



PROMISING USE CASES IN ELECTRONIC DATA SHARING

Creating New Programs and Approaches: Services for Individuals with Mental Health Disorders

ILHIE Webinar
Thursday, March 7, 2013

Presented by Illinois Office of Health Information Technology
Dia Cirillo, Behavioral Health Project Director

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Creating New Programs and Approaches

Promising Use Cases for Today's Discussion:

- 1. Mobile Medical Services for Severely Mentally Ill**
DuPage County Health Department
Jeff Swim, Director of Business Administration
- 2. Continuity of Care for Recipients of Inpatient Mental Health Services**
Human Service Center
Beth Koch, Manager, Medical Records
Cindy Gilmer, Director of Mental Health Services
Christine Ireland, Hospital Liaison

What Makes a Use Case

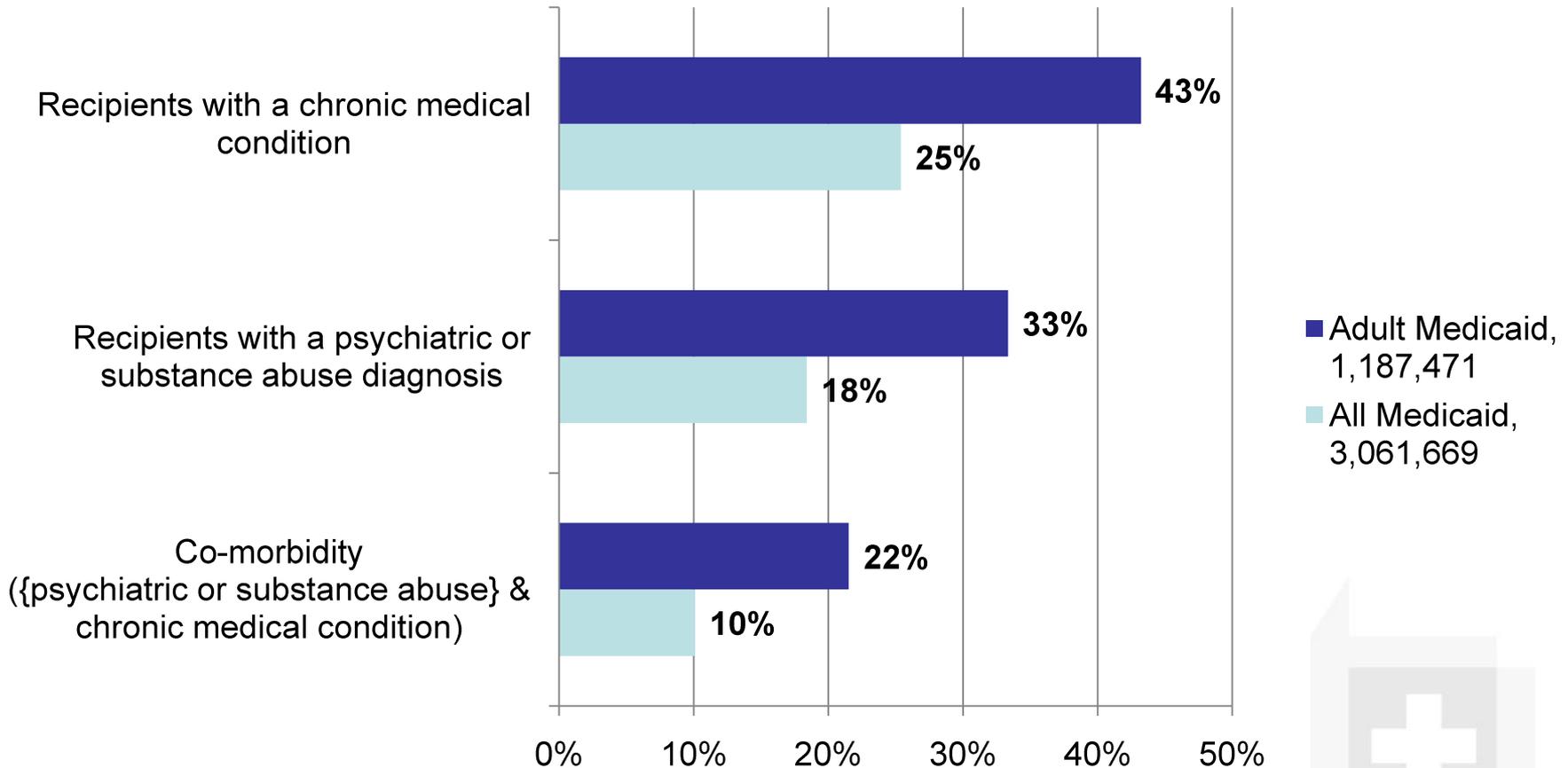
Hallmarks of a promising use case:

- Patient-centered
- Program specificity
- Clear service efficiencies
- Scalable and replicable

Essential for use case sustainability:

- Electronic exchange requires process restructuring in a pilot project driven by change management among all trading partners

Behavioral Health Disorders in the Medicaid Population



Source: Illinois Department of Healthcare & Family Services, October 2012

What is ILHIE Direct?

...a secured, encrypted messaging service that is HIPAA compliant

How it works:

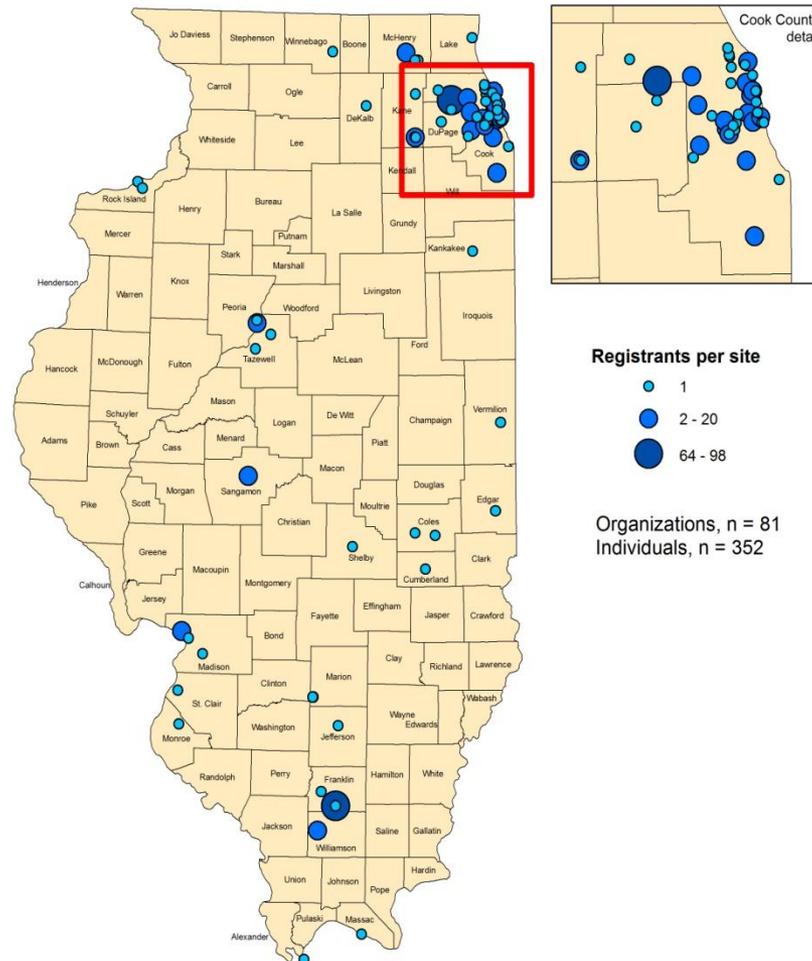
- Scan and send a record and/or consent form via ILHIE Direct
- **All you need is:**
 - An Internet connection
 - A web browser
 - A trading partner
- **You do not need:**
 - An Electronic Health Record (EHR) system.



Behavioral Health Organizations on ILHIE Direct - Geographic Diversity

ILHIE Direct Registrants by Organization

BHIP Cohort as of 2/8/13



Use Case 1: Mobile Medical Services for Severely Mentally Ill



Presented by DuPage County Health Department
Jeff Swim, Director of Business Administration



- Founded in 1944 by referendum
- Providing Behavior Health services to residents of DuPage County who are primarily severely mentally ill
 - Crisis and Transitional Services Units
 - Child/Adolescent & Adult services
 - Residential Services (217 beds)
- Offices in Wheaton, Addison, Lombard, Westmont
 - Residential locations throughout DuPage County
- 4,542 clients seen in 2012 for behavioral health services



