PRIMARY CARE BEHAVIORAL HEALTH (PCBH) FY14: YEAR IN REVIEW

Behavioral Health Board

IMPACT IMPLEMENTATION
(IMPROVING MOOD-PROVIDING ACCESS TO COLLABORATIVE TREATMENT)

2009

Mental Health Service Act Prevention and Early Intervention Community Planning process identified IMPACT Model

Federal Delivery System Reform Improvement Plan (DSRIP) committed us to integration at 6 clinic sites

IMPACT Training for staff scheduled in 2012

BH staff located on-site, no community clinics contracted as yet.

Two separate medical record systems

Today

Affordable Care Act defines Collaborative Care as essential to primary care and health care delivery system

Final year of DSRIP, with integration and collaborative care implemented at six clinic sites plus additional two contracted clinics

All providers trained in IMPACT Model, last two LCSWs completing Problem Solving Treatment

Integrated Electronic Health Record launched between May-Aug 2013.

Oct. 2014- first ever BH Patient Care Tool created in EHR

Reporting tools are still being created

NOTE ON DATA: PERCENTAGES PROVIDED- NOT RAW NUMBERS

CBOs

Time Period: July 1, 2013-June 30, 2014) Traditional Fiscal Year

Been recording with Electronic Health Record Next Gen, and reporting by either adjunct software in Next Gen (Gardner) or by manual spreadsheet (MayView and AACI) to report all data

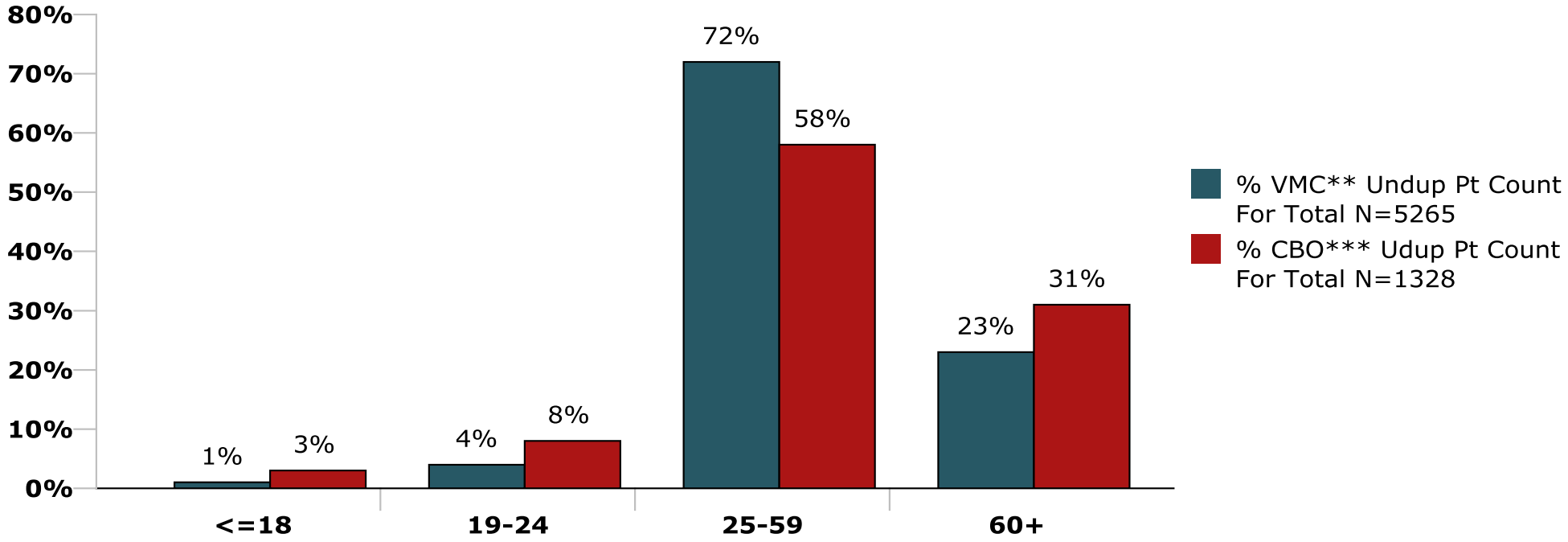
VMC

Time Period: 1/1/2014 through 10/16/2014, and August 20, 2014 - September 30, 2014

Health Link (EPIC) is the Electronic Health Record that was phased in between May and August 20, 2014.

