



Chiricahua Community Health Centers, Inc. Comprehensive Psychiatric Program (and beyond)

Dashboard 2022

KPI		2022			
Psychiatric Services	Target Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of unduplicated patients (Target Goal: 800) [running total since the start of the Comprehensive Psychiatric Program]	800	32	117	206	231
Number of appointments slots per year (Target Goal: 5500) [running total since the start of the Comprehensive Psychiatric Program]	5500	61	205	603	995
MAT Services	Target Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Total MAT patients served (Target Goal: 50) [running total since the start of the MAT program in Q3 2021]	50	25	49	75	110
• Suboxone/buprenorphine		13	20	29	39
• Revia/Vivitrol/naltrexone		12	29	46	71
Improved Mental Health		Quarter 1	Quarter 2	Quarter 3	Quarter 4
% of patients 12 years and older who are screened for depression at least once every 12 months using the PHQ-2/9 (rolling year)			56.26%	58.70%	59.30%
% of patients with a positive depression screen that receive treatment (referral to counseling or medication treatment) (rolling year)			77%	77.60%	77.40%
% of patients receiving treatment with improvement in depression scores over 12 months (improvement in mental health) (rolling year)			44.10%	40.30%	39.70%
Increased Adherence to Treatment		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Tracking of pick-up rates (1st fill)		67.07%	62.15%	57.55%	59.30%
Improved Quality of Life		Quarter 1	Quarter 2	Quarter 3	Quarter 4
EQ-5D-5L [total respondents, including new respondents]					
• Overall Health Score (0 = worst health, 100 = best health)			59.47	59.55	65.58
Increased patient engagement		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Patient engagement to be measured with URICA [total respondents, including new respondents] (Score = average patient readiness stage) 1-7 = Precontemplation Stage; 8-11 = Contemplation Stage; 12+ = Preparation or Action Stage				10.07	8.6

Dashboard 2023

KPI		2023			
Psychiatric Services	Target Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of unduplicated patients (Target Goal: 800) [running total since the start of the Comprehensive Psychiatric Program]	800	242	403	590	748
Number of appointments slots per year (Target Goal: 5500) [running total since the start of the Comprehensive Psychiatric Program]	5500	1336	1844	2629	3514
MAT Services	Target Goal	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Total MAT patients served (Target Goal: 50) [running total since the start of the MAT program in Q3 2021]	50	173	227	279	329
• Suboxone/buprenorphine		70	104	129	156
• Revia/Vivitrol/naltrexone		103	123	150	173
Improved Mental Health		Quarter 1	Quarter 2	Quarter 3	Quarter 4
% of patients 12 years and older who are screened for depression at least once every 12 months using the PHQ-2/9 (rolling year)		58.70%	59.30%	72.70%	69.70%
% of patients with a positive depression screen that receive treatment (referral to counseling or medication treatment) (rolling year)		77.60%	77.40%	43.30%	34.70%
% of patients receiving treatment with improvement in depression scores over 12 months (improvement in mental health) (rolling year)		40.30%	39.70%	84.80%	83.70%
Increased Adherence to Treatment		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Tracking of pick-up rates (1st fill)		60.89%	57.14%	57.58%	57.14%
Improved Quality of Life		Quarter 1	Quarter 2	Quarter 3	Quarter 4
EQ-5D-5L [total respondents, including new respondents]					
• Overall Health Score (0 = worst health, 100 = best health)		65.95	66.19	65.24	61.84
Increased patient engagement		Quarter 1	Quarter 2	Quarter 3	Quarter 4
Patient engagement to be measured with URICA [total respondents, including new respondents] (Score = average patient readiness stage) 1-7 = Precontemplation Stage; 8-11 = Contemplation Stage; 12+ = Preparation or Action Stage		9	9.01	9.61	8.88

Growth in Psychiatric Program

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- In 2022, I was alone.
- Good growth but started to plateau.
- In 2023, we had 3 new PMHNPs start.
- We have already nearly met our goal.

Growth in Medication-Assisted Treatment Services

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• Suboxone/buprenorphine		13	20	29	39
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• Revia/Vivitrol/naltrexone		103	123	150	173

- Initially, services were limited.
- In 2022, I only saw 2 MAT patients.
- Later that year, all prescribers were expected to be able to treat OUD.
- Treatment has since exploded.
- Preparing to be able to provide Sublocade.

