Prevention Through Integrated Service Design:
Lessons Learned in New Orleans

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Disclosure

• None of the presenters have any relevant financial relationships to disclose.
Objectives

- Learn how New Orleans brought a community together to capitalize on changes to the healthcare system in order to sustainably improve and expand community-based services.

- Learn about two different examples of how community-based organizations integrated primary care, mental health care, and social services.

- Learn to take the first steps to integrate care in your community.
PRESENTING PROBLEM
In Louisiana in 2008-2012

65% of people with any behavioral health need went without care

Louisiana Behavioral Health Barometer, SAMHSA,
“New Orleans continues to struggle with service coordination issues and a lack of resources across the behavioral health system.”

New Orleans Health Department, 2012.
New Orleans Charitable Health Fund

4 years
$8,299,000
Goals

Increase access to care

Improve population health

Promote sustainable systems change
ENGAGE
Engaged Community Partners in System’s Re-design

LPHI’s Role
Convened Partners to

COLLABORATE

EMR User Group, Learning Collaborative, and Trainings

LPHI’s Role
CONNECT
Bridged Content Expertise and Service Delivery

LPHI’s Role
Health Guardians

- Innovative Case Management Model
  - Strives to Prevent Overuse of the Emergency Room
  - 4-year Grant Funded Program
  - Addresses All Barriers Through Community-Partnered Approach
- Awards:
  - Innovations in Case Management Award, National Association of Case Management Conference 2015
  - Louisiana Performance Excellence Award, Louisiana Quality Foundation, 2015
Case Study

- Male, Age 51 with Liver Failure, Hepatitis C, Hypertension, and Bipolar Disorder

**Barriers:**
- 13 ER Visits and 5 Inpatient Admissions
- Avoidable ER Visits Related To Frequent GI Bleeds And Anxiety Surrounding Blood Loss
- Dealing With Numerous Peripheral Health Conditions Related To Liver Failure
- Unable To Afford Medications
- Lack Of Knowledge Regarding Medications And Conditions
- Low Income ($500 Income After Garnished Disability Payment; $192 SNAP Benefits; Pays $550 In Rent)
Case Study

Health Guardians Intervention:
- **Ensured Medication Reconciliation** At PCP Appointment
- **Attended Primary Care Appointments To Advocate For The Patient**
- **Medication Assistance**
- **Medical Equipment Assistance**
- **Long-Term Prescription Assistance**
- **Disability/SSI Assistance**
- **Behavioral Health Coordination**
- **Housing Goal Assistance**
- **Transportation Assistance**
- **Food Assistance**
- **Health Education**
- **Legal Assistance**
- **Apparent Decrease In ER Visits and Inpatient Admissions:** Over 57-Day Enrollment Period, Client Visited ER 2 Times And Was Admitted On 1 Occasion
Logistics of Model

- 10 Clinics and University Medical Center
- Some clinics assist to increase referral to enrollment ratio
- Conduct mental health questionnaire and risk assessment
- Most important factor in reducing ER visits
- Turning Point in Intervention
- Conduct mental health questionnaire and risk assessment
3 Tips for Program Development

• Have a clear vision and create a logic model that closely follows this vision
• Hire the right team
• Continue monitoring the program
  • There is always room for growth to improve efficiency and effectiveness
The Primary Care Behavioral Health Consultant
“Doctor Extender”

Frees Physician to
Move On,
See More Patients,
Practice at Top of License.
ROLE:

- Licensed Mental Health Professional
- Member of Primary Care Team
- Physically Close to Primary Care
- Works *for* Primary Care Physician
- Integral to Triage-Process
- Follows No “Schedule”
- Available for Impromptu Huddles
GOALS:

• Increase Access
• Reduce Stigma
• Protect “At Risk” Patients
• Prevent Relapse or Morbidity
• Manage High Utilizers
• Improve Quality of Primary Care Intervention
• Refer to Mental Health Specialists
SKILLS:

• Brief Screenings
• Assessments
• Interventions
• Risk-Reduction
• Behavioral Health Education
• Self-Management
PERSONALITY:

• Flexible, Resilient, Secure
• Team Player
• Brief, Succinct Communication Style
• Focused on Behavior, Behavior, Behavior
• Works Well “In-the-moment and on-the-Fly”
• Adjusts Therapeutic Style to Clinical Milieu
STRENGTHS:

• Curbside Consultations
• Screenings, Assessments, Interventions
• Chronic Disease Management
• Psycho-Education
• Same-Day Feedback
• Supports Collaboration with Prescribers
OBSTACLES:

- Clinic Culture
- Resistant Personalities
- Staff Turnover
- Miscommunication
- Lack of Reinforcement
- Stretched Too Thin
If you can’t see any obstacles, just try doing something specific.
Depression Screening

100% of Our Patients
Upon 100% of Encounters
In 100% of Our Health Centers
EXCUSES:

“Disrupts Work Flow”
“Unfair to Patients”
“Offensive to Patients”
“We Already Have Behavioral Health”
“Just Another Thing to Document”
“Why Screen During Each Visit?”
TIPS:

Start Small
Gravitate Toward the Energy
Pre-Define Your “Success”
Build the Plane While Flying
Getting Started with Integration
LEADERSHIP is on board.
The case for integrated care is clear.
Where are you now?
Do your staff understand?
Are you screening?
Who is on your care team?
Are you using registries to manage care?
Integrate care where you can. Keep it simple. Identify champions!
The day to day Workflow Design Workshop
Defining Waste

The RULES

1.) Done right the first time
2.) Changes the fit form and function
3.) The customer is willing to pay
Forms?
Copies?
Identifying Waste in a Workflow
The Scenario
On average scheduled patients at “Healthy Clinic” wait 4 hours to see the social worker.
Spaghetti Map

Current State

**Patient**

**Depression screening form**
Patient Walks In → Patient Stands in line → Patient Signs in And sits down → Patient completes forms → Patient walks back to desk → Patient hands forms to Front desk staff

Front Desk calls patient to counter → Front Desk hands patient forms → Front Desk Staff reviews for accuracy

Are the forms correct? (NO → YES)
The RULES

1.) Done right the first time
2.) Changes the fit, form, and function
3.) The customer is willing to pay
Patient Walks In → Patient Stands in line → Patient Signs in And sits down → Patient completes forms → Patient walks back to desk → Patient hands forms to Front desk staff → Front Desk Staff reviews forms for accuracy → Are the forms correct?

- No
- Yes
What could a future state look like?
1. Patient Walks In
2. Patient Stands in line
3. Patient Signs in and sits down
4. Patient completes forms
5. Front Desk calls patient to counter
6. Front Desk hands patient forms
7. Front Desk Staff reviews forms for accuracy
8. Are the forms correct?
   - Yes
   - No
ASSIGNING VALUE

Business Value
Value Added
Non-Value Added
Patient Walks In → Patient Stands in line → Patient Signs in And sits down → Patient completes forms → Patient walks back to desk → Patient hands forms to Front desk staff → Front Desk Staff reviews forms for accuracy → Are the forms correct?

- NO
- Yes
Patient Walks In
Patient Stands in line
Patient Signs in
And sits down
Patient completes forms
Patient walks back to desk
Patient hands forms to Front desk staff
Front Desk Staff reviews for accuracy

Are the forms correct?

NO

Yes

Business Value
Value Added
Non-Value Added
Patient Walks In → Patient Stands in line → Patient Signs in and sits down → Patient Signs in and sits down → Patient completes forms → Patient walks back to desk → Patient hands forms to Front desk staff → Patient Waits

Front Desk calls patient to counter → Front Desk staff reviews for accuracy → Are the forms correct? (NO) → Front Desk staff reviews for accuracy (YES)

Business Value Value Added Non-Value Added

20 minutes
Business Value

Non-Value Added

Value Added

Patient Walks In

Front Desk Staff looks up information
1 min

Front Desk Staff asks for patients’ name
30 sec

Front Desk Staff reviews PHQ with patient while entering directly into EHR
1 min

Is the info correct?

Patient Verifies

2.5 minutes

Patient Waits
<table>
<thead>
<tr>
<th>Patient</th>
<th>n/a</th>
</tr>
</thead>
<tbody>
<tr>
<td>Front Desk Staff</td>
<td>$10/hr or 16 cents/min</td>
</tr>
<tr>
<td></td>
<td>Time</td>
</tr>
<tr>
<td>----------------------</td>
<td>--------</td>
</tr>
<tr>
<td>Current State</td>
<td>20 min</td>
</tr>
<tr>
<td>Future State</td>
<td>2.5 min</td>
</tr>
<tr>
<td>Difference</td>
<td>17.5 min</td>
</tr>
</tbody>
</table>
Why is this important?

$2.80 \times 6,000\text{ appointments/ year}$

$16,000$
QUESTIONS?
THANK YOU
Presenters

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