

# PSYCKES Readmissions: The Lutheran HealthCare Experience

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# Historically, system fostered admissions

- Our system, by virtue of proportions, lent itself to admissions/readmissions
- Large free standing ambulatory mental health center (MHC) is part of a larger Federally Qualified Health Center (FQHC) network, Lutheran Family Health Centers (LFHC) (MHC >80,000 visits per year)
- Lutheran Medical Center (LMC) with 35 bed Inpatient Floor (IP) (80 admits/month)—small relative to Outpatient Department (OPD)
- Small Psychiatric Emergency Department (ED) with 9.39 receiving capability
- By history, patient flow was OPD → ED → IP
- Little continuity of care

# Something's got to give!

- Emphasis was on admissions
- Discharge was last minute, rushed, almost an afterthought
- Faxed information rarely arrived
- Minimal communication between entities
- Anger, hostility, turf wars, blame
- “This is a problem patient”
- “Send the patient to the State Hospital”

**Before Readmissions Quality Collaborative:  
The Model for Improving Discharge Planning System**

**Inpatient Psychiatry**

1. Admit to IP
2. "Treat and release"
3. "Contact OPD"

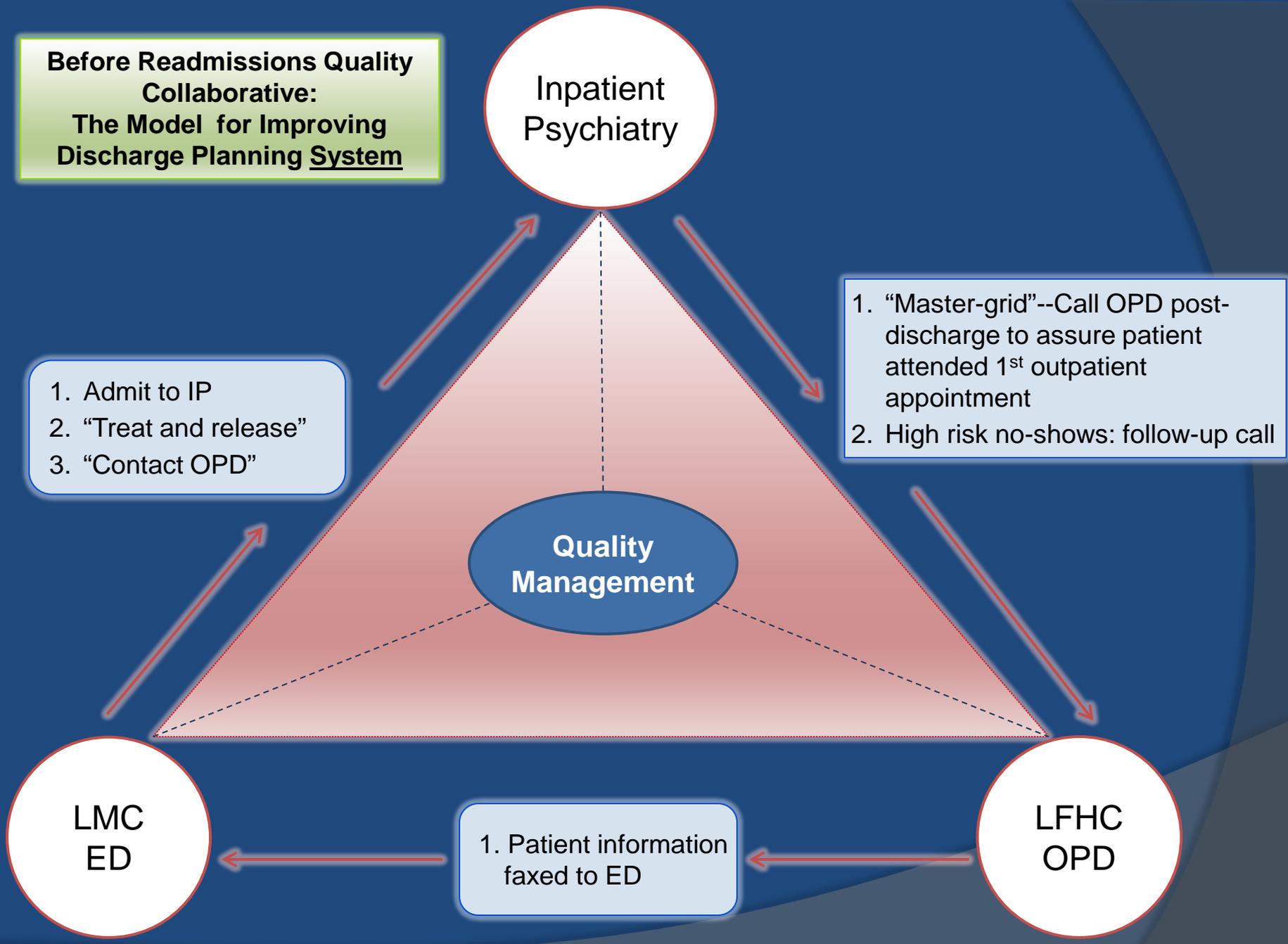
1. "Master-grid"--Call OPD post-discharge to assure patient attended 1<sup>st</sup> outpatient appointment
2. High risk no-shows: follow-up call

