



Wednesday, May 22, 2024

Implement, Improve, Impact

2024 CalHIVE BHI Convening



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Welcome: Where We've Come, Where We're Going

Embarking today



CalHIVE BHI Values

1. Collaboration around a common goal
2. Trust & transparency
3. Reflect, revise & adjust



Take care of yourself



Ensure space for all voices



Be here

Connect with team and cohort

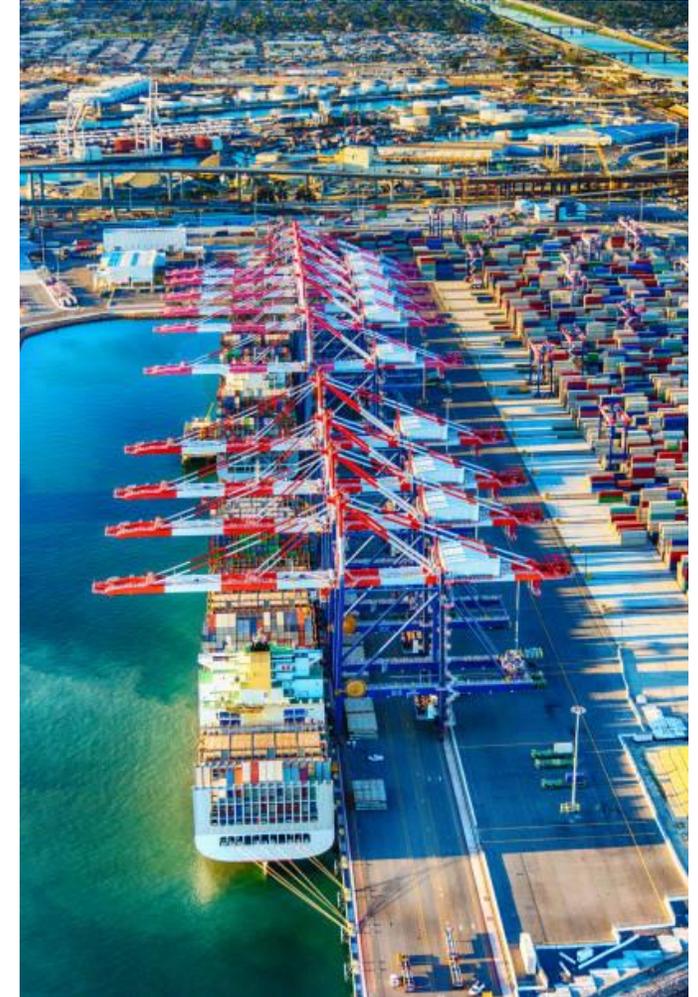


Have fun

Our Plan (Learning Objectives)

By the end of today, we hope you will have...

- Identified opportunities to leverage data to improve BHI
- Prioritized activities to support person-centered, equitable BHI
- Planned for sustainable BHI financing



Getting Settled



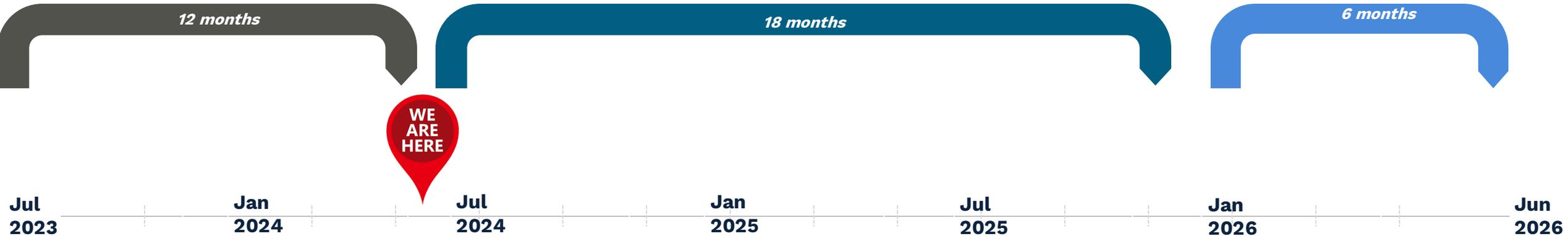
Materials

- Workbook & Handouts
- Event Evaluation
- Materials posted on [CalHIVE BHI website](#)

Logistics

- Restrooms
- Meals
- Parking
- Photos & videos

CalHIVE BHI Program Timing & Implementation “Launch”



PREPARE

- Build team
- Readiness assessment & recommendations
- Select integration model and pilot site
- Report and analyze BH screening data

IMPLEMENT

- Implement care model at pilot site
- Adopt clinical, data, operational workflows, including training
- ***Make improvements!***
- Analyze and improve patient engagement
- Create disparity reduction plan

SCALE

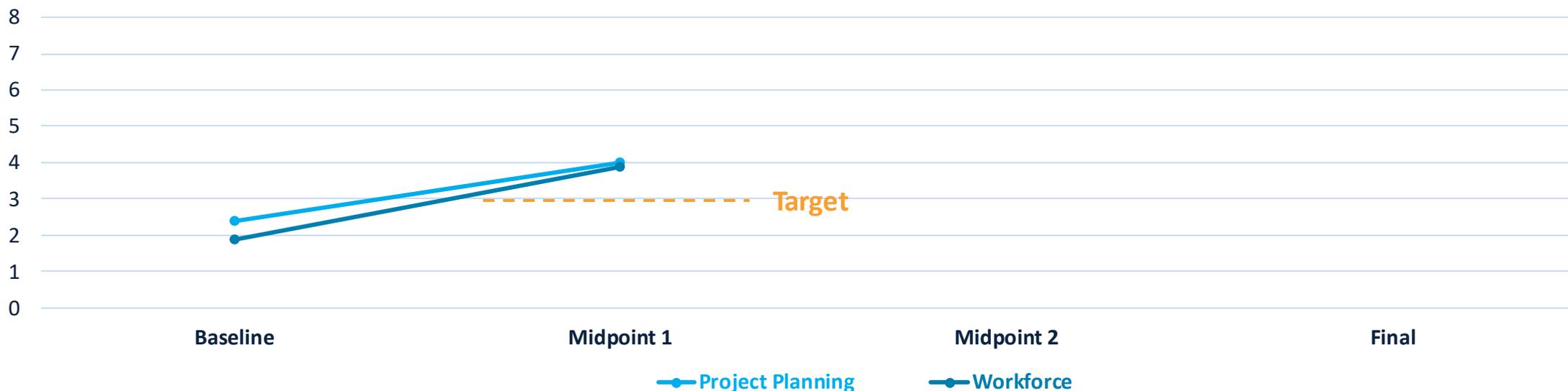
- Analyze pilot progress, identify improvement and spread plan
- Craft sustainability plan
- Complete project documentation and communication plan

Transformation into System-Wide Integrated Care

Coordinated		Co-Located		Integrated	
Level 1 Minimal Collaboration	Level 2 Basic Collaboration at a Distance	Level 3 Basic Collaboration Onsite	Level 4 Close Collaboration Onsite with Some System Integration	Level 5 Close Collaboration Approaching an Integrated Practice	Level 6 Full Collaboration in a Transformed/ Merged Integration Practice

Graduating: Prepare to Implement

Implementation Milestone Assessment Tool (IMAT)



Project Planning [1.1]: BHI Implementation Plan

- Finalized BHI implementation plan, with feedback from key stakeholders
- Created workplan supported by cross-disciplinary project team meeting regularly

Workforce [3.2]: BHI Care Team

- Identified care team
- BHI team roles identified/onboarded



Announcing our graduates...



**CHINESE
HOSPITAL
& CLINICS**



Riverside Family Physicians

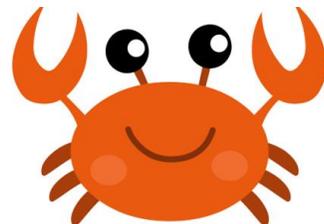


San Francisco
Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH



perلمانclinic++



SHARP





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Optimizing BHI with Data

Let's Form Three Groups

Find your group in the room based on the years of experience working in the health care system:

- Less than 5 Years
- 5-10 Years
- 10 Years or More



Let's Form Four Subgroups

Now, form sub-groups on preferred ice cream flavor

- Chocolate
- Strawberry
- Don't Like Ice Cream
- Other



Let's Form Four Other Subgroups

- Now, form 4 more subgroups on favorite pet type:
 - Dog
 - Cat
 - Other
 - I prefer no pets



Write Your Group's Name!

