Conducting a Clinic Gap Analysis

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Disclaimer

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Clinic Optimization Toolkit

Modules

- **Clinic Gap Analysis**
- Patient Management
- EBP Utilization
- Group Therapy Expansion
- Technician Support
- Metrics
- Evaluation

Types of Resources

- Training Decks
- Fact Sheets & Handouts
- Forms & Templates
- Spreadsheets & Supporting Documents
- Standard Operating Procedures

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Learning Objectives

- Contrast two primary methods of data collection for a clinic gap analysis

- Determine how to interpret clinic gap analysis data

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Defining Clinic Gap Analysis

A systematic and deliberate process of examining the needs of beneficiaries that a program serves

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Clinic Gap Analysis Rationale

Evidence-informed decision making

Identify population needs

Efficient & effective use of clinic resources

(Chung et al., 2019)

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Assessing Patient Needs

Two Methods

Analyze existing data

Directly assess patient needs

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Method 1: Analyze Existing Data

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Collect Existing Data

Electronic Medical Records (EMR)

Obtain existing data

Using reports

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Obtaining Existing Data

Key Data Elements

- Patient ID/name
- Date of care
- Date booked
- Provider ID/name
- Procedure code
- Diagnosis code
- Appointment status
- Appointment type
- Calendar year
- Calendar month

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Existing Reports (DoD Legacy)

- Total # of appointments
- Diagnoses
- Appointment type
- Trends over time*

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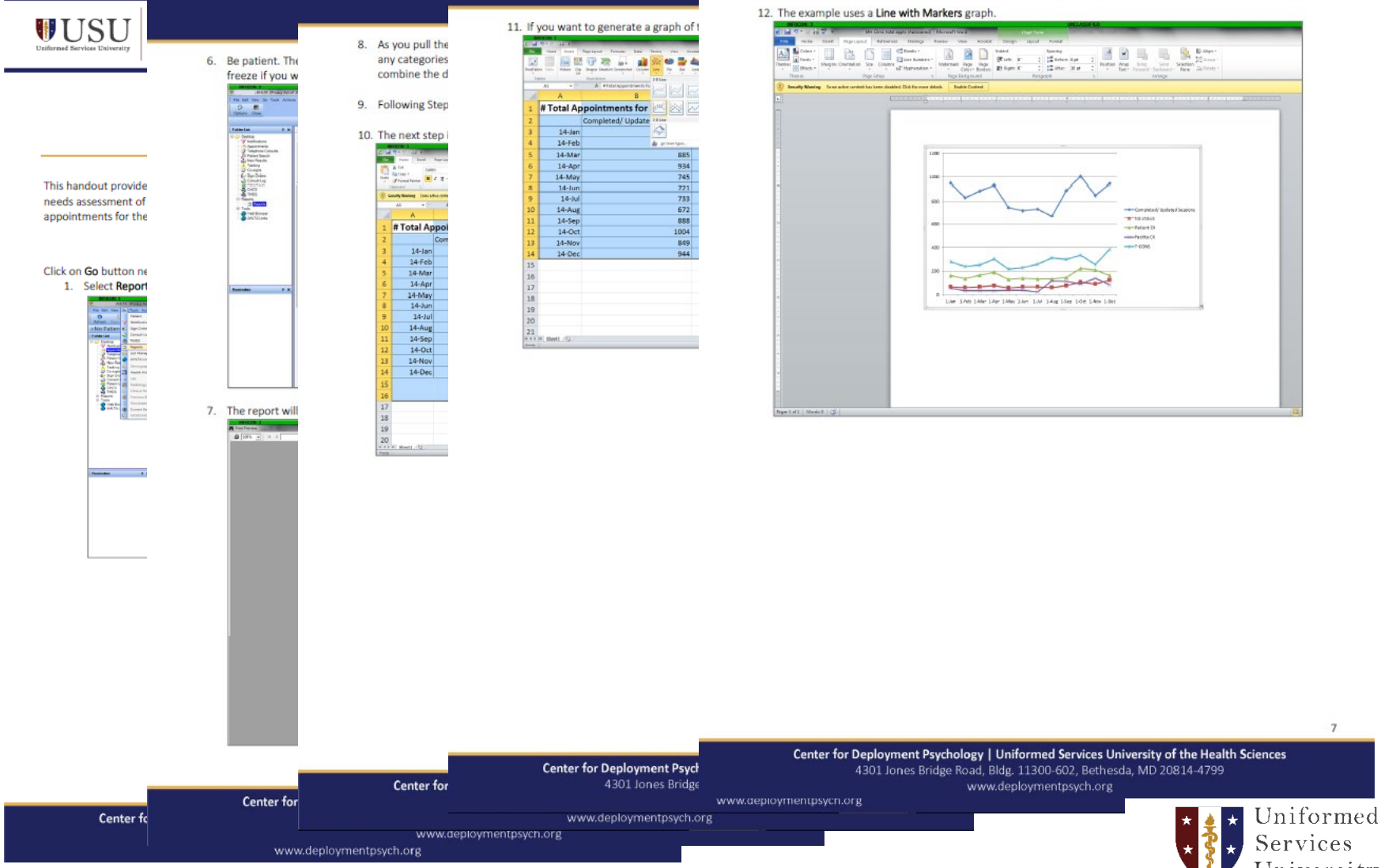
How to Gather Data- AHLTA



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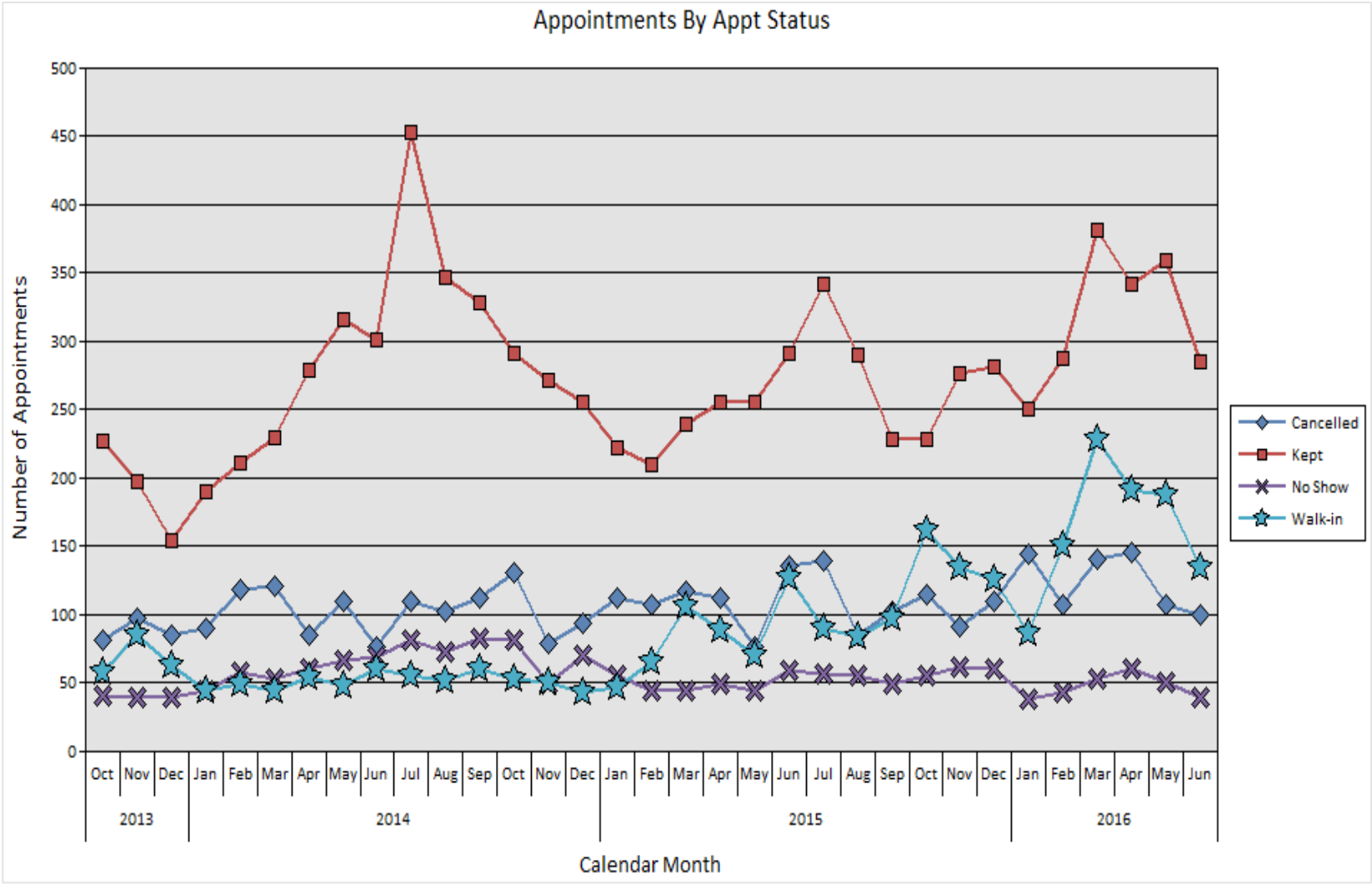
How Busy is the Clinic?



