Behavioral Health Outcomes to Improve Patient Care
Behavioral Health Departments
SUBSTANCE USE & MENTAL ILLNESS IN U.S. ADULTS (18+)
FROM THE 2014 NATIONAL SURVEY ON DRUG USE AND HEALTH (NSDUH)

Behavioral health (substance use and mental health) issues affect millions in the United States each year.

SUBSTANCE USE IN THE U.S.

Nearly 1 in 12 adults had a Substance Use Disorder (SUD) in the past year.

That’s 20.2 million adults who have SUD.

In the past month, 1 in 4 U.S. adults engaged in binge drinking.

That’s 59.4 million adults.

In the past month, 1 in 10 U.S. adults used illicit drugs.

That’s 24.6 million adults.

MENTAL HEALTH IN THE U.S.

Nearly 1 in 5 U.S. adults had Any Mental Illness (AMI) in the past year.

That’s 43.6 million adults with AMI.

Including 9.8 million adults with Serious Mental Illness (AMI).

Co-Occurring Behavioral Health Disorders in the U.S.

Substance Use Disorder (SUD) 7.9 million adults had both 

Any Mental Illness (AMI)

1. Any Mental Illness (AMI) is defined as individuals having any mental, behavioral, or emotional disorder in the past year that met DSM-IV criteria (excluding developmental and substance use disorders).

2. Serious Mental Illness (AMI) is defined as adults with any mental, behavioral, or emotional disorder that substantially interfered with or limited one or more major life activities.

3. Substance Use Disorder (SUD): Individuals with alcohol or illicit drug dependence and abuse are defined as having SUD. The American Psychiatric Association published the DSM-5 edition of the Diagnostic and Statistical Manual of Mental Disorders (2013).

SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.
Disabilities and mortalities associated with behavioral health disorders include:
- premature death, 40% to 60% more than the general population
- cancer, diabetes, HIV and suicide

Behavioral Health disorders (Mental Health and Substance Use)
- Accounts for more than 25% of disabilities
- By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide
AMATEUR THERAPY

I'M DEPRESSED.

CHEER UP!

NOPE. STILL BUMMED OUT.

WELL, I'M STUMPED.
Without the use of validated outcome measures, providers detect only 19% of patients whose conditions continue to be negatively impacted due to their behavioral disorder.

- In survey only 18% of psychiatrist and 11% of psychologist use it

44% of providers missed the opportunity to report suspected child abuse due to lack of outcome measure use

More than 30% of the 9896 male veterans reported positive on their alcohol screening, however this information was not documented in their medical health record
Grand Challenge & Intervention

- Grand Challenge:
  - Harness technology for social good

- Intervention:
  - Incorporate outcomes measures into electronic health records (EHR) for better screening, intervention, monitoring, documentation, formal feedback, diagnosis, referral and integration of care.
“I’m right there in the room, and no one even acknowledges me.”
Using *Quality Implementation Framework (QIF):*

- Phase One: Initial Considerations Regarding the Host Setting
  - Assessment Activities
    - 1. Conduct a Needs and Resources Assessment
    - 2. Assess the fit of the program with the organization
    - 3. Conduct a Capacity/Readiness Assessment
    - Decisions about Adaptation
    - 4. How Should Fidelity and Possible Adaptations be Decided?
    - Capacity-Building Strategies
    - 5. Obtain Explicit Buy-in from Critical Stakeholders
    - 6. Build General/Organizational Capacity
    - 7. Recruit Implementation Staff
    - 8. Effective Pre-Innovation Staff Training
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<tr>
<th>Activity</th>
<th>Stakeholders</th>
<th>Timeline</th>
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<tbody>
<tr>
<td><strong>Work with EPIC to incorporate BITs into EHR</strong></td>
<td>SCPMG Leadership, IT, EPIC Vendor</td>
<td>September 2016–March 2017</td>
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<tr>
<td>• Monthly meeting</td>
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<td>• Use training field to test input of BITs into HER</td>
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<td>• Develop a roll out training for providers</td>
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<td>• Develop smart templates to incorporate BITs into provider’s note</td>
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<td><strong>Work with SCPMG local service area leadership</strong></td>
<td>Local SCPMG Directors for BH</td>
<td>September 2016–May 2017</td>
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<tr>
<td>• Obtain buy in from local leadership to roll out BITs</td>
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<td>• Reach out to each individual director and discuss the project</td>
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<td>• Provide a presentation at the regional Director’s meeting</td>
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<td>• Have directors identify champions at each service area</td>
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Phases of Implementation (Cont.)

