

Knowledge
Network



Fall Summit 2010



Mental Health Corporations of America
~Fall Conference 2010~

JW Marriott Union Square
San Francisco, CA
November 9, 2010

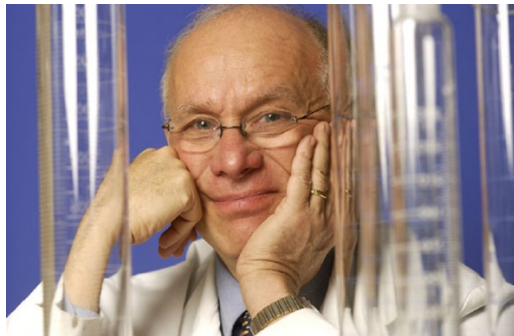
Clozapine Project Implementation Workgroup Update



KN SUMMIT 11.9.10

If clozapine is the most effective medication for suicidality in schizophrenia...

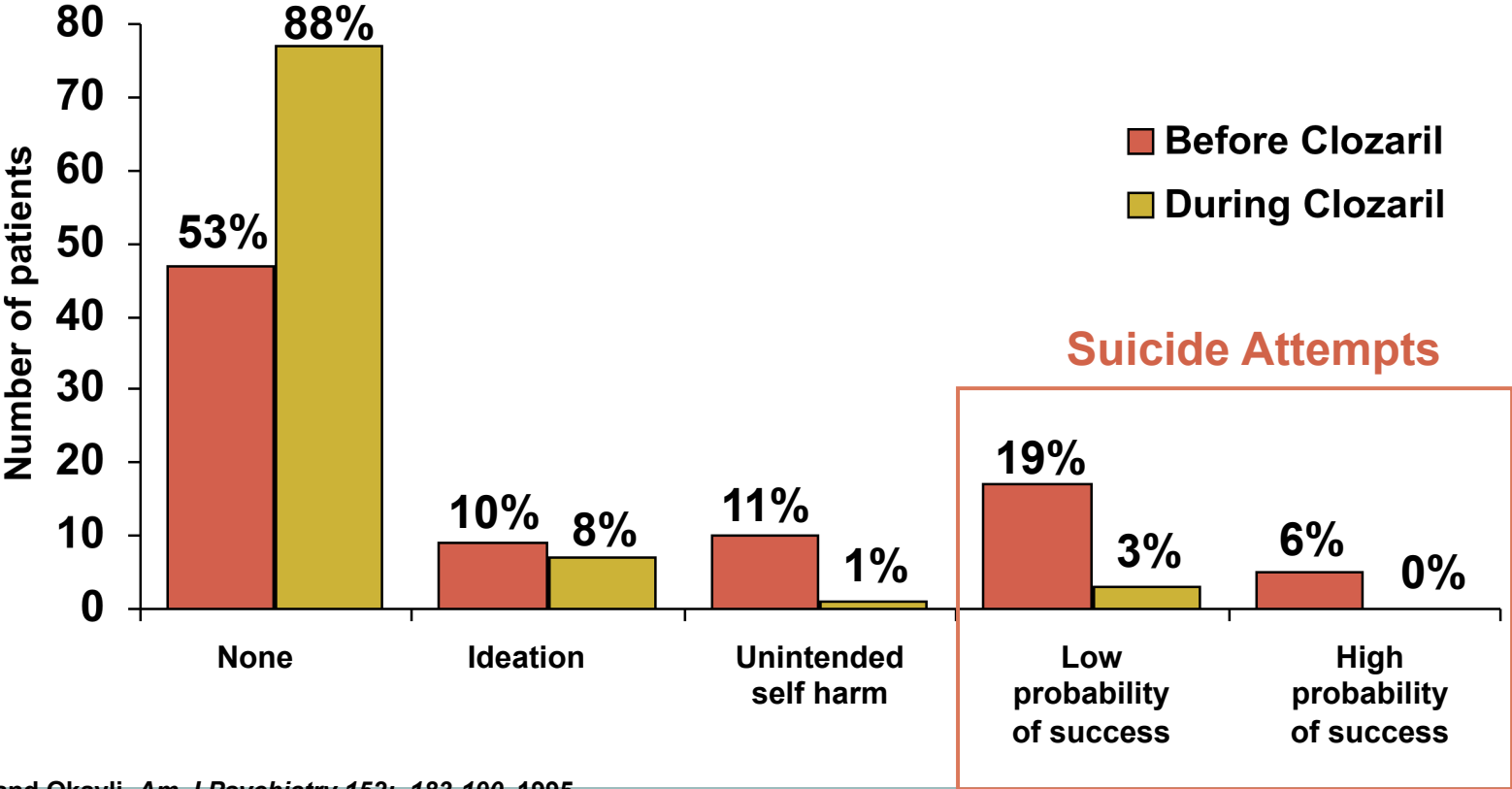
.....why isn't it being prescribed?



