

IMPROVING
HEALTH AND DECREASING
ADVERSE OUTCOMES THROUGH
FULL BIDIRECTIONAL INTEGRATION
OF HEALTH CARE SERVICES

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Where We Started:

Using Data to Identify the Need and Establish the Vision

- **RCDMH Morbidity and Mortality Report:**
 - M&M Committee
 - Review all adverse incidents involving death and other significant adverse incidents
 - Analysis of individual case reviews
 - Completed report analyzing adverse outcomes to identify issues that contribute to poor outcomes including death and serious morbidity



RCDMH M&M Report

- Analysis of 206 Adverse incidents reported
From Jan 2007 – May 2010
 - 145 deaths reviewed
 - U.S. average life expectancy: 77.7 years
 - RCDMH Average age at death:
 - 41.8 years
 - 36 years less than general population
 - Natural Causes: 46.8 years
 - Unnatural /Unexpected Causes: 38.8 years
 - Deaths in the older adults may be under-reported



Issues Identified: Adverse Incident Analysis

- **Unnatural Cause Deaths:**
 - Suicide: 40%
 - Accidental: 46%
 - ****Very high rate of deaths involving Opiate Narcotics and Benzodiazepines****
- **Natural Cause Deaths:**
 - Cardiovascular: 50%
 - Respiratory: 9%



Issues Identified: Adverse Incident Analysis

- 66% of accidental deaths were accidental overdose deaths
- 33% of suicides were intentional overdose deaths
- 50% of deaths by natural causes were cardiovascular deaths



Issues Identified: Adverse Incident Analysis

1. Failure to coordinate care with the PCP
2. Failure to identify Substance Use Disorders (SUDs)
3. Failure to make adequate referrals of clients with SUDs to appropriate treatment
4. Failure to follow-up after cancelations and “no-shows”
5. Prescribing Controlled Substances to a known substance abuser
6. Inadequate monitoring of Psychotropic Medications



Results of Initial Screening Blaine St. Adult MHC

- 149 clients completed initial survey
 - 50.3% reported having a PCP
 - 49.6% reported having no PCP
 - 24% did not know when they last had a PCP visit.
 - 53% reported having multiple medical conditions
 - 28% reported having no medical conditions



Results of Screening Blaine St. Adult MHC

- Health Care Funding Reported:
 - 40% had no health care coverage at all
 - Physical conditions reported:
 - 38% - Hypertension (↑ BP)
 - 26% - Hyperlipidemia (↑ Cholesterol)
 - 19% - Obesity
 - 19% - Chronic Back Pain
 - 18% - Arthritis/Joint Pain
 - 17% - Diabetes Mellitus
 - 14% - Asthma



Using Results M&M Report and Initial Client Screening

- Results shared with Interagency Integration of Care Taskforce
- Began an integration pilot :
 - Data linkage, matching and analysis by zip codes
 - Pairing one Dept of Public Health FQHC-LA (FCC) with a local RCDMH adult MHC
 - One goal is to achieve a “one-stop-shop” for as many clients as possible based upon the clients needs by using 4-quadrant model



RCCIC Model

- Full Bi-directional Integration of Care:
 - Integrated care at each clinic site
 - PCP services integrated into MH Clinic
 - MH Team integrated into Family Care Clinics (FCCs)
 - Pairs local clinics:
 - Blaine St MHC, Rubidoux FCC and Atlanta St Substance Abuse Services Clinic
 - Consumers achieve a One-Stop-Shop for all health care services whenever possible and based upon their needs

Riverside County Care Integration Collaborative

- RC-CIC Charter:
 - In Riverside County, coordination of care for individuals of the public with mental health (MH), substance use disorders (SUDs) and coexisting physical health conditions is poor.
 - Too many suffer the adverse consequences of having healthcare conditions that are under-recognized, under-diagnosed and untreated or under-treated, leading to premature disability and/or death.



RC-CIC CHARTER

- Individuals with serious mental illness have serious difficulties in accessing needed healthcare services or are reluctant to become engaged in needed services.
- Individuals with serious mental illness most often only access the highest cost services, i.e., hospital emergency rooms, crisis services or urgent care clinics, instead of less costly outpatient services.