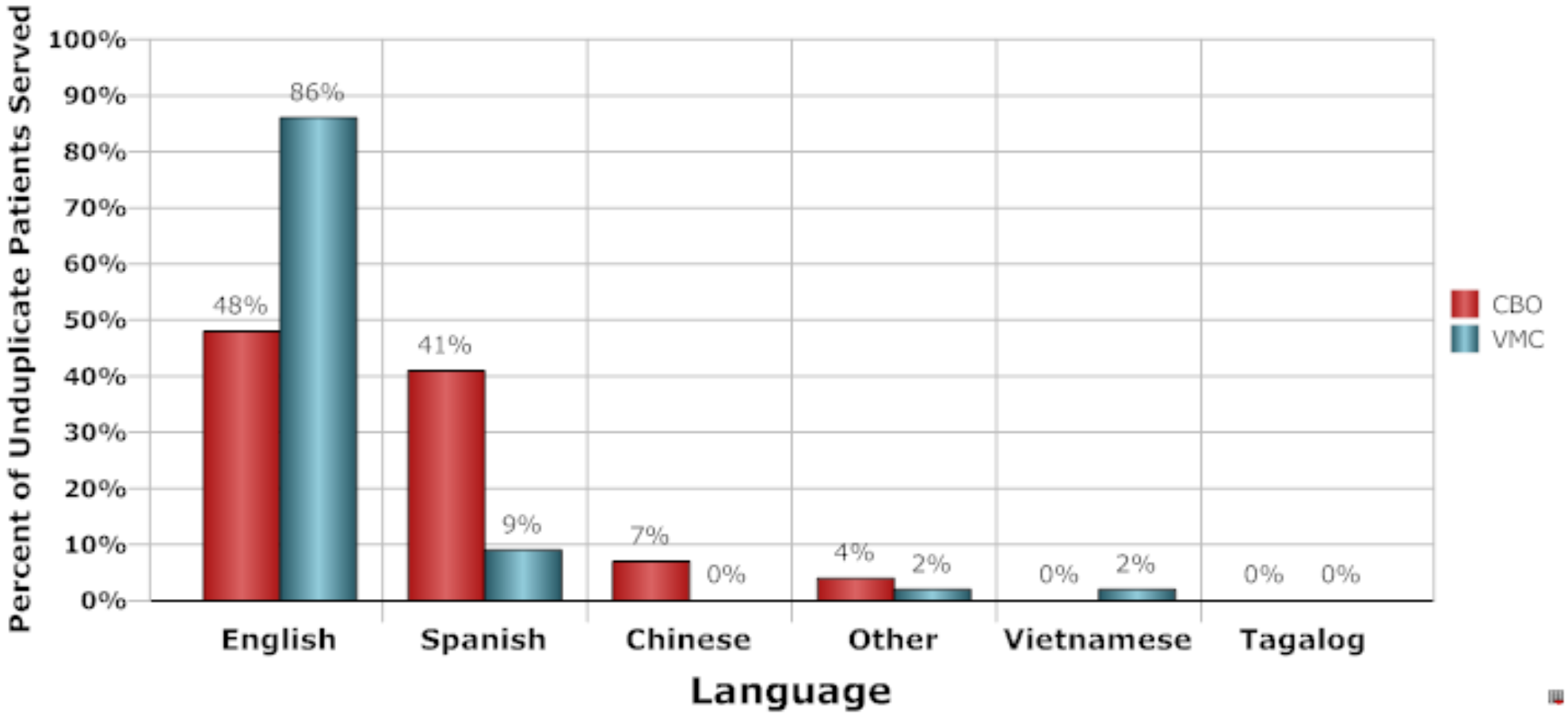
We only have data across all sites effective from August, which precludes using raw numbers, as they are not the same reporting period as the CBOs, or even within VMC

