

Profile: Incorporating Routine Behavioral Health Screenings Into the Patient-Centered Medical Home

Background

Management of chronic diseases can be challenging in primary care, for the health care practitioner and the patient, and can be even more difficult when behavioral health issues are present. A patient suffering from depression, for example, may not have the ability or motivation to be diligent about self-care, medication adherence or seeking out clinical services. All of these factors can lead to poorer outcomes. Barre Family Health Center (BFHC), located in Barre, Massachusetts, is a patient-centered medical home (PCMH) with Level 3 Recognition from the National Committee for Quality Assurance (NCQA) with a history of commitment to integrating behavioral health services into its practice. It recognizes that the more complete the integration, the better unmet behavioral health needs can be addressed, resulting in better outcomes for all patients, particularly those with chronic medical conditions. A fundamental aspect of such integration is emphasis on earlier recognition and treatment of behavioral health disorders.

Overview

BFHC, which is part of UMass Memorial Health Care, consists of four teams, each with its own staff of at least two attending physicians, family medicine residents and a combination of registered nurses, licensed practical nurses and medical assistants. Each team has a designated physical space in the practice to service patients. The behavioral health service is located in the center of these practice areas so that all teams have physical access to its services. All four team areas and the behavioral health service share the waiting room and the electronic health record (EHR) system. This allows all teams access to behavioral health services. The behavioral health team consists of two psychologists, one psychology fellow and a consulting psychiatrist. By incorporating these behavioral health staff members into the PCMH, BFHC is able to provide convenient access to behavioral services with same-day appointments for patients who come in for a routine checkup.

As part of a larger initiative to build a system wherein behavioral health is incorporated into the flow of the PCMH, a screening program was initiated to proactively identify patients with depression, anxiety or alcohol-use disorders. Once those patients were identified, the goal of this program was to improve patient health, relieve the burden of the specialty mental health system and to reduce emergency department visits due to behavioral health diagnoses. Before

this initiative, screening of adults for unidentified or untreated behavioral health needs was left up to the individual practitioner and his or her interpretation of screening recommendations, resulting in a great deal of variability. BFHC sought to align its practice with the United States Preventive Services Task Force recommendations to screen adults in primary care for depression and misuse of alcohol. Additionally, the practice made the decision to include screening for comorbid anxiety disorders, as they not only negatively affect a patient's general health but can complicate treatment of depression and alcohol misuse.

Program Description

In December 2010, this project was initiated by the health center's PCMH leadership team. Included on the team were a clinical psychologist, family physician, family medicine resident, nurse, clinical care manager, medical assistant, pharmacist, medical records staff, an information systems consultant, practice manager and medical director. Three primary tasks were identified and assigned. The first task was to develop a unified screener composed of items on depression, anxiety and alcohol misuse. The questionnaire was based on a combination of the nine-item depression scale of the Patient Health Questionnaire (PHQ-9), Generalized Anxiety Disorder 7-Item Scale (GAD-7) and Alcohol Use Disorders Identification Test (AUDIT).

A second task was to create a workflow to incorporate the screener. Much of the effort in accomplishing this task involved working with the EHR vendor to create a flow sheet with customized fields to enter screener data and a process to scan in and title the test appropriately. Because the EHR system already contained established flow sheets that tracked measures such as weight and blood pressure, adding a behavioral health flow sheet was a relatively easy task for the EHR vendor. A scanning process was already in place, as well, which the vendor customized to accommodate the screener.

A third task was to use the scores from the screening tool to create registries of patients who are at high risk for behavioral health needs. The BFHC was able to use UMass Memorial's Medical Center Medical Management Department as a resource, which has extensive experience in creating and maintaining registries for all practices.

One of the four teams in the health center was chosen to implement the pilot program. Buy-in was obtained from all team members, including physicians, nursing staff, medical assistants and personnel from Medical Records and the EHR. The questionnaire and workflow went through a revision process of four PDSA cycles of plan, do, study and act, during which they were refined until all staff members approved. Questionnaire drafts were written and revised with input from the patients and staff. Early drafts were very complicated and required more work from the nursing staff to answer questions from patients who were sometimes confused. More work was

also required from the Medical Records staff, who entered the results. After this pilot period, the screening program was then implemented in the other three teams. Each team had a project “champion” to facilitate use of the screener. As the nurses were the ones to administer the questionnaire, their input was highly valued and the screening process was adjusted as needed based on their continual feedback.

