

Dr. Anitha Mullangi & Dr. Margie Burton-Flores

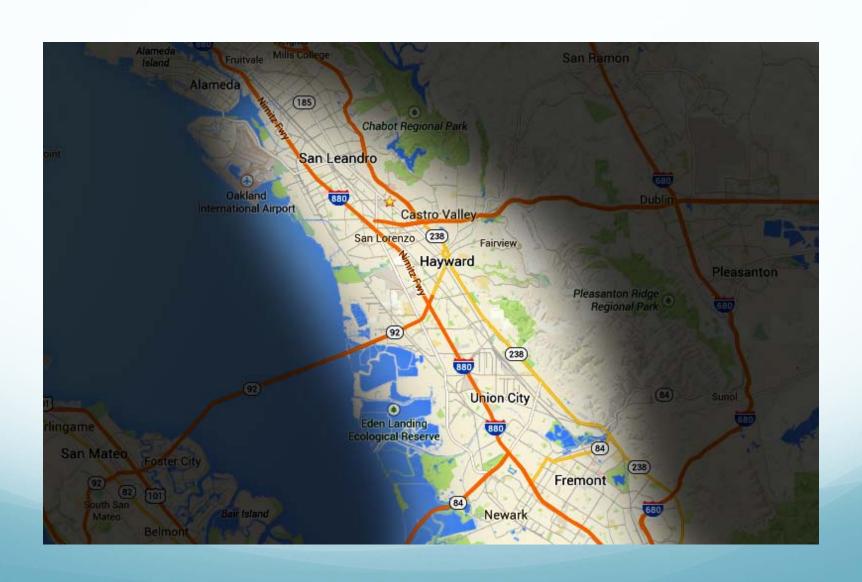
# Tiburcio Vasquez Health Center Hayward, CA



## **TVHC- New Clinic**

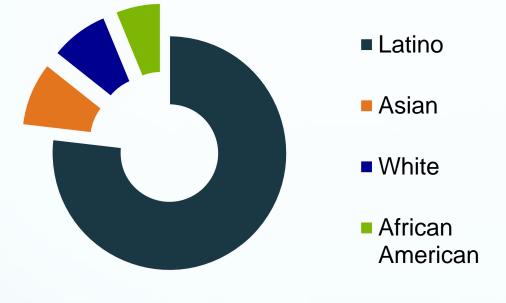


### The Communities We Serve



#### Who Do We Serve?

#### **Racial Demographics**



71

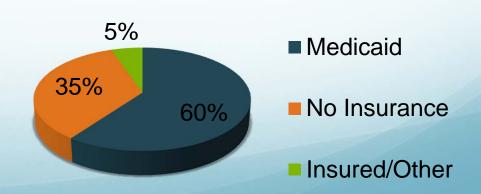
PERCENTAGE OF PATIENTS AT OR BELOW 100% POVERTY LEVEL

97

PERCENTAGE OF PATIENTS AT OR BELOW 200% POVERTY LEVEL

#### Insurance

85,700
OVERALL PATIENT ENCOUNTERS 2013
14,700
OF THEM WERE FOR BEHAVIORAL HEALTH (17%)