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Most Prevalent Diagnoses

Diagnosis for Clinic/Lab

Clinic/Lab: ADULT PSYCHOLOGY CORE (MEPRS: BFDA , DMIS:)

From: 01 Sep 2016 To: 30 Sep 2016

Diagnosis Description	ICD	
Other specified counseling	Z71.89	132
Adjustment disorder with mixed anxiety and depressed mood	F43.23	98
Post-traumatic stress disorder, unspecified	F43.10	88
Anxiety disorder, unspecified	F41.9	76
Post-traumatic stress disorder, chronic	F43.12	74
Major depressive disorder, single episode, unspecified	F32.9	52
Unspecified psychosis not due to a substance or known physiological condition	F29	50
Adjustment disorder, unspecified	F43.20	42
Major depressive disorder, recurrent, moderate	F33.1	40
Major depressive disorder, single episode, moderate	F32.1	40
Borderline personality disorder	F60.3	31
Schizophrenia, unspecified	F20.9	11

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Appointment Types

Individual therapy

Group therapy

Other appointment types

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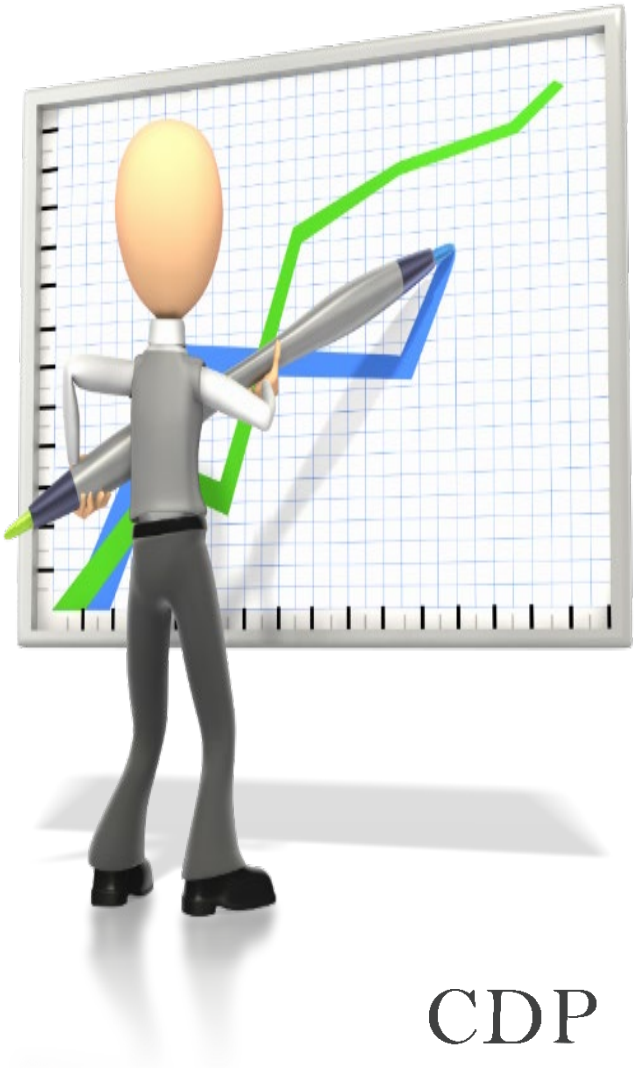
Trends Over Time

- Number of appointments
- Wait times
- Diagnoses
- Appointment types



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Other Sources of Data

Behavioral Health Data Portal

Medical Evaluation Board

The patient is referred to the Physical Evaluation Board (PEB) for final determination and disposition. He has received the maximum benefit from current therapeutic modalities offered in the United States military. His condition may be expected to worsen in the military environment.

_____ _____

Clinician Signature **Date**

Tricare Network Referrals

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Data Analysis

	A	B	C	D	E	F
1	Number of Appointments for Key Diagnoses by Month					
2		DIAGNOSIS	Jan-17	Feb-17	Mar-17	Apr-17
3		Posttraumatic Stress Disorder				
4		Unipolar Depression				
5		Anxiety Disorders - All Types				
6		Adjustment Disorder- Anxiety				
7		Adjustment Disorder- Mixed Anxiety & Depressed Mood				
8		Adjustment Disorder- Depressed Mood				
9		Bipolar I & II Disorders				
10		Alcohol Use Disorder				
11		Personality Disorders				
12						
13						
14						
15						
16						
17						
18						
19						
20	**KEY:**					
21	**Unipolar Depression=** all forms of MDD, Unspecified Depressive Disorder,					
22	Dysthymic Disorder, Adjustment Disorder with Depressed Mood					
23						
24	**All Forms of Anxiety=** GAD, Panic Disorder w/o agoraphobia, Agoraphobia w/ Panic					
25	Disorder, OCD, Unspecified Anxiety Disorder					

