Maryland Primary Care Program: Behavioral Health Integration

Registry and Data Sharing

Program Management Office

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What do we mean by Behavioral Health?

- *Mental health* and *substance use disorders*
- Focus on most common and most harmful diagnoses in the primary care setting:
  - Mental health – in particular depression and anxiety
  - Substance use disorders – in particular alcohol and opioids

Why Behavioral Health Integration?

- Often overlooked
- Frequently worsens co-morbid conditions
- Few existing programs in primary care
- Opioid Crisis- 4th leading cause of death in Maryland
- Frequent cause of avoidable ED and Hospital admission
- Emergency room visits in Maryland fell 8 percent from 2013 to 2016, but the number of patients with behavioral health problems jumped 18.5 percent. Such cases now make up roughly **a quarter of all** emergency visits in Maryland.
- Key feature in MDPCP and required to move to track 2

Overview of Series

1. Overview
2. Build your team
3. Choose what's best for your practice
4. Establishing workflows for treatment and referral
5. Recruiting Resources
6. **Registry and Data**
7. Collaborative Care Model
8. SBIRT and MAT
9. Coding and Billing

BHI Overview

Screening (universal)

- Registry creation/maintenance
- Risk stratification

Treatment

- Counseling – Behavioralist
- Medication – Clinician
- Coordination – Care Manger

Referral (as needed)

- Psychiatry
- Addiction Specialist

- Coding and billing
- Communication across providers
- Quality assurance

BHI Overview

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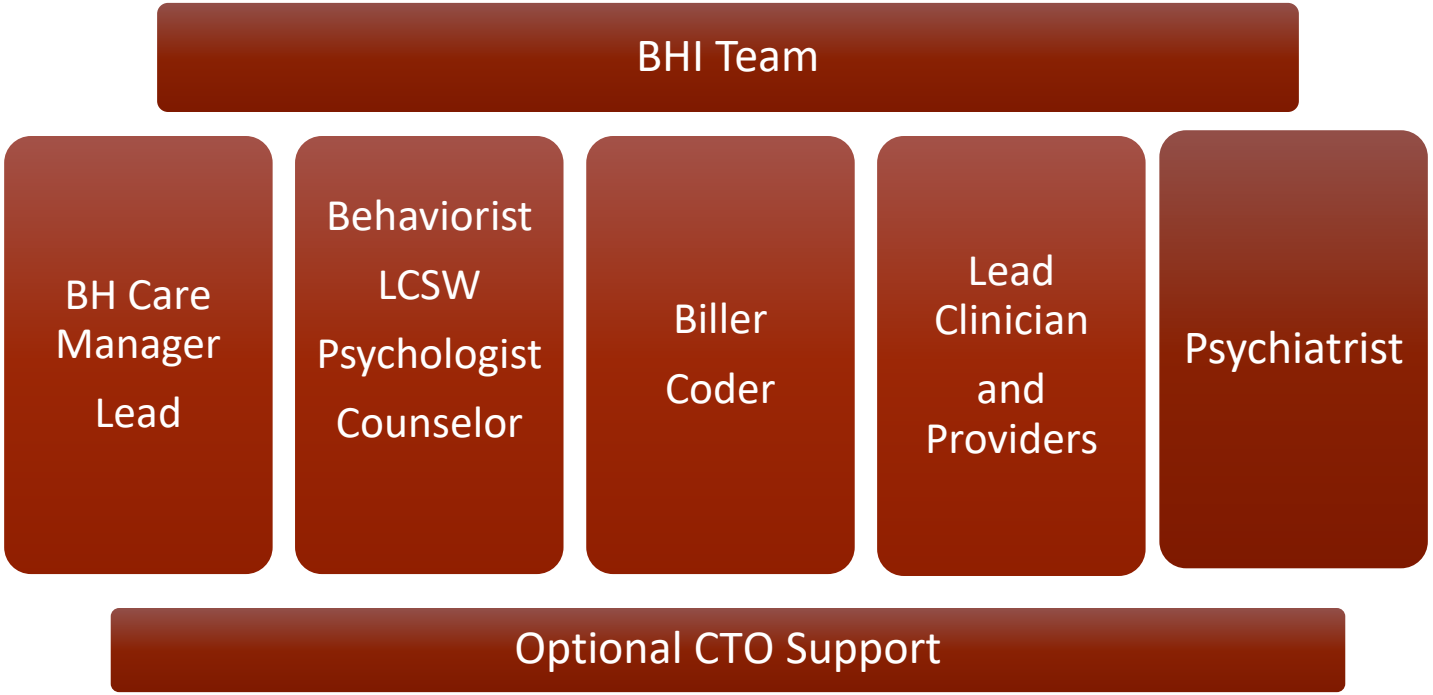
BHI Team