**5-10 Years in Healthcare
Chocolate Ice Cream
Dog Favorite Pet**

What Did You Notice and What Reflections Do You Have?



WE ARE DATA!



Data Analysis in CalHIVE BHI vs. Other QI Initiatives

CalHIVE BHI

Practice and Clinician
Demographic



Practice



Clinician

Global Reporting

Measure
Performance

- | | |
|----|------------------------------------|
| 1. | Enrollment (all patients) |
| 2. | Depression Screening and Follow-Up |
| 3. | Depression Remission or Response |
| 4. | Diabetes HbA1c Poor Control (> 9%) |

Pilot Site BHI

Pilot Site Reporting

- | | |
|----|-----------------------------|
| 1. | Implementation Plan Measure |
| 2. | Implementation Plan Measure |

Other QI Initiatives



Race/Ethnicity



Health Plan

Health Plan and
patient
demographic



Accountability and
incentive programs



Patient and staff
experience

Data Can Support you to Achieve and Optimize your Goal



How to Utilize your Data to Optimize BHI?

Data collection and analysis can support with optimizing your BHI efforts by:



Monitoring and Evaluating

Track measure performance and outcomes



Designing Interventions

Promote quality improvement to build capacity within organizations



Stratifying

Understand who are your participants or patients

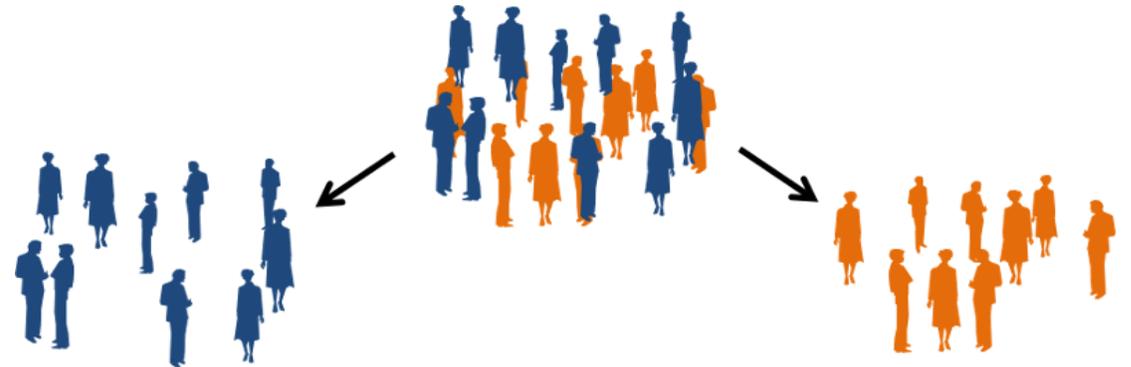


Sharing

Communicate insights with stakeholders

What is Data Stratification?

- Data Stratification is a data analysis technique that sorts data into distinct groups or layers using qualitative data.
- **Data Stratification can help you:**
 - Ask and answer questions (Be curious!)
 - Contextualize your data
 - Highlight and understand differences in your patient population and measure performance
 - Allocate resources
 - Design targeted interventions
 - Improve patient care by addressing disparities



Two Types of Qualitative Data

Nominal: variables with names without providing any numerical value.