**Quality Management**

**LMC  
ED**

1. Patient information faxed to ED

**LFHC  
OPD**



**Readmissions Quality Collaborative Beginning:  
Create a Centralized  
Transitions  
Committee**

**Inpatient  
Psychiatry**

**Transitions  
Committee**

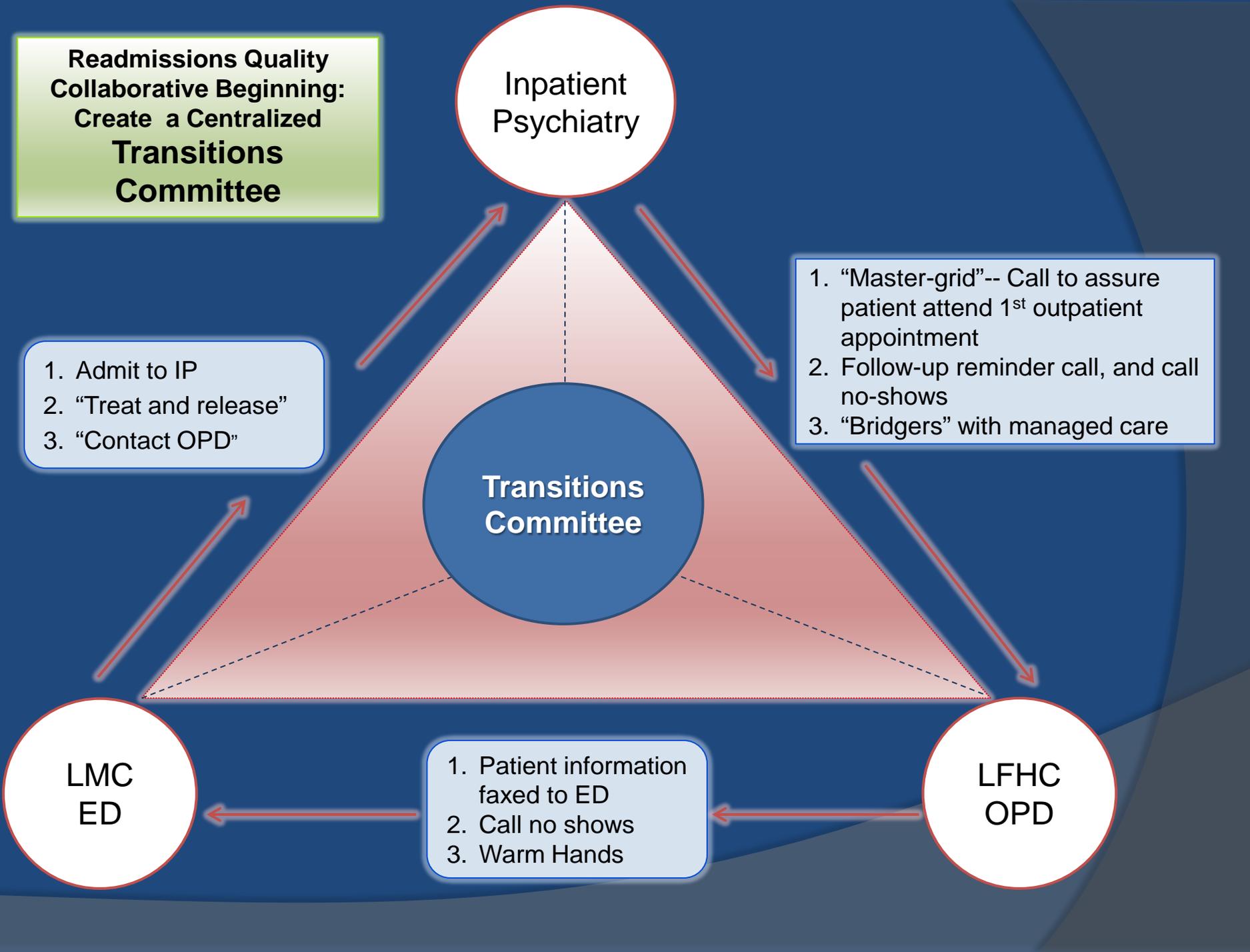
- 1. "Master-grid"-- Call to assure patient attend 1<sup>st</sup> outpatient appointment
- 2. Follow-up reminder call, and call no-shows
- 3. "Bridgers" with managed care

