

Yale-New Haven Psychiatric Services

Provider Perspective
Connecticut Behavioral Health Partnership
Oversight Council

Beth Klink, LCSW
Stephen M. Merz, FACHE

May 13, 2015

Overview

- Background on YNHHS/YNHH Psychiatric Services
- Key Themes
- Challenges and Opportunities

Yale New Haven Health System Overview

Critical Indicators	Yale-New Haven	Bridgeport	Greenwich	Northeast Medical	TOTAL
Total Licensed Beds**	1,541	383	206	N/A	2,130
Inpatient Discharges	80,503	18,454	12,439	N/A	111,396
Outpatient Encounters	1,085,738	237,785	296,630	N/A	1,620,153
Net Patient Service Revenue	\$2.3 B	\$418 M	\$328 M	\$97 M	\$3.1 B
Medical Staff***	4,172	854	569	600	6,195
Employees	12,574	2,600	1,780	1,122	19,610

Inpatient Facilities

Psychiatric Hospital



York Street Campus



Children's Hospital



Smilow Cancer Hospital

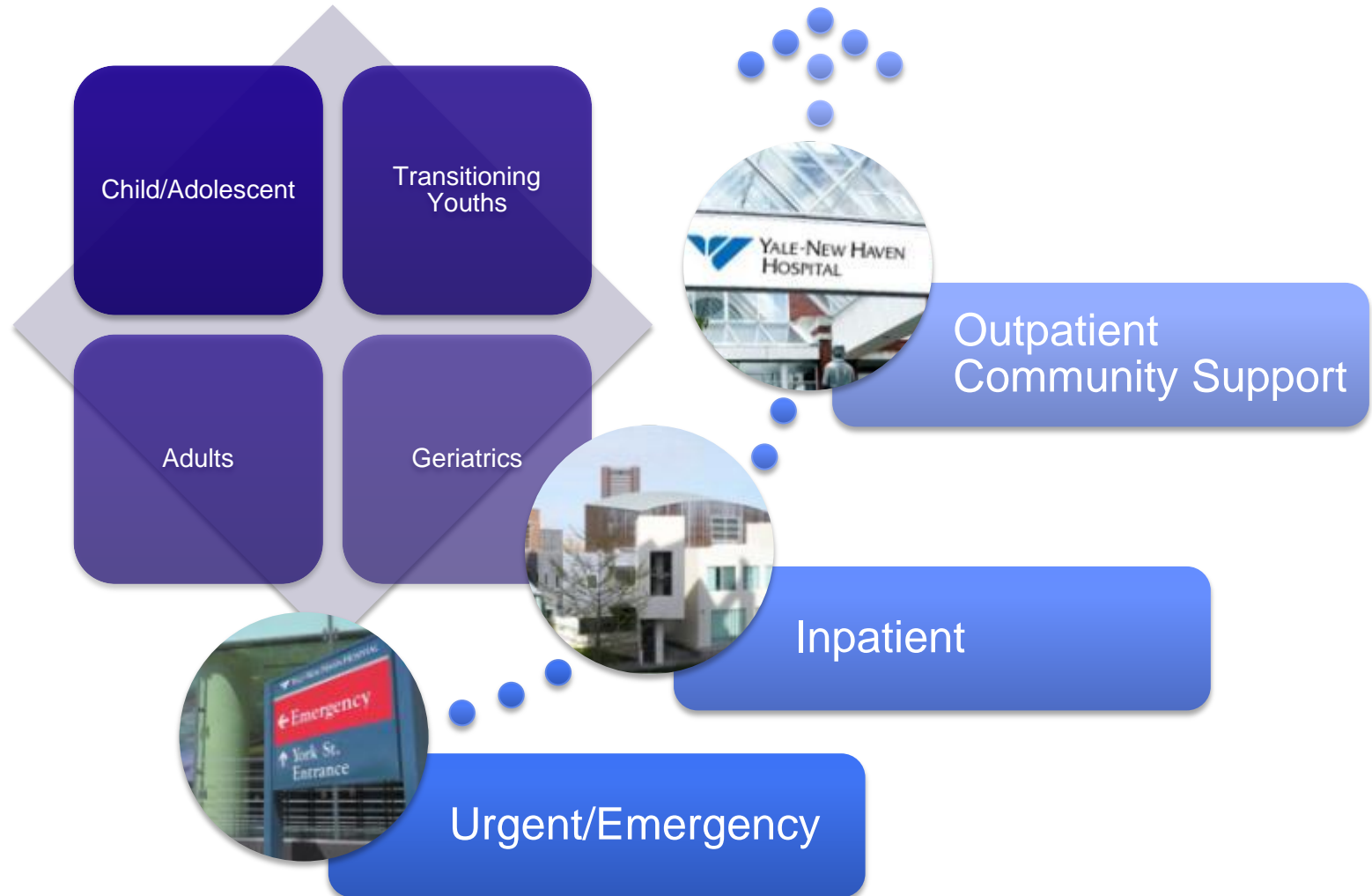


Saint Raphael Campus



YNHH Provides Psychiatric Services

Across ages and settings of care



Specialized Care

- Specialized Staff:
 - Board-certified, Yale School of Medicine Psychiatrists
 - Psychologists
 - Advanced Practice Registered Nurses
 - Nurses
 - Social Workers
 - Occupational & Recreational Therapists
 - Support Staff



- Specialized Treatment:
 - Electroconvulsive Therapy
 - Crisis Intervention Services
 - Observation Services
 - Intensive Outpatient Services
 - Partial Hospital Program
 - Continuing Care Clinic
 - Dialectical Behavioral Therapy
 - Cognitive Behavioral Therapy
 - Substance Abuse Group Therapy
 - Dual Diagnosis Services
 - Child & Adolescent Psychiatric Services
 - Geriatric Services

YNHH Psychiatry Distinctions

- Highest ranked psychiatric hospital in Connecticut by US News and World Report
- Magnet Accredited Hospital
- Top NIMH funded Psychiatry program in the US
- One of the largest graduate medical education and psychology training programs in the country
- Top ranked graduate program in drug and substance abuse by US News and World Report



Yale-New Haven Hospital's York Street campus and associated ambulatory sites are Magnet-designated by the ANCC.



