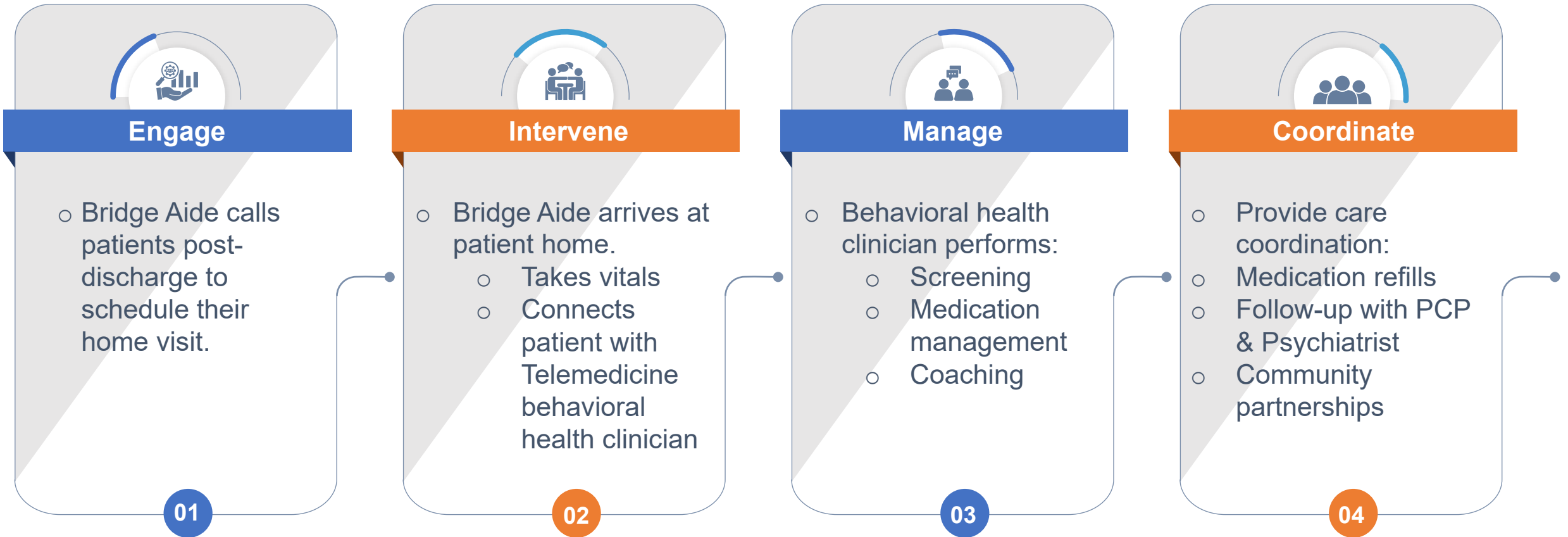


Framework: Post-Discharge Home Visit



Coleman Transitional Care Model

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

<https://caretransitions.health/about>

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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

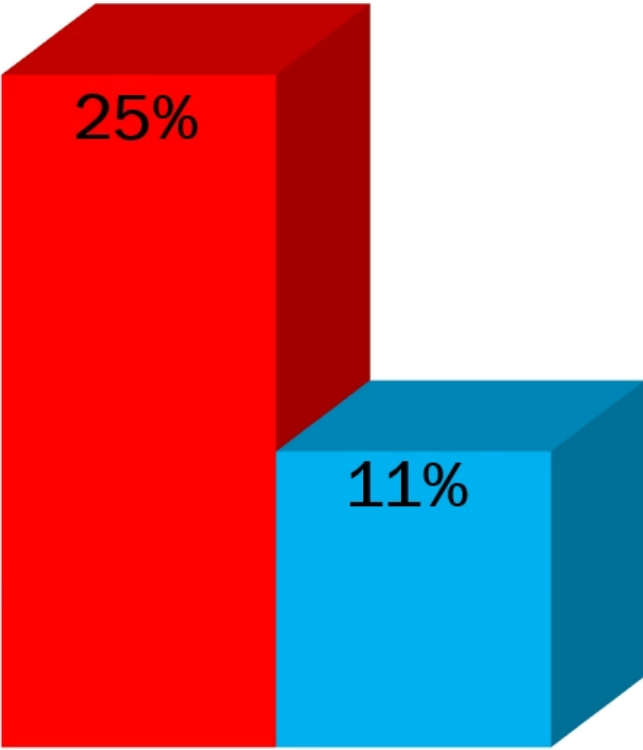
We were able to prove sustainability by showing that our program pays for itself. The program expense each hospital incurs is completely offset by cost avoidance from reduced IP readmissions and ED revisits.

