



## **A Non-Traditional Collaboration Of Two Provider Organizations To Improve Continuity Of Behavioral Health Care: Harbor & Mercy Health Case Study**

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# Introduction

For 105 years, Harbor of northwest Ohio has provided comprehensive health and behavioral health services to the Toledo community with one enduring goal: to improve the lives of the people it serves. Continuous emphasis on innovation and quality are the organization's hallmarks and recipe for enduring success. As a community-based mental health center, Harbor has learned in its 105 years of business, how to do more with less.

Over the past five years, Harbor has implemented three new initiatives, each with the mission to improve comprehensive care for individuals who have a mental illness, resulting in significant reductions to both general and psychiatric hospitalizations. Two initiatives were in partnership with the state of Ohio and the third was in response to an RFP issued by Mercy Health seeking assistance to develop psychiatric services to improve access to care, timeliness of care, and quality of care outcomes. Harbor successfully won the RFP with its cost effective, solution focused response. Mercy Health, recently merged with Bon Secours, is the largest health system in Ohio.

**Harbor is one of the leading mental health provider in northwest Ohio, treating thousands of consumers each year.**

**Mercy Health is an integrated system of hospitals, clinics, and other health care services.**

## **Mercy Health Facilities Include**

- St. Vincent Medical Center, Toledo
- St Anne's Hospital, Toledo
- St Charles Hospital, Oregon
- Tiffin Hospital, Tiffin
- Defiance Hospital, Defiance
- Willard Hospital, Willard
- Perrysburg Hospital, Perrysburg
- Children's Hospital, Toledo

Harbor now provides comprehensive psychiatric services to all of these facilities successfully fulfilling the goals Mercy Health outlined in the initial RFP for services. Harbor embraced the innovation opportunity presented by these two partners the state of Ohio and Mercy Health.

## **All told Harbor's initiatives cover:**

- Medicaid Health Homes for adults and youth
- Care Coordination for adults who have serious mental illness and youth with serious emotional disturbances
- Professional collaboration with Mercy Health to provide psychiatric services





Each of these programs delivered comprehensive quality care and yielded demonstrably improved outcomes for the individuals served through these programs. Created with measurable outcomes, these programs were designed to demonstrate the value of the services that would be delivered. Early on, Harbor understood the value to the consumers, and to the larger system of care in which it operates, would be to intentionally control cost and improve outcomes. This relates directly to value-based reimbursement (VBR) strategies that are becoming the norm in health care. VBR strategies aim to ensure positive patient outcomes while simultaneously controlling cost. For care providers to succeed with VBR, they must be data driven and have systems to demonstrate the value of all inputs towards the outcome of an episode of care. As Harbor's program outcomes show, by redesigning systems that are comprehensive and inclusive, the consumer benefitted with better treatment strategies that enabled improved outcomes demonstrated over time. As VBR demands, Harbor staff monitored outcome data throughout the implementation of these programs to drive care strategies, thus supporting clinical decisions with hard data.

In order to fully appreciate and understand Harbor's success with these projects, it is important to understand Harbor's roots as a community-based mental health center. The movement towards home and community-based services for the delivery of mental health care, was in direct response to calls for helping individuals who had been locked away in large, impersonal institutions. To succeed, community-based providers had to reimagine service delivery to provide all the care that came with institutional living beyond the hospital walls. These services included basic needs such as food, housing, access to income, social support, safety nets, physical health care, and transportation. Taking all of the components into the community was crucial to prevent unnecessary readmissions to institutionalization.





