Session # I1b

Utilizing Emerging Virtual Care Methods and Population Health Platforms to Redefine Access to Behavioral Health Services within the Ambulatory Care Setting

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CFHA Annual Conference
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Faculty Disclosure

The presenters of this session have NOT had any relevant financial relationships during the past 12 months.

OR

The presenters of this session currently have or have had the following relevant financial relationships (in any amount) during the past 12 months.

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Conference Resources

Slides and handouts shared by our conference presenters are available on the CFHA website at https://www.cfha.net/page/Resources_2019 and on the conference mobile app.

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Learning Objectives

At the conclusion of this session, the participant will be able to:

- Understand how care delivery systems focused on telehealth, virtual care, and skill optimization are driving access to behavioral health services in a financially sustainable model targeting population health.
- Articulate the business reasons for integrating behavioral health into primary care and identify the appropriate measurements to evaluate effectiveness.
- Design quantifiable metrics relative to program impact on health outcomes, symptom improvement, resource utilization and overall cost of care.

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Bibliography / Reference

1. 29-1066 Psychiatrists." *U.S. Bureau of Labor Statistics*. U.S. Bureau of Labor Statistics, n.d. Web. 30 Nov. 2014.
2. Harter, M. Dirmaier, J., Dwinger, S., Kriston, L., Herbarth, L., Siegmund-Schultze, E., Bermejo, I., Matschinger, H., Heider, D., Konig, H. Effectiveness of Telephonic-Based Health Coaching for Patients with Chronic Conditions: A Randomised Controlled Trial. *Journal of US National Library of Medicine Nations Institutes of Health. 2016.* 11(9):e0161269
3. National Institutes of Mental Health, (n.d.). Statistics: Any Disorder Among Adults

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Learning Assessment

- A learning assessment is required for CE credit.
- A question and answer period will be conducted at the end of this presentation.

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Carolinas HealthCare System Is …

Atrium Health


OUR MISSION:
TO IMPROVE HEALTH
ELEVATE HOPE
AND ADVANCE HEALING
- FOR ALL
VISION:
TO BE THE FIRST AND BEST CHOICE FOR CARE

The State of Behavioral Health

- One in five adults suffers from a diagnosable mental disorder.
- 43.8 million adults experience mental illness in a given year.
- Untreated mental health and substance abuse disorders cost the US $250-$500 billion per year.
- $193 billion per year in lost workplace earnings due to untreated mental illness.
- Even beyond the United States, mental illness is the #1 cause of disability life years worldwide, vastly outnumbering those caused by cardiovascular disease and cancer.
- With proposer diagnosis and effective treatment, the recovery rate for patients with mental illness is 60-80%.
- But in today's environment, the effective recovery rate is only 5-10% due to such limited resources and infrastructure.

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Atrium Behavioral Health (BH)

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.

