Behavioral Health: Improving Alcohol and Depression Screening and Readmissions from Inpatient Psychiatric Facilities (IPFs)

In the Medicare population, high rates of depression and substance abuse exist, which often go untreated or misdiagnosed in the primary care setting, due in part to other physical ailments and the absence of typical symptoms. Transitions of care with patients who have behavioral health needs are challenging. Additionally, among the Medicare population, beneficiaries with depression have a higher inpatient readmission rate than most other conditions.

In an effort to address these needs, TMF Health Quality Institute partnered with the Arkansas Foundation for Medical Care, Primaris in Missouri and the Ponce Medical School Foundation in Puerto Rico as the TMF Quality Improvement Network Quality Improvement Organization (TMF QIN-QIO), under contract with the Centers for Medicare & Medicaid Services (CMS). As a collaborative effort, the TMF QIN-QIO is organizing community coalitions of stakeholders, including primary care physicians, inpatient psychiatric facilities (IPFs), hospitals and other partners and stakeholders in the states and territories of Arkansas, Missouri, Oklahoma, Puerto Rico and Texas to improve screening for depression and alcohol use disorders (AUDs), reduce 30-day readmission rate and increase follow-up care for patients discharged from IPFs.

Project Overview

Providers who participate in the project have the following objectives:

- Screen 75 percent of Medicare beneficiaries receiving care at primary care practices annually for depression and AUDs
- Reduce 30-day readmission rates for Medicare beneficiaries discharged from IPFs
- Increase follow-up care after hospitalization in an IPF by increasing the number of Medicare beneficiaries receiving an outpatient visit with a behavioral health provider

Project Interventions

The TMF QIN-QIO supports these objectives by providing key interventions, including, but not limited to:

- Training and educational support to primary care providers, including the tools and resources necessary to develop a patient-centered approach to early identification and treatment of depression and AUD symptoms
- Technical assistance to primary care providers in selecting and incorporating evidence-based depression and AUD screening instruments into workflow processes and electronic documentation systems so that all patients are screened annually
- Technical training to screen patients using the selected instruments for depression and AUD

- Technical assistance to IPFs and the associated communities to improve transitions of care across the medical neighborhood
- Community-based affinity groups and other sharing mechanisms to promote collaboration and resources to all providers in the behavioral health community including inpatient hospitals, IPFs, primary care, outpatient services and other stakeholders to develop improved care transition strategies across the medical neighborhood

Methodological Strategies for Improving Readmissions

With the focus of reducing readmissions, the TMF QIN-QIO recruited IPFs with strong relationships to the participating acute care hospitals in collaborative readmission communities. These communities had a history of high readmissions, thus were targeted for the intervention. After identification and recruitment of 25 IPFs for inclusion in the project, the project team utilized several evidence-based strategies to decrease readmissions. Specifically, in coordination with other quality improvement teams, the readmissions team implemented the following tactics:
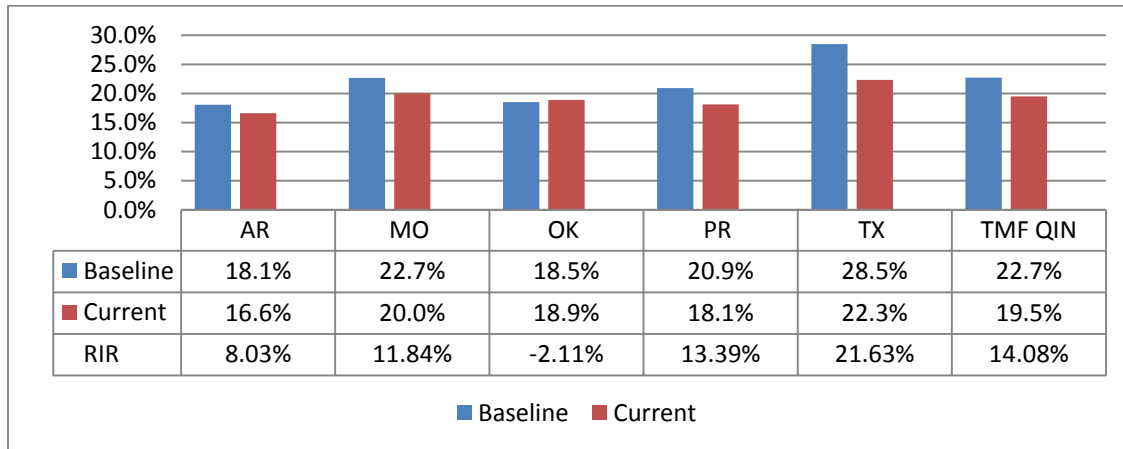
- A community-based approach that included hospitals, IPFs, primary care providers and other partners and stakeholders in sharing best practices and interventions. Some examples of partners and stakeholders across the TMF QIN-QIO network include Arkansas Disability and Health Program, Professional Counseling Associates (Arkansas), Oklahoma Psychiatric Hospital Association and Houston Recovery Center.
- Regional workgroups to develop a forum for key stakeholders to discuss pertinent topics
- Cross-setting hospital panel presentations in which high-performing hospitals share their improvement journey with the IPFs
- Medication adherence presentations/interventions focused on improving care for the older adult population, including transitions of care
- Identification of resources and development of a workflow to ensure beneficiaries are receiving appropriate follow-up appointments post discharge

Additionally, development of a comprehensive virtual Learning and Action Network (LAN) provided stakeholders the opportunity to share large-scale improvements related to readmissions and adapt and rapidly spread change methodology, tools and other successful strategies. To date, the LAN has engaged over 1,300 members and gathered and shared nearly 200 resources. The LAN is the hub for hosting interactive webinars that focus on relevant topics to help stakeholders implement improvements for hospital-based readmissions, identify depression and AUD in primary care and support care transitions for behavioral health.

Improving Readmissions: Outcomes

Since the project's inception, the IPF readmissions showed a 14 percent average relative improvement rate region-wide. Based on CMS Part A Claims data (extracted August 2016), Texas had the highest rate of improvement at 21.6 percent (QIN-QIO deliverables submitted: Nov. 7, 2016) (See Figure 1).

Figure 1. IPF Readmissions

	AR	MO	OK	PR	TX	TMF QIN
Baseline	18.1%	22.7%	18.5%	20.9%	28.5%	22.7%
Current	16.6%	20.0%	18.9%	18.1%	22.3%	19.5%
RIR	8.03%	11.84%	-2.11%	13.39%	21.63%	14.08%

■ Baseline ■ Current

Improving Readmissions: Lessons Learned

Though the work to improve detection and screening of AUDs and depression, as well as care transitions among CMS beneficiaries, is ongoing, there have been several insightful lessons thus far. First, in developing a collaborative community focused on behavioral health concerns, the teams were tasked with recruiting IPFs. Because the TMF QIN-QIO has not worked with IPFs previously, the teams leveraged their relationships with key acute care facilities engaged in other TMF QIN-QIO quality improvement projects to develop contact with the IPFs. This proved to be a successful strategy, not only in reaching recruitment goals, but also in developing a cohesive community for the improvement of care transitions.

Second, developing a strong community by incorporating key outpatient service partners to work collaboratively with the IPFs in improving follow-up care was critical. These providers play a central role in providing behavioral health counseling, substance abuse resources and ongoing assistance for those in need. Lastly, although not a direct goal of the project, the collaboration between outpatient providers and inpatient providers to develop and share a methodology to improve the identification and early intervention of high-risk patients is an additional benefit of the community approach. Ongoing collaboration between these providers will further support the community-based behavioral health strategy.