PCBH Numbers Served by Age Group*



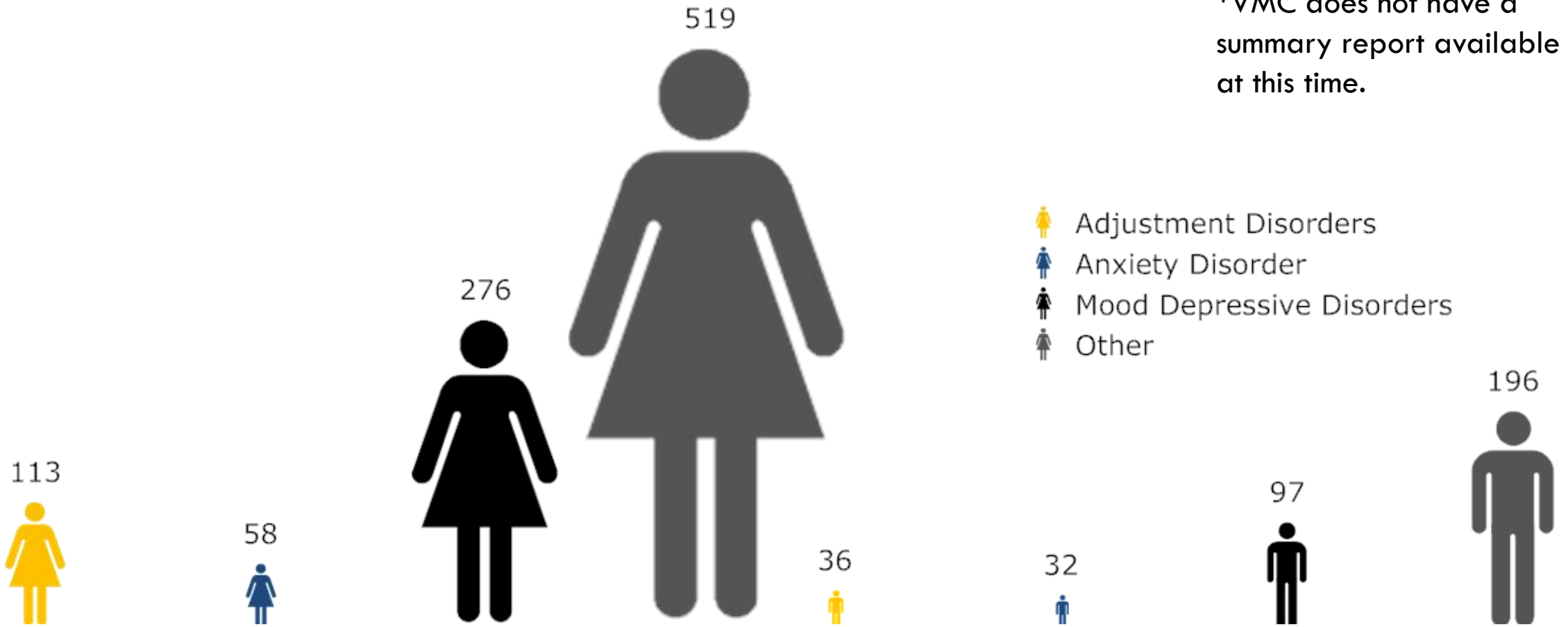
*Given the vast discrepancy between numbers served, this chart shows the percentage showed by age group of the Raw Unduplicated Number served.
**VMC Data was taken from Health Link for all visits conducted between 1/1/2014-10/16/2014. HL data was not available for all of FY14 due to launch of HL in EVC not occurring until Oct 2013. Data includes the following clinics: VHC Sunnyvale, VHC East Valley, VHC Gilroy, VHC Milpitas, Alexian Behavioral Health Clinic and PACE Clinic (for HIV) in San Jose- Moorpark Clinic
***CBO Data was taken from FY 14 (July 1, 2013- June 30, 2014) and includes MayView, Gardner St James, Gardner South County, and AACI