Measure



Payer/Product



Provider Organization



Practice

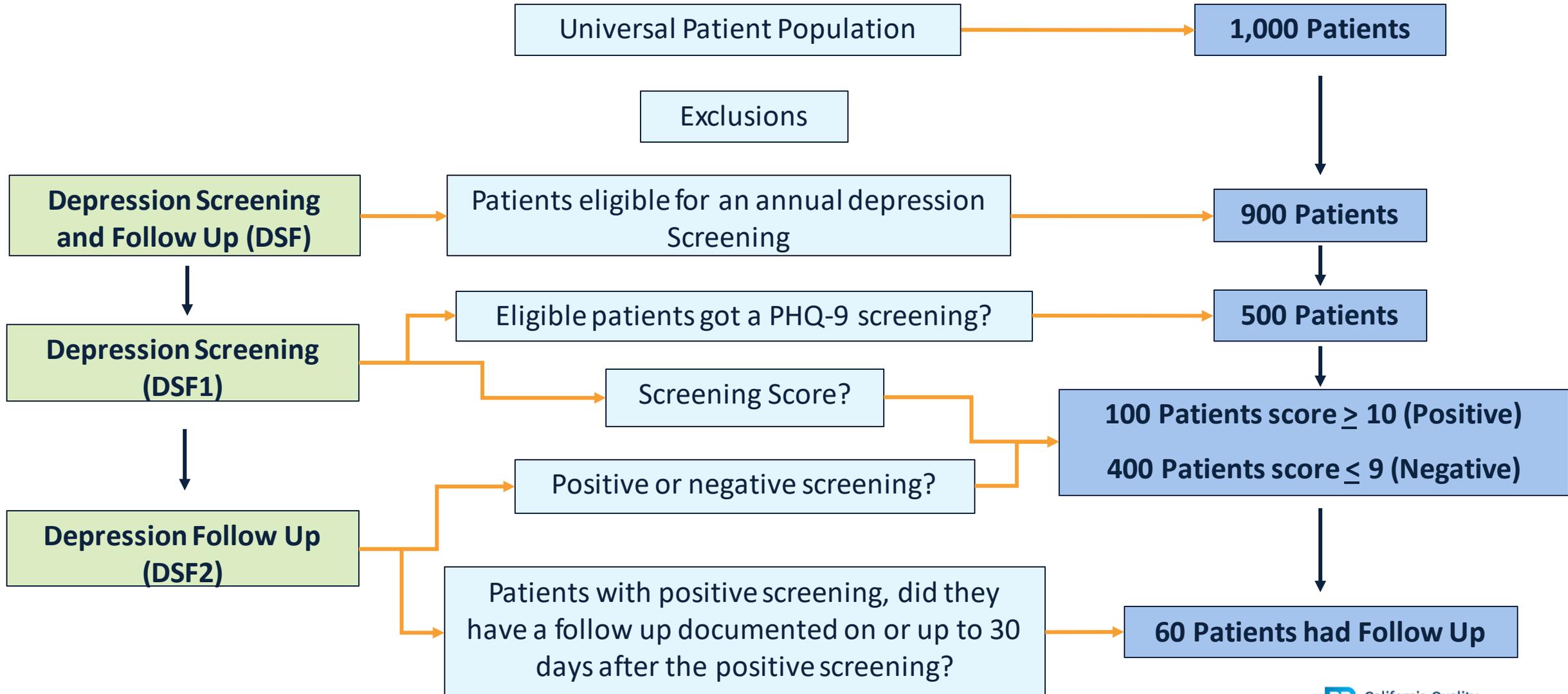


Clinician

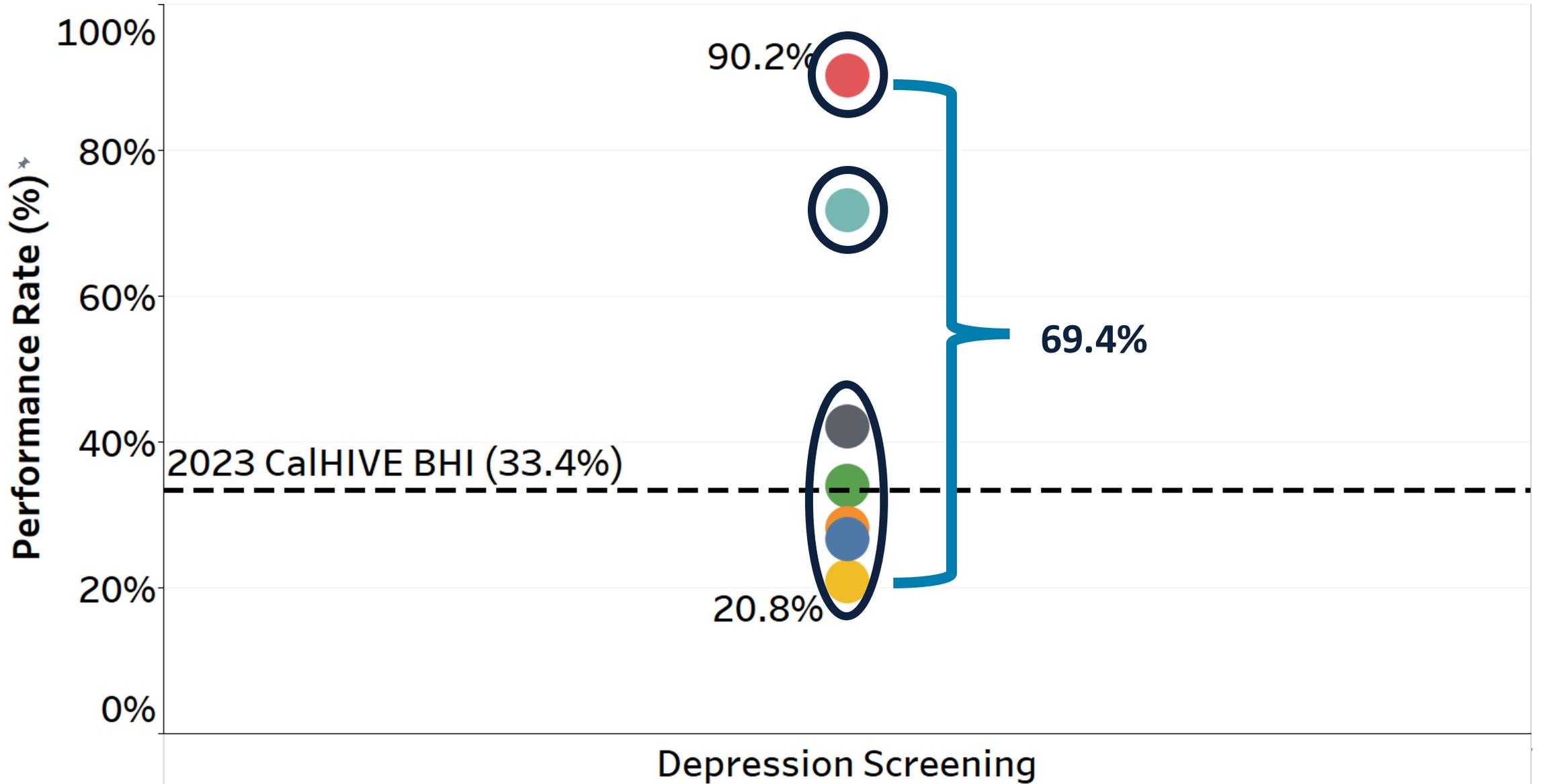
Ordinal: data with a set order or scale to it.

PHQ-9 Score	Depression Severity
0-4	None to Minimal
5-9	Mild
10-14	Moderate
15-19	Moderately Severe
20-27	Severe

Do Measures Have Data Stratification Built In?



What is our Baseline Performance for Depression Screening (Dec. 2023)?



CalHIVE BHI Pilot Site Measures

Measure: Patients Referred to BHI with a follow up interactive outpatient encounter

Denominator: All patients in the practice referred to BHI.

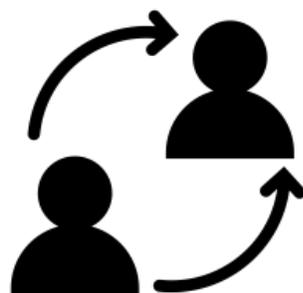
Numerator: All patients in the practice referred to BHI that had a follow up interactive outpatient encounter within 30 days.

Stratification Data Fields:



Date

(Month to Month)

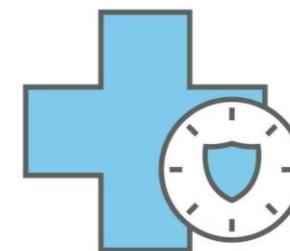


Primary Diagnosis
Referral

(type of diagnosis)



Race or Ethnicity



Insurance Type

Recommendation: Leverage your existing data and begin stratifying with one category.

Level of Detail of your Qualitative Data

Level of detail of your qualitative data when stratifying

Aggregated

Granular

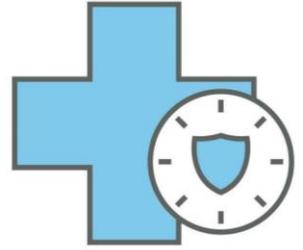
Simple data analysis

Complex data analysis



What level of detail will provide me with meaningful insights of my BHI efforts?

Variable Example: Payer



Level of detail of your qualitative data when stratifying

Aggregated

Granular



Insurance Status	Payer	Product	Health Plan	Length of Continuous Enrollment	Coverage
<ul style="list-style-type: none"> Insurance No insurance 	<ul style="list-style-type: none"> Medi-Cal Medicare Commercial 	<ul style="list-style-type: none"> Managed Care Fee for Service Grant Other 	<ul style="list-style-type: none"> Health Plan 1 Health Plan 2 Health Plan 3 	<ul style="list-style-type: none"> Time Churn 	<ul style="list-style-type: none"> Tiering Co-payment, deductible Out of Pocket max

Questions?



Activity: In your Team!



15 minutes:

- Review your Pilot Site Measurement Plan from section 6 of the Implementation Plan
- Discuss and document in your workbook how you would apply data stratification to one of your pilot site's measures



Workbook Questions



- Select one of your measures from your pilot site measurement plan.
- Brainstorm data fields to stratify your measure
 - **Consider your organization's existing data and data you don't collect**
- Identify one data field that is most meaningful to improvement. How would stratification inform success of your integration work?
- Within that data field, list the levels of detail available. What specific fields for that category will you stratify by?

Qualitative Data fields: store information that describes qualities or characteristics. The data in these fields are not represented by numbers.

Nominal: variables with names without providing any numerical value.

Ordinal: data with a set order or scale to it.

Examples:

- Practice Name
- Clinician
- Payer
- Race/Ethnicity

Examples:

- Patient satisfaction scale
- PHQ-9 depression severity categories

Let's Hear From You!





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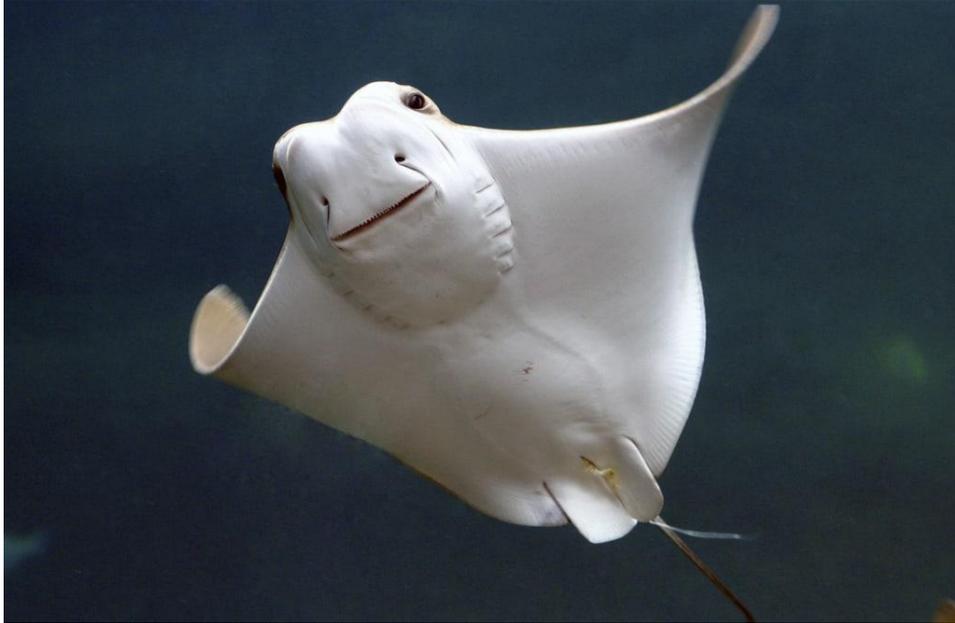
Peer Presentations

Bright Spots & Lessons Learned

An underwater photograph showing sunlight filtering through the water surface, creating a pattern of light and dark ripples. The water is a clear, vibrant turquoise color. The light rays create a shimmering, textured effect on the water's surface.

“Affirmation is like oxygen.”

Dr. Jane Vella



In a group of 2 or 3 at your table, share about a time you received an affirmation or feedback that made your day or week.

What about the moment stands out to you?

How did you feel?

I like, I wish, I wonder

I like the use of
images

I wish they included
more information
about patient
impact

I wonder if they could
have included more
information about the
measurement plan

Time to hear from you!



Gift of Feedback

Starting at a poster other than your own, you will have **4 minutes** to provide feedback by placing sticky notes on the edge of the poster board

- Feel free to engage in feedback with your peers
- When the **chime sounds**, you can move to a new poster
- Remember: “I like, I wish, I wonder”

I like the use of images

I wonder if they could have included more information about the measurement plan

I wish they included more information about patient impact

Voting Time!

