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**June 7, 2016**



Psychiatric Crisis & Emergency System

Task Force of Central Ohio (PCES)

**Progress Report**

Work Groups and Pilot Projects

After a year of collaboration and analysis, the Psychiatric Crisis & Emergency System Task Force of Central Ohio issued a report in February, 2016 which outlined four key recommendations to improve the psychiatric crisis and emergency system in the region. The group launched its implementation phase which involves five work groups and two pilot project teams. The Task Force has also expanded the size of the group to include other key stakeholders who want to contribute their expertise and talent to the effort. This report provides information about the groups and the progress thus far.

Each of the work groups and pilot projects are in direct alignment with the following goals and recommendations of the Task Force report.

*The task force is funded by The Columbus Foundation and the Franklin County Alcohol, Drug and Mental Health board, and includes the region’s major hospital systems, medical and mental-health associations and drug and mental-health treatment centers. A full list of members can be found at: http://www.pcestaskforce.org.*

**RECOMMENDATIONS**

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

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.

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.

4. Build robust education and outreach effort for patients and patient-families.

**GOALS**

The PCES Task Force is focusing resources and efforts on achieving the following goals:

1. Increase access to patient-centered mental health and addiction-related crisis services and expand intermediate and ambulatory care options.

2. Decrease utilization of emergency departments and inpatient services and reduce the length of stay of psychiatric patients in emergency rooms.

