Redwoods Rural Health Center (RRHC)
Depression Screening

Aim: Increase the number of patients per month with a PHQ9 of 14 or greater that connected with the Behavioral Health Care Manager (such as through outreach or warm handoff from providers) and received a follow-up plan by 25% (Target: 75%) by end of March 2021 compared to a baseline established in December 2020.

Plan:

Plan

3 Fundamental Questions for Improvement:

1. What are we trying to accomplish (Aim or long-range goal)?
   - Increase the number of patients who have received a PHQ9 Screen, WITH a follow up plan.
2. How will we know that a change is an improvement / how will we measure the test?
   - Increased number of follow up plans for patients with a PHQ9 14 or greater.
3. What change can we make that will lead to improvement?
   - Consistent process for PHQ9 screening and documentation, Warm Hand Off's (WHO's) and referrals of PHQ9's 14 or greater to IBHS Care Manger.

Process Steps of Intervention:

Do

Project Milestone	Completion Date
MA's will use consistent workflow in documentation of PHQ9 Screens (improve uniformity)(see process maps)	12/9/2020
MA's will inform providers verbally when a patient's PHQ9 = 14 or greater	12/9/2020
Providers will utilize the IBHS CM to offer support to patients via WHO's (Warm Hand Off's). IBHS CM will work with patient to develop a Care Plan. Tracking of the number of patients who received WHO's and associated Care Plans will begin	12/9/2020
IBHS Care Manager will conduct phone outreach to patients with PHQ9 = 14 or greater, who did not receive a WHO. The Care Manager will develop a Care Plan with consenting patients. The number of patients connected with as well as the number of patients with a Care Plan will be tracked	12/9/2020

Additional Steps Performed:

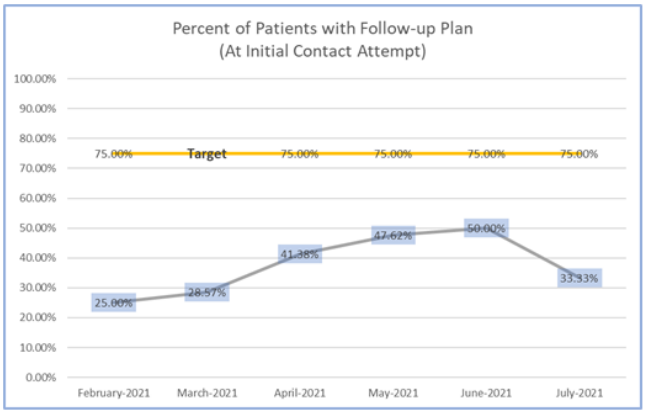
- Process Maps (Before and After) generated (see attached)
- Results and progress shared at regular IBHS meeting
- Frequency of PHQ9 Screening was discussed with IBHS team, who chose to continue with annual screening, rather than increase screening frequency
- Additional Tracking Graphs Added
    - Added Chart "Percent of Patients with Follow-up Plan – Current Status" (in addition to "At Initial Contact") to provide information on subsequent status of follow-up plan
    - Added Chart "Reasons" for no follow-up plan to provide insight into influencing factors and reasons why follow-up plans were not established

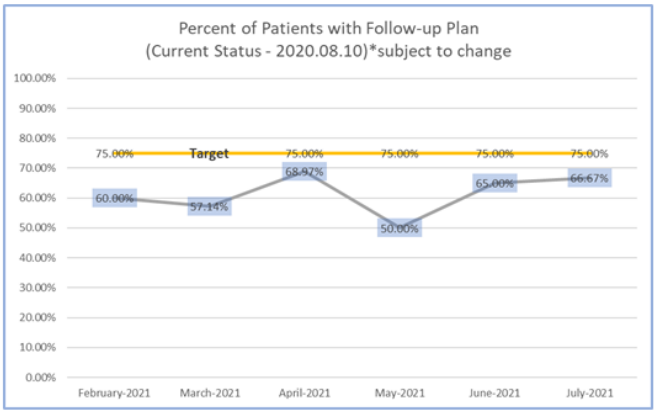
Results:

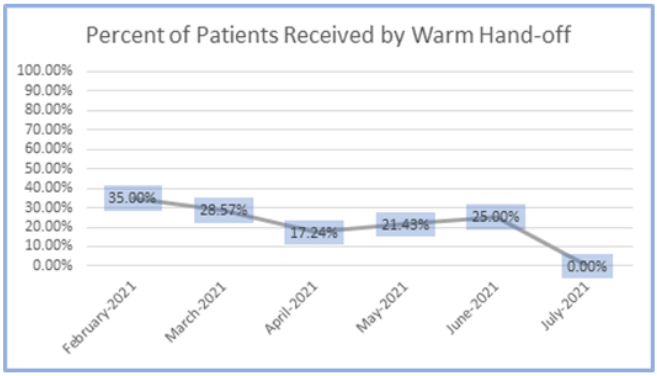
Initial pilot results (December 2020-March 2021): → The number of patients per month with a PHQ9 of 14 or greater that connected with the Behavioral Health Care Manager (such as through outreach or warm handoff from providers) and received a follow-up plan increased by 15% between December 2020 and April 2021 (60%*1.15 = 69%).

