



## **TCPI Exemplary Practice Performance Summary, July 2019**

**Community Bridges, Inc.**

**Dawn Whittington, Sr. Director of Integrated Care**

*Continuous quality improvement and effective population management leads to transformed practices and improved patient outcomes.*

**Community Bridges, Inc. (CBI)** was incorporated as a private non-profit, 501(c)(3) organization in 1982 and has a 31-year history of providing comprehensive, medically integrated behavioral health programs which include prevention, education and treatment services using cutting edge, nationally recognized treatment models throughout Arizona.

We are one of the largest statewide providers offering fully integrated medical and behavioral health care in 14 communities in Maricopa, Pinal, Gila, Yuma, Navajo, Apache and Cochise Counties. We provide a continuum of care that begins with prevention and continues for individuals and families through crisis and residential services to outpatient treatment and recovery.

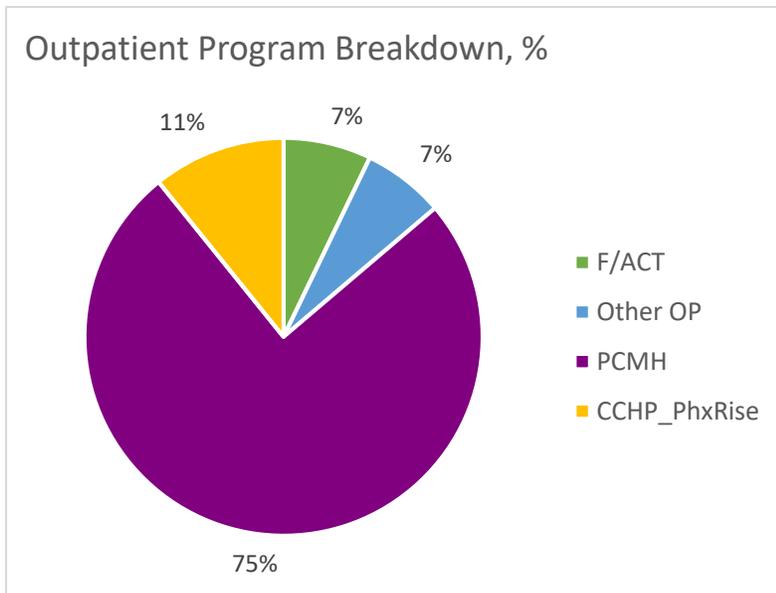
During the past four years, CBI has transformed recovery of those we serve holistically and more effectively, by delivering direct physician and nurse practitioner services, both on site and through telemedicine, to each of our service locations throughout Arizona.

CBI operates 29 programs throughout Arizona that are all licensed by the Arizona Department of Health Services Division of Behavioral Health. Our prevention and clinical programs are accredited by the Commission on Accreditation of Rehabilitation Facilities (CARF). Early in 2012, CBI received another 3-year accreditation cycle, adding 14 NEW clinical programs to our list of services.

Our Comprehensive Continuum of Care services include:

- Community Outreach & Prevention
- Crisis
- Residential
- Inpatient
- Integrated – Patient Centered Medical Homes

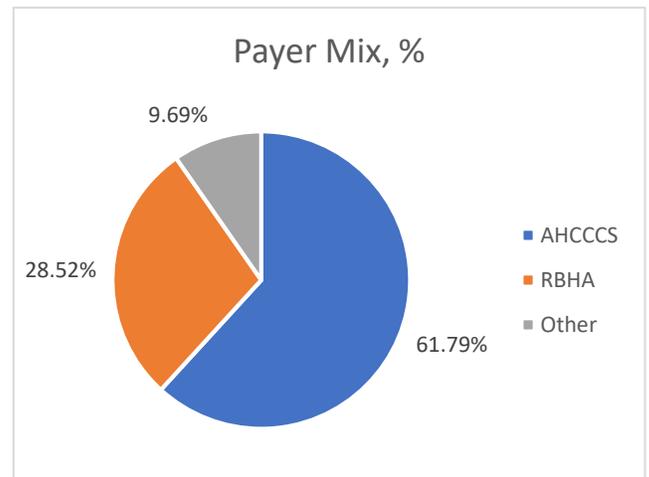
**CBI Demographic and Special Populations:** CBI serves approximately 7,783 patients annually in the outpatient setting (see graph below). Our major outpatient programs include integrated Patient Centered Medical Homes (PCMH), Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), and Comprehensive Community Health Program (CCHP). The latter three programs cater to special populations who have serious mental illnesses (SMI), criminogenic behavior, high recidivism, or have general mental health and substance use disorders (GMHSU) along with an inability to thrive in a traditional treatment setting.



