

# CHAMP Quality Improvement Collaborative

Shared Learning and Improvement



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Quality Improvement Associate, CHAMP Project Director  
October 9, 2018



# 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 ?

### SYSTEMATIC REVIEW

## Are quality improvement collaboratives effective? A systematic review

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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>

### Originated:

- New England Cardiovascular Disease Study Group (1986)
- Vermont Oxford Network (1988)
- 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

## SYSTEMATIC REVIEW

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

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# 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
- 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

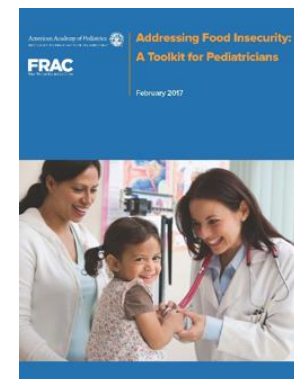
- Jenn Chittick
- Faye Conte
- Katy Davis
- Kofi Essel MD, MPH, FAAP
- Elizabeth Gilman
- Sarah Guth, MD
- Jessica Green
- Alicia Jacobs, MD
- Kay Johnson, MPH, Med
- Janet Kilburn
- Kate McIntosh, MD
- Adrienne Pahl, MD
- Jill Rinehart, MD, FAAP
- Keith Robinson, MD
- Michelle Wallace



## Tools and Resources:

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

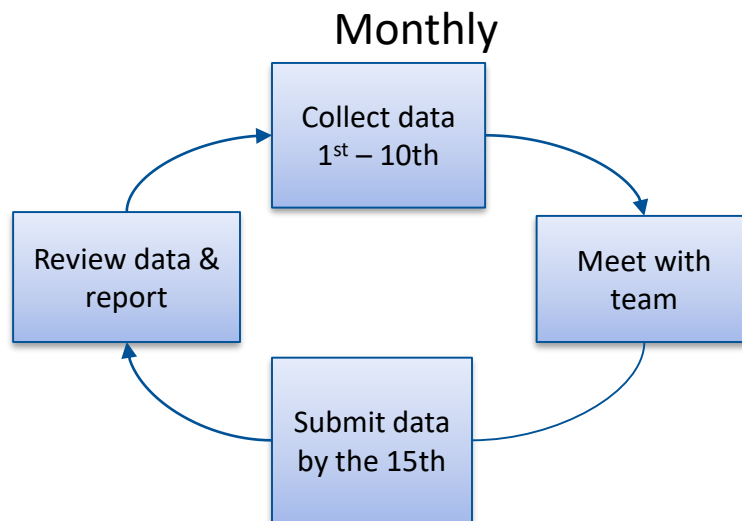
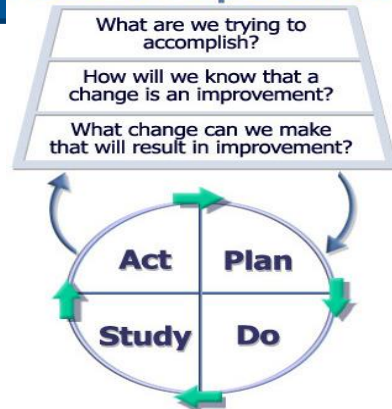
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# Model or Framework for improvement



## Model for Improvement



### Food Security (FS) MOC Monthly Data Form

Have completed the following information for 30 patients aged 0-15 years seen in the past month for an appropriate health supervision visit and the 1st to 10th of the following month. For example, submit by Oct 15th for the visit seen September 1-10.

