

# VMAP ECHO

**Improving Behavioral and Mental Health Screening  
in Primary Care Practice:  
Does it change clinical decision making?**  
Mental Health Screening Collaborative  
2023

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## Snapshot of Years in Practice

22/25 participants responded

<b>Average</b> 16 years	<b>Total</b> 351 years
<b>Minimum</b> 0 years	<b>Maximum</b> 36 years

Individual Providers' Years in Practice

■ 0-5 ■ 6-9 ■ 10-19 ■ 20-29 ■ 30+

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## Objectives

- What is QI?
- What is OUR QI?
- What Screening?
- What is OUR Screening?
- Next steps

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“All improvements requires change, but not every change is improvement.”

The Improvement Guide, 2009

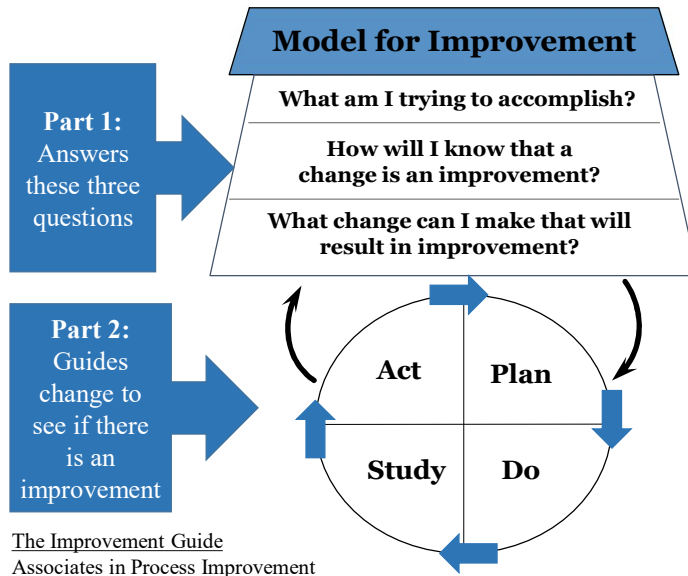
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**“MEMO: It has come to my attention that every time we solve one problem, we create two more. From now on, all problem solving is forbidden.”**

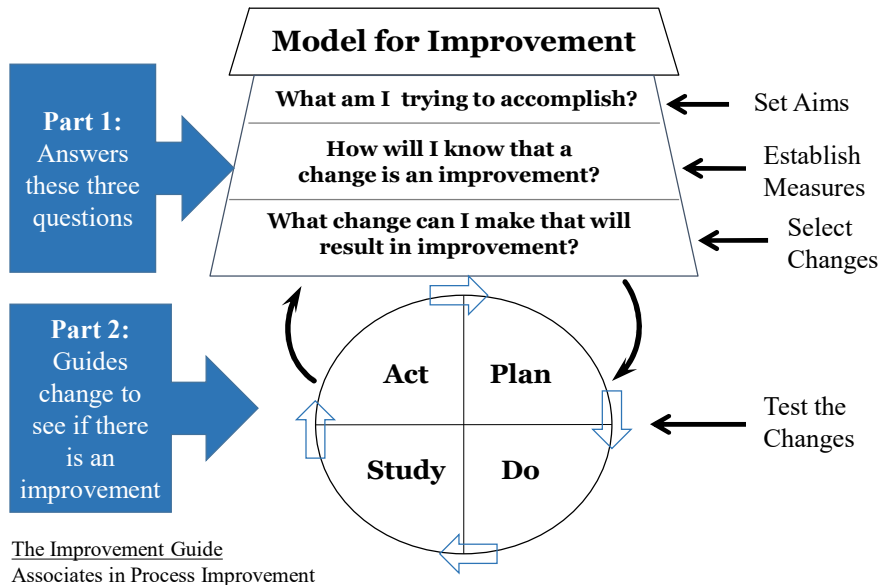
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# The Model for Improvement



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# The Model for Improvement



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## PART 1: Ready, Set, Aim!



What are you trying to accomplish?

