

Dear BHACA Community,

In the dog days of summer, we are here for you with *the latest* info. relevant to the future of health reform.

BHACA Blast #16 Headlines:

- **This week's featured outcome measure is the [DAAS-21](#).** We were fortunate to get an interview [Jewish Family Service](#) about their use of this outcome measure. Please find this interview **below (can we hyperlink the word below to the section below? Thanks).**
- We want to express our thanks and appreciation to Yvonne Mendoza, invaluable BHACA Project Assistant from the project's inception, for her commitment to excellence and to her major role in the success of the BHACA Initiative during its first year. As Yvonne transitions into her final year of graduate school and concomitant field placement, we will be celebrating her last official day with BHACA on next Wednesday, August 6th. We expect great things from Yvonne over the coming years as she completes her MSW at the University of Houston Graduate College of Social Work (graduating in May 2015) and beyond. We fully expect her to become a successful policy mover and shaker with heart. We know you join us in wishing her well in those endeavors.

All best,
The BHACA Team

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BHACA: Integrated Health Care (IHC)

Webinar from UMass Center for Integrated Primary Care

Date & Time: Wednesday, August 6, 12:00 to 1:00 PM Central time (11:00 AM to 12:00 PM Mountain time)

To Register: Register Now! (link:

<https://events.r20.constantcontact.com/register/eventReg?oeidk=a07e9hcg016119da33c&c=5eb4d470-337b-11e3-97b8-d4ae528eb986&ch=6049a540-337b-11e3-9c85-d4ae528eb986>)

Description: This fall Dr. Alexander Blount and the Center for Integrated Primary Care (CIPC) faculty will be inaugurating a new mini-course for important members of

integration teams: primary care practice administrators and physician leaders. Attend this free webinar, which will introduce concepts covered in the new mini-course. Dr. Blount will also outline the concepts of his full certificate course, Primary Care Behavioral Health. Whether you are a BH professional, a physician, or a health care administrator, you are invited and welcome at this free webinar.

Webinar from Collaborative Family Healthcare Association (CFHA) - "Taking Science to the Trenches: Dissemination and Implementation Research in Collaborative Family Healthcare"

Date & Time: Tuesday, August 19 at 12PM CST

To Register: <http://www.cfha.net/?page=Webinars>

Description: Too little of our traditional science often fails to make a meaningful impact in the real world. The emerging field of Dissemination and Implementation (D&I) Science tries to remedy that by bringing research to the trenches. If you are an administrator or clinician who wants to conduct program evaluation in a way that has impact beyond your own clinic, or if you are an academic who wants to make your findings impact the "endpoint," this webinar is for you!

Drs. Jodi Polaha and Tina Studts recently attended the Training Institute for Dissemination and Implementation Research in Health (TIDIRH), sponsored by NIH, OBSSR, NCI, NIMH, the US Department of Veterans Affairs, and Washington University in St. Louis. Their presentation will provide an overview of the cutting edge field of D&I research in the context of collaborative family healthcare. In addition, they will share insights about the methods and approaches used in D&I research, the current momentum and opportunities in D&I research, and resources available from TIDIRH.

Resource re. Integrated Health Care for Children and Youth – We have fielded several questions recently on the topic of pediatric IHC, and want to remind you of this resource from the SAMHSA-HRSA Center for Integrated Health Solutions (CIHS):

<http://www.integration.samhsa.gov/integrated-care-models/children-and-youth>

BHACA: Choosing a Certified Electronic Health Record System

- The BHACA Initiative has been especially busy this past week, with a nationally recognized EHR consultant, contracted through The National Council for Behavioral Health, in town to talk EHRs with a select group of NBHP members. Amy Machtay of Boughtin Orndoff Consulting is a Certified Professional in Healthcare Information and Management Systems (CPHIMS). Owing to Amy's instruction, we have been pointed in the direction of some great resources, and we hope to continue to circulate them on BHACA Blasts. Below are several case studies highlighting what

an EHR can do for healthcare as well as key ingredients in planning for successful implementation:

- *Change management* is essential to successful EHR implementation – “The Mount Sinai Medical Center (MSMC) focused on an encompassing change management program right from the beginning of its...electronic health record (EHR) implementation. Beyond the usual complexities of implementing an EHR in an academic medical center (AMC), MSMC faced the challenges of 60 completely redesigned workflows, clinician skepticism as a result of previous uneven information technology (IT) implementations, and a history of not using best practice change management processes.”
http://himss.cms-plus.com/files/FileDownloads/2012%20Enterprise%20Award_Mount%20Sinai%20Medical%20Center%20CHANGE%20MANAGEMENT.pdf
- Tracking how an EHR works across *Key Performance Indicators* is an important component to successful implementation – “Children’s Medical Center Dallas (Children’s) has realized a positive Return on Investment (ROI) of \$48.62M with the implementation of its Electronic Health Record (EHR) system. To succeed at the EHR implementation, Children’s approached it as an operations-driven performance improvement initiative that required buy-in from all stakeholders within the organization. The organization developed Key Performance Indicators (KPIs), established an oversight committee and assigned owners to ensure organizational success.”
<http://www.himss.org/ResourceLibrary/ContentTabsDetail.aspx?ItemNumber=26740>
- EHR implementation affects how providers think about *clinical processes* – “UCDHS has shown that once the core elements of an EHR are deployed and an organization is actually using the software to support all of its care, it starts to think very differently about clinical content and clinical processes. The new perspective and approaches enabled by UCDHS” EHR are driving improvements in clinical quality and cost reduction.”
<http://www.himss.org/ResourceLibrary/ContentTabsDetail.aspx?ItemNumber=26873>

