

Please chat in your:

**favorite ice cream
topping
name
organization**



Tuesday, November 12; 11 a.m. – 12 p.m. PT

Monitoring and Process Improvements

CalHIVE BHI Commons



California Quality
Collaborative

Tech Tips



Welcome!

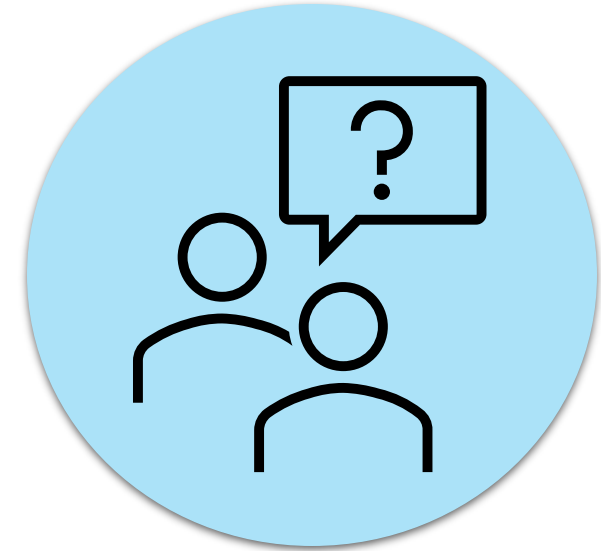
Add your organization to
your name

Turn on video if possible



Engaging Today

- Share questions in the chat or come off mute
- Participate in polls



Need help?

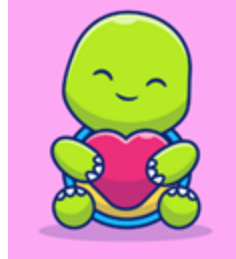
Direct message
Anna Baer
if you have any technical
issues



Welcome!



**CHINESE
HOSPITAL
& CLINICS**



Riverside Family Physicians



San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



perlmanclinic++



 **Scripps**




POMONA VALLEY HOSPITAL
MEDICAL CENTER



SHARP



Our Agenda

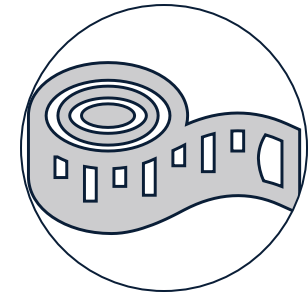
Today, we'll:



**Review three applications
for monitoring for BHI**



**Analyze two organizations'
approach to BHI monitoring**



**Assess your BHI Pilot Site
Process Measure for
monitoring**



California Quality
Collaborative

Why Monitor BHI

Anchoring Today



The monitoring plan for our BHI program is

1. Monitoring plan?
2. In planning phase
3. Developed but needs improvement
4. In use

Looking Back

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

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



Reminder: BHI Models



It is important to recognize that the ***Collaborative Care*** and ***PCBH*** models are **NOT** mutually exclusive.

They serve different, yet overlapping, purposes and complement one another well.

YET only try one when you're first starting out.

How strictly do you need to keep to your adopted model?

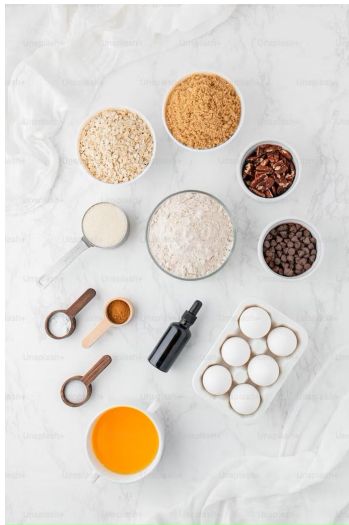
- When starting this work, start with a model as closely as possible
- Less room for error, stronger chance for success

Source: August 8, 2023; CalHIVE BHI Commons

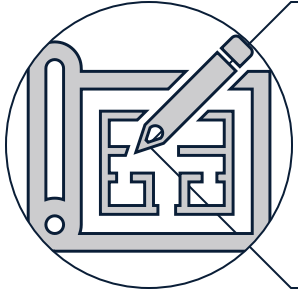
© California Quality Collaborative 2024. All rights reserved. Permission required for use.