- 1. Admit to IP
- 2. "Treat and release"
- 3. "Contact OPD"

**LMC  
ED**

- 1. Patient information faxed to ED
- 2. Call no shows
- 3. Warm Hands

**LFHC  
OPD**



# Success of Transitions Committee

- Empower Committee: Leaders attend
- Address problems in communications
- Address staff distress/dissatisfaction
- Case conferences on problem cases
- Increase access to electronic medical records
- Embrace use of Psychiatric Services and Clinical Knowledge Enhancement System (PSYCKES)
  - Metabolic Collaborative (OPD)
  - ED Collaborative (ED)
  - Readmissions (IP)

**Reducing Readmissions:  
June 2014  
Lutheran Medical Center  
Lutheran Family Health Care**

**Inpatient  
Psychiatry**

1. Stabilization in ED before final disposition
2. Contact Health Home
3. PSYCKES data base
4. Open electronic medical record (internal, regional)
5. Contact OPD

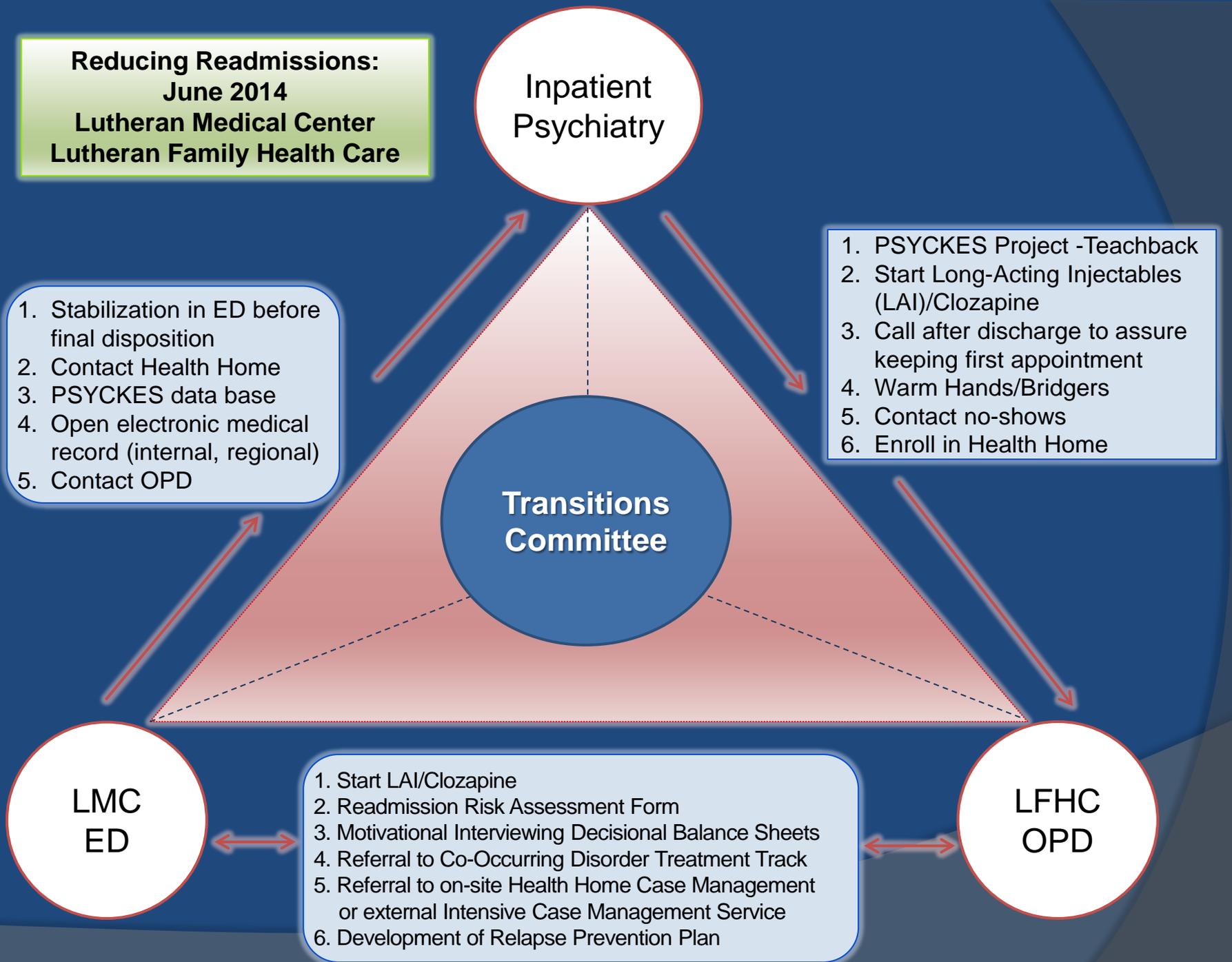
1. PSYCKES Project -Teachback
2. Start Long-Acting Injectables (LAI)/Clozapine
3. Call after discharge to assure keeping first appointment
4. Warm Hands/Bridgers
5. Contact no-shows
6. Enroll in Health Home