Use Case 1: Mobile Medical Services for Severely Mentally Ill

- Identified opportunities to leverage ILHIE through Integrated Care models
- Partnered with VNA Healthcare
 - FQHC Located in Kane and DuPage Counties
- New opportunities to improve client care and outcomes
- ACA was key motivator to look at Integrated Care models
- Sixty clients treated during demonstration projecting; 150 to be seen by April

Use Case 1: Mobile Medical Services for Severely Mentally Ill

- Transitional Services Unit was chosen for the BHIP project
 - Client base onsite multiple days a week
 - Medicaid clients to build a sustainable model
 - Space for VNA Healthcare's mobile care van
 - Clients identified with healthcare needs such as asthma, hypertension, diabetes, etc



Organizational Approach

- Partner with VNA Healthcare on modeling Integrated Care using ILHIE
- Identify what information would needed to be shared through ILHIE
- Process work on how ILHIE would be utilized before/during and after clinics



Use Case 1: Mobile Medical Services for the Severely Mentally Ill

New Medical Services with ILHIE Direct

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Discharge/Scheduling
Patient completes mental health screening and care summary is sent to visiting PCP's EHR



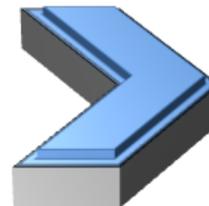
3-5 minutes

Receive/Process
Care coordinator attaches summary to patient record in time for pre-scheduled appointment with visiting PCP



3-5 minutes

Access
Visiting PCP accesses patient record on cloud EHR in mobile medical van in time for scheduled patient appointment



5-8 minutes

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TIME
20 mins/case

SERVICE BENEFITS

Sharing information securely and confidentially while connecting underserved population to medical services

Wins:

- Clients receive primary care services in conjunction with behavioral health services on the same day and at the same location
- Safe and secure hand offs of client records to provider partner
- Modeling the future of healthcare through Integrated Care clinics

Obstacle:

- Ensuring client information was given to VNA early enough for provider review

Next Steps

- Expand partner network of ILHIE Direct users to ensure safe and secure messaging of HIPAA protected information
- Identify opportunities to leverage ILHIE Direct in other areas of business besides our Behavioral Health services
- Expand Integrated Care clinics



Use Case 2: Continuity of Care for Recipients of Inpatient Mental Health Services



Presented by Human Service Center

Beth Koch, Manager, Medical Records

Cindy Gilmer, Director of Mental Health Services

Christine Ireland, Hospital Liaison



Human Service Center



- Established in 1976
- Provides services in Peoria and neighboring counties
- Adult severely mentally ill population, psychiatric services, case management, peer services, outpatient & residential
- Adult Mental Health Court, Adult Drug Court
- Continuum of adult substance use services
- Methadone & other Medication Assisted Treatment
- Youth & family, mental health & substance use
- EAP services
- 24 hour crisis services



The Pilot Project

- HSC has a long standing relationship with Methodist Medical Center Inc., (MMCI), the primary provider of psychiatric hospital care in the region
- MMCI serves a significant number of individuals with a severe mental illness (SMI)
- The shared goal of HSC and MMCI is to exchange information about psychiatric hospitalizations for adults who 1) are not linked to outpatient behavioral health services, but have a SMI and reside within the region, or 2) are enrolled to HSC



Use Case 2: Continuity of Care for Recipients of Inpatient Mental Health Services



Four approaches re-structured:

1. Inpatient admission
2. Inpatient discharge
3. Re-engagement of current clients after hospitalization
4. Engagement and linkage for new client after hospitalization



Goals of New Approach



1. Increase communication through the use of secure electronic exchange of patient information between HSC and MMCI in real time, i.e., within hours of a new patient admission into the MMCI inpatient psychiatric unit
2. Identification by HSC of these patients as existing or new clients, within hours of inpatient admission, leading to rapid and proactive engagement of these individuals
3. Increase the percentage of engagement of individuals with a SMI to outpatient behavioral health services following psychiatric hospitalization

Support & Implementation



- Last year's grant award was an opportunity to pilot new communication pathways
- Methodist Medical Center supported the pilot project
- Support from the CEO, Medical Director, and Director of Mental Health Services
- Linking to IL-HIE Direct was not difficult
- Create internal email groups to receive notification of IL-HIE Direct messages
- Assignment of staff by role and shift to respond to secure messages
- Staff training on response to secure messages



