

Transforming Care with an HIE in the Behavioral Health Setting

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Agenda

- Overview South Dakota Health Link
- Phase 1 – Discuss framework used to improve Avera's Zero Suicide Journey
- Phase 2 – Share how the framework may be used when understanding the Opioid Crisis
- Phase 3 – Share how an HIE may be used in crisis and acute care behavioral health settings

Learning Objectives

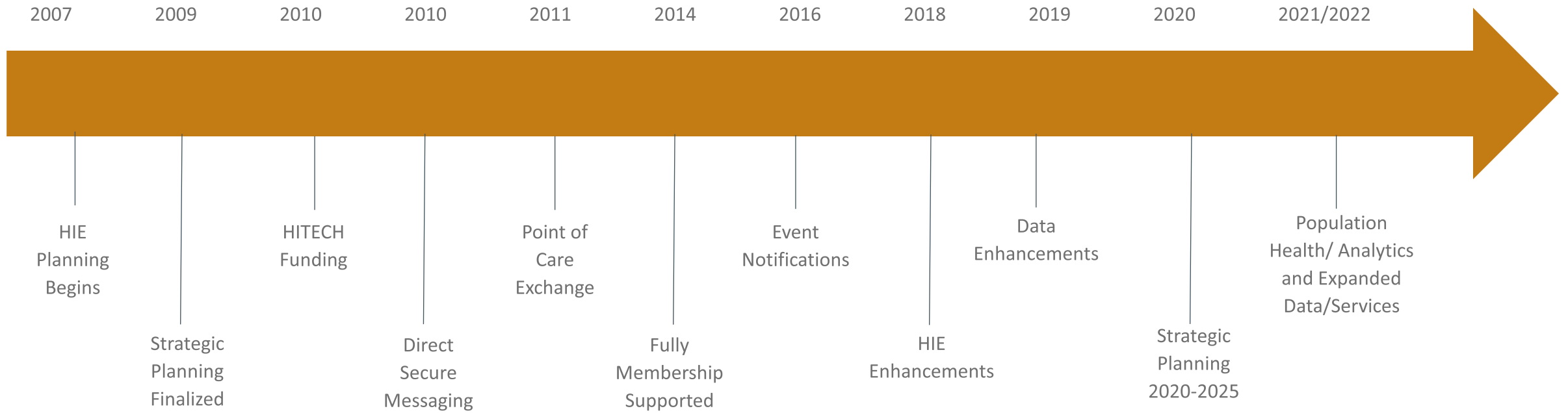
Learning Objective 1: Explain how the use of the health information exchange is able to overcome the barrier of medication reconciliation in crisis and acute care settings

Learning Objective 2: Demonstrate how a health information exchange can be utilized to effectively evaluate outcomes when implementing zero suicide strategies

Learning Objective 3: Identify how a health information exchange may assist in better understanding the role of the healthcare system in the fight against the opioid epidemic

South Dakota Health Link Overview

South Dakota Health Link



South Dakota Health Link Core Services



South Dakota Health Link Core Services

Point of Care
Exchange

1

Access to real time clinical data

HL7 – Labs, Radiology, Pathology, Transcriptions
Continuity of Care Documents (CCDs)
eHealth Exchange

2

Medication History

12 Month Nationwide Fill History
SD Medicaid Prescription Claims Data
Prescription Drug Monitoring Program

3

Closed Loop Referral

Allows tracking of referral process
Ability to communicate back and forth

South Dakota Health Link Network



18.5M + HL7 Transactions



2.8M + CCDs Received

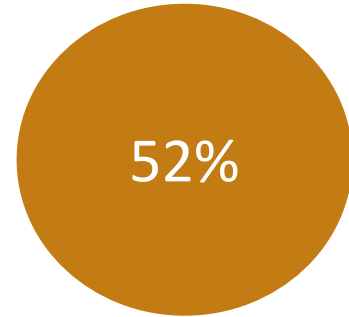


South Dakota Health Link Network

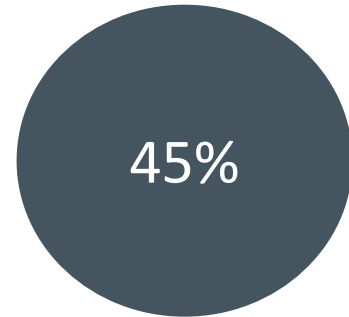


- Attended ZS Academy in 2015 in Baltimore, MD
- Steering Committee was formed in 2015
- Studied and Implemented the 7 Elements of Zero Suicide
 - From data perspective and element of IMPROVE, Developed internal data review process