BHI Team
BH Care Manager Lead
Behaviorist LCSW Psychologist Counselor
Biller Coder
Lead Clinician and Providers
Psychiatrist
Optional CTO Support

Why a Registry for BHI

- Track clinical outcomes across a target population and individual Patients
- Facilitate and track patient and care team/provider engagement across internal and external care settings
- Prompting of administrative tracking:

Key Registry Functions

Track Clinical Outcomes Across Target Population	•Population-level reports based on screening •Monitor workloads and progress
Track Patient Engagement Across Case Load	•Appointment, Referral, Engagement Reminders/Alerts
Prompt Treatment to Target	•Treatment adjustments based on clinical outcome measures •Real-Time recent values and dates of measurements
Facilitate efficient, systematic care review	•Caseload/Care Plan Reports sorted and/or filtered by screening results •Tracking previous case review •Ability to manually flag patients for mental health/addiction consults and review
Monitor patient progress	•Patient level real-time reports displaying summaries of treatment history over time •Baseline assessment data report comparisons •Flowsheet/graphical views of assessment scoring/symptoms/treatments/medications

Data Inputs for Registry

- Diagnosis
- Medications – psychotropic
- Assessment values/scores and cut-off determinations
- Clinical Quality Measure data elements per requirements
- Level of Suicide Risk
- Referrals to treatment or specialty services
- Key Service Dates
- Treatment Status categories
  - Enrolled in program but no contacts with provider to date
  - Active treatment phase – regular contact wit provider
  - Relapse prevention plan – completed active treatment phase likely to graduate/discharge
  - Discharged or graduated from program
- Episodes of care
  - Target treatment goals based on episode (depression, substance use)
- List of contacts/contact attempts with provider name, mediation at visit, dosage, screening scores

Example Registries

- Independent tracking document (spreadsheet) as interim solution or in collaboration with EHR
  - If no EHR has been implemented, this can be used until one is available at the Practice
  - If EHR is in use, data elements from
  - Must ensure same safeguards and HIPAA protections are in place as you would for any other PHI
- Standalone Case management/CaseLoad application in collaboration with EHR
  - Clinical activities documented and tracked within independent system must be uploaded/input into EHR for effective care collaboration across multidisciplinary care teams
- Customized/Canned registry build within the EHR/EMR itself

Example of Spreadsheet Patient Tracking

AIMS-patient-tracking-spreadsheet-template-v2 - Excel

Patient information		Treatment Status & Reminders			Contacts					Measurements				Contact Notes and Psychiatric Case Review		
MRN	Name	Treatment Status	Tickler	Episode Number (Episode of care/tx)	Follow-up Contact Number	Date Follow-up Due	Actual Contact Dates	Type of Contact	Billable Minutes	PHQ-9 Score (PHQ-9 target is <5 or at least 50% decrease from initial score)	% Change in PHQ-9 score (PHQ-9 target is <5 or at least 50% decrease from initial score)	GAD-7 Score (GAD-7 target is <10 or at least 50% decrease from initial score)	% Change in GAD-7 score (GAD-7 target is <10 or at least 50% decrease from initial score)	Care Manager Contact Notes and Flag for Psychiatric Case Review (Include notes about appointment reminder calls, referrals to specialty services, etc.)		Date of Psychiatric Case Review (Date of most recent Psychiatric Case Review automatically populates at top)
				0	Current Episode Initial Assessment	2-week follow-up schedule				No score		No score				
					Initial Assessment					.		.				
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				0	Current Episode Initial Assessment	2-week follow-up schedule				No score		No score				
					Initial Assessment					.		.				

