American Hospital Association™

Advancing Health in America

Joint Webinar

National Council for Behavioral Health & The American Hospital Association

February 6 at 3:30 p.m. ET

Partnering to Address Behavioral Health: A Deep Dive into Hospital/Health System Partnerships with Community Behavioral Health

We are the national advocate for America's hospitals and health systems.

OUR VISION

A society of health communities, where all individuals reach their highest potential for health.

OUR MISSION

To advance the health of all individuals and communities. The AHA leads, represents and serves hospitals, health systems and other related organizations that are accountable to the community and committed to health improvement.

Our History

With roots dating back to 1898, the American Hospital Association now counts among its members…

- more than 5,000 hospitals, health care systems and other health care organizations
- 33,000 individual members

We partner with state, regional and metropolitan hospital associations to advocate for mutual members.

We operate out of offices in Washington, DC and Chicago

Our Strategic Imperative

To lead the field in support of:

Access | Health | Innovation

Affordability | Individual as Partner

~~Our~~ offerings

We are deliver insights, data, advocacy, networking opportunities, and education you won't find anywhere else.

We **share vital information**

We **deliver data**

We **educate**

We **help you tell the story**

We **convene leaders**

We **lead the field**

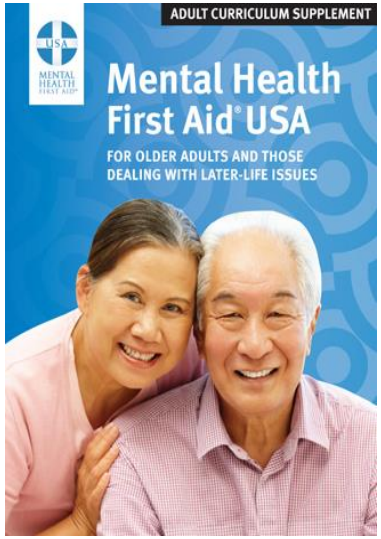
We **advocate**

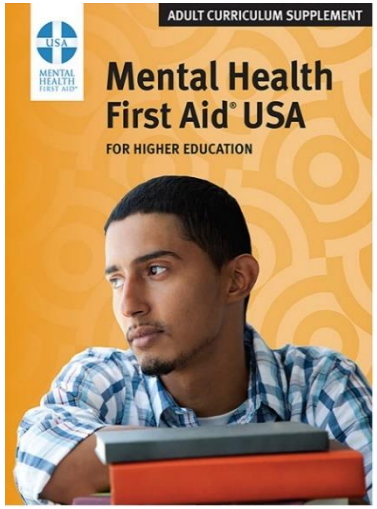
The National Council for Behavioral Health

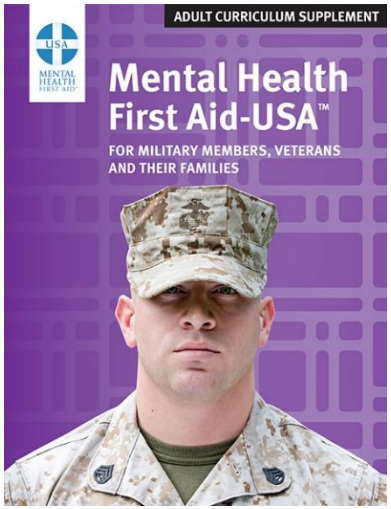
- Over 3000 Members providing or supporting treatment for Mental Illnesses and Addiction

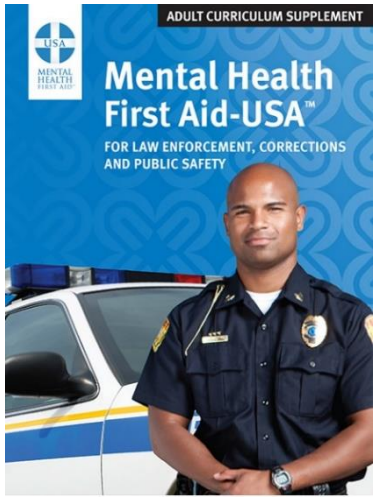
- Member Types
  - Community Mental Health Centers
  - Addiction Treatment Centers
  - Child and Adolescent Behavioral Health Organizations
  - Federally Qualified Health Centers
  - Hospitals
  - Health Systems

