



Franklin County Task Force on the Psychiatric Crisis and Emergency System (PCES)

Stakeholder Input Meeting



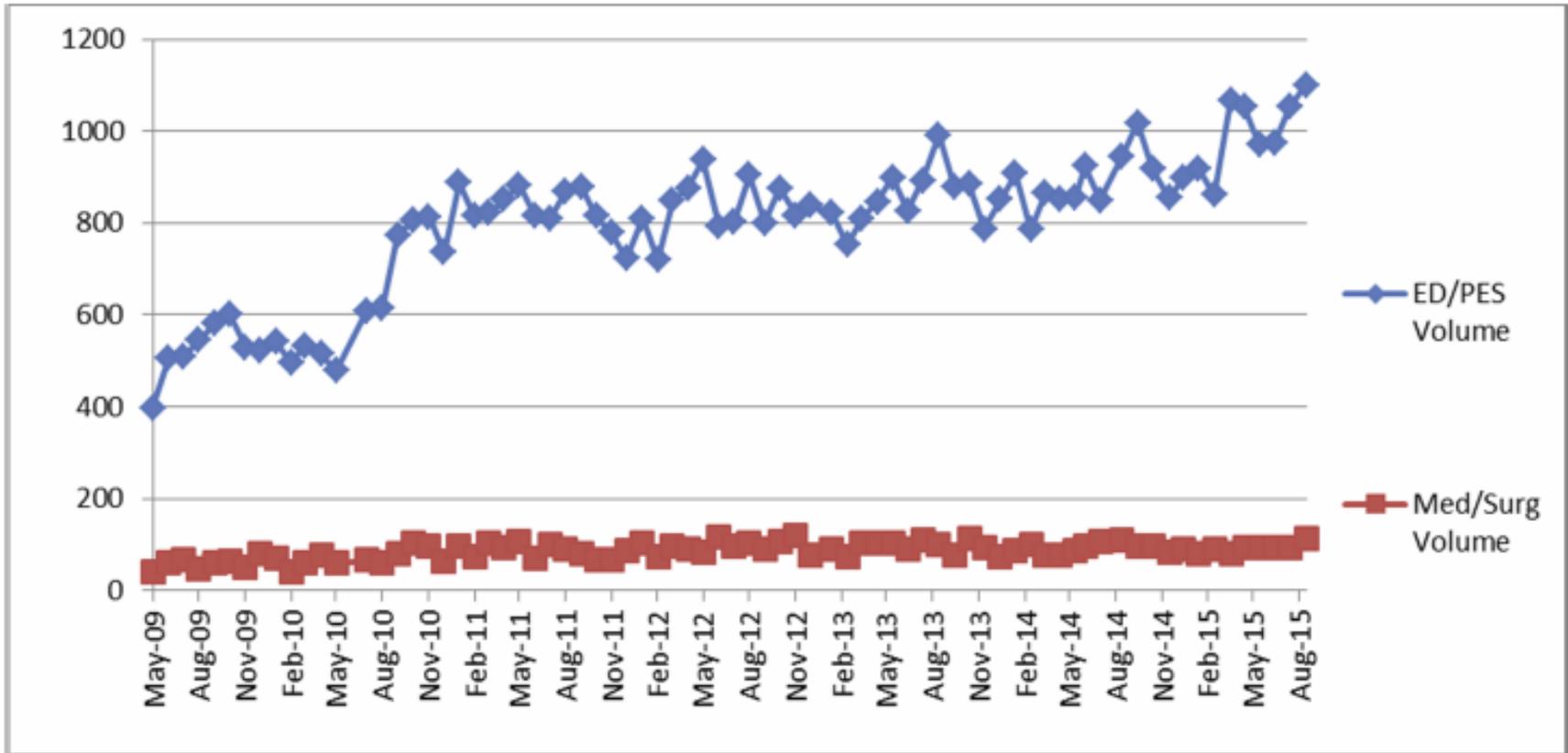
GALLAGHER
Consulting Group, Inc.

