

Using Clinical Data to Drive Development of Programs and Clinicians

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Transitional Care Clinic (TCC)



1

Agenda

- Using Clinical Data to Drive Program Development
- PDSA Framework
- Examples from UT Health Transitional Care Clinic (TCC)
- Implications for LMHA's
- Discussion



2

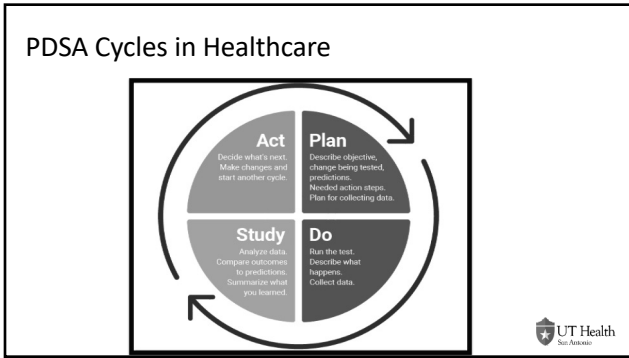
KEY BENEFITS OF DATA ANALYTICS IN HEALTHCARE

- 1 Increased Transparency
- 2 Better Patient Care
- 3 Reduced Costs
- 4 Increased Time with Doctor
- 5 Improved Coordination

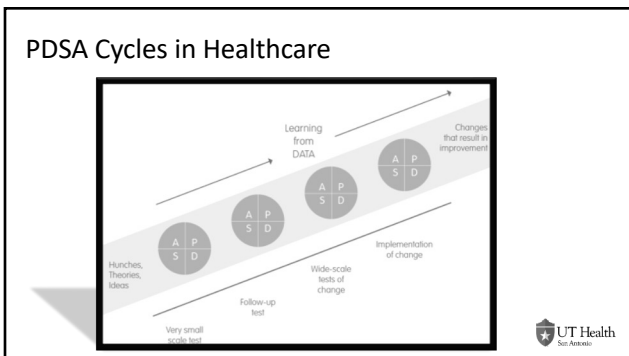
Why Healthcare Data Matters



3



4



5

- ### Types of Data
1. Community/epidemiological
 - Demographic characteristics
 - Behavioral Health Trends
 2. Patient characteristics
 - Demographic
 - Clinical
 3. Clinic Service Utilization
 - Trends in engagement
 - Show rates, time preferences
 4. Clinic service offerings
 1. Groups
 2. Individual Therapies
 3. Specialty programs
 5. Workforce trends & Clinical Staff competencies
 1. EBPs
- UT Health
San Antonio

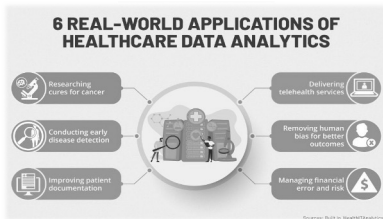
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Where Does Healthcare Data Come From?



7

How Data is Used Globally



8

Experiences from the UT Health TCC


2012 to 2024



9

Setting: The UT Health Transitional Care Clinic


<p>Mission / History</p> <ul style="list-style-type: none"> Decrease BH rehospitalization among Bexar County adults Develop new programming to meet community needs <p>Funding</p> <ul style="list-style-type: none"> State University Health System Insurance billing 	<p>Structure/Flow</p> <ul style="list-style-type: none"> Over 100 pts per month referred from 10 area hospital inpatient units and ER's. 3-6 mos of treatment <ul style="list-style-type: none"> Medication management Psychotherapy Case Management Training clinic <ul style="list-style-type: none"> 40% of services provided by trainees
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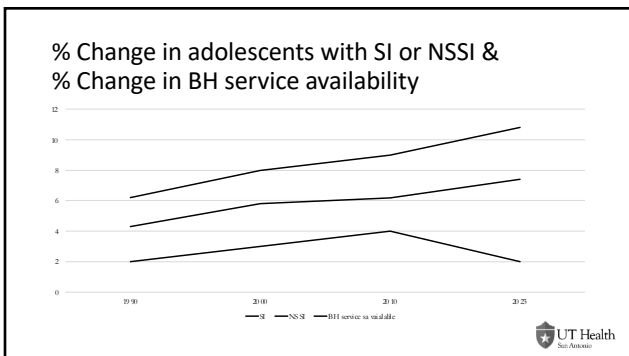
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1. Community/Epidemiological Data

