The Use of the Behavioral Health Data Portal for Clinical Outcome Monitoring and Clinical Implications

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CAPT Meghan Corso currently serves as the Chief of Behavioral Health Clinical Operations at the Defense Health Agency. In this role, CAPT Corso is responsible for Department of Defense (DoD)-wide behavioral health policies, procedural instructions, and Congressional reports. She serves as a DoD representative to several interagency and inter-service task forces which address significant national or international behavioral health concerns with the goal of developing and executing solutions.

CAPT Corso graduated from the American School of Professional Psychology at Argosy University in Washington DC in 2006. She also earned board certification in Clinical Health Psychology in 2012 from the American board of Professional Psychology. CAPT Corso is a Health Services Officer in the United States Public Health Service (USPHS) since 2009. She also honorably served four years as a psychologist in the United States Air Force. CAPT Corso has earned an impressive award history including USPHS Meritorious Service Medal; USPHS Outstanding Service Medal; USPHS Presidential Unit Citation; USPHS Outstanding Unit Award; and U.S. Navy Commendation Medal among others.

Presenter

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Col Scott Sonnek, Ph.D.

Col Sonnek is the Air Force Director of Psychological Health (DPH) at the Air Force Medical Readiness Agency (AFMRA) in Falls Church, Virginia. The Mental Health Branch at AFMRA is responsible for subject matter expert inputs and engaging senior leaders at the Headquarters-Air Force, Department of Defense, and Congressional levels, as well as the expansion and management of Integrated Operational Support. Col Sonnek represents Air Force Mental Health interests at the Defense Health Agency's (DHAs) Behavioral Health Clinical Community function, deemed the most advanced of all DHA Clinical Communities. The DPH office also administers the mental health (MH) aspects of "True North", a multi-faceted Headquarters Air Force (HAF) initiative to embed various support elements within units at four Air Force installations, expected to expand to 16 total bases in Fiscal Year 2021.

Col Sonnek completed his Clinical Psychology Residency at Wilford Hall Medical Center, Lackland AFB, TX in 1998 and received his Ph.D. in Clinical Psychology from the University of Wyoming in 1999.

Col Sonnek has commanded at flight, detachment, and squadron levels. He has served as a Mental Health Flight Commander at four installations and twice as a Major Command Behavioral Health Consultant. As a faculty member at two psychology internship sites, Lt Col Sonnek has helped train and launch a total of 56 Air Force Clinical Psychologists. He deployed to Iraq in 2009, led the joint mobile Combat Stress Control team with responsibility for the southern half of the country, and completed 18 missions to austere locations. In 2013, Lt Col Sonnek deployed to Bagram Airfield, Afghanistan as the 455th Combat Stress Control Detachment Commander where his team was the theater hub for all psychiatric aeromedical evacuations and recovered/repatriated personnel during a rapid, vast drawdown of forces.

Presenter(s)

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Adam T. Rodgers, PMP

Adam Rodgers currently serves as the Program Manager (PM) of the Behavioral Health Data Portal (BHDP) under the Behavioral Health Clinical Management team at the Defense Health Agency. In this role, Adam Rodgers is the principal staff advisor and technical consultant to the Chief, Behavioral Health Clinical Management Team on program management issues, responsible for providing operational support, analysis, metrics development, performance reporting, resource management analysis and strategic planning for the Behavioral Health Data Portal application.

Adam Rodgers graduated from Mount Saint Mary's University, MD with a BS in History on an ROTC scholarship and commissioned into the U.S. Army in 2002. He served six years on active duty as both an Armor and Signal officer before transitioning to the Washington Army National Guard (12 years) where he is currently the operations officer for an Information Operations Brigade. As a civilian, Adam has spent the last 12 years working in IT project/program management, specifically military Behavioral Health (BH). He split that time working as a PM for the National Center for Tele-Health and Technology and then the Army's BH Service Line / DHA BH Clinical Management Team.

Disclosures

- CAPT Meghan Corso, Col Scott Sonnek, and Mr. Adam Rodgers have no relevant financial or non-financial relationships to disclose relating to the content of this activity.
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Learning Objectives

At the conclusion of this activity, participants will be able to:

1. Describe the background and conditions leading to the creation of the Behavioral Health Data Portal (BHDP).
2. Outline what BHDP is to include understanding features and functions.
3. Comprehend how DHA uses BHDP to analyze behavioral health data, track patient progress and outcomes, and monitor treatment efforts.

Background

- In 2013, the Assistant Secretary of Defense for Health Affairs issued a memorandum to provide guidance on the collection of BH clinical outcomes.
- The memo requires that clinical outcomes, based on specific validated and standardized measures, be documented throughout BH care using BHDP.
- Furthering this mandate, in July 2018 DHA published DHA-PI 6490.02, which establishes BHDP as the required data collection tool in BH specialty care and Substance Use Disorder (SUD) clinics.

What is BHDP?

- BHDP is a web-based system used by BH staff to collect, track and display a patient's current and/or past BH diagnosis and treatment planning.
- BHDP provides improved patient tracking within and across BH clinics, allows for real-time information regarding Service Member's psychological health readiness, and enhances clinic communications to ensure optimal, coordinated BH care.
- Metrics established and required by DHA-PI 6490.02 are collected from BHDP and used by DHA and clinic leadership to analyze BH data, track patient progress and outcomes, and monitor treatment efforts.

