



## Vermont Child Health Improvement Program



# VCHIP CHAMP Collaborative: Shared Learning for Improvement

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October 8, 2019

# Disclosure

- I have no relevant financial relationships to disclose or conflicts of interest to resolve
- I will discuss no unapproved or off-label pharmaceuticals

# The CHAMP Collaborative

## 1. FY 2019 CHAMP Collaborative Results:

Caring for our Patients, Caring for Ourselves:  
Adolescent Mental Health and Substance Use and  
Provider Wellness

## 2. FY 2018 CHAMP Collaborative Results:

SDoH: Family Well-Being and Food Security

## 3. FY 2020 CHAMP Collaborative: Office Systems Inventory Strategies to improve ADHD Diagnosis, Evaluation, and Treatment in your office

# Core Elements of a VCHIP CHAMP Collaborative

## SYSTEMATIC REVIEW

**Are quality improvement  
collaboratives effective? A  
systematic review**

Susan Wells,<sup>1</sup> Orly Tamir,<sup>2</sup> Jonathon Gray,<sup>3,4</sup> Dhevaksha Naidoo,<sup>5</sup>  
Mark Bekhit,<sup>6</sup> Don Goldmann<sup>7</sup>

1. Specific healthcare topic
2. Group of experts (clinical and QI)
3. A model or framework for improvement
4. Set of structured activities
5. Multiple teams from multiple sites  
(A huge **thank you** to you, our network)

# Adolescent Mental Health and Substance Use and Provider Wellness



## Clinical and QI expertise



### Planning Committee

- Wendy Davis, MD CHAMP PI
- Breena Holmes, MD
- Ilisa Stalberg, MSS, MLSP
- Erica Gibson, MD
- Barb Frankowski, MD
- Stan Weinberger, MD
- Anya Koutras, MD
- Michelle Shepard, MD
- Laurel Omland, MS
- Maya Strange, MD
- Chris Pellegrino, MS, Director
- Julia Walsh, Data Manager
- Ethan Rogers, BS, Coordinator

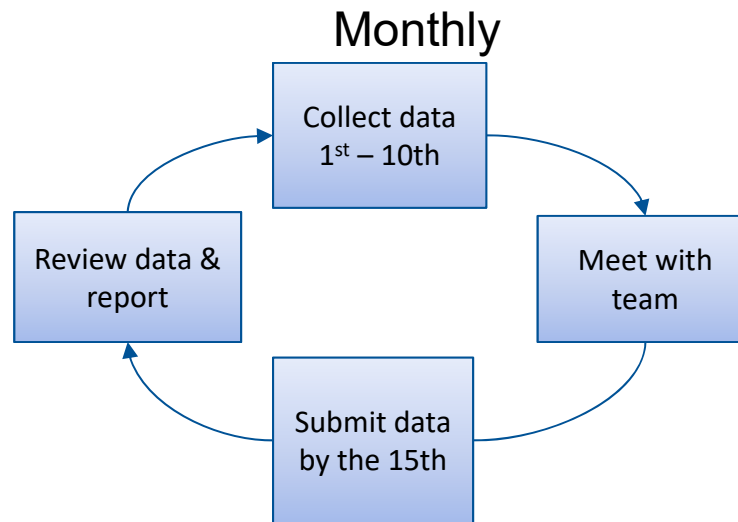
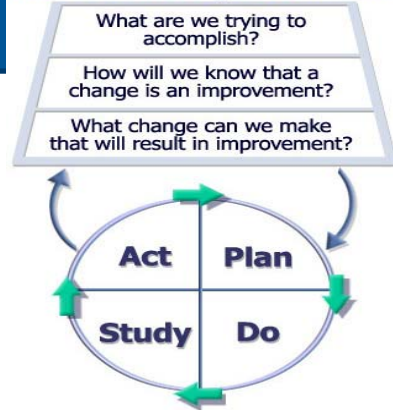
### Reviewers/Presenters

- Laura Bernard, MPH
- Steven Broer, PsyD
- Rebecca Chaplin, MS
- Steven Chapman, MD
- Andrea Green, MD
- Michael Hoffnung, DO
- Danielle Jatlow, LICSW, LADC
- Jody Kamon, PhD
- Laurel Leslie, MD, MPH
- Eliza Pillard, LICSW
- Susan Pullen, LICSW
- Andrew Rosenfeld, MD
- Win Turner, PhD, LADC

# Model or Framework for Improvement



## Model for Improvement



VCHIP Small Test of Change Worksheet Date: \_\_\_\_\_

Planning (what happened) last month that will inform this month's test of change. Identify the problem you are trying to solve.

Specific Aim: Chosen Aim to move forward on a Project Goal: \_\_\_\_\_

Describe your test (or next test) of change. \_\_\_\_\_ Responsible: \_\_\_\_\_ When: \_\_\_\_\_ Where: \_\_\_\_\_

Confidential

CHAMP 2018-2019 Abbreviated Maslach Inventory Page 2 of 2

CHAMP 2018-2019 Abbreviated Maslach Inventory

Record ID: \_\_\_\_\_

I deal very effectively with the problems of my patients  Every day  
 A few times a week  
 Once a week  
 A few times a month  
 Once a month or less  
 A few times a year  
 Never

I feel I treat some patients as if they were impersonal objects  Every day  
 A few times a week  
 Once a week  
 A few times a month  
 Once a month or less  
 A few times a year  
 Never

I feel emotionally drained from my work  Every day  
 A few times a week  
 Once a week  
 A few times a month  
 Once a month or less  
 A few times a year  
 Never

## Goals and Measures set to improve:

- Adolescent Depression Screening and Follow-up
- Adolescent Substance Use Screening and Follow-up
- Anxiety Screening/Assessment and Follow-up
- Emotional Well-Being Assessments and Discussions
- Provider Wellness



# Multiple Teams Evidence- Based Structured Interventions



## Promote a Collaborative Process:

### October: Learning Session/Project Launch

### November – May:

- Teams meet: submit/review data/activities
- Monthly Topic-specific Webinar/Phone Calls
- Discuss challenges and successes
- Share interventions/resources



## Tools, Resources, and Shared Learning:

Screening Tools

Plans of Care

SBIRT; Motivational Interviewing, Brief Negotiated Interview

Mental Health Survey

Office Systems Inventory

Webinar Calls

**VCHIP** Adolescent Mental Health and Substance Use Office Systems Inventory

Practice Name: \_\_\_\_\_ Date: \_\_\_\_\_

Introduction: The purpose of this tool is to help primary care practices assess the extent to which their office systems promote and support using the information and research-based best practices and evidence-based resources. It is recommended that the entire practice team complete this tool together during the business hours.

For the purpose of this project, we will focus on the following areas: screening for depression and substance abuse specifically.

The following rating system is relative to your practice (Check 1, 2, or 3).

1=Yes to the extent that we are currently doing it.