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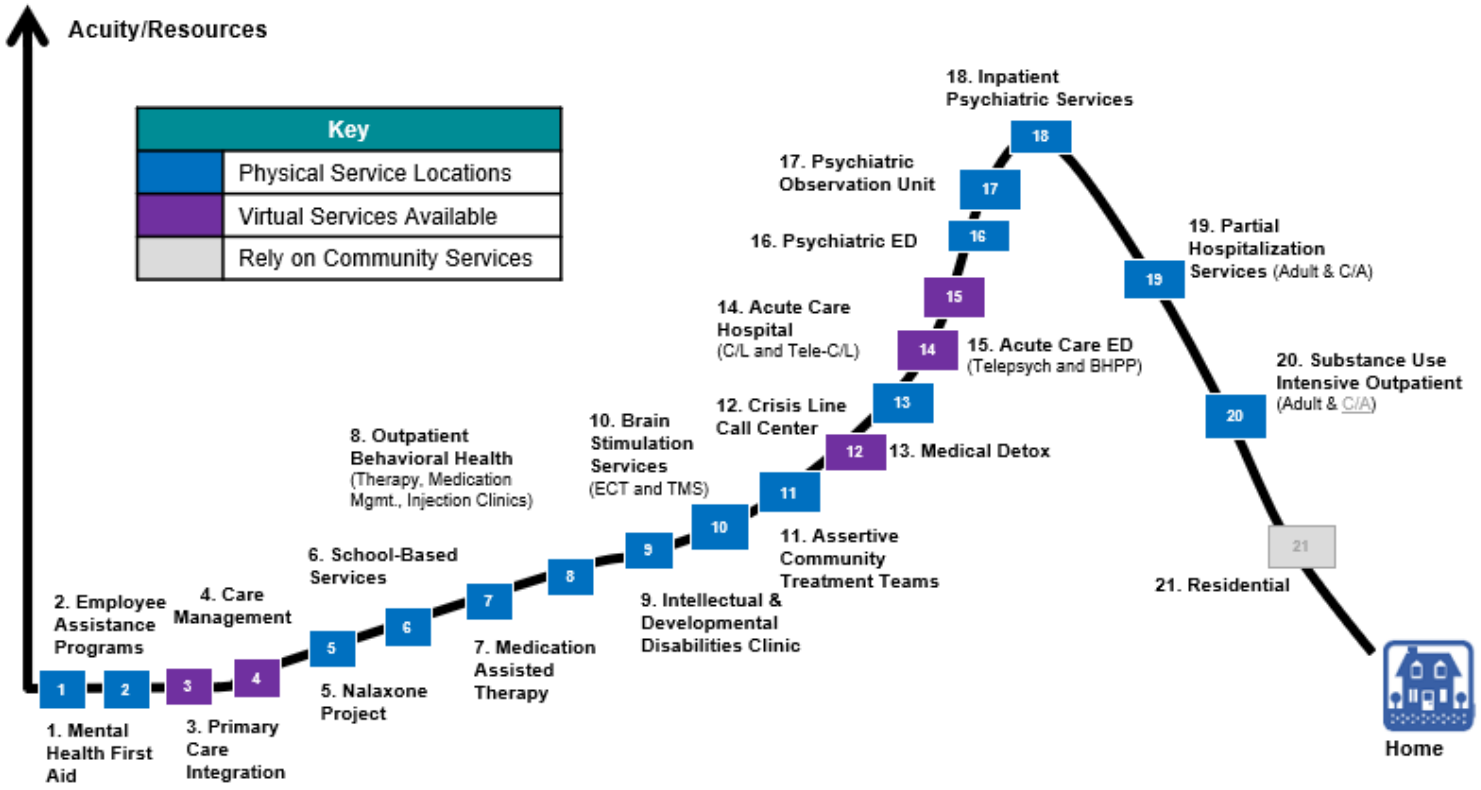
The Atrium BH Continuum



