
2023 VIZIENT CONNECTIONS SUMMIT
TOGETHER
we will soar
SEPT. 18–21, 2023
WYNN, LAS VEGAS
vizient.

HOUSTON Methodist LEADING MEDICINE

Our Eyes Are on You: Innovative Mental Health Care Post-Discharge

Heather Chung, Ph.D, MSN, RN, NE-BC, System Director, Psychiatric Services

Stacy Campos, MBA, Program Director

Hailey Stein, LCSW, Project Manager

Houston Methodist Hospital, Houston, Texas

Disclosure of Financial Relationships

Vizient, Inc., Jointly Accredited for Interprofessional Continuing Education, defines companies to be ineligible as those whose primary business is producing, marketing, selling, re-selling, or distributing healthcare products used by or on patients.

An individual is considered to have a relevant financial relationship if the educational content an individual can control is related to the business lines or products of the ineligible company.

No one in a position to control the content of this educational activity has relevant financial relationships with ineligible companies.

Learning Objectives

- Explain how utilizing a combination of screening tools can identify at-risk patients for proactive intervention.

- Discuss how post-discharge telemedicine home visits help reduce unnecessary readmissions.

HOUSTON Methodist LEADING MEDICINE

Our Eyes Are on You: Innovative Mental Health Care Post-Discharge

Heather Chung, Ph.D, MSN, RN, NE-BC, System Director, Psychiatric Services

Stacy Campos, MBA, Program Director

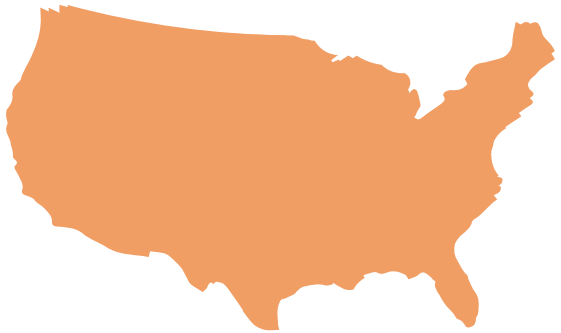
Hailey Stein, LCSW, Project Manager

Houston Methodist Hospital, Houston, Texas

Our Team

- **Dr. Heather Chung** is an influential change agent in designing and leading innovative delivery models to reduce readmission across the Houston Methodist system.
- **Stacy Campos** is responsible for strategic leadership and operational oversight of the behavioral health program.
- **Hailey Stein** is responsible for the daily planning, monitoring, analysis and reporting of the transitions in care project.
- For over 10 years this innovative team lead the Houston Methodist System in achieving mammoth quality outcomes in the medical-behavioral population.

National Landscape: Mental Health



Nationally, **57.8 Million**
American Adults
suffer from a
MENTAL ILLNESS

$280 Billion
Annual cost to U.S.