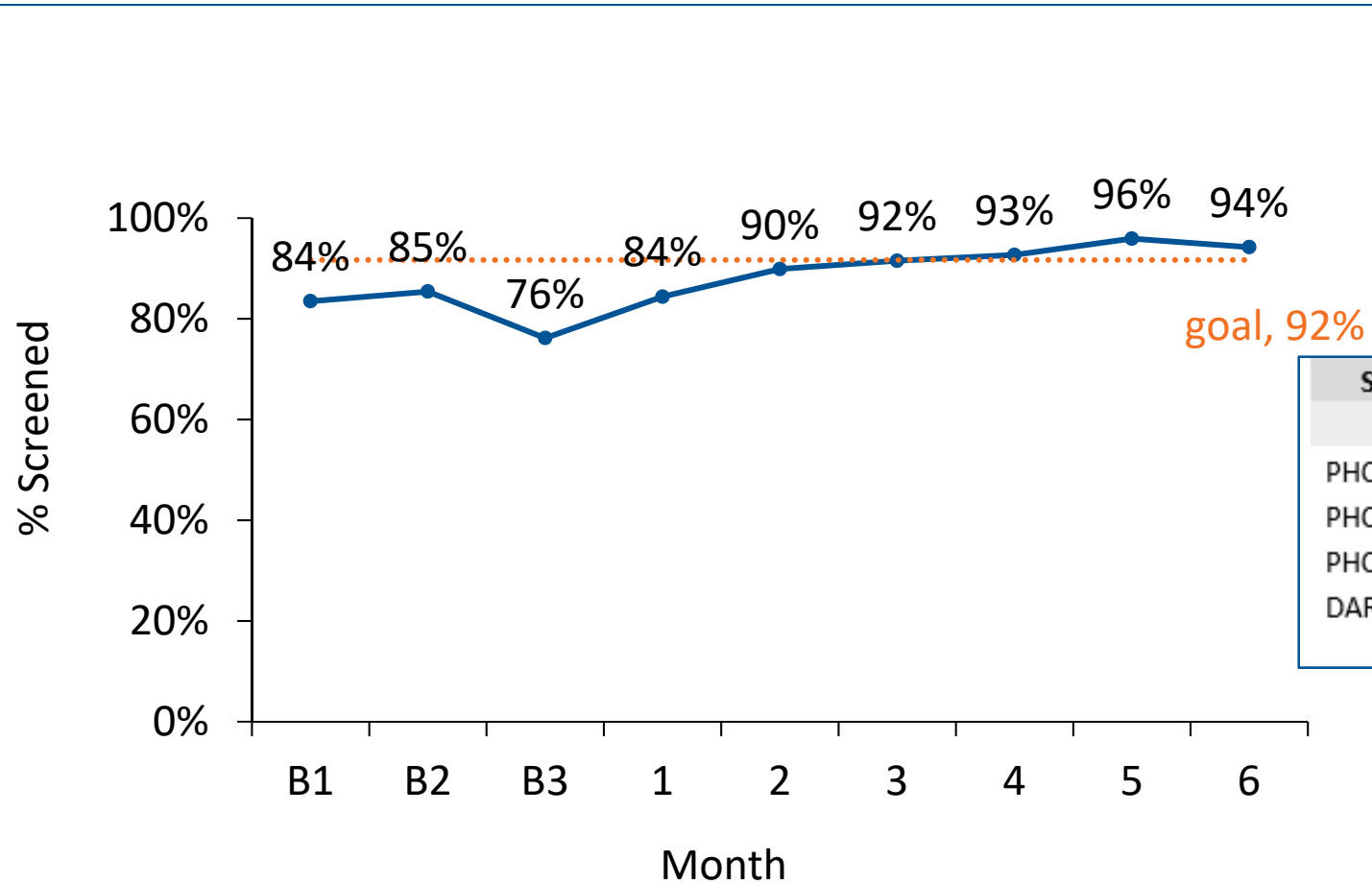
2=Yes to the extent that we are currently doing it.

3=No to the extent that we are currently doing it.

Category	1	2	3	Comments/Notes	Support/Notes
Screening	1	2	3	Practice does not screen for depression, substance use, or substance abuse. Screening is done on an individual basis and not as a standard of care.	1, 2, 3
Plan of Care	1	2	3	Practice does not develop a plan of care for patients with depression and substance abuse.	1, 2, 3
Collaborative Relationships	1	2	3	Practice does not have collaborative relationships with other care providers (e.g., mental health, substance use treatment).	1, 2, 3
Health Care Financing	1	2	3	Practice does not have a system in place to ensure that patients are not financially burdened by out-of-pocket costs.	1, 2, 3



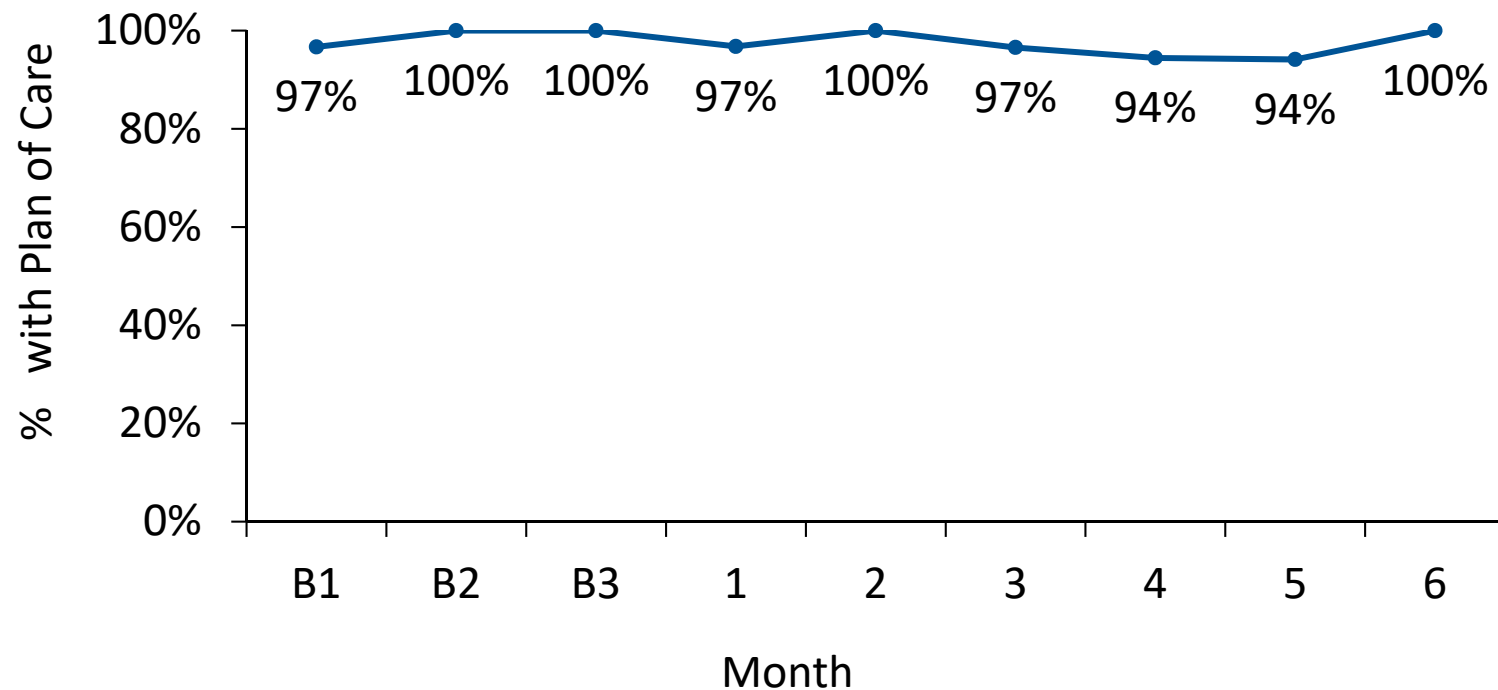
# Adolescents Age 11-21 Screened for Depression with a Validated Tool



