Scaling Tele-Behavioral Health Across the Health System

SRHT HELP Webinar: Mission Health

June 28, 2017

Jim Hartye, MD, Medical Director of Behavioral Health Ambulatory and Community Services
Mary Worthy, LMFT, Director of Behavioral Health Access
Amy Roberts, MHA, Executive Director of Virtual Care
Darren Boice, LCSW, Director of Ambulatory Behavioral Health
Jonathan Bailey, MHA, Chief Program Development Officer

Objectives

- Why Tele-Behavioral Health? Understanding the need – 24/7 Crisis behavioral health assessments for rural hospitals
- The Mission Tele-Behavioral Health (Tele-BH) blended model as a solution
- Successful implementation practices
- Unintended benefits and impact
- Model for integrating Behavioral Health services into primary care

MISSION HEALTH AT A GLANCE

About Mission Health

Tracing its roots back nearly 120 years and based in Asheville, Mission Health is western North Carolina's only not-for-profit, independent community healthcare system. Mission Health, through its vision to provide world class care to western North Carolina and beyond, is the tertiary care regional referral center for the western part of the state and the adjoining region.

Employing nearly 11,000 dedicated professionals, the system includes seven hospitals with some 1,145 licensed beds; over 400 employed medical providers; and more than 1,200 total physicians on its medical staff.

Mission Health is dedicated to helping the people of western North Carolina be well, get well, and stay well. For more information, please visit **mission-health.org**.

Our BIG(GER) Aim:

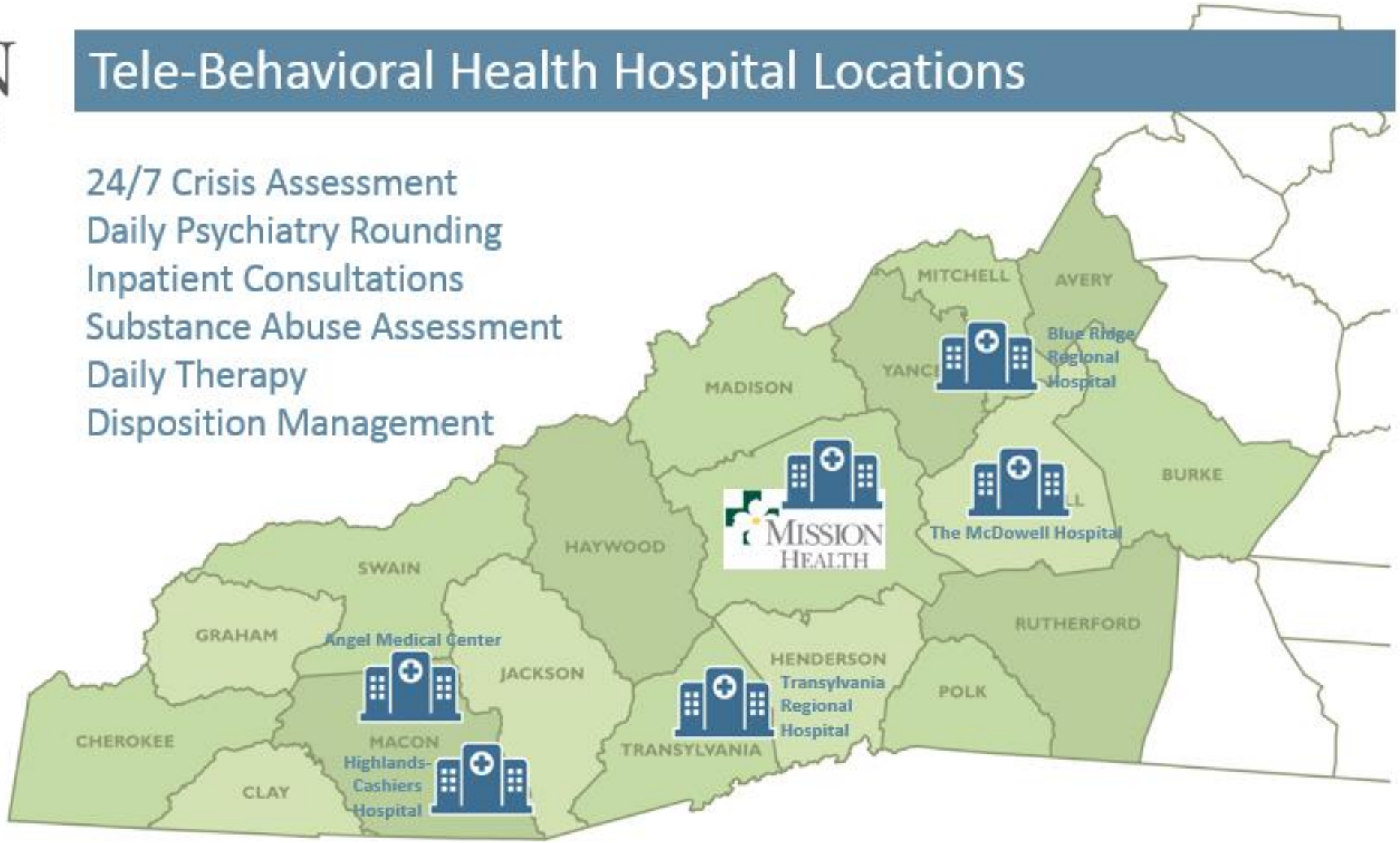
To get every person to their desired outcome, first without harm, also without waste and always with an exceptional experience for each person, family and team member.

