Mental Health Services Act

STEERING COMMITTEE

February 7, 2011

Health Care Agency/Behavioral Health Services

MHSA Mental Health Services Act

Welcome

Sharon Browning, Facilitator

MARY HALE
Chief, Behavioral Health Operations

Local and State Updates

ADIL SIDDIQUI
IRIS Program Director

Technology Proposal Overview

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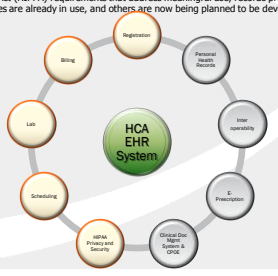
Electronic Health Records

The development and implementation of an electronic health record (EHR) system is an initiative that serves and supports Prop 63's goals and objectives. The EHR for HCA comprises of several integrated and interoperable elements, and includes such functionality as registration, scheduling, billing, clinical documentation management, e-prescription, personal health records, etc., in compliance with current and emerging Health Information Technology for Economic and Clinical Health Act (HITECH) and Health Information Privacy & Portability Act (HIPPA) requirements that address meaningful use, records privacy and security. Some of these functionalities are already in use, and others are now being planned to be developed and implemented.



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Current Challenges

Paper based system	• Inherent inefficiencies of manual system, potential errors, lack of coordinated care, possible impact on care quality
No clinical decision support system	• Potential errors, possible impact on care quality
No automation for service-to-billing	• Potential billing errors, delays, potential loss of revenue
Inability to meet MU regulatory requirements	• Loss of revenue, penalties

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EHR Implementation Roadmap

Phase 1 – 2011-2012
- Vendor selection and budget finalization
- Clinical content/ workflow development
- Network and user equipment augmentation
- Application development begins
- Disaster recovery setup

Phase 2 – 2012-2013
- Begin initial deployment
- Continue development and added functionality
- Begin assessment of handheld and wireless devices

Phase 3 – 2013-2014
- Continue deployment
- Personal Health Records
- Extend application links to contract provider organizations
- Links with HIEs
- Deployment of portable/wireless devices

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Expected Benefits of the EHR system

- Higher quality of care and timeliness through better coordination of services
- Better treatment outcomes
- Compliance with regulatory mandates
- Internal efficiencies and error reduction, with uniform and standard methodologies for service delivery
- Security for clinical data
- More effective partnerships with provider organizations
- Consumer online access to information

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Performance Measures Following Implementation

- Number of facilities converted from paper-based system to electronic system
- Timely access to records by clinical staff leading to improvements in consumer treatment
- Tracking of reported errors to implement targeted staff training and improvement
- Improvements in staff's ability to better manage client follow-up visits
- Tracking of overall system performance leading to improved user experience
- Number of participating users and the number of charts being created

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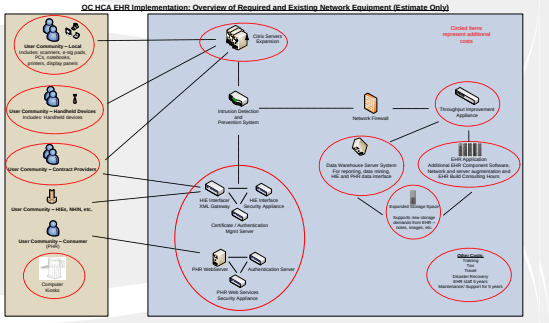
OC HCA EHR Implementation: Overview of Required and Existing Network Equipment (Estimate Only)



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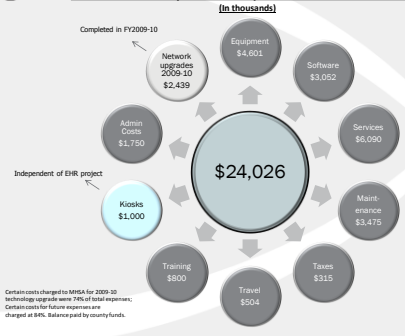
Cost Summary of EHR System – Estimate Only

(In thousands)



Certain costs charged to MHSA for 2009-10 technology upgrade were 74% of total expenses; Certain costs for future expenses are charged at 84%. Balance paid by county funds.

