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Center for Integrated
Health Solutions
"Partnering With Hospitals"
SAMHSA Primary Health Care Integration Program
2014 Grantee Meeting
August 11-13, 2014
Washington Marriott-Wardman Park
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Care Link - Transitions
Connecting Hospitals and Community Providers
Community Clinic Inc.
Over 100 Years of Service
Family Services, Inc.
PART OF THE SHEPPARD PRATT HEALTH SYSTEM
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Developing Relationships With Hospitals: The Timing is Right

- Maryland's new CMS waiver focuses on reducing 30 day hospital readmission
- Shift toward population health and Total Patient Revenue
- Renewed focus on keeping costs down through the reduction in 30 day readmissions and connecting patients with community providers and resources

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The Hospital Perspective

- $657 million = The total cost associated with readmissions in 30 days
- Inpatient hospitalizations account for 20-25% of total health care expenditures
- 18% of all Medicare patients discharged from the hospital readmit within 30 days, costing $15 billion

(HSCRC 2007)

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Predicted Cost-Savings to Hospitals

- Average cost of readmission: $10,000
- CareLink client success rate: 83.6%
  - 433 clients served
  - 362 clients did not readmit within the 30 day window.
- Predicted savings to the hospital: $3,620,000 (2 years).
- Cost of CareLink: $416,780 (2 years).
- For every $1.00 invested in “right –sided care” through Carelink, hospital saves est. $8.50

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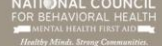
The Model at a Glance

- **All-Payer total hospital per capita revenue growth ceiling**
  - Tied to long term state economic growth per capita—
  - 3.58% annual growth rate for first 3 years.
- **Medicare payment savings**
  - Minimum $330 million in savings (Maryland).
- **Patient and population centered**
  - Measures and targets to promote population health improvement.
  - Medicare readmission reductions to nation average.
  - 30% reduction in preventable conditions under Maryland’s Hospital Acquired Condition program (MHAC) over a 5 year period.



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Getting Started

- Development & Strategic Planning Meetings
- Hospital Bond Bill
  (2014 Legislative Session)
- Additional Private Funding
  (2014 Washington Adventist Hospital Foundation Golf Classic)

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Discharge & Referral Process Workflow

- CCI-WAH and Office of Population Health drafted test workflow, now reviewed regularly and fine-tuned as needed
- 75% CCI-WAH patients are a result of WAH referrals
- Referral sources: Hospital discharges (ED, Women's Center, Wound Center, Cardiology, general hospitalizations)
- WAH Population Health nurses continue case management of referred patients for the initial four weeks
- CCI-WAH monthly meetings, cross-continuum team (WAH) strategize to reduce hospital readmission
- All CCI health centers have access to the hospital's EHR.
- WAH "resource matching" tool, piloted in fall, '14. Comprehensive eligibility screen for all resources available to them.

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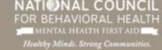

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Interdepartmental/Community Referrals

- All CCI Health Centers refer women for mammograms at WAH
- Referrals to Diabetic Support Groups (CHEER)

Other collaborations

- CCI opened a prenatal center in Prince George's County
- Center works closely WAH's Women's Center, 80 active patients, and 10 deliveries.

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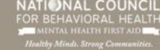
Community-Based Behavioral Health Providers: Our Role

- Expertise in working with behavioral health population
- Experience in rendering community based case management, ability to provide home visits, connections to community resources
- Integrated health services
- Hospitals pressured to discharge patients sooner
  - We have the ability to implement the discharge plan in the home, and connect the client to resources and providers in the community.



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Carelink Transitions: FSI's Solution

- Approached by Washington Adventist Hospital (2011), request to provide intensive case management to discharging behavioral health clients

1. Connect the client to community resources
2. Implement the discharge plan
3. Keep them out of our hospital

- CareLink quickly developed into a program providing intensive, 30 day case management to patients referred by behavioral health and medical units, as well as the emergency department.

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Carelink Transitions: How It Works

- Hospital identifies a high risk, likely to re-admit patient
- CareLink Transitions meets with patient in the hospital, completing a "warm handoff"
- Nurse Care Manager and Entitlements Care Manager work with the patient for 30 days to implement discharge plan, establish community-based providers, and apply for eligible entitlements

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The “Warm Handoff”

- “Warm handoff” is effective strategy for engaging the clients in our program, quickly identifying their needs:
  - Rapport building and engagement
  - Verification of current address
  - Provision of “TracFone” (if no working number identified)
  - Needs assessment completion in the hospital
  - Collaboration with referring social worker

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Carelink Transitions: Integration at its Core