Challenges

- Staff training: Not in how to use IL-HIE Direct, but in other technical areas such as using excel to create a (manual) Continuity of Care Document (CCD), creating a pdf file, and navigating other internal systems new to staff
- Change in procedures for hospital staff increased their work load



Approach 1: Inpatient Admission

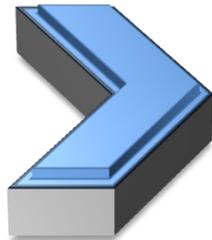
With ILHIE Direct at Admission to Inpatient

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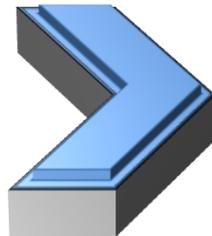
Admission
Patient presents at hospital and hospital sends ILHIE Direct message to CMHC to notify of new admission – only when consent is given



1-2 days



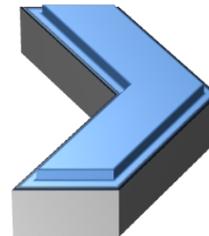
Receive/Process
CMHC coordinator pulls patient summary and sends it to hospital coordinator



30 minutes



Attach to Patient Record
Hospital coordinator attaches summary to patient record for inclusion in physician decision process



5-8 minutes



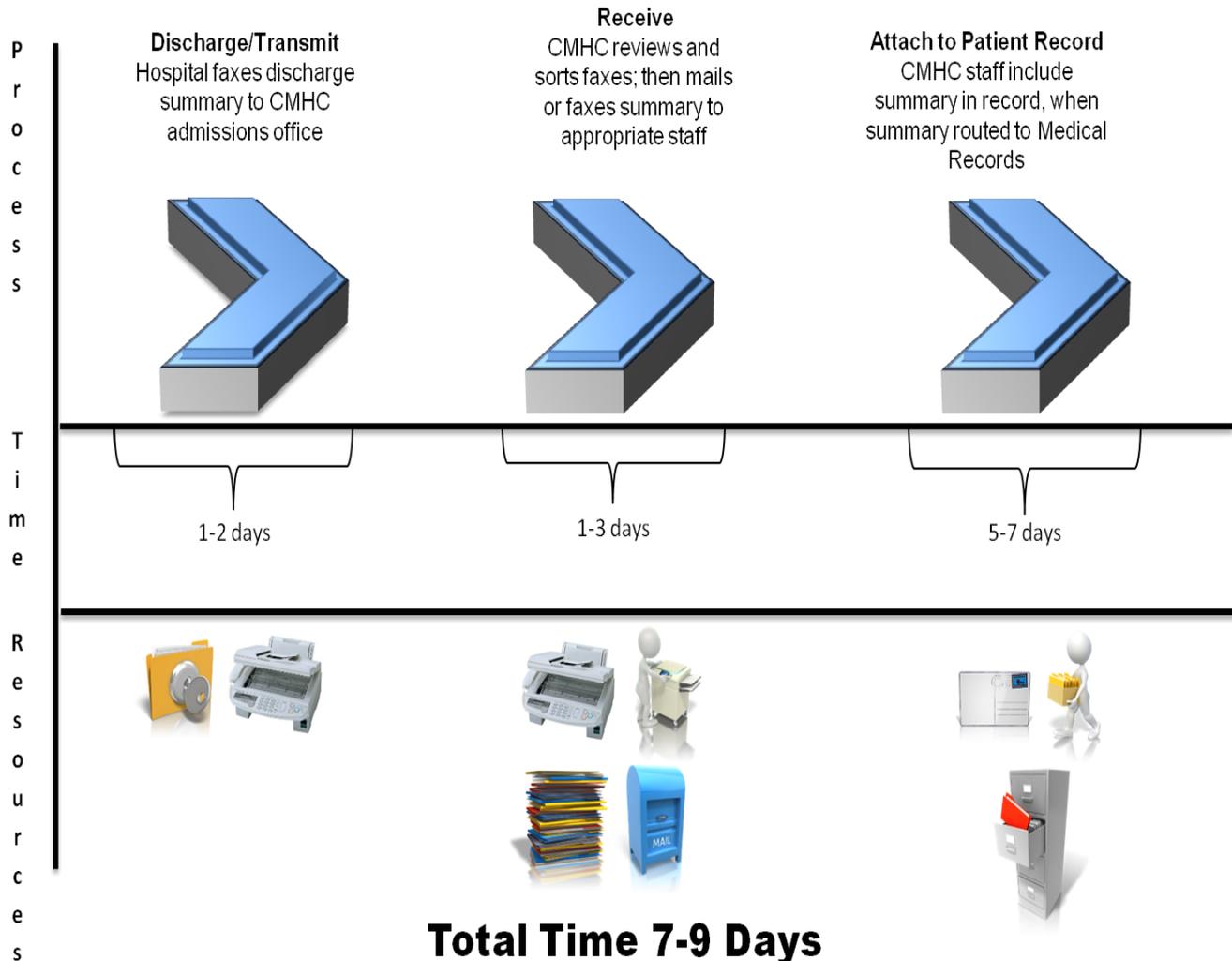
Care Continuity Established

TIME SAVED
At least 2-14 days
(by knowing hospital admission, staff can engage)

SERVICE IMPROVEMENT
Aware of current client; can notify hospital of relevant information and engage new client

Approach 2: Inpatient Discharge

Before ILHIE Direct at Discharge from Inpatient



TIME

7 days to process
~600 cases/yr
(known and unknown clients)

SERVICE CHALLENGE

Need hospital information for CMHC psychiatric and direct staff

Approach 2: Inpatient Discharge

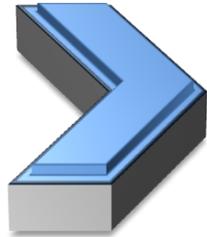
