

Behavioral Health and Care Transitions Project



About the QIN-QIO Program

Leading rapid, large-scale change in health quality:

- Goals are bolder.
- The patient is at the center.
- All improvers are welcome.
- Everyone teaches and learns.
- Greater value is fostered.

TMF QIN-QIO Regional Partners

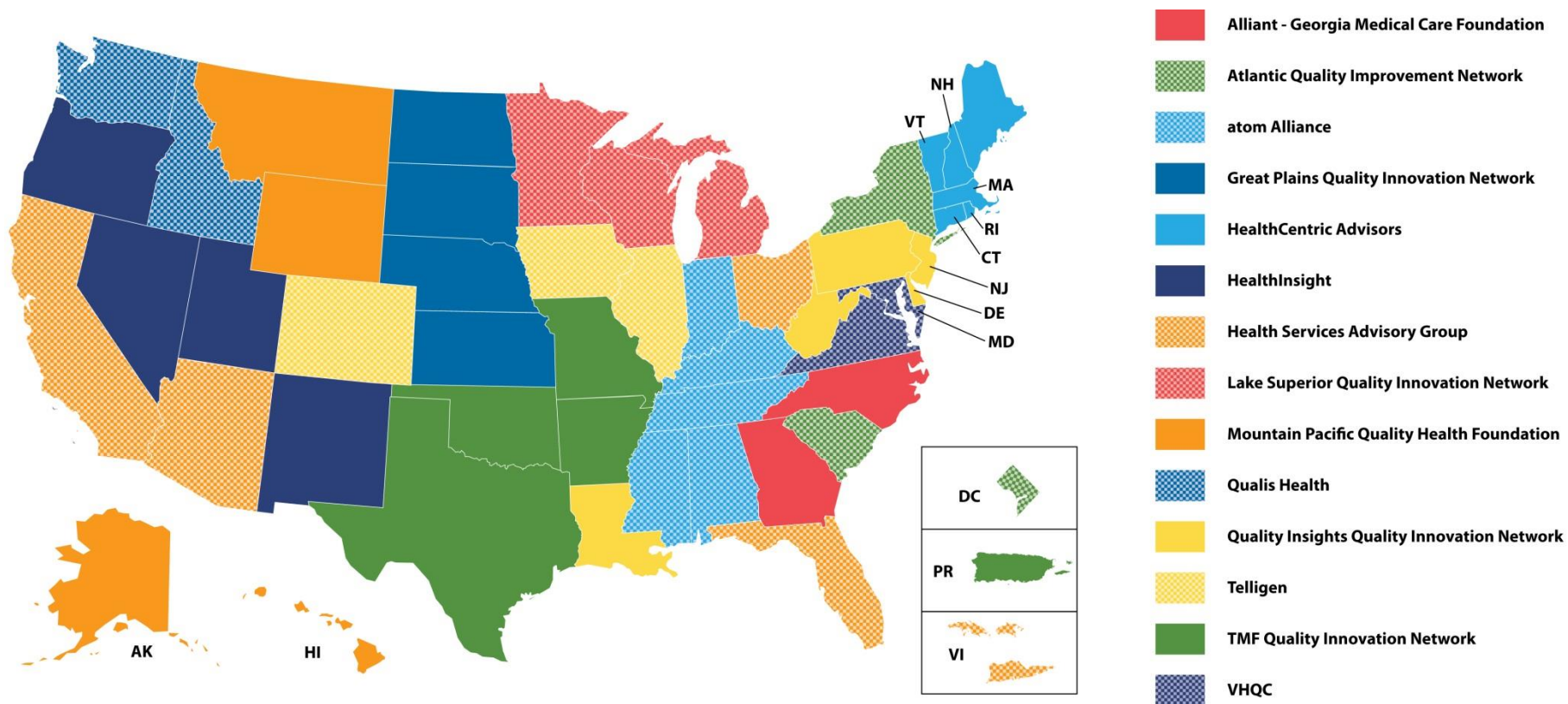
TMF has subcontracted with strong, experienced quality improvement partners to provide expert technical assistance and quality improvement support for participating providers across the region.

