



## 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**

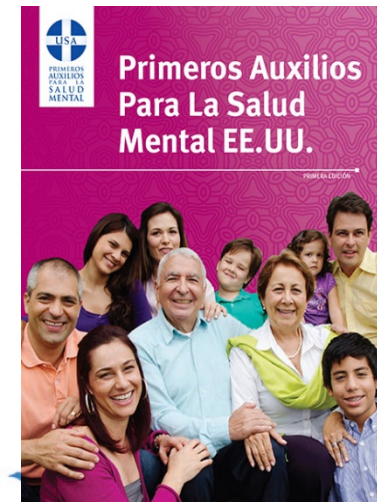
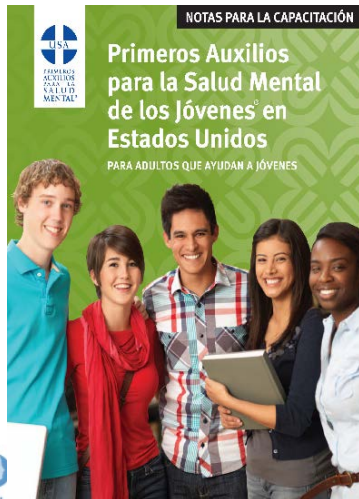
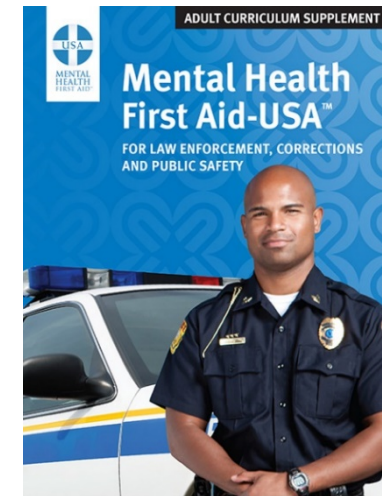
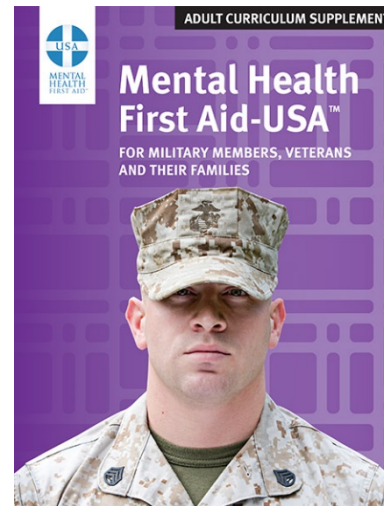
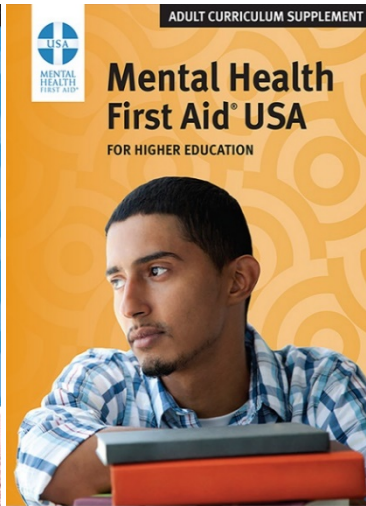
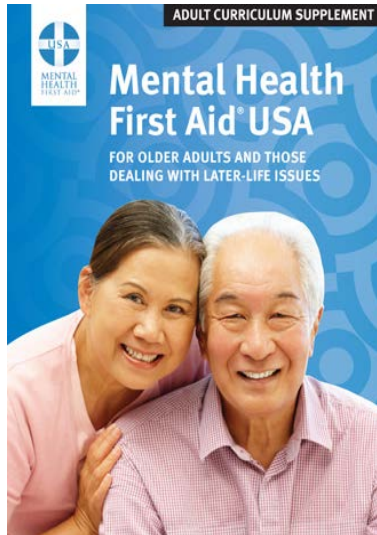
**We advocate**

