

Right Place, Right Time, Right Service:

Managing Behavioral Health Patients in a High-Performance Clinically Integrated Network (CIN)

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VP, Chief Strategy Officer
WakeMed Health and Hospitals

Mike Rhoades, MBA
Chief Executive Officer
Blaze Advisors, LLC

Agenda

- **WakeMed Health & Hospitals – our health system**
- **WakeMed Behavioral Health Network**
- **How The BH Network Works**
- **Results**
- **Where are we going?**

Blaze Advisors



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Operational expertise in:

- ✓ Strategic Planning
- ✓ Network Development
- ✓ Payer Alignment/Negotiations
- ✓ Data & Population Analytics
- ✓ Operations and Process Improvement
- ✓ Evidence Based Model Development
- ✓ PHM Technology Application/ Deployment

Our consultants are:

- ✓ Subject matter experts in population health management & analytics
- ✓ Have professional experience in **behavioral health, post-acute care, inpatient, and community-based organizations**

Learning Objectives

- Learning Objective 1
 - Understand the key motivators that help a behavioral health (BH) network organize.
- Learning Objective 2
 - Identify the critical infrastructure necessary to manage a BH/Integrated Care network.
- Learning Objective 3
 - Articulate the direct and strategic value of building a BH network in both today's world (fee-for-service) and in to tomorrows (Value-Based Health).



WakeMed

Exceptional **People**. Exceptional **Care**.



**PATIENT
& FAMILY**

Mission

To improve the health and well-being of our community with outstanding and compassionate care to all

Vision

To be the preferred partner for quality care and health through collaboration and transformation of care delivery

Values

Foster trust and transparency * Quality experiences
Financial stewardship * Leadership in safety, innovation and education
Empower & partner with health care team * Partner with others who value our culture

ASPIRATIONAL GOALS

VALUE LEADER



Quality
Cost

QUALITY



Top 10 in US

CULTURE OF SAFETY



For patients,
families, community
& health care team

EXTRAORDINARY TEAM



Recruit, retain
and develop

HEALTHY COMMUNITY



Healthiest capital
county in US

WAKE WAY



Every-time behaviors

INNOVATION



Transformation of care
and health improvement

PREFERRED PARTNER



With physicians and
others for best value

FINANCIAL HEALTH



HIGHEST ETHICS & STANDARDS



In all we do

THE WAKE WAY TO EXCELLENCE

Strategic Plan

A System of Care Focused on Healing and Wellbeing



Hospitals

- 3 acute care hospitals
- 1 rehab hospital
- 1 Children's Hospital
- 42% inpatient market share
- 949 beds

Ambulatory

- 73 physician offices
- 3 free-standing Healthplexes
- Emergency Departments, with Imaging & Lab
- 9 outpatient rehabilitation facilities
- 2 joint venture surgery centers

Highest-Level Services

- Children's
- Heart & Vascular
- Emergency & Trauma
- Neurosciences & Stroke
- Orthopaedics
- Surgery
- Rehab
- Women's

WakeMed's Footprint in the Community

Geographically Dispersed 80+ touchpoints in the community and growing

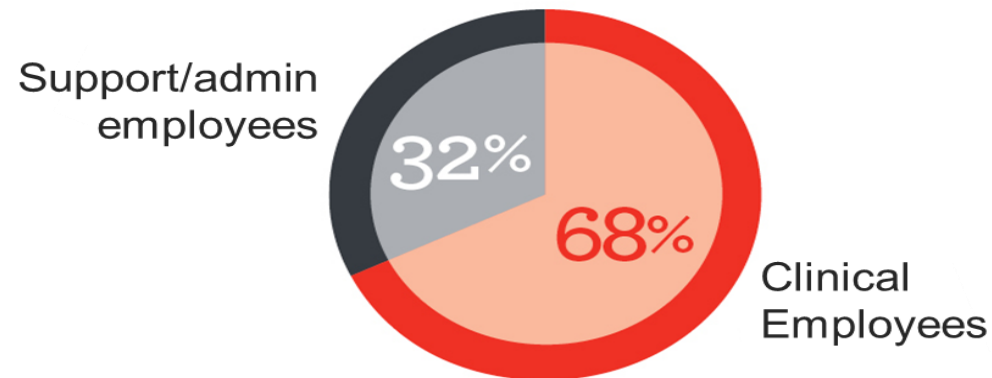


Extraordinary Team

Employee headcount	9,460
Promoted from within	74.4%
Turnover rate (16.36 industry average)	11.89%
RNs employed today	3,183
Volunteers	2,021



Employees
recognized
for 10+ years
of service



Our Providers

WakeMed Physician Practices

- 304 Employed MDs
- 195 Advanced Practice Professionals

Physicians on Medical Staff

- 1,126 Raleigh Campus & North Hospital
- 843 Cary Hospital

Extraordinary Team – A reflection of our “Culture”

Engagement Survey Results

Physicians



	Patient Care	Culture	Medical Staff Effectiveness	Staff Effectiveness	Leadership	Grand Mean
2014	72.0%	79.6%	60.8%	67.6%	37.0%	55.8%
2018	82.9%	93.4%	83.3%	80.7%	82.7%	88.1%

Employees



	Patient Focus	Culture	Engagement	Management	Leadership	Grand Mean
2014	93.1%	86.8%	74.0%	70.1%	71.2%	87.3%
2018	95.6%	92.5%	89.5%	82.3%	94.3%	92.7%