September, 2015

Community situation

Impetus for the task force

Volume by Month: FCBB Reports



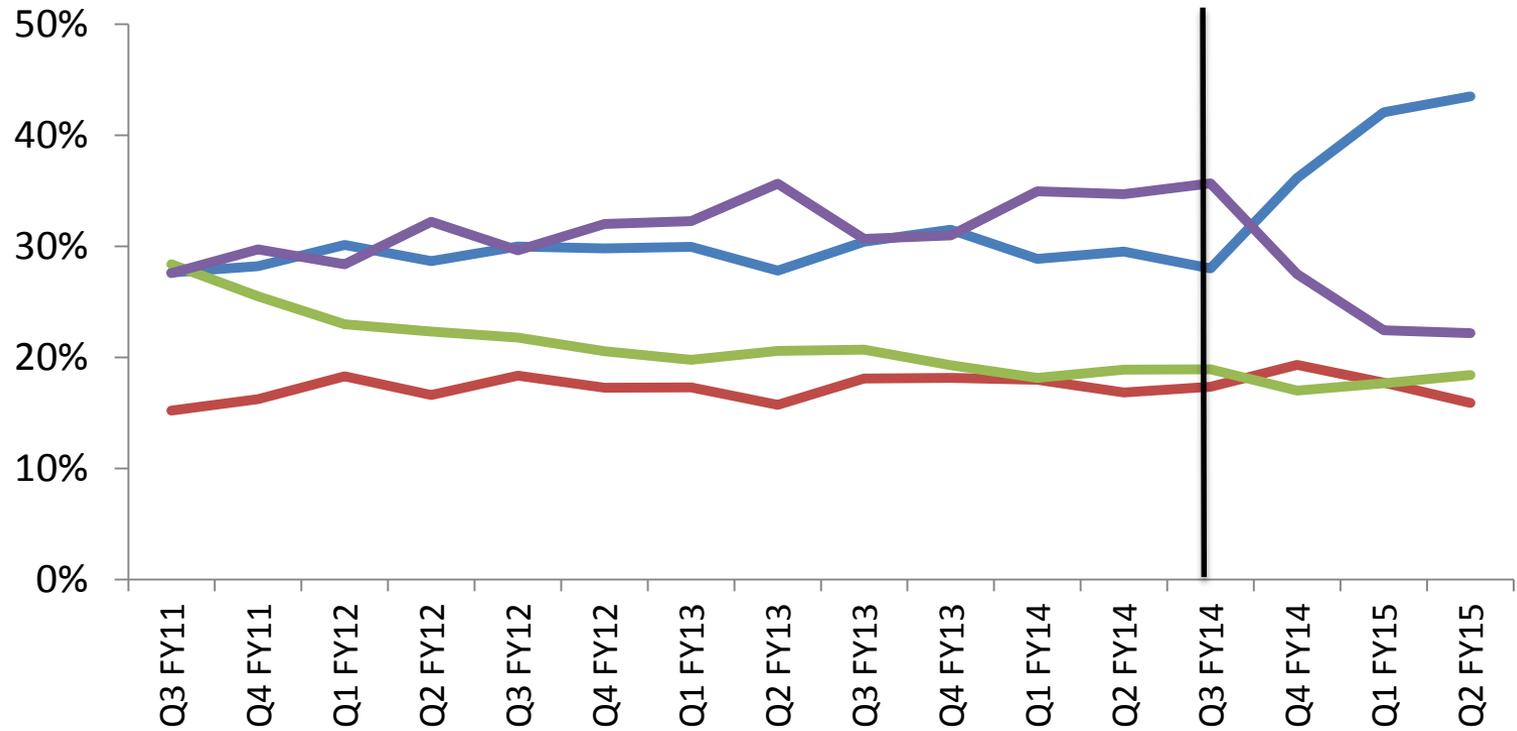
May '09 to August '15

177% increase in ED referrals

187% increase in med/surg referrals

FCBB Referrals by Payer Mix

— Medicaid — Medicare — Private Insurance — Uninsured



Christmas in July

July 27, 2015 FCBB

94 patients awaiting placement

Nearly all systems on surge

Of the 94 patients:

50 Medicaid (61%)

16 Self pay (21%)

21 Medicare (13%)

7 private insurance (5%)

