**Category 2 Project Narrative**

**Hill Country MHDD – 133340307.2.3**

**Project Area, Option and Title:** 2.16.1 Provide virtual psychiatric and clinical guidance to all participating primary care providers delivering services to behavioral patients regionally: Hill Country Virtual Psychiatric and Clinical Guidance

**RHP Project Identification Number:** 133340307.2.3

**Performing Provider Name:** Hill Country Community MHMR Center (dba Hill Country MHDD Centers)

**Performing Provider TPI #:** 133340307

**Project Summary:**

* **Provider Description:** Hill Country Community MHMR Center (Hill Country) is a community mental health center providing mental health, substance use disorder, early childhood intervention and intellectual and developmental disability services to the following counties of RHP 8: Blanco and Llano. Hill Country serves a 2,607 square mile area of RHP 8 with a population of approximately 30,582 in 2012.
* **Intervention:** This project will implement psychiatric and clinical guidance 24 hour a day, 7 day a week for primary care physicians and hospitals within the 2 counties served by Hill Country in RHP 8 to help physicians identify and treat behavioral health symptoms earlier to avoid exacerbation of symptoms into a behavioral health crisis.
* **Project Status:** This is a new project for Blanco and Llano counties.
* **Project Need:** Both counties served by Hill Country are designated as Entire County Healthcare Provider Shortage Areas for Mental Health ([http://www.dshs.state.tx.us/chs/hprc/hpsa.shtm).](http://www.dshs.state.tx.us/chs/hprc/hpsa.shtm)) As such, resources for psychiatric and clinical guidance to primary care providers delivering services to behavioral health patients is very limited and not formalized throughout this area (CN.2.18).
* **Target Population:** The target population is individuals within Blanco and Llano counties who demonstrate behavioral health symptoms and seek treatment at area hospitals or with their primary care physician. Based on a 12‐month mental illness prevalence of 26.2% as reported by the National Institute of Mental Health, the target population consists of approximately 7,900 individuals. Based on the population served in Hill Country’s behavioral health program in RHP 8, it is anticipated that approximately 26% of patients within RHP 8 have Medicaid and an additional 60% with income below 200% of the Federal Poverty Level and no insurance
* **Category 1 or 2 Expected Project Benefit for Patients:** The project seeks to provide 400 psychiatric consultations by the end of DY5 (50 during DY3; 150 during DY4; and 200 during DY5) for the 2 counties served by Hill Country in RHP 8 and that at least 20% of primary care physicians report improved satisfaction with psychiatric consultation over the life of the project (I‐9.1).
* **Category 3 Outcomes:** The following Category 3 measures have been proposed in 2014 to describe improvements to the patient population.
  + IT-11.16 Assessment for Substance Abuse Problems of Psychiatric Patients

In DY4 and DY5 we will report the number of patients who receive psychiatric consultation whose medical record indicates explicit evidence of assessment of current substance abuse problems divided by the total number of individuals receiving psychiatric consultation. The subset is individuals who receive psychiatric consultation as other medical records are not available for review.

* + IT-11.19 Assessment for Psychosocial Issues of Psychiatric Patients

In DY4 and DY5 we will report the number of patients who receive psychiatric consultation whose medical record indicates a psychosocial/developmental history divided by the total number of individuals receiving psychiatric consultation. The subset is individuals who receive psychiatric consultation as other medical records are not available for review.

* + IT-11.21 Assessment of Major Depressive Symptoms

In DY4 and DY5 we will report the number of patients who receive psychiatric consultation for whom 5 of the 9 diagnostic criteria for major depression are identified divided by the total number of individuals receiving psychiatric consultation. The subset is individuals who receive psychiatric consultation as other medical records are not available for review

* **Collaboration:** Texas A&M Health Science Center (TAMHSC) had a Pass 1 allocation it could not use, since TAMHSC did not have providers in RHP 8. TAMHSC allowed its allocation to be used by local health departments and local mental health authorities (public entities) which had much smaller provider allocations in Pass 1, so these entities could have broader, transformative, regional projects. TAMHSC has not played a role in these projects, other than the role of anchor. There are no impermissible provider‐ related donations involved. This usage of the TAMHSC allocation ensured these providers, who could self‐fund the required IGT, could participate in the waiver. This project will work collaboratively with all Primary Care Physicians and Hospitals within Llano and Blanco counties in order to transform the system of care by identifying behavioral health issues early and beginning treatment before symptoms exacerbate into crisis episodes.

