SBHC Quality Improvement at Envision New Mexico

Envision New Mexico (ENM) is a pediatric quality improvement (QI) program that provides training, development and evaluation services to improve the quality of health services for children and youth throughout the state. As part of the Department of Pediatrics at UNM, ENM maintains an expert staff, utilizes up to date information technology, and draws upon the resources of the UNM Health Sciences Center to train and support SBHC providers in employing ‘best practices’ to ensure effective and efficient care health services.

ENM is part of a larger movement of state-based organizations working to improve the healthcare of children and families by teaching providers how to use quality improvement methods in their practices. Quality Improvement is defined here as a process to effect changes in provider practices that result in improvements in care. Research has dramatically improved SBHC providers’ understanding of how to improve health and decrease disease, and it is the job of quality improvement to translate this knowledge into practice. In other words, improving child health outcomes requires narrowing the gap between what providers know and what they do.

Quality Improvement Methodology

The QI process is based on established models for creating improvements in clinical practices and delivery systems developed by the Institute for Healthcare Improvement (IHI), the National Initiative for Children’s Healthcare Quality (NICHQ) and Dr. Scott Gee at Kaiser Permanente (Northern California). Conceptually, these developments are embodied in the Model for Improvement1, a simple yet powerful tool for implementing improvement in health care quality. The “Plan-Do-Study-Act” (PDSA) process is an established tool that provides a structured process for providers and practices to plan, implement, and evaluate the impact of changes. The slogan for quality improvement is, simply, “all improvements involve changes but not all changes are improvements.” ENM employs this model and method to teach providers in SBHCs to identify practice changes that will lead to improved patient care and help reduce health care costs.

An essential element of QI is developing appropriate measures to determine progress towards improvement objectives and to test if the changes made represent the improvements desired. Four basic questions frame QI work:

1. What do we want to achieve?
2. What ideas can we develop to achieve our goal.
3. How will we know if the plan is working?
4. What modifications to the plan are needed?

Specific measures of progress are identified and monitored. These measures allow each SBHC site to gauge its own progress towards objectives, allow ENM to assess the effectiveness of its QI on particular objectives, and contribute to an overall assessment of the impact of QI on the system of care. The specific initiatives, along with objectives and related measures, evolve to meet the needs of SBHC programs. Ongoing evaluation guides the course of QI and assesses the impact of quality improvement on the programs and providers involved. The measures employed are derived from ‘best practices’ literature.

A common tool used by ENM staff is Motivational Interviewing (MI). MI is an evidence-based set of skills for improving communication between providers and patients for the purpose of enhancing behavior change. Primary care and

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behavioral health providers are increasingly using MI as a way to more effectively communicate with patients around behavior change including lifestyle changes, medication compliance, and adherence to treatment. MI trainings are offered to all QI participants.

We believe that successful quality improvement in SBHC practice requires:

- A champion
- Goals generated by the SBHC site’s Improvement Team
- Clear understanding by clinicians of the best practice model supporting the goal
- Recognition that to improve, the practice needs to change its system(s): “Every system is perfectly designed to get the results it gets.”
- A plan for improvement that can be integrated into the flow of practice work
- Ongoing use of data to drive assessment and improvements in behavioral health services

SBHC Behavioral Health Quality Improvement

Youth depression is the number one behavioral health issue identified by SBHC behavioral health and primary care providers. The statistics on this issue are sobering. Studies indicate that one in five children have some sort of mental, behavioral, or emotional problem, and that one in ten may have a serious emotional problem. Among adolescents, one in eight may suffer from depression. Of all these children and teens struggling with emotional and behavioral problems, a mere 30% receive any sort of intervention or treatment. The other 70% simply struggle through the pain of mental illness or emotional turmoil, doing their best to make it to adulthood. SBHCs offer an opportunity to reach many of these youth by providing access to comprehensive, integrated physical and mental health services emphasizing prevention and early intervention.

SBHC teams are uniquely suited to identify and address student depression and related crises, including suicidality. ENM Behavioral Health QI (BH QI) focuses on SBHC provider practice and team collaboration to enhance behavioral health service delivery for students experiencing depression. SBHCs working at this level (beginning QI) develop competence in following the empirically-supported Office of School and Adolescent Health “Depression Guidelines” to screen for students at risk for depression, to further assess identified students, and to implement treatment planning and care coordination for depressed students. Team conferencing promotes care integration between SBHC primary care and behavioral health providers as well as their collaboration with school providers.

Integration of Primary Care and Behavioral Health in the SBHC: Advanced BH QI

Primary Care providers in SBHCs (PCPs) have a role in behavioral health care that differs from the SBHC mental health specialist (psychiatrist, clinical psychologist, clinical social worker, clinical counselor, etc). Children and families that seek care from a mental health specialist do so in large part because they have recognized a mental health need or because of a mental health crisis situation. Children and families seeking care from a PCP typically have not framed the visit as related to “mental health” and thus PCPs have the unique opportunity to elicit psychosocial and mental health concerns, to help families resistant to seeking mental health care, and to recognize emergent situations.

Envision NM recognizes the need for enhanced knowledge and skills in PCPs relative to the range of behavioral health issues in children and youth. With increased knowledge and skill development, PCPs can be instrumental in providing

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2 National Assembly of School-Based Health Care, Quality Improvement Mental Health Education Institute Survey, 2003.

3 Guidelines for the Management of Depression (“Depression Guidelines”), New Mexico School-Based Health Center/Managed Care Organization (SBHC/MCO) Pilot Project
anticipatory guidance to help prevent the exacerbation of problem behaviors into higher-end mental health disorders, identifying risk factors and emerging mental health issues in children and youth, and partnering with mental health specialists, school personnel and outside agencies to plan for the care of children and youth with behavioral health issues. ENM strives to improve the quality of behavioral health services and supports in SBHCs by supporting a comprehensive approach to the identification and treatment of children and youth with commonly experienced social and emotional problems.

ENM is conducting a multi-year Advanced QI process for SBHC providers which would help them develop the capacity to support healthy development, and provide care to children and youth with depression and anxiety.

**Advanced BH QI Outcomes**

Participating PCPs in SBHCs will develop the following competencies in each of the diagnostic areas listed above:

1. **Relevant Topical Information**
   a. Increased knowledge:
      i. DSM-PC information (diagnostic info)
      ii. Evidence-base for screening, assessment and brief interventions
   b. Increased skills:
      i. Pharmacology
      ii. Short term, strength based psychosocial interventions, Motivational Interviewing (MI)

2. **Patient Care**
   a. Increased knowledge:
      i. Using SHQ
      ii. Managing common behavioral problems
      iii. Recognizing mental health emergencies
      iv. Knowledge of community resources
   b. Increased skills:
      i. Assessing risk
      ii. Building resilience (and identifying strengths)
      iii. Using Anticipatory Guidance to promote healthy lifestyles
      iv. Overcoming barriers to care (stigma issues)

3. **Practice-based learning and improvement** (sustainable QI processes)
   a. Increased knowledge:
      i. Model for Improvement (Appendix A) (aim statements, PDSA cycles, chart reviews, etc)
   b. Increased skills:
      i. Office protocols for assessment of children and youth (appointment systems, etc)

4. **Interpersonal and communication skills**
   a. Team conferencing
   b. Appropriate referrals (working with BH specialists, etc)
   c. Individual safety plans