

# “Developing Useful Behavioral Health Screening Protocols in Primary Care”

*This webinar will guide primary care in creating behavioral health screening protocols which match screening tools with the risks common to different patient populations.*

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**12:30-1:30**

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# Developing Useful Behavioral Health Screening Protocols in Primary Care

*Nicole Esposito, MD*

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A preview of one community health center's journey towards implementation

# Objectives and Overview

- ▶ **Objective: Strategy and idea sharing**
- ▶ **Overview**
  - ▶ **Background**
  - ▶ **Our Proposal**
  - ▶ **Implementation**
  - ▶ **Lessons learned**

# Background

- ▶ Identify Workgroup
  - ▶ Key members
  - ▶ Different members for different stages
- ▶ Stakeholders/Key Leadership
  - ▶ Executive team, clinical directors, nursing leadership, MA leadership, EHR support team, provider group, Behavioral health team

# Background

- ▶ Scope of the project
  - ▶ Create a phased approach to instituting select behavioral health screeners throughout the organization.
  - ▶ PROs/Cons
    - ▶ By clinic?
    - ▶ By provider?

# Background

- ▶ Philosophies
  - ▶ LEAN/efficiency
  - ▶ Deliver something palatable
  - ▶ Integrate with existing projects
    - ▶ TBC, Meaningful use, PCMH, grants



# Background

- ▶ The Big 3 Questions
  - ▶ What are we currently screening for?
  - ▶ What do we want to screen for?
  - ▶ What are we mandated to screen for?
- ▶ For each of these-->which population (ages, by dx), which conditions, what frequency

# Background

- ▶ Review all existing screeners and workflow
- ▶ Is the workflow efficient?
- ▶ Is it useful? (ie SHA)
- ▶ What is duplicated?
- ▶ Is the workflow the same clinic to clinic or provider to provider?
- ▶ What resources are being used financially?
- ▶ What reporting is being done?



