



## Member Education Summer Series: The Intersection of Hospital Readmissions and Behavioral Health

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# Mental Health and Physical Health Quality Connection



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## Purpose

The purpose of this presentation is to provide an overview of programs designed to reduce mental health readmissions. Readmission encompasses patients with underlying co-occurring mental illness (depression, anxiety) and physical conditions increasing the propensity to over-utilize hospital Emergency Departments (ED).

## Overview

### **Mental and Physical Health Facts**

- CMS Study on Physical and Mental Health Prevalence
- European Research – Chronic Anxiety and Inflammatory Disease
- Depression and Heart Disease
- Mental Health and Emergency Department (ED) Utilization

## Mental Health and Physical Health Quality Connection

### **CMS Key Findings**

- 60% had diagnoses across at least three of the physical and mental health categorical condition groups included in our study
- 25% had diagnoses spanning five or more condition groups
- 75% had at least one heart-related condition diagnosis
- 41% had one or more mental health condition (excluding substance use disorders)

cms.gov

## Mental Health and Physical Health Quality Connection

### Comorbidity: Chronic Condition Groups (CCG)

- The 5 most common comorbid condition
  - heart conditions
  - mental health conditions
  - anemia
  - musculoskeletal disorders
  - diabetes
- Heart conditions was the most [highly](#) co-occurring condition group

cms.gov

## Mental Health and Physical Health Quality Connection

### Chronic Anxiety and Inflammatory Disease

- The Netherlands Study of Depression and Anxiety (NESDA)
  - N = 2981 persons with and without depressive and anxiety disorders
  - Age range, 18–65 at the baseline assessment in 2004–2007
- Participant recruitment:
  - 19% from the community
  - 54% general practice
  - 27% secondary mental health care

Vogelzangs, N., Beekman A.T.F., de Jonge, P., Penninx B.W.J.H. (2013, April 23).

## Mental Health and Physical Health Quality Connection

### Anxiety and Heart Disease

- Anxiety disorders have also been linked to the development of heart disease and to coronary events in people who already have heart disease
- In the Nurses' Health Study, women with the highest levels of phobic anxiety were 59% more likely to have a heart attack, and 31% more likely to die from one, than women with the lowest anxiety levels
- Data from 3,300 postmenopausal women in the Women's Health Initiative showed that a history of full-blown panic attacks tripled the risk of a coronary event or stroke

*Harvard Women's Health Watch, Updated: June 6, 2017. Published: July, 2008*

## Mental Health and Emergency Department (ED) Utilization

## Mental Health and Physical Health Quality Connection

### Mental Health and Emergency Department (ED) Utilization

- University of Pennsylvania Research Outcome:
  - patients in need of mental health care waited an average of almost two hours longer in the ED than patients needing general medical care
  - researchers reviewed data from 200,000 ED visits for almost a decade
  - the data review reflected more than twice as many psychiatric patients versus patients with general medical conditions waited in the ED over 6 hours

2016

*American Psychiatric Association, November 10,*

## Mental Health and Physical Health Quality Connection

### Mental Health and Emergency Department (ED) Utilization (con't)

- Mood disorders are the most common mental health reason for ED visits
- Over 40 percent of ED visits are due to a mood disorder, followed by anxiety disorders and alcohol-related conditions

*American Psychiatric Association, November 10, 2016*

## Mental Health and Physical Health Quality Connection

### Mental Health and Emergency Department (ED) Utilization (con't)

- Shortage of psychiatric beds/limited bed capacity
- the number of psychiatric hospital beds in the U.S. has experienced significant reductions
- since the 1950s more than 96 percent
- over 17% since 2010, according to a 2016 Treatment Advocacy Center report

*American Psychiatric Association, November 10, 2016*

### Programs/Services

- Outlook Clinic
- Mother – Baby Day Hospital
- Psychiatric Medicine Units
- Customized Discharge Planning
- Tele-Medicine

## Outlook Clinic

- Helping individuals effectively manage depression and anxiety through:
  - Accessibility and availability of mental health treatment
  - Integration of services
- Reduce hospital ED recidivism

## Outlook Clinic

- **Development of a Treatment Pathway:**
  - Identification of patients with admitting diagnosis of chest pain
  - Referral criteria:
    - recent ED visit
    - permanent residence
    - treatment diagnosis of depression and/or anxiety
    - chronic medical condition (hypertension, diabetes...etc.)
    - uninsured
    - the patient's consent to establish a primary care physician (PCP)



## Outlook Clinic

### Services:

- Case Management
- Medication Management with an ARNP, supervised by a Board Certified Psychiatrist
- Individual and Group Therapy with a Licensed Clinical Social Worker
- Reduced Medication Cost
- PCP Appointment with county/public medical services

