



# 2021 Mental Health Webinar

## **Improving Together: Advancing Mental Health Outcomes in Minnesota**

MAY 11, 2021



# Welcome!



Thanks for joining us today.



All webinar participants are in “listen-only” mode. To ask a question, please type your question into the “Q&A” box at the bottom of your screen at any time during the webinar.



MNCM will send a link to presentation slides and the recording to webinar attendees later this week.



# Today's Webinar

- Welcome and introduction
- Minnesota Providers' Experiences in Improving Depression Care
  - Learnings from Qualitative Conversations: Overall Findings, Enablers of Success, and Challenges to Address
  - Recognition of Top Performer Medical Groups and Clinics
  - Case Studies
  - Community Perspectives and Resources
- Improving Together



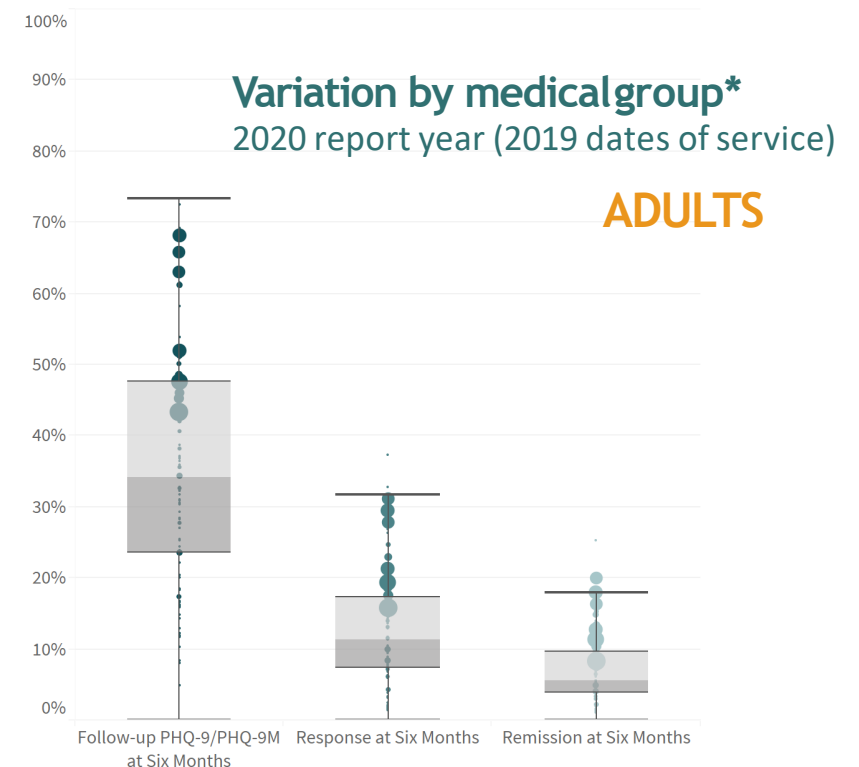
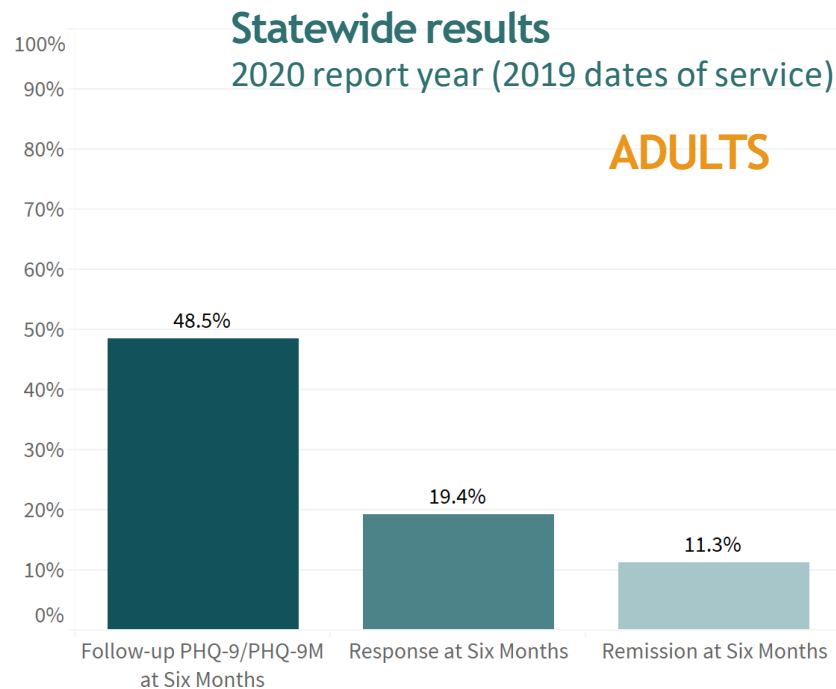
# Important Context: Landscape

