



## **Mini Pii Session**

### ***Team Approach to Reducing Hospital Utilization***

### **August 14, 2019**

**Karl Kleinebreil, MBA**, Director of Business Intelligence at Horizon Health and Wellness to lead a discussion about their program and development of interventions to meet each of their needs.

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[www.hhwaz.org](http://www.hhwaz.org)

**Key points:**

- Horizon Health and Wellness and what they do
- What Integrated Healthcare looks like at Horizon Health and Wellness
- Reaching all patients with no one left behind

**Challenge:**

- Meeting all the healthcare needs in the practice to treat the “whole” person and reduce unnecessary hospitalizations

**Key things to remember:**

- Learn from the clients who go inpatient: Why, When and how they arrive
- Have resources readily available to address all needs for each client



## Team Approach to Reducing Hospital Utilization



### Some things we do...

- Primary Care
- Psychiatric Services
- Two – 23hr Adult Observation Units
- Adult Psychiatric Inpatient
- Assessment, Evaluation, and Screening (Including Intake)
- Substance Use Residential
- SMI Residential
- Community Integration and Habilitation
- Counseling Services
- Intensive Outpatient Treatment Services
- Rehabilitation/Employment Service
- Crisis Services
- Future Plans:
  - Florence - Bridge Clinic
  - Florence - 23 Hour Observation Unit for Children
  - Florence - Adult Inpatient



## PINAL COUNTY LOCATIONS

### Outpatient/ Primary Care

625 N. Plaza Drive, Apache Junction \*  
447 E. Broadway Road, Apache Junction\*  
450 W. Adamsville Road, Florence\*  
115 W. 2nd Street, Casa Grande \*  
117 W. 2nd Street, Casa Grande –SMI Services  
210 E. Cottonwood Ln., Casa Grande - Psychiatric  
222 E. Cottonwood Ln., Casa Grande - Counseling  
120 W. Main Street, Casa Grande – Adult  
980 E. Mt. Lemmon Road, Oracle\*  
374 Alden Rd, Kearny \*

### Residential:

2269 S. Peart Road, Casa Grande

**\*Locations include Primary Care**



## YUMA COUNTY LOCATIONS

3180 E. 40th Street, Yuma\*  
791 S. 4th Avenue, Suite A & B, Yuma\*  
**Inpatient Facility:**  
3180 E.40th Street, Yuma

## GILA COUNTY LOCATIONS

415 W. Baseline Spur South, Globe  
700 E Wade Ln, Payson

## MARICOPA COUNTY LOCATIONS

160 W. University Drive, Suite 2, Mesa - Habilitation  
22713 S Ellsworth Rd Bldg A, Ste. 101, Queen Creek\*

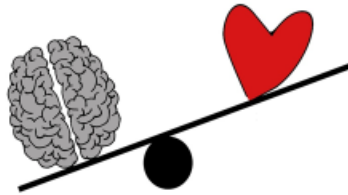
## COCHISE and SANTA CRUZ COUNTY LOCATIONS

412 N. Morley Ave, Nogales - Habilitation  
1939 S Frontage Rd, Sierra Vista—Habilitation



# Unique perspective to Integrated Care

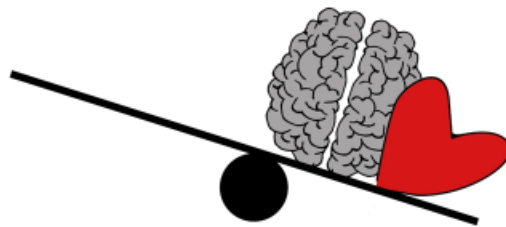
- Behavioral Health provider that added Primary Care (FQHC)
  - 4849 Behavioral Health Clients served in last 1 year
    - 3940 BH clients served in the last 90 days
  - 4259 Primary Care Patients served in last 1 year
    - Primary care is our fastest growing department



# Behavioral Health Professionals Changing Behavior

## Motivate our Clients

- Medication Adherence
- Attending/Making preventative PCP appointments.
- Screenings
- Diet/Exercise
- Hospital Use



## Step 1: Connect our BH clients with a PCP



## Step 2: Use the data

### Key Data Sources

- Health Current - Health Information Exchange
- Multiple Payer Data Sources
- Electronic Health Records
  - Claimtrak
  - E-Clinical Works

