Transformation:

An Integrated Primary & Behavioral Health Care System

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ST. VINCENT CHARITY MEDICAL CENTER

A Ministry of the Sisters of Charity Health System

Objectives

- Provide an overview of St. Vincent Charity Medical Center, and its response to community need
- Describe our core services and adaptation to an integrated care model
- Review a local university and hospital partnership (from the hospital's perspective)

About Us

As Cleveland's only Catholic hospital,
St. Vincent Charity Medical Center (SVCMC) has extended the healing ministry of Jesus through its core values of respect, integrity, quality and teamwork since 1865.

- Dedicated to serving the poor with a deep respect for the dignity and value of all persons.
- Focused on quality care, and as an acute care teaching hospital, we are committed to continuing education.

About Us: Behavioral Health

Behavioral Health Services Overview:

- Psychiatric Emergency Department
- General Inpatient Psychiatry
  - Adult Psychiatry (48 beds)
  - Geropsychiatry (16 beds)
- Electroconvulsive Therapy (ECT)

About Us: Addiction Services

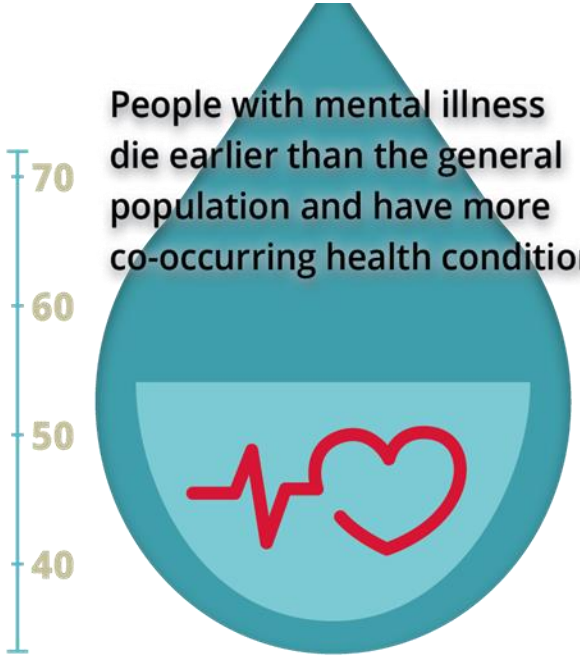
Home to **Rosary Hall**, which was founded by **Sister Ignatia Gavin** and opened in **1952**.

- Treating ~16% of the people going through inpatient opioid detoxification in Ohio covered by Medicaid.
- Inpatient and Outpatient Services
  - 27-bed detoxification unit (4.0, 3.7 Levels of Care)
  - Medication Assisted Treatment (Vivitrol, Suboxone)
  - Intensive Outpatient & Partial Hospitalization Programming (IOP & PHP)

Individuals Served

LEVELS OF CARE	INDIVIDUALS SERVED (2018)	Individuals Served (2019)
ADDICTION – INPATIENT	1,617	1,169
ADDICTION – OUTPATIENT (PHP, IOP, MAT-IOP)	650	625
PSYCHIATRIC ED	3,856	4,100*
INPATIENT PSYCHIATRY	1,706	1,268
PRIMARY CARE WITH ICD-10 BH DISORDER	4,295	4,162

The Problem



People with mental illness die earlier than the general population and have more co-occurring health conditions.