National Institute of Mental Health



Yale-New Haven Psychiatric Hospital – Inpatient Services

Age Cohort	Beds
Child Unit (0-12 yo)	16
Young Adolescent (13-15 yo)	20
Older Adolescent/Younger Adult (16-25 yo)	23
Adult General Psych (26-54)	25
Adult Dual Diagnosis (26-54)	25
Older Adult (55+)	25
Total	134

} 4,100 annual cases



Yale-New Haven Psychiatric Hospital – Outpatient Services

Outpatient Service	Capacity / Volume
Children's Day Hospital	12 slots
Adolescent Day Hospital (2 sites)	60 slots
Adult Day Hospital	<u>104 slots</u>
Total Day Hospital	35,300
Interventional Psychiatric Services	2,700
Adult Continuing Care Clinic	6,500
Observation	4,000
Smoking Cessation	1,300

} 50,000 annual visits



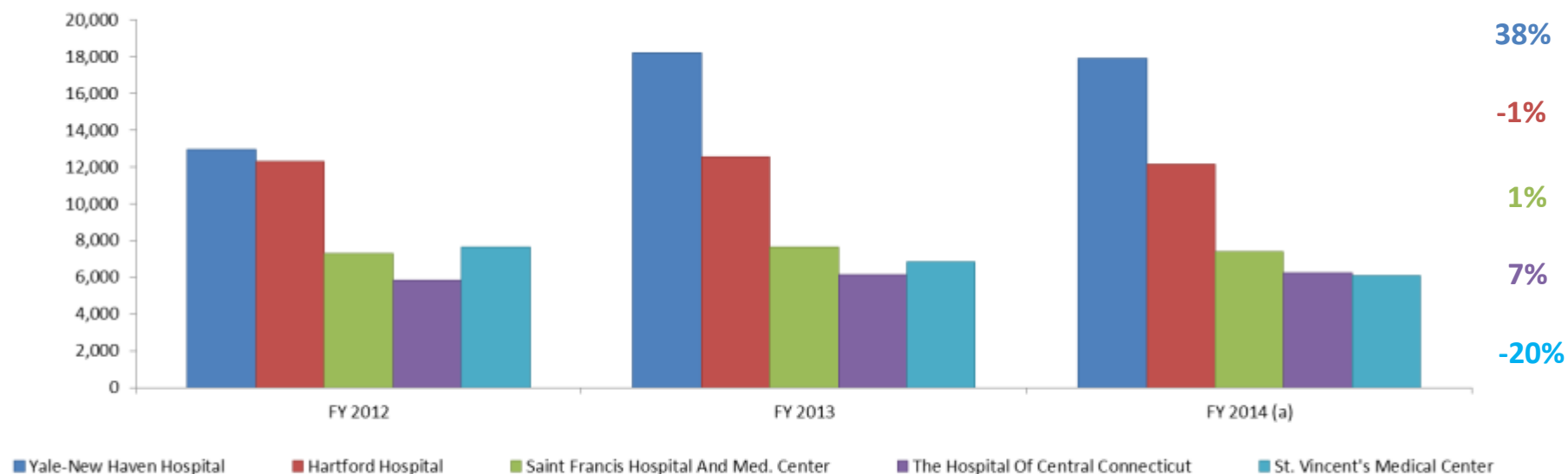
YNHH Primary Service Area



PSA= Primary Service Area where 10% or more of the town's hospital volume goes to YNHH

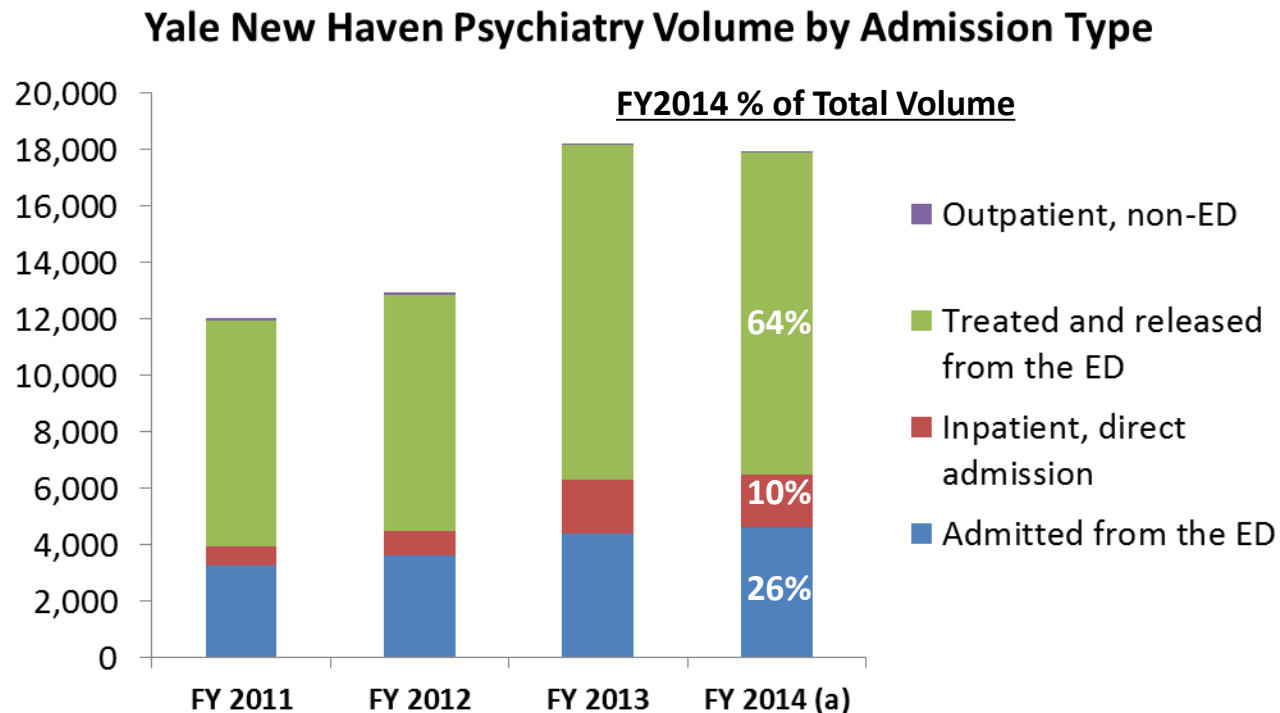
Yale-New Haven Hospital Leads the State in Psychiatric Inpatient Volume