**Transitions  
Committee**

**LMC  
ED**

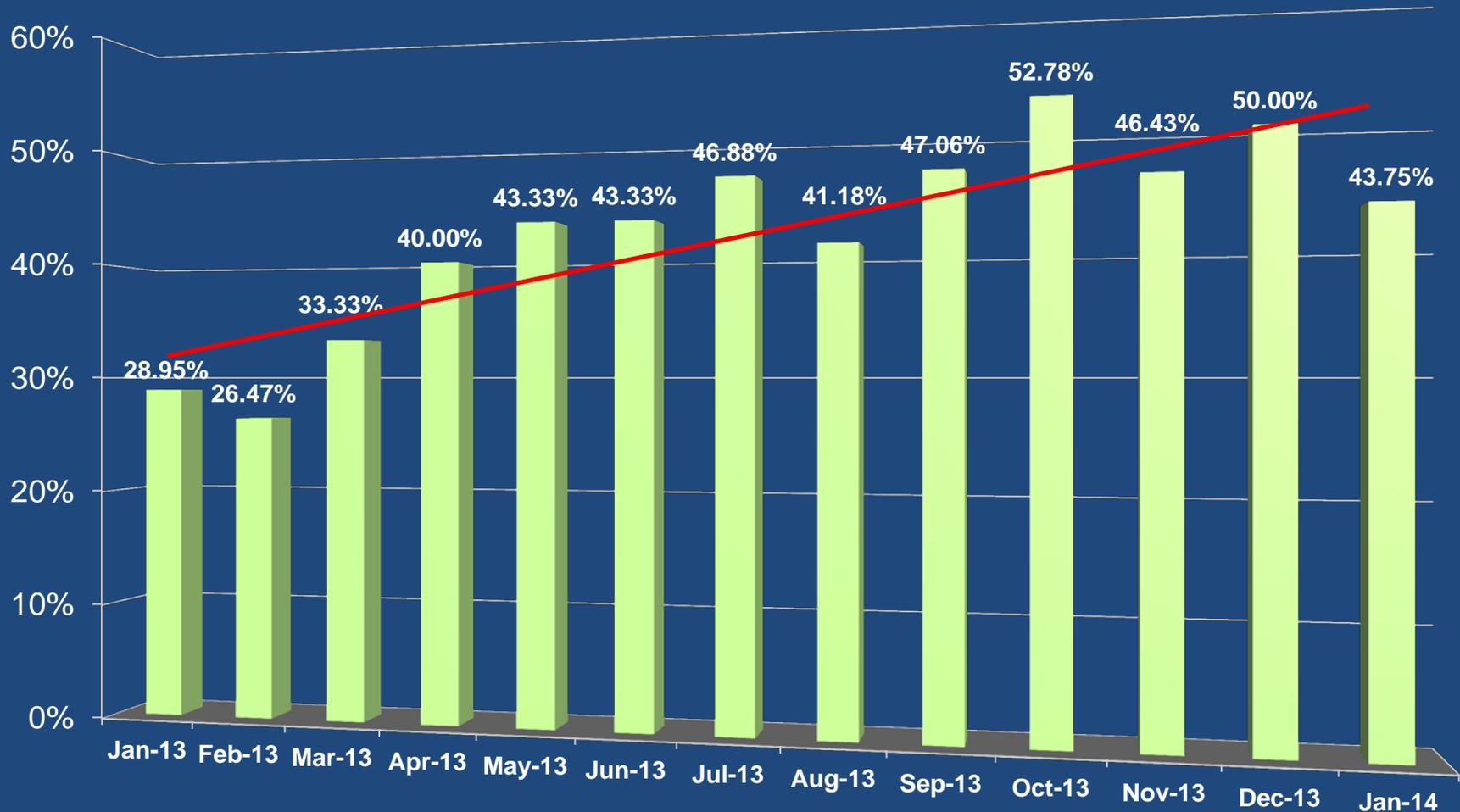
1. Start LAI/Clozapine
2. Readmission Risk Assessment Form
3. Motivational Interviewing Decisional Balance Sheets
4. Referral to Co-Occurring Disorder Treatment Track
5. Referral to on-site Health Home Case Management or external Intensive Case Management Service
6. Development of Relapse Prevention Plan