Avera Health Zero Suicide Outcomes



*Reduction of Repeat Emergency
Psychiatric Assessments*

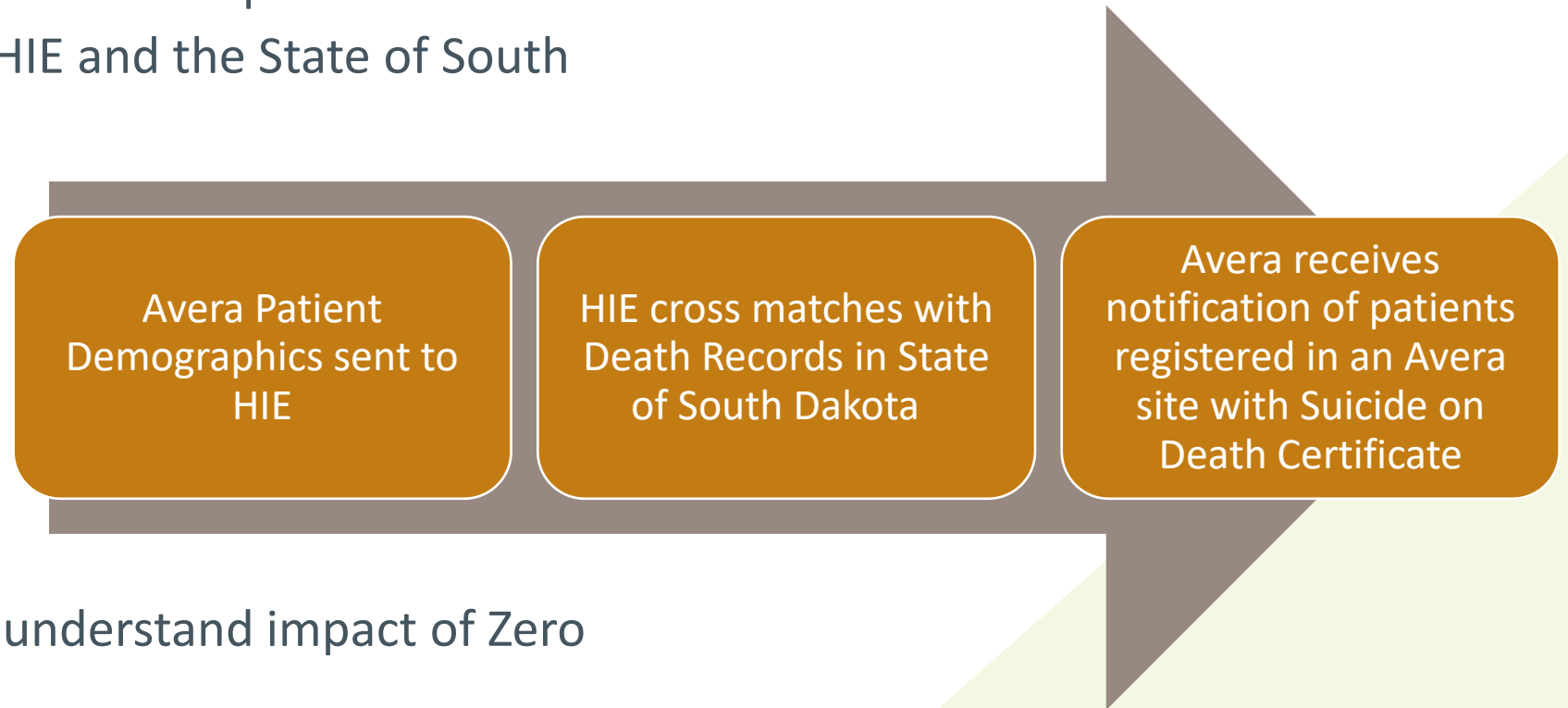


*Decrease in Rehospitalization to Inpatient
Setting or Presenting to Emergency
Department after an Inpatient Hospital Stay*

If the Goal of Zero Suicide is to reduce suicide, needed data to understand completed suicides in our region.