<https://www.cfha.net/learn-network/what-is-integrated-care/>

BHI Program – Post Implementation Plan



Why monitor?



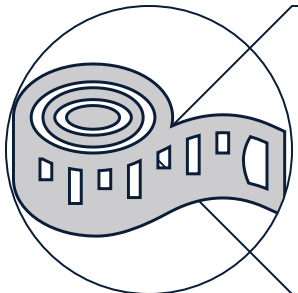
Make adjustments

- Adjust inputs (e.g., referrals, providers, clinics, BHC/BHCM, WHO)
- Track outputs (e.g., patient visits, patient reach, quality improvements, satisfaction, outcomes)



Assess model fidelity

- Track fidelity = the degree to which a model of care (or a specific treatment) is implemented as intended
- Prevent drift
- Provide feedback for staff & providers



Practice
measurement based
care

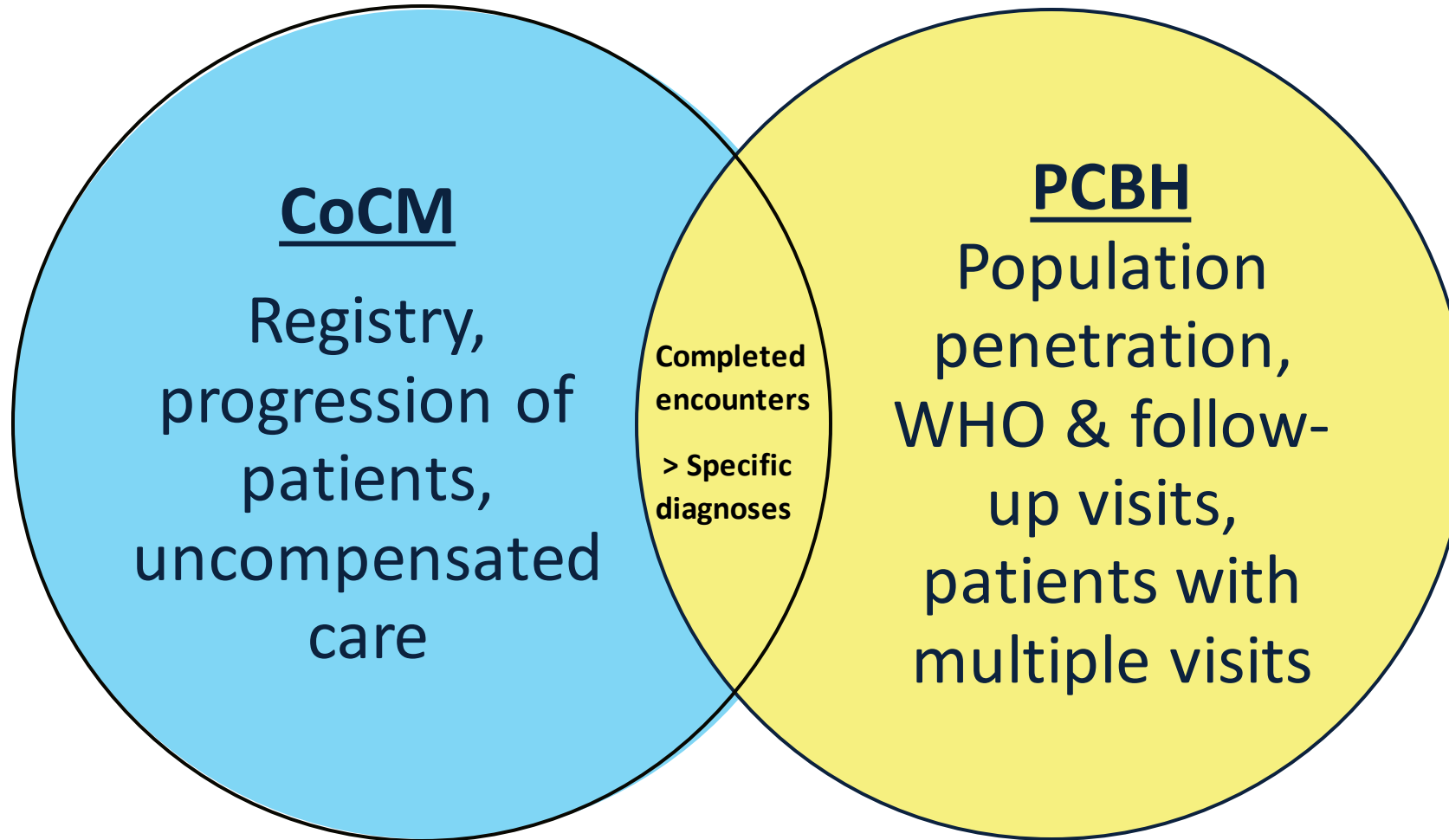
- Use routine evidence-based practice of using quantitative data over time to guide and inform patient-centered treatment sources



