SEEN: An ACHIA Teen Mental Wellness QI Collaborative
Final Report

ACHIA
Alabama Child Health Improvement Alliance

Applied Evaluation
and Assessment Collaborative
UAB THE UNIVERSITY OF ALABAMA AT BIRMINGHAM

AEAC

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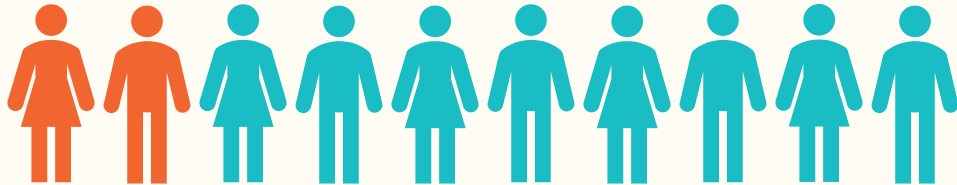
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The Problem

- The American Academy of Pediatrics has declared a state of emergency regarding child and adolescent mental health.

- As many as 20 percent of teens have a mental health disorder in any given year
  - This trend seems to be getting worse based on preliminary pandemic data showing the proportion of adolescent suicide rising.

- There is a severe shortage of child and adolescent psychiatrists (CAP) with the majority of Alabama counties having no CAPs.

Call to Action

"Pediatricians have unique opportunities and an increasing sense of responsibility to promote healthy social-emotional development of children and to prevent and address their mental health and substance use conditions."

To meet our patient's needs, our pediatric mental health competencies should include the following:

1. Universal screening for teen depression and suicide
2. "Common Factors" communication skills
3. Early intervention for identified risks including behavioral and pharmacologic treatments
4. A plan for emergency care
5. A reliable system for referrals and co-management for more complex conditions

Participating Practices Profile

Practice Sites		14
Primary Office Setting	Small (1-3 physicians)	5
	Medium (4-6 physicians)	5
	Large (more than 7 physicians)	4
Primary Office Location	Rural	6
	Urban	2
	Suburban	6
Annual Patient Visits	12- to 18-year-olds	60,497

Collaborative Structure

| Goals	Aims	Key Drivers
• Learn and practice effective communication strategies • Test workflow improvements • Enhance reminder/recall processes	• Increase percentage of teens in clinic for WCC ages 12-18 years with appropriately completed, validated depression screen to 80% • Increase the percentage of screens positive for major depression with a follow up plan to 80 % • Increase the percentage of teens with a screen positive for major depression followed up within 30 days by 5% over baseline	• Universal reliable screening for depression and suicide • Standardized management for positive screens for depression and suicidal ideation • Timely and reliable follow up depression and suicidal ideation