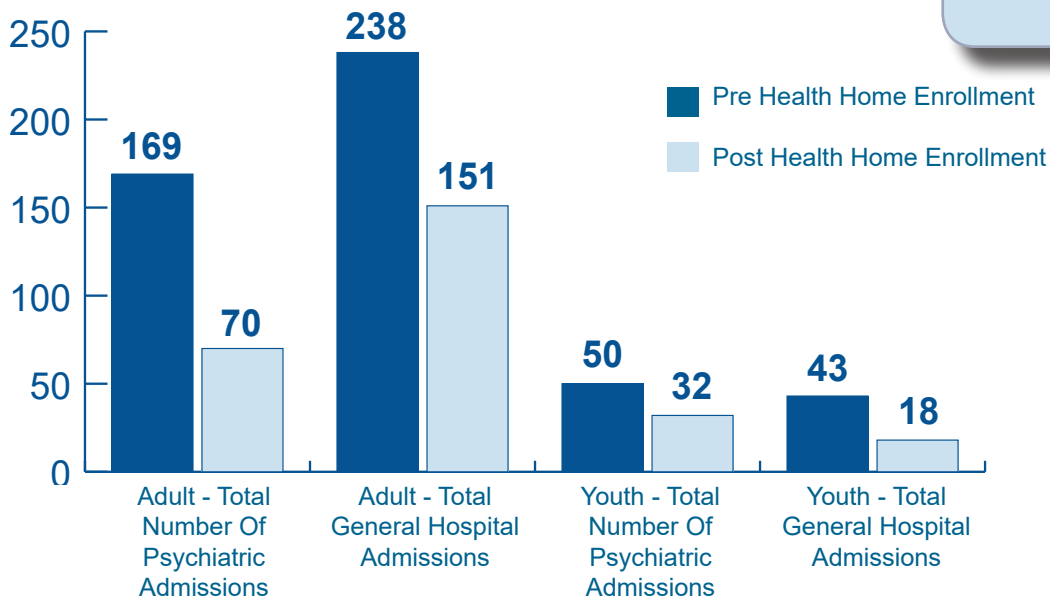
## Medicaid Health Homes

Harbor piloted two health homes, one for adults and one for youth, over a five year period concluding in June 2018.

The results regarding pre- and post-health home participation, for both adult and youth consumers, are stunning for the achieved reduction in general and psychiatric inpatient admissions, as well as reduced visits to an emergency department. The data depicts that when the proper care is delivered in a non-acute setting, the need for services in an acute setting significantly decreases, which provides for a more consumer-focused experience, ultimately cascading positive effects in the long-term. Additionally, care delivered in non-acute settings is less costly than in acute settings.

Harbor's Medicaid funded youth serving health home was the largest amongst 35 youth serving health homes across the U.S.

### General & Psychiatric Hospital Admissions Pre & Post Harbor Health Home Enrollment

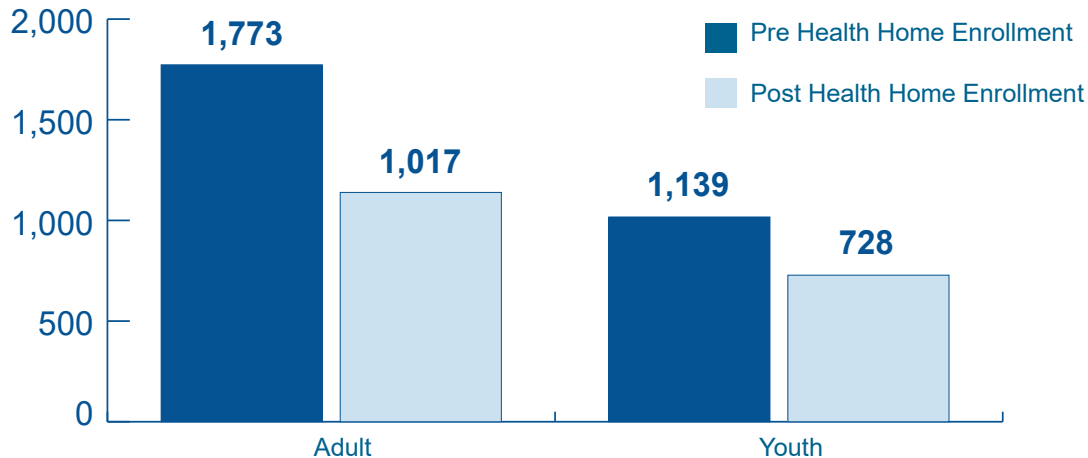


To highlight specific examples from the Medicaid home health pilot findings, there was a **59% decrease** in the total number of psychiatric admissions for the adults receiving health home services, as well as a **37% decrease** in general hospital admissions. There was a **36% decrease** in the total number of psychiatric admissions for the youth receiving health home services, and a **58% decrease** in general hospital admissions overall.

## Emergency department visits also declined for both groups.

As the data below displays, Harbor's **health home consumers - both adults and youth - experienced the need for less acute care** as the result of the services delivered in the health home and the overall approach to care. This ultimately translates into cost savings, greater continuity in care, and a better treatment experience for the health home consumer.

