OhioHealth: Expanded Community Mental Health (CMH) Access Grant/Southeast

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The Grant & Southeast collaboration was meant to expand community mental health services and better the patient experience.

Problem

- Back log of patients in ED
- Limited access to outpatient providers limiting opportunity for appropriate disposition

Goals

- Expand services & hours of community mental health centers
- Reduce ED utilization
- Improve length of stay (LOS)
- Reduce mental health admissions

Population

- Grant Medical Center (GMC), patients presenting to ED with behavioral health symptoms/complaints
- Linked and non-linked patients with Southeast mental health services
- Intense social issues/traumas/homelessness/substance dependence

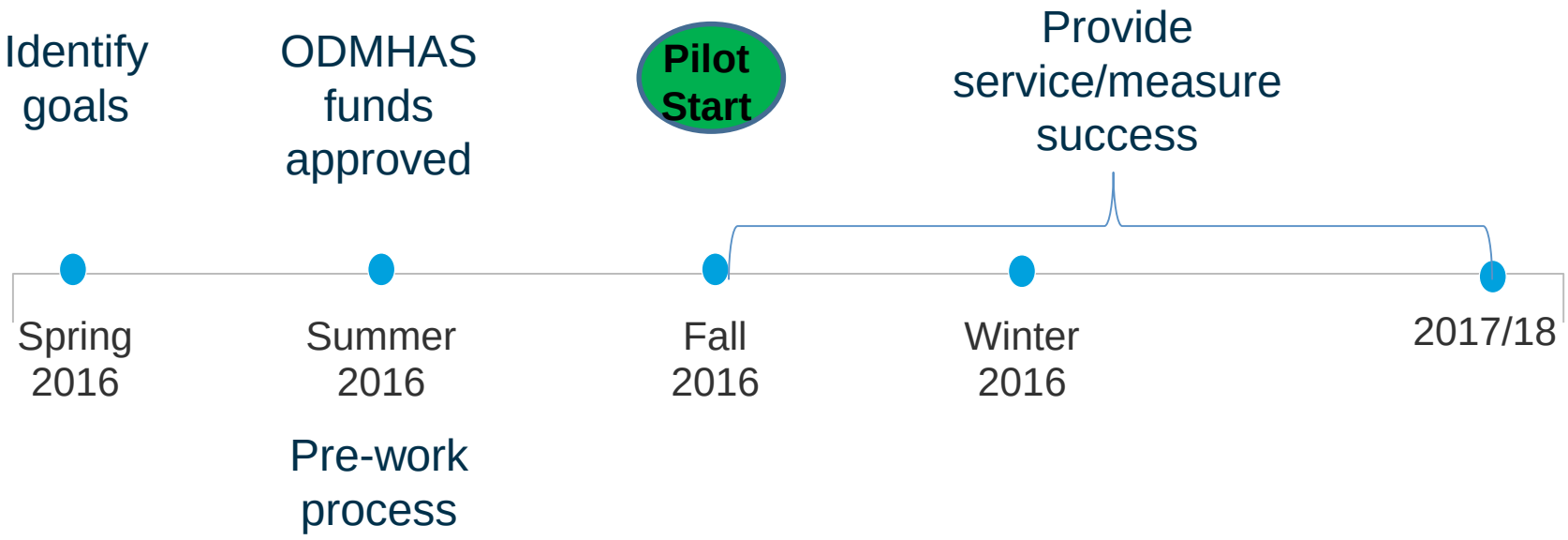
Design

- Mon-Fri, Grant LISW has access to dedicated Southeast resources via phone
- Sat-Sun, 10AM-2PM Southeast LISW onsite at GMC
- Funding for SE clinician provided by Ohio Department of Mental Health and Addiction Services (ODMHAS) ~8-10K

Process

- Patient presents to GMC ED with BH symptoms (M-F), if linked with SE, use dedicated phone number to discuss clinical case with SE representative
- Patient presents to GMC ED with BH symptoms (Sat-Sun, 10AM-2PM) GMC & SE LISWs consult with efforts to link patients to outpatient community resources

Design work began in Spring of 2016 with pilot beginning Fall of 2016.



GMC/SE collaboration closes gaps in care and allows for quicker response from behavioral health providers

Real-time Benefits

- Clinician collaboration
- Access to records

Follow Up

- Handoff to community mental health
- Outpatient programs

Important findings:

- Improved Disposition to home ~80% pilot vs ~50% non-pilot population
- Improved LOS ~1.5 hour in ED on avg. for pilot population
- Funding the pilot for a year duration was only an investment of ~8-10K (major impact with small investment)

- Measurement range Oct 2016-Jan 8, 2018)
- ~6% or 266 Unique patients seen by Southeast and Grant LISW

Grant/SE pilot intervention is impacting a very small percentage of patients. LOS improved as well as disposition, but most patients return for additional services.

Conclusions:

- **Minimal investment (~8-10K) created huge impact in savings based on bettering disposition alone.**
  - Disposition to home improved dramatically ~30% better compared to non-pilot population
  - Positive impact on LOS, shorter by ~1.5 hours in ED compared to non-pilot population
  - Having consistent contact with Southeast during non-staffed hours is beneficial for clinicians and the patient
    - Helps close medication gaps – returns patients to baseline
    - Understand patients current treatment
    - Provides clinical data so care team can coordinate and execute care more efficiently

Recommendations:

- Continue program with grant/other funding
  - Run a similar pilot at a different facility and compare results
  - Explore expanding hours of on-site presence
  - Explore providing EHR access to appropriate resources for seamless documentation
  - Explore quantifying volume of dedicated resource contacts via phone
- Create more specific measured goals
  - Reduce ED utilization by X%
  - Improve LOS by Y
  - Improve D/C disposition by Z%

Questions???