# 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

# 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

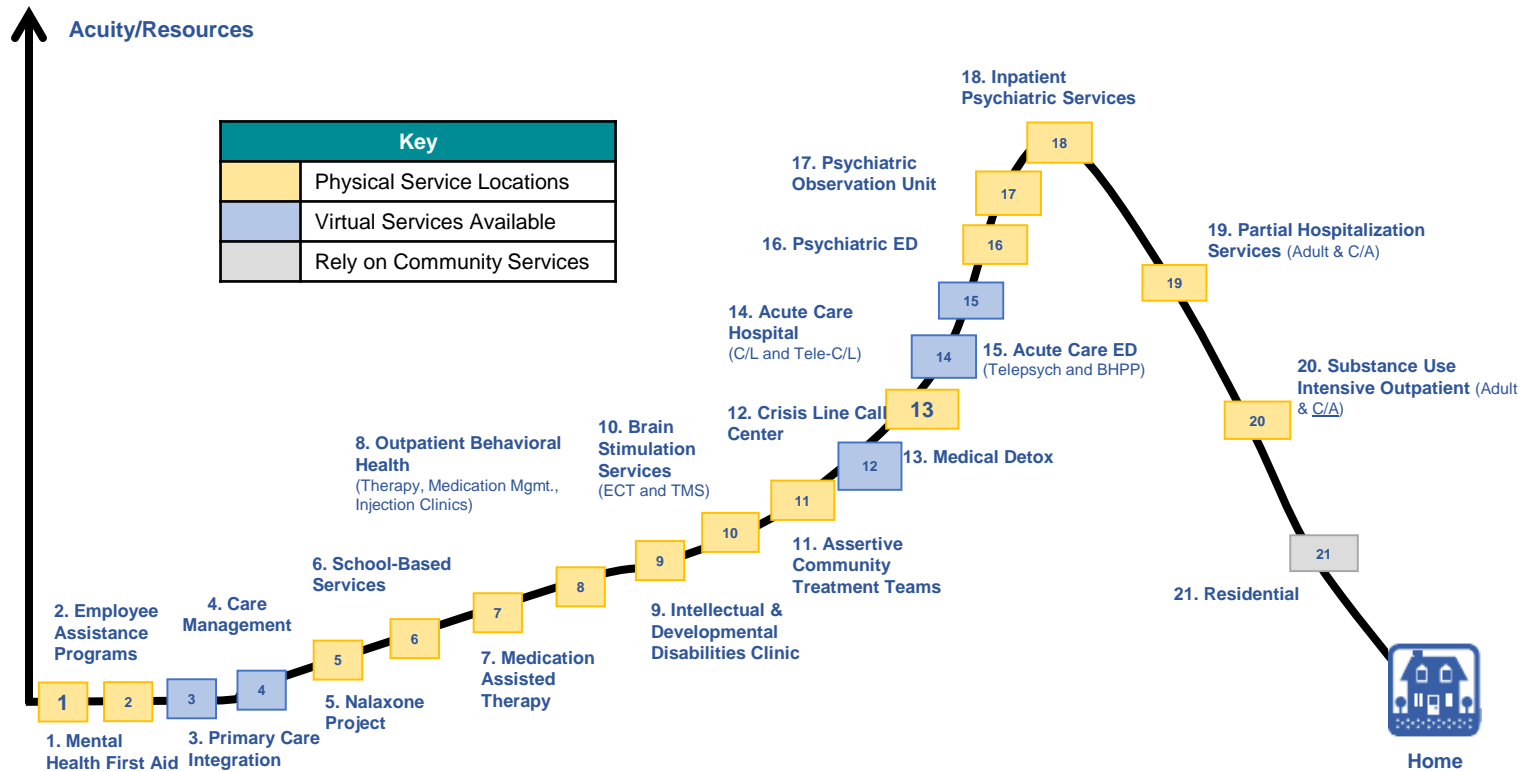
**13,975** virtual care encounters!

