SIM PCMH Initiative
Pediatric Office Hours

Social Determinants of Health and Behavioral Health-Real Life Pediatric Practice Experiences

micmrc

The Michigan Care Management Resource Center

December 13th, 2017

PCMH Initiative Introduction

- Katie Commey, MPH
  Care Delivery Lead

- Laura Kilfoyle, MPA
  Care Delivery Coordinator

SIM Pediatric Office Hours

The SIM Pediatric Office Hour facilitates networking and promising practice sharing across the state. This group is open to all Initiative practice teams offering an opportunity for peer to peer learning. Collaboratively, practices will identify areas of interest, topic focus, and prioritize challenges. Outcomes include:

- “What works”
- “What has been tried and does not work”
- Shared learning
- Identification of best practices
- Identify educational needs

Practice Learning Credits

One hour of SIM Practice Learning Credit will be earned for today's participation in the Pediatric Office hours

- Participants must register with their complete information to earn credit, anonymous participants will not earn Learning Credits.

- To obtain Learning Credit participants must join sessions "live" (in real-time).

Practice Participant Commitment:

Attendees participating in a variety of ways during the interactive virtual meeting

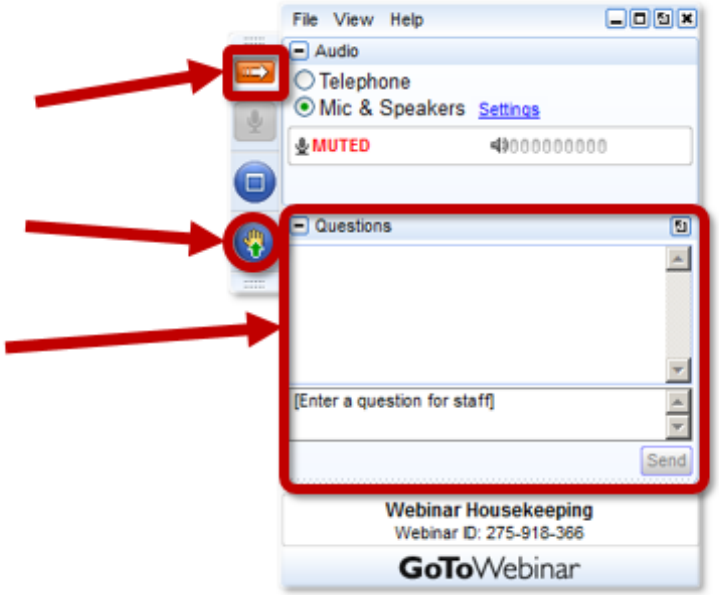
- Posting questions, verbally sharing experiences and lessons learned, responding to polls
- Attendee contact information will be shared with the group to promote networking
  - Example: in addition to the contact information, sharing information such as area of expertise
- Completion of a brief survey.