**Project** **Description:**

*Virtual Psychiatric and Clinical Guidance*

According to *Mental Health Care by Family Physicians,* a paper prepared by the American Academy of Family Physicians, “Mental health issues are frequently unrecognized and even when diagnosed are often not treated adequately. Recognition and treatment of mental illness are significant issues for primary care physicians, who provide the majority of mental health care. In a recent national survey of mental health care, 18% of the surveyed population with and without a DSM‐IV diagnosis of a mental health disorder sought treatment during a 12 month period, with 52% of those visits occurring in the general medical (all primary care) sector. Estimates are that 11% to 36% of primary care patients have a psychiatric disorder, with one recent survey of mental health conditions in urban family medicine practices revealing that over 40% of survey respondents met criteria for a mental health disorder.”

Recognition and treatment of mental illness are significant issues for primary care physicians, who provide the majority of mental health care. Due to both of the counties served by Hill Country MHDD Centers (Hill Country) being designated as Mental Health Professional Shortage areas, there is a need to develop Psychiatric Consultation services and have them available for Primary Care Physicians and hospitals throughout the region to assist with complex psychiatric needs.

In establishing the project, Hill Country will identify primary care physicians and hospitals where patients would receive the greatest benefit, determine needed telecommunication equipment based on anticipated volume of service, and recruit and hire appropriate clinical staff with the expertise to provide remote psychiatric consultative services. After reviewing models for deployment that have been successful in other areas, Hill Country will work with primary care physicians and hospitals to determine the most appropriate method for consultative service delivery (telephonic, video, etc.) to determine needed improvements to telecommunication equipment for 24 hour a day 7 day a week consultation.

Appropriate legal and clinical expertise will be utilized to develop necessary agreements for sharing of patient information. In addition, participating primary care physicians and area hospital will be requested to complete screenings for depression substance use disorder as a means to identify individuals who would benefit from early treatment. The screening tools to be utilized include the PHQ‐9 (depression screening for adults), the PHQ‐A/BDI‐PC (depression screenings for adolescents, and the CAGE/AUDIT (screening tools for substance use disorder). The screenings would be performed at the primary care physician’s office or local hospital and the number of individuals receiving each assessment would be reported to Hill Country. All consultative services will be recorded in Hill Country’s electronic database (Anasazi) within units and subunits that will keep track of the number of services performed and the location of the services.

**Goals and Relationship to Regional Goals:**

**Goals:**

The goal of this project is to provide Primary Care Providers (PCPs) and hospitals within Blanco and Llano counties with the necessary resources and guidance to adequately treat patients who present with behavioral health conditions through Psychiatric Consultation. The goal of this project is to establish Virtual Psychiatric and Clinical Guidance to PCPs and Hospitals.

**This Project meets the following Regional Goal:**

* Increasing coordination of prevention and care for residents, including those with behavioral health needs.

**Challenges:**

The greatest challenge of the project will be recruitment of necessary personnel due to being Mental Health Professional Shortage areas. Hill Country will address the challenge by offering incentives as necessary.

**5‐Year Expected Outcome for Provider and Patients:**

By the end of five years, Hill Country will have an established psychiatric consultation service available for all primary care providers and hospitals within the two counties with at least eight providers enrolled and a minimum of twenty percent of PCPs within the counties utilizing the service will be satisfied with the psychiatric consultation provided for patients in their care. Overall, the availability of Psychiatric Consultation should result in earlier identification and treatment of mental health issues and increase integration of services for individuals seeking psychiatric assistance in the primary care setting.

**Starting Point/Baseline:**

There are currently no dedicated resources for behavioral health consultation available to hospitals and PCPs within Blanco and Llano counties. No formal structure currently exists for PCPs and hospitals to obtain clinical guidance regarding patients presenting with behavioral health issues.