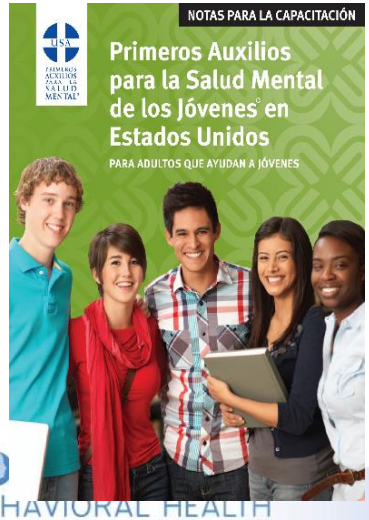
Over 1 Million People trained in Mental Health First Aid

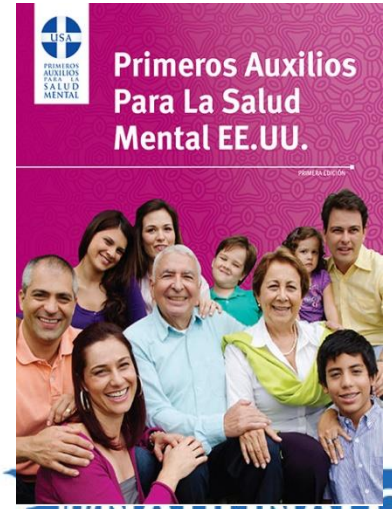












Consulting and Technical Assistance

- Training and implementation support for best practices
  - Integrated Care
  - Screening, Brief Intervention and Referral to Treatment (SBIRT)
  - Motivational Interviewing
  - Whole Health Action Management (WHAM)
  - Case Management to Care Management

- Management and leadership development
  - Middle Management Academy
  - Mastering Supervision
  - Leadership/management coaching and support
  - Executive Leadership Program

- Individualized technical assistance to behavioral health and primary care settings

- Webinars, online learning, national and regional gatherings

Atrium Health

Partnering to Address Behavioral Health:

A Deep Dive into Hospital/Health System Partnerships with Community Behavioral Health

Victor Armstrong, VP, Behavioral Health-Charlotte
Manuel Castro, MD, Medical Director Behavioral Health Integration
Wayne Sparks, MD, Senior Medical Director, Behavioral Health Services

Objectives:

- Explore the value of hospital/CBHO partnerships
- Identify the essential steps and perceived barriers to integrating care in hospitals and health systems
- Review outcomes and the future of Atrium's vision

Atrium Health: Size and Scope

65,000+ teammates | **47** hospitals across 3 states

29 urgent care locations | **33** emergency departments
350+ primary care practices | **25+** cancer care locations

3,000+ physicians | **16,000** nurses

6.5% population growth in Charlotte region

8,700+ licensed beds

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In ONE Day at Atrium Health:

31,750 patient encounters | **23,000** physician visits

600+ home health visits | **4200** ED visits

85+ new primary care patients | **88 babies delivered**

13,975 virtual care encounters!

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Vision for Behavioral Health:

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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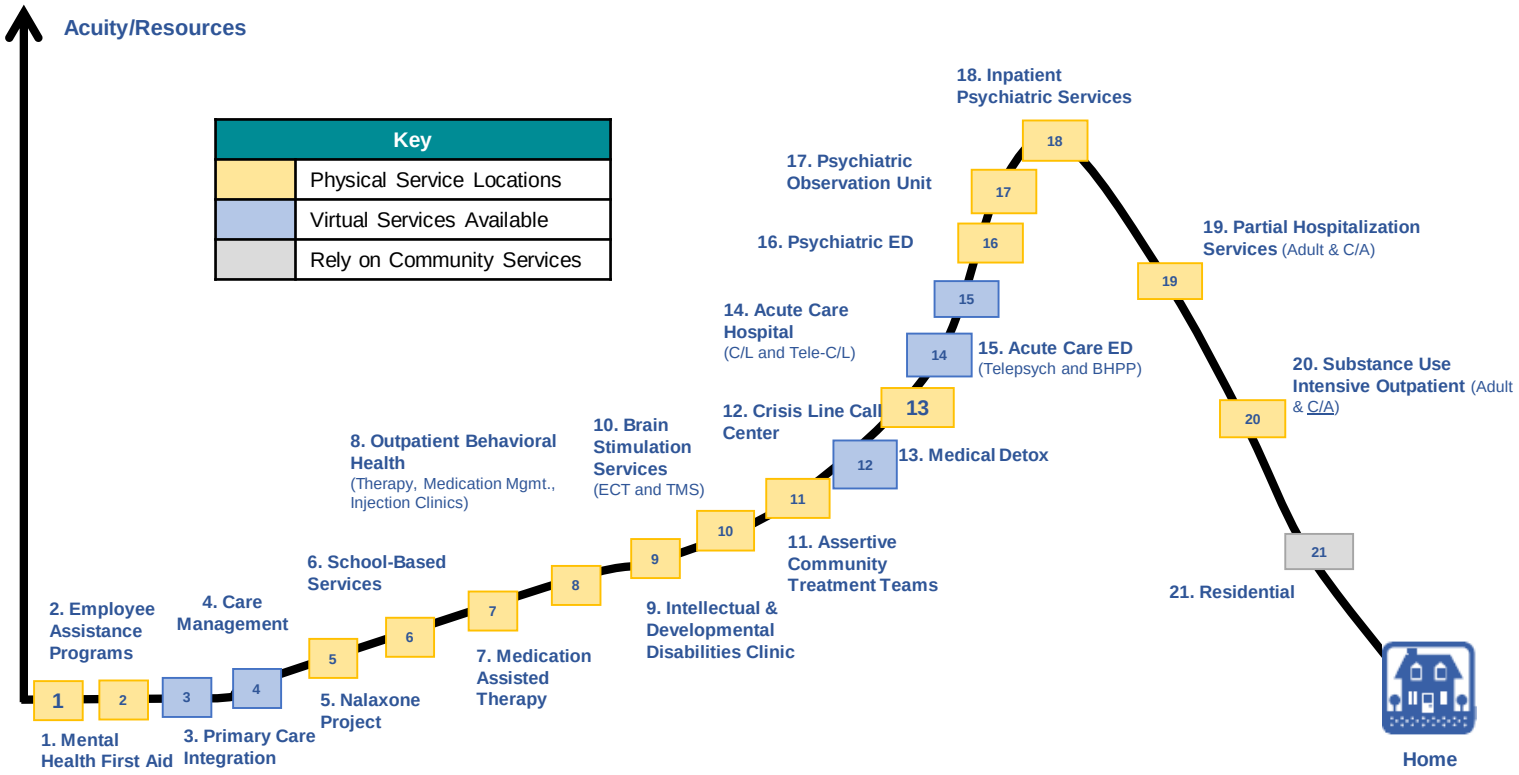
The Behavioral Health Continuum:



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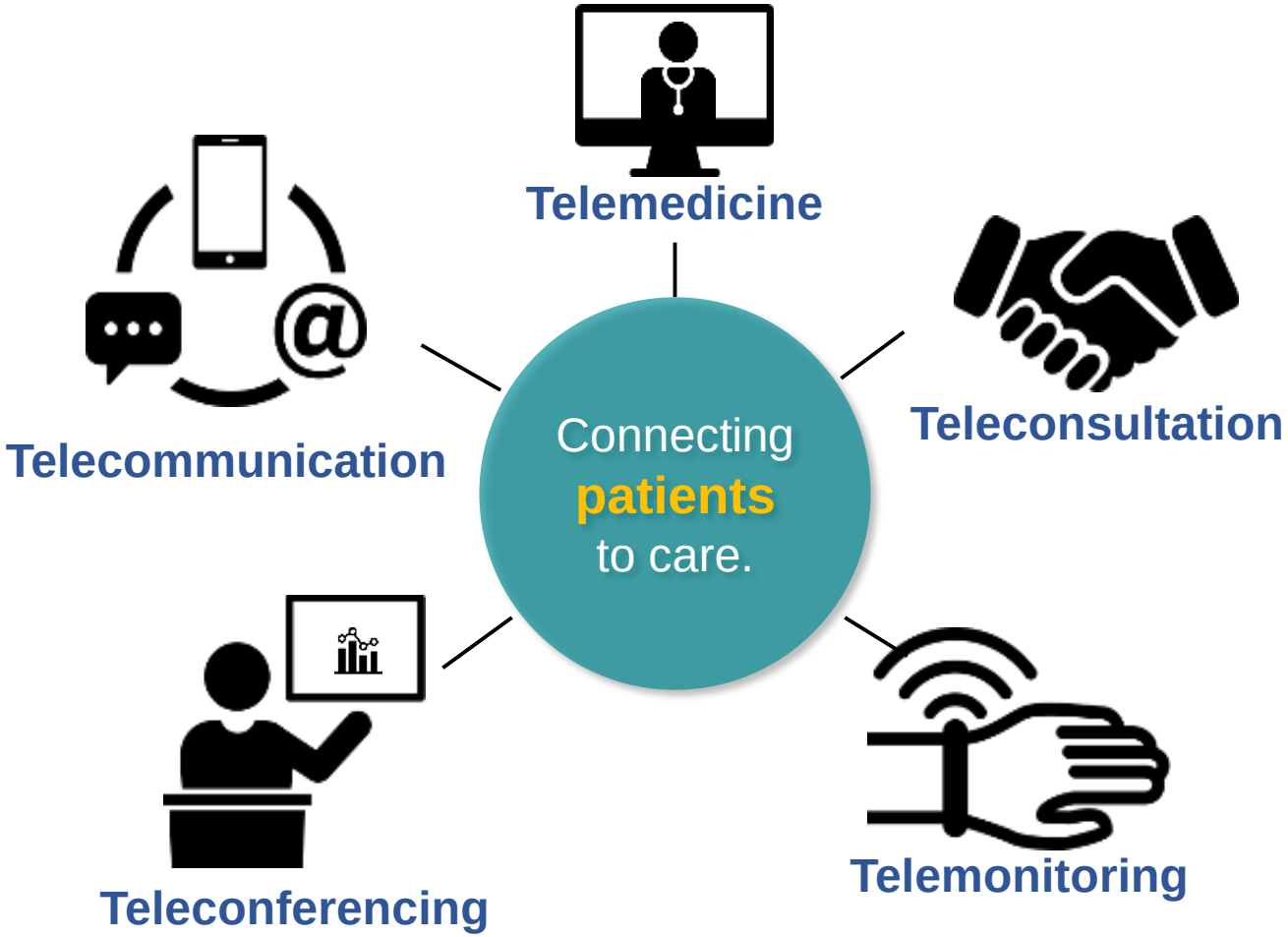
Virtual Health Defined:



Greater than 5.1 million encounters annually

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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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Virtual Emergency Behavioral Health: Management and Placement