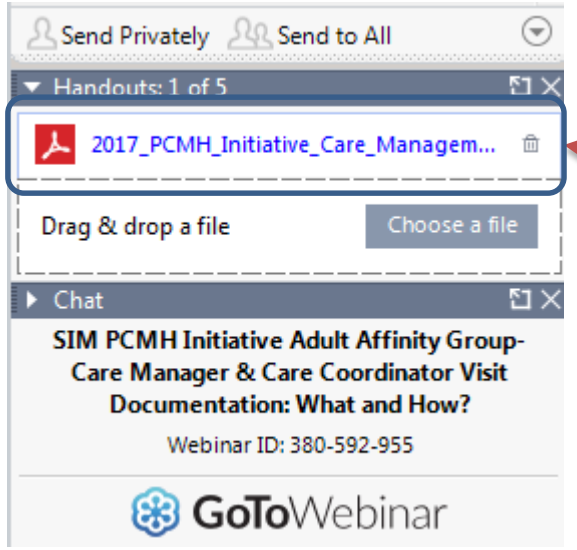
Housekeeping: Webinar Toolbar Features

Collapse Toolbar

Raise Your Hand

Ask a Question

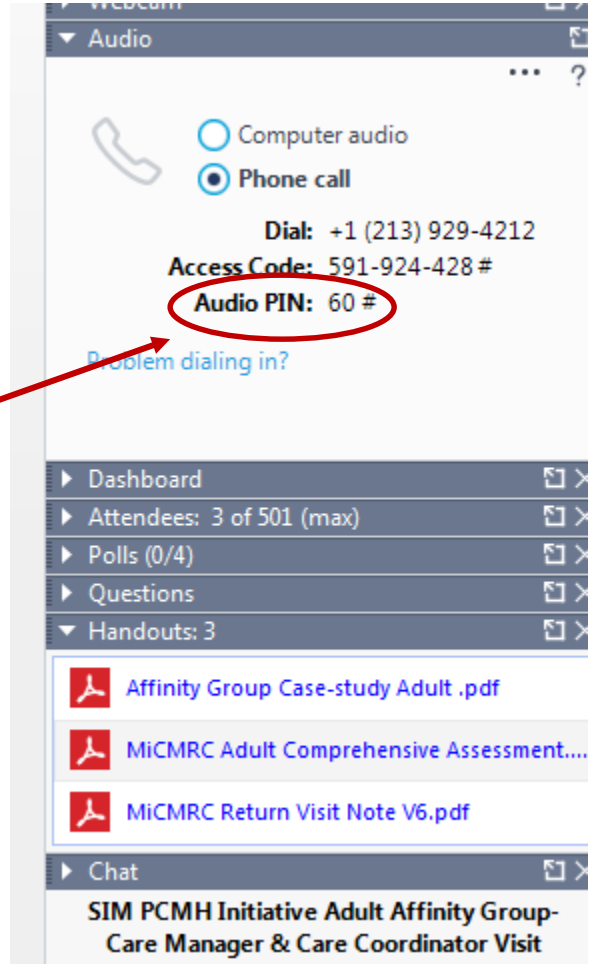




Access PDF Versions of documents

Use question box at any time for your questions and we will try to answer during session.

If you did not enter your audio pin when first dialing in please input it now to allow for unmuting of your phone



We Are For Children
Forest Hills Pediatrics

-Claire D. Olgren, MD FHPA

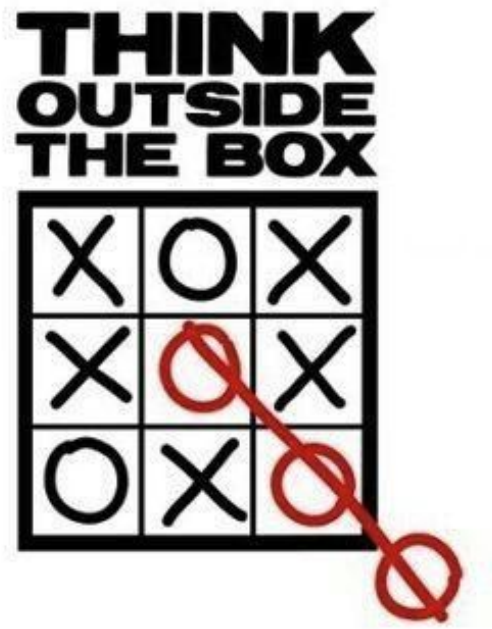
-Susan H. Wakefield, MD Medical Director WAFC

FOREST HILLS PEDIATRIC ASSOCIATES

We are for Children

Objectives

- Implementation Strategies
- Success and challenges
  - Social Determinants of Health
  - Teen depression screening



SMART Goals

Begin with the End in Mind

Chunk out the process

Communicate Communicate Communicate

Build on What You Know

Social Determinants of Health

Goal Setting

- Partnering with Health Net
- Create a Time Line
- Begin Communicating with Whole Office
- Create the survey
  - SIM Template combined with Health Net's ongoing project
- Meeting with reception, medical assistant and referral coordinator

Obstacles and Solutions

Concern

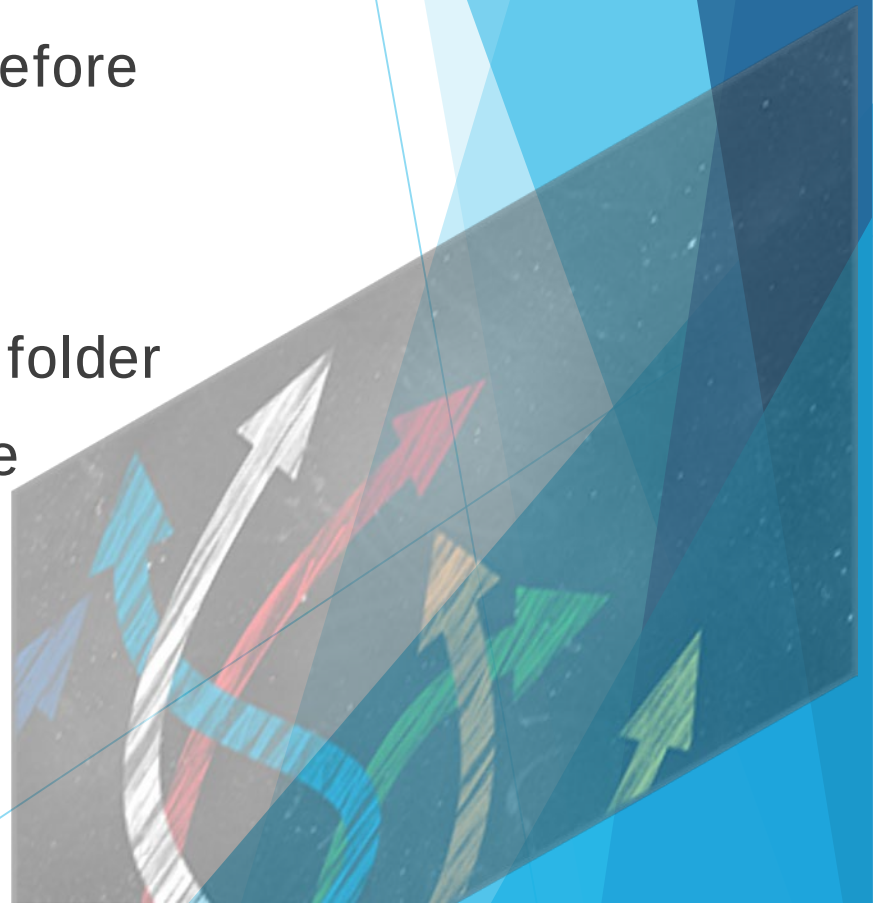
- Privacy
- Identify who needs to be screened
- Only one per family as opposed to every patient
- Alleviate parents concern that this is NOT CPS