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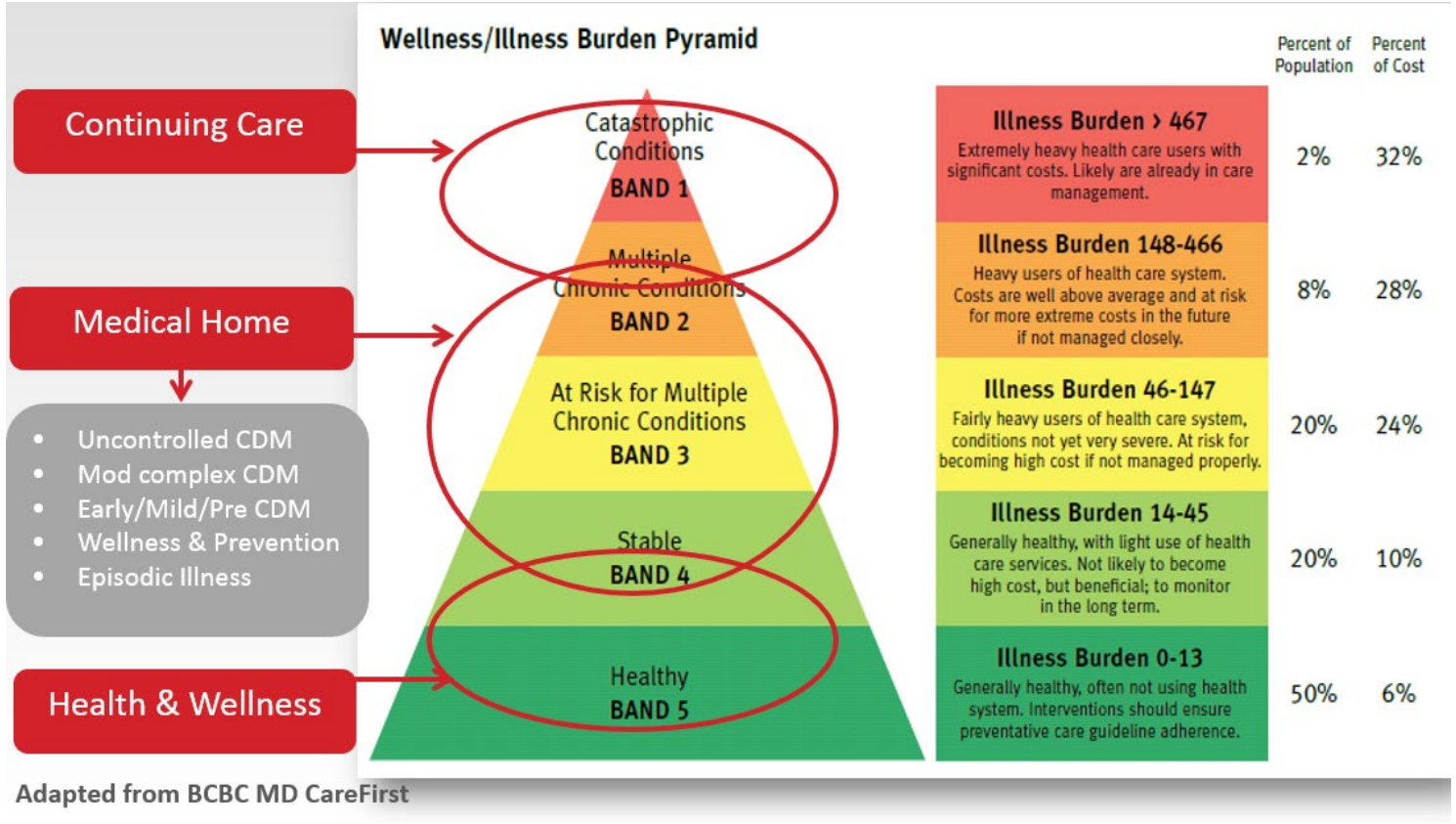
Population Health Management (Customized Coordinated Care)



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Emphasis on Reducing Low Value Care

Low Value Care

- Overutilization of Services
- Inappropriate Care
- Anecdotal care as opposed to evidence based care

Patient Impact

- Inconsistent Care
- Inability to Afford Out of Pocket expenses for high-cost services
- Access Problems

"Bigger than higher prices, administrative expenses and fraud, however, was the amount spent on unnecessary healthcare services."

"In just a single year, up to 42% of patients received "low-value care"

-Atul Gawande, Harvard University

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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

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Why Primary Care?

- Stigma is Lower
- Greater than 50% of all psychotropics prescribed by PCPs
- 70% of PCP visits involve a behavioral concern
- 50% of patients referred to psychiatry do not attend appointment
- 2/3 of PCPs report limited access to BH services

Patient Centered

- Improve early detection
- Timely access to services
- Identify patients that require a psychiatric referral
- Drive cost-effective & clinically effective treatment
- Support the primary care provider

"The key to making team-based medical care work…is helping the patient feel that his or her relationship with the primary-care provider is at its center."

