

MARCH 2024

MIMind Memorandum



LET'S CELEBRATE OUR SOCIAL WORKERS! MARCH IS NATIONAL SOCIAL WORK MONTH

Social workers are involved with MI Mind from provider organization leadership to working as site champions and administrative liaisons at the practice level. Their roles with their organizations or clinics include case managers, behavioral health care managers and psychotherapists in both primary and specialty care.

Key members of the care team, social workers collaborate with physicians, nurses and advanced practice providers. MI Mind social workers spearhead suicide prevention on the front lines in multiple settings, including virtually, in independent outpatient clinics and embedded in primary care offices. They work closely with patients and share their expertise with their colleagues through in-services and by offering training for providers, nurses and support staff.

DID YOU KNOW?

Five members of the MI Mind team have backgrounds in social work:

- Brian Ahmedani, Ph.D., LCSW, licensed in micro and macro social work
- Cathy Frank, M.D., MSW
- Amanda May, LMSW
- Sarah Moore, LMSW
- Gabrielle Benton, LLMSW, MPH

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MIMind

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MI MIND IS POISED FOR GROWTH IN 2024

Recruitment for the third MI Mind cohort concluded in January. According to Heather Omdal, MPH, MI Mind Program Manager, “We had an excellent response and are excited about the interest in MI Mind from providers and provider organizations. We are currently making selections and will work to finalize contracts and recruit providers and practices in May. I’d like to thank everyone who applied.”

Omdal reminds current cohorts that new practices at their organizations can join MI Mind between March 1 and May 1. If a provider or practice at your organization is interested in joining the MI Mind Collaborative Quality Initiative, they should contact Heather Omdal at homdal1@hfhs.org for more information.



*Heather Omdal, MPH,
MI Mind Program
Manager*

REGIONAL MEETING PRESENTATION OPPORTUNITIES



Site champions and provider organization leadership have an opportunity to present at this year’s MI Mind regional meetings. Presentations are 15 to 20 minutes long and can describe how you have strengthened your care pathway, partnered with other resources or organizations to prevent suicide, or another topic related to MI Mind protocols, processes or suicide prevention. Presenters will receive additional points on their PO’s scorecard for making a presentation to colleagues. Please email MI Mind MIMind@hfhs.org to express your interest or with questions.

*Program Director Brian Ahmedani, Ph.D.,
LMSW, presenting at the MI Mind Kick-off
meeting, held in September 2021.*

SUPPORT GROUPS OFFER A NETWORK OF CARING RESOURCES FOR PATIENTS

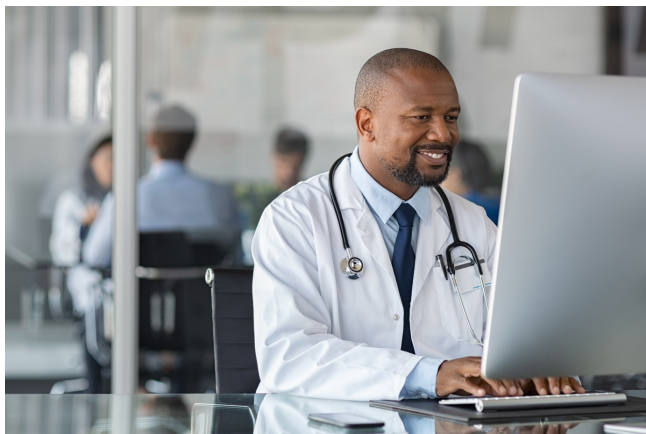
Support groups are a resource MI Mind providers can offer to their patients. Many groups offer support for specific situations and diagnoses, including:

- Grief after loss of a loved one
- Cancer
- Post-partum depression
- Depression and anxiety
- Bipolar disorder
- Alcohol and substance misuse
- Chronic pain
- Disability
- Family caregivers
- National Alliance on Mental Illness (NAMI) support groups



Many support groups meet virtually. Two MI Mind support group handouts are available with brief descriptions, web addresses and phone numbers. They are located on the [Tools & Materials](#) page and on the [Patient and Support Person Resources](#) page, titled “[Support Groups](#)” and “[NAMI Support Groups.](#)” They can be shared electronically, printed and given to patients, and made available in your office.

ANSWERS TO YOUR PHQ-9 BILLING QUESTIONS



Our providers and provider organizations have asked for clarification about billing for the PHQ-9 from the MI Mind team. (The information below is also available in the [MI Mind Partner Portal](#) Document Library.)

