Improving Behavioral Health Screening in the Medical Department

California Providers Best Practices & GPRA Measures Continuing Medical Education (May 4-6, 2015)

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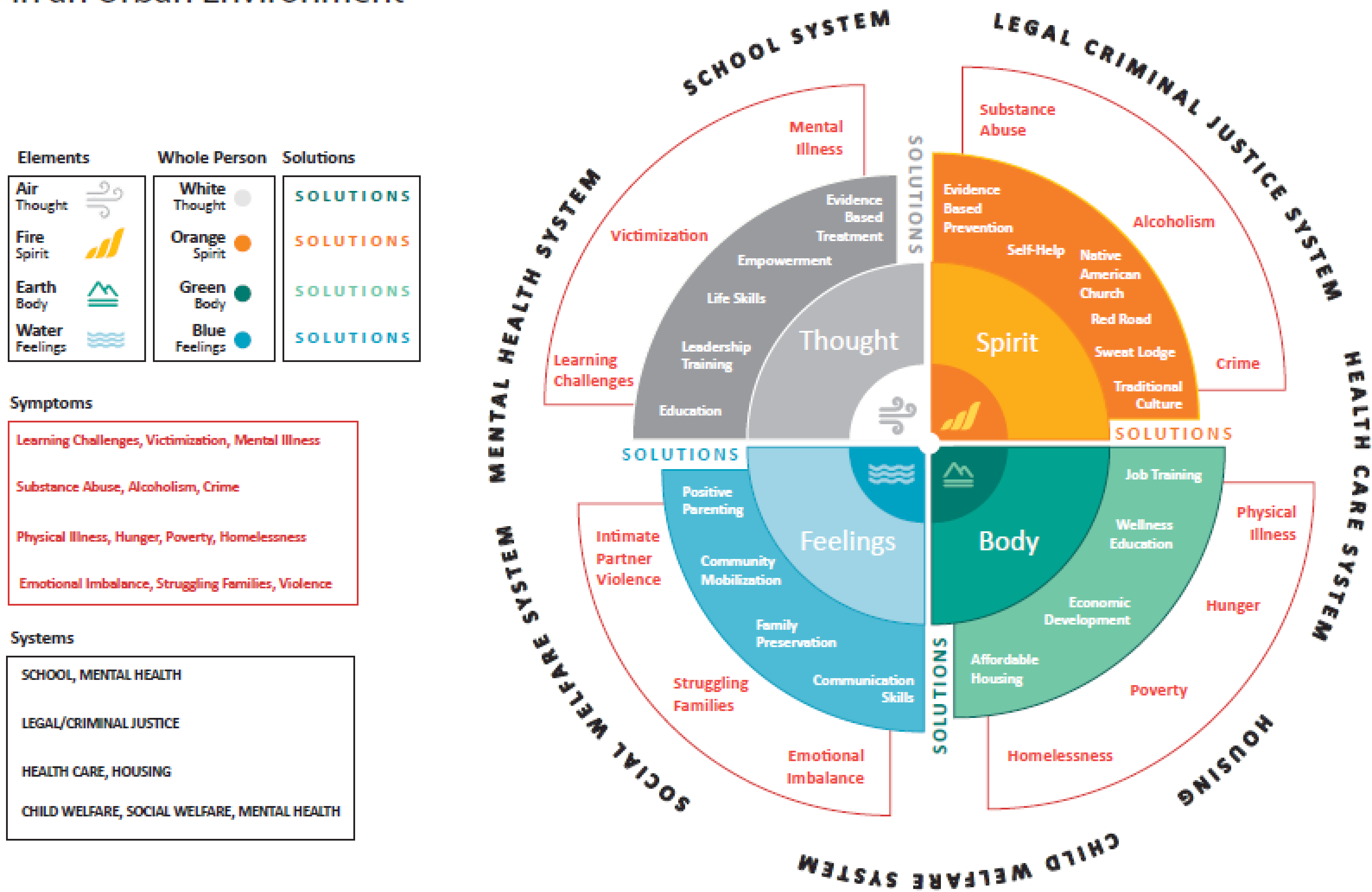
NATIVE AMERICAN **HEALTH CENTER**

OUR **MISSION**

Native American Health Center's mission is to provide comprehensive services to improve the health and well-being of American Indians, Alaska Natives, and residents of the surrounding communities, with respect for cultural and linguistic differences.

