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Reduce Readmissions & Avoidable ED Visits:  
Advocate Health Care's  
Medically Integrated Crisis Community Support

by

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## Advocate Illinois Masonic Medical Center, Chicago

- AIMMC is a general community teaching hospital with a complete continuum of an inpatient unit, ED crisis stabilization program, psychiatric consultation/liaison services, outpatient behavioral health services clinic, including a substance abuse program.
- A service area that serves multiple residential facilities for the severely and chronically mentally ill.
- An ED that serves as a police drop-off facility.
- Over the past 5 years with diminishing funding for community services, coupled with closing of State-operated facilities, resulting in a dramatic increase of frequent utilizers of the ED and the psychiatric unit.

# MICCS

## *Medically Integrated Crisis Community Support Team (MICCS)*

- *MICCS is the Behavioral Health Crisis Team that was created in the spring of 2014.*
- The team is composed of a **psychiatrist, clinical social worker, nurse, chaplain, case manager and prosumer.**
- *The mission is to provide community based and ongoing support for our most complex behavioral health patients.*

# Identified

- **Target Patients** demonstrate high rates of recidivism/complex needs
  - *Top 100 patients*
  - *30 day readmissions*
  - *Long length of stay with significant risk of readmission*
  - Decline in outpatient functional status
  - Primary diagnosis of a chronic mental illness
  - Co morbid medical condition

# Caseload Matrix

- **20 patients per Team Member**
- **50/50 Rule**
  - Recidivism scale (**3** in 1 month/**6** in 6 months)
  - Risk for readmission
  - Co morbidity/Complexity
  - Referral source
  - Funding
  - Encounters indicated
  - Show rate

# Source of Referrals

- Quarterly Report
- Monitoring Readmission lists
- In-patient Psychiatry
- Consult Liaison Rounding
- Physician Request
- First Access
- Outpatient Behavioral Health

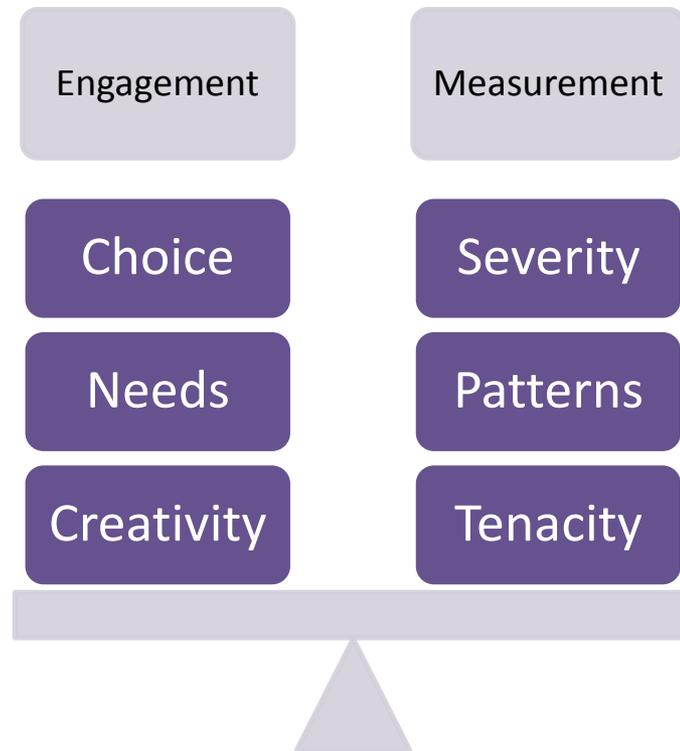
# Monitoring

- Alerts placed in electronic chart
- 24/7 Crisis Team holds a “watch list”
- Natural Supports & System providers
- Flash drives with medical alerts

# Goals

- **Behavioral Health Community based treatment**
- **No duplication of Community Services**
- **Carefully measured “stepped care”**
  - Engagement & Education
  - Dynamic Assessment/Documentation of risk and needs
  - Comprehensive Integrated treatment to link all stakeholders
  - Mental Health Declaration
  - 5 Wishes
  - Careful evaluation of mandated court ordered care
  - Umbrella Team for First Episode Psychosis (FEP)

# Interventions



## Traditional Community Teams

- 1- 3 visits per week
- Emphasis on Engagement
- Outsourced
- Absent after hour coverage
- MD appointments
- Assigned Case Manager

## MICCS

- 1-5 visits per day or month
- Starts with Engagement but expands tools
- In house mobility
- 24/7
- Tele health MD
- Fluid use of staff

# Wins

John is in his mid-50s with a history of schizoaffective disorder, alcohol abuse, and long-term homeless. From January 1, 2013 through mid-June 2014 he had 81 ER visits at Advocate Illinois Masonic, 2 of which required a medical admission. The cost for the Advocate care alone has been **\$155,794**. ***Since this report in July, 2014 through March, 2015 patient has had only 3 ER visits in 9 months with 1 resulting in an inpatient psychiatric admission. This patient is now in independent housing program. Volunteers at a cat shelter and is linked to a spiritual community.***

***As of March, 2016 he has had only 8 additional visits to the ER and remains housed and is compliant with treatment. He receives MICCS maintenance 2X's per week in the community.***

Joe is 81 years old, with a long history of depression, anxiety, alcohol abuse, and multiple medical problems, including diabetes. Joe also accumulated 81 visits to the Illinois Masonic ED from January 2013 through June 2014, 14 of which resulted in an inpatient admission. The cost of his medical care at Advocate was **\$303,087**. ***After lengthy assessment and evaluation this patient was supported in moving to a Nursing Home where his symptoms can be monitored.*** The MICCS Team signed off on the patient after establishing he would be successful in this identified level of care. We contacted the Nursing Home for an update on 3/9/15 and learned he has only been ***hospitalized 1X in the past 8 months for hyperglycemia***. The Nursing Home reports he has stopped drinking alcohol, reports feeling happy to be living with his brother, and overall has controlled blood sugars.

**As of March, 2016 this patient continues to live at Casa Central but has had no hospital admissions in the past year. The nursing home reports he is doing well.**