

Caring for our Communities of Southwest Iowa: A partnership between the hospital and a behavioral health agency

<http://heartlandfamilyservice.org>

<https://www.caringforourcommunities.com>



Objectives

Identify

- Strategies for integration with hospital staff and engagement strategies to use with clients who have, historically, been resistant to services

Learn

- Tips for establishing a comprehensive community care approach.

List

- Outcomes for reducing emergency department visits and rehospitalization rates.



Community Health

Previously...

1. Providers focused on episode of an illness i.e. hospitals focused on “acute phase” of a patient’s illness.
2. Silo care created –led to fragmented care and patient left to navigate care
3. Each Provider billed insurance companies and were paid for the services they provided.
4. Diagnosis Related Group (DRG) began the idea of “bundled payment” for hospitalization and began focus on length of stay



Community Health

Currently...

1. Living longer

- Chronic conditions = complex care

2. Community focus emerging

- Population health
- Community Vitality

3. Social determinants

- Accountability

4. Quality focused care emerging

- Provider penalties



Community Health

Currently...

5. Payer redesign

- Affordable Care Act, Managed Medicare, Managed Medicaid

6. Observation versus Inpatient

- 2 Midnight Rule

7. Accountable Care Organizations (ACO)

- Insurance -bundled payment



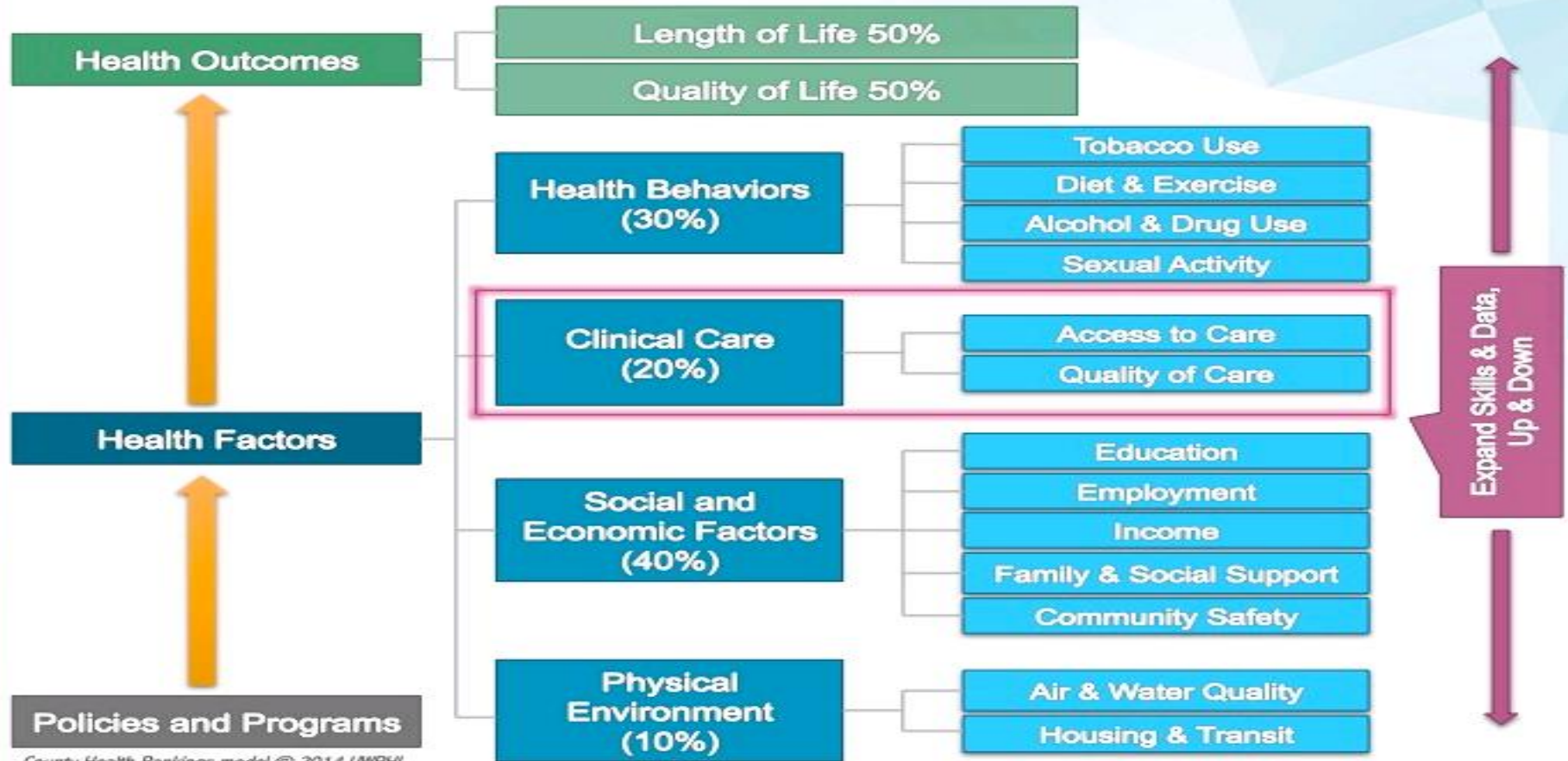
Community Health

What's next...

- **Hospitals**
 - Leaders in Population Base Care
 - Providing healthier communities and better health care
- **Engaging a broad-based team**
 - Healthcare providers and community partners implementing community based interventions
 - Addressing social determinants, disparities in care delivery and patient engagement
 - Accountable Communities for Health (ACHs) that promote health and well-being



Population Health Management



County Health Rankings model © 2014 UWPHI

Robert Wood Johnson & University of Wisconsin Public Health Institute



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Good works.

Caring for Our Communities

Developing a Community Infrastructure to plan and implement strategies to improve community vitality.

- **Partnership Opportunities**
- **Supporting Primary Care and Urgent Care**
- **Linking patients with community resources**
- **Ultimately empowering individuals**
- **Addressing social determinants and overcome barriers**



Community Partners



Methodist Jennie Edmundson

Methodist Physician Clinic

All Care Health Center

Angels Home Care

Atlantic Medical Center

Bluffs Taxi Service

Casino cab

Cass County Public Health

Council Bluffs Fire Department

Council Bluffs Public Health

Connections Area Agency on Aging

Heartland Family Service

Hy-Vee Pharmacy (Glenwood)