BHDP Equipment

Provider Computer / Portal

URL: https://bhdp.mods.army.mil/bmc/Public/Splash.aspx

Access: .mil network only

Patient Laptop / Kiosk

BHDP Image – No other computer functionality

BHDP Image (Multi or Single Screen) setup by local IMD

Access: .mil network only

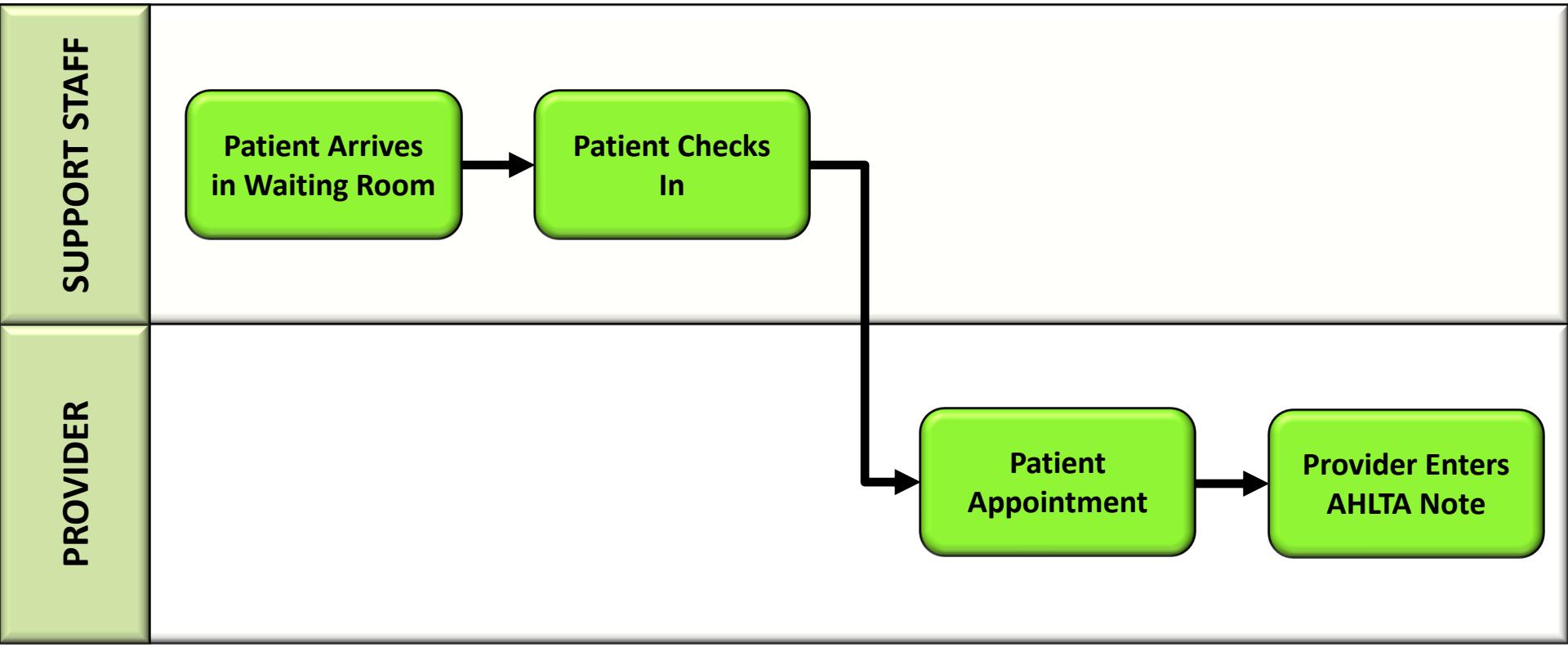
Bar Code Scanner Check-In

Key Functions of the BHDP

- Rapid check-in capability using identification (ID) card barcode scans
- Sorting and filtering of provider/clinic patient lists
- Tracking of patient care team members
- Real-time graphing of clinical outcomes and symptom presentation for provider dashboards
- Integration of deployment health assessment data
- Standardized documentation templates integrated with patient reported data

Clinic Flow

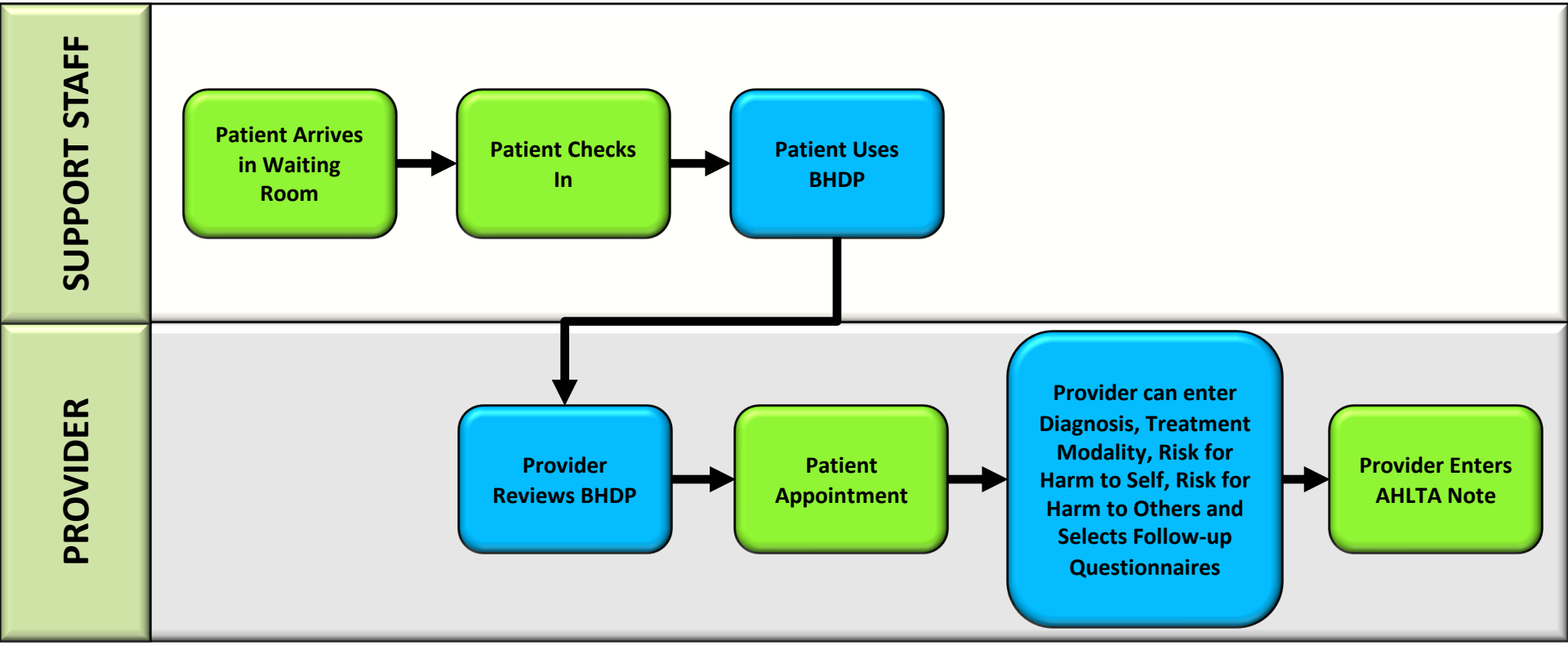
Without BHDP



AHLTA- Armed Forces Health Longitudinal Technology Application

Clinic Flow

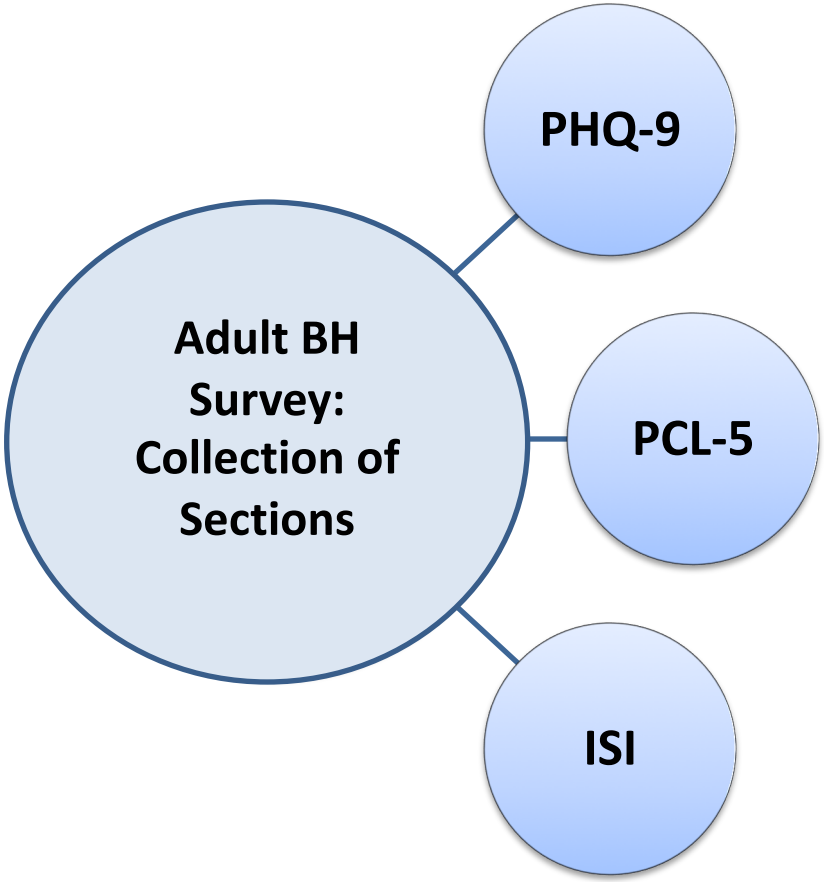
With BHDP



Terminology

- **Sections** (e.g., PHQ-9) : Question subsets, usually validated questionnaires