<p>Community Data</p> <ul style="list-style-type: none"> Increasing rates of mental illness, suicidality, emotional crises among adolescents in Bexar County. Insufficient access to BH services for adolescents 	<p>Clinic Response</p> <ul style="list-style-type: none"> Expand clinic to include adolescent services.
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11



12


2. Patient Characteristics

Patient Characteristics

- Initially, TCC services emphasized SMI because of expertise of existing clinicians
- Observed decreasing SMI referrals because of LMHA capacity increase
- Increased referrals for personality disorders, emotion dysregulation, suicidality, PTSD

Clinic Response

- Offer clinical services to match patient needs
- Stop First Episode Psychosis program
- Start Dialectical Behavior Therapy program
- Increase PTSD Services
- Start Crisis Response Planning (CRP) individualized suicide risk assessment & safety planning
- Living Room as-needed crisis counseling service




13

Demographic Example

Zip Code	Count
78154	30
78155	4
78160	2
78163	2
78201	112
78202	27
78203	12
78204	18
78205	9
78207	188
78208	24
78209	43
78210	53
78211	44
78212	60
78213	90
78214	40

Zip Code	Count
78226	17
78227	90
78228	139
78229	118
78230	77
78231	12
78232	59
78233	86
78234	4
78235	1
78237	74
78238	68
78239	55
78240	131
78242	53
78244	58
78245	134
78246	1
78247	54
78248	6
78249	89
78250	74
78251	53
78252	31
78253	83



14


Demographic Example

Plan. Do. Study. Act: Pull Data and Review

- Maybe those zip codes with the highest number of referrals need services most?
- Perhaps those zip codes with higher numbers of referrals are more likely to use the TCC?
- Is there an opportunity to do more to reach those with few referrals?
- Maybe the areas with fewer referrals have access to other services?

What Does the Data Actually Say?

Zip Code	Count
78209	17
78217	90
78218	139
78219	118
78220	77
78221	12
78222	59
78223	86
78224	4
78225	1
78227	74
78228	68
78229	55
78230	131
78232	53
78234	58
78235	134
78236	1
78237	54
78238	6
78239	89
78240	74
78241	53
78242	31
78243	83



15

Demographic Example

Plan. Do. Study. Act.

- 1) We went and bought a van!
- 2) Measure proximity to the TCC.
- 3) Combined this knowledge with other known information from the high-need areas in the community
- 4) Collaborate with partners (Haven)
- 5) Survey patients.
- 6) Assess overall resources.

What tried to do

Zip Code	Count
78206	11
78227	90
78228	139
78229	148
78230	77
78231	12
78232	59
78233	86
78234	4
78235	1
78237	74
78238	68
78239	55
78240	131
78242	53
78244	58
78245	134
78246	3
78247	54
78248	6
78249	85
78250	74
78251	53
78252	31
78253	83
78254	74

16

Demographic Example

Plan. Do. Study. Act.

- 1) Locate a service in the most underserved areas.
- 2) Help with barriers to accessing care (transportation-bus passes).
- 3) Look up the areas of town with the zip codes that that have the most and least referrals.
- 4) Partner with hospital referral sources to inform about the TCC.
- 5) Establish additional means of care delivery (EMPOWER).

What Might we try next?