### General & Psychiatric Hospital Admissions Pre & Post Harbor Health Home Enrollment



Harbor was reimbursed through Medicaid on a per member per month basis for Medicaid health home. Their per member per month rate of reimbursement was at 40% less than other providers for the same service.

## Care Coordination Program

Sequential with the health home, Harbor was invited by the state of Ohio to pilot a behavioral health care coordination model, with hospital diversion defined as the main objective. More studies are showing the value-added benefits of care coordination to improve outcomes of care. Care coordination was managed and accomplished through a multidisciplinary team, comprised of primary care and behavioral health practitioners, as well as social service practitioners.



The team collaborated as one unit with the sole focus of delivering specific aspects of care in the community where consumers resided, addressing all aspects of care - medical, social, and environmental.

Harbor leaders attribute the effectiveness of the model in part to the funding mechanism. Each consumer's treatment plan was based on an initial evaluation with participation by each discipline of the team. The set rate model facilitated the team's ability to conduct outreach visits, that it may not have been able to do if reimbursement was fee-for-service. Harbor's leadership believes it helped the team focus on big picture issues that contribute to positive outcomes of care.

**In 2018, Lighthouse Telehealth LLC (a subsidiary of Harbor) and Mercy Health, announced a partnership for Lighthouse to provide all key psychiatric services to Mercy Health's emergency departments and inpatient settings.**

## **Harbor/Lighthouse Provides Psychiatric Services In Psychiatric & General Hospitals & Emergency Departments**

Harbor's successful response to Mercy Health's RFP and request for assistance included providing psychiatric coverage to all of Mercy Health's facilities and 90-bed Behavioral Health Institute (BHI) that was accessible, timely, high-quality, coordinated within the hospitals, and comprehensive 365 days a year. The selection of Harbor as the psychiatric provider is a flip in traditional service delivery with a CMHC providing services to a health care entity. It has been a long standing tradition to have psychiatric coverage come from physician owned groups or within a health system itself.



The BHI is a 90-bed psychiatric inpatient unit, where Lighthouse provides all psychiatry services in-person. Mercy Health contracts directly with Lighthouse through a professional services agreement that covers the BHI 24/7. Any and all billing is done by Mercy Health. Under the psychiatric leadership provided by Lighthouse, the BHI is

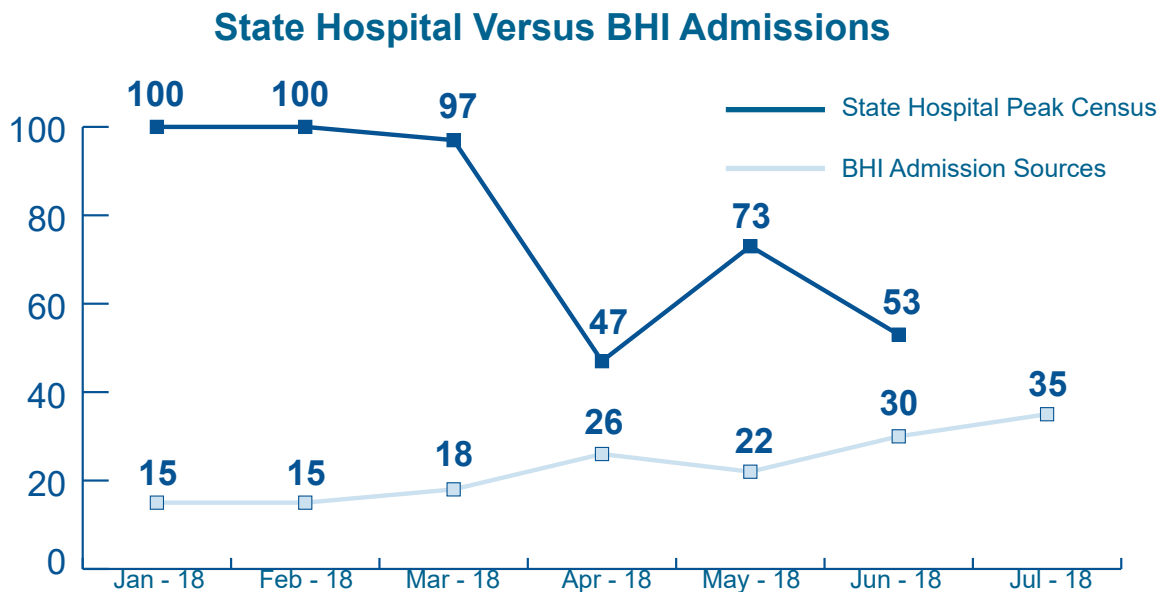
now serving patients from 35 counties throughout Ohio, as well as from multiple states including Indiana, Kentucky, and Michigan. This diversity in referral sources is a result of improved patient flow in and out of the system and shorter emergency department stays enabled by Lighthouse's psychiatric coverage design.

