

Memorial Behavioral Health, Springfield

SENATE DISTRICT 48 HOUSE DISTRICT 96



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BEHAVIORAL HEALTH



Improving access to appropriate behavioral health services

Behavioral health staff are embedded in physician offices, schools, community settings and the adopted neighborhood.

- ▶ Sites expand each year through fees, grants and staff reallocation.
- ▶ Services are provided in settings familiar to patients.
- ▶ Screenings are integrated in the electronic health record (EHR) and workflows.

Patient, Family & Community Impact



**64% increase in
community employment**



**22% decrease in police
calls to the neighborhood**



**8% increase in health
coverage in the
neighborhood**

Saving Lives, Saving Dollars



Launch date: January 2015

IHA Illinois Health
and Hospital
Association



Project Name: Integration of Behavioral Health Staff Improves Patient Outcomes

Project Scope: Multi-stakeholder collaborative including community or care continuum partners

Description:

Individuals with behavioral health (BH) conditions have long been plagued with issues of access to care. The combination of access and lack of appropriate screening and assessment mechanisms led the organization to adopt “Behavioral Health” as one of seven quality and patient safety improvement priorities, and initiate a portfolio of projects focused on BH integration. BH staff have been embedded in the organization’s primary care provider network, local schools, and community partner specialty clinics, while medical services were embedded in the affiliate BH provider. Screening and assessment tools were integrated into the electronic health record and staff workflow, increasing screenings and services provided in schools, healthcare sites, and the adopted low-income neighborhood close to the hospital. Embedded BH staff now provide 9417 hours of clinical service to individuals that would not have received treatment in the traditional siloed format, generating results such as a 13% reduction in police calls to the adopted neighborhood. Embedding continues to expand to other community sites and additional services have been identified and implemented in support of the patients’ needs.

Problem Statement and Project Goals:

According to a 2016 Mental Health America report, 56% of patients with BH conditions do not receive care while suicide, process and outcome measure rates nationally have increased 24% since 1999 (2016 CDC data). Combined with significant numbers of individuals with undiagnosed behavioral health conditions, this motivated the organization to initiate a multiphase project with the goal of opening/integrating access to care for this population. According to recommendations by the U.S. Preventive Services Task Force, adults and adolescents should be screened for depression, with adequate systems in place for diagnosis, treatment, and follow-up services. Of 72,949 patients seen by the organization between 10/1/2015 and 9/30/2016, only 34% received a depression screening. In addition, services for BH conditions were siloed within the local BH provider, resulting in delayed or no handoffs of care. 70 randomized controlled trials have shown collaborative care is more clinically effective and cost efficient (CMS).

Team Composition:

In accordance with the Lean Six Sigma (LSS) methodology and due to complex systems, team members and stakeholders were selected based upon their direct involvement with patients or influence over process steps impacted by project changes. These members included: physicians (primary care, psychiatrists, emergency department physicians), administrators (vice president of physician services, administrator of behavioral health services, vice president of ambulatory services, vice president of operations), LSS Green and Black Belts, nurses, and BH clinicians. Other stakeholders that offered input into the processes and services included: patients and families (via the patient and family advisory panel), state mental health services, and additional provider organizations.

Improvement Planning and Implementation:

The organization engaged in a multi-phase project which utilized LSS change management methodologies, including process mapping, statistical process control (SPC) charting, regression analysis, a literature review, and other statistical tools. Initial implementation efforts focused on embedding BH staff within the Federally Qualified Health Center (FQHC); the organization’s primary care physician (PCP) offices; and K-12 schools, with the goal of building capacity for screenings and service provision in a collaborative, integrated, community based environment. PCP services were also embedded in the BH organization. The second phase initiated screening within the PCP office and in the schools, via office nurses and school counselors, utilizing standardized depression and behavior screening instruments. Immediate referrals are made to the embedded BH provider, or other service providers, in both settings when indicated.

Simultaneously, a community health needs assessment was conducted by the organization, local public health department, and others, and a collaborative program was launched, designed to improve access to care for residents and the homeless population in the adopted at-risk neighborhood. Via partner collaborations and staff embedded in the neighborhood and culture, the goal was community empowerment, and a self-sustaining neighborhood support system to help residents access care in the right setting, thereby improving health and reducing overall health care costs.

Results and Impact:

The neighborhood project focused measures around the needs of the population served which represent the astounding success of the program. Employment increased 50%; income increased 200%; and emergency department visits decreased 38%. Prison recidivism was 19% compared to 56.7% nationally, and the city police department reports a reduction in calls to the neighborhood of 13%. Embedded BH staff monitor hours of service, BH outcomes, and screening levels as these items are critical to quality metrics for program success. Staff embedded in PCP offices screened 2,959 children for BH issues, 757 of which were significant. Annual depression screenings for adults and adolescents is at 81% resulting in 1,714 individuals identified, of which 21.1% were significant enough to warrant services from BH staff or a psychiatrist. BH staff provided 2,682 hours of service resulting in 74% of patients showing improvement in GAD-7 or PHQ-9 scores. School based BH staff screened 1,783 children, 543 of which had significant scores for BH issues, with 273 referred for additional services. These staff provided 2,784 hours of service resulting in increases in behavioral outcomes. The impact of school based staff on GPA is currently being tabulated with initial results showing a promising impact. Embedding of staff has resulted in increased identification of individuals needing and receiving services and has impacted the health and overall well-being of this at-risk neighborhood.

Sustainability:

As part of the Lean Six Sigma process, a control plan was developed to ensure results are sustained across these multiple organizations. Embedded staff in those critical community locations will ensure stability of process changes overtime. Staff often attend neighborhood based meetings at churches and other locations to expand and solidify connections within the community culture. Documentation components, including the PHQ2 and PHQ9, are embedded in the organization's electronic health record. Task reminders and pop-ups are used to provide just-in-time support for staff and physicians. Key statistical results are monitored by administration using SPC charts. If "special cause" variation or adverse trends/outliers are noted, control plans are re-visited and teams re-engaged as needed.

Scope and Spread:

The scope of the project is community wide, as staff have been embedded within partner organizations and hospital affiliates across 4 counties. Original BH embedding occurred at a single location and has now spread to 12 of the organization's PCP sites; the local FQHC (4 staff at 3 locations); and 10 schools (6 staff). BH embedding is planned for 1 additional school, as are additional community locations. Voice-of-the-Customer and school-based project work led to additional initiatives, including support groups for mothers and parent/child relational groups (203 parents enrolled). Process improvement work is also scheduled to further enhance screening and provision of services in the PCP area and in the organization's emergency department.