Adventist HealthCare
Behavioral Health & Wellness Services

Healing America's Communities: Best Practices in Mental Health

Kevin Young, FACHE
President

www.AdventistBH.com

Why is Behavioral Health Treatment Important?

In the treatment of the sick the effect of mental influence should not be overlooked. Rightly used, this influence affords one of the most effective agencies for combating disease. The Ministry of Healing, 241 (1905)

Prevalence of Mental Illness

National and Local Statistics:

- The Global Burden of Disease Study conducted by the World Health Organization, World Bank, and Harvard University reveals that mental illness, including suicide, accounts for more than 15 percent of the burden of disease in first world countries such as the United States. This is more than the disease burden caused by all cancers.

- In the U.S., an estimated 13 million adults (approximately 1 in 17) have a serious debilitating mental illness

- 1 in 5 children ages 13-18 have or will have a serious mental illness.

Prevalence of Mental Illness *(Cont.)*

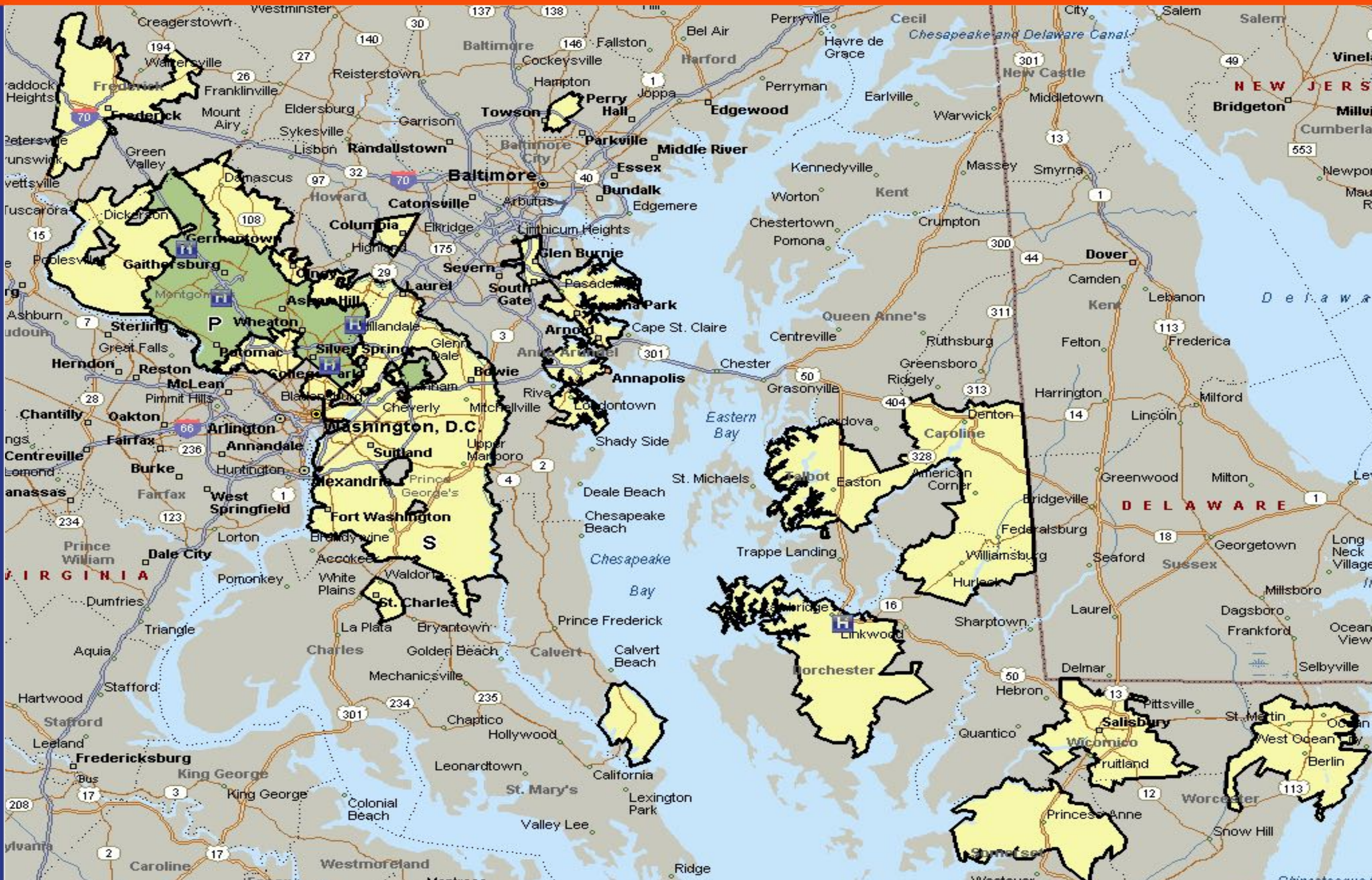
National and Local Statistics:

- In Maryland, approximately 5.6 million residents, nearly 175,000 adults, live with a serious mental illness and about 62,000 children live with a serious mental health illness

- In Montgomery County, it is estimated that 18.5 percent of adults,143, 774 residents, have a mental illness
    - Of those, an estimated 32,641 residents have a disabling mental illness

- The average Emergency Department wait time for a psychiatric bed in Maryland is 15-72 hours

Our Service Area



The Health Services Cost Review Commission (HSCRC)

HSCRC establishes hospital-and service-specific rates for all Maryland inpatient, hospital-based outpatient and emergency services.

Primary mandates:

- Review and approve reasonable hospital rates
- Publicly disclose information on the costs and financial performance of Maryland hospitals

HSCRC's Triple AIM:

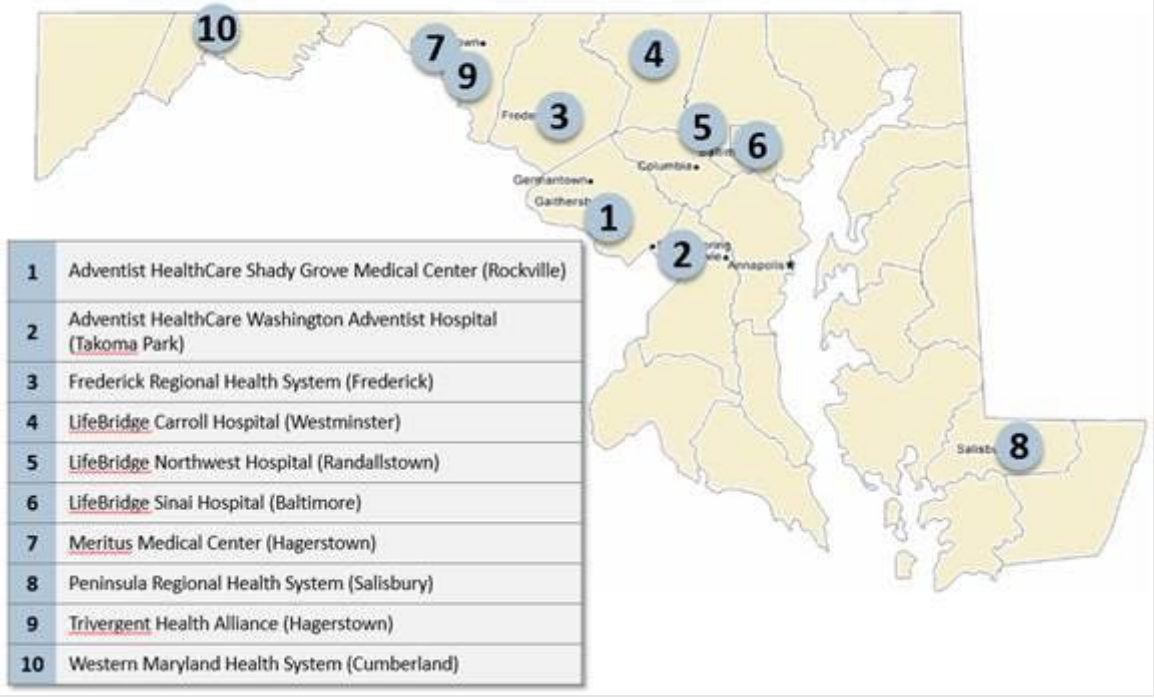
- Improve the patient experience
- Improve the health of populations
- Reduce the per capita cost of healthcare