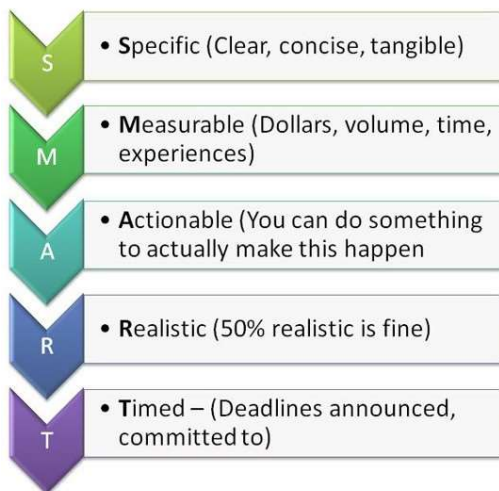
**SMART AIM**

How will you know your change is an improvement?

**MEASURES**

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### S.M.A.R.T. Goals Defined



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## VMAP SMART AIMS- 4 choices

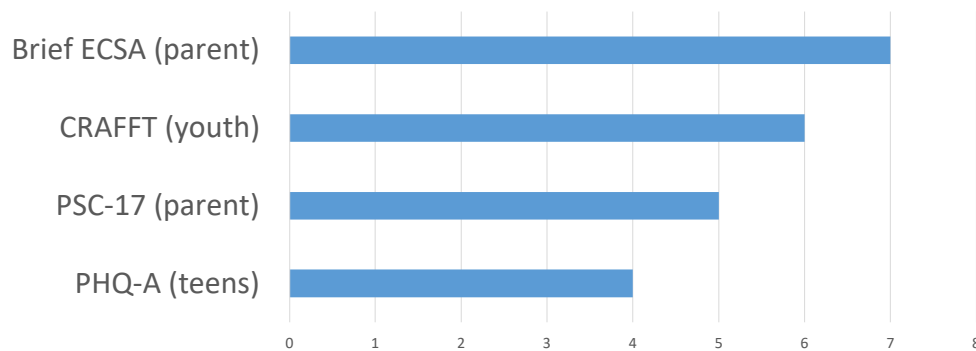
- A. Increase percentage of ADOLESCENT patients receiving DEPRESSION SCREENING (PHQ-9).
- B. Increase percentage of PRESCHOOL (under age 6) patients receiving a Mental and Behavioral Health Screener, Early Childhood Screening Assessment (ECSA)
- C. Increase percentage of SCHOOL AGE patients receiving a Mental and Behavioral Health Screener, Pediatric Symptom Checklist (PSC-17).
- D. Increase percentage of YOUTH receiving a Substance Use screener (CRAFFT)

PICK ONE!



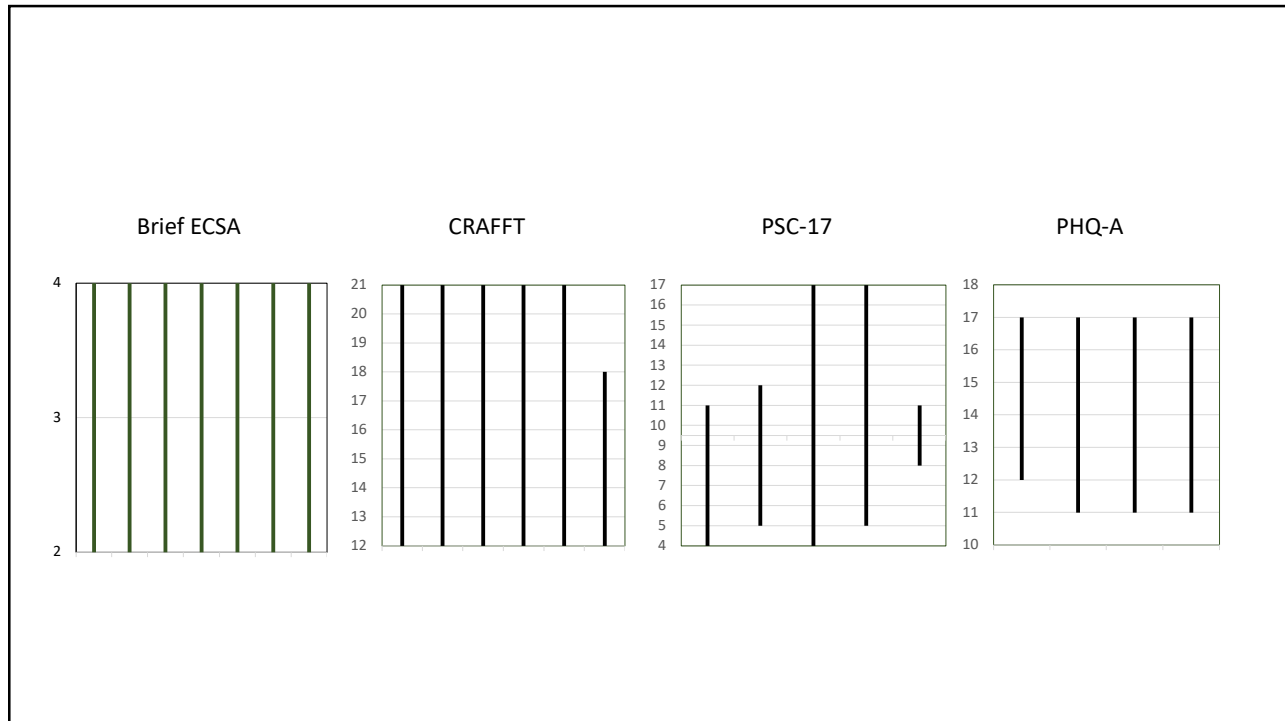
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**Which of the following screening projects have you chosen to implement? (n=22)**



