Measuring Outcomes in Behavioral Health: What, When & How

June 2013

Andrew Bertagnolli, PhD

care management | institute

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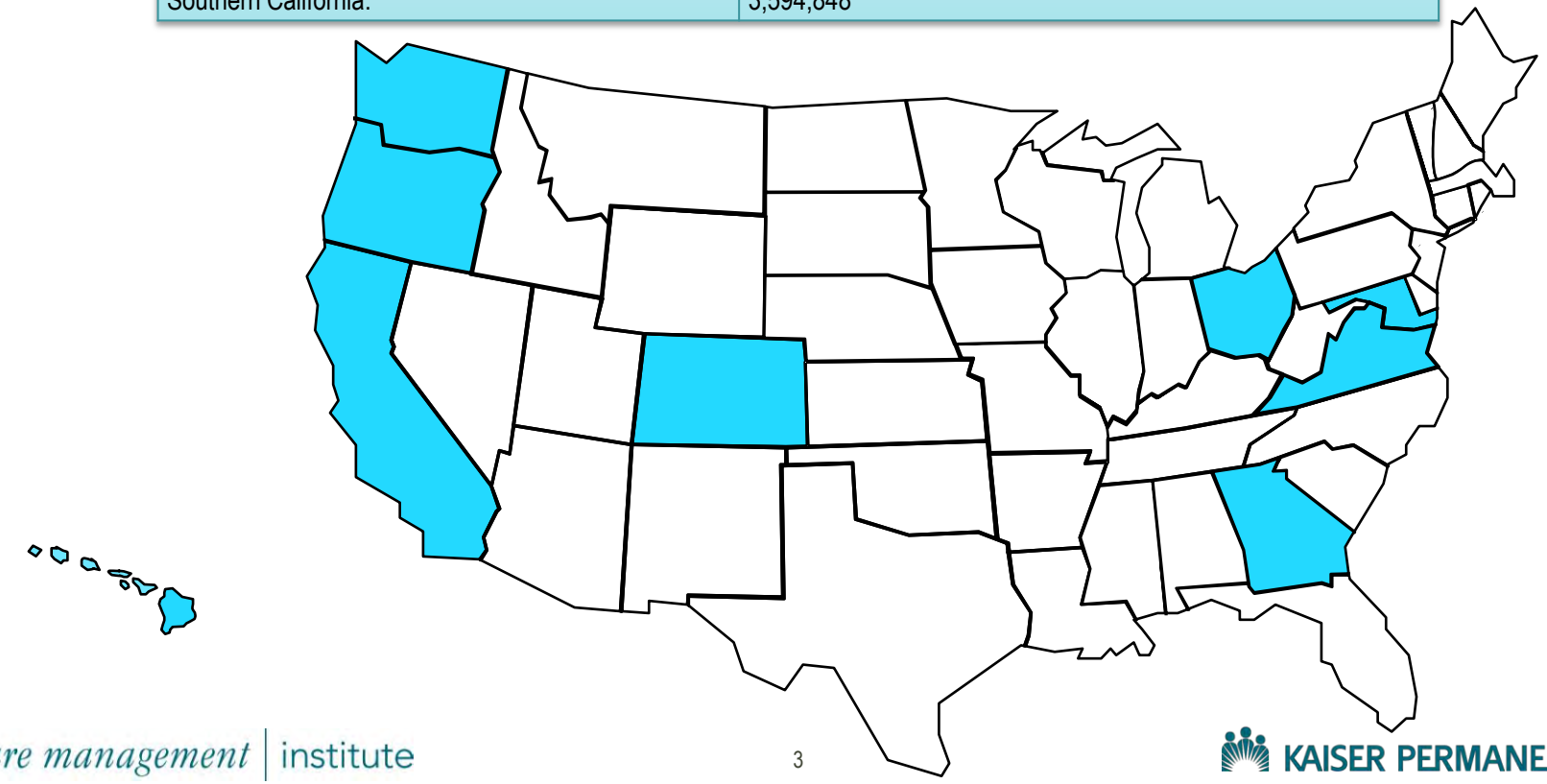
Agenda

- Why Measure Outcomes
- Types of Outcomes
- Specifying & Refining Measures
- Challenges in Behavioral Health Outcomes Measurement
- Kaiser Permanente's Journey in Depression Outcomes Monitoring

Kaiser Permanente Membership by Region

Colorado:	540,442
Georgia:	233,880
Hawaii:	224,591
Mid-Atlantic States (VA, MD, DC):	481,755
Northern California:	3,403,871
Northwest (Oregon/Washington):	484,349
Ohio:	86,338
Southern California:	3,594,848



Why Measure Outcomes?

- Demonstrates Quality
- Ensures Effectiveness and Efficiency
  - Adherence to evidence supported treatments
  - Use resources most efficiently
  - Right person, right care, right time
  - Develop appropriate levels of care
- Builds Trust in the System
  - Public
  - Patients
  - Providers
  - Payors
- Allows for a Systematic Approach to Improvement

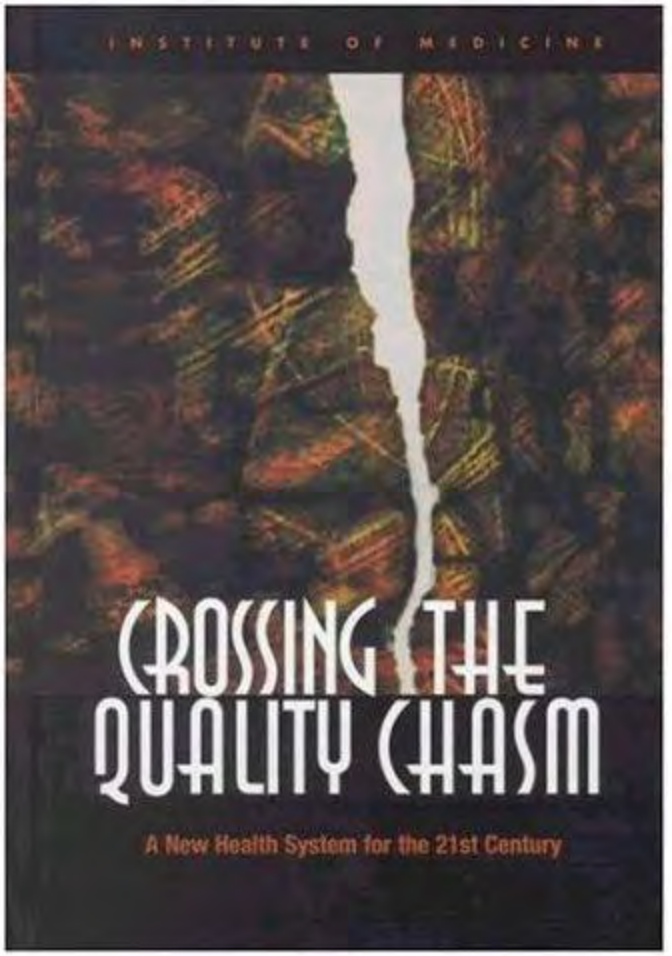
What is Quality?

A measure of whether services increase the likelihood of desired mental health outcomes and are consistent with evidence-based practice.

