3.6% (1)
	Chinese Hospital	22	0.0% (0)

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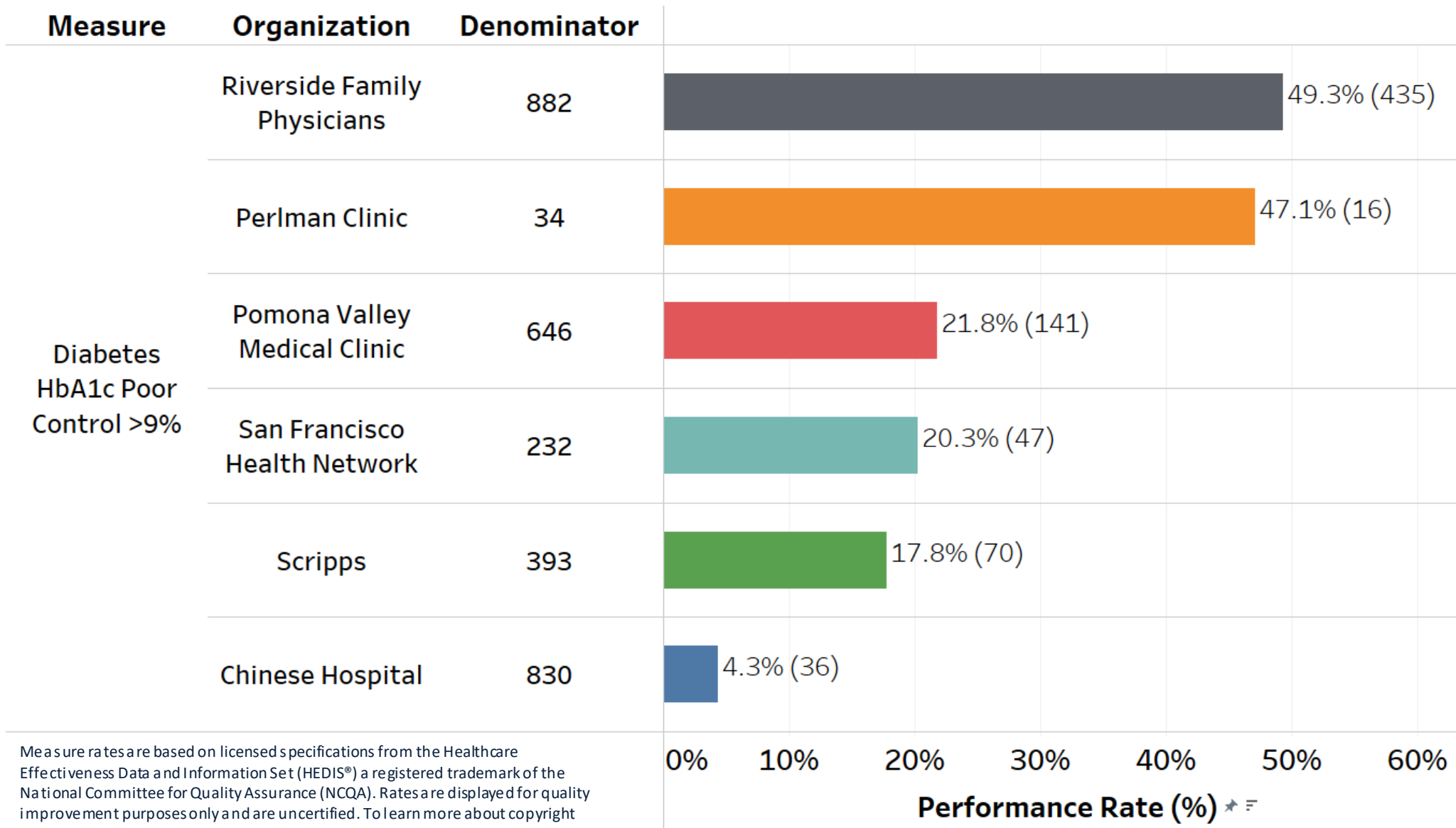| Measure	Organization	Denominator	Performance Rate (%)
Diabetes HbA1c Poor Control >9%	Riverside Family Physicians	882	49.3% (435)
	Perlman Clinic	34	47.1% (16)
	Pomona Valley Medical Clinic	646	21.8% (141)
	San Francisco Health Network	232	20.3% (47)
	Scripps	393	17.8% (70)
	Chinese Hospital	830	4.3% (36)