**Rationale:**

**Community Need Addressed:**

* Community Need Area: CN.2 ‐ Limited access to mental health/behavioral health services
* Specific Community Needs:
  + CN.2.18 ‐ Limited access to behavioral health crisis services and delayed responses to early signs of behavioral health issues in Llano County
  + CN.2.16 ‐ Lack of behavioral health professionals in Llano and Blanco counties

Hill Country serves two counties (Blanco and Llano) within Regional Healthcare Partnership 8 (RHP 8). Both counties served by Hill Country are designated as Entire County Healthcare Provider Shortage Areas for Mental Health. As such, resources for psychiatric and clinical guidance to primary care providers delivering services to behavioral health patients is very limited and not formalized throughout the area.

According to population estimates by the Texas Department of State Health Services (DSHS), the counties served by Hill Country within RHP 8 have a total population of 30,582 in 2012. Within the two counties, there is one general hospital and thirty‐two physicians with their primary practice location listed in the area. Of these thirty‐two physicians, fourteen have their specialty listed as Family Practice or General Practice.

**Project Components:**

As a formal structure for psychiatric consultation for primary care physicians and hospitals does not exist within the two counties, Hill Country MHDD Centers proposes to meet all required project components:

1. *Establish the infrastructure and clinical expertise to provide remote psychiatric* *consultative services.* Hill Country will review and improve telecommunication equipment based on estimated volume of services and recruit appropriate clinical staff with the clinical expertise to provide remote psychiatric consultative services.
2. *Determine the location of primary care settings with a high number of individuals with behavioral health disorders (mental health and substance abuse) presenting for services, and where ready access to behavioral health expertise is lacking. Identify what expertise primary care providers lack and what they identify as their greatest needs for psychiatric and/or substance abuse treatment consultation via survey or other means.* Hill Country will survey area hospitals and PCPs to determine the potential volume of consultation needed as well as the primary types of issues where consultation is needed. The survey will include areas of needed consultation, estimated of occurrences for consultation, as well as the means by which the primary care physician wishes to receive consultation.
3. *Assess applicable models for deployment of virtual psychiatric consultative and clinical guidance models.* Based on feedback from primary care physicians and hospitals, Hill Country will review successful models of psychiatric consultation and assess the models for applicability to the region being served to determine the most appropriate methods to implement.
4. *Build the infrastructure needed to connect providers to virtual behavioral health* *consultation.* Hill Country will review current telecommunication capacity and improve telecommunication and telemedicine equipment based on estimated volume of services and connections needed to perform consultation efficiently and effectively based on the volume of services estimated and the model of consultation being provided. Hill Country will also develop staffing patterns and acquire all necessary personnel to ensure appropriate clinical expertise is available for consultation regarding both adult and children’s mental health needs.
5. *Ensuring staff administering virtual psychiatric consultative services are available to field communication from medical staff on a 24‐hour basis.* Hill Country will staff the program for 24 hour a day coverage, will survey hospitals and primary care physicians to ensure clinical guidance is available 24 hours a day as needed, and conduct random mystery calls for clinical guidance to ensure 24 hour virtual psychiatric consultative services are available.
6. *Identify which medical disciplines within primary care settings (nursing, nursing assistants, pharmacists, primary care physicians, etc.) could benefit from remote psychiatric consultation*. Based on the recommended model of implementation for the service area and feedback from primary care physicians, area hospitals and other medical providers, Hill Country will conduct needs assessments to determine which primary care settings could benefit from remote psychiatric consultation.
7. *Provide outreach to medical disciplines in primary care settings that are in need of telephonic behavioral health expertise and communicate a clear protocol on how to access these services.* Based on needs assessments and survey, Hill Country will develop protocol and enter memorandums of understanding which define a clear protocol on how to access the remote psychiatric consultation.
8. *Identify clinical code modifiers and/or modify electronic health record data systems to allow for documenting the use of telephonic behavioral health consultation.* Hill Country will add necessary service codes and modifiers to the EHR and other tracking documents within the agency to track all activity of the telephonic behavioral health consultation.
9. *Develop and implement data collection and reporting standards for remotely delivered* *behavioral health consultative services.* Hill Country will formalize procedures for collecting and reporting on activities associated with remotely delivered behavioral health consultative services.
10. *Review the intervention(s) impact on access to telephonic psychiatric consults and identify “lessons learned,” opportunities to scale all or part of the intervention(s) to a broader patient population, and identify key challenges associated with expansion of the intervention(s), including special considerations for safety‐net populations.* Hill Country will continually review with primary care providers how the service has supported their practice, ways to improve the service, and how to expand the service to additional providers.