68%

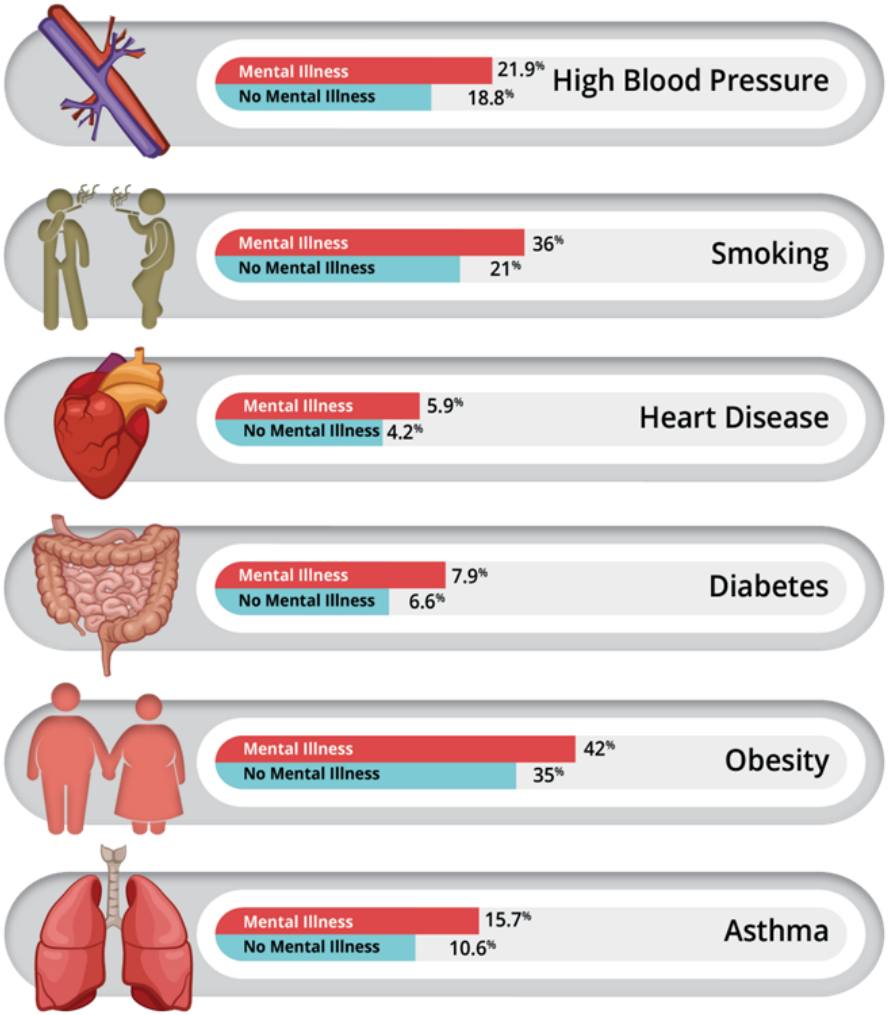
of adults with a mental illness have one or more chronic physical conditions

more than

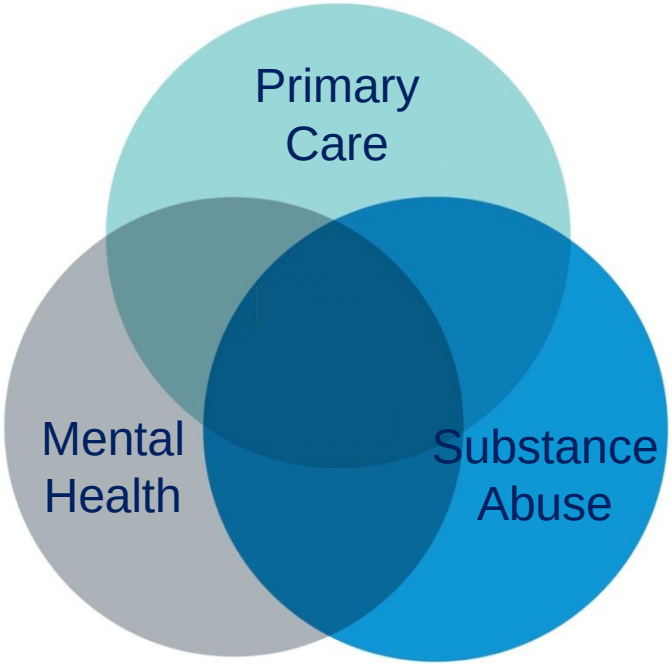
1 in 5

adults with mental illness have a co-occurring substance use disorder

Co-occurrence between mental illness and other chronic health conditions



The Solution



The solution lies in integrated care – the coordination of mental health, substance abuse and primary care services.