What billing code is used when completing a behavioral health screening? 96127

Who can bill for completing a behavioral health screening? A physician or other qualified healthcare professional may bill 96127. For example, a Family Practice MD, an Internal Medicine PA, or a Pediatric CNP. A behavioral health specialty is not required. Psychiatrists (MD or DO), psychologists

(PhD or PsyD), psychiatric nurse practitioners (CNP), and physician assistants (PA) can also bill 96127. Master's level psychotherapists and social workers cannot bill 96127 because the CPT codes used for their services already include screening for and monitoring mental health conditions. All other providers listed above can bill the code.

For which behavioral health screens can providers bill 96127? 96127 can be billed after completing a brief assessment for suicide risk, depression, anxiety, ADHD, somatic symptom disorder or substance abuse. This code can be billed up to four times per year, but this may vary based on insurance provider.

Does this mean that a provider could bill four times per year for a depression screener AND four times per year for an anxiety screener? No, the CPT code 96127 can be billed up to four times total in one year. If more than one testing tool is utilized on the same day, then you could bill 96127 as two units. For example: You gave the patient a PHQ-9 screener and a GAD-7 screener, so you could bill 96127 twice for that visit. You could now only bill 96127 up to two more times for that patient in the same year.

What is the difference between 96127 and G0444 codes when screening for behavioral health symptoms? G0444 is for use in the Medicare annual wellness visit only.

Billing can change by insurance carrier, and billing regulations can also change periodically. This information is only a basic guide for billing for behavioral health screening. Always check with your billing department for the most updated information on billing-related issues.

TRANSLATED HANDOUTS AIM TO IMPROVE COMMUNICATION

The MI Mind team will soon provide several patient and support person handouts in Spanish, Arabic, Chinese, Bengali, French and Hindi. The translated resources will include:

- [If you are thinking about suicide, read this first](#)
- [Crisis and Suicide Prevention Hotlines](#)
- [Preventing Suicide: Tips for Parents](#)
- [Understanding and Helping Someone Who is Suicidal](#)
- [Creating a Safety Plan](#)
- Printable Crisis Cards

Watch your email and future issues of *The Mem* for more information and links to the translated materials.



MI MIND AUGMENTS ESTABLISHED PROTOCOLS FOR HOLLAND HOSPITAL



*Julie Arnold, LMSW,
Holland Hospital and MI
Mind Site Champion*

Years before joining the MI Mind Collaborative Quality Initiative (CQI), the team at Holland Hospital had established protocols to connect patients with their robust behavioral health services. Even so, joining MI Mind in 2023 has proven beneficial.

Julie Arnold, LMSW and MI Mind Site Champion says, “MI Mind helped us make sure our staff are educated and that we are all utilizing the same approaches to identify suicide risk with every patient, every time. Starting from the initial contact with a medical assistant and continuing to the provider, the training and protocols have made our practices more consistent.”

Holland Hospital offers outpatient, partial hospitalization, and inpatient psychiatric care as well as dedicated mental health evaluation rooms in their ER. Arnold is one of three social workers who covers six of the hospital’s primary care clinics located in the Holland community. Working closely with providers and staff at the practices, they developed protocols similar to MI Mind, making the transition to the CQI smooth.

“We meet, collaborate and coordinate within the behavioral health scope of practice to ensure the focus is on our patients,” she explains. “We are available as resources and can meet with patients identified as at-risk during appointments with their providers. We refer patients to appropriate levels of care within and outside of the organization, and have folders in all our offices with step-by-step instructions to assess suicide risk for times we aren’t on site.”



New to Holland Hospital Medical Group practices is data gathering. “We haven’t gathered data in the past and are excited about the opportunity to make that part of our work and see what the data reveals over time,” she says.

Arnold reflects on the increased need for mental health services in recent years. “I’ve worked in this field more than 25 years and have never seen anything impact mental health like the pandemic has and continues to do. One positive result that came from the pandemic is that mental health care is more normalized with less stigma. Patients are more open to talking about it and accepting care.”

Medical issues, she points out, can be exacerbated by mental health issues or are a result of them. “Our role is integrated care, and our goal is to integrate mental health care with physical health care,” she says, echoing the MI Mind philosophy: “Connecting body and mind for better health.”

HAVE YOU ENCOUNTERED THESE SUICIDE MYTHS?

William Beecroft, M.D., medical director of behavioral health at Blue Cross Blue Shield of Michigan, recently shared seven myths about suicide that can prevent people from getting help. How many of these myths have you encountered in your practice?

1. You must be depressed to attempt suicide.
2. Suicide attempts are made to get attention.
3. “Normal” people don’t attempt suicide.
4. You can tell when someone is at risk for suicide because it only happens after they experience severe stress.
5. Kids don’t die by suicide.
6. People who overdose on drugs don’t really want to die.
7. If someone wants to die by suicide, you can’t stop them.