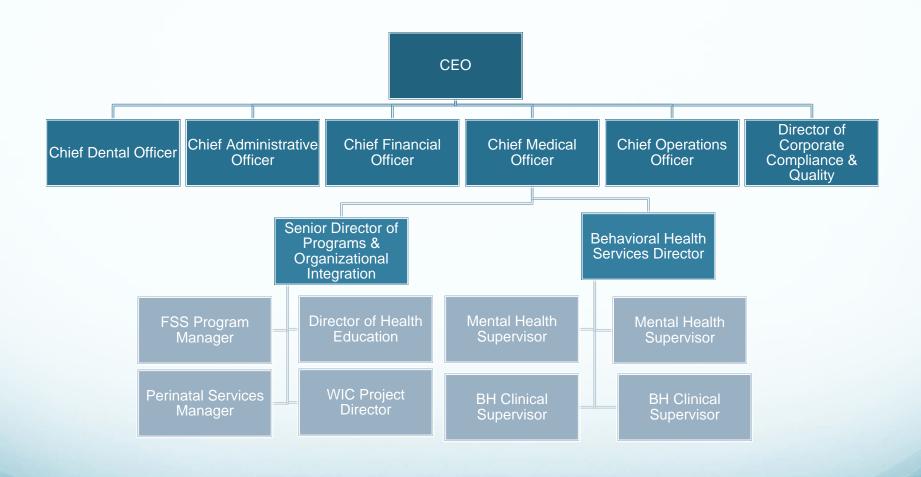
### **TVHC Who Do We Serve?**

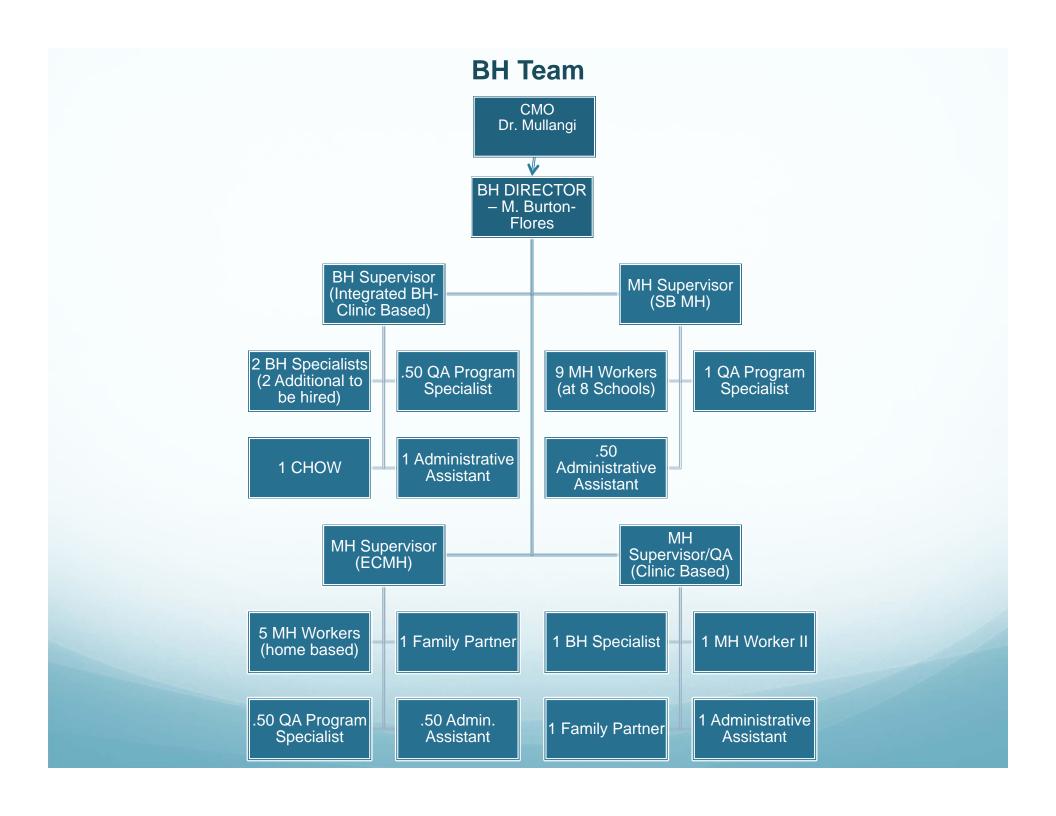
- Mental Health Disorders 13.1%
- Depression and Anxiety Disorders 8.6% (from 2013 UDS)

## **TVHC Organization- one year ago**



## **TVHC- Current Organizational Structure**





## **CMO** with BH Director weekly meetings



# Our Primary Care – Behavioral Health Integration Team



## Integration At The Clinical Level

- 1. The Behavioral Health Calendar Now Includes Panel Management (see Calendar)
- 2. Worked with IT to obtain EHR NextGen 8.3 Training
- 3. Worked with CMO to add "Curbside" Consultations daily between PCP and BH (dummy code for Consult EPM)
- 4. Worked with Operations- Medical Behavioral to develop an in-house Crisis Response Team PCP "warm hand-off" (dummy code in EPM)
- 5. Worked with ACBHCS & CHCN to add Consulting Psychiatry and developing communication processes ("Tasking" in EHR)

