Background: Service Model Design Completed in 2016

Priority: Medically Necessary Clinical Services to LHH Residents

STARS: Substance Treatment And Recovery Services
Background: Initiated Improvement A3 in 2017

Title: LHH Psychiatry Comprehensive Service Model

I. Background:
- Residency requires affiliated nursing care for their physical illnesses and disabilities. Many also have occurring mental illnesses, substance use, cognitive impairment, and behavioral health issues that, if untreated, these conditions can significantly impact their overall recovery and further.
- In California, different payers fund different types of specialized services for these conditions. The following apply to this work by LHH Psychiatry:
  1. Mental Health Plan: covers specialty Mental Health services to residents with psychiatric, behavioral health, and severe mental illness.
  2. STAR-SNM: covers specialty Mental Health Services to residents with psychiatric, behavioral health, and severe mental illness.
  3. Drug Medication: covers substance abuse treatment services. The Drug Medication waiver has expanded these benefits, starting June 2017.
- LHH Psychiatry covers all services.

While LHH residents have SNP level of medical needs, their behavioral health needs are at outpatient level (as opposed to acute or inpatient psychiatric services). In this community, there are provided in distant sites. LHH residents, however, cannot make up to multiple offices due to their physical limitations and transport logistics. LHH Psychiatry is charged with providing specialized services onsite to meet the patients’ needs. Historically LHH Psychiatry has provided various services. The scope, workflow, and provider roles/relationships, however, were not clearly defined. Quality of services and care varied. Psychiatry services were not structured based on learning requirements, and not certified by the Internal Mental Health Plan. However, Drug Medication services in these areas have never been reimbursed. Documentation was not in VAHIS, which impacted the behavioral health (BH) that enables coordination with internal LHH providers and other care areas. Unpaid revenue is approximately $500,000/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 with align with this (vision) and drive the redesign of the organization’s new service model and practice management. A new documentation and billing system has been implemented in the BH line of the hospital in 2019. A new software system has been implemented in 2019.

II. Current Conditions:
- Implementation of the new model is further along in some service areas than in others.
- Standard work, tracking of services, quality outcomes, and scope of collaboration are not yet well established.
- LHH Psychiatry is not yet certified for Mental Health plan, Beacon, and Drug Medication billing.

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 60% at 6/30/17: a. Pass June 2017 SNM audit b. 50% 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
- Bold text: priority
- % SNM Chart Element Completion
- % Response to e-referral in 5 days

VI. Recommendations / Proposed Countermeasures

1. Psychiatrist Certification
   - Complete and maintain SNM chart required elements: Goal 100% (Goal 99%)
   - Certification:
     - All Psychiatrists: Ongoing Maintaining 100%
     - Yufang, L: 5/17
     - Laurie, P: 5/17
     - Yufang, L*: 4/17
2. Psychiatrist Practice
   - Prioritize 1st response to e-referrals in 5 days. Goal 99%
   - Psychiatry:
     - All Psychiatrists: Ongoing Maintaining 100%
     - Yufang, L*: 5/17
     - Laurie, P: 5/17

VII. Follow-Up
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

Dementias: 27%
Mental Health: 27%
Substance Use Disorders: 5%
Behaviors Due to Physical Conditions: 4%
No Behavioral Health Diagnoses: 37%

AS OF JULY 2018
Overview: Service Requests for LHH Psychiatry

FY 17-18: 481 eConsult requests on 349 residents

NEW SERVICE EPISODES

MEDICAL NECESSITY

- Specialty Mental Health
- Substance Use Treatment
- Non-Specialty Mental Health
- Primary Care Behavioral Health

STARS

- Specialty Mental Health 15%
- Primary Care Behavioral Health 31%
- Non-Specialty Mental Health 42%
- STARS 12%

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Overview: LHH Psychiatry Services

FY17-18: LHH Psychiatry Served 445 residents

Service Encounters
- Psych Meds: 17.50%
- Mental Health: 43.40%
- STARS: 27.70%
- Behavioral Consults: 8.60%
- Neuropsych: 2.80%