Avera Health Zero Suicide Outcomes

- Vital Statistics in SD did not exist
- Groundwork needed to be developed
- Collaborated with the HIE and the State of South Dakota



- Avera now has data to understand impact of Zero Suicide

The Data: Means of Suicide

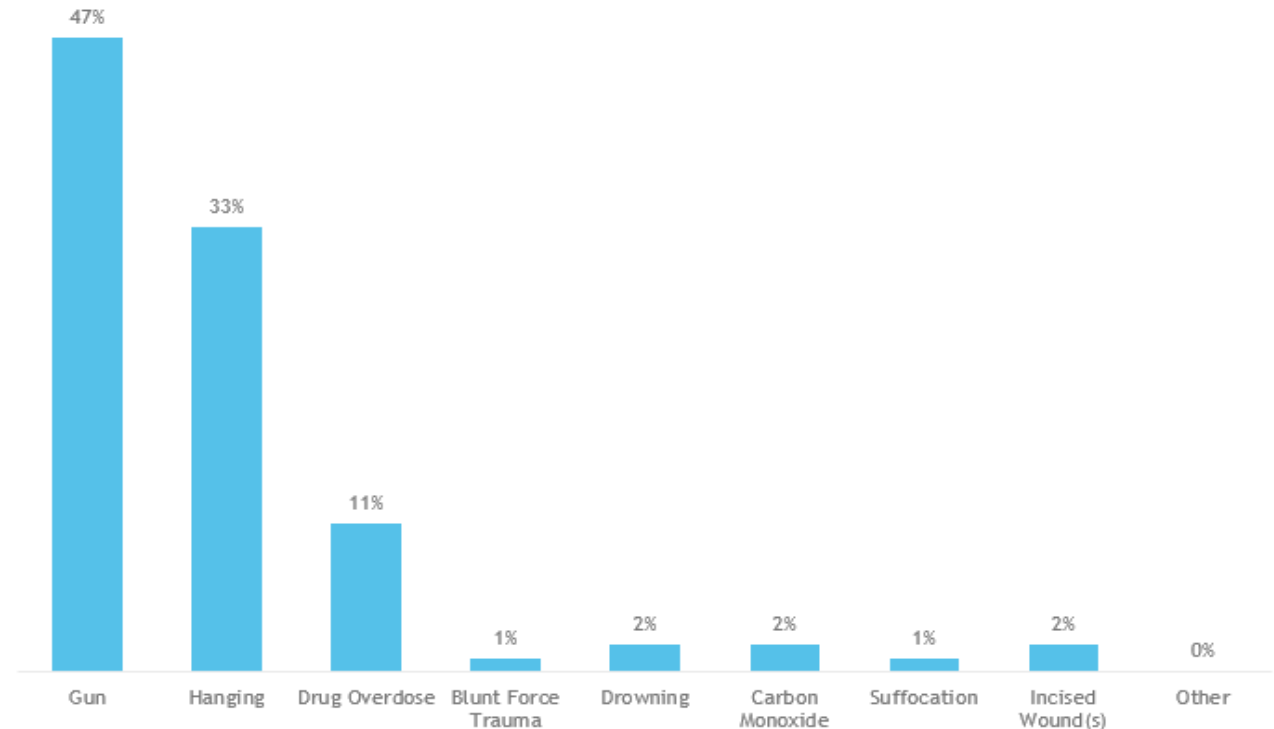
Interpretation

Means of use demonstrates need to prioritize means safety counseling with firearms