Disclaimer | Patient Tracking | Caseload Overview | Statistics | Billable Minutes

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Caseload Overview/Review

AIMS-patient-tracking-spreadsheet-template-v2 - Excel

A1 'Click here for Patient Tracking Spreadsheet resources

Click here for Patient Tracking Spreadsheet resources

1) EVERY time this worksheet is used, ensure all other versions of the template are CLOSED, and press "Ctrl+J" to refresh the page.
2) Do NOT use the Caseload Overview if fewer than 2 ACTIVE patients are entered on the Patient Tracking worksheet.
3) Do NOT change the number of rows or columns. If you need to modify the table whatsoever (other than sort and filter), use the de-identified template provided at the link to the left.
4) Be aware that at least one PHQ-9 score must be entered for a given record in order for that record's GAD-7 scores to display properly in the Caseload Overview.

			Treatment Status					PHQ-9				GAD-7				Psychiatric Case Review	
			The most recent contact was over 1 month (30 days) ago The next follow-up contact is past due					The last available PHQ-9 score is at target (<5 or 50% decrease from initial score) The last available PHQ-9 score is more than 30 days old				The last available GAD-7 score is at target (<10 or 50% decrease from initial score) The last available GAD-7 score is more than 30 days old					
View Record	Treatment Status	Name	Date of Initial Assessment	Date of Most Recent Contact	Date Next Follow-up Due	Number of Follow-up Contacts	Weeks in Treatment	Initial PHQ-9 Score	Last Available PHQ-9 Score	% Change in PHQ-9 Score	Date of Last PHQ-9 Score	Initial GAD-7 Score	Last Available GAD-7 Score	% Change in GAD-7 Score	Date of Last GAD-7 Score	Flag	Date of Most Recent Psychiatric Case Review
#N/A	Active	Betty	12/1/2017	12/1/2017	12/15/2017	0	1	17	17	0%	12/1/2017	11	11	0%	12/1/2017		
#N/A	Active	Bill	12/7/2017	12/7/2017	12/21/2017	0	0	16	16	0%	12/7/2017	15	15	0%	12/7/2017		

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Statistics/Report

Caseload Statistics (Active)					
Patient Count		**Psychiatric Consultation**			
Total Number of Pts. on Caseload (Active + Relapse Prevention)	Number of Active Pts. in Relapse Prevention	Number of Pts. Flagged for Discussion w/ Psychiatric Consultant	Number of Pts. w/ at least 1 Psychiatric Case Review Date Recorded	Number of Pts. Not Improving and w/o a Psychiatric Case Review Date Recorded	
0	0	0	0	0	
	0%	0%	0%	0%	
Contacts					
Number of Pts. w/ 1+ Follow-up Contacts	Mean Number of Follow-up Contacts	Percent of Follow-up Contacts Labeled "In Person at Clinic"	Percent of Follow-up Contacts Labeled "Phone"	Percent of All Contacts w/ a PHQ-9 Score Recorded	
0	0.0	0%	0%	0%	
0%					
PHQ-9					
Mean Initial PHQ-9 Score	Mean Last Available PHQ-9 Score	Number of Pts. w/ an Initial PHQ-9 Score Recorded	Number of Pts. w/ 1+ Follow-up PHQ-9 Scores Recorded	Number of Pts. w/ No PHQ-9 Score Recorded in Last 30 Days	Number of Pts. w/ PHQ-9 Score <5 or ≥50% Improvement from Initial Score
0.0	0.0	0	0	0	0
		0%	0%	0%	0%
GAD-7					
Mean Initial GAD-7 Score	Mean Last Available GAD-7 Score	Number of Pts. w/ an Initial GAD-7 Score Recorded	Number of Pts. w/ 1+ Follow-up GAD-7 Scores Recorded	Number of Pts. w/ No GAD-7 Score Recorded in Last 30 Days	Number of Pts. w/ GAD-7 Score <10 or ≥50% Improvement from Initial Score
0.0	0.0	0	0	0	0
		0%	0%	0%	0%

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Behavioral Health Integration

Billable Time

AIMS-patient-tracking-spreadsheet-template-v2 - Excel

EVERY time this worksheet is used, press "Ctrl+Q" to refresh the page

This worksheet is NOT protected. Please be careful not to change any formulas or manually enter any information!

