NJ DSRIP Program

Integrated Health Home for the Seriously Mentally Ill (SMI)

Monmouth Medical Center
Learning Collaborative Summary
April 9, 2015
Integrated Health Home: Pilot Program Components

- Early Assessment of Patients on Inpatient Unit
- Discharged to the Integrated Health Home with Intake Appointment to be seen within 72 Business Hours of Inpatient Discharge
- Integrated Treatment Team Intake including Psychiatrist, Medical APN, Social Worker and assignment of Community Health Worker at 1st Appointment
- Development of Single Integrated Treatment Plan to Follow the Patient
Integrated Health Home: Pilot Program Status

- # of Patients Screened: 98
- # of Patients Enrolled: 83
- # of Patients Active: 55
- % of Patients Attending First Appt: 80.7%
- % of Patients Seen within 72 Bus. Hrs.: 56.7%
- % of Patients with 30-Day Treatment Plan Evaluation: 100%
- % of Active Patients Readmitted within 30 Days: 9.1% (5/55)
- Top Co-Morbid Conditions Identified:
  - Diabetes
  - Hypertension
  - Obesity
The SF–36v2 is a Patient Assessment Survey measuring the Patient’s Perception of their Physical and Mental Health.

Patients are assessed upon admission to the IHH and re-assessed at 90-Day Intervals to indicate improvements or areas in need of attention.

** MMC SF-36v2 Assessment Analysis October 2014 through March 2015 **

<table>
<thead>
<tr>
<th></th>
<th>Physical Health Score</th>
<th>Mental Health Score</th>
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<tbody>
<tr>
<td>Baseline Avg</td>
<td>46.49</td>
<td>24.31</td>
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<tr>
<td>Follow-up Avg</td>
<td>51.21</td>
<td>36.48</td>
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<tr>
<td>Score Increase</td>
<td>4.72</td>
<td>12.17</td>
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<tr>
<td>% Improvement</td>
<td>10.15%</td>
<td>50.06%</td>
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N = 15

** SF-36 uses a scale of 100 with 50 being Average as measured against the US Population. The survey focuses on changes of 5 points or more. **
Stage 1 Metrics: 100% Complete including the Quality Plan
Stage 2 Metrics Underway – 80% Complete
Stage 3 and 4 Metrics Underway – 20% Complete
  ◦ Attribution Roster received and matched
  ◦ Data abstraction in progress
Continued engagement with partners and hospital leadership regarding program status
Three rapid-cycle improvements underway:
  ◦ SF-36 Patient Wellness Assessment Automated Scoring
    • Phase: Do – Build of Bi-Directional Interface for Real-Time Results Scoring
  ◦ Program Referral Sources
    • Phase: Check – Expansion of additional referral sources to the IHH program
  ◦ Patient Satisfaction Survey Method
    • Phase: Plan – Re-development of survey method from electronic to manual process
Integrated Health Home: Triumphs, Challenges, Observations

Triumphs:
- Moving to Implementation Phase!
- No-show Rate for 1st Appt. Attendance Remains Below the Industry Norm
- SF-36 Patient Assessment Reveals Marked Improvements in Patients Perception of their Wellness

Challenges:
- Lower than Expected Patient Volume

Observations:
- Need for Greater Structured Emphasis on Physical Health and Wellness Components for Patient Population
Integrated Health Home: Questions

QUESTIONS?

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