Community Health Advanced by Medical Practice Superstars (CHAMPS)

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Morehouse School of Medicine
GRHA Rural Health Clinic Conference
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Disclosure Statement

✧ I have no relevant interests to disclose
Presentation Objectives

✧ Provide an overview of the Morehouse School of Medicine CHAMPS Program
✧ Discuss how the program assists practitioners integrate mental health in their practice
✧ An overview of the mental health focused healthcare transformation projects
✧ Presentation of a mental health integrated project by Mariel D. Hepburn. MD
Purpose

To train, develop and support primary care champions who will be equipped and empowered to lead health care transformation and teaching in community-based settings in the Southeastern United States
Who is it for?

CHAMPS is for emerging physicians and physician assistants (PA’s) leaders serving patients in underserved and under-resourced communities in the following areas:

✧ Medically underserved metropolitan areas
✧ Federally Qualified Health Centers (FQHC’s)
✧ Healthcare Physician Shortage areas (HPSAs) in rural Southeastern US.
Objectives

✧ Develop leadership capacity in healthcare transformation for primary care professionals
✧ Increase integrated and coordinated care services within and between care settings
✧ Improve the quality of care in healthcare organizations
✧ Increase patient access to care
Morehouse School of Medicine Partners

✧ Department of Family Medicine
✧ Satcher Health Leadership Institute
✧ Kennedy Satcher Center for Mental Health Equity Integrated Care Leadership Program (ICLP)
✧ National Center for Primary Care (NCPC)
✧ Institute for Healthcare Improvement (IHI)
Overview of Activities

✧ CHAMPS fellowship is a 12-month training program with eligible hours of CME.
✧ In-person meetings in Atlanta for hands-on training in leadership, healthcare transformation, and advocacy
✧ On-line courses via Canvas in leadership, quality improvement, and integrated monthly virtual coaching sessions with subject matter experts
✧ Development of a Healthcare Transformation Project
✧ Development of abstracts for presentation and publication
Healthcare Transformation Projects

Fellows will select transformation projects that address critical needs for their health care institution
✧ Learn how to conduct a needs assessment and develop a plan for projects.
✧ Learn the principles of data science and evaluation
✧ Implement projects related to the HHS Clinical Priorities.
  ✧ mental health, opioid abuse and childhood obesity.
✧ Supported to present at conferences and submit for publication
Mental Health Integration

✧ Using mental health screening tools to improve chronic disease outcomes or triage for mental health interventions
✧ Identifying caregivers for “stress reduction” and wellness sessions
✧ Perform mental health assessment on all children with elevated BMI and integrate behavioral intervention in weight management or reduction
✧ Identifying patients with high opiate abuse potential for management after hospitalization discharge
✧ Identifying women in the perinatal period for depression and intervention
Mental Health Transformation in a Rural Practice
Improving Chronic Disease Outcomes by Early Recognition and Treatment of Depression

Mariel D. Hepburn, MD
Family Medicine
Affinity Clinic/Ashburn Primary Care
Tift Regional Health System
The primary objective of this quality improvement (QI) project is to improve the outcomes of patients’ chronic medical conditions, specifically diabetes, through early identification and treatment of depression.
The Need

✧ Depression
  ✧ An estimated 17.3 million adults in the US experienced at least 1 major depressive episode in 2017

✧ Diabetes Mellitus
  ✧ In 2015, 30.2 million adults in the US had diabetes
    ▪ 7.2 million of these persons were undiagnosed
    ▪ It is estimated there were 1.5 million new cases
The Need

✧ Depression and Diabetes
  ✧ Patients with diabetes are 2-3 more times to develop depression compared to the general population
    ▪ Only 25-50% of the patients are diagnosed and treated
    ▪ Depressed diabetic patients have worse prognosis
    ▪ Patients with undiagnosed diabetes are more likely to be depressed than the general population
  ✧ Patients with depression are more likely to develop diabetes
The Need

✧ Diabetes Distress
  ✧ Overwhelming feelings of dismay in relation to managing diabetes
  ✧ Can look like depression
  ✧ 33-50% of diabetics will experience in an 18-month period
Setting

✧ The project is being implemented at the Affinity Clinic of Tifton, GA, a multi-specialty, outpatient clinic.
✧ Patients will receive care in the Family Medicine and Behavioral Health departments.
Target Population

✧ Adult patients with a positive Patient Health Questionnaire-9 (PHQ-9) depression screen, defined as a score $\geq 1$, and diagnosis of diabetes mellitus.
Implementation

✧ Administer PHQ-2 to patients with diabetes.
  ✧ If positive, administer PHQ-9
✧ Develop treatment plan based upon depression severity (mild, moderate, or severe):
  ✧ All plans will include lifestyle change.
  ✧ Patients with higher levels of severity will also be treated with a combination of pharmacotherapy, counseling, referral to a psychiatrist/psychiatry advanced practice provider (APP).
✧ Re-administer PHQ-9 at each follow up visit to evaluate for improvement.
  ✧ Follow up schedule will be dependent upon depression severity.
## Data

<table>
<thead>
<tr>
<th></th>
<th>Pre (6/1/18 – 5/31/19)</th>
<th>Post (6/1/19 – 8/31/19)</th>
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</thead>
<tbody>
<tr>
<td>Total Patient Visits</td>
<td>2638</td>
<td>471</td>
</tr>
<tr>
<td>Total PHQ-2 Screenings</td>
<td>1646</td>
<td>429</td>
</tr>
<tr>
<td>Total DM Visits</td>
<td>285</td>
<td>65</td>
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<tr>
<td>DM w/ (+) PHQ-2</td>
<td>76</td>
<td>21</td>
</tr>
<tr>
<td>DM w/(+) PHQ-2 w/ A1c &gt;9</td>
<td>2</td>
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</tbody>
</table>
Percent of Total DM Visits

<table>
<thead>
<tr>
<th></th>
<th>Pre-QI</th>
<th>Post-QI</th>
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</thead>
<tbody>
<tr>
<td>DM WITH (+) PHQ-2</td>
<td>26.7</td>
<td>32.3</td>
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<tr>
<td>DM WITH MDD</td>
<td>40.4</td>
<td>49.2</td>
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</tbody>
</table>
Prospective Plans

✧ Future projects will focus on addressing depression in:

✧ Patients with uncontrolled diabetes, A1C \geq 8

✧ Patients with other chronic medical conditions, atherosclerotic cardiovascular disease, hypertension, hyperlipidemia, chronic obstructive pulmonary disease, and tobacco abuse.

✧ Develop task force to better serve these patients within the Tift Regional Health System.
  ▪ Expanding to other outpatient clinics

✧ Develop relationships with resources outside the Tift Regional Health System.
Citations


Additional Information

If you are needing additional information, please contact us at MSMCHAMPS@msm.edu

To apply, visit https://www.msm.edu/Education/champs/index.php
Community Health Advanced by Medical Practice Superstars
Transformational Leadership Fellowship

CHAMPS

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