Planned Parenthood Mohawk Hudson

Central New York Care Collaborative

Our Cohort

(Data reflects Mar. '16 to Sept. '16)

Females aged 18-34 with a PHQ 10+

= 1,228

Our Actions

Patient Story

A young female was identified for BH services during a PC consult appointment. Patient is now engaged with BH and has seen immediate improvement. Patient will continue BH therapy via telehealth.

Process Improvements

Patient Identification

- Increased PHQ-2 and 9 screening rate
- Warm handoff performed when BH available
- Electronic referral made when BH not available

Care Planning

- Morning huddles before appointments
- BH assesses patient goals and creates treatment plan

Management

- BH and PC share care plans and progress notes

Follow-Up

- Treatment plans are monitored and tracked by BH and PC to measure patient progress and determine next steps based on health status

Level of Integrated Practice

PRE-COORDINATION	LEVEL 1 Minimal Collaboration	LEVEL 2 Basic Collaboration at a Distance	LEVEL 3 Basic Collaboration Onsite	**LEVEL 4 Close Collaboration Onsite with Some Systems Integration**	LEVEL 5 Close Collaboration Approaching an Integrated Practice	LEVEL 6 Full Collaboration in a Transformed /Merged Integrated Practice

Lessons Learned

- Effectively maintained communications through a group e-mail address and weekly team meetings
- Involve staff from other departments as soon as possible so "behind the scenes" processes and workflows are not left to the last minute
- Leveraged the PDSA cycle to test new processes and make changes as needed

Our Impact

Patient Engagement

76 patients screened positive

28 patients connected to BH

2 patients with improved PHQ score

	Baseline (Sept. '15 – Feb. '16)	MAX Program (Mar '16 – Sept. '16)	%Δ
PHQ Screening	30%	88%	193%
Warm Handoff Count	N/A	1	-
Patients Connected to BH	3	28	-
Improvement in PHQ Score	N/A	2	-

*Calculations are based on self-reported data from Action Team

**Data represents measurement period of May. '16 to Aug. '16 with BH 1 day/week