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Project #35: Using a Digital Mental Health Tool to Curb Access Issues to Mental Health Services

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Using a Digital Mental Health Tool to Curb Access Issues to Mental Health Services

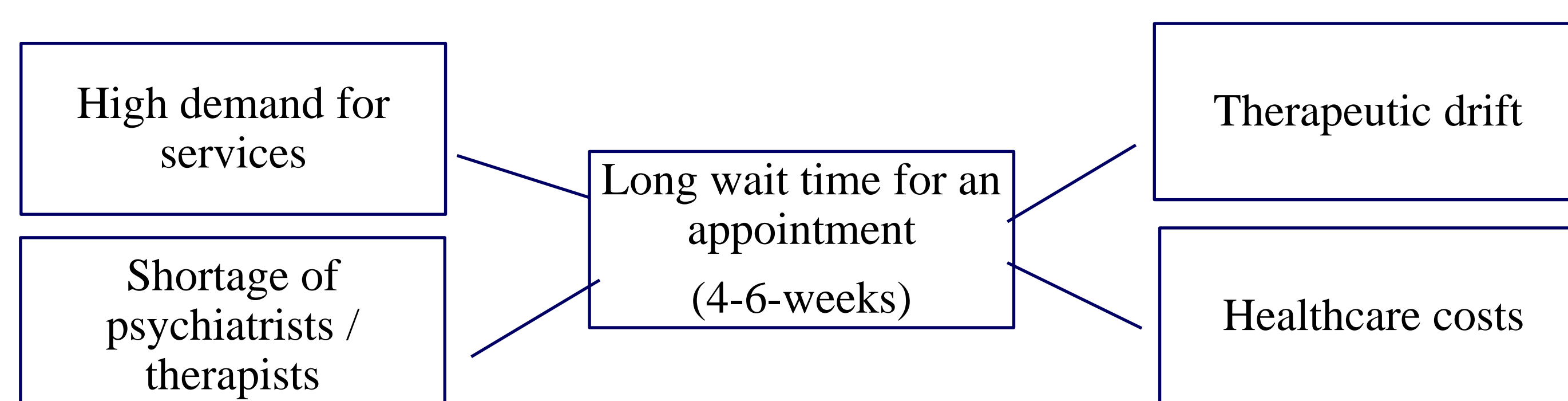
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AIM

BHS aims to offer 100% of patients referred to Adult Behavioral Health Integration (BHI) a digital mental health tool (Thrive) that provides therapeutic support to initiate treatment while waiting for an appointment and hopes to improve mental health outcomes and quality by 5% and enroll at least 10% of patients offered the tool into the program by Nov. 1, 2023.

PLAN: CURRENT STATE

- ❖ Henry Ford Behavioral Health receives 700 referrals per week, most coming from primary care services; depression and anxiety are the most common conditions referred
- ❖ There are 108 providers in the department, but currently about 1,700 patients on the waitlist for an outpatient appointment
- ❖ The long wait for an appointment puts the patient at-risk for worsening mental health symptoms
- ❖ An intervention is needed to provide therapeutic support to referred patients while they wait for an appointment to be scheduled



DO: CORRECTIVE ACTIONS / INTERVENTION

- ❖ A digital mental health tool (Thrive) was offered to all patients that were referred to BHI to use before their appointment to initiate treatment
- ❖ 2 pilot studies were conducted:

Pilot 1	Pilot 2
<ul style="list-style-type: none"> Timeline: Oct 2021 – Nov 2022 10 Primary Care providers selected to endorse usage and enrollment of Thrive when referring to BHI Enrolled patients were sent reminders to engage in the usage of the digital tool Invitations to enroll in Thrive sent to 2,954 patients 	<ul style="list-style-type: none"> Timeline: Feb 2023 – Nov 2023 All Primary Care providers were told to endorse usage and enrollment of Thrive when referring to BHI Active participation of BHI psychotherapists Invitations to enroll in Thrive sent to 2,934 patients

- ❖ Digital Navigator was hired to:
 - ❖ Provide support and outreach to patients
 - ❖ Track and monitor PHQ-9* questionnaire scores
 - ❖ Monitor and track enrollment and usage data for logins and lessons
 - ❖ Make outreach calls for high-risk patients and coordinate appointments

