

**The Readmissions Quality Collaborative
Mid-Year Conference
June 7, 2013**

**Quality Collaborative
Activities and
Progress To Date**

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Collaborative Participants, Time Line and Project Selection

Participating Hospitals and Service Types

- 47 Participating Hospitals Statewide
 - New York City (23), Long Island (9), Hudson River (6), Central (5), Western (3)
- 50 Inpatient Services
 - 44 Psychiatry, 6 Detoxification (detox) / Rehabilitation (rehab)
- 16 Outpatient Services
 - 12 Mental Health, 2 Chemical Dependency, 2 Dual Diagnosis
- 2 Psychiatric Emergency Departments (ED) / Comprehensive Psychiatric Emergency Programs (CPEP)

Time Line

- 6/2012: Kick-off Conference
- 7/2012 - 9/2012: Team Formation/ Project Planning
 - Project Plan due 10/2012
- 2013: Delivering Strategies to Reduce Readmissions
 - 10/2012 - 12/2012: Implementation of new interventions
 - 12/2012 - 12/2013: Interventions delivered
 - 1/2013 - 12/2013: Tracking interventions / monthly reporting
 - First data submission in 1/2013 on activities in 12/2012
- 6/2013: Mid-Year Conference
- 7/2013 - 12/2013: Site Visits
- 12/2013: Projected End

Intervention: Improving Medication Practices

Strategy	# of services implementing the strategy			
	Inpatient (N=50)	Outpatient (N=16)	ED (N=3)	TOTAL (N=69)
Increase use of long-acting injectable medications	28	5	2	35
Increase use of clozapine	19	3	1	23
Facilitate medication fill at discharge	18	2	1	21
Clinical/counseling interventions to improve medication adherence	12	4	1	17
Increase medication-assisted addiction treatment	6	3	0	9
Any Medication Strategy	37	8	3	48

Intervention: Improving Engagement in Outpatient Care

Strategy	# of services implementing the strategy			
	Inpatient (N=50)	Outpatient (N=16)	ED (N=3)	TOTAL (N=69)
Refer to (or reconnect with) intensive community-based services: Assertive Community Treatment (ACT), Care Management, Health Home, etc.	25	7	1	33
Clinical/counseling interventions to improve treatment adherence	11	11	2	24
Implement peer services that contribute to reducing readmissions	9	2	0	11
Any Engagement Strategy	31	13	3	47

Intervention: Improving Delivery of Integrated Treatment for Co-Occurring Disorders

Strategy	# of services implementing the strategy			
	Inpatient (N=50)	Outpatient (N=16)	ED (N=3)	TOTAL (N=69)
Improve delivery of integrated treatment for co-occurring mental health and substance use disorders (SUD)	10	7	2	19

- Using the evidence-based Integrated Dual Diagnosis Treatment (IDDT) model
- **On-line training available via State Office of Mental Health (OMH) “Focus on Integrated Treatment” Modules.**

