



**University Hospitals**  
Case Medical Center

# OHA-ODMH Conference

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**Administrative Director of Psychiatry**







# THE PATIENT

# Cuyahoga County Behavioral Health Roundtable

## *Accomplishment:*

- NE Ohio Medical Clearance*
- Lapsed Medicaid Project*
- Coordinated Care Planning*
- 72 Hr Stabilization Unit (\$1.8 mil)*



## **Representatives:**

### **Psych Hosp Leaders**

↳ **ADAMHS Board-MH Agencies & ECS**

↳ **Medicaid Managed Care**

↳ **Cleveland Police**

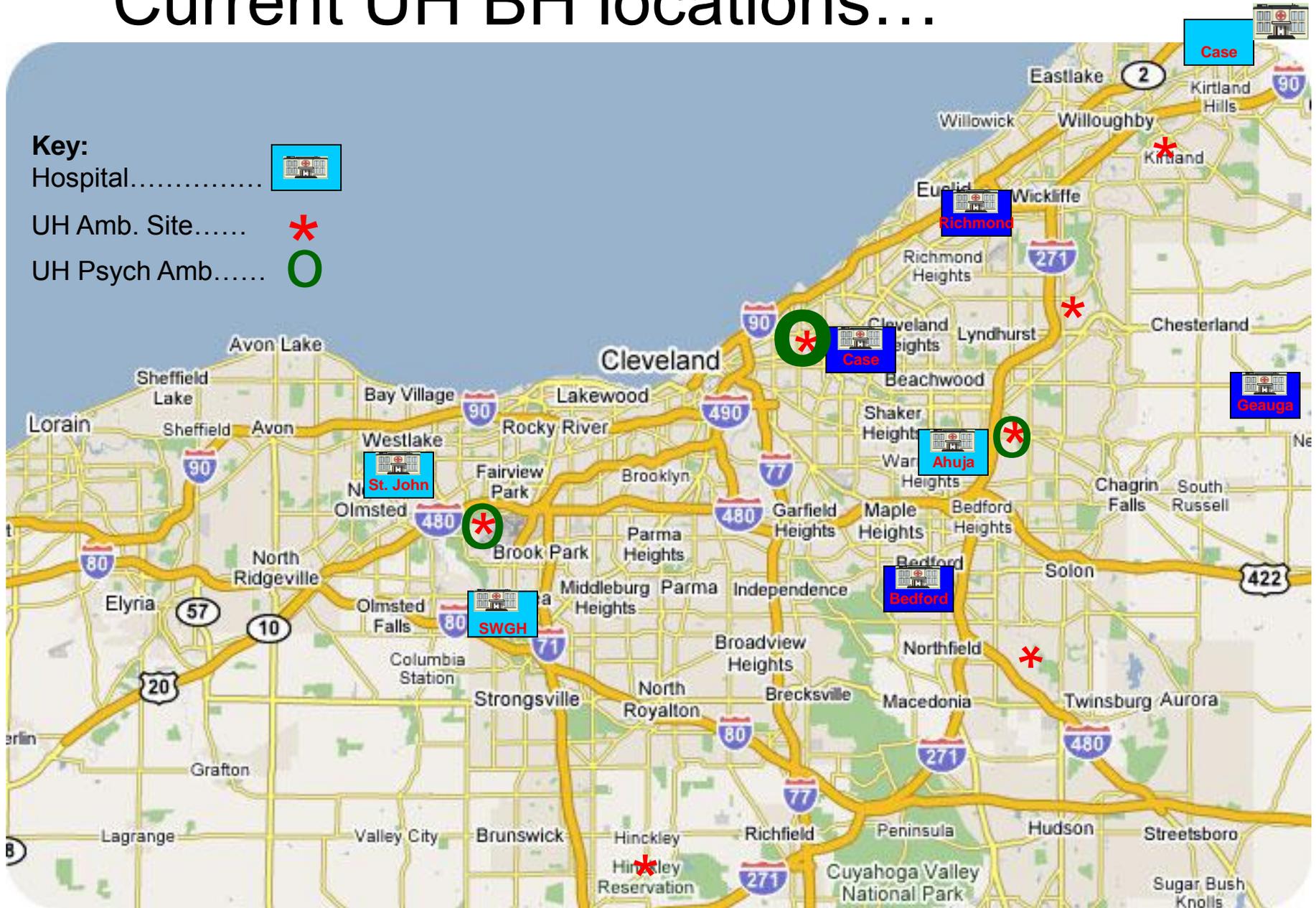
# Current UH BH locations...

