**Pennsylvania Department of Public Welfare**
**DRAFT Behavioral Health EQUIP**

| Focus Area | Lead Agencies | 2011 Objectives | Provider Goals |
|---|---|---|---|
| **Behavioral Health** | **OMAP, OMHSAS** | **Acceptance, Metric and Clinical Rates** | |
| Improve Quality, Cost Containment and Efficiency | 1. SMI initiative<br>2. Pharmacy utilization rates (ability of Department to track medication usage, adherence and abuse)<br>3. Use of antipsychotics<br>4. Predictive Modeling/Risk Stratification<br>5. For SMI diagnosis, monitor:<br>a. Emergency room usage<br>b. Inpatient hospitalizations readmissions<br>c. PCP, mental health clinic and encounter visits<br>6. Clinical decision support: Link to current treatment guidelines<br>7. Medical Case Manager for co-existing medical conditions (all EQUIPS)<br>8. Physician access to pharmacy data | **Acceptance Rate**<br>1. Twenty percent of ARRA providers are using certified EHRs/EMRs<br>**Metric Rates**<br>1. Monitor HEDIS rates for:<br>a. Antidepressant medication management<br>b. Follow up after hospitalization for mental issues<br>c. Follow up care for children prescribed ADHD medications<br>**Clinical Rates:**<br>1. Increase screening rate of LDL-C if using an atypical anti-psychotic | 2. Automatic Order Sets (all EQUIPS)<br>3. E-prescribing (all EQUIPS)<br>4. PDL adherence (all EQUIPS)<br>5. Depression screening[1]<br>6. LDL-C, LFT, FBS levels for patients on anti-psychotics. Results shared with both PCP and behavioral health provider<br>7. Use of care plans with imbedded HEDIS measures<br>8. Pharmacy utilization rates<br>9. Medication reconciliation (all EQUIPS) |

[1] Use validated tool. Conduct a two question screening: 1) In the past month, have you ever felt down depressed or hopeless? 2) In the past month, have you felt little interest or pleasure in doing things? If positive, complete a full assessment. (PHQ-9?)

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| Reduce Cycle Time between "New" Evidenced-based Healthcare and Community practice | 1. Provider education, training and practice support on use of technology. Links to practice guidelines.<br>2. Develop pop-up alerts for providers that signify needed interventions (all EQUIPS) | **Clinical Rates:**<br>1. Integrate HEDIS guidelines into the certified EHR/ patient care plan<br>2. Create provider links to current treatment guidelines | 1. Participation of providers tracking trends and performance measures in clinical care (P4P, HEDIS) |

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| Improve Coordination of Care | 1. Referrals to IMCM/Risk Stratification<br>2. Develop pop-up alerts for providers that alert the transition to adult care (age-outs) 12 months prior to a consumer turning 18 or 21[2] Case management<br>3. Transition of care from state hospitals to community<br>4. Equip providers with links to community resources and professional referral sources:<br>a. Links to MH/MR county services<br>b. Links to DOH: Drug and alcohol<br>c. Student assistance program<br>5. Link providers to patient specific data (all EQUIPS) | **Clinical Rates:**<br>1. Establish Medical/Dental home assignments<br>2. Transition of care from state hospitals to community:<br>a. Discharge summaries<br>b. Care plans<br>c. Medication reconciliation<br>3. Use of electronic care plans | 1. Referral to Medical/Dental home<br>2. Identify physical health and behavioral health providers on care plans[3]<br>3. Depression screening, for example: Use of Patient Health Questionnaire screening tool (PHQ-9) (Is this a validated tool?)<br>4. Depression screening for pregnant women: pre-natal and postpartum[4]<br>5. EPSDT screening: Developmental and autism screens using validated tools, referrals made and follow up[5]<br>6. Drug/ETOH assessment, referrals and follow up<br>7. Care plan demonstrates coordination of care<br>8. Medication adherence and reconciliation: prescription and alternative medications |

[2] Access via Provider Portal to consumer-specific claims data such as inpatient, outpatient-lab, pharmacy, etc. Each may have a separate tab within a form.
[3] One care plan with ability to view both physical health and behavioral health, but only add/edit capability for the specific discipline. Done by the Portal.
[4] Valid tool used. ACOG two question tool—if positive, then complete more comprehensive screening. (If not completed by the OB/GYN. This would contribute to the integration of physical health and behavioral health.)
[5] Provide list of validated tools consistent with MA Bulletin 99-09-07.

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| Engage Patients and Families | 1. Develop pop-up alerts for consumers that signify needed care (all EQUIPS)<br>2. Identify race/ethnicity for review of treatment disparities<br>3. Ability to send/receive email/text messages to providers (all EQUIPS)<br>4. Case management<br>5. Peer support/coaching (all EQUIPS) | **Clinical Rates:**<br>1. Outreach to homeless shelters<br>2. HealthChoices and ACCESS Plus Member services: Develop programs that allow consumers to access medical records and assist with creating an EHR, including scheduling, canceling and re-scheduling appointments (all EQUIPS)<br>3. Computer kiosks in FQHCs and RHCs for consumers to access their:<br>a. Health information, including current medication list for reconciliation<br>b. Current care plan<br>c. Upcoming appointments<br>d. Care gaps<br>4. Access to preventative care and health information on the website, including hyperlinks to nationally recognized websites/evidence-based practices | 1. Ability to send/receive text/email messages to consumers (all EQUIPS)<br>2. Text messages for appointment reminders (all EQUIPS)<br>3. Availability of appointments (appointment standards) and ability to schedule and re-schedule appointments<br>4. Website health information, including hyperlinks to MA Guidelines that are available via the ACCESS Plus website (all EQUIPS)<br>5. Comprehensive patient-centered care plan and collaboration with the consumer/ caregiver in the development of an electronic care plan (All EQUIPS)<br>6. Physician and Case Manager educating patients about illness prevention, disease management and treatment options<br>7. Use of alternative social networking services to “blast” healthy tips |