NATIVE AMERICAN **HEALTH CENTER**

Holistic System of Care for Native Americans in an Urban Environment



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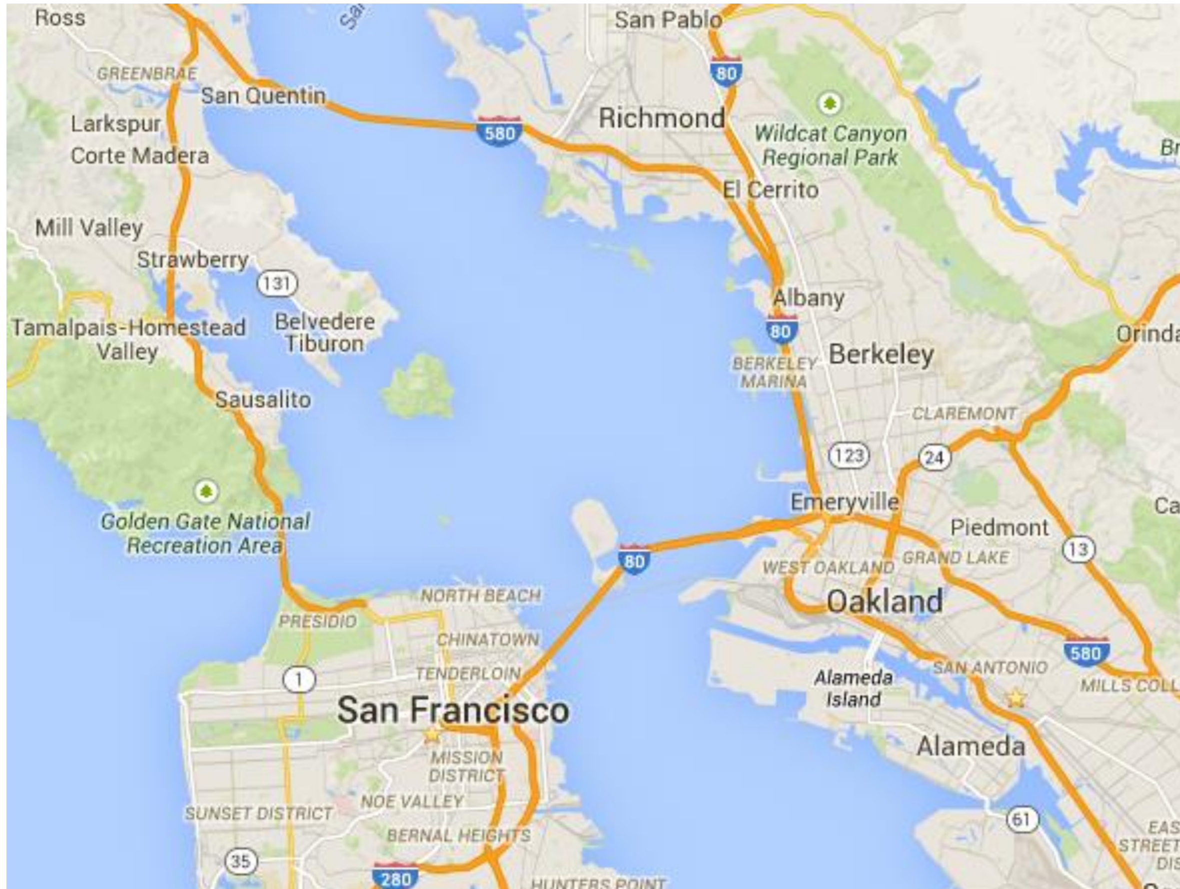
Integrated Medical/Behavioral Health Locations at NAHC