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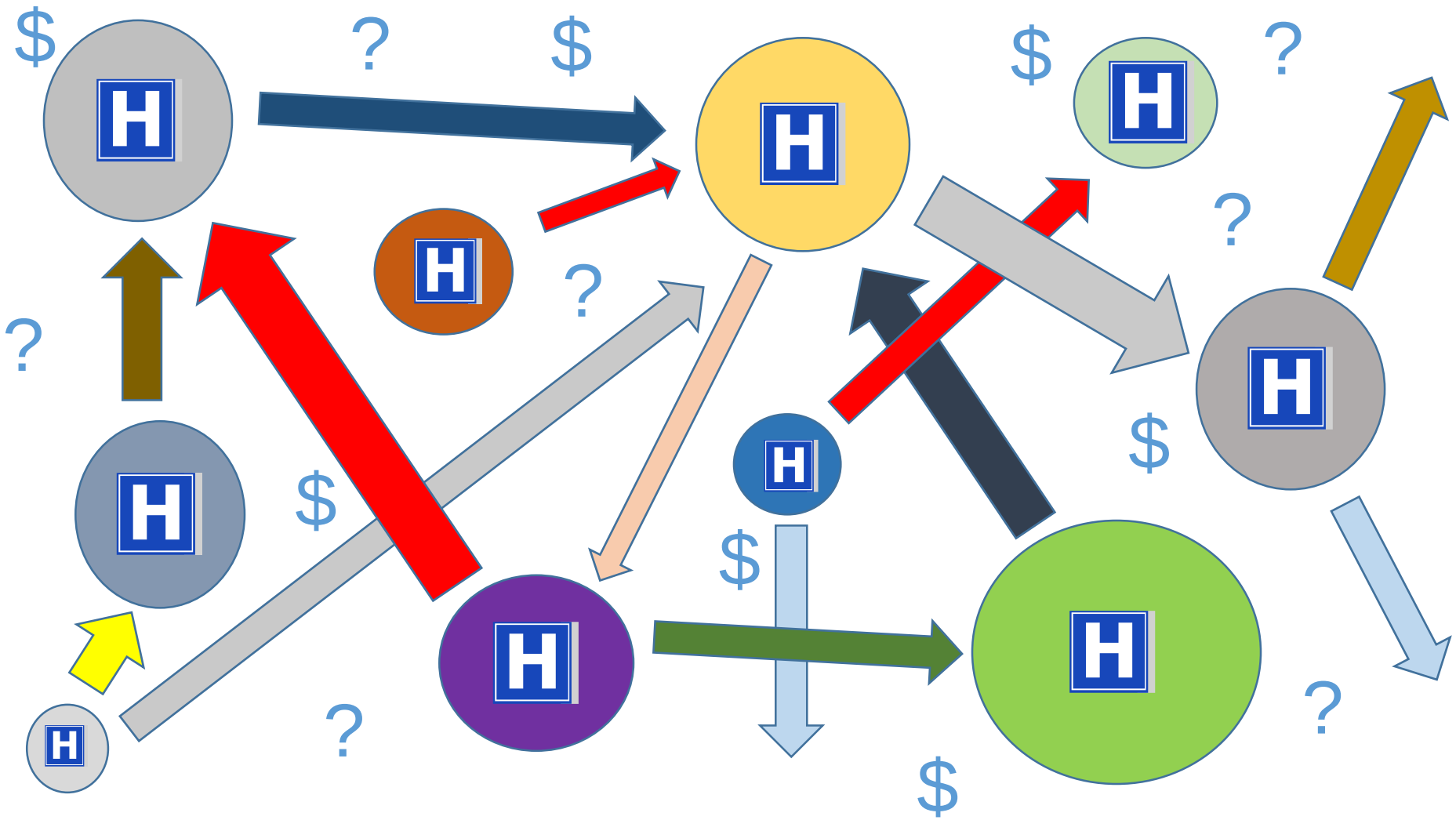
A Chaotic & Fragmented System:



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The BIG Idea:

To establish a coordinated, efficient, and patient centered system of access to evaluation, management and treatment for patients in our system requiring inpatient behavioral health services.

Telepsychiatry → Centralized Behavioral Health Bed Management → Behavioral Health Patient Transport

Process:

The Model

Virtual BH Support Team

The Team

Tele-psychiatry Clinician / Patient Navigator

- LCSW/LPC

Tele-psychiatry Provider

- Adult Psychiatrist
- Child and Adolescent Psychiatrist
- Nurse Practitioner

Patient Placement Nurse

- Registered Nurse

Patient Placement Admission Transfer Coordinator

- Bachelor level with psychiatry related experience

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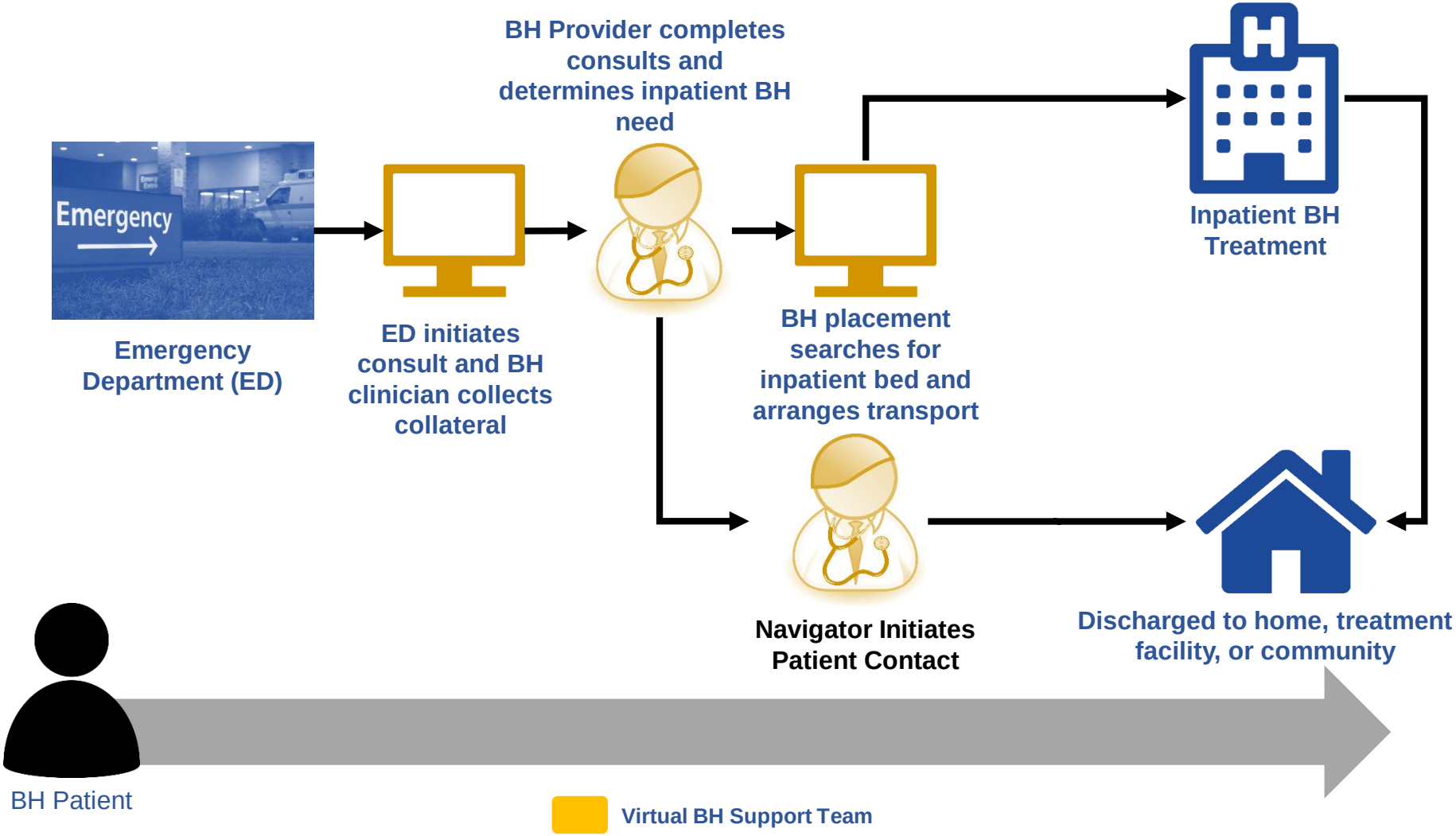
Process:



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Streamlined Communication:

eTracking List

Full screen | Print | 0 minutes ag

E All Beds | e All Beds Rad | e All Beds | E All Patients | e All Patients Rad | e All Patients | e Available/Dirty Beds | E Blue MD/MLP | E Blue Zone | e Blue Zone | e Checkout | e ED Dispo Cleanup | e ED Dispo Cleanup | E Green Zone
e WR Rad | e WR | E Yellow Zone | e Yellow Zone | NorthEast ED Coding | E All Beds GB | E All Patients GB | E Blue Zone GB | E EMS GB | E Green Zone GB | E Purple Zone GB | E Red Zone GB | E Speed Zone GB
E Psych Hold | e Psych Hold | E Purple Zone | e Purple Zone | E Red MD/MLP | E Red Zone | e Red Zone | e Registration | E Fast Track | e Fast Track | E Staff | e Admit Checkout | E Virtual Unit | E Visit List | e Visit List | E WR
e Green Zone | E Grurple MD/MLP | E Grurple Zone | e Grurple Zone | E Kan Admit Hold | E Kannapolis | e Multiple ED Visit | E Peds | E Pending Admit | e Pending Admit | E Pending Discharge | e Pending Discharge | E Pending Micro
E Yellow Zone GB | EECC Trbsht 704-403-3899 | NorthEast TH | NorthEast Staff (TH) | E Red Zone (Pilot) | E Visit List (Pilot) | E IV Patient Depart | E HB Admit Hold | E Harrisburg | E NorthEast Virtual Psych (Q1E) | E PIT | e PIT | E PIT GB | E Lab Patients GB

