TMF Quality Innovation Network

Behavioral Health

Increasing screening of depression and alcohol use disorders in primary care settings, and reducing readmissions from inpatient psychiatric facilities

According to the National Council for Behavioral Health and the Institute of Medicine, nearly 1 in 5 Medicare beneficiaries live with one or more mental health or substance use conditions.

However, less than 40 percent of these older adults receive treatment.[1] In the Medicare population, depression has a higher inpatient readmission rate than all other conditions except for heart failure.[2]

A concern in the medical community is the un-detection and misdiagnosis of alcohol use disorders (AUD) and depression in the U.S. Alcohol is the most common substance abused and can cause serious complications.[3] This is magnified among older adults where AUDs and depression often go undetected due to other physical ailments and the absence of typical symptoms.[4]

The National Council on Alcoholism and Drug Dependence, Inc. reports that 4 out of every 5 seniors seeking treatment for substance abuse have alcohol-related issues. In addition, older adults may be less likely to seek mental health care if they perceive mental health issues as a stigma. Identification of these conditions is the first step to improving the lives of these Medicare beneficiaries.

A Community-Based Approach

To address these issues, TMF Health Quality Institute has partnered with the Arkansas Foundation for Medical Care, Primaris in Missouri and the Ponce Medical School Foundation in Puerto Rico to form the TMF Quality Innovation Network Quality Improvement Organization (QIN-QIO), under contract with the Centers for Medicare & Medicaid Services.

As a collaborative effort, the TMF QIN-QIO is organizing a community coalition of primary care physicians, inpatient psychiatric facilities (IPFs), hospitals, additional medical providers, partners and other stakeholders throughout Arkansas, Missouri, Oklahoma, Puerto Rico and Texas to increase the screening for depression and AUDs in primary care settings, reduce the 30-day readmission rate and increase follow-up care for patients discharged from IPFs.

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Mental health illnesses are often overlooked in older populations

60% of U.S. adults with a mental illness **do not** receive mental health services.

4 out of 5 cases of seniors who seek substance abuse treatment **are for alcohol-related conditions.**

75+: Age of adults with **highest male suicide rate.**

1 in 9: Medicare beneficiaries who **consume 30+ alcoholic drinks per month** and 4+ drinks per occasion.

Join the Behavioral Health Network

Work with industry experts and peers to increase the screening rates for depression and alcohol-use disorders of Medicare beneficiaries receiving care at primary care practices.

Sources: National Council on Alcoholism and Drug Dependence, Inc.
National Alliance on Mental Illness
The Centers for Disease Control and Prevention

1. Mental Illness Facts and Numbers, National Alliance on Mental Illness. http://www2.nami.org/factsheets/mentalillness_factsheet.pdf

2. Stephen F. Jencks, MD, MPH; Mark V. Williams, MD; Eric A. Coleman, MD, MPH. Rehospitalizations among Patients in the Medicare Fee-for-Service Program. The New England Journal of Medicine 2009. April 2; 360: 1418-28. http://www.nejm.org/doi/full/10.1056/NEJMsa0803563

3. National Council on Alcoholism and Drug Dependence, Inc. https://ncadd.org/for-the-media/alcohol-a-drug-information

4. Henry O'Connell; Ai-Vyrn Chin; Conal Cunningham; and Brian Lawlor. Alcohol use disorders in elderly people—redefining an age old problem in old age. British Medical Journal. Volume 327(7416); 2003 Sep 20. http://www.ncbi.nlm.nih.gov/pmc/articles/PMC196397/

Our Goals

Health care providers and partners who participate in our initiative will work to achieve the following goals over a four-year period ending in August 2019:

- Screen 75 percent of Medicare beneficiaries receiving care at primary care practices annually for depression and AUD.
- Reduce 30-day readmission rates for Medicare beneficiaries discharged from the IPFs.
- Increase follow-up care after hospitalization in an IPF by increasing the number of Medicare beneficiaries receiving an outpatient visit with a behavioral health provider.

Key Strategies and Interventions

Benefits to Participating Primary Care Physicians

- Assistance in the selection of evidence-based depression and AUD screening instruments
- Technical assistance in incorporating evidence-based depression and AUD screening instruments into work flow processes and electronic documentation systems so that all patients are screened annually
- Technical training to screen patients using the selected instruments for depression and AUD
- Tools and resources to educate patients, families and providers on self-identification of depression and AUD symptoms
- Access to quarterly behavioral health educational webinars
- Access to virtual community-based affinity groups to promote improvement strategies, stimulate networking and sustainability
- Access to an online discussion forum to share best practices and solutions with peers

Benefits to IPFs and Other Providers

- Technical assistance and education on evidence-based care transitions best practices and the benefits to patients of reducing readmissions
- Facility-specific and benchmark readmissions data reports
- Access to an online dashboard to report and monitor progress toward goals, and state and regional data that includes national benchmarks
- Ability to participate in readmissions community workgroup meetings
- Access to quarterly behavioral health educational webinars
- Access to virtual community-based affinity groups to promote improvement strategies, stimulate networking and sustainability
- Access to an online discussion forum to share best practices and solutions with peers

Join the Behavioral Health Network

Visit the TMF QIN-QIO website, http://www.tmfqin.org, to locate the Behavioral Health Network, under the Networks tab, to learn more about this initiative and join this network.

Contact Us

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This material was prepared by TMF Health Quality Institute, the Medicare Quality Innovation Network Quality Improvement Organization, under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services. The contents do not necessarily reflect CMS policy. 11SOW-QINQIO-G1-15-01