Strategy

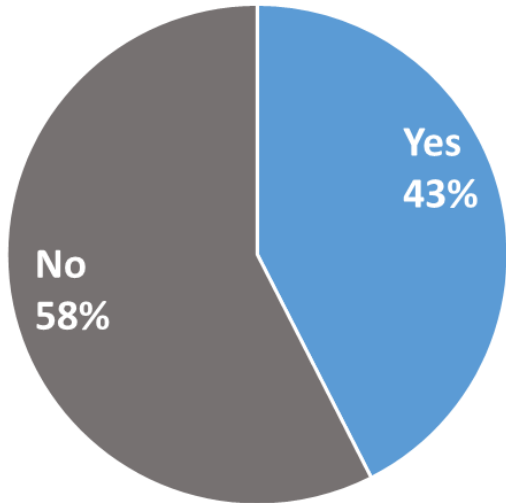
- Re-train all inpatient staff members on means safety counseling to become a standard in care
- Partner with Helpline to develop patient facing literature

Means of Suicide



The Data: Prescribed Medication and Diagnosis

Active Antidepressant or Mood Medication



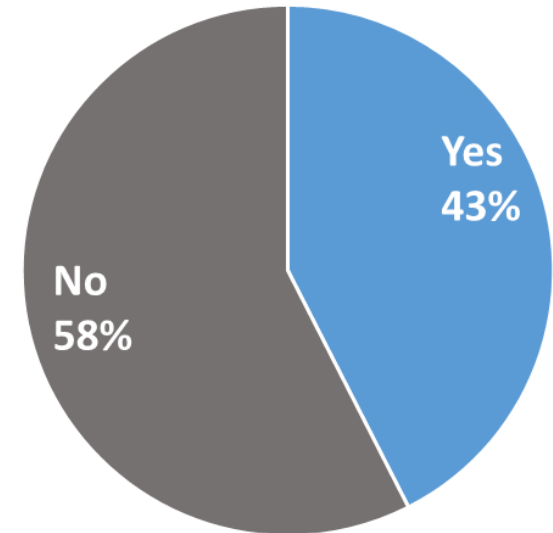
Interpretation

43% of patients on an antidepressant and 43% with behavioral health diagnosis

Strategy

Education needed beyond behavioral health professionals as 58% had no behavioral health or mental health Diagnosis

Behavioral Health or Mental Health Dx on Active Problem List



The Data: Signals Leading Up to Suicide

- **Data:**

Signals Leading up to Suicide	%
Nothing Significant	73%
Chronic Pain	8%
Financial Loss	5%
Positive change	3%
Prior Suicide Attempt	3%
Released from Jail	3%
Dementia	3%
Cancer	3%

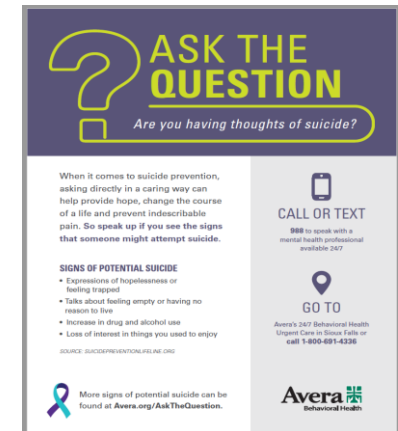
Interpretation: Suicidality remains difficult to predict

Strategy:

- Approach need to focus on prevention and community awareness

Community Awareness Campaign

- Need more than professionals to Ask the Question
- Marketing:
 - Developed community campaign
 - Social media campaign (Snap Chat, Spotify, YouTube, Facebook, Instagram)
 - Elevator Posters
 - Stickers
 - Blogs
 - eNewsletter
 - News Release
 - Off-the-wall marketing (Digital signage in restrooms of Sioux Falls restaurants/bars)
 - Coffee Stickers



The Data: HEAT Map

Data: Rural Needs

Interpretation: Development of HEAT Map

- Identify risk of suicide contagion
- What resources needed to be deployed in respective area

Strategy:

- Need to expand resources and expand access

Expand resources and Expand Access

- Access: Opened 24/7 Behavioral Health Urgent Care and expanded inpatient beds
- Expand to Rural Areas:
 - Need to deploy resources to more rural areas
 - Triage Program for access to mental health providers
 - eTriage Program
 - Telemedicine Training for Providers
 - Development of Mobile Crisis



