Patient Feedback Loops & Use of Data Dashboard in Behavioral Health Department Build Toward Culturally Informed Workforce
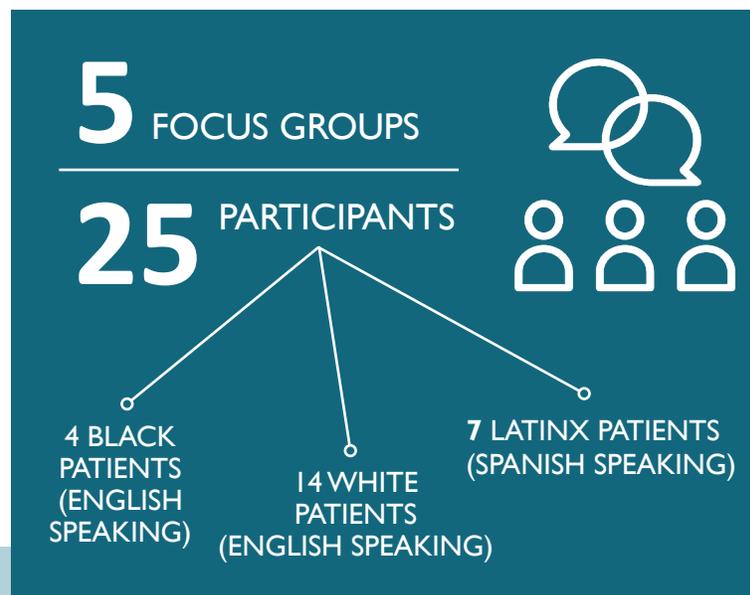
BACKGROUND

Community Health Center Network (CHCN) partnered with two of its standing health centers, LifeLong Medical Care and Axis Community Health, to participate in the Delta Center California Learning Laboratory. Delta Center California aims to bring together behavioral health and primary care leaders to accelerate care improvement and integration through policy and practice change.

Over the last two years, this team of behavioral health leadership, providers, and program management staff have worked to assess and better understand racial, ethnic and language disparities in behavioral health screening, referral, and engagement at Axis and LifeLong; create more effective services across racial and ethnic groups; and enhance their behavioral health registry that includes a data dashboard. The team has focused on three primary activities - 1) distribution of a patient satisfaction survey to patients; 2) focus groups held with various patient groups clustered by health center, race and language; and 3) to identify disparities in access to and participation in integrated behavioral health services, and inform future practice.

PATIENT FOCUS GROUPS

Patient focus groups were conducted with the **primary goals of understanding:**

» Patient experience while receiving mental health care at LifeLong and Axis
» Whether the mental health services patients have received have been aligned with patients' identities and cultural backgrounds
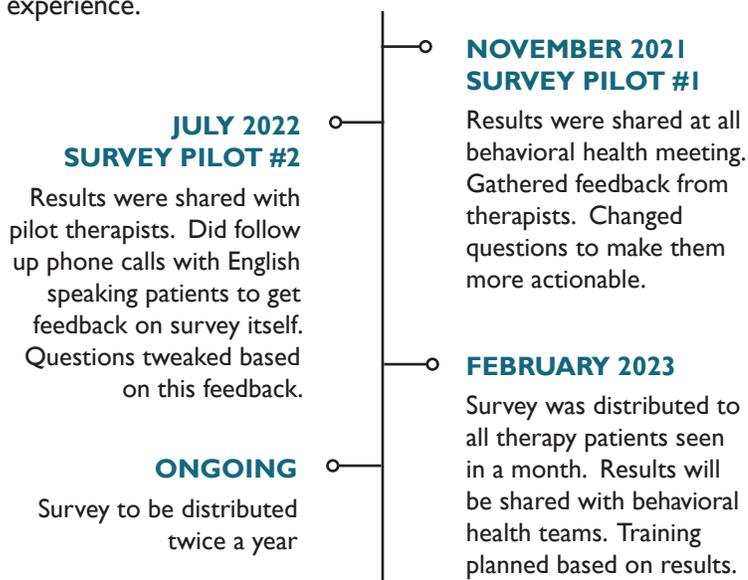» What can be done to improve the patient experience