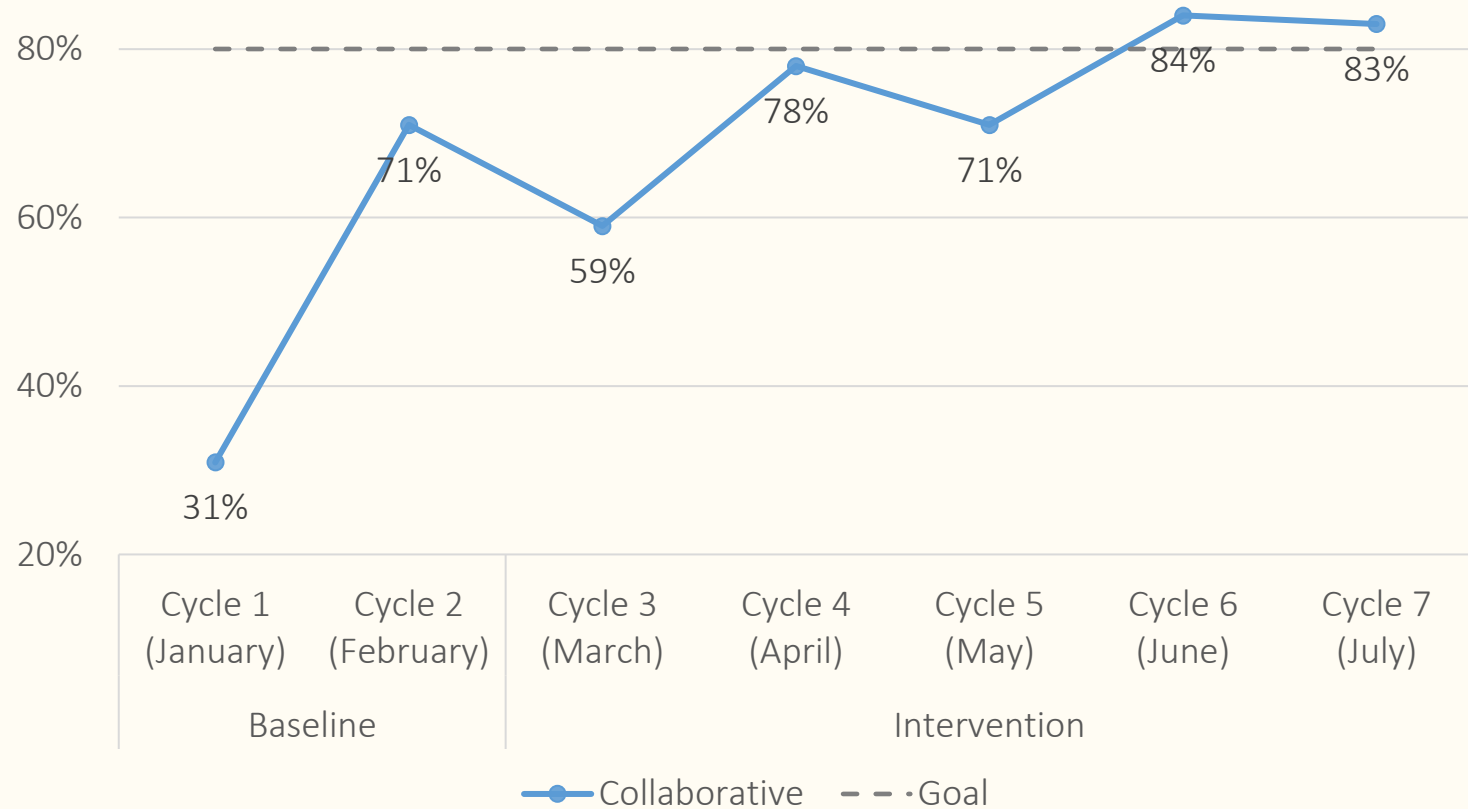# Measures and Data Highlights

Measure 1: Depression Screen Completed

- **Goal**: 80%

- **Patient Population:** 12- to 18-year-old patients

- **Results:** The percentage exceeded the improvement goal of 80% over the course of the collaborative.
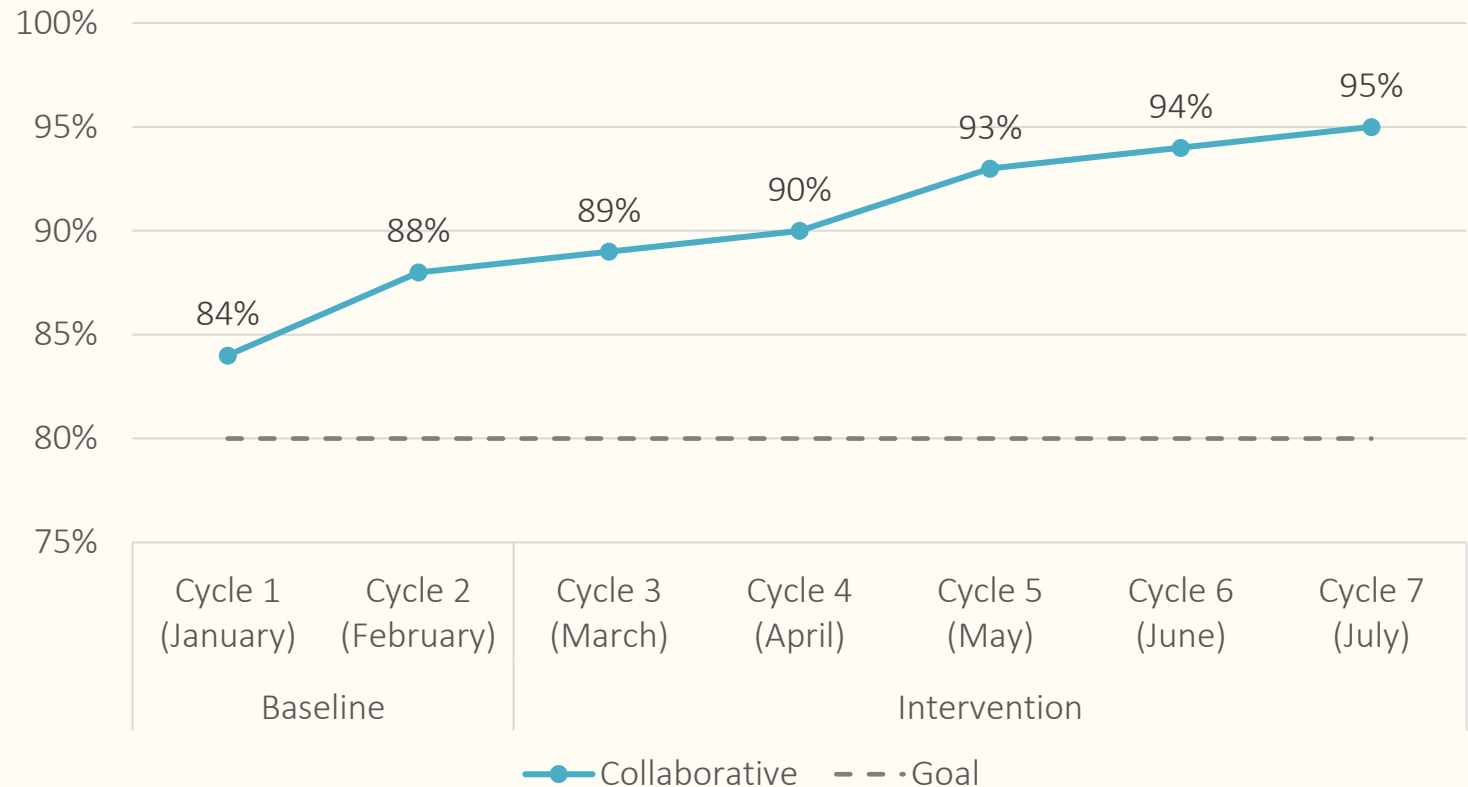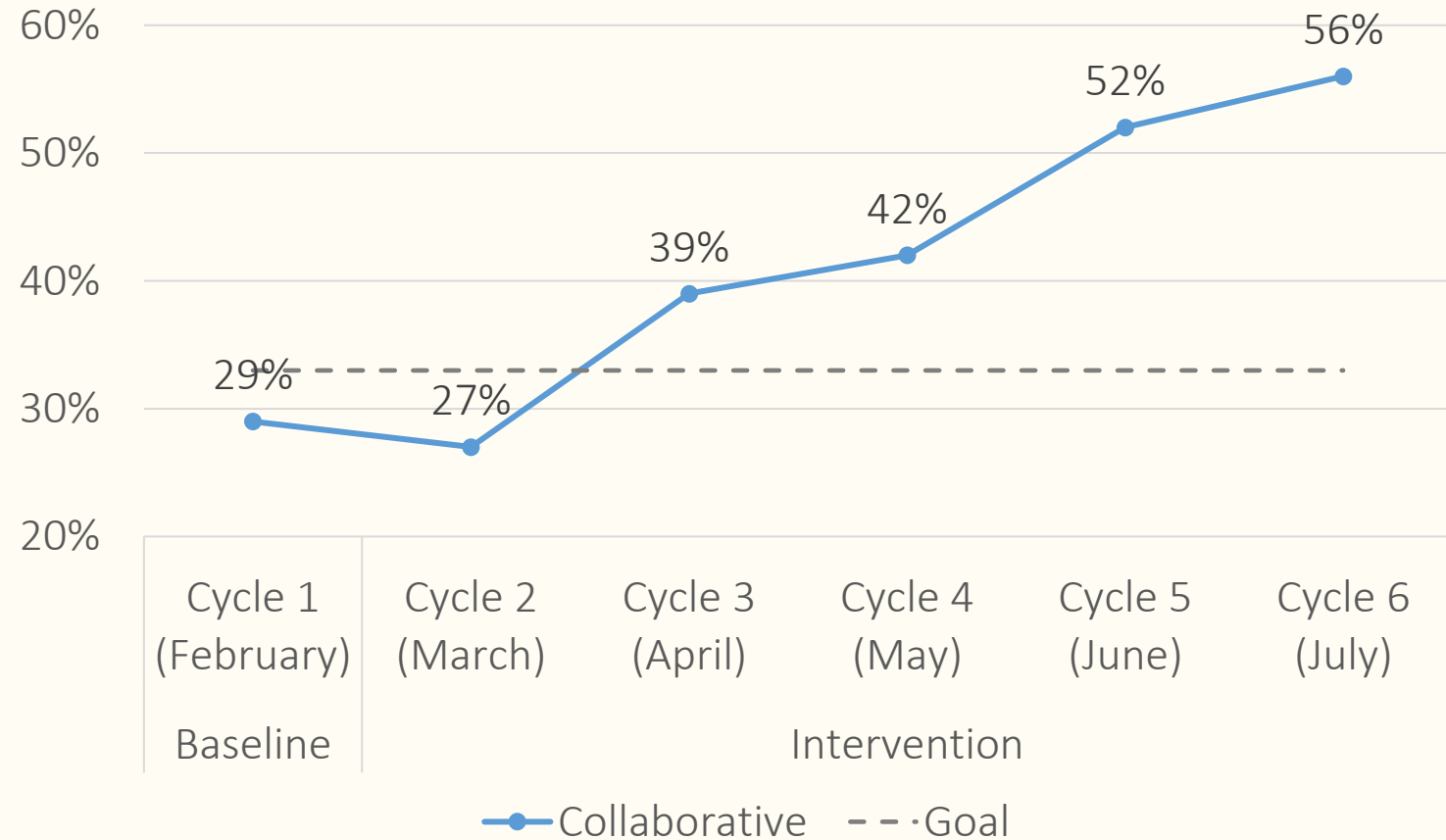
Measure 2: Follow-Up Documented

- **Goal**: 80%

- **Patient Population:** 12- to 18-year-old patients with a positive depression screen

- **Results:** The percentage increased over the course of the collaborative, eventually exceeding the 80% goal in Cycle 6 and Cycle 7.

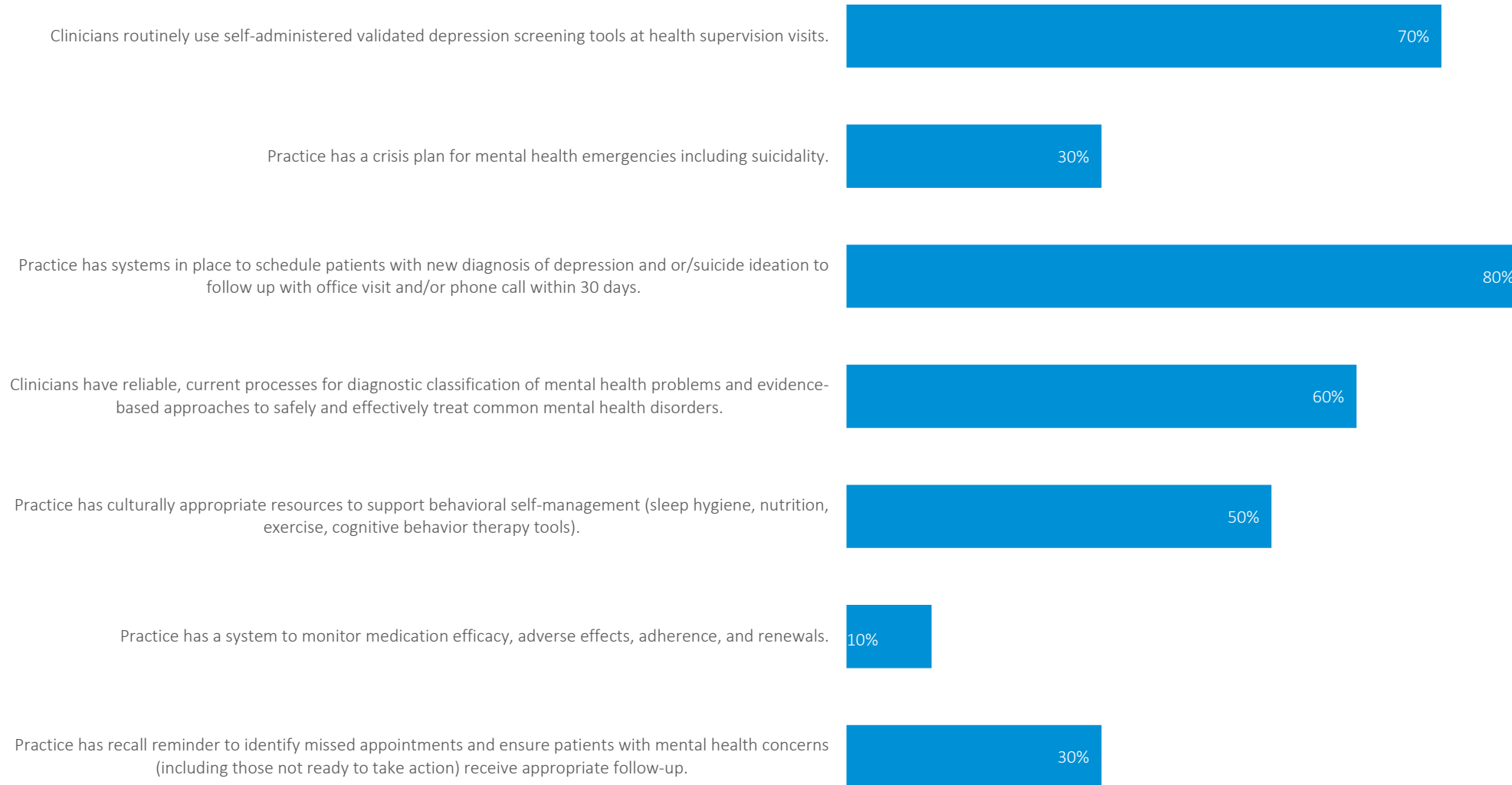| | 80% | | | | | | |
31%	71%	59%	78%	71%	84%	83%
Cycle 1 (January)	Cycle 2 (February)	Cycle 3 (March)	Cycle 4 (April)	Cycle 5 (May)	Cycle 6 (June)	Cycle 7 (July)
Baseline		Intervention				

Collaborative — — Goal

Measure 3: Follow-Up Completed Within 30 Days

- **Goal:** 5% above baseline (33%)

- **Patient Population:** 12- to 18-year-olds with a positive depression screen and a documented follow-up plan