Improvement in Depression Using the Patient Health Questionnaire (PHQ)

KPI	2022			
Improved Mental Health	Quarter 1	Quarter 2	Quarter 3	Quarter 4
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- Pretty consistent compliance and scoring through 2022 and first half of 2023.
- Sudden changes in 2023 Q3 and Q4 (double checked data).
- My interpretation:
 - Increased commitment to screening
 - Increased competence in treating BH in primary care setting/halted internal referrals for a time
 - Improvement in access and treatment outcomes

PHQ (Patient Health Questionnaire)

- This is the PHQ tool.
- Questions are the same as DSM-5 criteria for MDD.
- Not diagnostic or nuanced, but a useful gauge of progress.

PATIENT HEALTH QUESTIONNAIRE

Please answer the following two questions. If YES to either , please continue.		YES	NO	
1. During the past two weeks , have you been bothered by little interest or pleasure in doing things?	<input type="checkbox"/>	<input type="checkbox"/>		
2. During the last two weeks , have you been bothered by feeling down, depressed, or hopeless?	<input type="checkbox"/>	<input type="checkbox"/>		
 STOP 				
<ul style="list-style-type: none"> • If you answer NO to both questions, stop here. • If you answered YES to at least one question, we would like to know a little more. Please answer the following questions. 				
Over the last two weeks , <u>how often</u> have you been bothered by any of the following problems?				
	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
2. Feeling down, depressed, or hopeless?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
3. Trouble falling or staying asleep, <u>or</u> sleeping too much?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
4. Feeling tired or having little energy?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
5. Poor appetite <u>or</u> overeating?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
6. Feeling bad about yourself—or that you are a failure or have let yourself or others down?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
7. Trouble concentrating on things, such as reading the newspaper or watching television?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 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?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
9. Thoughts that you would be better off dead or of hurting yourself?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(Staff Use Only) Column Score	_____ + _____ + _____ + _____ =			
(Staff Use Only) Total Score				
Patient: If you checked off <u>any</u> 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 <input type="checkbox"/>	Somewhat difficult <input type="checkbox"/>	Very difficult <input type="checkbox"/>	Extremely difficult <input type="checkbox"/>

Suicide Screening

COLUMBIA-SUICIDE SEVERITY RATING SCALE (C-SSRS)

SELF-REPORT - RECENT

- We use the C-SSRS in Comp Psych Program.
- We will soon expand into SV adult clinic.
- After working out the bugs, we hope to expand to all clinics.

Please place a check mark in the box for the appropriate answers

Please answer questions 1 and 2	In the past Month	
	YES	NO
1. Have you wished you were dead or wished you could go to sleep and not wake up?	—	—
2. Have you <u>actually had</u> any thoughts of killing yourself? If <u>YES</u> , answer <u>all</u> questions 3, 4, 5, and 6. If <u>NO</u> , skip directly to question 6.	—	—
3. Have you thought about how you might do this? <i>(For example, "I thought about taking an <u>overdose</u> but I never worked out the details about when, where, and how I would do that and I would never act on these thoughts.")</i>	—	—
4. Have you had any intention of acting on these thoughts of killing yourself, as opposed to you have the thoughts, but you <u>definitely would not</u> act on them? <i>(For example, "I had the thought of killing myself by taking an overdose and am not sure whether I would do it or not.")</i>	—	—
5. Have you started to work out, or worked out, the specific details of how to kill yourself and did you intend to carry out that plan? <i>(For example, "I am planning to take 3 bottles of my sleep medication this Saturday when no one is around to stop me.")</i>	—	—
6. Have you ever done anything, started to do anything, or prepared to do anything to end your life? <i>(For example: took pills, tried to shoot yourself, cut yourself, tried to hang yourself, took out pills but didn't swallow any, held a gun but changed your mind about hurting yourself or it was grabbed from your hand, went to the roof to jump but didn't, collected pills, obtained a gun, gave away valuables, wrote a will or suicide note, etc.)</i> If YES, did this occur in the past 3 months?	—	—



Picking up Prescriptions (1st fill)

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Increased Adherence to Treatment		Quarter 1	Quarter 2	Quarter 3	Quarter 4
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- Changed how I measured this to only measure the first fill—scores went down.
- Refills seemed to be confounding results, more apparent as the number of prescriptions increased.
- While disappointing, we can now better gauge how to improve compliance.
- Interesting when breaking down by prescriber.