5 FOCUS GROUPS

25 PARTICIPANTS

4 BLACK PATIENTS (ENGLISH SPEAKING)

14 WHITE PATIENTS (ENGLISH SPEAKING)

7 LATINX PATIENTS (SPANISH SPEAKING)

SCREENING

THERAPY

FIRST TIME APPROACHED ABOUT MENTAL HEALTH

CONNECTION TO CARE: REFERRAL & INTAKE

VISIONING & IMPROVEMENTS

INTEGRATED BEHAVIORAL HEALTH JOURNEY & FOCUS GROUP QUESTION ALIGNMENT

Focus Group Findings

- » Connection with therapist is key
  - » Health center should ask what client wants (therapist identity, language)
  - » Desire to feel heard and understood
- » Good support from health center; overall patients were pleased with services they received
- » Community stigma persists around mental health services and medication
- » Challenges with screening questions
- » Like having choice between in person and virtual
- » Long wait times to start therapy
- » Positive focus group experience

PATIENT SATISFACTION SURVEY
(LIFELONG ONLY)

Two pilots of surveys were distributed to all patients following therapy visits to ask about **their experience of therapist empathy and cultural sensitivity; how much they believe therapy is helping; and their overall satisfaction with services.** Surveys will continue to be distributed on a biannual basis and the results will be evaluated and used to identify training needs for staff, identify workflow changes and improve patient experience.

**NOVEMBER 2021
SURVEY PILOT #1**

Results were shared at all behavioral health meeting. Gathered feedback from therapists. Changed questions to make them more actionable.

**JULY 2022
SURVEY PILOT #2**

Results were shared with pilot therapists. Did follow up phone calls with English speaking patients to get feedback on survey itself. Questions tweaked based on this feedback.

FEBRUARY 2023

Survey was distributed to all therapy patients seen in a month. Results will be shared with behavioral health teams. Training planned based on results.

ONGOING

Survey to be distributed twice a year

Learnings

Direct impact on clinic work:
- » More consistently checking in with patients about
  - » how they'd like to use their time
  - » at end of session to see how session went and if anything was missed
  - » their identity (both at intake and on an ongoing basis)
- » Training needs - best practices for talking with patients about their identity

FOCUS GROUP REPRESENTATIVE QUOTES

PREFERENCE & CONNECTION

"I would like to be asked [for my preferences]. It still gives me some type of control. In the hospital room, a doctor knocks. They give you an option to not come in. [This] gives me a sense of control. I want to be asked my preference. What makes me comfortable? I'm different from Patient B. I'm different. I want what is best for me. You can only do that by asking."

STIGMA

"There's such a stigma. People look at it like telling my business then they're gonna tell my business to somebody else. I don't feel like that, but some people do. We have to be bigger than that. We have mental health issues that are not being addressed."

IN PERSON VERSUS VIRTUAL

"I've had experiences with in-person. They both have pros and their cons. In person you're literally 10 feet from somebody. There's no hiding. You're in the moment. I think it can be effective and it's a good approach. But between COVID and everything going on in the world, video is convenient. It used to take me an hour and a half to get to my therapy appointment because I had to take the bus. If it's just as difficult as putting pants on, then it's worth it for me."

SUPPORT

"This is a very good team, it really is a very good service that gives everything to the community, to everyone."

WAIT TIMES

"The only thing was that I couldn't get an appointment after a month and a half after I had [...] asked for. By then, the situation had resolved in a lot of ways. There were no appointments."

BUILDING A DATA DASHBOARD

The team has worked to build a data dashboard to **highlight and better understand racial, ethnic and language disparities** in screening, referral and engagement at Lifelong and Axis. This prototype of the dashboard illustrates the data the team would like to capture. Data will be updated monthly allowing for regular and systematic review by leaders and care teams to inform processes, access, programs and services. Anticipated completion for this dashboard is mid-2023.

"We are incorporating more consideration into understanding the IBH (Integrated Behavioral Health) journey for our patients of differing ethnicities."

DELTA CENTER
CALIFORNIA

This project spotlight is a product of Delta Center California.

"We have begun to shift the culture in our behavioral health department to one of ongoing feedback from patients and staff."

KEY TAKEAWAYS

With focus on direct feedback across a broad range of patients in multiple formats, the team has gained important insights and information to inform intake services, communication with patients as well as programs and services to address patient needs and preferences. As well, the team has reflected on how to create a sustainable feedback system which indicates an organizational culture shift within and across the three partner organizations.

The team has identified several key takeaways:

» The importance of ongoing feedback through surveys, focus groups and data dashboards to understand and improve the patient experience and patient needs and preferences
» The importance of providing feedback loops to clinicians and staff to improve intake processes and one on one interactions with patients
» The importance of a culturally informed workforce especially as it relates to the integrated behavioral health journey