- **Results:** The percentage increased over the course of the collaborative, exceeding the goal of 5% over the course of the collaborative.
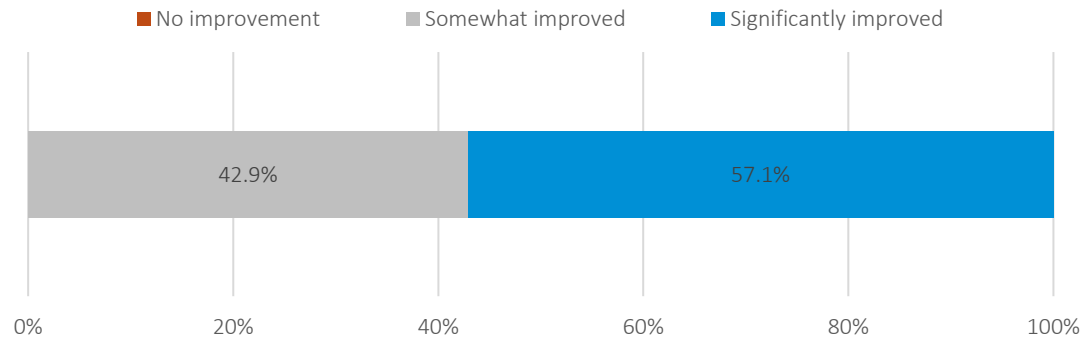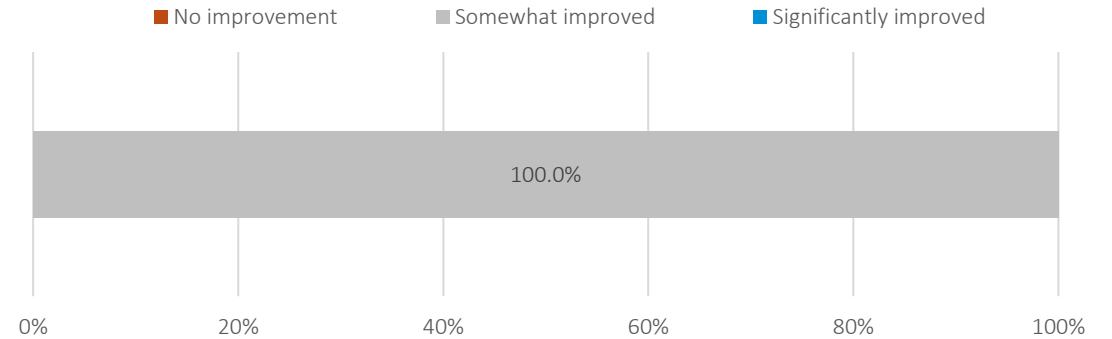

	Cycle 1 (February)	Cycle 2 (March)	Cycle 3 (April)	Cycle 4 (May)	Cycle 5 (June)	Cycle 6 (July)
Collaborative	29%	27%	39%	42%	52%	56%

Baseline | Intervention

—●— Collaborative   – – · Goal

Post-Collaborative Survey
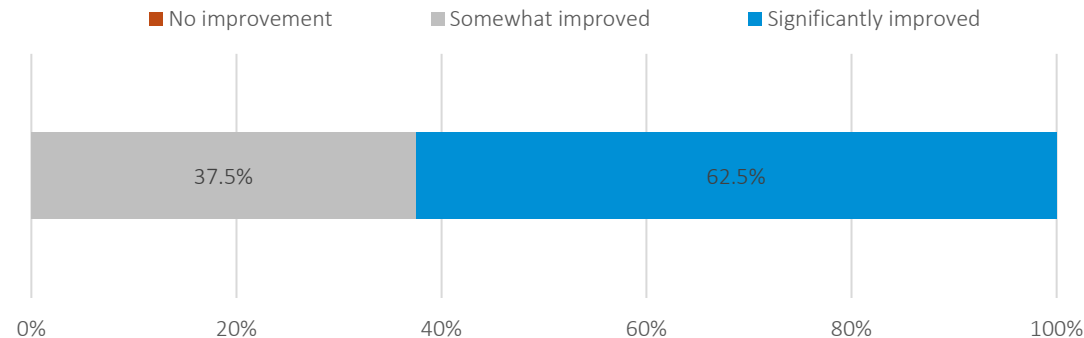
Statement	Percentage
Clinicians routinely use self-administered validated depression screening tools at health supervision visits.	70%
Practice has a crisis plan for mental health emergencies including suicidality.	30%
Practice has systems in place to schedule patients with new diagnosis of depression and or/suicide ideation to follow up with office visit and/or phone call within 30 days.	80%
Clinicians have reliable, current processes for diagnostic classification of mental health problems and evidence-based approaches to safely and effectively treat common mental health disorders.	60%
Practice has culturally appropriate resources to support behavioral self-management (sleep hygiene, nutrition, exercise, cognitive behavior therapy tools).	50%
Practice has a system to monitor medication efficacy, adverse effects, adherence, and renewals.	10%
Practice has recall reminder to identify missed appointments and ensure patients with mental health concerns (including those not ready to take action) receive appropriate follow-up.	30%

Level of Improvement in Practice

Clinicians routinely use self-administered validated depression screening tools at health supervision visits.

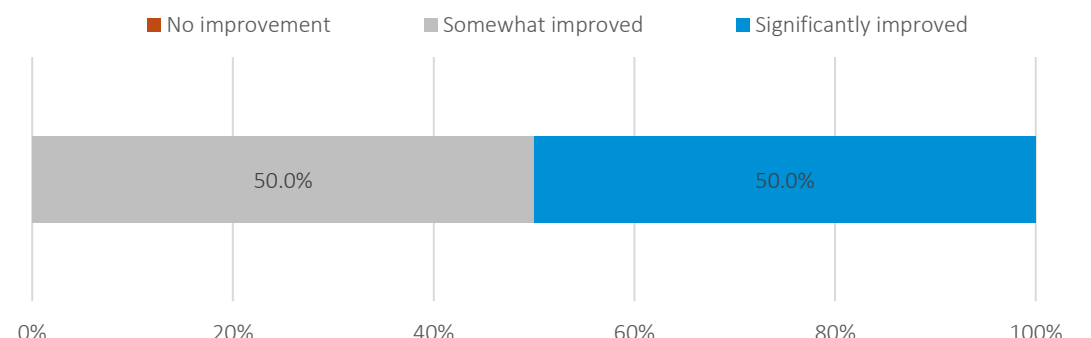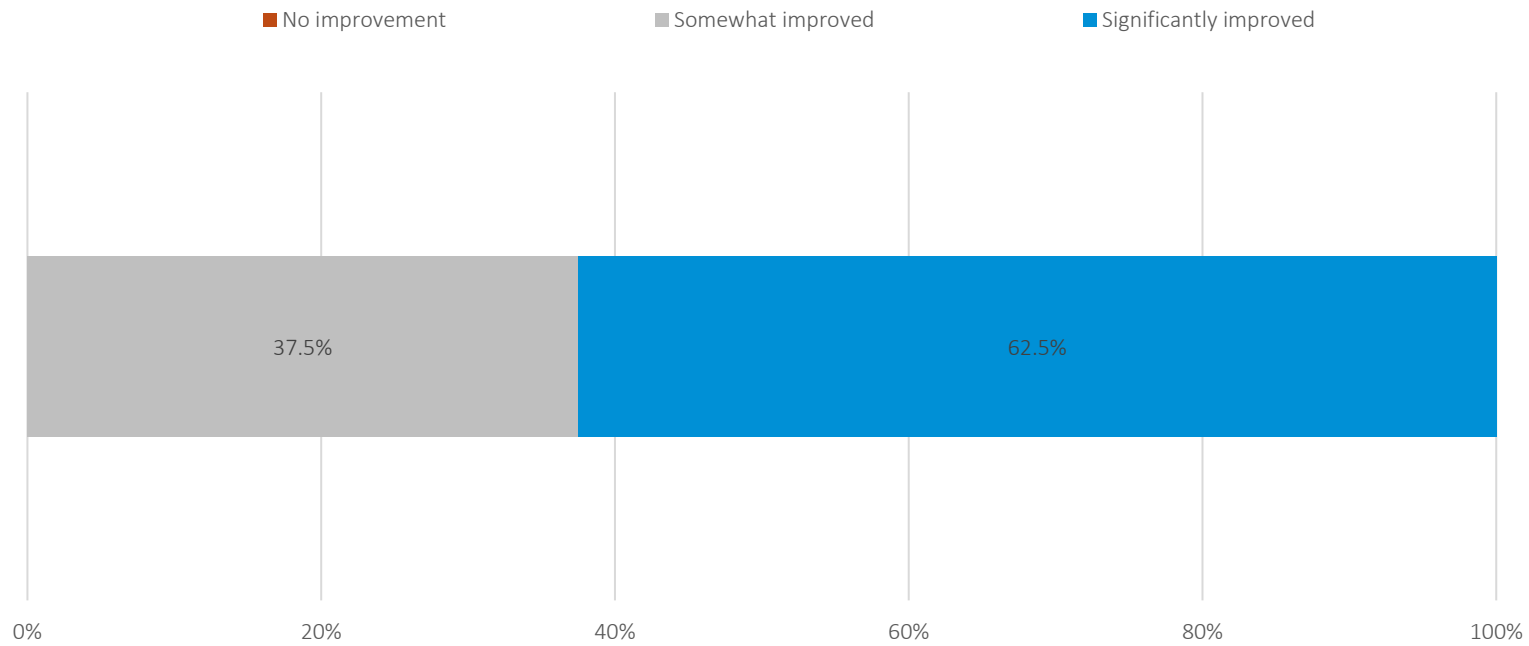- No improvement
- Somewhat improved
- Significantly improved

| 42.9% | 57.1% |

Practice has a crisis plan for mental health emergencies, including suicidality.

- No improvement
- Somewhat improved
- Significantly improved

| 100.0% |

Practice has systems in place to schedule patients with new diagnosis of depression and/or suicide ideation to follow up with office visit and/or phone call within 30 days.

- No improvement
- Somewhat improved
- Significantly improved

| 37.5% | 62.5% |

Clinicians have reliable, current processes for diagnostic classification of mental health problems and evidence-based approaches to safely and effectively treat common mental health disorders.