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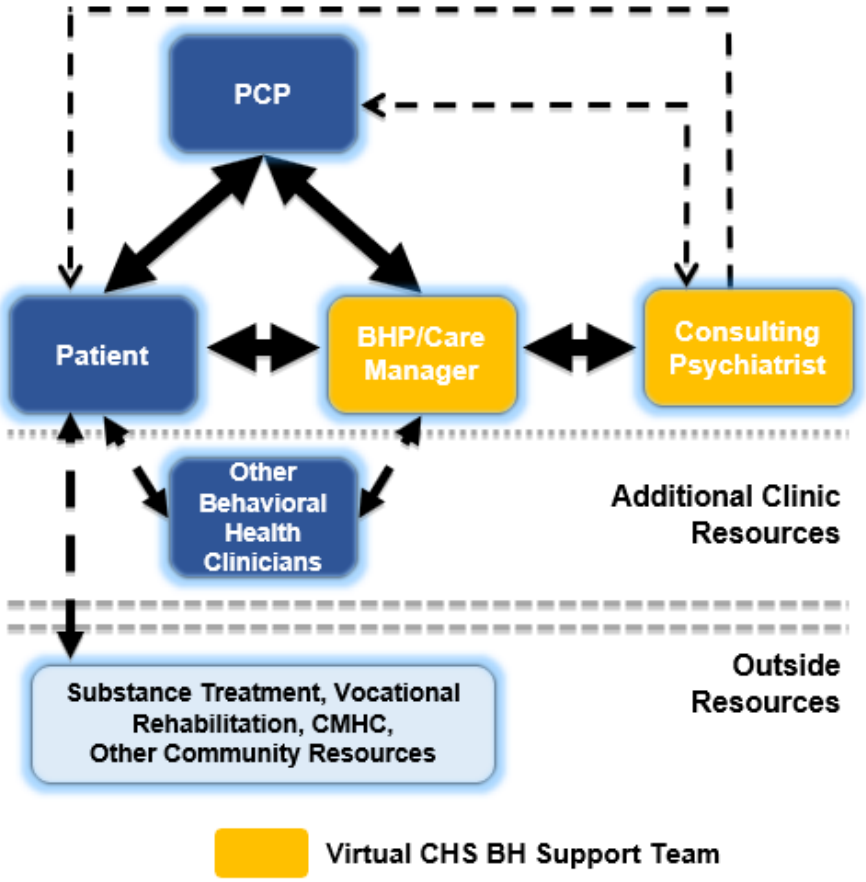
vBHI Model

The Collaborative Care Model



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)

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Screening is the Driver, Standardization makes it scalable and sustainable

PATIENT HEALTH QUESTIONNAIRE (PHQ-9)

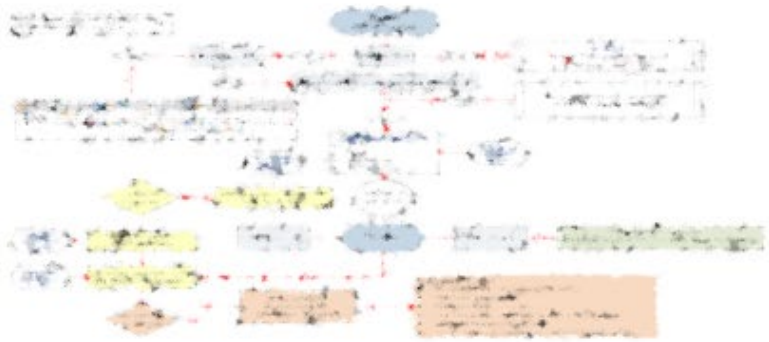
NAME:_____ DATE:_____

Over the last 2 weeks, how often have you been bothered by any of the following problems?
(use "√" to indicate your answer)

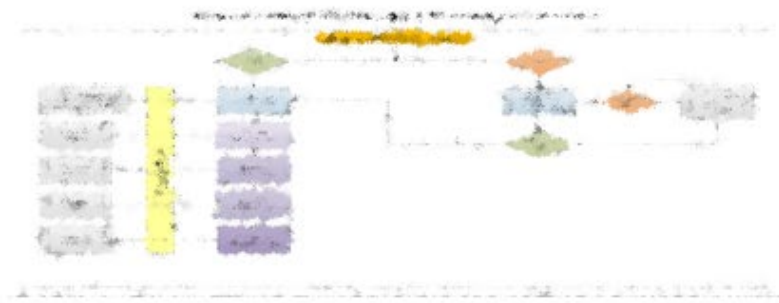
	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless	0			
3. Trouble falling or staying asleep, or sleeping too much	0			
4. Feeling tired or having little energy	0			
5. Poor appetite or overeating	0			
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down	0			
7. Trouble concentrating on things, such as reading the newspaper or watching television	0	1	2	3
8. Moving or speaking so slowly that other people could have noticed. Or the opposite — being so figety or restless that you have been moving around a lot more than usual	0	1	2	3
9. Thoughts that you would be better off dead, or of hurting yourself	0	1	2	3
add columns		+	+	
(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL:				

