

Caring for our Patients Caring for Ourselves

Adolescent Mental Health and Substance Use and Provider Wellness



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Disclosure

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

Goals for Improving Adolescent Care

- **Improve Adolescent Depression Screening and Follow-Up**
 - Depression Screening
 - If positive depression screen improve follow-up plans of care
- **Improve Adolescent Substance Use Screening and Follow-Up**
 - Alcohol/drug Screening
 - If positive for being at risk of alcohol/drug use improve follow-up plans of care
 - Implement “brief intervention” to respond to positive screens
- **Improve Assessment of Anxiety and Follow-up when concerning**
- **Improve Assessing and Discussing Emotional Well-Being**
- **Provider Wellness: Take care of ourselves in the process**

Adolescent Mental Health & Substance Use Provider Wellness

November 1: Complete Maslach Burnout Inventory on-line

November 1: Submit 3 months of baseline data (10 charts per month) prior to making changes

July 16 – August 15

August 16 – September 15

September 16 – October 15

*Develop and submit your PDSA Log
(wait for baseline if able)*

Dec to May: Collect and submit monthly data (6 months)*

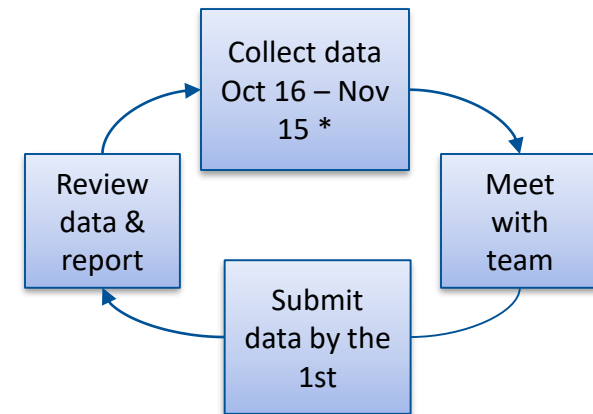
Meet with your team, Review data and results

Develop PDSA Logs (at least 1/month)

Submit monthly PDSA sheets

Complete Maslach Burnout Inventory at end of project

Scheduled Monthly Topic-specific Phone Calls (attend at least 3)



Monthly

*New this year:

Data Collection Tools & Schedule
PDSA Form re-worked

Data Collection: REDCap

Was adolescent assessed for depression?	<input type="radio"/> Validated tool <input type="radio"/> Informal assessment <input type="radio"/> No assessment
Was adolescent assessed positive for depression?	<input type="radio"/> Yes <input type="radio"/> No
Which validated tool(s) were used (check all that apply)	<input type="checkbox"/> PHQ-2 <input type="checkbox"/> PHQ-9 <input type="checkbox"/> PHQ9A (modified for teens) <input type="checkbox"/> Other validated tool
Other validated tool for depression:	<hr/>
Was adolescent screened positive for depression?	<input type="radio"/> Yes <input type="radio"/> No

09/28/2018 1:05pm

projectredcap.org



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Was there a depression plan of care? (Check all that apply)	<input type="checkbox"/> F/U appointment in office <input type="checkbox"/> Mindfulness activity <input type="checkbox"/> Resources provided <input type="checkbox"/> In-office counseling <input type="checkbox"/> Structured negotiated interview <input type="checkbox"/> Prescribed medication for depression <input type="checkbox"/> Referral <input type="checkbox"/> Patient declined services <input type="checkbox"/> Crisis Center/911/Emergency Department (Check all that apply)
Was adolescent assessed for anxiety?	<input type="radio"/> Validated tool <input type="radio"/> Informal assessment <input type="radio"/> Not assessed for anxiety
Did adolescent assess positive for anxiety?	<input type="radio"/> Yes <input type="radio"/> No
Which validated tool was used?	<input type="radio"/> GAD <input type="radio"/> SCARED <input type="radio"/> Other validated tool
Other validated tool for anxiety:	<hr/>

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MOC 2018/2019 Adolescent Mental Health & Substance Use

Please complete the survey below.

Thank you!

Please complete 10 chart reviews for adolescents who have received an adolescent well visit by you, or someone at your practice in the last month.

Practice Name

Date

Provider Wellness

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CHAMP 2018-2019 Abbreviated Maslach Inventory

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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

The Metrics

Adolescent Depression Screening

- Increase the % of adolescents screened for depression at a HSV with a validated tool by 10% from baseline.
- Increase the % of adolescents with positive depression screen with follow-up plan of care specified by 10% from baseline.

Adolescent Alcohol and Drug Use Screening

- Increase the % of adolescents screened for adolescent alcohol/drug at HSV using a validated tool by 10% from baseline.
- Increase the % of adolescents who were positive for being at risk of alcohol/drug use with follow-up plan of care by 10% from baseline.

