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Improving Coordinated Mental Health Care Through an Enhanced Referral Process: A Quality Improvement Project

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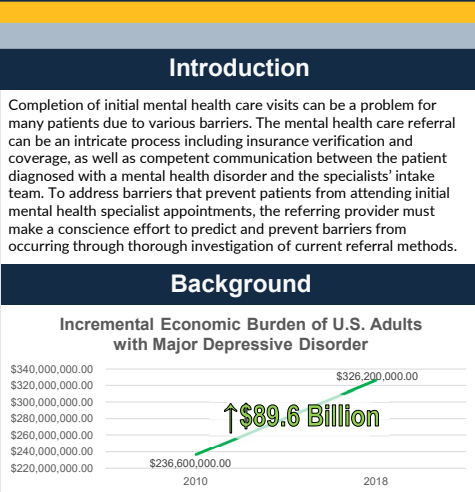
Introduction

Completion of initial mental health care visits can be a problem for many patients due to various barriers. The mental health care referral can be an intricate process including insurance verification and coverage, as well as competent communication between the patient diagnosed with a mental health disorder and the specialists' intake team. To address barriers that prevent patients from attending initial mental health specialist appointments, the referring provider must make a conscience effort to predict and prevent barriers from occurring through thorough investigation of current referral methods.

Background



Depressive disorders are the **MOST** reported mental illness!

From 2010 to 2018 the incremental economic burden of U.S. adults with major depressive disorder increased **37.9%,** costing Americans more money every year! (Greenberg et al., 2021)

Treatment Guidelines

APA Depression Treatment Guideline
General Adult Population

Initial Treatment for Depression: Psychotherapy & Pharmacotherapy	• Offer either psychotherapy or second-generation antidepressant. • If considering combined treatment, the panel recommends cognitive-behavioral therapy or interpersonal psychotherapy plus a second-generation antidepressant.
Depression + Relationship Distress	• Couple's therapy • Behavioral therapy rather than antidepressant alone • If combined treatment, cognitive behavioral therapy and antidepressants
When Psychotherapy & Pharmacotherapy Are Ineffective or Unacceptable	• Complementary or Alternative Treatment! • Exercise Monotherapy • St. John's Wort Monotherapy

(American Psychological Association, 2019)

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Clinical Problem

At the primary care site where the QI project is taking place, two clinical problems were identified:

- **Inconsistent depression screening**
  Patients are only screened for depression as needed or indicated.
- **The mental health referral is the patient's sole responsibility**
  If a patient is diagnosed with depression, they are offered a single piece of paper that lists several mental health care providers in the Tri-Cities area (Elizabethton, Johnson City, & Kingsport, TN). The information includes the name of the clinic, address, and phone number. The patient is responsible for calling the providers on the list to determine if they are currently accepting new patients, if the facility offers psychotherapy or medication management, and if the patient's insurance/method of payment is acceptable.

Literature Review

Mental Health Referral Barriers

- Lack of perceived need for mental health care
- Economic factors
- Health inequities among men, ethnic minorities, youth, and elderly
- Stigma (Roberts et al., 2018)
  - *Patient perceptions can serve as a gauge to determine willingness to accept mental health care services. (Miller-Matero et al., 2019)*
- Organizational Barriers:
  - *Referral intake forms missing patient information (Allwood et al., 2019)*

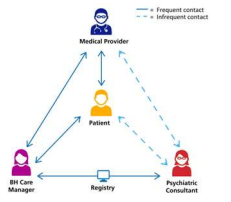
Mental Health Referral Interventions

- Bundling Interventions
  - *Provider Education, Improved Referral Intake Forms & Therapist Follow-Up Phone Calls (Gandy et al., 2019)*
- Interprofessional Collaboration
  - *Electronic consultation between primary care providers and psychiatrists (Hensel et al., 2018)*
- Improving practice referral processes to decrease access turnover time *(Durbin et al., 2012)*
- Audit tool development to assess referral content information *(Allwood et al., 2019)*

The Future of Mental Health Care:
Integrated & Collaborative Care Models

- The Integrated Care Spectrum (American Medical Association, 2021)

- Collaborative Care Models (University of Washington, 2017)



Project Purpose & Aims

Purpose: Implement and evaluate a quality improvement project that will increase depression screening and assist patients diagnosed with moderate depression, ease of access to mental health services.

