

ENGAGING STAKEHOLDERS TO ACCELERATE IMPROVEMENT OF MENTAL HEALTH CARE AND OUTCOMES IN MINNESOTA

RELEASED AUGUST 2021



PROJECT BACKGROUND

Mental health care delivery and outcomes still significantly lag physical health. Stigma, network and access issues, and gaps in care remain. Too often, the fragmented system fails patients. This project focused on leveraging the unique assets available in Minnesota and engaging stakeholders to improve mental health care and outcomes through a variety of methods.

This project was made possible through funding from the Eugene B. Washington Community Engagement Award from the Patient-Centered Outcome Research Institute (PCORI).

METHODS



Quarterly meetings with multistakeholder mental health guiding coalition



Semi-structured interviews with random sample of clinics and representatives from medical groups



MN Community Measurement's Mental Health Summit and regional community dialogues



Voluntary online survey of clinics and medical groups



Mental Health Awareness Month webinar and live polling

OVERALL FINDINGS

Semi-structured interviews with representatives of clinics and medical groups revealed the following insights to improve mental health care in Minnesota.



Screening is essential but only the beginning



Resource proximity does not equal high performance



Incentives and recognition of contributions to care and patient outcomes play a role



Health information technology is essential but not enough



Disconnects and gaps in care are significant



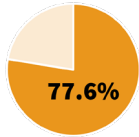
Team-based care does not equal Collaborative Care (see page 2)

CURRENT LANDSCAPE

Based on 2019 dates of service

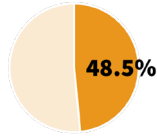
While the use of screening is high, statewide rates decrease for follow-up, response and remission at six months. Additionally, there is wide variation in performance across medical groups.

UTILIZATION



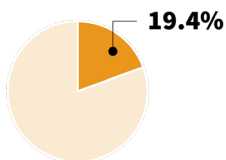
of adults with depression had a **PHQ-9/ PHQ-9M screening test** completed in 2019

FOLLOW-UP



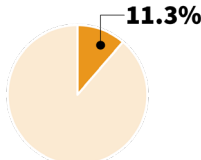
of adults had a **follow-up PHQ-9/ PHQ-9M within six months** of diagnosis

RESPONSE



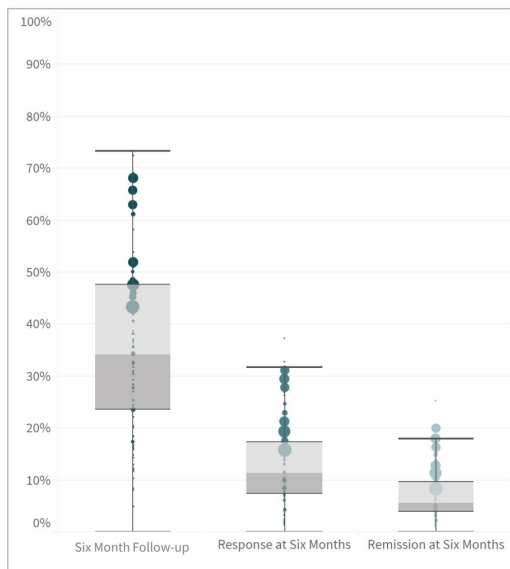
of adults had a **response to treatment within six months** of diagnosis

REMISSION



of adults had were in **remission within six months** of diagnosis

Variation by Medical Group Adults



Response = 50% of initial index PHQ-9 score; Remission = PHQ-9 score less than 5

KEY CONCEPTS

Measurement Based Care (MBC):

- Use of repeated, validated measures to track symptoms and functional outcomes in clinical settings
- Outcomes improved 20 to 60% through use of MBC, depending on the study
- Largely underused by psychiatrists, psychologists and masters-level practitioners

Collaborative Care Model:

- Delivers effective mental health care in primary care
- Provides care that is timely, less costly and less stigmatizing
- Transfers knowledge from psychiatrists to primary care providers
- Better equips primary care providers to deliver behavioral health, which increases access to care
- Provides reimbursement to providers to ensure viability and sustainability of care

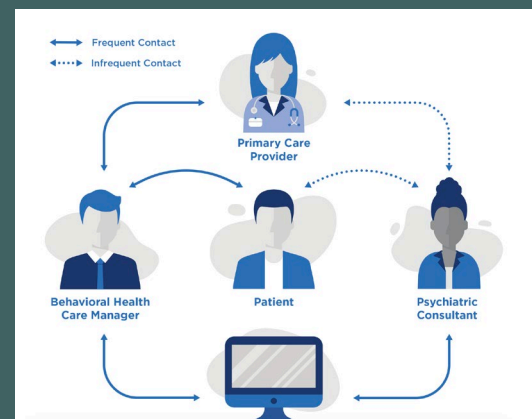


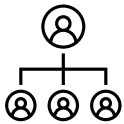
Illustration from the American Psychiatric Association Foundation and the Center for Workplace Mental Health



ENABLERS OF SUCCESS

The following key themes were identified as enablers of success, independent of clinic size or location. These themes were consistent across clinics and medical groups interviewed and those participating in the voluntary online survey.

LEADERSHIP



Prioritize mental health, invest in structure and build the culture at all levels of leadership

PRIMARY CARE



Use primary care more to provide trusted, stigma-free mental health care

MEASUREMENT-BASED CARE



Treat PHQ-9/PHQ-9M tool as a vital sign and continually measure, treat, assess, adjust and re-measure

RIGHT PEOPLE



Identify and empower compassionate, empathetic clinicians to provide high-quality care

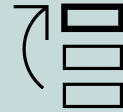
PATIENT-CENTERED



Utilize a wholistic approach to patient care

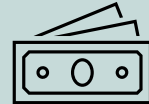
CHALLENGES

Input from both high- and low-performing clinics revealed four main challenges in improving mental health care:



PRIORITIZATION

Mental health must be prioritized, similar to physical health conditions.



