# Blaze Advisors Helps Health System Lower Behavioral Health Avoidable Bed Days

Hospital EDs and health care systems across the country are facing crippling demand from patients with behavioral health disorders (mental health and/or substance use). By building high-performance ONEcare *Connected Communities,* Blaze Advisors helped our client improve patient outcomes and reduce hospital admissions, readmissions and avoidable bed days. Here's what we learned in a recent implementation at a 1000-bed community safety net health system.

## The Problem

IN 2017, OUR CLIENT TREATED 180,332 PATIENTS IN THEIR ED'S ACROSS 282,591 VISITS.

SLIGHTLY OVER 90,000 OF THOSE PATIENTS HAD DOCUMENTED EVIDENCE IN THEIR MEDICAL RECORD OF A BEHAVIORAL HEALTH (BH) DISORDER WITH A THIRD OF THESE PATIENTS (36,173) PRESENTING WITH A HISTORY OF SEVERE MENTAL ILLNESS/SU DISORDERS (SCHIZOPHRENIA, MAJOR MOOD OR PERSONALITY DISORDERS, CHRONIC SUBSTANCE USE).

APPROXIMATELY 3,000 OF 11,288 PATIENTS HAD TO BE INVOLUNTARILY COMMITTED RESULTING IN AN AVERAGE DAILY CENSUS OF 103 (11% OF CAPACITY) BEHAVIORAL HEALTH PATIENTS AWAITING PLACEMENT WITH AN AVERAGE LENGTH OF STAY (ALOS) OF 6.6 DAYS.

### The right care. The right environment. The right time.

In early 2017, our client launched a comprehensive strategy to help patients with behavioral health disorders. The objective was to build a high performance, multi-disciplinary network of inpatient, outpatient, and community benefit organizations, creating a circle of support around each care transition. To be successful it required:

- Use of common screening and assessment tools;
- Mitigation of social and medical obstacles to treatment compliance;
- Application of best practice patient engagement techniques and technology;
- Coordination at all levels of follow up care.

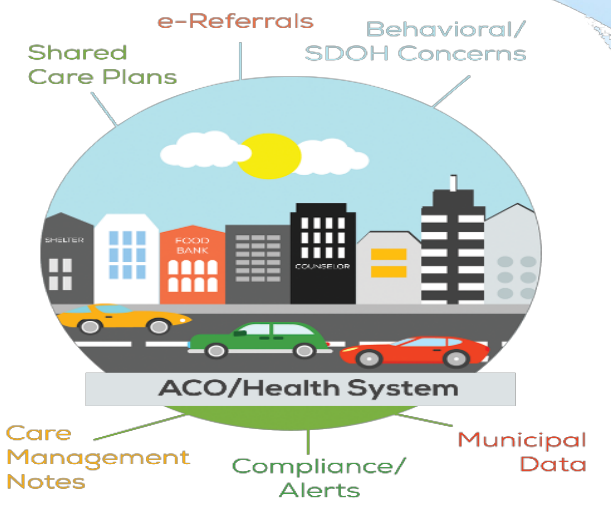
Most importantly, all members of the network agreed to singularly and jointly measure network progress toward several process and two key network performance goals:

- Reduction in BHSU 30-day readmissions
- Decrease in avoidable bed days (post-medical clearance)

### It Takes a *Connected Community*

To lead a solution that improves care coordination, high-performance networks must be developed that are attractive to providers and Social Service/Community Benefit Organizations across a spectrum of care. In this instance, we were able to help the client create a ONEcare *Connected Community* that included:

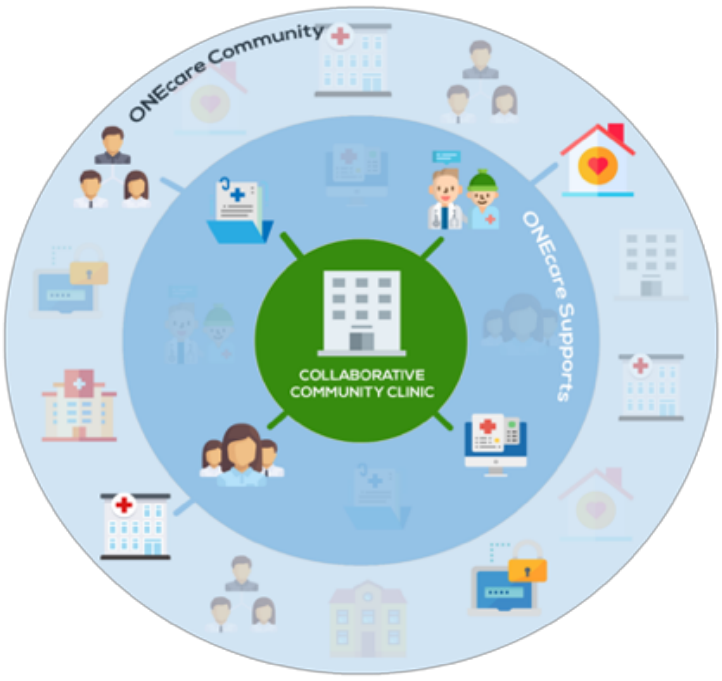
- Acute Care
- Primary and Specialty Care
- Behavioral Health
- Community Based Organizations (CBOs)




The ONEcare *Connected Community* was then able to impact care and ROI by streamlining the care transition before and between acute and ambulatory care, bridging care gaps, and increasing access to both medical and CBOs. Internally, our client initiated a series of process improvements to better identify, triage, and expeditiously transfer BH patients to the appropriate level of care. These included:

- Integration of **Psychologists within the ED** milieu, minimizing involuntary commitments and EMTALA.
- Deployment of a standardized **Community Transition Screening Tool** within the EHR to assess readiness for ambulatory discharge.
- Integration of **ambulatory/inpatient assessments** and care plans to minimize prior-authorization delays to initiate BH services.
- Deployment of an **electronic health referral system** to share referrals and clinical documentation, assign a "clinical home," and track readmissions.

Further, Blaze Advisors built **referral decision support** tools that translate patient needs into eligible BH services which then **"cross-walks"** to the providers who operate those services. This significantly minimized the patient bounce rate to other providers and lowers readmissions.




### ONEcare © Clinic

- No Wrong Door Access
- Standard and Targeted BHSU and Primary Care Screenings
- Use ONEcare Supports to expand Top of License Tx
- Coordinate with Specialists/CM

### ONEcare© Clinic/Patient Supports

- Care Management
- TCM/Urgent Response Team
- Case Consultation
- Care Director
- Practice Transformation
- Manage ONEcare Community

### ONEcare© Community

- Accelerated Access to Services
- Warm Handoffs and Bi-lateral communications
- Screen for Disease and Symptoms
- Inter-agency coordination

**Social Determinants of Health (SDOH)**

In addition to a network of BH providers, we helped our client build an accountable network of community-benefit organizations to address the prevalent SDOH obstacles faced by many of our patients. A referral/care management platform was introduced that provides decision support, bi-lateral communications, and shared patient/care plans. To buttress the network, the hospital's foundation directed dollars to non-profit and community-benefit organizations essential to BH and SU treatment -- crisis responders, food pantries, homeless shelters, etc. With those organizations financially supported and thus better able and prepared, medical providers could confidently direct patients to seek their services and support.

