Integrating Behavioral Health and Primary Care to Improve Quality and Reduce Costs

In Illinois, it is estimated that one in four adults has experienced a mental health or substance abuse disorder, 240,000 children and adolescents have a serious emotional disturbance, and 50 percent of persons visiting their primary care physician have a behavioral health condition.

People in crisis, often unable to obtain appropriate community-based treatment, overuse hospital emergency departments and acute care facilities, driving up costs. To improve quality and slow the growth of health care spending, it is imperative that all parties—legislators, policy makers and health care organizations—focus on populations most at risk for high cost and inconsistent quality—individuals with mental health and medical co-morbidities.

This issue of Quality Quest looks at how three Illinois hospital systems—Alexian Brothers Health System, Arlington Heights; Blessing Health System, Quincy; and Trinity Regional Health System, Quad Cities—are responding to this critical issue.

Listen to the Podcast

• Find out how Alexian Brothers Health System executives are integrating behavioral health and primary care to improve quality and reduce readmissions.

• Learn more about the impact mental health and substance abuse issues have on medical costs, on Illinois and society overall.

• Discover what can be done to address this critical issue.

Go to IHA’s website—www.ihatoday.org. Podcasts are under Newsroom.
Alexian Brothers Health System:
A Success Story in Improving Quality and Reducing Costs through Integration

Alexian Brothers Health System, a nationally known leader in the behavioral health field, has successfully integrated behavioral medicine with primary care to improve quality. Mark Frey, Executive Vice President, Alexian Brothers Health System; Clay Ciha, President/CEO, Alexian Brothers Behavioral Health Hospital; Scott Burgess, Executive Director, Alexian Brothers Center for Mental Health; Gregory Teas, MD, Psychiatrist and Chief Medical Officer, Alexian Brothers Behavioral Health Hospital; and Konstantinos Kostas, PhD, Health Psychologist, Alexian Brothers Neurosciences Institute, recently shared their ideas and methods with the IHA Quality Care Institute. The following article is an edited summary of that conversation.

The Alexian Brothers Health System integrates behavioral medicine in all the work they do at every facility in their network. As a result, they are enhancing the quality of services and reducing readmission rates among patients with mental health conditions in both their behavioral health and medical-surgical hospitals.

The system’s network in the Northwest suburbs of Chicago includes four hospitals: St. Alexius Medical Center, Alexian Brothers Medical Center, Alexian Rehabilitation Hospital, and Alexian Brothers Behavioral Health Hospital as well as a community mental health center known as the Alexian Brothers Center for Mental Health. In May 2011, the Alexian Brothers broke ground on a new children’s hospital adjacent to St. Alexius Medical Center in Hoffman Estates. They also have 13 primary care centers throughout the community.

The readmission rate for commercially insured patients at the Alexian Brothers Behavioral Health Hospital (ABBHH) is about 6.2 percent, four to seven percent lower than national benchmarks set by managed care companies. Measured against Medicare readmission rates, ABBHH is seven percent lower than the Illinois average and five percent lower than the national average, despite the fact that the hospital takes many of the most complex cases in the region.

Alexian psychiatrists, psychologists and social workers collaborate across the network’s hospitals and affiliated health care centers, responding to the needs of adults and children in the emergency departments, medical-surgical areas, inpatient units, and doctor’s offices.

“Because there are relatively small distances between our facilities and our ambulatory groups, mental health professionals can easily be present in all of our locations,” says Frey. “It’s part of a clinical pathway to ensure that care for mental health and substance abuse patients is accessible regardless of where they are in the continuum of care.”

Ciha gives credit to a “very diligent” utilization management team for contributing to the hospital’s success at lowering readmission rates.

“They make sure our patients are getting the care they require,” says Ciha. “Our case managers not only help people with different levels of care but also plan realistic aftercare for patients and their families. Patients are scheduled for an appointment within seven days of discharge. We see more than 80 percent compliance from these patients, so that really provides continuity.”

Care at Alexian takes a holistic approach in a community mental health center environment, while offering comprehensive medical services in the larger health system. Additional services provide another level along the continuum of care and include support groups, housing, case management in the home, and vocational and educational services.