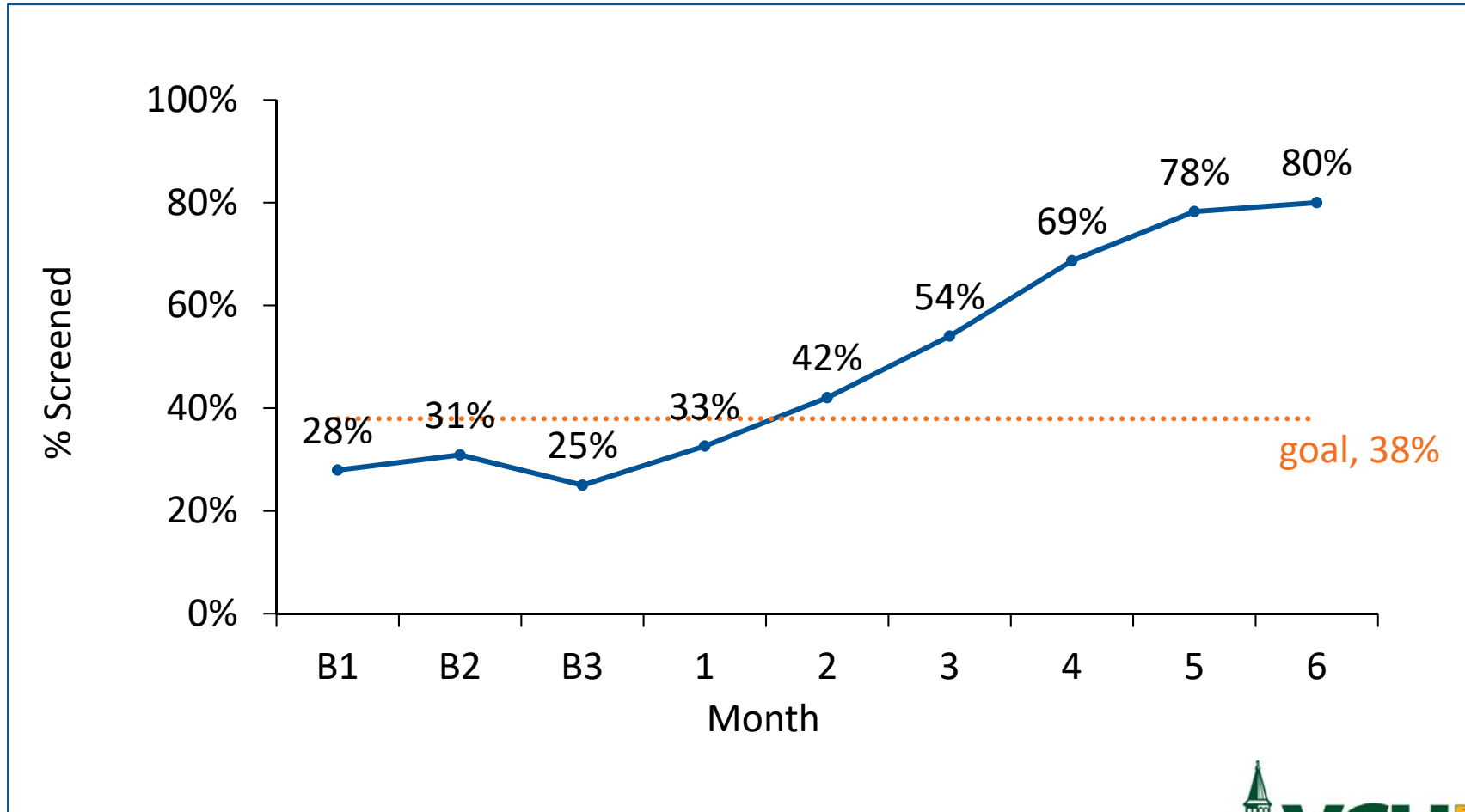
Screening Type	# Total
Depression	
PHQ-2	573
PHQ-9	711
PHQ-9a	642
DART	78