Market Growth

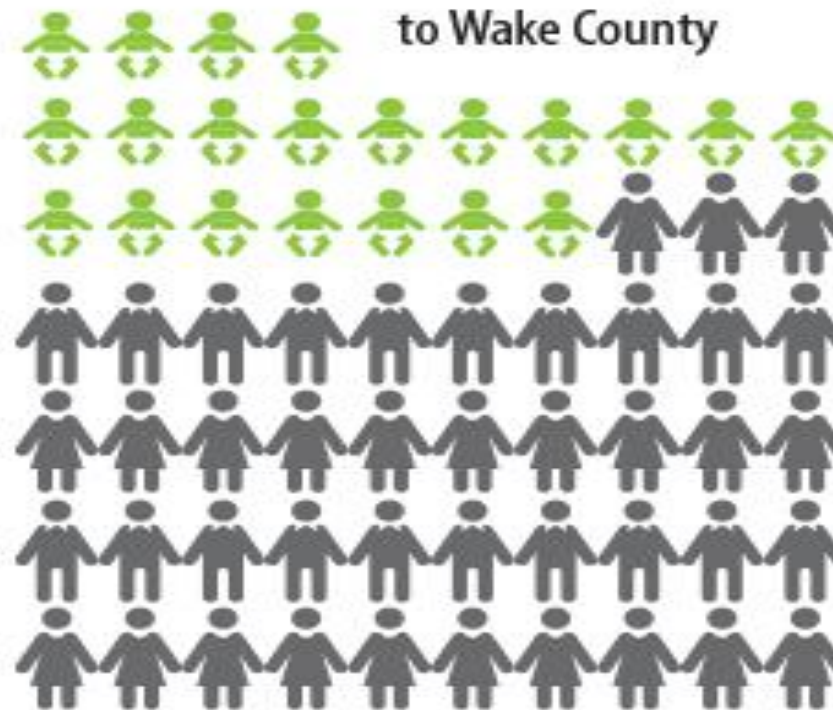
Wake County Population

1,005,367

Wake County

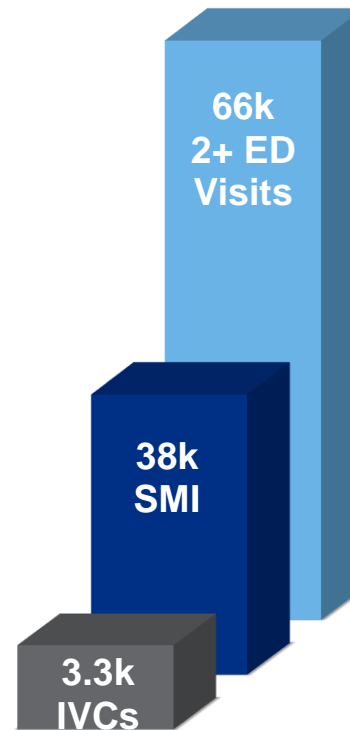
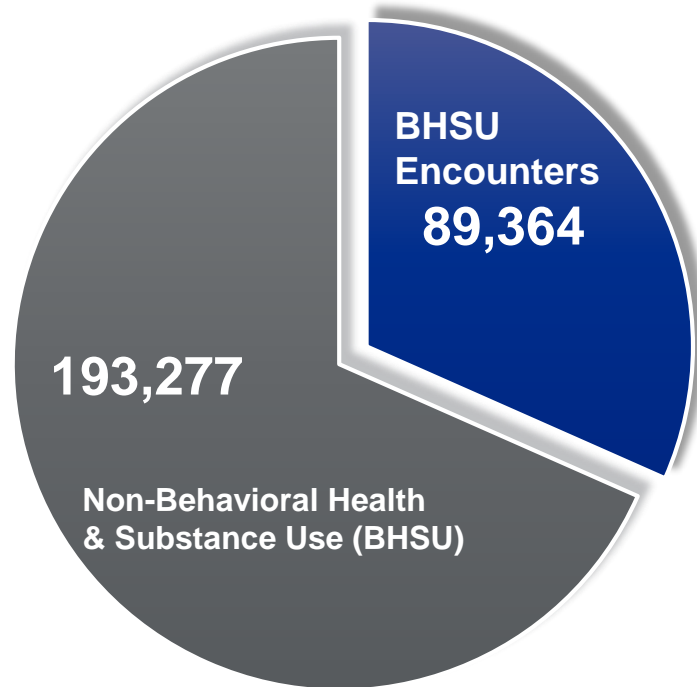
	Wake County	U.S.
Job Growth	3.49%	1.59%
Unemployment	3.2%	3.8%
Population Growth	3.5%	1.7%
Median Age	36	37.9
Median Household Income	\$66,579	\$53,482

Population growth 64 people per day –
21 born here, 43 moving
to Wake County



Behavioral Health... Where We Started

2017 Emergency Department (ED) Presentations



ED Patient Milieu

Average Daily Inpatient Census (ADC)

Baseline ADC = 150
In a bed at  WakeMed



WakeMed 

Felt Like...