The Advanced Health Collaborative One

- Advanced Health Collaborative One consists of seven hospital systems in Maryland
  - Serves as an advocate for its members in discussions with the state and federal agencies that work on policies that affect members and to explore potential regional or statewide initiatives to meet the shared goals of population health
- Maryland hospitals receive a predetermined reimbursement based on the size of the populations they serve, rather than payment for each service they provide.
- The shift to a global budget means hospital systems now focus more on the value of care they provide while treating illness and less on patient volumes

The Advanced Health Collaborative One *(Cont.)*

AHC Facilities



1	Adventist HealthCare Shady Grove Medical Center (Rockville)
2	Adventist HealthCare Washington Adventist Hospital (Takoma Park)
3	Frederick Regional Health System (Frederick)
4	LifeBridge Carroll Hospital (Westminster)
5	LifeBridge Northwest Hospital (Randallstown)
6	LifeBridge Sinai Hospital (Baltimore)
7	Meritus Medical Center (Hagerstown)
8	Peninsula Regional Health System (Salisbury)
9	Trivergent Health Alliance (Hagerstown)
10	Western Maryland Health System (Cumberland)

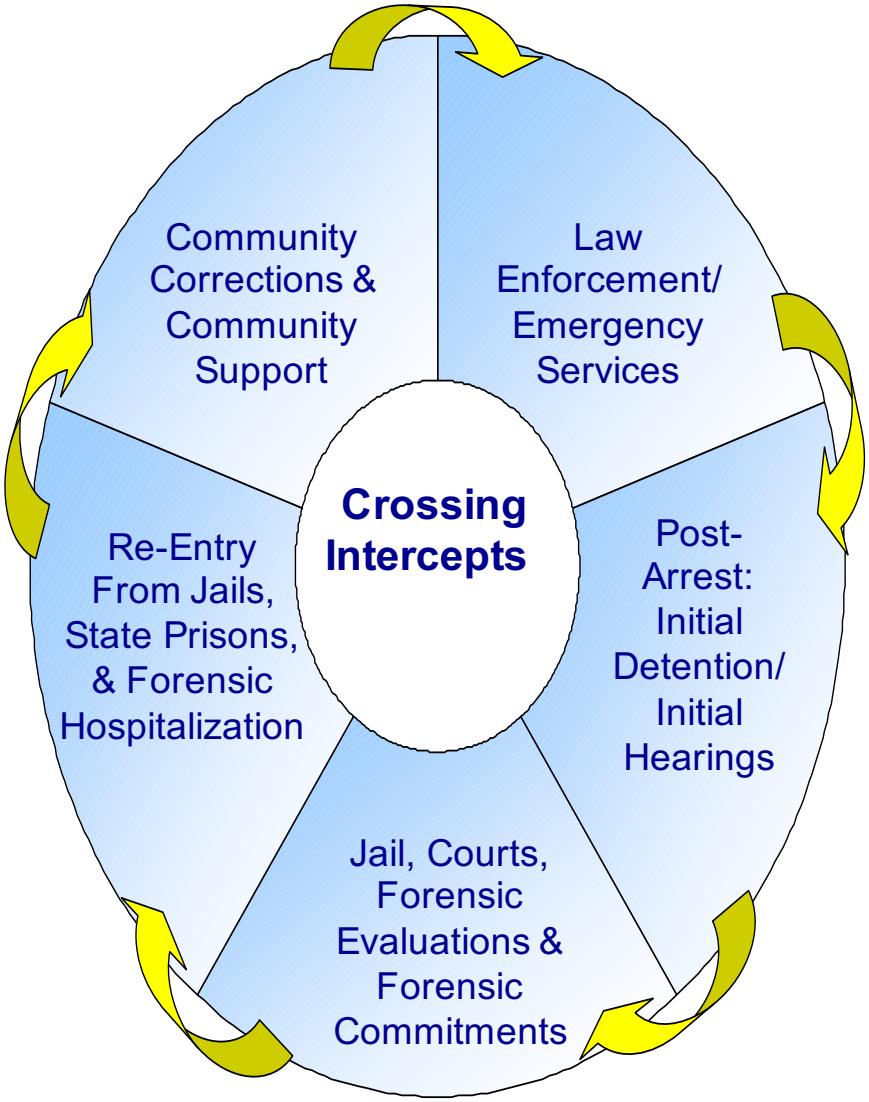
Forensic Services Advisory Council

Council members represent the private, public provider organizations as well as consumer advocacy and legal/court systems.

Purpose

- Advise the Maryland Secretary of Health and Executive Director of Behavioral Health on implementation strategies operationalizing the proposed recommendations from the Forensic Workgroup
- Consider approaches to realign the entire Maryland State Hospital System.
- Develop a series of system-wide actions designed to manage the census while maintaining high quality of care
- Track progress made on each recommendation and suggest midcourse corrections based on progress data analysis

Sequential Intercept Model: Crossing Intercepts



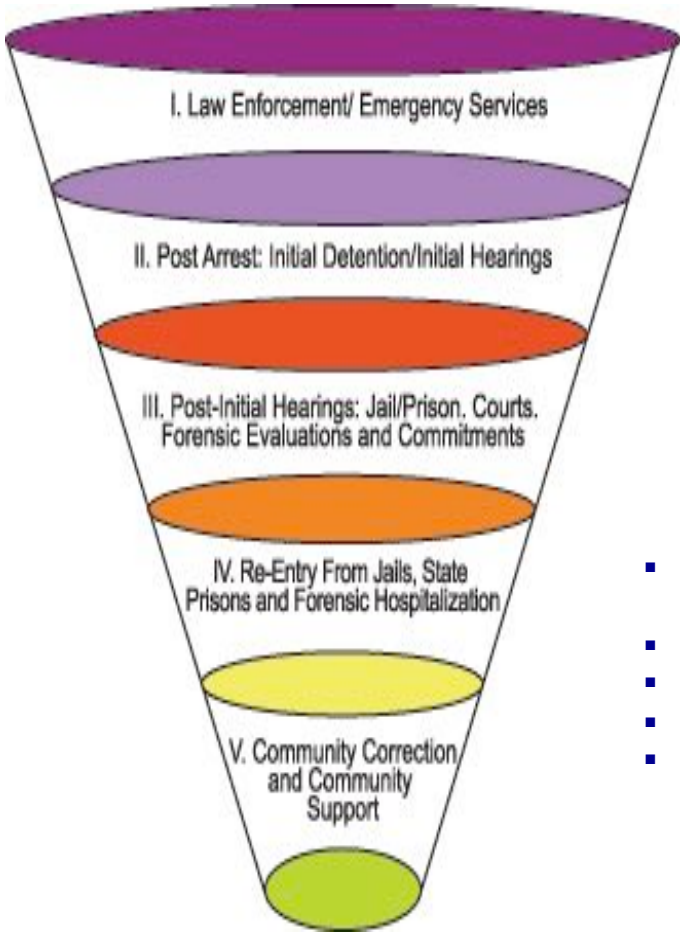
Munetz & Griffin: Psychiatric Services 57: 544–549, 2006