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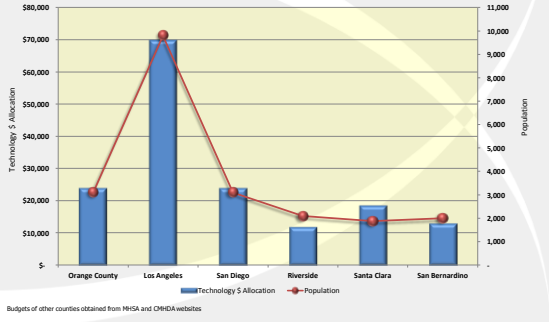
Cost Comparison Across Other Counties

(in thousands)



Budgets of other counties obtained from MHSA and CMHDA websites

Action Item: Technology Plan Approval

Sharon Browning, Facilitator

ANTHONY PERERA
BENNY LUNA
Center of Excellence

Computer Training

BONNIE BIRNBAUM
MHSA Coordinator

MHSA Update

TIME TO NETWORK

2:15 – 2:25

NANCY RICHMOND,
MSN, CS, NP-C, Nurse Practitioner, Manager of Medical Services at OASIS

Oasis Medical Services Presentation

Medical Services at OASIS

The OASIS Model

Nancy Richmond, MSN, CS, NP-C Nurse Practitioner, Manager of Medical Services at OASIS

Purpose

- Tasked with assisting our clients to achieve wellness
- Going beyond hospitalization, symptom management
- Identification of any actual or potential obstacles to overall health
- Helping to overcome barriers

Creating and Maintaining Good Health

- Adoption of a belief in self determination and self recovery emphasizing the client's control and responsibility for their own health and well-being
- Physical fitness
- Nutrition, healthy eating
- Routine access to health care
- Avoiding smoking, substance abuse

Why the focus on the medical?

- Our clients at OASIS are 60 or older, homeless and have a serious and persistent mental illness which makes them more vulnerable to chronic, modifiable illnesses
- 1) Age – co-morbidity is common in the elderly
  - 57 % have HTN
  - 20 % have diabetes
  - 15 % have Coronary Artery Disease
  - 9 % have Cancer
  - 9 % have Cardiovascular Disease

Source: Savage, CI et al Health Care Needs of Homeless Adults at a Nurse-Managed Clinic. J. Cmty Nrsg. 23(4) 225-34

Why the focus on the medical?

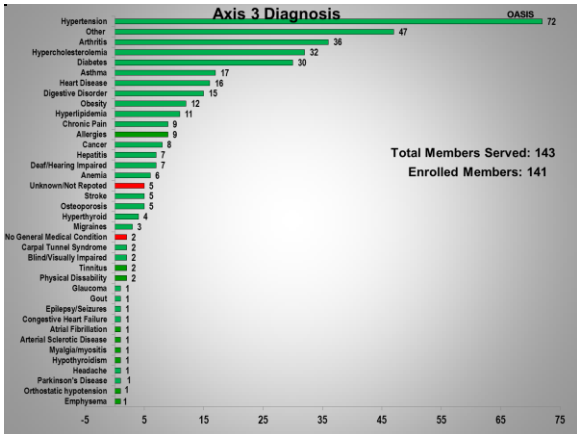
- 2) Homelessness – this data is by self report and documented through review of hospital ER records

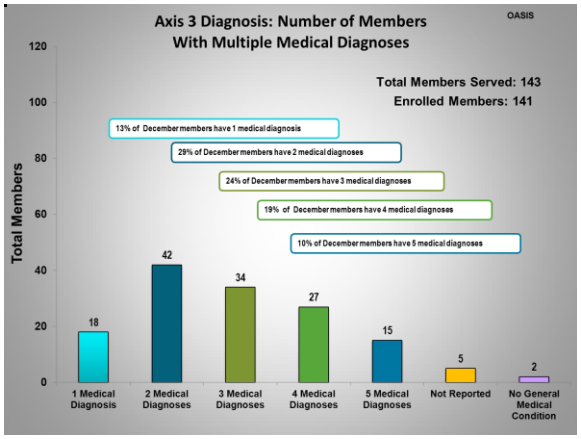
  -26 % of the homeless population have acute health problems (less that 3 months since diagnosis) – HIV/AIDS, tuberculosis, pneumonia, STDs

  -46% reported chronic health problems such as HTN, DM, cancer, asthma

Co-morbidity in the Elderly

- 2 chronic illnesses – 27 % of the elderly population
- 3 chronic illnesses – 19% of the elderly
- 4 or more chronic illnesses – 14%of the elderly





Why the focus on the Medical ?

