Adopting Ambulatory Care Best Practices in Mental Health Clinics through Incentives

Melissa Black
Senior Manager, Program Implementation and Partner Engagement
Maimonides Medical Center, Population Health
The following personal financial relationships with commercial interests relevant to this presentation existed during the past 12 months:

No relationships to disclose
Background

- Mental health clinics are well-positioned to address care gaps because patients are generally seen there more often than in other settings.
- Mental health clinics have not broadly adopted best practices in population health management, and have little insight into patients’ physical health needs.
History of Integration and Partnerships

- In 2015, NY State Delivery System Reform Incentive Payment (DSRIP) Program made $6.4 billion available over five years
  - Aims to reduce avoidable admissions to the hospital by 25% by 2020
  - Emphasizes primary care and behavioral health integration and chronic disease management
  - Transition to value-based payment through IPA and ACO
Population Health

Brooklyn-wide Network

- 106 entities participating in CCB IPA network
  - 470+ PCPs
  - 6 Hospitals
  - 5 FQHCs
  - 16 NYS OASAS substance use programs
  - 27 NYS OMH mental health programs

12 mental health clinic sites participating in this project, representing 8 entities
Methods

Through contracts and monthly reporting, participants are incentivized to:

1. Develop population health EMR registries
2. Meet monthly coordination activity targets driven by EMR registries
3. Complete daily pre-visit planning and huddles
4. Refer patients to NY State Smokers’ Quitline
5. Maintain sufficient access to care post-hospitalization (within 7 days of discharge)
6. Improve performance on relevant quality measures
## Methods

<table>
<thead>
<tr>
<th>HEDIS Measure Name</th>
<th>Associated EMR Registry</th>
<th>Monthly Registry Activities Reported to MMC</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medication management for patients on antidepressants (12-week acute treatment phase)</td>
<td>Antidepressant Registry</td>
<td>• Number of patients with whom the staff confirmed medication adherence within 12 weeks and 6 months of starting the antidepressant</td>
</tr>
</tbody>
</table>
| Medication management for patients on antidepressants (6 months)                  | Antipsychotic Registry  | • Number of patients prescribed antipsychotic medications for which the practice either (1) completed a diabetes screening onsite or (2) obtained results from an external provider/organization from within the calendar year  
• Number of patients with whom the staff confirmed antipsychotic medication adherence |
| Antipsychotic adherence for patients with schizophrenia                           | Schizophrenia Comorbidity Registry | • Number of patients with SCZ and CVD who either completed a LDL-C test on-site or obtained results from an external provider  
• Number of patients with SCZ and DM who either completed a LDL-C and HbA1c test on-site or obtained results from an external provider |
| Diabetes screening for patients prescribed antipsychotics                          | Schizophrenia Comorbidity Registry |                                                                                                           |
| Diabetes monitoring for patients with schizophrenia and DM                        | Schizophrenia Comorbidity Registry |                                                                                                           |
| CVD monitoring for patients with schizophrenia and CVD                            | Schizophrenia Comorbidity Registry |                                                                                                           |
| Follow-up care for children prescribed ADHD medications – Initiation Phase        | Pediatric ADHD Registry | • Number of patients ages 6-12 for whom the staff scheduled or confirmed a follow-up visit within 30 days of starting ADHD medication (initiation phase) and within 9 months of initiation phase |
| Follow-up care for children prescribed ADHD medications – Continuation Phase      | Pediatric ADHD Registry |                                                                                                           |
Huddles/Pre-visit Planning

Huddle Checklist

Date: 9/6/19  Start Time: 9:05 AM  End Time: 9:30 AM

Huddles Topics:
- Patients requiring special services:
  - Health Coaching: Interested in course, awaiting classes.
  - DM Screening: Few patients are not compliant in regards to PCC visits.
  - LDL Test: To continuing routine bloodwork. Dr. will discuss with PA the importance of PCC visits.
  - Patients to refer for additional services:
    - Tobacco Cessation: PA needs to call their COP for bloodwork.
    - Health Home: Couple pts. scheduled in clinic for their health home.
    - PCP Appointment: PA needs to call their COP for bloodwork.
- Patients with risk factors (e.g., recent hospitalization/ED visits, uncontrolled chronic conditions):
  - Patient scheduled for this afternoon who had recent hospitalization.
  - Staff coverage: 1 Doctor in office, PA & Doctor all SS on call.
  - Scheduling (e.g., same day availability, scheduling backlog): Moderate. PA can be scheduled.
  - Supplies & equipment: Need supplies/equipment needed, on the schedule.
  - Physical environment (e.g., maintenance, weather, events, construction that could impact flow):
    - Cloudy, rainy, warm - not as hot as last week.

Additional Notes:
- Please see Dr. on pts. who are refusing bloodwork.

This is a general template that can be customized to fit your practice needs.

Pre-Visit Chart Review

Visit Date: 5/1/2019

Provider Name: NP Ogbonna

Completed By: Dr. B. Ogbonna

Care plan or note was written? F>
Note was placed in Meditech? Date 5/1/19

Activities: Consultation
Medical Consultation

- Hypertension, high cholesterol, HTN
- PI proposed to bring copy of face result on her next visit
- PI stated that she has reaching only to her chloride Meds (Unread)

- Activity, Consultation
Medical Consultation

- Activity, Consultation
Medical Consultation
Monthly volume of activities has grown over time
Participants are meeting activity targets

Percentage of Patient Activity Targets Met Across All Participating Organizations

- Antipsychotic Registry Targets: 84.8%
- Antidepressant Registry Targets: 70.2%
- Schizophrenia Comorbidity Targets: 70.4%
- ADHD Registry Targets: 78.2%
73,079 patient activities conducted through July 2019

- Patients on Antipsychotics given a Diabetes Screening (during reporting month)
- Patients on Antipsychotics: Medication Adherence confirmed (during reporting month)
- Medication Adherence (w/in 12 weeks of starting antidepressant)
- Medication Adherence (w/in 6 months of starting antidepressant)
- LDL-C test for patients with SCZ & CVD (during reporting month)
- LDL-C and HbA1C for patients with SCZ & DM (during reporting month)
- Schedule/Confirm a follow up visit within 30 days of beginning ADHD medication (ages 6-12)
- Schedule/Confirm a follow up visit within 9 months of initiation phase (ages 6-12)
Next Steps

• Build on the infrastructure and activities from current contracts
  • New contracts beginning January 1, 2020 are in development
    • Expanded patient populations
    • Increased targets

• Finalize claims-based analyses of HEDIS measure performance to test whether performance improves following program implementation
Contact information

Melissa Black
Senior Manager, Program Implementation and Partner Engagement
Maimonides Medical Center, Population Health
meblack@maimonidesmed.org