Patient: | Avg LOS: 74:31 Total: 14 WR: 0 | Filter: <None>

	ED Bed	EncType	Q Loc	Virtual Bed	Dis	Ac	N	Age	Aller	Reason for Visit	ERIC	RN	EP	Events	BH	Lab	VS	Bed #	ED Comments	Placement Comments
★	043,A	ERH - En	Q1E	E100,01		2	F	61 y		1:Suicidal thoughts, 2:Altered mental status		Steph	RD		1*		46* / 1* / 8*		IVC - Awaiting Placement	Faxed for placement
★	041,A	ERH - En	Q1E	E100,02		2	B	60 y		1:MHE		Steph	AV		3*	105/1	359* / 2* / 4		Case Management (Placem	BSH #1-poss d/c 8/13
	NECheckout	ERH - En	Q1E	E100,03		2	G	21 y		1:Suicidal thoughts		JW	DREV		1*		20* / 0 / 2*			d/c
	E100,04	ERH - En	Q1E	E100,04		3	H	26 y		1:Psychiatric, 2:Suicidal ideation, 3:Depression		SM 3	AL357		1*		21* / 0 / 7*		0900	Accepted @ Holly Hill
	NECheckout	ERH - En	Q1E	E100,05		3	S	25 y		1:Depression		JPET	KS-35		1*		21* / 0 / 3*		socialwork/home	DC
★	NECheckout	ERH - En	Q1E	E100,06		3	J	87 y		1:Altered mental status		JW	IC		1*		33* / 1* / 9*		GONE	Accepted to Tville
★	042,A	ERH - En	Q1E	E100,07		2	L	67 y		1:Mental disorder		Steph	BA357		4*	57/54	277* / 1* / 7		Case Management	faxed for placement
★	NECheckout	ERH - En	Q1E	E100,08		2	C	58 y		1:Alcohol intoxication		JW	DREV		1*		16* / 1* / 1*		home	dc
	040,A	ERH - En	Q1E	E100,09		2	W	86 y		1:Screening for mental disorders		WB; S	Doug		1*	9/7	29* / 0 / 5*		waiting on placement	
	NECheckout	ERH - En	Q1E	E100,10		2	H	48 y		1:Screening for mental disorders, 2:Suicidal ideation		JW	EM-3		1*		23* / 0 / 0		home	DC
	046,A	ERH - En	Q1E	E100,11		2	D	22 y		1:Screening for mental disorders		Steph	S. Ga			7/5	32* / 0 / 10		IVC-Needs UDS	
	045,A	ERH - En	Q1E	E100,13		2	A	41 y		1:Suicidal thoughts		Steph	Doug		1*		21* / 0 / 2*		IVC-waiting on telepsych	PBI ready

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Key Functions of Peer Support:

Ongoing Support

Peers promote relationships and social networks

- Discussing the importance of a sense of family and community in safety planning
- Educating families on symptoms of mental illness as well as support groups for family members
- Discovering what social support networks patients want to be connected to and play a role in that linkage

Peer Bridger Process:

- **Does the patient meet the following criteria?**
  - ✓Does not currently have and will not discharge with an enhanced service
  - ✓Will reside in Mecklenburg County at discharge
  - ✓Has Medicaid OR is uninsured (self-pay)
- **If patient is agreeable to a PB referral for discharge, they will need to select a participating agency.**

Step 1: Identify patients eligible for the Peer Bridger (PB) program

Step 2: Connect patients with a provider who offers peer support

- **The peer will meet with the patient on the inpatient unit that same day or next day.**
- **Clinician will provide the peer with the following:**
  - Inpatient provider's initial psychiatric assessment
  - Inpatient psychosocial assessment
- **As soon as a discharge date is established, the peer will coordinate arrangements to transport the patient home.**

- **When the peer arrives at the unit to transport the patient home, the peer and the patient receive discharge documents that include the follow-up appointment date and medication list.**
- **The peer communicates with our inpatient social work team if the hospital follow-up appointment was met. The receiving provider agency dispatches the mobile engagement team if follow-up appointment was not met.**

Step 3: Communicate with patients and peer for follow-up care coordination

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