Advanced Behavioral Connection Model

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Problem Statement

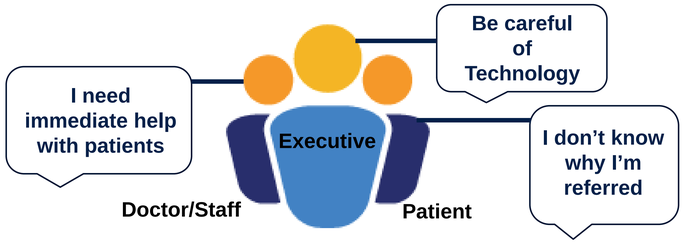
SMMC patients diagnosed with depression have poorer health care outcomes and higher PMPM costs. **The problem**: only 50% of patients referred to behavioral health (BH) successfully connect with an initial visit or more. **The solution**: a BH score for patient risk stratification.

Discovery

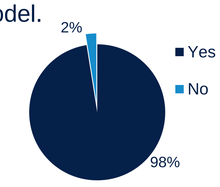
To ensure patients get connected to BH services, I believed that a BH score (as shown below) would help identify those who were at highest risk and push BH services to them.

Electronic Behavioral Health Screening Data + Patient Data Demographic & Medical = Behavioral Health Score

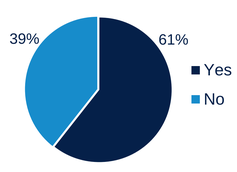
I performed 15 initial interviews of patients, providers, nurses, and a member of the executive team. I was surprised to realize that most were not concerned about a vital sign but of the following:



I made a pivot to focus on the warm handoff between the BH staff and Primary Care Provider. I almost made another pivot towards technology enabled depression screening using voice analytics but after another 20 interviews was convinced the warm hand off was more important. I then followed up with 30 more interviews to understand pain points of the current warm handoff process to develop the ABC model.



Warm Handoff Essential



Voice Analytics Essential

Goals and Objectives

Goal: The ABC model enhances the warm handoff between primary care provider and BH staff to increase patients connecting to BH and ultimately improve their overall health.

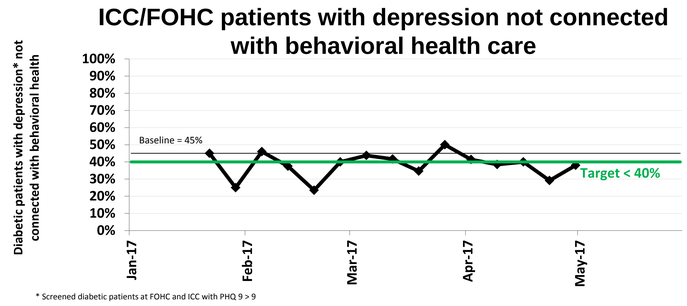
Outcome-oriented Objective: The ABC model will be applied to 1-PCP in 2-SMMC primary care clinics for four months to 1) decrease the defect rate to 40% or below of patients not connected to BH and 2) increase provider satisfaction of care coordination from 50% to 80%.

Results

ABC Model

- Warm handoff only method of referral
- BH response time: <15 minutes
- BH-PCP pre/post warm handoff discussion
- BH provides structured motivational interviewing & patient education
- Intake evaluation: performed immediately or within 5 business days

4 Month Pilot



After 4 months the average percentage of patients not connecting to BH dropped from 45% to roughly 38%. Unfortunately, I was not able to complete the PCP and BH satisfaction rate which was initially at 50%.

Lessons Learned

Lessons Learned:

Pleased the defect rate of non-connected BH patients decrease. I learned many key points through the last 30 interviews:

Pain Points of the Warm Handoff Process Current State		
Providers/Staff	Behavioral Health Staff	SMMC (Institution)
• Response time of BH provider too long • Lack of coordinated care for patient • Paper depression screening too cumbersome	• Lack of coordinated care between PCP and BH staff which leads to decreased patient compliance • Feels like going in blind to the consult	• 45% of patients referred electronically not connecting to behavioral health services resulting in wasted time (phone calls, missed appointments, etc.)

Pearls of Wisdom:

1. Change requires champions at all staffing levels for success.
2. Constantly meeting with customers (PCP & BH) and iterate as needed.
3. Leaders plant seeds and help it grow by getting team members' support.

Next Steps:

Though I am no longer at SMMC, I believe they will continue with this program and hopefully expand to all primary care clinics. In addition SMMC began using an electronic depression screening on an iPad. This new technology will alert the BH staff to join the PCP to coordinate care to enhance provider satisfaction and seamlessly integrate into the EMR.

Mission Model Canvas

Key Partners

- Primary Care Clinics (Innovative Care Clinic & Fair Oaks Health Center)
- Medical Psychiatry Services
- D2 Health Systems Inc.
- ISD
- Siemens (Openlink)
- eCW (Electronic Health Record)

Key Activities

- Quarterly in-service for BH staff for quality improvement.
- Quarterly in-service for primary care providers (high turnover rate).
- Continual solicit of feedback from all staff and patients to improve work flow.

Key Resources

- Well staffed BH department for warm handoffs and follow up care.
- ISD to trouble shoot technical issues to minimize downtime.

Value Propositions

- Patients connect with behavioral health success rate 60-70%.
- PCP and BH staff satisfaction of patient care coordination increases from 50% to 80%.
- Use of new iPad technology will reduce average time to complete depression screen from 10 minutes to 5 minutes. It will also reduce transcription errors from 10% to 0%.

Buy-in & Support

- Integrate with SMMC strategic initiative
- Attendance of provider/staff meetings to identify issues
- Weekly meetings with ISD/Vendor to address iPad technical issues

Deployment

- Champions at each clinic to promote the warm handoff: Provider, Nurse, BH staff, Medical Assistant, and Patient Services Representative.
- Begin with one provider in each clinic and spread to all providers.

Beneficiaries

- Primary care patients with depression
- Primary Care Providers
- Behavioral Health Staff

Mission Budget/Cost

$200,000 per year. Comprised of 1.0 FTE equivalent of behaviorist on call for both clinics and $25,000 per year for the support of the depression screening application and $25,000 per year for future costs of telemedicine in order for one provider to cover multiple clinics.

Mission Achievement/Impact Factors

- Reduce defect rate of non-connected behavioral health patients from 45% to 40% or below.
- Track remission of depressive symptoms of positively screened patients to reach PRIME goals and PRIME funding.
- Promote enhanced team based integrated care to increase staff engagement scores.