With ILHIE Direct at Discharge from Inpatient

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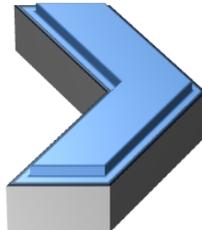
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Discharge/Transmit
Hospital creates a PDF of summary from their EHR and transmits to CMHC via ILHIE Direct



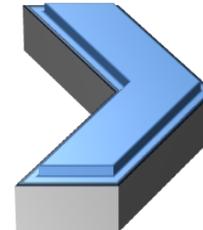
2 days

Receive
CMHC staff receives ILHIE Direct message



5-10 minutes

Attach to Patient Record
CMHC worker sends alerts via ILHIE Direct to all team members involved in patient care; paper copy filed in patient chart



15 minutes



Total Time Saved 5-7 days



TIME SAVED
Up to 7 days

SERVICE IMPROVEMENT

Medications and labs are known immediately and prior to next appointment

Approach 3: Outpatient Re-Engagement for Existing Client

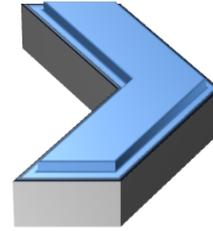
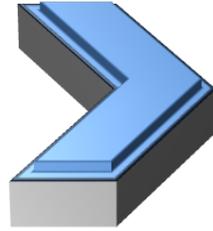
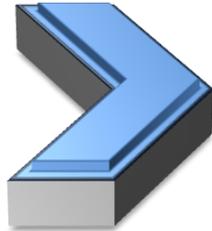
Before ILHIE Direct at Inpatient Admission and Discharge (existing CMHC client)

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<p>Admission</p> <p>Unknown admission unless CMHC staff initiated admission or unless CMHC psychiatrist was attending physician at hospital</p>	<p>Rapid CMHC Staff Contact</p> <p>Occurred only if CMHC staff became aware of hospitalization</p>	<p>Linkage</p> <p>Call from hospital to CMHC admissions office for psychiatric appointment. Voicemail messages back and forth often the norm</p>
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No Care Coordination