**Continuous Quality Improvement:**

Hill Country is committed to continuous quality improvement and learning related to this project. We will establish quality improvement activities such as rapid cycle improvement and will perform other activities such as “lessons learned” and identifying project impacts. In addition, we are participating in a regional learning collaborative which share information such as challenges, lessons learned and considerations for safety net populations.

**How the project represents a new initiative or significantly enhances an existing delivery system reform initiative:** There are currently no Virtual Psychiatric Consultation services available within the counties served by Hill Country in RHP 8.

Hill Country receives funding from the U.S. Department of Health and Human Services; however, none of the funds will be used for this project.

**Related Category 3 Outcome Measure(s):**

Category 3 measures have been proposed in 2014 to describe improvements to the patient population.

* IT-11.16 Assessment for Substance Abuse Problems of Psychiatric Patients

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Reasons/rationale for selecting the outcome measure: The screening instruments were selected as a method for PCPs to identify issues that may require virtual psychiatric consultation. The determination to track depression screenings for adults, depression screening for adolescents, and substance use disorder screening were chosen due to the prevalence of depression and substance use disorder. By performing the instruments, early diagnosis and intervention of potential symptoms may be addressed in order to avoid escalation of symptoms into a crisis episode.

**Relationship to Other Projects:**

Provision of Virtual Psychiatric Consultation services reinforces objectives for all other behavioral health services provided by Hill Country through Regional Healthcare Partnership 8 by providing specialized consultative services addressing behavioral health issues before they become a crisis. Addressing the behavioral health issues in the community enables the individual to move forward with treatments and to be more successful in their recovery. In addition, by addressing crisis in the community, exacerbation of symptoms are reduced resulting in a reduction of Emergency Department utilization and potentially preventable hospital admissions. In addition, Hill Country has several other projects in RHP 8:

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| *  | 133340307.2.1 | Co‐Occurring Psychiatric and Substance Use Disorder |
| *  | 133340307.2.2 | Trauma Informed Care |
| *  | 133340307.2.4 | Whole Health Peer Support |
| *  | 133340307.2.5 | Veteran Mental Health Services |

**Relationship to Other Performing Providers’ Projects in RHP and Plan for Learning** **Collaborative:**

Hill Country MHDD Centers is the local mental health authority that provides services within the following counties of Regional Healthcare Partnership 8: Blanco and Llano. The other three local mental health authorities (Bluebonnet Trails, Center for Life Resources and Central Counties) provides mental health services to the remaining counties within RHP 8 and service areas do not overlap. Two of the authorities are proposing telemedicine projects: Center for Life Resources (#133339505.1.1) and Central Counties (#081771001.1.2).

Hill Country is committed to ongoing advancement of services for the individuals we serve and is willing to participate in learning collaboratives with other providers within the region to continually improve services and data collection and to identify how to address additional needs that may arise. Hill Country will participate in a learning collaborative that meets annually to discuss local disparities in care and the ways they have successfully gathered relevant data and ultimately better served the populations in the projects.

**Project Valuation:**

Project valuation is based on a weighted average of Achieving Waiver Goals, Addressing Community Needs, Project Scope, and Project Investment. The valuation is supported by cost‐ utility analysis which measures program cost in dollars and the health consequences in utility‐ weighted units called quality‐adjusted life‐years (QALYs). QALYs incorporate costs averted when known (e.g., emergency room visits that area avoided). The proposed program’s value is based on a monetary value of $50,000 per QALY gained due to the intervention multiplied by number of participants. The valuation on this project is based on an estimated 400 consultations for individual patients over the life of the project.