[Read Dr. Beecroft’s article](#), which includes more about these myths, warning signs for suicide, care options and resources.

FIRSTHAND UNDERSTANDING OF CLINIC PROCESSES

FINE TUNES MI MIND TRAINING

Leslie Johnson, R.N., Quality Improvement Lead, is the only registered nurse on the MI Mind CQI team. Her experience working in clinics gives her unique insight into the needs and challenges clinics encounter as they integrate MI Mind protocols.

“I understand the flow of a clinic and what it’s like to incorporate the PHQ-9 into their processes,” she says. “I get to know the people, understand their challenges and how we can overcome them. I enjoy working with clinic staffs and learning about the work they do.”

Those in the Year 2 MI Mind cohort have already spent some time with Johnson this year. She developed and is leading all Year 2 training sessions. “I have a quality improvement background and developed a Year 2 training session on the PDSA (plan-do-study-act) cycle. For those who haven’t had the training, a PDSA involves testing a small change in a process. Clinics then conduct their own PDSA,” she says. Johnson also evaluates the clinics’ PDSA cycles and offers feedback.

The second Year 2 training session is interactive: “Providers learn more about care pathways. Year 2 trainings also cover special populations at risk for suicide, including military service members, middle-aged men and people who identify as LGBTQ+.”

While virtual training enables Johnson to conveniently connect with providers all over Michigan, she says it has drawbacks. “I wish we could have more in-person contact, but online training enables us to meet with clinic teams throughout the state. I enjoyed meeting many of our providers in person at last year’s Regional Meeting in Grand Rapids, and I’m looking forward to more in-person meetings in the future.”

Once Year 2 training is wrapped up, Johnson and the rest of the MI Mind team, co-directors, and content experts will collaborate to finalize the plans for Year 3 coaching calls.

The opportunity to make a positive impact on suicide prevention in Michigan makes Johnson’s work especially meaningful. “As a nurse, I’ve been on the end of crisis calls in my career. Those encounters bring home the importance of suicide prevention.”

Learn more about Johnson and the entire MI Mind team at henryford.com/mimind/about-us.



*Leslie Johnson, R.N.,
MI Mind Quality
Improvement Lead*

TRAINING UPDATES AND REMINDERS

Training sessions for Years 1 and 2 are well under way. The Year 1 cohort is completing Module 2 training. The Year 2 cohort is completing Module 4 training. Check the [MI Mind Partner Portal](#) for your training status, and be sure to schedule any of your remaining training sessions.

Questions?

If you have questions about training, including your training status and scheduling training sessions, email mimind@hfhs.org and a member of the MI Mind team will contact you.



TECH TIPS FROM THE MI MIND I.T. PROS: NEW PO ADMINISTRATION DASHBOARD

The new PO Administration Dashboard is now available. Providers and Provider Organization (PO) administrators can schedule training, access documents, find links to external resources and answer MI Mind questionnaires in their Dashboards. [Read a brief overview](#) with screenshots to see the layout and learn about the functionality of the new Dashboard.

Questions?

If you have questions about using the new Dashboards, email mimind@hfhs.org with your question and a member of the MI Mind Tech Team will contact you.



*Jeff Warchall,
MI Mind Senior
Analyst*

PHYSICIAN CONSULTATION LINE AT YOUR FINGERTIPS

1-877-233-3262

BCBSM PHYSICIAN CONSULTATION LINE

The Blue Cross Blue Shield of Michigan physician consultation line is designed for health providers who want to discuss care options for their patients with mental health or substance use disorder conditions.

MI MIND COMPANION FEATURED IN AFSP CALENDAR

Gouda, owned by Program Manager Heather Omdal, was featured in the American Foundation for Suicide Prevention (AFSP) 2024 calendar. Gouda won the spot by popular vote, supported by friends, family and the entire MI Mind team.

“This was big news for him, but Gouda isn’t letting his celebrity status get to him,” reports Omdal. “He’s still the same boy, picking up sticks and romping around the yard.” Gouda, who turns one year old on July 3, is a Bernedoodle who already weighs in at 82 pounds.

While all the calendars have already been “fetched,” you can learn more about AFSP Michigan and their upcoming events [on their website](#).



CONTACT US

To reach the MI Mind team, email MIMind@hfhs.org, One Ford Place, Suite 5E, Detroit, MI 48202.

The MI Mind Memorandum is a newsletter for providers participating in the MI Mind Collaborative Quality Initiative (CQI). If you have questions or suggestions for *The Mem*, please contact Program Manager Heather Omdal, homdal1@hfhs.org.