World Health Organization, 2003

“Quality” Has Many Dimensions To Measure

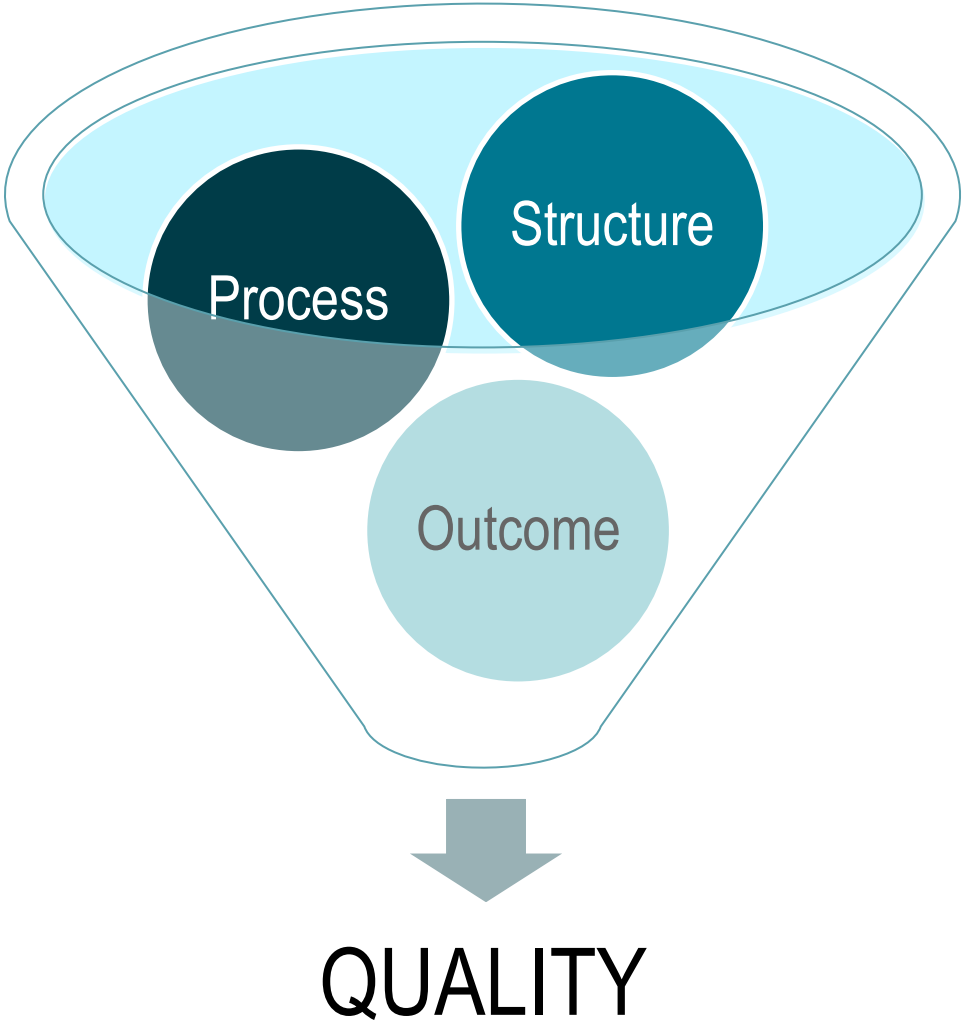
- Safe
- Effective
- Patient-Centered
- Timely
- Efficient
- Equitable



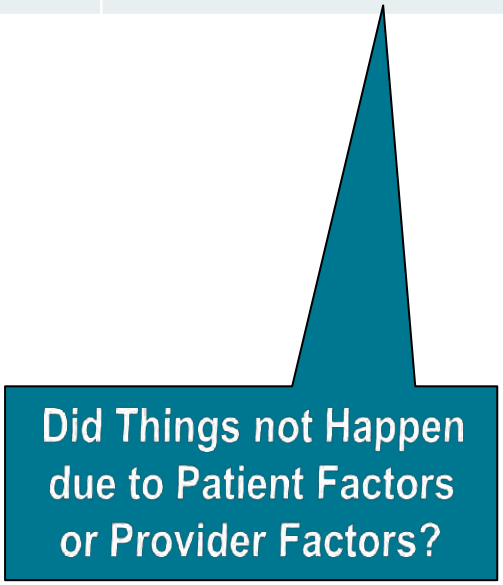
Source:
Institute of Medicine (2001).
Crossing the Quality Chasm:
A New Health System for the 21st Century.

How Can Stakeholders Use Outcome Measures?

Types of Measures



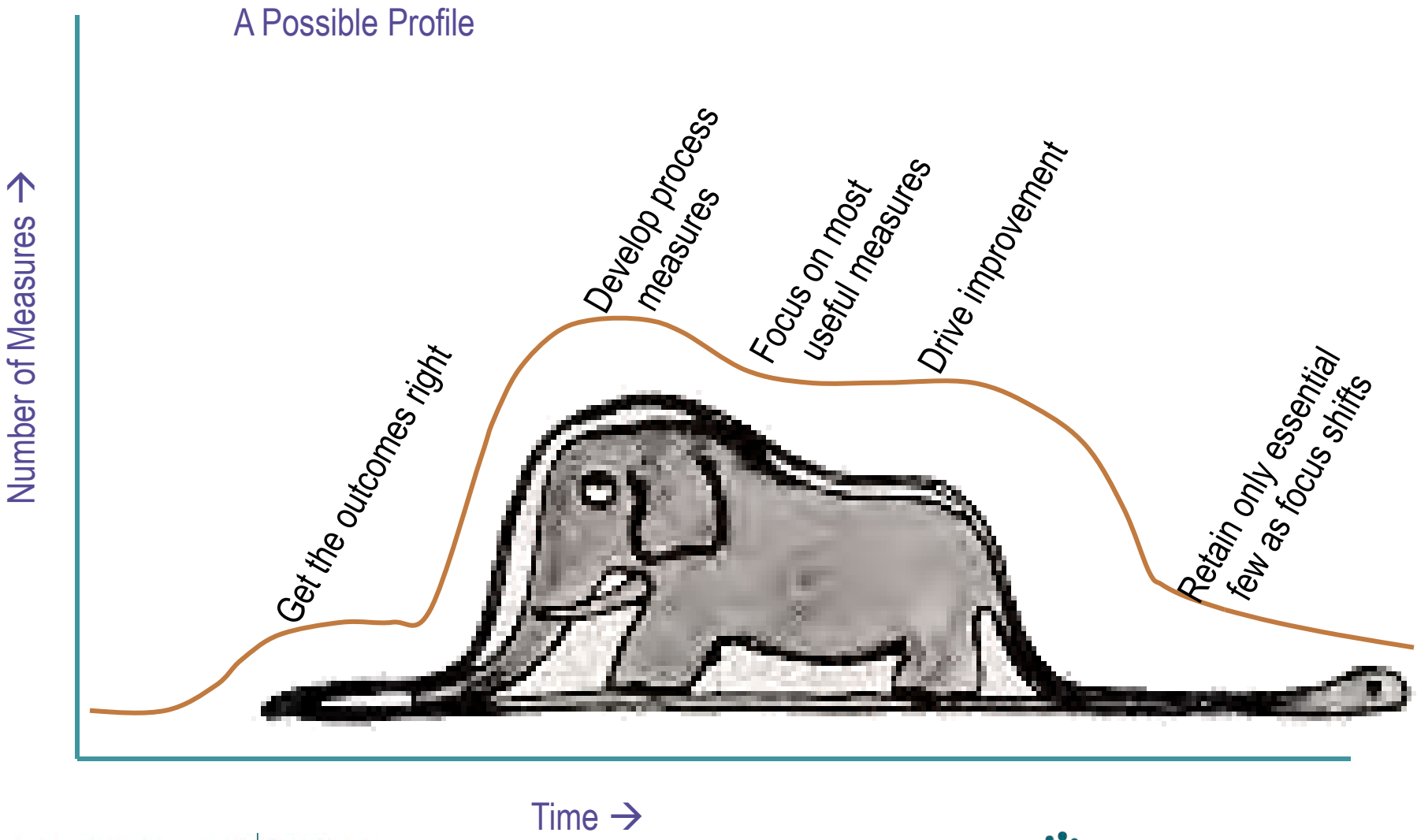
	Structure	Process	Outcome
Strength	• Easy to Gather	• Capture Care Elements Under Greatest Control	• Assess if Patient Status Improves
Limitation	• Subject to Response Bias • Vagueness in Terminology	• Dependent on Patient Care-Seeking Behaviors	• Sensitive to Differences in Illness Severity and/or Comorbidities



Selecting & Refining Quality Measures

- Clinical Importance
  - Does this measure represent a substantial deficit in care?
  - Can this measure result in actionable improvement efforts?
- Scientific Foundation
  - Is there evidence supporting the relationship between the measure and clinical outcome?
- Validity
  - Is the measure scientifically sound?
  - Is it sensitive to change?
  - Is it easily understood?
  - Is it susceptible to being 'gamed'?
  - Does it allow for differences in patient beliefs and preferences for care?
- Feasibility
  - How easy is it to collect across an episode of care?
  - How reliable/complete is the collection method and resulting data?
  - How easy is it to retrieve from charts (EHR or paper)?
  - How affordable is it to collect?