## Key:

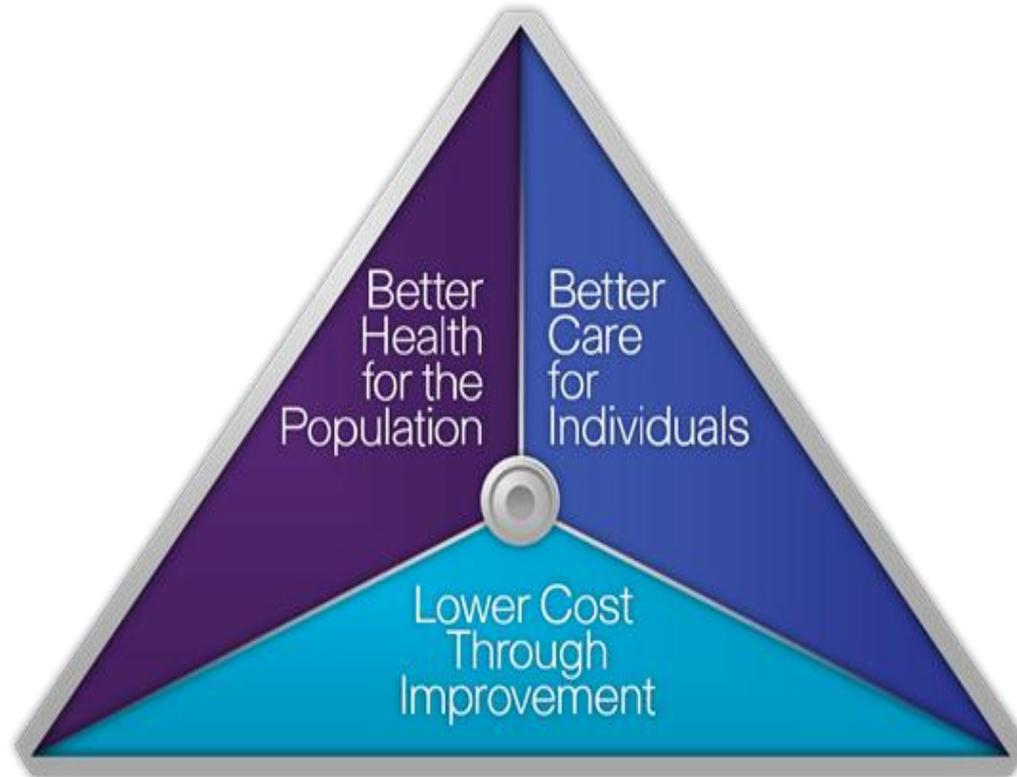
Hospital..... 

UH Amb. Site..... 

UH Psych Amb..... 