Lower is better

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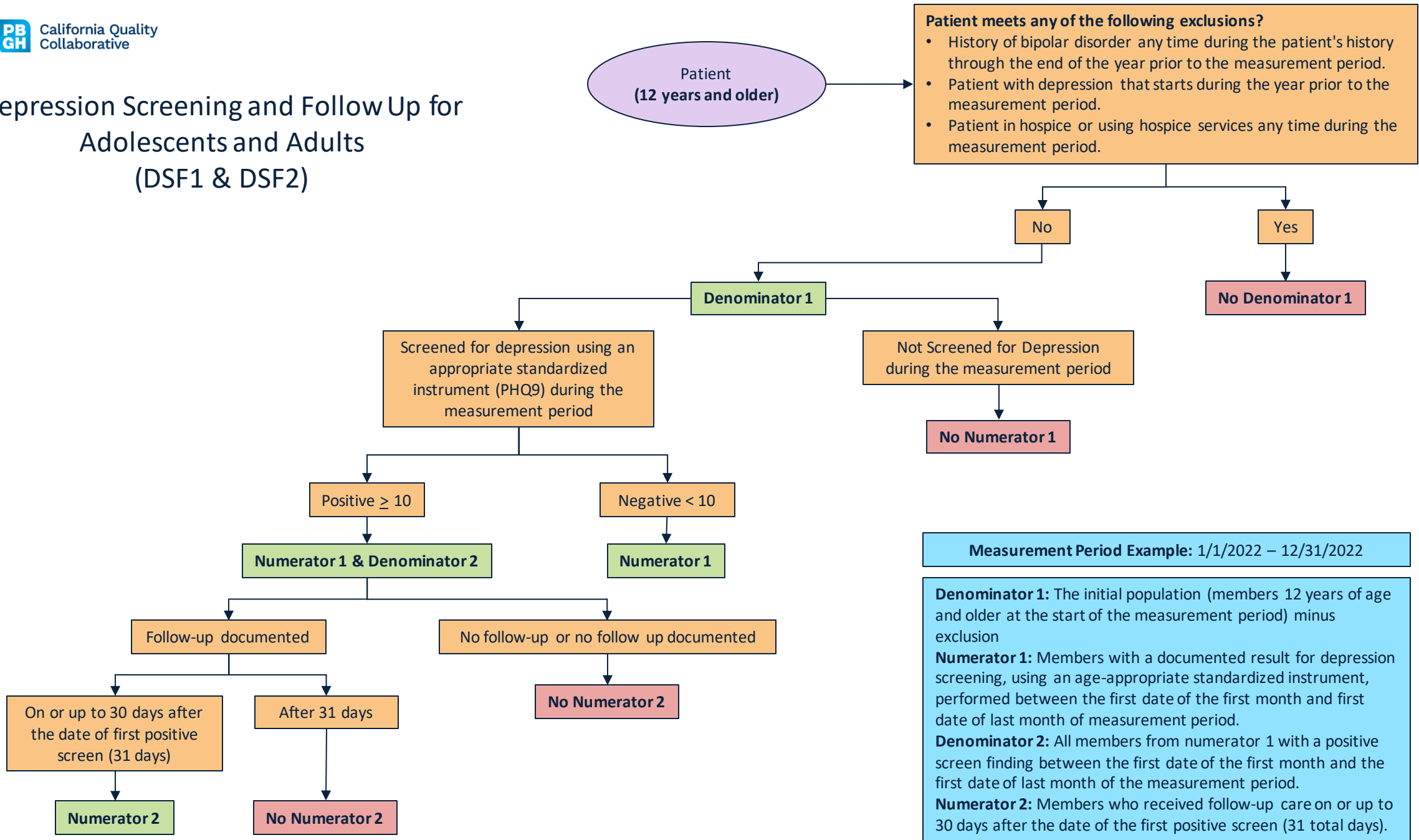
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Appendix

Depression Screening and Follow Up for Adolescents and Adults
(DSF1 & DSF2)

California Quality Collaborative

Patient (12 years and older)

Patient meets any of the following exclusions?
- History of bipolar disorder any time during the patient's history through the end of the year prior to the measurement period.
- Patient with depression that starts during the year prior to the measurement period.
- Patient in hospice or using hospice services any time during the measurement period.