Top CT Psych Volume by Hospital



YNHH State Share = 15%

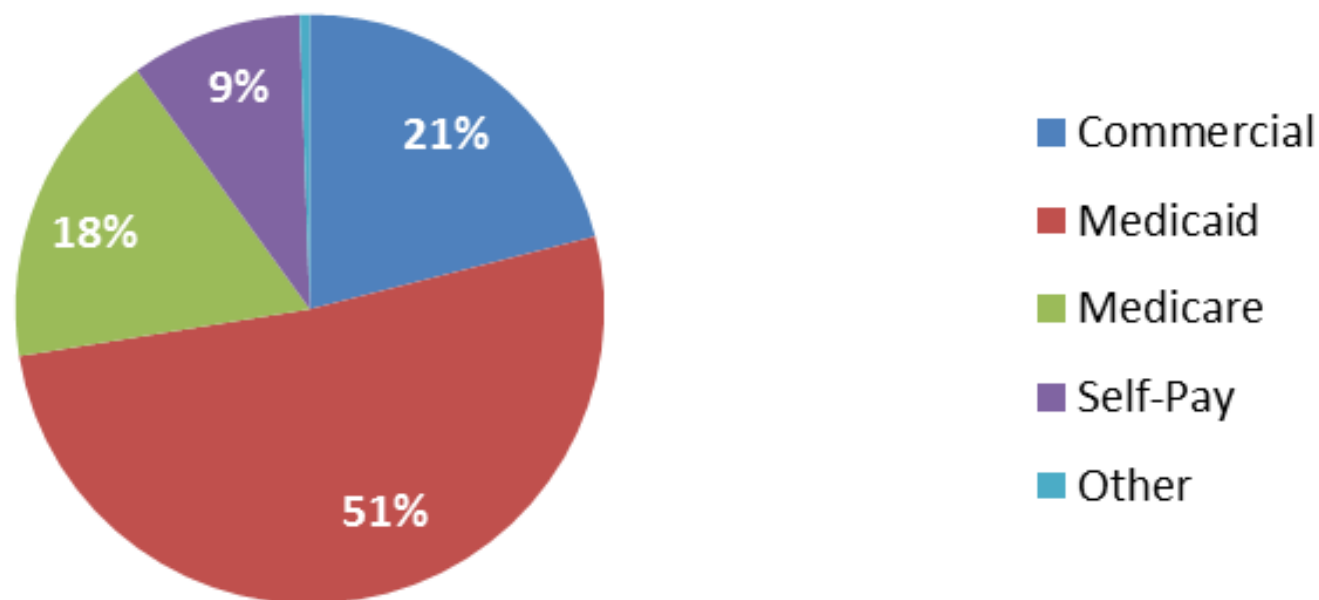
Psychiatry Volume is 64% Outpatient



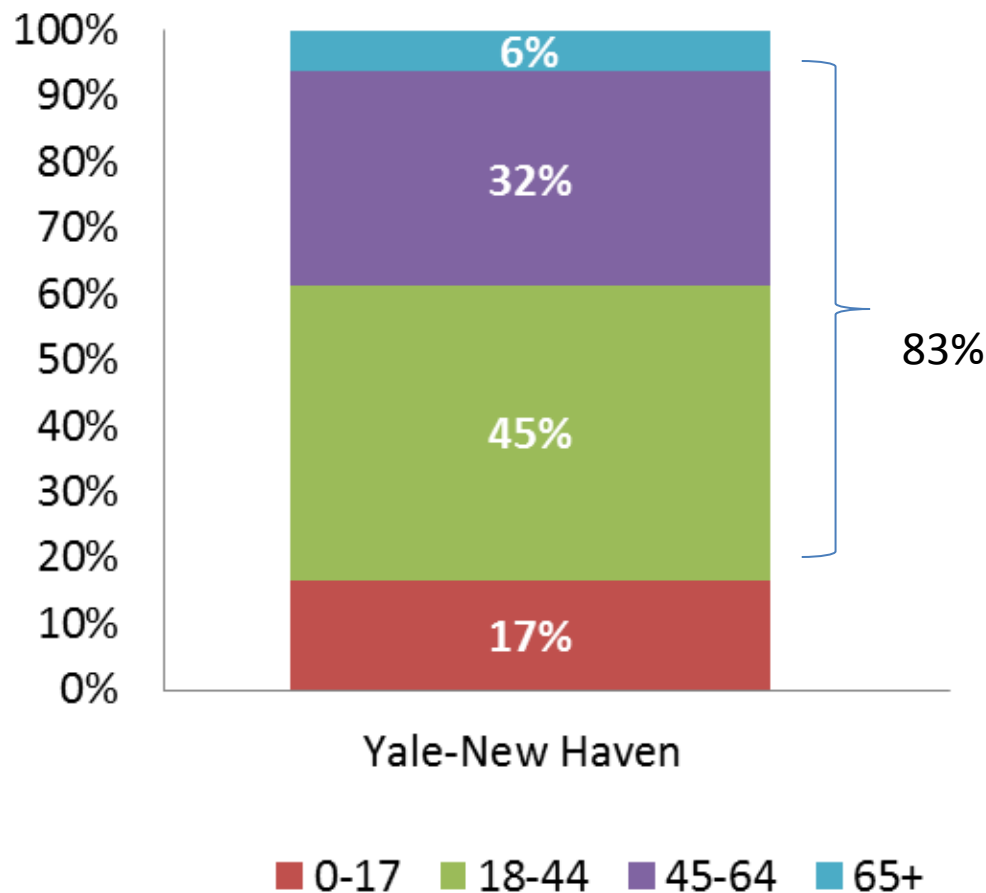
State Outpatient Percentage= 71%

Yale-New Haven is 69% Medicare and Medicaid

Yale New Haven Psychiatric FY14 Payor Mix

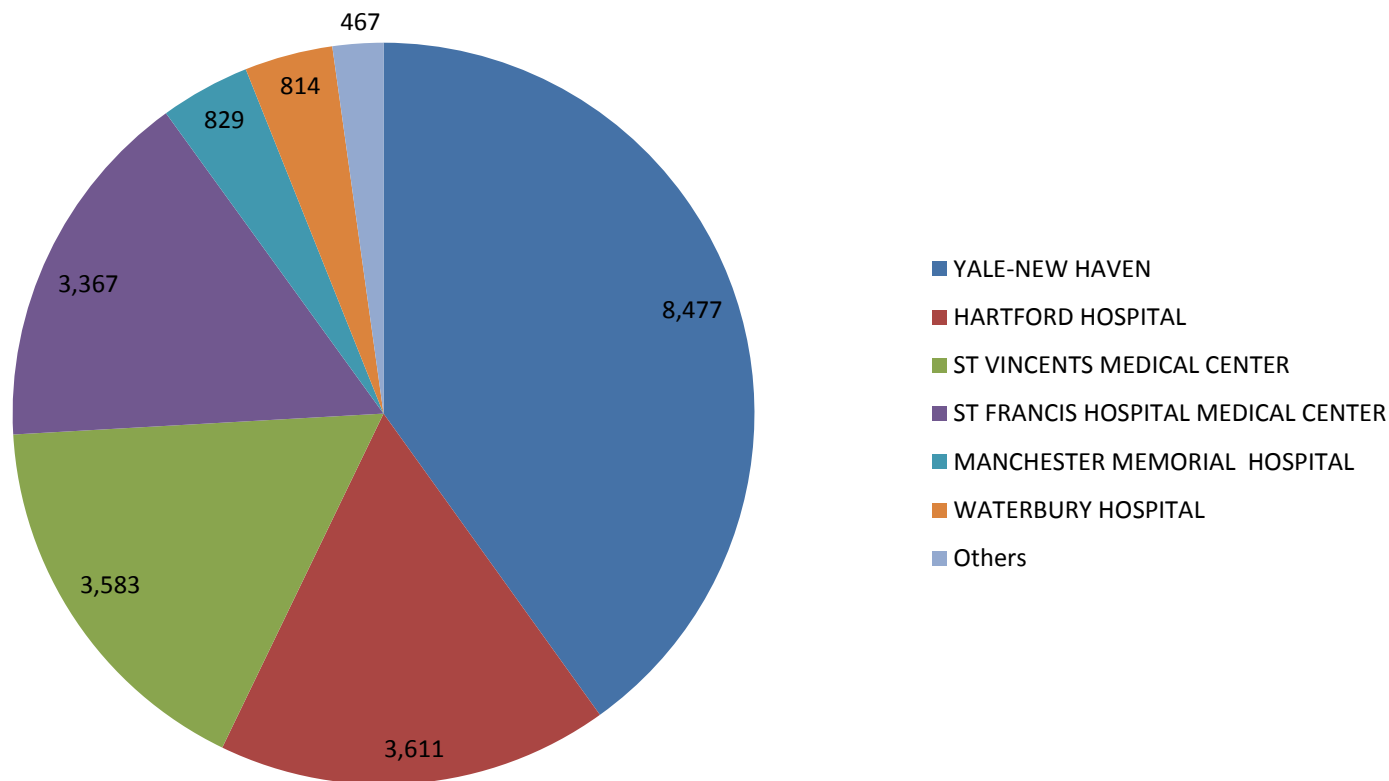


Yale-New Haven has Mostly (83)% Adult Psych Patients