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Ft. Somewhere

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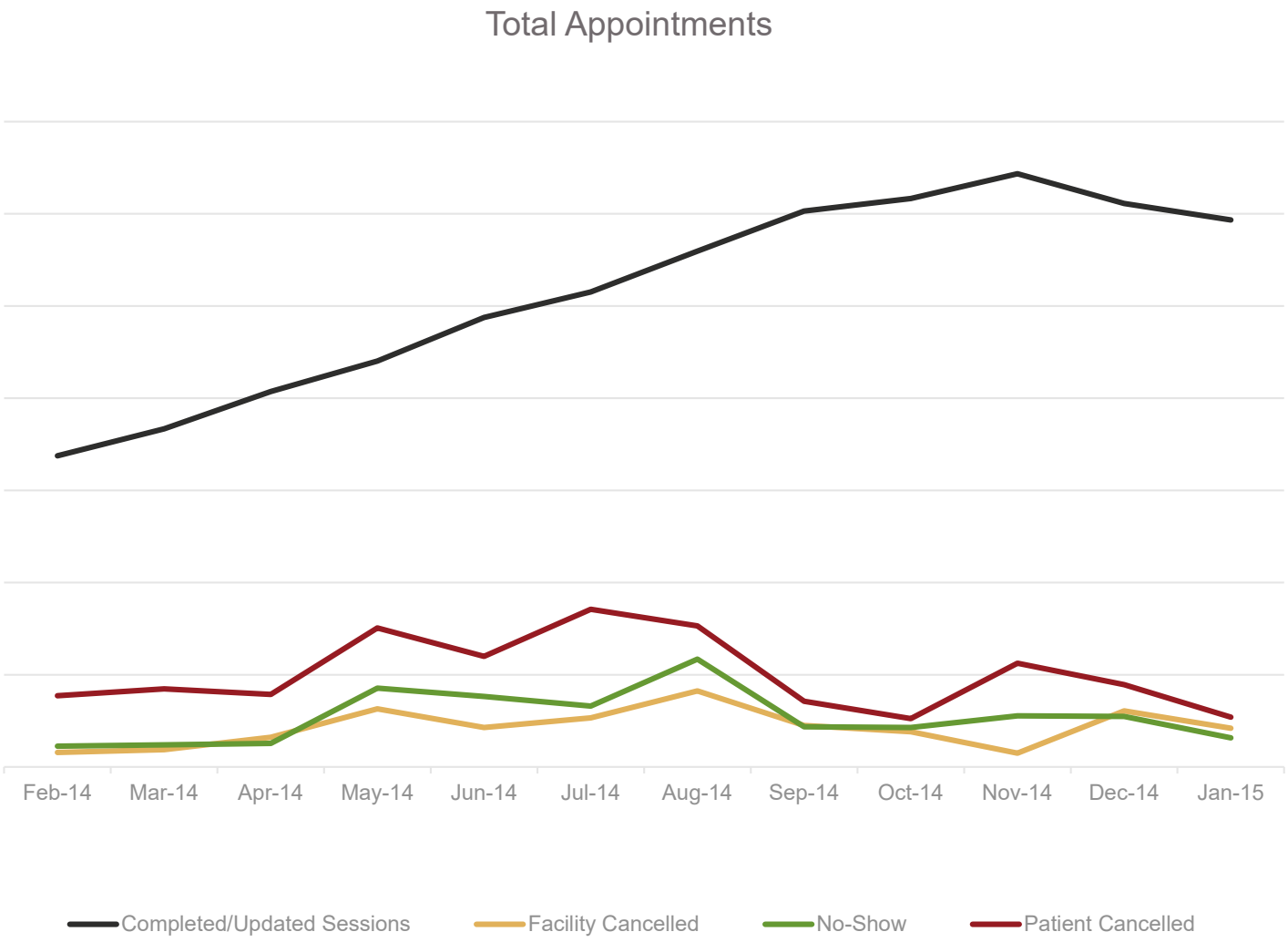
Ft. Somewhere: Total Appointments



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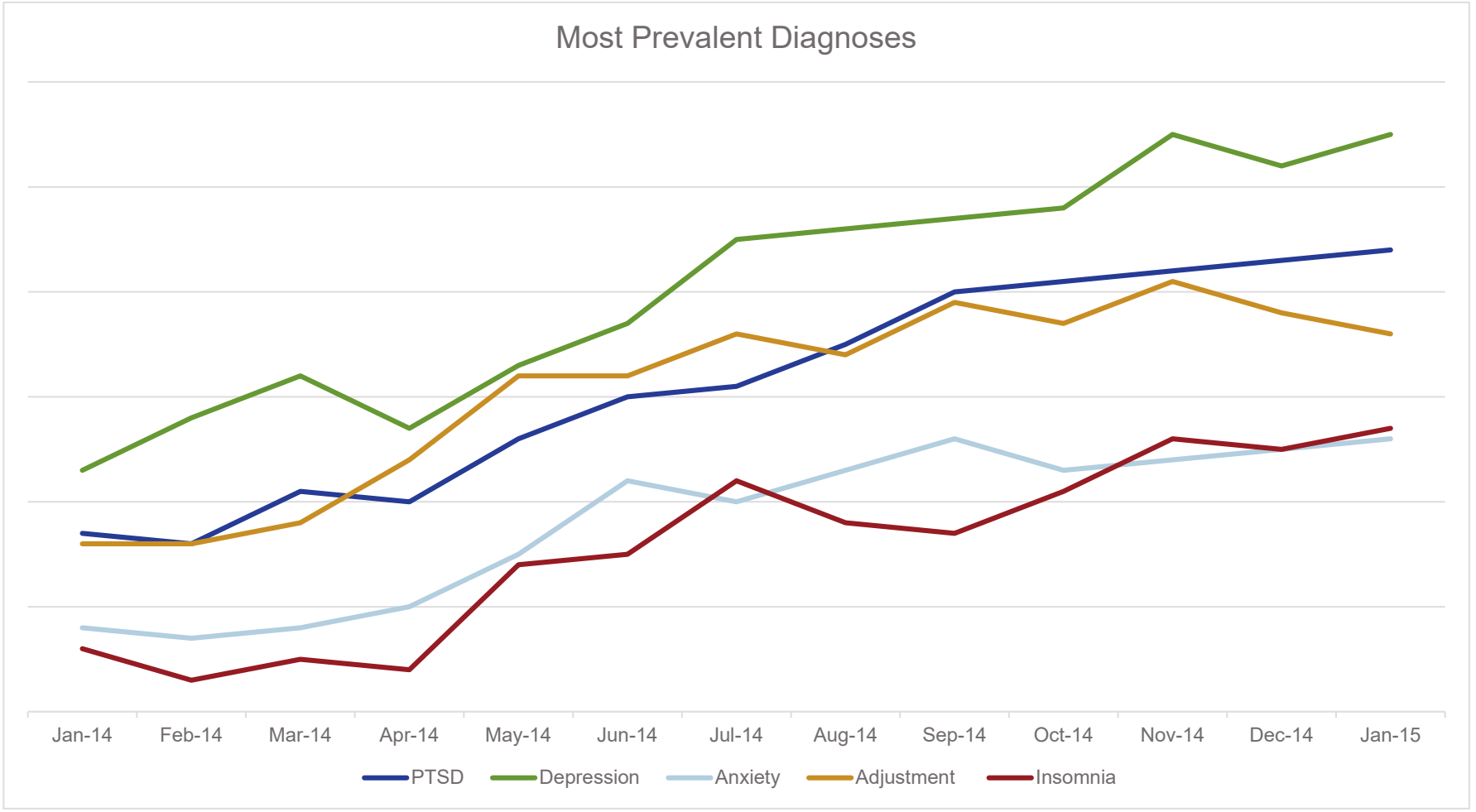
Ft. Somewhere: Diagnoses