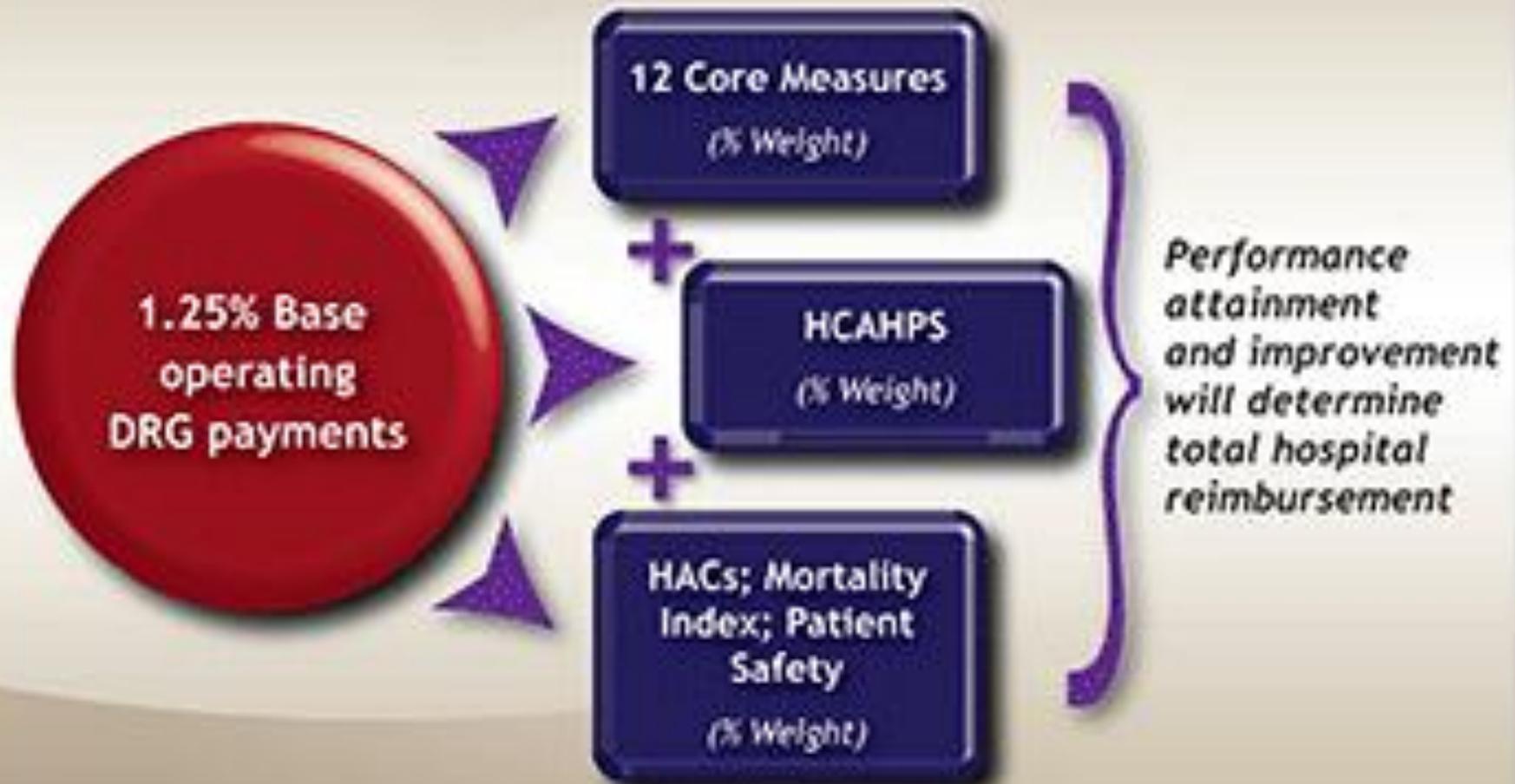


# The Triple Aim



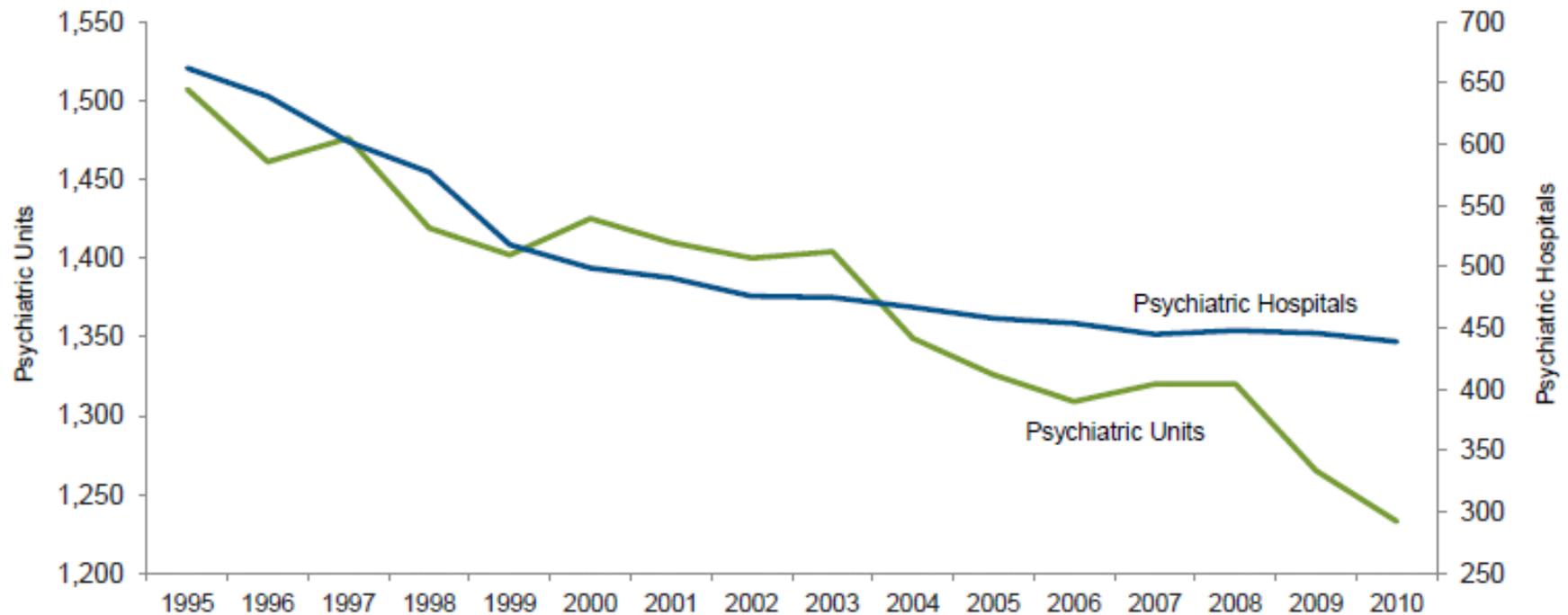
Institute of Healthcare Improvement, 2012