- No improvement
- Somewhat improved
- Significantly improved
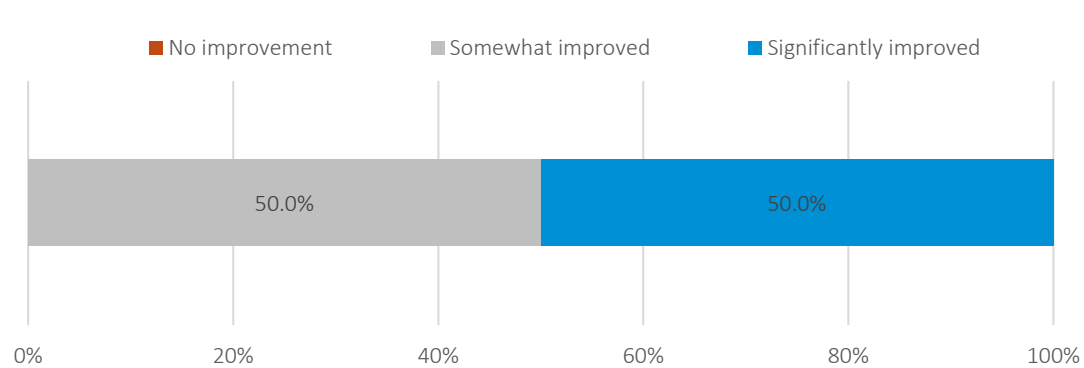
| 50.0% | 50.0% |

Level of Improvement in Practice

Practice has systems in place to schedule patients with new diagnosis of depression and/or suicide ideation to follow up with office visit and/or phone call within 30 days.
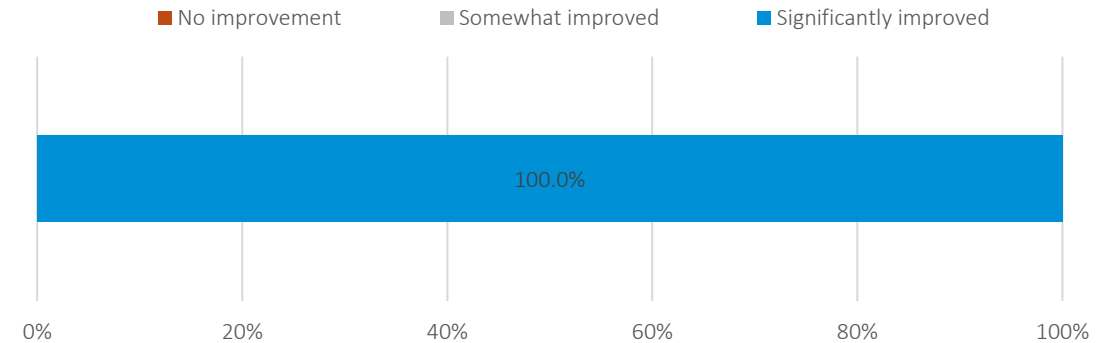
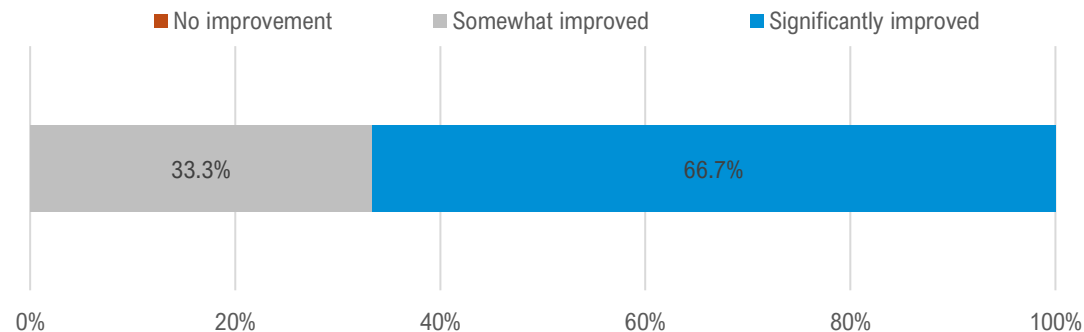# Level of Improvement in Practice

Practice has culturally appropriate resources to support behavioral self-management (sleep hygiene, nutrition, exercise, cognitive behavior therapy tools.

- No improvement
- Somewhat improved
- Significantly improved

| 50.0% | 50.0% |

0%　20%　40%　60%　80%　100%

Practice has a system to monitor medication efficacy, adverse effects, adherence, and renewals.

- No improvement
- Somewhat improved
- Significantly improved

| 100.0% |

0%　20%　40%　60%　80%　100%

Practice has recall reminder to identify missed appointments and ensure patients with mental health concerns (including those not ready to take action) receive appropriate follow-up.

- No improvement
- Somewhat improved
- Significantly improved

| 33.3% | 66.7% |

0%　20%　40%　60%　80%　100%

Level of Improvement in Practice

Practice has recall reminder to identify missed appointments and ensure patients with mental health concerns (including those not ready to take action) receive appropriate follow-up.

■ No improvement　　　■ Somewhat improved　　　■ Significantly improved

33.3%	66.7%

0%　　20%　　40%　　60%　　80%　　100%

Quality Improvement, Education, and Collaborative Format: Webinars

Quality Improvement content was communicated effectively during monthly ACHIA webinars.
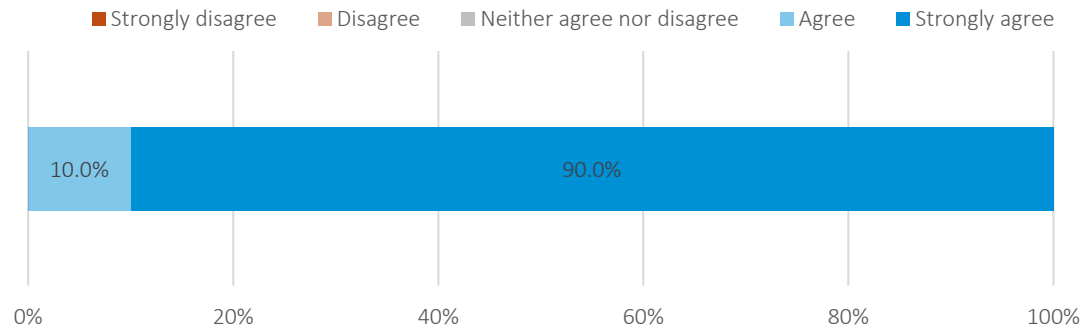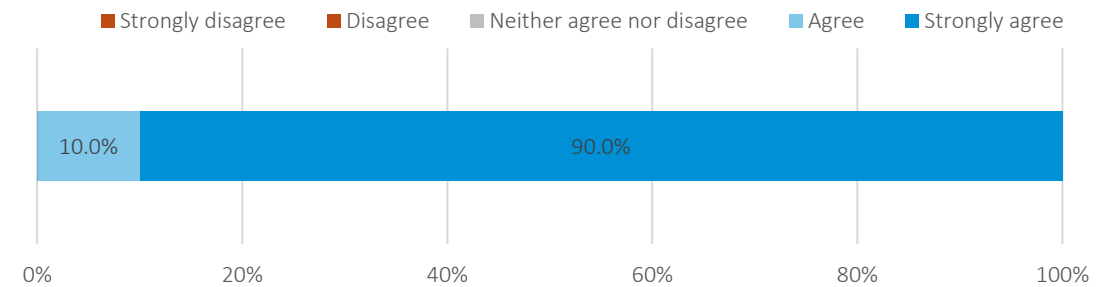

Educational content about evaluationg and managing teen depression was effectively communicated during PATHS ECHO webinars.
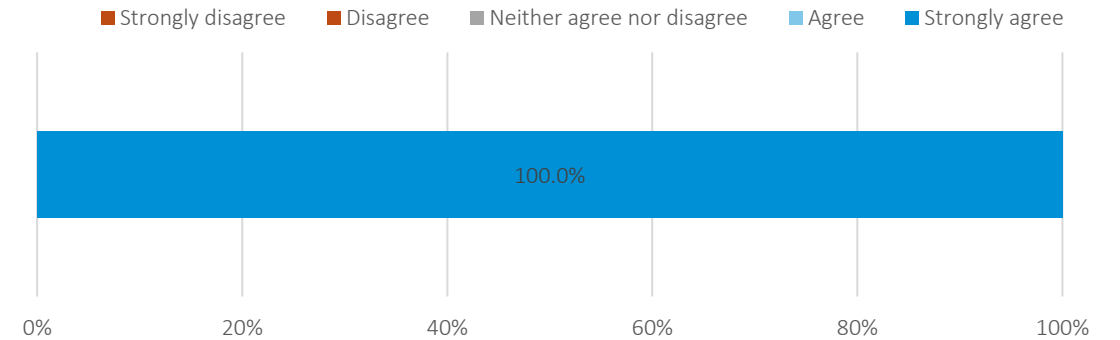
The monthly ACHIA webinars allowed for peer-to-peer learning regarding practice process improvements.
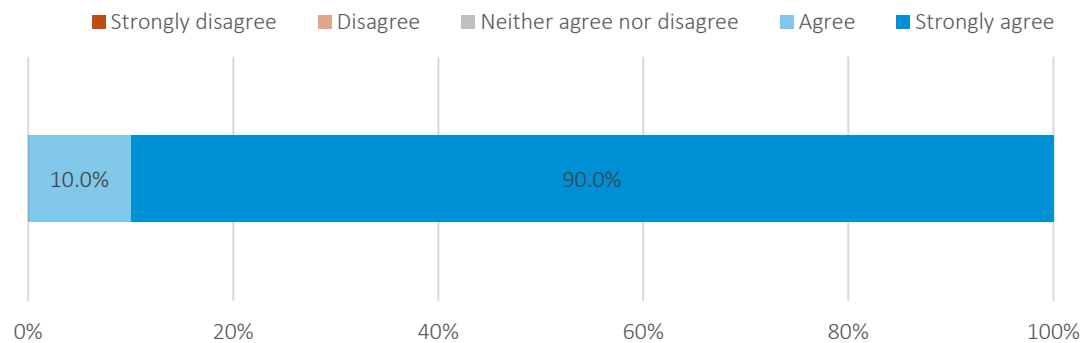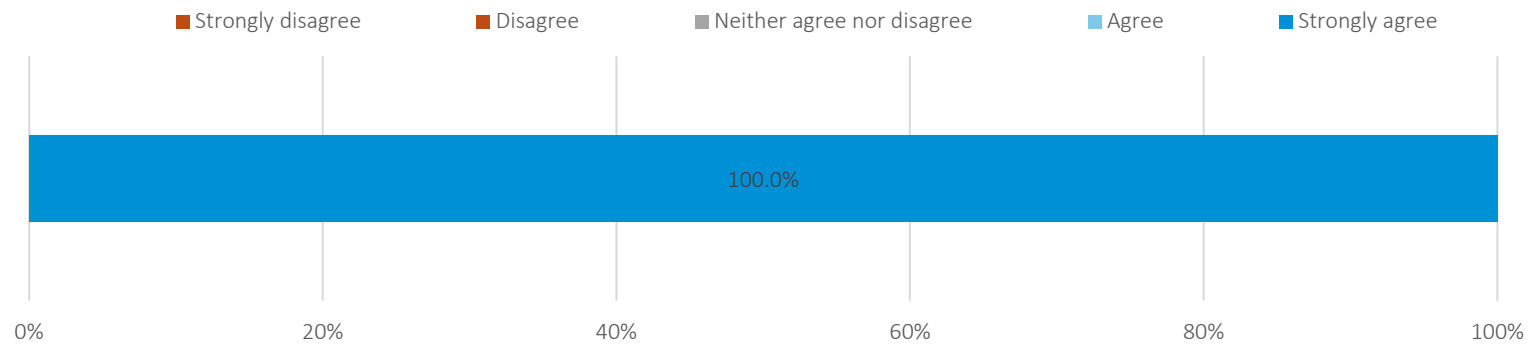