CRAFFT (youth) (6, 27%), Brief ECSA (parent) (7, 32%), PSC-17 (parent) (10, 23%), PHQ-A (teens) (5, 18%)

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Brief ECSA (parent)	CRAFFT (youth)	PSC-17 (parent)	PHQ-A (teens)
Ashton-Lazaroae	Flynn	Flower	Chalmeta
Maya	Hogan	Howard	Ebalo
McCray	Keel	Mayer	Mamuric
Prasad	Nalwoga	McAtee	Mitchell
Sacoto	Nyakabau	Spanier	
Savaria	Wijetilleke		
Siegel			

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## Three Types of Measures

- **Outcome Measures:**

Voice of the patient (system). What is the result? Are you interpreting the symptoms correctly? Are brief interventions recommended help?

- **Process Measures:**

Voice of the workings of the system. Are the parts/steps in the system performing as planned? Are there barriers?

- **Balancing Measures:**

Looking at a system from different directions/dimensions. What happened to the system as we improved the outcome and process measures (e.g. unanticipated consequences, other factors influencing outcome)?

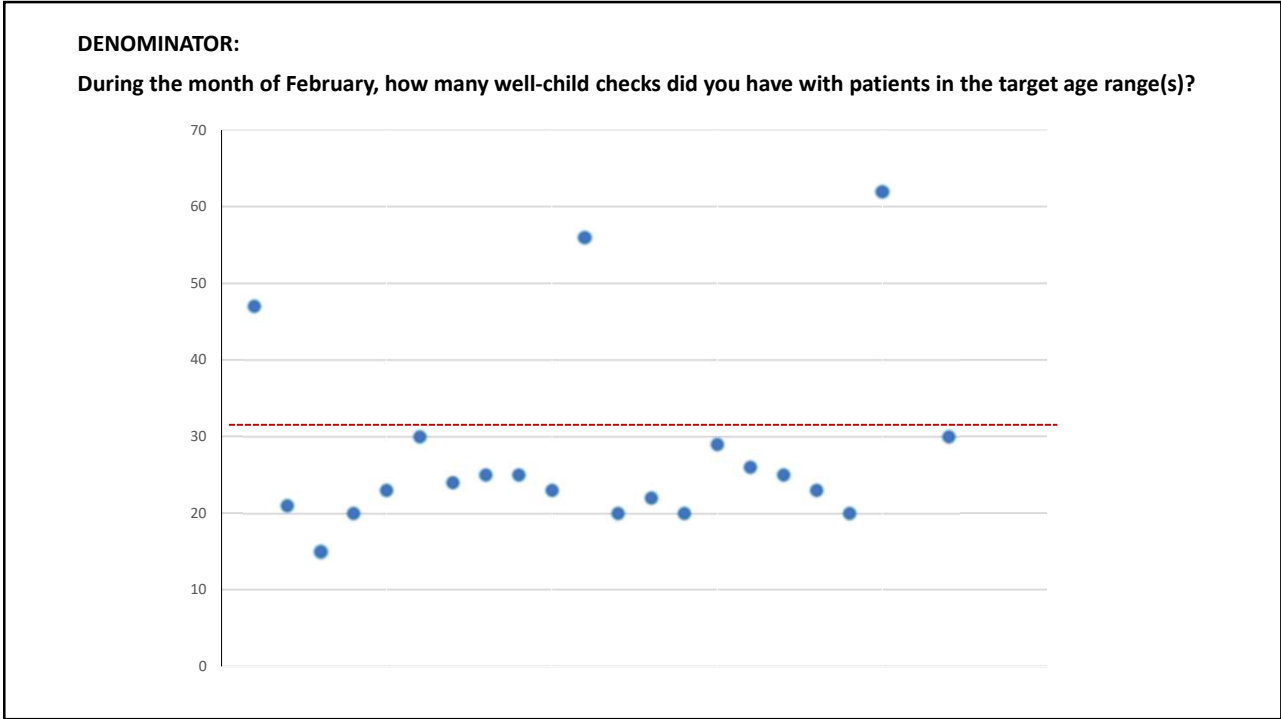
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**PULL OUT YOUR VMAP GUIDEBOOK AND SCREENING WORKSHEET**