How many children seen: Month 1 (09/01-09/10) Month 2 (09/11-09/20) Month 3 (09/21-09/30) Month 4 (10/01-10/10) Month 5 (10/11-10/20) Month 6 (10/21-10/30) Month 7 (10/31-11/01)

Child Number	Age at Visit (Y/M)	Was a Food Security Screen Completed?	What tool was used?	Was a referral made for help with food security?	Follow-up Plan (check all that apply)
1	03/01/10	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, why not?	Hunger Vital Sign (Vital Sign) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, why not?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, why not?	<input type="checkbox"/> In-office social worker <input type="checkbox"/> Community Health Team social worker <input type="checkbox"/> Help Line Group (VT 211) <input type="checkbox"/> WIC <input type="checkbox"/> SNAP <input type="checkbox"/> Other: _____
2	01/01/10	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, why not?	Hunger Vital Sign (Vital Sign) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, why not?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, why not?	<input type="checkbox"/> In-office social worker <input type="checkbox"/> Community Health Team social worker <input type="checkbox"/> Help Line Group (VT 211) <input type="checkbox"/> WIC <input type="checkbox"/> SNAP <input type="checkbox"/> Other: _____
3	01/01/10	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, why not?	Hunger Vital Sign (Vital Sign) Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, why not?	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If no, why not?	<input type="checkbox"/> In-office social worker <input type="checkbox"/> Community Health Team social worker <input type="checkbox"/> Help Line Group (VT 211) <input type="checkbox"/> WIC <input type="checkbox"/> SNAP <input type="checkbox"/> Other: _____

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 work flows 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.

### Rutland County Menu of Services

**Food Resources**

**Meals on Wheels:** Income based assistance toward food and automatically enrolls in most school free lunch programs. General assistance, food assistance, and Back-Up Financial Assistance also available through Economic Services. Call 800-475-6111 or sign up online at [www.mealsonwheels.org](http://www.mealsonwheels.org)

**WIC program:** Supplemental nutrition food program for Women, Infants & Children, offered through the Department of Health, provides breastfeeding support and a WIC Card to shop at the supermarket for healthy foods. **Meals on Wheels/DoD Synovus:** *extremely useful!* [www.healthnet.org](http://www.healthnet.org)

**Food Shelves:**

- Trinity Church:** 85 West St. Rutland 775-4368
- Sebastian Army:** 1 Field Ave Rutland 775-5130
- Rutland United Methodist Church:** 71 William St. Rutland 775-5880
- Rutland Community Cupboard:** 65 River St. Rutland 742-4139 M, W, F: 11-3 To, Thu: 4-6
- Sevens Childrens, Clarendon, East Wallingford, Killington, Mendon, North Clarendon, Rutland City, Rutland Town, Shelburne, Wallingford, Townsend, Vergennes, and West Clarendon.**
- Pauline Food Shelf:** 16 Newman Street, the Stonebridge Inn 287-9558
- Pittsford Food Shelf:** Box 7 Pittsford, Kent's Country Store 488-2847 Serves Pittsford, Proctor, and Florence.
- Powlet Community Food Pantry:** Powlet Community Church 325-3622 or 325-3614
- Middlebury Community Food Cupboard:** Middlebury Town Hall 942-8857
- Sevens Family, Dorset, East Dorset, Londonderry, Manchester, Manchester Center, Middlebury Springs, Mt. Tabor, Pawlet, Peru, Rupert, Sandgate, South Dorset, Sunderland, Wall, and Willard.**
- Carleton Center:** 146 Main St., Castleton 488-5848 M, W, F: 9-3pm Use the rear entrance
- Brandon Food Shelf:** Box 7 and Union St. Brandon 247-4720 Monday and Wednesday 8:30 - 9:30 am
- Id and a piece of mail required. Must live in Brandon, Sudbury, or Goshen. Can visit once a month. Some fresh produce and bakery items.**
- Fair Haven Community:** 73 Main St. Fair Haven 285-8866

**Westford**

**Westford Food Shelf**  
1 White Church Lane, Westford  
Hours: 3rd Thursday of the month 8am-10am

**Williston/St. George's Boxes**

**Williston Community Food Shelf**  
485 Corporation Drive, Suite 100, Williston  
Hours: Tuesday 3pm-6pm  
Thursday and Saturday 10am-11am

**Winchester**

**Little Green Bakery**  
36 Elm Street, Winchendon  
802-455-7271  
Hours: Sat and Sun 10am-12pm  
Wed and Thu 10am-12pm  
Fri and Sat 10am-12pm

**Free Meals**

**Emergency Food Shelf**  
100 Main St., Vergennes  
Hours: 10am-12pm  
10am-12pm

**Community Center**  
100 Main St., Vergennes  
Hours: 10am-12pm  
10am-12pm

**Winchendon**

**Winchendon Food Shelf**  
100 Main St., Winchendon  
Hours: 10am-12pm  
10am-12pm

**Other Resources**

**211**  
Call 211 or text your zip code to 98011  
Receives general assistance to available 24/7.

**Popovers/VT Food Shelves**  
Look online at [www.popoversvt.org](http://www.popoversvt.org)  
Call 800-475-6111 for current information.  
Apply to receive a free food security screen.