The workflow for administering the screener was also adjusted based on feedback and finalized as follows:

1. After a nurse administers the screener and the patient completes it, the physician adds up the scores for the PHQ-9, GAD-7 and AUDIT separately.
2. The physician and patient review the results and collaboratively determine whether any behavioral health services are needed.
3. The screener is then given to the medical records staff, who enter the scores into the EHR in discrete fields for depression, anxiety and alcohol use.
4. The EHR generates a flow sheet for the patient to track his or her progress and response to treatment over time.
5. Then the hard copy of the screener is scanned into the EHR and shredded once scanning is complete.
6. The entered scores can then be used to indicate whether an individual patient is due for a screening, to generate lists of patients due for a screening and to create registries of patients who are at high risk for behavioral health needs.

Challenges

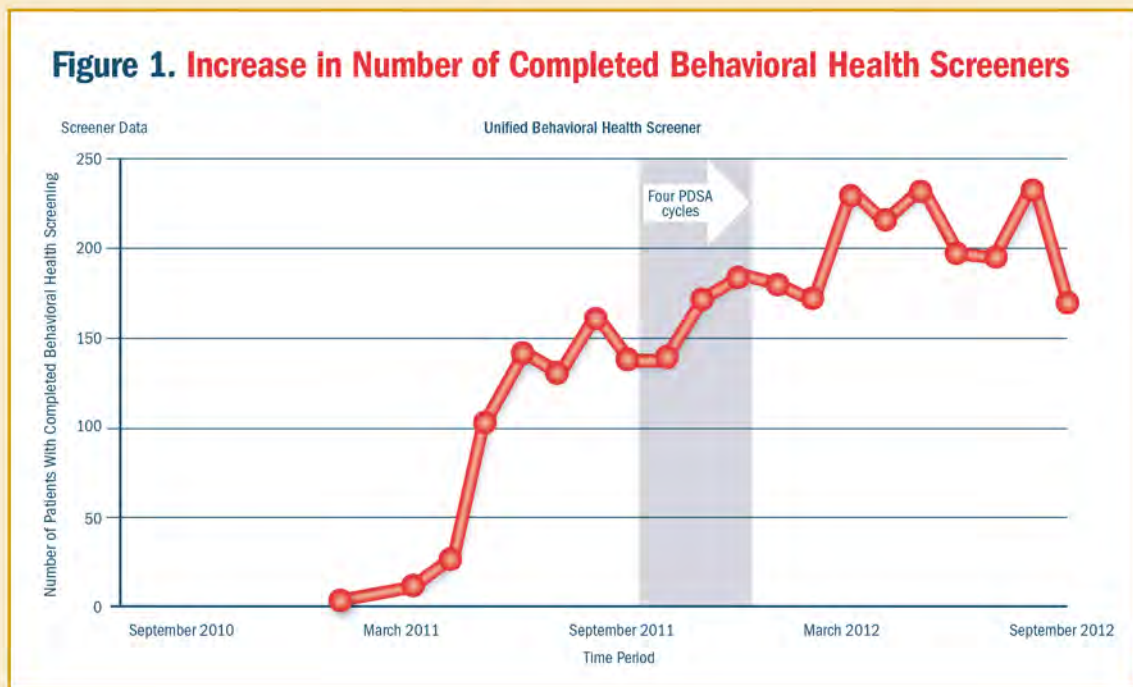
Retraining is an important hurdle for BFHC to overcome in the shift to a PCMH model of care and the integration of behavioral health care. First, with PCMH implementation, staff needed to be retrained to work as a team. The previous model of care was physician centric; staff received direction from the physician on virtually every step in the process of care. In the PCMH model, the physician is the team leader, but nurses, medical assistants and registration staff are empowered to be proactive partners in the process of care. Second, with the integration of behavioral health care, the behavioral staff needed to be retrained to orient themselves to work in the primary care setting. The BFHC used a Web-based training program developed by UMass Medical School, which has trained over 1,000 behavioral health practitioners to reorient their skills to work in primary care.

