



Connecticut BHP
Supporting Health and Recovery

Community Care Teams: An Approach to Better Meeting the Needs of Frequent Visitors to the ED

Operations Committee

November 2015

Acknowledgements



Overview

- Definition of a CCT
- Brief Summary of Emergency Department utilization
- CT BHP Frequent Visitor Program
 - Goals
 - Strategy
- Community Care Teams (CCT)
 - What is a CCT?
 - Critical Components
 - Stages of CCT Development
- CCT Webinars Planned for November/December 2015



Background

- Increasing use of the Emergency Department (ED) is a national and international concern.
- In Connecticut, a few CCTs showed promise in their ability to impact outcomes for both the individual and the hospital




CCT Defined

- A TEAM of hospital staff, behavioral health, health, and social service agencies
- Focused on improving outcomes, care experience, and reducing unnecessary Healthcare expenditures
- For a target population of individuals with behavioral health and/or substance abuse diagnoses
- That are Frequent Visitors to the Emergency Department



The Call to Action – National Statistics



Over the past decade, the increase in ED utilization has outpaced the growth of the general population, despite a national decline in the number of ED facilities. ¹

Overuse of the ED is responsible for \$38 billion in unnecessary spending every year. ²

1 out of every 8 visits to the ED in the U.S. is mental health and/or substance use related. ³

Such BH visits are 2.5 times more likely to result in an inpatient admission. ⁴

Frequent visitors to the ED account for about ¼ of all ED visits. ⁵

Utilization of the ED for Behavioral Health in CT




Top 10% of High Utilizers in CT (4+ visits in 12 months) accounted for 39,222 visits in 2013. ⁶

Frequent BH Visitors (7+ visits in 6 months) account for 16% of BH ED visits statewide (n = 721) ⁷

Individual hospital Frequent Visitor averages ranged from 6% to 33% of their total BH ED visits. ⁸

1 in 5 BH ED visitors are homeless compared to 1 in 20 of the general adult Medicaid population. ⁹

Characteristics of Frequent Visitors in CT




Higher rates of housing instability and homelessness

High rates of substance use disorders, particularly alcohol

High rate of medical comorbidities

Most often are already connected with the BH service system

Utilization of the ED for Physical Health in CT




17% of American adults have comorbid mental health and medical conditions. Patients with complex medical and behavioral health needs have a disproportionate impact on ED services.^{10, 11}

In 2013, HUSKY Health frequent users accounted for approximately 1.7% of the members with an ED visit but 11.1% of the medical visits to the ED.¹²

Nearly 20% of ED visits in 2013 for Frequent ED Utilizers had a secondary behavioral health or alcohol related diagnosis.¹³

In 2013, of the 4,525 ED High Utilizers 76.7% resided in Fairfield, Hartford or New Haven county.¹⁴

BH and Medical Comorbidity Among BH ED FV



Individuals participating in the FV program have below average scores on the SF-12 Physical Health Scale (VO Frequent Visitor data N=301)

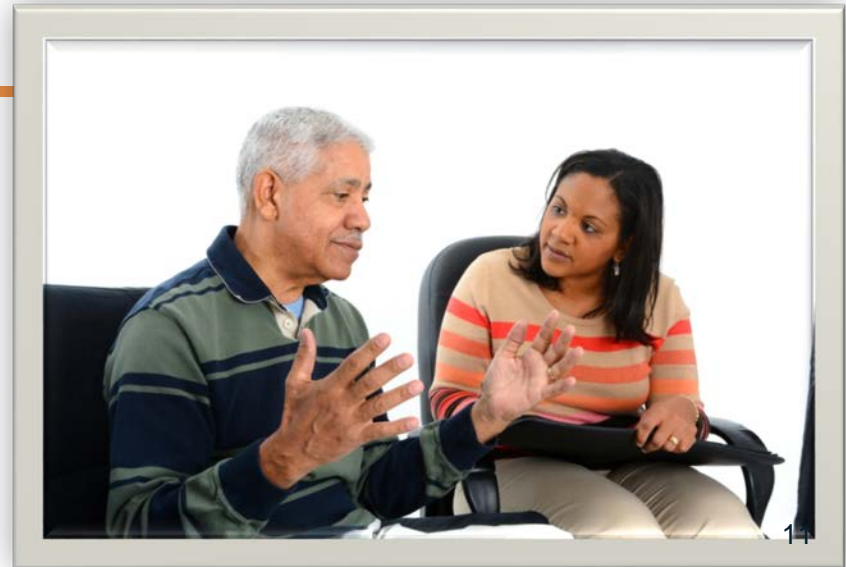
Most frequent medical comorbidities among FVs are Asthma, Chronic Obstructive Pulmonary Disease, & Diabetes (VO FV Data)