- Widespread agreement on the **importance of mental health care**
- **Unique infrastructure** in Minnesota that can facilitate progress
- **Past successful cross-sector efforts** to drive improvement
- **Realities of our world today...** coronavirus pandemic, increasing prevalence of depression, recent performance data, and health disparities



# Important Context: What the Data Tells Us

- While **use of screening tools is high** (77.6% for adults who have depression), **performance rates drop** for follow up (48.5%), response (19.4%), and remission (11.3%)
- There is **wide variation in performance**



# Polling Question #1

What **stakeholder group** do you represent?



# Introductions



**Angeline Carlson, Ph.D.**

Health Services Researcher, Data Intelligence Consultants. Adjunct Professor, University of Minnesota, Department of Pharmaceutical Care & Health Systems. Consultant, PCORI Eugene B. Washington Community Engagement Award



**Debra Krause, M.B.A.**

Regional Strategic Advisor, Minnesota Health Leadership Council, in affiliation with the National Alliance of Healthcare Purchaser Coalitions. Project Lead, PCORI Eugene B. Washington Community Engagement Award

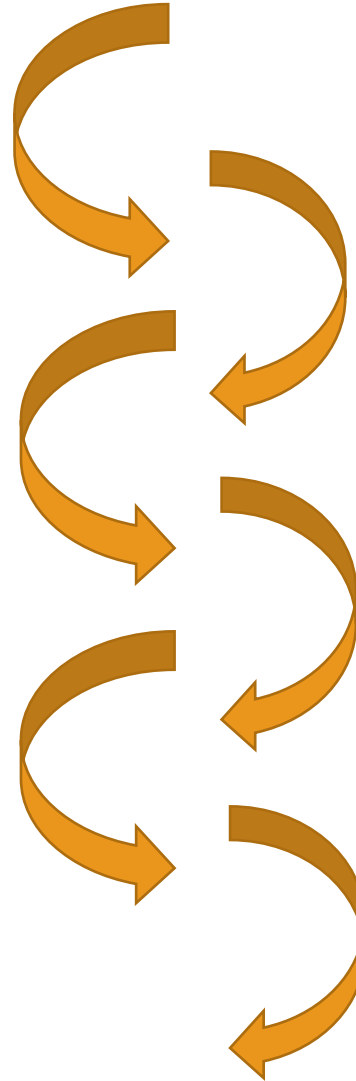


# Mixed Methods: Engaging Stakeholders

**Multistakeholder Mental Health Guiding Coalition** (quarterly convenings and other opportunities for input, 2019 and ongoing)

**Supplemental semi-structured interviews with representatives of medical groups**, August-December 2020

**Voluntary survey of clinics and medical groups** regarding depression care practices and insights, February-March 2021



**Semi-structured interviews with a stratified, random sample of clinics** (selected based on MNCM reporting of depression suite of measures, 2018 dates of service), August-December 2020

**MN Community Measurement Mental Health Summit and Regional Community Dialogues**, February 2021

**Mental Health Awareness Month Webinar and Live Polling**, May 2021





# Clinic Practices: Overall Findings

The PHQ-9 is foundational but only the beginning

Resource proximity  $\neq$  high performance

Health information technology is necessary but not sufficient

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

Disconnects and gaps in care are significant

Team-based care  $\neq$  Collaborative Care



# Recognition Matters: Ideas for Inspiration

**Internal  
awards  
ceremony**

**Opportunities  
to present to  
peers  
internally**

**Outreach/  
recognition  
from peer  
clinics**

**Internal  
recognition  
of top  
performers**

**Bulletin  
board for  
performance  
recognition**





# Top Performer Medical Groups



Adult Depression Remission at Six Months, 2020 Report Year (2019 Dates of Service)  
Statewide Average = 11.3%