- **Surveys** (e.g., Adult Evaluation or Follow-up) : A collection of Sections administered at one time



PHQ- Patient Health Questionnaire; PCL- Post-Traumatic Stress Disorder Checklist; ISI- Insomnia Severity Index

BHDP Clinical Scales

CLINICAL SCALE	DESCRIPTION
Behavior and Symptom Identification Scale(BASIS)-24	General Distress
Walter Reed Army Institute of Research (WRAIR)	Functional Impairment
4QPTSD -> PCL-5	Post-Traumatic Stress Disorder (PTSD)
PHQ2 -> PHQ9	Depression
Generalized Anxiety Disorder GAD2 -> GAD7	Anxiety
Alcohol Use Disorders Identification Test AUDIT-C -> AUDIT	Alcohol Use
Columbia-Suicide Severity Rating Scale (C-SSRS)	Suicidal Ideation (0-5)
Couples Satisfaction Index (CSI)	Couples Satisfaction
ISI (Optional)	Insomnia Severity Index
Brief Addictions Monitor-BAM (Optional)	Addictions

BHDP Survey Timing

1. Initial Adult Evaluation (15-20 min.):

- **New Patients:** Arrive 30 minutes prior to first session to complete the BHDP
- **Established Patients**: Providers prepare patient for BHDP

2. Follow-up Survey(s) (5-10 min.):

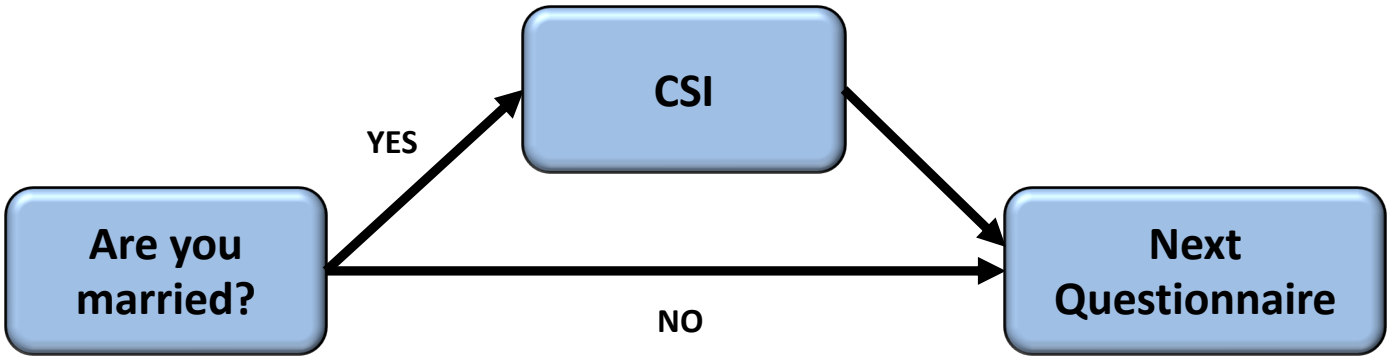
- Patients arrive 15 minutes prior to each follow-up session

Survey "Skip Logic"

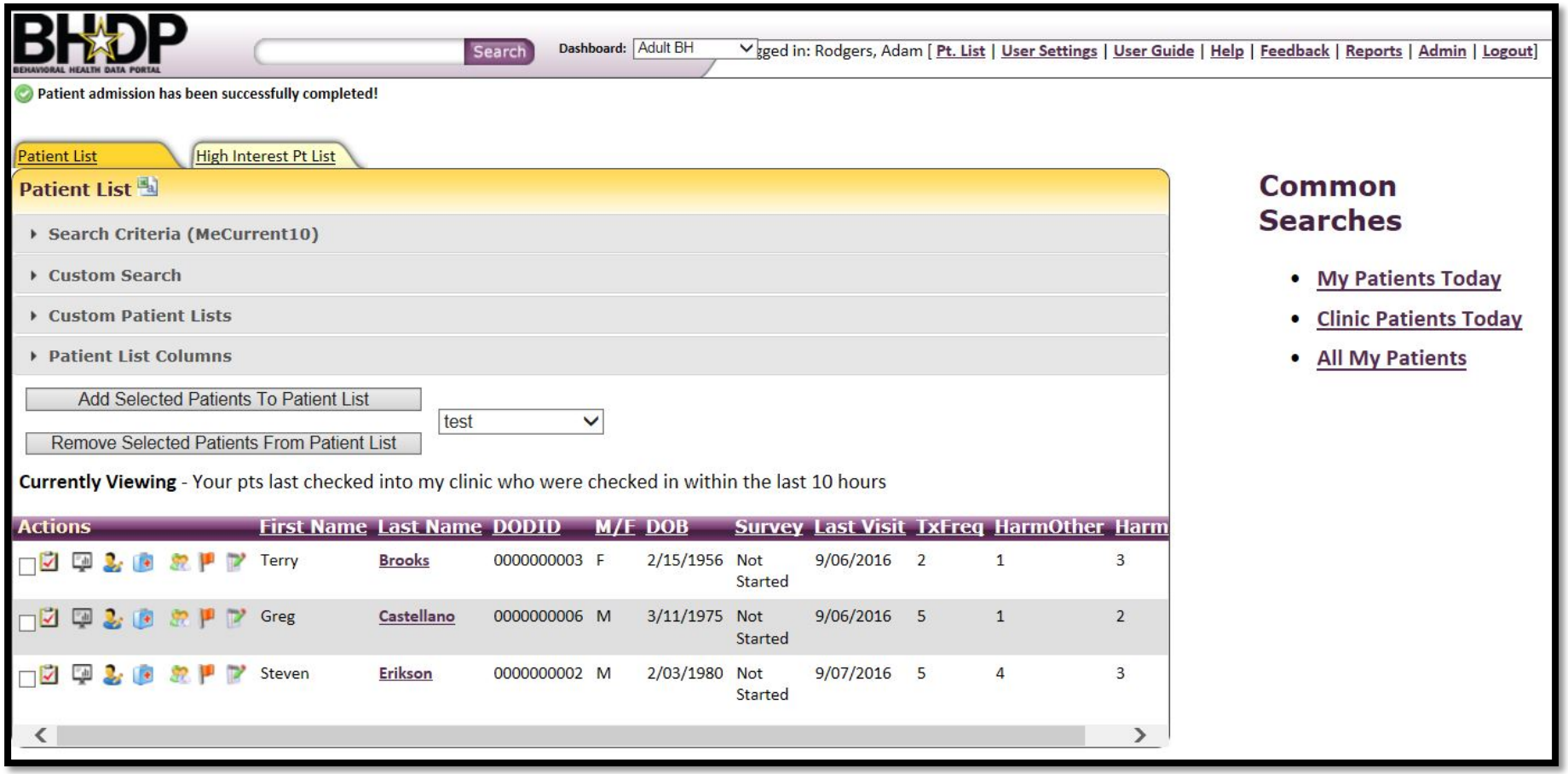
- **Skip Logic or Gating Questions:** Patient's response determines whether additional sections and/or questions are asked.