# Vision for Behavioral Health:

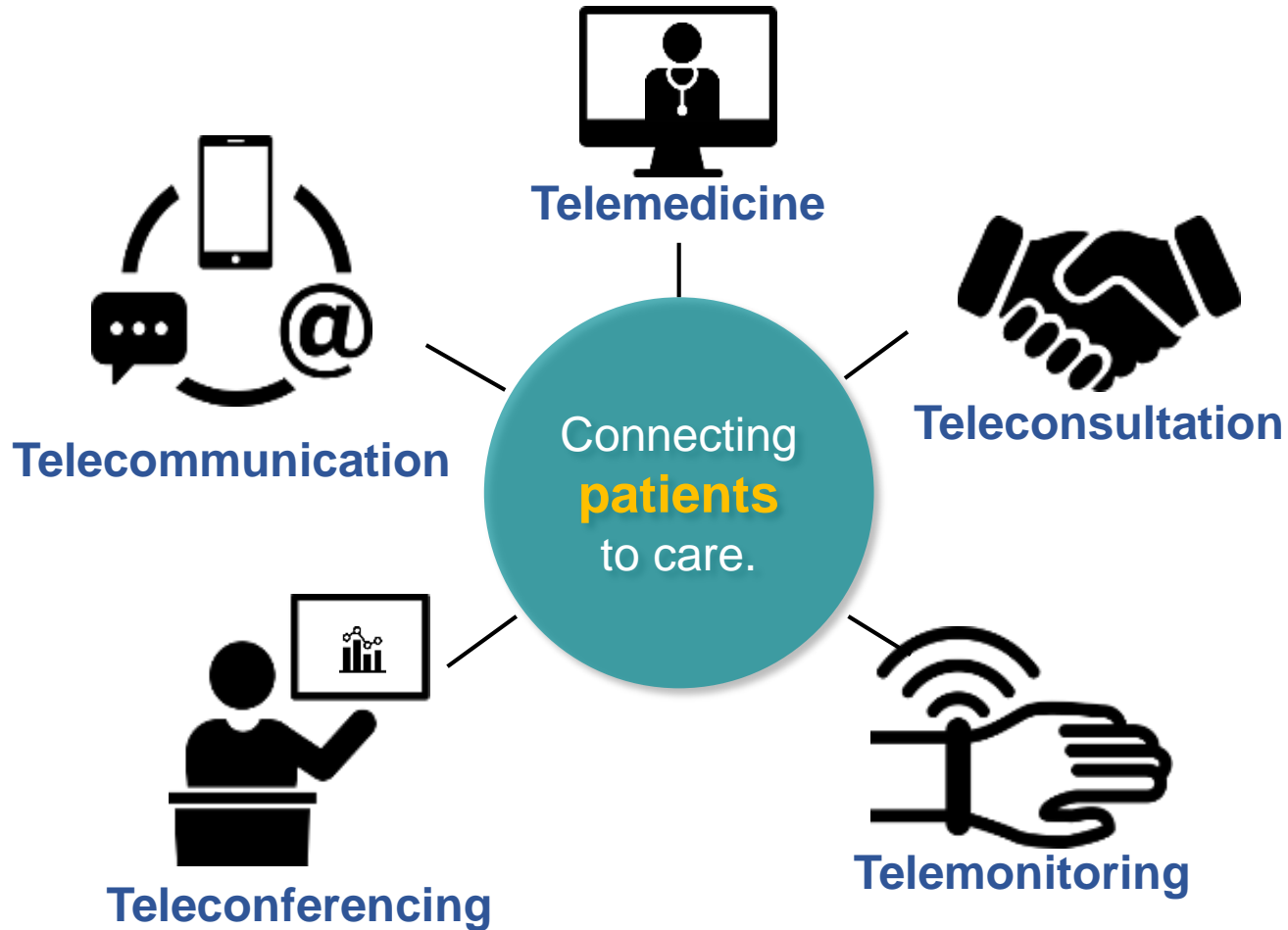


Atrium Health will develop a **transformative**, **clinically integrated**, and **sustainable** system of high-quality, patient- and family- centered care to serve the Behavioral Health needs of patients, their families and the community.