FY14: PCBH Patients Served by Language



PCBH Contractors Overview FY 14- Gender Comparison of Diagnostic Categories* for Unduplicated Patients

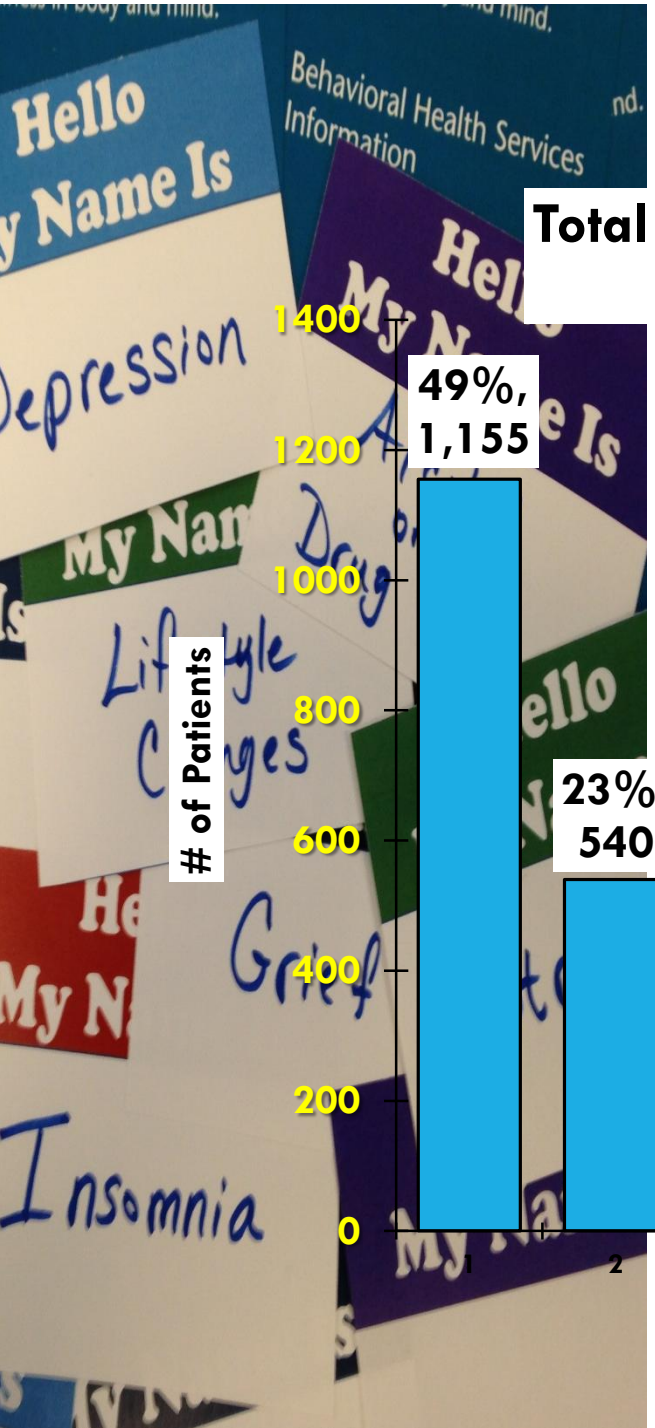
*VMC does not have a summary report available at this time.