Services Provided at Sequential Intercepts

(1)
- Crisis Intervention Team (CIT)
- Mobile Crisis Services

(2)
- FAST Team

(3)
- Mental Health Courts
- Specialized MH dockets
- Forensic Evaluation
- FAST Team
- Psychiatric Hospitalization
- Chrysalis House Healthy Start
- Trauma Services (TAMAR)



(4)
- Psychiatric Hospitalization
- Peer Support
- MD Community Criminal Justice Treatment Program

(5)
- Re-entry Services (connection to care and benefits)
- PEP FACTT
- Peer Support
- Conditional Release (CFAP)
- PATH

Nexus Montgomery

- Six hospitals in Montgomery County, representing four hospital systems, formed the Nexus Montgomery Regional Partnership.
  - Shady Grove Adventist Hospital
  - Washington Adventist Hospital
  - Holy Cross Hospital
  - Holy Cross Germantown Hospital
  - Med Star Montgomery Medical Center
  - Suburban Hospital

- Target populations (each at risk of being hospitalized)
  - Medically frail upon hospital discharge (at risk of readmission)
  - Medicare Seniors, Age 65+
  - Individuals with severe mental illness

Nexus Montgomery *(Cont.)*

- These programs will serve Nexus Montgomery's target population to improve care coordination and population health and to reduce potentially avoidable utilization at Montgomery County hospitals per HSCRC and the Maryland All-Payer Model
- Nexus Montgomery will have priority over any other entities for ED diversion placement at the RCS and ACT programs
- Nexus Montgomery will have priority admittance to RCS – within 24 hours of a vacancy
- 90% of clients served in RCS will be residents from the 42 Nexus Montgomery zip codes
- RCS houses shall operate at 95% or higher occupancy
- 98% of clients served in ACT will be residents from the 42 Nexus Montgomery zip codes

Healthy Montgomery

- Health Montgomery is the community health improvement process for Montgomery County, Maryland. The process builds upon previous and current health assessment efforts and integrates community input through an ongoing, consensus-driven approach to identify and improve priority health and well-being areas in our community.

- Healthy Montgomery's Behavioral Health Work Group (BHWG) is charged with developing recommendations to improve the overall behavioral health of county residents, including mental health and substance abuse, with a focus on leveraging existing assets and capabilities in the County.

Healthy Montgomery

- The BHWG identified three Local Health Issue Areas (LHIAs)
  - LHIA 1. Increase access to basic information about treatment protocols, available services, payment mechanisms and how to access services
  - LHIA 2. Develop improved mechanism for providers to communicate among themselves regarding shared consumers and to create effective linkages for consumers during and after treatment.
  - LHIA 3. Explore the creation of a coordinated system of care or other formal partnership-based business agreement to meet the needs of individuals with more serious behavioral health conditions

Healthy Montgomery *(Cont.)*

- The BHWG identified three Local Health Issue Areas (LHIAs)
  - **LHIA 1**
    - **Strategy**: Create a web-based basic information, communications, and linkage system through which consumers, their families, providers and other social service agency or referral source personnel can easily gain clear, basic information about treatment options, the full range of available services, including payment mechanisms, and how to access service.
    - **Goal**: InfoMontgomery will host an easily understandable and accessible centralized internet database of basic information about behavioral health services available in the County that can be sorted by payor, provider, location, specialty, languages spoken, and target population. The primary target audience is people who have Medicare and/or Medicaid or are insured, but does not exclude other individuals.

Healthy Montgomery *(Cont.)*

- The BHWG identified three Local Health Issue Areas (LHIAs)
  - **LHIA 2**
    - **Strategy**: Establish protocols to facilitate safe and appropriate transfer of clients from institutional settings (hospitals, emergency rooms, correctional facilities) to the community behavioral health organizations. There is a need to develop improved mechanisms for providers to communicate among themselves regarding share consumers and to create effective linkages for consumers (warm-hand off) as they move between providers or levels of care.

