

TCPI Exemplary Practice Performance Summary, January 2019

A New Leaf (ANL)

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Exceptional pediatric behavioral health agency dedicated to increasing access to care for America's most vulnerable population: pediatric and adolescent mental health members.

A New Leaf achieved success on TCPI Aims 3 and 5 through innovative collaboration with a community partner and adopting an evidence-based protocol for lab monitoring of members prescribed atypical antipsychotic medications. In both interventions, A New Leaf demonstrated innovative prowess in our approach to achieving the aims as defined by TCPI. We leveraged relationships with our community partners and the Health Information Exchange to create successful sustainable solutions.

A New Leaf is a pediatric behavioral health organization that is part of a larger community agency. Our agency was founded in 1971, and promotes the concepts of “growth, hope, change and new beginnings,” (A New Leaf, 2018). Our agency serves a population that includes families in transition from homelessness, domestic violence, and low-income families. We also serve children and families in the foster care system, and children and families in need of counseling, financial literacy and employment support. Last year, A New Leaf served more than 22,000 men, women and children in the community. We provide an array of behavioral health services to children 0-18 on Medicaid including children in the foster care system.

Our agency's pediatric behavioral health practice serves children and adolescents at two locations with 9 clinicians through outpatient counseling and an after-school program.

A New Leaf's outpatient counseling is offered at the Dorothy B. Mitchell Counseling Center and the West Valley Behavioral Health Center. The program focuses on strengthening family relationships, helping children to be successful at home and school, developing skills for self-care, management, regulation and sufficiency, addressing and resolving trauma related issues, and promoting health initiatives for the child and family (A New Leaf, 2018). The services include crisis management, cognitive behavior therapy, family counseling, group and individual counseling, and PACTT- Parent and Child Teaming Together Program supports (A New Leaf, 2018).

A New Leaf's After-School Program support children and adolescents through learning and social activities, behavioral therapies and other life-skill building activities.

Bold Aims in Practice

A New Leaf has addressed unnecessary testing as defined in Aim 5, by sustaining efficient care delivery by implementing protocols to eliminate duplicate testing. We are also committed improving healthcare as defined in Aim 3 by increasing access to care for at-risk members of the population that include pediatric and adolescent participants in the After-School Program. We achieve this through innovative and mutually beneficial collaborations with partners in our medical neighborhood. Specifically, our collaboration with A.T. Still University, as an inter-professional partner to provide preventative health screenings to this underserved population, demonstrates innovation and evidence-based care that is significant and meaningful for this agency.

A New Leaf was challenged by Milestone 2, demonstrating improvement in reducing unnecessary tests. Our practice transformation consultant suggested we panel patients by diagnosis, and further, the medications most commonly prescribed for the identified diagnoses. Our analysis identified the

commonly prescribed medications included the atypical antipsychotic class. We worked with our consultant and the Health Information Exchange to create a panel of these patients and applied the evidence-based recommendations for lab monitoring when evaluating lab orders for these members. Our providers were able to avoid duplicate testing by monitoring the alerts and results received from the HIE and by adhering to the standard protocol for lab testing.



Patients by diagnosis, A New Leaf, 2018

Comparison of metabolic effects of atypical antipsychotics

Drug	Weight gain	Dyslipidemia	Hyperglycemia
Clozapine	+++	+++	+++
Olanzapine	+++	+++	+++
Risperidone	++	+	+
Quetiapine	++	++	++
Ziprasidone	+/0	+/0	+/0
Aripiprazole	+/0	+/0	+/0
Iloperidone ^a	++	+/0	+/0
Paliperidone	+	+	+
Asenapine ^a	+/0	+/0	+/0
Lurasidone ^a	+/0	+/0	+/0

+++ : significant; ++ : intermediate; + : low; +/0 : low or neutral
^aLimited data and/or long-term data are not available

(Kathryn Zeier, 2013)

Recommended monitoring for a patient taking an atypical antipsychotic

Parameter	Baseline	1 Mo	2 Mo	3 Mo	6 Mo	Annually
Body mass index ^a	X	X	X	X	X	X
Waist circumference	X	X	X	X	X	X
HbA _{1c} ^b	X			X		X
Fasting plasma glucose	X			X		X
Fasting lipid panel	X			X		X

^aEncourage patients to monitor their weight in addition to being weighed at the clinic

^bUnless patient develops diabetes mellitus, in which case American Diabetes Association guidelines for managing diabetes are recommended

(Kathryn Zeier, 2013)