RC-CIC CHARTER

- Fully coordinated, integrated healthcare services will lead to significantly improved health status, improved functioning, and help to decrease the incidence of premature disabilities and/or death, while lowering the overall costs of public healthcare for Riverside County.



Scope of the RC-CIC

- **The RC-CIC includes clients of:**
 - The Department of Mental Health (DMH) at the Blaine St MH Clinic who have a Seriously Mentally Ill (SMI) or have a Dual Diagnoses (DDx)
 - The Riverside (Atlanta) Substance Abuse Services Clinic who have co-occurring physical/medical conditions, and
 - The Riverside County Health System's primary care clinic at the Rubidoux Family Care Center (FCC) who have co-occurring physical/medical conditions and a Serious Mental Illness and/or Substance Use Disorder.
 - Inland Empire Health Plan members



Blaine St. Adult MHC



Substance Abuse Services
Riverside Substance Abuse Clinic

RIVERSIDE COUNTY CIC CLIENT/CONSUMER



Schroeder/Rubidoux Family Care Center
(Riverside County Health System)



RC-CIC Desired Outcomes

- To improve the overall health and wellness of individuals with serious mental illness
- To improve client access to health care services through coordination and integration of health care services, i.e., mental health, substance abuse and primary care services
- To improve client outcomes of health, mental health and substance abuse services, especially cardiovascular health.
- Achieve the Triple Aim



