

# Bergen Regional Medical Center DSRIP Project

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

## 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

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 contains the database for all of our users, a number that now exceeds 2000 consumers.

- Each visit outpatient consumers complete an electronic self-assessment that becomes the basis of their face to face session with their physician/prescriber.
- The prescriber then works to reach a shared treatment decision with the consumer that is documented and can be printed for the consumer to take with them.

# Issues in Project Development

## Completing the culture change among staff

1. Repeated education on the philosophy and intended outcomes has led to more ownership and establishment of Shared Decision Making as the way we do business.
2. Peer Support Specialists have proven their value in engagement of other consumers and assistance to our professional staff.
3. Excellent training of our incoming third year Psychiatry Residents has led to a group of staff with complete ownership of the process.

## Patient experience

- Direct assistance of Peer Specialists has helped those who were apprehensive about the computer software aspect.
- Consumer word of mouth has brought others “on board”.
- Improved engagement skills of Specialists and introduction to the program during inpatient stays and on OPD intake has led to greater overall acceptance.

# Latest Performance Improvement Efforts

- Addressed May/June attrition of graduating residents through preparation of incoming class.
- Medical and Training Directors impact on Attending and Resident Physicians
- New consumer tracking to increase engagement of consumers at each visit
- New incentives for consumer participation – a monthly gift card drawing

## Overcoming a plateau

- The interventions and “evolution” of the project has enabled us to break through a barrier and notably improve participation by both consumers and providers over the last quarter.
- This is reflected in all notable utilization metrics:
  - 1) Completed self-assessments
  - 2) Completed shared decisions
  - 3) Completed consumer surveys with continued high ratings.

# CommonGround Utilization

Monthly Utilization				
Month	Self-Assessments	Shared Decisions	Completion Rate	Surveys Collected
January	206	120	58.35	31
February	280	177	63.2%	31
March	253	156	61.7%	26
April	257	134	52.1%	13
May	220	111	50.4%	11
June	250	102	40.8%	9
July	577	441	76.4%	78
August	526	380	72.2%	187
September	548	411	75.0%	181

## Project Participation

Total participants as of 6/15 = 1670

Of those: 708\* were in our attribution group.

Total participants as of 9/15 = 2044

Of those: 801 were in our attribution group.

\*Our original attribution model assigned over 9300 individuals to BRMC.

# Satisfaction Surveys

Question	Baseline (135)	4 <sup>th</sup> Q 2014 (213)	1-2 Qtr 2015 (121)	3 <sup>rd</sup> Qtr 2015 (446)
Physician listens to you	4.03	4.66	4.72	4.70
Physician takes enough time	4.04	4.62	4.75	4.67
Physician explains what you want to know	3.98	4.64	4.66	4.68
Physician encourages me to participate	New item	4.62	4.65	4.66
Overall rating of CommonGround	New item	4.65	4.54	4.54

# System Outcomes

Goal is to reduce Emergency Department and Inpatient use for our targeted population.

Measure	Baseline	1Q - 2Q 2015	Change	Change in use
Emergency Dept. Visits (per pt. per qtr.)	0.308	0.196	-0.112	-159 visits
Inpatient Admissions (per pt. per qtr.)	0.114	0.096	-0.018	-26 admits

Baseline is from user groups 2013-2014 average quarterly utilization

Current attribution model patients in the data = 708.

## Internal Partnership

Our medical clinic treats our same patient group and is actually involved with many more of our attributed patient population.

- In 2013/14 there were 7,194 patients from our attribution list seen in our medical clinic which represented about 67% of the different individuals treated there.
- For the first six months of 2015 a total of 2,069 attributed patients were treated in our clinic which was about 60% of the clinics population.

## Internal Partnership

- 340 individuals used our Shared Decision Making program and our medical clinic.
- 196 of these individuals were in our Attribution Model.
- Our goal is to integrate care for this group as much as possible in order to better coordinate our efforts at enhancing their overall health.

## Internal Partnership

- We are working through our Medical Clinic leadership, Chief Medical Officer and our Quality Outcomes Dept. to better integrate our Clinic physicians to DSRIP, population health and their role.
- We have provided detailed information on the Stage 4 measures and the specifics of what they need to do to ensure both measure compliance and enhance positive health outcomes.

## External Partnership

- Community Mental Health Centers in Bergen County – while not project partners they are treatment partners for many of our high-risk and attributed consumers of mental health care.
- We are working with them through liaison programs within our facility.
- Supporting the efforts of one CMHC certified as a Behavioral Health Home. Developing an initial health information exchange on mutual consumers.