THE NEW TECHNOLOGY LANDSCAPE

Using Business Analytics & Health Information Exchanges to Improve Practice & Sustain Organizations

Presentation Objectives

• Business Metric Development Strategies
• How to drive Process Improvement Using Metrics
• How to Use Metric Data for Sustainability
• Health Information Exchanges (HIEs)
  • Implications for Care Coordination
  • Implications for Business Operations & Metrics

Jewish Family & Children’s Service

• OP Behavioral Health Provider in Phoenix (1935)
• Arizona: Medicaid/Managed Care (1990)
• Static Capacity: 11,500 - 90% Medicaid
• Largest DCS (CPS) Provider in County
• Early Adopter of EHR (15 years)

The Landscape Drives Metrics

• Mental Health Parity
• State Health Insurance Exchanges
• Medicaid Expansion
• Technology: Meaningful Use Standards
• Integrated Health
• Individual State Priorities

AZ Drivers/Priorities

• Adult Integration: Full Capitation Medical/BH
• Evolving Children’s Integration Model
• Department of Child Safety (CPS) System Crisis
• Performance Based Contracting

Issues: Responding to Need

• Community-Based Supports/Services
• Rapid Behavioral Health/Medical Access
• Improve Overall Health
• Avoid Costly ER Use
• Avoid Inpatient and Readmissions
• Reduce Use of Psychotropic Meds ($$)
• Mitigate the Long-Term Effects of Trauma
Methods

- Screen and Assess for Trauma
- Increase Access to EPSDT services
- Enhanced Real-Time Data Sharing
  - Medication Coordination
  - Service Coordination

Reporting & Monitoring

- Rates of Hospitalization - LOS
- Emergency Department (ED) Visits
- Hospital Readmissions (Including BH)
- Medication Utilization – Practice Patterns
- Lab data

Risk Stratification

- Needs – Severity of Need (CASI)
- Resources Used
- Costs per Mo/Episode of Care
- Trauma Scoring
- Access to Services (<30 days from removal)

Integrated Health Program

- Adult Program began May 1, 2012
  - 1100 Active Adults
- Children’s Program began August 1, 2013
  - 950 Child clients served to date
  - 480 Active Children

Children Only Age Demographics

Currently Serving 4,800 Children

- Age 0 - 2: 6%
- Age 3 - 5: 22%
- Age 6 - 13: 42%
- Age 14 - 17: 30%

Mental Health Diagnosis Analysis For Children

- ADHD/ADD: 16%
- Mood Disorder: 16%
- Other: 10%
- Neglect of Child: 7%
- Bipolar Disorder: 16%
- Anxity: 13%
- Depression: 16%
- Adjustment Disorder: 4%
- Autism: 4%
- PTSD: 3%
**Medical Conditions Analysis for Children**

- Known Medical: 80%
- Asthma: 7%
- Food Sensation: 4%
- Overweight/Obese: 2%
- Diabetes: 2%
- Dent: 1%
- Allergies: 4%

**Finances - Project Impact**

- Years 1-3
  - Increased Access to Health Services:
    - Increase PCP & Dental visits
  - Integrated Care Coordination Approach
  - Reduce Behavioral Health Spend
  - Decrease Inpatient Utilization
  - Decrease Pharmacy Spend
  - Reduce PMPM trend by ($62, $100, $143)

**Data - Driving Programming**

- Improving Quality of Care and Better Outcomes
- Driving Down Costs to Care (Affordable Care)
- Sustainability – the Reality
  - Integrated Health Care – Virtual Integration
  - Leveraging Technology Advancements & Resources

**Technology Landscape**

- HITECH Act
- EHR Interoperability: Data Set Selection
- Meaningful Use – Incentives
- Privacy: HIPAA and 42 CFR Part 2
- Health Information Exchange: State Grants $16 M
  - Public v. Private in States

**HIE Benefits**

- Connects Multiple Organizations with Data
- Real Time Care Coordination via Information Exchange
- Improves Quality with System Cost Savings
  - Avoiding Duplication of Tests
  - Improved Decision Making with Data
  - Improved Outcomes for Individuals: *Safety Impact

**HIE Data Items**

- Demographics
- Diagnosis
- Allergies
- Prescribed Medications
- Lab Results
- *Assessments, Plans of Care, Progress Notes
  - Discharge Summaries, Crisis Plans
**Arizona: Opt In vs. Opt Out Consent**

- **Opt Out**
  - Patient must OPT OUT
  - Otherwise, they are Opted IN by default

- **Opt In**
  - Patient must OPT IN
  - Otherwise, they are Opted OUT by default

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**In Network**

- **Opt-In**
  - Participant visits BH Provider
  - Consent allows data to flow to ALL BHINAZ organizations

- **Opt-Out**
  - Participant visits BH Provider
  - Consent: Opted Out
  - No detox data can be viewed

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**The Vision**

- SMI Clinic
  - Participant visits Detox Center
  - Consent: Opted Out
  - No detox data can be viewed

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**Care Coordination Platform**

- Enrollment/Team Assignment
- Integrated Care Plan
- Communication/Referral Management
- Population Management
- Reporting/Analytics

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**Comprehensive Results**

- Predictive Modeling
- Clinical Data Analytics
- Utilization Data: LOS, $, Episodes

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**Population Management**
HIE Education Strategies

- Marketing Campaign
- Education of Health Care Professionals
- Education of Health Care Recipients
- Medical v. Behavioral Health Differences
  - Arizona Lessons Learned

HIE Use - Your State?

- State/Private and Use Varies
  - "Behavioral Health Challenging"
- Medical Provider Use – Who is Using an HIE?
- Informed Consent (**Key)
  - Opt In – Must opt-out, in HIE by default
  - Opt Out – Must opt – in, out of HIE by default

Thank you

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