IMPORTANCE

SCREENING
Wandy Gaotama - onebigphoto.net

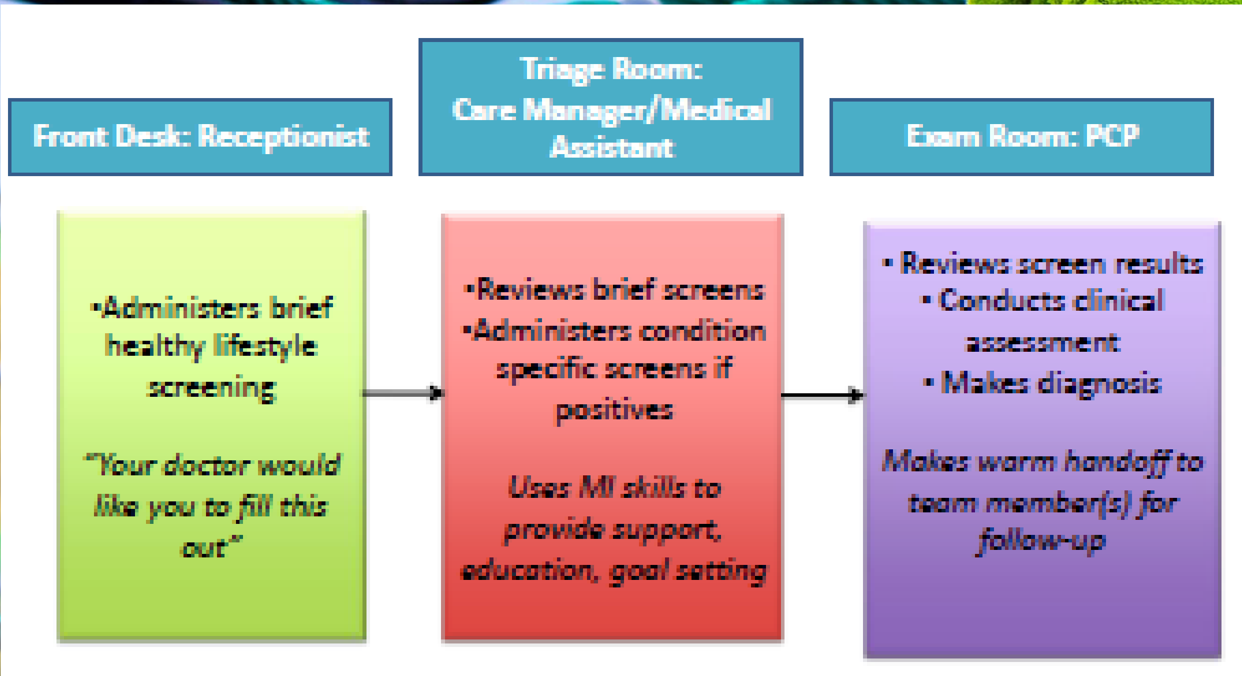
BH SCREENING

Critical in Modern Health Care

- Medical - entrypoint to BH care
- Interdependence of mental & physical health
- Minimize delays to the most relevant services (systematic)
- Efficiency and effectiveness can't be maximized without data

FRAMEWORK

- (Pre) Screening
- Assessment
- Treatment
- Monitoring
- Follow up



WORKFLOW

Example

- Receptionist
- Care Manager/Medical Assistant
- Treating Providers
- Monitoring
- Follow up

FIRST STEPS

Pre-Screening

All new members in any service

(SHA) Pre-Screen Example

State of California — Health and Human Services Agency | Department of Health Care Services

Staying Healthy Assessment
Adult

Patient's Name (first & last)	Date of Birth	☐ Female ☐ Male	Today's Date
Person Completing Form *(if patient needs help)*	☐ Family Member ☐ Friend ☐ Other (Specify)		Need help with form? ☐ Yes ☐ No

Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.

