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Behavioral Health: Addressing Depression, Suicide and Opioids, Alcohol and Substance Use Disorder

Telligen QI Connect™
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HQIC
Hospital Quality Improvement Contractors
CENTERS FOR MEDICARE & MEDICAID SERVICES
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WHY IS THIS IMPORTANT?

Increasing equitable access to and utilization of prevention, treatment and recovery services to improve health outcomes for those affected by behavioral health conditions is an Agency Priority Goal. Depression is one of the most common mental health disorders and a serious medical condition that is treatable.[1]

BACKGROUND[1]

A reported 18% of Medicare beneficiaries have depression. Additionally, adults aged 75 and older have the highest suicide rate (19.1 per 100,000) compared to other age groups.

In 2021, approximately 1.7 million Medicare beneficiaries were estimated to have past-year substance use disorder, and of those, only 11% received treatment for their condition. During that same period, Medicare beneficiaries with substance use disorders were more than twice as likely to have serious psychological distress as those without substance use disorders. An increase in the baseline of unique patients dispensed prescriptions for buprenorphine in the U.S. (approx. 1 million) and naloxone in U.S. (approx. 325,000) is an Agency Priority Goal.

Seventy-eight percent of Medicare beneficiaries experience chronic pain. For those over 65 years of age living in the community, 25-50% of patients experience pain. The prevalence for those residing in long-term care facilities can be as high as 80%. In addition, up to 25% of these residents report that their pain is undertreated or not addressed at all. National Institutes of Health (NIH) data from 2021 reveals that the age-adjusted prevalence of both chronic pain and high-impact chronic pain was notably higher among certain demographic population groups including American Indian/Alaska Native (AI/AN) adults, adults identifying as bisexual, and adults who were divorced or separated.

The need to ensure access to behavioral health services highlights the critical need for quality improvement in healthcare. By addressing root causes, providers can develop targeted strategies to mitigate risks. Implementing evidence-based guidelines, enhancing patient monitoring and ensuring continuous education for healthcare professionals are essential steps to promote safer, more effective care.

PREPARING FOR CHANGE

The Plan-Do-Study-Act (PDSA) cycle provides a sound framework for quality improvement. Plan by mapping the current process to identify gaps, identifying who will be involved, and confirming what resources may be needed. Do the work by implementing a change or intervention and collecting data on the results as you go. Study the data – were the desired results achieved? Act on the results – accept or adjust the implemented change. Alongside this framework, Telligen recommends utilizing its comprehensive Quality Improvement Workbook which provides valuable resources to support your team's quality improvement efforts. Additionally, Telligen quality improvement facilitators developed the change pathway tool – a topic-specific, step-by-step guide to quality improvement, created using evidence-based practice resources and guidelines.

[1] https://sam.gov/api/prod/opps/v3/opportunities/resources/files/1c1717ffa2aa41b3b82c60c03f4c6ae5/download?&status=archived&token=

DEPRESSION AND SUICIDE

BEHAVIORAL HEALTH: ADDRESSING DEPRESSION, SUICIDE AND OPIOIDS, ALCOHOL AND SUBSTANCE USE DISORDER

IN-DEPTH

Veterans have an adjusted suicide rate that is 57.3% greater than the non-veteran U.S. adult population. Suicide is the ninth leading cause of death among AI/AN people. Adults with disabilities are three times more likely to report suicidal ideation compared to adults without disabilities. Additionally, people living in rural areas have much higher rates of suicide than people living in urban areas, with Wyoming and Montana having the highest rates (32 per 100,000) followed by Alaska (31 per 100,000), New Mexico (25 per 100,000), and South Dakota (23 per 100,000) in 2021. Centers for Medicare & Medicaid Services (CMS) chronic condition data indicates that 18.4% of all Medicare fee-for-service (FFS) beneficiaries had a diagnosis of depression in 2018. Prevalence is higher among females (22.6%) than males (13.4%), and higher among dual eligible beneficiaries, those with both Medicare and Medicaid (31.3%) than non-dual beneficiaries (15.2%).[1]

