MN Community
MEASUREMENT

2021 Mental Health Summit

Minnesota Providers' Experiences in Improving Depression Care
Strategies for Success and Challenges to Address

FEBRUARY 17, 2021

Introctions

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This Session

- Important Context
- Clinic Practices in Depression Care
  - Project Description and Objective
  - Methods
  - Overall Findings
- Insights for Action
  - Enablers of Success
  - Challenges to Address
  - Opportunities for Collective Action
- Looking Forward
- Q&A/Discussion
- Thank You!

Important Context

- 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

Measurement-Based Care

Joint Commission Standard: The organization assesses the outcomes of care, treatment, or services provided to the individual served

"We say to patients, 'it (the PHQ-9) is the blood pressure of depression. We want to do it every time you come in, to make sure depression is controlled just like any other chronic disease.'"

Collaborative Care Model

The Collaborative Care Model delivers effective mental health care in primary care

This model:
- Provides care that is **timely, less costly, and less stigmatizing**
- **Effective**, supported by over 80 randomized clinical trials
- Results in **knowledge transfer** from psychiatrists to PCPs and leaves PCPs feeling more comfortable delivering behavioral health care, increasing access to care
- Provides **reimbursement to providers** to ensure viability and sustainability of care

→ Frequent Contact
⇢ Infrequent Contact

Primary Care Provider

Behavioral Health Care Manager

Patient

Psychiatric Consultant

Project Description and Objective

Funded by: Eugene B. Washington Community Engagement Award from the Patient-Centered Outcomes Research Institute (PCORI) in 2019

Objective: Identify clinic practices and other significant factors associated with successfully helping patients diagnosed with depression navigate the journey to remission

Definition of engage:
- *Participate or become involved in*
- *Establish a meaningful contact or connection with*

Methods

- **Stratified, random sample of clinics** (6-month Depression Remission Rate) from those reporting on the Depression Suite of Measures to MN Community Measurement
- Sample selected based upon **2018 dates of service** (2019 reporting)
- **30-minute semi-structured interviews** with clinic administrators, medical directors, and care coordinators
- **Supplemental Interviews** conducted with representatives of medical groups
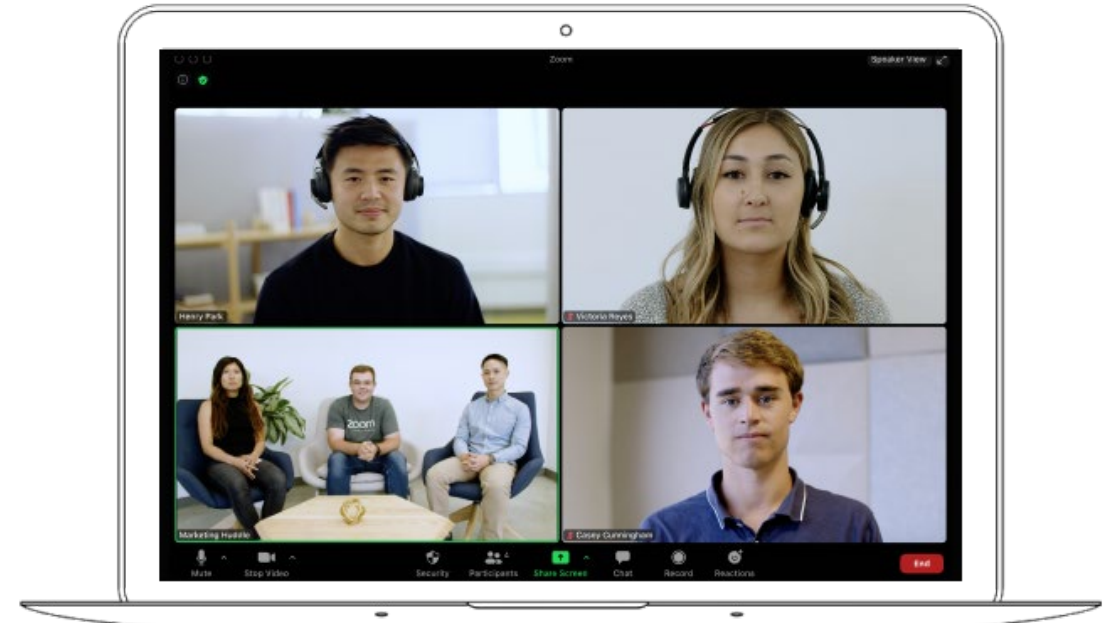
Overall Findings

