Joint Webinar

National Council for Behavioral Health &
The American Hospital Association

February 6 at 3:30 p.m. ET

Partnering to Address Behavioral Health: A Deep Dive into Hospital/Health System Partnerships with Community Behavioral Health
We are the national advocate for America’s hospitals and health systems.

OUR VISION
A society of health communities, where all individuals reach their highest potential for health.

OUR MISSION
To advance the health of all individuals and communities. The AHA leads, represents and serves hospitals, health systems and other related organizations that are accountable to the community and committed to health improvement.
With roots dating back to 1898, the American Hospital Association now counts among its members...

- more than 5,000 hospitals, health care systems and other health care organizations
- 33,000 individual members

We partner with state, regional and metropolitan hospital associations to advocate for mutual members.

We operate out of offices in Washington, DC and Chicago
Our Strategic Imperative

To lead the field in support of:

Access | Health | Innovation

Affordability | Individual as Partner
Our offerings

We are deliver insights, data, advocacy, networking opportunities, and education you won't find anywhere else.

We share vital information
We deliver data
We educate
We help you tell the story
We convene leaders
We lead the field
We advocate
The National Council for Behavioral Health

- Over 3000 Members providing or supporting treatment for Mental Illnesses and Addiction

- Member Types
  - Community Mental Health Centers
  - Addiction Treatment Centers
  - Child and Adolescent Behavioral Health Organizations
  - Federally Qualified Health Centers
  - Hospitals
  - Health Systems
Over 1 Million People trained in Mental Health First Aid
Consulting and Technical Assistance

• Training and implementation support for best practices
  – Integrated Care
  – Screening, Brief Intervention and Referral to Treatment (SBIRT)
  – Motivational Interviewing
  – Whole Health Action Management (WHAM)
  – Case Management to Care Management

• Management and leadership development
  – Middle Management Academy
  – Mastering Supervision
  – Leadership/management coaching and support
  – Executive Leadership Program

• Individualized technical assistance to behavioral health and primary care settings

• Webinars, online learning, national and regional gatherings
Partnering to Address Behavioral Health: A Deep Dive into Hospital/Health System Partnerships with Community Behavioral Health

Victor Armstrong, VP, Behavioral Health-Charlotte
Manuel Castro, MD, Medical Director Behavioral Health Integration
Wayne Sparks, MD, Senior Medical Director, Behavioral Health Services
Objectives:

• Explore the value of hospital/CBHO partnerships

• Identify the essential steps and perceived barriers to integrating care in hospitals and health systems

• Review outcomes and the future of Atrium’s vision
Atrium Health: Size and Scope

65,000+ teammates | 47 hospitals across 3 states

29 urgent care locations | 33 emergency departments
350+ primary care practices | 25+ cancer care locations

3,000+ physicians | 16,000 nurses

6.5% population growth in Charlotte region

8,700+ licensed beds
In ONE Day at Atrium Health:

31,750 patient encounters | 23,000 physician visits

600+ home health visits | 4200 ED visits

85+ new primary care patients | 88 babies delivered

13,975 virtual care encounters!
Vision for Behavioral Health:

Atrium Health will develop a transformative, clinically integrated, and sustainable system of high-quality, patient- and family- centered care to serve the Behavioral Health needs of patients, their families and the community.
The Behavioral Health Continuum:

1. Mental Health First Aid
2. Employee Assistance Programs
3. Primary Care Integration
4. Care Management
5. Naloxone Project
6. School-Based Services
7. Medication Assisted Therapy
8. Outpatient Behavioral Health (Therapy, Medication Mgmt., Injection Clinics)
9. Intellectual & Developmental Disabilities Clinic
10. Brain Stimulation Services (ECT and TMS)
11. Assertive Community Treatment Teams
12. Crisis Line Call Center
13. Medical Detox
14. Acute Care Hospital (C/L and Tele-C/L)
15. Acute Care ED (Telespsych and BHPP)
16. Psychiatric ED
17. Psychiatric Observation Unit
18. Inpatient Psychiatric Services
19. Partial Hospitalization Services (Adult & C/A)
20. Substance Use Intensive Outpatient (Adult & C/A)
21. Residential

Physical Service Locations
Virtual Services Available
Rely on Community Services
Virtual Health Defined:

- Telecommunication
- Teleconferencing
- Teleconsultation
- Telemedicine
- Telemonitoring

Connecting patients to care. Greater than 5.1 million encounters annually.
Virtual Care...Not just Technology. 
Care is Care

Core Competencies

Virtual Care Clinical Teams
Clinical Culture & Workflow
Telemedicine Platform
Data, Algorithms & Reporting

Benefits

Evidence Based
Timely Access
Scalability
Industry Alignment
Sustainability
Virtual Emergency Behavioral Health: Management and Placement
A Chaotic & Fragmented System:
The BIG Idea:

To establish a coordinated, efficient, and patient centered system of access to evaluation, management and treatment for patients in our system requiring inpatient behavioral health services.
Process:

The Model

The Team

Tele-psychiatry Clinician / Patient Navigator
- LCSW/LPC

Tele-psychiatry Provider
- Adult Psychiatrist
- Child and Adolescent Psychiatrist
- Nurse Practitioner

Patient Placement Nurse
- Registered Nurse

Patient Placement Admission Transfer Coordinator
- Bachelor level with psychiatry related experience

Email questions to Quiana.Smith@carolinashealthcare.org
Process:

BH Patient

Emergency Department (ED)

ED initiates consult and BH clinician collects collateral

BH Provider completes consults and determines inpatient BH need

BH placement searches for inpatient bed and安排s transport

Inpatient BH Treatment

Navigator Initiates Patient Contact

Discharged to home, treatment facility, or community

Virtual BH Support Team

Atrium Health
Streamlined Communication:

<table>
<thead>
<tr>
<th>ED Bed</th>
<th>EncType</th>
<th>Loc</th>
<th>Virtual Bed</th>
<th>Act Age</th>
<th>Aller Reason for Visit</th>
<th>ERIC</th>
<th>RN</th>
<th>EP</th>
<th>Events</th>
<th>BH Lab</th>
<th>VS</th>
<th>Bed #</th>
<th>ED Comments</th>
<th>Placement Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>043.A</td>
<td>ERH - E</td>
<td>E100.01</td>
<td></td>
<td>61</td>
<td>Suicidal thoughts, 2:Altered mental status</td>
<td>Steve</td>
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<td>F</td>
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<td>IVC - Awaiting Placement Faxed for placement</td>
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<td>G</td>
<td>3*</td>
<td>165/1052</td>
<td>1*</td>
<td>Case Management (Place BSH #1 press 4c 8/13)</td>
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<tr>
<td>E100.03</td>
<td>ERH - E</td>
<td>E100.04</td>
<td></td>
<td>21</td>
<td>Suicidal thoughts</td>
<td>J.W.</td>
<td></td>
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<td>P</td>
<td>1*</td>
<td>2019/219/270</td>
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<td>Accepted @ Holly Hill</td>
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<tr>
<td>E100.05</td>
<td>ERH - E</td>
<td>E100.06</td>
<td></td>
<td>87</td>
<td>Altered mental status</td>
<td>J.W.</td>
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<td>219/103/71</td>
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<td>Social work/home DC</td>
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<td>E100.07</td>
<td>ERH - E</td>
<td>E100.08</td>
<td></td>
<td>67</td>
<td>Mental disorder</td>
<td>J.W.</td>
<td></td>
<td></td>
<td>P</td>
<td>1*</td>
<td>103/101/71</td>
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<td>Case Management faxed for placement</td>
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<td>ERH - E</td>
<td>E100.10</td>
<td></td>
<td>58</td>
<td>Alcohol intoxication</td>
<td>J.W.</td>
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<td>P</td>
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<td>103/101/71</td>
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<td>ERH - E</td>
<td>E100.12</td>
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<td>48</td>
<td>Screening for mental disorders</td>
<td>J.W.</td>
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<td>P</td>
<td>1*</td>
<td>103/101/71</td>
<td>1*</td>
<td>Waiting on placement</td>
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<td>E100.13</td>
<td>ERH - E</td>
<td>E100.14</td>
<td></td>
<td>22</td>
<td>Screening for mental disorders</td>
<td>J.W.</td>
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<td>P</td>
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<td>103/101/71</td>
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<td>IVC Needs UDS</td>
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<tr>
<td>E100.15</td>
<td>ERH - E</td>
<td>E100.16</td>
<td></td>
<td>41</td>
<td>Suicidal thoughts</td>
<td>J.W.</td>
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<td>P</td>
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<td>219/103/71</td>
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<td>IVC Waiting on telepsych PRI ready</td>
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<tr>
<td>E100.17</td>
<td>ERH - E</td>
<td>E100.18</td>
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<td>48</td>
<td>Psychiatric disorder</td>
<td>J.W.</td>
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<td></td>
<td>P</td>
<td>1*</td>
<td>103/101/71</td>
<td>1*</td>
<td>Old Vineyard -am with chart Accepted OV 8 AM</td>
<td></td>
</tr>
</tbody>
</table>

Atrium Health
Patient Placement and Bed Management:

Bachelor Level Admission Transfer Coordinators/ RNs work 24/7

Placements based on clinical and exclusionary criteria

Scope focused on locating and allocating appropriate Psych Beds

<table>
<thead>
<tr>
<th>Year</th>
<th>Total Placements</th>
</tr>
</thead>
<tbody>
<tr>
<td>2014</td>
<td>4355</td>
</tr>
<tr>
<td>2015</td>
<td>8227</td>
</tr>
<tr>
<td>2016</td>
<td>8944</td>
</tr>
<tr>
<td>2017</td>
<td>9207</td>
</tr>
<tr>
<td>2018</td>
<td>9180</td>
</tr>
</tbody>
</table>
Current State and Outcomes:

2015-2018 System Wide ED Psych Volume vs. LOS

- **2014 baseline**: 45 hrs

![](chart.png)
## Current State and Outcomes:

<table>
<thead>
<tr>
<th>Clinical Outcomes</th>
<th>Healthcare Utilization</th>
<th>Cost of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>▲</strong> Patient Experience of Care</td>
<td>▲ Bed Occupancy</td>
<td>▼ Sitter Expense</td>
</tr>
<tr>
<td>▼ Timeliness to appropriate care</td>
<td>▼ ED &amp; Psychiatry LOS</td>
<td>▲ ED Capacity</td>
</tr>
<tr>
<td>▲ Teammate/Provider Satisfaction</td>
<td>▲ ED/Psychiatry Discharge Rates</td>
<td>▼ LWBS</td>
</tr>
<tr>
<td>▲ Maximizes BH resources throughout the state</td>
<td>▲ Teammate/Provider Satisfaction</td>
<td>▲ Increased Contribution Margin</td>
</tr>
<tr>
<td>▲ Continuity of care through IT</td>
<td>▲ Access to Timely Treatment</td>
<td></td>
</tr>
</tbody>
</table>

▲ Increase in outcomes
▼ Decrease in outcomes

Maximizes BH resources throughout the state
Continuity of care through IT

Email questions to Quiana.Smith@carolinashealthcare.org
Virtual Behavioral Health Integration
Upstream.....Primary Care:

- Stigma
- 70% of visits are Psycho-Socially related
- Greater than 50% of all psychotropics prescribed by PCP’s
- 45% of patients completing suicide saw their primary care provider within 30 days
- 38% had a healthcare visit in previous week
## Comorbid Behavioral Health and Chronic Medical Conditions:

<table>
<thead>
<tr>
<th>Chronic Medical Condition</th>
<th>% with depression/anxiety</th>
<th>% treated for depression/anxiety</th>
</tr>
</thead>
<tbody>
<tr>
<td>Arthritis</td>
<td>32.3%</td>
<td>7.1%</td>
</tr>
<tr>
<td>Hypertension</td>
<td>30.5%</td>
<td>5.5%</td>
</tr>
<tr>
<td>Chronic Pain</td>
<td>61.2%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>30.8%</td>
<td>5.2%</td>
</tr>
<tr>
<td>Asthma</td>
<td>60.5%</td>
<td>6.8%</td>
</tr>
<tr>
<td>Coronary Artery Disease</td>
<td>48.2%</td>
<td>5.7%</td>
</tr>
<tr>
<td>Cancer</td>
<td>39.8%</td>
<td>5.7%</td>
</tr>
</tbody>
</table>
vBHI Overview:

The vBHI Care Model

- Patient
- PCP
- BHP/Care Manager
- Consulting Psychiatrist
- Other Behavioral Health Clinicians
- Additional Clinic Resources
- Outside Resources
- Substance Treatment, Vocational Rehabilitation, CMHC, Other Community Resources

The Team

Behavioral Health Professional
- LCSW/LPC, Psych RN

Health Coach
- Bachelor level with two years’ experience
- Obtain Health Coach Certification within 1 year of hire date

Provider
- Adult Psychiatrist
- Child and Adolescent Psychiatrist
- Nurse Practitioner

Pharmacy
- Board Certified Psychiatric Pharmacist (BCPP)
Process:

1. PCP consults BH Provider for curb side chart review

2. Elevated PHQ-9 Scores Captured in BH Patient Registry

3. PCP Appointment

   PCP Office

   Administers PHQ-9

Virtual BH Support Team

4. Post Appointment Call Back Protocol

   PCP initiates in office virtual visit if needed

BH Patient

PCP Office
Screening is the Driver

**PATIENT HEALTH QUESTIONNAIRE (PHQ-9)**

<table>
<thead>
<tr>
<th></th>
<th>Not at all</th>
<th>Several days</th>
<th>More than half the days</th>
<th>Nearly every day</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Little interest or pleasure in doing things</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>2. Feeling down, depressed, or hopeless</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3. Trouble falling or staying asleep, or sleeping too much</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>4. Feeling tired or having little energy</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>5. Poor appetite or overeating</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>7. Trouble concentrating on things, such as reading the newspaper or watching television</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>8. Moving or speaking so slowly that other people could have noticed, or the opposite—being so fidgety or restless that you have been moving around a lot more than usual</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>9. Thoughts that you would be better off dead, or of hurting yourself</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
</tbody>
</table>

Total **TOTAL**

(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card.)

