

Hogg Foundation's Integrated Health Care Initiative – Evaluation Design

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Program Officer



THE UNIVERSITY OF TEXAS AT AUSTIN



The Hogg Foundation

- Since 1940, the foundation has worked to promote **improved mental health for all Texans** through grants & programs
- Part of The University of Texas at Austin, Division of Diversity & Community Engagement

Why integrate care?

- Stigma of seeking mental health services, especially for populations of color
 - Texas is now “minority majority” state
- Texas has highest % uninsured
- “Priority population” for public mental health services is highly restrictive

Texas workforce

- 188 of the 254 TX counties (74%) are Health Professional Shortage Areas for mental health
 - E.g., 71% TX counties have 0 psychiatrists
- Supply ratios for psychiatrists, psychiatric nurses, social workers, & other professionals are declining (and were low to start with)
- Behavioral health workforce is aging, maldistributed, and unrepresentative of the state's cultural/ethnic diversity
- (Significant problems seen in primary care as well)

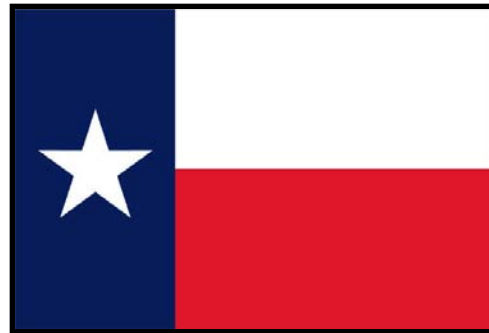
A crucial opportunity

- Integrating care offers:
 - Chance to reach groups who cannot or will not access specialty care
 - Early intervention opportunity
- *While addressing the Texas funding & workforce realities*



