LEARNING OBJECTIVES

- Implementation workflows in a large, complex, multi-specialty residency training site
- Workflows in EMR that enhance communication across our system
- Foundation on which we started this initiative; our psychosocial team, some evaluation processes, supervision, & related tools
- Barriers, challenges and how we addressed these
- Preliminary outcomes & program sustainability

PROJECT IMPACT

CHCANYS Annual Meeting

MMG-CFCC/ BCHN

10/24/12

Montefiore

About MMG-CFCC

- *Health Center since 1967 – 200+ providers*
  - Primary care : Internal Medicine, Pediatrics, Women's Health & Low Risk Obstetrics
  - Specialty care: Adult & Pediatric Specialties, High Risk Obstetrics & Gynecology, Dental
  - Added services: Mental Health & Psychosocial Services, Nutrition, Health Education
  - Major graduate medical education training site for Montefiore Medical Center
- *33,317 users and 109,000 visits (including Dental) in 2011*
- *37% Hispanic, 31% Black, 11% White, 2% Asian, 19% combined ethnicities or unreported*
- *3,000 visits of patients with anxiety & depression already identified in 2010*

CFCC before PROJECT IMPACT

- Health center with co-located social services in each clinical unit
- Psycho-social mental health team development
- Inter/ intra-disciplinary & community service teamwork for HIV+ prenatals & their families
- Various collaborative initiatives (Pediatric health care maintenance, Prenatal Care, Asthma, Diabetes, Obesity, etc.) built on the IHI & HRSA encouraged Care Model since 2003
- Chronic care teams screen patients w/DM & HTN using PHQ9
- Interdisciplinary team meetings across health center in all units

Project Impact TEAM: CFCC

NAME	ORGANIZATIONAL ROLE	TEAM ROLE
Carol N. Lau, FNP	Administrative Director, CFCC	Project Director
Valerie Ward, LCSW-R	Manager of Social Services, Health Education & Nutrition, CFCC	Team Leader
Dr. Marta Rico, Medical Director	Medical Director, Adult Medicine, CFCC	Physician Champion/ Faculty Liaison
Drs. Ariela Frieder & Julianne Suojanen, Psychiatrists	Part-time Psychiatrists, CFCC	Consulting Psychiatrists
Maria Lopez, LMSW	Project Impact Care Manager, CFCC	Care Manager
Obdulia Fontanez, LMSW	Unit Social Worker, Medicine, CFCC	Unit Social Worker, Adult Medicine
Joanna White, RN, ANM	Administrative Nurse Manager, CFCC	ANM
Patricia Lopez, CHES	Health Educator	Health Educator
Renee Whiskey, MPH, CHES	Community Health Educator, BCHN	Liaison support
Gay Goodfriend, BS	Data Manager, BCHN	Data support

