



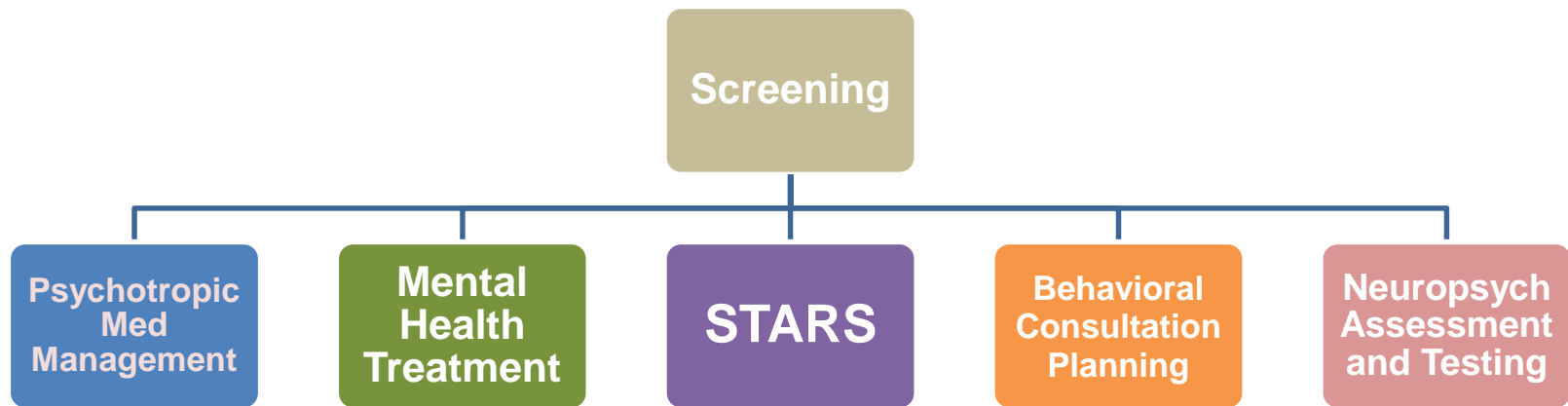
# LHH Psychiatry Report to JCC

9/11/2018

# Background: Service Model Design Completed in 2016



Priority: Medically Necessary Clinical Services to LHH Residents



**STARS**  
Substance Treatment  
And Recovery Services

**AVATAR**

Netsmart Technologies Incorporated

# Background: Initiated Improvement A3 in 2017



## Title: LHH Psychiatry Comprehensive Service Model

Owner: Yifang Qian, Michael McShane, Mivic Hirose

Date	08/28/18	Version	15
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### I. Background:

LHH residents require skilled nursing care for their physical illnesses and disabilities. Many also have co-occurring mental illnesses, substance use, cognitive impairment, and/or behavioral issues. If left untreated, these conditions can negatively impact their overall recovery and others.

In California, different payers fund different types of specialized services for these conditions. The following apply to the work by LHH Psychiatry providers:

1. Mental Health Plan: covers Specialty Mental Health services to residents with **psychiatric illnesses with moderate to severe functional impairment**.
2. Beacon by MediCal: covers Non-Specialty MH services to residents with **psychiatric illnesses with mild to moderate functional impairment**.
3. Drug MediCal: covers specialized **substance use treatment** services. The Drug MediCal waiver has expanded these benefits, starting June 2017.
4. Medicare/commercial payers: cover **psychiatric consultations** and **psychological and neuropsychological services**.

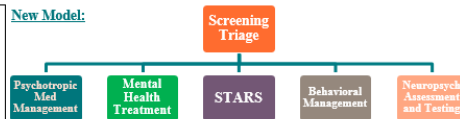
While LHH residents have SNF level of medical needs, their behavioral health needs are at outpatient level (as opposed to acute inpatient psychiatric services). In the community, these are provided in distinct clinics. LHH residents, however, cannot go to multiple offsite clinics due to their physical limitations and transportation logistics. LHH Psychiatry is charged with providing specialized services onsite in order to meet the residents' needs. Historically LHH Psychiatry has provided various services. The scope, workflow and provider roles/responsibilities, however, were not clearly defined. Quality of services and care varied. Psychiatry services were not structured based on funding requirements, and not certified by the Mental Health Plan, Beacon, or Drug MediCal; services in these areas have never been reimbursed. Documentation was not in AVATAR, which is the behavioral health EHR that enables communication with other behavioral health providers and billing to these payers. Unclaimed revenue is estimated to be over at least \$500,000 per year.

LHH aims to become the national leader in Post Acute Care, and its Centers of Excellence include behavioral health as a service line. Since 2015 LHH Psychiatry has worked to align with this Vision/Mission by 1) completing the design, P&Ps and reorganization for a new service model, and 2) implementing AVATAR, a centralized e-Consult system, and a new documentation and billing structure. The CMS IMPACT Act implementation that started in 2016 includes new requirements on behavioral health (Nov 2017) and Trauma Informed Care (Nov 2018) for SNFs. These all have implications for behavioral health of LHH residents and how LHH Psychiatry provides services. They validate that our new model is on the right track.