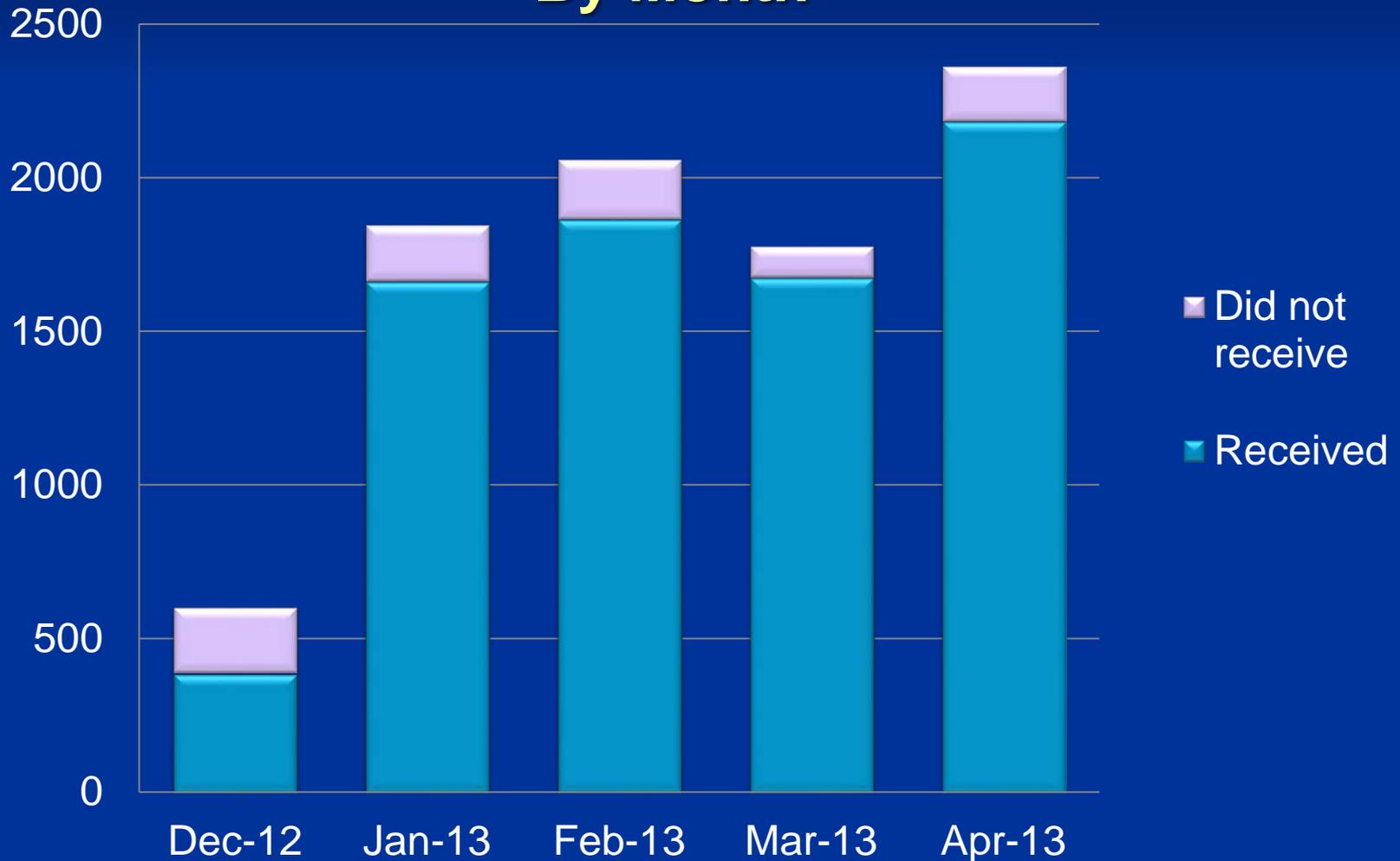
Enhanced Discharge Processes

Among 50 participating inpatient services

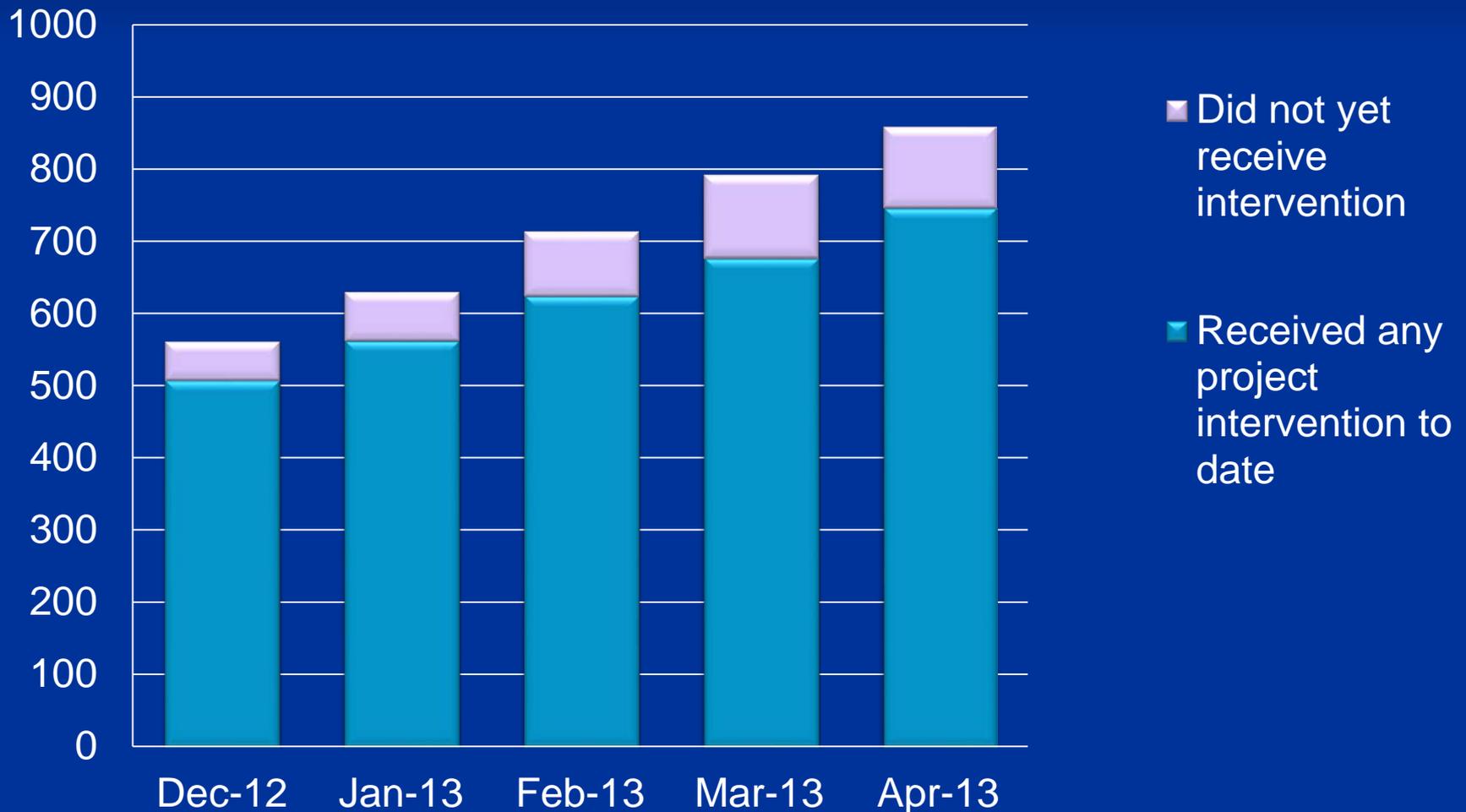
Strategy	# of inpatient services tracking this process
Discharge Interview with Checklist and/or Teach-back	7
Follow-up Phone Call to Client / Family	6
Follow-up Phone Call to Receiving Provider	5
Case Review/ Discharge Planning Case Conference	4
Client Completes Discharge / Relapse Prevention Checklist / Booklet / Worksheet	4
Bridger or Staff Escort to Outpatient Follow Up	3
Discharge Planning / Readiness Group	3
Relapse Prevention / Safety Planning	3
Family / Collateral Meetings	3
Same Day Outpatient Follow-Up	2
Other	
Total	

Project Data

Inpatient Services Self-Report Data: Clients Identified for Project Intervention And Receiving Intervention By Month