TIME

**1-7 days to process
~200-300 cases/yr**

SERVICE CHALLENGE

Unknown hospital admission; no opportunity to respond to patient

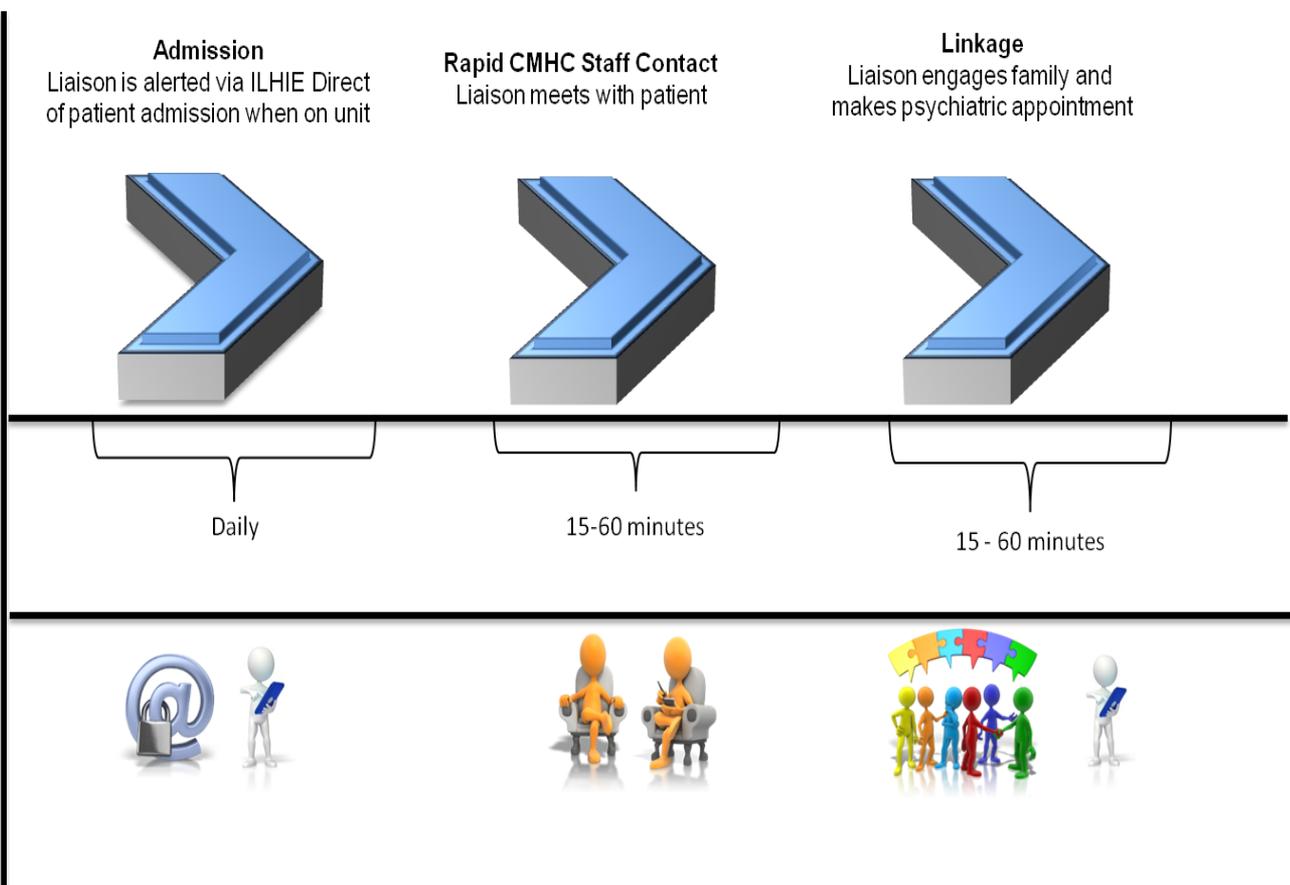
Approach 3: Outpatient Re-Engagement for Existing Client

With ILHIE Direct at Inpatient Admission and Discharge (existing CMHC client)