Integrated care produces the best outcomes and is the most effective approach to caring for people with complex health care needs.

The Twist

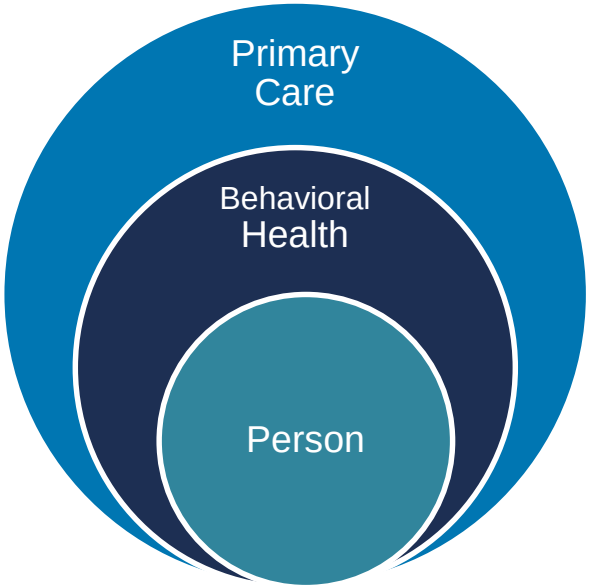
- COVID-19 halted our traditional care delivery system
- Needed to quickly mobilize efforts to become telehealth capable
- We had a period of time where we really just did not know what was happening to people, as a care delivery system.
- Preparing for a 2nd wave after a crisis.

Taking Current Services to Integrated

TODAY

- Three separate services that operate relatively independently
- BH Services are focused on more intensive levels of care (PED, INP/ DETOX, PHP, IOP)
- Primary Care presence

Integrated Service Structure



Emphasis on:

- Serious and persistently mentally ill, co-occurring addiction, and increased medical complexity.
- Person-Centered Care
- A more complete understanding of health care goals and plan of care

Integrated Care Model

According to the National Institute for Mental Health:

"Integrated Care combines primary health care and mental health care in one setting. Providing integrated care helps patients and their providers. It blends the expertise of mental health, substance use and primary care clinicians, with feedback from patients and their caregivers. This creates a team-based approach where mental health care and physical health care are offered in the same setting."

Principles of Effective Integrated Behavioral Healthcare

Person-Centered Team Care /Collaborative Care

- Co-location is not collaboration.
- Team members learn to work differently.

Population-Based Care

- All patients tracked in a registry. No one “falls through the cracks.”

Measurement-Based Treatment to Target

- Treatments are actively changed until the clinical goals are achieved.

Evidence-Based Care

- Treatments used are evidence-based.

Accountable Care

- Providers are accountable and reimbursed for quality of care and clinical outcomes, not just the volume of care provided.