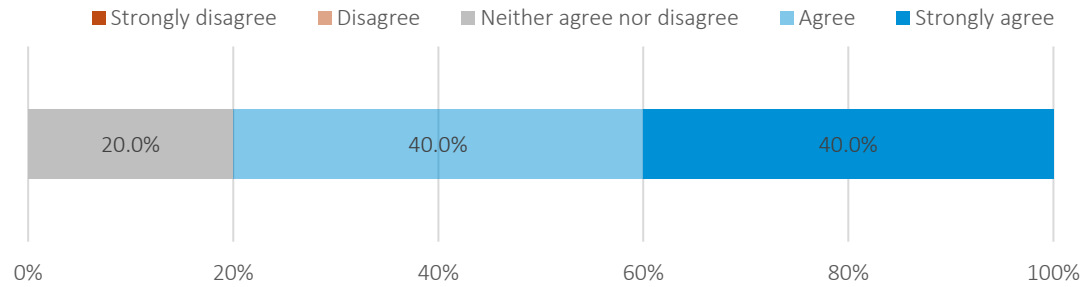We highly valued having core team time during the ACHIA webinars.

Quality Improvement, Education, and Collaborative Format: Webinars

Educational content about evaluationg and managing teen depression was effectively communicated during PATHS ECHO webinars.
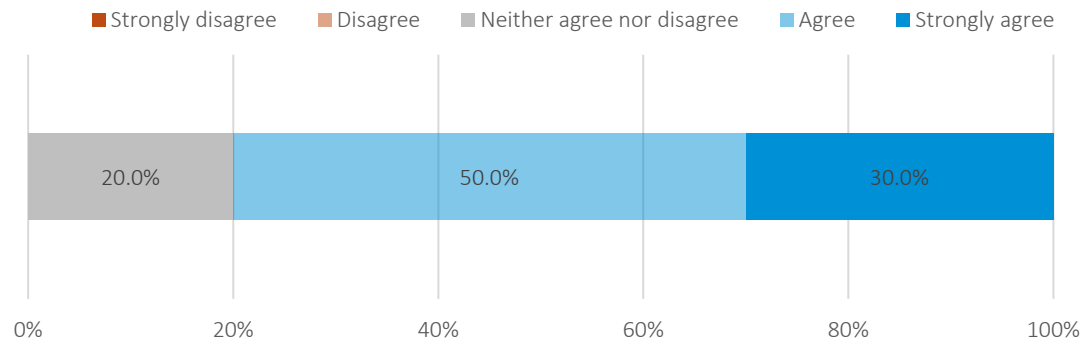
Quality Improvement, Education, and Collaborative Format: Data entry and visualization
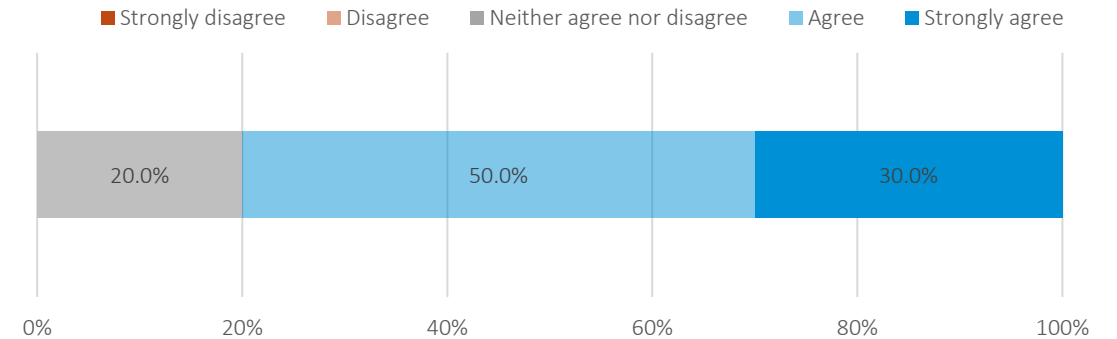
It was easy to abstract data for teen depression screening.

■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly agree

20.0%	40.0%	40.0%

0%   20%   40%   60%   80%   100%

It was easy to abstract data for documentation of a follow-up plan of positive depression screens.

■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly agree

20.0%	50.0%	30.0%

0%   20%   40%   60%   80%   100%

It was easy to abstract data for follow-up of positive depression screens within 30 days.

■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly agree

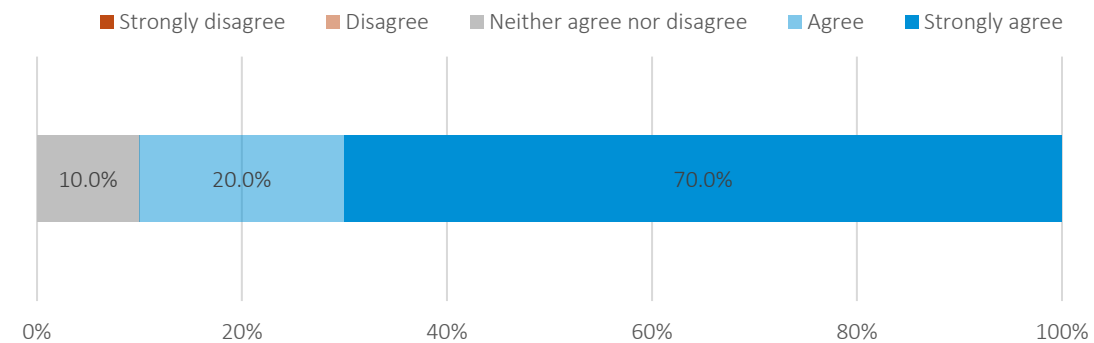| 20.0%	50.0%	30.0%

0%   20%   40%   60%   80%   100%

Quality Improvement, Education, and Collaborative Format: Data entry and visualization

Entering data into REDCap was easy to navigate.

■ Strongly disagree   ■ Disagree   ■ Neither agree nor disagree   ■ Agree   ■ Strongly agree

37.5%	62.5%

0%   20%   40%   60%   80%   100%
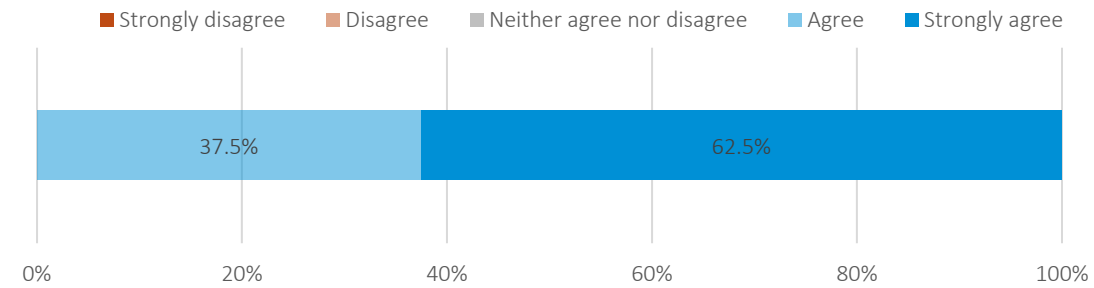
The emailed monthly data reports with run charts and PDSAs were an effective way to track our practice's improvement.