3. Ensure equitable patient care regardless of payor source.

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| WORK GROUP AND PILOT PROJECT PROGRESS REPORT |
|  | **PCES Recommendation** | **Goal** | **Strategy** | **Success Metric** | **Work Plan** | **Resources Needed** |
| Bedboard realignmentCo-chairs:Dallas Erdmann, MDOhio HealthJeff KlinglerCentral Ohio Hospital Council | 3. Build collaborative/ effective relationships with payor community to ensure patients receive access to high quality care in a cost-efficient manner. | 1. Increase access to patient-centered mental health and addiction-related crisis services and expand intermediate and ambulatory care options.2. Decrease utilization of emergency departments and inpatient services and reduce the length of stay of psychiatric patients in emergency rooms. | As recommendations in the PCES Task Force report are implemented, changes will need to make to both the web-based bedboard system as well as the community protocols that govern the bedboard process. These changes will assist with improved communication between clinical service providers as well as between clinical service providers and payors. Some changes will also allow PCES to measure success of the various strategies being undertaken.Strategy RankingEase of implementation: *Somewhat easy*Time to implement: *Very timely*Potential impact: *High*  | Through access to patient information on the bedboard by Medicaid Managed Care and by Community Mental Health, reduced ED length of stay and reduced inpatient admission. | Fall 2015 -- The five Medicaid managed care plans operating in Franklin County were given access to information on the bedboard for their subscribers who were determined to be in need of inpatient psychiatric care. Spring 2016 -- The bedboard will require ED personnel to provide information on whether the patient is linked to a community health center and which center, if known. Community mental health centers will be granted access to their patients on the bedboard. These changes will assist in measuring the success of PCES recommendations dealing with expanded access to CMH centers as well as access to patient crisis treatment plans. | The bedboard group, per previous agreements, will pay for changes made to the bedboard database. No outside funds are needed at this time. |
| Collaborative System RedesignCo-chairs:King StumppNetcareJohn Campo, MDOSUWMC | 1. Create a comprehensive, collaborative crisis care system for individuals experiencing mental health and/or addiction emergencies. | Develop a formalized, collaborative system among key providers of mental health and addiction crises to better meet the needs of patients with psychiatric and addiction needs. The collaborative system would embrace an integrated model with system-wide process improvements such as communications, access to data, information sharing, standardized protocols across systems and consistent, broad use of community treatment plans. The system could also include a dedicated regional psychiatric emergency and crisis facility, which, in some communities, have reduced ED boarding and hospital admissions.1. Increase access to patient-centered mental health and addiction-related crisis services and expand intermediate and ambulatory care options. | 1. Increase access to patient-centered mental health and addiction-related crisis services and expand intermediate and ambulatory care options.2. Decrease utilization of emergency departments and inpatient services and reduce the length of stay of psychiatric patients in emergency rooms.Strategy RankingEase of implementation: *Very difficult*Time to implement: *Long term* Potential impact: *Very high* | Reduced ED length of stay.Reduced inpatient admissions. | Fall/Winter 2015 -- The PCES Collaborative System Design Work Group met to conceptually design what a formalized, collaborative system, including a dedicated regional psychiatric facility, would look like. The group recommends exploration of a Hub-and-Spoke model, whereby the regional facility, providing 24/7 "true front door" access to a wide array of psychiatric and addiction services, would serve as the centralized command center. The facility would provide a spectrum of beds, have mobile crisis and consultation capacity, be located with an ED and provide outpatient services. The facility would coordinate care, communication and information exchange with the "spokes," which would include EDs, inpatient units, CMH centers, courts, police, jails and other community service organizations. Spring 2016 -- The Work group is exploring the feasibility of constructing and operating a hub-and-spoke system in central Ohio. Work group leaders will reach out to Battelle to request assistance in further analyzing the issues and costs associated with this initiative. | Resources needed to construct and operate a dedicated regional psychiatric emergency and crisis facility would be significant. Further analysis is needed. |
| Funding Systems ImprovementChair:Lisa Courtice, PhDThe Columbus Foundation | Work on issues related to securing funds and resources necessary to implement Task Force recommendations | Helps advance all goals outlined in the PCES recommendations report. | Create a collaborative working group representative of public and private funders to tackle the complex funding needs required to achieve each of the goals recommended by the PCES Task Force.Strategy RankingEase of implementation: *Difficult*Time to implement: *Varies*Potential impact: *Very high* | Deliver strategies for achieving funding needs of the various work groups as they are presented. | Funders have been engaged to discuss needs related to building a collaboration between Grant Hospital and Southeast Mental Health Center. Funding requirement has not been confirmed.Discussions are underway regarding a collaborative, spoke and hub system, and that will increasingly include engaging players and other funding sources. |  |
| High UtilizersCo-chairs:Alan Freeland, MDTwin Valley HospitalDelaney Smith, MDADAMH | 1. Create a comprehensive, collaborative crisis care system for individuals experiencing mental health and/or addiction emergencies. | 2. Decrease utilization of emergency departments and inpatient services and reduce the length of stay of psychiatric patients in emergency rooms. | On a pilot basis, provide Grant ED personnel access to patient crisis treatment plans, for patients who are identified as high utilizers of the ED/crisis system, via the CareSource patient portal.Strategy RankingEase of implementation: *Difficult*Time to implement: *Moderate*Potential impact: *High*  | Increased community stability as evidenced by reduced ED visits and length of stay for CareSource patients who present in the Grant ED and are identified as high utilizers, compared to CareSource patients who present in other EDs. | Winter 2016 -- the work group met with Medicaid managed care organizations and identified an agreed-to definition of high utilizers (4 ED visits in 30 days or 12 visits in 12 months). March 10, 2016 -- the work group agreed to limit the work to a pilot involving Grant ED staff having access to patient crisis plans for high utilizers via the CareSource patient portal. April 13, 2016-- Grant will run a list of high utilizers of patients seeking psych services in the Grant ED, using both high utilizer definitions, whichever yields the largest list. The list will be narrowed to those who are covered by CareSource. ADAMH will work with the community mental health centers to obtain the crisis plans for those patients, and then provide the patient plans to CareSource, who will upload them to their patient portal. Grant ED staff will be trained on how to access the plans. | No outside resources needed at this time. |