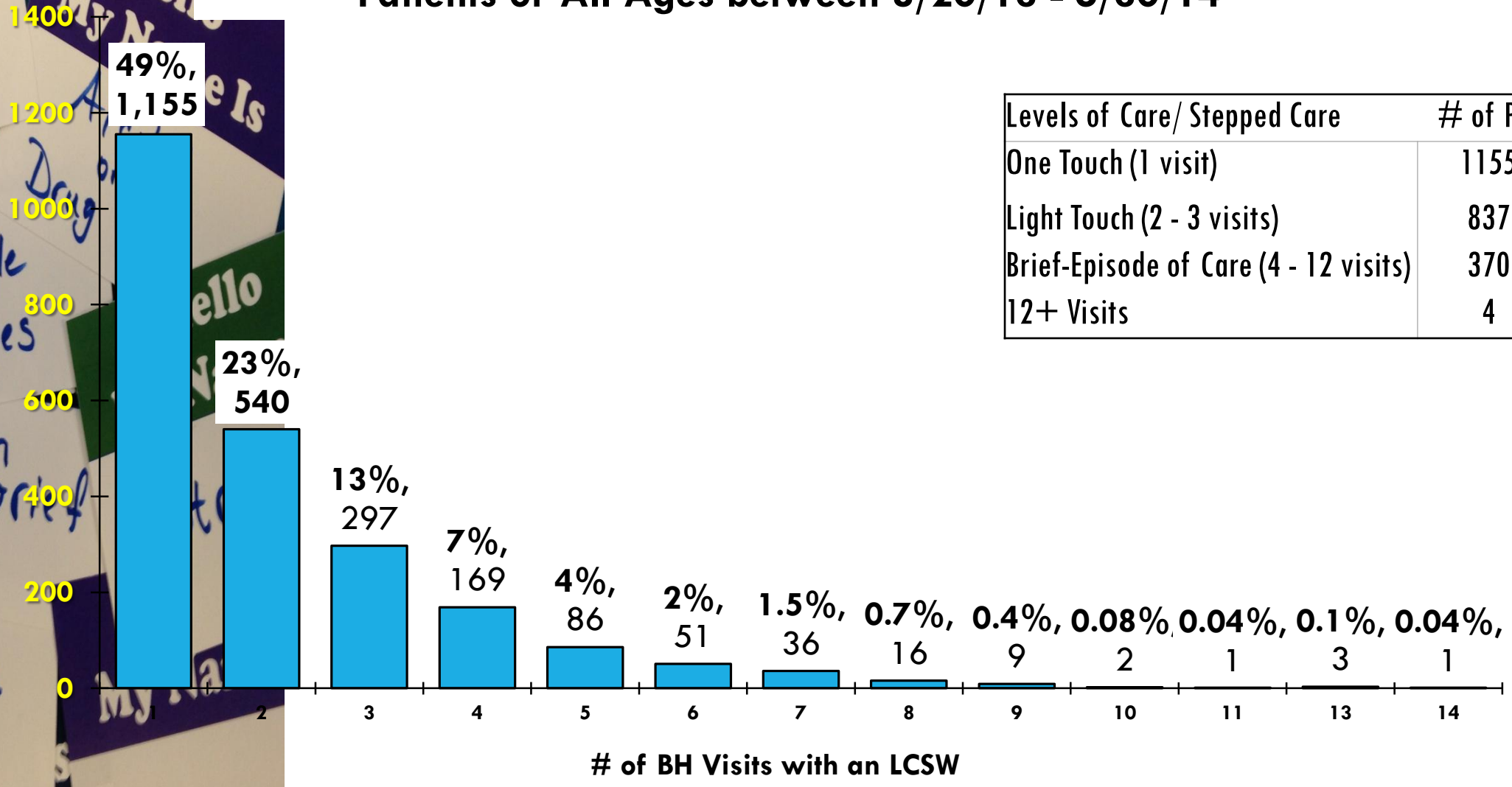
WELLNESS • RECOVERY • RESILIENCE

FOCUS ON SUICIDE PREVENTION

- Contracted PCBH Clinics were mandated to contact disproportionally high risk group: all active patients 60 and older to provide outreach for Behavioral Health issues, as well as provide Question Persuade Refer trainings in suicide prevention.
- Outcomes:
  - All patients generally appreciated phone calls or letters
  - PCPs were engaged to receive the follow up on their patients (MayView)
  - AACI received a higher (20%) than normal (10%) response rate to their letters
  - All clinics updated their active patient registry for the clinic removing those deceased or who moved.
  - Utilization of Peer Partners (PP) in these clinics proved positive engagement for patients, substantial support to Licensed BH Providers (3 contacts with PP for every 1 contact with a BH Provider)
- Contracts do not cover Psychiatry appointments, only consults
- QPR Training: Two of the three contract agencies hit their target of training 250 patients or community members in QPR. This training requirement has been removed from current contract.