Physician Perspective on BH Resources

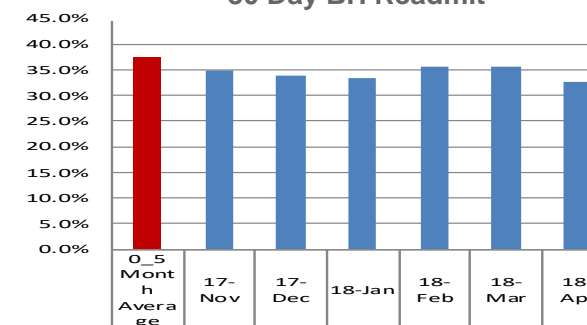


Resources Exist. . .but Fragmented

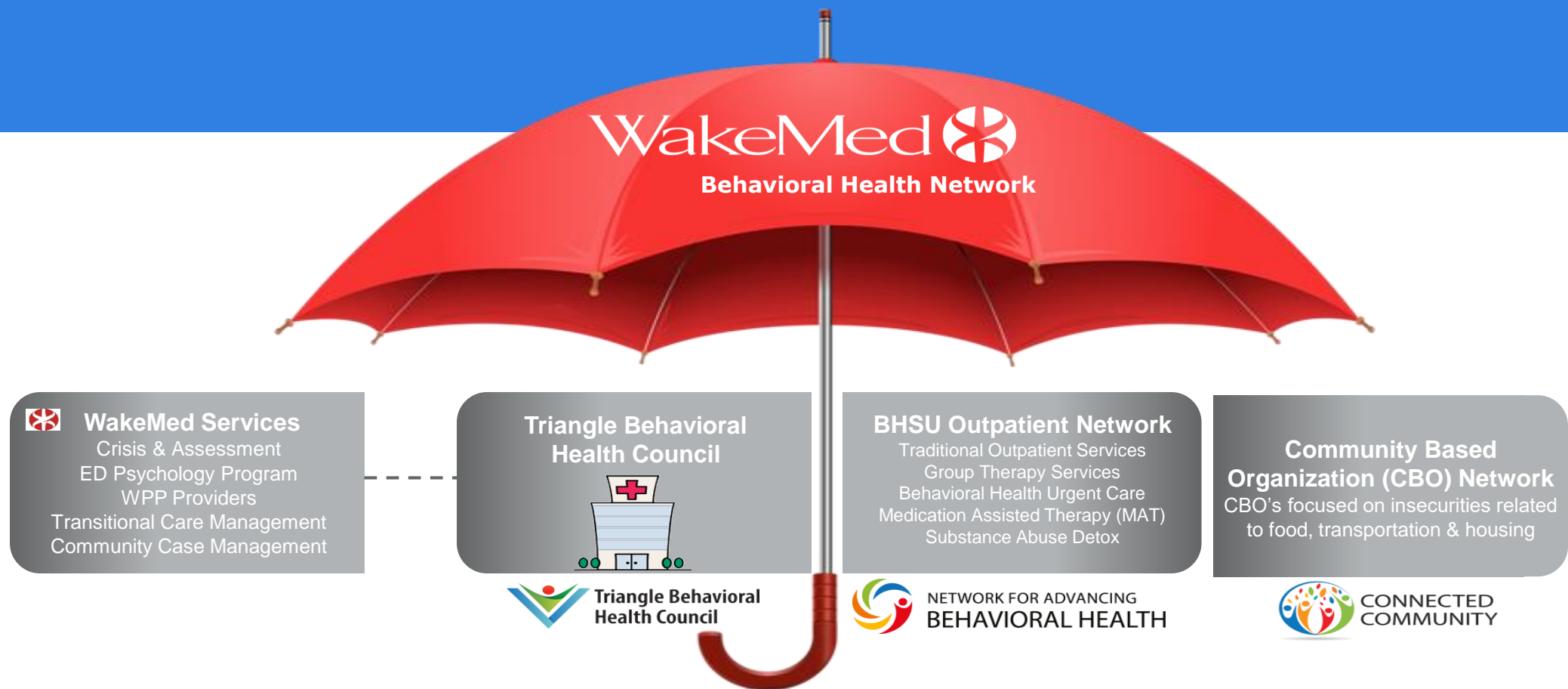
TransCranial Therapy
 Jail Diversion INPT
 ACTT OPT PSR
 SAIOP
 CST PHP
 SACOT Psychiatry
 Intensive In-Home
 OPT+



30 Day BH Readmit



WakeMed Behavioral Health Network



POTENTIALLY FUNDED BY PHILANTHROPIC PARTNERS SUCH AS:

- WakeMed / WakeMed Foundation
- Inpatient Network Partners
- Outpatient Network Partners
- Duke / Duke Foundation
- UNC Healthcare
- Wake County
- Department of Health and Human Services (DHHS)
- Lead Pilot Entities (LPE)
- MCO's / PHP's
- Other NC health systems
- Health Plans
- Philanthropic partners



Triangle Behavioral Health Council

Total Beds: 983



164



104



99



285



84



WakeMed



41

DukeHealth



116

STRATEGIC
BEHAVIORAL CENTER
RALEIGH

13

LIFEPOINT
HEALTH

77



Triangle Springs

There's hope. There's help.®



* All members are committed to both quality and operational KPI's.



NETWORK FOR ADVANCING BEHAVIORAL HEALTH

Clinicians: 700+



therapeutic alternatives, inc.
people • resources • outcomes



* All members have signed agreements committing to both quality and operational KPI's.



Connected Community

Network Partners*



Of Durham



Fredrick Edgerton
Foundation



In the Que



The Women's Center
safety • stabilization • transformation



The Caring Place

Hallelujah Soup Kitchen



* All members have signed agreements committing to both quality and operational KPI's.