The Need: All Parties Must Work Together

- More than 68 percent of adults with a mental disorder had at least one medical condition, and 29 percent of adults with a medical condition have mental disorders. Having a mental disorder is a risk factor for developing a chronic condition, and having a chronic condition is a risk factor for developing a mental disorder.
- Depression is one of the top ten conditions driving medical costs, ranking seventh in a national survey of employers.
- People diagnosed with depression have nearly twice the annual health care costs of those without depression.
- Forty-nine percent of Medicaid beneficiaries with disabilities have a psychiatric illness. Fifty-two percent of those who are covered by both Medicare and Medicaid have a psychiatric illness.
- Traditionally, the uninsured have higher rates of mental illness than individuals with insurance. Couple this with the fact that an unprecedented number of people will become newly insured as a result of national health care reform, and the need for integrating behavioral health and primary care becomes even more critical.

1, 5 Policy Brief No. 21: Mental Disorders and Medical Co-morbidity. Robert Wood Johnson Foundation, February 2011
2, 3, 4 The California Integration Policy Initiative June 2010
“We are very interested in stabilizing symptoms and creating a recovery pathway,” says Burgess, “so real groundwork is laid for people to have a better chance at successful recovery.”

Dr. Teas points to a number of forces at play that challenge patients during treatment and recovery – issues related to insight into their condition, stigma, stress, loss, financial problems, insurance, and medication cost and side effects.

“You have to anticipate that these things are going to happen and develop mechanisms to address them proactively,” says Dr. Teas.

Frey emphasizes that clinical integration within the system is inherent to their success. “It’s integration between the hospital and the mental health center… between the inpatient hospital and the post-discharge environment, for example, a nursing home,” says Frey. “We have a very collegial atmosphere in which our professionals in nursing, social work, psychology, and medicine work together in a seamless way to achieve the goals and objectives of the program.”

As an example of this clinical integration, the Alexian network might take a patient who has major depression, an eating disorder or substance-use disorder, and schedule them in a comprehensive partial “day” program that can address their multi-faceted needs.

Early detection and treatment are also important components of Alexian’s approach to quality patient care and reduced readmissions, according to Dr. Kostas.

Statistics show that up to 40 percent of medical inpatients with conditions like stroke, cancer and brain tumors meet the criteria for depression. At Alexian hospitals, patients diagnosed with these and other serious illnesses are assessed for mental health issues prior to being admitted.

“If there are things we can treat in advance,” says Dr. Kostas, “we might head off a possible exaggerated reaction once the patient is hospitalized.”

Dr. Teas agrees, “When we help patients with co-existing psychological issues, we find we increase compliance and reduce readmissions for psychiatric purposes or medical reasons.”

In another initiative, Alexian recently started embedding psychologists in their primary care offices to offer patients screening, interventions, education, and triage to other services.

Frey explains that it’s almost like having an employee assistance program (EAP) in your doctor’s office. A patient facing emotional struggles can see a mental health professional in the same place as their regular physician.

“What we really strive to do at Alexian is to de-stigmatize psychology and psychiatry services and make mental health treatment part of the continuum of care…so it is just an ordinary part of a patient’s day,” says Frey. “Integrated behavioral medicine for patients in all settings across the entire health system is the hallmark of our program.”

For more information, contact Kelley Clancy, Vice President, External Affairs at 847.385.7112 or clancyk@alexian.net.

### Highlights of the Alexian Approach to Behavioral Health Services:

- Integration of services and programs across all facilities
- Holistic care and treatment
- Diligent case management
- Realistic aftercare planning
- Follow-up appointments within seven days of discharge
- Community health center environment
- Comprehensive medical services
- Complete support services
- Pre-hospitalization assessment
- Early detection and treatment
- Mental health services in primary care centers

(From left to right) Scott Burgess, Executive Director, Alexian Brothers Center for Mental Health; Clay Ciha, President/CEO, Alexian Brothers Behavioral Health Hospital; Gregory Teas, MD, Psychiatrist and Chief Medical Officer, Alexian Brothers Behavioral Health Hospital; and Mark Frey, Executive Vice President, Alexian Brothers Health System.
Blessing Health System:

Behavioral Primary Health Care in Rural West Central and Southern Illinois

Blessing Hospital’s Behavioral Health Services is the only resource for adults and children within a 100-mile radius of its Quincy location and is licensed for 56 behavioral health inpatient beds. With a population of 40,633, Quincy is the largest city between the Quad Cities, St. Louis, Springfield, and Columbia, MO.