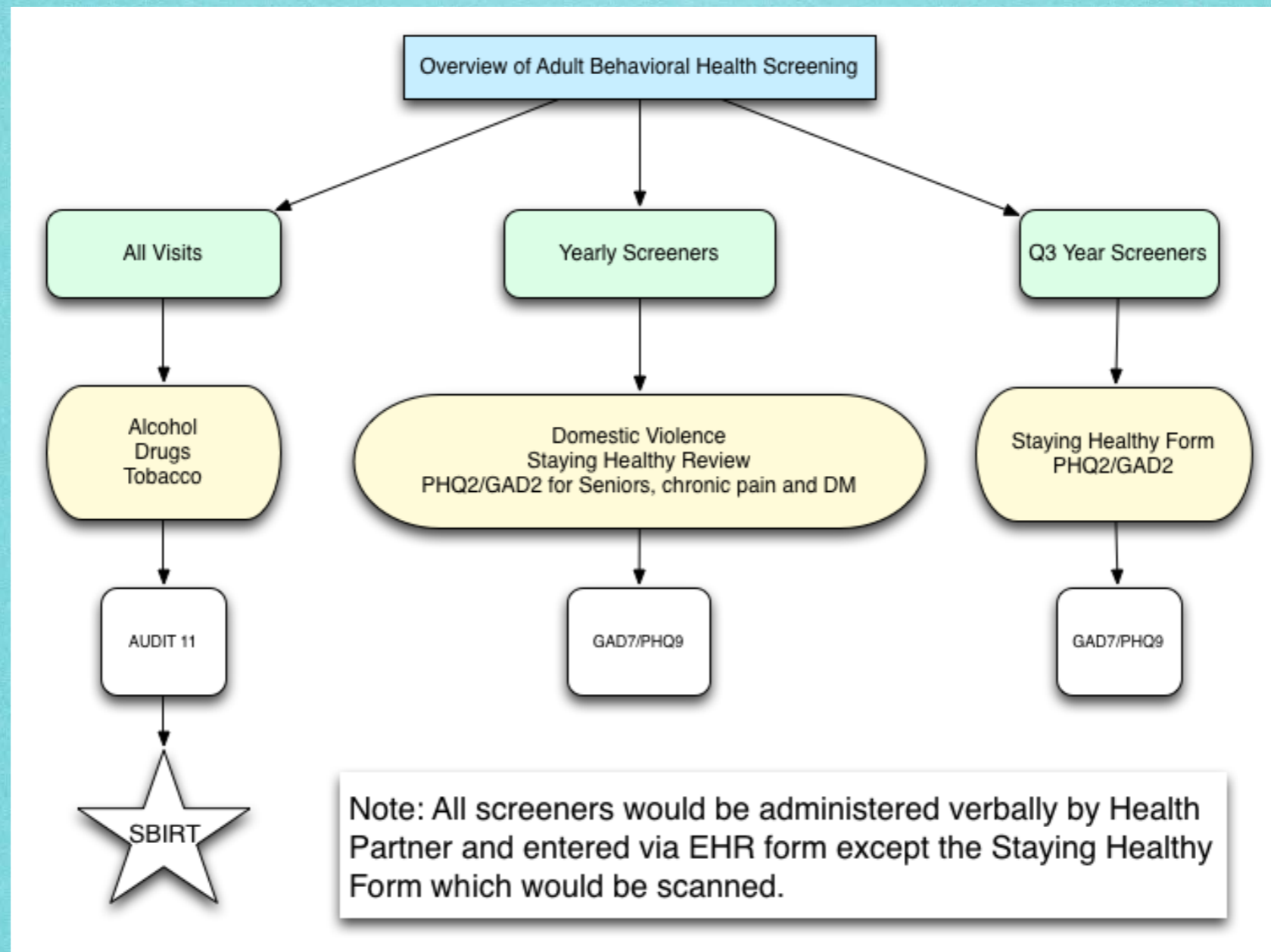


# Background



- ▶ Bringing it all together
- ▶ Asking questions about the duplications and finding work arounds
- ▶ Offer substantial improvement to efficiency of current work
- ▶ Add only as much work as was taken away unless you have resources to help with the work

# Proposal



# Our Proposal

- ▶ Presented to the stakeholders
  - ▶ Behavioral health group
  - ▶ Adult provider group
  - ▶ Lead clinicians
  - ▶ WHS group

# Implementation

- ▶ EHR team
  - ▶ building the screeners
  - ▶ ensuring reporting
- ▶ Educational references
- ▶ Training
  - ▶ Time to train existing staff and new staff

# Lessons Learned

## ▶ Taking on the Staying Health Assessment



# Lessons Learned: Staying Healthy Is Harder than It looks

## Staying Healthy Assessment Senior

Patient's Name (first & last)		Date of Birth		<input type="checkbox"/> Female <input type="checkbox"/> Male	Today's Date
Person Completing Form (if patient needs help)			<input type="checkbox"/> Family Member <input type="checkbox"/> Friend <input type="checkbox"/> Other (Specify)	Need help with form? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please answer all the questions on this form as best you can. Circle "Skip" if you do not know an answer or do not wish to answer. Be sure to talk to the doctor if you have questions about anything on this form. Your answers will be protected as part of your medical record.					Need interpreter? <input type="checkbox"/> Yes <input type="checkbox"/> No
					<i>Clinic Use Only:</i> Nutrition
1	Do you drink or eat 3 servings of calcium-rich foods daily, such as milk, cheese, yogurt, soy milk, or tofu?	Yes	No	Skip	Basic Nutrition Education → Consider Health Ed if appropriate
2	Do you eat fruits and vegetables every day?	Yes	No	Skip	
3	Do you limit the amount of fried food or fast food that you eat?	Yes	No	Skip	
4	Are you easily able to get enough healthy food?	Yes	No	Skip	
5	Do you drink a soda, juice drink, sports or energy drink most days of the week?	No	Yes	Skip	
6	Do you often eat too much or too little food?	No	Yes	Skip	
7	Do you have difficulty chewing or swallowing?	No	Yes	Skip	
8	Are you concerned about your weight?	No	Yes	Skip	
9	Do you exercise or spend time doing activities, such as walking, gardening, or swimming for at least 1/2 hour a day?	Yes	No	Skip	Physical Activity Basic Exercise Ed → Health Ed if needed
10	Do you feel safe where you live?	Yes	No	Skip	→ community resource
11	Do you often have trouble keeping track of your medicines?	No	Yes	Skip	→ Set up visit with Nurse (or pharmacy if available)
12	Are family members or friends worried about your driving?	No	Yes	Skip	Notify provider and arrange F/U visit for further assessment
13	Have you had any car accidents lately?	No	Yes	Skip	
14	Do you sometimes fall and hurt yourself, or is it hard to get up?	No	Yes	Skip	Notify Nurse for assessment
15	Have you been hit, slapped, kicked, or physically hurt by someone in the past year?	No	Yes	Skip	
16	Do you keep a gun in your house or place where you live?	No	Yes	Skip	→ General gun safety counseling
17	Do you brush and floss your teeth daily?	Yes	No	Skip	Dental Health Dental Handout / Internal Referral
18	Do you often feel sad, hopeless, angry, or worried?	No	Yes	Skip	Mental Health AHCQ/CA07
19	Do you often have trouble sleeping?	No	Yes	Skip	and set up Flu visit
20	Do you or others think that you are having trouble remembering things?	No	Yes	Skip	

# Lessons Learned

- ▶ What is “mandatory” is often up for interpretation
- ▶ Providers are surprisingly open to doing more work if they see their overall time-spent is the same

# Lessons Learned

- ▶ Screening is just the starting line.





# Summary

- ▶ **Background**
  - ▶ What is being done already for screening?
  - ▶ What do providers what to do?
    - ▶ Conditions, populations, frequency?
  - ▶ What is mandatory?
- ▶ **Our Proposal**
  - ▶ Each visit single question screeners for drugs, alcohol, and tobacco.
  - ▶ Yearly depression and anxiety screening for DM, chronic pain/fibromyalgia, and Seniors
  - ▶ Every three year depression and anxiety screening for all patients.
- ▶ **Implementation**
  - ▶ Lessons learned - Take away inefficient work (SHA) and replace with something of meaning.