# Value-Based Purchasing FY 2014



# The health care system's capacity to deliver mental health services has been shrinking.

Chart 5: Total Number of Psychiatric Units<sup>(1)</sup> in U.S. Hospitals and Total Number of Freestanding Psychiatric Hospitals<sup>(2)</sup> in U.S., 1995-2010

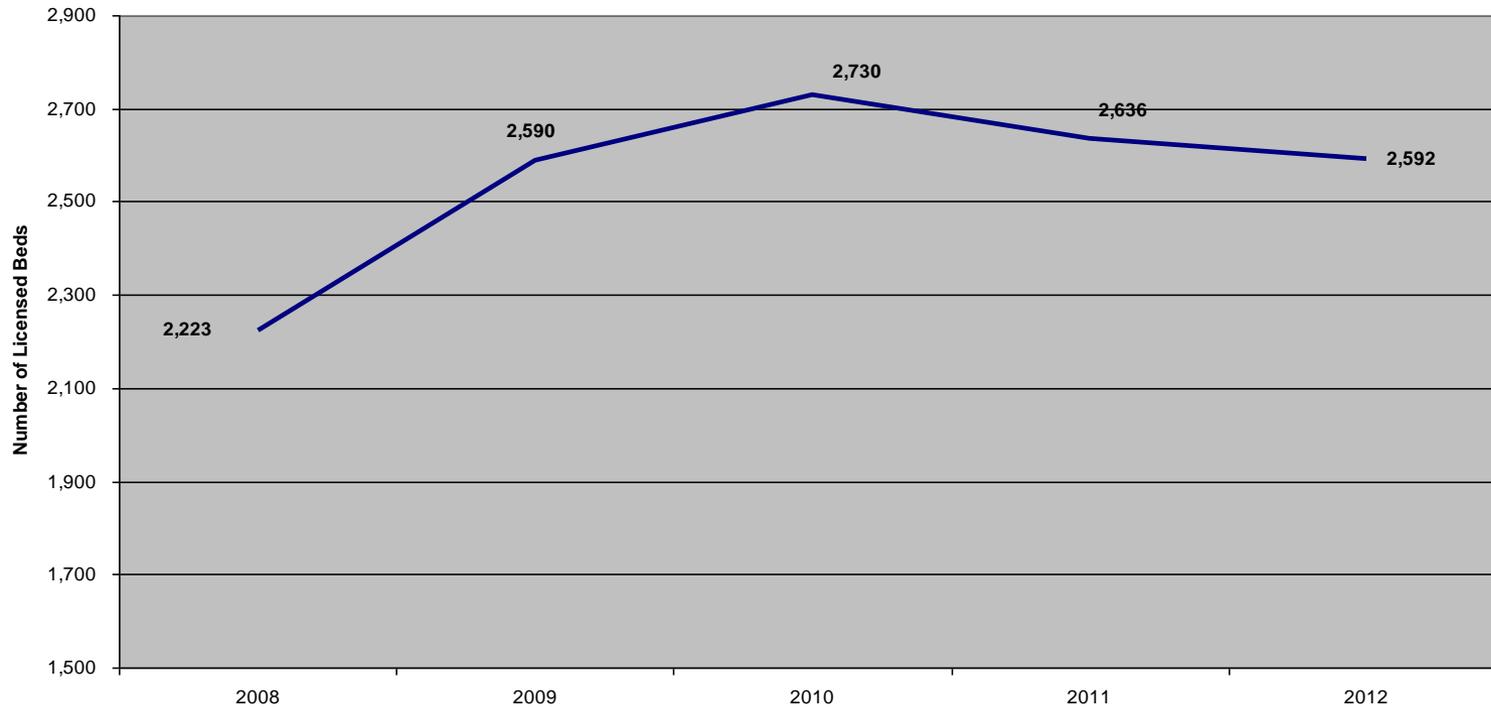


Note: Includes all registered and non-registered hospitals in the U.S.  
(1) Hospitals with a psychiatric unit are registered community hospitals that reported having a hospital-based inpatient psychiatric care unit for that year.  
(2) Freestanding psychiatric hospitals also include children's psychiatric hospitals and alcoholism/chemical dependency hospitals.  
Source: Health Forum, AHA Annual Survey of Hospitals, 1995-2010.