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

Evidenced Based Treatment



Patient Engagement Recovery



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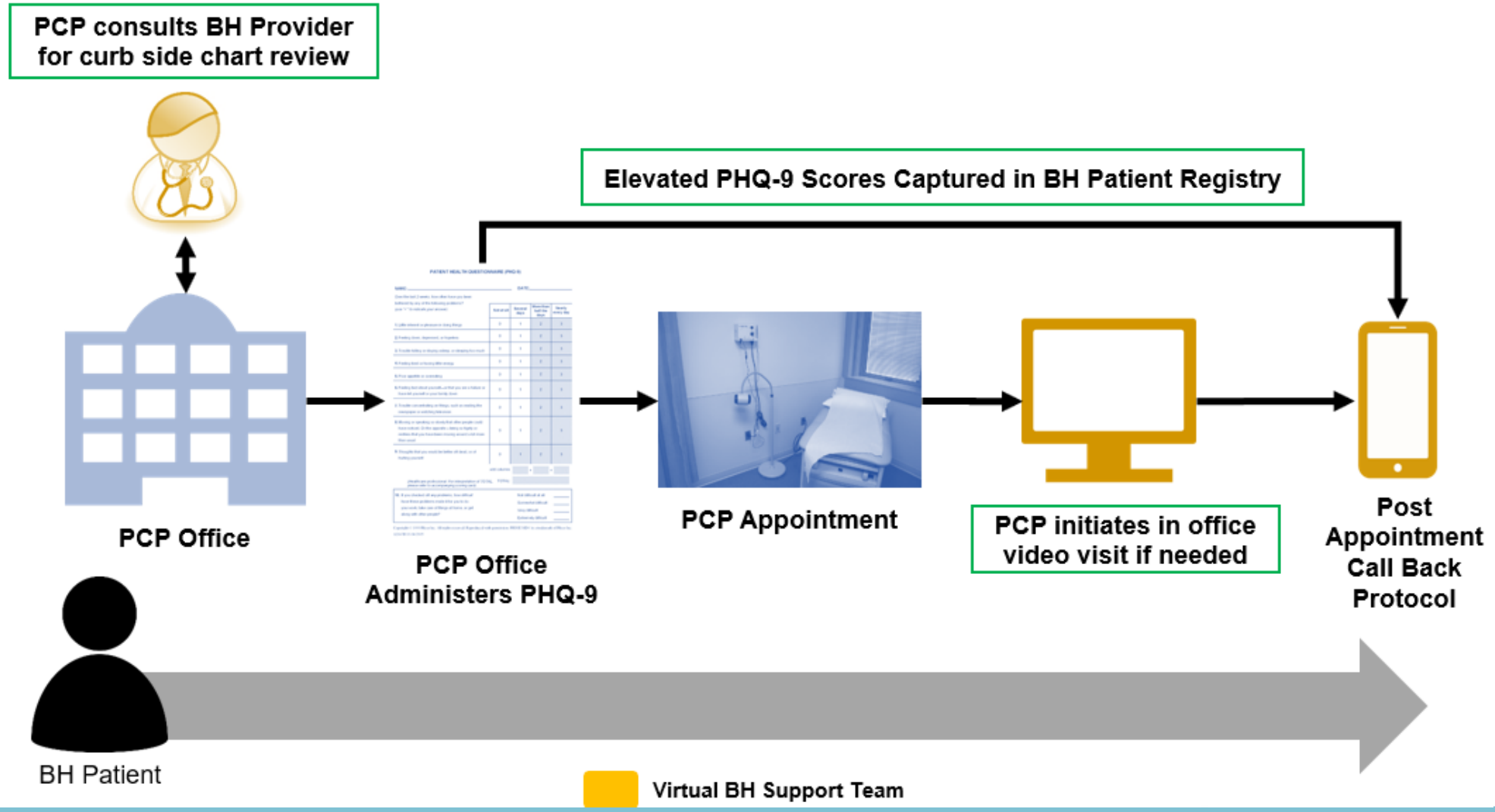
Process