### II. Current Conditions

- 1) Implementation of the new model is further along in some service areas than in others.
- 2) Standard work, tracking of services, quality/outcomes and scope of collaboration are not yet well established.
- 3) LHH Psychiatry is not yet certified for Mental Health Plan, Beacon and Drug MediCal billing.

#### New Model:



**III. Problem Statement:** The new LHH Psychiatry's comprehensive service model has not been fully operationalized. Practices have not sufficiently changed. Some service needs may be unmet. LHH Psychiatry is not reaching its full potential for revenue generation.

### IV. Goals & Targets

- 1) Reach by 6/30/17: a) Pass June 2017 SMH audit. B) 90% e-referral response in 5 days; c) baseline productivity reviews
- 2) Complete root-cause analysis and set new goals for FY 2017-2018 by 6/30/17.

### V. Analysis

% SMH Chart Element Completion      % Response to E-referral w/in 5 days

Bold text: priority



#### A) Psych Certification

- Documentation compliance issues 1) SMH chart elements 2) SMH doc content/quality
- Specialty MH admin task list
- Psych SW Medicare certification
- Drug MediCal certification task list
- Beacon certification task list

#### B) Psych Clinical Practice

- Timely response to new referrals
- Resident no-show: 1) Scheduling-workflow, 2) Residents not yet willing/ready/present to receive services - Motivational Interviewing
- Use of Evidence Based Practices
- Behavioral management, STARS
- Insufficient treatment groups offered
- Not connected to quality/outcomes
- Change management

#### C) Psych Productivity

- Not all encounters are documented: 1) unfamiliar with billing and CPT codes; 2) Time for documentation - see inefficient workflow 3) Change management
- Billable clinical encounters low: 1) non-billable activities high - See clinical/nonclinical duties; 2) billable services not offered or offered infrequently - See Clinical Practice

#### D) Psych Quality/Outcome

- No dashboard - COE
- Incomplete standard work for data collection and tracking
- MH and STARS outcome measures and satisfaction tracking not well aligned with SFHN-BHS/payer requirements
- Disconnect between SNF quality measures and psych clinical encounters - see Expectations

#### E) Psych Operation

- Inefficient workflow: 1) standard work too complex: codes, many steps for work completion; 2) high motion waste; 3) high non-clinical
- Scheduling: not all on LCR/nursing workflow - no show
- Varying Expectations for Psych services - info not well disseminated
- Required certification elements

#### F) Collaboration w/in LHH

- Alignment with CMS IMPACT Act re behavioral health in PAC: 1) Harm Reduction; 2) Motivational Interviewing; 3) Unify expectations re our roles: staff expectations vs resident-centered services; 4) Skills training: recognize resident needs; behavioral tips; 5) Standard info source re Psych services
- Define collaboration scope

New model not fully implemented Not reaching full revenue potential

### VI. Recommendations / Proposed Countermeasures

#### Certification

- Maintain chart elements
- Ongoing chart content review
- Complete SMH admin tasks - Aim to pass June SMH audit
- Plan for DMC, Beacon tasks

#### Clinical Practice

- E-referral response timeliness
- STARS groups
- Mental Health and H&B groups
- Establish standard work

#### Productivity

- Complete simplification of encounter form process
- Complete coding sheets and examples
- Establish standard work

#### Quality/Outcomes

- Establish dashboard - COE
- Establish standard work on data collection and tracking
- Establish standard work for BHS/LHH satisfaction surveys

#### Operation

- Complete move to LCR scheduling
- Establish standard work
- Work on Psychiatry info site
- Complete P&Ps

#### Collaboration

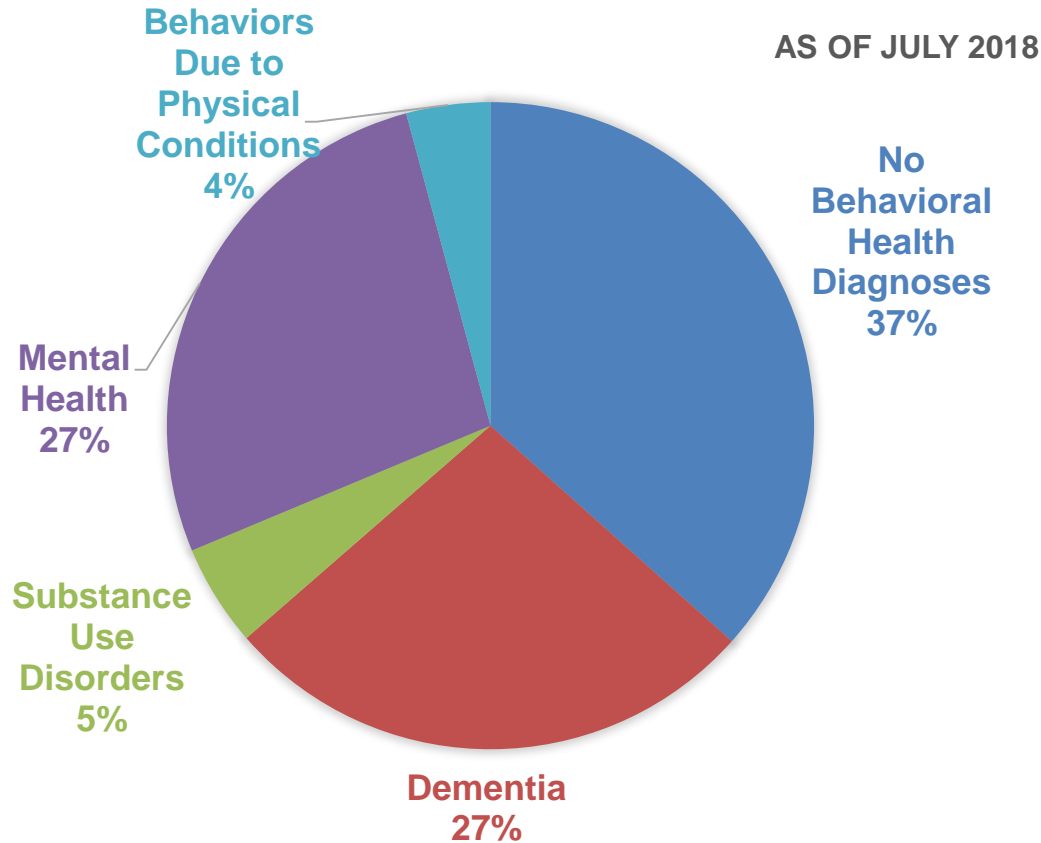
- Propose Harm Reduction P&P
- Review CMS IMPACT Act Behavioral Health component
- Establish collaboration scope

