Increasing Connections to Care for the BH Population After ED Discharge

A Learning Collaborative by the NJ Department of Health in partnership with Public Consulting Group

A resource of the Quality Improvement Program – New Jersey

May 14, 2021
11:00am – 12:00pm
DOH Leadership

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Welcome & Introductions

• Additional Faculty and Speakers TBA
Today’s Objectives

Your hospital is invited to participate in the QIP-NJ BH Learning Collaborative beginning in September!

By the end of today’s session, we hope to provide information on how the collaborative will support you. Including:

• Collaborative background / overview;
• Collaborative aim and design;
• Benefits of - and factors driving - successful participation;
• How to join.
Collaborative Background / Overview

QIP-NJ Funding

Maternal Health (30%)

BH (70%)

Reducing unnecessary use

Improving connections to care

QIP-NJ Learning Collaborative
Enter your response in the Q&A:

What is your greatest challenge connecting patients to care after an ED discharge?
Making a Difference for Patients

Cisily Brown is a long-time New Jersey resident, community advocate, and member of the Camden Coalition's consumer voices bureau, Amplify.

[To listen to Cisily Brown share her experience in a NJ ED, please access the recorded presentation available at https://qip-nj.nj.gov/resources.html]
Collaborative Aim

Increase follow-up visits for patients with mental health or substance use disorder diagnoses within 30 days of ED discharge:

The aim will be achieved through improvements in the following areas:

- Standard, evidence-based care practices in the ED;
- Effective relationships with community partners;
- Adopting trauma-informed care practices; and
- Patient and chosen family engagement.
Collaborative Design

IHI’s Breakthrough Series Collaborative Model

1. Select Topic
2. Enroll Participants
3. Prework
4. Develop Framework and Changes
5. Learning Session 1
   - Action Period 1
6. Learning Session 2
   - Action Period 2
7. Learning Session 3
   - Action Period 3
8. Summative Congress and Publications
Additional Support Provided through QIP-NJ’s Collaborative Design

• One-on-one coaching during onboarding and throughout the Collaborative.

• Leadership track to provide training and peer-to-peer learning for those overseeing quality or operations in the ED.
Key Driver Diagram

**Primary Drivers**

1. Standard, Evidence-based, and Community Informed Processes in the ED
2. Effective Relationships with Community Providers
3. Trauma-Informed Care Delivery
4. Engagement of patients and their chosen families

**Secondary Drivers**

1.1 Standard process for intake, screening, risk assessment, triage, and treatment.
1.2 Standard process for admissions or transfers, and for discharge and discharge follow-up connections/appointments/referrals.
1.3 Leverage technology to support patient centered care plans and care processes.

2.1 Partnerships/relationships/enhanced coordination with other health care and community-based services to streamline referrals, warm handoffs.
2.2 Follow-up procedures, leveraging technology, that enhance the discharge process.

3.1 Care team engagement and capacity for mental health and SUD triage, treatment, and disposition.
3.2 Care team education on trauma informed care, stigma, and best practices.
3.3 Leadership engagement and support to model and drive trauma informed culture change.
3.4 Create an ED environment that aids treatment and healing of BH patients.
3.5 Care management staff and processes.
3.6 Peer support specialists/traditional care workers integrated into care team.

4.1 Develop standardized person-centered care plan process.
4.2 Assess SDOH needs for patients and incorporate into care plans.
4.3 Engage patients to develop standard care processes.
4.4 Effective patient and chosen family communication.

**Collaborative Aim**

Increase follow-up visits for patients with mental health or substance use disorder diagnoses within 30 days of ED discharge.
Benefits of Participation

• Support to meet performance targets on some QIP-NJ pay-for-performance measures;
• Access to State and national clinical and improvement experts in the field;
• Training for frontline care team and leadership;
• Personalized coaching from improvement advisors;
• Increased quality improvement capacity across team members;
• Access to a peer learning network;
• Continuing professional education credits.
Enter your response in the Q&A:

What aspect(s) of the Collaborative do you think will help you the most?
Factors Driving Successful Participation

• Teams that have been successful in Collaboratives find that the following commitments are essential:
  o Form an interprofessional team that meets at least monthly
  o Complete pre-work self-assessment
  o Attend learning session conferences (half-day events)
  o Attend the monthly coaching sessions (60 to 90-minute virtual engagements)
  o Collect data on collaborative measures each month
How to Join

• Identify a team leader and/or clinical champion to lead the project.
• Complete a Participation Interest Form due by July 23rd.
• Have hospital leadership sign a letter of support for team’s participation.

• Want to find out more?
  o Review Collaborative Charter and Change Package online.
  o Schedule a one-on-one with us to go over any questions.
  o Information Session #2 on July 15th @ 11am.

• Questions, comments or requests for additional support in this process, email qip-nj@pcgus.com.