Medical Group	Health Score	Patients (Denominator)	Actual 6-Month Remission Rate	Expected 6-Month Remission Rate	Actual/Expected Ratio
Westfields Hospital and Clinic *	★	266	25.2%	12.1%	2.09
Essentia Health	★	7,869	20.0%	10.8%	1.84
Entira Family Clinics	★	2,013	19.9%	11.8%	1.69
Park Nicollet Health Services	★	10,572	17.9%	12.4%	1.44
Health Partners Central MN *	★	652	17.8%	10.4%	1.72

Source: MNMCM DEPRESSION CARE IN MINNESOTA:ADULTS & ADOLESCENTS, 2020 REPORT YEAR (2019 DATES OF SERVICE)

\* Medical Group is a single location





# Top Performer Clinics



Adult Depression Remission at Six Months, 2020 Report Year (2019 Dates of Service)  
Statewide Average = 11.3%

## Clinics in Alphabetical Order (6-Month Depression Remission Rate)

**Entira – West St. Paul (28.5%)**

**Essentia East – Spooner (24.6%)**

**Essentia Central – Baxter (25.4%)**

**Essentia West – Pelican Rapids (32.3%)**

**Essentia Central – Brainerd (30.9%)**

**Essentia West – Valley City (34.2%)**

**Essentia Central – Crosslake (27.5%)**

**Park Nicollet – Target H&WB Center (27.9%)**

**Essentia Central – Hackensack (41.2%)**

**Sanford – Lakefield (36.4%)**

**Essentia Central – Pierz (31.6%)**

**Sanford – Mayville (36.6%)**

**Essentia Central – Pillager (37.7%)**

**Sanford – Westbrook (29.0%)**

**Essentia East – Grand Rapids (26.1%)**

Source: MNMCM DEPRESSION CARE IN MINNESOTA:ADULTS & ADOLESCENTS, 2020 REPORT YEAR (2019 DATES OF SERVICE)



# Case Study #1: Proximity $\neq$ Performance

Use of PHQ-9	6-Month Follow Up	6-Month Response	6-Month Remission
▼	▲	▲	▲

- Clinic overview
  - Small rural clinic; part of large care system
  - 6-Month remission rate is 19%+ and 1.8x+ expected
- Clinic practices
  - Rapport with patients built over years – long tenured staff in all roles
  - “Live” report from nurse to doctor (not a note); nurses key in relationships and care
  - Measurement-based care, but patient is “not a number or a diagnosis”
- Wish list: additional automated processes; care coordinator

*“Patient knows that we’re on their side. There isn’t anything that we’re not going to do to help them.”*

- *Longer visits*
- *Active listening*
- *Break down barriers to access*
- *Whole person care*
- *Find patient assistance programs, link to community resources*



# Clinic Practices: Enablers of Success

<b>Leadership</b>	<p>Layers of leadership</p> <ul style="list-style-type: none"><li>• Prioritize mental health; invest in the structure</li><li>• Build the culture – actions speak louder than words</li></ul>
<b>Primary Care</b>	<p>Recognizing primary care is the primary source of care</p> <ul style="list-style-type: none"><li>• Two-thirds of mental health care is delivered in primary care</li><li>• Trusted, stigma-free care</li></ul>
<b>Measurement - Based Care</b>	<p>Measurement-based care delivers better outcomes</p> <ul style="list-style-type: none"><li>• Treat PHQ-9 as a “vital sign”</li><li>• Measure, treat, assess, adjust, and remeasure</li></ul>
<b>Right Persons</b>	<p>The right persons in the right positions empowered to care</p> <ul style="list-style-type: none"><li>• The characteristics of importance are compassion, empathy</li></ul>
<b>Patient Centered</b>	<p>WHOLE-listic</p> <ul style="list-style-type: none"><li>• “I see <u>you</u>”</li><li>• Social needs are depression care needs</li></ul>



# Case Study #2: All Enablers Present

Use of PHQ-9	6-Month Follow Up	6-Month Response	6-Month Remission
▲	▲	▲	▲

- Clinic overview
  - Urban location; part of small care system
  - 6-Month remission rate is 19%+ and 1.5x+ expected
- Clinic practices
  - Deliberately build culture at all levels
  - Emphasis on patient relationships
  - Consistently use measurement-based care
  - Strong care coordinators (role definition and individuals in role)
  - “Depression Action Plan” is central to patient care
- Wish list: continue to keep turnover low and maintain staffing with right people