- Our Team:
  - Two Licensed Practical Nurses
  - One Entitlements Coordinator
  - One Licensed Clinical Social Worker
  - One hospital liaison
  - One data manager
- Communication in English, Spanish, French and Swahili

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What Our Nurses Do in 30 Days

- Transportation for follow up appointments, and appointment-scheduling assistance
- Nursing assessment, home visits, medication reconciliation
- Patient education:
  - Discharge instructions
  - Proper use of emergency department
  - Self-management
- Coordinating community based providers:
  - Primary care
  - Mental health / Substance abuse

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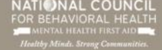
What our Entitlements Coordinator Does in 30 days

- Needs assessment
- Medicaid, Medicare applications; Social Security Income; Social Security Disability Income
- SNAP (food stamps)
- Transportation (MetroAccess, Call-n-Ride)
- Assistance getting documents, applications to:
  - PRP
  - RRP
  - Housing and shelters
  - Food resources; other social services and resources



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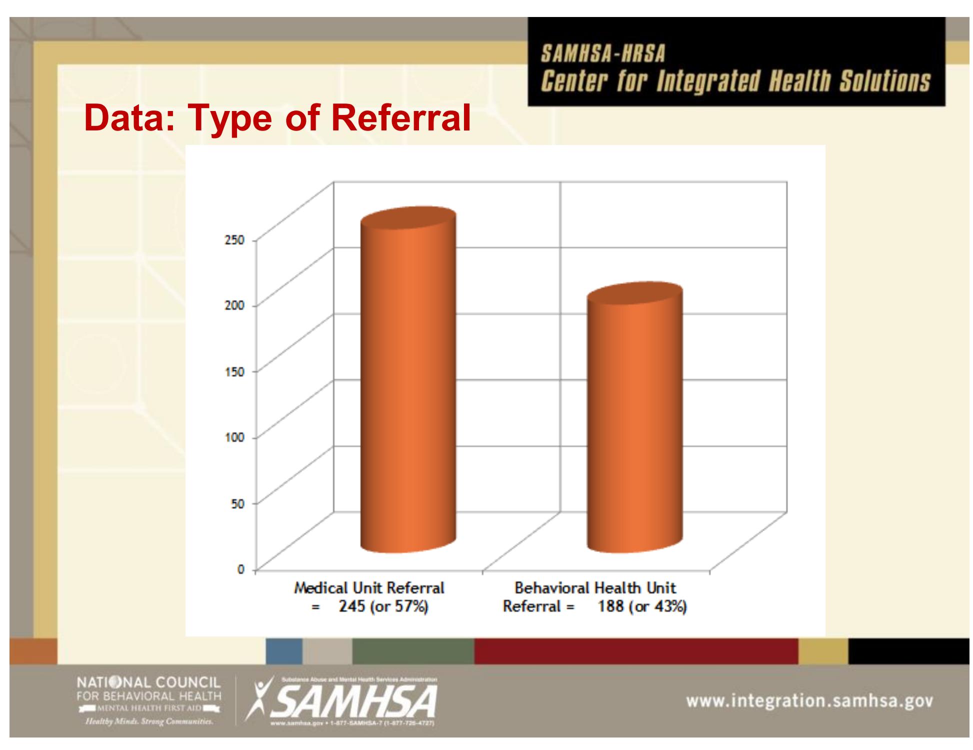
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Data: Type of Referral
250
200
150
100
50
0
Medical Unit Referral = 245 (or 57%)
Behavioral Health Unit Referral = 188 (or 43%)
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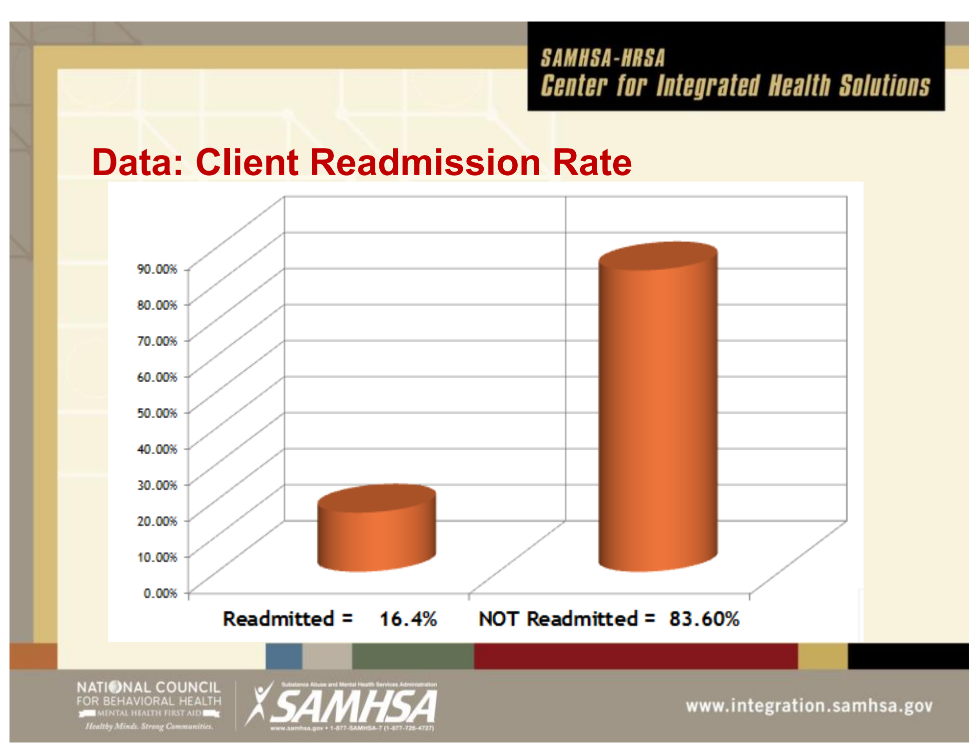
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Data: Client Readmission Rate
90.00%
80.00%
70.00%
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
Readmitted = 16.4%
NOT Readmitted = 83.60%
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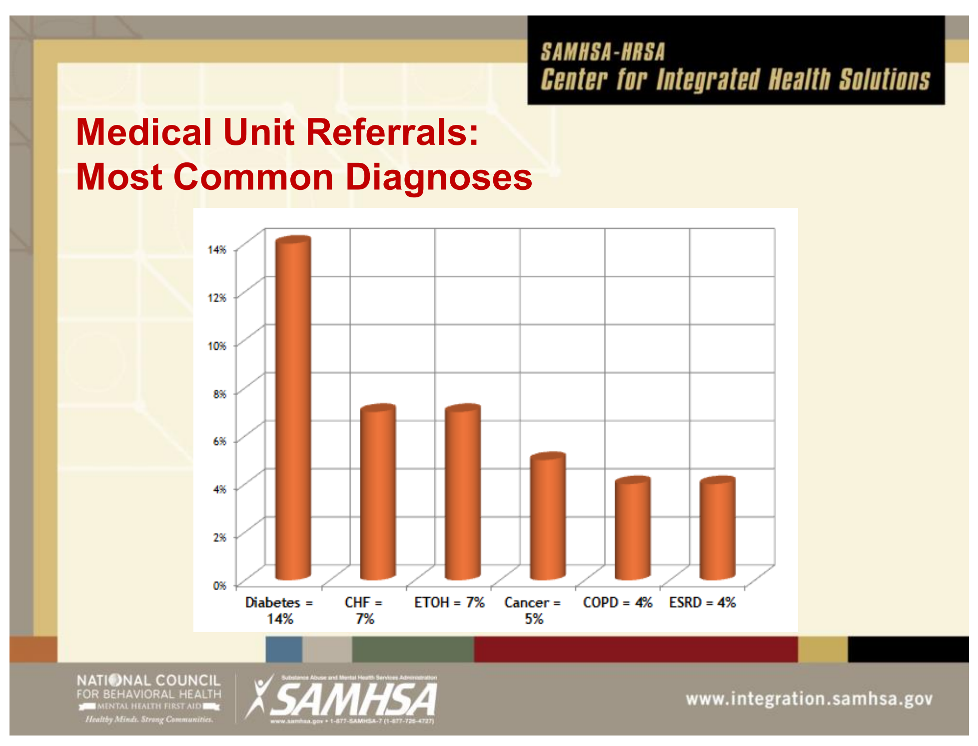
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Medical Unit Referrals:
Most Common Diagnoses
14%
12%
10%
8%
6%
4%
2%
0%
Diabetes = 14%
CHF = 7%
ETOH = 7%
Cancer = 5%
COPD = 4%
ESRD = 4%