Zip Code	Count
78206	11
78227	90
78228	139
78229	148
78230	77
78231	12
78232	59
78233	86
78234	4
78235	1
78237	74
78238	68
78239	55
78240	131
78242	53
78244	58
78245	134
78246	3
78247	54
78248	6
78249	85
78250	74
78251	53
78252	31
78253	83
78254	74

17

3. Clinic Service Utilization

Utilization Data

- Group offerings were poorly attended
 - Offerings driven by historical precedent and/or clinician interest
 - Depression & Anxiety
 - Anger Management
 - Open group/low-commitment format

Clinic Response


- Offer closed-group, high-commitment group offerings
 - Driven by community need and patient clinical characteristics
 - Dialectical Behavior Therapy (DBT)
 - Closed group/high-commitment format

18

Group Utilization

Percent of Psychotherapy Encounters comprised of Group (vs. Individual) sessions

Group Type	2015	2018	2021	2024
Open	3%	4%	5%	4%
Closed-DBT	0%	3%	8%	20%



19


5. Workforce Development: Crisis = Opportunity

Crisis

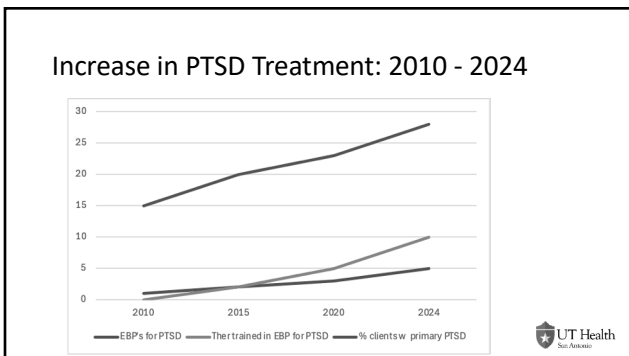
- High turnover of clinicians
- High proportion of less experienced clinicians
- Clinicians leaving after achieving full licensure
- Inertia - More experienced clinicians may be less likely to volunteer to deliver new treatments

Opportunity

- More roles for not-fully-licensed staff in LMHA's than in private sector
- Train new hires and early-career clinicians in new interventions driven by your clinical data



20



21


5. Staff/Intern Training

Data on Training Needs

- 60% of clinic services provided by interns or by staff with < 2 years licensure.
- High risk/high complexity clients
 - 66% of new TCC clients were at high suicide risk within 2 weeks of intake
- New trainee cohorts start at least 2x/year

Clinic Response

- Reflective Training clinical skill development program



22



Reflective Training

Challenges

- Passive (Powerpoint or video) clinical training programs build knowledge but not skill.
- Skill-building requires repeated practice over time with objective feedback
- Using patient sessions for practice is not feasible
 - Cost, logistics, no feedback

RT Solutions

- Practice-focused training sessions provided by peer coaches
- Peer-to-peer feedback on roleplays using streamlined, objective "feedback form"
- Online training sessions offered at flexible times can be accessed by learners across sites

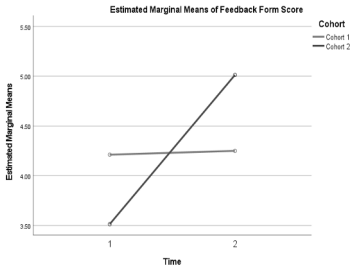
Rand Corporation, 2017

23

Reflective Training in Motivational Interviewing

Evidence-based

- Two cohorts of clinical learners (n = 24 & 22)
- Cohort 1: passive training
- Cohort 2: Reflective Training
- Both completed recorded roleplays at baseline and endpoint
- C2 increased in skill use vs C1 (p < .05)




Roberts et al., 2024

24

IMPLICATIONS FOR LMHA's:
What key differences do you see between your setting
and our setting at the TCC in terms of opportunities
to use data to drive practice?

General Discussion



25


Breakout Group Discussion



26

What Areas of Opportunity do you see in your work?


Breakout Discussion



27

Who might be your key partners?


Breakout Discussion



28

What outcomes might you hypothesize?


Breakout Discussion



29

What has your agency already implemented based on data/information? What's going well?

Breakout Discussion



30
