

# Implementing Quality Improvement in Community Based Mental Health

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## Background

- UMASS Child and Adolescent Psychiatry fellows provide outpatient care at a community-based mental health center.
- Clients in the clinic are multi-complex and the child psychiatry visits require close collaboration with other mental health clinicians to conduct well-informed prescriber care.
- Although other clinicians in the mental health center have well established treatment teams to enhance patient care, child psychiatrists are not formally integrated into the team model.
- Barriers exist making communication and collaboration with team members difficult.
- Fellows are dissatisfied with the quality of care they are giving to their clients.

## Aims

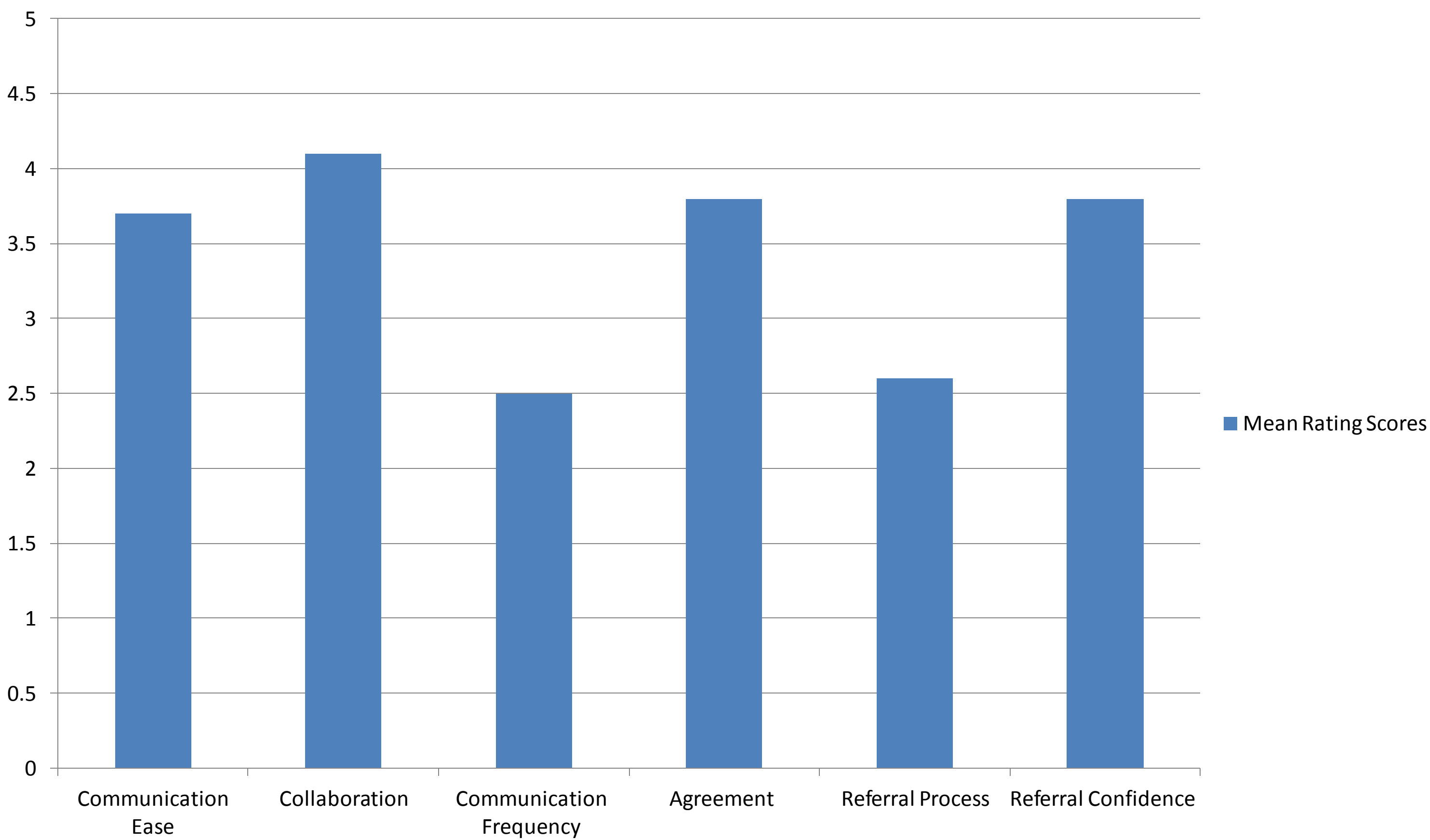
- Establish integration of child psychiatry into outpatient team model in community setting to enhance both education and patient care.
- Increase frequency of collaborative communication between child psychiatry and other mental health providers.
- Increase agreement about diagnosis and treatment plan between child psychiatry and other mental health providers.
- Skill building during fellowship training focusing on the psychiatrist’s role in outpatient interdisciplinary teams and increasing opportunities in leadership and consultation.