| Surge StabilizationChair:Jeff KlinglerCentral Ohio Hospital Council | 1. Create a comprehensive, collaborative crisis care system for individuals experiencing mental health and/or addiction emergencies. | 2. Decrease utilization of emergency departments and inpatient services and reduce the length of stay of psychiatric patients in emergency rooms. | Develop a standardized definition of Psychiatric ED surge. This work group believes that standardized protocols across systems will assist in developing a more collaborative system of care across the community.Strategy RankingEase of implementation: *Somewhat easy*Time to implement: *Timely*Potential impact: *Moderate* | Fewer incidents of hospital ED surge. Potentially reduced ED length of stay and reduced inpatient admissions by giving ED physicians additional tools to assess patients presenting with psychiatric disorders. | April 13, 2016 -- ED directors and staff psychiatrists for the 3 adult hospital systems met with Netcare staff to review a patient acuity tool that was developed years ago by Netcare. The tool with help EDs determine a patient’s acuity, which, in turn, should help with efforts to identify a consistent approach for declaring psychiatric surge. The psychiatrists approved of the 3 systems moving forward with Netcare to implement the tool in all EDs on a pilot basis. | The hospital systems will purchase the Patient Acuity Tool directly from Netcare. No outside resources needed at this time. |
| Pilot Project:Tele-psychiatryCo-chairs:Dallas Erdmann, MD OhioHealthSharon Hawk CarpenterMount Carmel | 2. Identify/develop additional options for intermediate & ambulatory care for those in need of mental health &/or alcohol/drug addiction treatment. | 1. Increase access to patient-centered mental health and addiction-related crisis services and expand intermediate and ambulatory care options.2. Decrease utilization of emergency departments and inpatient services and reduce the length of stay of psychiatric patients in emergency rooms. | Increase the use of telepsychiatry between hospital ED personnel and psychiatrists to provide additional tools for ED physicians to assess and provide a safe disposition for patients presenting with psychiatric disorders.Strategy RankingEase of implementation: *Moderate*Time to implement: *Short term*Potential impact: *High*  | For hospital EDs utilizing telepsychiatry (MCE and Doctors), reduced ED length of stay and reduced number of inpatient admission compared to EDs not utilizing telepsychiatry. | Winter 2015 -- A pilot project was implemented between Mount Carmel East and Netcare, whereby uninsured patients with psychiatric disorders seen in the MCE ED are provided with a telepsychiatry consult with Netcare psychiatrists. Spring 2016 -- OhioHealth implemented a project within its system whereby EDs without access to psychiatry have access to psychiatrists via tele-medicine to assist with assessment and disposition. | ADAMH is providing funding for the MCE/Netcare project. OhioHealth is funding its telepsychiatry initiative. No additional funds are needed at this time. |
| Pilot Project:Expanded CMH Access (Grant/ Southeast)Co-chairs:Jeff KlinglerCentral Ohio Hospital Council Sandy StephensonSoutheast | 2. Identify/develop additional options for intermediate & ambulatory care for those in need of mental health &/or alcohol/drug addiction treatment. | 1. Increase access to patient-centered mental health and addiction-related crisis services and expand intermediate and ambulatory care options.2. Decrease utilization of emergency departments and inpatient services and reduce the length of stay of psychiatric patients in emergency rooms. | Expand services and hours at community mental health centers. The work group is developing a pilot program which will provide Grant ED personnel with information which will allow them to establish a safe disposition of patients who are clients of Southeast. Grant ED staff would have access to Southeast staff (someone who can pull clinical information) via a dedicated phone number Monday through Friday during regular business hours. On weekends, a Southeast behavioral health clinician will be housed at the Grant ED earlier in the day each day (perhaps 9 to 1 or 10 to 2). The clinician will have access to the patient’s clinical information as well as the ability to do real-time scheduling.Strategy RankingEase of implementation: *Somewhat easy*Time to implement: *Timely*Potential impact: *High*  | Reduced ED length of stay for Southeast patients utilizing the Grant ED compared to Southeast patients utilizing other EDs. Reduced inpatient admissions for Southeast patients utilizing the Grant ED compared top Southeast patients utilizing other EDs. | April 13, 2016 -- The work group identified the goals and action steps needed for this pilot project. Southeast staff (someone who can pull clinical information) will available via a dedicated phone line Monday through Friday during regular business hours. Southeast will work to implement. On weekends, a Southeast case manager will be housed at the Grant ED. Hours are to be determined, but the group felt a few hours earlier in the day each day (perhaps 9 to 1 or 10 to 2) would be most beneficial. The case manager will have access to the patient’s clinical information as well as the ability to do real-time scheduling. IT reps from OhioHealth and Southeast will work through the details. Work to be done includes: * Southeast - Develop resources/budget needed for this pilot
* Work with COHC to approach ODMHAS/others for funding
* Work with Grant IT to facilitate secure access to Southeast's EHR
* Hire/train Behavior Health Clinician regarding Grant ED protocols/expectations
* Grant: Identify appropriate space for Southeast case manager
* Determine appropriate weekend hours for Southeast behavioral health clinician
* Grant/Southeast: Determine appropriate metrics to show success
* COHC: Implement bedboard changes that allow for data entry on patient linkage to community mental health, and if linked, which center
 | Grant will provide space to accommodate the Southeast case worker. Grant will work with Southeast on IT needs. Funding needs are To Be Determined. COHC and Southeast will approach ODMHAS will request for funding of Southeast behavioral health clinician |