*“We know exactly where we are at [on quality measures].”*

- *All measures in Action Plan*
- *Published on desktop*
- *Shared at weekly staff meetings and weekly care coordinator huddles with doctors*
- *Work the registry*
- *Review with doctors – “you have 10 people, 2 are in remission”*



# Clinic Practices: Challenges to Address

## Prioritization

Prioritization is essential

- Parity with chronic medical conditions like diabetes and heart disease
- Priority matched with resources and action

## Investments

Financial concerns are real

- Care coordinators have been seen as dispensable
- “Do more with less” is a recipe for disaster

## Time and Talent

Needs are great

- Care is time consuming
- Need more of every resource across the spectrum
- Simultaneous need to deliver and transform care

## Connections

Silos persist

- Technology
- Within organizations
- Between organizations





# Case Study #3: Needs Are Great

Use of PHQ-9	6-Month Follow Up	6-Month Response	6-Month Remission
▼	▲	▲	▲

- Clinic overview
  - Rural Minnesota; part of large care system
  - 6-Month remission rate is 20%+ and 2x+ expected
- Clinic practices
  - Strong pre-visit planning and follow-up
  - Actively encourage patients to get counseling
  - Patients need to travel 30+ minutes for specialist care; transportation is an issue; telehealth is “really nice”
  - Poverty is also a challenge for patients
  - “Rely heavily” on community resources
- Wish list: counselor or social worker in clinic; additional clinic space to integrate mental health support

*“Administration needs to recognize that **this takes time**. If it means longer patient visits, that needs to happen. It is not possible to fully address something as complex as depression, as well as fit in preventive care plus [address the] patient problem that they came in for that day [in a short visit].”*



# Additional Insights for Care System Administrators

- Practices, procedures, and resources provided by care systems are not uniformly adopted by clinics, and even if adopted, may not be optimized
- Centralized resources provided by care systems may need clinic advocacy to be effective (e.g., centralized call center)
- Things which may sound the same on the surface are not if you look closer
- Words may be inconsistent with actions and outcomes
- Clinics reported that they attempt to escalate needs to care system administrators but may not see action
- With clinic focus on direct patient care, care system administrators play a critical role in transforming care to improve outcomes (funding, technology, workflows, billing, etc.)



## Polling Question #2

What **priority** should be given to helping clinics advance the identified enablers of success and address the identified challenges in providing mental health care to patients?