## Project Design

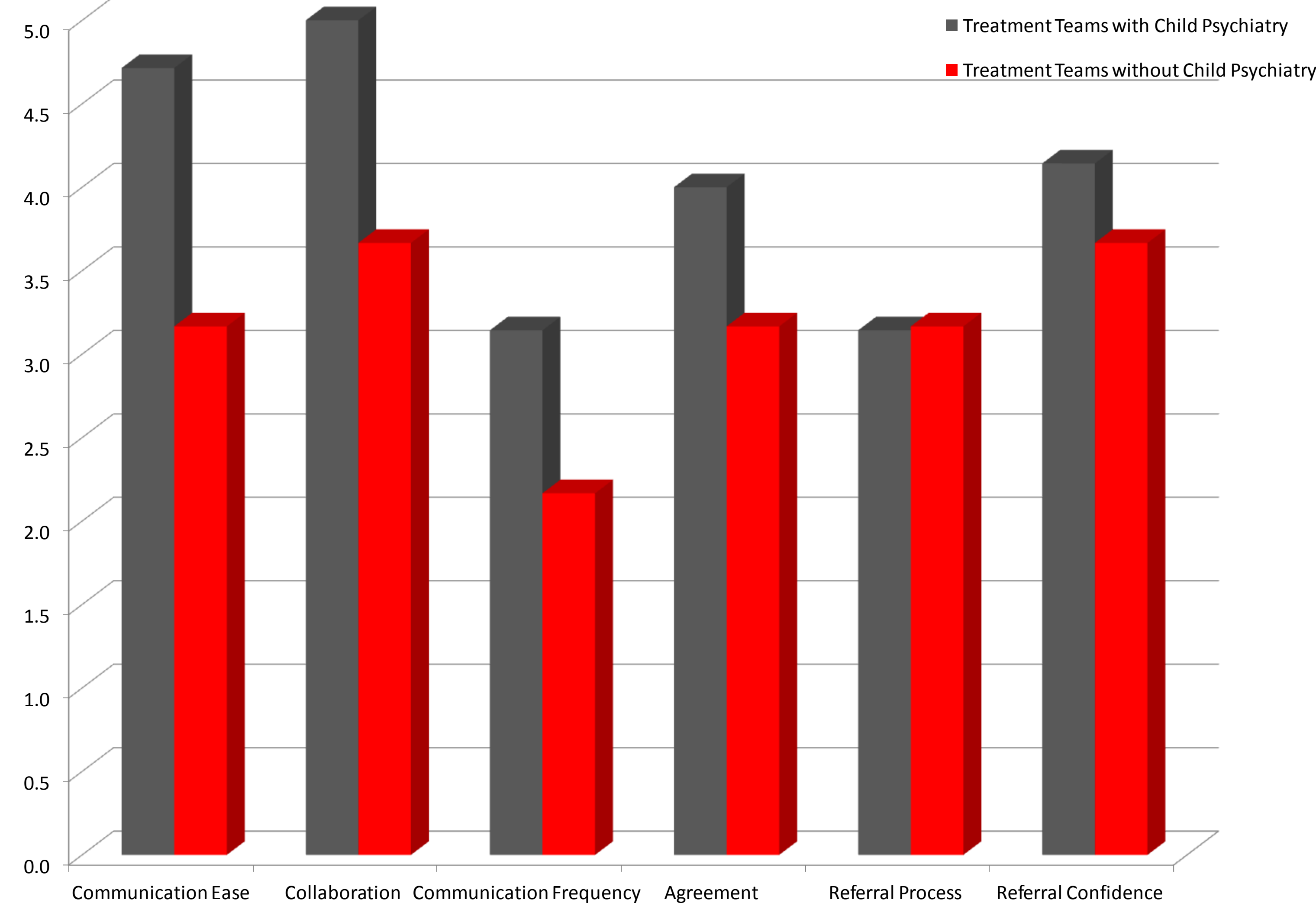
- Identify communication and collaboration as target areas for improvement.
- Collect baseline measures from mental health providers in community clinic.
- Target the pre-established treatment teams to increase collaboration and develop integrated care between disciplines.
- Identify incoming first year fellows to be assigned to a specific treatment team at the beginning of their fellowship.
- Complete second data collection after 6 months for comparison.
- Use ongoing feedback to direct future targets for improvement.

## Measurements

Baseline Clinician Ratings- June 2013



Clinician Ratings- January 2014



## Lessons Learned

- Importance of acquiring detailed knowledge of how a system operates in order to identify target areas for quality improvement.
- In a split treatment model, enhancing collaboration and communication leads to increased satisfaction of providers.
- While working in interdisciplinary teams, child psychiatrists need specific skills to be both effective and add value to serving community populations.
- Face- to-face time for collaboration adds value compared to communication through email and EMRs.
- Monthly communication was found to be the ideal communication frequency
- Collaboration and communication ease were positively affected by adding child psychiatry to treatment teams.
- Future goal to demonstrate positive correlation between increased collaboration/communication and improved patient outcomes.
- Setting a frame work to document clinical changes after system level interventions leads to improved patient care and encourages innovation.
- Adding fellows to treatment teams did not improve dissatisfaction with referral process.
- Quality improvement leads to better patient care, resident morale, and better education.

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December 2012- child psychiatry fellows identified implementing quality improvement project at community mental health center

January 2013 - Increased knowledge of system, feedback from key players, needs assessment, established targets for system improvement

March 2013 – Created baseline measures for collaboration and communication

May 2013 – Completed baseline measures with clinicians at community mental health center

July 2013 – First year child psychiatry fellows started on 3 integrated treatment teams

January 2014 – Clinician ratings collected from both teams that had child psychiatry fellow present and ones that did not for comparison