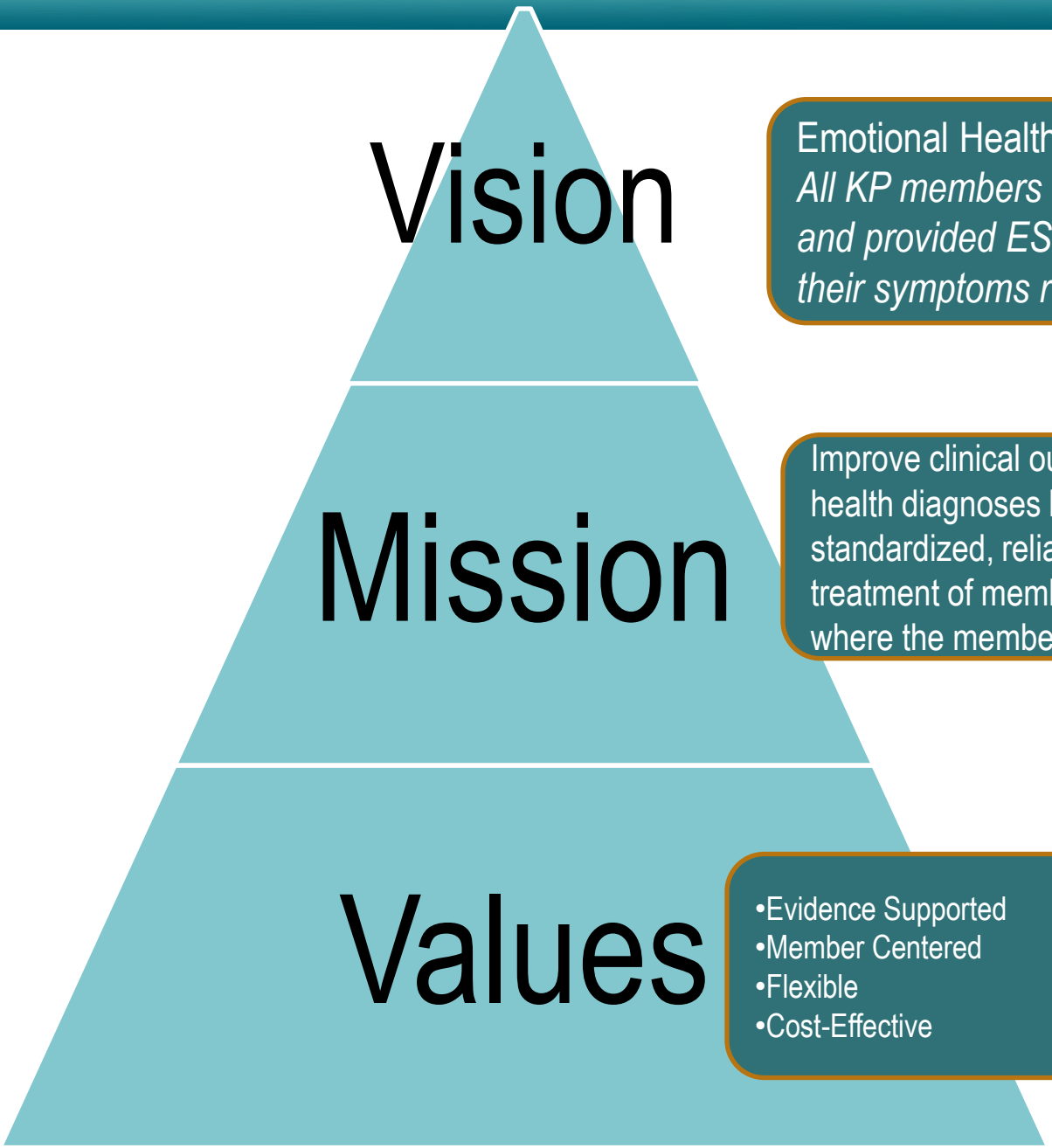
Expect Measurement Sets To Evolve Over Time



Why Does BH Lag Behind?

- Lack of Sufficient Evidence
  - Poorly Defined Parameters
  - Unable to Develop Specific, Valid & Clearly Defined Measures
  - Lack of Agreement on 'Quality Care' in Behavioral Health
- Inadequate Infrastructure to Develop & Implement Measures
  - Provider Concerns (privacy, 'cook-book care', etc)
  - Care Often Contained within Silos (eg; BHS, PC, PEDS, etc)
- Lack of Electronic Health Information
  - Incomplete or Missing Data Elements
  - Having Data in Searchable Fields

Kaiser Permanente's Journey



Emotional Health is Part of Total Health:
All KP members at-risk will be routinely screened and provided EST for emotional health needs until their symptoms remit.

Improve clinical outcomes for members with emotional health diagnoses by designing and implementing a standardized, reliable process for identification and treatment of members' emotional health needs no matter where the member presents for care.

- Evidence Supported
- Member Centered
- Flexible
- Cost-Effective
- Scaleable
- Leverages KP Integrated Delivery System

Clinical Opportunity Areas – Where To Start?

Children — ADHD; Autism Spectrum Disorders; Behavioral Disorders

Teens — Depression/Suicide Prevention; Substance Use Disorders; Eating Disorders

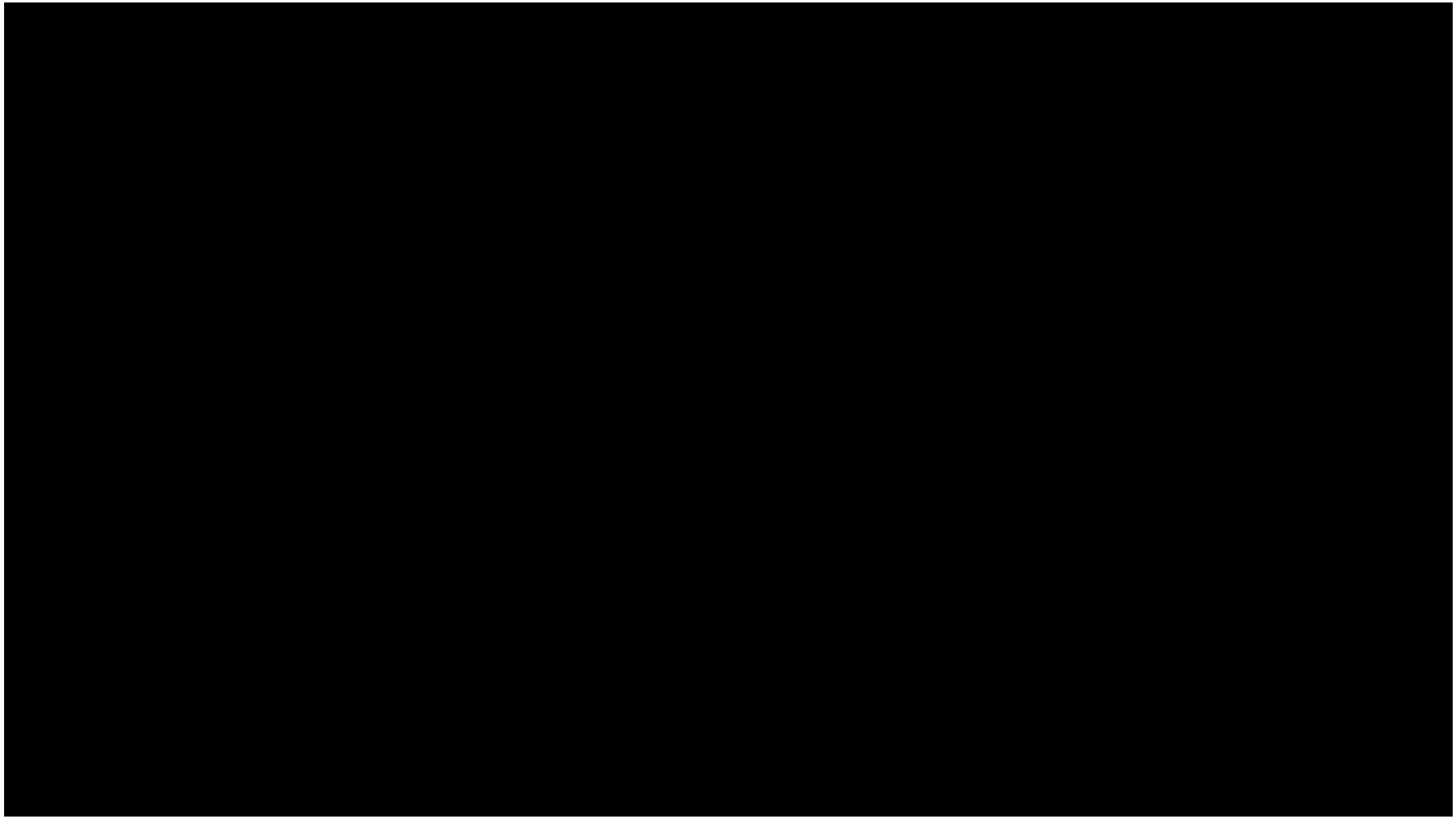
Adults — Major Depressive Disorder; Substance Use Disorders; Anxiety Disorders; ADHD; Eating Disorders