Total Number of VMC PCBH Visits with an LCSW for Unduplicated Patients of All Ages between 8/20/13 - 6/30/14



Levels of Care/ Stepped Care	# of Pts
One Touch (1 visit)	1155
Light Touch (2 - 3 visits)	837
Brief-Episode of Care (4 - 12 visits)	370
12+ Visits	4

WELLNESS • RECOVERY • RESILIENCE

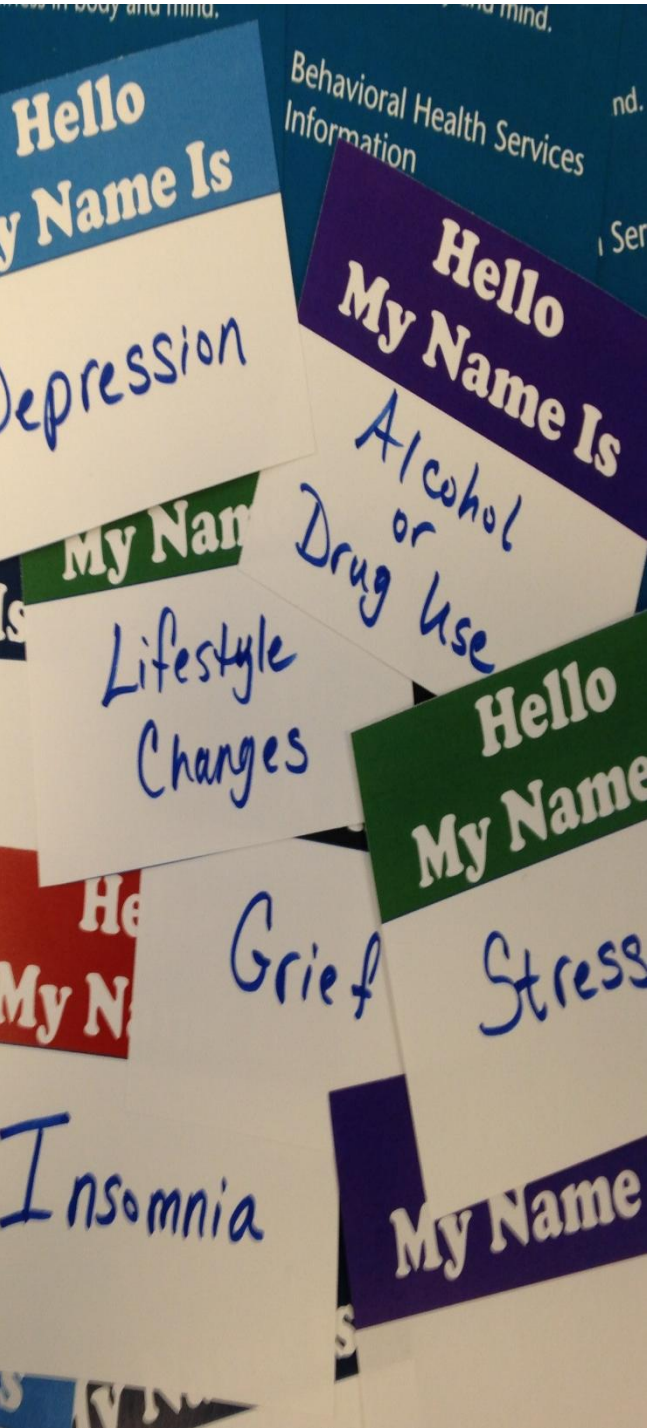
NEXT STEPS

Outcomes

CONTRACT AGENCIES

- Achieved goal of 25% of all patients who *complete** treatment achieve a 5 point reduction on PHQ-9 (depression screening tool)
- MayView Community Health Center, due to staffing challenges, mutually agreed with Behavioral Health Dept. to no longer provide PCBH services; leaving Gardner's St James and South County Clinics and AACI's clinics to continue serving the safety-net
- AACI is expanding to a new Primary Care clinic in Winter 2013, and will expand their Integrated Behavioral Health services there.
- Their contracts paid for the needed data consulting to customize their EHRs to allow for outcomes reporting.
- Consistently high patient satisfaction reports.
- Pending possible contracting with Santa Clara Family Health Plan to provide Mild to Moderate Behavioral Health Services to their patients.