General hospitals had 7 beds available

Adult Patient Exchange						Exchange Adolescents	
#	Send Facility	Recv System	Patient Name	Patient Sex	Pnt. Source	Department	dtm Intend
Exchange	OSU East	None			Insured - Medicaid MC	ED/PES	7/3/2015 3:10 PM
Exchange	Newsade	None			Insured - Medicaid	ED/PES	7/3/2015 5:09 PM
Exchange	Newsade	None			Insured - Medicaid	ED/PES	7/3/2015 5:58 PM
Exchange	Geant	None			Insured - Medicaid	ED/PES	7/3/2015 7:27 PM
Exchange	OSU	None			Insured - Medicare	ED/PES	7/4/2015 8:53 AM
Exchange	OSU	None			Insured - Medicaid	ED/PES	7/4/2015 7:50 AM
Exchange	OSU	None			Insured - Medicaid	ED/PES	7/4/2015 7:51 AM
Exchange	Geant	NatCare			Self Pay - Charity	ED/PES	7/4/2015 9:31 AM
Exchange	MCW	None			Insured - Medicare	ED/PES	7/4/2015 12:59 PM
Exchange	St Ann	None			Insured - Medicaid	ED/PES	7/4/2015 2:11 PM
Exchange	Newsade	None			Insured - Medicaid	ED/PES	7/4/2015 6:46 PM
Exchange	Geant	None			Self Pay - Charity	Med/Surg	7/4/2015 6:52 PM
Exchange	Newsade	None			Insured - Medicare	Med/Surg	7/4/2015 6:52 PM
Exchange	CSW	None			Self Pay - Charity	ED/PES	7/5/2015 6:49 AM
Exchange	CSW	None			Self Pay - Charity	ED/PES	7/5/2015 6:50 AM
Exchange	Newsade	None			Insured - Medicaid	ED/PES	7/5/2015 11:21 AM
Exchange	MCE	None			Insured - Private/Other	Med/Surg	7/5/2015 11:22 AM
Exchange	CSW	None			Insured - Medicare	ED/PES	7/5/2015 5:10 PM
Exchange	Geant	None			Insured - Medicaid	ED/PES	7/5/2015 5:42 PM
Exchange	Newsade	None			Insured - Medicaid	ED/PES	7/5/2015 5:43 PM
Exchange	Westerville	None			Insured - Medicaid	ED/PES	7/5/2015 5:44 PM
Exchange	CSW	None			Insured - Medicaid	ED/PES	7/5/2015 6:04 PM
Exchange	CSW	None			Self Pay - Charity	ED/PES	7/5/2015 6:05 PM
Exchange	Newsade	None			Insured - Medicaid	ED/PES	7/5/2015 7:33 PM
Exchange	Newsade	None			Insured - Private/Other	ED/PES	7/5/2015 7:45 PM
Exchange	MCCG	None			Insured - Medicaid	ED/PES	7/5/2015 8:20 PM
Exchange	OSU	None			Insured - Medicaid MC	ED/PES	7/5/2015 11:06 PM
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Exchange	OSU	None			Insured - Medicaid MC	ED/PES	7/5/2015 11:12 PM
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Exchange	OSU East	None			Insured - Medicaid MC	ED/PES	7/5/2015 11:18 PM
Exchange	Newsade	None			Insured - Medicaid	ED/PES	7/6/2015 12:06 AM
Exchange	CSW	None			Insured - Medicare	ED/PES	7/6/2015 12:14 AM
Exchange	Newsade	None			Self Pay - Out of Pocket	ED/PES	7/6/2015 1:01 AM
Exchange	MCW	None			Insured - Medicaid	ED/PES	7/6/2015 1:39 AM
Exchange	MCW	CHP			Insured - Medicare	ED/PES	7/6/2015 1:40 AM
Exchange	MCW	None			Insured - Medicaid	ED/PES	7/6/2015 3:44 AM
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Exchange	CSW	None			Self Pay - Charity	ED/PES	7/6/2015 7:17 AM
Exchange	Geant	None			Self Pay - Charity	ED/PES	7/6/2015 8:24 AM
Exchange	Geant	None			Insured - Medicaid	ED/PES	7/6/2015 8:24 AM
Exchange	MCW	None			Insured - Medicaid	ED/PES	7/6/2015 9:17 AM
Exchange	MCE	None			Insured - Medicaid	Med/Surg	7/6/2015 9:38 AM
Exchange	OSU	None			Self Pay - Charity	ED/PES	7/6/2015 10:15 AM

Why create the PCES task force?



About the task force

Task force objectives

- To identify best-practice strategies and build agreement to ensure Franklin County has a system well-prepared to meet demand for services;
- Facilitate community discussion among major providers of psychiatric crisis and emergency systems and other interested parties;
- Identify community need for psychiatric emergency services in Franklin County and existing services available;
- Review evidence-based approaches for delivery of psychiatric emergency services; and
- Develop a report to share recommendations to improve the system, and determine next steps to implement them.