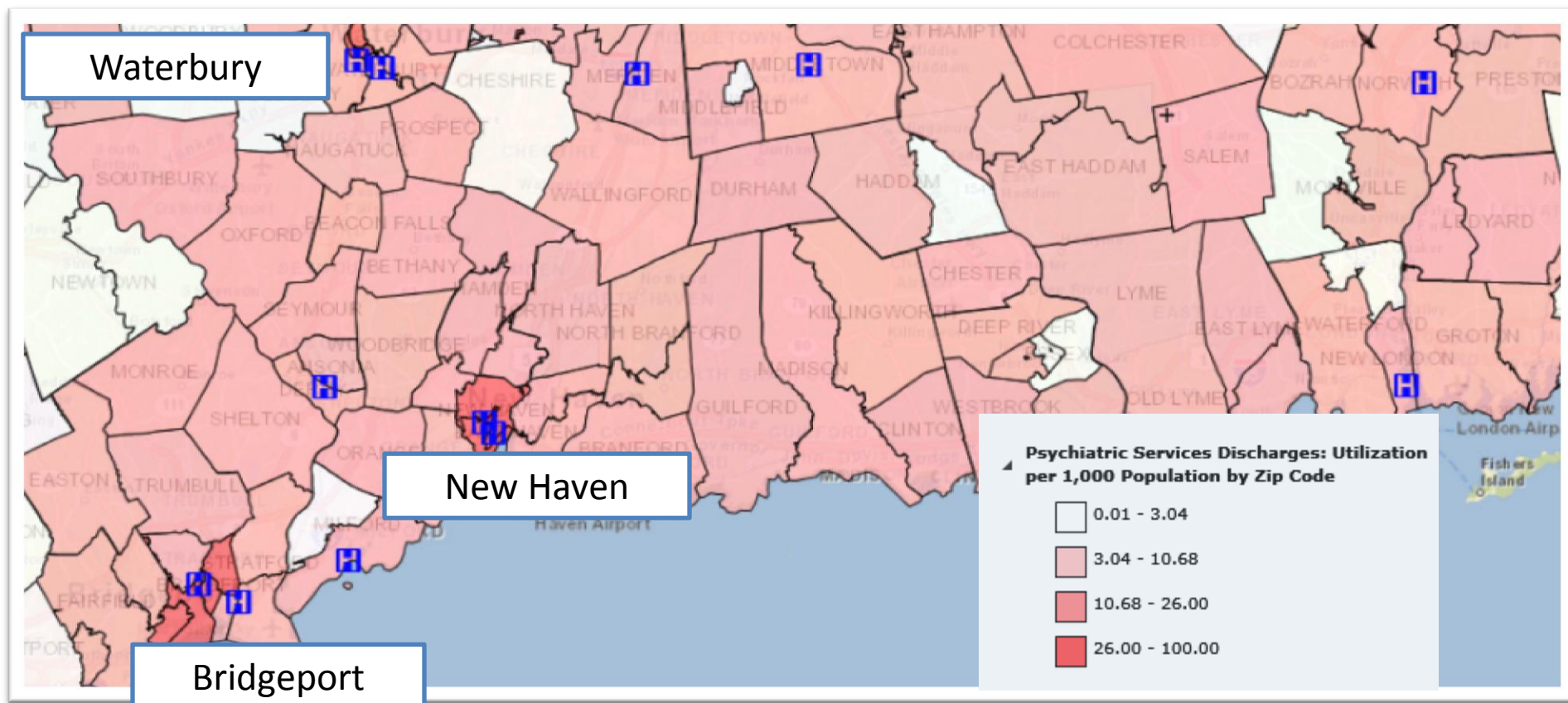
Yale-New Haven is largest provider of inpatient psychiatric services for Medicaid children and adolescents

**Total Child Days Incl. Discharge Delays
CY 2012 = 21,148 Total**



There is disproportionate utilization of hospital based psychiatric services in the cities of New Haven, Waterbury and Bridgeport

Psychiatric Inpatient utilization per 1,000 population by zip code at Yale-New Haven