# Adolescents Age 11-21 with a Plan of Care if Positive Screen for Depression

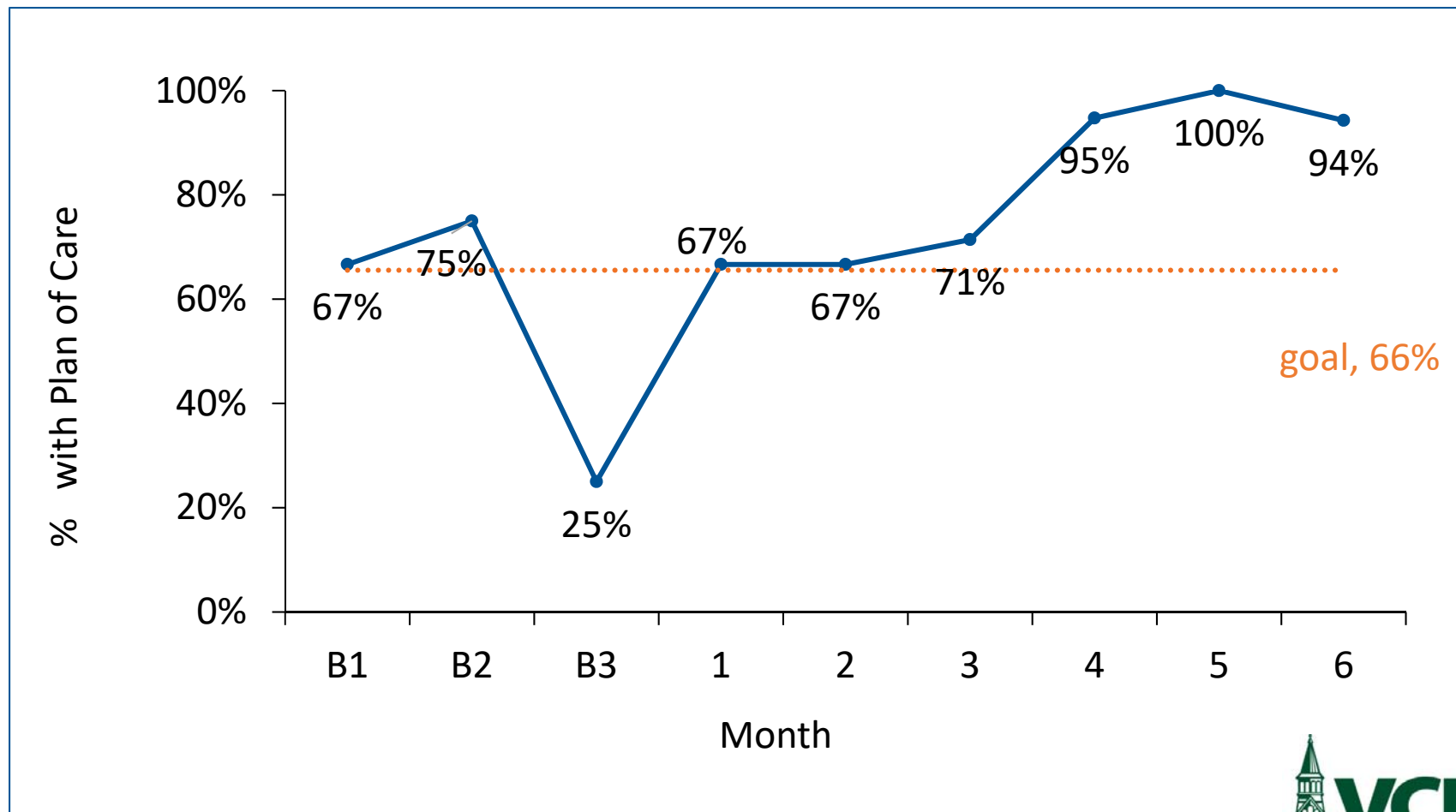


# Adolescents Age 11-21 Screened for Alcohol and Drug Use with a Validated Tool

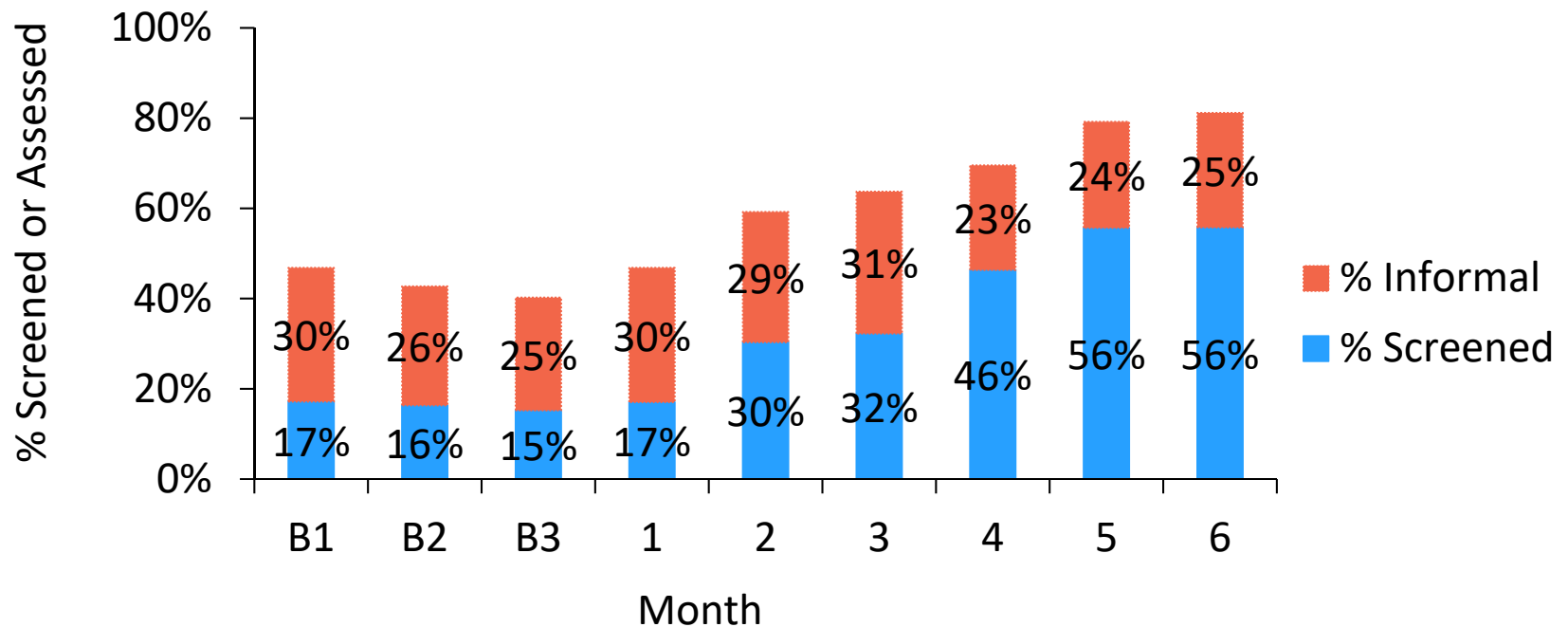


CRAFFT was used 85% of the time

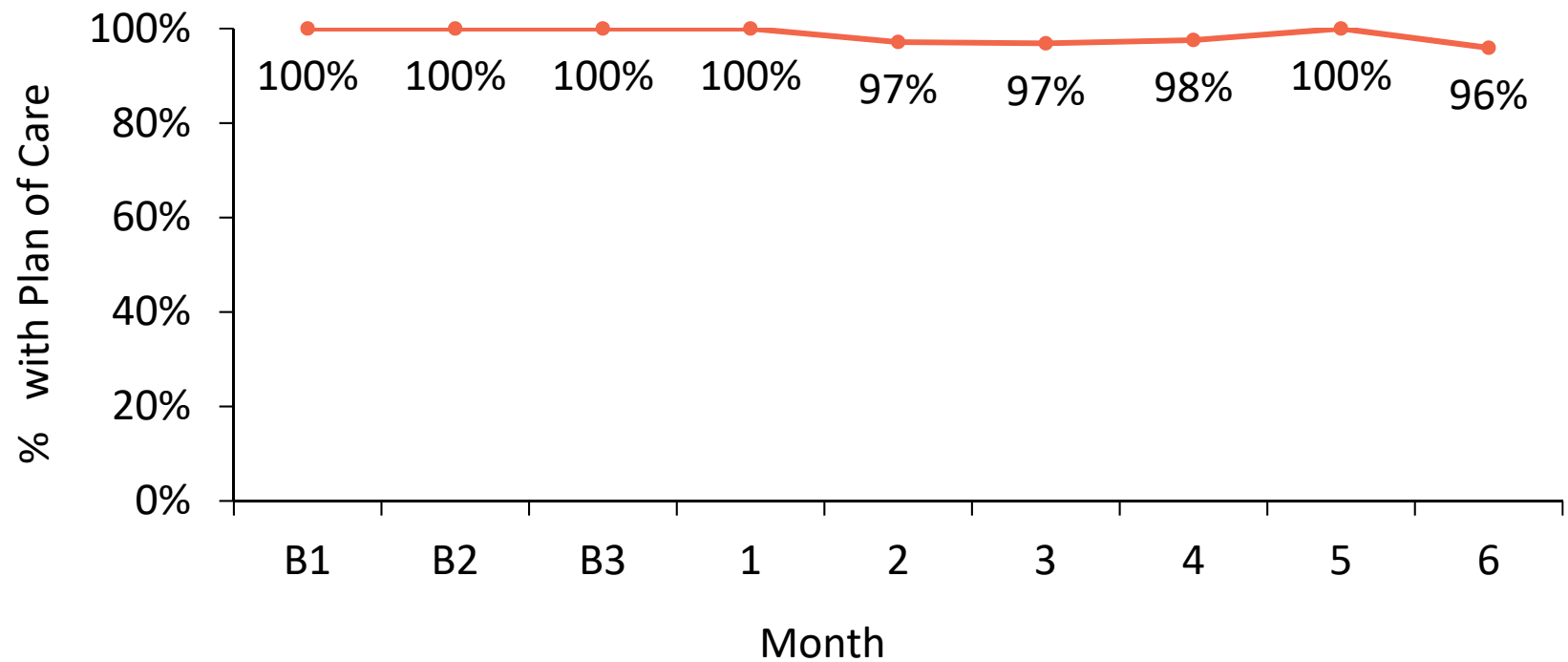
# Adolescents Age 11-21 with a Plan of Care if they had a Positive Screen for Alcohol/Drug Use



# Adolescents Age 11-21 Assessed or Screened for Anxiety

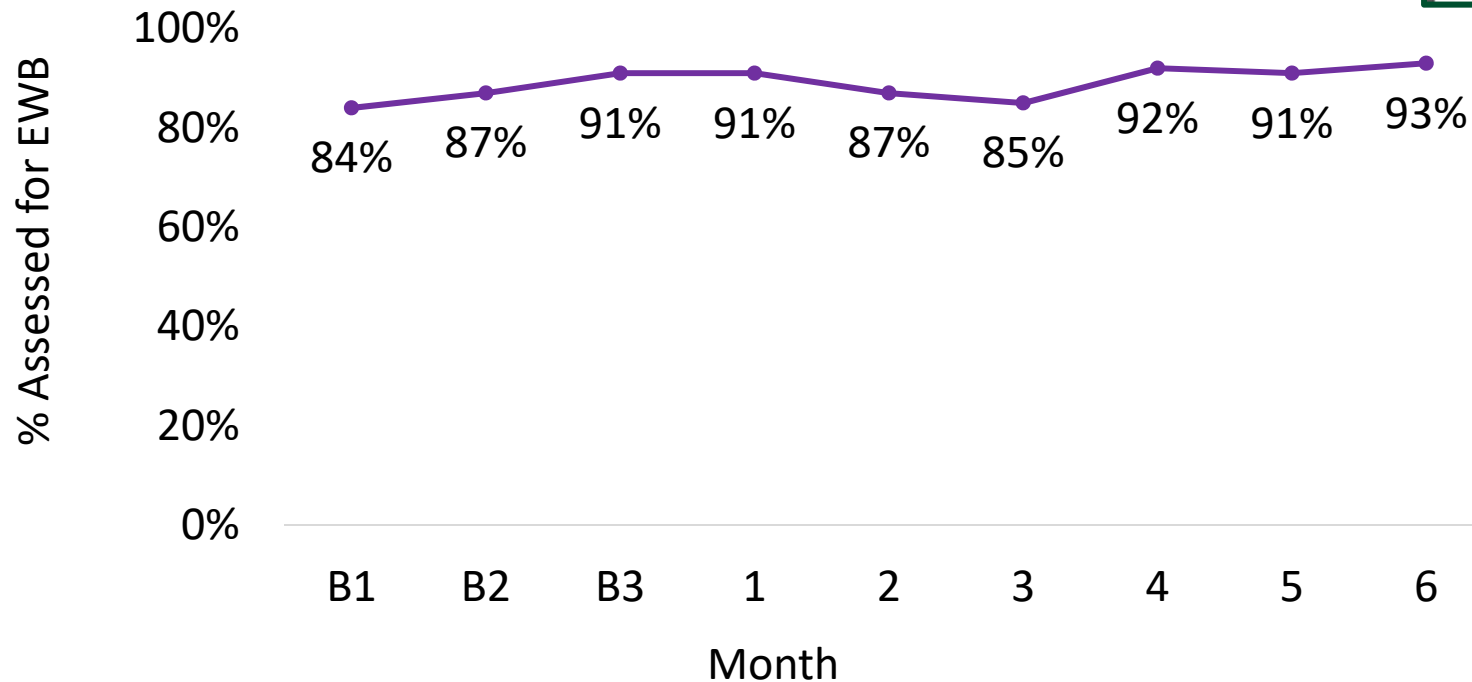


# Adolescents 11-21 with a Plan of Care if they had a Positive Screen for Anxiety



# Adolescents 11-21 assessed for Emotional Well-Being

## Assessed for Emotional Well-being (EWB)



**your family's mental health: 10 ways to improve mood naturally**

**Great physical health**  
 is characterized by energy, stamina, overall strong endurance, and coordination. Healthy, great mental health includes healthy choices, healthy confidence, healthy adaptability, and connecting to the people and world around us. Understanding and maintaining a healthy lifestyle is the foundation for physical and mental health.

The information in this brochure reviews natural approaches to helping individuals and families improve mental health through living a healthy lifestyle. It provides tips that can be easily adopted. Keep in mind that well-being is affected by genetics, physical health, and the environment, including relationships. Remember that your doctor can help you track your progress and suggest ideas that are best for you and your family.