Quality of Life

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- This tool is very challenging to use effectively. Scores have remained pretty consistent.
- Lost staff, making follow-up more difficult.
- Ideally, we would be getting the scores of patients after they have discharged from services.
- This is generally an average across all patients, new and old.

Readiness for Change

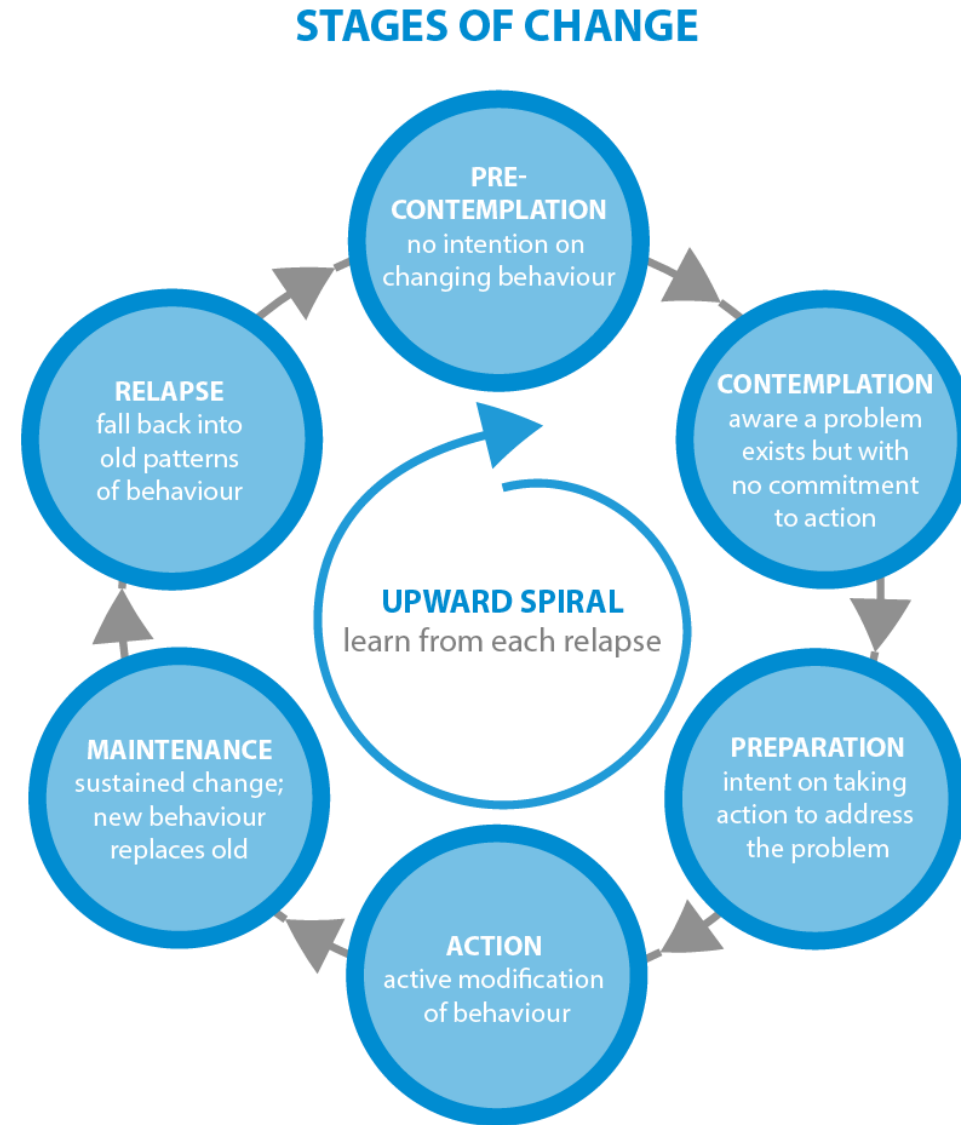
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- Similarly, this tool presents similar challenges.
- Consistently throughout the entirety of its use, patients remain in the Contemplation Stage (see Transtheoretical/Stages of Change Model).
- On average, patients are preparing to make changes in their lives, but are struggling to do so.
- Need to do follow-up post-discharge from the program.

Transtheoretical/Stages of Change Model

- People tend to relapse, but hopefully make progress each time.
- Not necessarily linear or consistent from day-to-day.
- Generally reliable for gauging progress.



Any Questions?