No → **Denominator 1**

Yes → **No Denominator 1**

Denominator 1
- Screened for depression using an appropriate standardized instrument (PHQ9) during the measurement period
- Not Screened for Depression during the measurement period → **No Numerator 1**

Screened for depression:
- **Positive ≥ 10** → **Numerator 1 & Denominator 2**
- **Negative < 10** → **Numerator 1**

Numerator 1 & Denominator 2
- Follow-up documented
- No follow-up or no follow up documented → **No Numerator 2**

Follow-up documented:
- On or up to 30 days after the date of first positive screen (31 days) → **Numerator 2**
- After 31 days → **No Numerator 2**

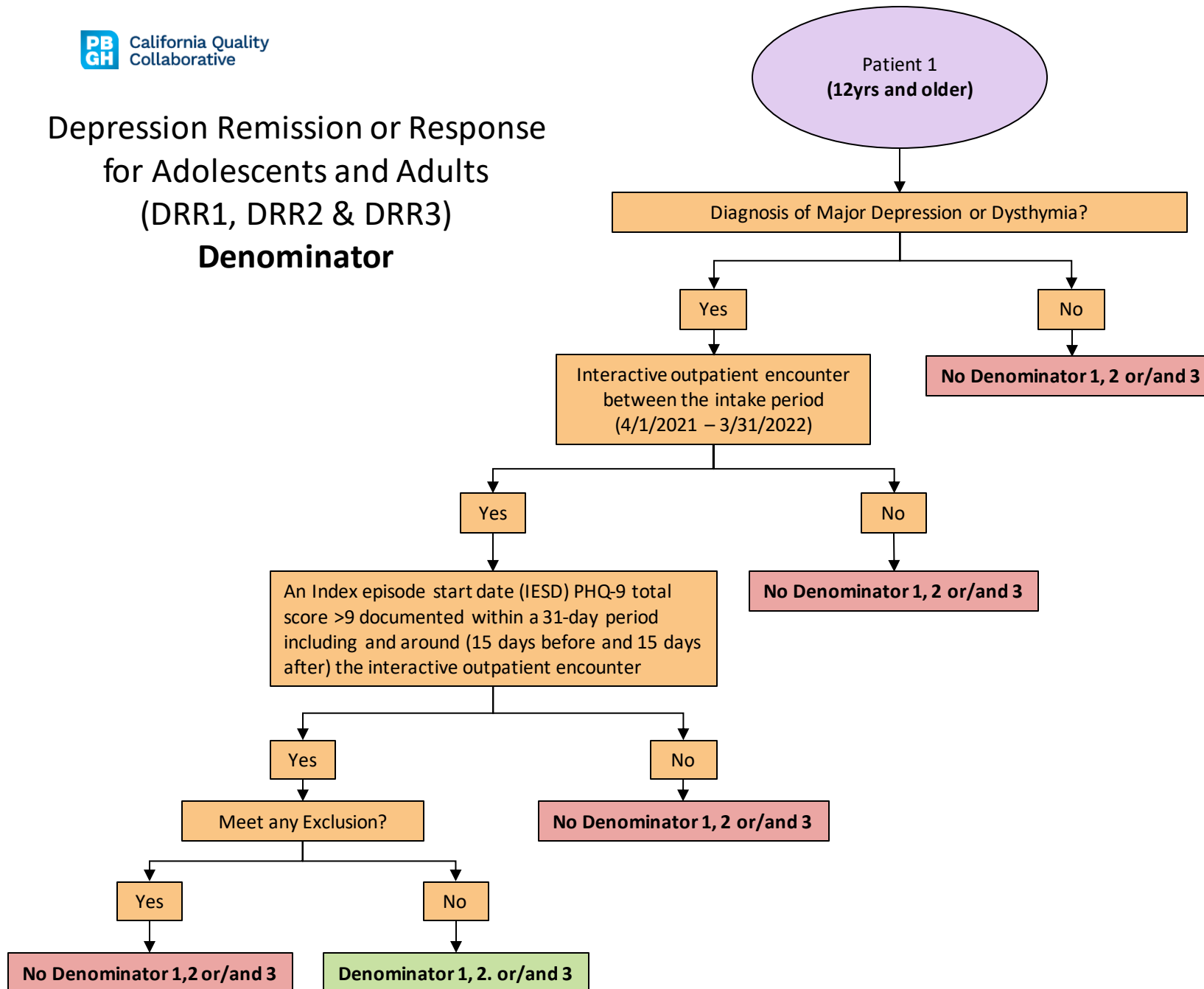**Measurement Period Example: 1/1/2022 – 12/31/2022**