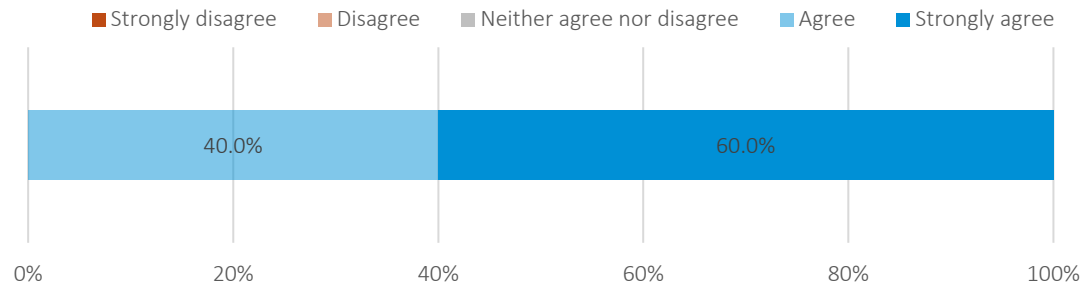■ Strongly disagree   ■ Disagree   ■ Neither agree nor disagree   ■ Agree   ■ Strongly agree

10.0%	20.0%	70.0%

0%   20%   40%   60%   80%   100%

The monthly PDSA reporting form provided sufficient opportunity to reflect on our efforts.

■ Strongly disagree   ■ Disagree   ■ Neither agree nor disagree   ■ Agree   ■ Strongly agree

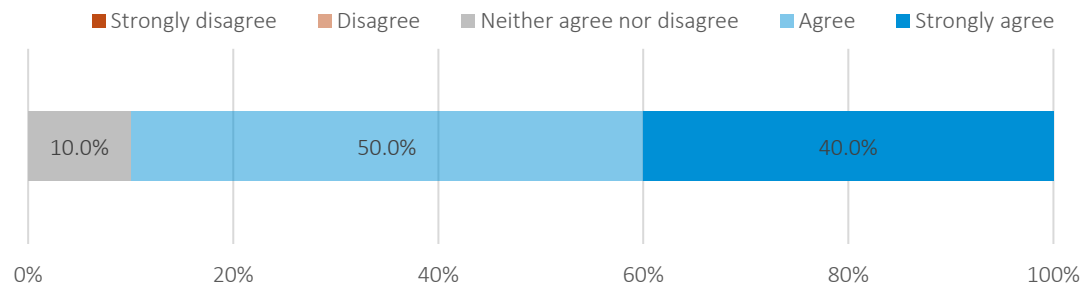|	
50.0%	50.0%

0%   20%   40%   60%   80%   100%
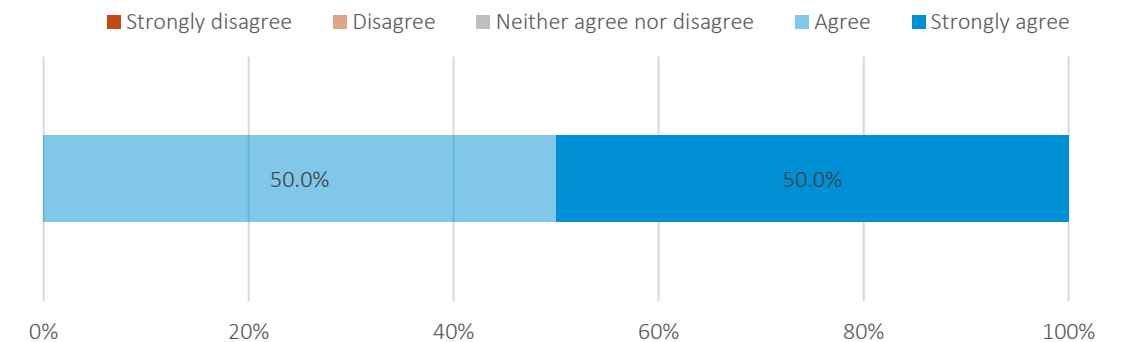
Quality Improvement, Education, and Collaborative Format: QI tools

The Key Driver Diagram provided a road map for collaborative work.

■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly agree

| 40.0% | 60.0% |

0%   20%   40%   60%   80%   100%

Process mapping helped us understand our current process and informed our change ideas.

■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly agree

| 30.0% | 70.0% |

0%   20%   40%   60%   80%   100%

Refining Measure Definitions made the measures more useful for our practice.

■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly agree
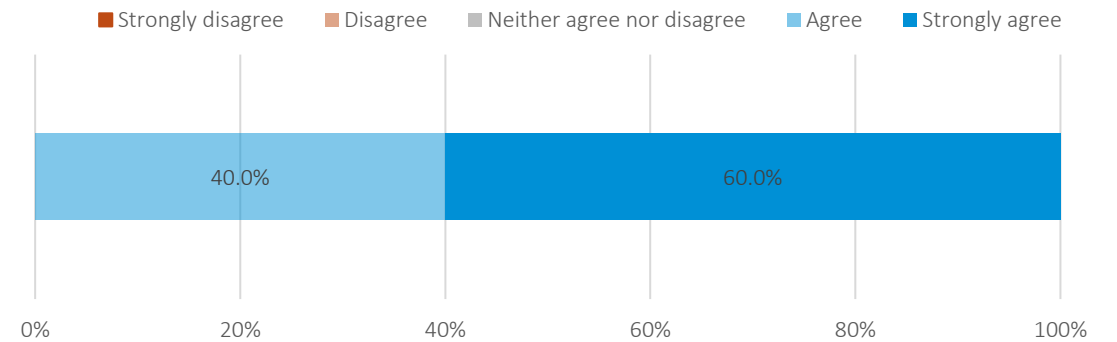
| 10.0% | 50.0% | 40.0% |

0%   20%   40%   60%   80%   100%
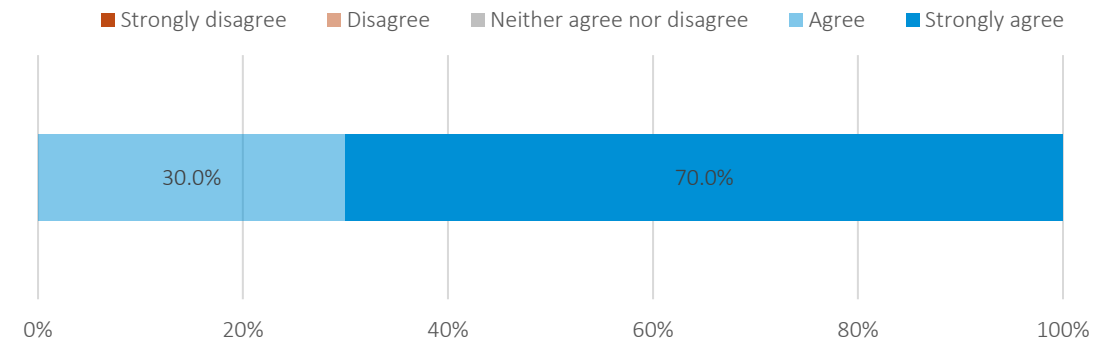
Quality Improvement, Education, and Collaborative Format: QI tools

PDSA and PDSA Ramps helped us scale up effective change ideas.

- Strongly disagree
- Disagree
- Neither agree nor disagree
- Agree
- Strongly agree

60.0%   40.0%
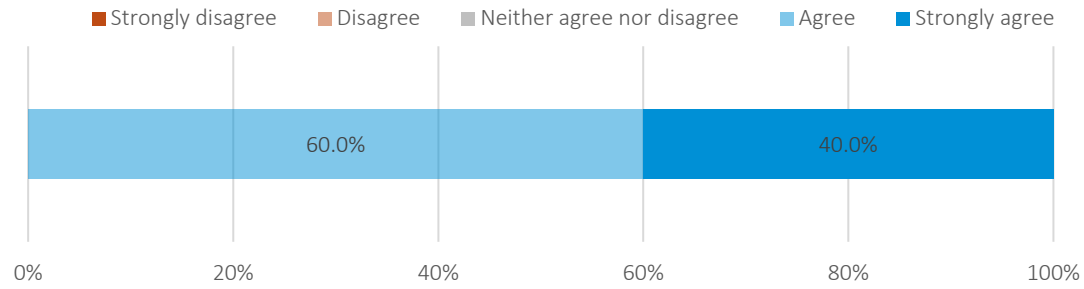
Run charts helped us track if our change ideas were improving our measure outcomes.

- Strongly disagree
- Disagree
- Neither agree nor disagree
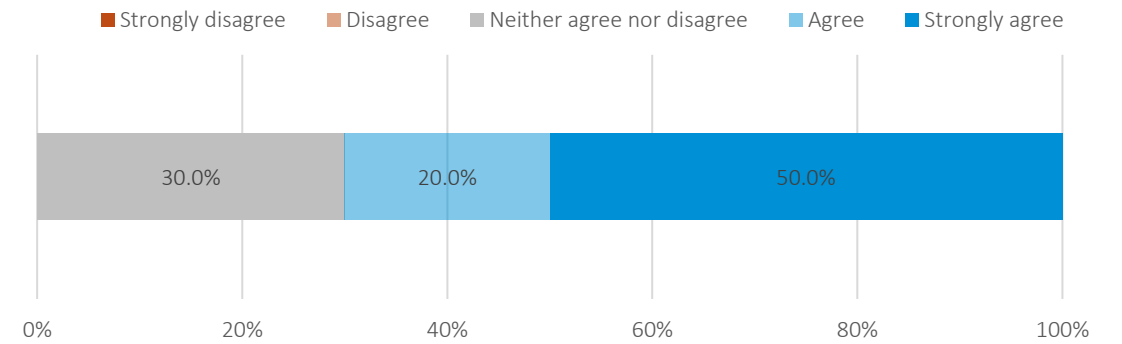- Agree
- Strongly agree

40.0%   60.0%

Quality Improvement, Education, and Collaborative Format: Collaborative administration

Email communication was at the appropriate level to keep the practice on track with QI project

■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly agree
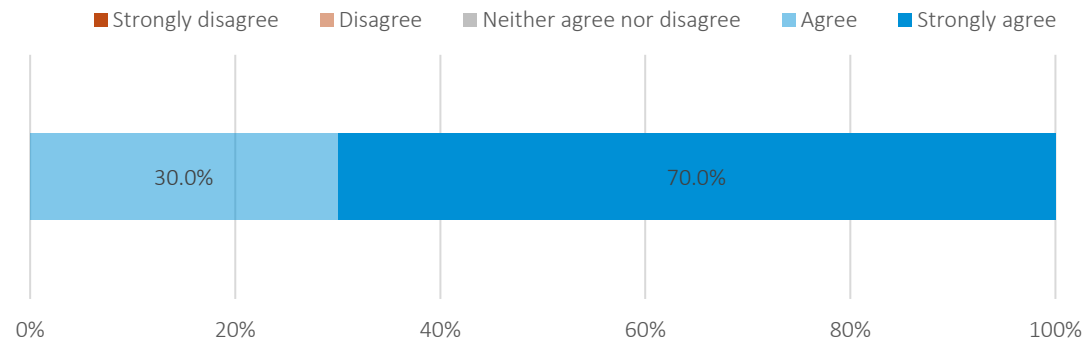
The AAP Mental Health Toolkit was a valuable resource for our practice improvement.