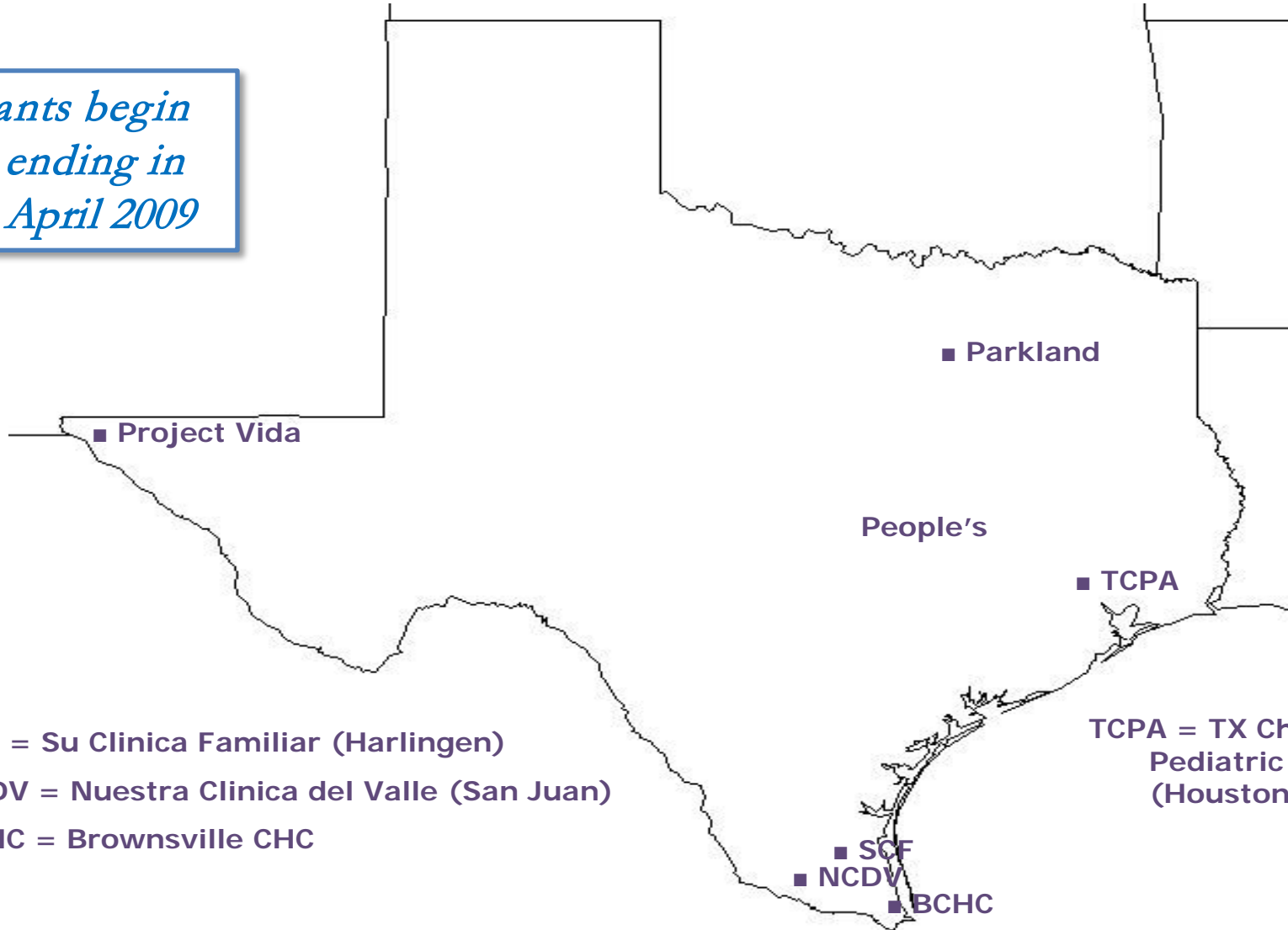
Addressing barriers

- Hogg Foundation's Integrated Health Care Initiative
 - GOAL: Identify solutions for barriers to implementing collaborative care in Texas



Grant program

*Grants begin
ending in
April 2009*



SCF = Su Clinica Familiar (Harlingen)

NCDV = Nuestra Clinica del Valle (San Juan)

BCHC = Brownsville CHC

TCPA = TX Children's
Pediatric Assocs
(Houston)

Grantees

- 3-year grants made in April 2006 to 7 primary care organizations (4 Federally Qualified Health Centers)
- Grantees have partnered with behavioral health providers in a variety of ways

Grantees (cont.)

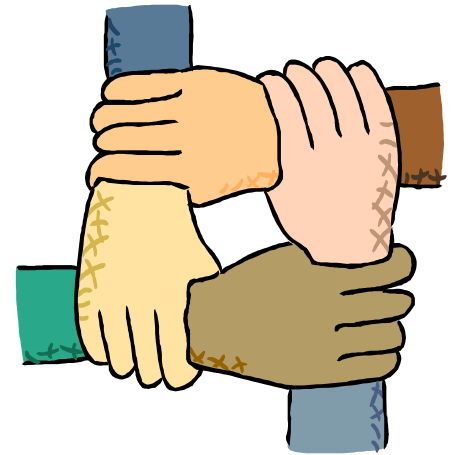
- Behavioral health partnerships include:
 - Contracts for psychiatric consultation w/:
 - Community mental health centers (2), academic departments (3), and/or psychiatrists in private practice (2)
 - Contracts for psychotherapy with private nonprofits (2)
- 1 site already had psychiatrists & psychotherapists on staff

Training and consultation

- Training and consultation:
 - Jürgen Unützer, Wayne Katon, and colleagues (University of Washington)
- Model: Loose definition of original IMPACT model
 - Distilling the core components

Collaborative care

- Core components
 - Care manager
 - Clinical assessment tool
 - Psychiatric consultation
 - Patient registry



Care manager

□ Clinical role

- Not case management or care coordination

□ Key responsibilities

- Monitoring treatment adherence & response
- Psychoeducation
- Psychotherapy (if credentialed)



Care manager (cont.)