EXAMPLE

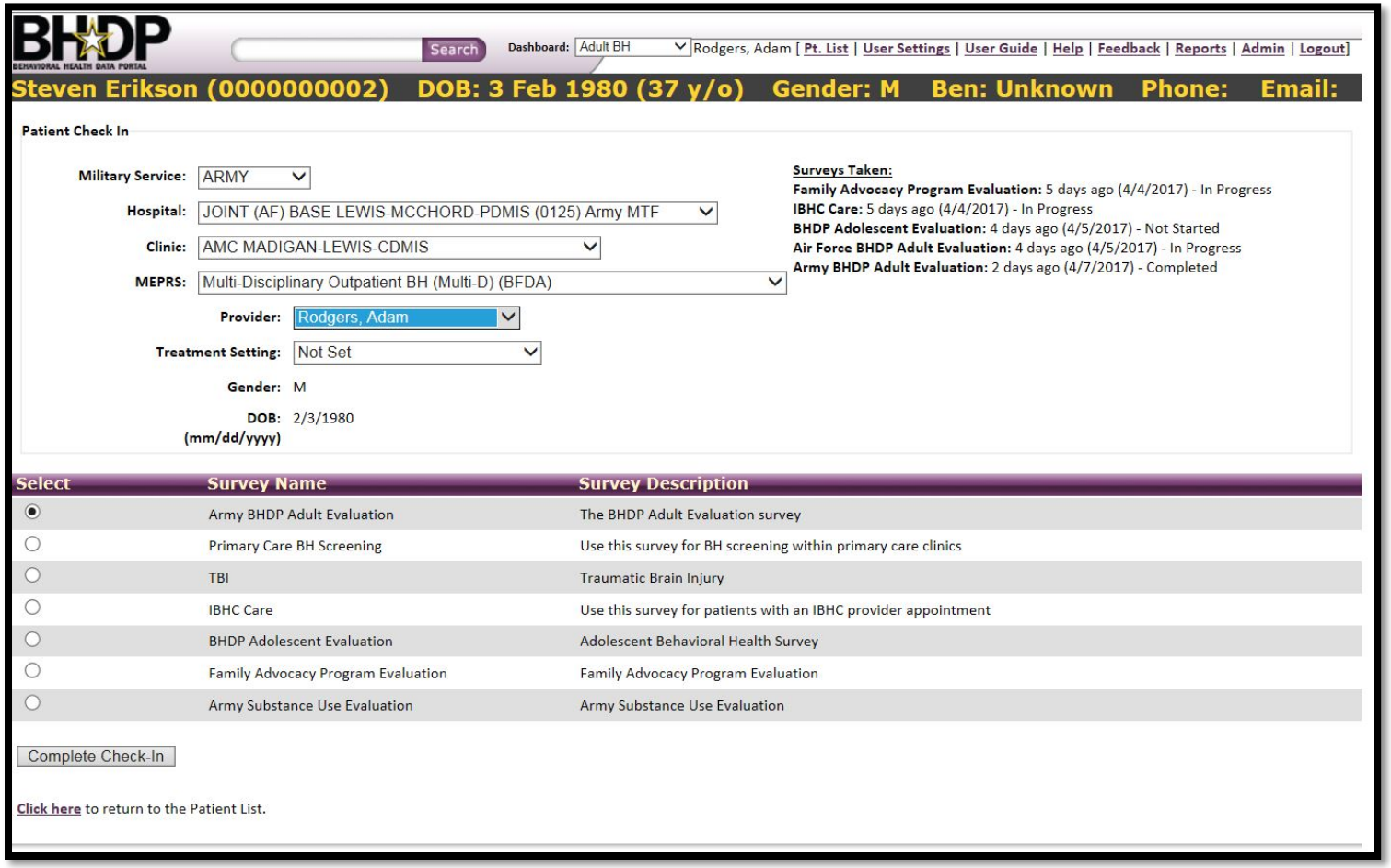
If patient responds positively to having a spouse or significant other, the Couple's Satisfaction Index (CSI) is administered. If not, CSI is skipped.