Older Adults — Major Depressive Disorder; Substance Use Disorders; Anxiety Disorders

Agreeing on the PHQ9

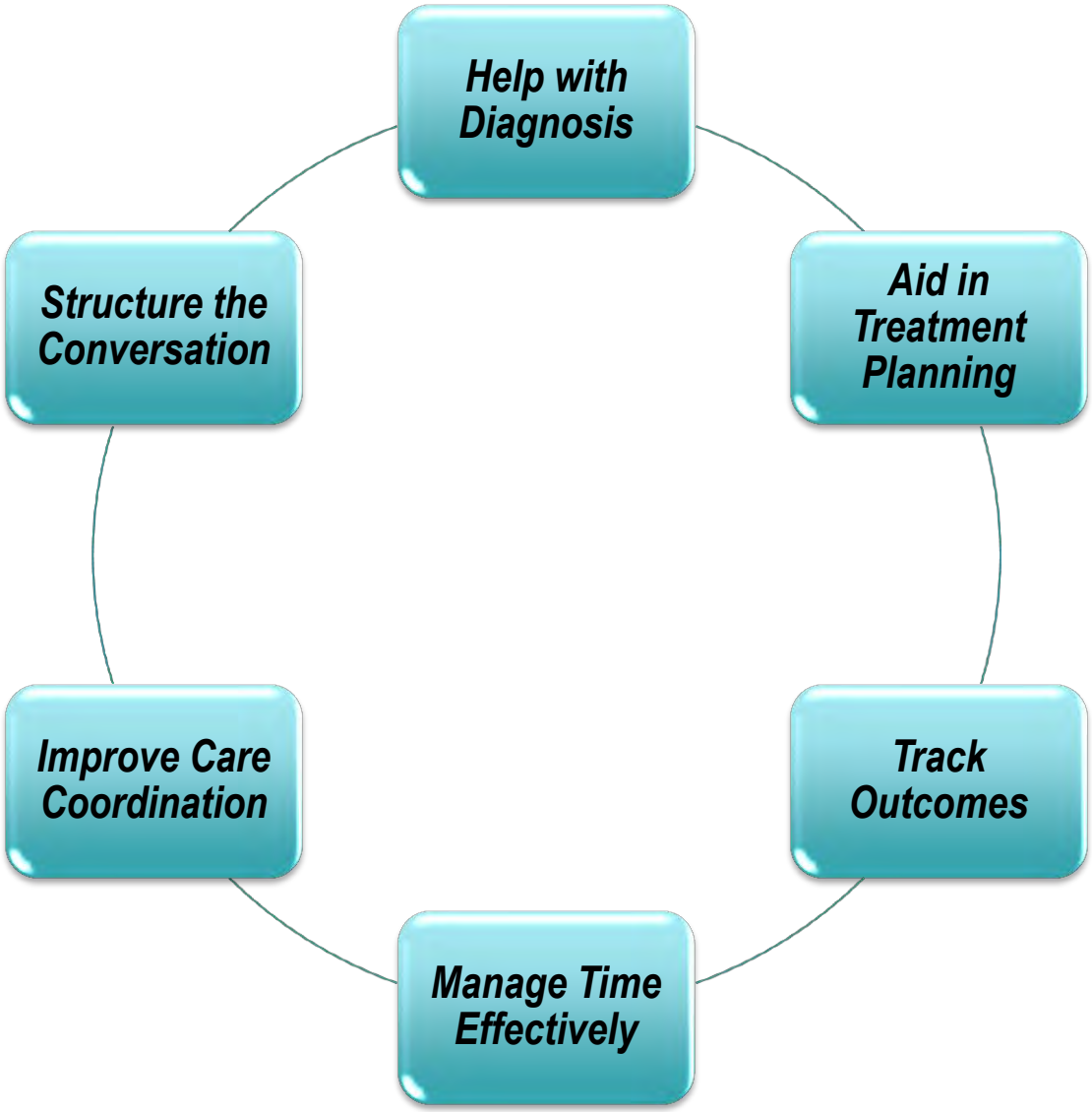
- Able to build job aides and decision support tools
- Able to develop Depression Outcomes Report for internal benchmarking
- Able to apply population care strategies
- Able to develop stepped care models