**Graph 1. Outpatient Programs**

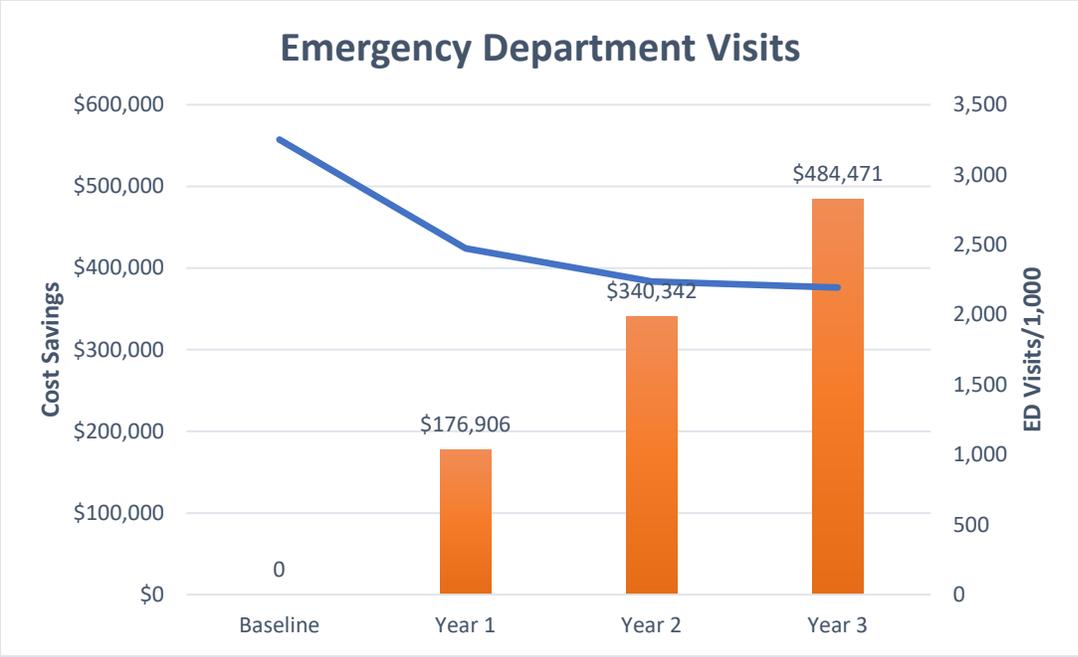
**Cost and Utilization**

The majority of our patients are insured through the state Medicaid program (AHCCCS) while about 30% are contracted through the Regional Behavioral Health Authority (RBHAs). Approximately 15.4% of our PCMH patients are co-morbid across all three dimensions of physical, mental, and substance use disorders. Around 60% of these co-morbid patients also have at least one social determinant of health associated with their diagnoses. We care for a very high acuity population, and managing cost and utilization are critical components of CBI’s model of care.