Most Improved and Most Impact



Each winning team receives one free individual registration to the 2024 CFHA conference from CalHIVE BHI

Reminders:

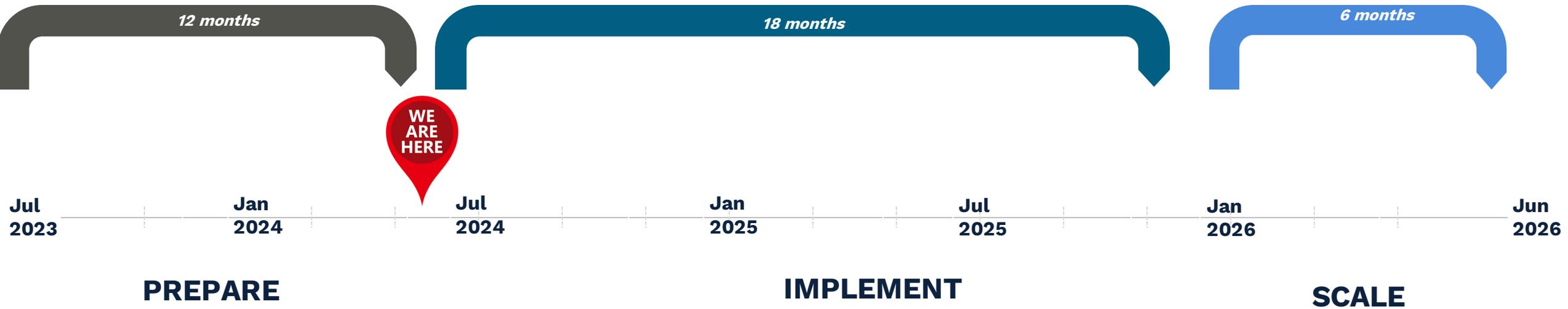
- Consider creativity!
- Don't vote for your own team



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Lessons from 2027: Sustainable BHI Financing

Why 2027?



BHI Financing



Financing is often the **biggest barrier** to BHI implementation and sustainability.

Organizations often have to invest in BHI for **more than a year** before they are “in the black,” and even then often rely on grant funding.

Billing and documentation considerations **must support the overall goal** of a behavioral health integration program.

Sustainability



Our working definition:

The ability to be maintain a system or process at a certain rate or level with existing resources

Our Panel



Caity Haas, LCSW, MHA, ACM
Principal Clinical Program Manager *Blue Shield of California*



Brian Sandoval, PsyD
Senior Director of Development *Comagine Health*



Carmen Katsarov, LPCC, CCM
Executive Director, BHI
CalOptima Health



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Action Planning for Patient – Centered Equitable BHI

Community Guidelines

- Respect diverse perspectives
- Trust intent. Name impact.
- Use "I" statements
- Listen to learn not to respond
- Take the time you need, knowing others need time as well
- You may pass
- Honor confidentiality



CalHIVE BHI Collaborative Values

1. Collaboration around a common goal
2. Trust & transparency
3. Reflect, revise & learn

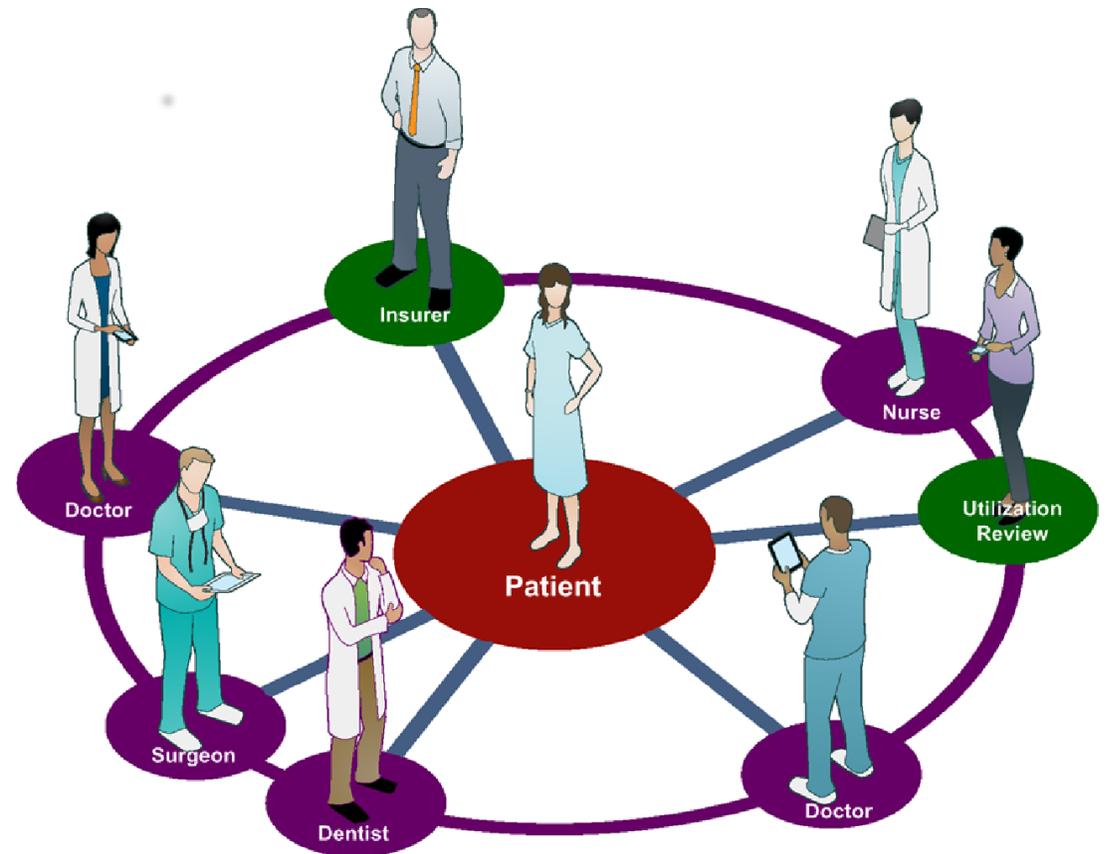
Reflecting on Your Own Lived Experiences

Please take a step forward if:

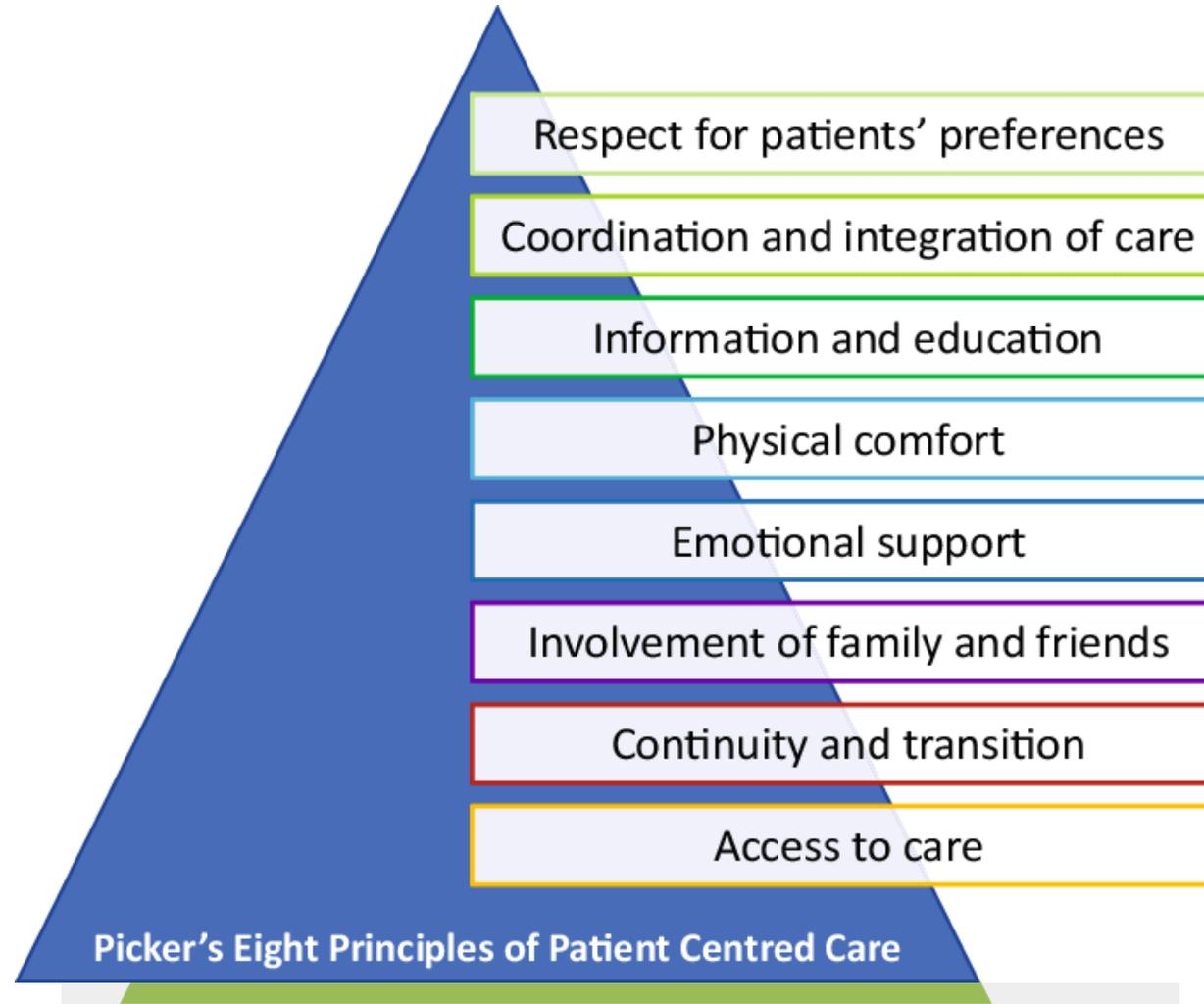
- You speak a language other than English in your home.
- You do not have reliable transportation that gets you to appointments, work, and places needed for daily living.
- In the past year, you worried about food running out before you had money to buy more.
- You do not have a steady place to live.
- You do not have an advanced degree (higher than high school diploma).
- You identify as LGBTQ.
- You do not have access to adequate healthcare and health insurance.
- You do not have access to a medical or mental health provider that is culturally aware.
- You do not have someone that you can turn to for emotional and/or instrumental support if needed.
- You feel alone.