PHQ9 – The New Standard of Depression Care at Kaiser Permanente

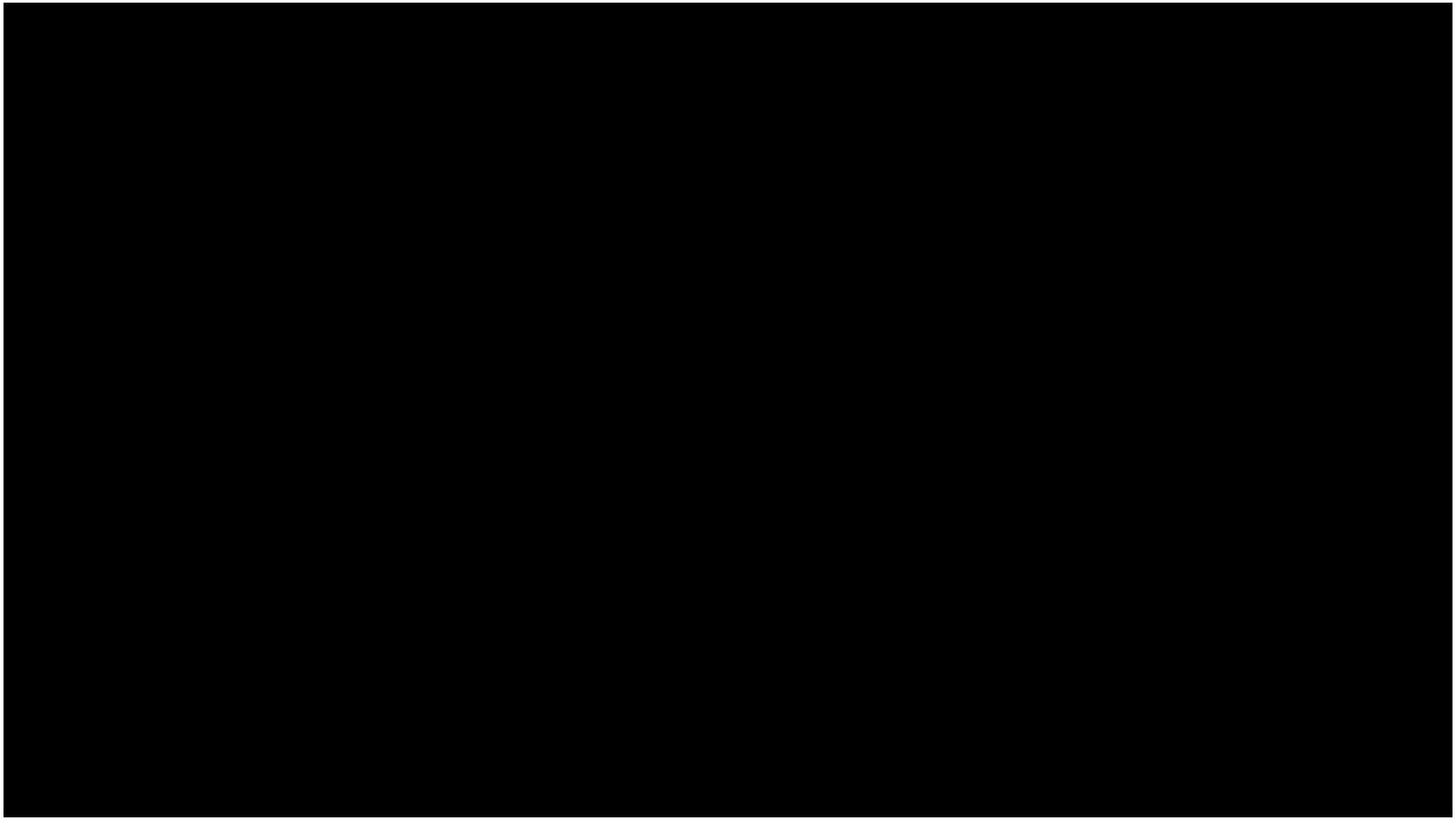


Taking it to the Street

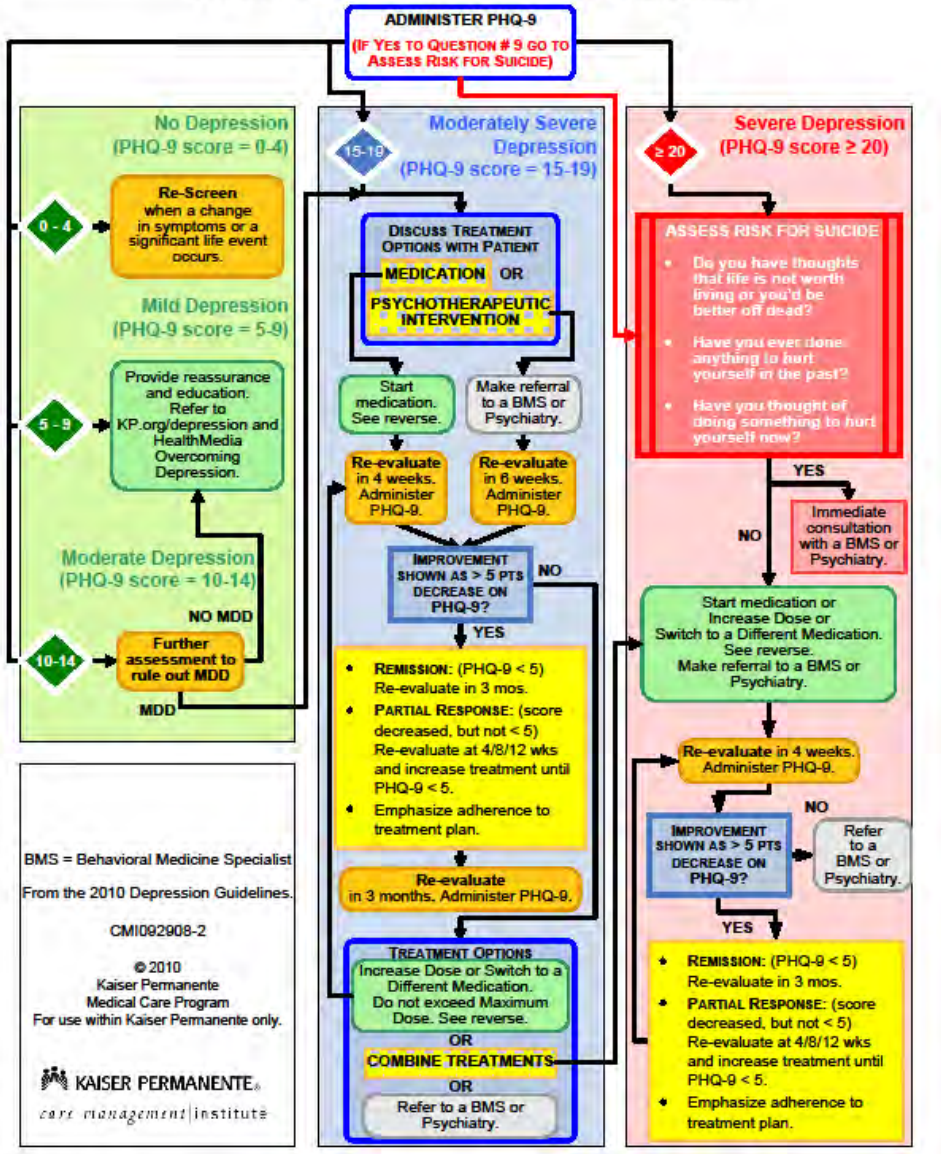
What Can the PHQ9 Do For Me?



Diagnosis



Depression Management Algorithm for Primary Care



Talking with Patients About Depression

Talking with Patients About Depression – Making the Right Thing Easier To Do

Treating Depression in Primary Care

DISCUSSING THE DIAGNOSIS WITH PATIENTS

- Emphasize that depression is a treatable illness.
- Acknowledge stigmatized perceptions, listen carefully to the patient's story, and empathize to relieve their shame and fear.
- Emphasize your partnership in treatment.
- Discuss psychotherapy and medication as treatment options - use shared decision-making.
- Discuss behavioral health classes and other self-care strategies as an optional adjunct to antidepressants or psychotherapy.

USE A SHARED DECISION-MAKING APPROACH

- Help patient identify goals that are meaningful to them.
  "What would you like to do more of if you were less depressed?"
- Present treatment options – see below.
- Engage patient in treatment planning.
  "Which of these treatment options would you consider trying?"
- Mention that you will follow-up with them on the treatment of their depression.

- Refer patient to kp.org/depression for additional information and self-help strategies.

ON PSYCHOTHERAPY

- Psychotherapy works by helping people discover unhelpful patterns of thinking and behaving that can lead to depressed mood.
- Done in both group and individual formats. They can work with a therapist to decide which is best for them. Often a combination is used.
- Usually takes 6 to 12 weeks to feel better.
- Good evidence to support its efficacy.
- Receiving psychotherapy does not mean that they are 'crazy,' or that their symptoms are 'all in their head,' or 'not real.'
- In cases of severe depression, psychotherapy alone is rarely effective and antidepressants should always be considered.

ON PRESCRIBING ANTIDEPRESSANTS

- Inquire about prior use of antidepressants, over-the-counter medications, and herbal preparations (e.g., St. John's wort).
- Advise patients to take medication AS PRESCRIBED.
- Instruct patients on whom to contact with questions or if experiencing side effects.
- Advise patients about slow onset of therapeutic effect (2 to 6 weeks or longer).
- Advise patients that people respond at different rates to antidepressants.
- Advise patients to call you if they want to stop their prescription.
- Advise patients to continue medication even after they feel better.

ON ST. JOHN'S WORT

- Ask patient about herbal therapy use. If present document in medical record.
- Conflicting evidence of questionable quality in the treatment of mild to moderate MDD.
- Not effective in treatment of severe depression.
- Lack of standardization of herbal agents may result in variability of herbal content and efficacy between manufacturers.
- Do not use in conjunction with SSRI, SNRI, TCA, or other antidepressants due to unknown intereractions.
- Do not use in women who are pregnant, breastfeeding, or who are trying to become pregnant.
- Do not use in infants, children, adolescents, and older adults.
- Document any adverse side effects and discontinue use.

WHEN TO CONSULT/REFER TO SPECIALTY BEHAVIORAL HEALTH

- Active homicidal ideation
- Suicidal intent or plan
- Psychotic symptoms
- Diagnosis unclear
- Counseling with or without medication
- Patient or clinician preference
- Bipolar disorder/manic behavior
- Failure to respond to second antidepressant
- Alcohol or other substance abuse
- Two months of treatment without desired clinical improvement
- Lifelong or recurrent depression
- No remission by 12 weeks
- Domestic abuse
- Other severe psychiatric symptoms
- Patient difficulty adhering to treatment plan

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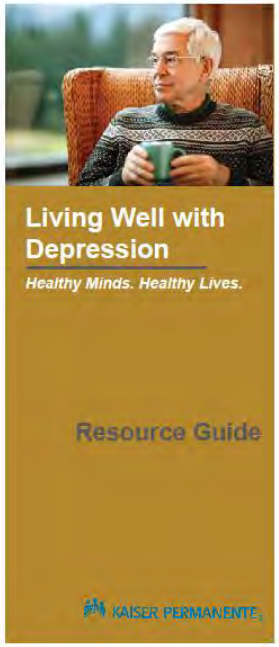