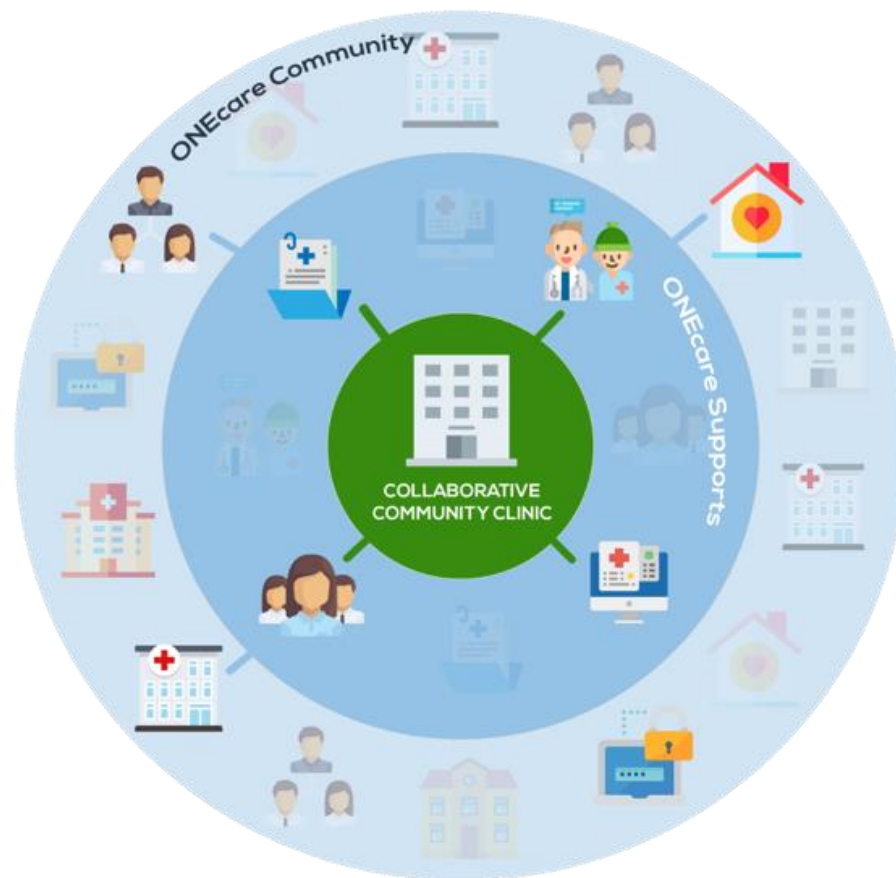
How the BH Network Works



Society for Health Care
Strategy & Market
Development™

Integrated Network

No Wrong Door Access



Clinic

- Standard and Targeted BHSU and Primary Care Screenings
- Use ONEcare Supports to expand Top of License Tx
- Coordinate with Specialists/CM

Network

- Care Management
- TCM/Urgent Response Team
- Case Consultation
- Care Director
- Practice Transformation
- Manage ONEcare Community

Community

- Accelerated Access to Services
- Warm Handoffs and Bi-lateral communications
- Screen for Disease and Symptoms
- Inter-agency coordination

Circle of Support

DETECT

Risk Flags/Alerts
Standardized/Routine
Screening
Risk Stratification Tools
Timely Assessments

MONITOR

Risk Monitoring/Triggers
Care Coordination
Virtual Health Access
Tele-Consultation