Opioid Data Outcomes

INTERPRETATION OF DATA	STRATEGY
Some patients had not had any encounter with behavioral health	<ul style="list-style-type: none">• Strategy needs to be bigger than behavioral health; needed to include other specialties• System wide education on opioid use disorder• Host Hazelden Symposium

Opioid Data Outcomes

INTERPRETATION OF DATA	STRATEGY
<p>Socioeconomics may be a barrier to establishing care with primary care</p> <p>Patients last encounter with healthcare system was at times with the Emergency Department</p>	<ul style="list-style-type: none">• Implemented SBIRT in the Emergency Department (previously in PCP)• Co-hosted a 10-session SBIRT education for community providers• Hybrid approach with behavioral health navigators

Behavioral Health Navigation

- Navigation

- With funding support from OD2A in partnership with HIE, have been able to expand program!
- YOU can contact navigation anytime!
- Phone: 605-322-5142



At Avera, we understand that navigating the complex mental health system, especially for the first time, can be confusing and even overwhelming.

To best support you and your family, we are pleased to offer the services of our Behavioral Health Navigation Team, a multidisciplinary team.

The Navigation Team can assist you and your loved ones by:

- Connecting with and supporting patients and families as an open, knowledgeable and empathetic contact for any care needs or questions
- Offering teaching and education about various mental health disorders and the resources available in the mental health system
- Identifying and resolving any barriers to treatment that a patient or family may encounter, including outpatient resources, community resources and support groups, transportation resources, etc.

Navigator services are available free of charge to patients and families.
Monday – Friday | 8 a.m. – 6 p.m.

**Contact
Behavioral Health Navigation**

4400 W. 69th St., Sioux Falls, SD 57108
605-322-5142
BHSnavigator@avera.org

Opioid Data Outcomes

INTERPRETATION OF DATA	STRATEGY
<p>Despite patients meeting criteria for MOUD, patients were not being referred to MOUD</p>	<ul style="list-style-type: none">• Started MAT (MOUD) Clinic for outpatient services• Recruited fellowship trained Addiction Medicine Psychiatrist• Implemented initiation of MOUD in inpatient mental health

Opioid Data Outcomes

INTERPRETATION OF DATA	STRATEGY
Need for more co-occurring providers	<ul style="list-style-type: none"><li data-bbox="1243 614 2038 714">• Recruitment of Chemical Dependency Therapists<li data-bbox="1243 778 1770 828">• Focus on dual-diagnosis

Opioid Data Outcomes

INTERPRETATION OF DATA	STRATEGY
Need higher level of care for younger population	<ul style="list-style-type: none">• Opened an Avera Addiction Care Center – Adolescent

Opioid Data Outcomes

INTERPRETATION OF DATA	STRATEGY
<p>Need to expand navigation of the behavioral health system; people are not finding or being directed to behavioral health</p>	<ul style="list-style-type: none">• Expansion of navigation services for internal and external support• Developed a one number for internal and external support• Community presentations• Train Community Healthcare Workers for sustainability

Phase 3: Development of The Link



Phase 3: Development of the Link

- Outcome of the data continues to demonstrate need for more community resources
- Individuals with substance addiction and mental illness frequently cycle through: Emergency departments, Hospitals, Jails
- Issues not appropriately addressed as individuals are not provided with the right care, at the right time, in the right setting
- Collaborated with community partners with a shared vision
- Desired outcomes: Provide better access to care for our community and Offer coordinated mental health and substance use disorder services



Phase 3: Development of the Link

How does the patient get to the LINK?