INVESTMENT

With tight budgets, investment in the resources needed to improve mental health is lacking. The “Do more with less” philosophy makes it especially difficult to be successful.



TIME & TALENT

Providing quality care is time-consuming. Finding talented people to fulfill necessary roles for success is essential but can be difficult.



COLLABORATION

Connections and collaboration need to be made to be successful. Often, individuals and organizations working in the field are working in silos, making it difficult to improve patient outcomes.

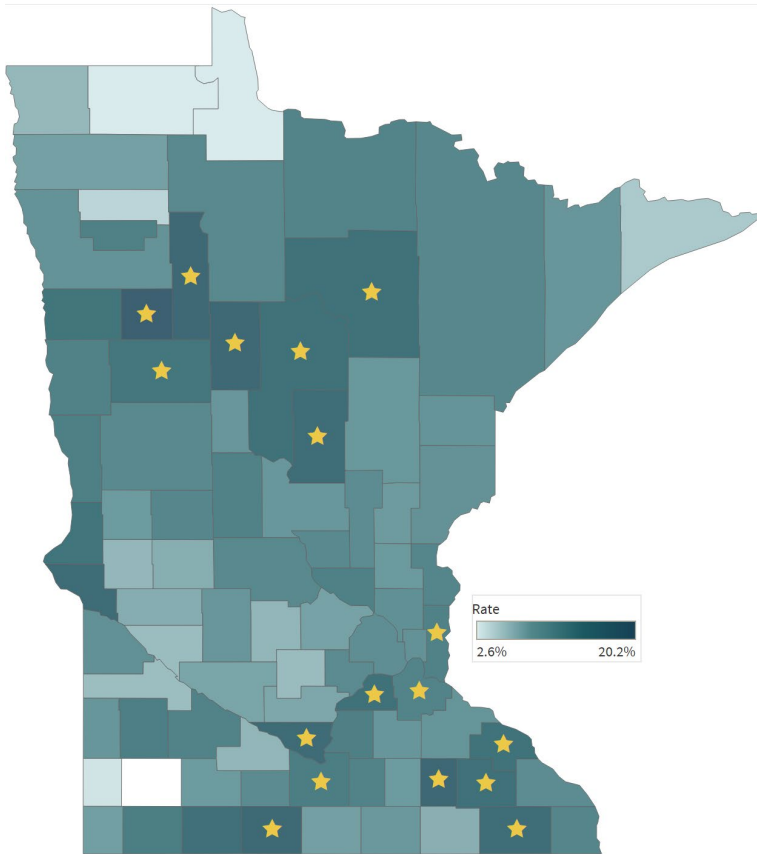
COMMUNITY PERSPECTIVES

As part of MN Community Measurement’s Mental Health Summit in February 2021, the Community Dialogues incorporated reactor panels that included representation from employers, government, providers and nonprofit organizations from regions across the state. The experts on these panels provided insights on regional nuances, which are summarized below.

Adult Depression: Remission at Six Months

Rates by County

2020 report year (2019 dates of service)



★ Rate is significantly higher than statewide county average

Remission is defined as having a PHQ-9/PHQ-9M score less than five

Map: © 2021 Mapbox © OpenStreetMap

Northwest/ West Central

Stigma, lack of prioritization of mental health and lack of access to internet/ broadband are of particular concern in this region.

Twin Cities

While resources appear abundant in this region, there are significant gaps in psychiatric services and greater cultural diversity that requires recognition of cultural differences and responses.

Northeast/ East Central

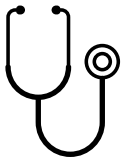
The physical size of counties in this region are large, making it difficult to evenly distribute resources and provide access to care, across the counties.

South

While the physical size of the counties in this region are small, much of the region is rural. Of particular concern in this region are greater access to lethal means of suicide and substance abuse.

COLLECTIVE ACTIONS

Stakeholders across the state have a critical role to play in improving mental health care. Live polling during the mental health awareness month webinar indicated that stakeholders are committed to taking action, within their own sphere of influence, to improve mental health care (97%) and are optimistic that, working together, the community will be able to advance mental health care outcomes in Minnesota and our local areas (92%). Suggested stakeholder actions are identified below:



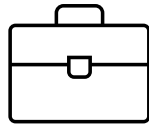
PROVIDERS & HEALTH SYSTEMS/PLANS

Implement practices to improve care and invest in quality improvement through contracting, measurement, billing and payment and recognition



GOVERNMENT

Advance policy and solutions and align with private sector efforts for maximum value/impact



EMPLOYERS

Make mental health a priority in the workplace and use purchaser leverage to ask questions and drive change



COMMUNITY PARTNERS

Convene critical conversations, identify and help close gaps through programs and resources, collaborate across organizations and engage Indigenous communities

PROJECT LEADS

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ADDITIONAL RESOURCES

MN Community Measurement
*Community reports with outcomes
data for clinics and medical groups*
www.mncm.org

**National Alliance on Mental
Illness Minnesota**
*Patient and family resources,
support and advocacy*
www.namimn.org

**University of Washington
AIMS Center**
*Research, tools and resources to
implement the Collaborate Care Model*
www.aims.uw.edu

Center for Workplace Mental Health
*Tools, calculators and other resources
for employers*
www.workplacementalhealth.org