What is patient-centered care?

Integrated health care services delivered in a setting and manner that is responsive to individuals and their goals, values and preferences, in a system that supports good provider–patient communication and empowers individuals receiving care and providers to make effective care plans together.



8 Elements of Patient-Centered Care



Defining Health Equity

Health Equity:

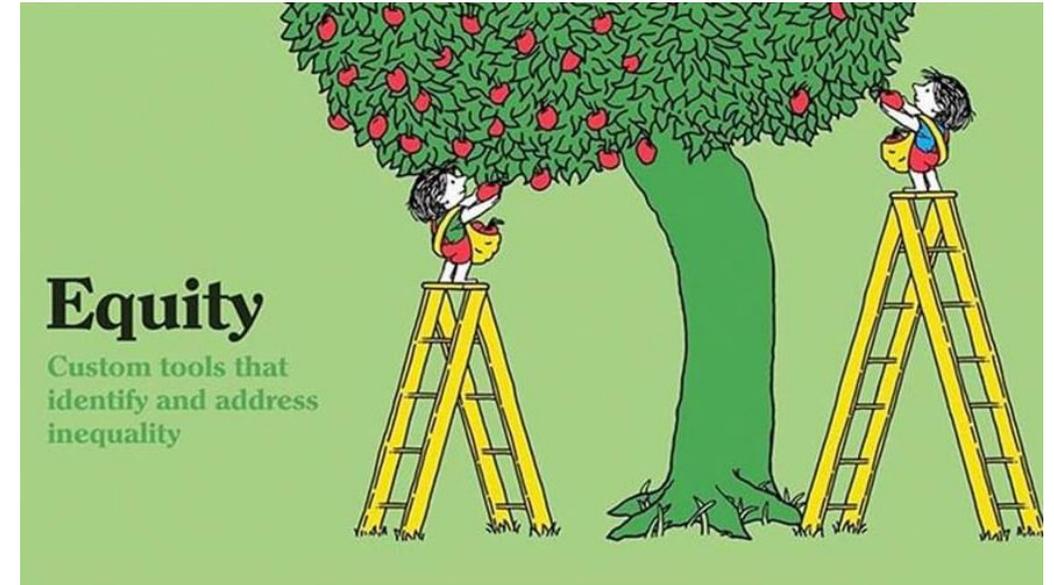
- Achieved when everyone has the opportunities and resources they need to be as healthy as possible, and no one is disadvantaged due to **social drivers** or policies. Because structural racism has systematically denied opportunities and resources based on race, health equity is inextricably linked to racial equity.

Health Disparities:

- Differences in health status rates between population groups.

Health Inequities

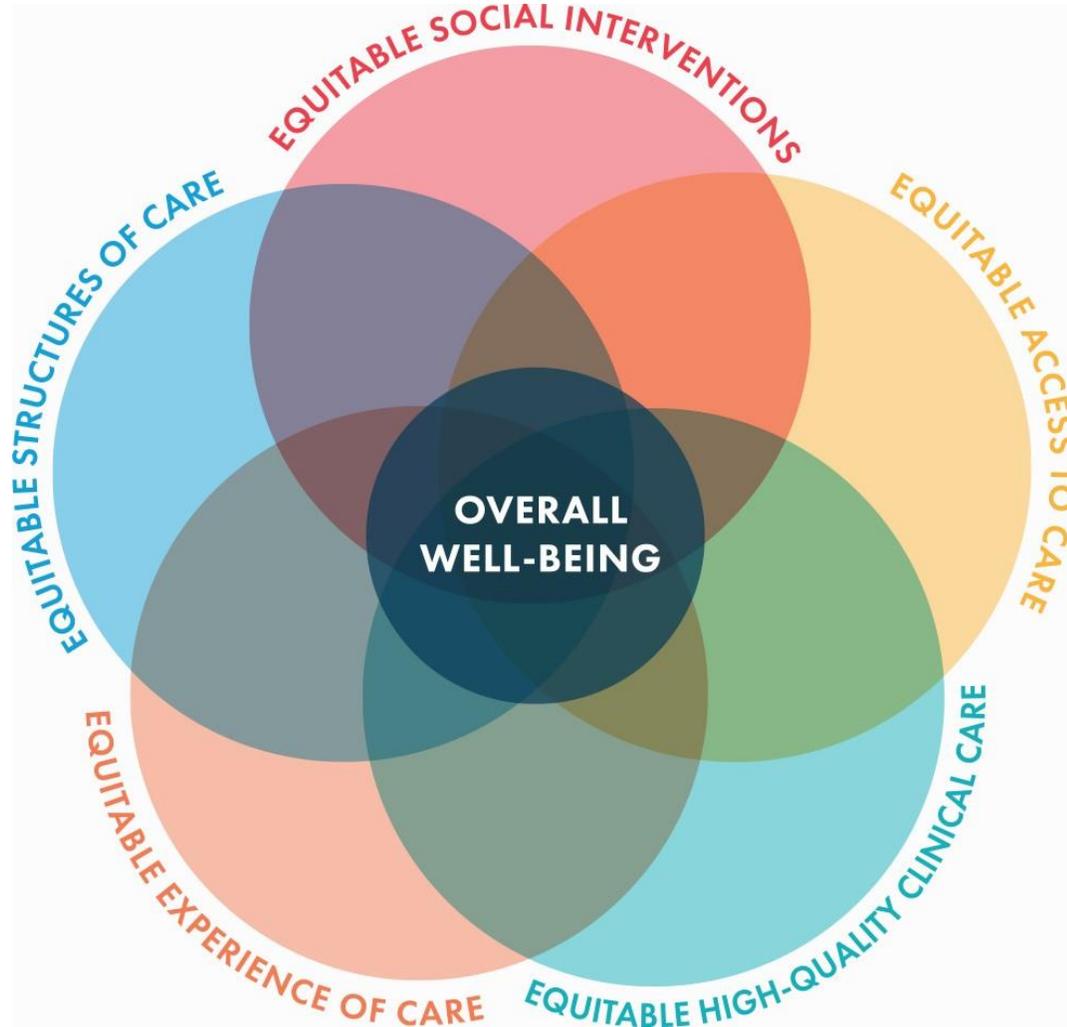
- Health disparities that are due to differences in access to social, economic, environmental, or health care resources. Simply put, health inequities are health disparities that are unfair and unjust.