- Professional or paraprofessional
- In person or by phone
- Caseload = ~80 active patients
(200-300 pts / yr)
- Cover 6-7 primary care providers



Clinical assessment tool

- ❑ Objective measure of treatment response
- ❑ Administered at every care mgmt contact
- ❑ Examples
 - PHQ-9, OASIS, & Vanderbilt

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

NAME: John Q. Sample DATE: _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "✓" to indicate your answer)

	Not at all	Several days	More than half the days	Nearly every day	
1. Little interest or pleasure in doing things	0	1	✓	3	
2. Feeling down, depressed, or hopeless	0	✓	2	3	
3. Trouble falling or staying asleep, or sleeping too much	0	1	✓	3	
4. Feeling tired or having little energy	0	1	2	✓	
5. Poor appetite or overeating	0	✓	2	3	
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0	1	✓	3	
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	✓	3	
8. 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 lot more than usual	0	1	✓	3	
9. Thoughts that you would be better off dead, or of hurting yourself in some way	✓	1	2	3	
add columns:	2	+	10	+	3
<small>(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card).</small>	TOTAL: 15				

10. If you checked off any problems, how difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

Not difficult at all _____

Somewhat difficult _____

Very difficult _____

Extremely difficult _____

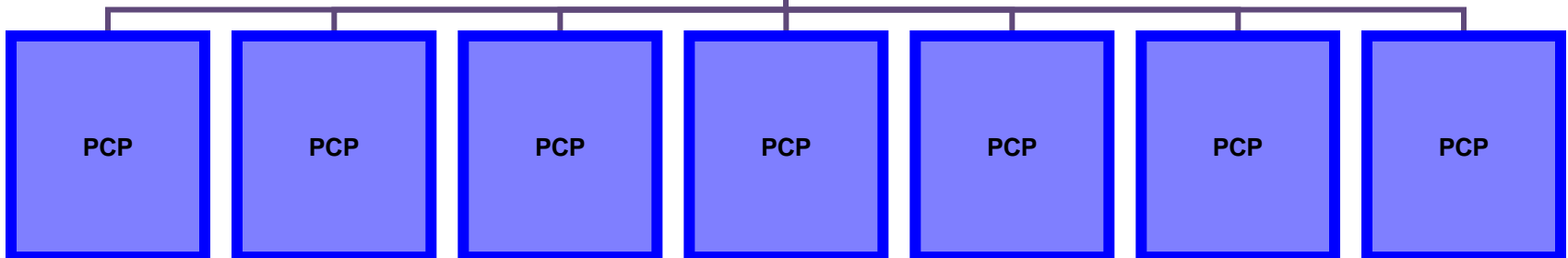
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Psychiatric consultation

Weekly meetings with care manager
(1-2 hrs / wk per care manager)



Flexible implementation
By phone or in person



Patient registry

- Track large panels of patients with the same condition or illness
- Different formats, different features
 - Hogg Foundation's registry is web-based, which allows for real-time communication across providers located in different settings
 - Registry can also be done via simple spreadsheet programs like Excel

Sample screen: Patient tracking

HITS - TreatmentHistory - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media Print Copy Paste

Address <https://impact-uw.org/cgi-bin/WebObjects/HITS.woa/wo/21.2.5.3.0.0.0.0.1.0.0.0.8.0.0.0.1.0.0.0.0.0.0.0> Go

Subject ID : 2100064 Patient Clinic Note Report Special Logout

Logged In As : Jurgen Unutzer (unutzer)