California Quality
Collaborative

Monitoring: What and How

Monitoring Measures – Examples by Model



General advice:

- Monitor “fidelity” to the model as adopted
- Ensure connections between other programs (e.g., case management)

Monitoring – How?

- **Trending Performance**

- Sources: EHR, registry, dashboard
- CalHIVE BHI measure: outcome, process, financial

- **Assessing Satisfaction**

- Sources: surveys, focus groups, interviews
- CalHIVE BHI measure: workforce, patient experience

- **Observing BHI**

- Sources: on-site, real-time visit
- Supports process improvement; professional development; training planning
- Existing tools
 - PCBH – [Provider Adherence Questionnaire \(PPAQ\)](#), [Behavioral Health Consultant Observation Rating Scale \(ORS\)](#), [BHC Core Competency Tool](#), [Team and Primary Care Provider Core Competency Tool](#)
 - CoCM – [Practice Assessment: Evaluating Current Service Delivery](#)

Monitoring – How do I get it done?

- START SOMEWHERE – start monitoring something
 - Data you have
 - Data you have to request
- What systems are in place?
- Who is doing monitoring already?
 - Operations / Admin
 - Quality
 - Clinical Supervisors
- Don't have to do alone



Real-World Example | Observing BHI

Revenue Cycle

- Validate if care is uncompensated

Director

- In charge of BHC, ran reports
- 10 patients this month uncompensated care

Quality Management (QM) team

- Look at time of referral before first interaction with BH Care Manager

Supervisor

- Having conversation with BH Care Manager to understand root case





Monitoring → Process Improvement




Sharp Rees-Stealy BHI

Ashton Harris, LCSW, MPH, CCM



Where We Started

- Social workers part of a small sub-team imbedded within the Population Health department
 - 4 social workers
 - 4 community health workers
 - Little to no collaboration between these groups
 - No social workers in clinic
 - PHQ-9 not part of standard clinic workflow
 - Large number of PCPs and clinic staff unaware of social workers within their medical group
 - No real consideration of LCSW billing opportunities
- 

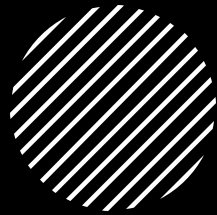


Training Staff & Providers on BHI - PCBH

- CHW Integration and Implementation
 - Utilize CHW training resources from various counties in the US that have implemented CHWs into BHI
 - Incorporating them into workflow for low-acuity referrals (resource needs)
- Additional Staff
 - 1 additional (bilingual) social worker
 - 2 additional (bilingual) community health workers
 - Additional primary care providers in the clinic site
- LCSW lead presenting to medical staff
- Project managers working toward Green Belt utilizing PHQ-9 goal



What We are Learning



- Change is slow
- Providers, staff, patients really want BHI– but this does not speed up the process
- Similar to the NASW ethic of strengths-based assessment and intervention, we need to open up our perspective with regard to what different operational segments of the organization see as strengths so that we can leverage them to get what we want (which is BHI!)
- Everyone seems to want BHI and get really excited about it, but the application is a challenge



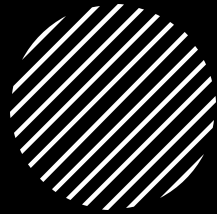


Where We Have Come

- Q2 of 2024, population of patients at our selected pilot clinic site screened for depression using PHQ-9 was 7%
- Our goal was to screen 20% of the clinic population
- As of 11/5/24, 21% of the population has been screened
- Hundreds of warm handoffs since Oct '23
- Started coordinating with billing departments
- On our way to billing for services rendered and leveraging billable minutes in addition to improved patient and provider satisfaction



