Collaboration of Care For Patients with Mental Illness Across the Health System

Catholic Health
Mercy Hospital
Catholic Health Home Care

April 7, 2022
Acknowledgement

Support for this statewide initiative is provided through a grant by the Mother Cabrini Health Foundation. Thank you to the Foundation for its generous support.
Overall Goal and Components of Grant

Creation of a Hospital-Home Care Collaborative to advance statewide systemic collaboration in pre-acute and post-acute care for COVID and beyond.

- Live webinars
  - Recorded for on demand access
  - Additional recorded technical webinars
  - Statewide summit

- Reporting to Cabrini
  - State Communication
  - Policies needed around new models of collaboration

- E-Learning Series

- Provider Assistance
  - Technical
  - Operational
  - Educational
  - Workforce

- Results

- Resources & Tool Kits
  - Case Studies
  - Collaboration Models
  - Implementable Tools including Adaptable Blueprints

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Statewide Hospital-Home Care Collaborative for COVID-19 and Beyond
Collaboration of Care for Patients with Mental Illness Across the Health System
Today’s Agenda

1. Care in the Acute Care Environment
   • Lawrence Ferber, PhD

2. Care moves to the Out Patient Environment
   • David Flomenhaft, LCSW, PhD

3. Caring for patients at Home
   • Cynthia Reese, RN, BSN, PMH-BC
What is Catholic Health???

- Health system on Long Island
- Includes 6 hospitals
  - Mercy Hospital
  - St Francis Hospital
  - St Joseph’s Hospital
  - St Catherine’s Hospital
  - St Charles Hospital
  - Good Samaritan Hospital
- Catholic Health Home Care
- Good Shepherd Hospice
- 3 Skilled Nursing Homes
  - Good Samaritan NH, St Catherine’s NH and Our Lady of Consolation NH
Caring for Patients with Mental Illness in the Acute Care Environment
Central Intake

Lawrence Ferber, Ph.D.
The Formula for Central Intake Services

- 10/05/15-brought on board to help develop a BH CIS
- And create Externship/Internship/Practicum Training Program
- The BH CIS line was originally designed to lower the acuity in all 6 CH ED's
- Via prioritizing transfers of all in-patient psych pts, & prevent leakage within CH

- Over 100 students' have enrolled and worked under my supervision
- The Externs are graduate students that provide 2 groups daily, & 1:1 therapy
- Working out of a CBT theoretical framework with motivational interviewing

- 1st thing was to combine Crisis Team Liaisons at Mercy & join forces with Saint Catherine's of Sienna as we began working with all CH social workers
Goals for CIS & Student Externship

- Decant & Increase Safety in ED’s, Prevent Leakage, & Provide Continuity of Care for all psychiatric patients needing inpatient tx
- Streamline the CI process- obtain DOC’s privileges for psychiatrists
- Team building- met with s/w from all 6 hospitals bi-monthly
- Externship has consistently help to lower 3K LOS with CBT added to the patient medicine regimen
- In December 2016 Tele-psychiatry was initiated on weekend evenings
Caring for Patients with Mental Illness in the Out Patient Environment

David Flomenhaft, LCSW, PhD
Mercy Hospital Behavioral Health Services Telehealth expansion

• Telehealth initiated in March 2020 during work from home transition.
• Obtained OASAS grant of $15,000 for telehealth devices and software
• Teladoc was platform for Psychiatric Services and Individual Therapy. Zoom platform used for group therapy.
• NYS OMH and NYS OASAS Telehealth and Telepractice license certifications with accompanying policy and procedure array were approved and adopted in 2020.
• Use of Telehealth increased BH services by 30% in 2020. Patients had increased access and reduced cancellation impact.
• Telehealth continues to be a standard of care for patients unable to attend in person services.
Mercy Hospital BHS Annual Service Volume 2020-2021
Meantl Health Clinic, Substance Abuse Svc, Partial Hospital Program

[Bar chart showing service volume by quarter and type of service]
Caring for Patients with Mental Illness in the Home Environment

Cynthia Reese, BSN, RN, PMH-BC
Behavioral Health Program

Why:

- Successful transition between hospital and home
- Knowledge deficit

All these pills are frustrating and making me angry

I know I should use my cane but it makes me feel old
Behavioral Health Program

Rationale:

• Cost Savings

• Decreasing readmissions
**Behavioral Health Program**

**Goal:**

The Behavioral Health Home Care Program will act as a tool for both families and patients.