Aim 3: Improving Health Outcomes

A New Leaf is partnering with AT Still University's (ATSU) Center for Resilience in Aging to integrate physical health services into their program by utilizing residents in audiology and occupational therapy to provide screening services to children participating in A New Leaf's After School Program. The bold aim is to systematically screen patients to rule out that physiological barriers (e.g. hearing loss) are root causes of behavioral health issues. The goal is to improve clinical care and quality and reduce costs. This program launched in October 2017 and was repeated in October 2018. A New Leaf and A.T. Still University had mutual interests in this intervention that included (1) integration of physical medicine with behavioral health, (2) patient and family engagement through education, screening and referral to other community resources, (3) audiological and physical health assessments will create a more comprehensive assessment of the behavioral client, (4) creating an opportunity to expose students (future clinicians) to a model of inter-professional collaboration, and (5) the collaboration will be the focus of scholarship with ATSU faculty that will be disseminated through publication.

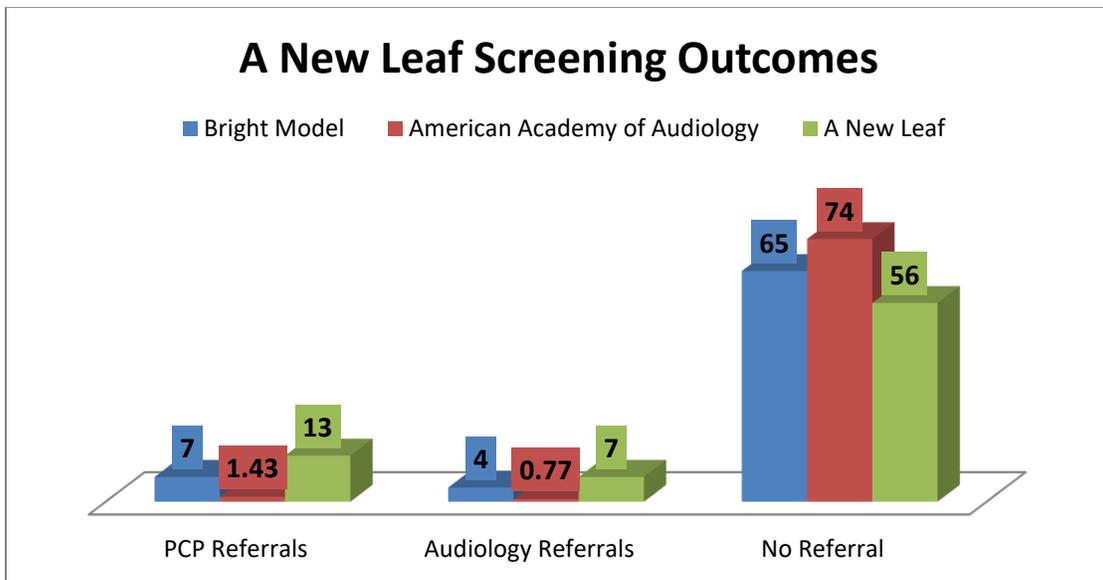
Preventative Care Screening Intervention

An interdisciplinary team of stakeholders that included PTN staff as well as leaders and clinicians from both ATSU and A New Leaf participated on the improvement team that developed this new service model. Seven groups of children (28 total) were screened by the doctoral audiology students during the first session. In the participant population there was 1 non-verbal student and 1 Spanish speaking only student. The doctoral students made accommodations to support the needs of these students. For participants that had challenging behavioral concerns, a member of A New Leaf's care team accompanied the child throughout the screening session. If a child screened positive for possible hearing loss on the active screening test, a second passive screening was conducted on the participant to confirm or rule out findings. In the group of 28 screened, 1 student screened positive for referral to a complete audiological screening for hearing loss. The session lasted two hours, and the audiology team cleared the workspace to allow the physical health screening teams to set up for the second screening. First year doctoral students in the school of osteopathic medicine conducted the second screening under the supervision of two academic physicians attending. Participants entered allowing for 4-6 children to be screened simultaneously at different stations. Children were measured, weighed and BMI calculated before advancing to the otoscopic exam. Temperature, nose and throat exams were