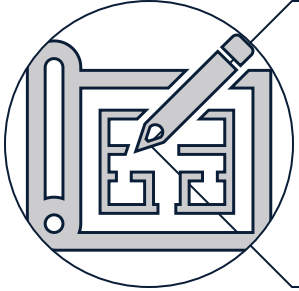
Looking Forward



- Billing is our primary focus and challenge
 - LCSW have all been paneled/credentialed for commercial insurance and Medicare under SRS's tax ID
 - Copays for PCBH warm handoffs and consultation are a major barrier
 - We do not feel it is appropriate in the setting and in the workflow
 - We have gotten some guidance and done some research on this– the first step is to just try making billing happen and then negotiate with payors
- The social workers are kind of popular ;)
 - Additional clinic site rounding, needs assessments
 - Working with relevant groups, committees, departments to see where we fit



Monitoring → Process Improvement



Make adjustments
(e.g. program,
resources)

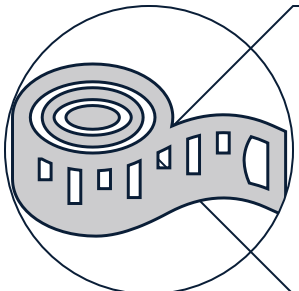
- Adjust model
- Identify needs (e.g., separate program, referrals, staffing, target population)



Assess model fidelity

Identifying and solving gaps

- Standard work
- Annual performance review
- Training
- Plan-Do-Study-Act (PDSA) cycles
- Transparent data / performance



Practice
measurement based
care

- Have providers and patients review data and practice shared-decision making and collaborative re-evaluation

Discussion

- Consider your BHI Pilot Process Measure
- How might you use it as part of your BHI monitoring?





California Quality
Collaborative

What's Next

Think back to starting poll



The monitoring plan for our BHI program is

1. Monitoring plan?
2. In planning phase
3. Developed but needs improvement
4. In use

What's the next step your team can take to move BHI monitoring forward?

CalHIVE BHI

2025: Implementation Plan Onsite Review

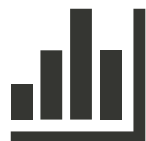
2025 In-Person Site Visits

- Program Assessment
 - IA use tool to assess program
- Follow-Up Report
 - Identify opportunities for improvement

More details to come!



Section 8 Implementation Plan Sections



Pilot Site Evaluation & Measurement	Pilot Site Planning
<ol style="list-style-type: none"> 1. What metrics or key performance indicators (KPIs) are being used to evaluate the success of the integration program? <i>[IMAT 6.1 and Section 6 Measures]</i> 2. How effectively has data been collected, analyzed, and utilized to monitor program performance? <i>[IMAT 6.1]</i> 3. Are there any areas where data collection and reporting could be leveraged for: <ul style="list-style-type: none"> • Sustainability? <i>[IMAT 7.1, 8.1]</i> • Health equity? <i>[IMAT 9.1]</i> 4. How has the implementation of the behavioral health integration program affected patient outcomes and satisfaction? <i>[IMAT 6.1 and Section 6 Measures]</i> 	<ol style="list-style-type: none"> 1. How have you defined roles within your BHI program, including oversight? <i>[IMAT 3.1]</i> 2. Who is responsible for overseeing change management, leading project management efforts, and leading project management meetings? <i>[IMAT 1.1]</i> 3. What has the CalHIVE BHI Project Team learned from implementation challenges that can inform future strategies? <i>[IMAT 1.1]</i>

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]*

- Review three applications for monitoring for BHI
- Analyze two organizations' approach to BHI monitoring
- Assess your BHI Pilot Site Process Measure for monitoring

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](#)

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

Improvement Advising

Webinars

In Person Events

Data / Reporting

Assignments

Thank you!