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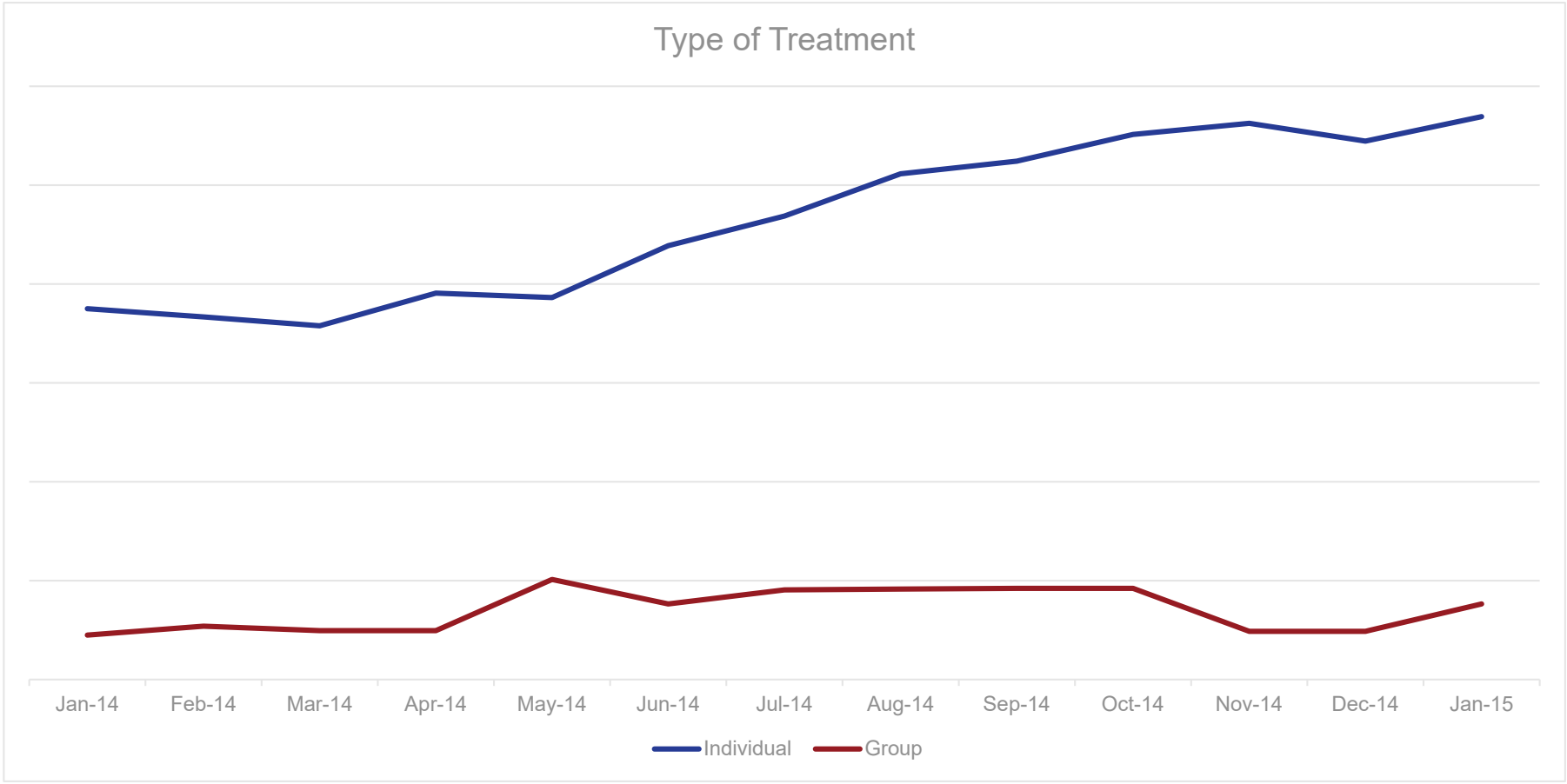
Ft. Somewhere: Appointment Type



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Ft. Somewhere Data Summary

Steady increase in appointments

Primary diagnoses: Depression & PTSD

Mostly individual therapy offered

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Method 2:
Directly Assess Patient Needs

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Clinic Gap Analysis: Patient Form

Insert Clinic Logo

[MTF Clinic Name] Clinic Gap Analysis: Patient Form

Instructions: Please indicate whether you would like information or help with the items listed below by putting a check in one of the columns next to each concern or problem. Also, help us determine the best times for you to come to the clinic by indicating your availability in the table at the bottom of the sheet. Your valuable responses will be used to improve our clinic's services and help us understand your behavioral health needs.

Concern or Problem	Yes	Maybe	No
Feeling depressed and/or down most of the time			
Problems falling or staying asleep, or not feeling rested			
Feeling anger and/or frustration			
Coping with stress in general			
Improving my relationship with my spouse/significant other			
Improving relationships with my children; better parenting skills			
Standing up for myself more in social situations			
Dealing with chronic pain			
Drinking too much alcohol			
Problems related to food/eating (binging/purging; weight)			
Adjusting to military life			
Coping with the loss of someone			
Having anxiety, obsessive thinking, worry, nervousness or fear due to any of the following:			
Combat experiences			
A non-combat event (example: sexual assault, violence, accident)			
Social situations (example: worrying about being judged)			
Specific situations or things (example: heights, snakes, spiders, germs or contamination)			
Worry about life in general			
Other problems (please indicate):			

WHAT TIME OF DAY IS EASIEST FOR YOU TO COME INTO THE CLINIC? PLEASE CHECK ALL THAT APPLY.

	Morning (0700-1100)	Lunch (1100-1400)	Afternoon (1400-1600)	Other/Comments
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

For clinic use only: Check once entered ○ Initials____

(Samartzis & Talias, 2020)

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Logistical Considerations

- Length of assessment
- Sample size
- Administration timing

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Data Analysis

	A	B	C	D	E	F
1	Number of Appointments for Key Diagnoses by Month					
2		DIAGNOSIS	Jan-17	Feb-17	Mar-17	Apr-17
3		Posttraumatic Stress Disorder				
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6		Adjustment Disorder- Anxiety				
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10		Alcohol Use Disorder				
11		Personality Disorders				
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20	**KEY:**					
21	**Unipolar Depression=** all forms of MDD, Unspecified Depressive Disorder,					
22	Dysthymic Disorder, Adjustment Disorder with Depressed Mood					
23						
24	**All Forms of Anxiety=** GAD, Panic Disorder w/o agoraphobia, Agoraphobia w/ Panic					
25	Disorder, OCD, Unspecified Anxiety Disorder					