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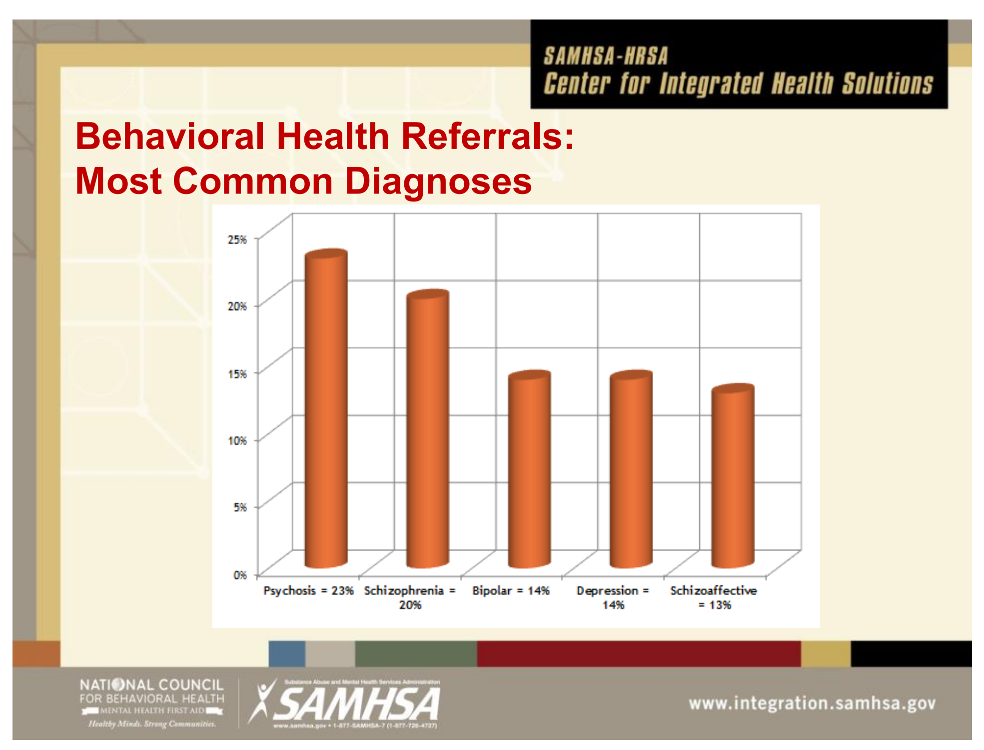
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Behavioral Health Referrals:
Most Common Diagnoses
25%
20%
15%
10%
5%
0%
Psychosis = 23%
Schizophrenia = 20%
Bipolar = 14%
Depression = 14%
Schizoaffective = 13%
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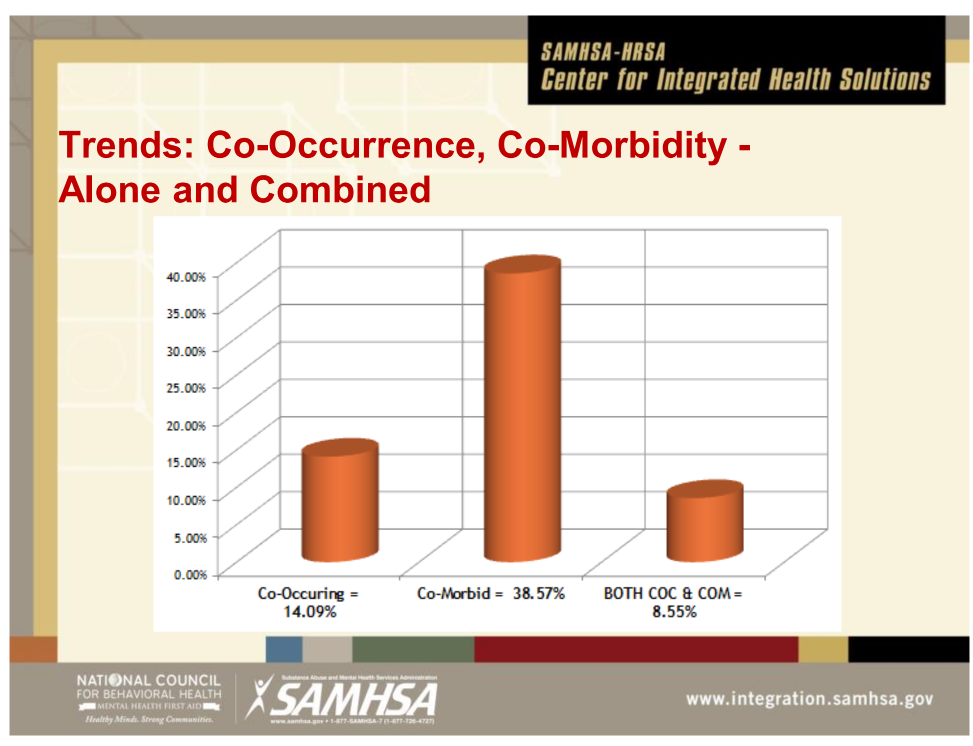
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Trends: Co-Occurrence, Co-Morbidity - Alone and Combined
40.00%
35.00%
30.00%
25.00%
20.00%
15.00%
10.00%
5.00%
0.00%
Co-Occuring = 14.09%
Co-Morbid = 38.57%
BOTH COC & COM = 8.55%
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A Primary Care Proposal for
New Hanover Regional Medical Center
From Coastal Horizons Center
Coastal Horizons Center, Inc.
Kenny House, LCAS, CCS
Vice President of Clinical Services
Coastal Horizons Center, Wilmington, North Carolina
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Key Funding Sources