Sources:

1. Rishi Manchanda, Roza Do, and Nasaura Miles. [A Toolkit to Advance Racial Health Equity in Primary Care Improvement](#). California Improvement Network, California Health Care Foundation, Healthforce Center at UCSF, April 2022
2. [Tony Ruth's Illustration in Design in Tech Report, 2019](#)

Equitable Health Care



- **Person**
 - Social needs – individuals’ non-medical social or economic circumstances that hinder their ability to stay healthy and/or recover from illness.
- **Community**
 - Social determinants of health – the underlying social and economic conditions in the community that influence people’s ability to be healthy.
- **Systemic**
 - The fundamental causes of the social inequities that lead to poor health. These include, for example, racism, sexism, generational poverty.

Examples of Social Determinants of Health

Social Determinants of Health

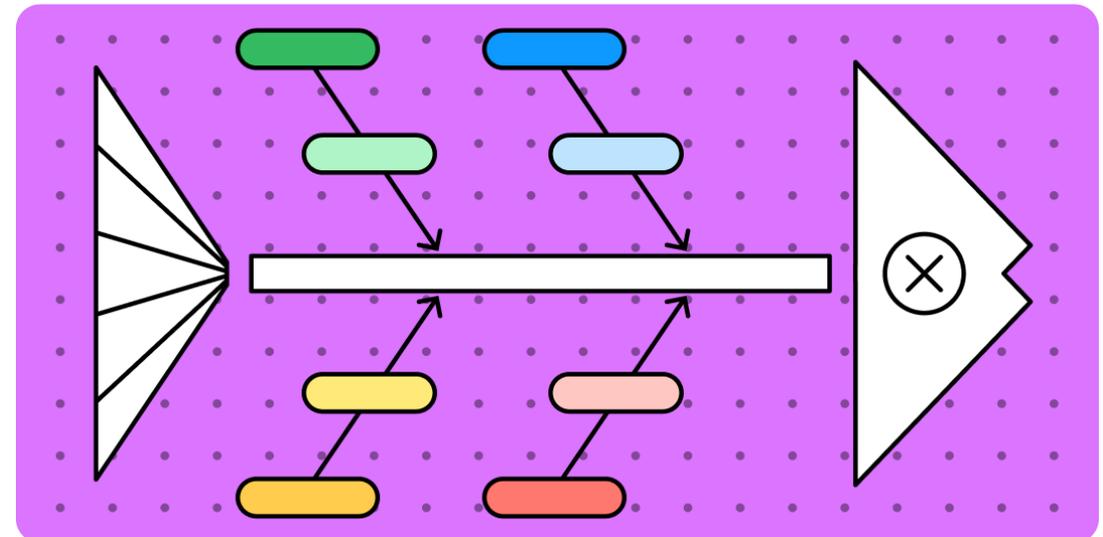


What is a Fishbone Diagram?



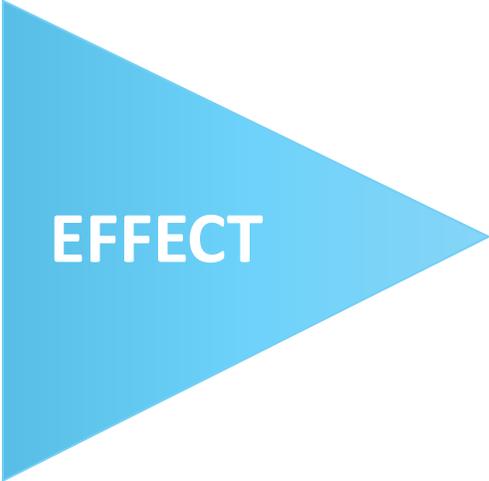
A fishbone diagram is a helpful tool for identifying the root cause of a problem. It allows you to list all the potential causes that may be contributing to the effect or problem you are currently experiencing.

This visual tool helps organizations streamline processes, improve quality, and drive better outcomes.



Step 1: Define Problem/Opportunity

- Agree on the problem/opportunity statement (e.g., utilize your SMARTIE Aim Statement)
- Be as clear and specific as you can about the problem
- Beware of defining the problem in terms of a solution (e.g., we need more of something)



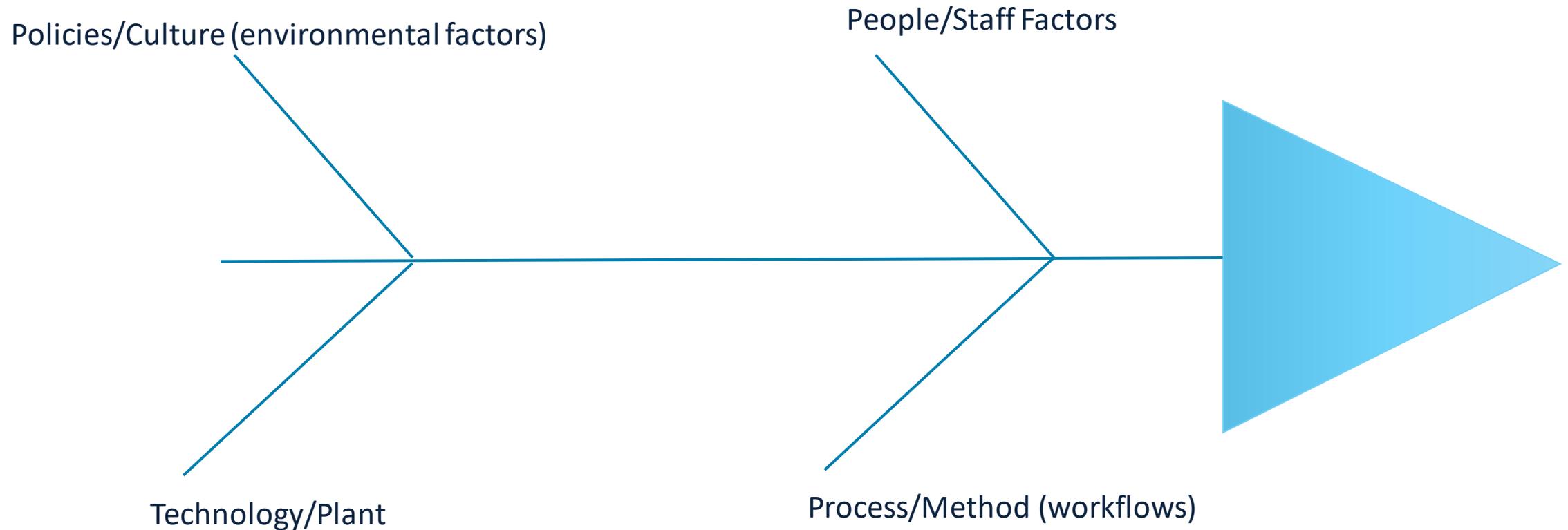
EFFECT

Example of problem/opportunity statement:

- High prevalence of diabetes type 2 in our clinic

Step 2: Categories for Causes

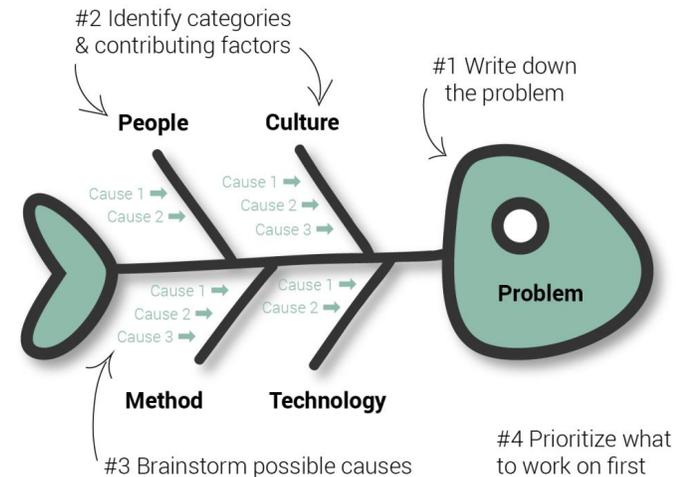
- Define and/or align on the categories for the causes:



Step 3: Brainstorm Causes



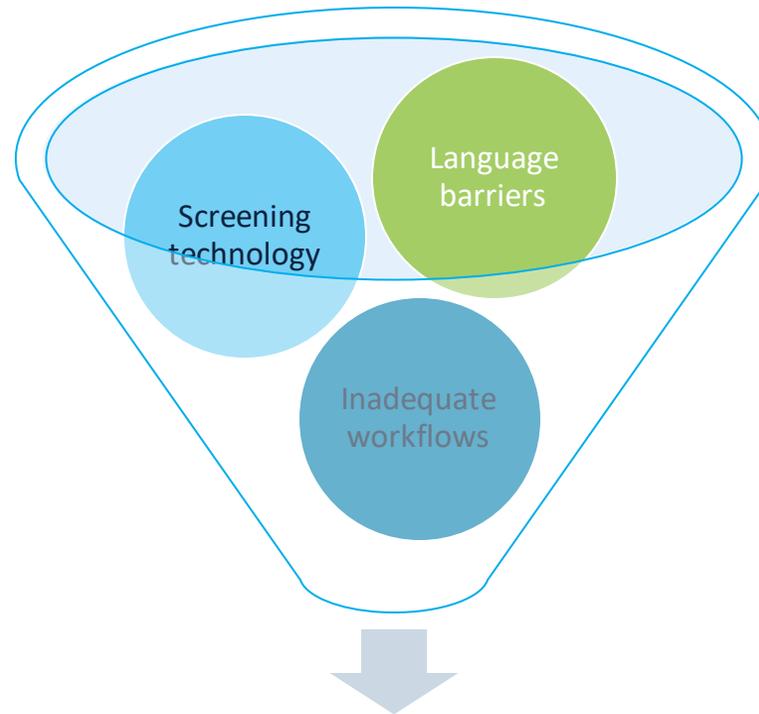
- Brainstorm all the possible causes of the problem
- Ask “Why does this happen?”
- As each idea is given, the facilitator writes the causal factor as a branch from the appropriate category (places it on the fishbone diagram)
- Causes can be written in several places if they relate to several categories



Causes Impacting Behavioral Health Care

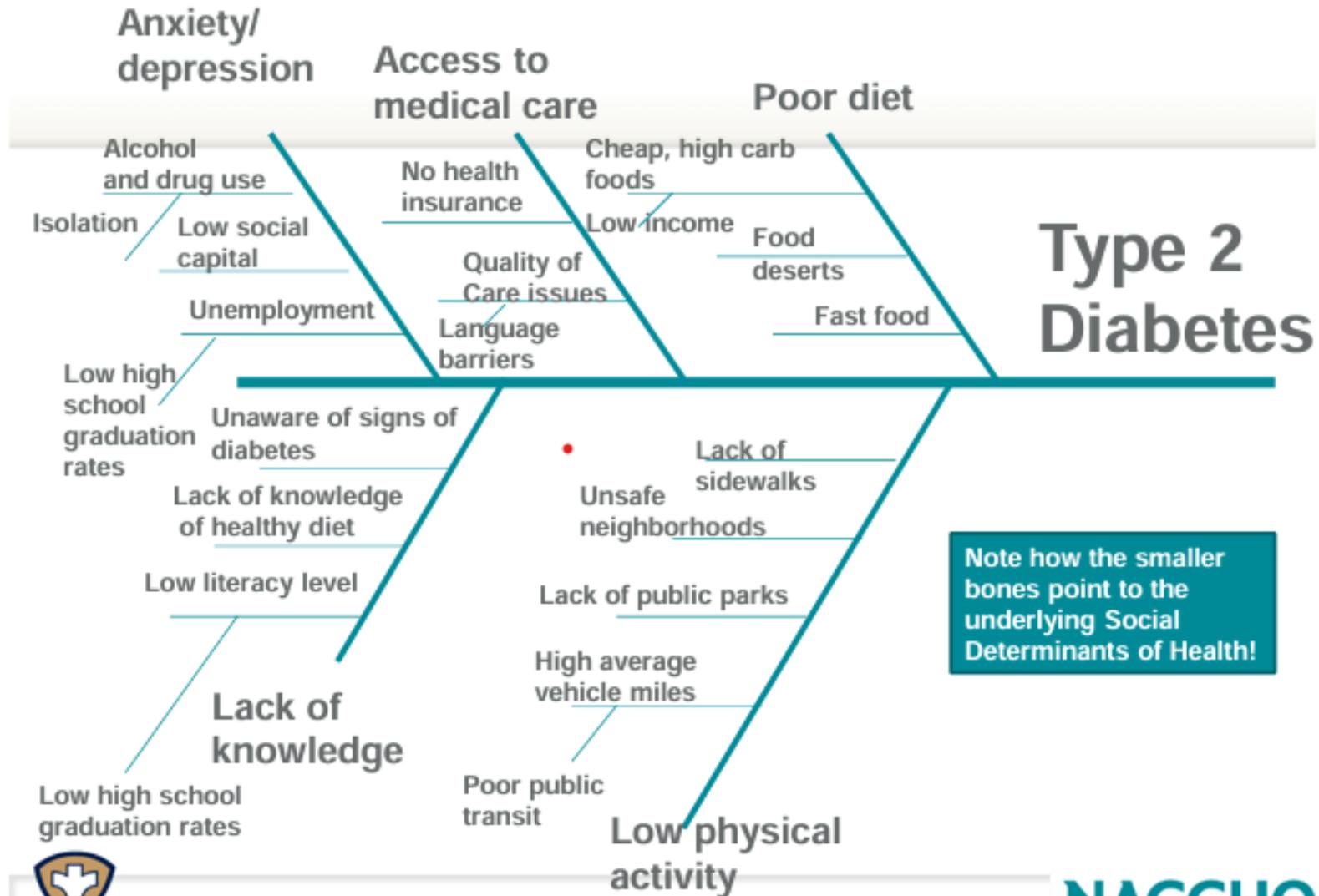
- Lack of insurance
- Underinsurance
- Mental illness stigma, often greater among minority populations
- Lack of diversity among mental health care providers
- Lack of culturally competent providers
- Language barriers
- Distrust in the health care system
- Lack of behavioral health integration at provider level
- Inadequate training for staff
- Inadequate workflows
- Lack of screening technology
- Inadequate support for mental health service continuity of care
- Social determinants of health factors

Step 4: Prioritize What to Work on First

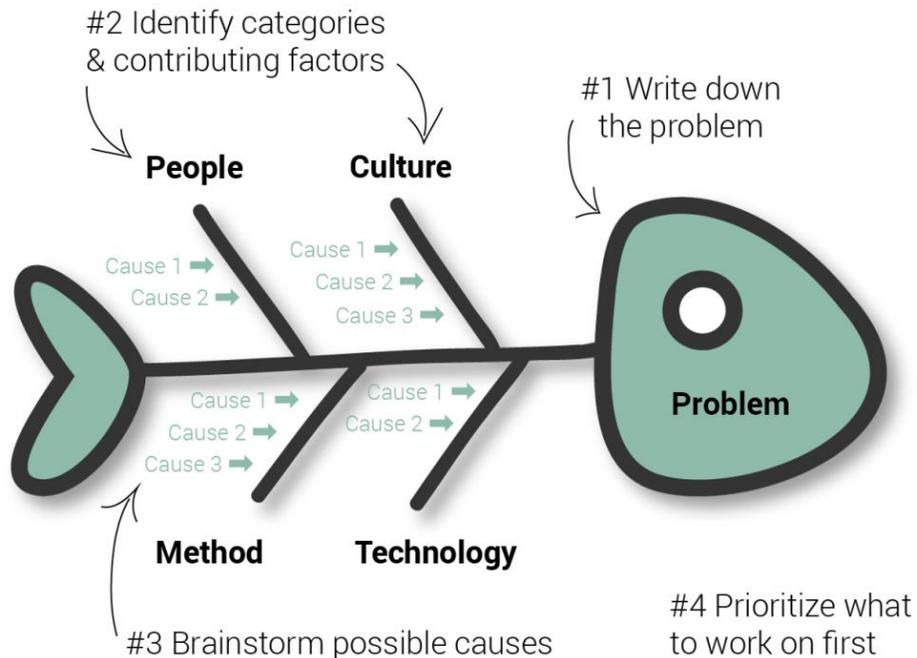


Clarify and prioritize the problem you want to work on

Example of the Fishbone Tool



Root Cause Analysis



- Start with SMARTIE Aim statement
- Meet as a team
- Utilize the four steps:
 - Step 1: Define the problem or opportunity
 - Step 2: Define and align on the categories of causes
 - 4 Ps: People, Process/Method, Policies/Culture and Plant/Technology
 - Step 3: Ask the 5 Whys to get to the root causes
 - Step 4: Identify or prioritize what you want to work on first

What did you learn or what do you need to take back to site?



What would it take to incorporate equity across all aspects of your BHI program?





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Peer Sharing

Connecting & Learning

- Two sessions of 20 minute peer sharing
- Six topics, with question prompts on chart pads
- Thank you to our hosts!