Substance Abuse Population has additional medical comorbidities of Hepatitis C, HIV, Liver Disease (National Data)

Homeless Population at elevated risk for Tuberculosis, hypertension, asthma, diabetes, HIV/AIDS and medical hospitalization (Nat. Data)



The CT BHP ED Frequent Visitor Program



ED Frequent Visitor Intervention Goals



Reduce BH Frequent Visitor overall utilization of the ED



Reduce BH ED Readmission Rates

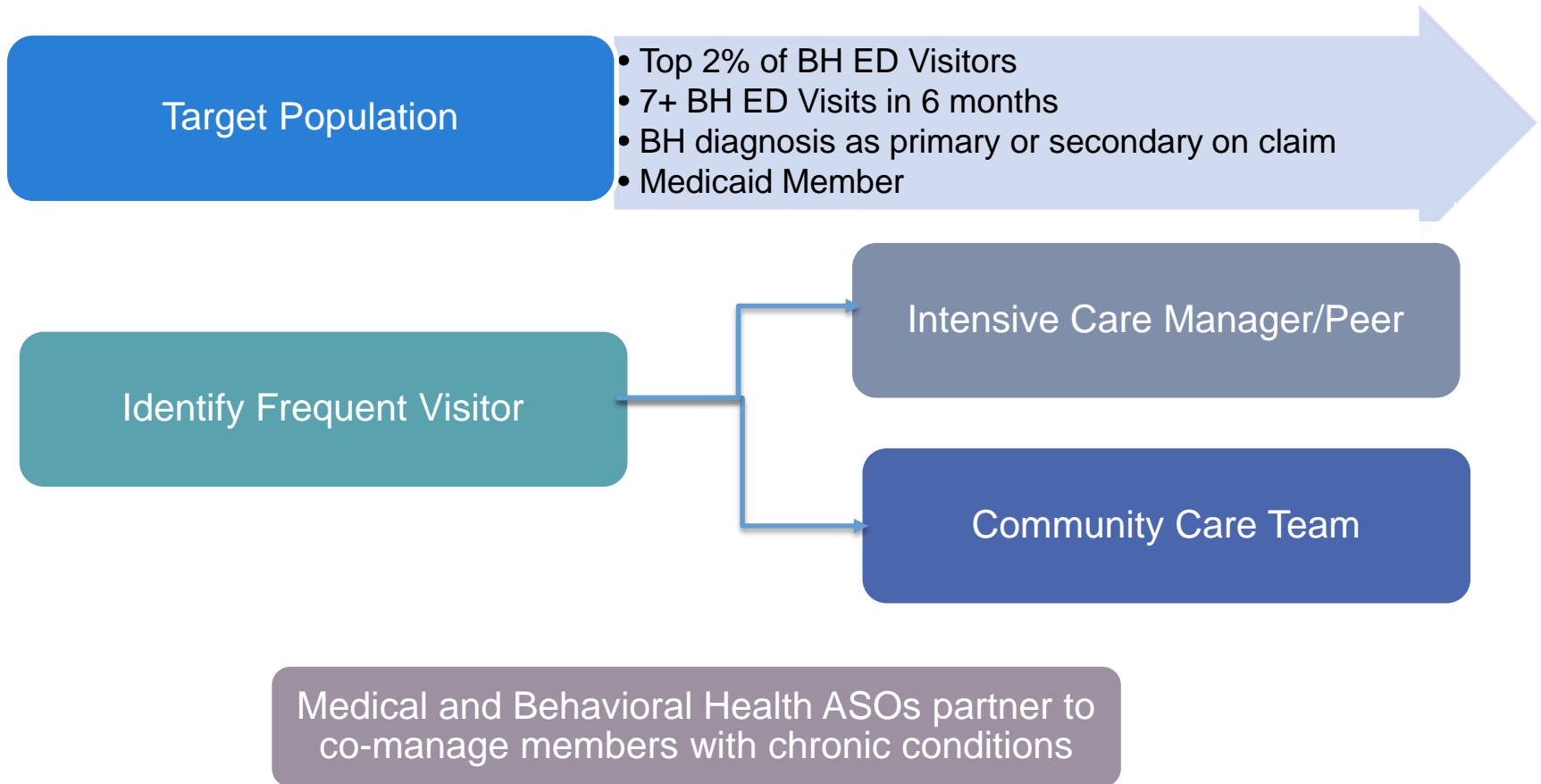


Improve connections to care following BH ED visit

Identified Pilot Hospitals



CT BHP Frequent Visitor Program Overview





The Community Care Team Approach to Frequent Visitors to the ED



Other Hospitals with CCTs



DANBURY HOSPITAL

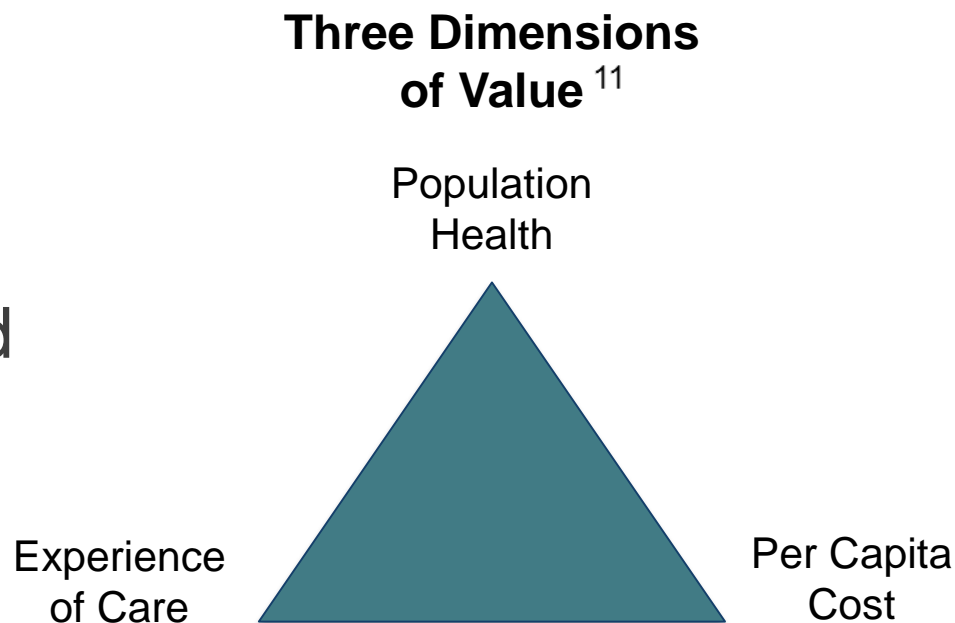


Acknowledgement



Why a Community Care Team?