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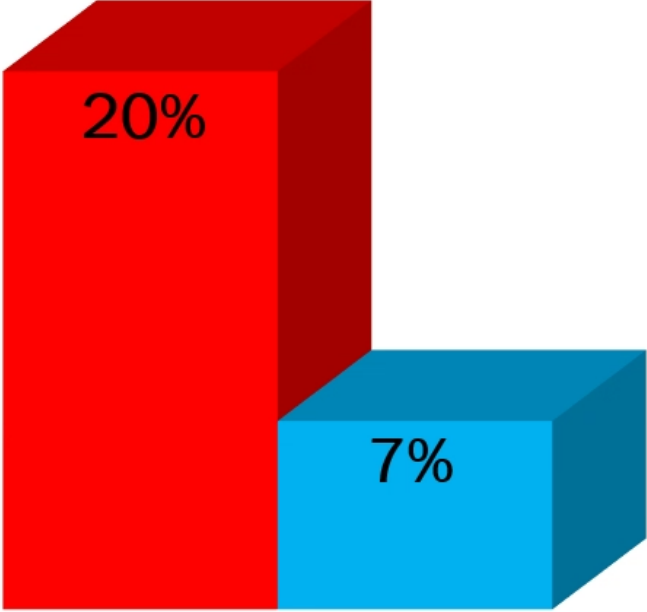
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Return on Investment: Improved Outcomes



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)

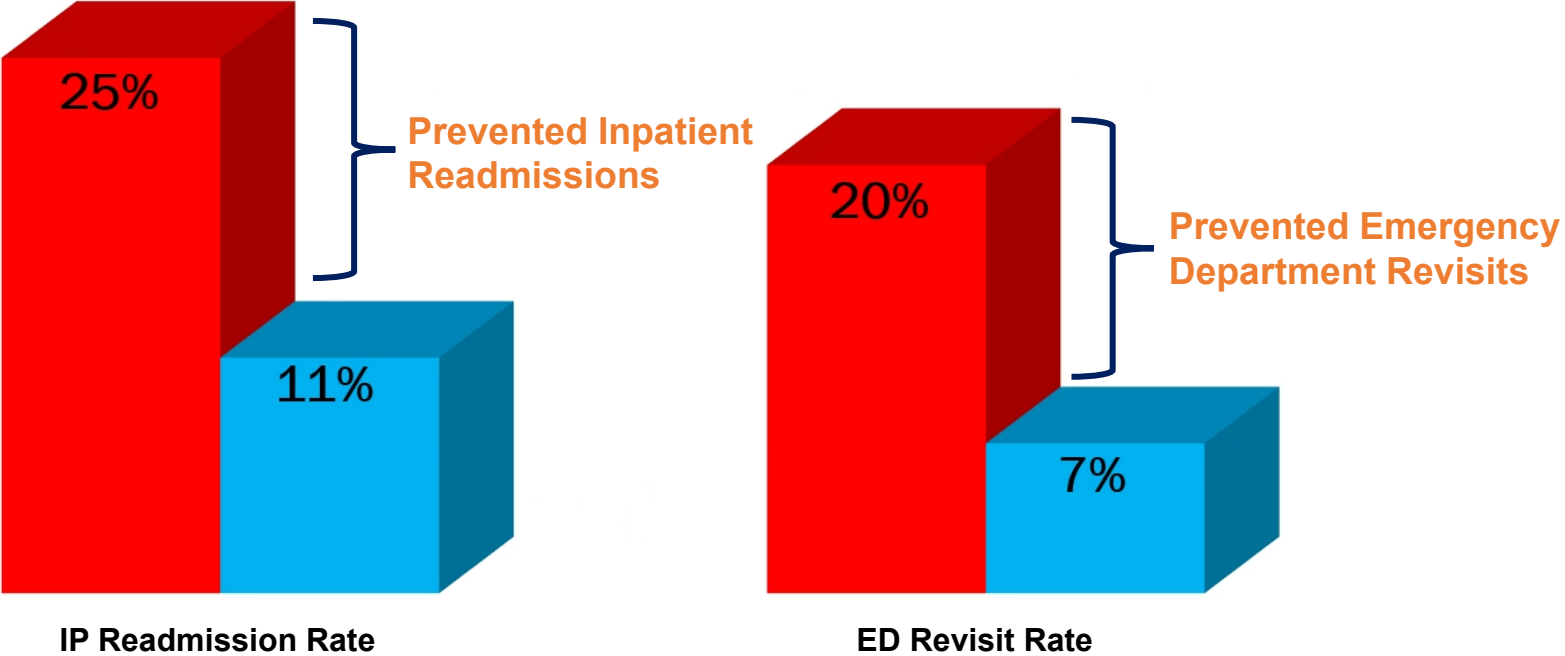
■ Psychiatric Patients with a BH SW Intervention

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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

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

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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

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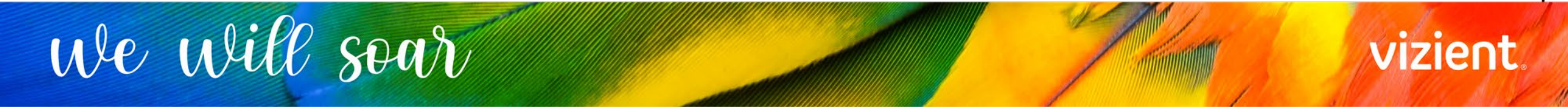
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This graph/chart is linked to excel, and changes automatically based on data. Just left click on it and select "Edit Data".

Lessons Learned

- 01 • Evidence-based approach (framework models & metrics)
- 03 • Electronic health record integration (patient list, reporting)
- 05 • ROI reporting for sustainability
- 07 • Utilize consistent screening tools to identify patients

- 02 • Specialized behavioral health clinicians
- 04 • Knowing community resources, especially for non-resource patients
- 06 • Proactive communication with patients (post-discharge phone call)
- 08 • **Future growth areas: Proactive intervention for multi-visit patient population**



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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

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Questions?



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*This educational session is enabled through the generous support of the
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Appendix Reference Slides

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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 a substance use disorder (SUD) or a 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
Depressio
n.



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

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