Hospitals and Outpatient Providers Changing Systems of Care to Respond to New Healthcare System Requirements

Our aim is to help hospitals and other care organizations develop or deepen partnerships and systems of care using proven methods to transform care systems. This will improve patient care outcomes, improve the experience of care for both patients and staff, and assist in controlling cost. The learning will strengthen organizational capability to meet operating standards under the Affordable Care Act. A key target is marked reduction in Readmission rates. Beginning by 2013 hospitals will lose Medicare reimbursement when readmissions within 30 days are higher than acceptable levels. This initiative will reduce readmissions to acceptable levels. Potential Medicare reimbursement losses can be millions of dollars. The full cost of this initiative will be a minor fraction of that possible loss.

IBHI is prepared to launch a collaborative effort for hospitals and partnered community-based providers to design systems of care specifically targeted to the population with both behavioral health care and other co-morbidities. These patients are nearly half of all readmissions within 30 days in recent Medicaid data. Through a proven approach, the Transforming Care Methodology for Behavioral Health **(TCMBH),** hospitals and other providers are organized into systems of care which will:

- Reduce hospital readmissions and ED utilization within 30 days of discharge for consumers with behavioral health and other co-morbidities by 5% in the first six months and 20% by 2014,
- Improve consumers experience with care,
- Integrate the systems redesign methods (TCMBH) for improving care in participating organizations,
- Reduce adverse effects and costs of polypharmacy and inter-drug adverse reactions
- Train organizations in the appropriate use of Peer Counselors, and
- Demonstrate other new roles in care coordination within re-designed systems.

Community Network Systems of Care (CNSC) IBHI and MPRO (see description of MPRO below), as part of this systems redesign effort, will work with organizations to develop clinical and support services designed specifically as Community Network Systems of Care (CNSC) to serve the target population. While particular configurations may vary, each CNSC should include a hospital or similar in-patient beds; primary care, specialty care, payer and consumer supports.

Description of the Model The model entitled "Transforming Care Methodology for Behavioral Health (TCMBH)"(see Schematic) is adapted from Transforming Care at the Bedside (TCAB), an evidence-based methodology developed by the Institute for Health Care Improvement (IHI), Robert Wood Johnson Foundation and the American Nurses Association. TCMBH engages consumers/patients, physicians, administrators, nurses and front-line staff from health care and behavioral health organizations in the development of CNSC Teams (CNSCT). They work to redesign processes and implement evidence-based interventions to overcome systemic issues causing failures in care, excess cost, and poor health. One key aspect of the TCMBH is encouraging transformational leadership at all levels, which is essential to achieving the other key design themes. The schematic below, along with its concepts and practices, demonstrates the relationship between the methodology's Design Themes (based on the *IOM Crossing the Quality Chasm Report*), Design Targets, and High Leverage Changes. The High Leverage Changes implemented in this initiative, are interventions addressed by Center for Medicare Medicaid Services' compendium of care transitions evidence-based strategies.[i] Each organization will have its own implementation team and there will be a consolidated team for each system. Each team will be trained to redesign the system of care, leaving no aspect unexamined and considered for redesign. Changes will be developed as experiments first and gradually widened in their implementation. Through application of TCMBH, participants will both adapt suggested and generate

new design changes that will markedly improve care. Early activity will assist in connecting and orienting system elements; and with initial training and collaboration to design and test changes.

Project Organizers IBHI has partnered with **Michigan's Quality Improvement Organization** (MPRO) to provide training and support on the components of TCMBH, implementation of interventions, workforce development and deployment and data collection and management. It is expected the CNSCTs will create additional High Leverage Changes and Design Targets through their innovations in the redesign process with the direct and continuing support of the Project Organizers. As part of the process the Initiative will address polypharmacy and drug- drug interactions, and will use the ARMOR tool to help educate provider in assessing and overcoming this key problem. Training and support will also be provided to develop the inclusion and utilization of Peer Counselors.

Primary Challenges and Mitigation Strategies Challenges are expected with any QI initiative and can be alleviated through early recognition and specific mitigation strategies. Below is a lists this initiative's primary challenges and likely mitigation strategies.

1. **Fragmented Services** Intensive community analysis will allow the CNSCTs to better understand the roles and services provided by organizations in the network. Inclusion of behavioral health consumers will provide insight from a utilizer of health care and community-based services.
2. **Funding for Services** Health plans will be important partners in this initiative, and will be integrated into the CNSCTs and the payment policy reform teams that will build a business case for the program results. This integration will build understanding of the financial or coverage impact of the interventions.
3. **Waiting Lists for Community Services** Support will be provided to assist CBOs in identifying the root causes and implementing a plan to reduce wait times.
4. **Burden of Data Collection on Participating Facilities** The Initiative will– Assess and use data from available sources; provide templates that perform functions; provide ICD 9 codes for data runs and provide data reports and analysis.
5. **Resistance to Consumer Participation in Redesigning Systems of Care Due to Fear of Discovery and Retribution.** The Initiative will be a collaborative effort with active participation of consumers to provide insight to teams on the value of consumer involvement. Pre-work will provide the consumer insight, enlightening health care providers and CBOs, and assist in eliminating fear of transparency.
6. **Minimizing Impact of Staff Turnover and New Communities Joining Initiative**: Implement an orientation and on-boarding strategy to integrate new team members and community network systems.