### VI. Plan: (Blue: Staff responsibility; Items with\*: Responsible person will take staff input; Items without\*: Info will be shared w/ staff.)

Countermeasure	Description	Responsible	Due Date	Status
Psych Certification	Complete and maintain SMH chart required elements. Goal 100%	All psych staff	Ongoing	Maintaining 100%
	Complete SMH admission paper forms for all current SMH charts	Laurie, Pam	5/31/17	Maintaining 100%
	Show-and-tell new admission paper packets to all psych staff	Laurie	4/18/17	Completed
	Discuss new admission paper packet process for new SMH cases	Laurie*	4/30/17	Completed
	Review SMH chart content/quality regularly and give feedback	Yifang, Laurie	11/30/17	Ongoing, PURQC
	Review SMH certification task completion with DPH BOCC staff	Laurie	1/31/18	Completed
	Schedule June CBHS audit 6/16/17	Yifang	5/15/17	Completed
	Review and share post-audit correction steps	Yifang, Laurie*	8/30/17	Completed
	SW Medicare certification	Laurie	5/31/17	Completed
	Plan for Drug MediCal task list	YQ, LL, YL, AI	1/31/18	Completed
Plan for Beacon List	Yifang, Laurie	3/31/18	Completed	
Psych Clinical Practice	Prioritize 1 <sup>st</sup> response to new e-referrals w/in 5 days. Goal 90%	All psych staff	Ongoing	Maintaining >90%
	Revise and implement new STARS group	STARS*	5/12/17	Implemented
	Initiate discussions re MH and H&B groups	Yifang, Laurie*	11/1/17	Groups started
Psych Productivity	Initiate clinical work flow review toward standard work development	Yifang, Laurie*	6/30/17	Completed
	Improve encounter form process	Yifang, Laurie*	4/21/17	Completed
	Work toward 60% (Clinical hrs/FTE hrs). Goal: do baseline review	All psych staff	Ongoing	Completed/monthly
	Set up documentation manual binder	Laurie, Pam	10/31/17	Completed
Psych Quality/Outcome	Complete and distribute H&B coding sheets	Yifang, MTA	6/30/17	Completed
	Complete all coding help sheets	Yifang, Laurie*	6/30/17	In review by Compliance
	Complete draft of productivity work flow for staff review	Yifang, Laurie*	6/30/17	Completed
	Discuss with COE re dashboard data source	Yifang	4/12/17	Completed
Psych Operation	Draft data collection and tracking standard work description	Laurie, Yifang	10/31/17	Completed
	Clarify BH item for 2017 LHH Resident/Family satisfaction survey	Yifang	4/21/17	Completed
	Implement annual ANSA for SMH cases (CBHS standard outcome)	All psych staff	5/31/17	Implemented
Collaboration Within LHH	Schedule all STARS groups through LCR	Laurie, Pam	3/31/17	Completed
	Complete training for individual scheduling in LCR	Laurie	5/2/17	Completed
	Implement LCR scheduling for all staff	All psych staff	5/31/17	Completed
	Establish standard work for psychiatry operation	Yifang, Laurie*	6/30/18	Completed/ongoing
Collaboration	Establish standard work for psych info messaging within LHH	Yifang, Laurie*	6/30/18	Launched SharePoint
	Propose Harm Reduction policy	Yifang*	5/4/17	Completed
	Complete revision draft of Illicit Drug and Paraphernalia P&P	Yifang*	6/30/17	Completed
VII. Follow-Up	Review IMPACT rules re behavioral health with leadership and psych	YQ/MMM/RG/DV	2/28/18	Completed

Align FY18-19 goals/objectives with LHH Strategic Goals, sustain and continue improvement in above areas using the LEAN framework.