# The Behavioral Health Continuum:



# Virtual Health Defined:



Greater than 5.1 million encounters annually

# Virtual Care...Not just Technology.

*Care is Care*

## Core Competencies



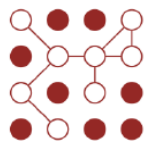
Virtual Care  
Clinical Teams



Clinical  
Culture &  
Workflow



Telemedicine  
Platform



Data,  
Algorithms &  
Reporting

## Benefits



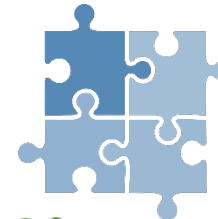
Evidence Based



Timely  
Access



Scalability



Industry  
Alignment



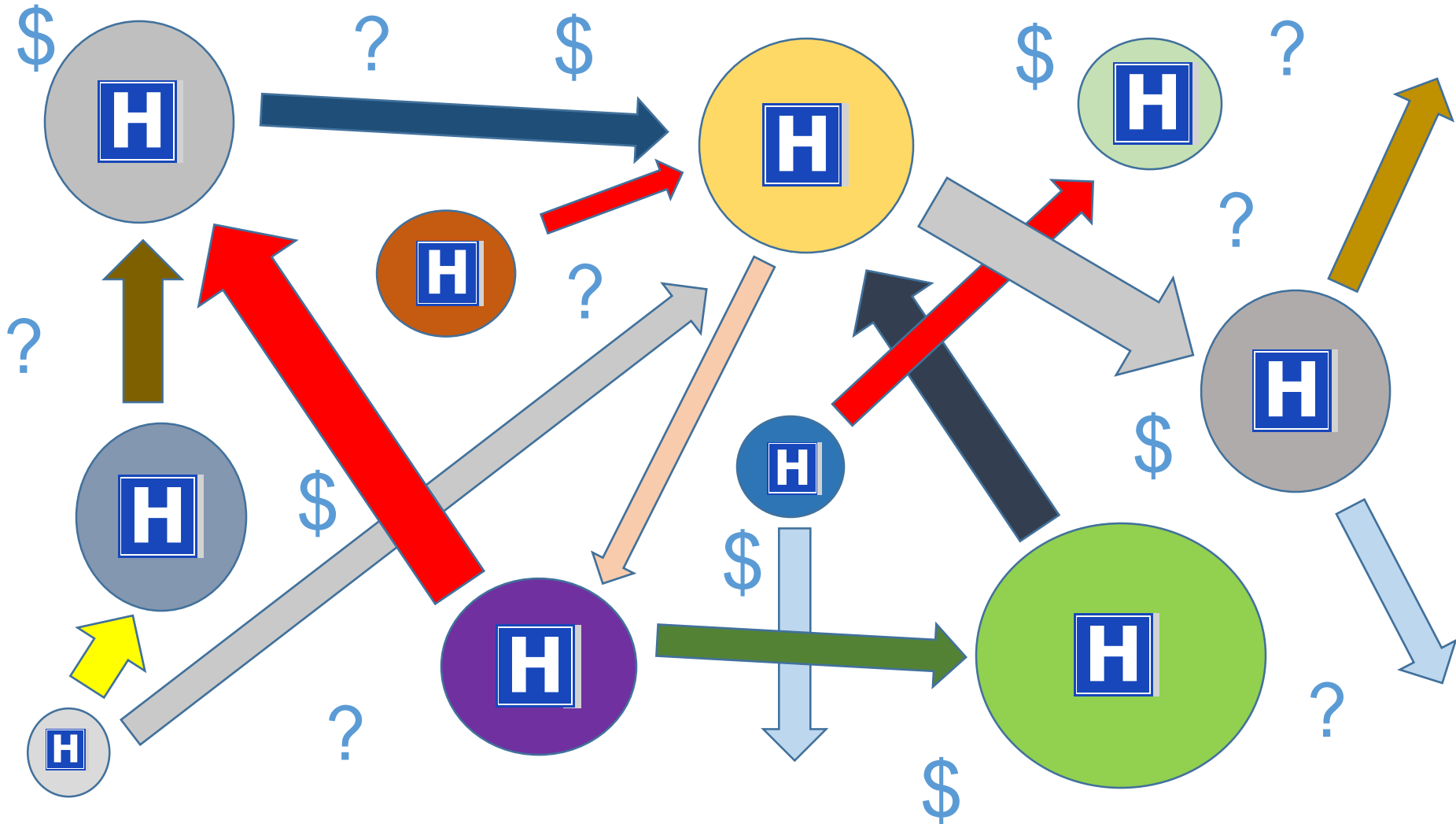
Sustainability



# Virtual Emergency Behavioral Health: Management and Placement

NATIONAL COUNCIL  
AWARDS OF EXCELLENCE

# A Chaotic & Fragmented System:



# 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

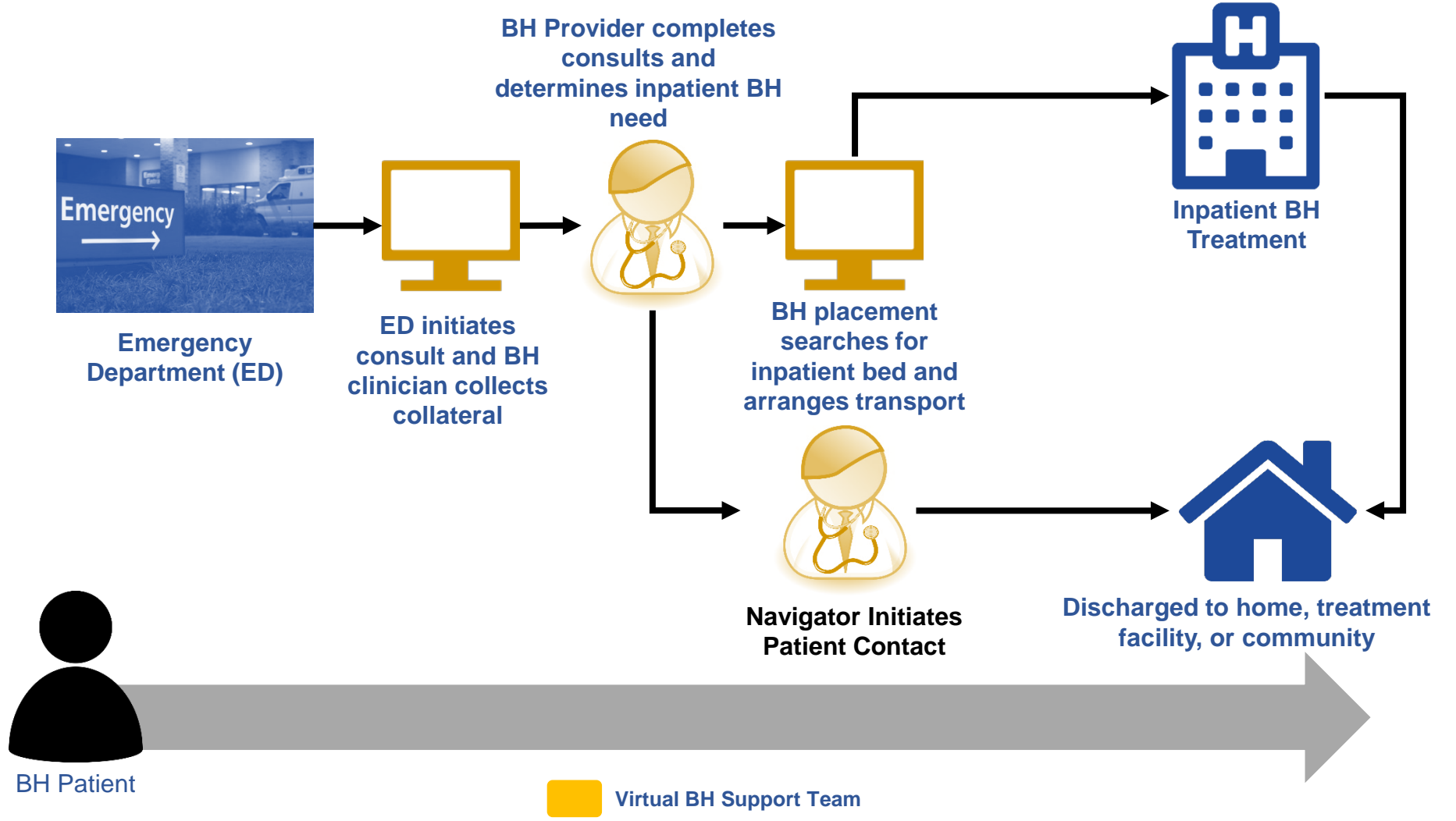
### Patient Placement Nurse

- Registered Nurse

### Patient Placement Admission Transfer Coordinator

- Bachelor level with psychiatry related experience

# Process:



# Streamlined Communication:

eTracking List Full screen Print 0 minutes ago