Organizational Capacity IBHI is specifically organized to support the broad range of provider organizations, behavioral health practitioners and other health care and consumer organizations in efforts to improve the outcomes achieved for people whom they serve. IBHI/MPRO are well aware of the serious issues faced by behavioral health consumers, especially those with co-morbid other chronic conditions or drug or alcohol problems. IBHI is leading this effort because we recognize the difficulty these consumers and their care givers have in dealing with multiple morbidities. We are dedicated to a consumer and recovery-based approach to supporting this population.

The objective in part is to make fundamental changes in the ways behavioral health staff work, and in the way other health care workers collaborate with behavioral health workers. We can also train ED staff, EMS personnel and police officers in motivational interviewing and quick identification and diversion of behavioral health patients, and connect them to appropriate support or services. We can

train discharge planners and case managers in similar techniques as part of a strategy to change discharge planning to a patient-centered approach.

Getting Started: IBHI is seeking to engage other organizations in new initiatives to reduce readmissions and improve consumer health in this underserved area. If you are interested please send questions and comments to IBHI Executive Director Peter Brown: Peter@ibhi.net. If interest continues to develop an informational Webinar will be scheduled in the near future.

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[i] Ventura, T. Brown, D. Archibald, T. Goroski, A. and Brock, J. "Improving Care Transitions and Reducing Hospital Readmissions". 2010 Care Transitions.

Transforming Care Methodology for Behavioral Health

TRANSFORMATIONAL LEADERSHIP AT ALL LEVELS OF THE ORGANIZATION
All behavioral health inpatient and related outpatient services have achieved and sustained unprecedented levels of quality, outcome and reduction in readmissions
Changes in Green are well documented, in Yellow have some documentation and in Red are new

	Safe and Reliable Care: Care for hospitalized patients is safe, reliable, effective and equitable	Vitality and Teamwork: Within a supportive and reassuring environment which generates hope and recovery and nurtures professional formation and career development, effective care teams continually strive for excellence	Patient Centered Care: Truly consumer centered care honors the whole person and family, respects individual values and choices and ensures continuity of care. Consumers will say "They give me exactly the help I want and need exactly when I want and need it."	Value Added Care: All care processes are free of waste and promote continuous flow	Transformational Leadership: All behavioral health inpatient &related outpatient services achieve & sustain unprecedented results.
Key design Themes					
Design Targets	Assaults and restraints are reduced to zero Consumer participation in treatment increased to 80% of standard waking hours All consumers have decent least restrictive housing Falls reduced by 80% Drug errors are reduced to zero; polypharmacy is within recommended limits Constant observation is reduced by 50%	Increase staff vitality and reduce voluntary turnover of care givers by 50% All staff work to achieve consumer specific recovery objectives Outpatient providers are part of the team Community support is a priority New ideas for improving care are valued	All patients are included in each team discussion pertaining to their care 95% of consumers have behavioral health care advanced directives 95% of consumers willing to recommend the hospital All consumers receive at least one visit from appropriate community care provider while an inpatient Readmissions in 30 days reduced to 5% All consumers receive at least one visit every three days inpatient stay from their support circle other than community care providers	Nurses and other care givers spend 60% of their time with consumers in supportive interaction Consumer length of stay is reduced Use of inpatient and emergency care is reduced	Leaders regularly meet with staff and consumer rep-resentatives to develop and improve support of the improvement process
High Leverage Changes	Create early detection and response system for agitation/ aggression Establish and use medication algorithms Address Poly-Pharmacy	Develop protocol for eliminating constant supervision Provide integrated physical health evaluation and care	Build and operate team treatment planning and implemen-tation Build staff capacity for innovation and Improvement Develop Peer Counselors	Create clinical transformation leadership Enhance discharge planning Implement AAN Forces of Magnetism nursing practice framework	Create consumer centered healing environments Establish firm links with community care providers and include them in planning meetings	Involve consumers and families in all treatment meetings and on all QI teams Work toward cultural competence and customize care to consumer needs Develop Advanced Directives	Optimize physical environment for consumers & care givers Eliminate waste/ improve workflow Create transitional beds Develop discharge employment goal Build agency ties at all levels	Adopt team development process Hold training for staff in team building & rapid tests of change Create open, transparent communication