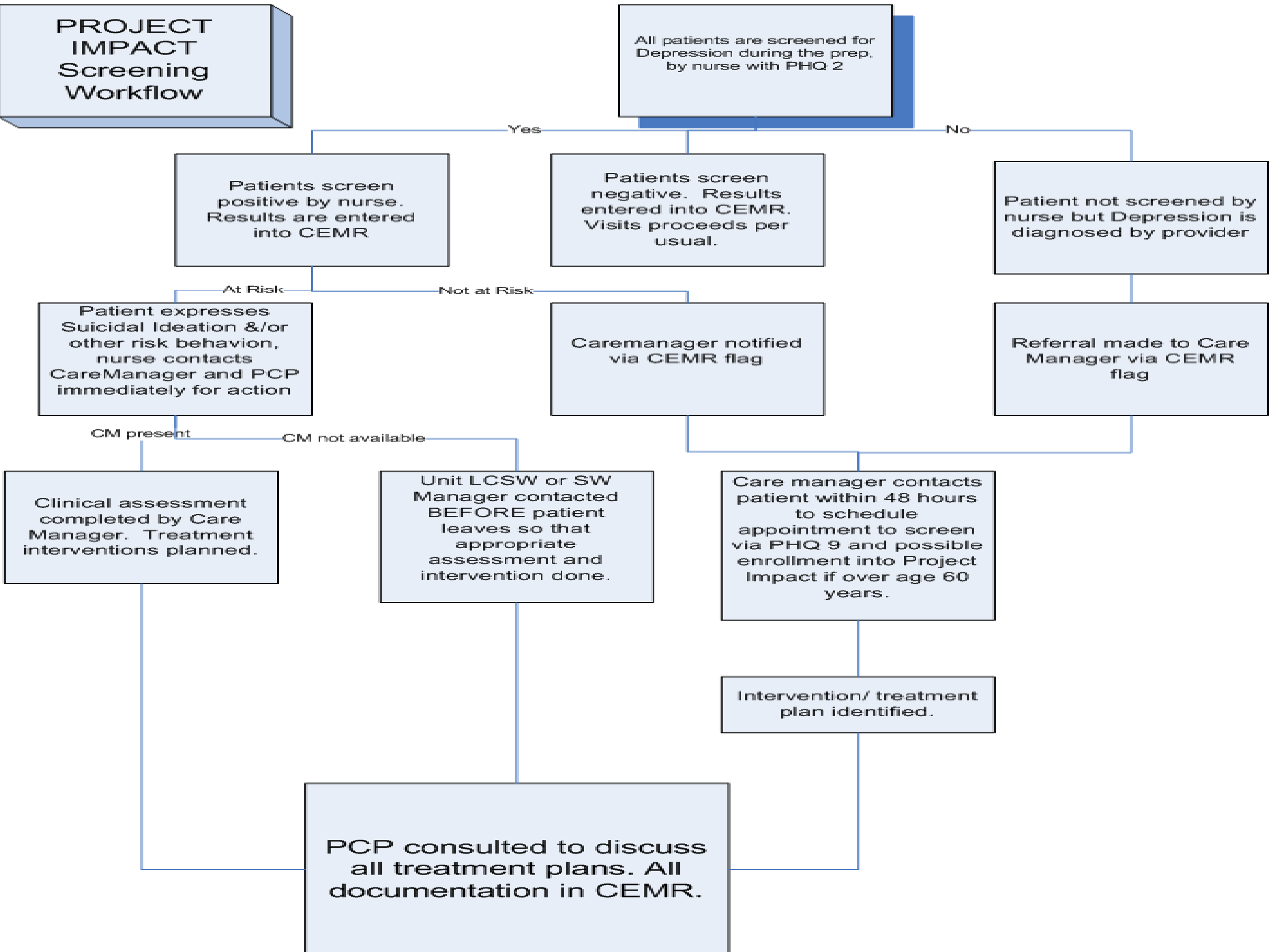
Introduction of Project Impact

To Patients

- Reception Area Presentations (RAPs)
- Pre & post tests to gauge patient's knowledge & understanding
- Public displays of storyboards & easily accessible brochures

To Providers & Staff

- Team met all staff, faculty & residents
- Medical director highlighted importance of PHQ9 screening & collaboration w/all of PI care team
- Distributed info to all



PROJECT IMPACT Screening Workflow
All patients are screened for Depression during the prep, by nurse with PHQ 2
Yes
No
Patients screen positive by nurse. Results are entered into CEMR
Patients screen negative. Results entered into CEMR. Visits proceeds per usual.
Patient not screened by nurse but Depression is diagnosed by provider
At Risk
Not at Risk
Patient expresses Suicidal Ideation &/or other risk behavion, nurse contacts CareManager and PCP immediately for action
Caremanager notified via CEMR flag
Referral made to Care Manager via CEMR flag
CM present
CM not available
Clinical assessment completed by Care Manager. Treatment interventions planned.
Unit LCSW or SW Manager contacted BEFORE patient leaves so that appropriate assessment and intervention done.
Care manager contacts patient within 48 hours to schedule appointment to screen via PHQ 9 and possible enrollment into Project Impact if over age 60 years.
Intervention/ treatment plan identified.
PCP consulted to discuss all treatment plans. All documentation in CEMR.

Project Impact CARE MANAGER

ROLE

- Be Proactive, Accessible, Approachable and Flexible
- Team Collaboration with all staff and providers

TECHNIQUES

- Problem Solving Therapy
- Behavioral Activation Therapy
- In office AND telephone sessions
- Individuals & groups