- Patient-centered care
- Improved health outcomes
- Community collaboration is required to improve health outcomes
- Potential for cost savings to the community



Community Care Teams (CCTs) Strategy

- Multi-agency involvement
- Utilizes a care coordination teaming approach
 - Develop individualized care plans that identify and address basic needs
- Communicate plan with individual to increase likelihood of success



Pro Tip!
Employ a peer professional to connect with member

Critical CCT Components: Consistent Commitment

- Commitment across multiple hospital departments, key agencies and support networks
 - Training of staff to recognize care plans
 - Dedicated staff to attend CCT, enter/update care plans
 - IT Modifications
 - Agencies that “step up” to assist
- “Navigator” person
 - Meeting facilitation and prep
 - Maintain ROIs
 - Liaison between CCT, ED and patient

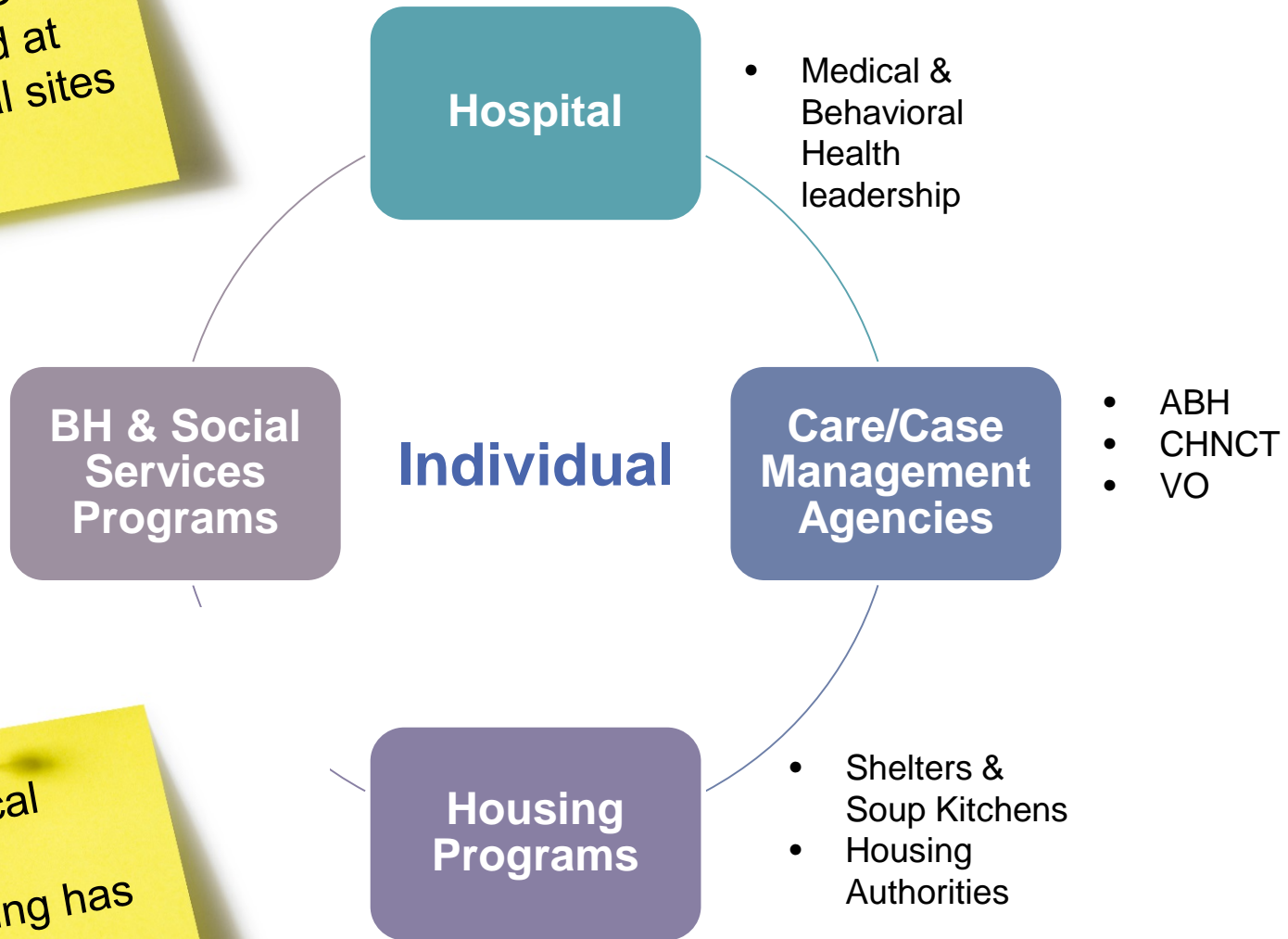
Critical Components cont'd:

CCT Membership

Most CCTs are held at hospital sites

- Outpatient MH/SA
- LMHA
- FQHC
- VNA
- CSSD
- Municipal Agencies

A typical CCT meeting has 10-20 participants



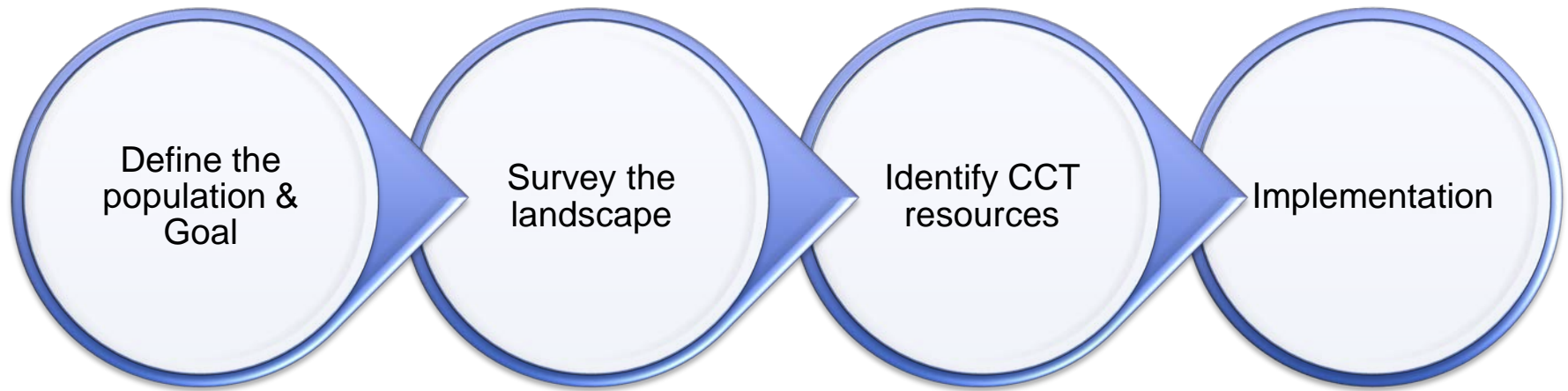
Critical CCT Components cont'd

Release of Information (ROI)

- CCTs utilize a ROI that lists all provider members of the CCT
- The member signs the CCT ROI
- ROIs make the work of the CCT possible



Stages of CCT Development



Who?

What Criteria?

How Identified?

Existing
Processes

Build new vs.
Expand

What's working?

Leadership

Logistics,
referrals, ROIs,
mtg management.

EHR &
Technology

Execution of Care
Plan

Feedback and
Evaluation

Track
Metrics/Outcomes

CCT Implementation Challenges & Solutions

Challenge	Solution
Personnel and resources to manage the CCT	Use anticipated cost offsets to fund resources, seek external funds
Recruiting and maintaining essential community providers	Carefully select participant based on their contact w/members, make sure meetings are productive, follow-up
Inconsistent commitment to the process by select hospital leadership	Seek buy-in from all parties early on, be persistent and sell based on how it can benefit the ED and the hospital
Hospital and system culture around recovery	Model Recovery Orientation, Engage CCAR, Offer Training
Obtaining approval and consistent use of the ROI	Start Early, use examples from successful projects, connect lawyers to lawyers
EHR limitations or restrictions	Address HIPAA and compliance concerns, point to successful projects
Lack of communication/training around protocol	Integrate Training into Implementation Protocol, Plan for turnover/changes

Barriers to Care Coordination for Members

Challenge	Solution
Lack of housing – no safe place to go while connecting to care	Housing Agencies/Shelters at the Table, outreach into the community
Medical complexities prohibit access to services	coordination with CHN, engage primary care in CCT
Member choice/readiness	Be patient, respect choices, use MI Techniques
Transportation	Know available resources, purchase vouchers/tokens, seek creative solutions

VO CCT WEBINARS – 2015



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November 17, 2015: 2 - 3:30pm

November 19, 2015: 11-12:30pm

December 1, 2015: 11-12:30pm

December 4, 2015: 11-12:30 pm

Questions?