- 3) 2006 study demonstrated that individuals with SMI die 25 years earlier that the rest of the population.
  - According to the www.cdc.gov data from 2007 the average life expectancy in the US is ?
  - Life expectancy for them is 52???
  - 44 % of all cigarettes are smoked by people with SMI.
  - Rates of health risk (smoking, obesity and physical inactivity) are 2-3 X >than general population

Source: www.nasmhpd.org

The OASIS Model

- Assessment – identification of any/all potential health related needs and barriers to healthcare. Each client has a complete Nursing Assessment within the first 60 days
- The Nurse develops a Care Map (it's like a Nursing Treatment Plan) with the client directly from the Assessment that will involve in most all cases either Teaching or Linkage

The Primary Care Linkage

- One area that I have selected to focus on today and that has been a focus at OASIS is the linkage to a PCP
- What is a PCP? Drug? Corporation? Type of pneumonia?
- How many people know what a PCP is?
- Equivalent to a medical home

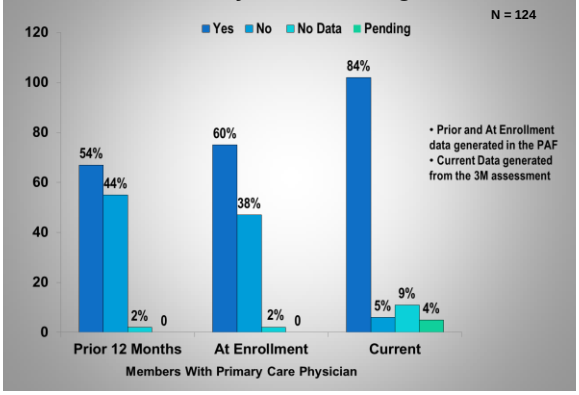
Why a PCP

- Not just a PCP – finding a medical home for the client. What's the big deal?
- Decreases real and perceived barriers – consistent provider and ancillary staff but also familiar environment, procedures
- Trust develops slowly over time. The provider and the client get to know each other. Not just for the client but for the provider as well. There is data to support the negative bias from physicians toward elderly, suicidal, cognitively impaired patients.
- Return visits are encouraged and usually adhered to once the relationship has been established. They begin to "partner" and become engaged! Hope of a healthy life style becomes a reality.

Why a PCP

- The provider can begin to identify specific medical conditions and then prioritize and address each gradually on subsequent visits
- Many of the physical illnesses identified require treatment and ongoing monitoring
- Can begin to include preventative screening not just disease management
- Can make referrals to specialists

Primary Care Linkage



Data Review

The data indicates we are making a difference – 44% stated that prior to coming into the program they had not seen a PCP

Currently, 82 % have a PCP. This group includes those clients who have been in the program less than 30 days.

Sierra Health Center

- We have a relationship with a Community Health Center in Fullerton that was established in 2006 to see all of our unfunded clients
- By 60 days, every client has been linked to a PCP whether it be with their private doctor, MSI provider or with Dr. Edgar Flores at Sierra Health Center
- Care between the mental health provider and the medical provider is integrated and coordinated through the Case Management efforts of the OASIS Nursing staff

The OASIS model

- The nursing staff provides Case Management to encourage Coordination of Care between all providers involved in treating the client
- They reach out to each and every client to help them achieve the highest level of wellness possible

Summary

- Primary Care linkage is important because our clients are in need of evaluation of their medical status due to their age, psychiatric co morbidity and dwelling which puts them at a greater potential risk for untreated but treatable chronic medical conditions. Preventive health screening for physical health risks is important.
- The data collected at OASIS regarding PCP linkage is important because it indicates to us that our efforts are effective in securing a PCP for our clients and therefore improving their physical health.
- Research suggests that physical health indicators are positively correlated with psychosocial functioning and quality of life.

Summary

- By providing an emphasis on integrating medical care with the mental health care we enhance the recovery from mental illness
- Clients become less dependent on us to help them as we provide them with education and partnership in learning about healthy lifestyle choices

Next Steps

- Clarifying the term “PCP” for all staff, clients
- Looking at rates of ER visits, hospitalizations in those without a PCP
- Work toward 100% of the clients with a PCP and regular follow up including all preventative services including flu shots, mammograms, colonoscopys, shingles vaccine

COMMITTEE MEMBER COMMENTS

Sharon Browning, Facilitator

PUBLIC COMMENTS

Sharon Browning, Facilitator

NEXT MEETING

MONDAY, MARCH 7, 2011
1-4 P.M.
DOWNTOWN COMMUNITY CENTER,
ANAHEIM
714-765-4500

VETERANS' CONFERENCE
March 28 & 29, 2011

Crowne Plaza, Garden Grove