**Connecticut Supplemental Food Program**  
Income eligible Vermonters ages 18+ can apply to receive a SNAP card.

**WIC**  
For income eligible women, new mothers, infants, and children up to age 5.  
Contact your local health department to apply.  
Burlington: 1-800-251-8861 or 802-863-7123

**Winchendon**

**Winchendon Food Shelf**  
100 Main St., Winchendon  
Hours: 10am-12pm  
10am-12pm

**Winchendon Food Shelf**  
100 Main St., Winchendon  
Hours: 10am-12pm  
10am-12pm

**community health centers**  
100 Main St., Rutland

**Chittenden County Food Resources**

**Food Pantries and Free Meals**



# 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



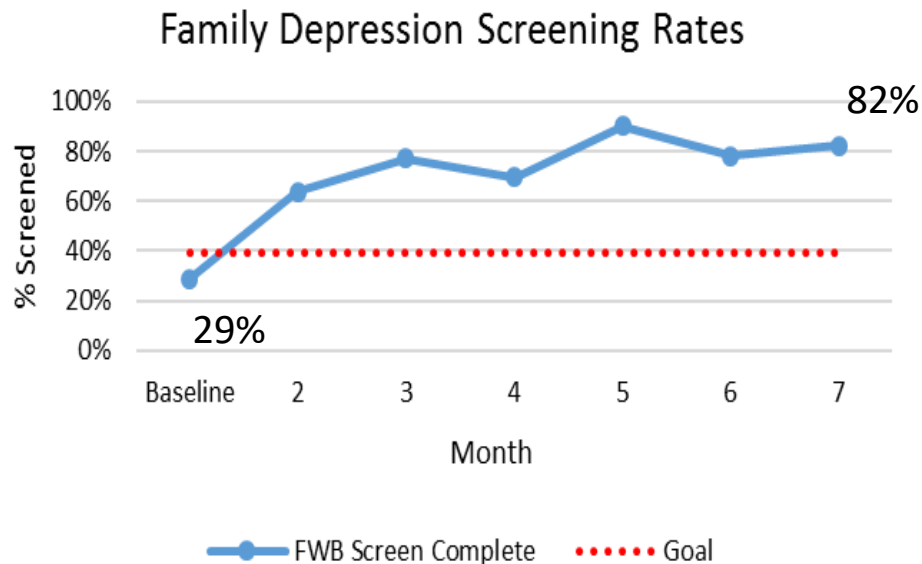
Practice Teams: Providers, Nurses, Social Workers, Care Coordinators, Practice Managers

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

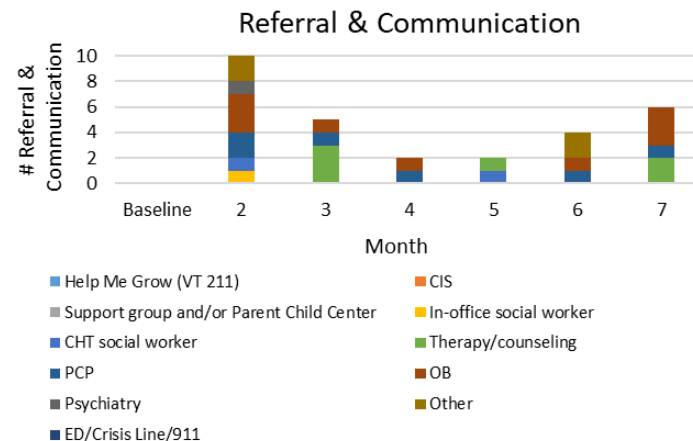
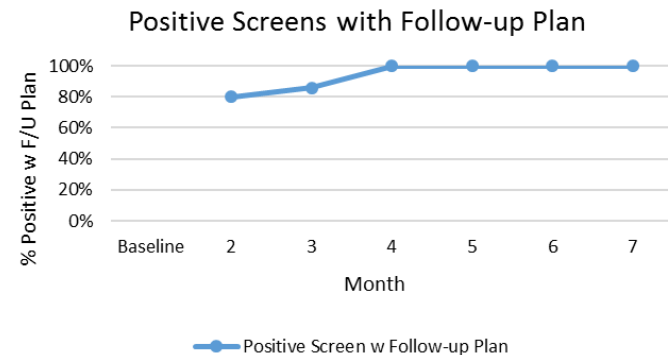