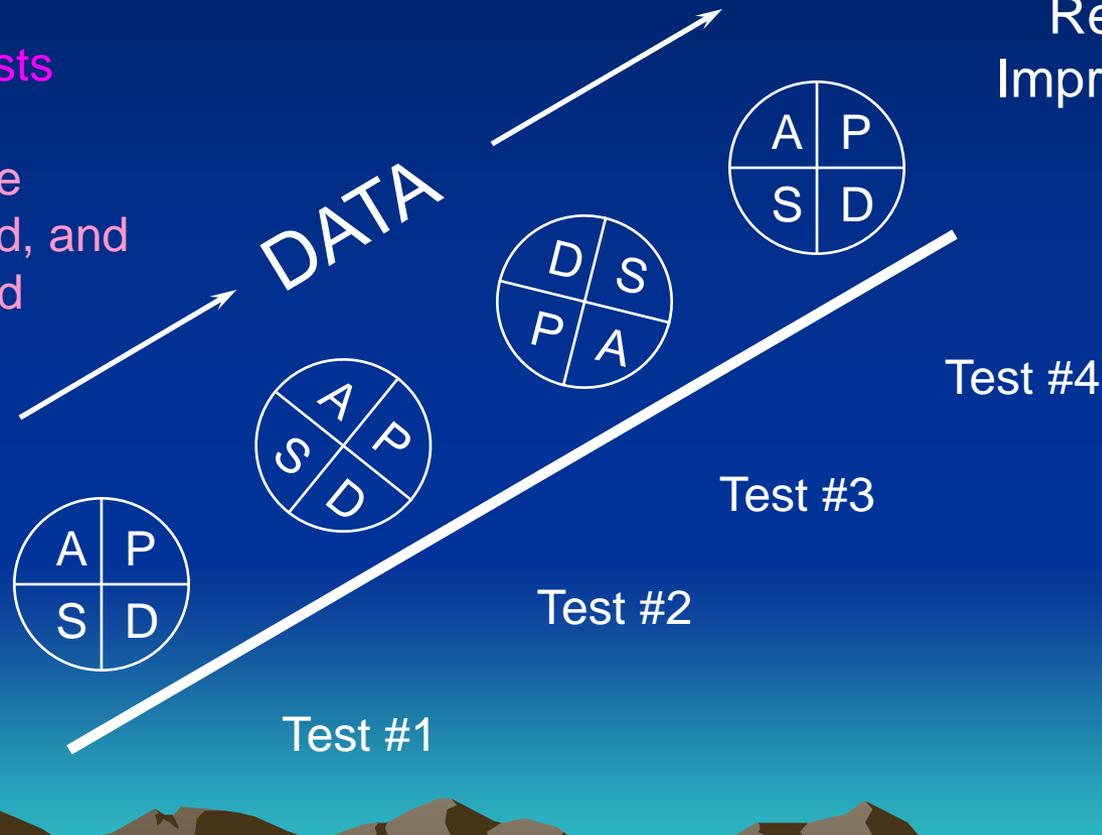
Performance Improvement Process

PLAN-DO-STUDY-ACT

Going up the ramp to improvement:
PDSA Cycles/Tests

Changes That Result in Improvement

Change ideas are developed, tested, and then implemented



RC-CIC Goals: Ideas for Change

- **Routine Use of Screening Tools** to identify clients with mental health, including co-occurring substance use disorders (MH/SUD) and coexisting physical health conditions who are underserved or not adequately accessing needed health care services



RC-CIC Goals: Ideas for Change

- Develop and implement a **Standardized Referral Format and Process** that can be used across providers to make referrals and provide responses to referrals to close the loop of the referral process



RC-CIC Goals: Ideas for Change

- Develop a format and process/procedures to obtain **Universal Consent/ Release of Information** that is valid and easily used to facilitate information sharing to improve the care of the clients



RC-CIC Goals

- Develop a format and process for **Medication Reconciliation** so that all medications are reconciled between the client's report of what they are taking and what is prescribed or recommended by all providers
 - Requires closed-loop feedback to the client to inform client about what medications should be continued, changed or discontinued
 - Reconciliation includes OTC, herbals, vitamins and supplements



RC-Care Integration Collaborative

- Established an Integrated Team
 - MH, SA, Primary Care, Health Plan
- Developed and implemented integrated clinic sites:
 - Blaine St. Adult MHC
 - Rubidoux Family Care Center (FCC)
 - Riverside/Atlanta Substance Abuse Clinic



COUNTY OF RIVERSIDE



PRE-SCHOOL
6-5 PROGRAM

ADULT
SERVICES



No Smoking
Smoking on County Property
is prohibited by Riverside County
Ordinance No. 866, except
in designated areas.

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D-1

**RIVERSIDE COUNTY
DEPARTMENT OF MENTAL HEALTH
SUBSTANCE ABUSE PROGRAM**

**CONDADO DE RIVERSIDE
DEPARTAMENTO DE SALUD MENTAL
PROGRAMA DE ABUSO DE
ALCOHOL Y DROGAS**

1827 ATLANTA AVENUE, D-1
RIVERSIDE, CA 92507

This is a
**Smoke-Free
Facility**
No Smoking



Keep all Cigarettes, Pipes,
Cigars, and Lighters in
Designated Smoking Areas
No Smoking



Don Schroeder Family Care Center



SCREENING TOOLS: ID CLIENTS FOR CARE INTEGRATION

- Screen for MH and SUDS in Primary Care Clinics
 - PHQ 2 + One Question Regarding Suicidal Ideation
 - CAGE-AID
- Screen for Physical Health Conditions and Access to Primary Care in MH and SUD Clinics and Programs
 - Physical Health Screening Form



Electronic Universal Referral & Response Format and Process

- ✓ One page: Referral and Response to Referral
- ✓ Essential Information that must be exchanged:
 - ✓ Name / Client ID / Demographic Info
 - ✓ Providers / Clinics / Contact Info
 - ✓ Diagnoses
 - ✓ Reasons for Referral
 - ✓ Relevant Hx of Tx, Labs/Diagnostics
 - ✓ Medications and Tx
 - ✓ Recommendations and Plan



Electronic, Universal Consent/ROI

- Developed and implemented an Electronic, Universal Consent/ROI Form and Process to authorize release of health information for the RC-CIC target population
- Broad release of all HIPAA Specially Protected Health Information – All in one form
 - Releases all PHI including health history, treatment, tests, hospitalizations, and outpatient treatment
 - ** Releases specially protected MH, SUD, and STDs (HIV/AIDS) health information **