MISSION VIRTUAL CARE – ASHEVILLE, NORTH CAROLINA
25,000 PATIENTS SERVED SINCE 2011
16 CLINICAL PROGRAMS
200 PROVIDERS
20 LOCATIONS

MISSION
VIRTUAL CARE

Tele-Behavioral Health Hospital Locations

24/7 Crisis Assessment
Daily Psychiatry Rounding
Inpatient Consultations
Substance Abuse Assessment
Daily Therapy
Disposition Management



MISSION HEALTH

Our Model as a Solution

- Licensed intake clinicians available to perform tele-BH crisis assessment 24/7
  - Goal is less than 2 hours from consult order
- Clinician works with ED provider on initial decision
  - outpatient vs. voluntary inpatient vs. involuntary inpatient disposition
  - Consult with psychiatry
- EHR Order set available → Intake clinician begins disposition
- State psychiatric bed shortage results in boarding psychiatric patients in the ED
  - Daily tele-psychiatry rounds by attending psychiatrist
  - Daily therapy by Tele-BH clinician
  - Ongoing bed finding efforts
- When a boarding patient stabilizes while waiting for a bed
  - Tele-BH clinician will arrange follow up care in community
  - Psychiatry will communicate treatment plan to ED provider
  - ED provider discharges and rescinds involuntary commitment (IVC) if applicable