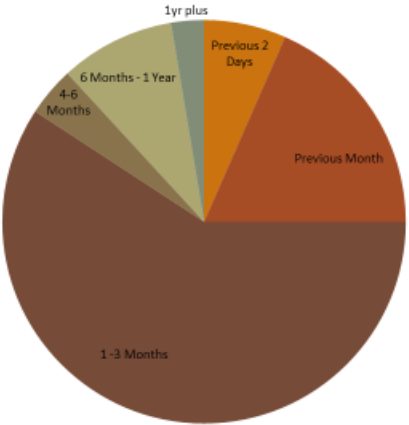
### Key Challenges

- Our 2 EHRs don't talk to each other much
- Low Tech - (No data analytics software)
  - Databases->SQL ->SSRS->Dashboards in Excel/PDF

# Learning from clients who go inpatient

They saw their PCP recently

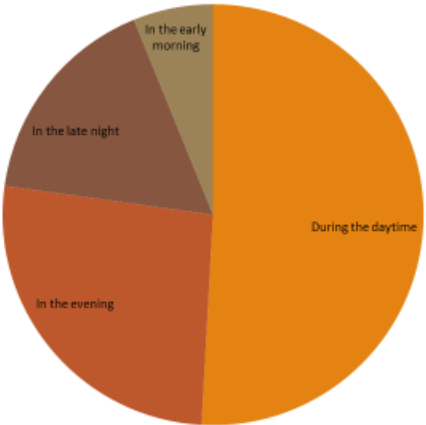
**When did you last see your PCP?**



# Learning from clients who go inpatient

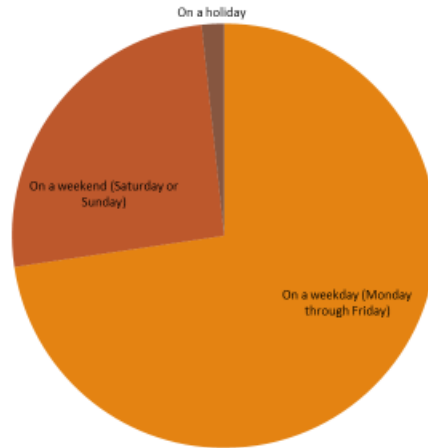
They go inpatient during our business hours

**What time of the day was your hospital visit? (start)**



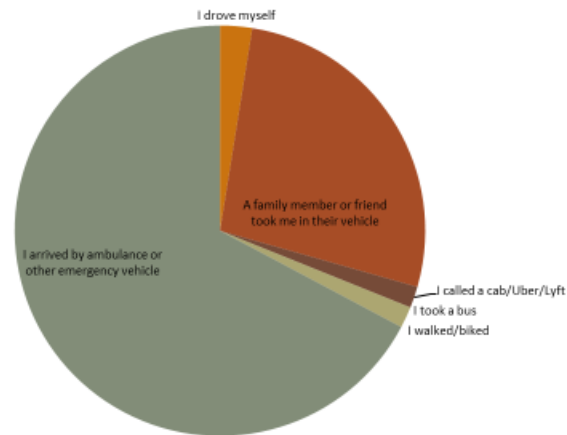
## Learning from clients who go inpatient They go inpatient during our business hours - Yikes

What day of the week was your hospital visit?



## Learning from clients who go inpatient They arrive via emergency services

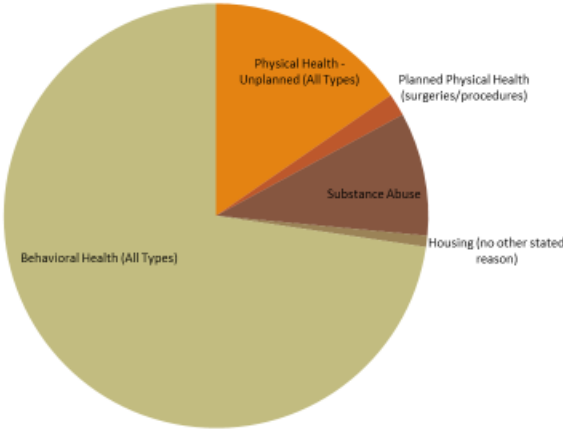
How did you get to the hospital?