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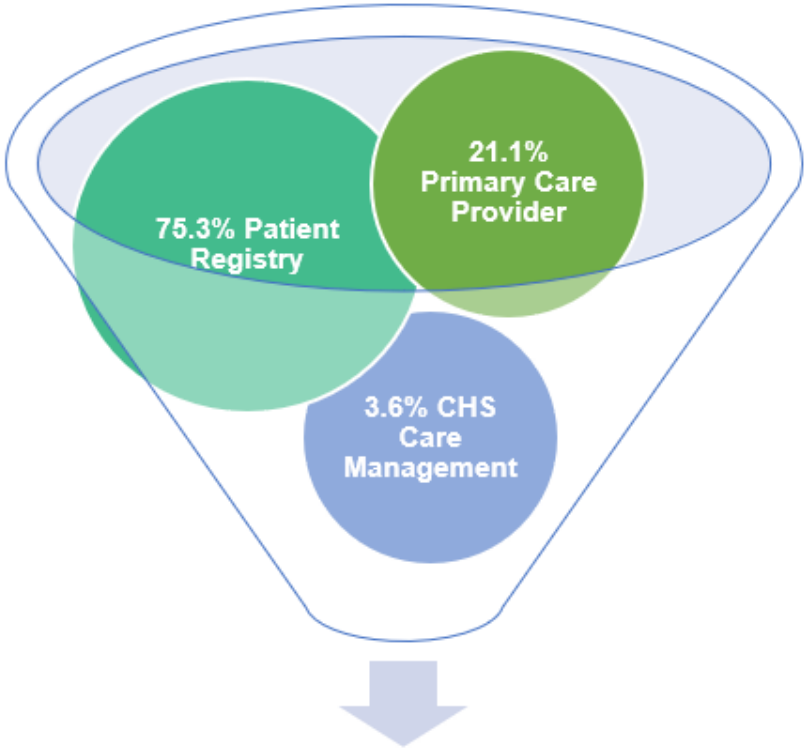
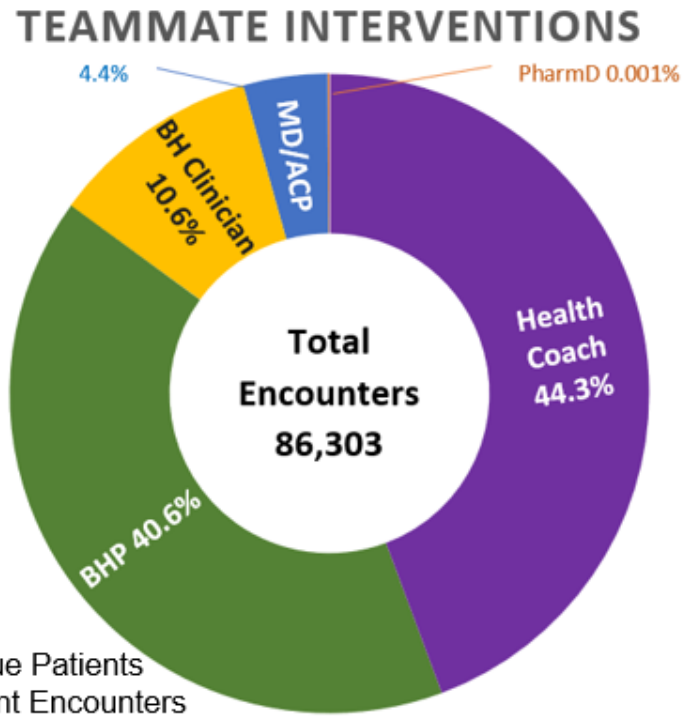
2018 Outcomes

Entry Point



vBHI by the Numbers (2018)



15,601 Unique Patients
86,303 Patient Encounters
1,006 Patients Active Patients
25 Primary Care Practices
7 Pediatric Practices
70+ Care Management Clinics

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Outcomes

Disease Severity	Clinical Outcomes	Healthcare Utilization	Cost of Care
▼ Depression symptoms	► Weight/BMI	▼ Inpatient Visits	▼ Overall
▼ Anxiety symptoms	▼ HgB A1C	▼ Inpatient Days	▼ Inpatient
▼ Suicide ideations	▼ Cholesterol (Total, triglycerides, LDL, HDL)	▲ Ambulatory Visits (Primary/Specialty)	▼ ED
		▼ ED Visits	
		▼ Avoidable ED/IP Visits	

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Symptom Improvement

Depression

- 60.2% of patients receiving BHI services demonstrated 50% reduction in PHQ-9 score

Anxiety

- 65.9% of patients receiving BHI services demonstrated 50% reduction in GAD-7 score