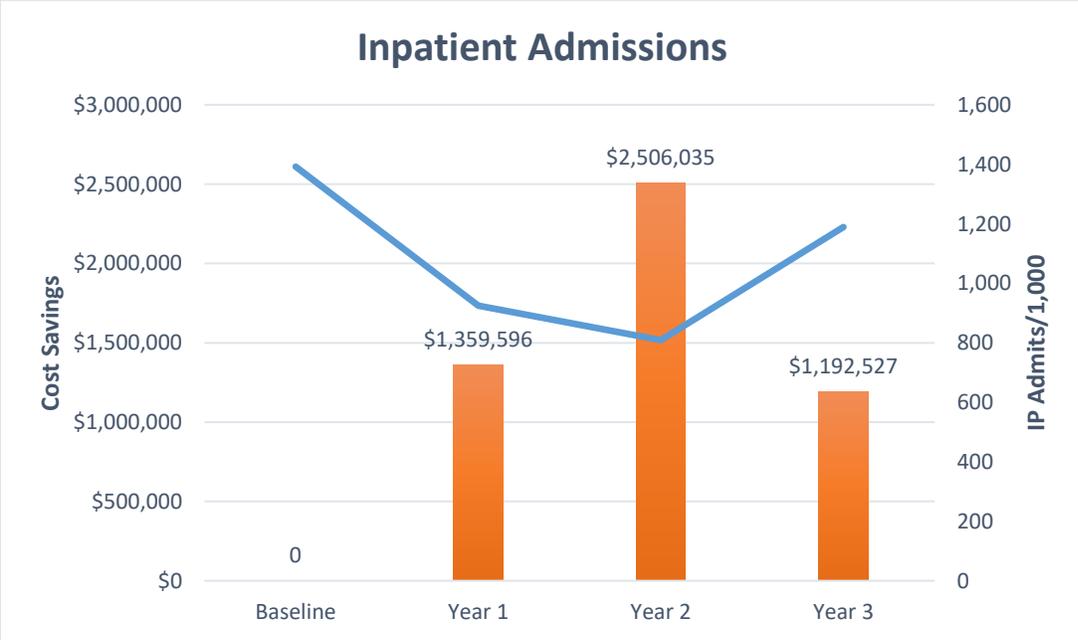
**Graph 2. Payer Mix**

Accordingly, our strategic planning aligned with TCPI Bold Aims of Reducing Unnecessary Hospitalizations, both emergency department (ED) visits and hospital readmissions, (Aim 3) and Reduction of Costs (Aim 4). The two graphs below represent a segment of CBI’s total population. The claims-based data is associated with over 1,900 members attributed to CBI. Between Baseline and Year 3, ED visit trend decreased by a margin of 32.5%. Similarly, between Year 1 and Year 3, Cost Savings increased by a margin of 174%.



**Graph 3. Emergency Department Visits**

Our transformation initiatives also had a positive effect on our inpatient admissions. We decreased inpatient visits by a margin of 14.6% between Baseline and Year 3. Overall, we had \$5.1 million in Cost Savings over those 3 years.