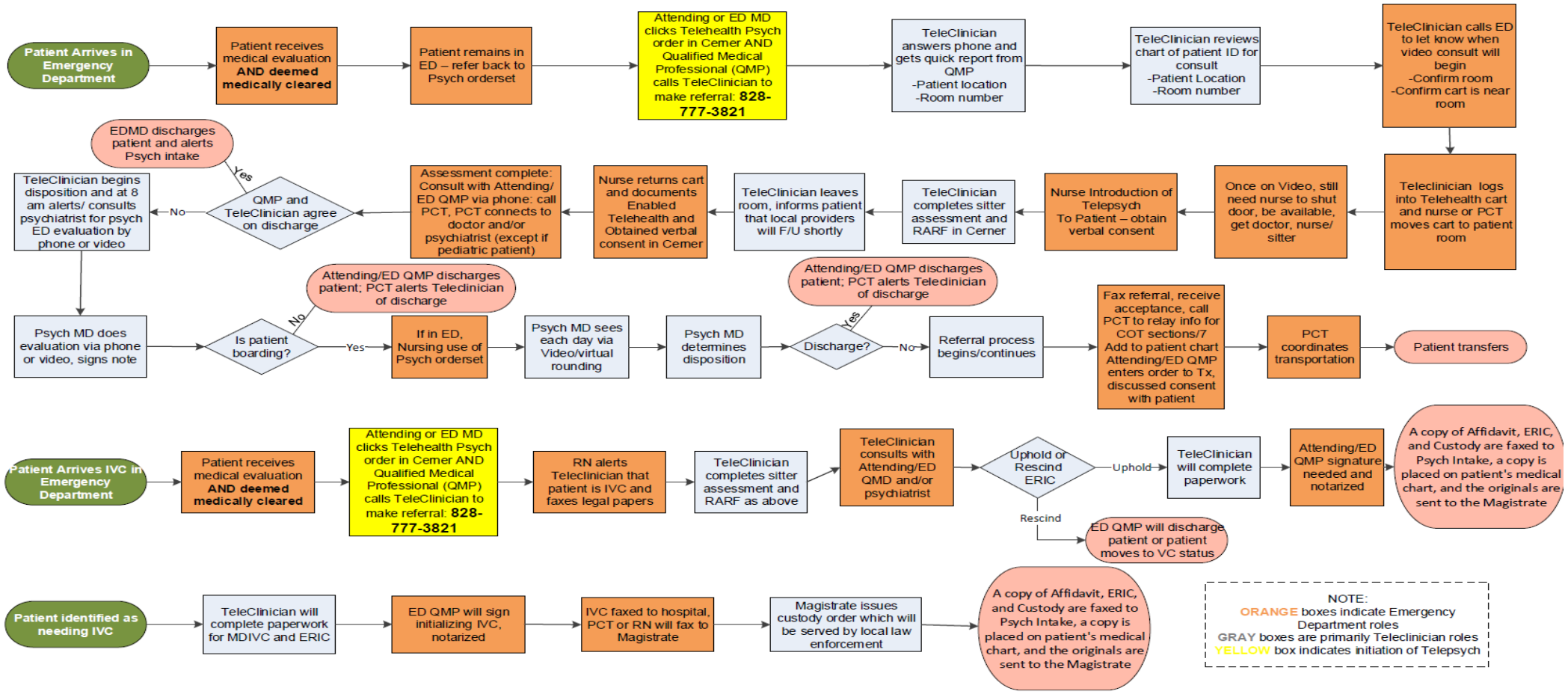
Successful Implementation

- Technology
  - Leverage same telehealth platform as Telestroke and other hospital telehealth programs
  - Reliability is key
- Staggered ramp-up at 5 member hospitals
  - Build clinician staff capacity over time
  - Each hospital had different levels of readiness
    - Psych safe rooms, available notary, transport services
- Integrated processes
  - Provide mock training with clinicians and each hospital ED
  - Standard process, with some customization per site based on available resources