- **Depression - PHQ-9**
  - at least 20 patients per month ages 12+
- **School age – PSC-17**
  - at least 20 patients per month ages 4 to 17
- **Young child – ECSA**
  - at least 20 patients per month under age 6
- **Youth – CRAFFT**
  - At least 20 patients per month age 11+

Resources will be available @  
<http://www.virginiapediatrics.org/vmap/echo/>  
 Click on your cohort → password = 2019VMAP

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## Part 2: The PDSA Cycle

### Four Steps: Plan, Do, Study, Act

**Also known as:**

- Shewhart Cycle
- Deming Cycle
- Learning and Improvement Cycle

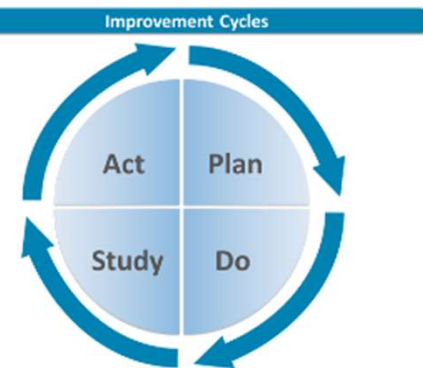
**The Improvement Guide**  
 Associates in Process Improvement

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## Use PDSA Cycles for:

- Testing or adapting a change idea
  - May answer a question related to the aim
- Implementing a change
- Spreading the changes to the rest of the system



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## Why PDSA?

- Force us to think small
- Increases your belief that the change will result in improvement
- Opportunity for learning without impacting performance
- Help teams adapt good ideas to their specific situation

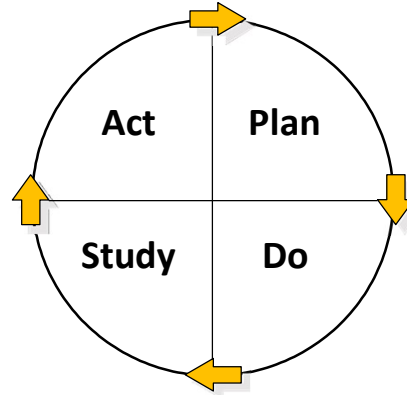
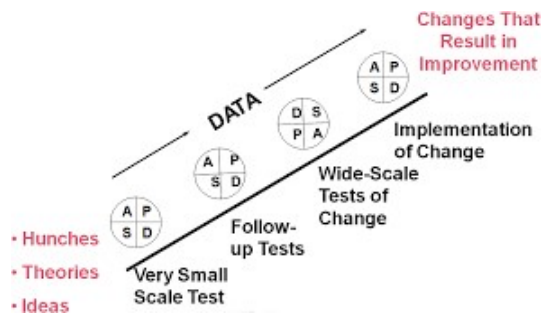
The Improvement Guide  
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# Testing Change