Service Hours
- Psych Meds: 45.90%
- Mental Health: 24.20%
- STARS: 17.10%
- Behavioral Consults: 7.30%
- Neuropsych: 5.50%
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% eCounsults 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: 1st for H&B group – 4.75/5**
Quality Outcome: ANSA
(Assessment of 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)

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

<table>
<thead>
<tr>
<th>Domain</th>
<th>#Clients</th>
<th>Didnt Improve</th>
<th>Improved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Psychosis</td>
<td>8</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Depression</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Anxiety</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Adjustment to Trauma</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Impulse Control</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Interpersonal Problems</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Substance Use</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
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</table>

Strengths

<table>
<thead>
<tr>
<th>Strength</th>
<th>#Clients</th>
<th>Didnt Improve</th>
<th>Improved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Optimism</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Community</td>
<td>6</td>
<td>3</td>
<td>3</td>
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<tr>
<td>Spiritual/Religious</td>
<td>2</td>
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</tr>
<tr>
<td>Recovery</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

Life Domain Functioning

<table>
<thead>
<tr>
<th>Domain</th>
<th>#Clients</th>
<th>Didnt Improve</th>
<th>Improved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physical/Medical</td>
<td>8</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Family Functioning</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Living Skills</td>
<td>2</td>
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<td>1</td>
</tr>
<tr>
<td>Social Functioning</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Residential Stability</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Employment</td>
<td>2</td>
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<td>1</td>
</tr>
<tr>
<td>Medication Adherence</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Cultural Stress</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

Risk Behaviors

<table>
<thead>
<tr>
<th>Behavior</th>
<th>#Clients</th>
<th>Didnt Improve</th>
<th>Improved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Danger to Self</td>
<td>4</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Danger to Others</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Self-Injurious Behavior</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Grave Disability</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Criminal Behavior</td>
<td>2</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Exploitation</td>
<td>1</td>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>
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 Mean Satisfaction Score

<table>
<thead>
<tr>
<th>LHH PSYCHIATRY</th>
<th>OTHER PROGRAMS</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.06</td>
<td>4.43</td>
</tr>
</tbody>
</table>

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
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

**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
<table>
<thead>
<tr>
<th>What did you like most?</th>
<th>What helped you?</th>
</tr>
</thead>
<tbody>
<tr>
<td>“Extreme kindness and empathy, non-threatening.”</td>
<td>“…the staff member always was willing to meet my needs.”</td>
</tr>
<tr>
<td>“Her groups.”</td>
<td>“Psych meds.”</td>
</tr>
<tr>
<td>“She was very concerned about me. I like her input.”</td>
<td>“Helped with my personal issues, such as my anxiety.”</td>
</tr>
<tr>
<td>“It was a good class.”</td>
<td>“He found ways to help me help myself.”</td>
</tr>
<tr>
<td>“Confidentiality.”</td>
<td>“Equality.”</td>
</tr>
<tr>
<td>“Fairness.”</td>
<td>“Got solutions.”</td>
</tr>
<tr>
<td>“He prescribed meds I needed.”</td>
<td>“I felt compassion and understanding.”</td>
</tr>
<tr>
<td>“He trusted me, believed in me, valued me.”</td>
<td>“Questions about (and answers) about substance abuse.”</td>
</tr>
<tr>
<td>“Seemed professional. Easy to talk to.”</td>
<td>“The thought of her being concerned about my well-being.”</td>
</tr>
<tr>
<td>“They are excellent providers.”</td>
<td>“Help with overall outlook on life.”</td>
</tr>
</tbody>
</table>
FY18-19 Strategic Goals:

Align with LHH Goals:
- EPIC
- Developing People
- Optimizing Data for Value Based Care

Align with BHS Goals:
- Quality
- Financial Stewardship
“I AM TRULY THANKFUL FOR YEN (YAN). 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!