Research and analysis by Avalere Health



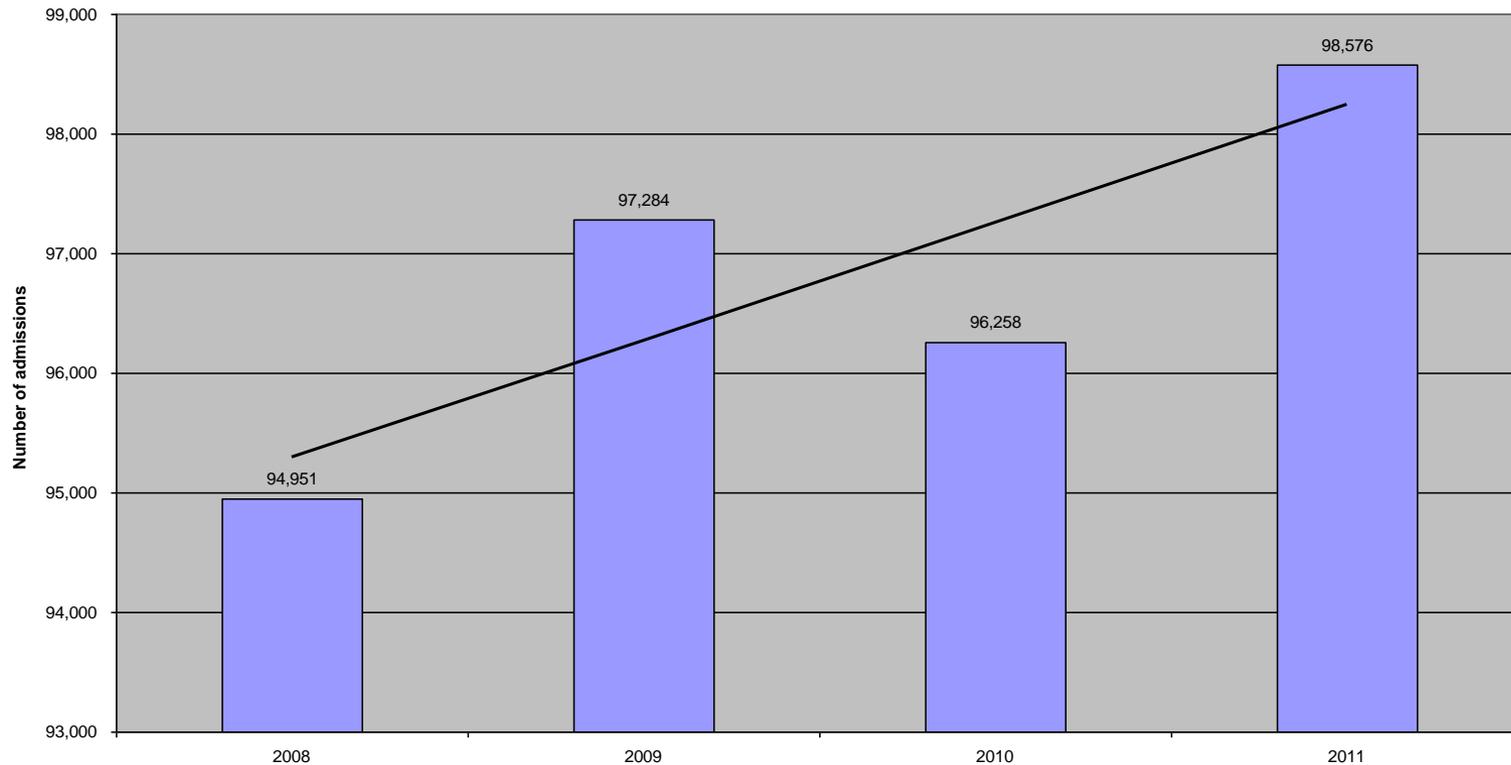
# Ohio Total Number of Psychiatric Beds 5 Year Trend