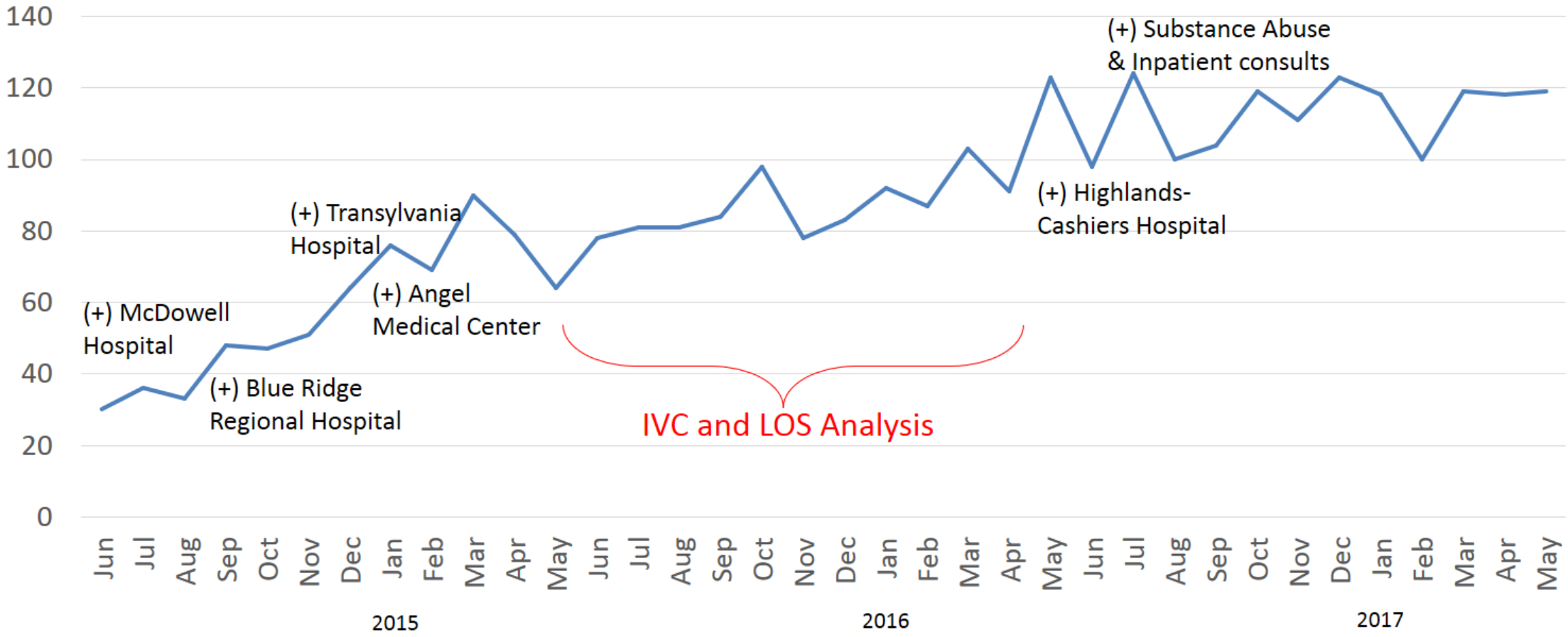
Mission Telehealth

Telepsychiatry Process Maps

Draft June 2016



Tele-Behavioral Health Volume 2014-2017



MISSION HEALTH

Impact on Involuntary Commitment and LOS

- Data analysis – June 2015- May 2016
- 15% overturned IVC, resulting in reduced ED length of stay

Average Length of Stay (ALOS):	
Overturned IVC - ALOS	2.13
IVC at Discharge – ALOS	2.66
Total ED days saved	90
Disposition:	
% Discharged	33%
% Psych Transfer	67%
% IVC of Psych Transfers	51%

Unintended Benefits and Impact

Standardization of ED behavioral health services across the system:

- Security, safety, policies and procedures
- Psychiatric safe rooms in all EDs
- Psychiatric boarding patients and the ED milieu benefit from daily BH interventions
- Patient safety sitter services
- Crisis Prevention Intervention (CPI) and other training for ED staff to better understand and care for behavioral health patients
- ED Behavioral Health Order sets were developed in Cerner EHR
- Critical Incident Stress Management (CISM) debriefings offered to ED staff
- Psychiatric Regional Transport Services to move voluntary patients out of the ED

