

Bergen Regional Medical Center DSRIP Project

Shared Decision Making
Electronic Self-Assessment

Learning Collaborative 2/12/15

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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- 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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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.

Shared Decision Making

A great new way to take control of your care
at Bergen Regional Medical Center

You are the most
valuable member of your
BRMC wellness team.

Patients will soon have the ability to show clinicians how they are feeling and how things are going using BRMC's new integrated software program CommonGround.

CommonGround helps the patient and the clinician develop a treatment plan, guiding the patient with a personal medicine approach to use throughout the day. Using BRMC's new integrated software promotes a faster and more direct approach to a patient's overall wellbeing.



Feel. Share. Heal.

No one has more power than you when it comes to your treatment and recovery.

The shared decision making portal is part of a secure network. Your information can only be accessed by you and your clinical team.



Ask your clinician about shared decision making.

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Project as of February, 2015

- Pilot began on 10/6/14
- By the end of October we had already engaged 751 consumers to begin using CommonGround.
- This number grew to 1070 by the end of December.
- 84% of consumers approached have consented to begin using the program.

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Integrating a total health approach

- Working with our Ambulatory Medical Clinic
 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.
 3. Plan is to share all data in an ongoing fashion to try and drive performance.

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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.

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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 it.
 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

- 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 is sequencing of tasks
 2. The 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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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.
- Consumer experience of care
 1. Notable gains in satisfaction survey scores. (see next slide)
 2. Initial impact seems to be favorable on outcomes.
 3. Great use of the Learning Library

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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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Satisfaction Surveys

Consumer Comments:

“this effort assists psychiatrists in providing more efficient, effective and a better quality of care”

CommonGround is “respectfully offered” by the Peer Specialists”

“the process went relatively quick...however I never felt rushed”

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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.