Established Pattern

- Screen in exam room
- Care plans for multiple screenings
- EHR shares consents among family members
- Brochures in all pods; contact with medical referral coordinator

Summary of Process

- Route through office
  - Care Plan checked, survey provided to MA the day before
  - Survey given once patient roomed
  - Collected by MA or provider
  - Scored, initialed and put in separate to-be-scanned folder
  - Any ‘positives’ receive a brochure and referral made
  - Referral kept open until feedback received
  - Call to Health Net if no response within 3 weeks



Outcomes

- 1,700 surveys completed the first month
- Covers about 20% of total patient population
- Twelve referrals
- Twenty-four ‘positives’ who did not ask for help

Let’s pause a moment to address any questions or comments

WAFC Teen Depression Screening

Goal Setting

- Goal: Standardize the approach to routine screening of adolescents among 10 pediatric practices.
  - Sustainability
  - Efficient team process

Time Line

- 6 months of collaborative work prior to kick off
  - Work group: 2 representatives from Pine Rest, lead physician (Dr. Olgren), WAFC administrator, clinical support and medical director
  - Physician Leads identified from each office
  - Applied and received a Triple Aim Grant from Priority Health

1. Obstacles and Solutions

- How would each office implement screening?
  - Each office able to use method best for their office flow
    - Electronic through portal or as simple as paper in the office
    - Two questions survey or embedded in pre-visit questionnaires
  - If PHQ-2 positive how would the offices administer the PHQ-9?
    - Electronic or paper prior to the physician seeing the patient
    - Paper after seen be the physician

2. Obstacles and Solutions

- What to do if the PHQ-9 screen is positive?
  - Biggest obstacle for physicians to overcome
  - Need to have tools to help patient and parents in the office
    - Letter and information for parents
    - Letter and information for patient
    - Immediate referral made with consent given to contact office and send information

3. Obstacles and Solutions

- Appropriate evaluation and treatment for patients with + screen
  - Past history of difficulty getting timely referrals
  - Fantastic collaboration with Pine Rest
    - “fast-track” these patients with WAFC/WMPN referral form
    - Used Great Lakes Health Connect (HIE) for all referrals
    - Guarantied contact with patient within 48-72 hours
    - Patients/Parents instructed to contact their PCP if no contact within 72 hours

4. Obstacles and Solutions

- Pediatricians reluctant to prescribe antidepressants and no timely pediatric psychiatry appointments
  - Lack of training and comorbidities
  - Weekly video conferencing with Pine Rest pediatric psychiatrists
  - Physician leads and other interested physicians attend during lunch via video connection (purchased by WAFC)

Summary of Process

- Screen all adolescents at their yearly WCC with PHQ-2
- Screen all patients with a positive PHQ-2 with the PHQ-9
- Patients/Parents leave the office with resources and the expected plan of action
- Expediated evaluation and counseling at Pine Rest
- Increase the comfort level of PCP's when prescribing antidepressants
- Sustainable process

Successful Outcomes

- 11,824 adolescents screened over a one year period
- 545 scored + on the PHQ-2 (4.61%)
- 330 of the + PHQ-2 patients scored + on the PHQ-9 (60.55%)
- Of the total population 2.79% patients had a + PHQ-9 and were referred to Pine Rest for further evaluation and counseling.
- All practices still screening adolescents for depression (2 ½ years after pilot ended.

Lessons Learned

- Address and resolve physician barriers
- Work with office staff to implement an efficient workflow
- Collaborate with good community partners (don't recreate a service already available)
- Ask for financial assistance
- Make sure process is sustainable without ongoing financial assistance

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Adding Care Management and Behavioral Health in Primary Care Practices

Laurisa Cummings, LMSW

Care Management Staff

- Selecting the most appropriate Care Management staff
  -based on practice needs
  -population needs

Staff Credentials

- Care Management Staff

  -RN, LMSW, etc.
- Behavioral Health Staff

  -LMSW

Credential with Major Insurances

- LMSW to request NPI (Independent billing number)
- LMSW to request credentialing with major insurance providers

Behavioral Health Needs

- Identify population needs
- Identify resources based on needs
- Identify screening tools
- Identify treatment standards, protocols, practices, and policies

Behavioral Health Practice In Primary Care

- Identify staff support
  -Front Desk
  -Billing
- Establish patient schedule
- Develop office flow
- Maintain relationships with external referral agencies/professionals
  -External customers/referrals
- Maintain relationships with staff members
  -Internal customers/referrals

Questions or comments