Adolescent Anxiety Screening


Adolescent Anxiety Screening positive with plan of care

Adolescents assessed for emotional well-being & topics discussed

Provider wellness (average mean score)

Getting Started



- Attending the Learning Session
 - Assembling your team
 - Considering best practices, protocols
 - New ideas for change
- 
- AIM Statement
 - Measures, data collection plan



From Institute for Healthcare (IHI) Open School

Office Systems Inventory



Adolescent Mental Health and Substance Use Office Systems Inventory

Practice Name: _____ **Date:** _____

Instructions: The purpose of this tool is to help primary care practice assess the extent to which their office systems promote and support caring for adolescents with mental health and substance use concerns. It is recommended that the *entire practice team* complete this tool together during the learning session.

For the purpose of this project, we will focus on the reliability around guidelines for screening for depression and substance abuse specifically.

Use the following rating system to evaluate your practice. Circle 1, 2, OR 3.

1 = We do this well; Substantial improvement is not currently needed.

2 = We do this to some extent; Improvement is needed.

3 = We do not do this well; Significant practice change is needed.

Community Resources			Supports MOC Measure
Inventory	1 2 3	Practice has an up-to-date list of developmental-behavioral pediatricians, adolescent medicine specialists, community-based and school-based mental health and substance abuse professionals, youth recreational programs, and family and peer support programs and mental health care coordinators.	2, 4, 7
Core Services	1 2 3	Practice team is knowledgeable about eligibility requirements, contact points, and services of the programs and providers listed above.	2, 4, 7
Collaborative Relationships	1 2 3 1 2 3	Practice team has collaborative relationships with school and community-based providers of key services for: <ul style="list-style-type: none"> Mental health concerns Substance use concerns 	2, 4, 7
Health Care Financing			
Coding	1 2 3	Primary care practice has coding and billing procedures to capture payment for primary care mental health-related and substance use services covered by major health plans, including	all



Office Systems Inventory

- Review your completed Office Systems Inventory
- Review your practice report.
- Where are your gaps?
- What are your priorities?
- What changes will you make?
- What will you “trial” first?
- What will have the biggest impact?
 - What will your 1st PDSA cycle be?

What's in a PDSA cycle?



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 first (or next) test of change.	Responsible	When	Where
List the tasks needed to set up this test of change.	Responsible	When	Where
Predict what will happen when the test is carried out.	Measures of Success		

Do Run the test. Describe what happened when you ran the test:

Study Describe the measured results and how they compared to the predictions:

Act Describe what modifications to the plan will be made for the next cycle from what you learned:

Worksheet from the Institute for Healthcare Improvement

Model for Improvement

What are we trying to accomplish?

How will we know that a change is an improvement?

What change can we make that will result in improvement?



Quickly test changes on a small scale, observe what happens, tweak changes, test again

Goals/Measures and Data Collection

Information in binder includes

Goals/Measures and Data Collection

- Instructions for completing data collection form
- Project measures and definitions sheet
- Data collection sample (you will use REDCap)
- PDSA Activity Log

Other information:

- Monthly Collaborative Calls
- Contact information
- MOC Tracking Log
- Model for Improvement overview

Conference Call/Webinar Schedule
Call in Number 1-866-814-9555 Participant code: 6266787790
Monthly Calls are from 12:00-1:00pm
-Please note-

October, November, March and May calls are on Tuesday
January, February, and April calls are on Wednesday

The purpose of project conference calls/webinars is to gain knowledge from experts in the field, and share successes and challenges with your colleagues participating in the QI project. We will discuss improvement strategies and hear new ideas and information related to improving Adolescent Mental Health and Substance Use, and Provider Wellness. Please join us.

Date	Time	Call Topic/Presenters
Tuesday October 30	12 PM – 1 PM	Following up on the SBIRT Training Brief Negotiated Interviewing Coaching/Follow-up
Tuesday November 13	12 PM – 1 PM	Confidentiality with Abigail English, MD (Sponsored by: VCHIP Vermont Youth Health Initiative Project)
Wednesday January 9	12 PM – 1 PM	Adolescent Mental Health and Substance Use Resources and Referrals Positive Screen Interventions
Wednesday February 13	12 PM – 1 PM	Provider Wellness: Self-Care Assessment and Follow-up
Tuesday March 19	12 PM – 1 PM	Patient and Family Wellness
Wednesday April 10	12 PM – 1 PM	Suicide Prevention, Access to Lethal Means
Tuesday May 7	12 PM – 1 PM	Project Wrap-Up MOC Attestation Instruction

Next Steps for SBIRT

Discuss/explore different ways to enhance SBIRT skill building and competency

Thoughts:

- Clinical Training Simulation (Kognito in NH)
- Case-based learning: ECHO – (Extension for Community Healthcare Outcomes) or other platform

Questions/comments?

Thank you!