# Overview: 63% LHH Residents Have Behavioral Health Related Diagnoses:



485 LHH Residents have 696 behavioral health related diagnoses

# Overview: Service Requests for LHH Psychiatry



FY 17-18:

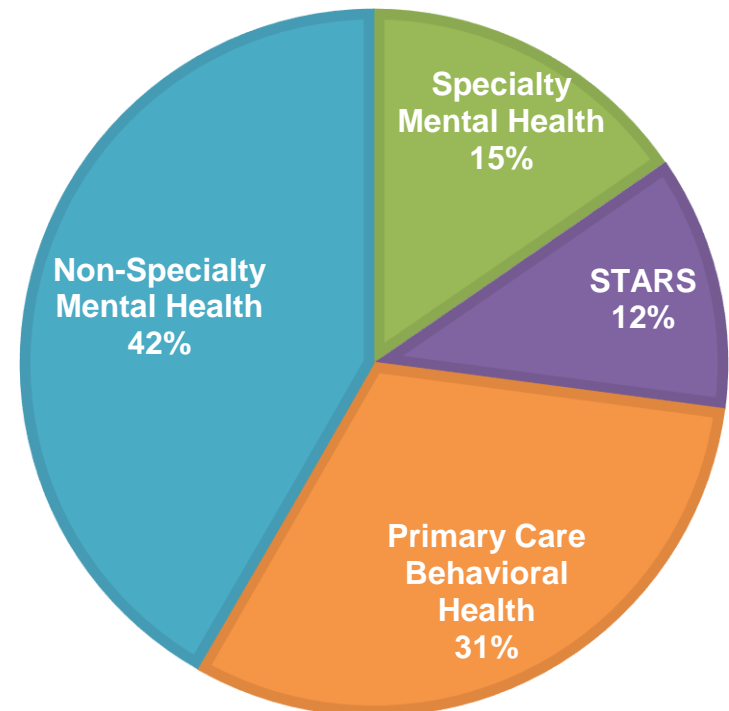
**481** eConsult requests on **349** residents

## NEW SERVICE EPISODES

### MEDICAL NECESSITY



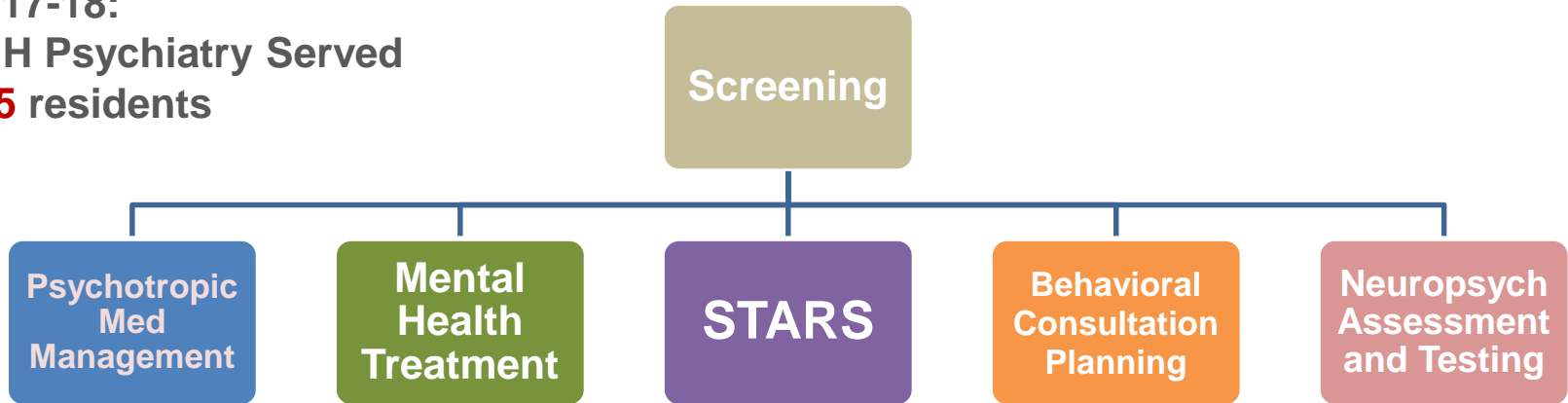
- Specialty Mental Health
- STARS
- Primary Care Behavioral Health
- Non-Specialty Mental Health