In Texas, **3.3 Million**
Adults
suffer from a
MENTAL ILLNESS

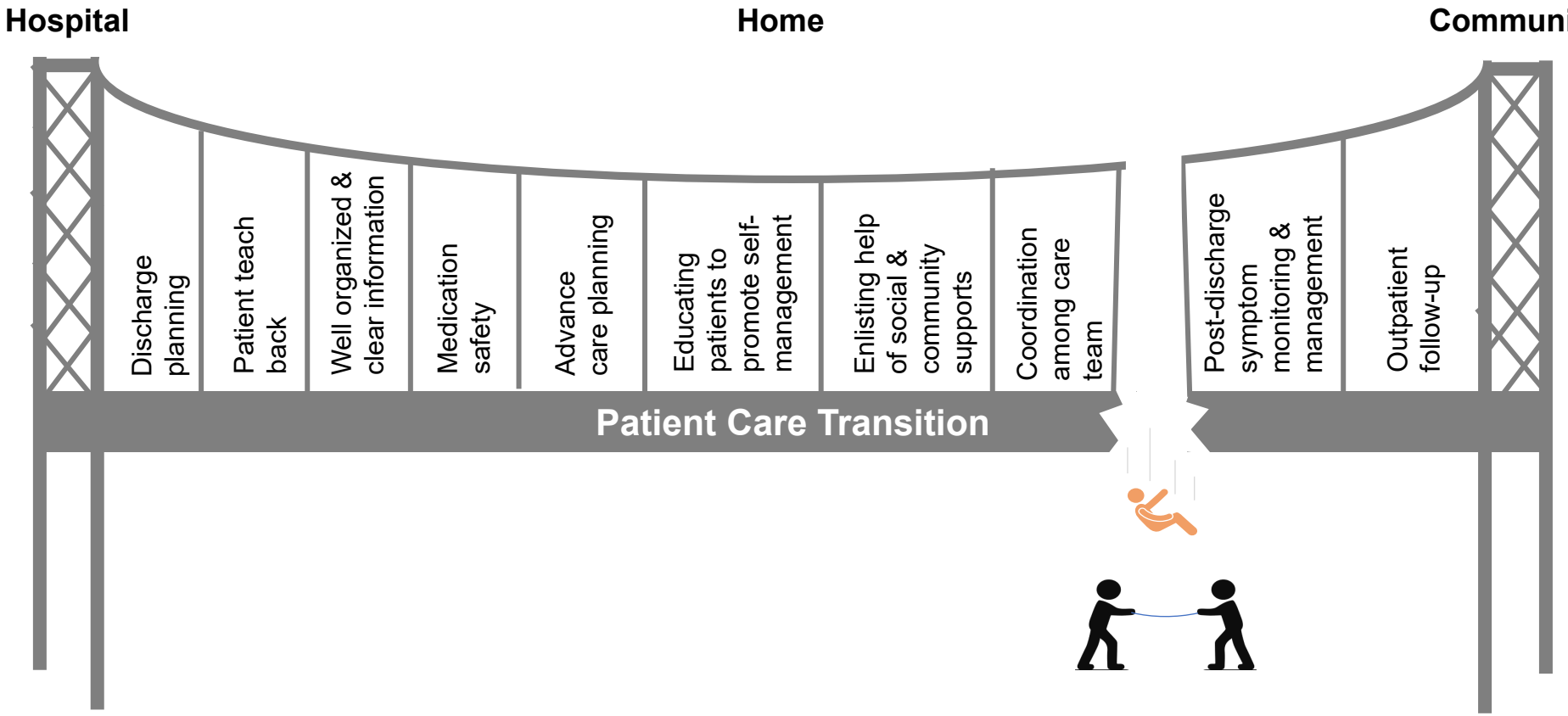
43% of adults
reported symptoms of
Anxiety or Depression.

At Houston Methodist Hospital,
33.5% of inpatient
and
11.9% of emergency patients
suffer from a
MENTAL ILLNESS

Click here for Reference Information on Appendix slide 23

Overview

The hospital-to-home transition marks an abrupt shift from provider-driven care to self-managed care, this often leads to readmissions for patients who are uncertain in management of their health conditions. Our mental health program catches patients and navigates them in bridging the gap in post discharge care.



Target Population

Patients have intersecting behavioral, social, medical, and access to care problems.

Patients are identified by screening for behavioral and readmission concerns.

1. High Risk for Readmission
2. Suicidal Ideation & Depression
3. Substance Abuse
4. Social Determinants of Health

Framework: Hospital to Community

Emergency Department (ED) & Inpatient (IP)

- Readmission Risk Score
- Behavioral Health Social Worker (BH SW) acts as Care Transition Coach (CTC) uses Coleman Transition of Care Tools
- Interdisciplinary Rounds
- Chemical Dependency Counselor

01

1ST Week Post-Discharge

- Bridge Aide (home health agency liaison) schedule patients for home visit post discharge
- Automated call series
- CTC contact or program leads follow up on patients with red score card
- Pharmacist reconciles & resolves prescription issues

02

2nd Week Post-Discharge

- Bridge Aides provide 1st visit within 14 days for clinical assessment
- Bridge Aides complete virtual visit with Nurse Practitioner & Pharmacist
- Emergency issue contact w/ clinic
- County Crisis Intervention Team available
- Automated call series