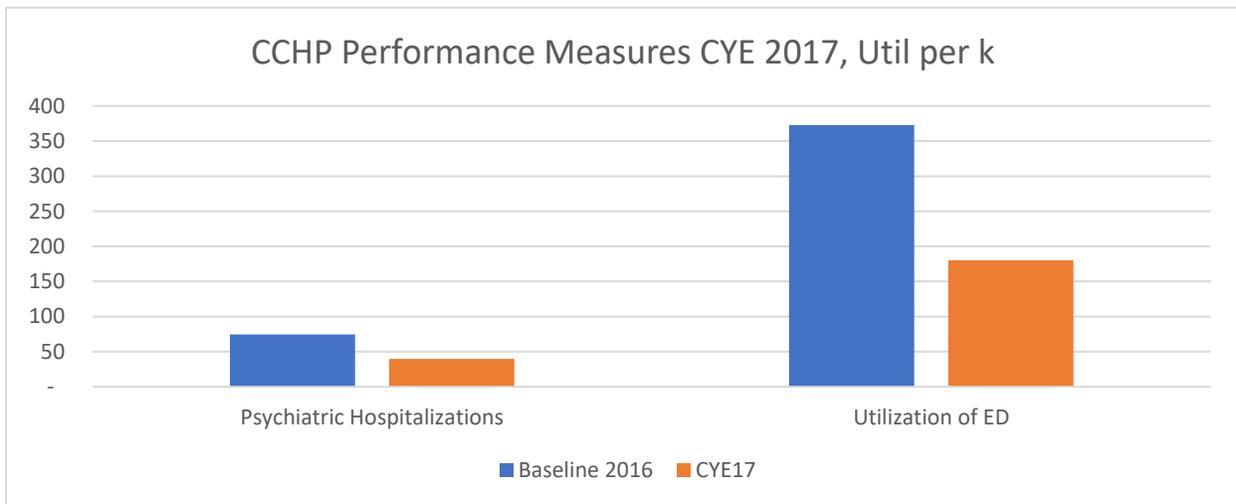


**Graph 4. Inpatient Admissions**

Community Bridges recognizes the importance of comprehensive, collaborative health and has adopted evidence-based models to care for the high acuity – high needs patients. CBI has three FACT and ACT teams, as well as a CCHP team that primarily serves the GMHSU population. Unnecessary use of crisis systems and hospitals, and high recidivism leads to duplication in efforts and costs the system millions of dollars annually. Additionally, it is important to note that the traditional treatment settings do not serve this population well as evidenced by lack of improvement in their health outcomes over time.

- FACT and ACT teams have value-based contracts with the Mercy Care/RBHA that incentivize patient outcomes such as reduction in unnecessary psychiatric and medical hospitalizations, crisis utilization, homelessness, and increase in employment for the seriously mentally ill (SMI) population.
- CCHP team is contracted with all seven Arizona Complete Care health plans and focus to improve unnecessary hospitalizations, crisis utilization, housing stability, and decrease in substance use for the GMHSU population.
- PCMHs are piloting an incentive-based contract with United Health Care utilizing intensive care coordination for high risk patients.
- Additionally, we identify high risk patients, quarterly, based on internal crisis and inpatient utilization, chronic physical health conditions, and social determinants of health. The internal CBI high risk panel comprises of 1.6% of all PCMH patients and use a combination of intensive case management and care coordination approach.

The graph below illustrates psychiatric hospitalization and utilization for the 13% CCHP segment of our total population.



**Graph 5. CCHP Performance Measure CYE 2017**

## Person and Family Engagement (PFE): Patient stories, Engagement, and Perspective

*"I was able to get in within 24 hours which usually isn't an option and that really helps see that you do care about me as a person! Thank you."*

*"Every time attending, the classes are giving me something positive to go home to think about, mainly myself. I'll keep coming back."*

*"(CBI staff) helped me get my meds cheaper."*

*"Life is great thanks to the staff at CBI."*

Community Bridges highly values patient satisfaction and feedback. There are several ways in which we gather patient and family insight to help improve our programs and services in a way that best serves our stakeholders. As a patient-centered medical home, we emphasize the inclusion of patients and their families in developing an integrated treatment plan.

CBI also collects anonymous patient satisfaction surveys on a regular basis. Our survey instrument comprehensively measures satisfaction with regards to access to care, quality of care, cultural competency, and facilities. The aggregate summaries are shared with the Board of Directors, Executive Leadership, and management staff monthly so that appropriate action steps can follow.

CBI also holds monthly F/ACT Family Forums as per evidence-based practice guidelines providing psycho-education and other support as needed. Patients are welcome to come with their natural supports or supports can come alone. The agenda is to review general ideas without addressing specific patient issues or needs, creating an environment of education and milieu of connection. We strive to help community members or natural supports understand what F/ACT teams are, and how to navigate the behavioral health system as well as answer their questions with a focus on decreasing the sense of loneliness or separation. As one of our staff members describe it, **"The topics are endless, and the goal is meaningful!"**

One of our supportive transitional housing programs for homeless pregnant and parenting women with substance use and behavioral health conditions, Center for Hope, hosts monthly Family Nights where families of the residents join for a night of socializing/counseling.