- SAMHSA PBHCI (Cohort V Grantee)
- United Way & CFMFoundation Grants
- Medicaid & other 3rd Party (BCBS, etc)
- Carolina Access Medicaid
- Patient Co-pays

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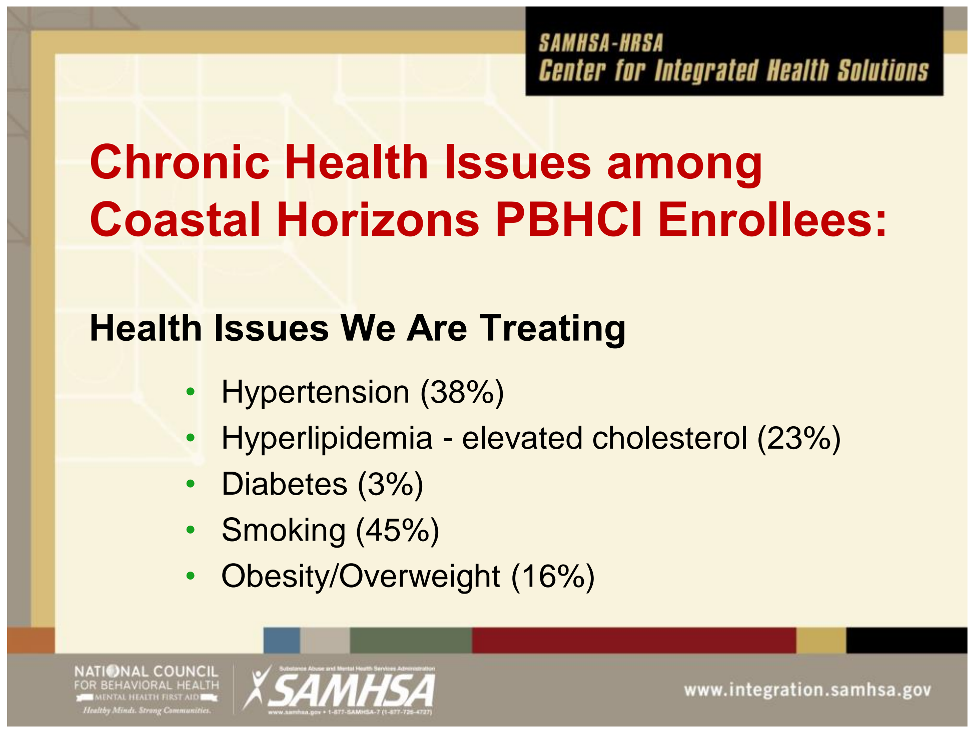

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How We Are Treating These Health Issues

- Physical exams, pap smears, ear irrigation, blood pressure monitoring, blood work, Rx assistance, diabetes testing, ECG, treating colds, minor injuries, working with opioid-dependent patients, handling vague & difficult to resolve complaints/symptoms.
- Team approach – Wellness Services (health coaching, diabetes education, cholesterol management, weight management, nutrition classes, and tobacco recovery).

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Data to Support Proposed Pilot

From July 2013 thru June 2014:

- In 6-months PRIOR to establishing PBHCI as Medical Home, **192** new BH patients presented at hospital ED (**47.1%)!** n=408
- In 3-months AFTER establishing PBHCI as Medical Home, **89** of existing patients presented at the ED (**10.3%**) n=864