“We offer behavioral health services in primary care settings, responding to clients in Illinois, Missouri and Iowa at our hospital and in rural clinics throughout Adams County,” says Chuck Johnson, Blessing Health Systems’ Behavioral Health Administrative Coordinator.

Achieving its mission and goals means addressing today’s challenges and introducing new solutions that engage and inspire psychiatric and medical staff, volunteers and clients.

“Our concerns include transportation issues, loss of Community Hospital Inpatient Psychiatric Services (CHIPS) program dollars, and finding medications for patients who can’t afford them,” explains Johnson. Despite funding cutbacks and health reform, Blessing remains committed to community mental health. “A client’s method of payment does not affect our decision to admit,” says Johnson.

Blessing offers its community on-site psychiatrists at every nursing home in Adams County, as well as psychiatrists who work in rural clinics in Quincy, Golden and Carthage. This approach avoids unnecessary hospitalization. The hospital’s current telemedicine program—remote delivery of health care services—provides outpatient, psychiatric and behavioral health care services for Passavant Hospital in Jacksonville.

“Board-certified psychiatrists provide psychiatric consultations, working in every department of the hospital and seeing patients every day—40 consultations per month—during their hospitalization for medical conditions,” adds Johnson. Psychiatrists also communicate with primary care physicians, and “post-hospital follow-up, in person or via telemedicine, to reduce readmissions.”

Ongoing physician training programs reinforce integration of mental health services into all primary care settings in this rural context. This includes the Blessing Southern Illinois University (SIU) connection.

Blessing Hospital is a major participant in the Family Practice Residency Program, conducted by SIU School of Medicine and based in the Quincy Family Practice Center. About 40 percent of those completing the three-year Quincy program continue to practice in Quincy-area communities.

A new initiative focuses on children. Blessing is a member of the Adams County Children’s Mental Health Partnership (CMHP), funded by an Illinois Children's Healthcare Foundation grant to give children the opportunity to develop their fullest potential. CMHP is one of five sites in Illinois to receive a grant.

“We can identify children, from birth through 9th grade, who face social and emotional problems and help them earlier,” says Johnson.

CMHP also uses several approaches to maximize support for children and families: Parenting Cafes focus on supporting children with mental health needs; Mental Health First Aid trains first responders to connect with children or parents in a mental health crisis; faith-based groups learn more about accessing mental health services and supporting at-risk families; and, Blessing trains professionals to work with children and their families.

“The more we educate people, the more control they have over their lives,” explains Johnson. When discussing its resources, Blessing also discusses less-publicized opportunities, including: ReachOut.com for
When Governor Pat Quinn signed new laws to improve and coordinate integrated behavioral and primary health care in Illinois (see article on page 6), David L. Deopere, PhD, thought it was “phenomenal” and hopes that all hospitals, community mental health centers and Federally Qualified Health Centers (FQHCs) can “sit at the same table for shared governance.”

As president of the Robert Young Center for Community Mental Health, Moline, and vice-president of Trinity Regional Health System, Deopere is among the pioneering professionals in the field.

The Robert Young Center was the first federally funded Comprehensive Community Mental Health Center (CMHC) in Illinois, and the first hospital-based CMHC in both Illinois and Iowa. As Deopere notes, “Our Center is a successful model that is corporately linked to Trinity Regional Health System.”

Given the state’s and country’s economic challenges and health care reform goals, how can we move from passage of the Regional Integrated Behavioral Health Networks Act (House Bill 2982) and other new legislation to a more responsive and cost-effective reality?