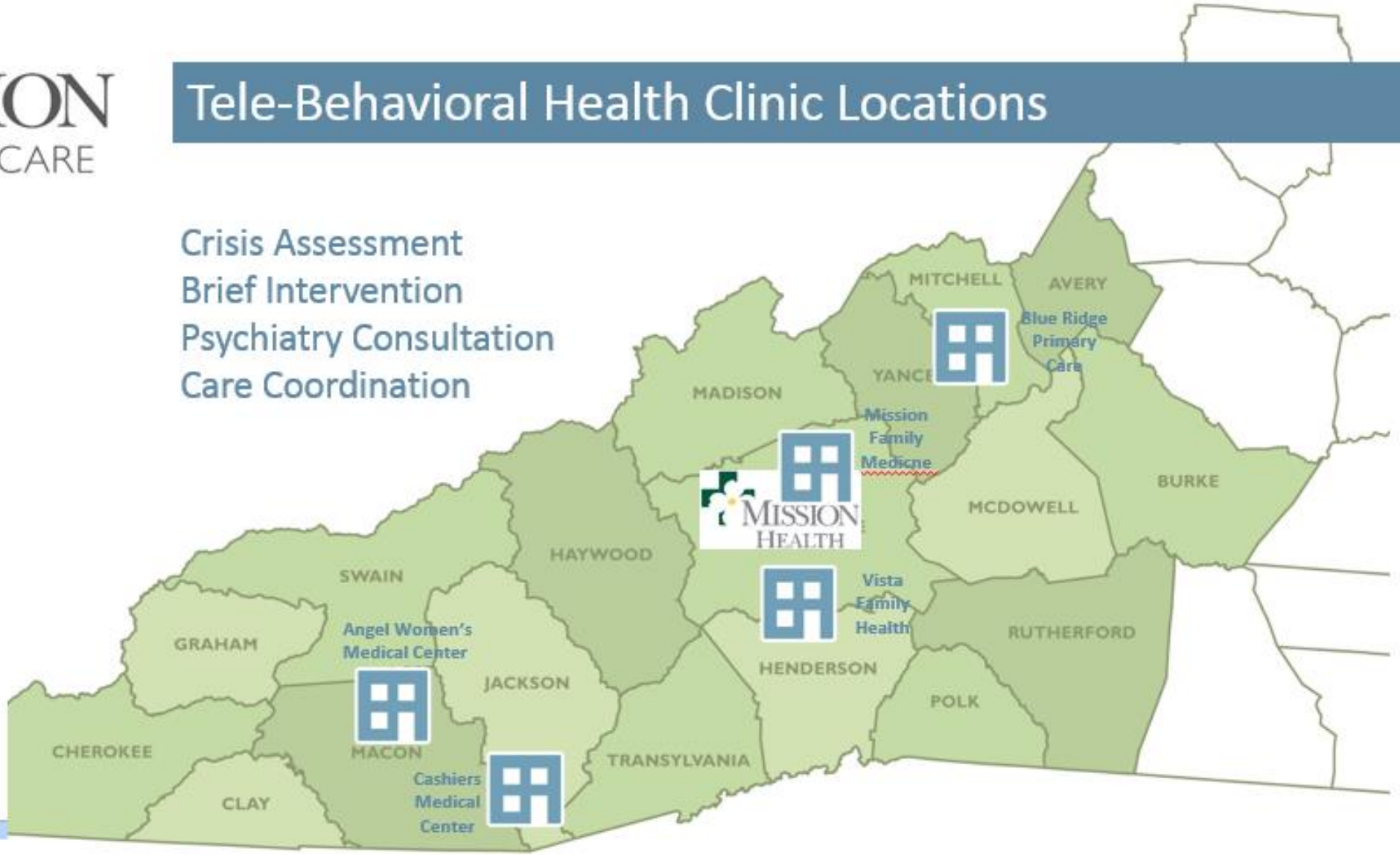
Tele-Behavioral Health Beyond ED Crisis Services

- Inpatient consults for member hospitals
- Primary care consults for patients with acute, subacute, or complex behavioral health needs
- Substance abuse assessments for Medication Assisted Treatment in primary care
- Psychiatry consultation for patients of primary care physicians

MISSION VIRTUAL CARE

Tele-Behavioral Health Clinic Locations

Crisis Assessment
Brief Intervention
Psychiatry Consultation
Care Coordination



MISSION HEALTH

Primary Care Model and Insights

- Extend same blended model of clinician and psychiatrist support
  - Managing resources with clinician triage
- Identified gap between crisis and outpatient treatment
  - Primary Care Behavioral Health
  - Rural community behavioral health needs
- Consultative Psychiatry
  - Collaborative Care vs. Assumed Care
  - Expand Primary Care capacity to manage behavioral health needs
    - Pediatric example
- Specialty patient populations
  - Office Based Opioid Treatment / Medication Assisted Treatment / Chronic Pain

Ambulatory Implementation Challenges

- Same technology platform
  - ease of connecting to hospitals and clinics from central location
- Extending inpatient/ED clinicians into ambulatory
  - IT/Informatics, credentialing, billing
- Engagement with practices for appropriate utilization
  - Reliable technology is key
  - Co-locating the clinician in the practice to start
  - Offer more than crisis intervention

Questions?