NOTE: Dates in the column headers adjust automatically on the 1st of every month. When a new month begins, the columns will shift to display the current month in the last column, and the previous 5 months will display to the left of it. Do not attempt to manually change the dates in the column headers.

			Number of billable minutes for the calendar month beginning on...					
	MRN	Name	9/1/2018	10/1/2018	11/1/2018	12/1/2018	1/1/2019	2/1/2019
4	1234	Betty	0	0	0	0	0	0
20	4577	Bill	0	0	0	0	0	0
3255								

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Online Registry - APA

- PsychPRO: American Psychiatric Associations Registry:
  - EHR Integration with many EHR systems
  - Supports NQF0004, NQF0018 (High Blood Pressure)
  - Integrated Patient Portal

Patient Engagement
Patient engagement is enhanced with patient reported outcome measures (PROMS) as an integral part of clinical care.

Value-Based Payment
By using a QCDR like PsychPRO, clinicians can easily transmit data to CMS and potentially obtain bonuses and avoid reimbursement penalties, which can result from nonreporting or under-reporting

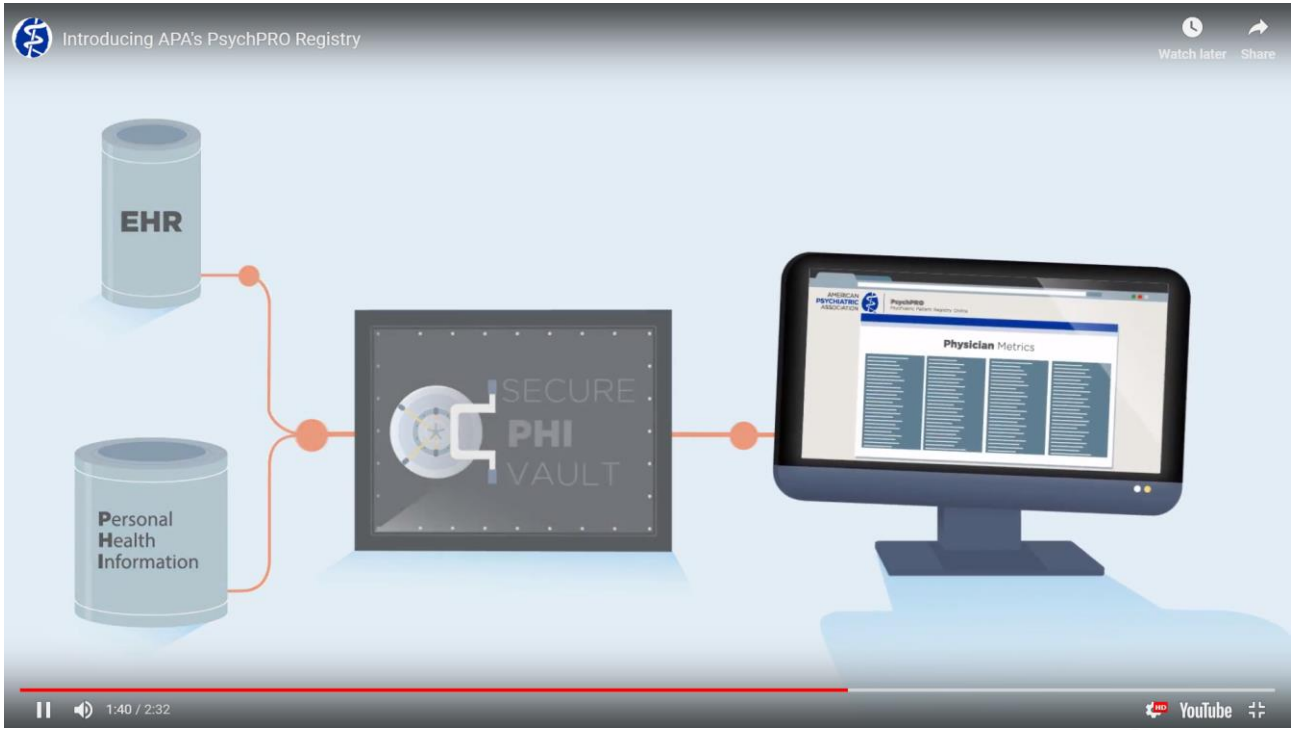
Quality Measure Development
PsychPRO is helping to develop and implement quality reporting on new MIPS measures that better reflect clinical practice in the field.

