

# Bergen Regional Medical Center DSRIP Project

Shared Decision Making: Electronic Self-Assessment

# SHARED DECISION MAKING: ELECTRONIC SELF-ASSESSMENT

Shared Decision Making – Electronic Self Assessment is an effort to better engage our outpatient behavioral health consumers in the management and course of their treatment, particularly around issues of pharmacology

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## Rationale for Project

- We want to increase consumer attendance and medication compliance.
- Reduce our Emergency Department and acute Inpatient utilization
- Keep our consumers successfully living in the community
- Contribute to enhanced health and wellness

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## Project in the context of modern healthcare

- Connected to other State and National initiatives on cost reduction and quality improvement
- Moving care from the inpatient hospital to ambulatory settings
- Integrating primary and behavioral healthcare
- Behavioral Health Homes
- Learning Collaborative partner – St. Clare's

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We are utilizing a software program called CommonGround from Pat Deegan Associates as the tool for our project.

The software program is web based and will contain the database for all of our users, a number we believe will move towards 2000 consumers over time.

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- Our consumers will develop statements on their goals (Power Statements) and wellness activities (Personal Medicine) that forms the foundation for their care.
- Each visit they will complete an electronic self-assessment that becomes the basis of their face to face session with their physician/prescriber.

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This is a major change in our outpatient operation, it entails a shift in processes and overall orientation to treatment on the part of our clinical and support staff as well as our consumers and the entire facility. The change included:

1. Forming an Implementation Team
2. Creating a Decision Support Center
3. Adding Peer Support Specialists

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## Implementation Team

Team meets weekly to review progress and problems with all aspects of the project

Composition includes:

- Vice President - BHS
- Outpatient Director
- Medical Director
- Chief Resident for the OPD
- OPD Clinician representative
- Peer Support Specialist
- Vice President – IT
- Associate VP – Finance
- Director – Nursing Informatics
- Director of Social Services
- Director of Corporate Compliance



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## Decision Support Center

A modified group room that now contains eight computer workstations with touchscreen monitors.

Outpatient consumers create their profiles and complete their self assessments.

Consumers can access health, wellness and medical information in the “Learning Library”

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## Peer Support Specialists

Current consumers of services, both within our organization and from local CMHC's.

They introduce and guide other consumers in utilizing the CommonGround software tool.

Serve as facilitators for both consumers and other departmental staff.

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## Issues in Project Development

### Building a culture change among staff

1. Issues of control
2. Working with consumers as staff members
3. Technology concerns and apprehension

### Changing our patient experience

1. Potential for added time to the session schedule
2. Rationale for the program change, benefits?
3. Working at a computer workstation

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## Staff buy-in

- Focus on quality goals and impacting lives for the better
- Connect to the consumer engagement movement throughout healthcare
- Repeated exposure to the project concept
- Formal training – this has led to a marked increase in enthusiasm for the project
- Bringing peer staff on board well in advance of the project rollout.

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## Changing our patient experience

Use of the Peer Specialists

Marketing campaign including:

1. Posters
2. Flyers
3. Welcome letters

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## Technology Challenges

1. Updating operating systems to handle the software requirements.
2. Updating our internet access to utilize the web based database.
3. Increasing our printer availability for providers to make hard copies of CommonGround generated reports.
4. Data sharing with potential partners.
5. Building data collection into our outpatient EMR.

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## Pre-pilot Project Modifications

- Decision to delay the integration of an external project partner
- Utilize Peer Support Specialists on a part-time basis as opposed to full-time
- Integrating assessment tools into our intake process based upon project specific measure requirements (PHQ-9; PHQ-A; DAST-10; CAGE-AID; MDQ)

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Pilot Phase began October 6, 2014

The Implementation Team monitored the impact on the clinic flow, the goal being to not increase the overall time consumers are spending in preparatory time for sessions

Examined initial consumer feedback as part of preparing for any further rapid cycle improvements



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## Operational Challenges

Keeping an efficient business flow: some issues with getting all the pre-session work done before seeing the provider (registration, financial updates, CommonGround).

### Interventions:

1. Flexibility in sequencing of tasks
2. Placing a Peer Specialist in the Waiting Area ensures people are addressed promptly and brought to the DSC
3. Provider flexibility in taking patients in, allowing consumers to complete their self-assessments.

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## Operational Challenges

Building a culture change among staff and consumers

### Staff Issues

1. Issues of control continue as well as difficulty in changing the flow of their sessions.
2. Feeling there is not enough time to integrate the Shared Decision Making into sessions.
3. Technology concerns and apprehension

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## Operational Challenges

Building a culture change among staff and consumers

### Staff Interventions

1. Constant review of what we are doing and why, sharing data and providing technical assistance.
2. We continue to engage in changing the structure of clinical sessions – CommonGround and Shared Decision Making isn't additional work, it is the way we work.
3. Coaching takes place in Medical Staff meetings, OPD meetings and individual supervision as well as hands on assistance.