# Learning from clients who go inpatient

They go because of their BH symptoms

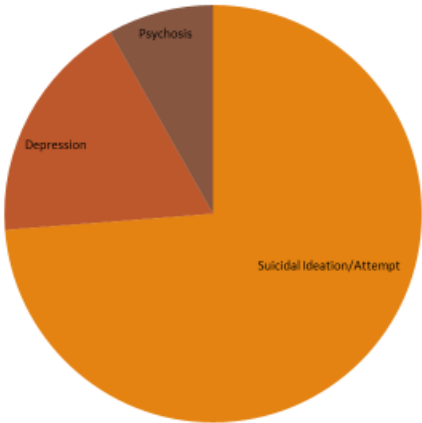
In your own words, briefly explain the reason for your hospital visit?



# Learning from clients who go inpatient

They go because they want to hurt them self

Review of Behavioral Health Reasons for Hospital Visit





## Step 3: Resources

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### The Discharge Team:

- 3 Care managers in Casa Grande, 1 in Apache Junction and 3 in Yuma –
  - Assigned for 1<sup>st</sup> 30 days – coordinates all care
  - ART/CFT transfers client back to core clinical team

### Core Clinical Team:

- Assigned: Care Managers or Counselor (continued care)
- Available: Psychiatric Provider, Primary Care Provider (Nurses/MAs etc.)

### Tools:

- Admission and Discharge alerts (Internal Alert system for each staff member)
- Resource Packets
  - Crisis guides - ER vs. PCP advice – Aftercare - Chronic Condition Care
- Understanding of why they were in crisis

## Step 4: Intervention 1

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### All clients who are discharged from an inpatient setting

#### The Method:

- Targeted all clients in the first 30 days following a hospital discharge.
- Care managers were assigned to ensure clients received d/c medications, and saw their prescriber within 7 days of discharge.

#### Armed with lots of data

- Care Managers
  - Met with clients and explored why they went to the hospital
  - Provided them basic info specific to their health concerns
  - Worked with them to find better alternatives to hospitals



# Special Target Groups

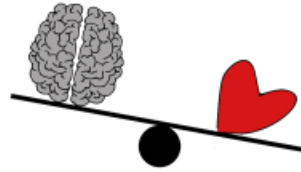
Clients with the highest hospital/ED use

Individualized packets with information selected specifically for them

- Health Info: Chronic Disease Care, health benefits
- Housing, substance use, food, public assistance, resources etc.

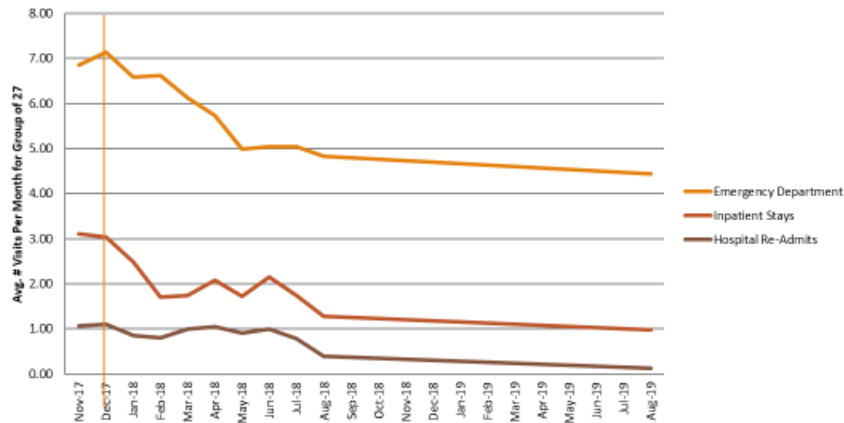
Adult Recovery Team/Child Family Team meetings

- Rally the team to discuss client care
- Discuss alternatives to Hospitals, resources and PCP follow up