Screen, Referral, Exchange PHI

- Use **Screening Tools** to identify clients who may need referrals for other health care services
- **Referral Form and Process** developed and implemented
 - Provides electronic format for referrals and responses to referrals that is fully documented and closes the referral loop
- **Electronic, Universal Consent/ROI** format for full bidirectional exchange of health information for the referral and response to the referral, all in one form

Complete Medication Reconciliation

- Requires that process starts with consumer and ends with consumer
- Requires care providers to reconcile all prescription medications, and OTC, supplements, vitamins or herbal remedies against what the consumer reports and the consumers health records
- Reconciliation can be shared across systems: electronic documentation of reconciled medications



Health and Wellness Lifestyle Center

- Established at Blaine St. MH Clinic:
 - For MH consumers: “Members-only Club”
 - Provide nutritional and diet counseling
 - Focus on healthy eating and healthier life style including smoking cessation
 - Focus on increased physical activity/exercise
 - Monitor health parameters and physical activity, demonstrate results to consumers
 - Better health and wellness achieved.



ACHIEVING THE TRIPLE AIM

- Rising to the Challenge
- The Vision: Seeing Our Way to the Future
- Leadership
- The CIC Team
- The Performance Improvement Process
- Testing Change Ideas
- Analyzing Data
- Learning and Making Change Happen
- Finding Better Solutions for Integrating Care
- Developing and Implementing Policies and Procedures to Formalize Real Change
- Achieving Improved Healthcare for Consumers
- **CHANGING THE CULTURE !**



Desired Outcomes Achieved

- Full bidirectional integration and a one-stop-shop approach to client services results in:
 - Improved client satisfaction with services
 - Improved client adherence to prescribed treatment
 - Improved client outcomes and safety
 - Care is coordinated and services are integrated among providers and decreases risks for adverse outcomes for clients and care providers alike



Continuing Challenges for Care Integration

- Funding of Primary Care Services in MH/SA settings:
 - FQHC Look-Alike funding may be utilized to support provision of primary care services in MH and SA settings
 - Can obtain a Change of Scope of the FQHC L-A or establish a primary care “satellite clinic”
 - Further State and Federal action is needed to address and resolve funding issues under the ACA



Continuing Challenges for Care Integration

- **Maintaining the Effort:**
 - Continuing Leadership support is essential.
 - Maintaining the focus on the CIC effort is challenging in the face of other emerging priorities but remain a top priority with health care reform proceeding forward.
 - Spreading positive changes that have been achieved to other health care entities will be challenging, labor intensive and time consuming.



Health Care Reform (ACA) and the Future of Care Integration

- Integration of Care is essential to the vision of the Affordable Care Act
- RC-CIC full directional integration model provides structure to achieve the Triple Aim
- Plan to spread the model that was developed locally to countywide public health care services
- Mental Health, Substance Use Disorder and Primary Care Services not only co-located whenever possible, but also fully integrated



Health Care Reform (ACA) and the Future of Care Integration

- Reduces Adverse Outcomes – Morbidity and Mortality
- People live healthier, longer long and more productive and satisfying lives
- Reduces health care costs by avoiding adverse incidents and use of expensive ER and hospital services
- People are treated locally in a one-stop-shop approach that meets their health care needs



Vision of the Future

- Countywide (and Statewide?)
- Fully Integrated Healthcare Service Centers for the public
- Focus on prevention, early intervention and improved health and wellness for the consumers
- People live happier, healthier and long lives



New Policy Development

- Goal: Decrease Adverse Incidents Involving Controlled Substances
 - RCDMH Ban on Prescribing Stimulants for Adults with ADD/ADHD (March 2013)
 - Proposed New RCDMH Policy – Requirements for Prescribing Controlled Substances:
 - Frequent and Random Urine Drug Screens (UDSs)
 - Check CURES for Controlled Substance Prescriptions
 - Prescriber/Client Agreement, including one prescriber and one pharmacy
 - Require Universal Consent/ROI to coordinate care with all other providers



Questions?