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## Operational Challenges

Shared Decisions by Doctors							
Doctor	Week 2/28	Week 2/21	Week 2/14	Week 2/7	Week 1/24	Week 1/10	Totals 12/1 on
Dr. B.	5	2	7	4	5	8	51
Dr. C.	14	11	18	5	11	3	96
Dr. I.	3	5	7	4	2	0	22
Dr. K.	8	5	7	5	3	1	36
Other Doctors	20	16	17	14	21	7	137
# Shared Decisions	50	39	56	32	42	19	362
# Self-Assessments	53	60	80	65	67	55	
% S.A. become S.D.	94%	65%	70%	49%	62%	34%	

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## Operational Challenges

Building a culture change among staff and consumers

### Consumer Issues

1. Engaging the 16% of Consumers who are refusing CG.
2. Some consumers like aspects of the program but not the self-assessments.
3. Computer literacy skills

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## Operational Challenges

Building a culture change among staff and consumers

### Consumer Interventions

1. Better tracking of those who refuse multiple times so we can discontinue our outreach.
2. More peer support for those with hesitation to complete the assessments and those having utilization problems. The Specialists are working as scribes where consumers desire the help.
3. Utilizing the Peer Specialists in multiple roles, one up front as the engagement person and others in the DSC as guides/facilitators.

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## Operational Challenges

Weekly CommonGround Utilization				
Week of:	Self-Assessments	Refusals	Completion Rate	Refusal Rate
2/23 – 2/27	53	12	81.5%	18.5%
2/16 – 2/20	60	6	90.9%	9.1%
2/9 – 2/13	80	17	82.5%	17.5%
2/2 – 2/6	65	12	84.4%	15.6%
Feb. Totals	258	47	84.6%	15.4%
Jan. Totals	206	75	73.3%	26.7%

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## Operational Challenges

### Integrating a total health approach

- Working with our Ambulatory Medical Clinic as a partner in our population health outcomes. (Stage 3 and 4 measures)
- Linking our clinical project (mental health outcomes) to overall population health



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## Operational Challenges

### Integrating a total health approach

1. Educating physicians and staff on DSRIP and concepts of population health
2. Sharing information on Stage 4 measures in order to positively influence practice patterns in ambulatory medical services.
3. Plan is to share all data in an ongoing fashion to try and drive performance.

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## Project Successes

### Peer Support Specialists

1. A great success – many have expanded upon their original roles
2. Accepted by the clinical professionals
3. Brought great ideas into the operation such as building a resource library for local services and benefits.

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## Project Successes

### Consumer experience of care

1. Notable gains in satisfaction survey scores. (see next slide)
2. Initial impact seems to be favorable on clinical outcomes.
3. Great use of the Learning Library
4. Through February – over 1300 consumers have participated in utilizing CommonGround.

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## Satisfaction Surveys

Question	Baseline (135)	Pilot (213)	Change
Physician listens to you	4.03	4.66	+.63
Physician takes enough time	4.04	4.62	+.58
Physician explains what you want to know	3.98	4.64	+.66
Physician encourages me to participate	New item	4.62	--
Overall rating of CommonGround	New item	4.65	--

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## Pilot to Implementation Timeline

July 2014	Weekly Implementation Team
October 6, 2014	Pilot Phase begins
October '14 – Feb. '15	Process review and revisions
➤ Oct. – Dec.	Process flow changes
➤ Oct. – Jan. '15	Technology and Data “tune ups”
➤ Nov. – Feb. '15	Culture change interventions
➤ Nov. – Jan. '15	Enhance our BH-Medical partnership
April 2015	Full implementation

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## What's Ahead

Working on our data collection and metrics

We have modified our intakes to integrate necessary assessment tools that enable us to perform Stage 3 project measures.

Working with NJ HITECH on abstracting and analyzing our data including all the necessary Stage 4 measures.

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## What's Ahead

Developing parameters to calculate the impact of our project on critical measures of ED and Inpatient utilization for our attributed population

Full implementation scheduled for the start of April.

Further integration of our behavioral health and medical services targeted to the attribution group and beyond so we can improve on our medical outcomes.

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## What's Ahead

Planning out further evolution of our DSRIP project.

- Will we need to add community partners based on where services are obtained for medical care?
- How will the same issue pertain to the smaller group that might receive behavioral health care elsewhere?
- Can we effectively add our Shared Decision making project to the outpatient services at one of our CMHC community agencies?