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Care Coordination Achieved

TIME SAVED

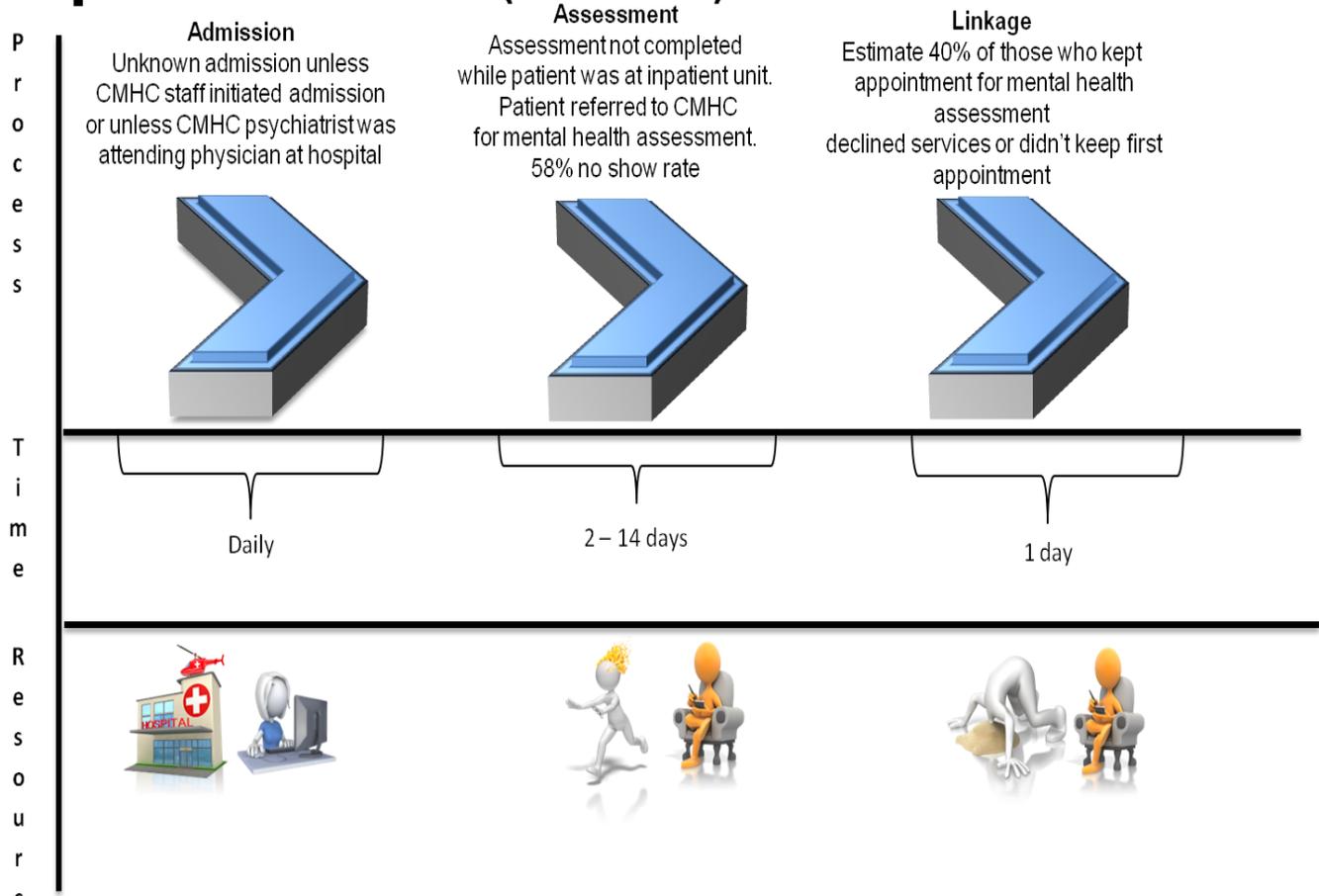
1 – 7 days

SERVICE IMPROVEMENT

Fast track staff contact; rapid psychiatric follow-up and client medication provision

Approach 4: Outpatient Linkage for New Client

Before ILHIE Direct at Inpatient Linkage to Outpatient Services (new client)