When you've gathered

- Make introductions
- Discuss lessons and questions with groups
- Switch when prompted
- Repeat



Table Topics (Round 1 and 2)



Table 1
Health
Equity

Table 2
Provider
Engagement

Table 3
Training &
Developing
Your BH
Workforce

Table 4
Program
Evaluation

Table 5
BHI
Leadership

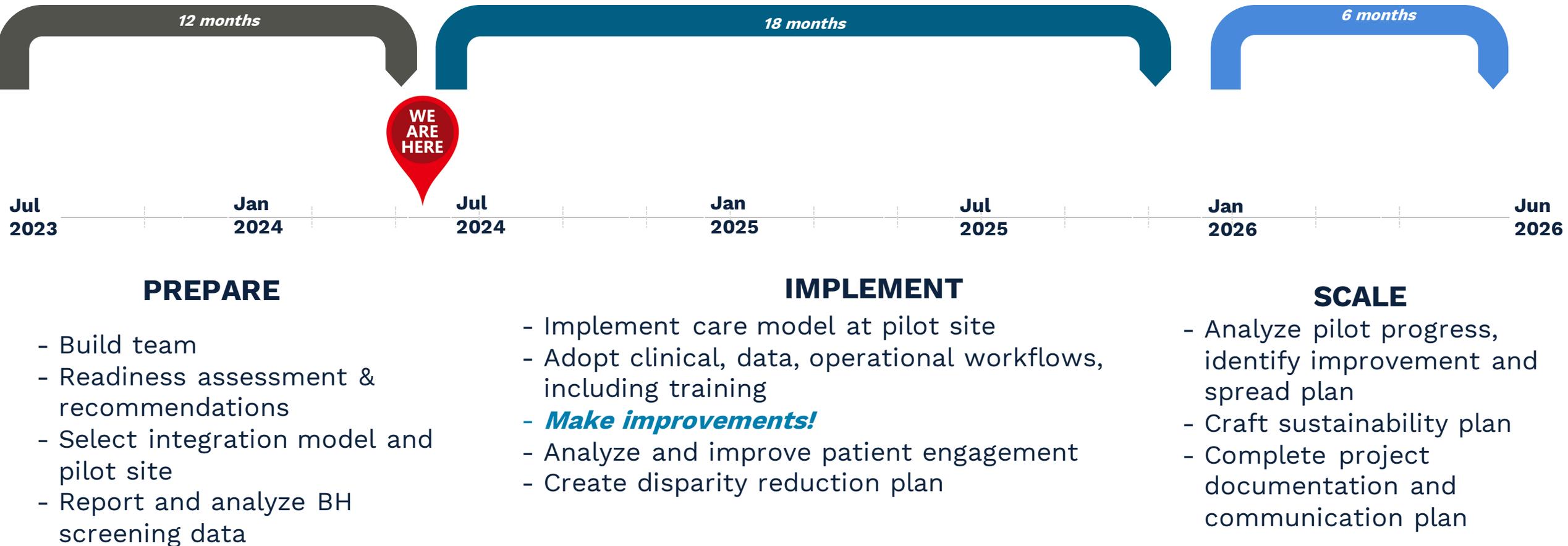
Table 6
Aligning BHI
with Other
Initiatives



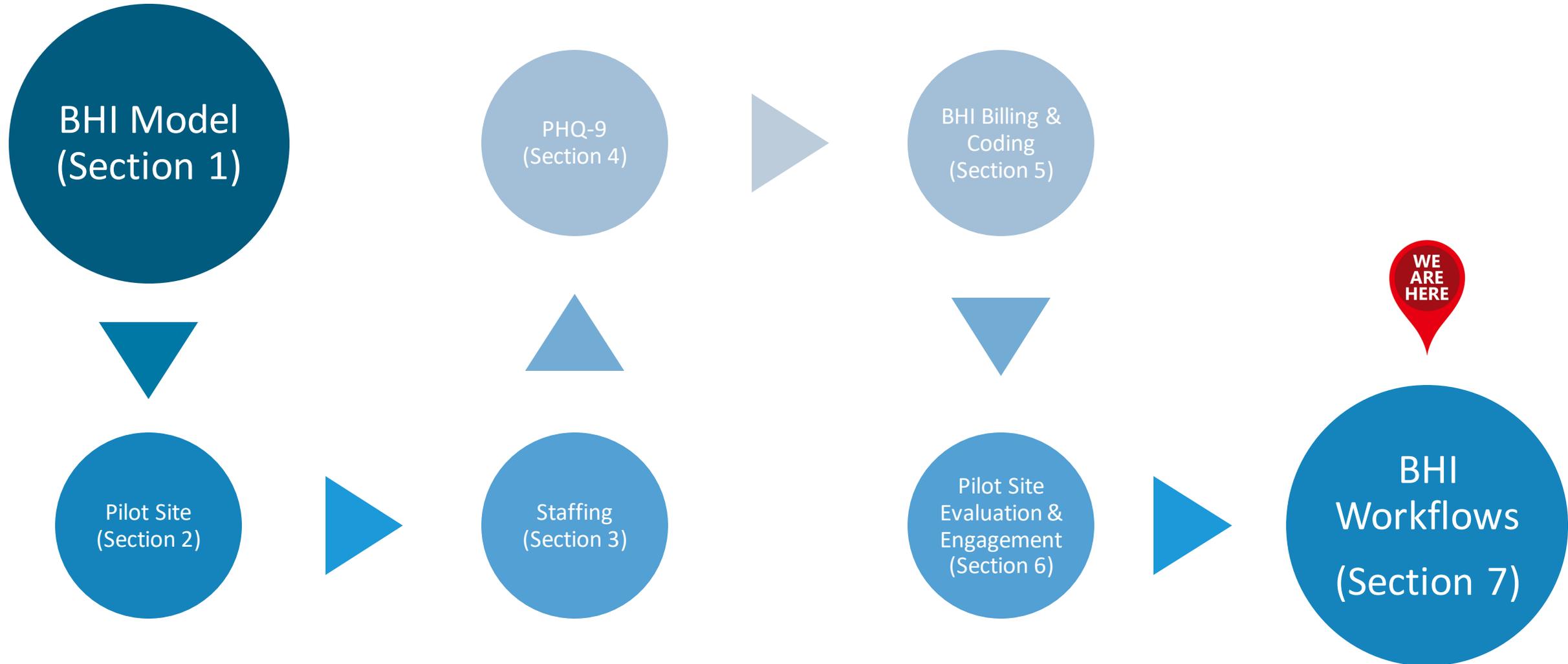
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Team Time

CalHIVE BHI Program Timing & Implementation “Launch”



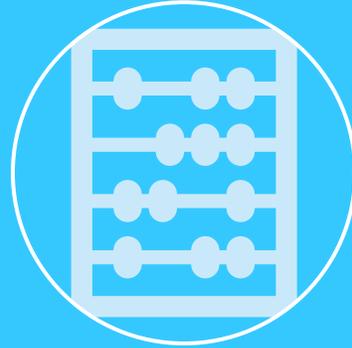
Implementation Plan



Maintaining Momentum



Partnering with
the Community



Financial
Sustainability



Measuring
Progress



Developing BHI Workflows Checklist



- Could this be absorbed in the current workflow? (Y/N)

If no...

- Who owns the workflow?
- What is the target patient population for this workflow?
- How will BHI workflows align with other workflows?
- Who is implementing the workflow?
 - What clinical staff are involved in each step?
 - Is each step clear to everyone based on roles?
- What are the steps needed for this workflow?
- How does the patient experience the workflow?
 - Are there considerations around specific patient needs (e.g. language, literacy, digital access)?
- Technology
 - What technology changes are needed?
 - What are documentation templates to be developed?
- Finance
 - Does the finance team need to be involved?



Team Time

- Get together with your team
- Review the workflows you have worked on
- Identify next steps to support a successful pilot





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Closing

And the Winners Are.....



In Closing



Complete a post-it with your experience of the day, in one word

Share your feedback in event evaluations

Materials posted on [CalHIVE BHI Website](#)

Thank you!



Peter Robertson
Senior Director,
Practice Transformation
Advisor



Kristina Mody
Director,
Practice Transformation
**CalHIVE BHI Director/
Improvement Advisor**



**Mary Nickel-
Nguy**
Senior Manager,
Behavioral Health
Integration
Improvement Advisor



**Daniela Vela
Hernandez**
CFHA Technical
Assistance Associate
Improvement Advisor



Jose Ordonez
Manager,
Data Analytics
Data Lead



Anna Baer
Program Coordinator,
Care Transformation
Event Manager



Erika Lind
Manager, Care
Transformation Events
and Learning



Brian Sandoval
Clinical Advisor, BHI
Integration



Anna Elgart
Communications
Manager



Karin Johnston
Senior Manager,
Practice
Transformation