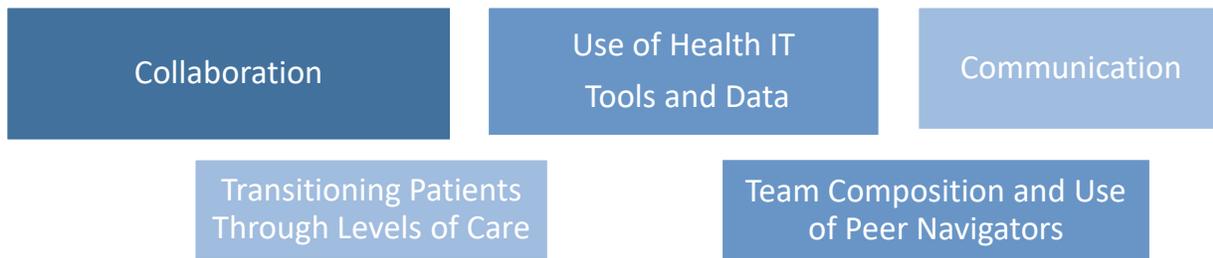
Additionally, CBI strongly believes in a peer-based recovery model and employs a workforce of individuals who have lived through the process of recovery, an invaluable aspect of our model of care.

One of our staff members share:

*Patient presented with Opiate Use Disorder IV, Significant Trauma.*

*"He came to us very ambivalent, referred by probation and drug court, and had been through residential treatment couple of times previously. He resided at a transitional living facility and completed all levels of treatment. He also completed a job program, got his peer support certificate, transitioned into his own apartment with a roommate, got employment and is now a Program Supervisor. He is doing very well and has maintained sobriety since August 2018 and continues to attend 12 step meetings in the community. He reports managing his symptoms of anxiety and depression by utilizing the coping skills he has learned and gaining the social skills to find support in a large sober community. Oh, and he successfully graduated drug court and probation!!"*

## High level, High Leverage changes



Community Bridges is dedicated to moving in the direction in which the healthcare industry steers with their patients' best interests at heart. This means adopting necessary IT infrastructure, having an integrated health record system, and participating in Arizona's Health Information Exchange - Health Current. These tools have enabled staff at all levels to use meaningful data to drive change and improve outcomes.

As a result of the Practice Innovation Institute (Pii) initiative, we have done extensive work to build our medical neighborhood to identify specialists that we refer our patients out to on a regular basis, streamlining the referral process and setting expectations with regards to patient information sharing and transition of care. We started tracking hemoglobin A1c testing frequency for our patients with an A1c greater than 7.0% and as a result we now have defined evidence-based testing protocols and are focusing on increasing our testing for diabetes control as per protocol. The Pii workplan has guided CBI's internal efforts related to disease management, onboarding the Health Information Exchange (HIE) and building systems to measure and track progress.

CBI has also built a comprehensive service system inhouse, providing different levels of care within the same umbrella making it a true health home for its patients. Not only do we offer evidence-based clinical services, we also provide wrap-around services that address our patients' social determinants of health such as housing and navigation needs. We have done extensive work to build working relationships with several community stakeholders and partnered with local police departments and first responders, justice system, probation, and community-based service providers.

CBI's leadership recognizes the hard work that the staff put in and rewards with recognitions, continuous training and development, internal hiring, etc. to decrease burnout and increase job satisfaction. This ultimately results in better patient care and outcomes.

Through Quality and Performance Management, Community Bridges strives to sustain our improvement efforts. Our communication structure is setup to include multidisciplinary workgroups that meet regularly to discuss change and improvement, allowing all pertinent departments to share input. CBI also has systems setup to keep all levels of staff engaged, all the way from leadership to frontline staff.

CBI uses data for improvement at all levels –

- High level aggregate data reports at board and executive leadership level to make informed strategic decisions
- Trending data reports and site level dashboards at senior leadership and managerial level to track changes
- Patient-level data at practice level to make actionable changes

CBI is in the process of building out our strategic quality management plan to include routine internal audits and share the findings with appropriate staff to guide improvement efforts. Ongoing trainings and staff development are a big part of CBI culture, playing a huge role in sustaining improvement.

*Community Bridges, Inc. is an active participant of the Practice Innovation Institute (Pii), Arizona's Practice Transformation Network.*

*As of June 2019, Community Bridges, Inc. has completed the 5 Phases of Transformation.*



Practice Innovation Institute  
Engage. Transform. Reward.