PATIENTS with HYPERTENSION 60 years & OLDER

BASELINE INFO

Project Impact patients w/ HTN = 165,

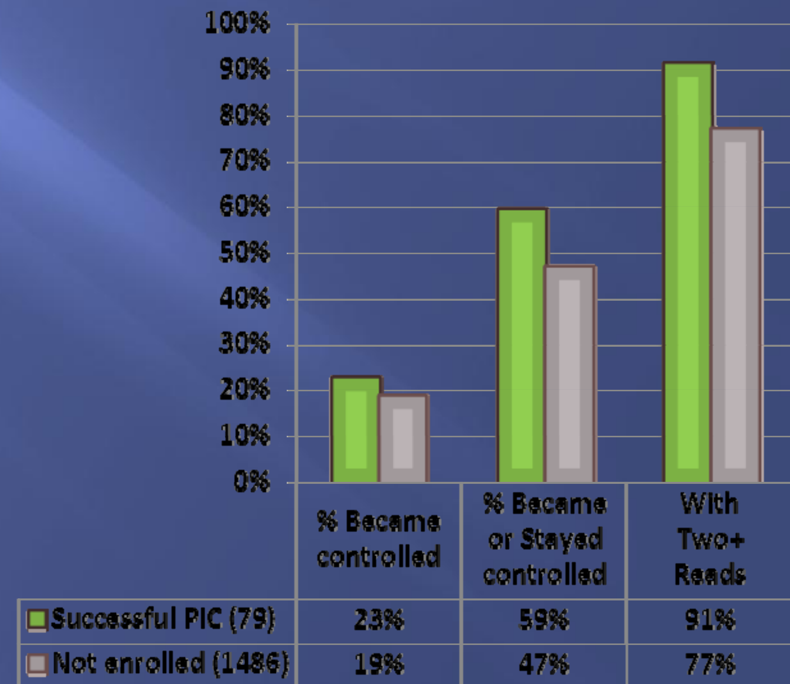
Improved PHQ9= 79

And controlled BP below 140/90

Successful PIC enrollees exceeded the patients not enrolled

(Total patients w/HTN=1486)

DATA



PATIENTS with DM, 60 years & OLDER

BASELINE INFO

Project Impact patients w/DM = 111,

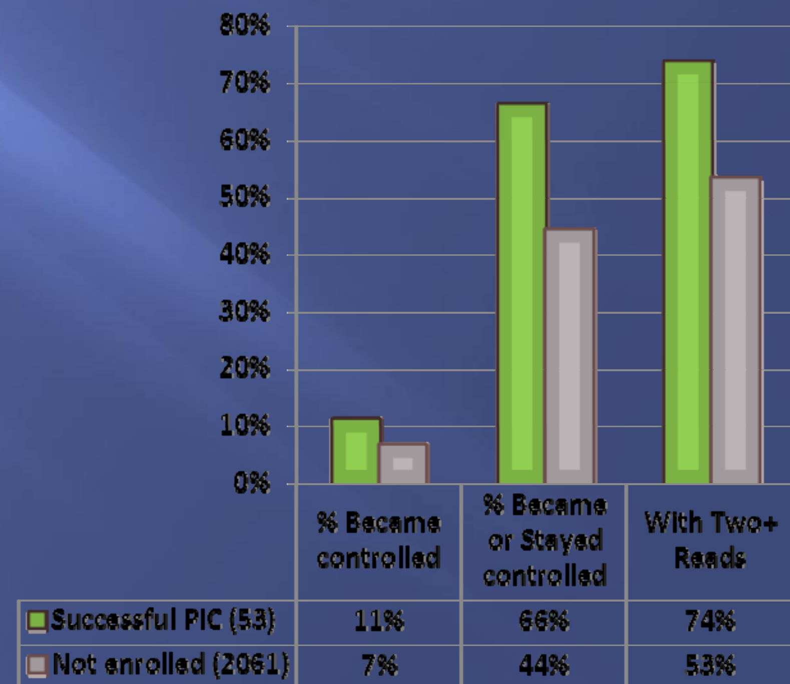
Improved PHQ9= 53

And controlled HbA1c (<=9%)

Successful PIC enrollees exceeded the patients not enrolled

(Total patients w/DM=2061)

DATA



	% Became controlled	% Became or Stayed controlled	With Two+ Reads
Successful PIC (53)	11%	66%	74%
Not enrolled (2061)	7%	44%	53%

BARRIERS ELIMINATED

CHALLENGES

- Infrequent patient visits
- Transportation and escort problems
- Lack of commitment to 6-8 sessions in person
- Stigmas about mental health treatment

SOLUTIONS

- Care Manager sees patients same days as other appointments
- Modified Treatment Module – telephone sessions

WE HAVE ACHIEVED A TRUE CULTURE SHIFT

- Increased understanding of relationship between mental perspective and improving medical conditions

Providers changed

- Staff used scripting to introduce screening for depression
- PHQ@ for ALL adults
- Scores entered in EMR
- rkflows for referrals hardwired

Clinical support changed

Patients changed

- Depression normalized
- Patients given permission to seek help
- Used varied educational methods to further empower patients to take charge of their lives

Clerical support changed

- Staff involved in elping identify potential patients
- Staff given tools to help them help patients

The Perfect Alignment (or Storm)

- Electronic Medical Record implemented Oct 2010, & evolving– imbedded PHQ 2s and 9s
- Social Work billing initiated; credentialing completed
- Patient Centered Medical Home, NCQA accredited 2010, level 3 for 2008 standards. 2011 standards coming up next year.
- Developing Behavioral Health Service-Delivery across Montefiore Medical Group network, based on the Project Impact model