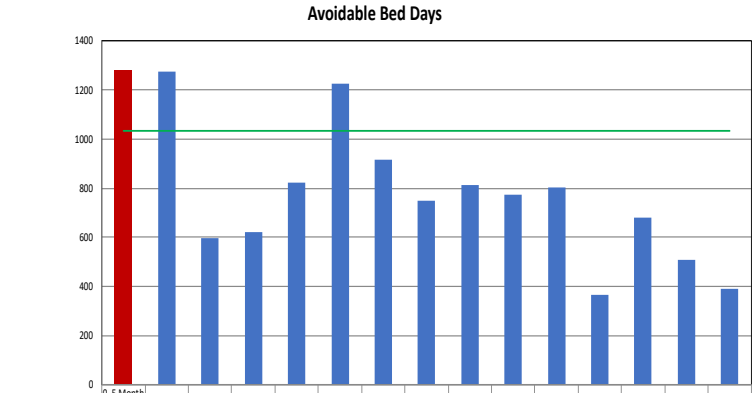
Blaze Advisors helped the client build the infrastructure to track the distribution of those funds to the CBOs, then tracked when those CBOs delivered services, to whom, and how often. Collecting that data allowed the client to follow patients through the Network, where they encountered contributed dollars, what their outcome was and whether they stayed on-track or returned to the ED. Our data measured the ROI on the philanthropic contributions and determined the impact on individual and aggregate lives.

With these networks in place and operational, the following Blaze-developed quality improvement programs were initiated to deepen the impact on readmissions and diversions:

- **CONVERT**: This ED Opioid Detection and Intervention approach uses a novel software tool to query a statewide Controlled Substance directory and create a banner alert in the hospital EHR. From there, an ED physician initiates a motivational interview to ***convert*** the patient for an on-site addiction evaluation. If positive, a peer support specialist will act as the patient's transitional care sponsor to bridge the patient to appropriate medical and clinical treatment within the NABH to minimize treatment abandonment.
- **PROJECT OBOT**: In collaboration with a statewide physician's association, Blaze Advisors integrated primary care into Office Based Opioid Treatment (OBOT) for rising risk Opiate Use Disorder (OUD). With strong clinical backing from the ONEcare *Connected Community*, STAT Labs from LabCorp, real-time Drug Registry queries, and a care management platform, x-license providers are assuming a larger role in Opiate titration and Medication Assisted Treatment (MAT).
- **DETECT**: On behalf of affiliate primary care physicians, the Network conducts online depression screenings for patients who suffer from diabetes and hypertension to increase opportunities for preventative intervention. Client data indicates over 50,000 patients are suffering from diabetes and screenings indicate that 30% of those suffer from undiagnosed and/or untreated depression/anxiety. Reviewing test results are a billable service for physicians.
- **Fresh Food Farmacy**: Given the prevalence of polychronic depression/diabetes, the network is launching a Fresh Food Farmacy program in concert with the Connected Community. Physicians can write a prescription which can be exchanged for fresh food at a local food bank.

## Proof is in the Pudding

To date, the ONEcare *Connected Community* has helped reduce avoidable bed days and state hospitalizations by nearly 50% with average length of stay dropping by 30% and BHSU readmissions by 8%. Direct annualized savings in charity care and BH aide costs are estimated at $14-16M/annually. Total cost of care savings is estimated at $40-50M/annually establishing a strong foundation for shared savings negotiations with regional and national payers.




| | 0_5 Month Average | 17-Nov | 17-Dec | 18-Jan | 18-Feb | 18-Mar | 18-Apr | 18-May | 18-Jun | 18-Jul | 18-Aug | 18-Sep | 18-Oct | 18-Nov | 18-Dec |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Avoidable Bed Days | 1281 | 1272 | 598 | 622 | 822 | 1226 | 916 | 747 | 813 | 774 | 802 | 368 | 679 | 507 | 391 |
| ABD Goal | 1,033 | 1,033 | 1,033 | 1,033 | 1,033 | 1,033 | 1,033 | 1,033 | 1,033 | 1,033 | 1,033 | 1,033 | 1,033 | 1,033 | 1,033 |

If you're interested in learning more about how Blaze Advisors can help your health system achieve greater success for your behavioral health endeavors, visit us at www.blazeadvisors.com.