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Denominator 2: All members from numerator 1 with a positive screen finding between the first date of the first month and the first date of last month of the measurement period.

Numerator 2: Members who received follow-up care on or up to 30 days after the date of the first positive screen (31 total days).

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Depression Remission or Response for Adolescents and Adults (DRR1, DRR2 & DRR3)
Denominator

Patient 1 (12yrs and older)

Diagnosis of Major Depression or Dysthymia?
- Yes → Interactive outpatient encounter between the intake period (4/1/2021 – 3/31/2022)
- No → No Denominator 1, 2 or/and 3

Interactive outpatient encounter between the intake period (4/1/2021 – 3/31/2022)
- Yes → An Index episode start date (IESD) PHQ-9 total score >9 documented within a 31-day period including and around (15 days before and 15 days after) the interactive outpatient encounter
- No → No Denominator 1, 2 or/and 3

An Index episode start date (IESD) PHQ-9 total score >9 documented within a 31-day period including and around (15 days before and 15 days after) the interactive outpatient encounter
- Yes → Meet any Exclusion?
- No → No Denominator 1, 2 or/and 3

Meet any Exclusion?
- Yes → No Denominator 1,2 or/and 3
- No → Denominator 1, 2. or/and 3

Measurement Period Example: 1/1/2022 – 12/31/2022

IESD: Earliest date during the intake period where a PHQ9 greater than 9 is documented within a 31-day period including and around (15 days before and 15 days after) an interactive outpatient encounter with a diagnosis of major depression or dysthymia.

Intake Period: April 1 of the year prior to the Measurement Period through March 31 of the Measurement Period.