CHECK: EVALUATION OF CHANGES

- ❖ Patients were willing to enroll in the digital mental health tool (Thrive) – 17-20% of patients that were offered the tool enrolled
- ❖ From those that enrolled, 13-16% answered the PHQ-9 questionnaire more than once (remained active)
- ❖ There was a decrease in the PHQ-9 score in 60-80% of patients in both pilots by an average of 3 points for enrolled patients that answered the PHQ-9 two or more times
- ❖ The Digital Navigator outreached to high-risk patients

Pilot 1	Pilot 2
<ul style="list-style-type: none"> 17% of patients given an invitation enrolled in Thrive (504 patients) 40% of those enrolled were referred by their PCP 9% of patients enrolled were identified as high -risk patients and given the opportunity for an appointment within 24 hours 	<ul style="list-style-type: none"> 20% of patients given an invitation enrolled in Thrive (582 patients) 41% of those enrolled were referred by their PCP 9% of patients enrolled were identified as high -risk patients and given the opportunity for an appointment within 24 hours

MEASURES

Clinical Outcomes for Patients Enrolled in Thrive that Answered the PHQ-9 Questionnaire Two or More Times that Had Appointments vs Those that Did Not

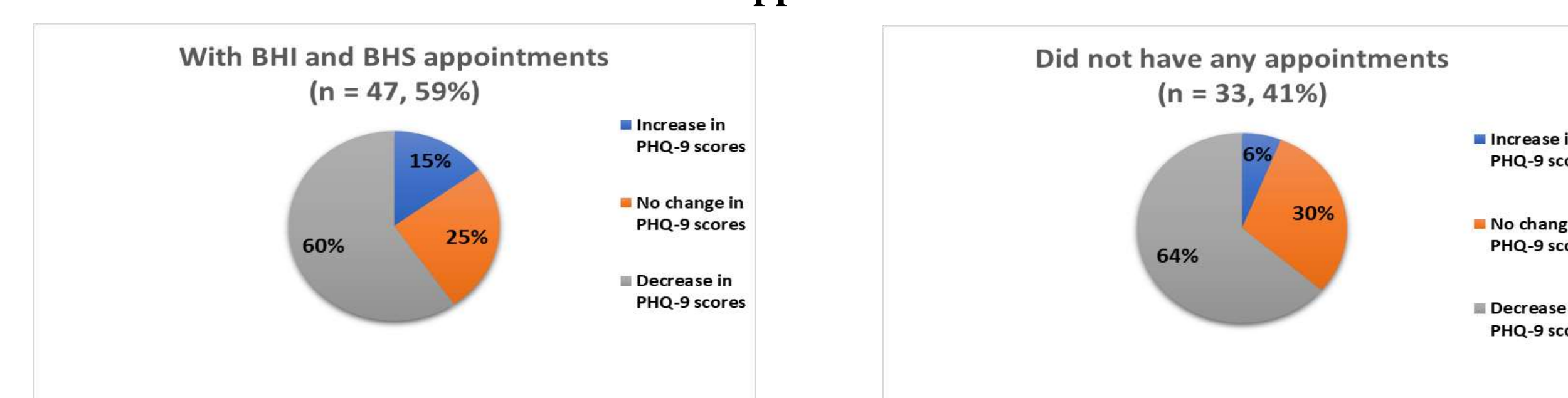


Figure 1: Pilot 1- Patients that had appointment vs those that did not out of 80 total patients enrolled in Thrive and answered PHQ-9 two ore more times



Figure 2: Pilot 2- Patients that had appointment vs those that did not out of 76 total patients enrolled in Thrive and answered PHQ-9 two ore more times

Figures 1 & 2 illustrate that for the majority of those who used the Thrive program and answered the PHQ-9 two or more times, whether they had an appointment with Behavioral Health or did not, showed a decrease in their PHQ-9 scores. Patients that had no change in scores had scores below 10 and the impact of the program may not have been as significant because of their mild status. For patients whose scores increased, factors other than using the Thrive program (e.g., social support, relationships, financial/employment status, etc) may be considered as contributing to the score change

Clinical Outcomes in PHQ-9 Scores in BHI Patients that Used Thrive vs those that Did Not