- 1. Lighten up**  
 Sunshine boosts mood. Try to spend at least 15 minutes outdoors daily, even if just in your backyard. In the evening, use the light to read or watch TV to help with depression.
- 2. Get plenty of sleep**  
 Aim for at least 7 to 8 hours of sleep each night. For teens, 9 to 10 hours of sleep each night is even better. The following are things you can do to help you sleep and get a good night's sleep:
  - A dark, cool, and quiet room
  - A bed pillow or bath pillow
  - Reading a book
  - Listening to music
  - A white noise machine
  - Using the bed just for sleep (not for homework, TV, or phone calls)
- 3. Connect with someone**  
 Ask if you can find a friend, teacher, coach, spiritual leader, or counselor who is a good listener. Ask your doctor to refer you to a therapist.
- 4. Get outside**  
 Spending time in nature can help reduce stress and improve mood. Try to spend at least 15 minutes outdoors daily, even if just in your backyard. In the evening, use the light to read or watch TV to help with depression.
- 5. Go for a walk**  
 Walking or jogging can help improve mood. Try to walk or jog for at least 30 minutes a day, 5 days a week. Walking or jogging can also help with depression.
- 6. Step it up!**  
 Exercise or play to help you break a sweat for at least 30 minutes a day, 5 days a week. Try to do it outdoors. Exercise can help improve mood. These natural chemicals can be as effective as many medications.
- 7. Be kind**  
 Helping other people makes us feel better about ourselves. It can be as simple as saying "thank you" or holding the door open for someone. Try to be kind to yourself and others every day. Be kind to children or a father or mother who is stressed. Try to do at least one kind thing each day. Have a journal of all the things you do for others. When the time comes...
- 8. Turn off the TV**  
 Turn yourself away from TV and other screens. Try to limit screen time to less than 2 hours a day. Try to watch the TV only when you are with someone you love. Turn off the TV when you are ready to go to bed. Turn off the TV when you are ready to go to work. Turn off the TV when you are ready to go to school. Turn off the TV when you are ready to go to the store. Turn off the TV when you are ready to go to the doctor. Turn off the TV when you are ready to go to the dentist. Turn off the TV when you are ready to go to the hair salon. Turn off the TV when you are ready to go to the gym. Turn off the TV when you are ready to go to the bank. Turn off the TV when you are ready to go to the post office. Turn off the TV when you are ready to go to the library. Turn off the TV when you are ready to go to the museum. Turn off the TV when you are ready to go to the zoo. Turn off the TV when you are ready to go to the park. Turn off the TV when you are ready to go to the beach. Turn off the TV when you are ready to go to the mountains. Turn off the TV when you are ready to go to the city. Turn off the TV when you are ready to go to the country. Turn off the TV when you are ready to go to the world.

**Combine sunshine, exercise, and social connections. Go for a 15-minute walk each day with a pet or a supportive relative or friend.**



# Abbreviated Maslach Burnout Inventory™


	<i>Every day</i>	<i>A few times a week</i>	<i>Once a week</i>	<i>A few times a month</i>	<i>Once a month or less</i>	<i>A few times a year</i>	<i>Never</i>
I deal very effectively with the problems of my patients							
I feel I treat some patients as if they were impersonal objects							
I feel emotionally drained from my work							
I feel fatigued when I get up in the morning and have to face another day on the job							
I've become more callous towards people since I took this job							
I feel I'm positively influencing other people's lives through my work							
Working with people all day is really a strain for me							
I don't really care what happens to some patients							
I feel exhilarated after working closely with my patients							

Received: 15 April 2016 | Revised: 1 March 2017 | Accepted: 19 April 2017  
 DOI: 10.1002/smi.2762

WILEY

**SHORT COMMUNICATION**

**The reliability and validity of three-item screening measures for burnout: Evidence from group-employed health care practitioners in upstate New York**

Moira R. Riley<sup>1</sup> | David C. Mohr<sup>2,3</sup> | Anthony C. Waddimba<sup>4</sup> 

# In other news ...



## Child Health Advances Measured in Practice (CHAMP)

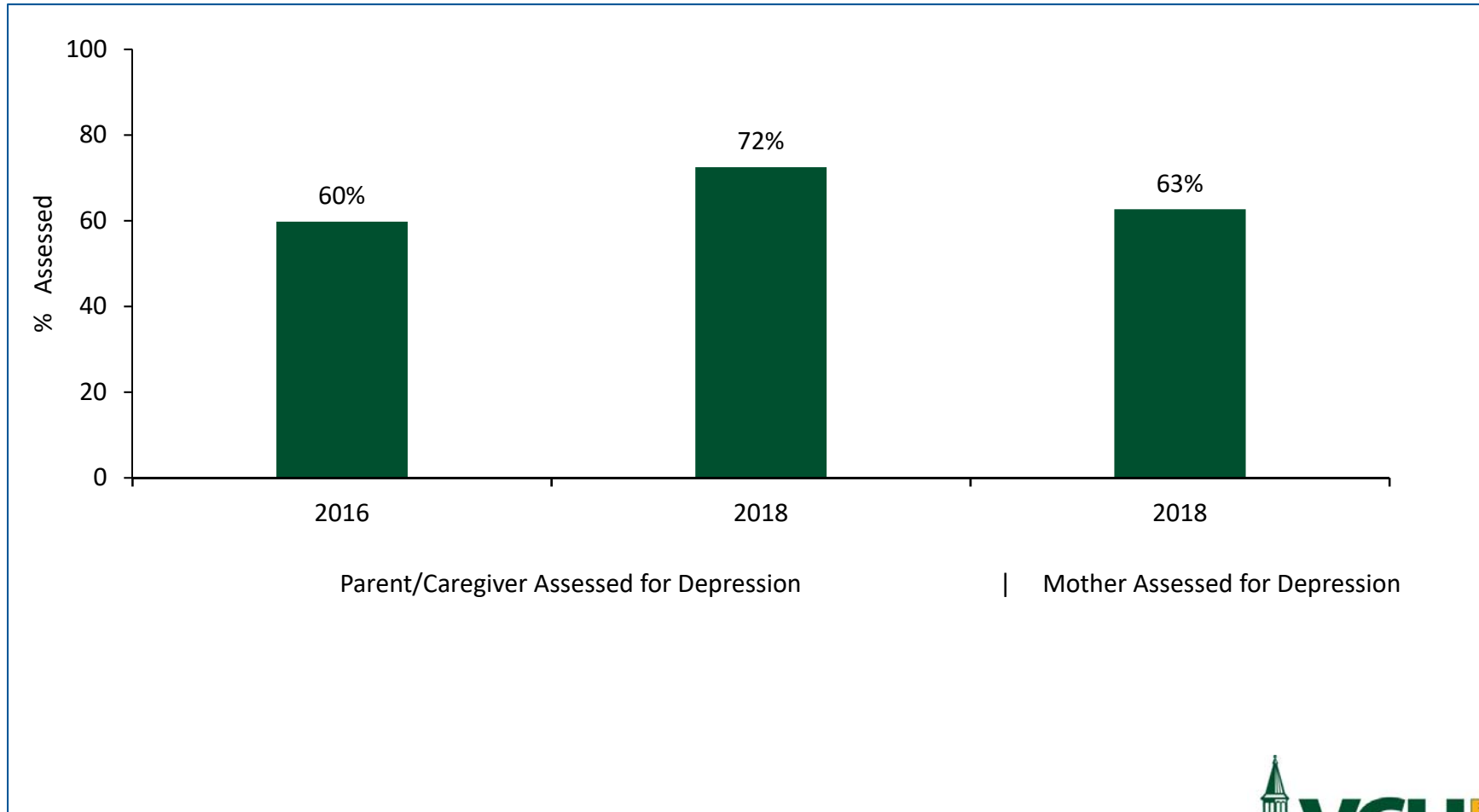
### ► Social Determinants of Health:

#### ► Why choose food insecurity and parental depression?

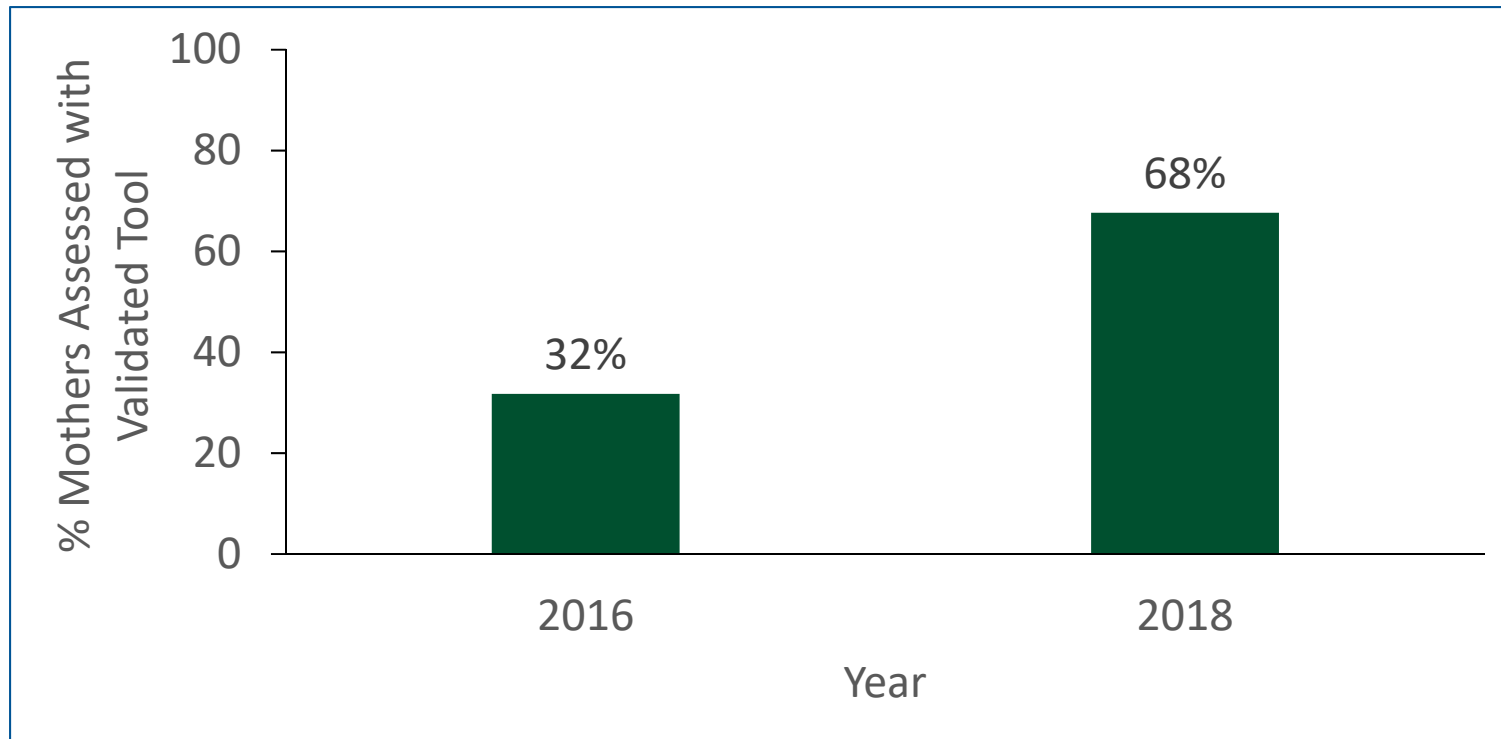
1. Household hardships do not occur in isolation - they are a constellation
2. Food insecurity and parental depression cost the health care system billions of dollars each year
3. Food insecurity and parental depression are devastating to children's health and wellbeing