MOC Part IV
PsychPRO gives psychiatrists a simple method of submitting Performance-in-Practice data and readily obtain ABPN Maintenance of Certification (MOC) Part IV credit. Other disciplines may be eligible for CE credits.

Documentation & Reports
PsychPRO's data collection ensures minimal impact on workflow and documentation patterns so clinicians can focus on care and not data collection.

Clinical Effectiveness
PsychPRO is a tool for measuring, tracking and benchmarking care, at the provider, practice and system levels. Clinical effectiveness is monitored and addressed, including the impact of interventions and treatment.

Online Registry



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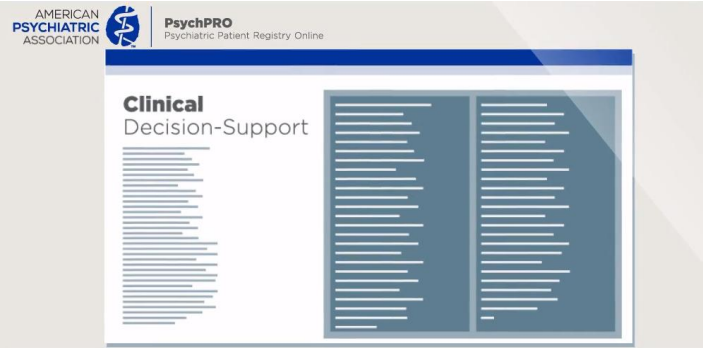
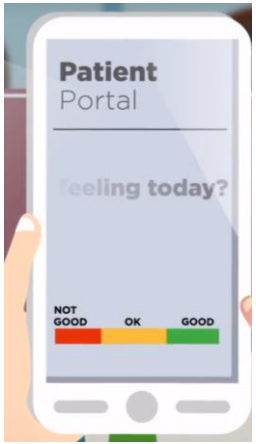
Online Registry





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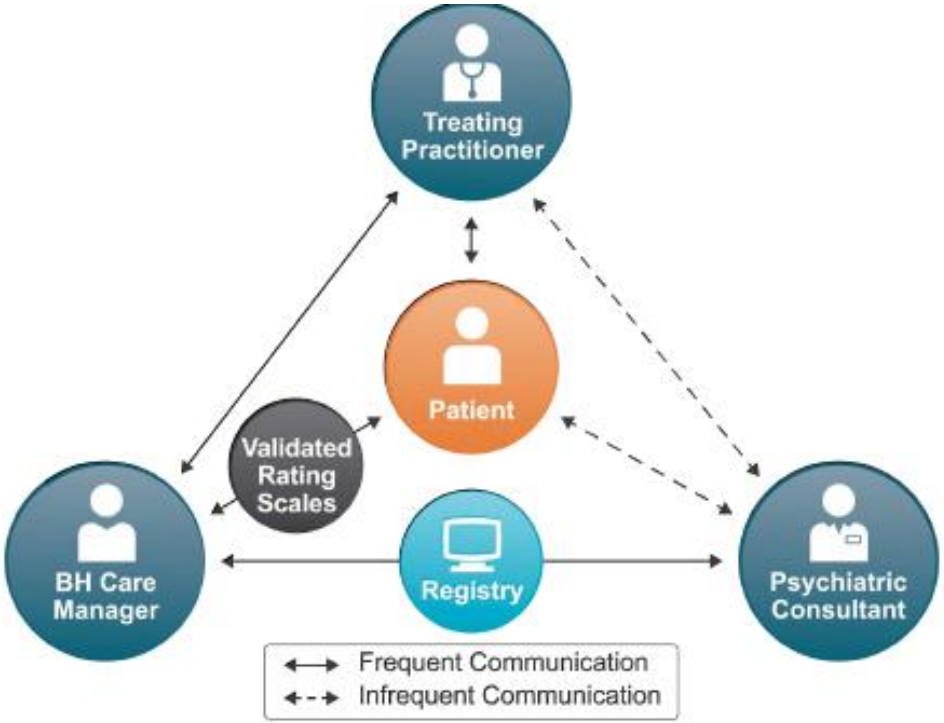
Registry Team