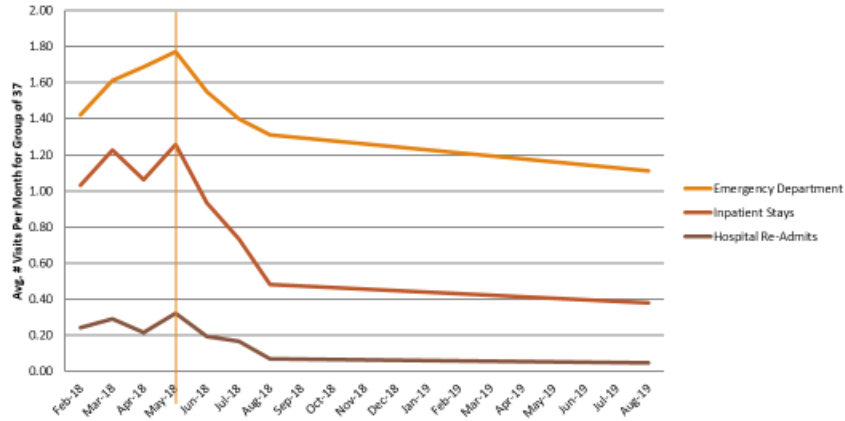
## 1<sup>st</sup> Pilot Group Shows Improvement

Phase 1 - 27 Clients - Start Dec. of 2017



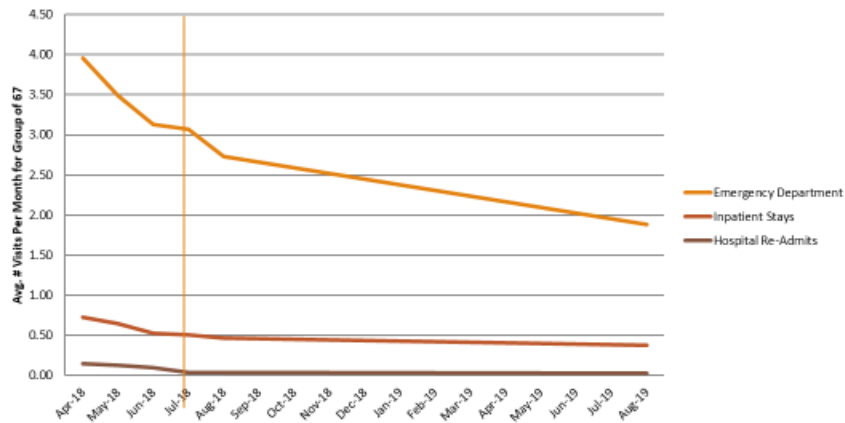
## 2<sup>nd</sup> Pilot Group Shows Improvement

Phase 2 - 37 Clients - Start May of 2018



## 3<sup>rd</sup> Pilot Group Shows Improvement

Phase 3 - 67 Clients - Start July of 2018



# One More Intervention

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## Top 5 Clients - June 2018

- Peer review generated new clinical ideas
- Another Adult Recovery Team meeting
- Increase contact
- Implement new ideas from meetings
- Follow up

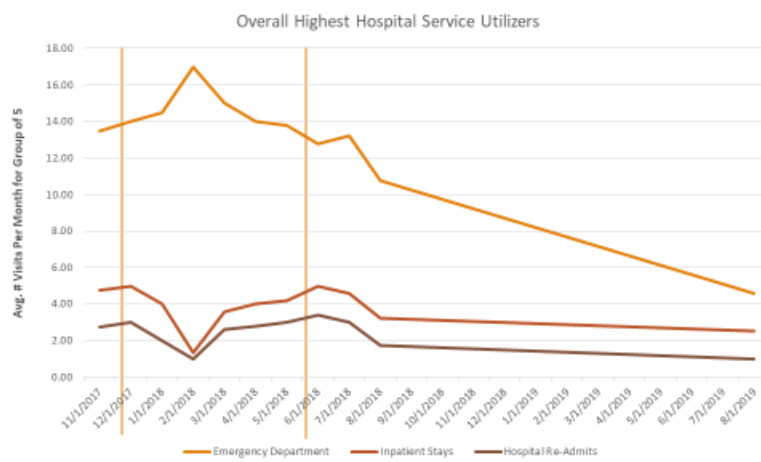
# One More Intervention

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## Top 5 Clients - June 2018

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- Increase contact
- Implement new ideas from meetings
- Follow up

# Top Five



# Next Steps

## Needs:

- Improve Coordination with 2 most popular hospitals
- Connect all clients with a PCP (237 have unknown PCPs)
- Improve discharge planner productivity
- Improve tracking efficiency of inpatient stays