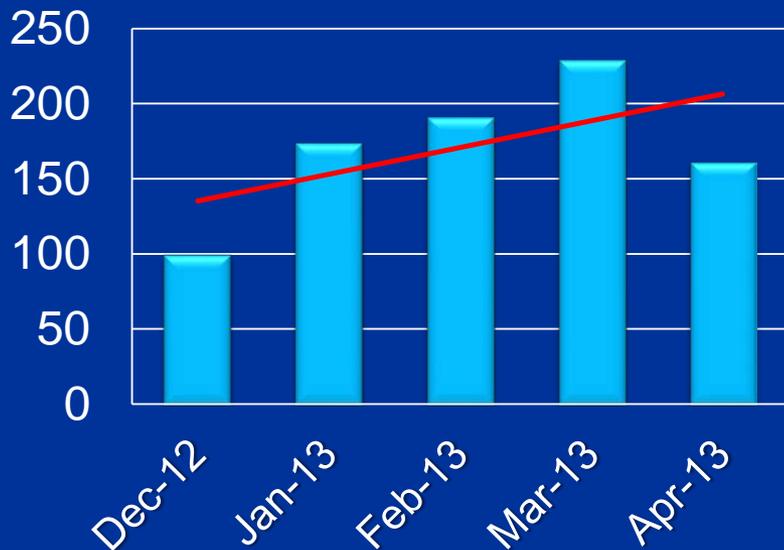


Outpatient Services Self-Report Data: Clients Identified for Project Intervention And Receiving Intervention Cumulative by Month

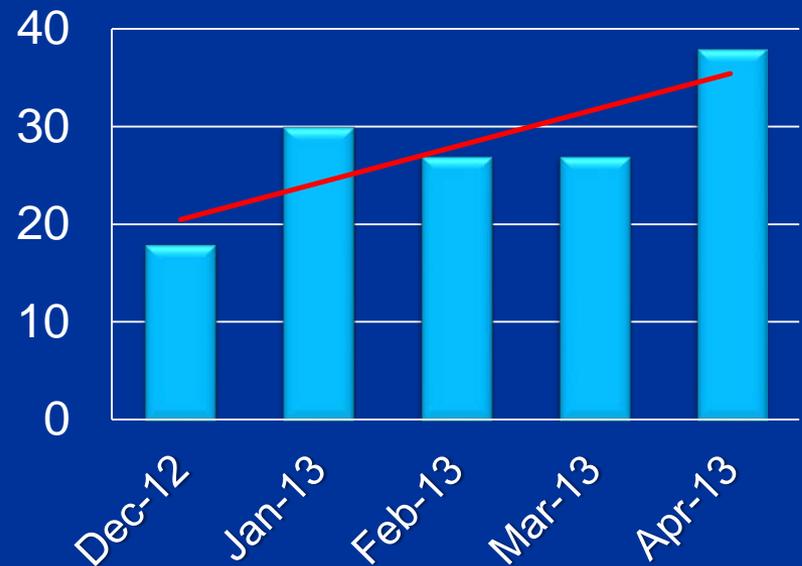


Inpatient Strategies Over Time: Medication Prescribing

**Long-Acting Injectables
Prescribed by Inpatient
Services, by Month**



**Clozapine Prescribed by
Inpatient Services, by
Month**



Based on aggregated monthly self-report data

Inpatient Strategies Over Time: Medication Strategies, Cont'd

Medication Assisted
Addiction Treatment,
by Month



Medication Fill at
Discharge
by Month



Based on aggregated monthly self-report data

Inpatient Strategies Over Time, Cont'd

**Referrals from Inpatient
Services to ACT / Care
Management / Health Homes /
other high intensity
community-based services**