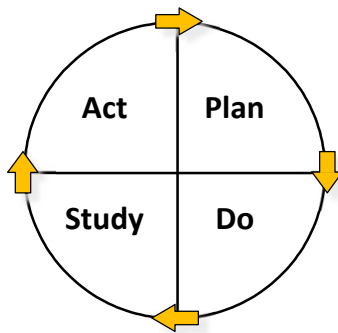
## SMALL tests of change

- PDSA Cycle



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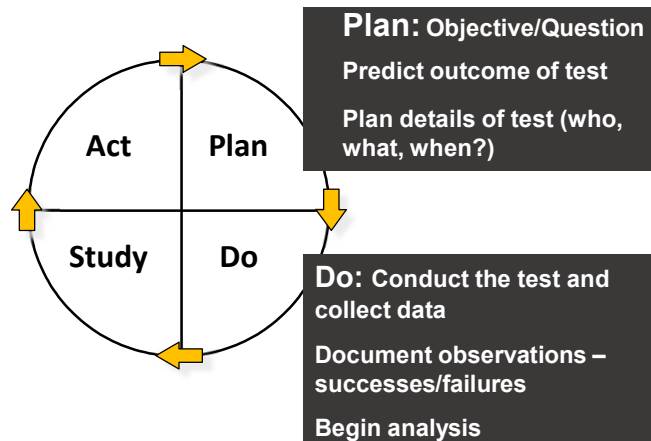
# Use PDSA Cycles to Test and Implement Changes



**Plan:** Objective/Question  
 Predict outcome of test  
 Plan details of test (who, what, when?)

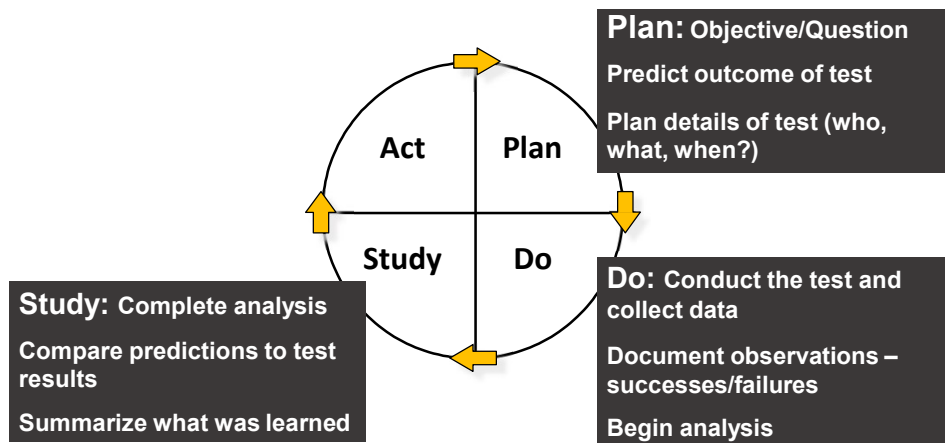
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## Use PDSA Cycles to Test and Implement Changes



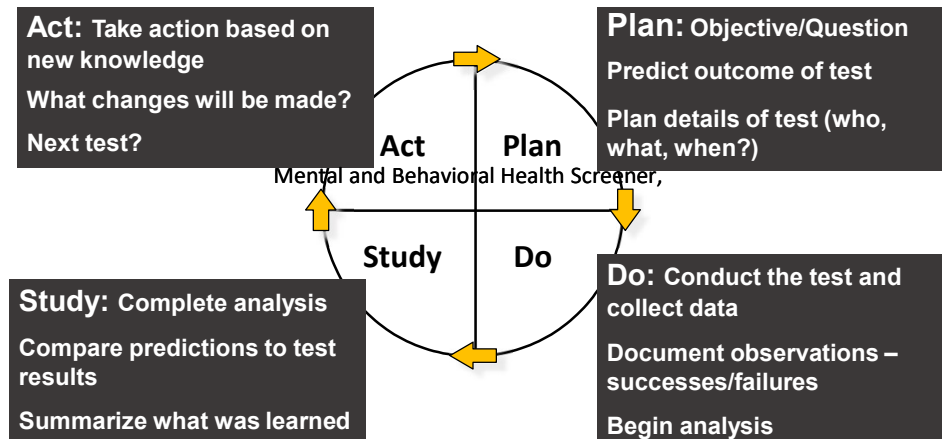
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## Use PDSA Cycles to Test and Implement Changes



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## Use PDSA Cycles to Test and Implement Changes



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## Common PDSA Pitfalls

1. Testing changes where link to overall aim or key driver is unclear
2. Failing to make a prediction before testing the change
3. Failing to execute the whole cycle
  - Plan, Plan, Plan-D-S-A (too much planning, not enough doing)
4. P-Do, Do, Do-S-A (too much doing, not enough studying) Not learning from “failures”
5. Lack of detailed execution plan
6. Failure to think ahead a few cycles

