Mental Health Integration Treatment Cascade Model

Intermountain’s Ten-Year Experience: The Impact of Mental Health Integration on Quality and Efficiency in Managing Chronic Disease

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Integration
Components & Example Measures

**Leadership & Culture**
- # of leadership partners committing
- Proportion of staff trained
- Provider/staff satisfaction

**Workflow Integration**
- # of clinics by implementation stage
- % completed assessment tool packets
- Improvement in PHQ9

**Information Systems**
- Provider feedback reports distributed
- Number of patients in registry
- Proportion of patients with coded scores

**Financial/Cost of Care**
- Payer mix by clinic and type
- Transaction cost plan
- Cost of care management
- Patient service revenue
- Family burden

**Community Resources**
- # community partners available
- Proportion of patients/families referred
- Change in # of social supports used

Process Model

Intermountain has developed standardized MHI tools to gather patient information and assist in risk stratification, diagnosis, and care planning. These tools include baseline and follow-up evaluation packets and a summary form (Risk Stratification, Diagnosis, and Care Plan).

- **Mild Risk**
  1. No Comorbidities
  2. Supportive family relationships
  3. GS scores: 1-3
  4. PHQ-9: <5 symptoms, 10-14 severity

- **Moderate Risk**
  1. Complex medical comorbidity
  2. Isolated or chaotic family relationships
  3. GS scores: 4-5
  4. PHQ-9: ≥5 symptoms, 15-19 severity

- **Severe/Danger Risk**
  1. Additional psych. comorbidities
  2. Additional family/relational support burden
  3. GS scores: 6-7
  4. PHQ-9: ≥5 symptoms, ≥20 severity

Abstract

The mental health integration (MHI) program at Intermountain Healthcare (IH) is a primary care based improvement effort. IH is based in Utah, a western state in the U.S. The health care crisis has exposed fundamental flaws in our ability to promote health and well-being evidenced by increasing costs, inadequate access, medical errors, and marginalized quality—shared global problems. MHI is a patient-family centered program that provides primary caregivers and consumers with a support team, enabling them to bridge the mind-body split reinforced by current funding and care delivery practices. Building on this foundation, IH has implemented MHI in 55% of its 125 primary care clinics, and partnered with 4 US health care systems outside of Utah to adopt its model. This diffusion is supported by consistently analyzing comparative outcomes over time. We support spread outside Intermountain in order to create research partnerships to continually drive improvement and outcomes comparisons across diverse communities/populations. Reactions from colleagues in at least one other country will provide reaction and response to requisite adaptations for implementing IH’s MHI program to their community efforts. Participants will be provided with links to MHI resources, delineated measures for process and outcome improvement, annotated bibliography for the MHI evidence base, and information on how join the Intermountain MHI community of learning.

Change in Severity in PHQ 9 at MHI Clinics

Distribution of MHI Team Co-Production

Resource Cost Utilization

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Detection Rate of Depression within the Intermountain System

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