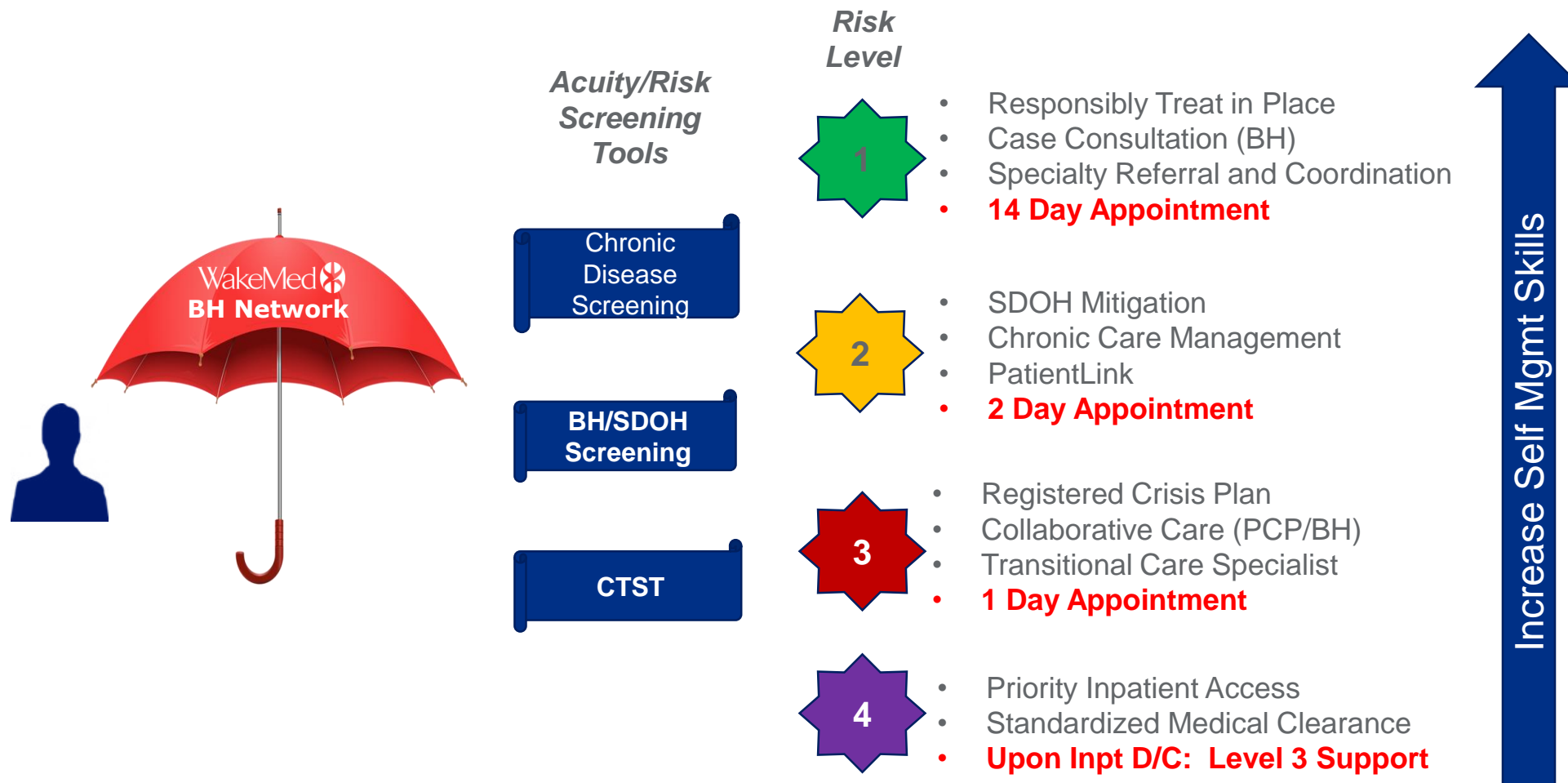
ENGAGE

Transitional Support
Accelerated Access
No-Show Follow Up
PCP Engagement

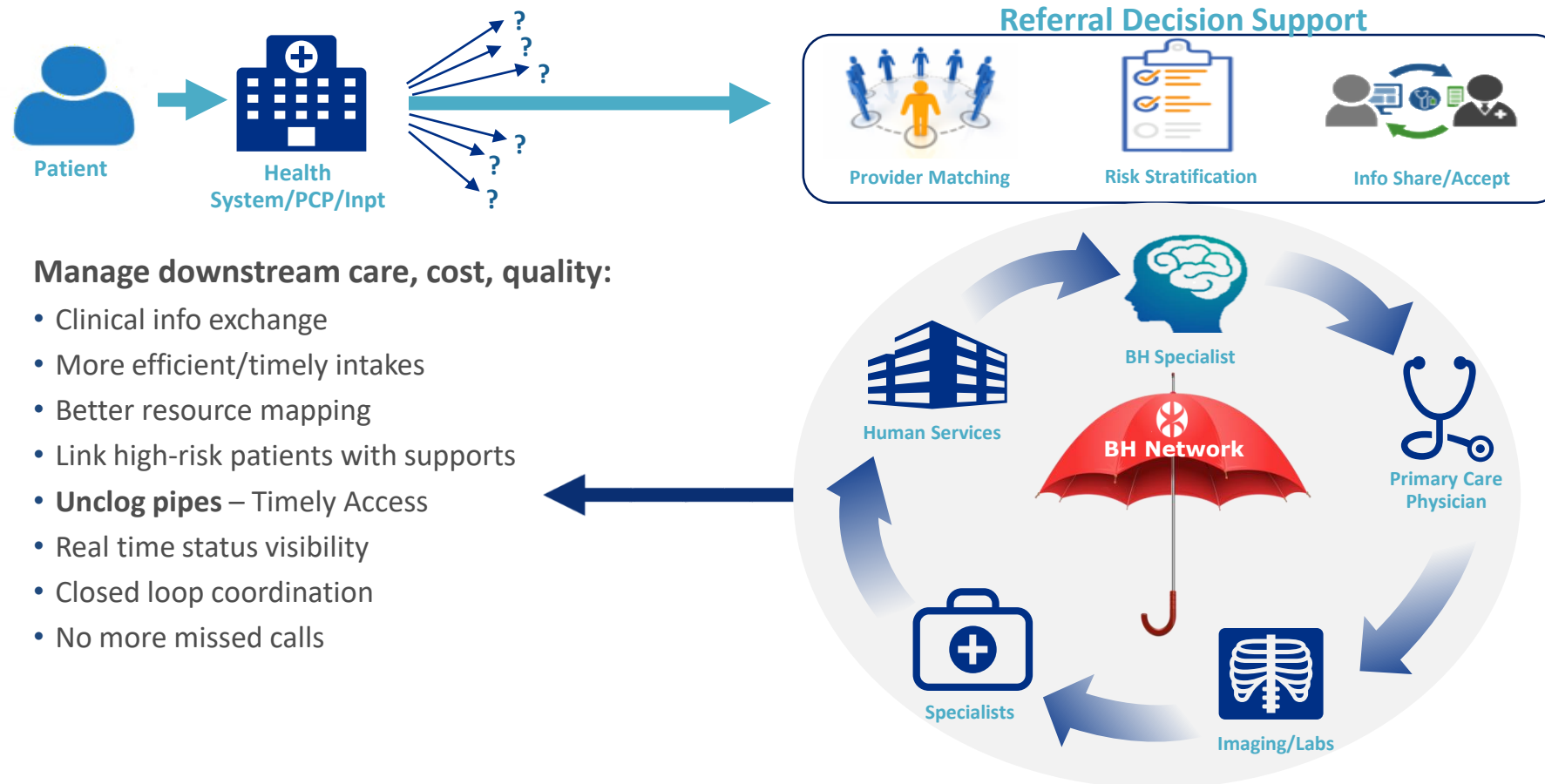
ACCESS

e-Referrals/Optimization
Show/ No-Show Metrics
SDOH Screen/Mitigation
Chronic Care
Management

Risk Driven Treatment Corridors



Care Optimization System: Ending “Referrals to Nowhere”



Results...