Very Few *(5% of Total CT)* Cases Leave the State

NY OM by Hospital by Age for FY 2011 and FY 2012

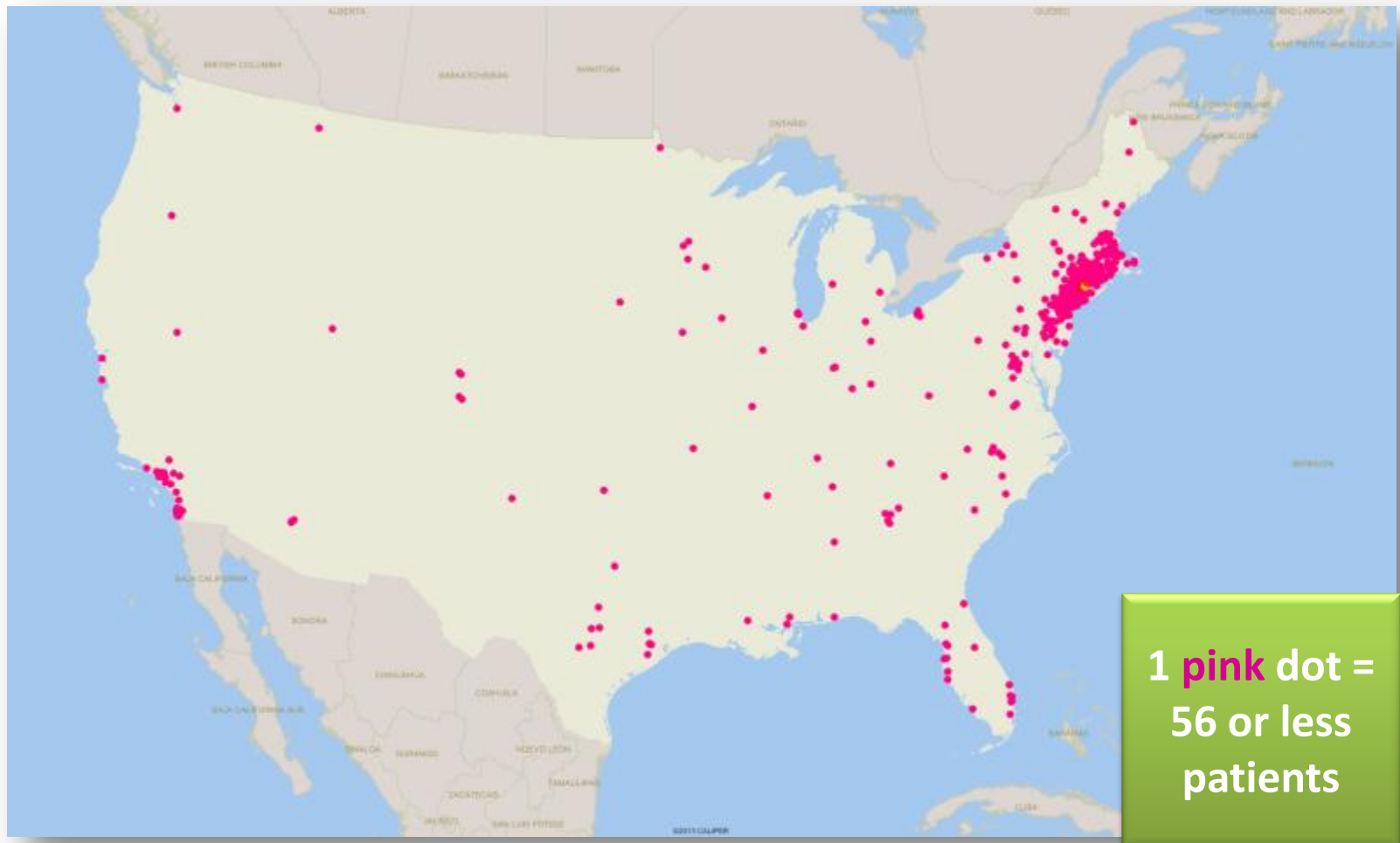
NY Hospital Name	FY 2011	FY 2012	Change FY 2011 - FY 2012	
	Total	Total	Total	
			#	%
NYP - Westchester Division	144	147	3	2.1%
St Joseph's-st Vincents Westchester	18	26	8	44.4%
Westchester Medical Center	14	20	6	42.9%
Putnam Hospital Center	17	14	-3	-17.6%
Phelps Memorial	9	16	7	77.8%
NYP-Columbia	14	9	-5	-35.7%
Northern Westchester Hospital	10	10	0	0.0%
NYP-Cornell	12	8	-4	-33.3%
Mount Sinai Hospital	12	6	-6	-50.0%
Bellevue Hospital Center	7	11	4	57.1%
Beth Israel Medical Center-Petrie	9	7	-2	-22.2%
Benedictine Hospital	6	9	3	50.0%
Lenox Hill Hospital	5	7	2	40.0%
NYU Hospitals Center	3	7	4	133.3%
All Other Hospitals	107	119	12	11.2%
Grand Total	387	416	29	7.5%

MA and RI OM by Hospital by Age for FY 2011 and FY 2012

NY Hospital Name	FY 2011	FY 2012	Change FY 2011 - FY 2012	
	Total	Total	Total	
			#	%
UMass. Memorial Medical Center	34	34	0	0.0%
Baystate Medical Center	28	27	-1	-3.6%
Mercy Medical Center - Providence Campus	13	19	6	46.2%
Harrington Memorial Hospital	16	13	-3	-18.8%
Cooley Dickinson Hospital	13	11	-2	-15.4%
Berkshire Medical Center	13	9	-4	-30.8%
Massachusetts General Hospital	5	9	4	80.0%
UMass. Wing Memorial Hospital	7	5	-2	-28.6%
Saint Vincent Hospital	7	5	-2	-28.6%
Newton Wellesley Hospital	4	7	3	75.0%
All Other Hospitals	54	63	9	16.7%
Grand Total	194	202	8	4.1%