■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly agree

The mailed welcome packet containing Practice Guidelines, Key Driver Diagram, Mental Health Algorithm, and other QI resources was highly valued by our team.

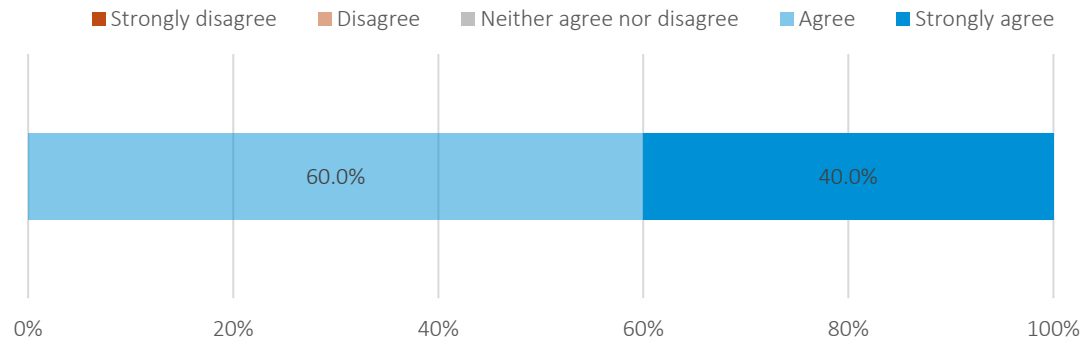■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly agree
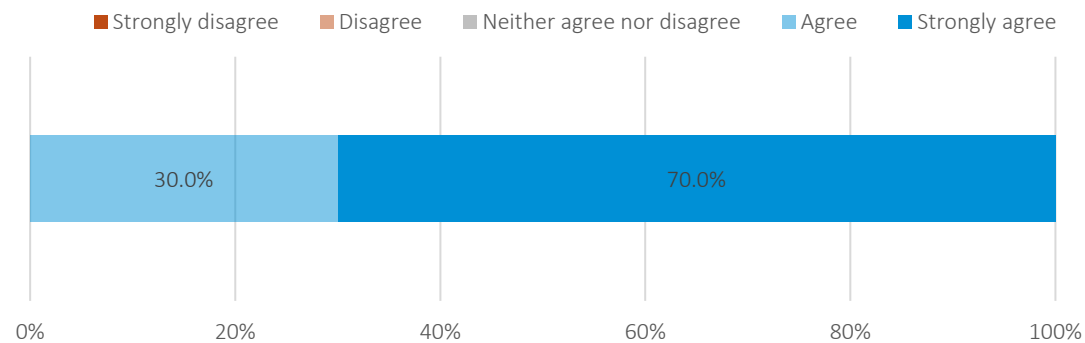
The ACHIA website (www.achia.org) was useful for obtaining project resources.
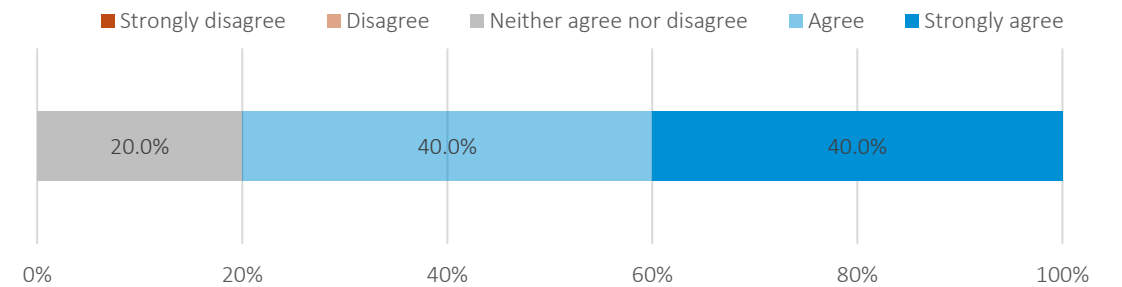
■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly agree
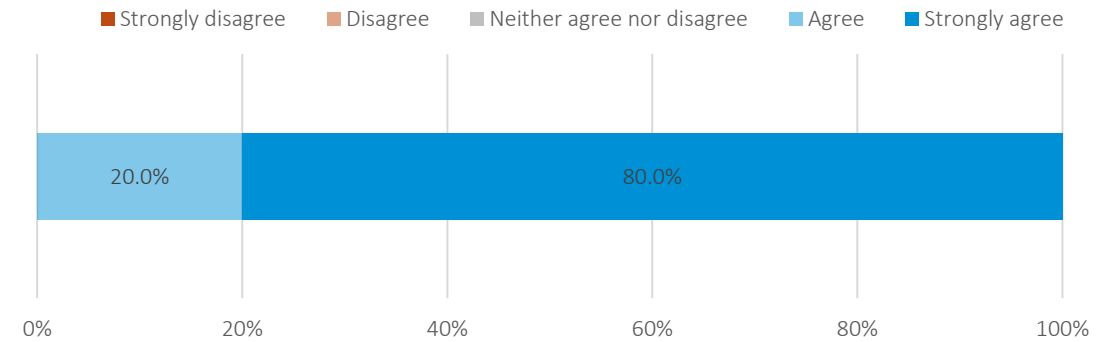
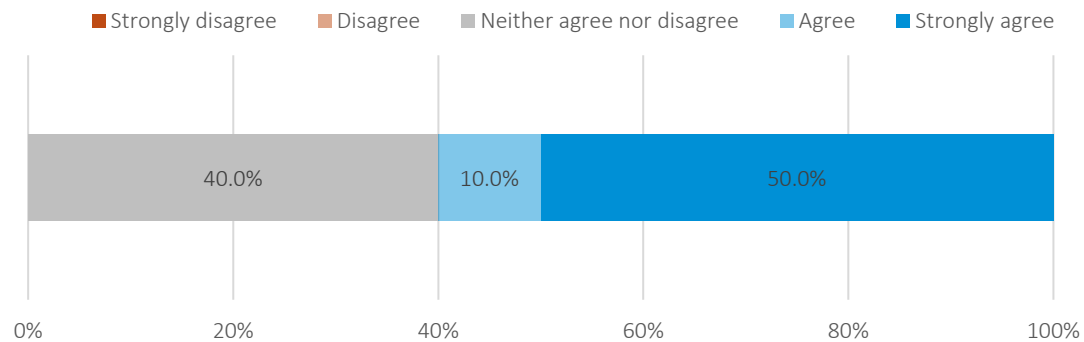# Quality Improvement, Education, and Collaborative Format: Collaborative administration

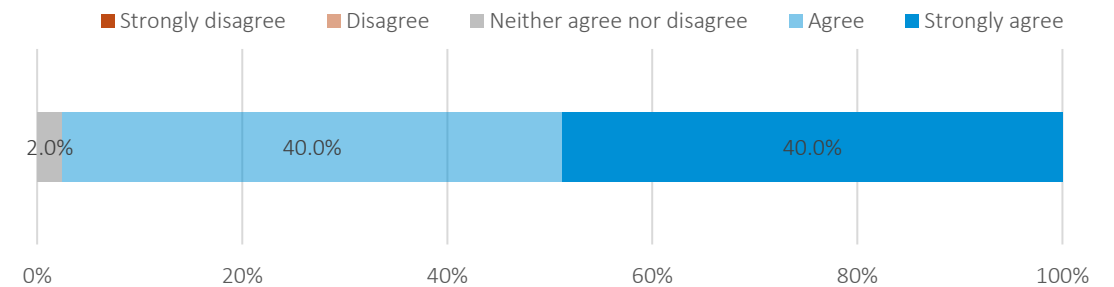## Our practice team meetings effectively communicated the project our team and other providers in the practice.

■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly agree

| 60.0% | 40.0% |

0% 20% 40% 60% 80% 100%

Having Maintenance of Certificate Part 4 available was highly valued by our practice.

■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly agree

| 20.0% | 80.0% |

0% 20% 40% 60% 80% 100%

Being able to use this collaborative for PCMH status (initial or renewal) was highly valued by our practice.

■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly agree

| 40.0% | 10.0% | 50.0% |

0% 20% 40% 60% 80% 100%

The collaborative timeframe of December - August works well for our practice.

