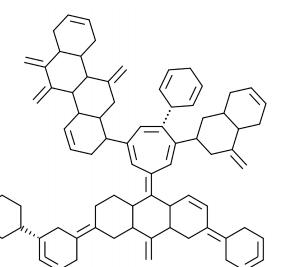


Enhancing Behavioral Health Interventions in Inpatient-Psychiatric Facilities (IPFs)







atom Alliance recognizes the challenges that practices and inpatient psychiatric facilities (IPFs) face in the effort to integrate behavioral healthcare in the primary care setting and improve the care transitions of patients following a psychiatric hospitalization. In an effort to bring best practices, industry expertise, and overall value to our partners, atom Alliance has subcontracted with key organizations —Cherokee Health Systems (CHS) and Medical Decision Logic, Inc.© (mdlogix) — to assist in developing and implementing effective interventions. They will play key roles in our success in this endeavor to improve quality and transitions in care.

Inpatient Psychiatric Facilities

Once recruited, the Alliance will work with IPFs in the following ways:

1. Training and Educating

Webinars (live and recorded/on demand) will be the primary tool to provide technical assistance and education to psychiatric hospitals. Additional IPF-specific tools, identified in #5 Enhancing Care Transitions (below), will be developed.

2. Providing Technical Assistance

The Alliance will inform IPFs of the 30-day readmission penalties, research and understand the details of the readmission rates and penalties and share with the IPFs. The Alliance will connect hospitals with the National Coordinating Center (NCC) and Centers for Medicare & Medicaid Services (CMS), as appropriate, to obtain more information about how rates are calculated and how penalties are determined.

Provide technical assistance training and education and serve as a bridge to connect IPFs with the NCC and CMS Train and Educate Help inform of penalties and connect to resources Provide Technical Assistance

3. Advancing Use of Tele-Health

It has been well established that the majority of identified individuals do not follow up with referrals (anything outside the point of primary care yields a 50 percent no-show rate). The Alliance will explore the possibility of using CHS' Telehealth follow-up protocol. This protocol, which uses a tele-health post-discharge assessment conducted before the patient leaves the IPF, has been used with great success for the patient and the facility, yielding dramatic improvements in performance measures and reimbursement and has significantly maximized patient engagement.



4. Strengthening Referral Sources

The Alliance will provide a variety of approaches and strategies to support IPF follow-up for mental health treatment. This may include assistance with building partnerships and/or implementing operational processes and procedures for identifying, communicating with and accessing referral sources. The Alliance will include education on effective discharge planning protocols such as ReEngineered Discharge (RED) and Better Outcomes by Optimizing Safe Transitions (BOOST®).



5. Enhancing Care Transitions

The Alliance will introduce case management and care transition coaching emphasizing the need for community health services such as transportation, medication assistance and social supports.



6. Providing Performance Feedback

Through 30-day psychiatric facility readmissions monitoring and reporting, the Alliance will provide ongoing feedback on community-wide readmissions reductions and work with the IPFs to identify best practices and areas for improvement.



Psychiatric Facility Infrastructure

The Alliance will build an infrastructure of support for IPFs. This infrastructure includes the following:

1. Developing Allies

Relationships with Primary Care Associations (PCAs) and other regional setting-related partners with connections and influence with IPFs will be sought, developed and leveraged.

2. Tracking Wins and Failing Forward

The Alliance will implement mechanisms to track, document and understand lessons learned, ways to mitigate challenges and wins along the way. These elements will be contributed to the larger Quality Innovation Network-Quality Improvement Organization (QIN-QIO) and CMS body of knowledge around behavioral health.

3. Providing Tools and Resources

In addition to working with recruited providers and practitioners, the Alliance will provide tools and resources to non-recruited entities through the atom Alliance website, the atom Alliance web portal—Providers.Exchange—and other electronic tools.

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