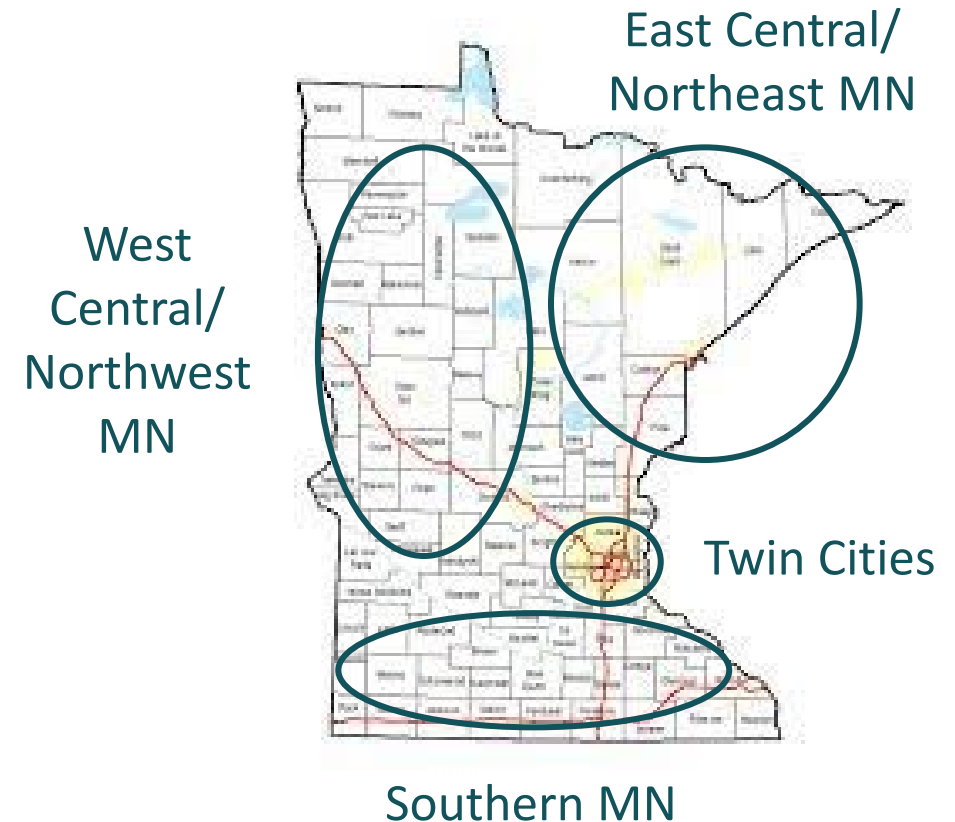
## Polling Question #3

What **urgency** should be given to helping clinics advance the identified enablers of success and address the identified challenges in providing mental health care to patients?



# Community Perspectives

- Four regional community dialogues were held on February 17
- Each included a multistakeholder Reactor Panel, including: regional representatives of employers, governments, providers, and nonprofit community organizations
- Each group worked to identify regional nuances, individual actions, and collective actions to improve mental health care and outcomes in their region
- Perspectives were captured and are summarized on the following slides. Notes are a record of conversation and ideas, not agreement on tactics or a prioritization of potential actions



# Community Perspectives: Regional Nuances

- **East Central/ Northeast:** resources distant, limited care, difficult to get care for adolescents, telehealth is a positive
- **Southern:** rural access is challenging, access to lethal means of suicide is greater, substance use is an issue, higher initial scores on PHQ-9 screening, primary care is the gateway
- **Twin Cities:** gaps in psychiatric services, need for different cultural responses and diverse providers, need for alternatives for emergency response, COVID-19 influence
- **West Central/Northwest:** stigma in farming communities, access to broadband/internet, mental health is often not prioritized



# Community Perspectives: Collective Actions

- End the stigma. Openly share personal stories to build dialogue. Community awareness.
- Continue open/collaborative/multi-stakeholder discussions about mental health. Learn from others.
- Create intentional focus on equity, and address disparities (gender/language).
- Include more resources in care team: employers, community, behavioral health, etc. Include warm hand-offs in community.
- More resources and access for adolescents.
- Find systemic causes for mental health crisis.
- Be culturally aware of mental health supports so that situations are not made worse.
- Offer supports for new providers starting out, particularly LGBTQ+ and BIPOC providers.
- Increase access to care.
- Funding to “go from data to change”.
- Collaborative care.
- Create/promote community relationships and partnerships, including Clarity Project in Duluth.
- Address basic needs; meet people where they are (e.g., MH screening in food shelf).
- Expand telehealth and other non-traditional outreach
- Continuum of prevention.
- Technology/HIE/alerts.



# Improving Together: Advancing Mental Health Outcomes

## Deliberate, Collaborative, Accountable, and Outcomes-Focused Action

**Providers** (clinics, practitioners, and societies): Increase screenings. Allow increased visit time. Build relationships with patients to normalize mental health conversations and care. Work with other stakeholders to increase access, ensure measurement-based care, and implement collaborative care.

**Health Systems/ Plans:** support clinics by investing in quality improvement initiatives to advance access to evidence-based, high-value mental health care and accelerate implementation of the Collaborative Care Model through aligned contracting, measurement, billing/payment, and recognition.

**Employers:** Lead in mental health by connecting employees and dependents to services, provide resources to employees, encourage use of telehealth to increase access, connect with other employers on best practices, use purchaser leverage to ask questions and drive change nationally, and create strategic partnerships.

**Governments:** Lead on policy. Provide public health data and solutions. Connect across departments, including law enforcement and schools. Use crisis centers to connect people with appropriate resources. Align with private sector efforts for maximum value/impact.

**Community Partners:** (nonprofits, foundations, and other organizations): Convene conversations to normalize mental health issues and address stigma. Identify and help close gaps in services through programs and resources. Collaborate across local organizations and engage tribal communities.