Program Advisor



Peter Robertson
Senior Director,
Practice Transformation

probertson@pbgh.org

Improvement Advisors



Kristina Mody
CalHIVE BHI Director
Director,
Practice Transformation

kmody@pbgh.org

Program Administration



Michael Au
Senior Manager,
Care Transformation

mau@pbgh.org

Clinical Advisor



Dr. Brian Sandoval
Clinical Advisor, BH
Integration



**Daniela Vela
Hernandez**
CFHA Technical Assistance
Associate

dvhernandez@cfha.net



Anna Baer
Program Coordinator,
Care Transformation

abaer@pbgh.org

Data Reporting



Jose Ordonez
Manager,
Data Analytics

jordonez@pbgh.org



Mary Nickel-Nguy
Senior Manager, Behavioral
Health Integration

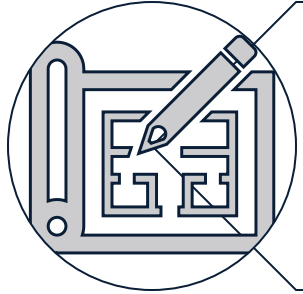
mnickelnguy@pbgh.org



Erika Lind
Manager,
Care Transformation Events
and Learning

elind@pbgh.org

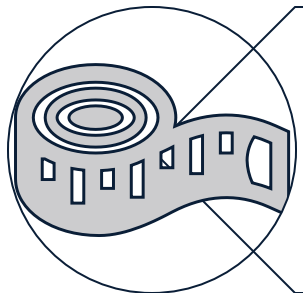
Resources: Monitoring & Process Improvement



Make adjustments
(e.g. program,
resources)



Assess model fidelity



Practice
measurement based
care

CalHIVE BHI

- May 2024 Convening – [Day 1 Slides](#) (47-54)
- [Pilot Site Evaluation & Engagement Office Hours & Peer Sharing](#)
- [Model for Improvement Course](#)

- PCBH – [Provider Adherence Questionnaire \(PPAQ\)](#), [Behavioral Health Consultant Observation Rating Scale \(ORS\)](#), [BHC Core Competency Tool](#), [Team and Primary Care Provider Core Competency Tool](#)
- CoCM – [Practice Assessment: Evaluating Current Service Delivery](#)

- [Measurement-Based Care in the Treatment of Mental Health and Substance Use Disorder](#) (Meadows Mental Health Policy Institute, 2001)
- [Measurement Based Care](#) (American Psychological Association)

Measurement-Based Care Evidence for Effectiveness in BH

Study	Findings
Bickman, et al. (2000)	Youth clients with clinicians who received feedback about treatment progress from MBC demonstrated faster improvement in symptoms than clients with clinicians who did not receive feedback
Lambert, et al. (2003)	Significant improvement in client outcomes with respect to psychological disturbance, interpersonal problems, social role functioning, and quality of life – especially for clients identified as likely to experience treatment failure
Dowrick, et al. (2009)	Patients found symptom rating scales to be efficient, complimentary of provider’s clinical judgment, evidence that PCP was taking mental health seriously, increased understanding of illness, and helped with expressing themselves to provider
Guo, et al. (2015)	Significantly more patients in the measurement-based care group than in the standard treatment group achieved response (86.9% compared with 62.7%) and remission (73.8% compared with 28.8%). Similarly, time to response and remission were significantly shorter with measurement-based care (for response, 5.6 weeks compared with 11.6 weeks, and for remission, 10.2 weeks compared with 19.2 weeks).
Lewis, et al. (2015)	MBC outperforms usual care with significantly improved outcomes particularly for “nonresponders” and also associated with less deterioration in treatment and lower cost of care
Fortney, et al. (2016)	All RCTs with frequent and timely feedback of patient-reported symptoms to the provider during the medication management and psychotherapy encounters significantly improved outcomes. Ineffective approaches included one-time screening, assessing symptoms infrequently, and feeding back outcomes to providers outside the context of the clinical encounter.
Jensen-Doss, et al. (2018)	Only 13.9 % of clinicians reported using standardized progress measures at least monthly and 61.5 % never used them

Source: CHFA Presentation (10-2024), Bosak et al. “Improving Outcomes and Value: A Panel on the Importance of Measurement-Based Care and Value-Based Payments for Integrated Care Teams”