Home Nursing with Heart

Visiting Nurse Association

Iowa Prescription Drug Program

I Smile

Legal Aid

HELP Adult Services

MASH Financial Counseling

Mills County Public Health

Super Saver Pharmacy

Telligen

Walgreens Pharmacy

Live Well CB

YMCA

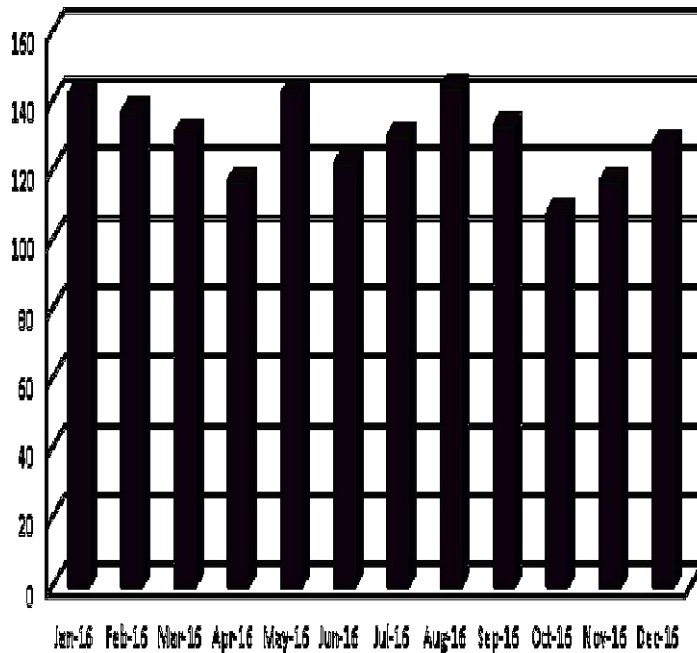
Senior Center

El Centro Latino

CHI Mercy *

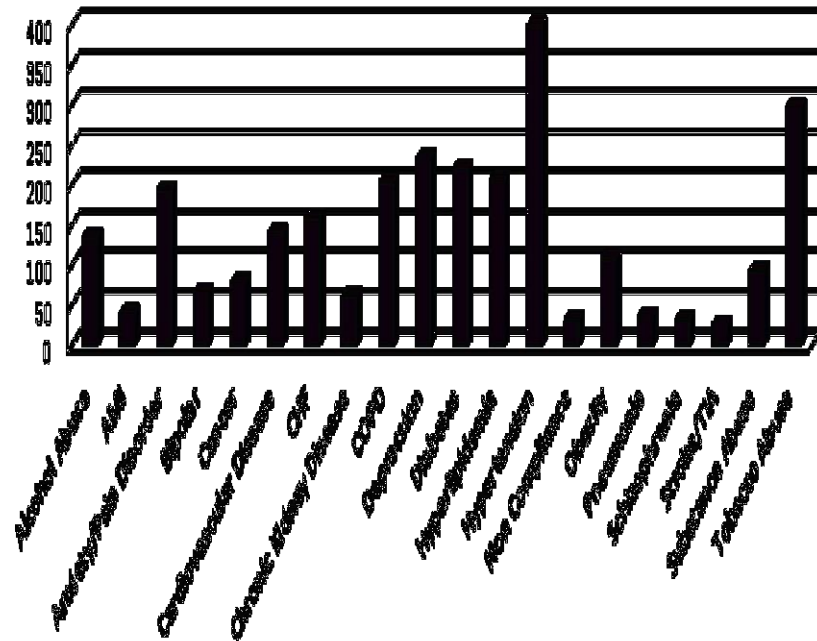


Individuals referred into Program



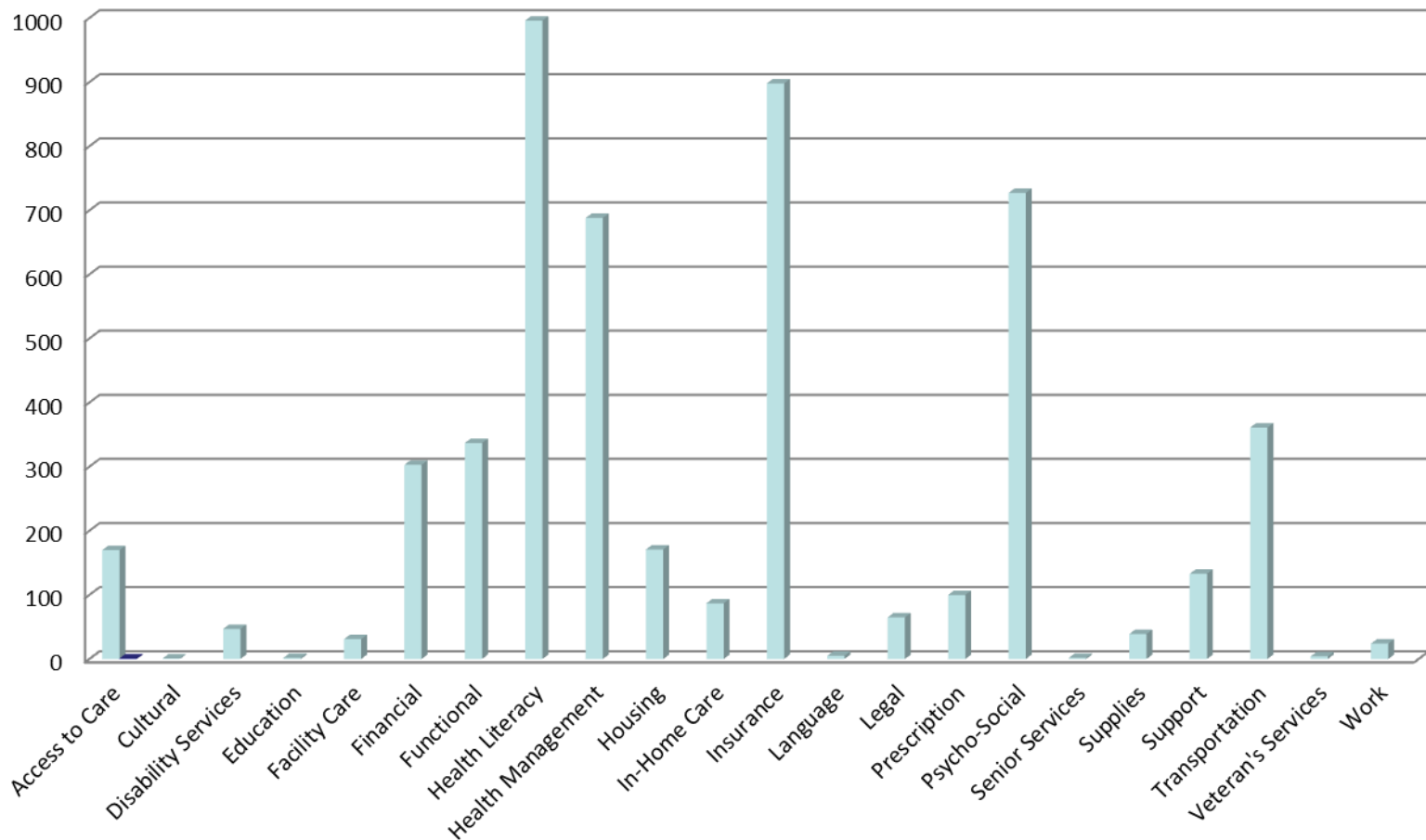
1,151 individuals

High Risk Conditions/Behaviors



These 1,151 individuals had 2,786 high risk conditions and behaviors

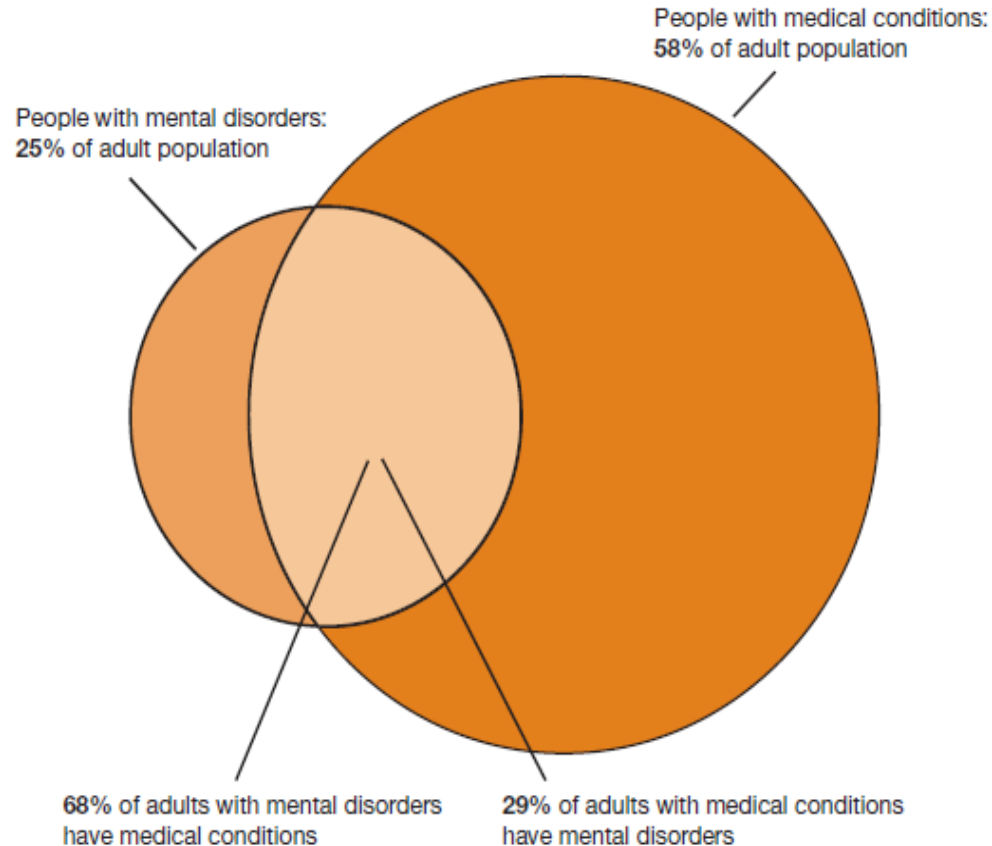




These 1,151 individuals had 5,191 barriers identified