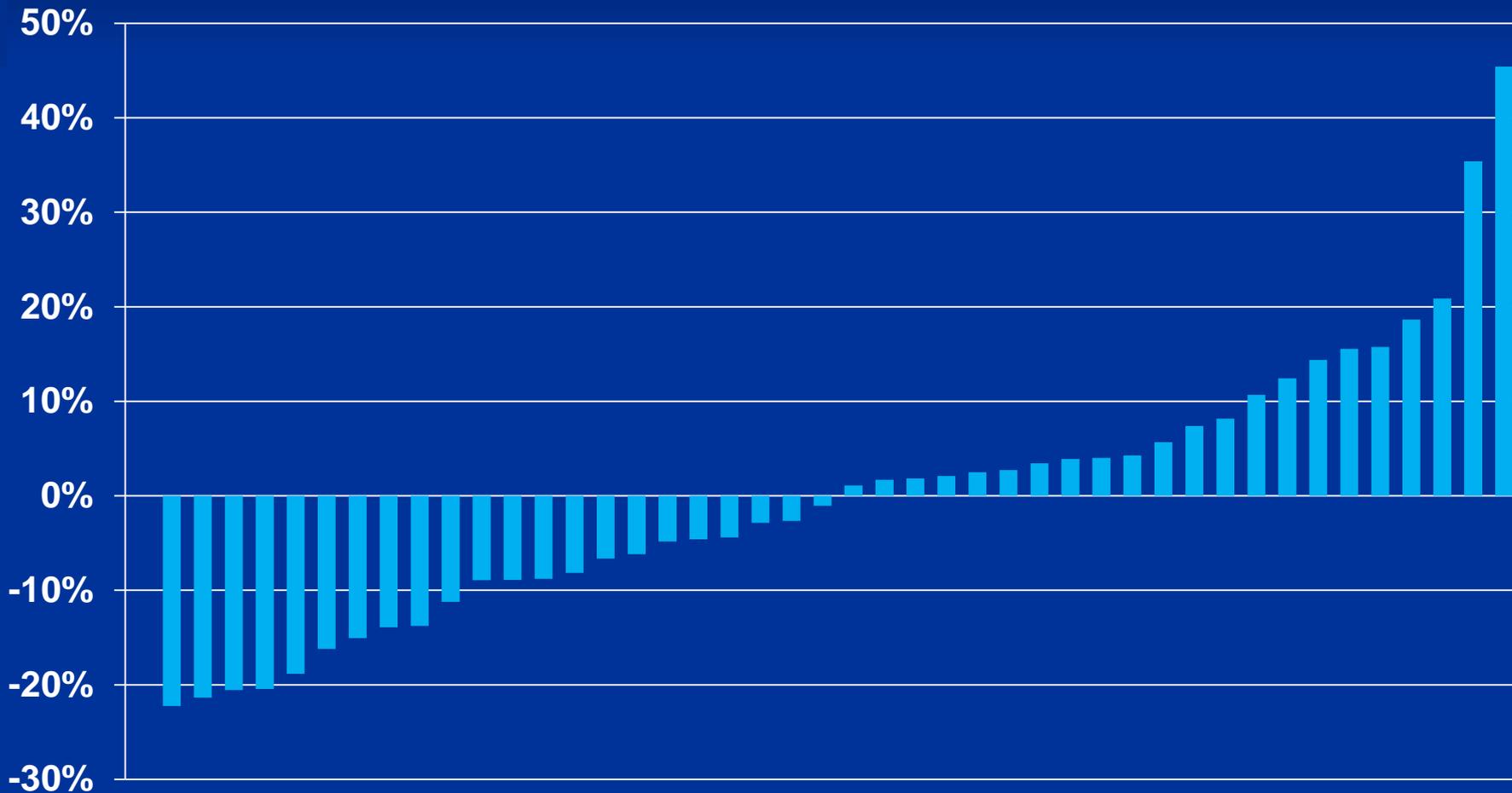
Based on aggregated monthly self-report data