For More Information about CT CCTs...

- Norwalk Hospital Community Relations Weblog Video interview on the Greater Norwalk Community Care Team with Dr. Kathryn Michael retrieved from <http://norwalkhospital.org/about-us/community-relations/>
- Rigg, M. (June 6, 2015). “Care Teams’ Bring Mental Health Services into Community” Danbury News-Times. Retrieved from <http://www.newstimes.com/printpromotion/article/Care-teams-bring-mental-health-services-into-6311463.php>
- Middlesex Hospital Website pdf “Middlesex Community Care Team Facts At-A-Glance May 2015. http://cceh.org/wp-content/uploads/2015/06/Middlesex-County-CCT-Fact-Sheet-5_13_15.pdf
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1. Weiss, A., Wier, J., Stocks, C., Blanchard, J. (2014). Overview of Emergency Department Visits in the United States, 2011. Statistical Brief #174 . Agency for Health Care and Research Quality. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb174-Emergency-Department-Visits-Overview.pdf>
2. New England Healthcare Institute March(2010). A Matter of Urgency; Reducing Emergency Department Overuse. NEI Research Brief
http://www.nehi.net/writable/publication_files/file/nehi_ed_overuse_issue_brief_032610final edits.pdf
3. Owens, P., Mutter, M., Stocks, C.(2007) Mental Health and Substance Abuse-Related Emergency Department Visits among Adults. Statistical Brief #92. Agency for Health Care and Research Quality. <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb92.pdf>
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5. LaCalle & Rabin. (2014). “Frequent Users of Emergency Departments: The Myths, the Data, and the Policy Implications.” From the Department of Emergency Medicine, Mount Sinai School of Medicine, New York, NY.

Citations Cont'd

6. High Risk Populations: Frequent Behavioral Health ED Visitors” June 10 Complex Care Committee Presentation – based on 2013 data
7. Adult Frequent Behavioral Health ED Visitors & Hospital Specific Measures” July 2015 CHA Presentation
8. Adult Frequent Behavioral Health ED Visitors & Hospital Specific Measures” July 2015 CHA Presentation
9. Improving Outcomes & Reducing Utilization Through Intensive Care Management, Peer Support & Systems Intervention. (2014). CT Behavioral Health Partnership Performance Target submission.
10. Bringing Behavioral Health into the Care Continuum, American Hospital Association, January (2012). <http://www.aha.org/research/reports/tw/12jan-tw-behavhealth.pdf> last visited 10/12/2015
11. Crane, S. MD, Collins, L. RN, et al., (2012) “Reducing Utilization by Uninsured Frequent Users of the Emergency Department,” Journal of the American Board of Family Medicine, Vol. 25, No. 2, Pp 184-191
12. Reduction of Inappropriate Emergency Department Utilization, June 19 Complex Care Committee Presentation – based on 2013 data

Citations Cont'd

13. PA 14-62 2013 ED Summary Report submitted March 2015 to the CT Department of Social Services
14. Reduction of Inappropriate Emergency Department Utilization, June 19 Complex Care Committee Presentation – based on 2013 data
15. Mental Health and Chronic Diseases, October (2012), CDC National Center for Chronic Disease Prevention and Health Promotion, Division of Population Health.
<http://www.cdc.gov/nationalhealthyworksites/docs/Issue-Brief-No-2-Mental-Health-and-Chronic-Disease.pdf> last visited 10/12/2015
16. Improving Outcomes & Reducing Utilization Through Intensive Care Management, Peer Support & Systems Intervention.(2014). Pp. 48-50. CT Behavioral Health Partnership Performance Target submission.
17. Institute for Healthcare Improvement Triple Aim for Populations retrieved from:
<http://www.ihl.org/Topics/TripleAim/Pages/Overview.aspx>