Very Low Capture Rate

TIME

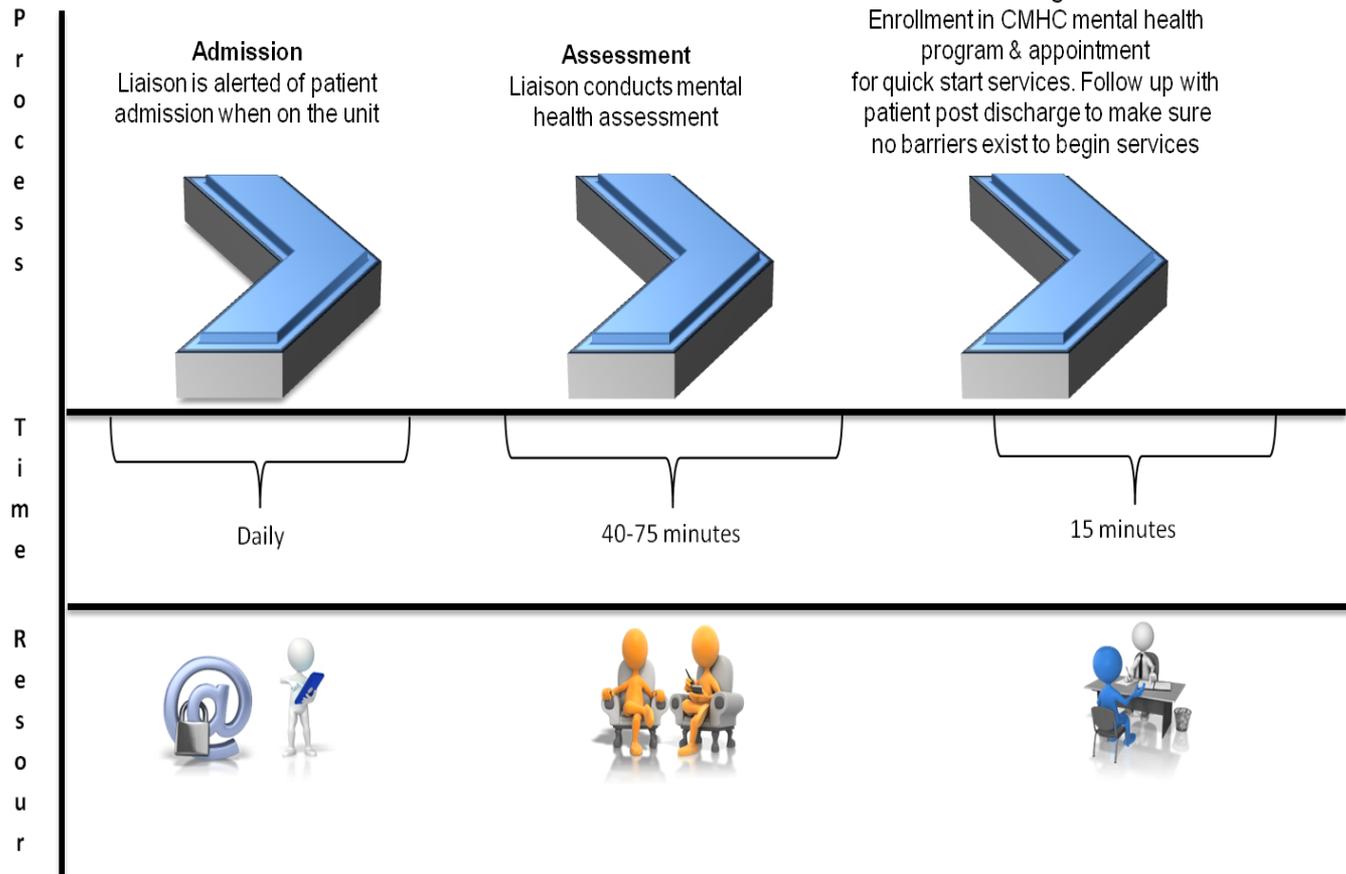
7 – 14 days
300 cases/yr

SERVICE CHALLENGE

No-show at scheduled appointment; lost contact; re-hospitalization

Approach 4: Outpatient Linkage for New Client

With ILHIE Direct at Inpatient Linkage to Outpatient Services (new client)



TIME SAVED
Often weeks or months; now there is new opportunity to engage patient prior to discharge

SERVICE IMPROVEMENT
Patient starts post-discharge treatment immediately

Vastly Improved Capture Rate

Wins

- Through hospital liaison outreach in the community, linking individuals to outpatient services after they no-showed to scheduled mental health assessment
- Multiple occasions of assessment and linkage prior to hospital discharge (increase in “warm” hand off)
- Increase in staff notification of patient hospitalization.
- Decrease in time from hospital discharge to follow up psychiatric appointment for current clients
- Discharge information from hospital available at time of psychiatric visit
- Patient information from HSC to hospital upon notice of admission (diagnosis, medication, & allergy list)



Next Steps

- Continue staff training
- Continue review of outcomes
- Continue enhancing role of hospital liaison and working with MMCI to determine additional ways to improve continuity and integration of care



What questions do you have about these promising use cases?



Resources on Promising Use Cases and Behavioral Health

Next Week's Webinar:

- **Mental Health Triage in Emergency Departments,**
Thursday, March 14, 10:30 – 11:30 AM

Archived Webinars:

1. Towards an Integrated Health System: Findings and Accomplishments of the Illinois Behavioral Health Integration Project (BHIP)
2. Promising Use Cases of Electronic Data Sharing: Improving Existing Programs - Methadone Clinic & Youth in Mental Health Crisis (SASS)

Thank you!



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