The PHQ-9 is foundational but only the beginning

Resource proximity ≠ high performance

Health information technology is necessary but not sufficient

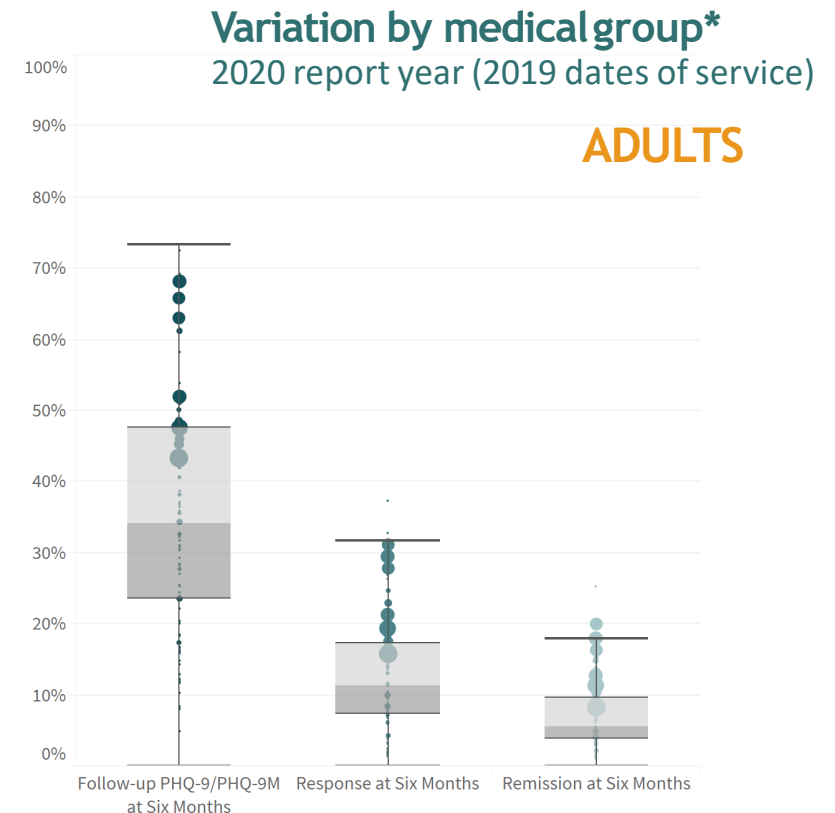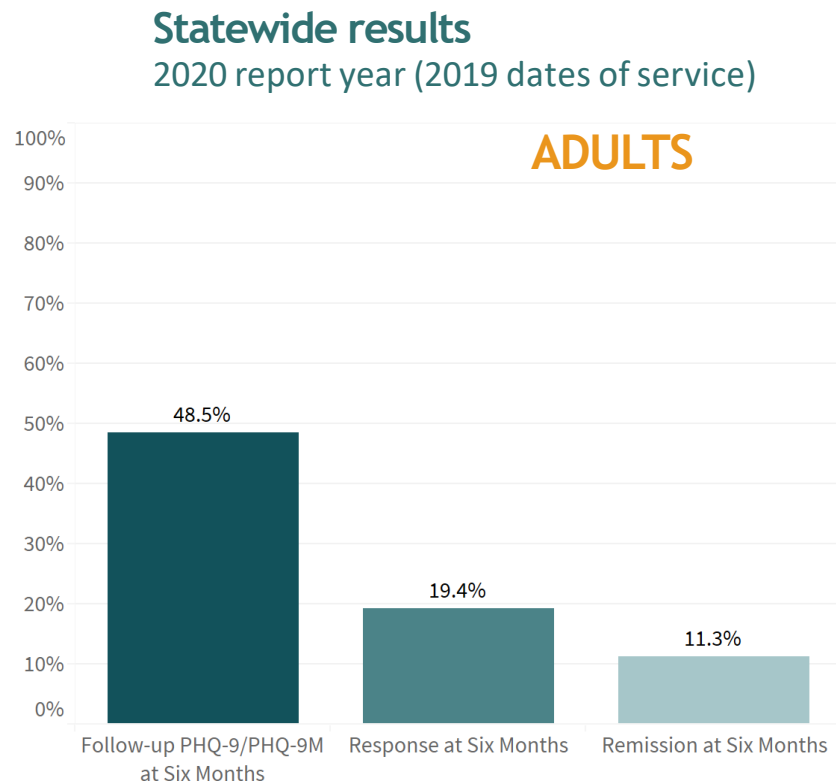Incentives and recognition of contributions to care and patient outcomes play a role