**LFHC  
OPD**

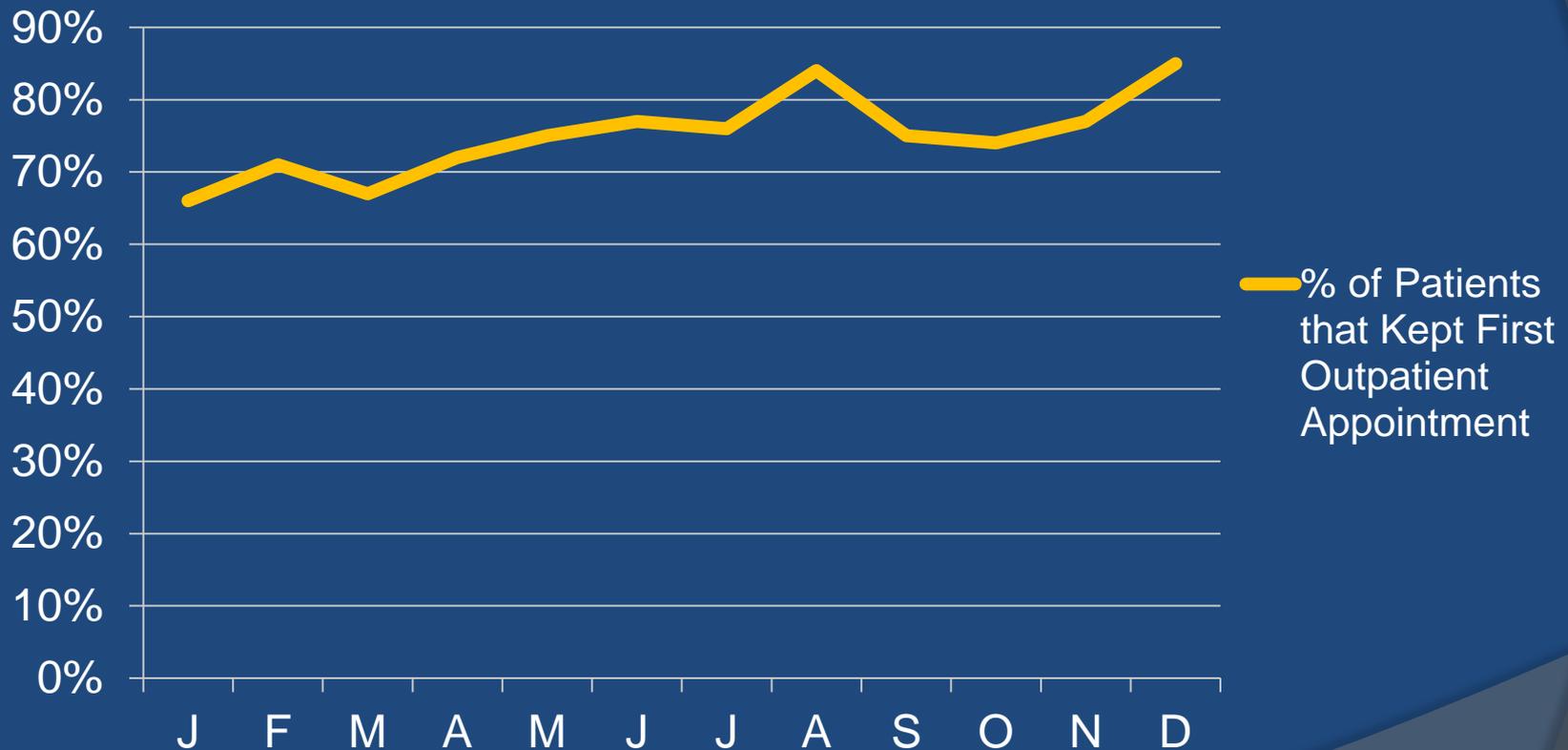


# Increase percentage of outpatients prescribed LAI antipsychotics or clozapine

% of patients on internal high risk for readmission list or PSYCKES red flag list who have been started on LAI or clozapine



# Improve Engagement in Outpatient Care After Discharge: 2013



# What did we learn?

- Best practice interventions can affect successful transition to outpatient care
- Retention in outpatient care: still ???
- Interventions do appear to reduce readmissions: “the more the better”
- The system used to implement, support, and review the consistent use of best practice interventions may also be significant (e.g. a “Transitions Committee”)

# Why is this so important now?

- **Phase II Implementation of Behavioral Health Organizations in 2015**
  - Managed Medicaid for all
  - Provide full range of services across systems of care
  - Bundled rates
  - Emphasis on reducing high utilization and readmissions
- **Delivery System Reform Incentive Payment (DSRIP)**
  - Medicaid Waiver Amendment with \$8 Billion allocation
  - Grants to eligible safety net hospitals
  - To support development of “Performing Provider Systems” (PPS): providers that form partnerships
  - Primary goal of reducing “avoidable hospital use”
    - Readmissions
    - Avoidable admission based on “proper preventative care services”

# In summary:

- We have been at the right place at the right time with the PSYCKES Readmissions Quality Collaborative
- We have been well-prepared for what lies ahead
- Challenge is to create best systems to continue our effective interventions