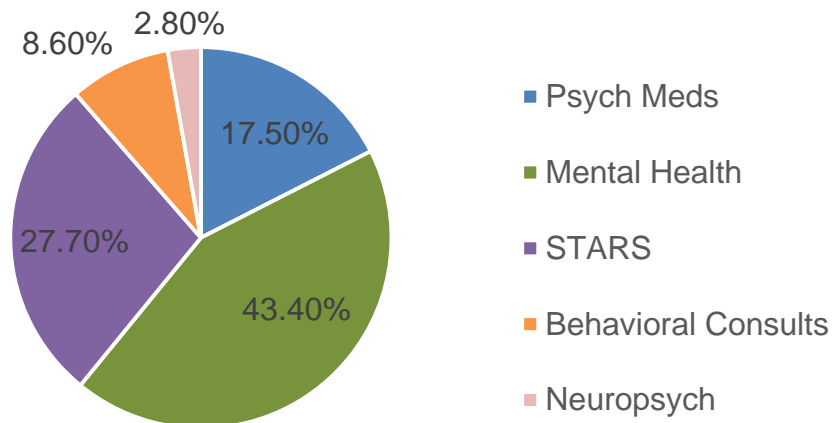
# Overview: LHH Psychiatry Services



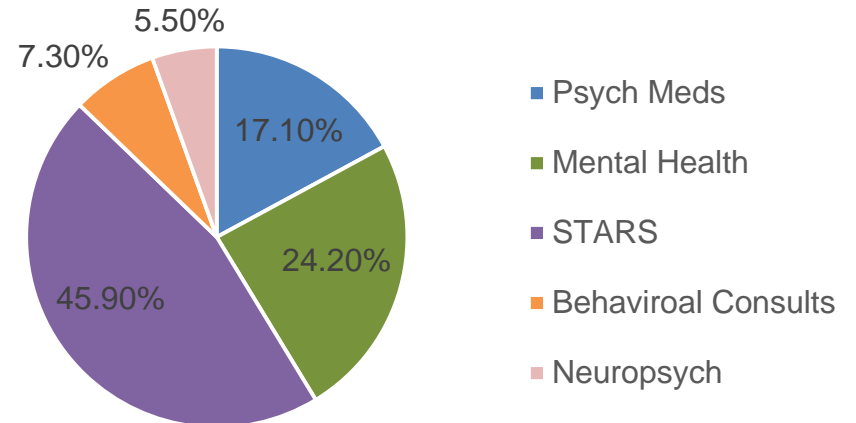
FY17-18:  
LHH Psychiatry Served  
**445** residents



### Service Encounters



### Service Hours



# Improvement 1: Certification



## ➤ Specialty Mental Health

- **3/30/18 PASSED COMPLIANCE DOCUMENTATION AUDIT!**
- 4/25/18 submitted application to DHCS
- Certification pending state review.
- Once certified will be able to bill for the first time.

## ➤ Non-Specialty Mental Health

- 6/12/18 submitted application to Beacon (SF Health Plan).
- Once approved will be able to bill for the first time.

## ➤ Drug MediCal

- More benefits for patients due to expansion/waiver.
- STARS staff trained by Department of Health Care Services 7/12/18.
- Expect to apply in Nov 2018 using a new DHCS online system.
- Initiated refining STARS work flow based on new training.
- Once certified will be able to bill for the first time.

# Improvement 2: Clinical Practice



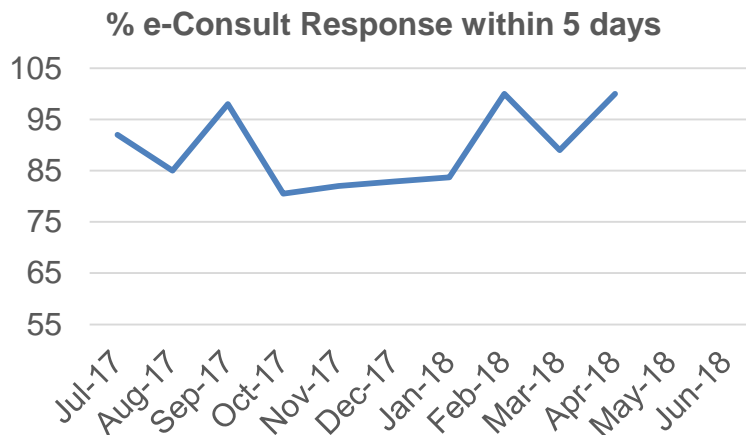
- All staff trained by BHS on TPOC (Treatment Plan of Care) development, articulating how symptoms and functional impairment are addressed
- Added new treatment groups, with evidence based curricula:
  - **STARS: Seeking Safety, Relapse Prevention, Building Coping Skills**
  - **Primary Care Behavioral Health: Coping with Major Health Changes**
  - **Mental Health: PTSD/Trauma (S.T.A.I.R)**
- Added Addiction Medicine Fellow Rotation: 2 in 2018, 2 to come 2019
- Increased psychiatrist prescribing of psychotropic meds
- Added special consulting psychiatrist, second opinion available
- Added Psychiatry weekly clinical meetings for case discussions