## **PHQ-9 Completed in Primary Care**

Tiburcio Vasquez Health Center, In PHQ9 APPT W/PCP	ic.	Dete:					
PCP:Petient Age:							
Over the last <u>2 weeks</u> , how often have you been bothered by any of the following problems? (use "v" to indicate your answer)	Notatal	Several days	More than half the days	Almost			
1.Little interest or pleasure in doing things	. 0	1		3			
Feeling down, depressed, or hopeless	0	3.	2	3			
Trouble falling or staying asleep or sleeping too much	- 0	1.	1	3			
Feeling tired or having little energy	-0	10	183	3			
Poor appetite or overeating	0	1.	- 2	8			
Feeling bad about yourself- or that you are a failure or have let yourself or our family down	0	1.	2	3			
7.Trouble concentrating on things, such as reading the newspaper or watching television	0	1.	2	3			
<ol><li>Moving or speaking so slowly that other people could have noticed. Or the opposite-being so fidgety or restless that you have been moving around a ot more than usual</li></ol>	0	10	2	1			
9.Thoughts that you would be better off dead, or of hurting yourself in some way	0	1	2	3			
Add Columns: Total:	_		.0.				
10. If you checked off any problems, how difficult have these problems made it for you home, or get along with other people?	to do you	r work, ta	ske care o	f things at			
Not difficult at all Somewhat difficult Very difficult	t		Extreme	ly difficult			
PCS Staff only: Check off on the action taken  1. Warm Hand-off?  YES ► TO: BH Specialist CHOW  NO ► WHY: REFUSED BH Staff Not Available  2. If Warm Handoff was not made, what was the Follow up? ► Action Needed  BH Specialist appointment made: Date of Appt.: Phone call needed by BH Staff: PHONE #: (	1						

## **PHQ-9 Data Entry Field**

Not difficult at all	Somewha	t difficult	mout		Extremely difficult
PCS Staff only: Check off	on the action takes	n			
1. Warm Hand-off?	44-46				
YES ► TO: BH Spec	cialist CHOW				
	<u> </u>	· · · · · · · · · · · · · · · · · · ·			
NO ► WHY: REFUS	SED BH Staff	Not Available	05200000		
	en melle. Ludoud some Album	医医皮肤性动物 医皮肤 化二氯甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基甲基			
2. If Warm Handoff was not	made, what was the	: Follow up? > Action Ne	ecec		
	sero o Sisse	: Follow up?  Action Ne Date of Appt.:	eded	-30	

#### **PHQ-9 Initial Screen Process**

- NextGen EPM (Auto fill) to i2i report for patients not screened in last 6 months.
- PHQ-9's provided to the MA each evening for next day
- MA completes PHQ-9 with the patient during vitals
- PCP reviews results with the patient
- Negative screens provided by end of day
- Positive Screen results in "Warm Hand-Off" to BH

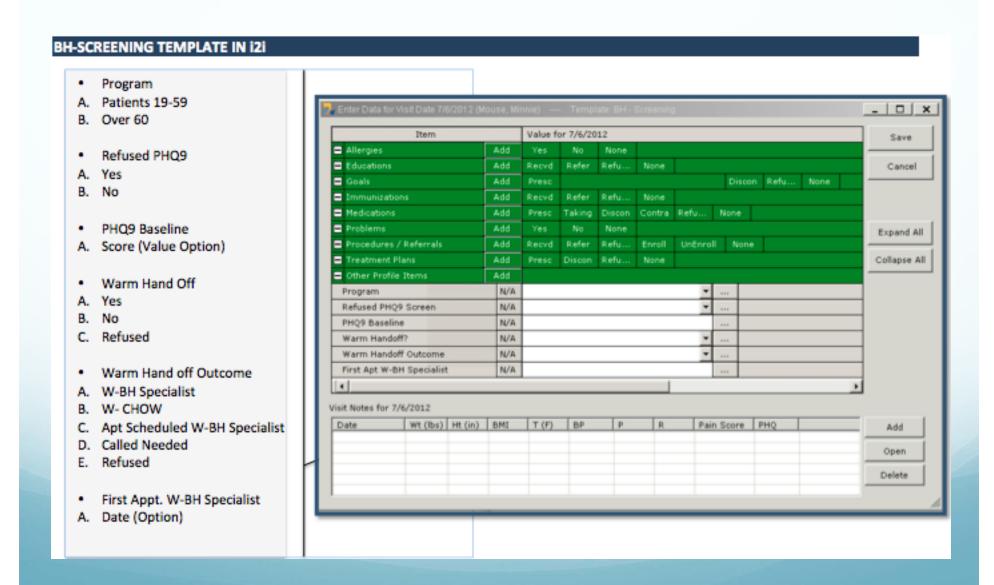
## **Warm Hand-Off in Process**



#### PHQ-9 Behavioral Health Screen Process

- PHQ-9 filled out by patient before/during assessment and each BH Session
- PHQ-9 Reviewed by BH Specialist at Beginning of Each session
- PHQ-9 data at the bottom filled in by BH Specialist
- PHQ-9 turned in with Progress note and Encounter to Admin Assistant
- Admin Assistant enters into i2i

