CHAMP Quality Improvement Collaborative
Shared Learning and Improvement

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Quality Improvement Associate, CHAMP Project Director
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Disclosure

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

1. Share FY18 CHAMP Collaborative Results:
   Prescription for Whole Health:
   SDoH: Family Well-Being and Food Security

2. Share 2 Practice tools for our project this year:
   Adolescent Mental Health and Substance Use
CHAMP Projects
Why use a Collaborative Approach?

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

Susan Wells,1 Orly Tamir,2 Jonathon Gray,3,4 Dhevaksha Naidoo,5 Mark Bekhit,6 Don Goldman7

**Originated:**
- New England Cardiovascular Disease Study Group (1986)
- Institute for Healthcare Improvement (IHI) Breakthrough Series (1995)
- VCHIP CHAMP (2012)
Core Elements of the Collaborative(s)

- Specific healthcare topic
- Group of experts (clinical and QI)
- Set of structured activities
- A model or framework for improvement
- Multiple teams from multiple sites
Specific healthcare topic: Social Determinants of Health

Improving Family Well-Being and Food Security Screening and Follow-Up

**Food Insecurity**
- Increase the % of children 0-21 screened for food insecurity at an appropriate health supervision visit using a validated tool by 10% from baseline.
- Increase the % of families who were positive for being at risk of food insecurity with follow-up specified by 10% from baseline.

**Family Well Being:**
- Increase the % of parents/guardians (infants up to 1 year of age) being screened for depression at a health supervision visit with a validated tool by 10% from baseline.
- Increase the % of parents/guardians with positive depression screen with follow-up specified by 10% from baseline.

QI activities impact survey
Planning Group and Presenters
Clinical and QI expertise

Planning Committee
- Wendy Davis, MD, FAAP
- Sarah Desilvey, FNP
- Barb Frankowski, MD, MPH, FAAP
- Breena Holmes, MD, FAAP
- Suzanne Kelley, MSW
- Barb Frankowski, MD, MPH, FAAP
- Anya Koutras, MD
- Lea Sheward, MD
- Rich Sheward, MPP
- Ilisa Stalberg, MSS, MLSP
- Julia Walsh, BA
- Stanley Weinberger, MD, FAAP
- Sandra Wood, CNM, PMHNP
- Angela Zinno, MA
- Chris Pellegrino, MS

Presenters/Panelists
- Jenn Chittick
- Faye Conte
- Katy Davis
- Kofi Essel MD, MPH, FAAP
- Elizabeth Gilman
- Sarah Guth, MD
- Jessica Green
- Alicia Jacobs, MD
- Kay Johnson, MPH, Med
- Janet Kilburn
- Kate McIntosh, MD
- Adrienne Pahl, MD
- Jill Rinehart, MD, FAAP
- Keith Robinson, MD
- Michelle Wallace
Set of Structured Interventions

Promote a Collaborative Process:
October: Learning Session/Project Launch

November – May:
- Teams met: submit/review data/activities
- Monthly Topic-specific Webinar/Phone Calls
- Discuss challenges and successes
- Share interventions/resources
Model or Framework for 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?

**Act**
- Collect data 1st – 10th

**Plan**
- Review data & report

**Study**
- Meet with team

**Do**
- Submit data by the 15th

Monthly

| Area Worked On (changes made). What was last month’s test? What did you “do”? | Roll out of Hunger Vital Sign at nurses meeting. Education on screening, resources, etc. Resource sheet completed and distributed. |
| Study: Did your changes result in improvement? (Review data report if available) | Definitely - screened 8 out of 26 kids at physicals! |
| Act: Based on what you tested will you Adopt, Adapt, or Abandon the change? How will you do it? What will you do next? | Reminder email with recent data to nurses. Still working on adapting workflow to incorporate the Vital Sign. |
| Plan: What is your plan for your next test? Who, what, where and when? Do you need other data? Be specific with your team. | Will rerun the report next month, continue with e-mail based reminders for the nurses, and plan from there. |

Vermont Child Health Improvement Program
UNIVERSITY OF VERMONT COLLEGE OF MEDICINE
Multiple Teams from Multiple Sites

23 CHAMP Pediatric and Family Medicine Practices

20 practices worked on Food Security
8 practices worked on Family Well-Being
5 practices worked on both topics