Need Interpreter? ☐ Yes ☐ No

#	Question				*Clinic Use Only:*
1	Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?	Yes	No	Skip	Nutrition
2	Do you eat fruits and vegetables every day?	Yes	No	Skip	
3	Do you limit the amount of fried food or fast food that you eat?	Yes	No	Skip	
4	Are you easily able to get enough healthy food?	Yes	No	Skip	
5	Do you drink a soda, juice drink, sports or energy drink most days of the week?	No	Yes	Skip	
6	Do you often eat too much or too little food?	No	Yes	Skip	
7	Are you concerned about your weight?	No	Yes	Skip	
8	Do you exercise or spend time doing activities, such as walking, gardening, swimming for ½ hour a day?	Yes	No	Skip	Physical Activity
9	Do you feel safe where you live?	Yes	No	Skip	Safety
10	Have you had any car accidents lately?	No	Yes	Skip	
11	Have you been hit, slapped, kicked, or physically hurt by someone in the last year?	No	Yes	Skip	
12	Do you always wear a seat belt when driving or riding in a car?	Yes	No	Skip	
13	Do you keep a gun in your house or place where you live?	No	Yes	Skip	
14	Do you brush and floss your teeth daily?	Yes	No	Skip	Dental Health
15	Do you often feel sad, hopeless, angry, or worried?	No	Yes	Skip	Mental Health
16	Do you often have trouble sleeping?	No	Yes	Skip	
17	Do you smoke or chew tobacco?	No	Yes	Skip	Alcohol, Tobacco, Drug Use
18	Do friends or family members smoke in your house or place where you live?	No	Yes	Skip	

State of California — Health and Human Services Agency | Department of Health Care Services

#	Question				
19	In the past year, have you had: ☐ (men) 5 or more alcohol drinks in one day? ☐ (women) 4 or more alcohol drinks in one day?	No	Yes	Skip	
20	Do you use any drugs or medicines to help you sleep, relax, calm down, feel better, or lose weight?	No	Yes	Skip	
21	Do you think you or your partner could be pregnant?	No	Yes	Skip	Sexual Issues
22	Do you think you or your partner could have a sexually transmitted infection (STI), such as Chlamydia, Gonorrhea, genital warts, etc.?	No	Yes	Skip	
23	Have you or your partner(s) had sex without using birth control in the past year?	No	Yes	Skip	
24	Have you or your partner(s) had sex with other people in the past year?	No	Yes	Skip	
25	Have you or your partner(s) had sex without a condom in the past year?	No	Yes	Skip	
26	Have you ever been forced or pressured to have sex?	No	Yes	Skip	
27	Do you have other questions or concerns about your health?	No	Yes	Skip	Other Questions

If yes, please describe:

Clinic Use Only	Counseled	Referred	Anticipatory Guidance	Follow-up Ordered	Comments:
☐ Nutrition	☐	☐	☐	☐	
☐ Physical activity	☐	☐	☐	☐	
☐ Safety	☐	☐	☐	☐	
☐ Dental Health	☐	☐	☐	☐	
☐ Mental Health	☐	☐	☐	☐	
☐ Alcohol, Tobacco, Drug Use	☐	☐	☐	☐	
☐ Sexual Issues	☐	☐	☐	☐	☐ Patient Declined the SHA

PCP's Signature:	Print Name:	Date:

SHA ANNUAL REVIEW

PCP's Signature:	Print Name:	Date:
PCP's Signature:	Print Name:	Date:
PCP's Signature:	Print Name:	Date:
PCP's Signature:	Print Name:	Date:

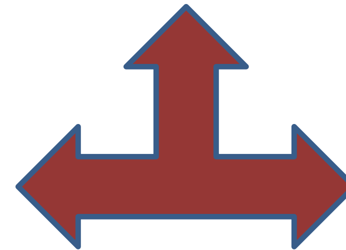
Member Services (distribution) → Member (completion) → Medical Assistant (processing) → PCP (follow up) → As Needed

http://www.dhcs.ca.gov/formsandpubs/forms/Pages/StayingHealthyAssessmentQuestionnaires.aspx