# The Bed Game....

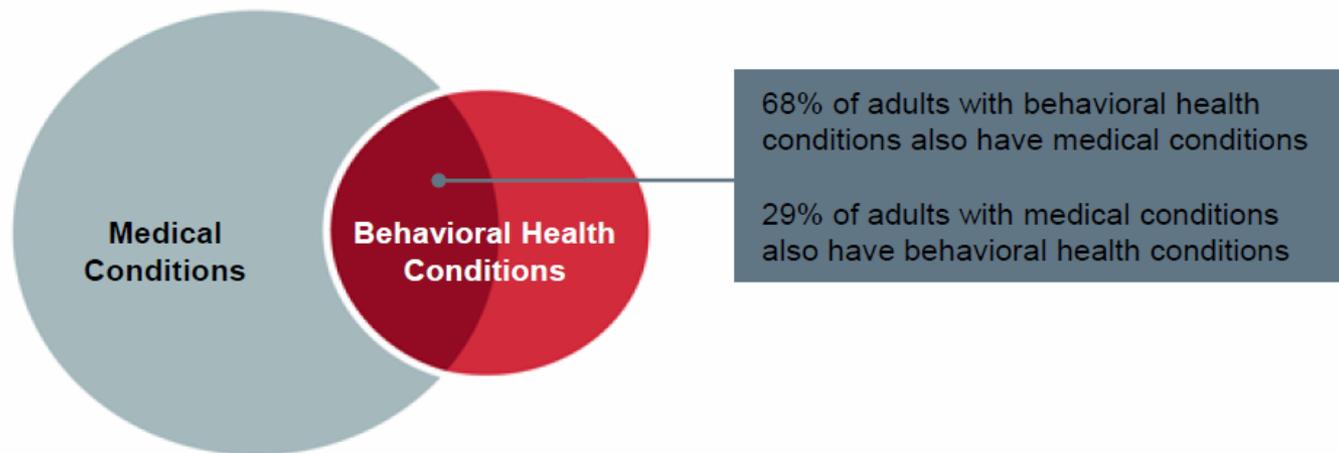


# Ohio Admissions with the principal ICD-9 Dx of Mental Disorder 4 Year Trend



# Behavioral Health Conditions Highly Prevalent

## Patients Diagnosed with Type of Illness<sup>1</sup>



**66%**

Medicaid adults with a 'top 5' physical disorder (asthma/chronic obstructive pulmonary disease, congestive heart failure, coronary artery disease, diabetes, hypertension) have at least one behavioral health co-morbidity

**88%**

Highest cost, most frequently hospitalized Medicaid-only disabled beneficiaries have a behavioral health co-morbidity<sup>2</sup>

**25%**

American adults have a diagnosable behavioral health disorder

1) Behavioral health disorder diagnosed with a structured clinical interview.  
2) Top 25 Multimorbidity Patterns by Per Capita Cost among Medicaid-Only Beneficiaries with Disabilities.

Source: Druss, G. and Reisinger Walker, E. "Mental Disorders and Medical Comorbidity," *RWJF*, February 2011; Boyd, C. et. al. "Clarifying Multimorbidity Patterns to Improve Targeting and Delivery of Clinical Services for Medicaid Populations," *CHCS*, December 2010, Health Care Advisory Board interviews and analysis.

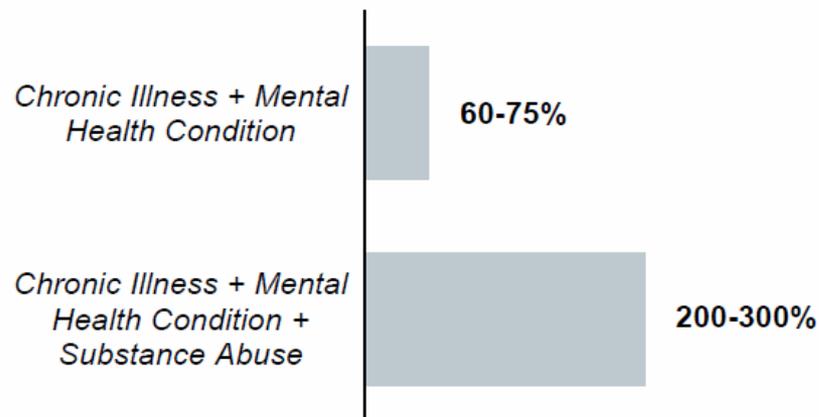
# Substantial Costs from Reactive Patient Care

## Measuring the Toll of Outpatient Non-Compliance

**30-60%**  
Patients with behavioral health disorder who do not take medication as recommended

**25 years**  
Average life expectancy reduction for patients with serious, persistent mental illness<sup>1</sup>

### Per Capita Cost of Care for Medicaid Multi-morbid Patients<sup>2,3</sup> Annual, Compared to Patients With Only Chronic Physical Illness



### Inpatient Improvements Grounded in Primary Care

"Findings emphasize the overwhelming impact of mental illness on per capita costs and hospitalization rates. Promising approaches include: 1) promoting the use of multi-disciplinary care teams...including primary care clinicians, behavioral health specialists, and community health workers 2) information exchange...and 3) aligning financial incentives."