In addition, when an individual presents as a patient in one of Mercy Health's emergency departments and has need for psychiatric care, the physician from the emergency department may have a telephone consult with a Lighthouse practitioner. Lighthouse works within seven hospital emergency departments and one free standing emergency department. The practitioner may be a psychiatrist or nurse practitioner with psychiatric certification. As the result of the phone consultation, a determination is made if the individual's psychiatric symptoms require treatment in an inpatient or outpatient setting.

If a patient requires inpatient services, Mercy Health will admit the patient to the BHI, with Lighthouse as the treating psychiatric practitioner. Prior to services delivered by Lighthouse, independent psychiatrists working with Mercy Health system were responsible for care delivery and care management in the BHI unit. Though data is not yet available, anecdotally, the Mercy Health emergency departments are reporting a shorter emergency department stay due to this care continuum. This reduces individual care costs as well as freeing bed space for incoming patients, thus moving everyone more quickly to the appropriate level of care.



With the Lighthouse team now delivering services to the BHI, they have revised some of the previously held policies, the most significant of which was to move to discharge and admission patients to the BHI seven days a week. Previously, discharges and admissions occurred primarily Monday through Friday. The graph below shows a significant decrease in admissions to the state psychiatric hospital since Lighthouse began providing the psychiatric coverage to the BHI.



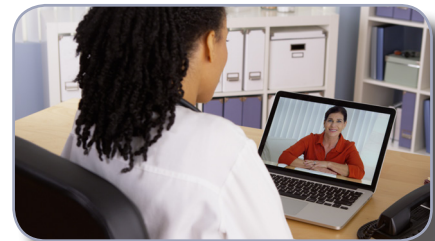
Lighthouse, as the emergency department psychiatric practitioner, serves as the gatekeeper to the BHI. It operates with a philosophy of not turning BHI admissions away, which is now possible due to a more robust seven-day a week admissions and discharges policy.

Lighthouse began providing services on March 4, 2018. As early as April 2018, a significant drop in state hospital admissions with a concurrent increase in admissions to the BHI is noticeable. At the same time, the graph shows a slight reduction in overall psychiatric admissions between both the state hospital and the BHI. These trends are almost immediate from when Lighthouse became the psychiatric provider.



Lighthouse also provides psychiatric coverage for consultations to Mercy Health's general medical surgical inpatient units as requested. This includes eight hospital settings. These consultations are delivered seven days a week via tele-video. This reduces delays and bottle necks on the general medical surgical units by meeting patients' needs upon identification, creating a more expedient flow of psychiatric services in both categories of Mercy Health's inpatient settings.

The key to the success of the Lighthouse and Mercy Health partnership has been real time communication between both organizations' critical leadership team members and having a shared outcome as the goal right from the start of the partnership. This communication helps staff at separate entities coordinate care on behalf of an individual, effectively integrating the individual's care. Communication is accomplished through regular weekly meeting that both teams committed to and attend with a data-driven focus. Team members utilize root cause analysis to maintain a systemic approach to identifying and fixing problems, distinguishing if challenges are resolution-driven or developmentally-driven.



The team has also established a solid working relationship that enables meeting challenges in real time with no need to wait to the weekly meeting. Members of the weekly meeting include:

#### ▶ Harbor/Lighthouse Leadership

- Chief Executive Officer/President, Harbor/Lighthouse
- Chief Medical Officer, Harbor/Lighthouse
- Chief Operating Officer, Harbor/Lighthouse
- Director of Nursing, Harbor/Lighthouse

#### ▶ Mercy Health Leadership

- Chief Executive Officer, Mercy Health St. Charles
- Chief Nursing Officer, Mercy Health St. Charles
- Director of Nursing of BHI
- Director of Operations, BHI
- Chief Medical Officer of Psychiatry, Mercy Health



Shared organizational culture is of great significance to this partnership — with the guiding principle for both being putting the patient first. Additionally, Mercy Health invited Harbor, a CMHC, into its facilities recognizing that Harbor offered a much-needed skillset and proven track record of behavioral health care. Harbor was able to intervene with the behavioral health patients with a blend of skill and comfort based on expertise. Harbor engaged in this process through its subsidiary of Lighthouse Telehealth LLC.