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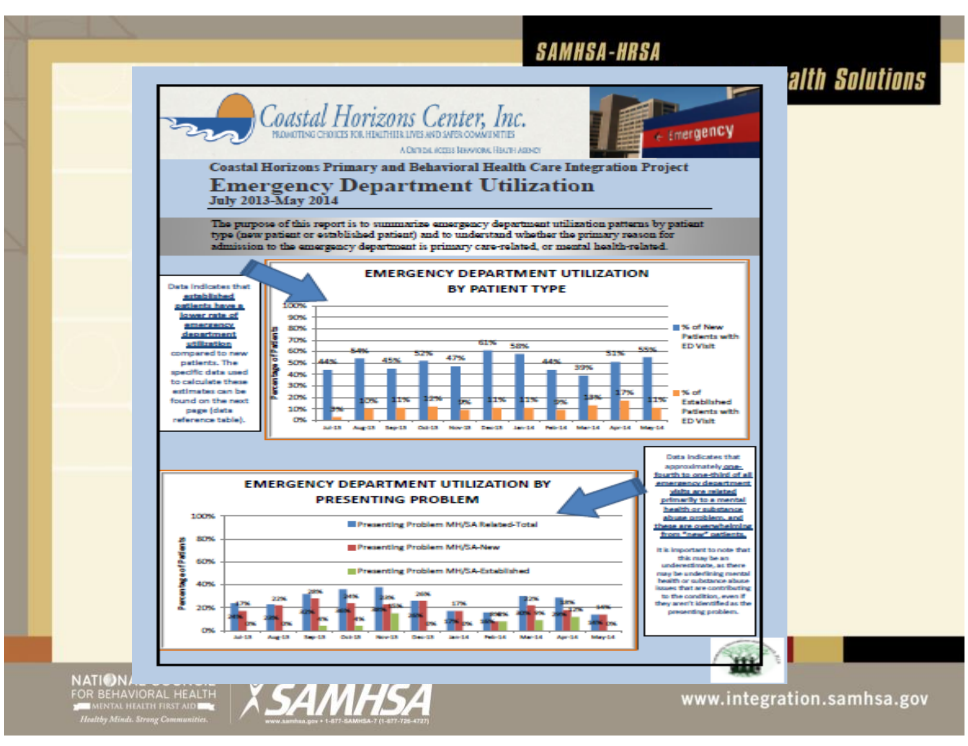