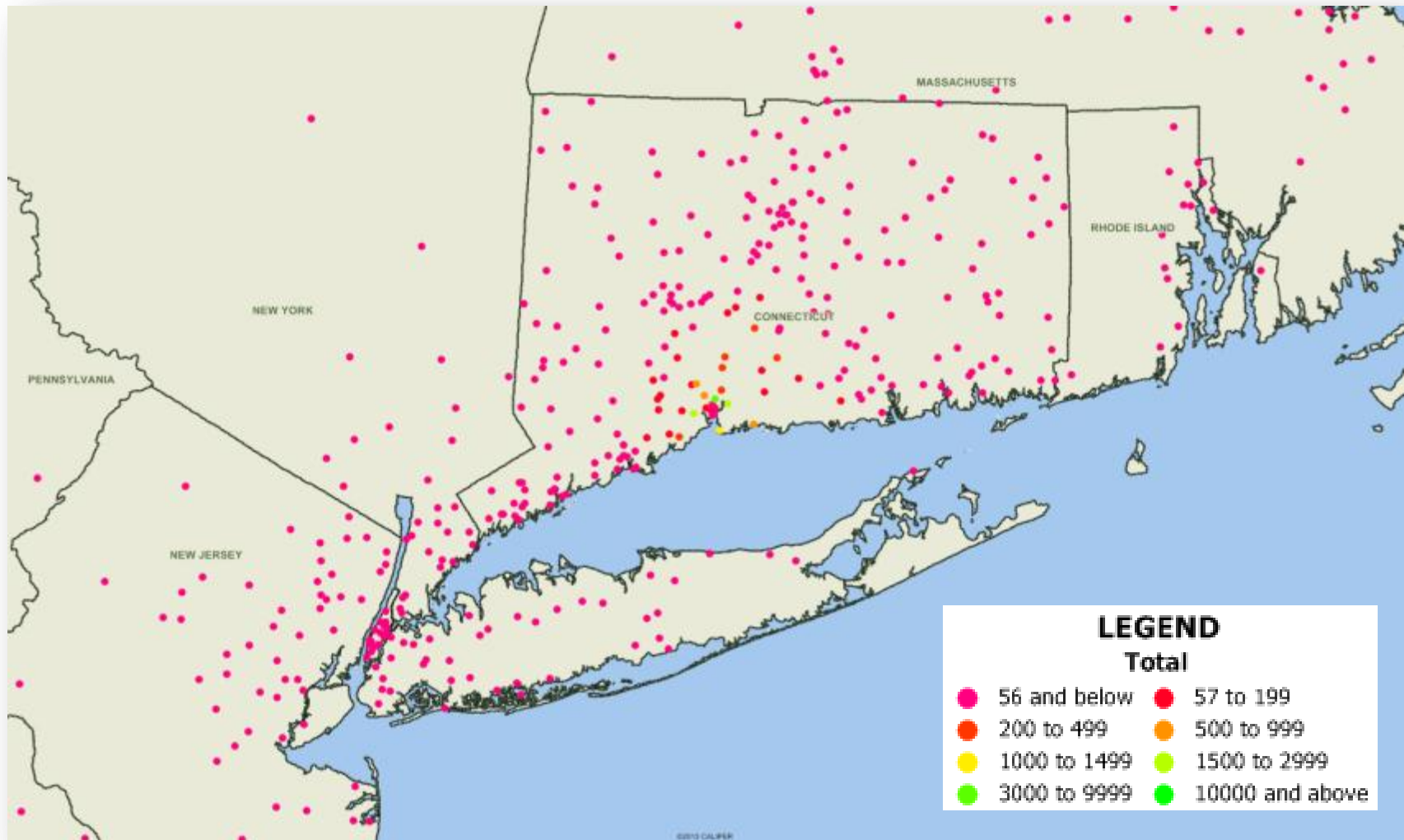
YNHH Psychiatry Has National Reach

YNHH Psychiatry Patients *by Patient Origin*



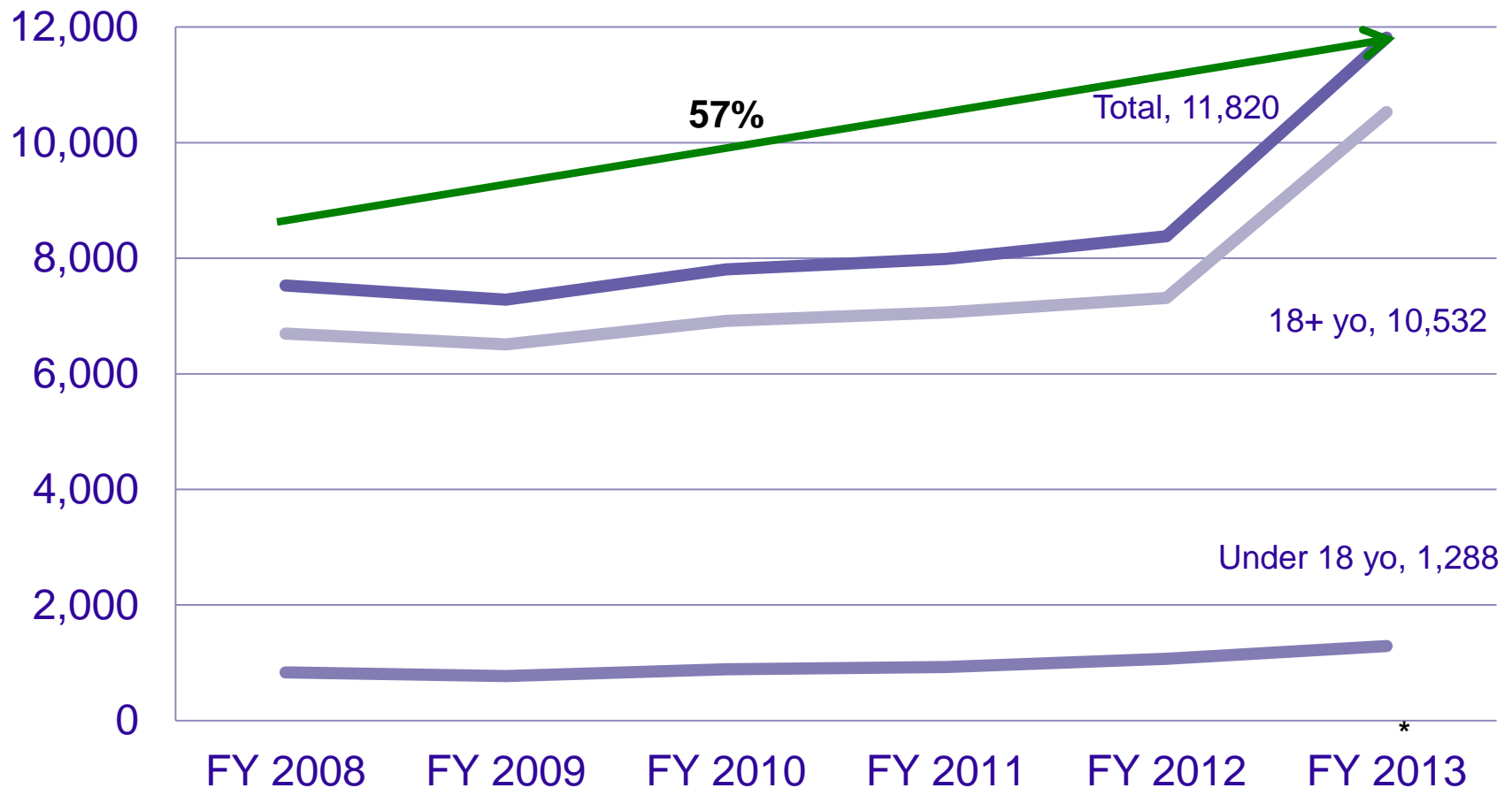
YNHH Psychiatry Has Regional Reach

YNHH Psychiatry Patients *by Patient Origin*



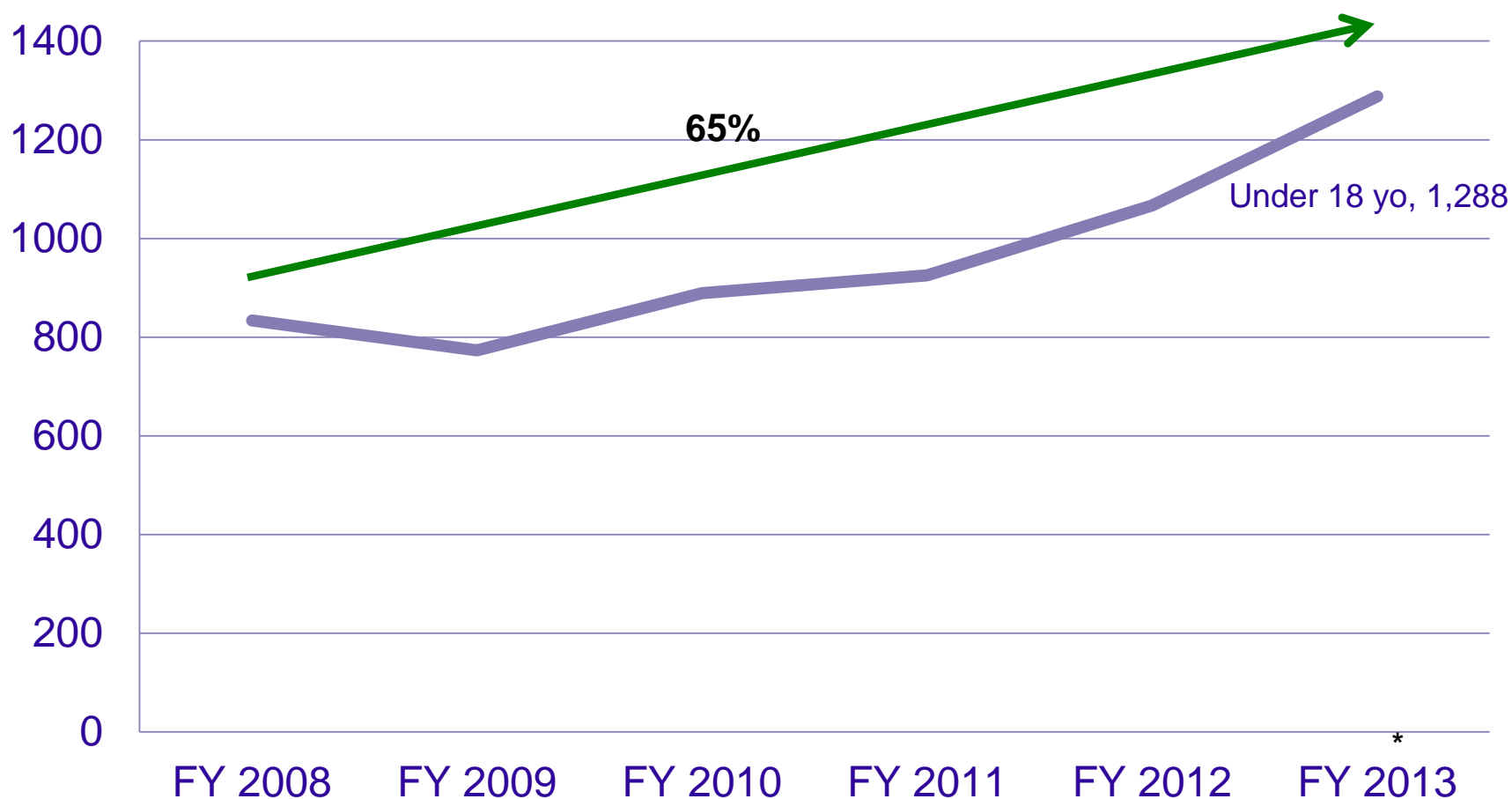
Source: CHIME, FY13 discharges only, Includes inpatient, outpatient, and patients admitted through the ED