Disconnects and gaps in care are significant

Team-based care ≠ Collaborative Care

The PHQ-9 is foundational but only the beginning

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

Statewide results
2020 report year (2019 dates of service)

ADULTS

Variation by medical group*
2020 report year (2019 dates of service)

ADULTS

Resource proximity ≠ high performance

- Geographical location and clinic size do not hinder performance

- Scarce or no immediate community resources is met with creativity

- Need for sustained use of tele-health and e-consulting post-COVID to keep momentum

"If someone comes in in crisis, we can call an integrated health therapist in (another town). She can see them right away through a Skype visit…. She is very easy to get ahold of and helps them right away or maybe in an hour."

Health information technology is necessary but not sufficient

- Best practices alerts cannot be relied on exclusively

- Electronic medical records cannot replace high-touch care

- Warm hand-offs are important

" The EMR is a crutch, it's not always the best care. You need critical thinking...The EMR is quick and at your fingertips, but if you don't know your patient and your computer isn't working, you have nothing."

Incentives and recognition play a role

- Incentives to increase performance do not need to be monetary

- Staff recognition = heightened sense of priority

- Successful clinics are people driven

Disconnects and gaps in care are significant

- Lack of a full range of services prevents patient-centered care
- Coordination services within a clinic, the clinic system and community resources are often considered expendable
- Care delivery and program offerings are not consistently adopted within a clinic system
- Feedback from provider and community resource referrals are not always available
- Health plan and employer programs and services may not be connected

"Working with inpatients [admissions] and getting a discharge summary has been challenging...It's ridiculous. We only get it if it is within our care system...It shouldn't be that hard."

Team-based care ≠ Collaborative Care

- Many clinics describe working together
- Higher-performing clinics tended to have important infrastructure, including care coordinators and deliberate use of registries and measurement-based care
- <u>None</u> of the clinics interviewed had fully implemented the Collaborative Care Model:
  - Staffing
  - Workflows
  - Billing

Enablers of Success

Leadership	Layers of leadership • Prioritize mental health; invest in the structure • Build the culture – actions speak louder than words
Primary Care	Recognizing primary care is the primary source of care • Two-thirds of mental health care is delivered in primary care • Trusted, stigma-free care
Measurement-Based Care	Measurement-based care delivers better outcomes • Treat PHQ-9 as a "vital sign" • Measure, treat, assess, adjust, and remeasure
Right Persons	The right persons in the right positions empowered to care • The characteristics of importance are compassion, empathy
Patient Centered	WHOLE-listic • "I see _you_" • Social needs are depression care needs

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 <u>and</u> transform care

Connections

Silos persist
- Technology
- Within organizations
- Between organizations

Opportunities for Collective Action

Provide recognition for high performance

Address disparities in care

Recognize and respond to social determinants of health

Optimize multisector engagement

Looking Forward

Fully implement the Collaborative Care Model

Create community linkages to close gaps

Focus on transformation with a sense of urgency

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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 care systems for their time and thoughtful engagement
- Participating employers and community stakeholders for their leadership

Upcoming opportunities to engage:

- Listen and share in Community Dialogues *(immediately following this session)*
- Participate in quantitative survey of clinic practices *(link available now)*
- Join us for an MNCM Mental Health Webinar on May 11th at 9:00 a.m. *(registration open now)*

Thanks for joining us!

- Thank you to Deb and Angie for updating us on strategies for success

- During the break, make sure to explore the resources on Whova and visit exhibitors and sponsors.

- Join us at 2:45 for the Regional Community Dialogues and feel free to choose the one that is of most interest or value to you!