INTEGRATED **SCREENING**

Gateway to targeted treatment

- Screening
- Assessment
- Treatment
- Monitoring
- Follow up



COMMON **SCREENING TOOLS**

Domain	Screening/Assessment Tool
Alcohol & Substance Abuse	AUDIT (Alcohol Use Disorders Identification Test); CRAFFT; UNCOPE Plus; DAST-10 (Drug Abuse Screening Tool – 10 Item); ASSIST
Development, Child Behavior	ASQ-SE (Ages and Stages Questionnaire – social emotional); M-CHAT (Modified Checklist for Autism in Toddlers); Vanderbilt (ADHD, ODD/Conduct, Anxiety, Depression)
Mood & Anxiety Disorders	CES-DC (Center for Epidemiological Studies Depression Scale for Children); GAD-7 (Generalized Anxiety Disorder – 7 Item); MDQ (Mood Disorder Questionnaire – Bipolar); PHQ-9 (Patient Health Questionnaire – 9 Item); SCARED (Screen for Child Anxiety Related Disorders)
Trauma-Related	CPSS (Child PTSD Symptom Scale); PCL-5 (PTSD Checklist – DSM-5); PC-PTSD (Primary Care PTSD screen); RAD (Reactive Attachment Disorder Screening Tool); also see http://www.ptsd.va.gov/
Psychosis	PANSS (Positive & Negative Symptom Scale, for schizophrenia)
Suicide	C-SSRS (Columbia Suicide Severity Rating Scale); PHQ-9 (Patient Health Questionnaire – 9 Item), ASIST, QPR
Functioning (Activities of Daily Living/ADLs)	DLA-20 (Daily Living Activities – 20 item); WHODAS 2.0 (World Health Organization Disability Assessment Schedule version 2.0)
Levels of Care / Supports Needed	ANSA (Adult Needs and Strengths Assessment); ASAM (American Society of Addiction Medicine), CANS (Child & Adolescent Needs & Strengths); LOCUS/CALOCUS (Levels of Care Utilization System, Adult/Child & Adolescent), SIS (Supports Intensity Scale)

Priorities?

CHCN PHQ-9

PHQ-9 | CHCN_c

Patient Health Questionnaire (PHQ-9)

Example

Clear All

Over the last 2 weeks, how often have you been bothered by any of the following problems?	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	○	○	◉	○
2. Feeling down, depressed, or hopeless	○	○	○	◉
3. Trouble falling or staying asleep, or sleeping too much	○	○	◉	○
4. Feeling tired or having little energy	○	○	◉	○
5. Poor appetite or overeating	○	◉	○	○
6. Feeling bad about yourself - or that you are a failure or have let yourself or your family down	○	○	○	◉
7. Trouble concentrating on things, such as reading the newspaper or watching television	○	◉	○	○
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	○	◉	○	○
9. Thoughts that you would be better off dead, or of hurting yourself in some way	○	◉	○	○

Initial diagnosis: Consider Major Depressive Disorder

Total score: 16

Calculate

Documented by: Utaka Springer

Interpretation of total score: Moderately severe depression

10. 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

Comments:

Suicidal ideation noted above; alert placed for moderate suicide risk -- see Progress Note dated 3/19/15, as well as updated safety plan in current Plan of Care.

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Add to Order | Save & Close | Close

1. Screening and Assessment

Consider Depression: High Risk Conditions and Cues

- Chronic conditions (CVD, Diabetes, cognitive impairment)
- Chronic pain
- Geriatric patient
- Multiple somatic complaints
- Postpartum
- Tobacco Use
- ETOH/Substance misuse/abuse
- Chronic anxiety
- History of Abuse/Trauma/PTSD
- Combat veteran
- Persistent anger/irritability
- Recent loss

Screening:

Screen if systems are in place for adequate diagnosis/ treatment/follow-up/referral. Use PHQ-2*.

"In the past 2 weeks…

1. Have you had little interest or pleasure in doing things?
2. Have you felt down, depressed or hopeless?"

If "yes" on either question, complete full PHQ-9*.

Further Assessment:

1. Recent life events (Why now?)
2. History of depression/bipolar disorder or alcohol/substance misuse
3. Patient's perception of problem:
   - » Beliefs and knowledge about depression
   - » Cultural considerations (language, stigma, influence on symptom presentation)
4. Consider medical and medication causes of depression
5. Family history: depression/bipolar disorder
6. Suicide risk (thoughts, plans, means, previous attempts, recent exposure). "Are you thinking of harming or killing yourself?"*
7. Assess risk of harming others
8. Screen for co-morbid psychiatric disorders: bipolar, anxiety, PTSD, panic disorder, tobacco†, substance misuse†
9. Complementary/Alternative Medicine or other treatments currently used*