## Outlook Clinic

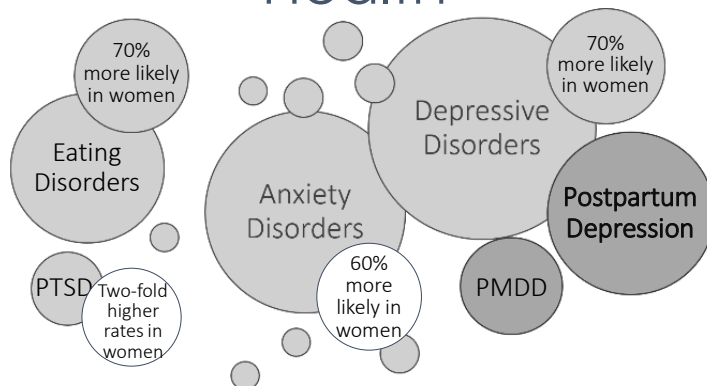
### Outcomes:

- 7 years of experience (implemented October 2010)
- Reduction in ED utilization ranging from 24% - 30% in this group

## Mother-Baby Day Hospital Emerging Program Summer 2017

**Lori Boardman, MD**  
**CMO, Florida Hospital Women's Hospital**

## Women and Behavioral Health



## Sustainability

*Not possible without involvement and support of key stakeholders*



### Psychiatric Day Hospital:

- ❑ 22% of inpatient psychiatric admissions would be avoided
- ❑ The cost of partial hospitalization is approximately 50% of cost of inpatient admission
- ❑ Engage the state's Director of Human Services, and Medical and Executive Directors of all private insurers

## Psychiatric Medicine Units

### ■ Two Specialized Inpatient Psychiatric Units

- Both units provide treatment for patients 18 years of age and older
- Patients have a comorbid diagnoses
  - psychiatric diagnosis – primary
  - medical diagnosis – secondary

### ■ Therapeutic Program

- Individual Crisis Intervention Therapy
- Group Therapy
- Family Sessions
- Discharge Planning (with the patient)
- Activities Therapy
- Medication Therapy
- Daily Rounding – Clinical Team

## Discharge Planning

### Customized to the patient's psychiatric and medical needs:

- Medication Management with a Psychiatrist or Psychiatric ARNP (over 90% scheduled 7 days post discharge)
- Outpatient Therapy
  - Licensed Clinical Social Worker
  - Licensed Mental Health Counsellor
  - Psychologist
- Primary Care Physician
- Consult/Specialty Referrals
  - Cardiologist
  - Pulmonologist
- Provide/Obtain Assisted Devices:
  - wheel chairs
  - walkers
  - CPAP machines
- Complex Placements (high risk patient social/legal/medical demographics)
  - Skilled Nursing Home
  - Rehabilitation Facilities
    - physical, occupational, speech therapies
    - chemical dependency
    - eating disorders
- Customized Community Resources
  - AA, NA
  - NAMI (National Alliance on Mental Illness)
  - Outpatient Group therapy
  - HIV – Hug Me Programs, etc.

## Tele-Medicine – Psychiatry

### CHALLENGE STATEMENT (WHY)

- Integrated approach to care
- Patient Centered



### SOLUTION/IDEA (WHAT)

- Tele-Medicine - Psychiatry
  - 100% Telemedicine driven
  - The model encompasses multi-disciplinary psychiatric team



### IMPACT/ROI

- Increases our psychiatric bed capacity by 22%
- The virtual bed is 12% cost of psychiatric bed.



### PROJECT PLAN (HOW)

- One location one psychiatric team via Tele-Medicine to manage Florida Hospital's 11 campus system (Orlando)
- Create a virtual unit with maximum census of 12 patients
- Specific criteria for admission
- Daily rounds
- From 8 AM to 4 PM, 7 days a week
- Psychiatrist on call after hours

## How does Tele-Medicine Work

Multidisciplinary Team



Daily Rounding on Patients Via Telemedicine



## Multidisciplinary Team

Psychiatric  
Social Worker



Psychiatric  
Discharge Planner



Psychiatric  
Nurse



Psychiatrist



## Tele-Medicine

- Utilization of Tele-Video/Medicine to treat patients with psychiatric illnesses and reduce length of stay
- Hours of operation: 8:00am – 4:00pm
- Provides a parallel process of psychiatric treatment while the patient is in the ED or on the Medical Floor
- Addresses:
  - appropriate utilization of involuntary placement
  - management of behaviors while in the ED or on a Medical Floor
  - 83% reduction of involuntary placement prior to the patient medically clearing – patient discharged to the next level of care
  - Increased bed capacity over 22%

## Questions?

THANK YOU