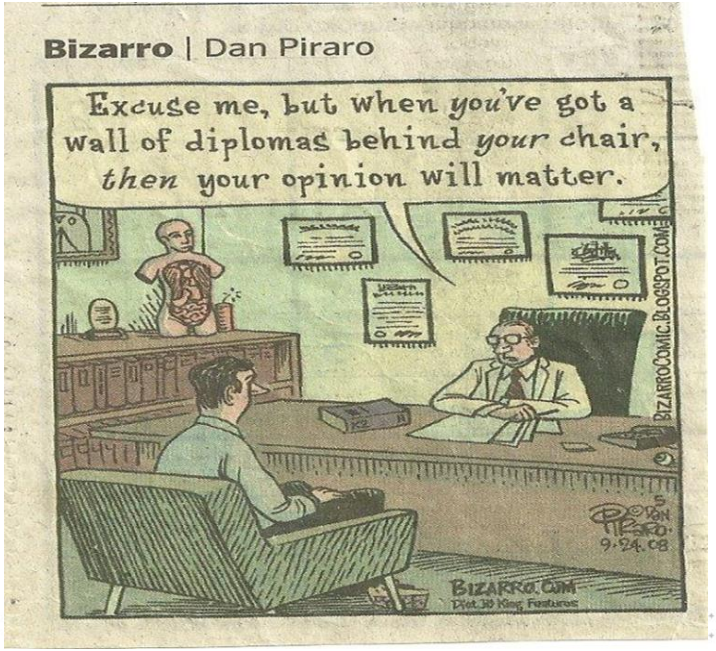
Person-Centered Care

- https://www.planetree.org/

- Person-centered care is a systemized approach to delivering healthcare in a way that centers on the perspective of the whole patient and their loved ones, while promoting a healthy, encouraging environment for caregivers and addressing the health needs of the organization's surrounding community.

Person-Centered Care

Person Centered Care is NOT



Why Integrate Care

- Substance abuse is more common among people with severe mental disorders (50%)
- More severe medical, social and emotional problems
- Increased mortality rate (25 years)
- Higher rates of heart disease, obesity, diabetes, smoking
- Increased vulnerability relapse and decompensation

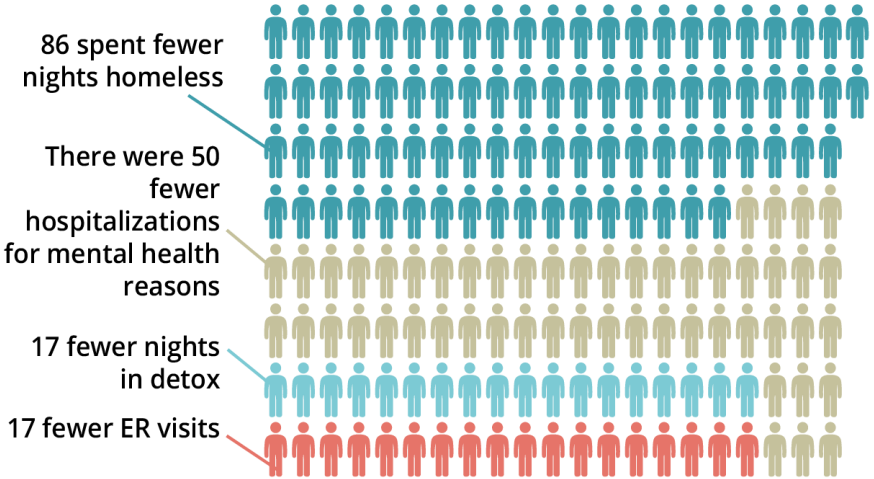
People with Serious Mental Illness & Co-Occurring Addictions

- Require relapse prevention models designed to their diagnoses
- Require longer treatment
- Have more crises
- Progress more gradually in treatment
- Traditional treatment approaches are less effective

Cost of Not Integrating Treatment

- Repetitive cycling through the most expensive, publicly funded resources in the system (AKA “the revolving door”)
- Demoralized treatment of professionals
  - Staff attraction, retention and turnover
- “Decay” of treatment systems
- Chronic illness, death, fewer opportunities to live meaningfully and productively in the community

One integration program* enrolled 170 people with mental illness. After one year in the program, in one month:



This is $213,000 of savings per month.

That's $2,500,000 in savings over the year.

Integration works.
It improves lives.
It saves lives.
And it reduces healthcare costs.