Transfer form data to spreadsheet

ID top issues/diagnoses

Determine best group times for patients

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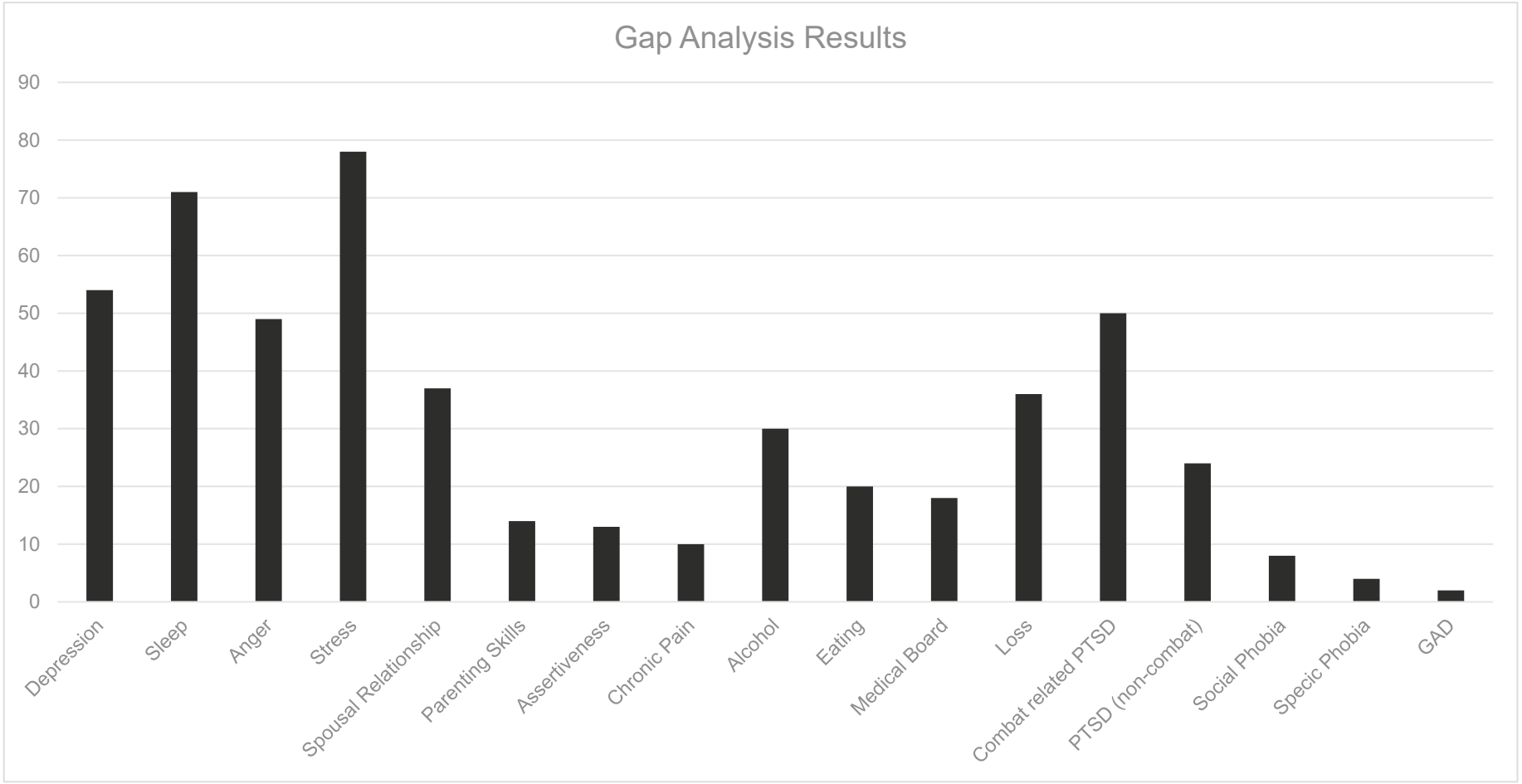
Ft. Somewhere Form Results



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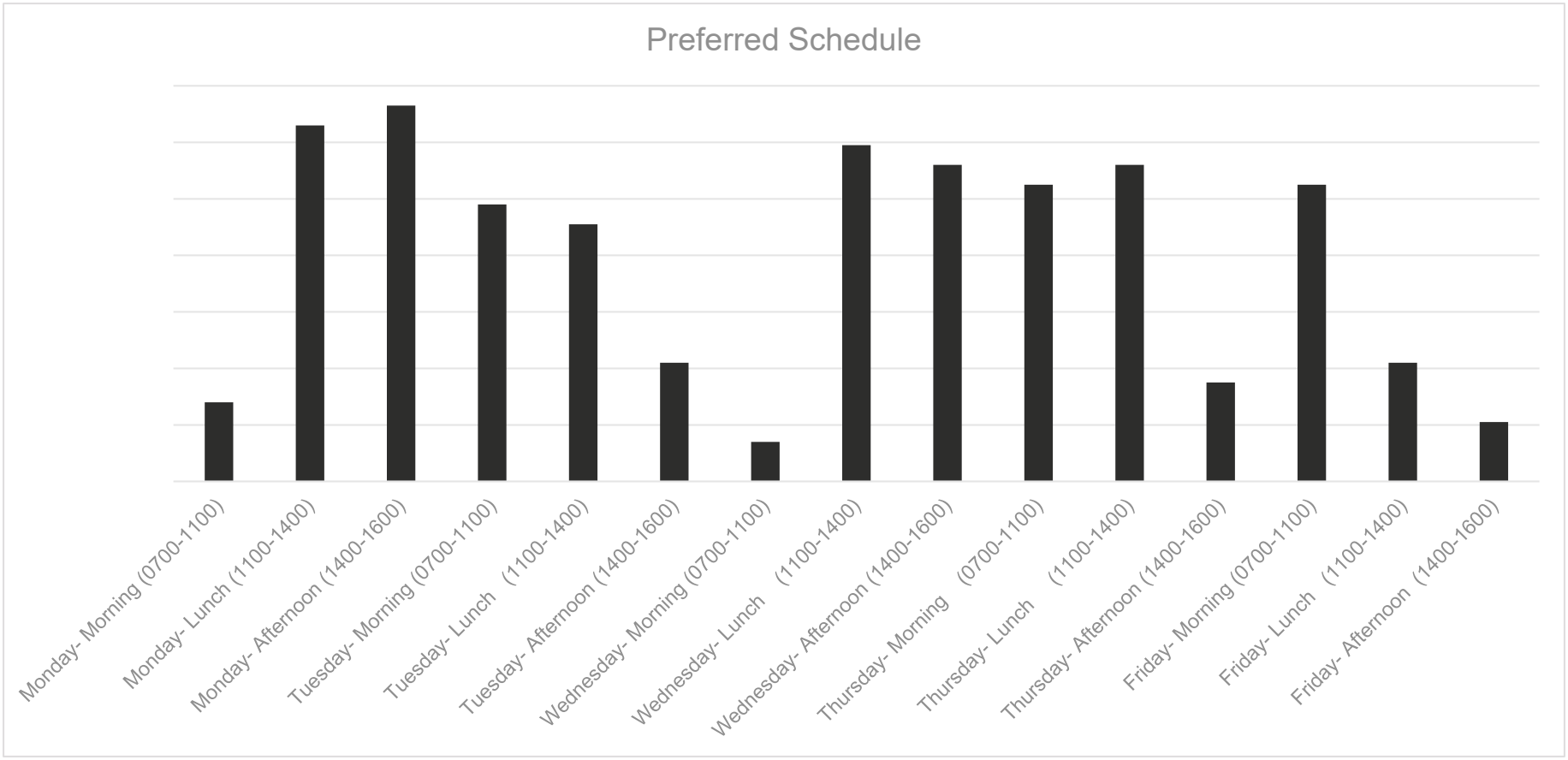
Ft. Somewhere Appointment Preferences



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Analyzing Method 2: Ft. Somewhere

Common Concerns:

- Stress
- Anger
- Sleep issues
- Depression
- Combat-related PTSD

Bad Appointment Times:

- Monday mornings
- Wednesday mornings
- Friday afternoons

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Pros and Cons of Data Methods

Method	Pros	Cons
Method #1: Archival Data	• Can be done by clinic manager or BHT • Does not require patients to fill out additional form(s) • Track trends over time	• Diagnoses cannot fully describe patient's needs
Method #2: Directly Assess Patient Needs	• Broader amount of information collected • Can be customized to ask about additional issues or problems	• Requires additional staff time to roll-out and enter data • Adds another form patients need to complete

Applying Gap Analysis Data

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Using Gap Analysis Data

- Examine needs vs. offerings
- Identify gaps in services
- Establish plans to restructure
- Act using best practices