# CHAMP MOC Family Well-Being Composite Screening Rates May 2018



Positive Depression Screen Results by Month

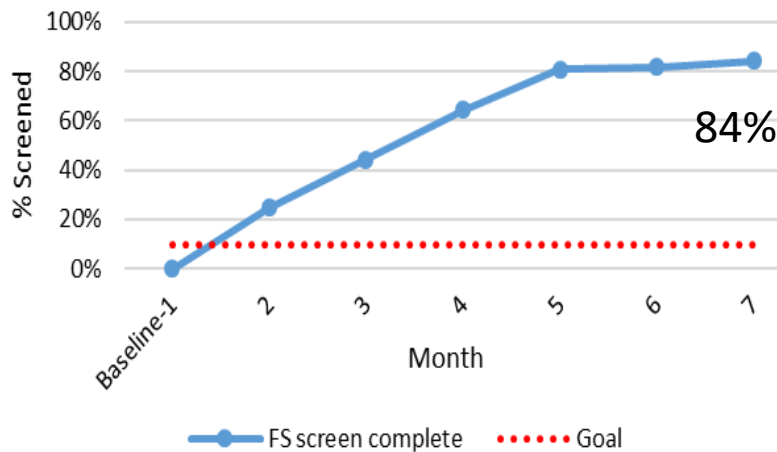
	Baseline	2	3	4	5	6	7	Total
Yes, Positive Screens	0	5	7	5	3	5	4	29
Total Screened	22	49	54	49	65	60	54	353
% Positive Screens	0%	10%	13%	10%	5%	8%	7%	8%





# CHAMP MOC Food Insecurity Composite Screening Rates May 2018

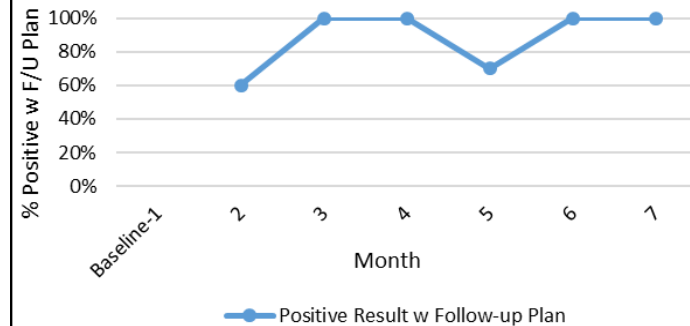
## Food Insecurity Screening Rates



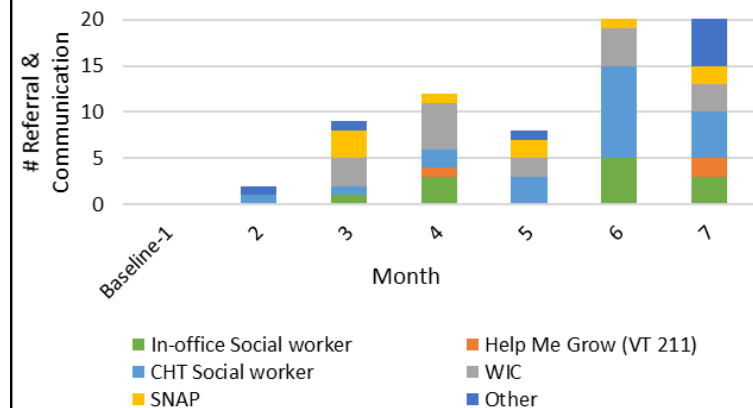
## Food Insecurity Screens by Month

	Baseline	2	3	4	5	6	7	Total
Positive Screens	0	5	12	12	10	18	14	71
Total Screens	0	48	87	127	145	147	138	692
% Positive Screens	na	10%	14%	9%	7%	12%	10%	10%