*Center for Health Care Strategies Inc., 2010*

- 1) Adults with serious mental illness versus other Americans (average 13.5-35 years).  
2) Medicaid-only beneficiaries with disabilities.  
3) Excludes long-term care costs.

Source: Boyd, C. et. al. "Clarifying Multimorbidity Patterns to Improve Targeting and Delivery of Clinical Services for Medicaid Populations." *CHCS*, December 2010; Colton, CW and Manderschied. "Congruencies in Increased Mortality Rates, Years of Potential Life Lost, and Causes of Death Among Public Mental Health Clients in Eight States," *Prev Chronic Dis*. April 2006: A42-46; Health Care Advisory Board interviews and analysis.



# THE JOURNAL OF CLINICAL PSYCHIATRY

THE OFFICIAL JOURNAL OF THE AMERICAN SOCIETY OF CLINICAL PSYCHOPHARMACOLOGY

HEALTH

AUTHORITY

g in Pittsburgh

o with the Ohio Department  
of Alcohol and Drug Addiction Services

## **Prevalence and Consequences of**

## **Dual Diagnosis**

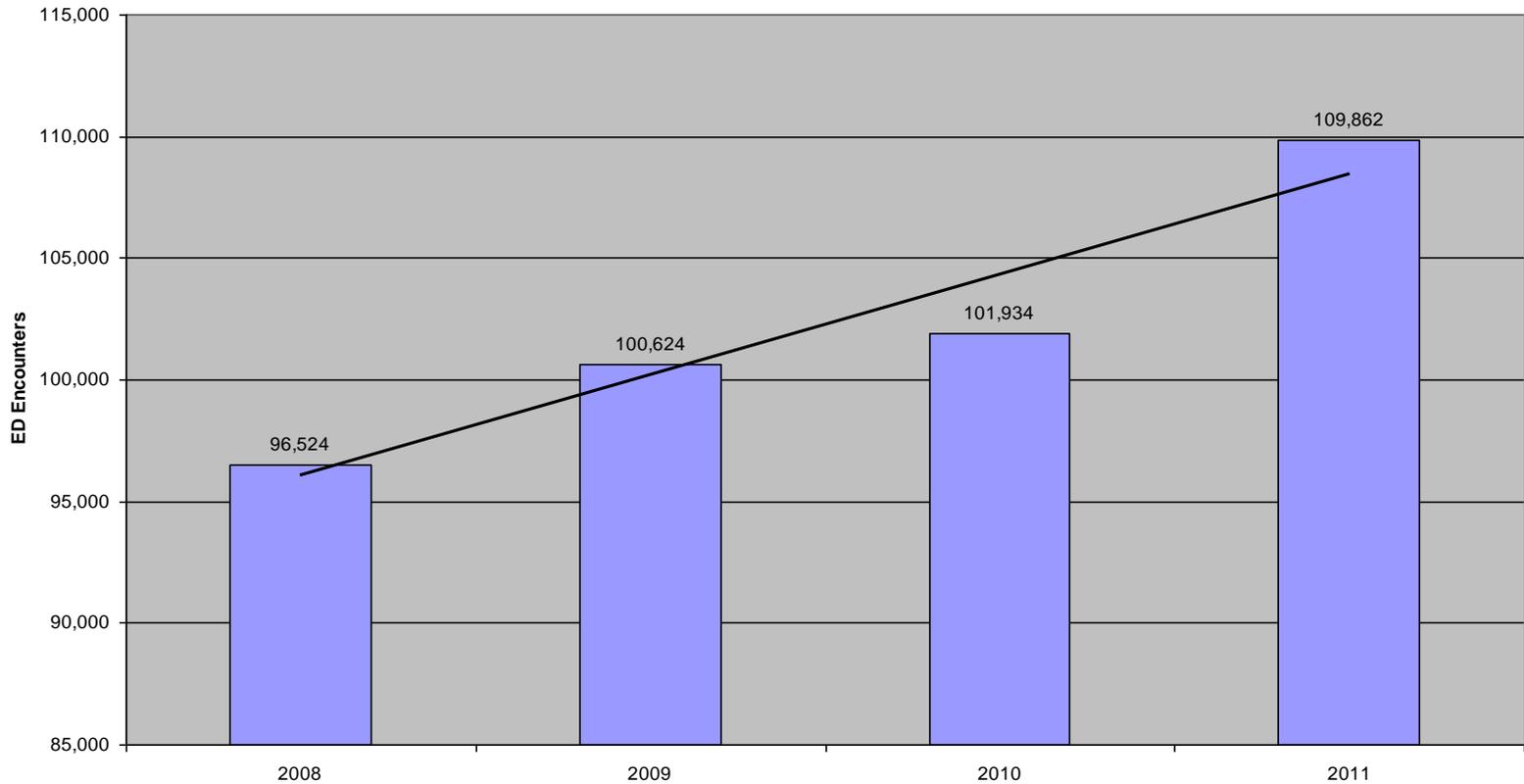
### **A Summit on Policy, Prevention & Treatment**