- Arkansas Foundation for Medical Care
- Primaris (Missouri)
- QIPRO and Ponce Medical School Foundation (Puerto Rico)
- TMF Health Quality Institute (Texas and Oklahoma)



11th Statement of Work (SOW)

QIN-QIO Map



Behavioral Health Project Overview

- A synergistic approach is needed to address mental and physical conditions equally and effectively.
- Targets
 - › PCPs
 - › IPFs

PCPs

Specific Project Goals

- Increase use of depression screening tools (screen 75 percent)
- Increase use of alcohol use screening tools (screen 75 percent)

Mental Health Impact

- Mental health care costs are the single largest source of global economic burden, based on comparisons of non-communicable diseases.
- Of all Medicare beneficiaries, 26 percent have a mental disorder. ^[1]
- Serious Mental Illness (SMI) is especially common in those under 65 who are eligible for Medicare based on disability. About 37 percent of all beneficiaries have a SMI. ^[2]
- Mood disorders were the second most common diagnosis in those with disabilities in 2011. ^[2]

Addressing Depression and Alcohol Misuse

- **Considerations**

- › Under-identification
 - › Fragmentation of health care system
 - › Primary care practice (PCP) as preferred setting

- **Prevention**

- › Early identification and early intervention
 - › Use of evidence-based validated tools for reliable diagnosis, treatment algorithm and remission measurement

Actual Situation

- Physicians screen less than half of their patients for alcohol use disorder.
- Approximately 66 percent of those with a behavioral health disorder do not get behavioral health treatment.
- Depression is identified in fewer than half of primary care patients.

Chronic Illness and Behavioral Health Conditions: A Bidirectional Relationship

- Depressive symptoms are present in 1/3 of patients with chronic disease.^[2]
- Studies have concluded that depression is a risk factor for many chronic diseases including, but not limited to: ^[1]
 - › Coronary Artery Disease
 - › Stroke Morbidity
 - › Diabetes
- “Over time, excessive alcohol use can lead to the development of chronic diseases and other serious problems.”^[3]

Sources: 1) Depression and Chronic Diseases: It Is Time for a Synergistic Mental Health and Primary Care Approach, Voinov, B, MD, Richie, R. D., MD, FAPA, and Bailey, R.K., MD, FAPA, 2013 ; 2) Screening for Mental Health: Depression Statistics, 9/19/2014., <https://mentalhealthscreening.org/blog/depression-statistics> 3) Centers for Disease Control and Prevention, Fact Sheets — Alcohol Use and Your Health, <http://www.cdc.gov/alcohol/fact-sheets/alcohol-use.htm>

Impact of Behavioral Health Conditions

- Somatic presentation
 - › Demanding, costly and time consuming
- Poor adherence to treatment
- Increased risk for complications
- Risk for readmissions
- Increased cost
- Increased mortality

Screening Tools

There are several validated screening tools to choose from:

Depression

- › **Patient Health Questionnaire (PHQ)-2 + PHQ-9 (If PHQ-2 positive, then proceed with PHQ-9)**
- › PHQ-9
- › Hamilton Depression Rating Scale (HDRS)
- › Beck Depression Inventory (BDI)
- › Major Depression Inventory (MDI)
- › Center for Epidemiologic Studies Depression Scale (CES-D)
- › Zung Self-Rating Depression Scale (SDS)
- › Geriatric Depression Scale (GDS)

Alcohol

- › **Alcohol Use Disorders Identification Test (AUDIT) C — Short version (3 Items)**
- › **AUDIT — long version**
- › CAGE AID — (5 Items)
- › Drug Abuse Screening Test (DAST)-10

PATIENT HEALTH QUESTIONNAIRE-9 (PHQ-9)

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(Use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0	1	2	3
3. Trouble falling or staying asleep, or sleeping too much	0	1	2	3
4. Feeling tired or having little energy	0	1	2	3
5. Poor appetite or overeating	0	1	2	3
6. Feeling bad about yourself — or that you are a failure or have let yourself or your family down	0	1	2	3
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead or of hurting yourself in some way	0	1	2	3

FOR OFFICE CODING 0 + + +
=Total Score:

If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all	Somewhat difficult	Very difficult	Extremely difficult
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

CAGE Questionnaire

- Have you ever felt you should **C**ut down on your drinking?
- Have people **A**nnoyed you by criticizing your drinking?
- Have you ever felt bad or **G**uilty about your drinking?
- Have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover (**E**ye opener)?

Scoring:

Item responses on the CAGE are scored 0 or 1, with a higher score an indication of alcohol problems. A total score of 2 or greater is considered clinically significant.

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Developed by Dr. John Ewing, founding Director of the Bowles Center for Alcohol Studies, University of North Carolina at Chapel Hill, CAGE is an internationally used assessment instrument for identifying alcoholics. It is particularly popular with primary care givers. CAGE has been translated into several languages.

The CAGE questions can be used in the clinical setting using informal phrasing. It has been demonstrated that they are most effective when used as part of a general health history and should NOT be preceded by questions about how much or how frequently the patient drinks (see "Alcoholism: The Keys to the CAGE" by DL Steinweg and H Worth; American Journal of Medicine 94: 520-523, May 1993).