#### **BH Encounter Contacts**



## Flow Chart for Panel Management Reports

Entry of PHQ-9 BY BH BH Specialist fills out bottom of PHQ-9 or GAD-7

Entry of PHQ-9 By Admin. Assistant • Admin. Assistant Enter PHQ-9 into i2i

BH Admin. Complies Report

- EPM (demographics, Insurance, PCP, AUTO PROCESS to i2i)
- I2i "Patient Search" (date of visit, and bottom of phq-9)
- Both sets of information exported to excel

## Panel Management Report Example

d : #	Name	DOB	BH-Referred by (PCP) (Last Value)	BH-BH Speciali st (Last Value)	BH - Med #1 Name (Last Value)	BH - Med #1 Doses (Last Value)	BH - Med #1 Freq (Last Value)	#1 Sts (Last	PHQ9 (Last	nt Session #1 (Last Date)	Date)	BH- Session #2 (PHQ9) (Last Value)	BH- Session #3 (La: Date)
XX	XXXXXXXXX	xx/xx/xxxx	Conti	Kim	Sertaline (Zoloft)	50.0	Daily	Taking (Currently)	15	8/8/2014	8/15/2014	19	8/20/20
XX	XXXXXXXXXX	xx/xx/xxxx	Gowra	Kim				None	16	7/21/2014	7/28/2014	7	1/17/20
XX	XXXXXXXXX	xxx/xx/xxxx	Jannapureddy	Kim				None	23	9/16/2014			
xx	XXXXXXXXX	xx/xx/xxxx	Rajkumar	Kim	Amitriptyline	10.0	Twice Daily	Taking (Currently)	17	9/10/2014			
xx	XXXXXXXXX	xx/xx/xxxx	Tomlin	Kim	Sertaline (Zoloft)	25.0	Daily	Taking (Currently)	21	7/30/2014	8/7/2014	14	8/11/20

	BH-	BH-	BH-	BH-	BH-	BH-	BH-	BH-	BH-TX	BH-	BH-Last	BH- TX Step	BH-Referral	BH-
on	Session	Session	Session	Session	Session	Session	Session #7	Session	Type	Baseline	PHQ9	(Last Value)	Status (Last	Referra
	#4 (Last	#4	#5 (Last	#5	#6 (Last	#6	(Last Date)	#7	(Last	PHQ9	(Last		Value)	Type
9)	Date)	(PHQ9)	Date)	(PHQ9)	Date)	(PHQ9)		(PHQ9)	Value)	(Last	Value)			(Last
		(Last		(Last		(Last		(Last		Value)				Value)
)		Value)		Value)		Value)		Value)						
									Both	15	20	B-Step 1		
	2/3/2014	1	2/24/2014	Ó					PST	16	7	B-Step 1		
									PST	23	17	Assessment		
									Both	17	9	Assessment		
	8/18/2014	5	8/27/2014	10	9/5/2014	18	9/12/2014	9	Both	21	9	B-Step 1		