Herbert Meltzer, MD

Bixler/May/Johnson Professor of Psychiatry and Professor of Pharmacology,
VUMC

Treatment with Clozapine Decreases Suicidality



§Meltzer and Okayli. *Am J Psychiatry* 152: 183-190, 1995.

Implementation Adoption Survey Process

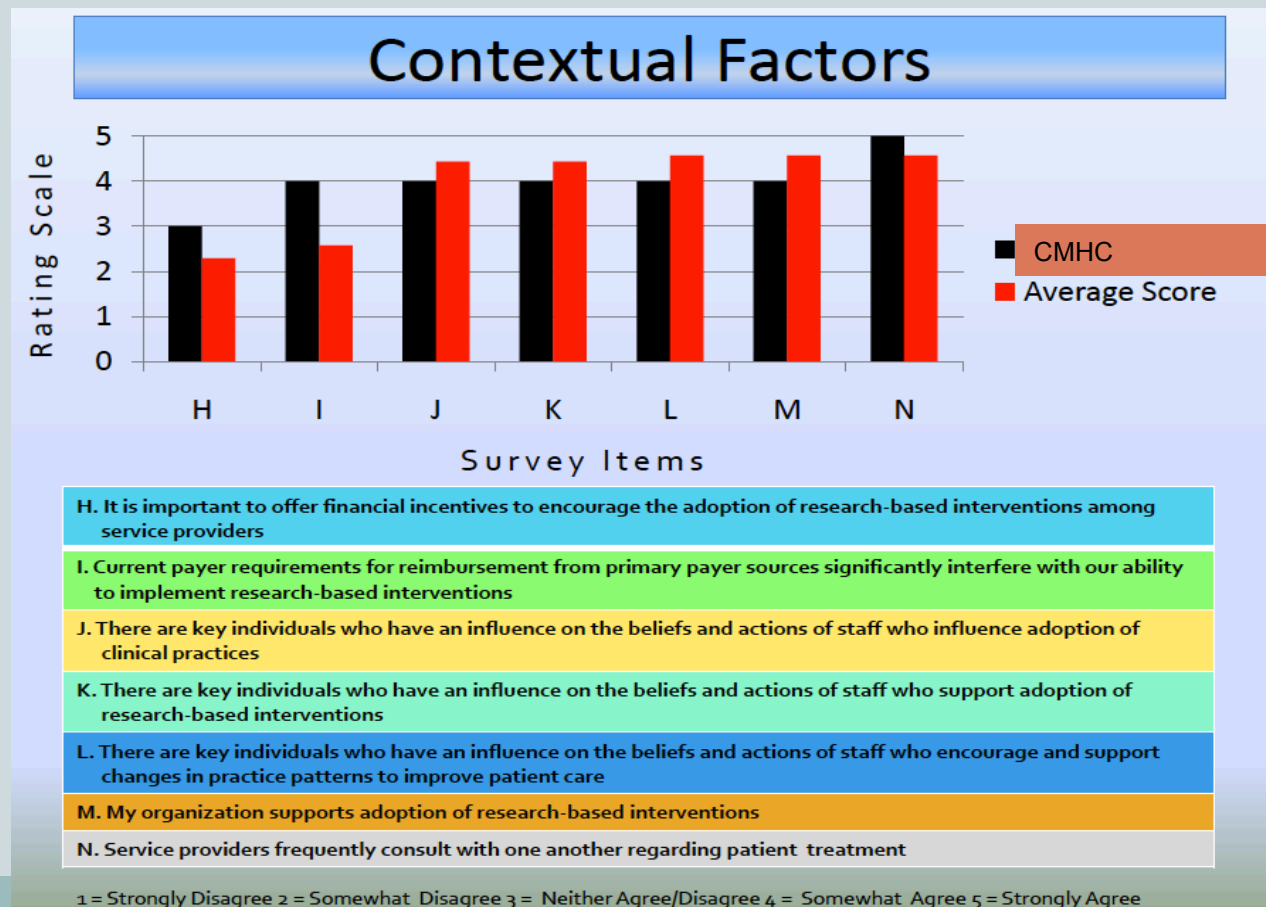


- Develop a rapid cycle implementation model
- Increase clozapine prescription for suicidality
- Organizational Surveys completed as to readiness to adopt new organizational behaviors and practices
- Each center received individual consultation regarding results
- Action plans developed to address technical and clinical areas of concern

Implementation Survey



- Survey Tool Used, Reports Produced



General KN Survey Results



• Strengths

- Data-Driven Decision Making
- Known opinion leaders
- Preferred learning style: Face-to-face or over the web
- E-prescribing
- Support of research-based practice

• Action Areas

- Tracking Suicidality
- Tracking Hospitalization
- Change jeopardizes productivity
- Challenges in reconciling payer reimbursement and research-based practice

Center for Health Care Services



Technical Modifications

- Goal #1: Implement an automatic alert for consumer identification and tracking of consumer self reports of Suicidal Ideation/ Attempts

Center for Health Care Services (cont.)