Emergency Psychiatric Visits Steadily Increasing



Source: CHIME
 Definition: HCUP 650-663, 670 ; All Ages; Outpatient Emergency Patients with a Psychiatric Primary Diagnosis,
 *Acquisition of Saint Raphael's Hospital

Steep Increases in Child/ Adolescent Emergency Psychiatric Visits

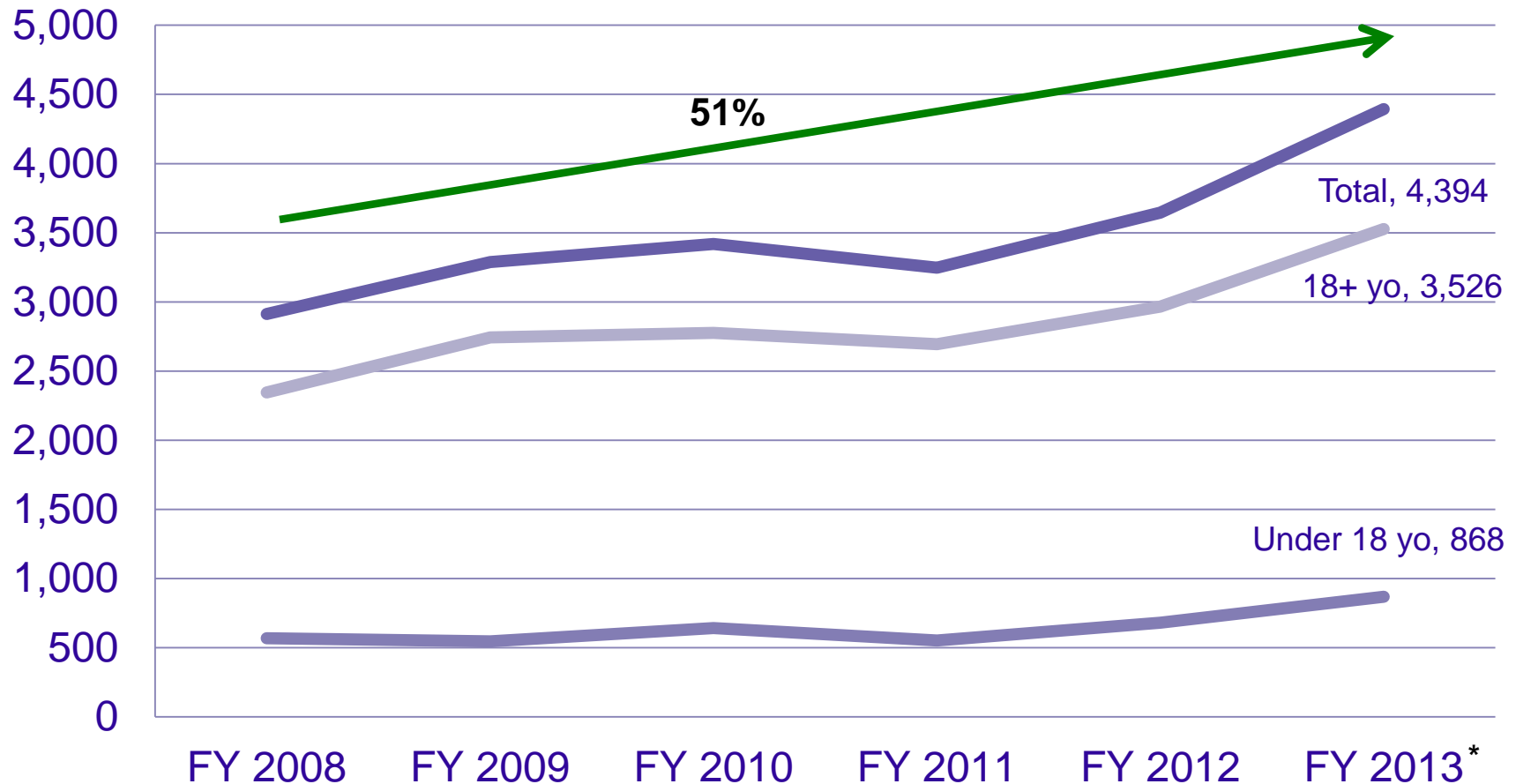


Source: CHIME

Definition: HCUP 650-663, 670 ; Under 18 yo; Outpatient Emergency Patients with a Psychiatric Primary Diagnosis,

*Acquisition of Saint Raphael's Hospital

Admitted Patients through the ED Steadily Increasing



Source: CHIME

Definition: HCUP 650-663, 670 ; All Ages; Emergency Patients with a Psychiatric Primary Diagnosis that are admitted

*Acquisition of Saint Raphael's Hospital

Key Themes

- At YNHH, Adult ED outpatient volume for all patients with a primary psychiatric diagnosis has increased 57% from 2008-2013
- Overall Adult psychiatric volume has increased 70% and Pediatric volume has increased 107% from 2008-2013
- YNHH is Connecticut's largest provider of inpatient Psychiatric services.
- More than 50% of the patients at YNHPH are covered by Medicaid, which in Connecticut, reimburses on average less than 50% of cost
- Coverage/parity does not equate to access to services – difficult to access services even for people with insurance
- Need to better connect services from child/adolescent to adulthood and to community resources

Examples

- Patient flow and access to services
- Access to providers is limited (taking Medicaid \neq providing service)
- Lack of providers (workforce pressures)
- New CMS Parity Regulations
- It is possible to BOTH save money AND improve access