## **Calendar - Primary Care**

#### October 2014 SCHEDULE OF EVENTS: 1-EHR Training/Lunch Meeting (Ob providers) 12:00pm Sun Mon Tue Sat TIME OFF REQUEST: TIME OFF REQUEST: TIME OFF REQUEST: 2-EHR Training/Lunch Meeting (Family providers) Chiu 8-5 Conti 8-12 Dawson 8-5 12:00pm -2:00pm Dawson 8-12:2:30-5 Conti 8-12:2:30-5\* Dawson 8-5 Jannapureddy 8-5 Jannapureddy 8-12;2:30 Kashlinskava 8-3-EHR Training/Lunch Meeting (Peds providers) 12:2:30-5 Kashlinskava 8-5 Kelava 8-5\* 12:00pm -2:00pm 16-8H Panel Management Mig. 11:00am-12:00pm Kelava 8-12:2:30-5\* Rajkumar 8-5 (Tomin 11am-11:15am, Rajkumar 11:15am-11:30am, 16-BH Panel Management Mtg. 11:00am-12:00pm Mullangi 1-3 Tomlin 8-4 Raikumar 8-12-2:30-5 (Tomlin 11am-11:15am, Rajkumar 11:15am-11:30am, 11:30am-11:45am, Jannapureddy, Corti 11:45am-Tomlin 8-12:2:30-4 11:30am-11:45am, Jannapureddy, Conti 11:45am-5 Chiu 8-5 Conti 8-12 Kashlinskava 8-5 Shared ON-CALL: (???)(2,10,12,25,29) Conti 8-5\* Dawson 8-12 Tomlin 8-5 Jannapureddy 8-5 Kelava 8-12\* Jannapureddy 8-5 Jannapureddy 8-5 Jannapureddy 1-5 Kashlinskaya 8-5 Kelava 8-5\* Kashlinskaya 8-5 Kashlinskaya 8-3 Kashlinskaya 8-5 Rajkumar 8-5 Rajkumar 8-5 Kelava 8-5\* Mullangi 1-3 Kelava 8-5\* CHARTING: Tomlin 8-4 Tomlin 8-4 Rejkumer 8-5 Rajkumar 8-5 Rajkumar 1-5 Tomlin 8-5 Tomlin 8-4 Jannapureddy: Tuesday (1pm-5pm) and Friday (8am-12 Kashlinskaya: Monday (3pm-5pm) Confi 1-5\* Conti 8-5\* Confi 8-12 Chiu 8-5 Conti 8-12 Conti 8-5\*(BH) Tomlin: Mon, Tues, Thurs, Fri (4pm-5pm) Dave 8-5 Dawson 8-5 Dawson 8-5 Jannapureddy 8-5(BH) Dawson 8-5 Rajkumar 8-5 Jannapureddy 8-5 Jannapureddy 8-12 Jannapureddy 8-5 Kashlinskava 8-5 Jannapureddy 1-5 Rajkumar: Wednesday (8am-12pm) Kashlinskaya 8-3 Kelava 8-12\* Kashlinskaya 8-5 Kelaya 8-5\* Kashlinskaya 8-5 Rajkumar 8-5 Kashlinskaya 8-5 Kelava 8-5\* Mullangi 1-3 Kelava 8-5\* Tomlin 8-4 Rajkumar 8-5 Rajkumar 1-5 Rajkumar 8-5(BH) Tomlin 8-4 Tomlin 8-4 Tomlin 8-5 Tomlin 8-4(BH) OFF FOR SATURDAY: Jannapureddy: 3 Kashlinskava: 9 Tomlin: 10 Conti 1-5\* Conti 8-5\* Conti 8-12 Chiu 8-5 Conti 8-12 Conti 8-5 Chirc16 Dave 8-5 Dawson 8-5 Dewson 8-5 Dawson 8-5 Jannapureddy 8-5 Dawson 8-5 Raikumar, 17 Jannapureddy 8-5 Jannapureddy 8-12 Jannapureddy 8-5 Kashlinskaya 8-5 Jannapureddy 1-5 Confi: 23 Kashlinskaya 8-3 Kelava 8-12\* Kashlinskaya 8-5 Kelava 8-5\* Kashlinskaya 8-5 Rajkumar 8-5 Kelava 8-5\* Kashlinskaya 8-5 Kelava 8-5\* Mullangi 1-3 Tomlin 8-4 Raikumar 8-5 Raikumar 1-5 Raikumar 8-5 Raikumar 8-5 Tomlin 8-4 Tomlin 8-5 Tomlin 8-4 Tomlin 8-4 Logan: (Monday, Wednesday, Friday) Chiu: 1,3,6,8,1013,15,17,20,22,24,27,29,31 Tennyson: (Tuesday and Thursday) Acey: 2,9,16,23,30 Confi 1-5\* Conti 8-5\* Conti 8-12 Chiu 8-5 Conti 8-12 Chiu: 7,14,21,28 Dave 8-5 Dewson 8-5 Dewson 8-5 Conti 8-5\* Dawson 8-5 Jannapureddy 8-5 Jannapureddy 8-12 Jannapureddy 8-5 Jannapureddy 8-5 Jannapureddy 1-5 Kashlinskava 8-3 Kelaya 8-12\* Kashlinskava 8-5 Kashlinskava 8-5 Kashlinskava 8-5 NOTE: "=EHR/Reduced Schedule: Kelava 8-5\* Rajkumar 8-5 Kashlinskaya 8-5 Kelava 8-5\* Kelava 8-5\* P=Perceptorship Tomlin 8-4 Rajkumar 8-5 Rajkumar 1-5 Mullangi 1-3 Rajkumar 8-5 Tomlin 8-4 Tomlin 8-5 Rajkumar 8-5 Tomlin 8-4 Tomin 8-4

## **Integrated Consultation Team**



## **Integrated Consultation Team**



### **Questions?**



Dr. Margie Burton-Flores 510-471-5907 x3781 mburton@tvhc.org

Dr. Anitha Mullangi 510-471-5880 x3103 amullangi@tvhc.org