* Complete treatment means met as often as agreed to in the treatment plan AND completed two months of maintenance check ins for depression care.



VMC PCBH CLINICS

- Sunnyvale and East Valley clinics are both piloting rotating the LCSWs through the Primary Care clinic (examination room area) for shifts, to be able to provide the following prevention services:
  - Triage, Warm Hand Off, Same Day brief intervention, connection with resources, referrals
- Developed new EHR Patient reporting tool for providers to proactively manage their active patients (next slide)

SAMPLE REPORTING TOOL FOR IMPROVED PATIENT CARE OUTCOMES

Count	Patient Name	ID Number	Date of Appt.	PHQ9 Score (range 0-27)	Change in PHQ9 % score	Suicide Flag	GAD 7 (range 0-20)	Change in GAD7 %	MORS Score (1-8)	MORS Date of Appt	Diagnosis Codes	Provider Type	
1	Patient A	Sample 1	May-14	0	0.00%	0	1	0.00%	7 – Early	5/6/2014		LCSW	Sample:
2	Patient A	Sample 1	June-14	0	0.00%	0					XS	PCP	a Prevention Patient
1	Patient B	Sample 2	November-13						6 – Copin	Nov-13	GFH, DEP	ΨMD	
2	Patient B	Sample 2	January-14						6 – Copin	Jan-14	GFH, DEP	ΨMD	Physicians care
3	Patient B	Sample 2	April-14	2	0.00%	0					V..., XXY	PCP	
1	Patient E	Sample 5	October-13	12	0.00%	0					DEP	PCP	
2	Patient E	Sample 5	January-14	8	-33.33%	0					LKJ, DEP	PCP	PCP Solo
3	Patient E	Sample 5	May-14	7	-41.67%	0					DEP	PCP	intervention
1	Patient H	Sample 7	February-14	0	-100.00%	0					WUN, KKW	PCP	
2	Patient H	Sample 7	March-14	0	-100.00%	0	1	0.00%			LPP	LCSW	Team Care
3	Patient H	Sample 7	May-14	4	-20.00%	0			6 – Copin	March-14	LPP	ΨMD	
4	Patient H	Sample 7	July-14	4	-20.00%	0	4	300.00%	6 – Copin	July-14	LPP, LPP.R	ΨMD	
1	Patient G	Sample 6	December-13	17	6.25%	2					PFH, FISH	PCP A	Patient harde
2	Patient G	Sample 6	January-14	20	25.00%	3					CBC, CMD	PCP B	to engage.
3	Patient G	Sample 6	February-14	20	25.00%	2					CBC, CMD	PCP A	

Scoring the GAD-7	
Score	Severity
0-5	Mild Anxiety
6-10	Moderate Anxiety
11-15	Moderately Severe Anxiety
16-21	Severe Anxiety

MORS SCALE OF FUNCTIONALITY	
1	Residential Treatment Facility
2-5	Specialty BH System of Care
6-8	PCBH System of Care

Scoring the PHQ-9	
1-4	Minimal Depression
5-9	Mild Depression
10-14	Moderate Depression
15-19	Moderately Severe Depression
20-27	Severe Depression

ΨMD=Psychiatrist
PCP= Primary Care Provider
LCSW=Licensed Clinical Social Worker

NEXT STEPS: PCBH SYSTEM

TRAINING: Pending final approval of MHSA Three Year Update: Utilize unexpended funds from MayView contract to benefit contracted PCBH clinic providers with needed training in PCBH and technical assistance

- Continue with Problem Solving Treatment Training for all new hires of Contract agencies or VMC Clinics
- Conduct booster Training session on-site by IMPACT for Contract and VMC staff by end of June 2015.

DEFINE Mild-to-Moderate Services operationally

TRACK PATIENT OUTCOMES and learn to incorporate new work flows to support Population Health Management practices

QUESTIONS?

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