## Emerging Role For Community Mental Health Centers As Value-Based Care Leaders

**Harbor's embrace of new program designs, technology, new funding mechanisms, and maximizing staff skill sets helped multiple stakeholders and yielded new partners. Guided by their mission of improving people's lives, Harbor created several new program models with stellar outcomes reducing reliance on more expensive services. Harbor's leadership and experience may well pave the way for CMHCs to serve as role models for delivering value-based care, if not in fact, to lead the way.**

## Lessons Learned & What This Means For Others

**Harbor's leadership saw positive impacts from the per member per month (PMPM) reimbursement model of funding, for both the Harbor Health Home and the Harbor Behavioral Health Care Coordination teams.**

In contrast with fee-for-service models, the PMPM reimbursement arrangement allowed flexibility in care delivery - resulting in an increased outreach to consumers in the community, as well as encouragement for team members to work on big picture consumer issues, not piecemeal issues. As a result of the flexibility, there has been a decreased need for inpatient care, and, the overall net result was more coordinated care for consumers that was proactive and preventive versus reactive and emergent.

Prior to Lighthouse providing psychiatric care for Mercy Health in the emergency departments, the BHI, and on the general medical surgical inpatient units, discharges and admissions were primarily on Monday through Friday. Through Lighthouse's expanded staffing, it is creating better timeliness of services and better patient flow through Mercy Health's care settings.



With the creation of these initiatives, Harbor has learned how hospital systems and CMHCs operate differently and under separate regulations. Hospital systems have rigorous credentialing processes, that extend the time from hire to when a medical professional may begin practicing in a hospital system. As a lesson learned, Harbor allots more time now for filling psychiatric coverage.

There are several take aways from Harbor's projects - clearly defining the need each project was designed to address, led to clearly defined outcomes. Harbor and Mercy Health's successful working relationship captures the value of respecting and collaborating with organizational culture. Interdisciplinary teams comprised of complimentary skill sets creates a comprehensive approach to care delivery, resulting in more positive patient outcomes, easier access to care, as well as cost savings. Harbor's use of a multidisciplinary team and technology-enabled care models helped address potential workforce challenges of recruitment. Harbor found a partnership in Mercy Health, through which they share the same mission and vision for outcomes, input, and processes.

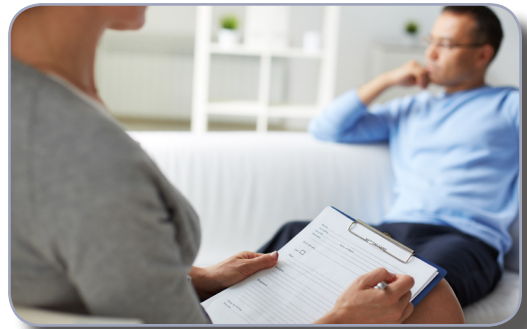
The trend of adopting nurse practitioners as psychiatric practitioners has increased. In the Lighthouse model, their presence and professional capabilities helps to expand the scale of psychiatric coverage. By training, a nurse practitioner offers a holistic approach to care focusing on the physical and mental wellbeing of an individual.

Many consumers of mental health services often do not seek out physical health care. If they do seek out that care, many are often not offered care with an understanding of the role that their mental illness may be playing on their physical health care. Other members of Harbor's team with social work skills, provided much needed care coordination and advocacy, effecting outcomes on a basic needs level. Without linkages to community services such as transportation, income, shelter, food, and medicine many consumers falter quickly despite having clinical care. The psychiatrist provides high-level leadership and supervision to the work of the team and to the overall outcome of care delivered by the Harbor teams.