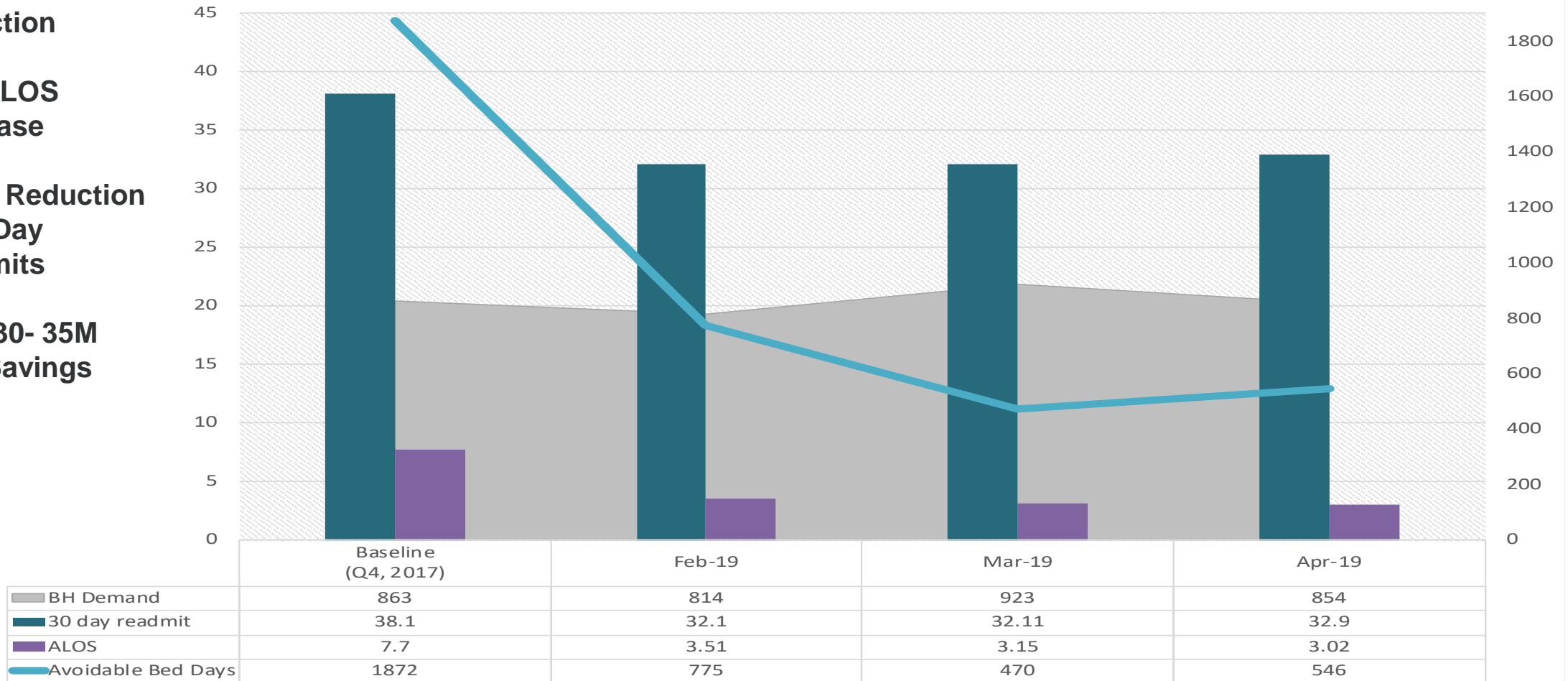


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Development™

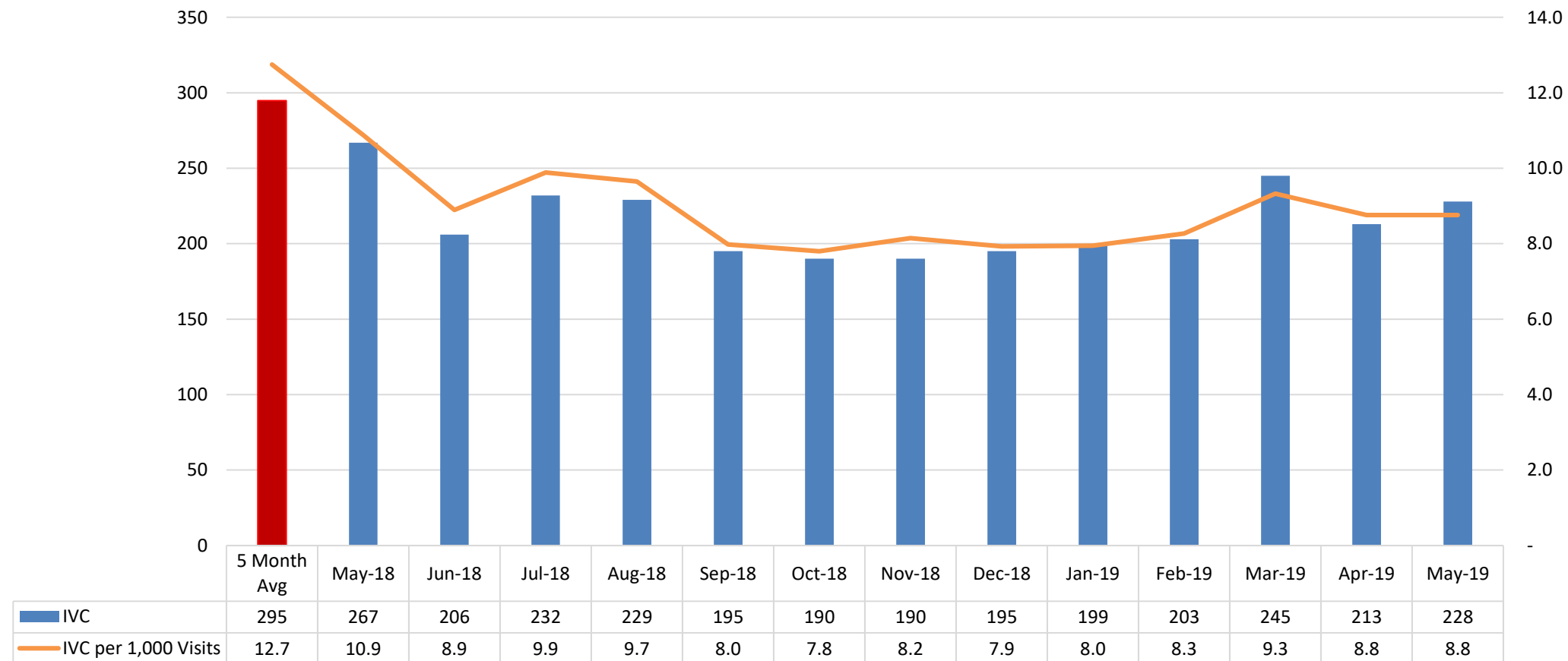
Does the Network, Work? Stronger Together. . .