03

3rd Week Post-Discharge

- Automated call series

04

4th Week Post-Discharge

- Bridge Aides provide 2nd visit as needed
- Automated call series

05

Community Partners

- Denver Harbor
- Access Health
- Legacy Clinic
- Lone Star Behavioral Health
- Central Care Community Health
- Memorial Herman Prevention & Recovery Clinic
- County Crisis Intervention Team available

06

https://caretransitions.health/about

Framework: Inpatient Hospitalization

Identify

- Utilize screening tools to identify eligible patients.
  - Suicidal ideation & depression
  - Alcohol abuse
  - Readmission

01

Intervene

- Behavioral Health Social Worker (BH SW) meets patients at their bedside.
  - Motivational Interviewing
  - Red Flag Coaching
  - Medication Self Management

02

Enroll

- Explain how a post-discharge home visit will benefit the patient and enroll them in the program.

03

Coordinate

- BH SW enters patient in program registry. Bridge Aid will call patient post-discharge to schedule home visit.

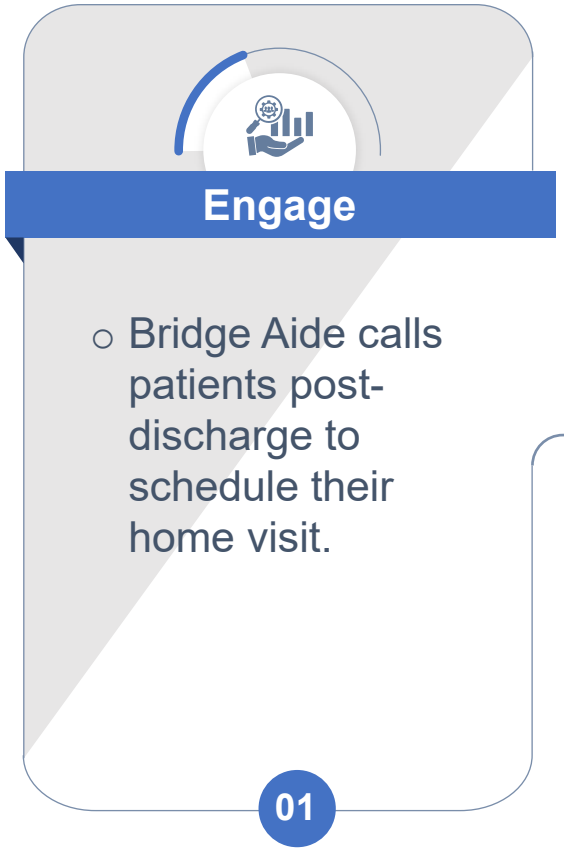
04

Coleman Transitional Care Model

Empower patients with the skills and support they need to improve their health and well-being.

https://caretransitions.health/about

Framework: Post-Discharge Home Visit



Coleman Transitional Care Model

Empower patients with the skills and support they need to improve their health and well-being.

https://caretransitions.health/about

Return on Investment: Program Sustainability

End of Grant Funding

01

In 2022, government funding for the Transition of Care program at 3 hospitals in the Houston Methodist (HM) System ended.