The BFHC also experienced financial challenges, one of which was the difference in billing between mental health and primary care services. Any primary care practice that seeks to

integrate a behavioral health practitioner should consider investing time and money in training its own staff or enlisting a third party to assist in billing. Because the BFHC is part of UMass Memorial Health Care, it was able to partner with the Department of Psychiatry and leverage its expertise in billing for mental health services.

Outcomes

Originally, the team set a goal that 90 percent of adult patients presenting for an annual physical exam would complete the screener. However, since the EHR system cannot currently track the number of exams conducted, there is no way to concretely determine if this goal has been reached. Consequently, this goal has been adjusted to simply increasing the raw number of screenings completed from month to month. A run chart showing these data was generated (see **Figure 1**), and the number of screenings completed has increased dramatically.



The increase in the number of adults screened has led to improvements in prevention, chronic care and patient engagement. Making the screening routine and the results trackable allowed the practice to find and manage patients with behavioral health needs in the primary care setting. This system also assists in the monitoring of patients with chronic behavioral health needs. The physician and patient can monitor symptoms with the help of the screening mechanism and can discuss the screening results during the visit. This monitoring can reinforce to the patient that the primary care center is invested in his or her overall health.

Additionally, the screening process has enabled nursing staff to involve themselves more directly in patient care. It has become a tool to facilitate communication between nursing staff and physicians regarding the patient. The program also resulted in greater coordination of care between the primary care physicians and the behavioral health practitioners. Since the behavioral health care integration at the BFHC allows for same-day care for patients who screened positive on the questionnaire, patients' behavioral health needs can be addressed immediately.

The screening initiative implemented at the BFHC has served as a model for other practices in the UMass Memorial Health Care system working toward NCQA PCMH Recognition. The aspects of the initiative that have been most influential are the mechanisms used to manage depression as a chronic condition and the system of inputting screening results into the EHR system.

Lessons Learned

An important lesson learned was the value of starting off simply when implementing behavioral health initiatives into a PCMH. BFHC began by focusing on the behavioral health interventions of one specific disease it was already trying to improve, rather than applying the new approach to all diseases. This helped BFHC to focus and refine the approach before rolling it out to a larger group of patients. For example, if a practice is working on improving patients' control of diabetes, it can start by recognizing that many patients with diabetes will have co-occurring depression and anxiety. It makes more sense and increases the likelihood of buy-in from staff to target screening toward those patients because they are able to treat a patient's depression and diabetes together as a team. Focusing early efforts around health behavior issues is an easy first step.

Another simple step is to implement just the PHQ-9 screening as part of the routine care for all adults. A practice can then gradually find ways to build those results into its EHR. Then, later, it can focus on creating registries as a mechanism to start providing more proactive care.

Future Directions

In the next year, the center plans to integrate billing into its EHR so that it can track how many patients are presenting for their annual exam and other outcomes more effectively. Additional data, such as number of referrals to the behavioral health service generated by the screener, would help inform decisions on the optimal frequency of screening and also help identify areas for improvement.

Currently, most of the BFHC's patients see the behavioral health practitioner through referrals or transfers. A future goal of the practice is to use the high-risk registries created through the EHR to identify patients with behavioral health needs who are not meeting with the BFHC staff. With these registries and the hiring of additional staff, the center would be able to proactively reach out to these patients to offer preventive care and possibly avoid emergency room visits. This would be part of a larger movement in behavioral health integration toward more population-based care.

In the last year and a half, BFHC has added a care manager as part of its PCMH team. Optimizing this role in the PCMH is an ongoing process. The care manager plays a critical role in integration between the PCMH and the behavioral health service by

- Following up with patients admitted to the hospital or seen in the emergency room for behavioral and mental health needs
- Working with patients with chronic medical conditions, a very high percentage of whom have comorbid behavioral health needs, and help identify those at risk
- Connecting patients with behavioral and mental health needs to a member of the PCMH team
- Locating additional outside resources for patients with behavioral and mental health needs