The goal of this program is:

- Assessment and supportive treatment of individuals within the community.
- Education of family members and patients concerning the nature of their illness and the available treatments
- Provision of “bridge” services to individuals and follow up for patients in the community until they successfully connect with community-based outpatient programming
- Facilitation of interdisciplinary collaboration across the continuum of care.
Identification of Behavioral needs:

Process:

- All patients admitted to Catholic Health Home Care are screened using the PHQ-2. The PHQ-2 is a depression screen which asks 2 questions:
  - Have you had little interest or pleasure in doing things
  - Have you been feeling down, depressed or hopeless

Questions are asked by the interviewer during initial assessment and referencing specific time frames in which patient may be having these feelings. Each time frame is assigned a score, and if patient scores a 3 or above they are then referred to the behavior health program for an evaluation by the behavior health nurse.
Behavioral Health Nurse Benefits

• Assess medication compliance
• Evaluate medication effectiveness
• Assess mood, affect and behavior for changes
• Assess for suicidality
• Liaison between Physician, Outpatient Services and patient
• Coordinate other CHHA services as needed
Case Studies:

Hospital Referral:
JD-37 yr old male primary dx right breast cancer with mets to brain causing blindness. Lives with spouse and 2 young children aged 3 & 7. Declines hospice at this time as actively seeking and participating in treatment

Psychiatric Unit referral:
NN-33 yr old female primary dx BiPolar Disorder, severe depression without psychotic features. Received first deconate injection in hospital needing monthly Abilify injections.

CHHA Team referral:
93 yr old female primary dx osterarthritis L-knee, pressure ulcer to heel. Lives with daughter scored 4 on PHQ-2 referred due to tearful and feeling like a burden

Behavioral Health Program
## Catholic Home Care Referrals

<table>
<thead>
<tr>
<th></th>
<th>2018</th>
<th>2019</th>
<th>2020</th>
<th>2021</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of patients referred to Behavioral Health Program</td>
<td>2289</td>
<td>2180</td>
<td>2104</td>
<td>1918</td>
<td>8491</td>
</tr>
<tr>
<td>Behavioral Health Evaluation Only</td>
<td>533</td>
<td>565</td>
<td>671</td>
<td>616</td>
<td>2385</td>
</tr>
<tr>
<td>Managed by Behavioral Health</td>
<td>203</td>
<td>205</td>
<td>232</td>
<td>187</td>
<td>827</td>
</tr>
<tr>
<td>Co-Managed with more than one visit by Behavioral Health Nurse</td>
<td>1553</td>
<td>1286</td>
<td>1201</td>
<td>237</td>
<td>4277</td>
</tr>
</tbody>
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- **Behavioral Health Evaluation Only**
  - Percentage: 28%
- **Managed by Behavioral Health**
  - Percentage: 10%
- **Co-Managed with more than one visit by Behavioral Health Nurse**
  - Percentage: 50%
Behavioral Health Program

Collaborative projects within the agency:

- Better Breathing Now Program-COPD
  - assist in decreasing re-hospitalization rate
  - assist in decreasing anxiety related symptoms

- Mother/Baby
  - screen for post partum depression
  - provide counseling related to preeclampsia dx

- Covid program
  - providing supportive therapy related to a covid dx and inpatient stay
  - providing supportive therapy related to a covid expiration
Barriers to Program:

- Lack of home visiting mental health services:
- COVID
- Primary Mds not willing to order certain medications:
- Stigma
- Lack of Available outpatient resources
Opportunities for the future:

- Addition of a Psychiatric Nurse Practitioner to the organization
- Addition of telemonitoring equipment
- Apply for Grants:
  - to assist patients to offset cost of homecare visit either when they no longer are homebound or when their insurance company will not provide for in-home Behavior Health visits

Questions:
Questions???
## Statewide Summit

<table>
<thead>
<tr>
<th>Name of Session</th>
<th>Collaborating Organizations</th>
<th>Date</th>
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<tr>
<td>STATEWIDE SUMMIT ON WORKFORCE</td>
<td>Overview DOH/State Officials Perspectives National Perspectives Perspectives from the Professions Models for Workforce Development Summary and Next Steps</td>
<td>May 26, 2022 9 am-12:30 pm</td>
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*HCA, HANYS, IROQUOIS Healthcare, Healthcare Association for Hospitals and Health Systems*
# Next Scheduled Webinar Series

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<tbody>
<tr>
<td>EPIC Integration</td>
<td>Montefiore Hospital</td>
<td>To be determined</td>
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<td></td>
<td>Montefiore Home Care</td>
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** All events are from noon to 1pm
Important Links

RESOURCE PAGE

https://hca-nys.org/statewide-hospital-home-care-collaborative

https://www.iroquois.org/hospital-homecarecollaboration/

https://www.hanys.org/quality/patient_safety/
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