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## Barriers to screening

- Time limitations in current practice 57.2 %
- Inadequate reimbursement for conducting a formal screening 29.1 %
- Lack of medical office staff to perform screening 21.8 %
- Language barriers (i.e., physician or staff cannot speak language of family) 21.8 %
- Belief that formal screening is not an appropriate role for the pediatrician 2.2 %
- Lack of treatment options for positive screen results 21.4 %
- Lack of confidence in ability to screen 3.7 %
- Lack of knowledge regarding referral options for positive screen results 9.7 %
- Lack of confidence in the validity of screening instruments 5.0 %

Lipkin PH, Macias MM, Baer Chen B, et al. Trends in Pediatricians' Developmental Screening: 2002–2016. *Pediatrics*. 2020;145(4):e20190851

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## Things that work for some of your peers!

- PULL OUT YOUR VMAP GUIDEBOOK ([WWW.VMAPGUIDEBOOK.COM](http://WWW.VMAPGUIDEBOOK.COM) )
- MAKE HARD COPIES OF SCREENER (laminated?)
- PUT blank screeners, scoring, completed screeners and handout in ACCORDIAN FILE IN YOUR CLINIC SPACE
- NURSE CAN ASK FAMILY TO COMPLETE BEFORE VISIT ?
- PARENT CAN COMPLETE WHEN YOU STEP OUT?
- HAVE QUICK SCORING/interpretation FORMS AVAILABLE
- MAKE A ONE PAGE HANDOUT OF "MILD-MODERATE" REC'S

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## NEXT STEPS: P AND D!!

- you'll want to start to figure out your paper-flow for this project.
- The easiest thing to do is to print out copies of your screening tools and DECIDE how to capture your target group.
- You can score and discuss results with family, or have nurse call and review after visit. And then keep the completed screen in a folder so you can count them, over time. Make sure your screens are dated!
- Capture as many of your selected target visits as you can with your screener during this QI project.

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## VMAP ECHO QI Project Timeline

### COUNTING

1. Keep track of your denominator weekly or monthly
2. Keep track of your numerator (completed dated screens)



### NEXT SESSION

Talk a bit about the "S" of PDSA and:

- barriers to screening
- interpreting screens
- Responding to positives

Date	Action	Your Next Step(s)
01.01.2023	Receive project descriptions Receive baseline chart review instructions and link	Complete baseline chart review based on February visits; chart review <b>due March 15</b> Start screening!!
04.15.2023	<b>QI Session #1 @ 5:30 – 6:30 PM</b>	Maintain a folder or other system for dated screeners – this will help you with your upcoming chart reviews
05.01.2023	Receive Chart Review #2 instructions and link	Complete chart review based on April visits; Chart review <b>due May 12</b> Continue screening!
05.23.2023	<b>QI Session #2 @ 5:30 – 6:30 PM</b>	Improve your workflow? Add to your recommendations?
07.03.2023	Receive Chart Review #3 instructions and link	Complete chart review based on June visits; Chart review <b>due July 14</b>
07.25.2023	<b>QI Session #3 @ 5:30 – 6:30 PM</b>	Review individual and cumulative results; this will help with the self-reflection portion of the attestation.
11.15.2023	Attestation link sent from UVA CME	Email will come from Kathleen Meneses (virginia.edu) Attestation <b>due December 1</b>

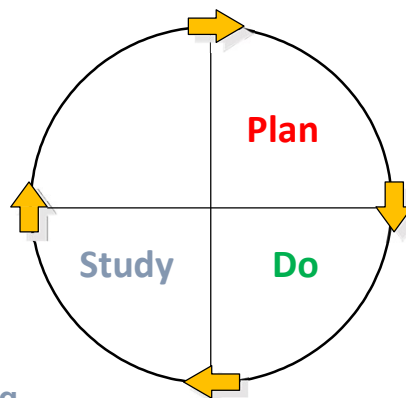
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QUESTIONS?

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## Quality Improvement - MOC

- **What do you think could help you improve your BMH screening rates?**
- **When can you try it? Who will help you?**
- **What worked well? What could be better? Did your small test increase your screening rates?**
- **Adopt? Adapt? Abandon?**



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## Learning From Each Other

- What works?
- What have you tried?
- What barriers have you found to screening?

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## The 3 A's

- ADOPT
- ADAPT
- ABANDON

**After you complete a FINAL 10-20 chart review, complete post-project survey and claim points.**

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