MHIP for Behavioral Health
Mental Health Integration Program

# FIVE 2012 QUALITY AIMS

**Measurement Period July 2012-December 2012**

## 1. Patient Contact & Follow-up

**AIM: Engage patients and provide close follow-up to support treatment changes as needed.**

**2012 Goal: Provide ≥ 2 contacts per month for at least 50% of the patients on your caseload.**

Tips:

- These contacts can be an initial clinical assessment (which counts as two contacts), a follow-up in person or by telephone, or a discharge note.
- At least one of the two contacts must include a completed symptom scale.
- Use the telephone to help with follow-up and work with PCPs and other clinic staff to keep patients engaged; add all contacts to MHITS.

## 2. Clinical Improvement

**AIM: Use appropriate symptom measures (e.g. PHQ-9, GAD-7) during follow-up visits to gauge progress and need for further treatment changes.**

**2012 Goal: Achieve a ≥ 5 point improvement in either PHQ-9 or GAD-7 scores for at least 40% of the patients on your caseload.**

Tips:

- Track patient progress with the appropriate symptom measure for the patients you are following.
- Only the symptom measures related to the patient's primary clinical problems need to be followed (e.g. the PHQ-9 if the primary disorder is depression).

## 3. Psychiatric Consultation

**AIM: Consult with the psychiatrist assigned to your clinic on all patients who are clinically challenging to the primary care team or who are not improving as expected.**

**2012 Goal: Complete a psychiatric consult in the last three months for at least 80% of your active patients who are not improving (<5 point improvement on PHQ-9 or GAD-7).**

Tips:

- In your current patient list, MHITS indicates the patients who are not improving after 60 days or more in treatment.
- Use regular consultation (via phone, in person, or email) to help create treatment plans or to help change treatment plans if patients are not improving.
- Work with your consulting psychiatrist to develop effective case formulation and presentation skills.
- Develop a system to ensure that psychiatrist recommendations are reviewed and implemented by the patient's PCP.

## 4. Medication Management

**AIM: Know what medications your patients are taking and facilitate a change in treatment if patients are not improving.**

**2012 Goal: Have up-to-date medication information in MHITS for the patients on your active caseload.**

Tips:

- Verify and document medication uses for all patients, whether they are currently taking these medications or not.
- Closely monitor all patients on medications for adherence, side effects, and desired treatment effects.
- Summarize information on medication use, side effects, and adherence to primary care providers and consulting psychiatrists so that treatment can be adjusted if needed.

## 5. L2 Referral Coordination of Care

**AIM: Support successful referrals from L1 to L2 to ensure patients are transitioned smoothly and effectively.**

**2012 Goal: Coordinate successful L2 referrals (measured by at least 1 in-person contact at L2 within 30 days of referral) for at least 75% of referred patients.**

Tips:

- Educate patient about what they can expect in L2 prior to making the referral.
- Ensure patient contact information is accurate for the L2 case manager.
- In-person contacts include initial in-person intake, case management, prescriber and care coordinator visits.
- Phone check-ins do not count as an in-person contact.