

HealthInsight Selected by CMS to Improve Behavioral Health in Nevada, New Mexico, Oregon and Utah

By: Joan Gallegos, Project Coordinator, HealthInsight Utah



Depression and alcohol abuse place patients at greater risk for hospitalization and can complicate treatment of other chronic diseases. Psychiatric and substance abuse disorders are the second leading cause of hospital readmissions nationally. To help address this problem, the HealthInsight Quality Innovation Network Quality Improvement Organization (QIN-QIO) was selected by the Centers for Medicare & Medicaid Services (CMS) on June 12, 2015 to begin work on improving two aspects of behavioral health care in Nevada, New Mexico, Oregon and Utah.

Over the course of the next four years, the teams at HealthInsight will work with local behavioral health providers to improve the identification of depression and alcohol use disorder in primary care practices and improve care transitions for behavioral health conditions.

HealthInsight was one of just six QINs-QIOs nationally to be awarded this special task order for the project, which will run June 2015 to July 2019.

Work will be concentrated in two main areas:

1. Primary Care Physician Practices – Approximately 200 practices in each state will be identified to implement depression and alcohol use screening. A national tool for screening of depression, the Patient Health Questionnaire (PHQ-2/PHQ-9) will be utilized. The AUDIT/AUDIT3 tool will be used for screening of alcohol use. HealthInsight has set a screening improvement target of 25 percent over baseline for the first year. High performing practices will be identified to share their best practices and those with low rates of screening will be targeted first for recruitment and work. Workflow office redesign and technical assistance will be provided by HealthInsight staff to achieve these screening goals.
2. Inpatient Psychiatric Facilities (IPFS) - Each state will recruit five IPFs or 20 for our region, to work on reducing thirty-day readmission rates to these facilities. We will also work on improving the number of IPF discharges that have an outpatient visit/intensive outpatient encounter, or partial hospitalization with a mental health practitioner within seven and 30 days following discharge.

This is a new area of quality improvement work for HealthInsight and we are very excited to leverage our broad experience to improve behavioral health in Nevada, New Mexico, Oregon and Utah.

