



MICHIGAN MENTAL HEALTH EVIDENCE-BASED PRACTICE INITIATIVE

Fact Sheet

- Vision: The Michigan Mental Health Evidence-Based Practice Initiative (MiMHEBPI) is a quality improvement initiative that translates evidence-based medication guidelines and algorithms into daily practice and promotes optimal recovery for people with major depression, schizophrenia or bipolar disorder.
- Goal: The goal of MiMHEBPI is to implement, support and measure the use of standardized evidence-based medication guidelines and algorithms for Michigan residents with major depression, schizophrenia, or bipolar disorder.
- Rationale: It is well documented that knowledge gained through research has not been translated to everyday clinical practice in the mental health field. Few physicians and mental health programs are using proven and effective interventions for the vast majority of their clients.
- Definition: Algorithms have been described as an explicit type of decision-tree guide more specific than guidelines, and defined as guides to step-wise evaluation and management strategies that require observations to be made, decisions to be considered and steps to be taken.
- The Initiative: Phase I
 - Broad-based steering committee of 25 Michigan mental health experts developed an action plan (August 2004) for implementing evidence-based medication guidelines and algorithms.
 - Steering committee identified a Michigan modification of the Texas Implementation of Medication Algorithms (TIMA) as most appropriate for Michigan. TIMA has been evaluated and shown to improve treatment outcomes for depression, schizophrenia and bipolar disorder and was recognized as a model evidence-based practice by the President's New Freedom Commission on Mental Health.
 - Steering committee's action plan developed implementation strategies for physician education, consumer education, ongoing physician support, incentives for change, evaluation and measurement and stakeholder buy in.
 - Steering committee recommended that pilot programs be established and funded in Michigan locations over three years (Phase II).
- The Initiative: Phase II
 - A leadership team derived from the steering committee and consisting of a committee of the whole, an executive committee and project coordination group will lead and facilitates implementation of MiMHEBPI.
 - Six pilot projects have been chosen and initially funded through request for information process to implement and test physician and patient acceptance of, and compliance with, the Michigan Medication Algorithms, based on strategies and tactics described in the action plan.

- The six pilots represent diversity of institution type (public/private), service delivery area (urban/rural), and geographic location (east/west Michigan). The pilot programs and their partners are as follows:
 - Henry Ford Health System, Henry Ford Medical Group, Health Alliance Plan.
 - Huron Valley Physician Association, St. Joseph Mercy Health System, Care Choices HMO, Eastern Michigan University
 - Lifeways Community Mental Health Authority (CMHA), Foote Health System, Center for Family Health, Health Plan of Michigan, Brown's Advanced Care Pharmacy Services, Refocus LLC
 - Network 180 (formerly Community Mental Health and Substance Abuse Network of West Michigan), St. Mary's Health Care/Pine Rest Christian Mental Health, Forest View Hospital, Touchstone Innovare, Family Pharmacy-Wege Center, Calvin College
 - Washtenaw Community Health Organization, University of Michigan, St. Joseph Mercy Hospital
 - Wayne State University, the Gateway Network (MCPN), Rose Hill Center, Detroit Medical Center, TIGS (technology integrator), SPEC Associates
- Current Status: MiMHEBPI launched in October 2005. All six pilots report progress toward implementing their respective work plans.
- Multi-site evaluation and integrated technology plans have been developed beyond the initial plans described in initial pilot proposals.
- The Initiative: Phase III
 - The final phase of the Initiative will implement the Michigan Medication Algorithms beyond the pilot projects to the State's entire mental health care community. The final phase will begin following the pilots three-year term and following the evaluations.
- Budget:
 - The implementation budget for the six MiMHEBPI sites is \$4 million over three years. The Ethel & James Flinn Foundation has committed \$2 million. Additional budgets for the multi-site evaluation plan at \$300,000 and the integrated technology plan at \$700,000 have been developed.
- Fundraising plan:
 - The fundraising plan to match the Flinn Foundation commitment and fund evaluation and technology involves: targeted approaches to foundations and corporations, engagement of development offices of universities and partner health care organization to target and solicit individual donors and solicitation of major pharmaceutical companies involved in behavioral health medication.