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EBP Training & Utilization

EBP Training & Utilization Provider Questionnaire

Provider Name: _____ **Period Covered:** _____

Today's Date: _____

Questions:	Answer Keys: Enter a number for each diagnosis-specific therapy from one of these choices:	PTSD							Depression						Insomnia
		BEP	CBT	CPT	EMDR	NET	PE	WET	ACT-D	BA	CBT-D	IPT	MBCT	PST	CBT-I
1. Which of the following statements best describes the type of training you have had for each treatment modality?	1) No previous training 2) Informal self-study or grad school training 3) Attended a formal workshop (2-3 days) 4) Attended at least one formal workshop plus follow-on consultation	___	___	___	___	___	___	___	___	___	___	___	___	___	___
2. Which of the following statements best describes the amount you use each treatment modality?	1) Use with less than 25% of patients 2) Use with about 25% of patients 3) Use with about 50% of patients 4) Use with about 75% of patients 5) Use with about 100% of patients	___	___	___	___	___	___	___	___	___	___	___	___	___	___

3. Approximately how many patients with **PTSD** have you seen during the period covered in this assessment? _____

4. Approximately how many patients with **depression** have you seen during the period covered in this assessment? _____

5. Approximately how many patients with **insomnia** have you seen during the period covered in this assessment? _____

Psychotherapy Abbreviations (see instructions for descriptions of these therapies):

BEP: Brief Eclectic Psychotherapy	**ACT-D:** Acceptance and Commitment Therapy
CBT: Cognitive Behavioral Therapy for PTSD	**BA:** Behavioral Activation Therapy
CPT: Cognitive Processing Therapy	**CBT-D:** Cognitive Behavioral Therapy for Depression
EMDR: Eye Movement Desensitization & Reprocessing Therapy	**IPT:** Interpersonal Psychotherapy
NET: Narrative Exposure Therapy	**MBCT:** Mindfulness Based Cognitive Therapy
PE: Prolonged Exposure Therapy	**PST:** Problem-Solving Therapy
WET: Written Exposure Therapy	**CBT-I:** Cognitive Behavioral Therapy for Insomnia

(Ranney et al., 2022)

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Closing Gaps in Services

- Expand training
- Utilize other resources
- Add groups

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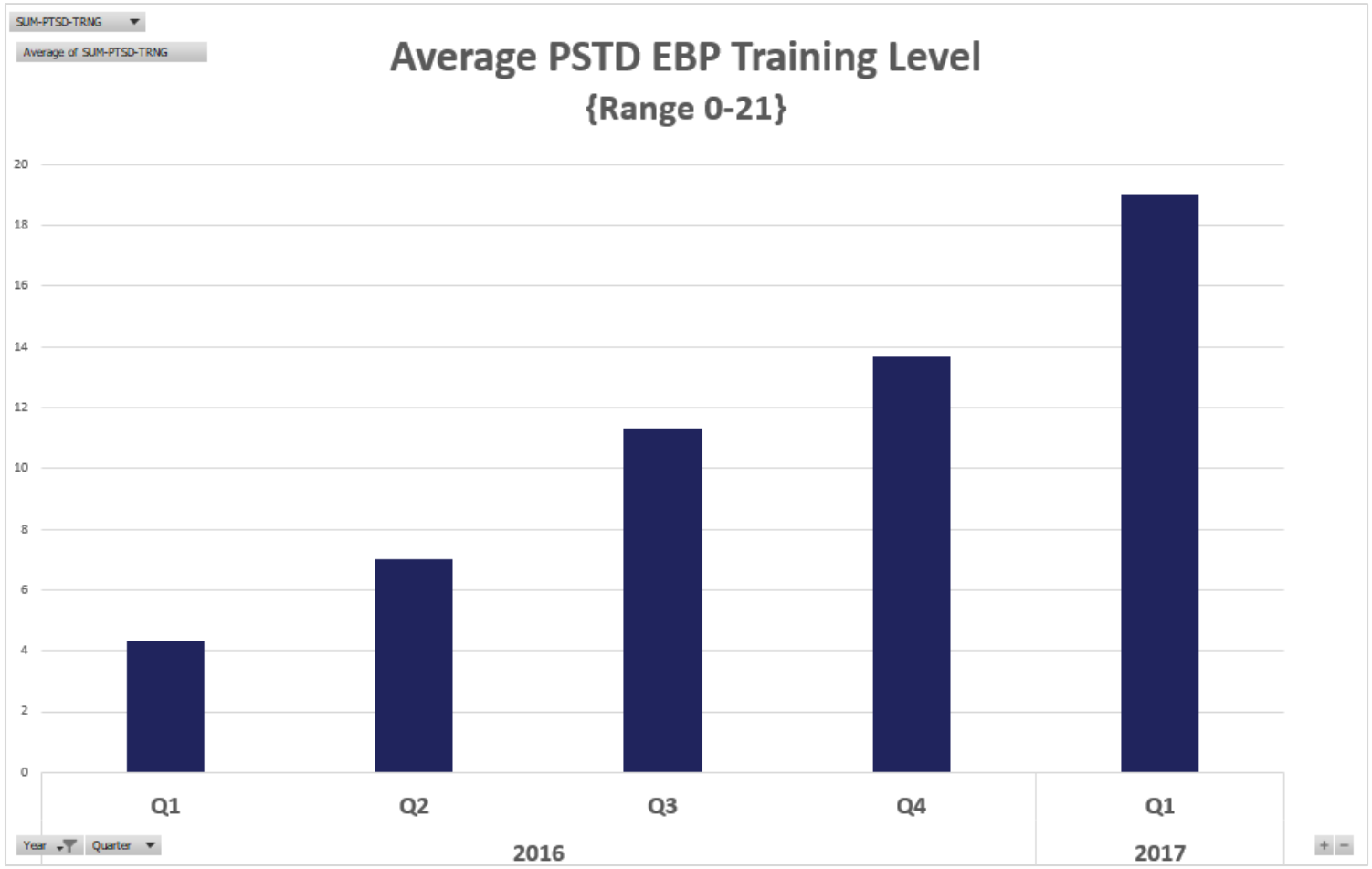
Increase EBP Training



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Utilize Other Services

- Primary care
- BH in primary care
- MFLC
- Chaplains
- Community services
- Refer to network

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Expand Groups

- Trained providers
- Potential patients
- Length of stay
- Return-to-duty

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Utilizing Data for Ft. Somewhere