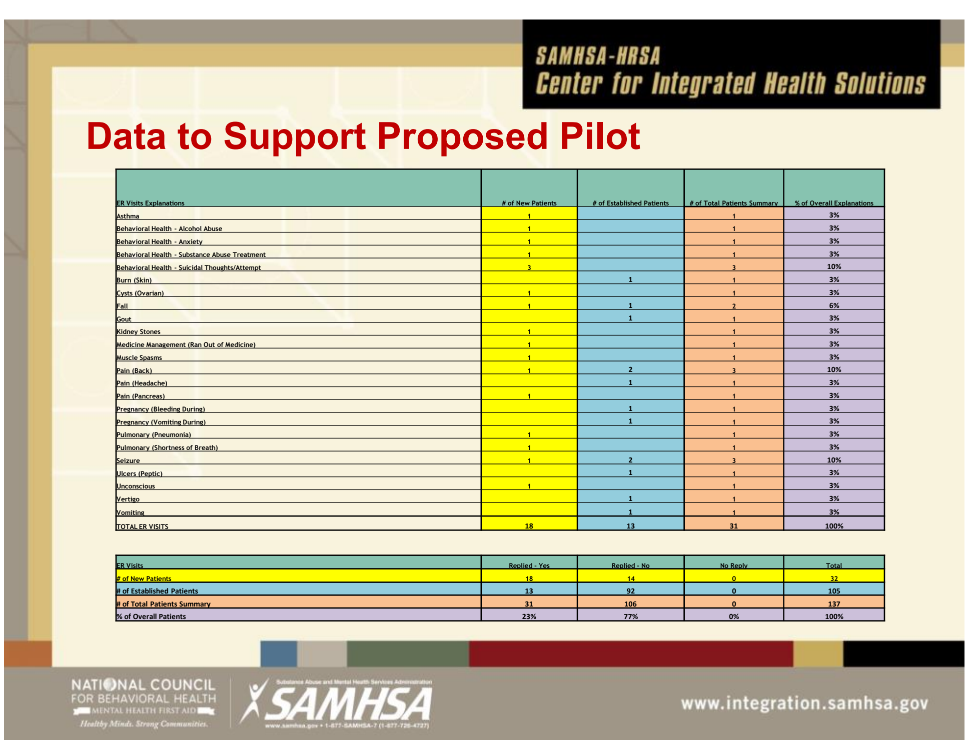

Data to Support Proposed Pilot

ER Visits Explanations	# of New Patients	# of Established Patients	# of Total Patients Summary	% of Overall Explanations
Asthma	1		1	3%
Behavioral Health - Alcohol Abuse	1		1	3%
Behavioral Health - Anxiety	1		1	3%
Behavioral Health - Substance Abuse Treatment	1		1	3%
Behavioral Health - Suicidal Thoughts/Attempt	3		3	10%
Burn (Skin)		1	1	3%
Cysts (Ovarian)	1		1	3%
Fall	1	1	2	6%
Gout		1	1	3%
Kidney Stones	1		1	3%
Medicine Management (Ran Out of Medicine)	1		1	3%
Muscle Spasms	1		1	3%
Pain (Back)	1	2	3	10%
Pain (Headache)		1	1	3%
Pain (Pancreas)	1		1	3%
Pregnancy (Bleeding During)		1	1	3%
Pregnancy (Vomiting During)		1	1	3%
Pulmonary (Pneumonia)	1		1	3%
Pulmonary (Shortness of Breath)	1		1	3%
Seizure	1	2	3	10%
Ulcers (Peptic)		1	1	3%
Unconscious	1		1	3%
Vertigo		1	1	3%
Vomiting		1	1	3%
TOTAL ER VISITS	18	13	31	100%

ER Visits	Replied - Yes	Replied - No	No Reply	Total
# of New Patients	18	14	0	32
# of Established Patients	13	92	0	105
# of Total Patients Summary	31	106	0	137
% of Overall Patients	23%	77%	0%	100%

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Proposing a Pilot Project Opportunities & Challenges

- Evidence to date shows that a strategic partnership between NHRMC & CHC could create opportunity for:
  - Improved & Preventative Care – for those suffering with SU & MH Disorders who show up disproportionately at the ED
  - Saving time, resources & money by keeping those patients out of the ED – at a potential ~5:1 ratio – and the outcomes-to-date support hospital goals and objectives
  - Pioneering the pathway for the future of integrated health care models

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Proposed Data-based Pilot:

- **Step 1 - Validate the Data**
- **Step 2 – Develop Pilot**
  - **Top 50 ED Utilizers**
  - **Establish Costs**
  - **Intervention**
  - **Evaluate Outcomes & Associated Costs**
  - **Develop Cost-Savings "Sharing" Model**
  - **Adjust as Needed over the next 12-36 months**

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Financing a Formal Pilot: Current Costs (est.)

- Coastal Horizons costs for each PBHCI patient encounter
  - New patient = $200
  - Existing patient = $125
- Estimated Hospital costs for each BH patient ED encounter
  - Minimum around $400 (usually more)

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Keys to our Future with the Hospital