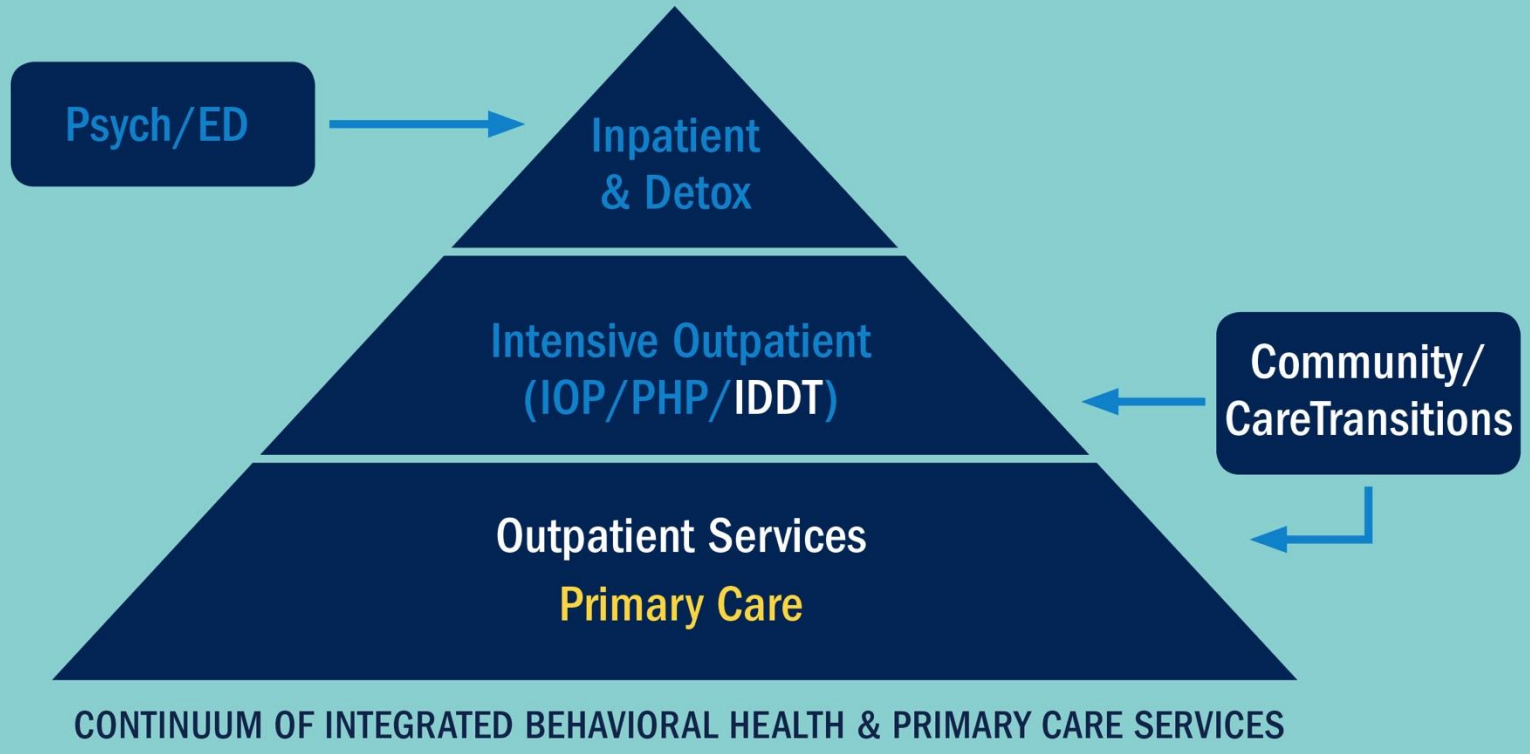
Key Initiatives for SVCMC

- Expand outpatient services
- Provide Peer Recovery Support and/or coordinators to aid in care transitions
- Expand intensive treatment services
- Establish a panel for integrated care

Care Team Objectives

- Improve client engagement in services
- Ease care transitions
- Improve health outcomes for those served
  - Decreased admissions, reduced LOS, reduced recidivism rates, increased adherence to plans, lower rates of substance abuse, improvement in health conditions, etc.