One way to begin, Deopere says, is to develop a pilot project and plan for a regional network. He also reminds behavioral and primary health providers that “we will all benefit from a system that offers clients more responsive and integrated care. Treating patients in the least restrictive environment with the best possible outcome, avoiding unnecessary hospitalization, should be the goal.”

Consider, Deopere says, the Kaiser Permanente belief that “Behavioral Health Care is Primary Care.” For example, Kaiser explains that adding psychological interventions for its clients with serious medical disorders resulted in: 77.9 percent reduction in average length of hospitalization; 66.7 percent reduction in hospital frequency; 48.6 percent decrease in number of Emergency Department (ED) visits; 31.2 percent decrease in telephone contacts.

The Trinity Regional Health System has averaged 338 behavioral crisis presentations per month in its ED during the past six months. “We are setting up models for counting readmission rates. However, of the approximate 500 patients in our community support system, about one percent of them are admitted for inpatient care per month, which is a very low number. The percentage of our behavioral-related ED visits is 8.4 percent compared to projections of 13.4 percent of ED visits being behaviorally related.”

“Our mission and value system means we would never turn patients away, and we’re here for those who need us,” Deopere says. The Trinity model also impacts professional standards and productivity. “We are at the national average and expect our outpatient therapists and psychiatrists to be at 100 percent of that standard.”

**About Trinity Regional Health System**

- Located on the western border of Illinois and the eastern border of Iowa, Trinity has four hospital campuses and numerous outreach clinics, facilities and offices.
- Home of the Robert Young Center, a comprehensive community mental health center.

*For more information about behavioral readmission data collected at Trinity Health System, call David Deopere at 309.779.2041.*
HB2982 Signed Into Law (PA97-0381)
- Establishes Regional Integrated Behavioral Health Networks to improve access to appropriate mental health and substance abuse services throughout the state, especially in rural areas
- Integrates mental behavioral health and primary care
- Strongly supported by IHA
- Overwhelming bipartisan support passed the House 105-0 and the Senate 56-0
- Goes into effect on January 1, 2012

Illinois Hospitals Working Toward Solutions

Addressing Illinois’ Behavioral Health Needs

The State of Illinois recently took a key step in working to improve access to mental health and substance abuse services, especially in rural communities, and to integrate those services with primary medical care. On August 18 at Alexian Brothers Center for Mental Health in Arlington Heights, Governor Quinn signed House Bill 2982, the Regional Integrated Behavioral Health Networks Act, into law (PA97-0381).

The new law, strongly backed by the Illinois Hospital Association and its Quality Care Institute, had overwhelming bipartisan support in the General Assembly, having passed the House 105-0 and the Senate 56-0. A total of six behavioral health bills were signed into law during the ceremony.

“No one should be forced to forgo critical mental health care because of where they live,” Governor Quinn said. “This law will increase equality throughout the state and advance our goal to improve the health of all Illinois residents.”

The new state law calls for key state agencies, hospitals and other health care providers, communities, and other stakeholders, to identify and prioritize needs and resources, and support the coordination and integration of mental health, substance abuse, primary care, and other services. These stakeholders will work on region-specific plans to develop networks of integrated behavioral health and primary health care, focusing on collaboration and creative solutions tailored to the unique needs of each community.

In addition to pushing for enactment of the Regional Integrated Behavioral Health Networks Act, IHA and the Quality Care Institute are continuing to call for action on the state’s deteriorating behavioral health system. IHA published a major policy paper, Shaping the Debate: Illinois Mental Health and Substance Abuse Services in Crisis. The paper, which was widely distributed to legislators, policymakers, the media and others, included several recommendations:

- Ensuring sufficient acute inpatient and crisis capacity in state-operated or private settings that are appropriately designed, staffed and funded;
- Ensuring care for mentally ill people in the right place at the right time, whether in acute care or outpatient settings, nursing homes, or independent or supportive housing in the community;
- Improving Medicaid financing to pay for the reasonable costs of delivering services;
- Paying psychiatrists a reasonable rate;
- Assisting rural hospitals through telemedicine to bring them expertise of academic and specialty medicine; and
- Using technology such as the electronic medical record to improve quality and coordination.