Provider Portal / Patient List

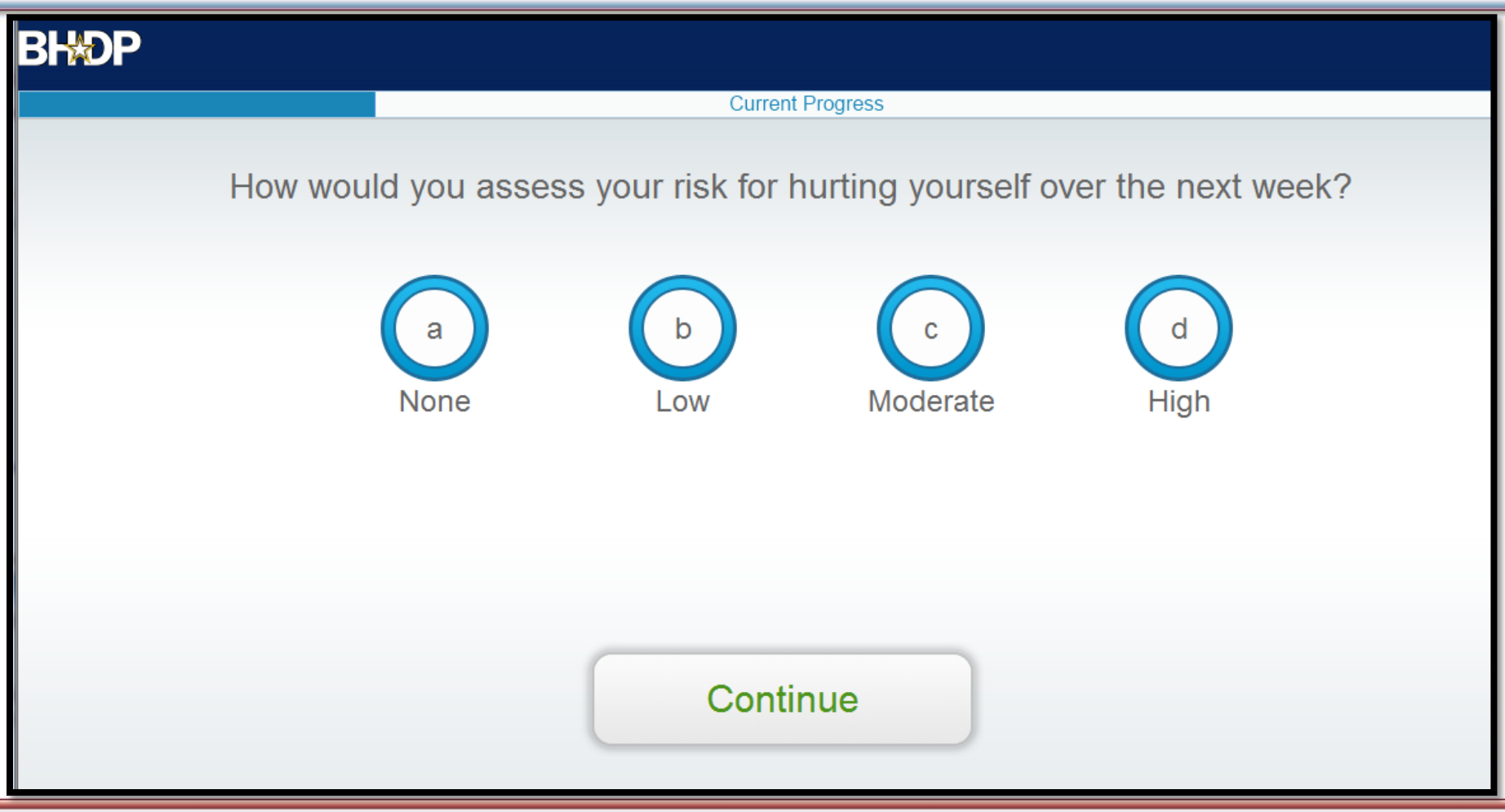


Patient Check-In

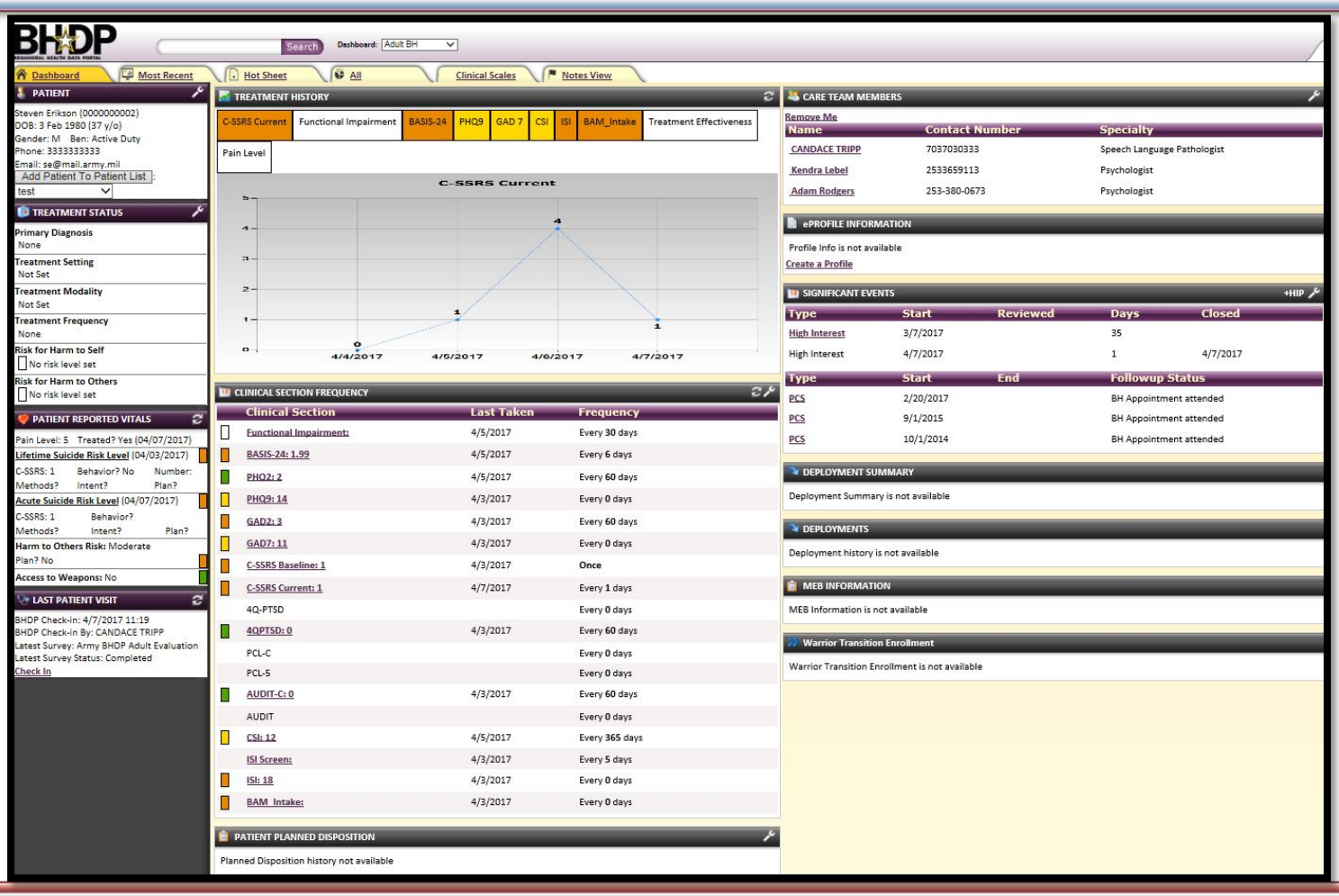


Patient Portal

Patient Portal



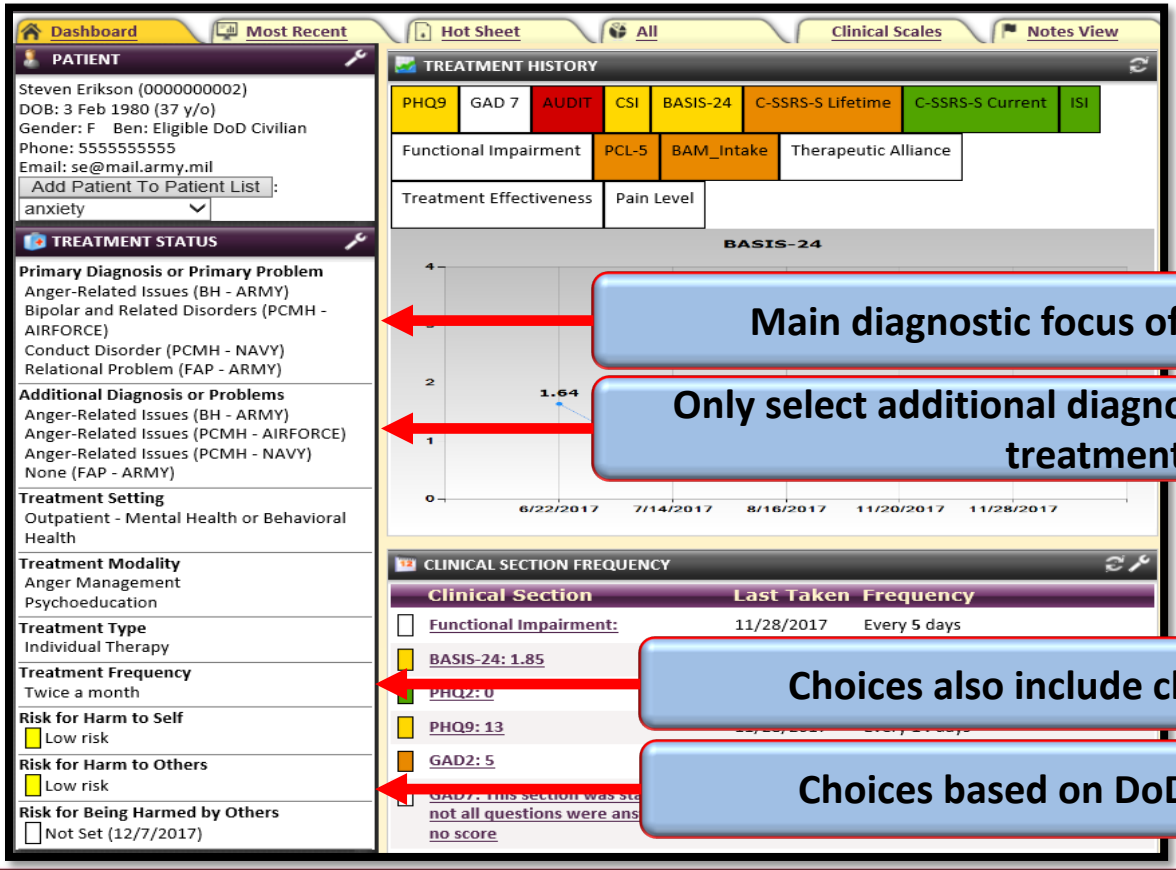
Provider Dashboard



"Medically Ready Force…Ready Medical Force"

Provider's Treatment Status Island

Treatment Status Island gives the provider a quick look at the major treatment components:



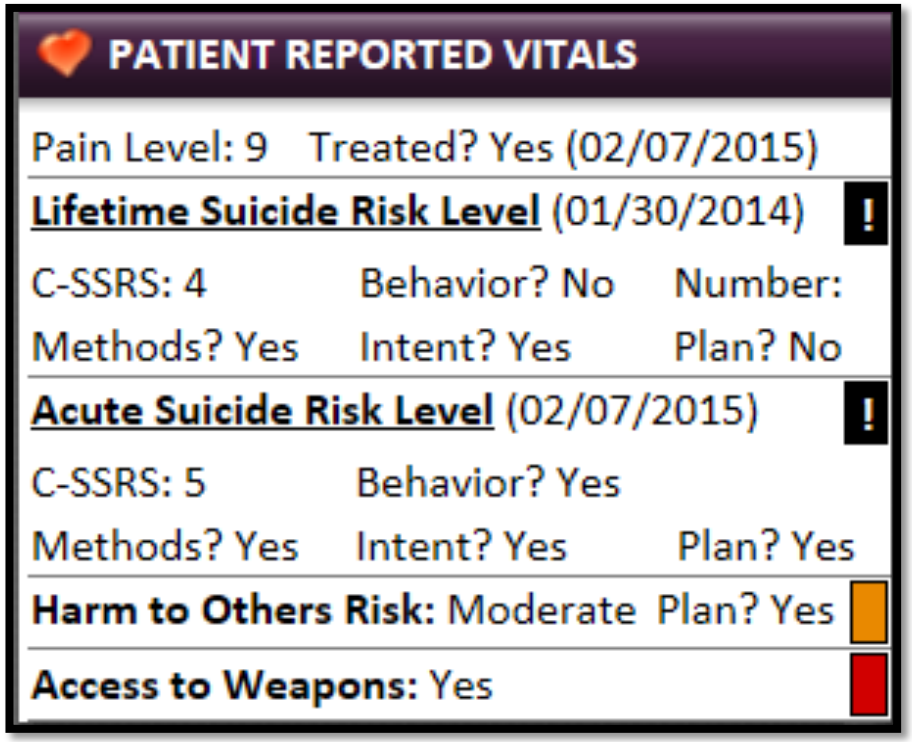
Automated Section Frequency

When a Diagnosis (Army and Air Force-AF) is selected, the appropriate outcome measure is scheduled for 7 or 14 day frequency. If provider would like measure administered more frequently, provider can use clinical discretion to do so

Diagnosis	Therapy	Section	Current Freq Change
PTSD	Prolonged Exposure	PCL-5	7d
PTSD	Cognitive Processing Therapy	PCL-5	7d
PTSD	EMDR	PCL-5	7d
PTSD	Other therapies	PCL-5	14d
Major Depressive Disorder	All Therapies	PHQ9	14d
Adjustment Disorder	All therapies	PHQ9	14d
Bipolar Disorder	All therapies	PHQ9	14d
Panic Disorder	All therapies	GAD7	14d
Generalized Anxiety Disorder	All therapies	GAD7	14d
Other Anxiety Disorder	All therapies	GAD7	14d
Sleep Disorder	All therapies	ISI	14d
Relationship Problem	All therapies	CSI	14d

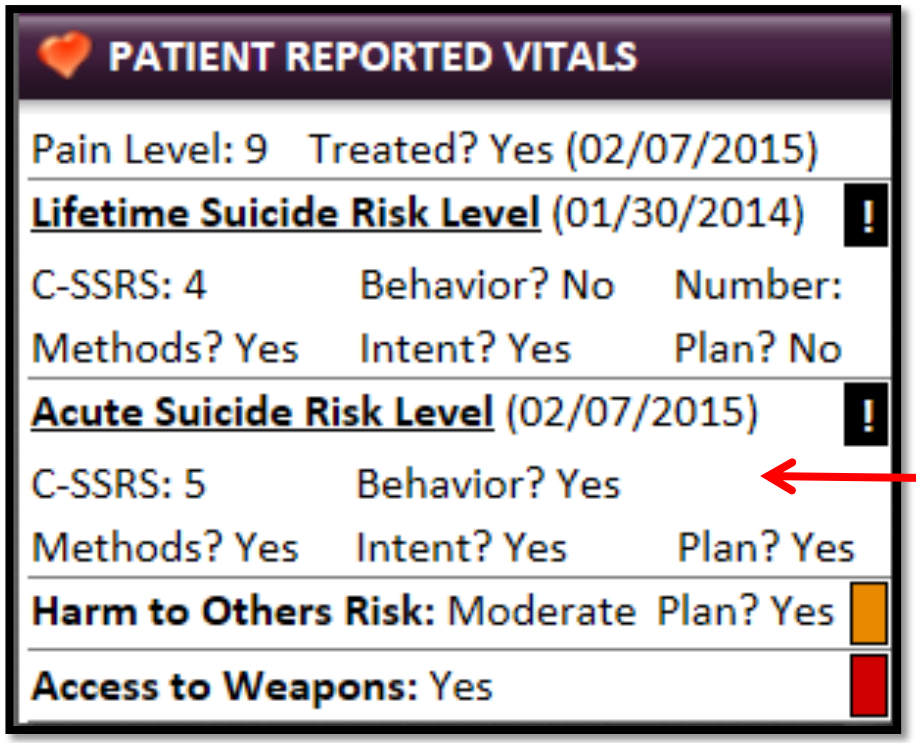
EMDR- Eye Movement Desensitization and Reprocessing

Lifetime Suicide Risk Level



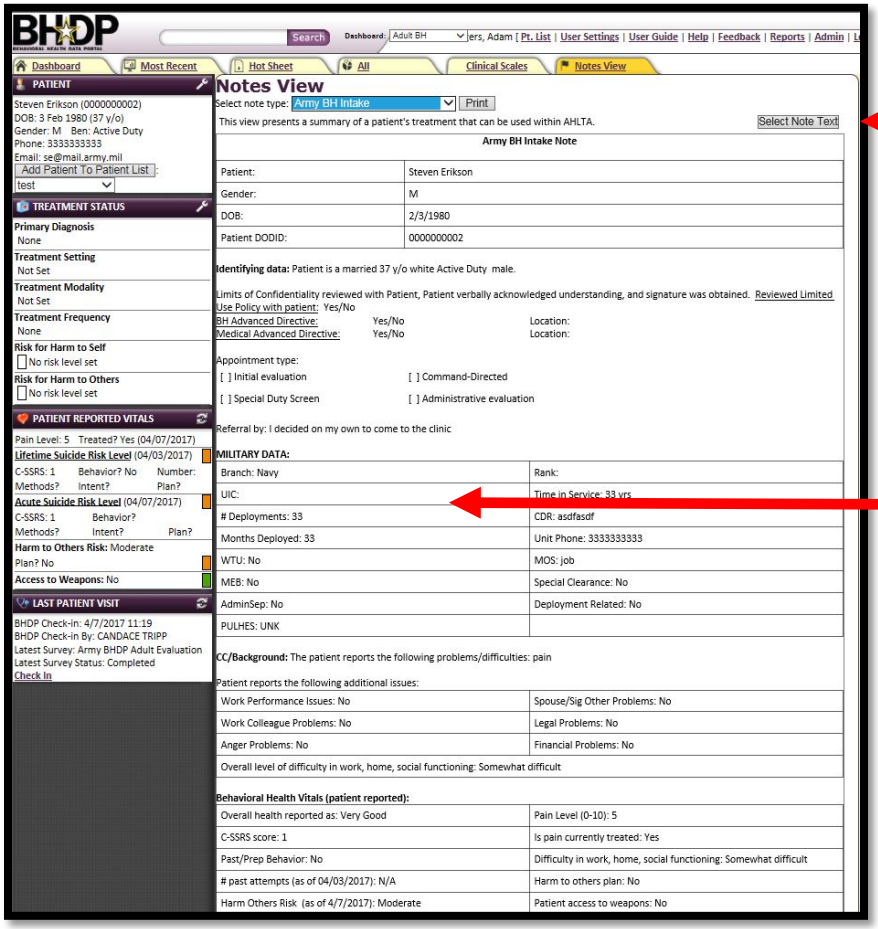
- This information displays patient self-report regarding **lifetime history** of suicide risk level.
- Date of **original** lifetime risk level assessment will always be displayed.