Phase Two: Creating a Structure for Implementation

- Structural Features for Implementation
  - 9. Create Teams Responsible for Quality Implementation
  - 10. Develop an Implementation Plan
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<td><strong>Work with providers in OC</strong></td>
<td>OC Providers</td>
<td><strong>May 2017</strong></td>
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<td>• Present the BITs GC to OC BH department</td>
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<td>• Identify 2–3 champions per service area who will assist in rolling BITs in OC</td>
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<td>• Train of Champions in Informed Care and Outcome</td>
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<td><strong>Measurements</strong></td>
<td>SCPMG providers</td>
<td><strong>On–going</strong></td>
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<td>• Quarterly meetings with SCPMG champions</td>
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<td>• Quarterly meetings with SCPMG union stewards</td>
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<tr>
<td><strong>Go Live with BITs in HC in all BH clinics in KP SCPMG</strong></td>
<td>All SCPMG Provider</td>
<td><strong>July–Sept 2017</strong></td>
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<td>• Data Collection begins</td>
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<td><strong>Training of all providers (therapist and MD)</strong></td>
<td>All SCPMG Provider</td>
<td><strong>August–October 2017</strong></td>
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<td>• One–day training for all users to better understand how the data can help improve care.</td>
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Phase Three: Ongoing Structure Once Implementation Begins

- Ongoing Implementation Support Strategies
  - 11. Technical Assistance/Coaching/Supervision
  - 12. Monitoring On-going Implementation
  - 13. Supportive Feedback System
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| Monitor the use of BITs in documentation and diagnosis in EHR  
  • Request IT to run report  
  • Random audits of charts | SCPMG Champions, IT | April 2017–December 2017 |
| **Unit of Service to be analyzed:**  
  • **Unit of Service:**  
    o Rounding with providers to receive feedback  
    o Number of collected BITs by each clinic post implementation  
    o Number of high Behavioral Health Index (BHI) patients  
  • Assess provider’s progress over time with patients using the BITs measures  
    o The parameter to measure progress is patients who completed at least 4 individual visits over a one-year period with a provider.  
    o Compare BITs measures across all SCPMG over a two-year period to better identify high risk clinic for future evidence based program interventions. | SCPMG Leadership, Research Dept, IT, SCPMG Local Directors, SCPMG providers | March 2018–April 2018 |
Phase Four: Improving Future Applications

- 14. Learning from Experience
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<td>Write up findings, recommendations</td>
<td>SCPMG Leadership, SCPMG Local Directors,</td>
<td>May 2018–August</td>
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<tr>
<td>• Communicate with various service areas within SCPMG</td>
<td>SCPMG providers, SCPMG Champions</td>
<td>2018</td>
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<td>• Continue to modify both application and delivery of the ipads via feedback from providers and managers</td>
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Next Steps: Diffuse and Scale

- Distribute diffusion through public policy
- Endorse by regulators
- Create intermediate demand
- Disseminate of best practice
- Global diffusion and encouragement
- Change through standards
- Funding

Three sets of more effective mechanisms for scaling and diffusion:
Use of outcome measures in behavioral health is in its’ infancy.
- This project offers opportunity for a rich catalogue of data to support improvement of care for patients and payer; which is aligned with SAMHSA’s goal.

We can reduce the public health burden by use of outcome measures to improve behavioral health.

With today’s technology, solutions to improve patient’s care is endless.
QUESTIONS?