    - **Goal**: Consumers with behavioral health diagnoses who receive services at a local emergency department (ED), the Department of Corrections, Crisis Services or who receive acute care from inpatient behavioral health services will be successfully linked to appropriate community resources for ongoing behavioral health services.

Healthy Montgomery *(Cont.)*

- The BHWG identified three Local Health Issue Areas (LHIAs)
  - **LHIA 3**
    - **Strategy**: Establish Coordinated System of Care Task Force (CSCTF) to formulate framework to establish a coordinated system of care or other formal partnership-based business agreement to meet the needs of individuals with more serious behavioral health conditions living in Montgomery County. There is a need to explore the create of coordinated system of care or other formal partnership-based business agreement to meet the needs of individuals with more serious behavioral health conditions.
    - **Goal**: Initiate a process to explore the creation of a coordinated system of care of other formal partnership-based business model to meet the needs of individuals with more serious behavioral health conditions who live in Montgomery County.
- For more information, go to healthymontgomery.org

Readmission Data

- 2016 statistics
  - State-wide readmission rate 12.93%
  - Target rate 10.25% average per month
  - WAH must reach a 9.5% improvement in CY 2016 vs CY 2015 or be in the top quartile and have 11.85% or lower case mix adjusted readmission rate
  - Q1-2 2015 109 patients over (program implementation began)
  - Q3 2016, 2 patients over target
    - Attainment met with RAR of 11.84%, however, resulting in $10k incentive through September
  - Potential max penalty $3.23 million
  - Potential max incentive $1.61 million

Readmission Data *(Cont.)*

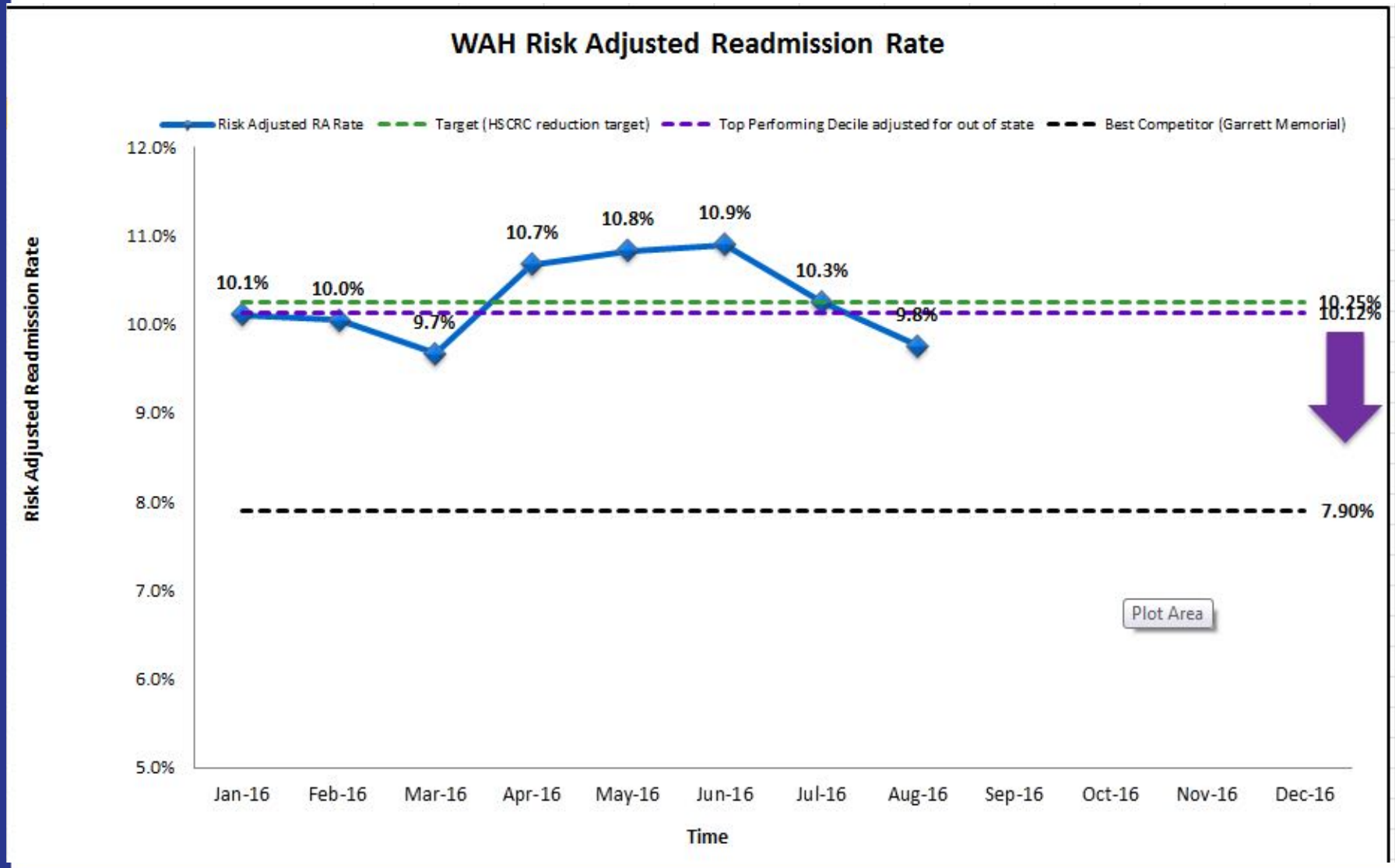
- Current FTEs
  - 6 RN Transitional Care Managers (M-F 8a-4p)
    - Transitional Care Program
    - SeedCo
    - Telehealth
    - Readmission reviews
    - Behavioral Health
    - Unlimited visits/calls as needed
  - 3 Community Health Workers (M-F 8a-4p)
    - Transitional Care Program
    - SeedCo initial screening and follow up
    - Telehealth compliance monitoring/logistics
    - Patient maintenance days 31-90
    - One funded through HSCRC Grant