2. Diagnosis *(first episode or recurrence?)*

DSM IV Criteria	Major Depression	Dysthymia
Symptom	**5 total for 2 wks duration: *must include symptom #1 or 2***	**3 total for ≥2 yrs.: *must include symptom #1***
1. ***Depressed mood***	✔	✔
2. ***Marked Diminished Interest/Pleasure***	✔	
3. Significant wt loss/gain, appetite decrease/increase	✔	✔
4. Insomnia/hypersomnia	✔	✔
5. Psychomotor Agitation/Retardation	✔	
6. Fatigue/loss of energy	✔	✔
7. Feelings of worthlessness or inappropriate guilt	✔	✔
8. Diminished concentration or indecisiveness	✔	✔
9. Suicidal ideation: thoughts, plans, means, intent	✔	
10. Hopelessness		✔

Severity Rating (Based on initial PHQ-9* score):

PHQ-9 Score	Provisional Diagnosis	Treatment Recommendations
5-9	Minimal Symptoms	Support, educate to call if worse; return in 1 month
10-14	Minor Depression Dysthymia Major Depression, mild	Evidence-based psychotherapy equally effective as anti-depressant
15-19	Major Depression, moderately severe	Evidence-based psychotherapy and/or anti-depressant
≥20	Major Depression, severe	Anti-depressant and psychotherapy (esp. if not improved on monotherapy)

http://www.healthteamworks.org/guidelines

Safety Risk

Do you ever think about dying?
- No
- Yes

Do you ever think about killing yourself, or wish you were dead?
- No
- Yes

If yes to above:

When you think about dying, do you have a plan about how to do it?
- No
- Yes

Do you have the means to carry out your plan?
- No
- Yes

History of previous suicide attempts?
- No
- Yes

How many attempts?

Suicide/Homicide risk:

Low risk	No current thoughts of harm to self or others; no history of suicide attempt
Medium risk	Current thoughts of harm, but no plan; with or without history of suicide attempt
High risk	Current thoughts of harm with plan

Comments:

Cancel

NextGen EHR: Female Adult Test DOB: 01/02/1975 AGE: 40 years

File Edit View Tools Admin Utilities Window Help

Logout Save Clear Delete BH AI Human Services 312 Springer, U

Female A. Test (F) DOB: **01/02/1975 (40 years)**

Address: **1824 74th Ave**
Oakland, CA 94621
Contact: **(510) 467-9275 (Cell)**

Insur

Pref. Langu

!Alerts OBGYN Details Patient Dem.

Suicide/Homicide Risk

Date	Instrument	Severity	Comp
04/16/2013	Suicidal/Homicidal Risk	risk	Aarat
10/01/2013	Suicidal/Homicidal Risk	Medium risk	Meria
03/06/2014	Suicidal/Homicidal Risk	risk	Patric
06/07/2014	Suicidal/Homicidal Risk	Low risk	Lillaw

Patient/Provider Relationship

Items with a source of PM should be Added/Edited from within the EHR.

Source	Role	Specialty	Name	Phone	Fax	Addres
PM	BH Care Coordinator		Budd CSAC II, Kathryn	(510) 434-5423	(510) 437-9574	3124 Ir
PM	BH Care Coordinator		Hamill PH D, Alexis	(510) 434-5421		3124 Ir
PM	BH Provider		Chitnis ASW, Sharmila			2950 Ir

Notify tx team, update safety plan / plan of care, proceed with support/monitoring, referrals, or different LOC

National Benchmarks - IHS

- Alcohol Screening – 66.7%
- DV/IPV Screening – 61.6%
- Depression Screening – 64.3%

Strategy

- Increase capture via SHA
- Add mapping for full range of screeners used
- Training all departments

KEY **POINTS**

Benchmarks vs. follow up

Provider buy-in

Training

Definition sheet/standing orders

- Description
- Numerator
- Denominator
- Exclusions
- Report periods
- Dx/Billing Codes

PRESENT, **FUTURE**

- Continued data analysis, PDSAs
- Improve rates across departments
- Tech / EHR improvements
- Focus on staff

FEEDBACK, **QUESTIONS**

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