■ Strongly disagree ■ Disagree ■ Neither agree nor disagree ■ Agree ■ Strongly agree

| 2.0% | 40.0% | 40.0% |

0% 20% 40% 60% 80% 100%

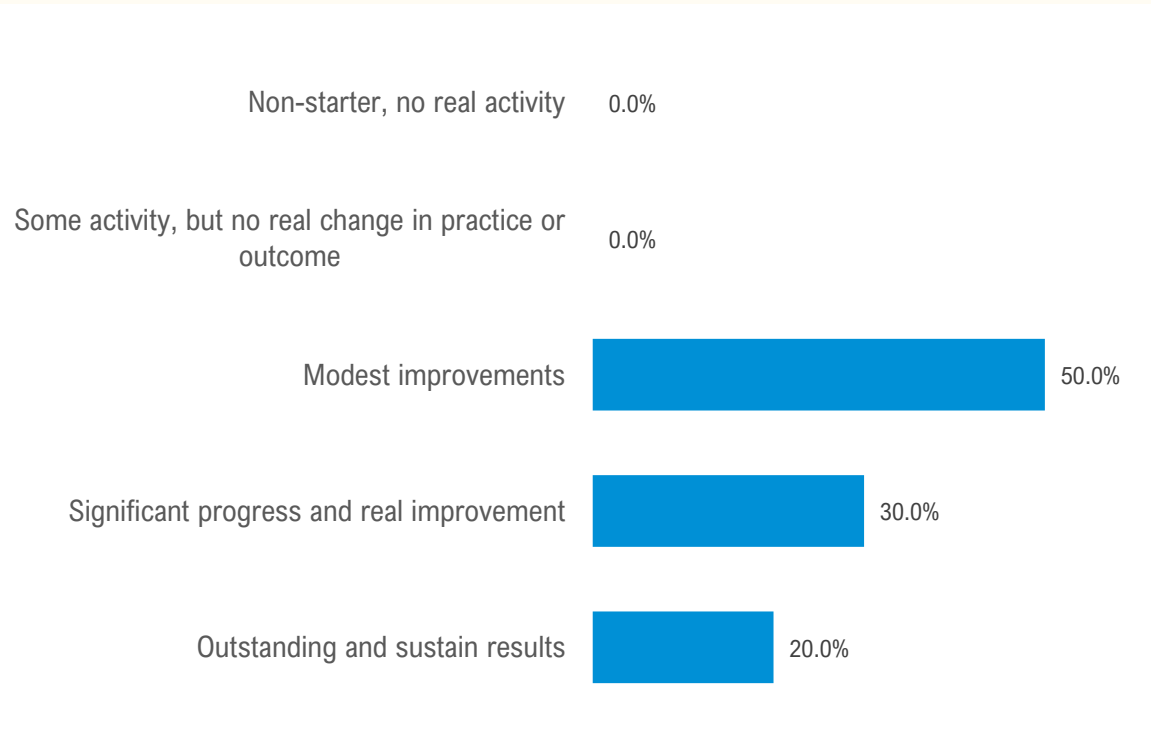# Benefits of Collaborative

Most Beneficial	Least Beneficial
• Peer learning • Educational content • Collaboration with PATHS	• Time burden of synchronous webinars • Data collection and presentation

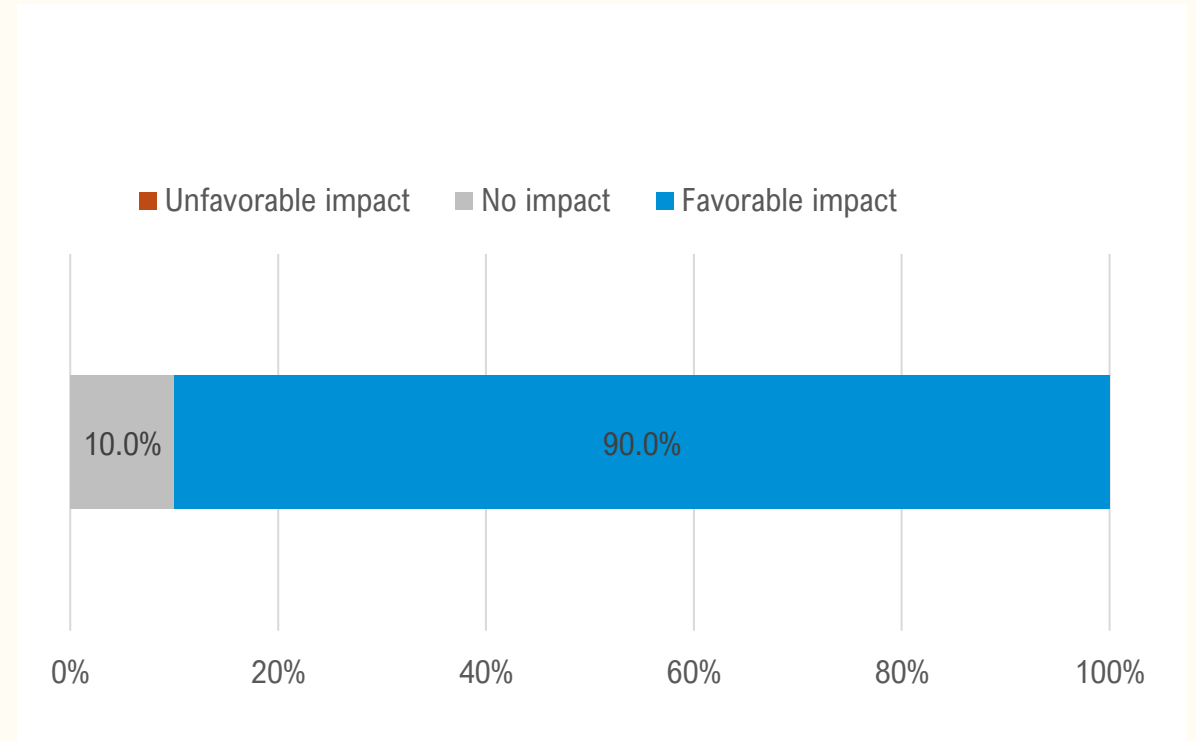# Preferences - Past Collaborative Participants

- Education Content: Nearly 43% respondents preferred to receive their educational content through the PATHS ECHO format
  - Nearly 29% preferred the model used during past ACHIA collaboratives
  - Almost 29% did not have a preference between the two options.
- Data Entry: Over 57% respondents did not have a preference between the AAP QIDA database and REDCap for data entry.
  - Nearly 43% did prefer REDCap
- Data Display: Almost 86% respondents preferred emailed monthly reports for displaying collaborative data.
  - The remaining 14.3% did not prefer data display through the AAP QIDA database or emailed monthly reports.

Impact and Application

Institute for Healthcare Improvement scale

Non-starter, no real activity	0.0%
Some activity, but no real change in practice or outcome	0.0%
Modest improvements	50.0%
Significant progress and real improvement	30.0%
Outstanding and sustain results	20.0%

Balancing measure and spread

■ Unfavorable impact   ■ No impact   ■ Favorable impact

No impact	Favorable impact
10.0%	90.0%

0%   20%   40%   60%   80%   100%
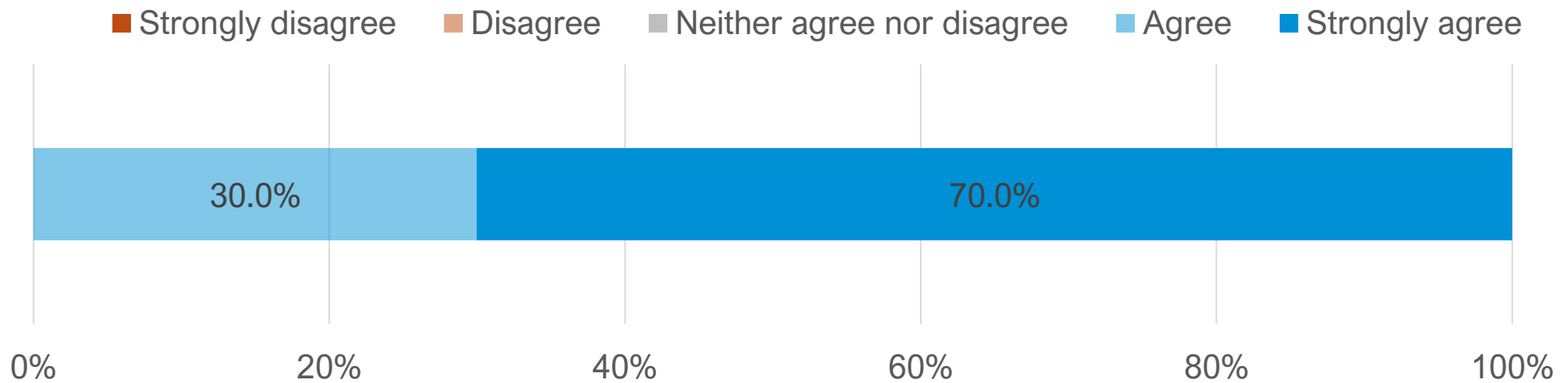
Overall Satisfaction with Collaborative

Please rate your level of agreement with the following statement: *We are satisfied with our experience in this learning collaborative.*

Key Informant Interviews

Key Informant Interviews

Strengths	Challenges	Future Topics
• Peer-to-peer learning • Core team time • Leadership • Didactic information • Education	• Follow-up measure • Internal practice considerations (size of practice) • Noon start time	• Sexual Transmitted Diseases • Teen Pregnancy • Early Drug Use Prevention • Autism Screening

Key Findings

Key Findings

Participating practices	Representation of practices of different sizes and locations across the state with almost 60,500 annual patient visits for 12- to 18-year olds in 2021.
Measures and Data	Practices either met or exceeded the goal to increase screening for depression and documentation of a follow-up plan above 80%. Practices also met or exceed the goal to increase the completion of follow-up plans within 30 days by 5% above baseline
Post-Collaborative Survey	Practices demonstrated improvement within the areas they selected to conduct a test of change. Participants had overwhelmingly positive feedback.
Key Informant Interviews	Peer-to-peer learning opportunities and the didactic information and education were highlights. Practices did report challenges particularly around implementing the follow-up measure.