RESOURCES

CDC – Suicide Prevention: Resource for Action	Mental Health America – Depression Test
CMS – Addressing and Improving Behavioral Health	National Institute of Health – Patient Health Questionnaire-9
Department of Veterans Affairs Mental Health Services	National Judicial Opioid Task Force – Promising Strategies in Providing Treatment to Rural, Frontier, and other Underserved Communities
Hartford Institute for Geriatric Nursing – The Geriatric Depression Scale	SAMHSA – Substance Abuse Confidentiality Regulations
HHS – FAQs on Sharing Information Related to Treatment for Mental Health or SUD Including Opioid Abuse	SAMHSA – Resources for Older Adults
HHS – How HIPAA Allows Doctors to Respond to the Opioid Crisis	Telligen – Words Matter Resource Cards
Joint Commission – Zero Suicide Institute	

EFFECTIVENESS CHECKS

1. Audit for the specific change you were aiming for.
2. Collect and analyze the data.
3. Share findings, opportunities and successes with staff, leadership and if possible, with patients.

Based on your data findings, if the change seen did not lead to the desired improvement, re-evaluate the root cause and consider launching another PDSA cycle.

For additional information and resources, visit Telligen's hospital resources page.

OPIOIDS, ALCOHOL & SUBSTANCE USE

BEHAVIORAL HEALTH: ADDRESSING DEPRESSION, SUICIDE AND OPIOIDS, ALCOHOL AND SUBSTANCE USE DISORDER

IN-DEPTH

Approximately 1.7 million Medicare beneficiaries were estimated to have a substance use disorder in 2021, and of those only 11% received treatment for their condition. During that same period, Medicare beneficiaries with substance use disorders were more than twice as likely to have serious psychological distress as those without substance use disorders.[1]

SAMHSA data from 2021 has shown that substance use disorders affect certain populations more than others. American Indian/Alaska Native (27.6%) or multiracial people (25.9%) were more likely to have a substance use disorder (SUD) in the past year compared with Black/African American (17.2%), White (17.0%), Hispanic or Latino (15.7%), or Asian people (8.0%). CDC data revealed that the age standardized prevalence of tobacco use was higher among FFS beneficiaries who are American Indian/Alaska Native (16%) and Black/African American (12%) than their White (9%), Hispanic (7%), and Asian/Pacific Islander (4%) counterparts in 2020 and that the rate of FFS enrollees with tobacco use also varied by geographic areas (West Virginia (15%) and Kentucky (14%) had a higher prevalence rate and Puerto Rico (2%), Hawaii (5%) and Utah (5%) had a lower rate).[1]

CHANGE PATHWAY

The change pathway tool is a topic-specific, step-by-step guide to quality improvement. The change pathway is created using evidence-based practice resources and guidelines. Key quality improvement activities such as formulating an aim statement, conducting a root cause analysis and identifying interventions are included in each guide. Interventions are outlined as beginner, intermediate and expert so that you may explore opportunities for improvement that meet your needs.

- Change Pathway: Exploring Strategies to Prevent Opioid Morbidity and Mortality

RESOURCES

AHA – Stem the Tide: Addressing the Opioid Epidemic 7 Taking Action	Quality Improvement Organization – The Case for Buprenorphine Initiation in the ED Podcast Series
American Addiction Center – CAGE Questionnaire (4 Questions to Screen for Alcoholism)	NIH – Considering Complementary Approaches to Pain
Colorado Hospital Association – Colorado's Opioid Solution	SAMHSA (Substance Abuse and Mental Health Services Administration)
HHS – Overdose Prevention Strategy	Telligen – ADE Resource Package (Opioids)
IHI – Trigger Tool for Measuring Adverse Drug Events	

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