## Positive Screens with Follow-up Plans

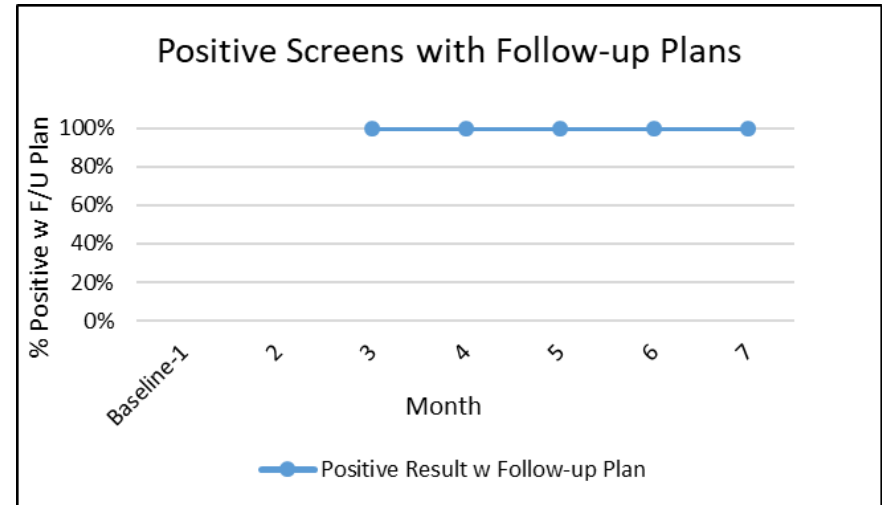
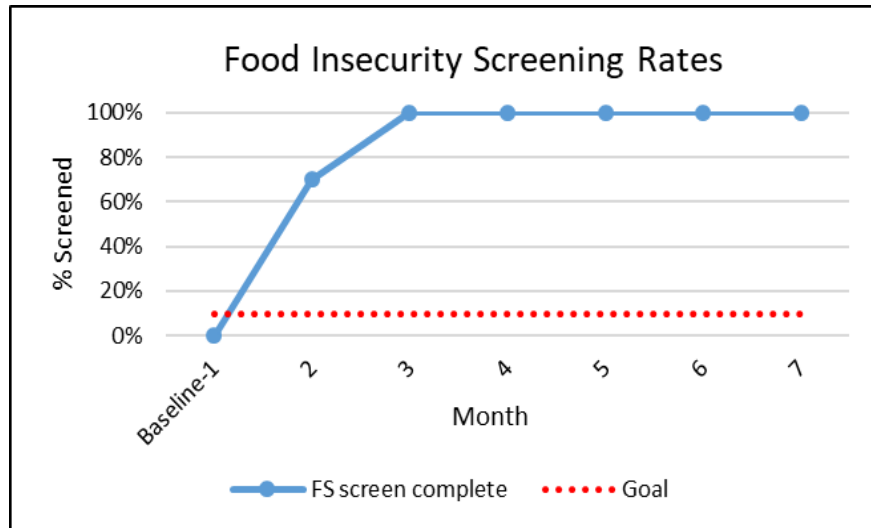


## Referral & Communication





# Just So Pediatrics





# 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



# Office Systems Inventory OSI and Behavioral Health Survey



## 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"> <li>Mental health concerns</li> <li>Substance use concerns</li> </ul>	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



## Survey of VCHIP CHAMP Practices Mental Health Co-Location or Integration



Please complete 1 survey per practice.

Practice name: \_\_\_\_\_

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  
☐ 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 3<sup>rd</sup> 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!