TREATMENT HISTORY

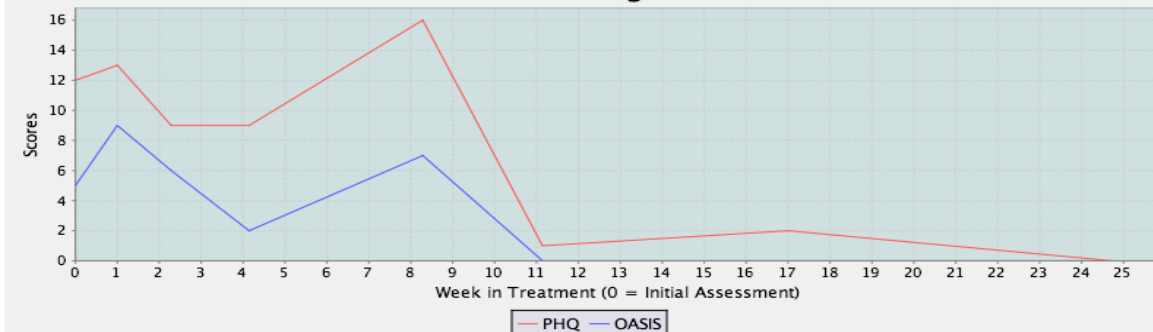
Subject ID : 2100064

Enrollment Date : 2 / 6 / 2007

Contacts

DATE	TYPE	WK. IN T.	VISIT TYPE	PHQ-9	OASIS	MEDICATION	DAILY DOSE	Pr
02/06/2007	IA	0	Clinic	12	5	Duloxetine (Cymbalta)	30	✓
02/13/2007	FU	1	Phone	13	9	Duloxetine (Cymbalta)	30	
02/22/2007	FU	2	Phone	9	6	Duloxetine (Cymbalta)	30	✓
03/07/2007	FU	4	Phone	9	2	Duloxetine (Cymbalta)	30	✓
03/21/2007	FU	6	Phone			Duloxetine (Cymbalta)	30	
04/04/2007	FU	8	None			Duloxetine (Cymbalta)	30	
04/06/2007	FU	8	Phone	16	7	Duloxetine (Cymbalta)	30	✓
04/13/2007	FU	9	Phone			Duloxetine (Cymbalta)	30	
04/26/2007	FU	11	Clinic	1	0	Duloxetine (Cymbalta)	30	✓
06/06/2007	FU	17	Phone	2	0	Duloxetine (Cymbalta)	30	✓
07/19/2007	FU	23	Phone			Duloxetine (Cymbalta)	30	
07/30/2007	FU	24	Phone	0	0	Duloxetine (Cymbalta)	30	

Patient Progress



Width = 800, Height = 300 Redraw

Evaluation

- Evaluation team:
 - Richard Frank (Harvard)
 - Howard Goldman (Univ of MD)
 - Brenda Coleman-Beattie
(Texas health care consultant)

- Targets
 - Implementation factors
 - Outcomes
 - Costs

Evaluation plan

- Formative quantitative and qualitative evaluation with mixed design

- Qualitative
 - 2 site visits per grantee
 - Standardized protocol

Qualitative evaluation domains

1. Leadership and program level preparation
2. Clinical planning and the clinical management practices
3. Training for team members and new hires
4. Fidelity to the collaborative care model
5. Financing considerations
6. Technology services/information systems
7. Implementation considerations including barriers and facilitators

Evaluation plan - Quantitative

- Web-based registry data
 - PHQ (depression), OASIS (anxiety), CAGE-AID (substance abuse), prescribed treatment (psychotherapy and/or meds), service contacts, psychiatric consultations
 - Gender, age, Spanish language preference, insurance status
 - ADHD registry being re-vamped
- Electronic medical record data
 - Utilization and billing data (starting pre-grant)

Evaluation plan - Quantitative

□ Comparison data

- Dallas site has control site
- 3 Valley sites have comparison sites constructed from Texas Medicaid data
 - Drugs and claim data for Valley sites and similarly located comparison sites
- All 7 sites' outcomes are being compared against data from effectiveness trials

Evaluation findings

- The evaluation is still in process
- The Hogg Foundation will share the evaluation findings online as they become available

More information at:

www.hogg.utexas.edu

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for Mental Health**