# Improvement 3: Quality



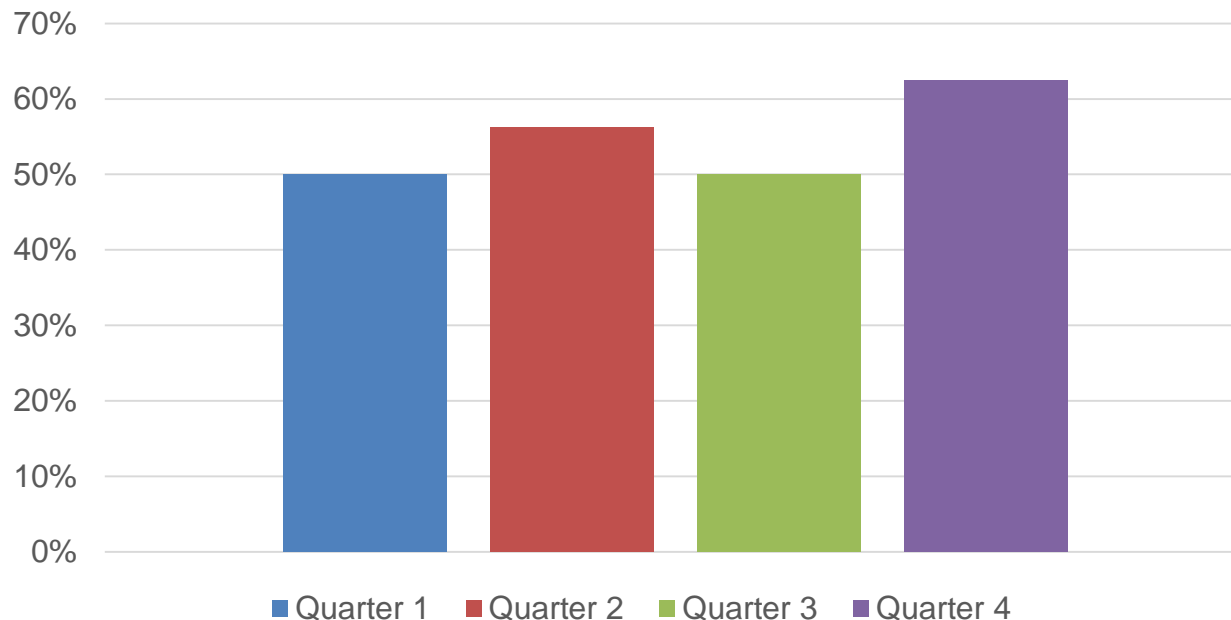
- **Monitoring Timely Access: > 95% eConsults responded to within 5 days**
- **Ensuring TPOCs are present on all mental health cases: 100%**
- **Addressing CASPER verbal and physical aggression in TPOCs: 93%**
- **Collecting ANSA on 100% mental health cases, year-to-year comparison available for the first time**
- **Participating in Resident Satisfaction surveys:**
  - BHS Specialty Mental Health client survey for the first time
  - LHH survey: **72%** Residents; **85%** Family rated services as Excellent/Good
  - LHH Psychiatry survey: **86%** who received services/responded rated services as Excellent/Good (provider/service specific, FY17-18)
  - Starting to collect Group Evaluations: 1<sup>st</sup> for H&B group – **4.75/5\*\***



# Quality Outcome: ANSA (Adult Needs and Strength Assessment)



FY 17-18 % Residents receiving Specialty  
Mental Health services with at least 30%  
improvement of their actionable items



**BHS Quality Objective: Sixty percent (60%) of clients will improve on at least 30% of their actionable items on the ANSA**

# Quality Outcome: ANSA

## (Adult Needs and Strength Assessment)

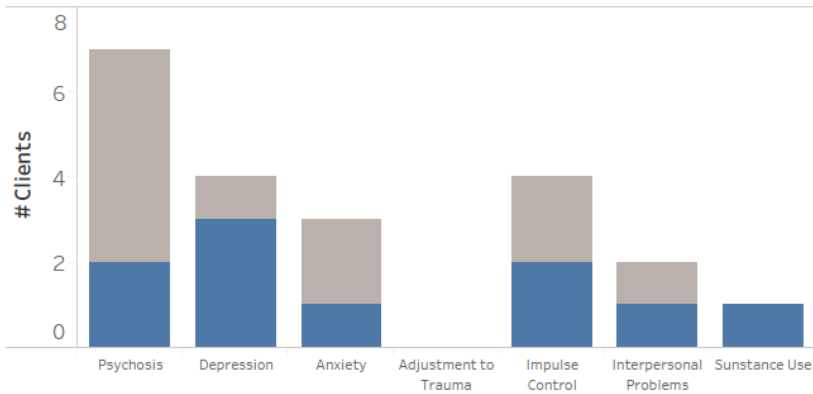


FY1718 Q4 Objective A.2 ANSA Outcomes Item-Level Report  
LHH Dept of Psychiatry (38KJOP)

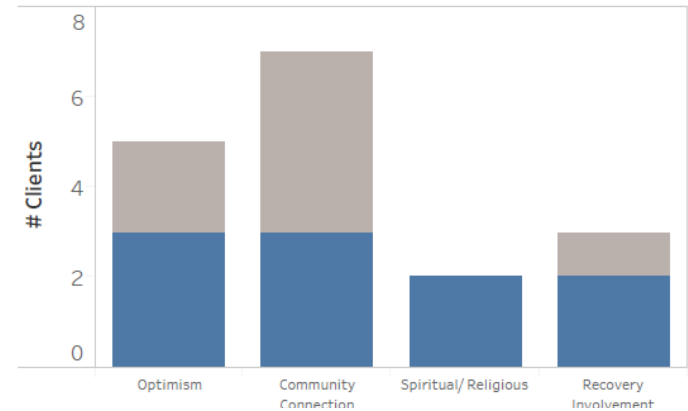
■ Didn't Improve  
■ Improved

This report looks at the Current ANSA to see how many clients improved on items rated 2 or 3 from the prior ANSA.