Shaping the Debate: Illinois Mental Health and Substance Abuse Services in Crisis is available at: www.ihatoday.org

Governor Pat Quinn signing several new laws designed to improve the quality of life for those needing behavioral health services and to ensure equal access to necessary treatments.
Recognizing Illinois Hospitals Leading in Quality and Innovation

IHA Quality Care Institute Congratulates Our 2011 Quality Excellence Achievement Award Recipients

IHA Innovation in Quality Award

**Urban**
Carle Foundation Hospital, Urbana
*Inpatient Respiratory Failure: Prevention through Appropriate Identification and Management of Obstructive Sleep Apnea*

**Safety Net**
Sinai Health System, Chicago
*Patient Navigation Program – An Avon Foundation Safety-Net Project*

**Specialty**
Marianjoy Rehabilitation Hospital & Clinics, Wheaton
*Rehabilitation Patient Journey to Discharge*

**Rural**
Good Samaritan Regional Health Center, Mount Vernon
*Achieving the Triple Aim: Leveraging and Learning from Top Performers to Accelerate Improvements*

IHA Pledge Quality Achievement Award

**Urban**
NorthShore University HealthSystem, Evanston
*Evidence-based Holistic Approach to the Prevention of Pressure Ulcers*

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NorthShore University HealthSystem, Evanston
*Evidence-based Holistic Approach to the Prevention of Pressure Ulcers*

**Rural**
Blessing Hospital, Quincy
*It’s All About the Patient: Prevention of Hospital-Acquired Venous Thromboembolism*

**Rural**
Blessing Hospital, Quincy
*It’s All About the Patient: Prevention of Hospital-Acquired Venous Thromboembolism*

**Safety Net**
Sinai Health System, Chicago
*Reducing Hospital-Acquired Infections: Approaching Zero Defects!*

In the Next Issue of Quality Quest:
An in-depth look at 2011 Quality and Innovation honorees.
Statewide Palliative Care Conference Set for November 17

IHA’s Quality Care Institute is offering Palliative Care and Goals of Care: A ‘Must’ for Patient-Centered Care. The one-day conference will be held on November 17 at Northern Illinois University’s Naperville Campus.

Made possible through the generous support of Blue Cross Blue Shield of Illinois, this complimentary program is designed for clinical, quality, administrative, and physician leaders interested in implementing a system approach to palliative and goals of care. It features national and regional experts on palliative care discussing successful approaches for coordinating palliative care across the continuum while improving operational efficiencies.

Featured speakers include Martha Twaddle, MD, Chief Medical Officer, Palliative Care Center & Hospice of the North Shore; David Weissman, MD, founding editor, Journal of Palliative Care; Eytan Szmuilowicz, MD, Assistant Professor of Medicine, Northwestern Memorial Hospital; and Joshua M. Hauser, MD, Assistant Professor of Medicine, Northwestern University Feinberg School of Medicine. The presenters will discuss best practices, national trends and specialized expertise regarding palliative care issues and goals of care. In addition, two panels of experts will focus on the role of ethics and lessons learned for successful implementation.

The conference is held in conjunction with an upcoming Preventing Readmissions through Effective Partnerships (PREP) initiative that will focus on palliative care.

Physician, nursing and social work continuing education credits are available. For more information and to register, go to the IHA website at www.ihatoday.org.

Report Gives Illinois a “B” for Access to Palliative Care

The Center to Advance Palliative Care national report card survey of 2,489 U.S. hospitals gives Illinois a “B” with 67 percent of hospitals in the state having palliative care teams. The grade is based on hospitals with 50 or more beds and rated solely on access to palliative care services, not the quality of the services provided. The nation received a “B” up from a “C” since the previous 2008 report.

The IHA Quality Care Institute program—Palliative Care and Goals of Care: A ‘Must’ for Patient Centered Care will help hospitals and health systems implement a systems approach to palliative care by engaging physicians and other partners, identifying community resources, strengthening multidisciplinary teams, and using quality metrics.