Standardized tools in the PCP setting enhance screening, diagnosis, and treatment planning.

**Evidenced Based Treatment**

**Patient Engagement Recovery**
vBHI Current State

Entry Point

- 75.3% Patient Registry
- 3.6% CHS Care Management
- 21.1% Primary Care Provider

Access to vBHI

vBHI by the Numbers (2018)

- 15,601 Unique Patients
- 86,428 Patient Encounters
- 1,006 Patients Active Patients
- 25 Primary Care Practices
- 7 Pediatric Practices
- 70+ Care Management Clinics
# vBHI Outcomes and ROI:

## Disease Severity

<table>
<thead>
<tr>
<th>Clinical Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>▼ Depression symptoms – 60.2% of patients achieved 50% reduction in PHQ-9 score</td>
</tr>
<tr>
<td>▼ Anxiety symptoms – 65.9% of patients achieved 50% reduction in GAD-7 score</td>
</tr>
<tr>
<td>▼ Suicide ideations – 88% of patients no longer endorsed SI upon completion of Health Coaching</td>
</tr>
</tbody>
</table>

| ▼ Weight/BMI |
| ▼ HgB A1C |
| ▼ Cholesterol (Total, triglycerides, LDL, HDL) |
**vBHI Outcomes and ROI:**

<table>
<thead>
<tr>
<th>Healthcare Utilization</th>
<th>Cost of Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>▼ Inpatient Visits</td>
<td>▼ Overall</td>
</tr>
<tr>
<td>▼ Inpatient Days</td>
<td>▼ Inpatient</td>
</tr>
<tr>
<td>▲ Ambulatory Visits (Primary/Specialty)</td>
<td>▼ ED</td>
</tr>
<tr>
<td>▼ ED Visits</td>
<td></td>
</tr>
<tr>
<td>▼ Avoidable ED/IP Visits</td>
<td></td>
</tr>
</tbody>
</table>
Components of a Successful Program:

- System Leadership Support
- Physician Champion
- EMR Build
- Data Analytics
- Standardization of Treatment Approach
- Structured Process Flow
- Identification of Screening tools
Overcoming Challenges:

- Communication
- Tracking Boards
- Virtual Model Adoption
- Managing Expectations
- Standardizing Process
- Growth and volume
- Credentialing
### Outlook:

- Insurance Coverage Expansion
- Impact of High Deductible Plans
- High Demand for Outpatient Services
- Impact of Smart Phone Apps and on-line programs on patient engagement
- Increasing Payment Risk with ACOs and Clinical Integration Networks
- Expansion of outcome measurement and quality metrics in BH
- Reimbursement for virtual patient care delivery models
- Focus on Chronic Disease Management as a cost driver
Hospital – CBHO Partnerships
Care Management Strategies during the Psychiatric Hospital Stay:

- Physical
- Emotional
- Occupational
- Social
- Spiritual
- Wellness

Intellectual
Utilization of Lived Experience:

- Assistance in Daily Management
- Social/Emotional Support
- Linkage to Clinical and Community Resources
- Ongoing Support
Key Functions of Peer Support:

Linkage to Clinical and Community Resources

Peers Advocate for Safety and Stability: Peers focus on the holistic needs of the patients they work with.

- Participating in Multidisciplinary Treatment Teams
- Educating family/supportive individuals about recovery principles
- Connecting individual with community programs and support groups
- Linking family to community resources and support groups
Key Functions of Peer Support:

Ongoing Support

*Peers promote relationships and social networks*

- Discussing the importance of a sense of family and community in safety planning
- Educating families on symptoms of mental illness as well as support groups for family members
- Discovering what social support networks patients want to be connected to and play a role in that linkage
Does the patient meet the following criteria?
- Does not currently have and will not discharge with an enhanced service
- Will reside in Mecklenburg County at discharge
- Has Medicaid OR is uninsured (self-pay)
- If patient is agreeable to a PB referral for discharge, they will need to select a participating agency.

Step 1: Identify patients eligible for the Peer Bridger (PB) program

Step 2: Connect patients with a provider who offers peer support
- The peer will meet with the patient on the inpatient unit that same day or next day.
- Clinician will provide the peer with the following:
  - Inpatient provider's initial psychiatric assessment
  - Inpatient psychosocial assessment
  - As soon as a discharge date is established, the peer will coordinate arrangements to transport the patient home.

Step 3: Communicate with patients and peer for follow-up care coordination
- When the peer arrives at the unit to transport the patient home, the peer and the patient receive discharge documents that include the follow-up appointment date and medication list.
- The peer communicates with our inpatient social work team if the hospital follow-up appointment was met. The receiving provider agency dispatches the mobile engagement team if follow-up appointment was not met.
Contacts:

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Manuel.Castro@AtriumHealth.org
Wayne.Sparks@AtriumHealth.org