Treatment Decisions

Depression Management
Administration of PHQ9

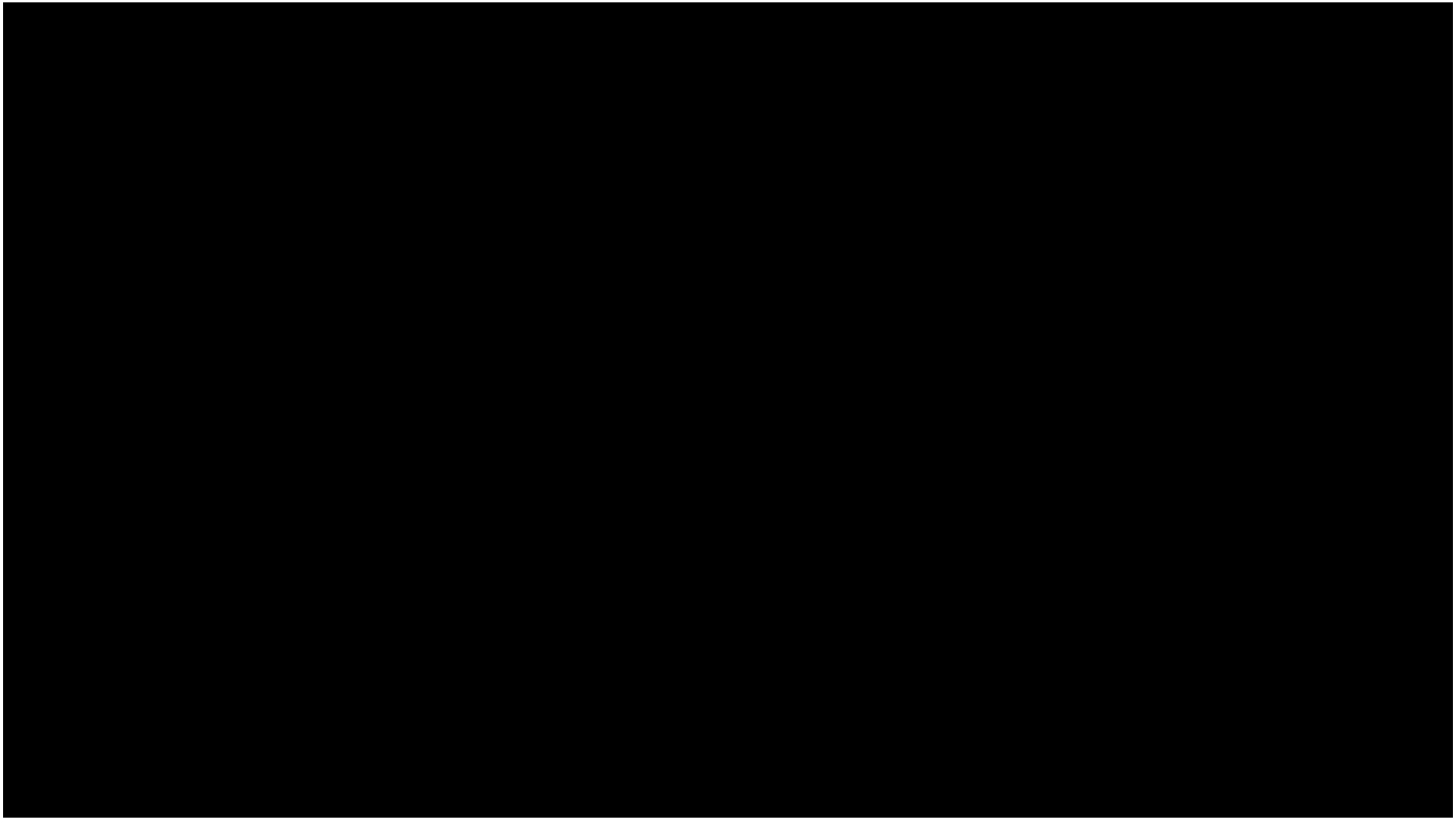
Behavior Health Services Call Center phone numbers
Oahu: 432-7600 or 7602 | NI: 1-888-945-7600 or 7602

	Check and Provide	Options	Follow up
PHQ9 Score 5-9 **Mild Depression**	• Provide reassurance and education. • BMS involvement if needed.	• Offer Talk Therapy (BMS or BHS) • Give pt Call Center phone #. • Provide Resource Guide and refer to kp.org website	• Phone appt within 4-8 wks, repeat PHQ9 & re-evaluate. • If PHQ9 score is 5-9 then repeat PHQ9 in 3 months.
PHQ9 Score 10-14 **Moderate Depression**	• Assess further to rule out Major Depressive Disorder (MDD). • If no MDD provide reassurance and education.	• Offer Talk Therapy (BMS or BHS). • Consider starting medication (Acute phase for 18+yo - initial medication trial for minimum 84 days). • Give pt Call Center phone #.	• Phone appt within 4-8 wks, repeat PHQ9 & re-evaluate.
PHQ9 Score 15-19 **Moderately Severe Depression**	• Discuss treatment options. Check for suicidal ideation/plan.	• Start, adjust or change medication. Do NOT exceed maximum dose. • If 2 or more medication failures refer to BHS. • Offer Talk Therapy (BMS or BHS). • Provide a private place for pt. to call BHS Call Center.	• Phone appt within 4-8 wks, repeat PHQ9 & re-evaluate. • If PHQ9 <5: Continue treatment and repeat PHQ9 in 3 mos.
PHQ9 Score = > 20 **Severe Depression**	• Assess risk for suicide: • Do you have thoughts that life is not worth living or you'd be better off dead? • Have you ever done anything to hurt yourself in the past? • Have you thought about hurting yourself or committing suicide?	• Start, adjust or change medication. Do NOT exceed maximum dose. • If 2 or more medication failures refer to BHS. • If suicidal: Immediately call BHS Call Center or BMS for triage and emergency treatment. • If no risk for suicide: Adjust/change medication and refer to BMS or BHS.	• Schedule phone appt within 4 wks. Monitor, repeat PHQ9 at follow up.

Coding for Depression

Description	ICD-9-CM Diagnosis
Depression	296.26B Depression, Single Episode Complete Remission 296.36A Depression, Major Recurrent, in Complete Remission 300.4B & C Dysthymia 309.0A Depression (Grief Reaction) 311C Depression, Involutional
Major Depression	296.20B Depression, Major Single Episode 296.30B Depression, Major Recurrent

Monitoring Progress



Wppknwkgfjkbajln, * | Age 35 yrs | Sex M | DOB 10/10/1975 | MRN 63643695 | Allergies Albumin, B Complex-vitamin C-fc* | Spec Feat N | PCP (None) | Alerts HM | Pat Type N/A | kp.org Active

Launch RRS
PST - PATIENT
Synopsis
Graphs
Growth Chart
Flowsheets
EKG Report
Demographics
Letters
History
Problem List
Allergies
Medications
Order Entry
Episodes of Care
Level of Service
Immunizations
Doc Flowsheets
Health Maintenance
Enter/Edit Results
More Activities

Flowsheet Report

? Resize Close

Select Flowsheets to View
DEPRESSION PHQ9 NATL [164]

Load More

DEPRESSION PHQ9	8/25/2011	8/25/2011	9/16/2011	9/16/2011
Office Visit PHQ9 Score				11
Office Visit PHQ9 Sev				C) 10 -14 MODERATE
1. Loss of Interest/Pleasure	More than half the days	More than half the days	Several days	
2. Depressed Mood	Not at all	Not at all	Several days	
3. Insomnia/Hypersomnia	More than half the days	More than half the days	More than half the days	
4. Fatigue/Low Energy	Several days	Several days	Several days	
5. Appetite Disturbance	Several days	Several days	Several days	
6. Feelings of guilt/worthlessness	Not at all	Not at all	More than half the days	
7. Memory/Concentration Problems	Several days	Several days	Several days	
8. Psychomotor Retardation/Agitation	Several days	Several days	Not at all	
9. Thoughts of Death/Self-Harm	Not at all	Not at all	Not at all	
10. Impact to daily life	Not difficult at all	Not difficult at all	Somewhat difficult	
PHQ9 SCORE		8.00 (Mild)	9.00 (Mild)	

Abnormal/Panic

Dates in: (•) Columns ( ) Rows

Copy to Clipboard | Refresh | Print Flowsheet | Graph Region

DM	CVD	CHF	HTN
			Y
CKD	Asth	Depr	Gap
		Y	1

Utilization Profile
Last Discharge:
Last ER Visit:
Preventive Care
Last Flu Date: 9/23/08
Last H1N1 Date:
Last Pneumo:
Last Td: 8/12/98
Last Tdap: 9/22/08
Last iFOBT: 9/23/10
Depression Information
Med Management: BHS WAI
PHQ9: 2 on 01/28/11
22 on 09/15/10

Patient Vitals
** Last BP 132 / 82 on 1/28/11
Pulse 81 on 1/28/11
Weight: 190.0 on 1/28/11
Height 68.0 on 12/6/10
BMI: 28.9 1/28/11
Ten Year Cardiac Risk: 12%

Panel Support Tool Caregaps:

Therapeutic Care Gaps:
Depression - Re-start med? Initial Dx: 09/15/2010, Last PHQ-9: 2 on 01/28/2011, click on Depression Guideline - Guidelines

Chronic Condition Monitoring Care Gaps:

Preventive Care Gaps:
Flu Shot due - Last done: 9/23/08
Active Tobacco Use: Advise quitting today

** LDL	78	1/28/11
HDL	58.0	1/28/11
CHOL	154	1/28/11
** A1C	6.1	1/29/11
** FBG	113	6/15/10
ALT	31	1/28/11
** CRE	1.1	1/28/11
BUN	14	1/28/11
** GFR	72.6	1/28/11
** ALB/CRE	6	1/29/11
** PRO/CRE		
HGB	14.8	1/28/11
HCT	42.6	1/28/11
NA	140.0	1/28/11
K	4.0	1/28/11
TSH	1.19	1/29/11
** URIC	4.5	1/28/11

**Hover over the result to see trended results if available

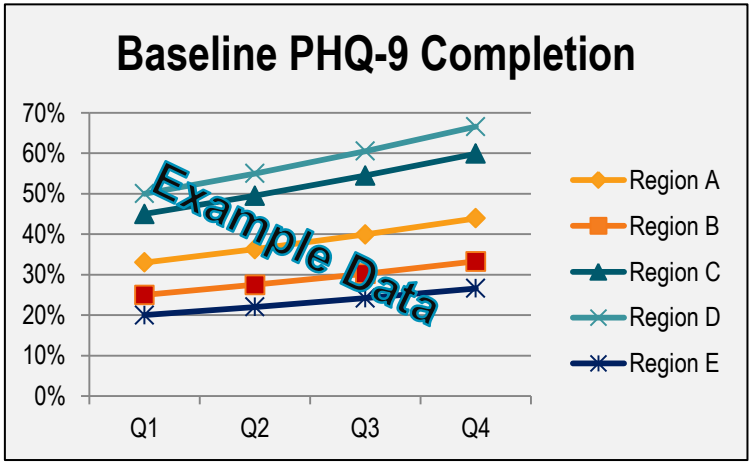
Most recent KP pharmacy dispense of each drug within certain drug classes in last 12 months . Bolded = dispensed in last 3 months

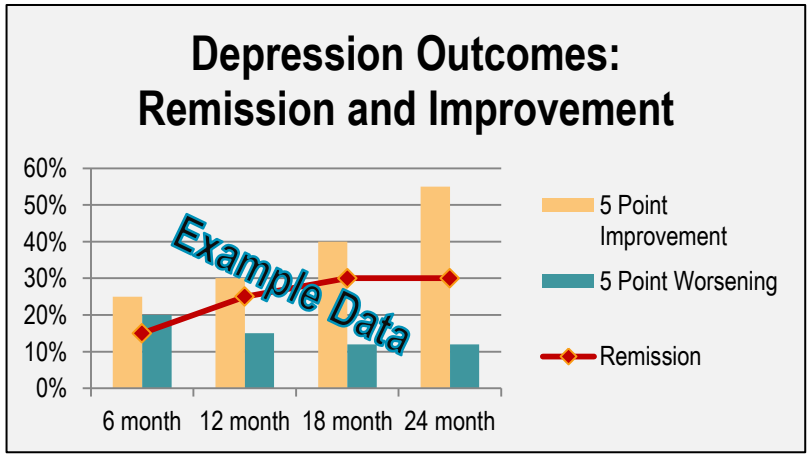
SIMVASTATIN TAB 80MG Date: 12/28/10 Daily Dose: 80.0
LISINOPRIL TAB 10MG Date: 12/2/10 Daily Dose: 10.0
SERTRALINE HCL TAB 50MG Date: 10/21/10 Daily Dose: 75.0

Depression Dashboard Metrics

PHQ-9 Usage

- New episodes: initial PHQ-9 at index date
- New episodes: follow-up PHQ-9 2-4 after index date
- Existing episodes: annual PHQ-9