*Relationships

*Experiences

*Processes & Data

*Challenges

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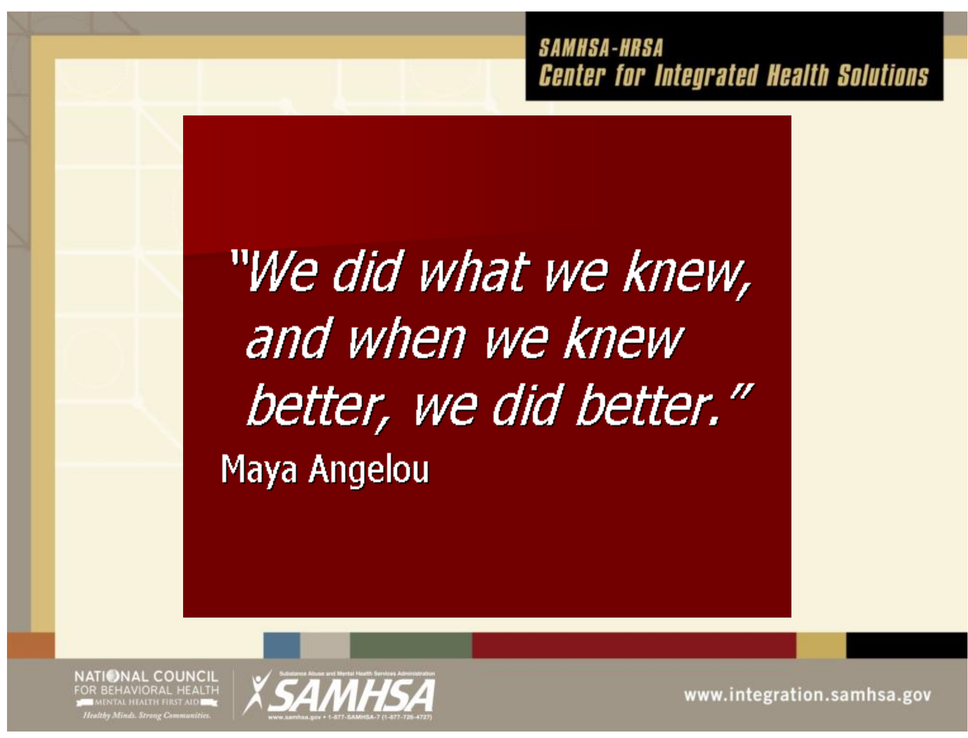
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"We did what we knew, and when we knew better, we did better."
Maya Angelou
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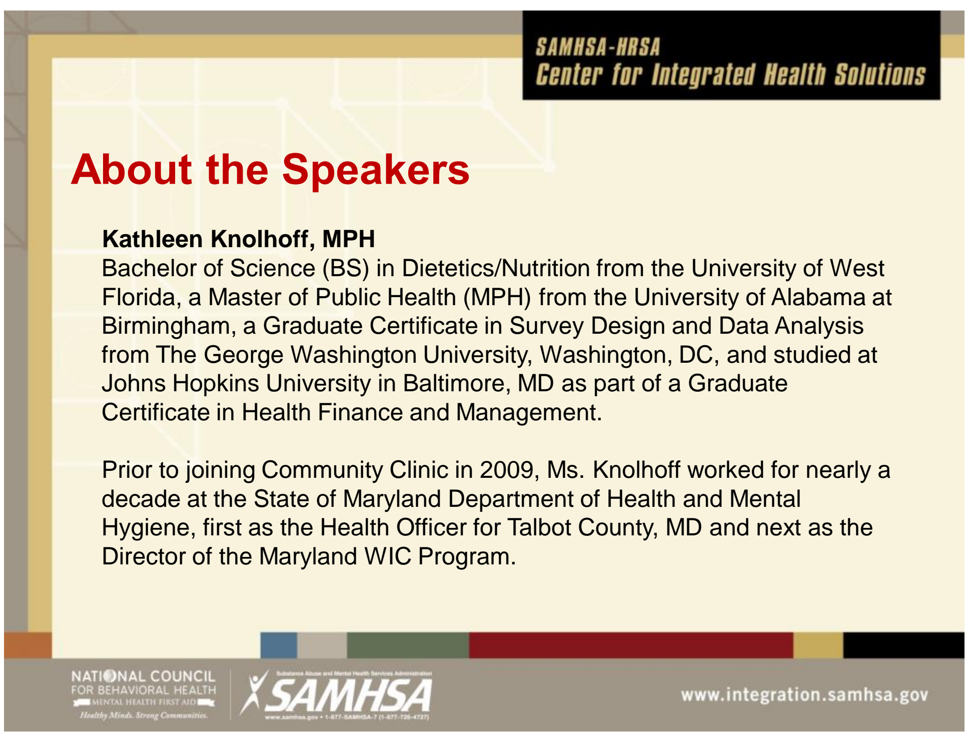
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About the Speakers
Kathleen Knolhoff, MPH
Bachelor of Science (BS) in Dietetics/Nutrition from the University of West Florida, a Master of Public Health (MPH) from the University of Alabama at Birmingham, a Graduate Certificate in Survey Design and Data Analysis from The George Washington University, Washington, DC, and studied at Johns Hopkins University in Baltimore, MD as part of a Graduate Certificate in Health Finance and Management.
Prior to joining Community Clinic in 2009, Ms. Knolhoff worked for nearly a decade at the State of Maryland Department of Health and Mental Hygiene, first as the Health Officer for Talbot County, MD and next as the Director of the Maryland WIC Program.
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Arleen Rogan, Ph.D., LCSW-C, is director of the Division of Integrated Health Services with Family Services, Inc., an affiliate of Sheppard & Enoch Pratt Foundation. In that role she is responsible for the overall leadership and management of the Outpatient Mental Health Clinic, Montgomery Station (psychiatric rehabilitation program), Step Ahead Outpatient Substance Abuse Program, CareLink Case Management, the Health Integration Project (PCBHI grant), FSI Health Home for people with serious mental illness, and the Support Center (adult medical day care). Prior to joining FSI in 2012, she was the director of Behavioral Health Services with the Maryland Department of Juvenile Services where she implemented trauma informed care for adjudicated girls. She also worked in Montgomery County's Department of Health and Human Services where she served as Operations Manager, the Montgomery County Mental Health Core Services Agency, where she implemented the Office of Consumer Services. She earned her MSW and Ph.D. at the University of Maryland in Baltimore.

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Kenny House is a Licensed Clinical Addiction Specialist and Certified Clinical Supervisor with over 30 years of experience in the Substance Abuse and Mental Health field. He has been involved in program development that has covered a wide range of services – from Prevention to Outpatient Treatment for both adult and adolescent populations. Kenny is the Vice-President of Clinical Services for Coastal Horizons Center. Kenny is currently the Chairperson of the NC Association for the Treatment of Opioid Dependence, a Board member for Cape Fear HealthNet, Addiction Professionals of NC, and the American Association for the Treatment of Opioid Dependence.

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