Preliminary Analysis: Medicaid Data

Percent Change in Prevalence Rate by Hospital

Hospital-Specific 30-day Readmission Indicator

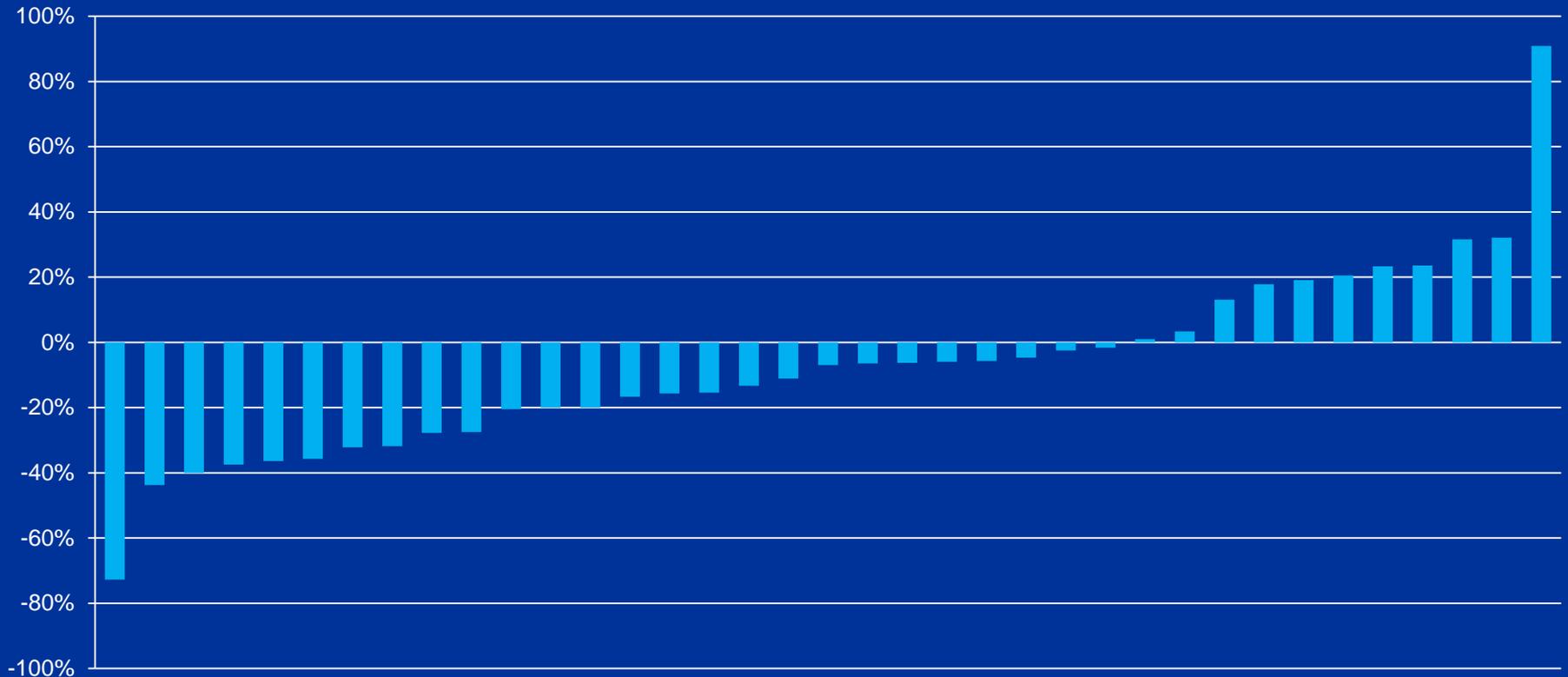
4.1.12 vs. 4.1.13



Excludes 1 hospital with fewer than 10 readmissions. Data table distributed on hard copy.

Preliminary Analysis: Medicaid Data Number Newly Flagged

Hospital-Specific 30-day Readmission Indicator Percent Change 2nd Quarter versus 4th Quarter 2012 by Hospital



4th Quarter numbers were affected by Hurricane Sandy for some hospitals. Excludes 8 hospitals with < 10 flagged clients at baseline. Data table distributed on hard copy.

Question and Answer