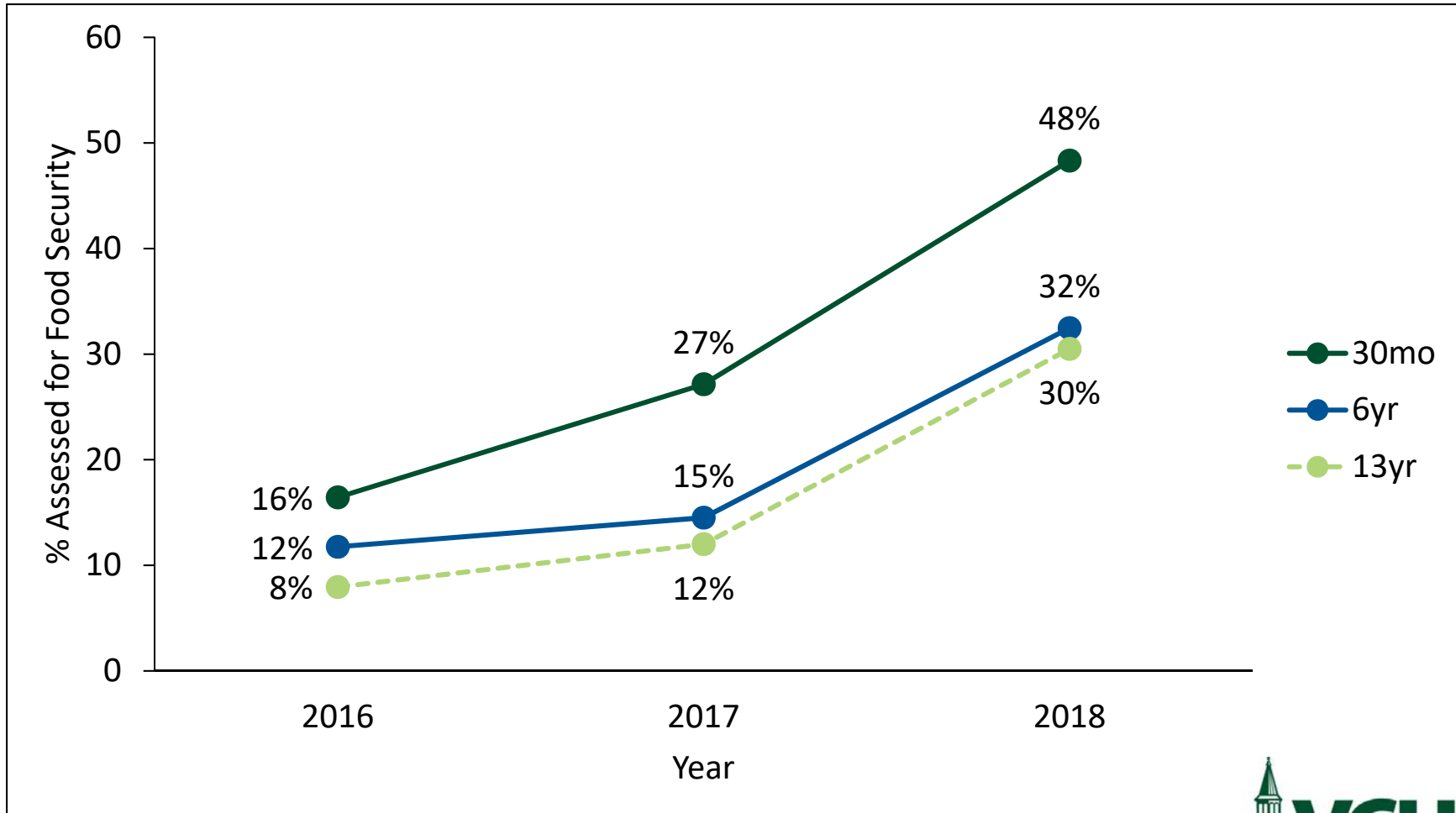
# Family Well-Being



# Family Well-Being



# Food Security



# ADHD CHAMP Collaborative Clinical and QI expertise

## Learning Session and Project Committee/Work Group

- Wendy Davis, MD, CHAMP PI
- Breena Holmes, MD
- Ilisa Stalberg, MSS, MLSP
- Stan Weinberger, MD
- Anya Koutras, MD
- Michelle Shepard, MD
- Joseph Hagan, MD
- Laurel Omland, MS
- David Rettew, MD
- Sharonlee Trefry, MSN, RN, NCSN
- Leah Costello, MD, FAAP
- Susan Richardson, PhD
- Avery Rasmussen, BS, Coordinator
- Chris Pellegrino, MS, Director





# Office Systems Inventory for ADHD



Practice name: \_\_\_\_\_ Date completed: \_\_\_\_\_

## Strategies to Improve ADHD Diagnosis, Evaluation and Treatment for Children and Adolescents in Primary Care

Following are strategies your practice can use to improve office systems to improve their diagnosis, evaluation, and treatment for children and adolescents with ADHD. Read each strategy and check the response as it applies to your practice. Use the following rating system to evaluate your practice by making a check mark in the correct column.

- 1 Not done
- 2 Done less than 75% of the time
- 3 Consistently done (75% of the time or more)
- 4 Consistently done and based on best practice

Strategy	1	2	3	4	Supports MOC measure #
<b>Use AAP guidelines and Process of Care Algorithm for ADHD diagnosis and management</b>					
We have identified a clinician champion or practice team that is well versed in the AAP ADHD guidelines to lead changes in our practice.					1-8
We provide clinicians and staff with educational opportunities to review the new AAP ADHD guidelines and associated DSM-5* criteria.					1-8
<b>Improve diagnostic accuracy</b>					
We use DSM-5 criteria for diagnosing ADHD (identifying core symptoms; impairment in >1 major setting; symptom onset before 12 years old).					1, 2
We use validated ADHD screening tool(s) in our practice that are appropriate for children and youth who are 4 – 21 years of age.					1
We collect parent rating scales as part of the ADHD diagnostic process for children/youth aged 4-17 years of age.					1, 2
We collect ADHD rating scales from teachers or other community informants as part of the ADHD diagnostic process.					1, 2
We collect self-report scales from adolescents, when appropriate.					1
Our clinicians and staff have training to accurately administer and score ADHD screening tool(s).					1, 2
We have a process to follow-up when we have not been able to obtain ADHD rating scales from key informants in the diagnostic process.					1, 2
We have identified and assigned roles/responsibilities related to the screening process across the practice (team-based approach).					1, 2
We have appropriate processes in place to support parent/caregiver screening for families with low literacy, limited English proficiency, or varying cultural norms related to ADHD.					1, 2, 4
<b>Improve treatment of ADHD using pharmacological and non-pharmacological methods as appropriate</b>					
We collaborate with the family, school and youth to set treatment goals.					3, 4, 5
We identify patients with ADHD as "Children or Youth with Special Health Care Needs" and coordinate their care in the medical home similar to other CYSHCN.					1-8
We identify a treatment team (patient, parents, teachers, therapists, specialists or other key					2,3,7



Practice name: \_\_\_\_\_ Date completed: \_\_\_\_\_

Strategy	1	2	3	4	Supports MOC measure #
Medication: We have a system in place to ensure patients prescribed an ADHD medication for the first time have a follow-up visit with a prescriber within 30 days of medication initiation.					5
We advocate for behavioral classroom interventions where appropriate.					3
We assess for and provide counseling around wellness and health promotion (exercise, nutrition, sleep, screen time, mindfulness).					8
We follow children and adolescents with ADHD as CYSHCN with at least 2 visits annually to monitor for ADHD symptoms.					2, 5, 6
<b>Ensure effective identification, follow-up, and surveillance for co-morbidities</b>					
We screen for co-morbidities and consider them in the differential diagnosis of ADHD (emotional/behavioral or developmental problems).					1, 8
We initiate treatment for comorbid conditions such as depression and anxiety in patients with ADHD as indicated.					8
We have a process in place for referring patients to a mental health professional if there are complex co-morbidities.					8
We have access to specialists for referrals and management of complex ADHD or co-morbidities (Psychiatry, Developmental Behavioral Pediatrics).					8
We follow-up referrals for co-morbid conditions at subsequent visits, and track progress until completion.					7, 8
<b>Partner with patients, school personnel, and mental health colleagues for effective ADHD management</b>					
We have a process for completing releases of information to enable communication with all members of the treatment team.					2,7
We have methods for communicating with the treatment team to allow collaboration (secure email, phone, letters).					2,7
We maintain a list of community providers offering evidence based services for ADHD (Parent Training- Behavior Management, Behavioral therapy, Training interventions).					3
We provide resources and educational materials to parents that address parent support, teacher/school communication and behavioral health.					4
We help families advocate for educational supports and interventions, including supporting evaluations for special education services through a 504b or IEP.					7
We utilize electronic platforms to facilitate communication/care coordination between settings.					2, 7
<b>Population Health and Delivery System Redesign for children/adolescents with ADHD</b>					
We have a documented office flow or an algorithm for management of ADHD at all points along the continuum of care.					1-8
We use a population-based ADHD registry to track and monitor patients along the continuum of care.					1-8
We document protocols, standing orders and delegate roles to distribute work across the care team.					1-8
We optimize coding and billing for ADHD care activities.					1-8

# What's next

Review/Complete if possible:  
Office Systems Inventory (folder)

**10:30 – 10:45:** Refreshment Break

**10:45** Diagnostic Tools for the Initial Evaluation  
of ADHD and Monitoring Treatment Success