Integrated Continuum of Care



CONTINUUM OF INTEGRATED BEHAVIORAL HEALTH & PRIMARY CARE SERVICES

Purpose & Objectives of SBIRT

- A model for early detection and intervention of:
  - Alcohol & drug use; Depression; Anxiety; Trauma
- Improvement client engagement in services
- Ease care transitions
- Improve health outcomes for those served
  - Decreased admissions, reduced LOS, reduced recidivism rates, increased adherence to plans, lower rates of substance abuse, improvement in health conditions, etc.

Screening Tools

Tools	Screen for
DAST	Illicit drug use/abuse
AUDIT	Alcohol use/abuse
PHQ-9	Depression & suicide
GAD-7	Anxiety
PCL-5	Trauma**

Automatic triggers for SBIRT clinical referral

High Level Outcomes

- Enhanced continuum of services for those who are more seriously mentally ill, abusing substances and medically complex
- Increased retention rates within the system of care
- Reduced services fragmentation and improved coordination
- Fewer admissions/treatment episodes, and reduced time in the hospital
- Reduced health risks and improved functioning
- Improved quality of life

Hospital and University Collaboration

- Formalized an MOU with Cleveland State University in May of 2016
- Combined expertise and capabilities to more effectively address key healthcare and high education challenges
- Maximized opportunities for research, community engagement and innovation

Hospital and University Collaboration

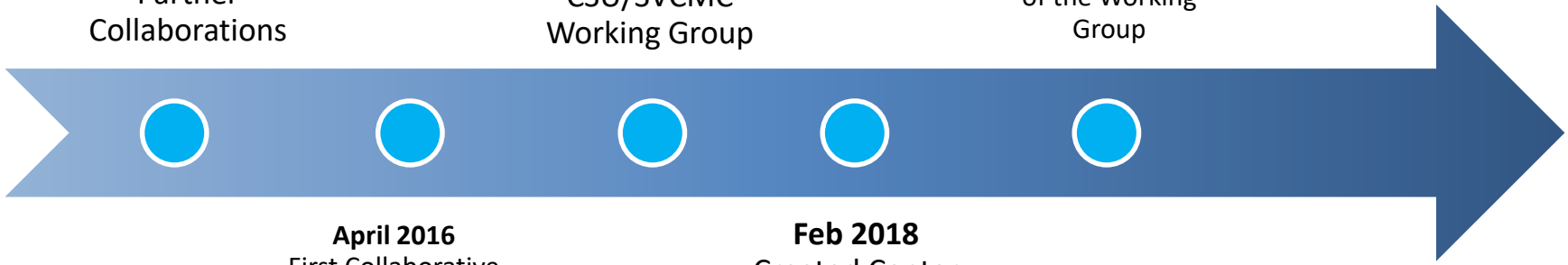
Feb 2016
SVCMC formed Office of University Partner Collaborations

April 2016
First Collaborative Projects
- IDEATION Session

May 2016
Formalized Collaboration and established CSU/SVCMC Working Group

Feb 2018
Created Center for Behavioral Health Sciences

June 2019
Changed Strategic Focus of the Working Group



Hospital and University Collaboration

- Prior Projects
  - Center for Behavioral Sciences
    - Drughelp.care website and app; Risk factor patterns for OUD and cravings, Physicians perspectives on the opioid crisis.
  - MLP Research
  - Medical Research
  - Executive MBA Capstones
    - St. Ignatius Clinic, Center for Bariatric Surgery, Expansion of Rosary Hall

Hospital and University Collaboration

- Ongoing Projects
  - In search of dynamic risk factor patterns for opioid use and cravings
  - Drughelp.Care, a web app for discovering addiction treatment facilities
  - Assessing the impact of the Medical Legal Partnership on social determinants of health

Hospital and University Collaboration

- Future Directions
  - Demonstrating a value base for integrated care
  - Leveraging how technology can help engage and keep people in treatment (e.g., project by CSU/NEOMED students using AI to predict AMA rates)
  - Determining the impact telehealth capabilities can have on addressing SDoH
  - Understanding which populations benefit the most from technology-based interventions

QUESTIONS *and* ANSWERS

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