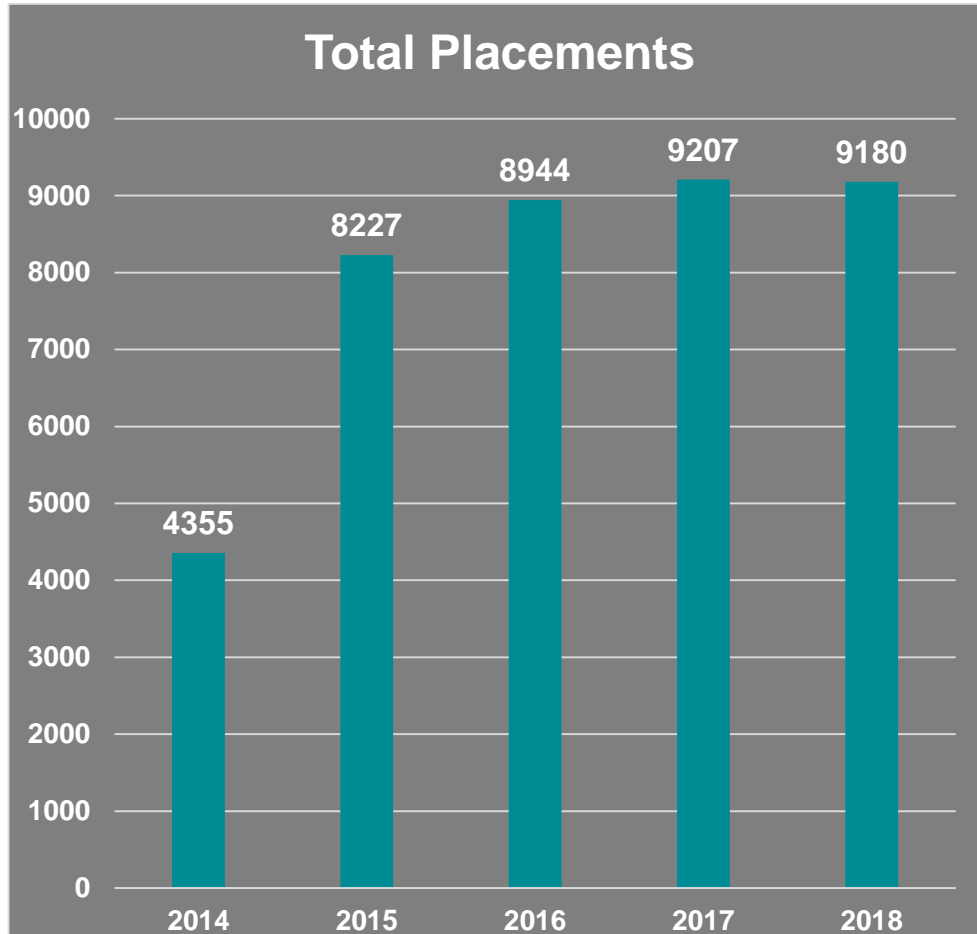
E All Beds | e All Beds Rad | e All Beds | E All Patients | e All Patients Rad | e All Patients | e Available/Dirty Beds | E Blue MD/MLP | E Blue Zone | e Blue Zone | e Checkout | e ED Dispo Cleanup | e ED Dispo Cleanup | E Green Zone  
e WR Rad | e WR | E Yellow Zone | e Yellow Zone | NorthEast ED Coding | 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*	105/71		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 3f 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 BA351			4*	57/54		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		waiting on placement	
NECheckout	ERH - En Q1E	E100,10			2	H 48 y		1:Screening for mental disorders, 2:Suicidal ideation		JW EM-36			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	PRI ready
★ NECheckout	ERH - En Q1E	E100,14			2	F 48 y		1:Psychiatric disorder		PR; N Doug			13/10	62* / 1* / 11*		Old Vineyard -am with sheri	Accepted OV in AM
047,A	ERH - En Q1E	E100,15			2	L 46 y		1:Suicidal thoughts, 2:Chest pain		Steph Doug				22* / 0 / 2*		IVC-waiting on telepsych	