Executive Buy-In

02

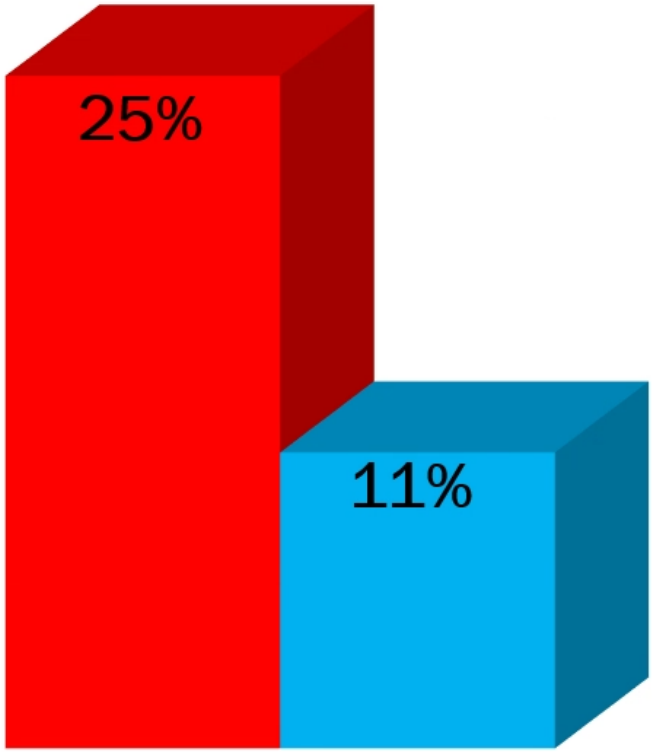
Alternative funding for these hospitals was secured by achieving Chief Executive Officer (CEO) buy-in and we expanded to cover 2 additional hospitals in our healthcare system.

Sustainability

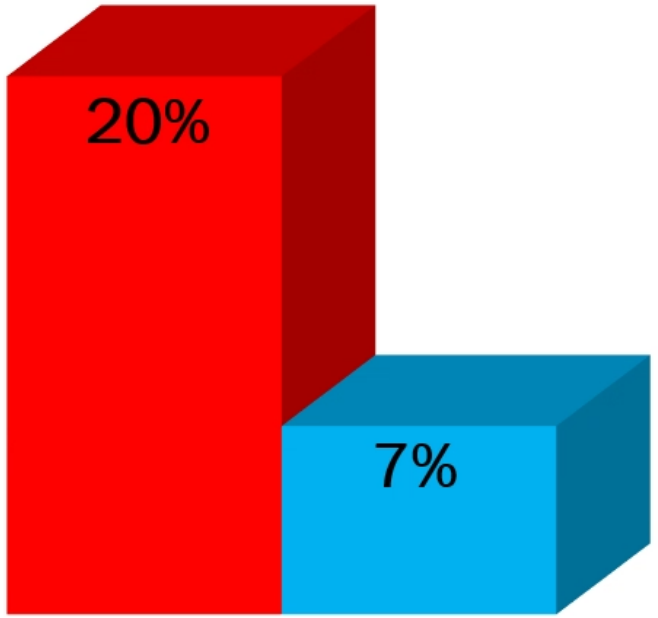
03

We were able to prove sustainability by showing that our program pays for itself. The program expense each hospital incurs is completely offset by cost avoidance from reduced IP readmissions and ED revisits.

Return on Investment: Improved Outcomes



Inpatient (IP) Readmission Rate



Emergency Department (ED) Revisit Rate

30-day index readmissions decreased by:

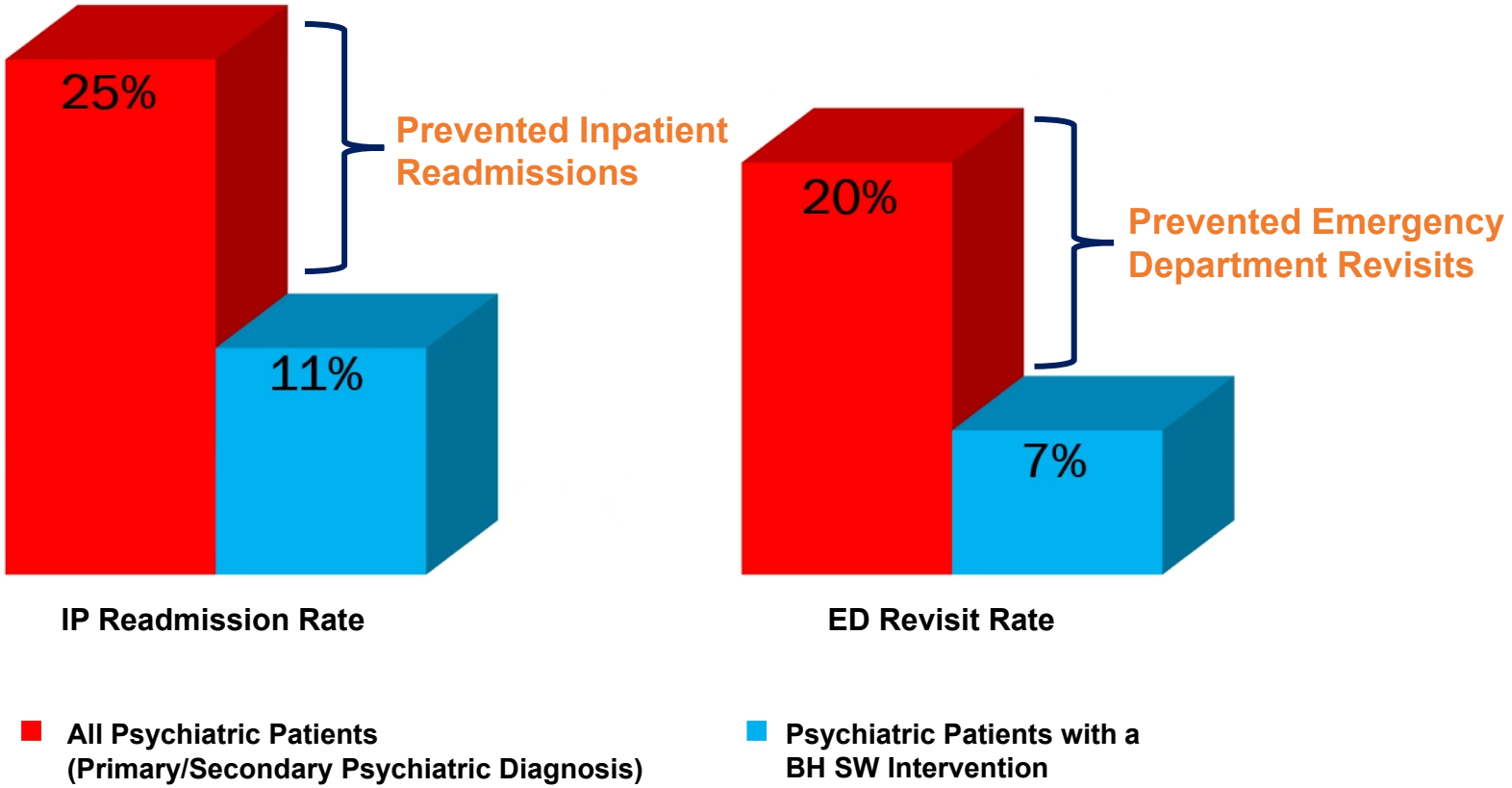
56%
IP readmits

65%
ED revisits

- All Psychiatric Patients (Primary/Secondary Psychiatric Diagnosis)
- Psychiatric Patients with a BH SW Intervention

Return on Investment: Cost Avoidance

Cost avoidance is built around our negative contribution margin (CM) patients, where the hospital's cost to provide care is higher than the amount reimbursed.



46%

Program patients with a Negative CM

308 Patients

Negative CM patients we prevent from bouncing back to our hospitals annually

Return on Investment: Cost Avoidance

Negative Contribution Margin

- **308 Negative CM Patients**
  - 160 Prevented IP readmits
  - 148 Prevented ED revisits

Cost Avoidance Per Patient

- **Cost Avoidance by Location**
  - $9,597 Average IP direct cost
  - $388 Average ED direct cost

Cost Avoidance Houston Methodist System

- 160 Prevented IP readmits x $9,597= $1.5M IP readmit cost avoidance
- 148 Prevented ED revisits x $388= $57K ED revisit cost avoidance

$1.6M Cost Avoidance HM System

HMH	HMB	HMW	HMSL	HMWB
$497,698	$238,864	$238,864	$238,864	$378,266

Lessons Learned

01 • Evidence-based approach (framework models & metrics)

02 • Specialized behavioral health clinicians

03 • Electronic health record integration (patient list, reporting)