Acute Suicide Risk Level



- Date the last screening was completed by patient will be displayed
- Current risk assessment given at every follow-up visit
- Information will display if completed in the last 30 days
- Harm to others: Displays when completed in the last 7 days.
- **Access to Weapons:** Response will always display.
- Color codes respond to yes/no

BHDP Output – Notes View



Select "Note Text" to copy/paste into EHR

Data formatted as a narrative to serve as a note that may be copied into EHR

Electronic Health Record (EHR)

BHDP Metrics

- Primary source of Tri-Service standardized outcomes data used to measure BH treatment efficacy for all behavioral health programs throughout DHA.
- DHA developed treatment outcome metrics for posttraumatic stress disorder (PTSD), and depression disorders using BHDP data. These measures of treatment effectiveness show the rate at which patients with these disorders have a significant reduction or remission of symptoms. Military medical treatment facilities (MTFs) are responsible for these outcome metrics, improving treatment effectiveness for these key BH conditions.
- MTFs, clinics, providers and researchers, and others continue to request de-identified data for operational purposes, Quality Improvement (QI) projects, program evaluations, responses to Joint Commission findings, journal articles, conference presentations, etc.
- With the increased prevalence of BHDP data, DHA is at the forefront of outcomes based research and metrics development nationally.

Surveys Completed

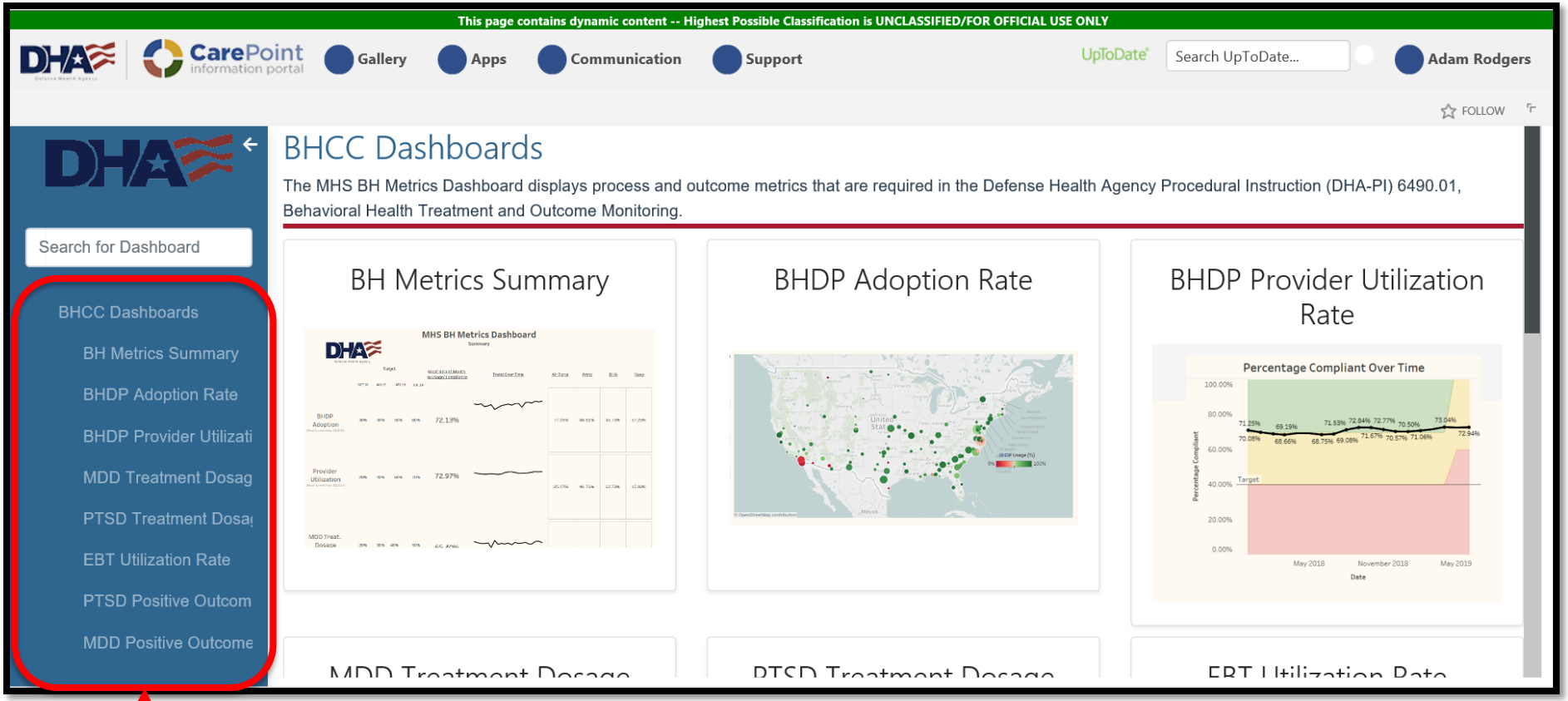
Number of Completed Surveys by Survey Type

All Branches / All Survey Types	Dec-19	Jan-20	Feb-20	Total (Jul 19 – Feb 20)
AF Adult BH	16,496	18,564	16,001	131,399
Army Adult BH	46,912	55,820	46,311	409,845
Navy Adult BH	6,406	7,129	6,442	59,108
Adolescent	2,294	2,907	2,567	20,244
Family Advocacy Program (FAP)	2,320	2,580	2,317	19,123
Internal Behavioral Health Consultant (IBHC)	905	1,097	861	7,954
Primary Care Behavioral Health (PCBH)	4,490	5,403	4,466	47,681
Substance Use	5,434	6,272	5,217	44,615
Traumatic Brain Injury (TBI)	350	391	341	3,321

All Time Surveys Completed ***6,154,866***

743,290

BHDP Metrics



Available Metrics

Central repository of all DHA Behavioral Health Metrics

Positive Outcomes Over Time - MDD

Major Depressive Disorder (MDD) – Positive Outcomes Over Time
TARGET = 47%

*The below metrics are for the current month

#MDD Patients with Positive Outcomes

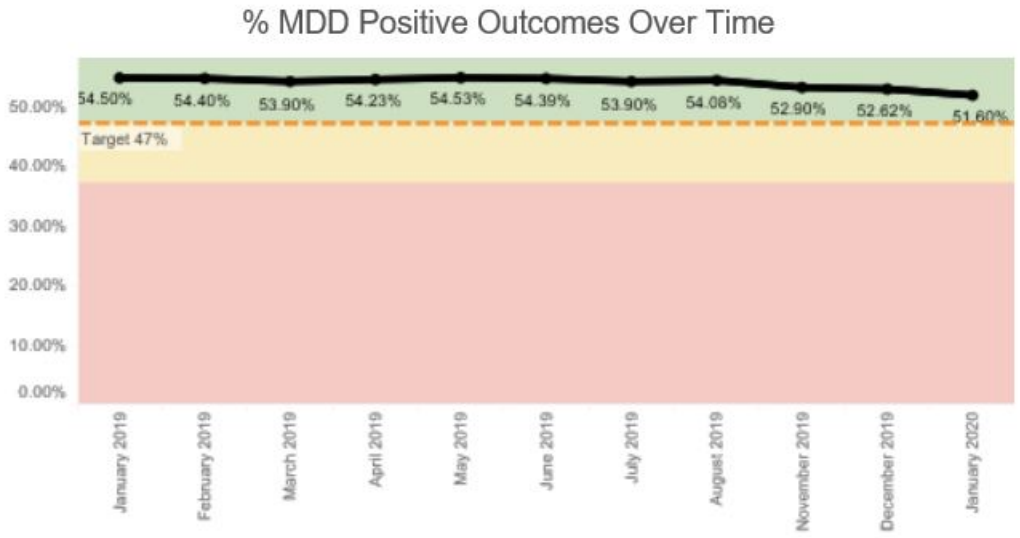
3,134

MDD Patients with ongoing treatment

6,074

% MDD Positive Outcomes
(Improvement % + Remission %)