# Patient Placement and Bed Management:



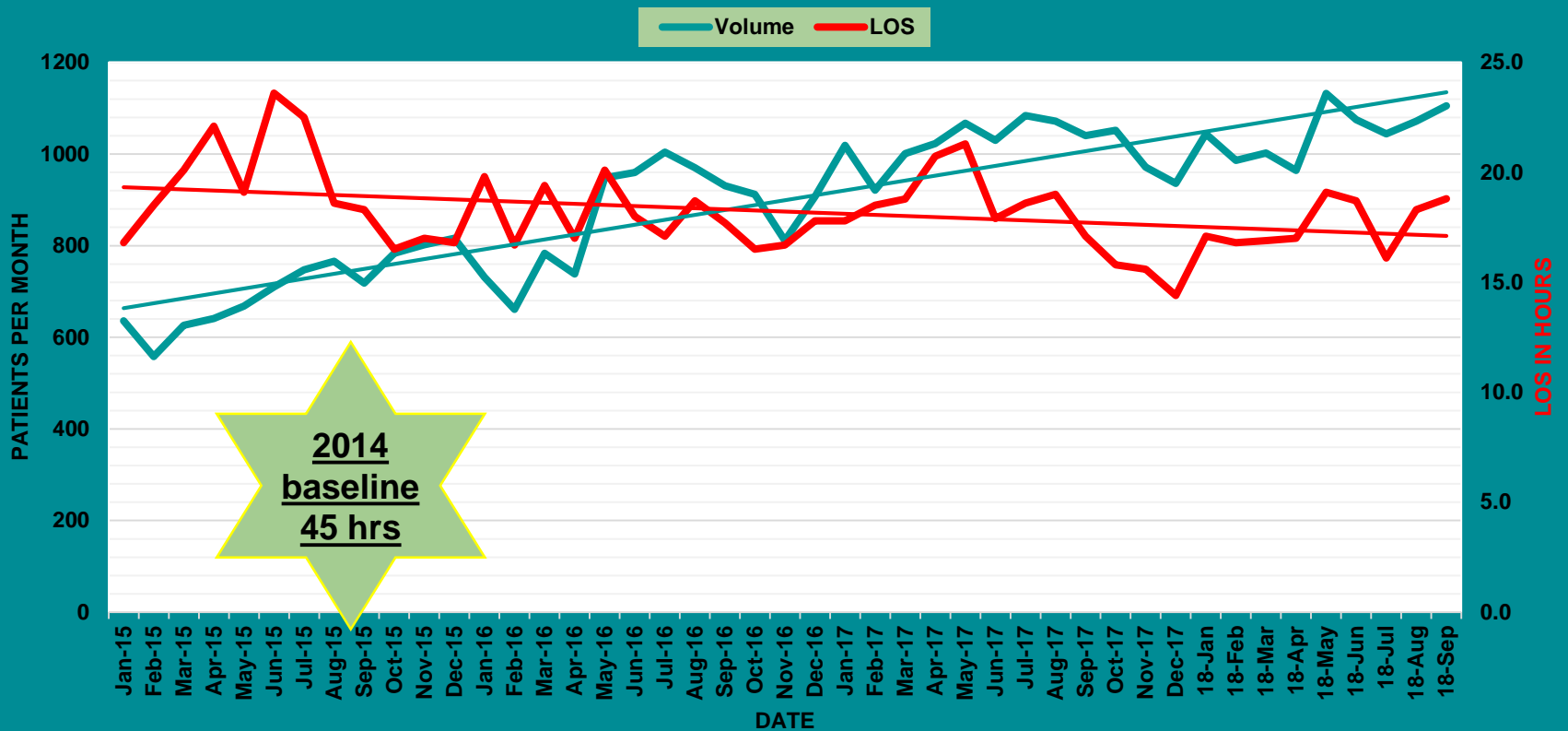
Bachelor Level Admission  
Transfer Coordinators/ RNs work  
24/7

Placements based on clinical and  
exclusionary criteria

Scope focused on locating and  
allocating appropriate Psych  
Beds

# Current State and Outcomes:

## 2015-2018 System Wide ED Psych Volume vs. LOS





# Current State and Outcomes:

Clinical Outcomes	Healthcare Utilization	Cost of Care
▲ Patient Experience of Care	▲ Bed Occupancy	▼ Sitter Expense
▲ Timeliness to appropriate care	▼ ED & Psychiatry LOS	▲ ED Capacity
▲ Teammate/Provider Satisfaction	▲ ED/Psychiatry Discharge Rates	▼ LWBS
▲ Maximizes BH resources throughout the state	▲ Teammate/Provider Satisfaction	▲ Increased Contribution Margin
▲ Continuity of care through IT	▲ Access to Timely Treatment	

# Virtual Behavioral Health Integration

NATIONAL COUNCIL  
AWARDS OF EXCELLENCE

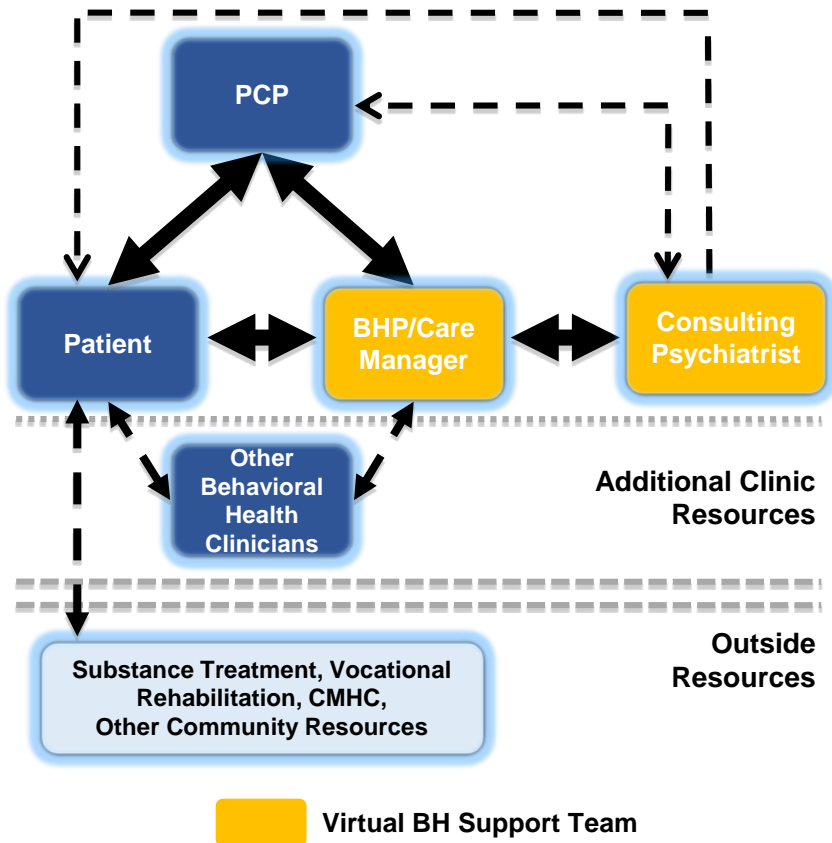


# Comorbid Behavioral Health and Chronic Medical Conditions:

Chronic Medical Condition	% with depression/anxiety	% treated for depression/anxiety
Arthritis	32.3%	7.1%
Hypertension	30.5%	5.5%
Chronic Pain	61.2%	5.9%
Diabetes Mellitus	30.8%	5.2%
Asthma	60.5%	6.8%
Coronary Artery Disease	48.2%	5.7%
Cancer	39.8%	5.7%