Barriers to Discharge – Impact on Patient Flow

Population	# of Beds	# of Patients Experiencing a Barrier to Discharge	ALOS of Patients Experiencing a Barrier to Discharge	Barriers to Discharge
Child (Up to 12 years old)	16	1	96.0	1 Awaiting DDS/BOE RTC
Young Adolescent (12-15 years old)	20	2	17.5 (12-23 days)	1 Awaiting Solnit Inpatient 1 Awaiting DCF RTC
Older Adolescent/ Young Adult (16-25 years old)	23	6	76.7 (13-319 days)	1 Awaiting DDS/BOE RTC V. In-Home 1 Awaiting DDS RTC 2 Awaiting Solnit PRTF 1 Awaiting GBMHC 1 Awaiting Interstate Compact to NY
General Adult (26-54 years old)	25	2	24.0 (15-33 days)	1 Awaiting DMHAS Group Home 1 Awaiting Medicaid for SNF
Dual Adult (26-54 years old)	25	7	26.0 (12-53 days)	2 Awaiting CMHC 4 th Floor 1 Awaiting CVH/Psychiatric Unit 2 Awaiting CVH/Merritt Hall 1 Awaiting Residential Rehabilitation 1 Awaiting Emergency Shelter
Older Adult (55+ years old)	25	4	22.0 (20-30 days)	2 Awaiting Conservatorship for Medicaid for SNF 1 Awaiting Clinical Acceptance for SNF 1 Awaiting Residential Rehabilitation/Supportive Housing
Total	134	22 (16%)	44.5 (12-319)	

Barriers to Discharge

Children/Adolescents

- Lengthy approval process & wait lists for higher levels of care (longer term inpatient, PRTF, RTC)
- Lack of emergency placement for patients who are clinically stable to discharge from the hospital, and do not require these higher levels of care, but cannot return to their pre-admission residence

Adults

- Lack of timely access to DMHAS Young Adult Services, particularly for first time referrals and/or those not previously involved with DCF
- DMHAS State bed list wait
- Lack of timely access to supportive housing
- Increasing waits for residential substance abuse rehabilitation, particularly for those who are dually diagnosed and require a psychiatrically supported program of which there are a very limited number in the State
- Lack of timely access to emergency housing since implementation of the 211 coordinated access shelter referral process
- Medicaid application determination process when dependent upon Medicaid to fund only appropriate post-discharge level of care, for example, a skilled nursing facility for a patient with dementia

Both

- Lack of timely access to DDS services, particularly for those who cannot return to their pre-admission residence, but also for those requiring community-based services

Community Transitional Services (CTS) Program Overview & Utilization Data Q1 & Q2 of FY 2015

Innovative Approach to Managing Patient Flow

- Inpatient LOS for adults experiencing barriers to discharge would be significantly higher if not for the Yale–New Haven Psychiatric Hospital program with Continuum of Care to provide 8 beds in a Community Transitional Services (CTS) program

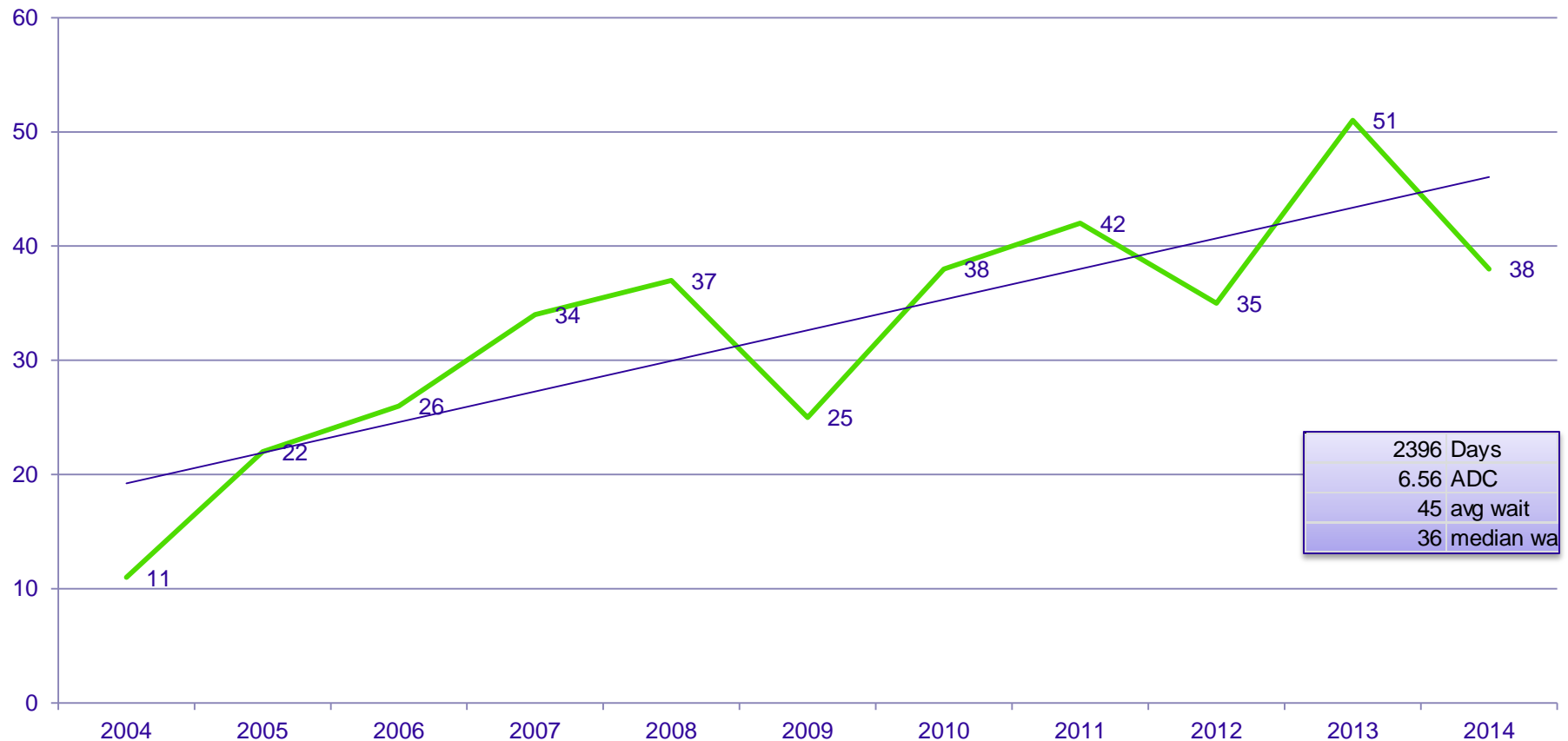
Criteria

- Patients are clinically stable for discharge
- Patients have an acceptance in the next recommended level of care
- Patients are on a wait list awaiting an opening

Utilization

- # of Clients Served 130 (260A)
- ALOS 11.8 Days
- Patient Days (which would have otherwise been unnecessarily spent in-hospital) 1350 (2700A)
- Awaited openings at the following:
 - Residential Substance Abuse Rehabilitation
 - Sober Home
 - Supportive Housing
 - Emergency Shelter
 - Family/Friends
 - Independent Living/Return Home

Average Wait List LOS



Conclusion

- Budgetary pressures mount
- Providers with large Medicaid and indigent care populations get hit particularly hard in budget proposals
- Interdependent web of care requires close collaboration between all components to improve care
- Patients are still “stuck” at different levels of care in Connecticut – needs improvement