*Peter F. Buckley, M.D., and E. Sherwood Brown, M.D., Ph.D.*  
(2006;67[7]:e01)

University of  
School of Medicine

By SABRINA TAVERNISE Published: March 8, 2012

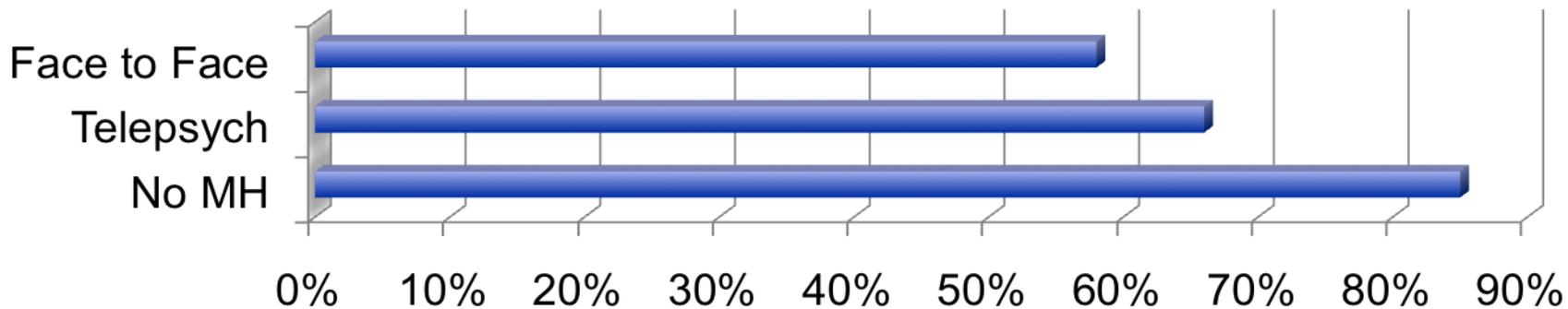
# Ohio ED/Release Encounters 4 Year Trend



# Telepsychiatry



## Admissions from ED



# Pinpoint Key Opportunities in Behavioral Health Care

Goal to Share Responsibility Across Complete Continuum

## Shifting Site and Type of Ongoing Behavioral Health Care



Diagnose and treat behavioral health conditions at the most appropriate primary care site

Fill continuum gaps with programs that diagnose conditions, redirect patients to ongoing care

Collaborate to connect the behavioral health care continuum

### Prioritize Ambulatory Based Care

- Providers prioritize early detection, timely intervention, maintaining ongoing clinical stability
- Behavioral health care integrated with, complementary to physical health care
- Mild-to-moderate cases diagnosed and treated in the traditional primary care setting (mild depression, anxiety)
- Complex or high-acuity cases addressed in a modified medical home or supportive community-based care setting (severe disorders)

### Minimize Inpatient Role

- Behavioral health service providers have a continuum of inpatient, outpatient resources available for patient connectivity
- Network puts a premium on providing varying levels of care, tailored to patient needs
- Cases strictly triaged to lowest acuity site of care that meets need
- Highest level services available and appropriately used for moderate-to-severe clinical cases only

Source: Health Care Advisory Board interviews and analysis.

# Current State



# Future State

- Value Based Purchasing

- 10 Core Measures

- Achieving the Triple Aim

- Avoiding

# Integration

**Plan together Educate together**

**Work together Measure together**

- More...

**“Alone you can go faster, but  
together we can go further.”**

**African Proverb**