- Walk-in/private car
- Police Department
- Sheriff's Department
- Emergency Medical Services
- Direct referrals from the ER, Behavioral Health Hospital, and Inpatient Hospital care settings

Services provided

- 24/7 access to a triage assessment with a healthcare professional for immediate care and treatment related to:
- Acute intoxication – 13 beds (Sobering Observation Program)
- Substance withdrawal – 10 beds (Withdrawal Management Program)
- Mental health crisis – 3 beds (Crisis Stabilization Program)
- Sexual assault (In collaboration with the Avera eCare SANE Program)

Phase 3: Development of the Link

- In development, noted that treating patients would be complex due to:
 - Patient presenting in crisis with inability to identify past or current medical history, medication lists, established providers, etc
 - Cases were complex with often many comorbid concerns
- Relationship established with the HIE provided framework for the solution
- HIE is used to collate data from every health system; information obtained includes:
 - Lab values
 - Indications of medication use
 - Past diagnosis
 - Current providers
- HIEs are essential to allow for collaborations across healthcare systems

Where do WE Go from here?

STRATEGY	STRATEGY
Quarterly online trainings offered to clinicians statewide to address opioid prescribing best practices	Provide internal support for prescribers via the navigation one email number. Internal prescribers requesting guidance on MOUD will have a mental health trained professional to assist in increasing confidence in MOUD prescribing.
Monthly outreach opportunity and development of website to support frequently asked questions – Are you looking for presentations – let us know!	Expand SBIRT Screening in Emergency Departments
Development of program to monitor patients in healthcare system with the Notify system and collect data from Health Insights Tool (SDHL)	Lock Boxes and Pill Reminders and Inpatient Behavioral Health

Where do YOU Go from here?

- *Change Your World, How Anyone, Anywhere, Can Make a Difference, Maxwell & Hoskins*
- *What will YOU do in your impact area after this conference?*
- We all need to remain courageously hopeful
 - Catch limiting beliefs that we can't make a difference in management of chronic disease!
 - We are here because we all recognize we want to know more to make change!
- Be aware of being caught in the problems that exist and continue to believe that YOU can make a difference
- HOPE has 2 daughters

Hope has two beautiful daughters;
their names are **Anger and Courage.**
Anger at the way things are,
and Courage to see that they
do not remain as they are.

– *Saint Augustine*

Where do YOU Go from here?

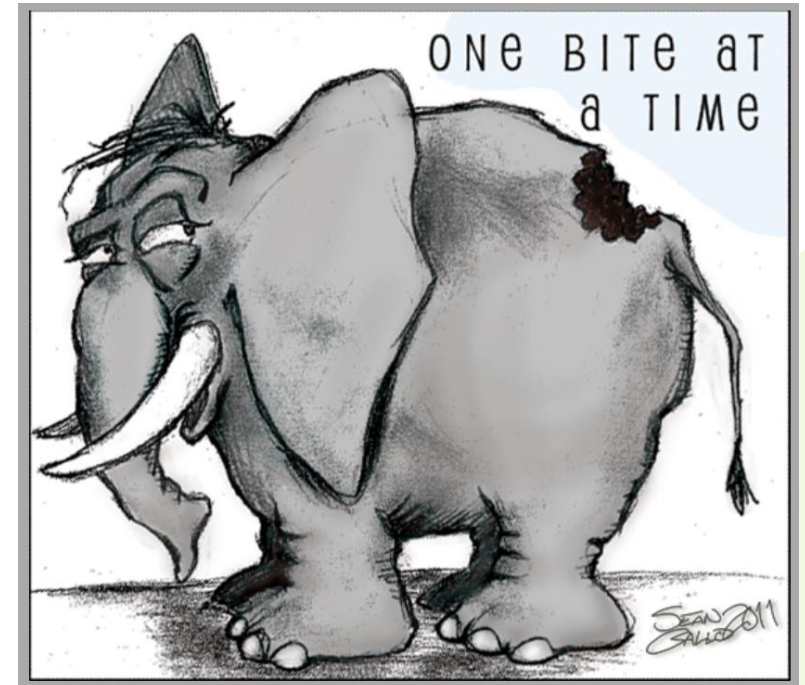
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Where do YOU Go from here?

- What gets measured gets done!
- What gets done gets measured
- Measure the inputs AND the outputs
- Consider partnership with the HIE to improve your ability to measure your impact!



Start with a Step



May this conference continue to help you be curious about the step you will take in your space of impact going forward!

Questions?

Contact Information

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Thank You!



Moving Health *Forward.*