

Public / Private Inpatient Leadership Conference Breakout Session Summary

Southeast

Top issues/Priorities/Projects

- 1) Bed Board for Southeast Region
- 2) Crisis Bed Development
- 3) Right Person in the Right Bed (Balancing Payer Mix)

Next Steps

Priorities #1 & # 3

Appalachian Behavioral Healthcare will coordinate and convene a meeting at the RPH tentatively scheduled for January 31, 2012 to discuss both the bed board concept, as well as the larger planning component referenced in the third priority above.

- o OHA committed to participating in the meeting and providing available expertise from existing bed board project in central Ohio
- o Conversation will include method to collect region-wide data on available beds directly from providers (potential first step in planning)

Priority #2

There is a current southeast collaborative crisis bed project, but it is not geared at this level of care. A few individuals from the group will attend the Collaborative's next meeting on 1/24/2013 to share the context of today's discussion. Groups will determine whether to combine efforts, or address issues separately. Participants who attend the collaborative meeting will report on outcome of discussion at the January 31, 2013 meeting described above.

Project Leads

To be determined

Central

Top issues/Priorities/Projects

- 1) Develop a Housing Bed Board
- 2) Peer Support Services for inpatients from admission to discharge
- 3) Managed Medicaid for free standing hospitals

Next Steps

Karen Woods-Nyce of TVBH and Michelle Perry of Netcare will discuss bed board issues with the OHA subgroup that created the Admission Bed Board for Franklin County and that meets monthly at Netcare. This will occur on November 28. In addition, Karen will discuss future steps with the collaborative Executive Directors on December 11. The hope is to have a meeting scheduled for January with all interested parties.

Project Leads

Michelle Perry and Karen Woods-Nyce

Northeast (Heartland Area)

Top issues/Priorities/Projects

- 1) Improving access through standardizing the Medical Clearance Process
- 2) Improving the discharge process and community reintegration by implementing the navigator system concept
- 3) Improving the patient care experience (inpatient, discharge, and continuity of care matters) through implementation of an integrated treatment planning process

Next Steps

Priorities 1

A work team will meet to develop/discuss the implementation of uniformed guidelines, potential algorithm, consider consistent clinician to clinician communication to head off issues, potentially expansion project to include unit to unit transfers, hospital to hospital, as well accepting readmissions that recently left the facility. First meeting projected: January 2013

Priority #2

A work team will meet to develop/discuss education and understanding of the Navigator System Concept, Integration of the Peer Support Group, identified potential for sharing of resources/services in this area. First meeting projected: January 2013

Priority #3

A work team will meet to explore the development of an established process and format to share patient information during both the inpatient and outpatient interval. First meeting projected: January 2013.

Project Leads

- 1) Summa and HBH
- 2) Gwen Malcuit, Medina
- 3) Nancy Collier

Northwest

Top issues/Priorities/Projects

- 1) Mechanism for Communication in the region (data sharing . . . especially between state hospital and private providers, partners expectations, understanding patient flow and system of care)
- 2) Decrease Readmission
- 3) Evaluate Bed Board on a regional basis
- 4) Telemedicine Expansion
- 5) Role of Health Homes in system to avoid readmission

Next Steps

Need to reconvene with the state hospital leadership present and conduct assessment of partners' role and capacity with a population health focus.

Project Leads

To be determined by regional collaborative

Southwest

Top issues/Priorities/Projects

- 4) Improve Disposition of clients from E.D.
 - a. Possible Solutions/Steps
 - Improve self-management to reduce ED use
 - Expand business/operation hours
 - Lower cost by providing an alternative to EDs, e.g. behavior health urgent care
 - Improve family support and engagement
 - Implement a bed board system
 - Improve crisis stabilization options
 - Have more structured community services
 - Use a Care Navigator to help patients/clients

- 5) Expand Level of Care
 - a. Possible Solutions/Steps
 - Extend level of care in the mental health community with multiple levels that have the ability to serve multiple population groups
 - Implement step-down facilities

- 6) Address Rules/Laws/Revenue Streams
 - a. Possible Solutions/Steps
 - Review the rules and laws that affect hospitalization and mental health issues and efficiencies
 - Find other methods of funding outside of current revenue streams and/or find other revenue sources

Next Steps

Priorities #1,#2 & # 3

The action plan is to invite the Southwest breakout attendees (and interested others) to a meeting at the Summit Behavioral Healthcare facility in Cincinnati in December or January to discuss all the priorities, with a focus on the bed board, and to establish next steps. It was indicated that some hospitals in the Dayton area had already been discussing the bed board concept. Karen Scherra, Executive Director of the Clermont ADAMH Board, will coordinate the meeting.

Northeast (Cleveland Area)

Top Issues/Priorities/Projects

- 1) Develop/provide better care coordination and wraparound services
- 2) High Utilization of Services – the 1% that all seem to know/have contact with
- 3) Communication between organizations to support access to services

Next Steps

Priority #1

Determine if a care coordination process, a community navigator program, or other wraparound services should be implemented in this area.

Priority #2

Identify the characteristics of the small percent (approximately 1%) of the population that are being seen in multiple counties, by multiple providers, and without positive outcomes. Ideas to address this populations' needs include: a rapid access (clinic/staff) process; a same day/next day scheduling agreement, and better triage to improve treatment outcomes for these individuals.

Priority #3

Develop recommendations to improve communication among and between providers, including legal obstacles and a process to share critical clinical information. Determine the utility of bed board concept in counties that share resources.

Project Leads: To be determined