- Implementation Leader:
  - Identify workflow needs, screening tools, data input/outputs, reports, system requirement and integration with EHR, coordinate project roll out, identify Team
- BH Care Manager
  - Central to Registry
  - Leads Care coordination, data exchanges between internal and external team, coordinate/follow through with referrals, updating EHR
- PCP
  - Focus on treating patient, reviewing registry data/EHR, part of care coordination treatment planning
- Psychiatric Consultant or Behaviorist within Practice
  - Reviews data elements(screenings, referral, medications, treatment HX)
  - Makes recommendations for treatment
  - Ensures necessary communication/data exchanges occur between Care Manager/Practice and Registry/EHR

BH Care Manager- Central to Registry



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BHI Registry Overview

Identification

- Patient Identification
- Screening Tools and scoring
- Alignment of CQI workflow/requirement

Prioritization

- Risk stratification based on reports/output from Registry
- Care Manager/ Team Review
- Plan for Treatment Intervention/ Referral

Refer/Treat

- Workflow for frequency of Data exchange
- Workflow for frequency of Care Coordination
- Ongoing Review and coordination of Treatment Status

Track/Report

- Real-time provider/clinic stats
- CQI
- Tracks minutes/time for CPT and G-code billing

Thank you!

Updates and More Information:

https://health.maryland.gov/MDPCP

Questions: email mdh.pcmodel@Maryland.gov

Select References

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Appendix A: BHI and Registry Workflow

Patient Identification and Engagement:

- Diagnosis, Psychotropic Medication
- Screening score /Results:
  - PHQ9 score > 9 or other cut off score, SBIRT, AUDIT,
- Diagnose Behavioral Health, Substance Use/Abuse
- Level of Risk – Suicide, Relapse
- Introduce Patient to Care Team
- Engage Patient in behavioral health care collaborative care program

- Organizational Workflow Changes/Optimizations
  - New Staff Hires
  - Training of Staff
  - Clinical Supervision changes
  - Administrative lead
  - Any other resources needed

Appendix A.1: BHI Registry Workflow

Initiation of Treatment:

- BH Assessment
- Develop and update BH care plan
- Patient education on care plan and diagnosis/symptoms
- Medications Prescribed
- Patient education on medications
- Brief intervention/therapy, scheduling
- Psychotherapy
- Identification/treatment coexisting conditions
- Coordinate referral to external treatment providers/facilities/social services
- Create and follow relapse prevention care plan

Appendix A.2: BHI and Registry Workflow

- Track and Treat Outcomes: within Registry/EHR
  - Tracking treatment engagement and care coordination
  - Outreach to non-adherent/non-engaged patients
  - Tracking of symptoms via screening/measurement tools (PHQ-9, SBIRT)
  - Tracking of medications and side effects
  - Tracking Referrals
  - Tracking external and internal provider/treatment facility clinical data

Appendix A.3: BHI and Registry Workflow

Treatment Adjustment for Non responsive patients:

- Assess needs
- Co-ordinate changes of treatments/care plan
- Focus on psychiatric/addiction in person consultation and assessment based on specific challenges

Tracking any other tasks/data important to care coordination for BH:

- Communications among team members
- Administrative support – scheduling, resources, reminders, reporting