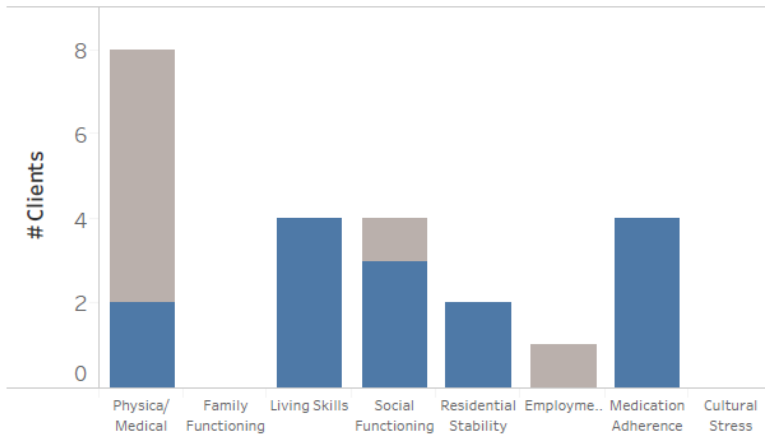
Behavioral Health Domain



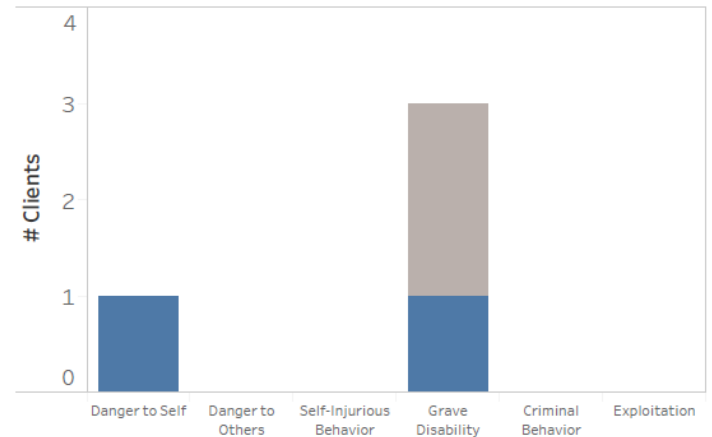
Strengths



Life Domain Functioning



Risk Behaviors



# Quality Outcome: Resident Satisfaction for Specialty Mental Health Services (Spring 2018)

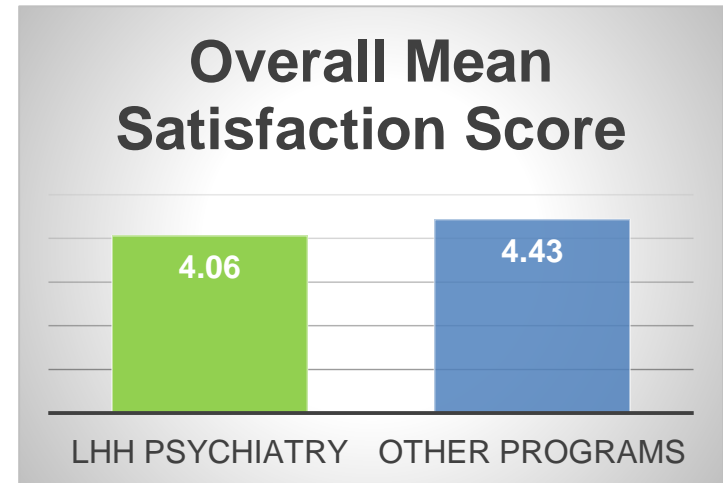


## Highest Agreement:

- Staff were willing to see me as often as I felt it was necessary 93.3%
- I felt comfortable asking questions about my treatment and medication 93.1%
- Services were available at times that were good for me 92.6%

## Lowest Agreement:

- I was encouraged to use consumer-run programs (support groups, drop-in centers, crisis phone line, etc.) 48.1%
- I, not staff, decided my treatment goals 65.5%
- Staff returned my calls within 24 hours 66.7%



**Overall Satisfaction 71.9%**

# Improvement 4: Operation

# Improvement 5: Productivity



- **LEAN framework for improvement**
  - Conducted Waste Analysis and implemented changes
  - Started Weekly Meetings and Huddle Board
  - Ideas implemented: **13 (2017); 6 (2018 so far)**
  - Developed Standard Work (**14**)
- **Launched LHH Psychiatry SharePoint**
- **Implemented productivity measures, aligning with BHS**  
Total documented clinical encounters in FY17-18 by LHH Psychiatry providers **increased by 39%**, compared to FY16-17

## Welcome to Laguna Honda Psychiatry Service

- Home
- Overview
- Policy Summary
- Psychiatry Staff Directory
- Psychiatrist Call Schedule
- Access to Services
- Psychiatric Emergencies
- Scope of Services
- Types of Services**
- Psychiatric Medication Management
- Mental Health Services
- Neuropsychological Services
- STARS
- Behavioral Consultation and Planning
- Clinical Forms
- 5150 Form
- LPS Renewal Form
- Affidavit A
- Affidavit B