# Dispelling The CMHC Myth

**Community Mental Health Centers (CMHC) became a federal designation in 1963, however, it was not until the 1980's that federal funding was released to support this mission. With the passage of the Community Mental Health Centers (CMHC) Act of 1963, CMHCs became the primary access point for a wide variety of services to meet the needs of individuals who have a mental illness, substance use disorder, and/or intellectual or developmental disability. Early leaders in deinstitutionalization struggled to provide crucial, but non-reimbursed support, often known as “soft services.”**

The Mental Health Systems Act of 1980 released funding to CMHCs through government grants and fee-for-service models through the Centers for Medicare and Medicaid Services (CMS) to support individuals in community-based treatment settings. This funding helped to standardize what defines the services found in a CMHC today: psychiatric clinical care, crisis intervention services, day treatment, outpatient treatment, substance abuse treatment, peer support services, specialty clinical care services, residential care, and care/case management services. During this period of time, great strides were made in the development of new generation psychotropic medications that support community-based care delivery. Current medication options offer simpler protocols and fewer side effects (both short- and long-term) that allow care to be managed in the community. Studies continue to show CMHCs are the most cost-effective treatment for individuals who have a mental illness.



Presently, CMHCs are challenged with severe workforce shortages — with the current number of practicing clinicians insufficient to meet population demands. From 2003 to 2013, the United States (U.S.) saw a 10% decline in the number of practicing psychiatrists, with 55% of U.S. counties having no practicing psychiatrist at all. As of 2015, 59% of practicing psychiatrists are age 55 years and older threatening a retirement drain. Medical school admission statistics show that psychiatry is one of the least pursued specialties as of 2017. Not only is the supply of practicing psychiatrists low, the number of individuals pursuing any education to work in behavioral health has declined. In non-metropolitan areas of the country, the challenge to fill positions, especially those requiring advanced degrees, is much greater. In the fall of 2018, the Centers for Disease Control and Prevention (CDC) released a report revealing a 33% increase in age-adjusted suicide rates across the United States, with many factors contributing to this rate increase. Effectively reaching individuals who have a mental illness is a public health issue requiring not just the on-going work of CMHCs, such as the strides Harbor is currently making, but the integration of treatment into other areas of the health care system as well.

Due to the history of fragmented design in CMHC funding, systems of care are often disjointed, or altogether absent, which negatively affects the outcome of care. Funding has often been topic and project-specific, with a lack of on-going operational support for CMHCs, rather than supporting the CMHCs entity as a whole. CMHCs have responded in a variety of ways, including consolidations, forming partnerships, and creating vast networks of care, any and all of which allow for ongoing innovation in mental health care.

## Conclusions

**Harbor's demonstrated success with these three pilot programs: the Medicaid health home, care coordination program, and the provision of psychiatric care to a general hospital, offers a good case example of the IHI Triple Aim of care delivery for consumers with complex needs. With an eye to population health, experience of care for both consumers and staff, and willingness to work in a new rate structure model, paying attention to the per capita cost, Harbor achieved consistent outcomes pointing to achievement in each of the areas needed for the triple aim approach.**

The consumers that Harbor offered services to in these three programs benefitted by having their care managed across all health and human service systems. The system benefitted by lower costs, more efficient operations, and lower numbers of complex care consumers requiring acute care services. **Harbor wisely and successfully integrated service delivery through coordinated service delivery, co-location of services, financial integration between systems, and the creation of a new integrated system of care with the Lighthouse/Mercy Health partnership.** With the other two pilots, Harbor achieved the same triple aim through its partnership with the state. Harbor showed that true to its roots, it is an organization that understands how to lead the development of new service delivery strategy and to execute and implement strategic operations in an environment of scarcity and with multiple, simultaneous challenges.



## About The Sponsor

Harbor is a leading mental health provider in Ohio, treating over 24,000 patients each year. Harbor employs over 600 employees in 24 locations across Lucas, Wood, and Defiance counties. Services include individual, family and group counseling, psychiatric and psychological services, substance use disorder assessment and treatment, developmental and behavioral pediatrics, day treatment, case management and vocational rehabilitation. The mission to improve the health and well-being of individuals and families by providing the highest quality compassionate care possible has been Harbor's purpose for over 100 years.

# Harbor



Lighthouse Telehealth, LLC, a subsidiary of Harbor, helps mental health organizations navigate the complexities of the behavioral health industry by providing a structured hand off to a behavioral management model. Services include telehealth, financial and human resource management, IT/Clinical integration and EAP services. Lighthouse Telehealth partners with Mercy Health to provide 24/7 inpatient physician and advanced practice nurse support at Mercy Health facilities. Lighthouse Telehealth, LLC has served over 28,000 clients from 14 locations in Ohio and provided professional management tele-services to 7 behavioral health organizations.

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