# vBHI Overview:

## The vBHI 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

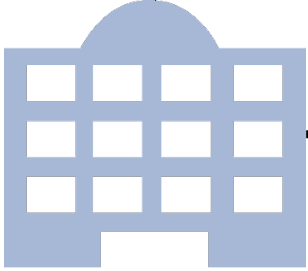
- Adult Psychiatrist
- Child and Adolescent Psychiatrist
- Nurse Practitioner

### Pharmacy

- Board Certified Psychiatric Pharmacist (BCPP)

# Process:

1. PCP consults BH Provider for curb side chart review

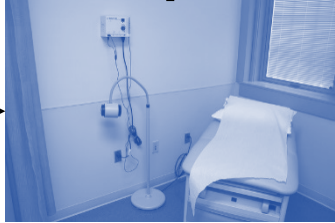


PCP Office

PCP Office Administers PHQ-9

Item	Total score	Response
1. Little interest or pleasure in doing things	0, 1, 2, 3	Not at all, Several days, More than several days, Nearly every day
2. Feeling down, depressed, or hopeless	0, 1, 2, 3	Not at all, Several days, More than several days, Nearly every day
3. Trouble falling or staying asleep, or sleeping too much	0, 1, 2, 3	Not at all, Several days, More than several days, Nearly every day
4. Feeling tired or having little energy	0, 1, 2, 3	Not at all, Several days, More than several days, Nearly every day
5. Doing things more slowly than usual	0, 1, 2, 3	Not at all, Several days, More than several days, Nearly every day
6. Feeling sad or hopeless most of the time	0, 1, 2, 3	Not at all, Several days, More than several days, Nearly every day
7. Trouble concentrating	0, 1, 2, 3	Not at all, Several days, More than several days, Nearly every day
8. Thoughts of hurting yourself or others	0, 1, 2, 3	Not at all, Several days, More than several days, Nearly every day
9. Feeling that life is not worth living	0, 1, 2, 3	Not at all, Several days, More than several days, Nearly every day

2. Elevated PHQ-9 Scores Captured in BH Patient Registry



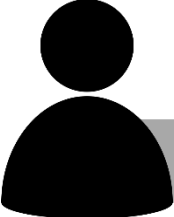
3. PCP Appointment



PCP initiates in office virtual visit if needed



4. Post Appointment Call Back Protocol



BH Patient

Virtual BH Support Team

# Screening is the Driver

## 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)

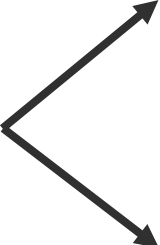
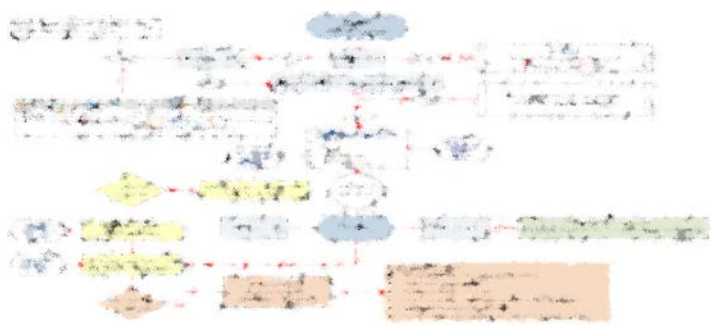
	Not at all	Several days	More than half the days	Nearly every day
1. Little interest or pleasure in doing things	0	1	2	3
2. Feeling down, depressed, or hopeless				
3. Trouble falling or staying asleep, or sleeping too much				
4. Feeling tired or having little energy				
5. Poor appetite or overeating				
6. Feeling bad about yourself—or that you are a failure or have let yourself or your family down				
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 fidgety 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

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

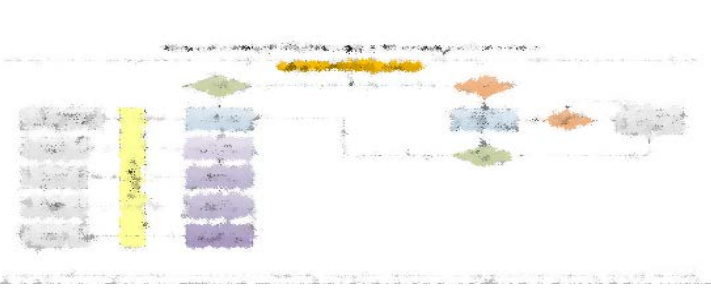
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(Healthcare professional: For interpretation of TOTAL, please refer to accompanying scoring card). TOTAL: [ ]