04 • Knowing community resources, especially for non-resource patients

05 • ROI reporting for sustainability

06 • Proactive communication with patients (post-discharge phone call)

07 • Utilize consistent screening tools to identify patients

08 • **Future growth areas: Proactive intervention for multi-visit patient population**

Key Takeaways

01 Partner with primary care groups to navigate patients to post-discharge

02 Model proactive behavior by helping patients make follow-up appointments post-discharge

03 Proactively monitor clinical issues and manage symptoms (i.e.: blood pressure)

04 In-home medication reconciliation

05 Consider patient cost constraints (i.e.: unable to afford prescription refills and supplies)

06 Build local partnership with other hospitals and agencies such paramedics

07 Call patients within 7-days post-discharge

Questions?

HOUSTON Methodist LEADING MEDICINE

Contact:

Dr. Heather Chung, hchung@houstonmethodist.org

Stacy Campos, scampos@houstonmethodist.org

Hailey Stein, hstein@houstonmethodist.org

This educational session is enabled through the generous support of the Vizient Member Networks program.

Appendix
Reference Slides

National Landscape: Mental Health

Reference Information

SAMHSA Survey titled, Key Substance Use and Mental Health Indicators in the United States: 2021 National Survey on Drug Use and Health
https://www.samhsa.gov/data/sites/default/files/reports/rpt39443/2021NSDUHFFRRev010323.pdf
Among adults aged 18 or older in 2021, 22.8 percent (or 57.8 million people) had any mental illness (AMI) in the past year.
Among adolescents aged 12 to 17 in 2021, 25.2 percent (or 6.3 million people) had either an substance use disorder (SUD) or an major depressive episode (MDE) in the past year.
Nearly half of young adults aged 18 to 25 in 2021 (45.8 percent or 15.3 million people) had either an SUD or AMI in the past year.
Among adults aged 18 or older in 2021 who had AMI in the past year, White (52.4 percent) or Multiracial adults (52.2 percent) were more likely than Black (39.4 percent), Hispanic (36.1 percent), or Asian adults (25.4 percent) to have received any of these mental health services in the past year. Asian adults with AMI also were less likely to have received mental health services in the past year compared with Black or Hispanic adults with AMI.

American Journal of Psychiatry: Assessing the Economic Costs of Serious Mental Illness
https://ajp.psychiatryonline.org/doi/pdf/10.1176/appi.ajp.2008.08030366#:~:text=The%20%24317%20billion%20estimated%20economic,child%20in%20the%20United%20States.
The $317 billion estimated economic burden of serious mental illness excludes costs associated with comorbid conditions, incarceration, homelessness, and early mortality. Includes health care expenditures ($100.1B), loss of earnings ($193.2B), disability benefits ($24.3B for SSI and SSDI).

https://www.whitehouse.gov/cea/written-materials/2022/05/31/reducing-the-economic-burden-of-unmet-mental-health-needs/#:~:text=Around%20%24280%20billion%20were%20spent,from%20the%20U.S.%20Medicaid%20program.
The Federal Government covers some of the costs of treating mental health disorders. Around $280 billion were spent on mental health services in 2020, about a quarter of which came from the U.S. Medicaid program.

Mental Health in Texas
https://www.nami.org/NAMI/media/NAMI-Media/StateFactSheets/TexasStateFactSheet.pdf
3,347,000 adults in Texas have a mental health condition. That's more than three times the population of Austin.
43.4% of adults in Texas reported symptoms of anxiety or depression. 26.4% were unable to get needed counseling or therapy.
More than half of Americans report that COVID-19 has had a negative impact on their mental health.

Nationally, **57.8 Million** American Adults *suffer from a* **MENTAL ILLNESS**

$280 Billion Annual cost to U.S.

In Texas, **3.3 Million** Adults *suffer from a* **MENTAL ILLNESS**

43% of adults *reported symptoms of* Anxiety or Depression.

At Houston Methodist Hospital, **33.5% of inpatient** *and* **11.9% of emergency patients** *suffer from a* **MENTAL ILLNESS**