Percentage of Adults with Mental Disorders and/or Medical Conditions 2001-2003



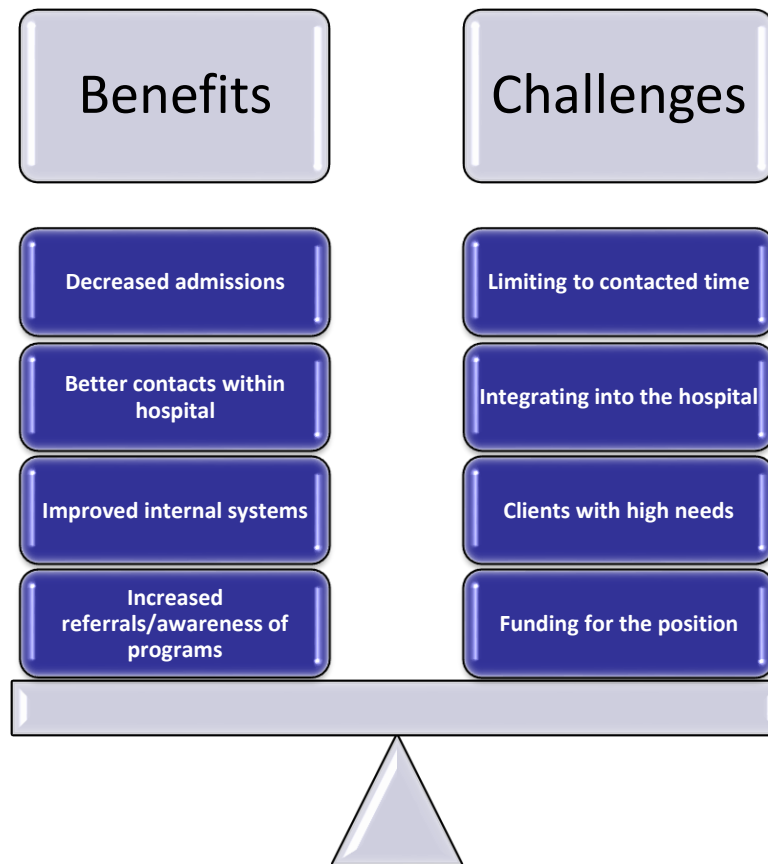
Adapted from the National Comorbidity Survey
Replication 2001-2003

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Partnership between hospital and non-profit agency

- Hospital approached our agency
- Funding
- Developing BH Care Coordination
- Expanded throughout agency





Role of BH Care Coordinator

- Screen clients who may have behavioral health issues (mental health, substance abuse, homelessness, and/or have barriers to receiving healthcare) referred by hospital staff
- Engage clients in addressing behavioral health issues and social determinants
- Complete necessary paperwork
- Link to community resources
- Housing



Role of BH Care Coordinator

- **Mental health treatment**
- **Substance abuse treatment**
- **Integrated Health Home**
- **Other community providers, e.g. Domestic violence programs, parenting resources, cultural resources, VA, etc.**
- **Document attempts made, care coordination, and outcomes**



Role of BH Care Coordinator



Case Study:



Next Steps



1. Expansion of Program
2. Moving from hospital based to community based initiative
3. Move towards Accountable Communities for Health - Designed to strategically leverage resources across community partners



Questions?