Funding partners and leadership

FUNDERS



PROJECT TEAM LEADERS

Phil Cass, Ph.D.
Chief Executive Officer
Central Ohio Trauma System

Lisa Courtice, Ph.D.
Executive Vice President
The Columbus Foundation

Jeff Klingler
President and CEO
Central Ohio Hospital Council

David Royer
Chief Executive Officer
ADAMH

Mark Hurst, MD
Medical Director
Ohio Department of Mental Health

Facilitator:
Annie Gallagher
Gallagher Consulting Group

Task force members

ADAMH Franklin County

David Royer - Chief Executive Officer
Delany Smith, MD - System Chief Clinical Officer

Central Ohio Hospital Council

Jeff Klingler - President and CEO

Central Ohio Trauma System

Phillip H. Cass, PhD - Chief Executive Officer

The Columbus Foundation

Lisa Courtice, PhD - Executive Vice President

Dublin Springs

Garry Hoyes - Chief Executive Officer

Maryhaven

Paul Coleman, JD - President and CEO
Sara McIntosh, MD - Medical Director

Mount Carmel West

Sharon Hawk-Carpenter – Unit Director
Sean McKibben - President and Chief Operating Officer

National Alliance of Mental Illness, Franklin Co.

Rachelle Martin - Executive Director

Netcare Access

King Stumpp - President and CEO
Pablo Hernandez, MD - Medical Director

Nationwide Children's Hospital

David A. Axelson, MD - Chief of Psychiatry & Medical
Director of Behavioral Health

Ohio Department of Mental Health

Mark Hurst, MD- Medical Director
Twin Valley Behavioral Health
Veronica Lofton - Chief Executive Officer
Alan Freeland - Chief Clinical Officer

Ohio Hospital for Psychiatry

Marcia Berch, RN, MSN, NE – Chief Executive Officer

Ohio Health

Dallas Erdmann, MD - Medical Director of Behavioral Health &
Chairman Department of Psychiatry
Connie Gallaher - System Vice President

OSU Wexner Medical Center/Harding Hospital

John Campo, MD - Chair, Department of Psychiatry
Natalie Lester, MD - Director, Psychiatric Emergency Services
Amanda Lucas, MEd, MBA - Executive Director & Chief Operating
Officer

Osteopathic Heritage Foundation

Terri Donlin Huesman - Vice President Program

Primary One Health

Reed Fraley - Senior Director
Beth Whitted, MBA, Dr.PH – Director of Regional Operations

Task force process

Process

- Group meetings begin November, 2014
 - 5 regular meetings
 - 1 half-day retreat/extended session
- Foundational understanding and consensus
 - Solutions must be patient-driven, evidence-based
 - Process must be inclusive



Members' expectations for effort

- Ensure region has comprehensive system of care for individuals who present in crisis for mental health or addiction issues
- Develop clinical solutions for early intervention and better integration of care
- Develop long term solution to improve system
- Policy recommendations and changes
- Better understanding of the entire system
- Take real action

Members' expectations for effort

- Reduce ER use for psychiatric crisis
- Scale solution to meet growing need
- Group remains together beyond initial effort

Process

Nov 2014

Information sharing
Review existing providers
& services
Results of member
interviews

Dec 2015

Review of Bed Board:
*“Right Patient, Right Bed,
Right Time”*
Problem identification
Define task force goals

Jan 2015

Mapping exercise of
current system: Review,
analysis, evaluation

Process

Feb 2015

Guest panel: Director Plouck, Director McCarthy & Molina

Further review of bed board data

March 2015

Presentation and discussion of national best practices

Initial discussion about solutions

April 2015

Meeting & half-day retreat to begin developing recommendations

Individual work on recommendations

Process

May 2015

Document review
process

Continued work on
recommendations

June 2015

Finalize draft
recommendations

Discussion about
importance of
stakeholder involvement

Aug-Sept 2015

Stakeholder outreach

Work group
development



Process

Oct 2015

Incorporate
stakeholder feedback
Continue work group
implementation

Nov 2015

Task force meeting
Rollout
recommendations

Dec 2015 – forward
Re-charter task force
Ongoing
implementation

Initial recommendations

Goals

- Increase access to patient-centered mental health and addiction-related crisis services and expand intermediate and ambulatory care options
- Decrease utilization of emergency departments and inpatient services and reduce the length of stay of psychiatric patients in emergency rooms
- Ensure equitable patient care regardless of payor source

Recommendations

1

Create a comprehensive, centralized, collaborative system of crisis care for individuals experiencing mental health and/or addiction emergencies.