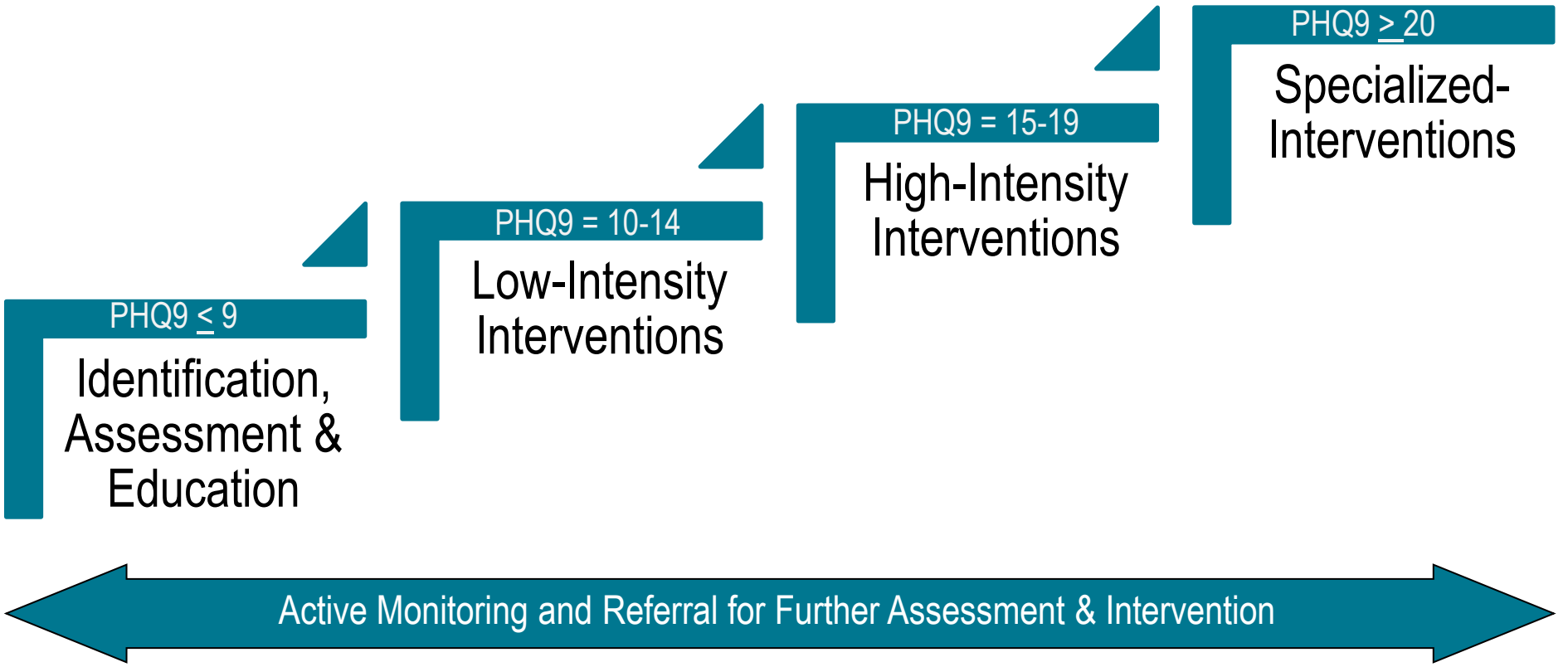


PHQ-9 Score Change Over Time

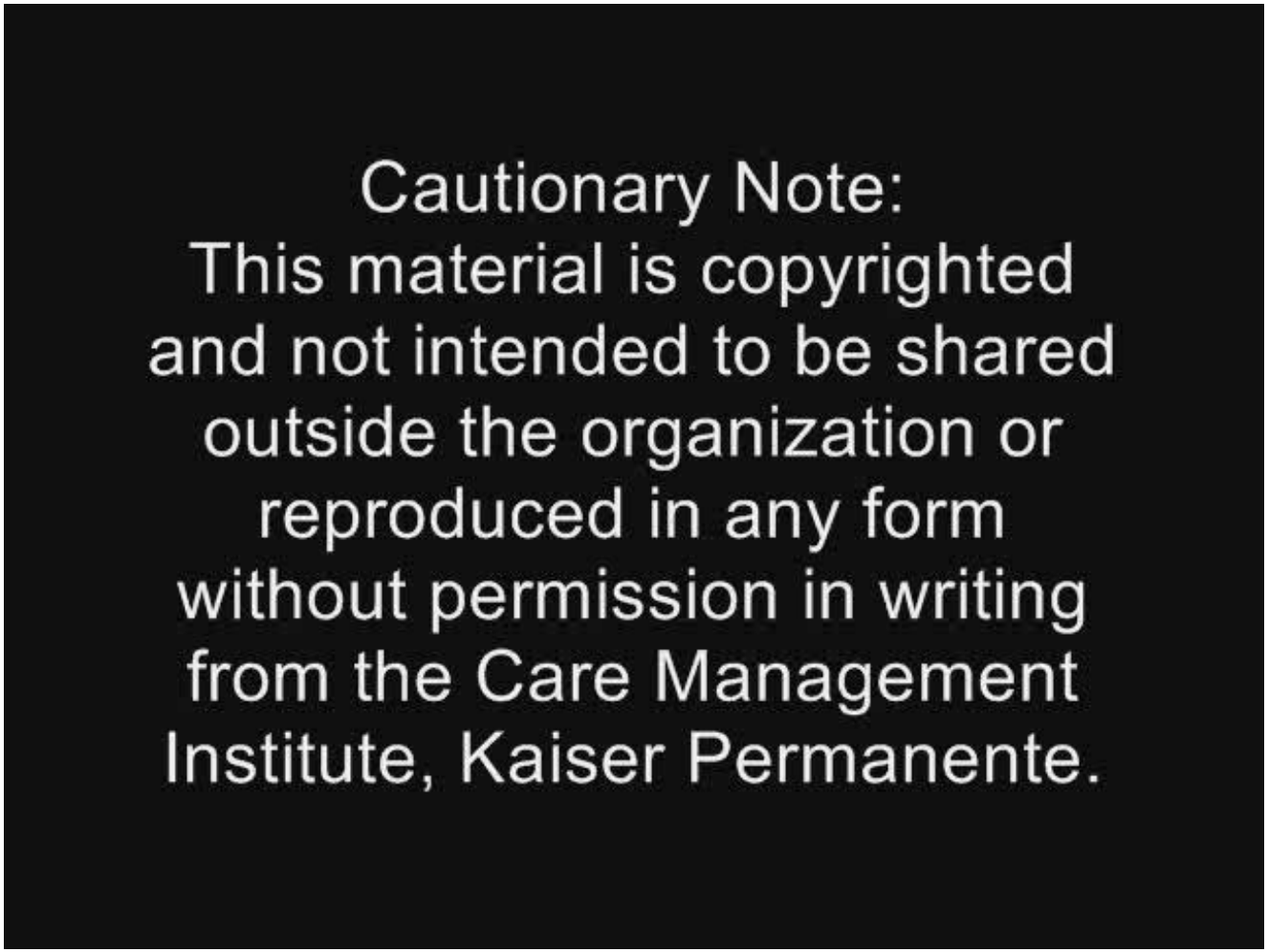
- Episodes which improve by a severity class
- Episodes which improve to remission class
- Episodes which stay the same or severity class worsens

Care Coordination

Straw Model: Psychological Therapies for Adult Depression Stepped Care Model Adapted for Kaiser Permanente



But Will Patients Like It……?



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Welcome, **WPPKNWFJKBAKFN** | Sign off

My health manager | Health & wellness | Health plans & services | Locate our services

My doctor | My medical record | Pharmacy center | Appointment center | My plan and coverage | My message center

My health manager

My message center

Create a message
- E-mail my doctor
- E-mail another department

Inbox
- From my doctor
- From another department

Sent messages
- To my doctor
- To another department

Inbox

From my doctor

Help with e-mailing my doctor

You are viewing information for WPPKNWFJKBAKFN WPPKNWKGFJKBAJLN

Is someone missing from your list?

	Subject	From	Received
☐	**Depression Questionnaire**	**Alan George**	**09/16/2011 10:14 AM**
☐	Depression Questionnaire	Alan George	09/16/2011 9:57 AM
☐	Depression Questionnaire	Alan George	09/16/2011 9:56 AM

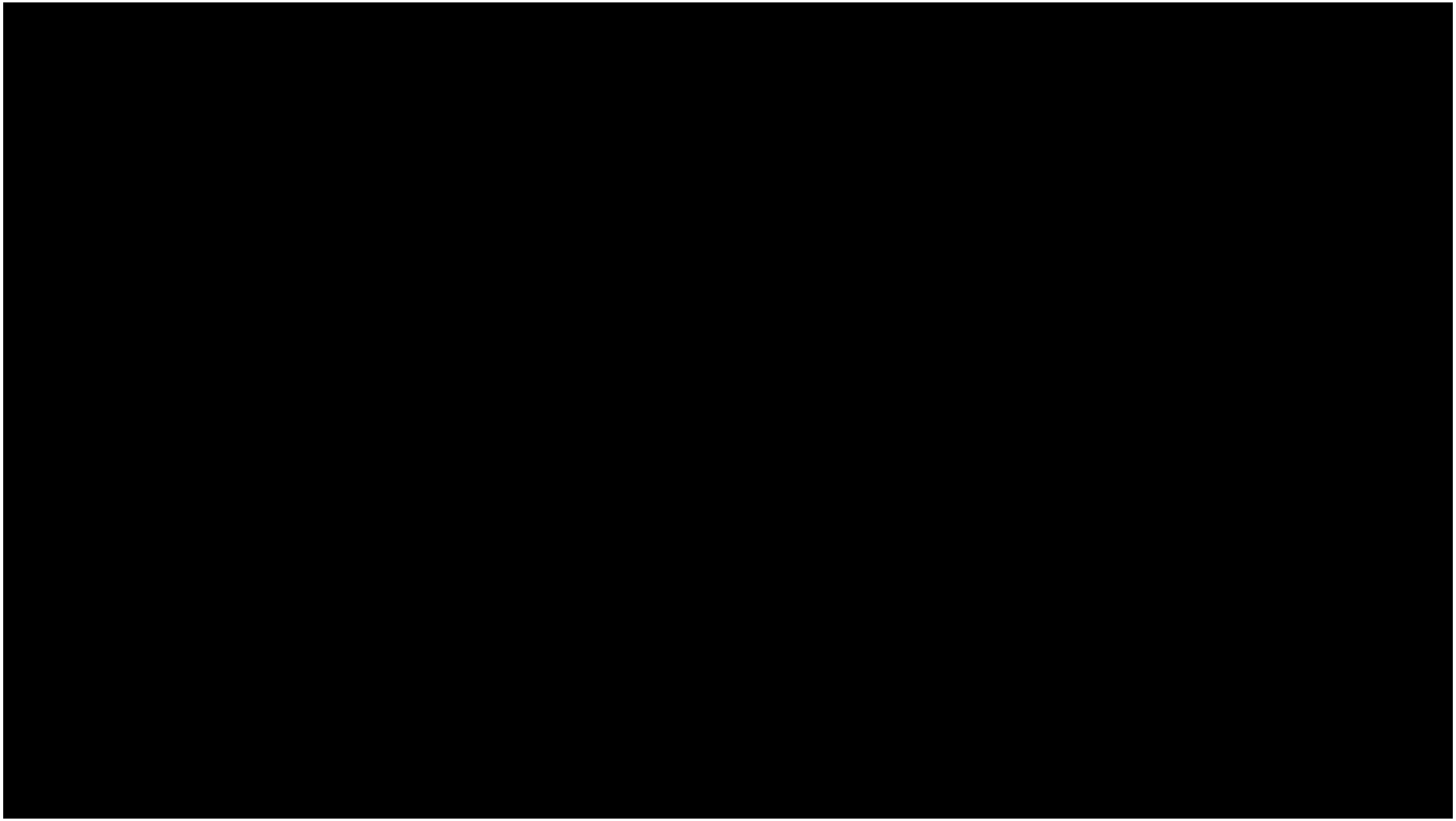
Is someone missing from your list?

Please review your answers.

To change an answer, click "Change." When you are finished with the questionnaire, click "Submit questionnaire."

Question	Answer	Change
Over the last 2 weeks, how often have you been bothered by any of the following problems?		
1. Little interest or pleasure in doing things	Several days	
2. Feeling down, depressed, or hopeless	Several days	
3. Trouble falling or staying asleep, or sleeping too much	More than half the days	
4. Feeling tired or having little energy	Several days	
5. Poor appetite or overeating	Several days	

Acknowledging it Takes Time



Questions - - Comments

Andrew Bertagnolli, PhD
andrew.bertagnolli@kp.org
510-271-5771