



# Lost in Transition: Addressing Continuity of Care

NASMHPD Fifth National Summit of State  
Psychiatric Hospital Superintendents

Linda Rosenberg, MSW, CSW

Charles Ingoglia, MSW

May 7, 2007



# The National Council

Association of 1300 state, county and not for profit mental health and addictions treatment organizations that employ 250,000 staff

National Council focus on Recovery - Policy Advocacy and Practice Improvement

Policy and Practice Initiatives – Healthcare; Veterans; Disaster Services; Financing; Leadership and Workforce; Quality Clinical and Business Operations including Continuity of Care – Access and Retention



# The Problem

Quarter of all hospital admissions - mental illness or addictions disorder

Qualitative research – 50% of consumers with mental illness do not get community-based care upon discharge from inpatient settings

Evolution from single point of accountability to multi – agency system

Community treatment capacity **crisis** and increasing restrictions on case management



# Mandate for Change

Lack of continuity has tragic financial, political and personal consequences for individuals, families, communities, and provider agencies.

In the spirit of the Institute of Medicine's *Crossing the Quality Chasm* reports:

- Set a vision for seamless continuity of treatment for consumers
- Identify system, regulatory, practice and financing barriers



# Expert Consensus Panel

Expert panel convened December 2006 by National Council.

American Association of Community Psychiatrists (AACCP), Assertive Community Treatment Association (ACTA), Commission on Accreditation of Rehabilitation Facilities (CARF), Mental Health America (MHA), National Alliance on Mental Illness (NAMI), National Association of Psychiatric Health Systems (NHPHS), National Association of Social Workers (NASW), National Association of State Mental Health Program Directors (NASMHPD), National Council for Community Behavioral Healthcare, Substance Abuse and Mental Health Services Administration (SAMHSA), Constella Group and consumers



# Experts looked at: Transitions

Community to inpatient

Inpatient to community

Mental health to primary care and primary care to  
mental health

Psychiatrist – therapist – case manager – residential  
- vocational

# Experts looked at: Organizational and practice obstacles

Long waits for community appointments

Multiple screenings by multiple staff – limited psychiatric time

Limited information and understanding of inpatient treatment decisions

Mandated focus (and funding) on seriously mentally ill not always consistent with revolving door consumers

# Experts looked at: Adherence

90 % of consumers with schizophrenia are partially adherent

Less than prescribed dose

Erratic adherence

Delays in getting and filling prescriptions

Result of partial adherence – Increased relapse and increased costs

# Experts' Nine Recommendations

1. Encourage collaborations between hospitals and community-based organizations. Use fiscal incentives to foster collaborations including the standardization of information and shared electronic health records.
2. Use a quality improvement approach to enhance continuity of therapy by benchmarking at the organizational level performance and outcomes standards regarding continuity of care.
3. Ensure all consumers have a level of care management for the transition from inpatient to community. Care management services should be reimbursable by all payers and the disincentives to providing it should be removed.

# Nine Recommendations

4. Hospitals and community providers should focus on the “Pull Model” of transition from inpatient to outpatient care. The Pull Model focuses on involving community-based providers in the transition planning process from the beginning. Provider organizations should focus on staff competency in engagement and strategies and motivational interviewing.
5. Accreditation standards should be aligned to address and improve continuity of therapy in treating mental illness. This may include developing standards to ensure evidence of an active process of care management and transition between levels of care, a quality review of the success of transition plans, and measuring engagement.



# Nine Recommendations

6. Consumers and their families should be educated about the benefits of maintaining their personal health care history. Ensuring that consumers have detailed information about their illnesses and treatment history will help ensure that providers have access to the information they need to provide appropriate care in a timely manner. The options here range from simple paper and pencil logs and medication histories to electronic records on memory sticks.
7. Consumer-driven recovery planning should include the appropriate and necessary use of hospitalization. More thoughtful use of inpatient services could lead to a reduction in emergency room use and ultimately to a decrease in the number of hospitalizations..



# Nine Recommendations

8. Parties who collect data about mental health services and performance should share it with appropriate stakeholders in usable and timely ways. Many payers and public entities collect both population and individual specific information about mental health consumers and services. Population-based data should be shared with all stakeholders, including families and consumers to aid in enhancing the system of care.
9. There should be meaningful involvement of consumers and their advocates in all levels of system delivery and evaluation. Global involvement of consumers and their advocates in the care delivery process is essential. Examples include using peer specialists as part of a treatment team, active involvement in policy and planning, as well as involvement in developing and implementing performance measurement and evaluation.



# From Terry Cline

“The new Consensus Statement prepared by the National Council for Community Behavioral Healthcare offers another positive step in the accountability of systems of care. The principles enumerated to address gaps in transition reflect the goals of the Federal action agenda for transforming mental health care. I have reinforced the development of a seamless system of care as a top priority in SAMHSA’s Transformation State Incentive Grant program. This effort, along with those in partnership with organizations like the National Council will bring forth positive change for individuals with mental illnesses.”



# Action on Recommendations

Web-cast; Press release; Media Interviews

Dissemination, discussion and adoption of recommendations by participating groups

Literature review and market research on promising practices in Access, Retention and Adherence

Invitational Conference on Medication Adherence

National Council performance improvement project