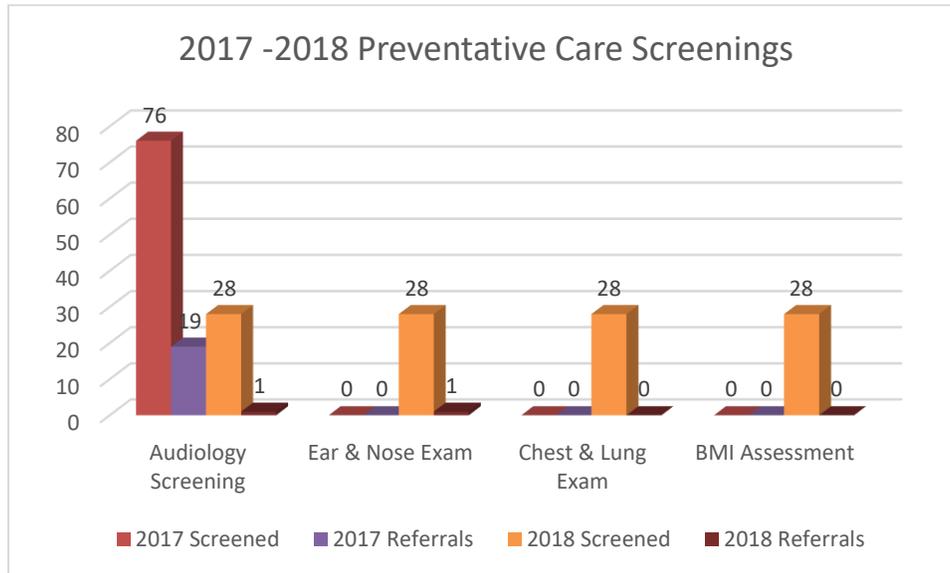
conducted at the next station, and heart and lung exams were conducted at the final station. The students recorded their observations on the form, and the attending physician reviewed the results and exited the participant from the screening. At the conclusion, 28 participants were screened. All the participants passed the physical health screening, and none were referred for additional evaluation. The results sheets were returned to A New Leaf, and the assigned case manager was going to contact parents about the findings and materials that would be sent home. Additionally, for the one participant who screened positive for hearing loss in the audiology screening, coordination of care with the PCP and a referral to an audiology specialist would be managed by the case manager.



The 2018 intervention was a measured improvement over the 2017 intervention. In the table below, the rate of referrals resulting from the 2017 intervention reflect audiological screening outcomes.



In 2018, students received more comprehensive preventative screening, including audiological, ear nose and throat, chest and lung exams and BMI assessments.



Sustainable Application of Interprofessional Collaboration

In 2018, providers at all levels are faced with the increasing demand of growing patient panels, clinician burden and burnout. As we prepare the next generation of clinical providers, it is important to drive them away from the silos that define the current healthcare model. Improvement will only come from a model of healthcare that supports interdisciplinary collaboration among providers. The key to this best practice collaborative model will come from preparing tomorrow’s providers through interdisciplinary education. The interprofessional collaboration between A New Leaf and A.T Still University demonstrates how access to care can be improved through partnerships with medical professional educational institutions.

Additionally, the outcomes of the audiological screenings are significant and relevant. In a 2017 report on the costs of unaddressed hearing loss on the global health care system, the World Health Organization concluded hearing loss must be addressed as a public health issue and public health strategies should address prevention, screening and early intervention of hearing loss (World Health Organization, 2017). Additionally, the WHO conservatively estimates “the cost to the education sector of providing support to children (5–14 years) with unaddressed hearing loss is \$3.9 billion. This assumes that only children with at least moderately severe hearing loss (hearing level greater than 50 dB in the better-hearing ear) require educational support” (World Health Organization, 2017).

Given the significance of these findings, it is imperative the clinical community embrace a more cross-disciplinary, integrated approach to management of its patients. In the context of *A New Leaf*, this means coordinating with other clinical specialists and primary care physicians to provide the comprehensive diagnostic framework through which they could best address the patient’s needs. The collaboration between a behavior health agency and a health professions graduate school provides the dual benefit of screening for the children and clinical training opportunities for the future providers.

A New Leaf is an active participant of the Practice Innovation Institute (Pii), Arizona's Practice Transformation Network.

As of August 8, 2018, A New Leaf has reached Phase 5 of the 5 Phases of Transformation.



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References

A New Leaf. (2018, November 14). *A New Leaf Our Mission: Helping Families, Changing Lives*. Retrieved from [turnanewleaf.org](https://www.turnanewleaf.org): <https://www.turnanewleaf.org/about/>

Kathryn Zeier, P. R. (2013, September). Recommendations for lab monitoring of atypical antipsychotics. *Current Psychiatry*, pp. 51-54.