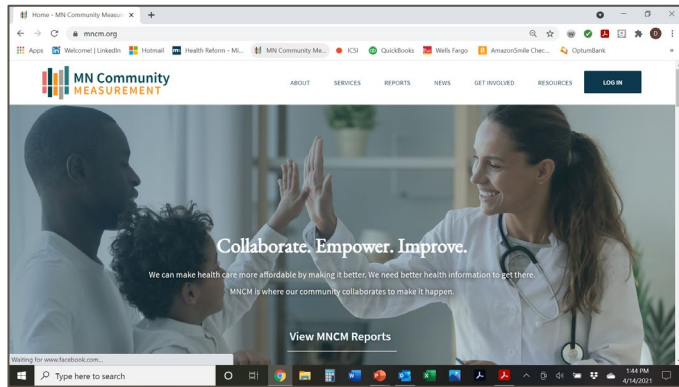




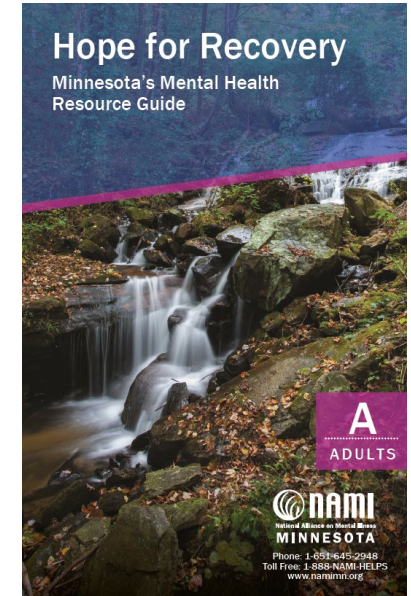
# Resources

For all (Summit recording, reports, and more):

[www.mncm.org](http://www.mncm.org)

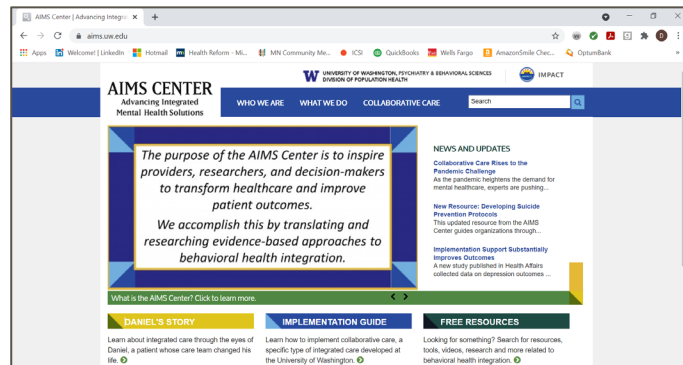


For patients and advocates:  
[www.namimn.org](http://www.namimn.org) (“Hope for Recovery”  
Guide and other valuable resources)

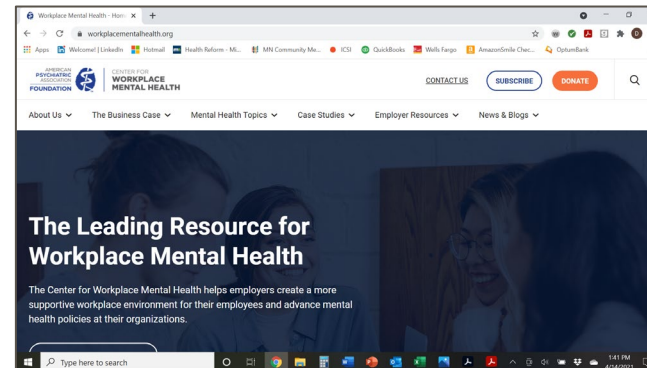


For clinics, medical groups and health plans:

[www.aims.uw.edu](http://www.aims.uw.edu)



For employers:  
[www.workplacementalhealth.org](http://www.workplacementalhealth.org)



## Polling Question #4

I am committed to **taking action**,  
*within my own sphere of influence*,  
to improve mental health care.



## Polling Question #5

I am optimistic that, *working together*,  
**we will be able to advance**  
mental health care and outcomes in  
Minnesota and our local communities.



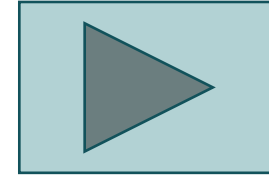


# Q&A/Discussion

Please type your questions into the “Q&A” box at the bottom of your screen



# Thank you!



## With gratitude:

- To PCORI for their generous funding and support
- Participating clinics and medical groups for their time and thoughtful engagement
- Participating employers and community stakeholders for their leadership

## Call to action:

- Please respond to the post-webinar survey
- In addition to gathering general feedback on the webinar, we want to hear your ideas regarding what Minnesota communities can do to **maintain the momentum** of this project