Aims:

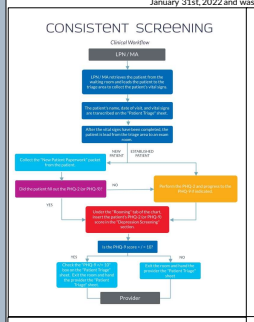
- Incorporate consistent depression screening into the clerical and clinical workflows.
- Develop Epic smart tools and back-up referral binders to assist providers with the mental health referral process.
- Develop a follow-up process to determine if initial mental health appointments have been completed.

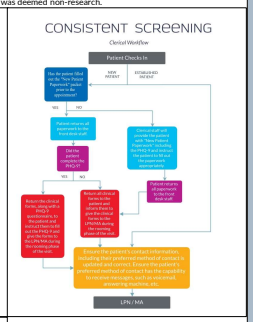
Donabedian's Translation Theory

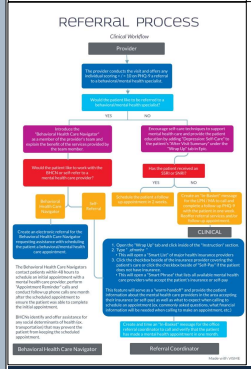
Structure	Process	Outcome
Material & Technological Resources Paper & electronic forms of the PHQ-2 & PHQ-9 are embedded within Epic **Mental Health Resources** Behavioral Health Care Navigators and outsourced mental health providers within the Tri-Cities area. **Human Resources** Behavioral Health Care Navigators, referral coordinator, LPN and/or MA are available in the primary care office.	**Clerical Staff** Ensuring updated information is accurate and up-to-date Providing new patients with PHQ-9 Questionnaire **Nursing/Medical Assistant Staff** Perform depression screening with each patient encounter, beginning with PHQ-2 and progressing to PHQ-9 as indicated. **Physicians & Nurse Practitioner** Encourage mental health care, utilize Behavioral Health Care Navigator services, and promote completion of initial mental health appointments. **Behavioral Health Care Navigator** Assist patients with securing an initial mental health appointment. Follow-up to ensure the patient completes the initial appointment. Determine barriers to completing the initial appointment. **Referral Coordinator** Follow-up with patients who self-refer to mental health care services to ensure patient have completed the initial appointment. Determine barriers to completing the initial appointment.	**Consistent Screening for Depression** **Enhanced Behavioral/Mental Health Referral Process** **Increased Completion of Initial Mental Health Appointments**

Process & Methods

This QI project received approval from the East Tennessee State University (ETSU) Institutional Review Board (IRB) on January 31st, 2022 and was deemed non-research.







Integrating consistent depression screening and enhanced referral methods into the existing workflow processes served as the foundation for improving the quality of care for patients scoring ≥10 on PHQ-9 Questionnaires.

Bi-Weekly Plan-Do-Study-Act Meetings

The Institute for Healthcare Improvement's Model for Improvement, also known as the Plan-Do-Study-Act (PDSA) model, is used to assess progression of the planned project methods, identify barriers, facilitators and areas for continued improvement.

Examples of identified project improvements as of 03/24/2022:

- Patient triage form updated to include PHQ-2 questions in yes or no format to serve as visual reminders and ease of use for clinical staff members.
- Provider workflows previously stated that an "In-Basket" message would be sent to the BHCN but this has been updated to an electronic referral to the BHCN.
- Epic SmartPhrase ".efmhref" was not properly working until week 4 of project implementation.
- No Epic capabilities to collect completed initial appointments scheduled by the Behavioral Health Care Navigators. BHCNs will have to collect data manually!

Data Collection

February 10th, 2022 – April 28th, 2022

Clerical Staff Members
- Completed PHQ-9 Questionnaire Paper Forms *Numbered & Collected In-House*

Data & Analytics Department
- Completed Electronic PHQ-2 & PHQ-9 Questionnaires
- PHQ-9 Questionnaire Scores of ≥10
- Number of Behavioral Health Care Navigator Referrals

BHCN
- Completed Appointments Scheduled by BHCNs

Referral Coordinator
- Completed Appointments by Patients who Self-Referred

Expected Outcomes

Data collected during analysis is expected to reveal an increase in patients diagnosed with moderate to major depressive disorders and an increase in completed initial mental health appointments.

Summary

Throughout the literature, there is support for integrated behavioral health and the collaborative care model for the treatment of depression (Graham et al., 2020). A lack of consistency regarding specific primary care referral procedures to outpatient mental health care providers remains throughout the literature, leaving a gap in the knowledge supporting patient continuity with mental health care utilization. Good quality and consistent evidence have been identified, supporting a pilot quality improvement project for change of the current referral process for mental health care access within the selected primary care site.

Contact Information

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