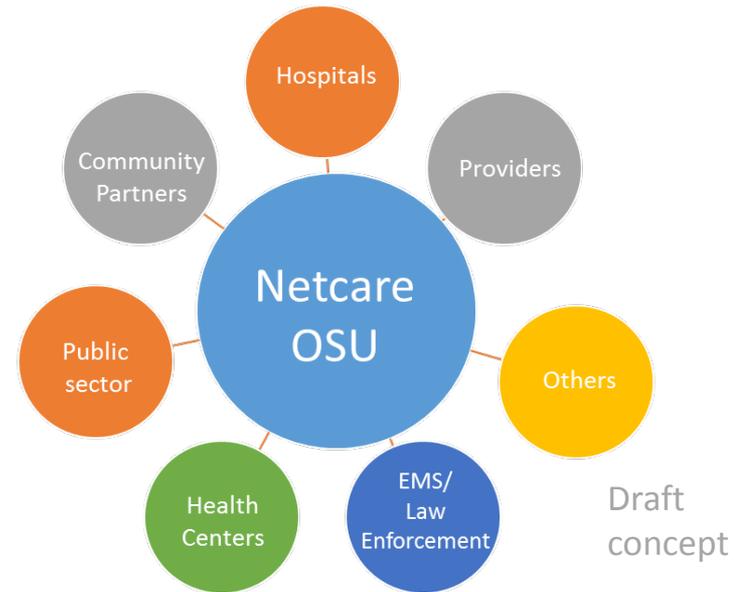
- Hub/spoke model: Netcare Access and The Ohio State University
- Creation of Oversight Body

1

Recommendations *Centralized, Collaborative Model*

Hub & spoke model

- Inclusive model with all spokes engaged and accountable
- Netcare and OSU hub
- Illustrative spokes
 - Law enforcement
 - EMS
 - Hospitals
 - AOD providers
 - Community health centers
 - Payors
 - Community and civic leaders
 - Others



Work group co-chairs

John Campo, MD - Chair, Department of Psychiatry,
OSU/Wexner Medical Center

King Stumpp - President and CEO, Netcare

Recommendations

2

Identify and develop additional options for intermediate and ambulatory care for individuals in need of mental health and/or alcohol and drug addiction treatment.

- Expand role of select community mental health centers (pilot program)
- Increase the number of sub-acute detox beds and ambulatory treatments.
- Increase the use of crisis action teams, mobile crisis teams, and telepsychiatry.



Recommendations

3

Build collaborative, effective working relationships with the payor community to favorably encourage an improved model which ensures that patients receive access to high quality care in a cost-efficient manner.

- Foster positive, productive relationships with payors
- Work with public officials to eliminate barriers to necessary treatment because of the IMD exclusion
- Improve collaboration and communication between clinical service providers and payers by developing a standardized care coordination system that transcends specific levels of care

Next steps and implementation

- Share draft recommendations with key stakeholders to encourage conversation, solicit feedback, and make necessary changes (today's meeting)
- Re-charter Task Force to create new oversight group to handle implementation
- Develop and secure funding for initial implementation and ongoing clinical activities
- Facilitate the communication of final recommendations to key decision makers and potential funders

Work groups

WORK GROUP	OBJECTIVE	TIMING
<p>Centralized System Design</p> <p><u>Co-Chairpersons:</u> John Campo King Stumpp</p>	<p>To design a centralized, collaborative systems of crisis care which embraces the hub/spoke model.</p>	<p>September 2015 – June 2016</p>
<p>High Utilizers</p> <p><u>Chairpersons:</u> Alan Freeland Delaney Smith</p>	<p>Develop recommendations about how to decrease consumption by high utilizers</p>	<p>September 2015 - December 2015</p>
<p>COTS Psychiatric Task Force</p> <p><u>Chairpersons:</u> Phil Cass Jeff Klingler</p>	<p>Leverage the existing COTS Psychiatric Task Force to make recommendations on reducing lengths of stay of psychiatric patients and developing a standardized definition of Psychiatric ED surge</p>	<p>Started early 2015 – November 2015</p>
<p>Bed Board Realignment</p> <p><u>Chairpersons:</u> Dallas Erdmann Jeff Klingler</p>	<p>Study and realign the Bed Board</p>	<p>Timing is dependent upon the results of the other work groups September 2015 – TBD</p>



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