Readmission Data *(Cont.)*

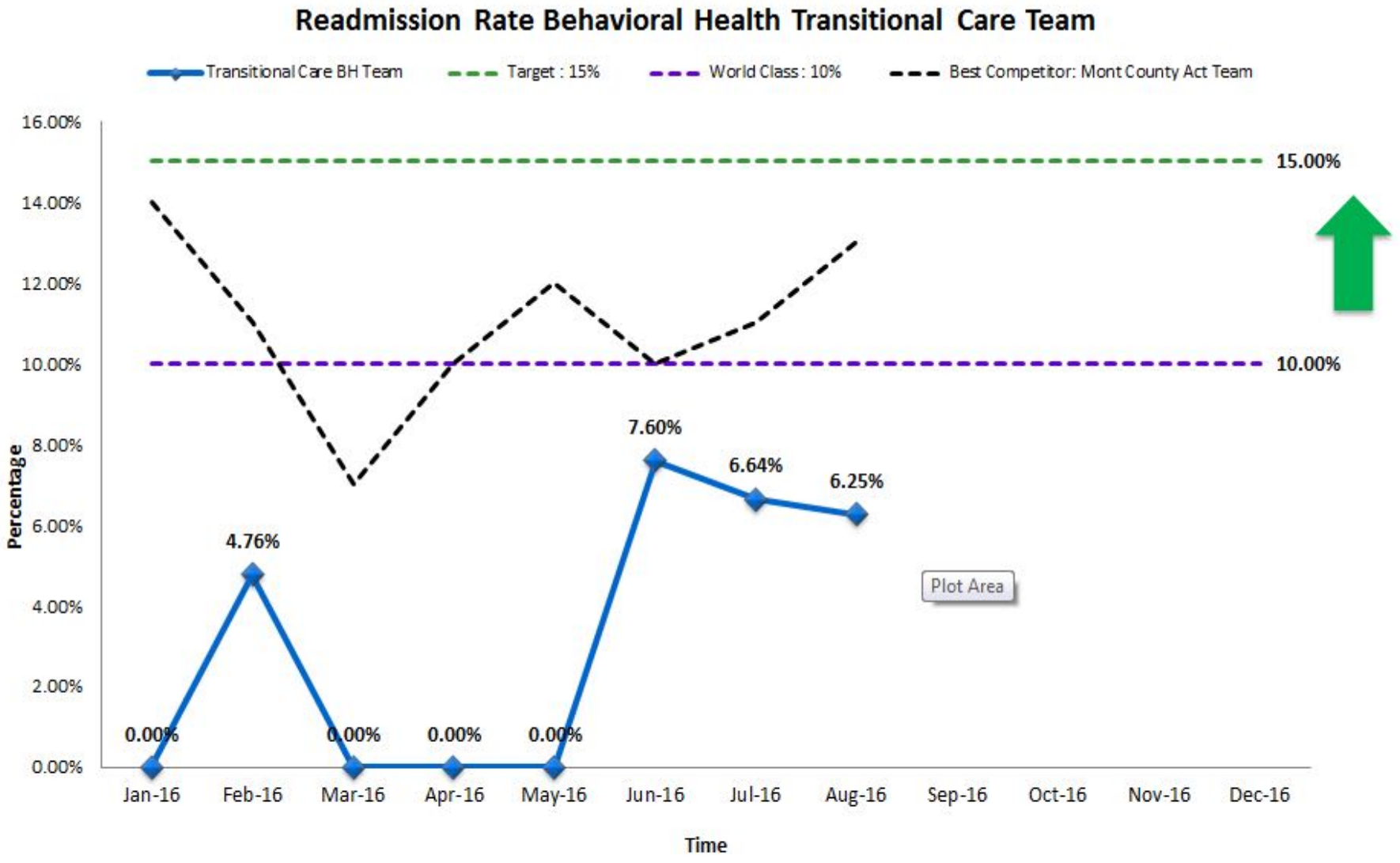
- 2.5 ED U-Turn Care Coordinators RN/LCSW-C/CHW (M-F 6a-8p, M/W 7p-12a, Sat 8-6p)
  - ED U-Turn Program

- Vacancies/Posted
  - 1 RN Transitional Care Manager – HSCRC Grant
  - 1 Clinically Integrated Care Manger – HSCRC Grant

WAH Readmission Rate



Readmission Data
Transitional Care Team



Readmission Data
Transitional Care Team

- Q3 2016
  - 9.79% readmission rate for 2100 overall (including TC, CareLink, HOV patients)
    - 2014 showed a 27% rate baseline year
  - 3.54% readmission rate for Behavioral Health Transitional Care Program
  - AVG risk score 14.19 (medical score only, does not take into account BH DRG)

Discharge Planning

- Interdisciplinary rounds revisions-2 meetings since April
  - Changed time
  - Rounding checklist
  - Physician participation
- Appropriate referrals to CCI
- PCP appointments, medications on discharge and transportation for appointments- need Cerner documentation hard stops (going to next change control board)
- Pathways for high risk patients

Patient Testimonial

"… It has been two years since my mother was released from your mental health facility after about 5-6 week stay. When she entered, she was 88 lbs (norm ~ 130), suffering from bipolar and at the end of her rope. We all were. I really didn't know what to do since I had exhausted all options. My mother had been battling manic depression for the better part of the past three decades. I have to say, your mental health team, particularly Julie and Anne, saved her life, as well as our sanity. Truly, the care and support the team gave, and Dr. Israel finally finding the correct meds has completely turned her life around. She has been able to finally live alone again, not hoarding, staying on the meds, sleeping through the night and getting a good amount of joy in her life despite her illness. From the bottom of my heart, thank you and your team for everything you have done. I have my mom back as much as I could have asked for and my 16 month old daughter has a grandmother who loves her…"