- Add groups
- Avoid inconvenient times
- Promote EBP training

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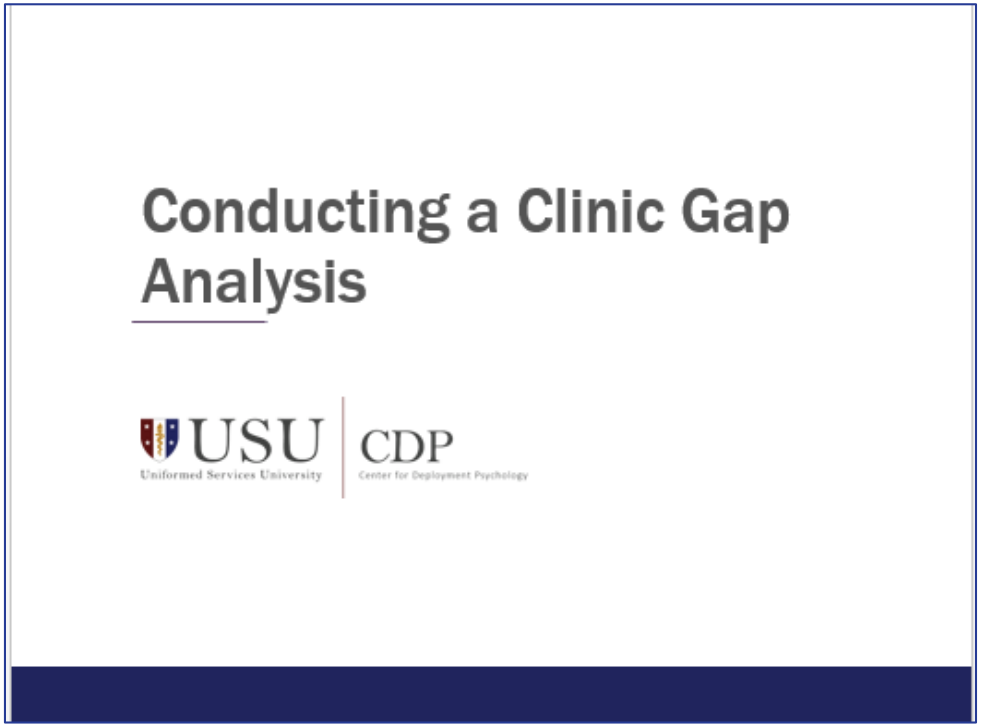
Summary

- Contrast two primary methods of data collection for a clinic gap analysis
- Determine how to interpret clinic gap analysis data

Toolkit Resources

- ***Training Decks***
- *Factsheets & Handouts*
- *Forms & Templates*
- *Spreadsheets & Supporting Documents*
- *Standard Operating Procedures*



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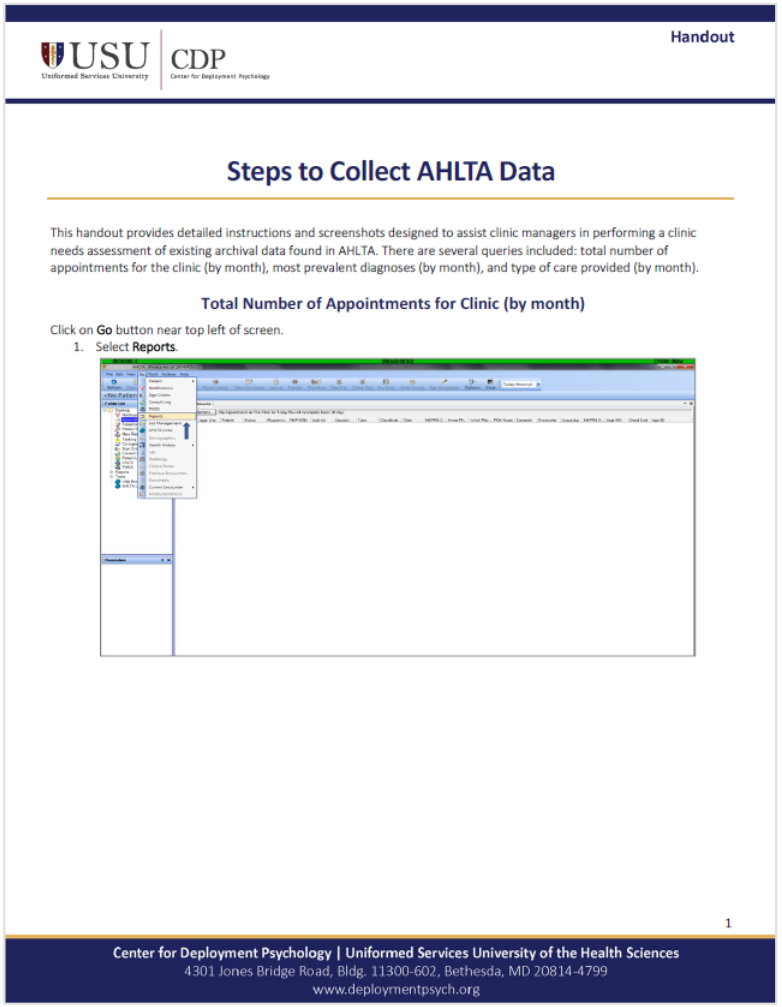

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Handout

Steps to Collect AHLTA Data

This handout provides detailed instructions and screenshots designed to assist clinic managers in performing a clinic needs assessment of existing archival data found in AHLTA. There are several queries included: total number of appointments for the clinic (by month), most prevalent diagnoses (by month), and type of care provided (by month).

Total Number of Appointments for Clinic (by month)

Click on **Go** button near top left of screen.

1. Select **Reports**.

1

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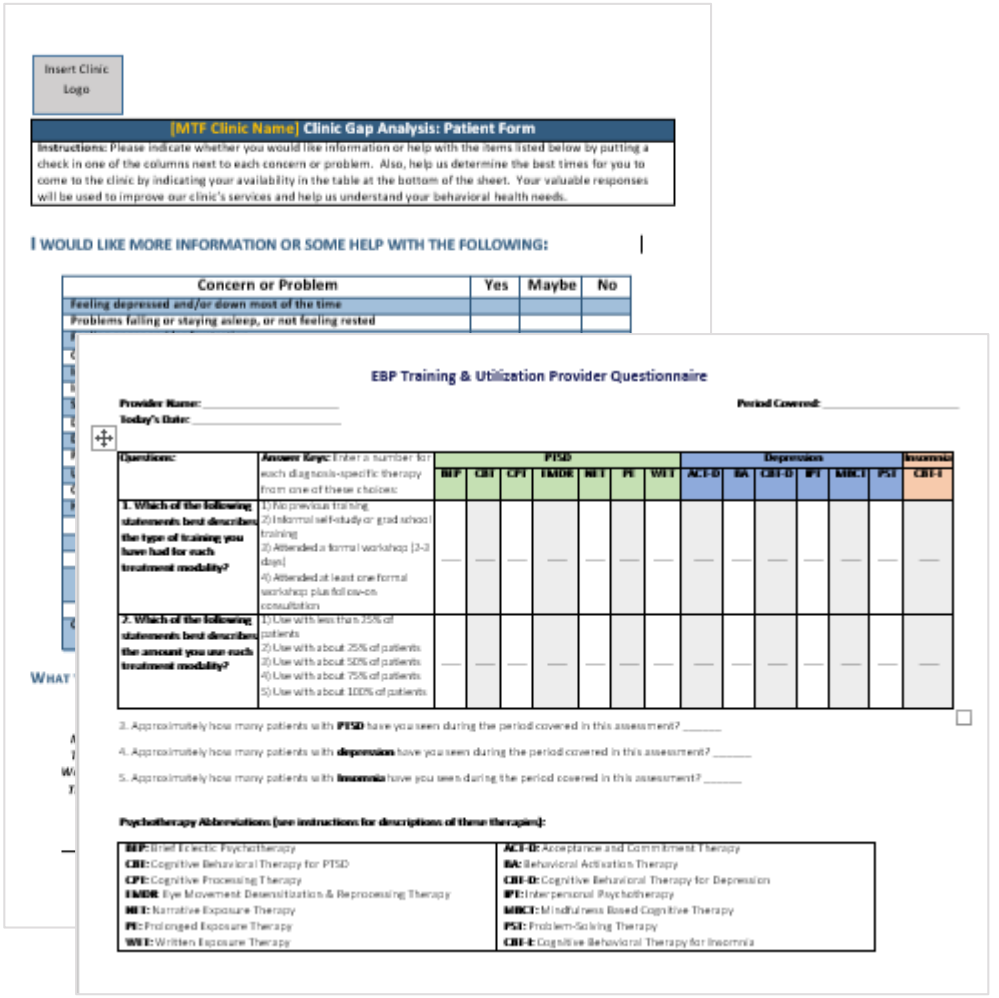