- ✓ **71% ABD Reduction**
- ✓ **61% ALOS Decrease**
- ✓ **13.5% Reduction in 30-Day Readmits**
- ✓ **Est. \$30- 35M TCC Savings**

Results of ONECare Implementation

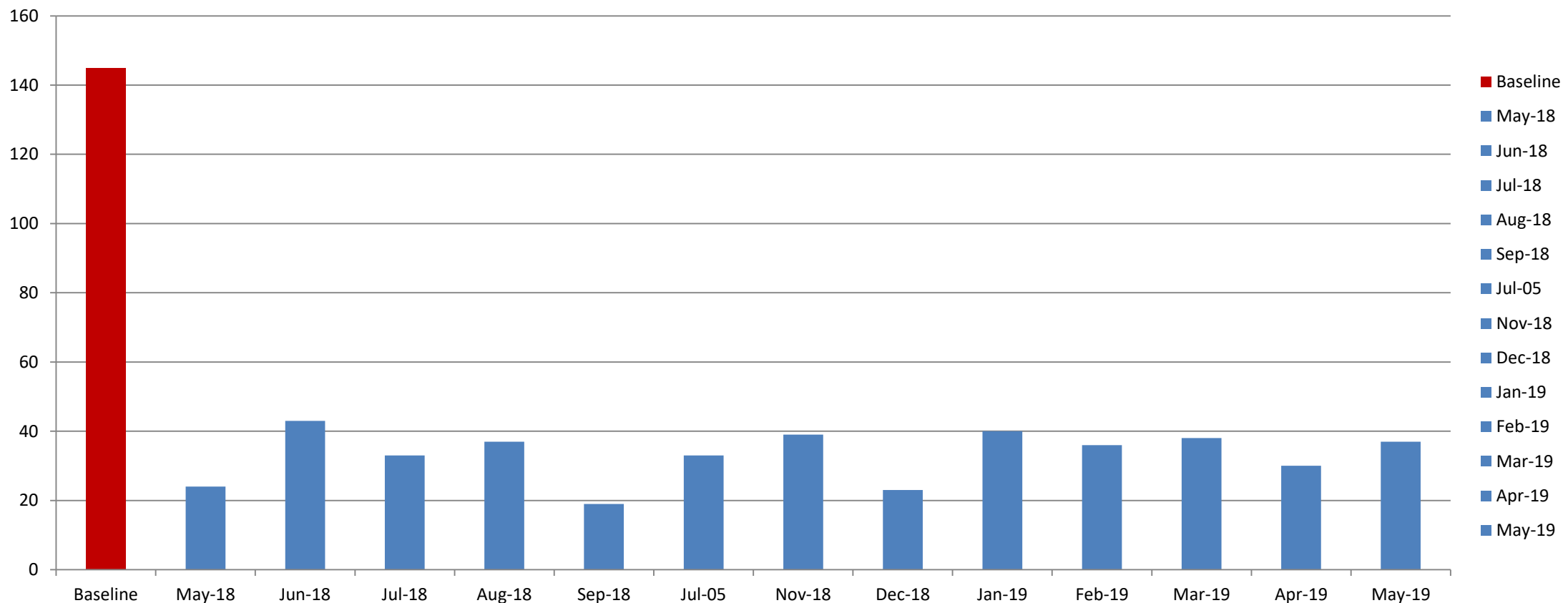


Involuntary Commitment (IVC)



✓ 27% decrease in Involuntary Commitments (IVC)

Referrals to State Psychiatric Hospitals



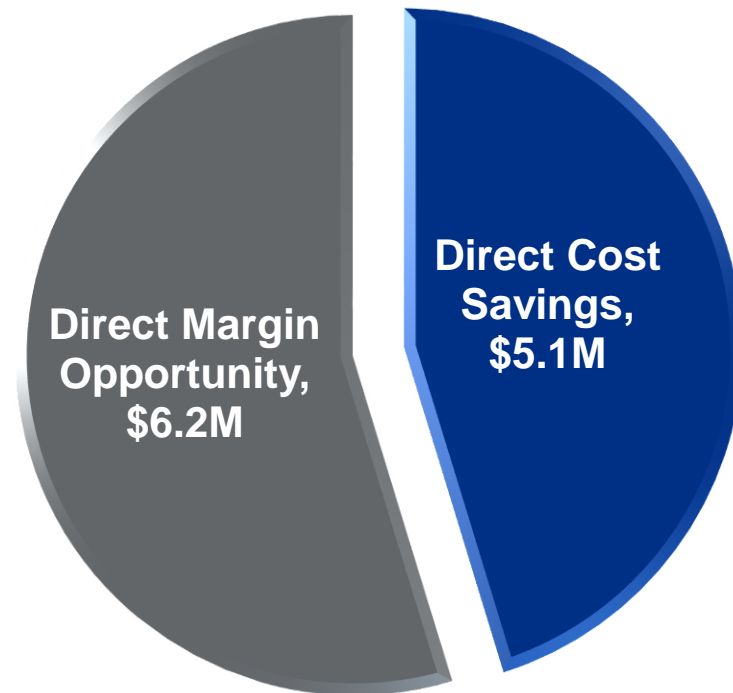
✓ 77% decrease in state hospital referrals

Data Provided by:

Jody Webster, RN-BC

Associate Chief Nursing Officer
Division Of State Operated Healthcare Facilities,
Central Regional Hospital
N.C. Department of Health and Human Services

Positive Financial Impact on WakeMed



- Key Facts/Assumptions
 - Calculated by WakeMed Finance
 - Based off of actual avoidable-bed-days, direct cost, average direct margin
 - Adjusted by average overall system occupancy rate