Medicare Coverage – Alcohol Screening

- Recognition of depression and alcohol screenings as risk factors
- Covers both screenings once a year
- Covers up to four face-to-face behavioral counseling interventions for alcohol misuse per year. Must screen positive for alcohol misuse first.

Current Billing Codes – Alcohol Screening

Payer	Code	Description	Fee Schedule
Commercial Insurance, Medicaid	99408	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min	\$33.41
Commercial Insurance, Medicaid	99409	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min	\$65.51
Medicare	G0396	Alcohol and/or substance abuse structured screening and brief intervention services; 15 to 30min	\$29.42
Medicare	G0397	Alcohol and/or substance abuse structured screening and brief intervention services; greater than 30min	\$57.69
Medicare	G0442	Prevention: Screening for alcohol misuse in adults including pregnant women once per year. No coinsurance; no deductible for patient http://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/Downloads/Reduce-Alcohol-Misuse-ICN907798.pdf	\$17.33
Medicare	G0443	Prevention: Up to four, 15 minute, brief face-to-face behavioral counseling interventions per year for individuals, including pregnant women, who screen positive for alcohol misuse; No coinsurance; no deductible for patient http://www.cms.hhs.gov/medicare-coverage-database/details/nca-decision-memo.aspx?NCAId=249	\$25.14
Medicaid	H0049	Alcohol and/or drug screening (code not widely used)	\$24.00
Medicaid	H0050	Alcohol and/or drug service, brief intervention, per 15 min (code not widely used)	\$48.00

http://www.integration.samhsa.gov/sbirt/reimbursement_for_sbirt.pdf

IPFs

Specific Project Goals

- Reduce 30-day readmission rates (decrease from baseline)
- Improve seven and 30-day follow-up rates post discharge (increase from baseline)

Care Transitions

- Rates of 7 and 30-day post-discharge care are low and below other conditions.
- **Psychiatric disorders are a major and significant category of readmissions.**
- Ranked second- to fourth-highest category of readmissions for subcategories of psychosis and depression across all types of payers

Care Coordination Meeting

Fort Worth Area

• The patient is at the center. • All improvers welcome. • Everyone teaches and learns.

**Please join us for a Care Transitions
and Adverse Drug Event**

Regional Cross-Setting Care Transitions Meeting

Who: Hospital Leadership, Case Management, Emergency Department, Discharge, Pharmacy, Physicians, Skilled Nursing, Home Health, Hospice, Dialysis, IRFs, LTAC's, Behavioral facilities, EMS/Fire, and other stakeholders

Where: Fort Worth Central Library
500 W 3rd St
Fort Worth, TX 76102

When: Tuesday, July 19, 2016
1:30 p.m. to 3:30 p.m. Central Time

RSVP: Joshua Cartwright, CQIA
Quality Improvement Consultant
TMF Quality Innovation Network
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512-214-5466

Agenda details include:

(agenda is subject to change)

- **Introductions**
- **QIN-QIO 11SOW
Project Overview**
- **Medication
Reconciliation/Adverse
Drug Event project**
- **Community Needs
Assessment**
- **Next Meeting**

Collaboration

- Unite across health care systems
- Bridge the gap
- Break down barriers
- Patient-centered focus
- Join efforts in:
 - › New age of integrated health care
 - › Prevention health care
 - › Ongoing care transitions
- Align with CMS to collaboratively work with systems to improve health care
- Align with regional participants
- Take action

Join the TMF QIN-QIO Website

<http://www.TMFQIN.org>

- Provides targeted technical assistance and will engage providers and stakeholders in improvement initiatives through numerous LANs.
- The networks serve as information hubs to monitor data, engage relevant organizations, facilitate learning and sharing of best practices, reduce disparities and elevate the voice of the patient.



LANs

Join any of the following TMFQIN.org networks and you can sign up to receive email notifications to stay current on announcements, emerging content, events and discussions in the online forums.

- Behavioral Health
- Cardiovascular Health and Million Hearts
- Health for Life – Everyone with Diabetes Counts
- Healthcare-Associated Infections
- Immunizations
- Meaningful Use
- Medication Safety
- Nursing Home Quality Improvement
- Patient and Family
- Quality Improvement Initiative
- Readmissions
- Value-Based Improvement and Outcomes

All Are Welcome

- To join, create a free account at <http://www.TMFQIN.org/>. Visit the Networks tab for more information.
- As you complete registration, you will be prompted to choose the network(s) you would like to join.

Contact Us

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