**Main Number:** 759-4028 **Fax:** 759-3509

**Routine Referrals:** Go to e-Consult

**Urgent Assistance:**

Regular workdays 9:00AM-5:00PM: **Urgent Pager:** 327-5130

All other times: See **Psychiatrist Call Schedule:** [Click Here to View](#)

(Primary Physician to assess first)

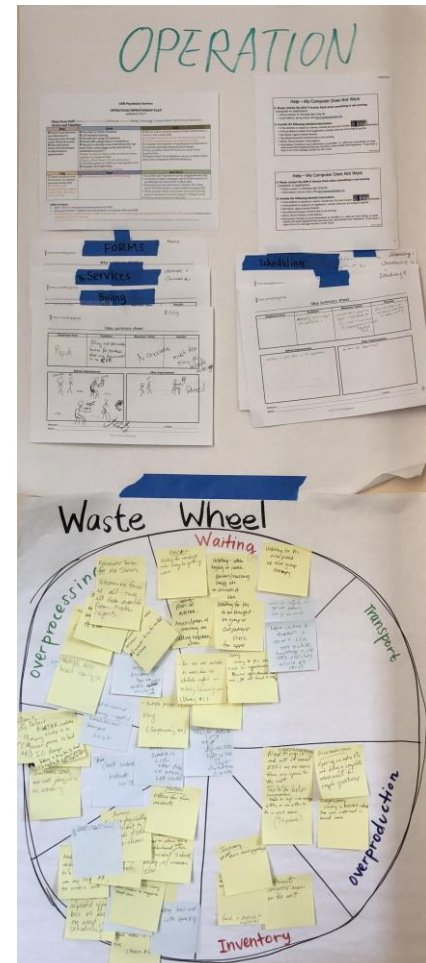
### Psychiatry News

**New STARS Coping Skills Group!**

Wednesdays 9:30 am - 10:30 am

First Session August 1, 2018; PM Oceanside

[Click for Details](#)



# Improvement 6: Collaboration



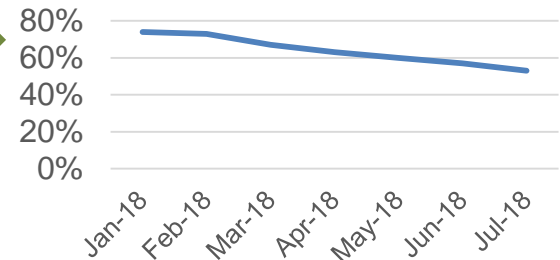
## ➤ Outside LHH:

- UCSF Primary Care Addiction Medicine Fellowship – New LHH Rotation
- BHS: Medication Utilization Improvement; Compliance/Documentation trainings; BHS clinical training, Narcan training
- SFHN: Workgroup on standardizing capacity evaluation

## ➤ Hospital Wide:

- Introduced Harm Reduction policy (JCC approved)
- Collaborated on CASPER behavior indicators →
- Collaborated with Center of Excellence (COE) leads
- Led celebration on Mental Health Awareness Month

Behavioral Symptoms Affecting Others National Percentile



## ➤ With unit teams:

- Established morning rounds standard work with Pavilion Mezzanine team
- Working with South 2 team on standard work

## ➤ Within LHH Psychiatry

- Weekly interdisciplinary team discussions, internal referrals



May is  
Mental Health  
Awareness Month

# Residents' Feedback on Psychiatry Providers' Services (FY 17-18 Survey):

(86% responders rated services as Excellent/Good)



What did you like most?	What helped you?
"Extreme kindness and empathy, non-threatening."	"...the staff member always was willing to meet my needs."
"Her groups."	"Psych meds."
"She was very concerned about me. I like her input."	"Helped with my personal issues, such as my anxiety."
"It was a good class."	"He found ways to help me help myself."
"Confidentiality."	"Equality."
"Fairness."	"Got solutions."
"He prescribed meds I needed."	"I felt compassion and understanding."
"He trusted me, believed in me, valued me."	"Questions about (and answers) about substance abuse."
"Seemed professional. Easy to talk to."	"The thought of her being concerned about my well-being."
"They are excellent providers."	"Help with overall outlook on life."

# FY18-19 Strategic Goals:



## Align with LHH Goals:

EPIC

Developing People

Optimizing Data for Value Based Care

## Align with BHS Goals:

Quality

Financial Stewardship



# A resident's words...



I AM TRULY THANKFUL FOR YEN. HE ~~IS~~ IS A PERSON WHO I FEEL COMFORTABLE SO FAR TO TALK TO. I HAVE A FEAR OR DON'T TRUST ANYONE AT ALL AND I LIKE OUR ONE ON ONES. I CAN'T SHARE IN GROUPS WE JUST GOT STARTED. I WANT TO CONTINUE WITH HIM.

*Thank you for taking the time to answer these questions!*

**“I AM TRULY THANKFUL FOR YEN (YAM). HE IS A PERSON WHO I FEEL COMFORTABLE SO FAR TO TALK TO. I HAVE A FEAR OR DON'T TRUST ANYONE AT ALL AND I LIKE OUR ONE ON ONES. I CAN'T SHARE IN GROUPS WE JUST GOT STARTED. I WANT TO CONTINUE WITH HIM.”**



**THANK YOU!**