Insert Clinic Logo

[MTF Clinic Name] Clinic Gap Analysis: Patient Form

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I WOULD LIKE MORE INFORMATION OR SOME HELP WITH THE FOLLOWING:

Concern or Problem	Yes	Maybe	No
Feeling depressed and/or down most of the time			
Problems falling or staying asleep, or not feeling rested			

EBP Training & Utilization Provider Questionnaire

Provider Name: _____ Period Covered: _____

Today's Date: _____

Questions:	Answer Keys: Enter a number for each diagnosis-specific therapy from one of these choices:	PTSD							Depression						Insomnia
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24		**All Forms of Anxiety=** GAD, Panic Disorder w/o agoraphobia, Agoraphobia w/ Panic				
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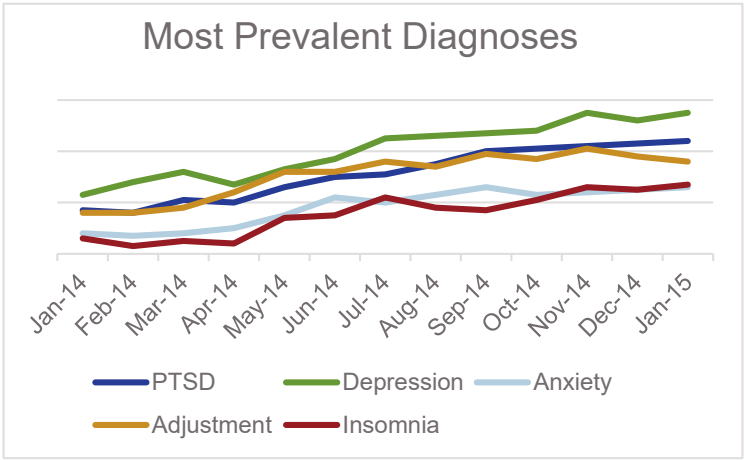

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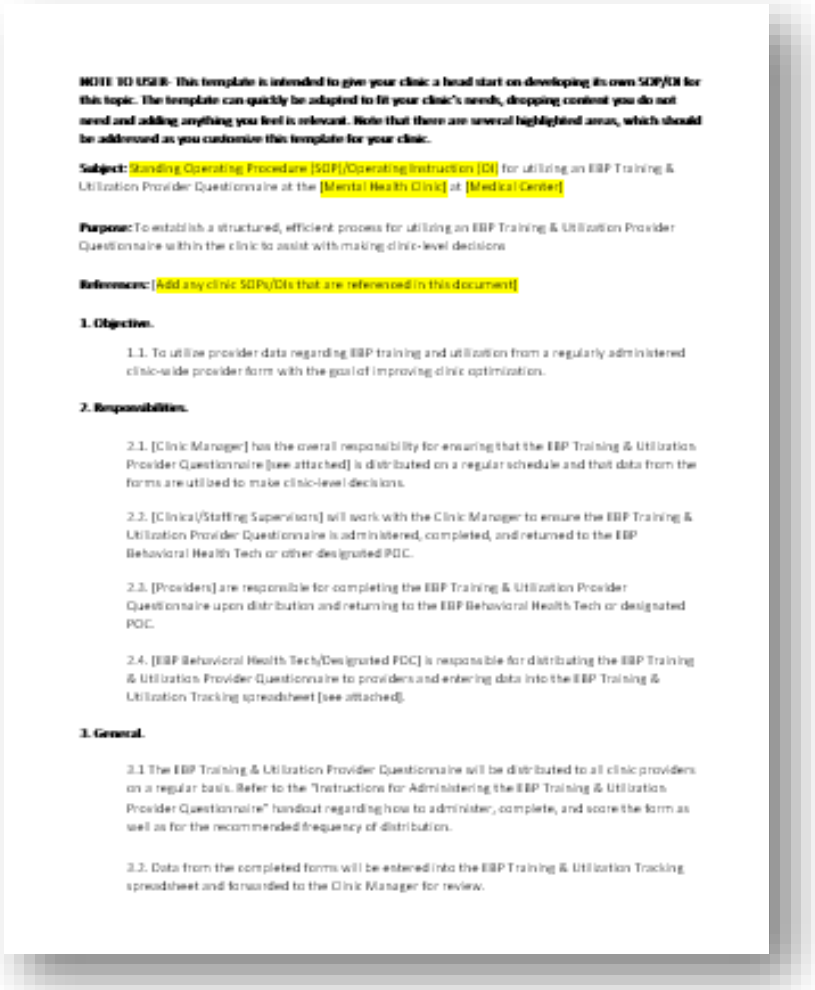

NOTE TO USER: This template is intended to give your clinic a head start on developing its own SOP/DI for this topic. The template can quickly be adapted to fit your clinic's needs, dropping content you do not need and adding anything you feel is relevant. Note that there are several highlighted areas, which should be addressed as you customize this template for your clinic.

Subject: Standing Operating Procedure [SOP]/Operating Instruction [OI] for utilizing an EBP Training & Utilization Provider Questionnaire at the [Mental Health Clinic] at [Medical Center]

Purpose: To establish a structured, efficient process for utilizing an EBP Training & Utilization Provider Questionnaire within the clinic to assist with making clinic-level decisions

References: [Add any clinic SOPs/DIs that are referenced in this document]

1. Objective.

1.1. To utilize provider data regarding EBP training and utilization from a regularly administered clinic-wide provider form with the goal of improving clinic optimization.

2. Responsibilities.

2.1. [Clinic Manager] has the overall responsibility for ensuring that the EBP Training & Utilization Provider Questionnaire [see attached] is distributed on a regular schedule and that data from the forms are utilized to make clinic-level decisions.

2.2. [Clinical/Staffing Supervisors] will work with the Clinic Manager to ensure the EBP Training & Utilization Provider Questionnaire is administered, completed, and returned to the EBP Behavioral Health Tech or other designated POC.

2.3. [Providers] are responsible for completing the EBP Training & Utilization Provider Questionnaire upon distribution and returning to the EBP Behavioral Health Tech or designated POC.

2.4. [EBP Behavioral Health Tech/Designated POC] is responsible for distributing the EBP Training & Utilization Provider Questionnaire to providers and entering data into the EBP Training & Utilization Tracking spreadsheet [see attached].

3. General.

3.1 The EBP Training & Utilization Provider Questionnaire will be distributed to all clinic providers on a regular basis. Refer to the "Instructions for Administering the EBP Training & Utilization Provider Questionnaire" handout regarding how to administer, complete, and score the form as well as for the recommended frequency of distribution.

3.2. Data from the completed forms will be entered into the EBP Training & Utilization Tracking spreadsheet and forwarded to the Clinic Manager for review.

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Clinic Optimization Toolkit

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Center for Deployment Psychology

Department of Medical & Clinical Psychology
Uniformed Services University of the Health Sciences
4301 Jones Bridge Road
Bethesda, MD 20814-4799

Contact Us

Email: cdp-ggg@usuhs.edu

Website: deploymentpsych.org

Facebook: http://www.facebook.com/DeploymentPsych

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