Practice Teams: Providers, Nurses, Social Workers, Care Coordinators, Practice Managers

Practices located around the State:
   Burlington, Bennington, Brattleboro, St. Johnsbury, Middlebury, South Royalton, St. Albans, Bradford, Wells River, Milton, Colchester, Hinesburg, Milton, South Burlington, Williston
CHAMP MOC Family Well-Being Composite Screening Rates May 2018

Family Depression Screening Rates

Positive Depression Screen Results by Month

Referral & Communication

Positive Screens with Follow-up Plan

% Positive w/F/U Plan

Month

Baseline 2 3 4 5 6 7 Total

Yes, Positive Screens 0 5 7 5 3 5 4 29
Total Screened 22 49 54 49 65 60 54 353
% Positive Screens 0% 10% 13% 10% 5% 8% 7% 8%
CHAMP MOC Food Insecurity Composite Screening Rates May 2018

Food Insecurity Screening Rates

84%

Positive Screens with Follow-up Plans

Referral & Communication

VCHIP

Vermont Child Health Improvement Program
UNIVERSITY OF VERMONT COLLEGE OF MEDICINE
This year

Caring for our Patients, Caring for Ourselves
Adolescent Mental Health and Substance Use and Provider Wellness
Clinical and QI expertise

Planning Committee
- Wendy Davis, MD CHAMP PI
- Breena Holmes, MD
- Ilisa Stahlberg, 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
- Angela Zinno, MA, 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
## Adolescent Mental Health and Substance Use Office Systems Inventory

### Instructions:

The purpose of this tool is to help primary care practices assess the extent to which their office systems promote and support care for adolescents with mental health and substance use concerns. It is recommended that the entire practice team complete this tool together during the last month of the quarter.

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

<table>
<thead>
<tr>
<th>Inventory</th>
<th>1 2 3</th>
<th>Practice has an up-to-date list of development-behavioral pediatrics, 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</th>
</tr>
</thead>
<tbody>
<tr>
<td>Core Services</td>
<td>1 2 3</td>
<td>Practice team is knowledgeable about eligibility requirements, contact points, and services of the programs and providers listed above.</td>
</tr>
<tr>
<td>Collaborative Relationships</td>
<td>1 2 3</td>
<td>Practice team has collaborative relationships with school and community-based providers of key services for:</td>
</tr>
<tr>
<td></td>
<td>1 2 3</td>
<td>Mental health concerns</td>
</tr>
<tr>
<td></td>
<td>1 2 3</td>
<td>Substance use concerns</td>
</tr>
<tr>
<td>Health Care Financing</td>
<td>1 2 3</td>
<td>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</td>
</tr>
</tbody>
</table>

**Supports MOC Measure**

1, 4, 7

Please complete 1 survey per practice.

Contact: Name/Credentials: __________________________

Phone and/or email: __________________________ Date: __________________________

The purpose of this survey is to collect information about the adolescent mental health and substance use resources currently available to your practice, including gaps your practice may experience. VCHIP is collecting this information to gain a deeper understanding of our current system of mental health and substance use treatment for Vermont adolescents. This information will be shared with our partners at the Vermont Department of Health to facilitate coordination of efforts to improve the access and quality of care for adolescents in our state.

1. Do you have Mental Health Care co-located or integrated in your practice?
   - [ ] Yes
   - [x] No
   - [ ] If yes, what type of clinician(s) do you have? Check all that apply.
     - Psychiatrist
     - Psychologist
     - Social Worker
     - Licensed Clinical Mental Health Counselor
     - Other: Please specify type: __________________________
   - [ ] If yes, who funds the Mental Health position(s) in your practice?
     - [ ] Blueprint
     - [ ] Medicaid or 3rd party insurance via outpatient Fee-For-Service
     - [ ] Partnership with local Community Mental Health Agency (Designated Agency)
     - [ ] Government grant funding (SAMHSA, HRSA, etc.) Please specify in comments
     - [ ] Foundation or private grant
     - [ ] I don’t know
     - [ ] Other: Please specify source: __________________________
   - [ ] If no, why not? __________________________
10:00 – 10:15 Break

Review/Complete if possible:
1. Office Systems Inventory (folder)
2. Practice Mental Health Survey (on tables)

Return to CHAMP table in the back

10:15 The Brief Intervention with Adolescents: The Power of our Relationships in Primary Care
Thank you!