# Clinical Decision Support Standardization for Behavioral Health

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## Presenter



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# Agenda

- 1. MMCi Practicum Project Overview
  - a. Background
  - b. Recommendations
- 2. Feedback
  - a. Provide and Patient Alert
  - b. Dashboard Benefits and Considerations
- 3. Impact
  - a. Looking Ahead
  - b. DSM-5 Example
  - c. Social Determinants of Health

# Learning Objectives

- The importance of integrated CDS Standards into Behavioral Health settings.
- Apply CDS Standards to improve providers' workflows.
- Identify the return-on-investment opportunities as well as the return on health.
- Support standardizing CDS standards for common mental health conditions.
- Recognize how CDS impacts Social Determinants of Health.

## Behavioral Health Clinic Mentor

- A growing outpatient clinic
- Specializing in the treatment of Attention Deficit Hyperactivity Disorder (ADHD)
- The majority of patients are seen virtually
- Census of 9,000 patients
- 60% of the patient population had a diagnosis of ADHD
- Transitioning to a new EHR

# **Clinical Decision Support**

Creating a CDS tool for patients with ADHD who are taking stimulant medications to monitor vitals.

## Important to know:

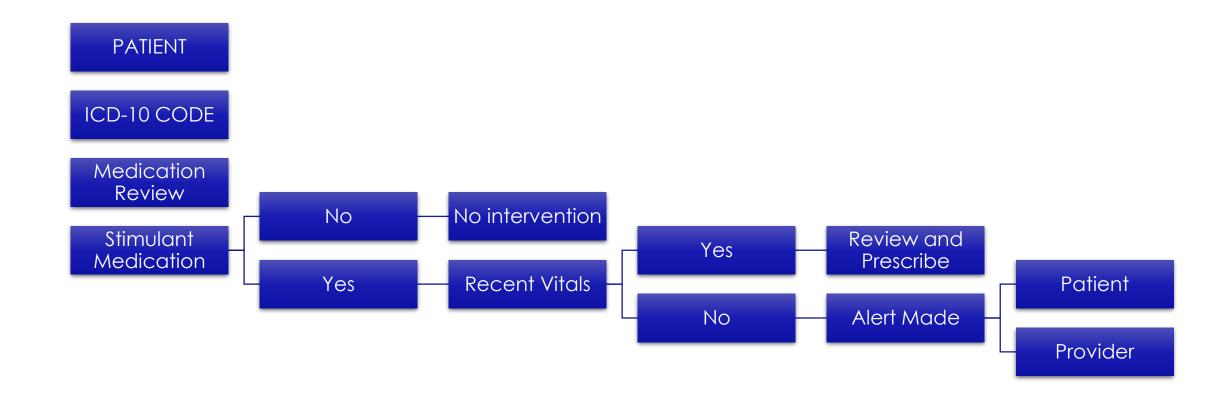
- ADHD impacts between 4.4 % to 8.1 % of adults
- The first line of medications are stimulants like Adderall and Ritalin
- It is best practice to have blood pressure and heart rate metrics before prescribing.
- Ongoing monitoring is needed

## ADHD CDS Goals and Recommendations

# Best practice to monitor blood pressure and heart rate while on stimulant medications for ADHD

- Notify the provider that vitals are needed before each visit to prescribe stimulant medications.
- Notify the patient that vitals must be obtained and provided to providers when refills are due.
- Setting the notifications for three-month intervals

## **CDS Workflow**



## **Parameters**

## **Used only ICD-10 Codes for ADHD**

- F90.0 ADHD, Predominately Inattentive Type
- F90.1 ADHD, Predominantly Hyperactive Type
- F90.2 ADHD, Combined Type
- F90.8 ADHD, Other Type
- F90.9 ADHD, Unspecified Type

#### **Vitals**

- Blood Pressure ranges
- Heart Rate Ranges

# Cost prior to CDS

#### **Administrative Time**

- 15-minute reminder phone call
- The employee pay rate is \$15/hour

TOTAL: \$6,075

#### **Over 1 Year**

- 5,400 patients with the diagnosis of ADHD
- 1,620 reminder phone calls made

TOTAL: \$24,300

## Return on Investments

#### The CDS Build

- 20 hours to build
- The employee pay rate is \$30/hour

TOTAL: \$600

# EXPECTED Return on Investment 3950%

## Return on Health

#### **More Effective Treatment for ADHD**

Lifelong Impact on Psychosocial Needs

- Preventing Adverse Outcomes
- Decrease Administrative Burden
- Best Practice
- Better Health Outcomes

## Feedback

### **Provider**

Why alert the provider?

Is there another way to update the provider?

#### **Patient**

This puts the responsibility on the patient

Accuracy

## **Dashboards**

#### **Benefits**

Provider will receive passive alerts

Ability to access information quickly

#### **Considerations**

It can get overwhelming with too much information

Do we need another dashboard?

# **Looking Ahead**

#### Wearables

FHIR APIs to upload the patient's activity from smart device

#### **Behavioral Health Standards**

An opportunity for Behavioral Health to have more CDS opportunities

## **Long Term Impact**

Positive impact for patients with an ADHD diagnosis because of better treatment

# Behavioral Health Example

## **Major Depressive Disorder Diagnostic Criteria**

Five or more symptoms present during the same two-week period

- 1. Depressed mood most of the day
- 2. Markedly diminished interest or pleasure activities
- 3. Significant weight changes
- 4. Insomnia or Hypersomnia
- 5. Psychomotor agitation or retardation nearly every day.
- 6. Fatigue or loss of energy
- 7. Feelings of worthlessness or excessive or inappropriate guilt
- 8. Diminished ability to think or concentrate
- 9. Recurrent thoughts of death

Source: Diagnostic and Statistical Manual of Mental Disorders, 5<sup>th</sup> Edition (APA, 2013)

# Major Depressive Disorder Criteria cont.

| Severity /course Specifier   | Single Episode | <b>Recurrent Episode</b> |
|--|----------------|--------------------------|
| Mild   | 296.21 (F32.0) | 296.31 (F33.0)           |
| Moderate   | 296.22 (F32.1) | 296.32 (F33.1)           |
| Severe   | 296.23 (F32.2) | 296.33 (F33.2)           |
| With Psychotic Features  | 296.24 (F32.3) | 296.34 (F33.3)           |
| In Partial Remission   | 296.25 (F32.4) | 296.35 (F33.41)          |
| In Full Remission  | 296.26 (F32.5) | 296.36 (F33.42)          |
| Unspecified  | 296.20 (F32.9) | 296.30 (F33.9)           |
| Source: Diagnostic and Statistical Manual of Mental Disorders, 5 <sup>th</sup> Edition (APA, 2013) |                |                          |

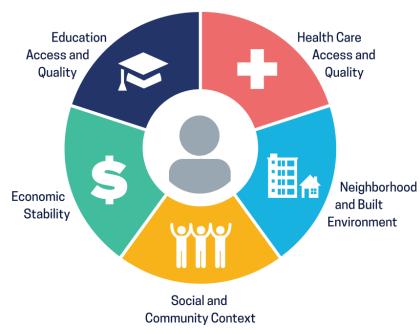
## Social Determinants of Health

## **Examples, but not limited to:**

- Safe Housing, Transportation, and Neighborhoods
- Racism, Discrimination, and Violence
- Education, Job Opportunities, and Income
- Access to Nutritious Foods and Physical Activity Opportunities
- Polluted Aire and Water
- Language and Literacy Skills

Source: https://health.gov/healthypeople/priority-areas/social-determinants-health

#### **Social Determinants of Health**



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# Questions



## Thank You

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