- Deliverable: Utilize CHCS's Suicide Task Force Work Group to develop and streamline assessment tools and identifying risks that will trigger an automatic alert. Incorporate Hospitalization Data referencing reason for hospitalization into tracking system to initiate alert. The alert will be sent to every staff on that consumer's treatment team, letting them know that the consumer is at risk for suicide or has made previous attempts and that intervention may be needed.
- Due Date: The assessments and identifying risk factors need to be defined and approved by committee. The actual programming in the EMR will then be done. During late 2010 and January 2011 the work group will define such factors. During the Spring of 2011, CHCS programmers can begin to build the alert into the EMR.

Center for Health Care Services (cont.)



Technical Modifications

- Implement a utilization reporting system to track and analyze use of SI reporting tracking system in the EMR.
 - Deliverable: Create comprehensive report to evaluate the usage of and consumer reporting of suicidal thoughts and behaviors to measure outcomes.
 - Due Date: Data reporting fields will be created with the IT department. Programming will be done in conjunction with database creation. during the Spring of 2011.

Center for Health Care Services (cont.)



Clinical Modification

- Goal #1: Continual education and support for prescribers.
 - Deliverable: CHCS has appointed a new Medical Director for adult services. Medical Director will promote Clozapine as a best practice medication for reduction in SI and attempts. Information on relevant literature has been provided to clinicians. Note: there may be staff concern regarding blood work issues. Will need to develop team to discuss and resolve this issue. All medical staff will continue to meet monthly for follow-up and case review.
 - Due Date: We hope to have staff buy in and utilization by April 1, 2011; Staffing will go on monthly trainings, ongoing.

Center for Health Care Services (cont.)



Clinical Modification

- Goal #2: Improved outcome monitoring for risk factors regarding suicidal and dangerous behavior and re-hospitalization.
 - Deliverable: Once the automatic alert process is operational in CHCS's EMR, CHCS will be able to track how many consumers the system produced "alerts" on with dx of psychosis. We can then produce outcome reports to evaluate if Clozapine was prescribed and if consumer reported decreased SI and attempts.
 - Due Date: Summer 2011

Centerstone Indiana



Technical Modifications

- Goal 1: Establish prompts for critical indicators in the electronic health record
 - Deliverable: Collaborate with Centerstone TN colleagues to develop/explore prompts in the EHR that will provide appropriate prompts to clinical teams
 - Due Date: First quarter of calendar 2011

Centerstone Indiana



Technical Modifications

- Goal 2: Develop reports to establish a baseline for Clozapine use
 - Deliverable: Collaborate with Analytics team to develop utilization reports
 - Due Date: First quarter of calendar 2011

Centerstone of Indiana



Clinical Modifications

- Goal 1: Clozapine project provider education to medical staff
 - Deliverable: Arrange a medical staff training/discussion
 - Due Date: Schedule training during the first quarter of calendar 2011

Centerstone Indiana (cont.)



Clinical Modifications

- **Goal 2: Review data with Medical Directors and data team**
 - Deliverable: Review current data and develop recommendations to improve data collection
 - Due Date: Schedule meeting during the first quarter of calendar 2011

LaFrontera Center



Clinical Modifications

- **Goal 1: Provide prescriber education**
 - Deliverable: Have prescribers increase familiarity with Clozapine protocol
 - Due Date: 1/5/11
- **Goal 2: Implement a pilot study at our Intensive Recovery Program.**
 - Deliverable: Have Dr. Lee follow the protocol for all of his clients receiving Clozapine.
 - Due Date: 1/10/11

LaFrontera Center (cont.)



Clinical Modifications

- Goal 3: Monitor practice for compliance with the protocol.
 - Deliverable: Quality Improvement Department will conduct a medical record review for lab results
 - Due Date: 3/10/11

Mental Health Center of Denver



Technical Modifications

- Goal #1: Implement an automatic alert for consumer possible re-hospitalization and harm reduction in the EMR.
 - Deliverable: Combine MCHD's Harm Reduction Work Group with MHCD's Hospitalization Prevention Work Group to develop and streamline assessment tools and identifying risks that will trigger an automatic alert. The alert will be sent to every staff on that consumer's treatment team, letting them know that the consumer is at risk for re-hospitalization, suicide, or harm to others and that intervention maybe needed.
 - Due Date: The assessments and identifying risk factors need to be defined and approved by committee. The actual programming in the EMR will then be done. During late 2010 and early 2011 the work group will define such factors. During the spring of 2011, MHCD programmers can begin to build the alert into the EMR.