Exclusion:
Patients with any of the following any time during the patient's history through the end of the measurement period:
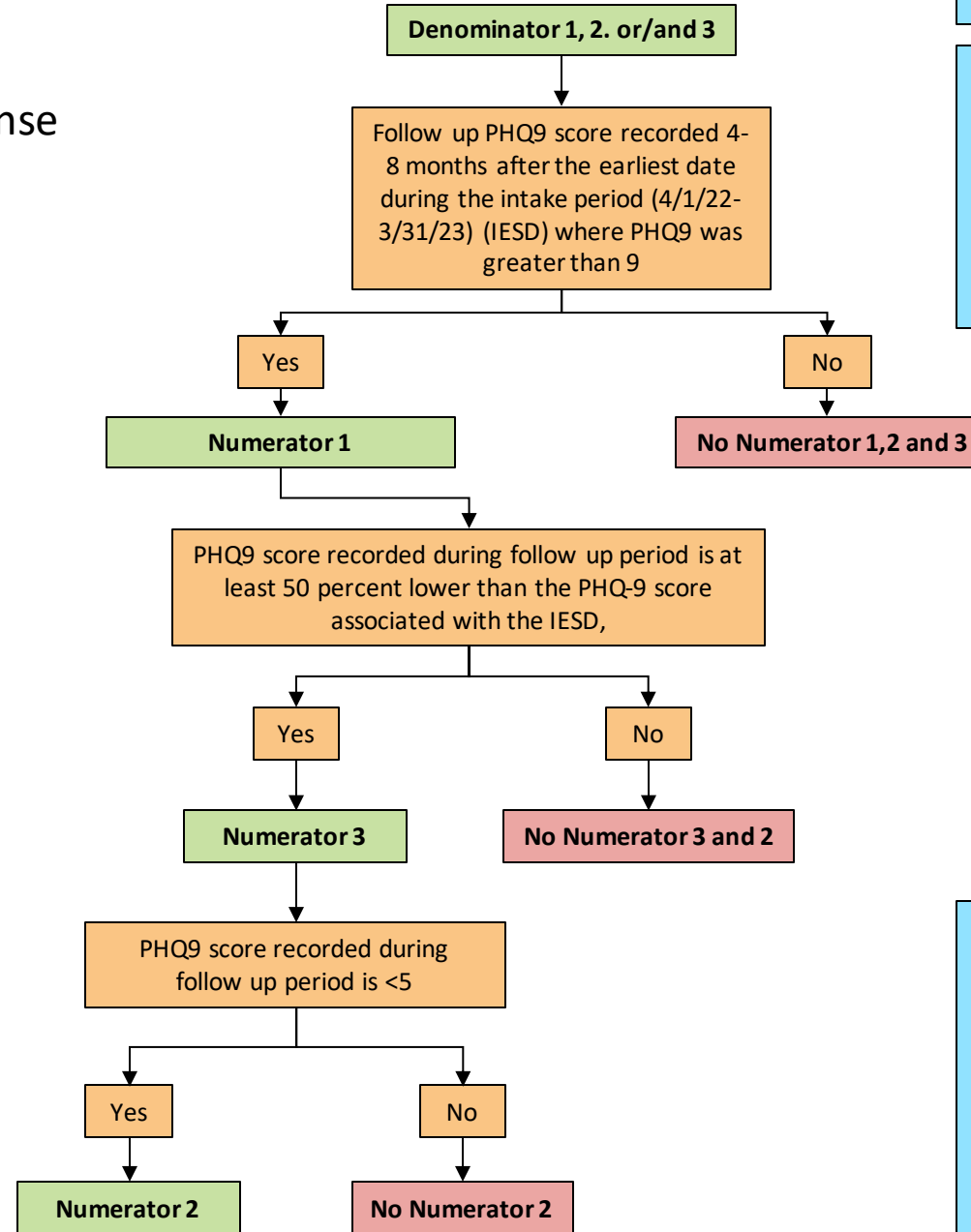- Bipolar disorder.
- Personality disorder.
- Psychotic disorder.
- Pervasive developmental disorder.

OR
- Members in hospice or using hospice services any time during the measurement period.

Denominator 1, 2, and 3: Patients 12 years and older as of the start of the intake period who had an interactive outpatient encounter with a diagnosis of major depression or dysthymia and a PHQ-9 total score greater than 9 documented within a 31-day period from the encounter (-15/15+ days).

Depression Remission or Response for Adolescents and Adults (DRR1, DRR2 and DRR3) **Numerator**

Measurement Period Example: 1/1/2022 – 12/31/2022

IESD: Earliest date during the intake period where a PHQ9 greater than 9 is documented within a 31-day period including and around (15 days before and 15 days after) an interactive outpatient encounter with a diagnosis of major depression or dysthymia.

Intake Period: April 1 of the year prior to the Measurement Period through March 31 of the Measurement Period.

Numerator 1: A PHQ-9 total score in the member's record during the depression follow-up period.
Numerator 2: Members who achieve remission of depression symptoms, as demonstrated by the most recent PHQ-9 score of <5 during the depression follow-up period.
Numerator 3: Members who indicate a response to treatment for depression, as demonstrated by the most recent PHQ-9 total score being at least 50 percent lower than the PHQ-9 score associated with the IESD, documented during the depression follow-up period.

Flowchart:

Denominator 1, 2. or/and 3
→ Follow up PHQ9 score recorded 4-8 months after the earliest date during the intake period (4/1/22-3/31/23) (IESD) where PHQ9 was greater than 9

- Yes → **Numerator 1**
  - → PHQ9 score recorded during follow up period is at least 50 percent lower than the PHQ-9 score associated with the IESD,
    - Yes → **Numerator 3**
      - → PHQ9 score recorded during follow up period is <5
        - Yes → **Numerator 2**
        - No → No Numerator 2
    - No → No Numerator 3 and 2
- No → No Numerator 1,2 and 3