Remission

- 44.1% of patients receiving BHI services achieved remission

Suicidal Ideations

- 88.0% of patients receiving BHI services endorsed absence of suicidal ideations upon completion of Health Coaching

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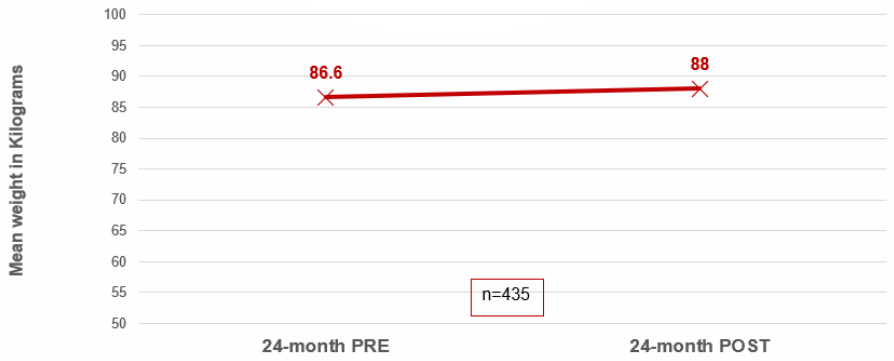
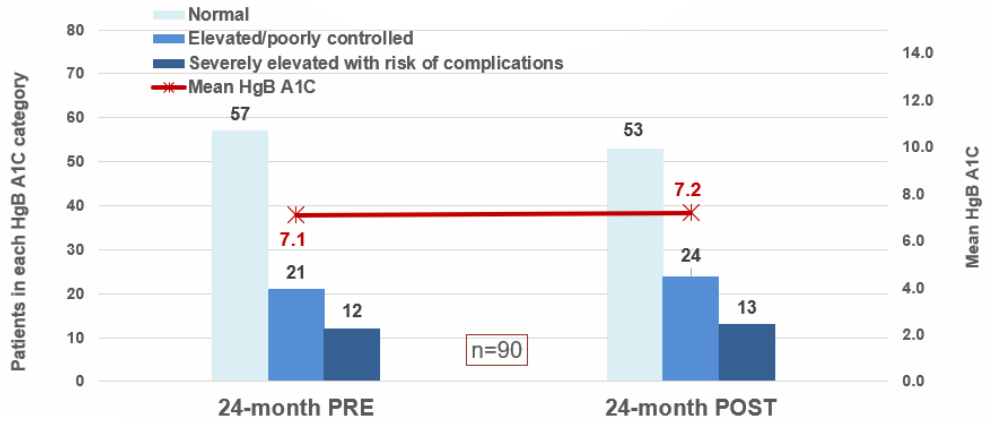
Clinical Outcomes