Mental Health Center of Denver (cont.)



Clinical Modifications

- Goal #1: Continual education and support for new prescribers.
 - Deliverable: All medical staff will continue to meet monthly for poly-pharmacy education and case review.
 - Due Date: Monthly

Mental Health Center of Denver (cont.)



- Goal #2: Improved outcome monitoring for risk factors regarding suicidal and dangerous behavior and re-hospitalization.
 - Deliverable: Once the automatic alert process is operational in MHCD's EMR, MHCD will be able to track how many consumers the system produced "alerts" on with dx of psychosis. We can then produce outcome reports to evaluate if Clozapine was prescribed. If Clozapine was not prescribed, the consumer's case would then be considered for review at monthly poly-pharmacy medical staff meeting.
 - Due Date: Summer 2011

Centerstone Tennessee



- *Technical Modifications*
- **Goal 1:** Pull data by clinic on Clozapine prescription with schizophrenia diagnoses. Completed August 2010.
- **Goal 2:** Implement DSM-V suicidality criteria in the EHR intake revision. Due Date July 2011
- **Goal 3:** Implement an automatic alert in the EHR for patients regarding hospitalization and harm reduction. This includes implementation of hospitalization tracking. Due Date July 2011

Centerstone Tennessee



- *Clinical Modifications*
- **Goal 1:** Contact TEVA for educational materials. Completed October 2010.
- **Goal 2:** Use a clinical champion vetted by Dr Meltzer to train medical staff face-to-face and follow up with web-based trainings and continuing education. Due March 2010; ongoing.
- **Goal 3:** If an additional nursing FTE available, double current rate of clozapine prescription at agency for schizophrenia. Due October 2011.

River Edge Behavioral Health



- Technical Modifications
- **Goal 1:** River Edge Behavioral Health Center's CIO will participate in the Knowledge Network's Technology workgroup to determine standards for reporting and collecting data.
Deliverable: CIO will begin to actively participate in the technology group monthly or more frequently as needed.
Due Date: September 2010

River Edge Behavioral Health (REBHC)



- Technical Modifications
- **Goal 1:** REBHC CIO will participate in the KN Technology workgroup to determine standards for reporting and collecting data.
- Deliverable: CIO will begin to actively participate in the technology group monthly or more frequently as needed.
- Due Date: September 2010

River Edge Behavioral Health (REBHC)



- **Goal 2:** REBHC's CIO will work with CareLogic System Administrator to create mechanism to report outcomes.
Deliverable: Outcomes Report
Due Date: October 2010
- **Goal 3:** REBHC's CIO will work with CareLogic System Administrator to integrate real time clinical decision support tool into the electronic system.
Deliverable: Tool Integrated and Ready for Use
Due Date: May 2011

River Edge Behavioral Health (REBHC)



Clinical Modifications

- **Goal 1:** REBHC's Policy & Development Department will develop and implement an aggressive education campaign on the benefits and risks of clozapine based on Dr. Meltzer's work.

Deliverable(s): Education Materials, Lunch and Learns with staff (Psychiatrists, MD, Nurse Practitioners, Pharmacists)/ Due Date: February 2011

River Edge Behavioral Health (REBHC)



Clinical Modifications

- **Goal 2:** Goal 2: REBHC's P&D Dept will work with colleagues to address the concerns of staff regarding the risks associated with long-term use of clozapine. Deliverable: Work Plan, Technical Assistance

Due Date: March 2011

River Edge Behavioral Health (REBHC)



Clinical Modifications

- **Goal 3:** REBHC's P&D Dept will work with CareLogic System Administrator to create a monthly report to monitor the level of clozapine prescriptions, by site.

Deliverable: Real Time Report/Due Date: March 2011, On-going

River Edge Behavioral Health (REBHC)



Clinical Modifications

- **Goal 4:** REBHC's P& D Dept will work with Clinical Team and prescribing staff to develop an internal plan to increase the prescribing of clozapine, by site and population if it is determined to move forward with roll out. Deliverable: Work Plan/Due Date: April 2011
- **Goal 5:** REBHC's P&D Dept will work with IT Dept and Clinical Team to identify a real time clinical decision support tool. Deliverable: Tool Identified/Due Date: Mar 2011

River Edge Behavioral Health (REBHC)



Clinical Modifications

- **Goal 6:** REBHC's P& D Dept will work with IT Dept and Clinical Team to train staff on the use of this tool and will determine a method to evaluate its' effectiveness. Deliverable: Tool in Use, Initial Report on Effectiveness/Due Date: July 2011
- **Goal 7:** REBHC's P&D Dept will work with Clinical and prescribing staff to identify and engage in research opportunities that include the use of clozapine. Deliverable: Tool Identified/ Due Date: August 2011