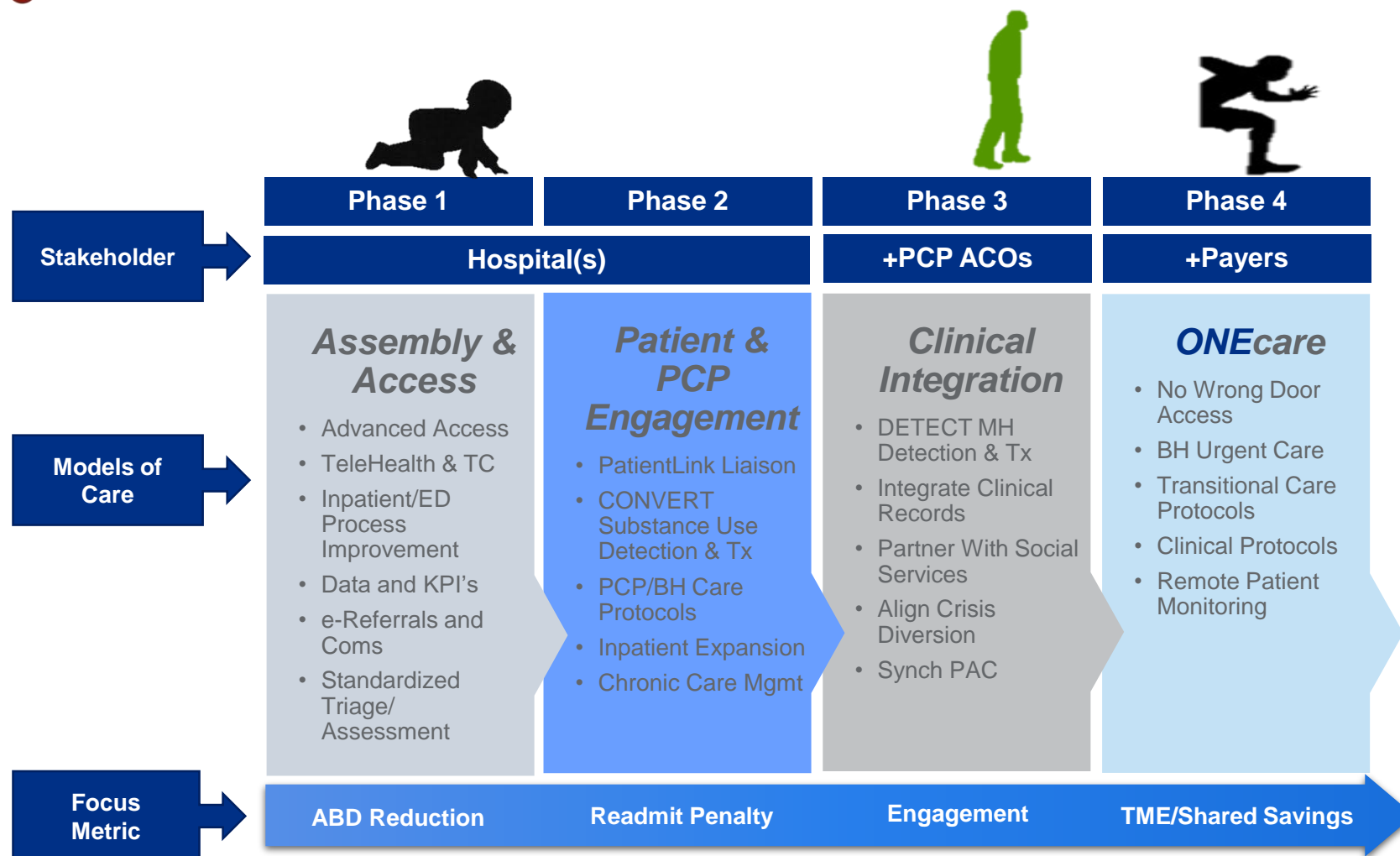
Hope

AHEAD





Where Are We Headed?



Some Key Next Steps...

1. Fully Implement WakeMed's Behavioral Health Network

Working with the Department of Health and Human Services (DHHS), Wake County, ACO's, and Payers on sustainable funding models for our Network.

2. Short and Long Term Funding for Connected Community

Continue to work with the Philanthropic Partners, DHHS, LPE's (\$650 M), Third Party Payers, and Wake County for funding options for our Connected Community partners.

3. Technology, Automation, and Artificial Intelligence (AI)

Act as an innovation incubator for emerging technology and analytics. Engage support for using Artificial Intelligence (AI) technology for advancing care (suicidal ideation detection, depression, anxiety, etc.)

4. Behavioral Health Network "Engine"— get the Network fully engaged and running efficiently

- Recruit Network leadership team (Tom Klatt, Executive Director)
- Begin Connected Community Network operations (Kick-off scheduled held March 18th)
- Be the Convener and Collaborative Hub to improve care for those in need!

Questions?

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BIOGRAPHY



Rick Shrum, Vice President & Chief Strategy Officer WakeMed Health & Hospitals.

Rick Shrum, Sr., joined WakeMed's executive leadership team as vice president and chief strategy officer. In this role, Rick is responsible for identifying, evaluating and executing market opportunities and strategic initiatives to help WakeMed achieve its mission and aspirational goals. He is also responsible for leading the behavioral health services of the system. Rick Shrum has more than 25 years of leadership experience in both acute and behavioral health care. Most recently, he was the chief operating officer of Diamond Healthcare Corporation in Richmond, Va. Rick holds masters' degrees in Health Administration and Business Administration from Xavier University.

BIOGRAPHY



Mike Rhoades, CEO Blaze Advisors, LLC

Mike is a leader in strategic planning and execution of high performance, clinically-integrated health networks. He has served in a variety of executive and advisory roles, including 10 years as COO of a \$300M, multi-state BH and Primary Care IDN, CEO of an ambulatory integrated care network, and senior executive for a 2M life ACO where he designed and commercialized cross-platform care management, analytics, and health information exchange tools for 23K physicians and 120 hospitals. He had led 15+ M&A transactions, organized clinically integrated networks, and assisted organizations with turnaround planning and performance improvement. Mike regularly applies his experience in public policy development, rate setting, and investigative support in matters relative to OIG, Centers for Medicare and Medicaid Services (CMS), and blends operational, technology, and finance experience to create practical, affordable, and high-value solutions.