51.60%



Positive Outcomes Over Time - PTSD

PTSD – Positive Outcomes Over Time
TARGET = 36%

#PTSD Patients with Positive Outcomes

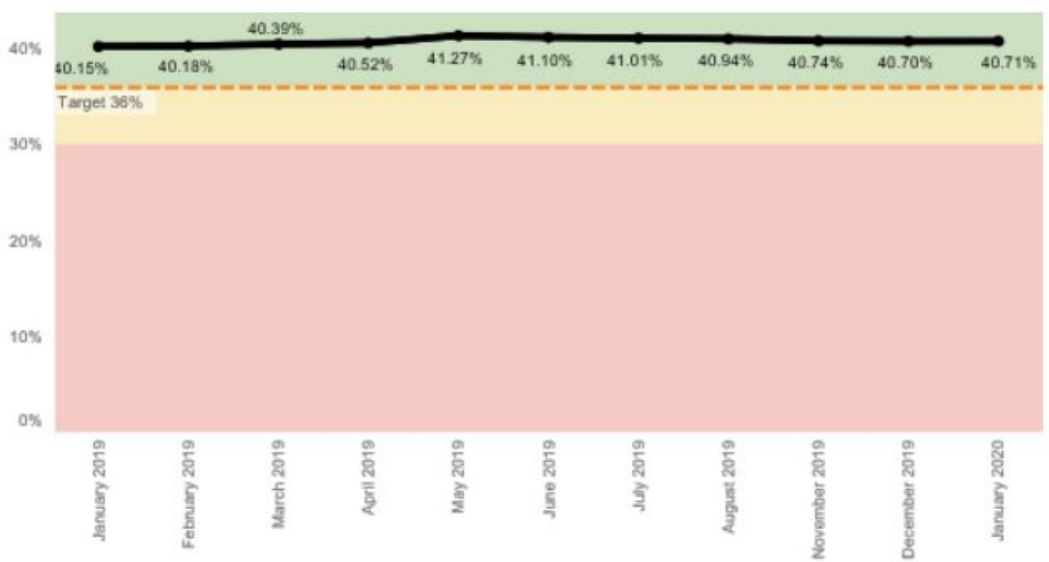
1,605

PTSD Patients with ongoing treatment

3,943

% PTSD Positive Outcomes
(Improvement % + Remission %)

40.71%

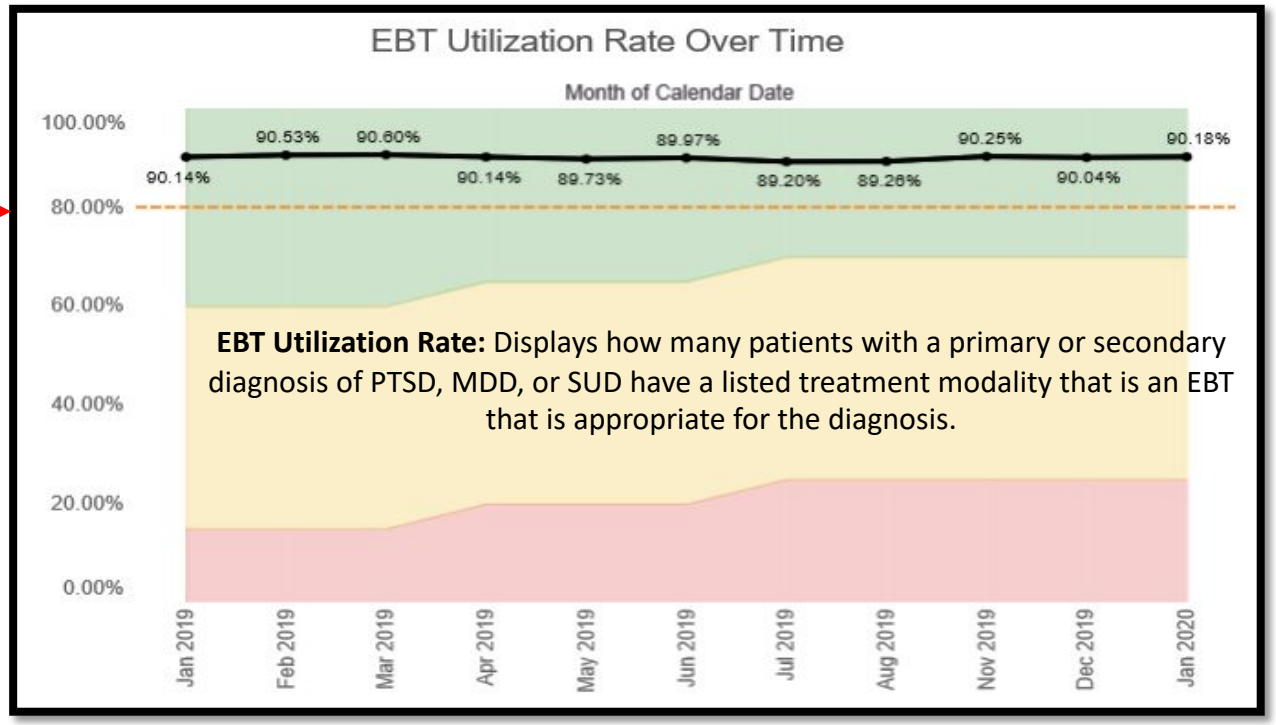


Evidence Based Treatment

Evidence Based Treatments = Best Practices / preferred approaches for behavioral health symptom treatment

# of Patients	# of Patients w/ EBT	EBT Utilization Rate
23,909	21,560	90.18%

TARGET = 80%



Therapeutic Alliance and Patient Satisfaction

Relationship between the patient and provider. Essential aspect of successful therapy and driver for positive patient outcomes

Percentage of cases with a Therapeutic Alliance Score Greater then 24	68.4%
Percentage of patients satisfied with the ability to get an appointment with their BH provider	80.6%
Percentage of patients satisfied with the friendliness, respectfulness and helpfulness of the non-provider BH support staff within the BH clinic	87.8%
Percentage of patients that said their Command gave them a hard time about coming to BH (Active Duty only)	5.85%

Key Takeaways

- By DoD memorandum and DHA instruction, specialty care and SUD clinics are required to use BHDP to track patient outcomes.

- Collecting patient data at the point of care gives clinicians and patients a tool to discuss treatment progress and inform ongoing treatment planning.

- Without consistent and comprehensive use of BHDP, Mental Health Services (MHS) is unable to reliably monitor BH outcomes.

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2. Click on the REGISTER/TAKE COURSE tab.
   a. If you have previously used the CEPO CMS, click login.
   b. If you have not previously used the CEPO CMS click register to create a new account.
3. Follow the onscreen prompts to complete the post-activity assessments:
   a. Read the Accreditation Statement
   b. Complete the Evaluation
   c. Take the Posttest
4. After completing the posttest at 80% or above, your certificate will be available for print or download.
5. You can return to the site at any time in the future to print your certificate and transcripts at https://www.dhaj7-cepo.com/
6. If you require further support, please contact us at dha.ncr.j7.mbx.cepo-cms-support@mail.mil