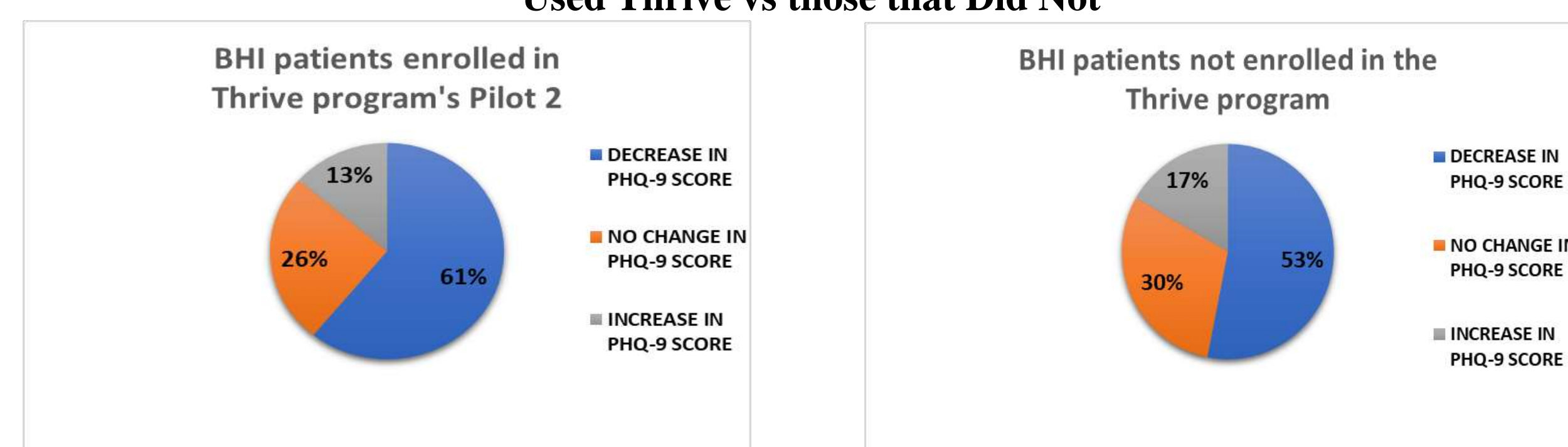


Figure 3. Pilot 2: Changes in PHQ-9 scores for BHI enrolled patients that used Thrive vs those that did not (total BHI patients enrolled= 258)

Figure 3 shows a comparison between BHI patients that enrolled in Thrive vs patients that did not enroll in Thrive. There was a higher percentage of patients whose PHQ-9 scores decreased for the group that enrolled in Thrive. This same group also had lesser patients whose scores increased or stayed the same. Use of the Thrive program may be accounted for this difference.

ACT: SUSTAIN AND SPREAD

- ❖ Introduce and incorporate digital mental health tools that patients can use throughout their care journey as adjunct to clinical care and as preventive care to help sustain them during episodes of remission
- ❖ Provider education and training are needed to bring awareness to providers of these options and how they can be utilized in the care of their patients
- ❖ Work with payors and HFH administration to be able to bill for these digital tools
- ❖ Develop a portfolio of digital tools for wellness and preventive mental health care that can be offered to other clinics for use with their patients and staff
- ❖ Develop our own digital tool that can be used as an intervention when screening for mental health illness and suicide risk that can be offered to patients and providers

KEYS TO SUCCESS / LESSONS LEARNED

- ❖ A digital mental health tool such as Thrive may be beneficial to patients which was shown by a decrease in PHQ-9 scores by an average of 3 points in at least 60% of patients who actively used Thrive, regardless of scheduling an appointment
- ❖ The Digital Navigator monitoring PHQ-9 scores of patients enrolled in the program was helpful in identifying high-risk patients and completing a safety check outreach and facilitating appointments
- ❖ Patient usage of Thrive picked up 2-4 weeks after enrollment as seen in the steady increase of page views and lessons completed and plateaued after 1 month of enrollment
- ❖ Participation from the psychotherapist for those who have BH appointments is needed to encourage use of the program and answer the PHQ-9 questionnaire for clinical outcomes measures tracking
- ❖ There is a need to determine factors that affect patient engagement of the digital tool; applying them to future digital mental health tools will help increase patient use and benefit more patients
- ❖ Providing free digital mental health tools as options for therapeutic support to Behavioral Health patients is an equitable and inclusive approach to providing adjunctive care because they are accessible to most, can be used on any device, and are context-appropriate with guidance from providers and a digital navigator
- ❖ Engaging patients to continue to use a digital tool is very important and providers encouragement plays a big part!
- ❖ Having a Digital Navigator that can help support patients, monitor patient activity and outcomes is an integral part of success.

*PHQ-9 questionnaire is a self-reporting tool that screens, diagnoses, monitors and measures severity of depression