## Evidenced Based Treatment

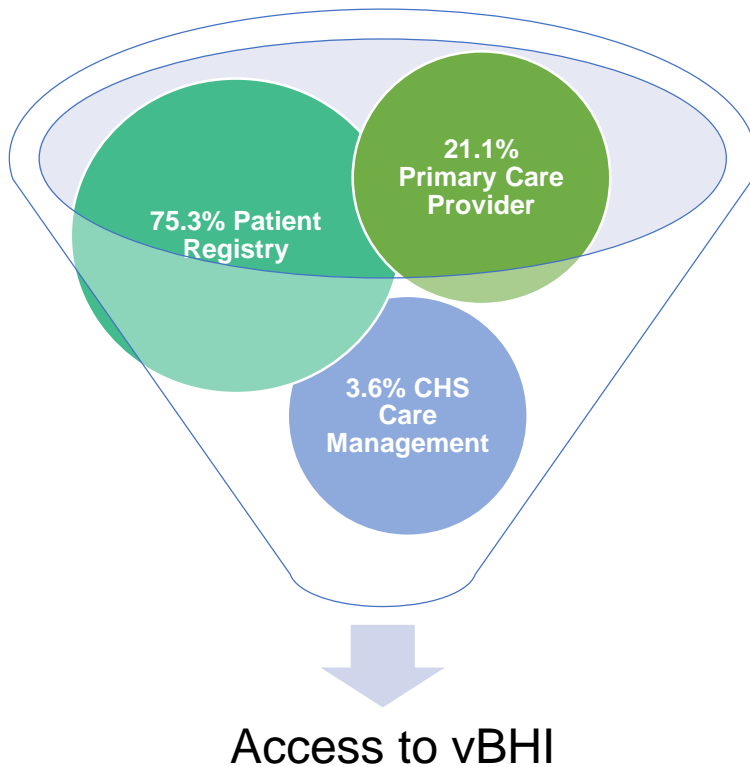


## Patient Engagement Recovery



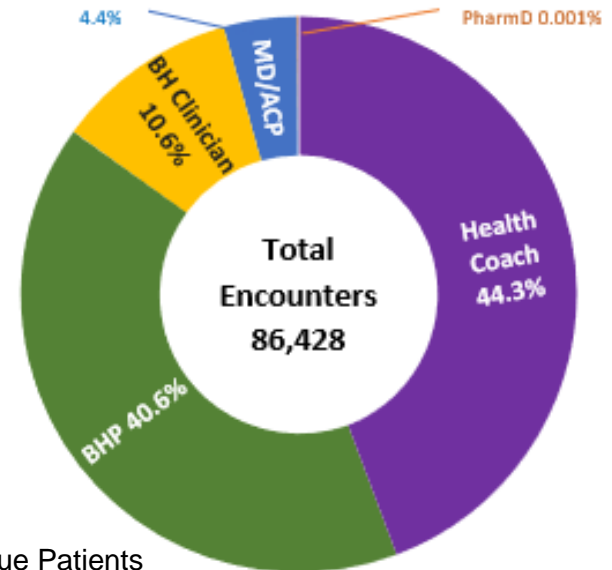
# vBHI Current State

## Entry Point



## vBHI by the Numbers (2018)

### TEAMMATE INTERVENTIONS



- 15,601 Unique Patients
- 86,428 Patient Encounters
- 1,006 Patients Active Patients
- 25 Primary Care Practices
- 7 Pediatric Practices
- 70+ Care Management Clinics



# vBHI Outcomes and ROI:

Disease Severity	Clinical Outcomes
▼ Depression symptoms – 60.2% of patients achieved 50% reduction in PHQ-9 score	▶ Weight/BMI
▼ Anxiety symptoms – 65.9% of patients achieved 50% reduction in GAD-7 score	▼ HgB A1C
▼ Suicide ideations – 88% of patients no longer endorsed SI upon completion of Health Coaching	▼ Cholesterol (Total, triglycerides, LDL, HDL)

# vBHI Outcomes and ROI:

Healthcare Utilization	Cost of Care
▼ Inpatient Visits	▼ Overall
▼ Inpatient Days	▼ Inpatient
▲ Ambulatory Visits (Primary/Specialty)	▼ ED
▼ ED Visits	
▼ Avoidable ED/IP Visits	

# Components of a Successful Program:

- System Leadership Support
- Physician Champion
- EMR Build
- Data Analytics
- Standardization of Treatment Approach
- Structured Process Flow
- Identification of Screening tools

# Overcoming Challenges:

- **Communication**
- **Tracking Boards**
- **Virtual Model Adoption**
- **Managing Expectations**
- **Standardizing Process**
- **Growth and volume**
- **Credentialing**

# Outlook:

Insurance Coverage Expansion

Impact of High Deductible Plans

High Demand for Outpatient Services

Impact of Smart Phone Apps and on-line programs on patient engagement

Increasing Payment Risk with ACOs and Clinical Integration Networks

Expansion of outcome measurement and quality metrics in BH

Reimbursement for virtual patient care delivery models

Focus on Chronic Disease Management as a cost driver

# Hospital – CBHO Partnerships

# Care Management Strategies during the Psychiatric Hospital Stay:



# Utilization of Lived Experience:





# Key Functions of Peer Support:

## Linkage to Clinical and Community Resources

Peers **Advocate** for **Safety** and **Stability**: Peers focus on the holistic needs of the patients they work with.



- Participating in Multidisciplinary Treatment Teams
- Educating family/supportive individuals about recovery principles
- Connecting individual with community programs and support groups
- Linking family to community resources and support groups

# 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?

- ⑩ Does not currently have and will not discharge with an enhanced service
- ⑩ Will reside in Mecklenburg County at discharge
- ⑩ 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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