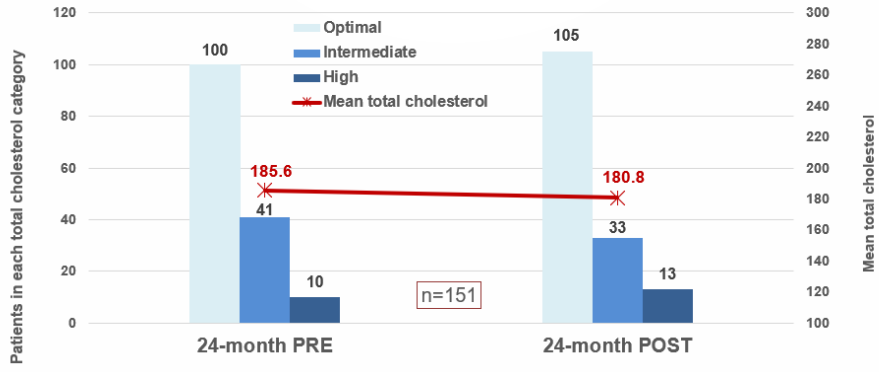
Weight



HgB A1C



Lipids: Total Cholesterol



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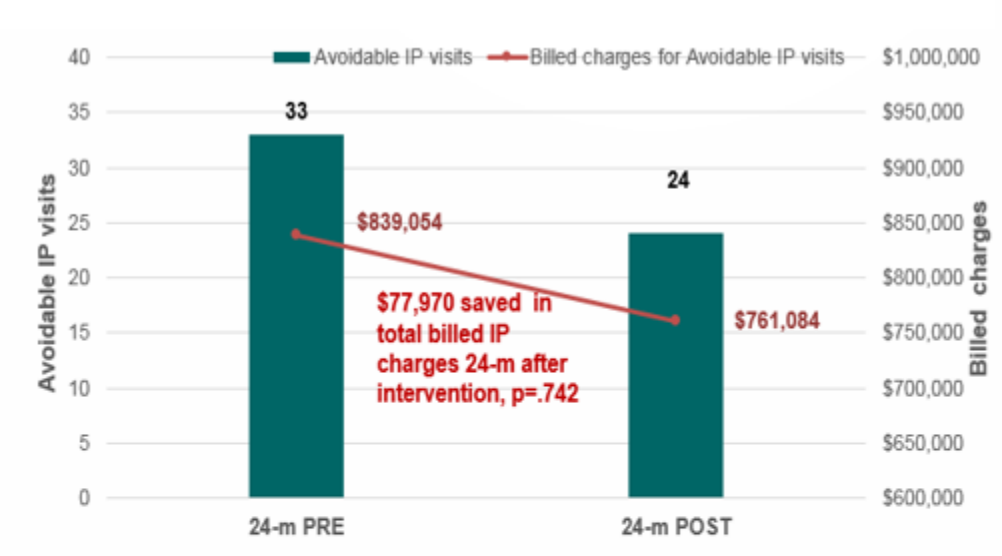
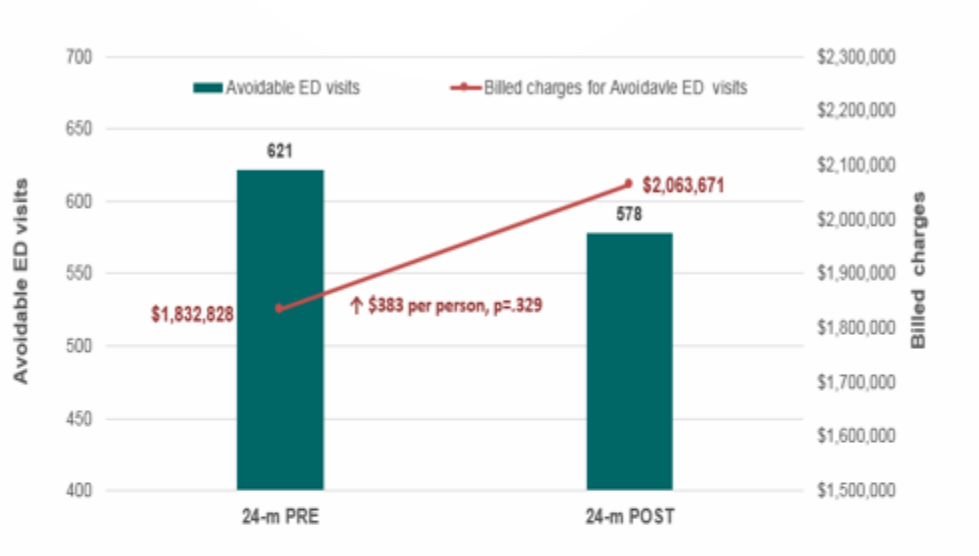
Avoidable Inpatient Care and ED Utilization





- There was **27%** reduction in avoidable inpatient visits (from 33 visits pre- to 24 visits post-intervention). Inpatient visits were classified as avoidable using AHRQ Prevention Quality Indicator (PQI) methodology

- There was **7%** reduction in avoidable ED visits (from 621 visits pre- to 578 visits post-intervention, p=.883)
- Visits were classified as avoidable using NYU ED Algorithm (types of avoidable visits included: Non Emergent, Emergent but PCP Treatable and Emergent but preventable)

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Key Takeaways…

This work puts the patient first always – integrated into the full continuum, including prevention and community health

Standardized work in development and being refined
(incl. teammate expectations and tools that need to be followed)

Utilize data analytics to drive focus and improve outcomes
Coordination is essential; expectation that as a team… we make sure this happens 100% of the time

Efforts to scale will be **critical for success** – we will prioritize to ensure this happens

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Session Survey

Use the CFHA mobile app to complete the survey/evaluation for this session.

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Join us next year in Philadelphia, Pennsylvania! Thank you!