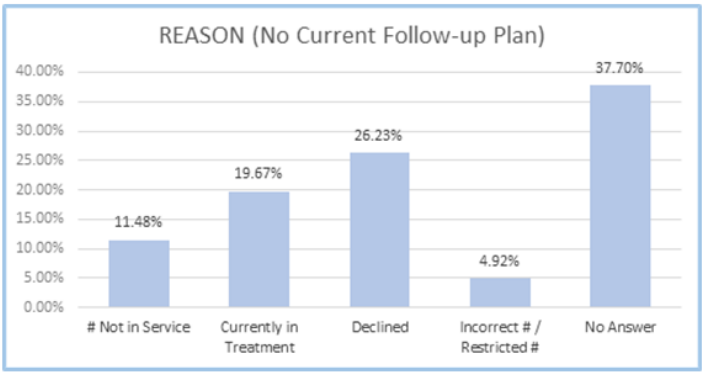
Although this is less than the goal increase of 25% (60%* 1.25 = 75%), the tracking of follow-up plans and warm handoffs and their associated causes yields useful information, therefore we plan to **adopt** the changes implemented in this PDSA. We will continue to collect data on primary reasons follow-up plans are not established and implement actions to address the primary causes.

Study









Study (continued tracking)

Continued Tracking (Following initial PDSA Cycle):

The number of follow-up plans at initial contact appointment increased steadily between March 2021 and June 2021, while follow-up plans overall (current status) remained relatively flat. Warm handoffs also remained flat during these months.

The IBHS Care Manager collected data on the reasons patients did not establish follow-up plans. These reasons included:

1. Incorrect / Restricted contact number (4.92%)
2. Contact number not in service (11.48%)
3. Patient currently in treatment (19.67%)
4. Declined (26.23%)
5. No Answer (when subsequently attempted after initial warm handoff was not made)(37.7%)

These results highlight the importance of warm handoffs. <u>If the warm handoffs are not achieved, it is often difficult to subsequently reach patients</u> to establish follow-up plans. (see "No Answer" = 37.7%)

Based on conclusions reached by the IBHS Care Manager, the reasons warm handoffs are not achieved is primarily twofold:

1. <u>Inconsistent hand-offs by providers</u>
    a. WHOs of patients primarily by one provider
    b. WHOs attempts frequently on day IBHS Care Manager not in the office (Monday)
2. <u>Social stigma surrounding seeking behavioral healthcare</u> and social support of depression (during warm handoffs)
    a. Patients sometimes do not want to accept Warm Handoffs for this reason (additionally identifies patient as seeking or needing help)

Social Stigma also represents the second largest category (Declined = 26.23%)

Data disruption(Phreesia)(July 2021):

In July 2021, RRHC intake software (Phreesia) was not properly communicating PHQ-9 data to the Electronic Health Record (EHR) (NextGen). This reduced the number of patients identified for screening and the number of warm handoffs.

Staffing disruption (October 2021): The IBHS Care Manager / Behavioral Health Care Manager is no longer employed at RRHC.

Act

Future Plans:

1. **Staffing Coverage**: RRHC **Behavioral Health Case Worker/Application Assistor** will continue performing the PDSA cycle activities of the IBHS Case Manager until a permanent replacement is found (see below)
2. **Long Term Efforts to Address Social Stigma**: Develop **Informational Flyer** sharing available behavioral health supports and services at RRHC. These will be posted at RRHC in order to **educate and normalize behavioral health supports** and **reduce social stigma**. (see below)
3. **PHQ-9 Process Map will be updated** to reflect the new Phreesia intake process (Target = 11/18/2021)
4. **Goals and Targets for PDSA**: RRHC Behavioral Health (IBHS) Team Meeting (11/4/2021) to discuss and decide future course of action regarding:
    a. Role and responsibilities of interim BH Case Worker / Application Assistor
    b. Findings Identified by the IBHS Care Manager and possible tests of change to further address these findings
        i. Improve consistency of Warm-Handoffs among providers
        ii. Social Stigma (current handoffs)(normalize and confidence building)

<u>Staffing Replacement (Interim):</u>

Recruitment and hiring process to replace the Integrated Behavioral Health Services Care Manager is currently in progress.

In the interim, the **<u>RRHC Behavioral Health Case Worker/Application Assistor</u>** will:

- Receive Warm Hand Offs from RRHC Providers and Staff Members
- Conduct phone outreach to all RRHC Patients with a PHQ9 Screening score of 14 and above
- Work with consenting patients to develop patient Care Plans to mitigate toxic stress
- Monitor and follow up with patients/Care Plans

<u>Informational Flyer (Content – Services):</u>

- Enrollment assistance with county services such as Cal Fresh and Medi-Cal
- No cost nutrition education services
- Non-perishable food pantry
- Emergency need supplies such as hygiene items, tents, sleeping bags
- Substance Use Disorder services
- Phone power bank exchange program
- Local Resource Referrals
- Mobile Shower Events
- RRHC ACEs Patient Assistance Fund
- Integrated Behavioral Health Services Care Management (Co-development of Care Plans with patients, addressing support for toxic stress)
- Mobile Medical and Dental Services
- Virtual Behavioral Health Services
- Transportation to appointments/events
- Community Resource Library (self-growth/behavioral health supports and supplies)
- RRHC Patient Housing Assistance Fund