Additional EHR implementation case studies:

<http://www.himss.org/resourcelibrary/TopicLanding.aspx?MetaDataID=2798&ItemNumber=26687&navItemNumber=26817>

- **For a perennially strong resource on Behavioral Health IT, a go-to is HealthIT.gov:** <http://www.healthit.gov/policy-researchers-implementers/behavioral-health>
- For those participating in regional Health Information Exchanges (HIEs) with questions about client consent regarding the sharing of information for the coordination of care across providers, **ONC has launched an eResource on patient**

consent in regional Health Information Exchanges (HIEs):

<http://www.healthit.gov/providers-professionals/patient-consent-electronic-health-information-exchange/meaningful-consent-overview>

BHACA: Maximizing Third Party Funding Streams – Insurance Credentialing and Billing & Coding Resources

- The ability to deliver population health management (including measuring and demonstrating clinical outcomes) is increasingly incumbent upon providers in order to not only manage the health of clients served, but also to attract insurers to network with that provider. This article, titled, “Key Strategies for Managing Population-Based Risk” gives an in-depth view of what is involved when providers assume more risk for population health management:
<http://insurancenewsnet.com/oarticle/2014/07/01/key-strategies-for-managing-population-based-risk-a-525032.html#.U9aYtGd3uM8>
- FYI, in the spirit of following trends in Medicaid funding and of anticipating new service structures and niches for providers to be reimbursed by 3rd parties: New congressional legislation was introduced that may over time expand community-based treatment options through Medicaid dollars by challenging the IMD (Institutions for Mental Disease) exclusion.
 - More on the introduced legislation from *Behavioral Healthcare* magazine:
<http://www.behavioral.net/news-item/icymi-congressional-leaders-set-test-unplug-imd-exclusion>
 - History on the IMD exclusion from NAMI:
http://www.nami.org/Template.cfm?Section=Issue_Spotlights&template=/ContentManagement/ContentDisplay.cfm&ContentID=44050

BHACA: Outcome-Based Evaluation: BHACA Blast #16: Featured Outcome Measure – DAAS-21 (Depression Anxiety Stress Scales) – including an interview generously provided by NBHP member agency [Jewish Family Service](#)! The BHACA team spoke with JFS’s Marni B. Litvack, MM, MJCS, Quality Assurance & Program Evaluation Manager:

Marni, how often do you administer the DAAS-21 at JFS?

- The DAAS-21 is administered at the client’s first visit, and then every 3 months after, for as long as client is in therapy.

What’s the workflow like when using this instrument?

- The DAAS-21 form is included in with the Intake forms the client is asked to fill out when he arrives for first appointment, prior to meeting with the therapist. The DAAS is scored by therapist and discussed with client in the first session. All subsequent forms are provided by the therapist and filled out in the session.

How long have you been using the DAAS-21? How do clients respond to it? How does it compare to other measures you have used?

- JFS has been using the DAAS-21 since October 2013. The instrument has 21 statements that are associated with various symptoms of depression, anxiety, and overall perceived stress. The client responds to each statement by indicating a number from 0-3 that corresponds with how frequently or intensely he experienced the symptom in the past week. The client is told the instrument does not provide a “diagnosis,” but helps to identify areas where he is having difficulty. For approximately two years prior to this time, JFS had been using the OQ-30, a similar type of instrument with 30 questions. Client response to this instrument was that it was cumbersome, the statements often hard to interpret, and because therapists could not score it, offered no immediate feedback. Therapists reported some resistance from clients when asked to complete the form.

What makes the DAAS-21 a good fit for your practice?

- The DAAS-21 is easy to administer, relatively short (there is a 42- question version available online), and the therapist can score it quickly in session, providing immediate feedback for the client. Clients have expressed appreciation for the ability to compare scores from one period of time to another. It gives the client and therapist an opportunity to talk about how well the treatment is addressing the client’s problem, and make changes as needed.

In what ways do you use health care IT to track outcomes? Any chance you are using patient portals to give clients a place to access and review results over time?

- We do track the DAAS-21 scores in our EMR, but have not set up client portals at this time. However, we do have plans to create client portals in the near future, and may consider making the scores available to our clients via the portals.

Thanks, Marni, for your interview with BHACA about the DAAS-21!

A note about BHACA’s Featured Outcome Measures: Our intention is to expand awareness of and knowledge about existing outcome measures within the BHACA community. We also want to feature best practices among Greater Houston area providers, including outcome-based evaluation of clinical practice. In featuring a measure, we do not mean to endorse it as the right fit for your practice, because the appropriateness of a measure for any one behavioral health practice must be evaluated with that specific practice in mind. We hope you enjoy our featured outcome measures section!