Right Place, Right Time, Right Service:
Managing Behavioral Health Patients in a High-Performance Clinically Integrated Network (CIN)

Rick Shrum, MHA/MBA
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

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).
A System of Care Focused on Health 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: 7,460
74.4%
Turnover rate: 1,980
11.89%
RN employed today: 3,183
Volunteers: 2,021

Employees recognized for 10+ years of service: 771

Support/admin employees: 32%
Clinical Employees: 68%

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

<table>
<thead>
<tr>
<th></th>
<th>2014</th>
<th>2018</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Care</td>
<td>72.0%</td>
<td>82.9%</td>
</tr>
<tr>
<td>Culture</td>
<td>79.6%</td>
<td>93.4%</td>
</tr>
<tr>
<td>Medical Staff Effectiveness</td>
<td>60.8%</td>
<td>83.3%</td>
</tr>
<tr>
<td>Staff Effectiveness</td>
<td>67.6%</td>
<td>80.7%</td>
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<tr>
<td>Leadership</td>
<td>37.0%</td>
<td>82.7%</td>
</tr>
<tr>
<td>Grand Mean</td>
<td>55.8%</td>
<td>88.1%</td>
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### Employees

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<thead>
<tr>
<th></th>
<th>2014</th>
<th>2018</th>
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<tbody>
<tr>
<td>Patient Focus</td>
<td>93.1%</td>
<td>95.6%</td>
</tr>
<tr>
<td>Culture</td>
<td>86.8%</td>
<td>92.5%</td>
</tr>
<tr>
<td>Engagement</td>
<td>74.0%</td>
<td>89.5%</td>
</tr>
<tr>
<td>Management</td>
<td>70.1%</td>
<td>82.3%</td>
</tr>
<tr>
<td>Leadership</td>
<td>71.2%</td>
<td>94.3%</td>
</tr>
<tr>
<td>Grand Mean</td>
<td>87.3%</td>
<td>92.7%</td>
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</table>
# Market Growth

## Wake County Population

1,005,367

## Wake County

<table>
<thead>
<tr>
<th></th>
<th>Wake County</th>
<th>U.S.</th>
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<tbody>
<tr>
<td>Job Growth</td>
<td>3.49%</td>
<td>1.59%</td>
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<tr>
<td>Unemployment</td>
<td>3.2%</td>
<td>3.8%</td>
</tr>
<tr>
<td>Population Growth</td>
<td>3.5%</td>
<td>1.7%</td>
</tr>
<tr>
<td>Median Age</td>
<td>36</td>
<td>37.9</td>
</tr>
<tr>
<td>Median Household Income</td>
<td>$66,579</td>
<td>$53,482</td>
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</table>

## Population Growth

64 people per day — 21 born here, 43 moving to Wake County

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US Department of Labor statistics April 2018 — Raleigh/Cary MSA
Behavioral Health... Where We Started

2017 Emergency Department (ED) Presentations

- BHSU Encounters: 89,364
- Non-Behavioral Health & Substance Use (BHSU): 193,277

Average Daily Inpatient Census (ADC)

Baseline ADC = 150
In a bed at WakeMed

ED Patient Milieu
Felt Like...
Physician Perspective on BH Resources
Resources Exist. . .but Fragmented

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

No show!

30 Day BH Readmit

Mont Average

30 Day Readmit Percentage

30 Day BH Readmit

0.0% 5.0% 10.0% 15.0% 20.0% 25.0% 30.0% 35.0% 40.0% 45.0%

0% 5% 10% 15% 20% 25% 30% 35% 40% 45%

Mont
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ge

30 Day BH Readmit

0% 5% 10% 15% 20% 25% 30% 35% 40% 45%
WakeMed Behavioral Health Network
Behavioral Health Network

POTENTIALLY FUNDED BY PHILANTHROPIC PARTNERS SUCH AS:

• WakeMed / WakeMed Foundation
• Inpatient Network Partners
• Outpatient Network Partners

WakeMed Services
- Crisis & Assessment
- ED Psychology Program
- WPP Providers
- Transitional Care Management
- Community Case Management

Triangle Behavioral Health Council

BHSU Outpatient Network
- Traditional Outpatient Services
- Group Therapy Services
- Behavioral Health Urgent Care
- Medication Assisted Therapy (MAT)
- Substance Abuse Detox

Community Based Organization (CBO) Network
- CBO’s focused on insecurities related to food, transportation & housing

• 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
* All members are committed to both quality and operational KPI's.
* All members have signed agreements committing to both quality and operational KPI's.
Connected Community

Network Partners*

- The Center for Volunteer Caregiving
- StepUp Ministry
- Healing Transitions
- CASA
- The Green Chair
- Meals on Wheels
- Fredrick Edgerton Foundation
- MedAssist
- Haven House Services
- Food Bank of Central & Eastern North Carolina

In the Que

- SAFEchild
- WELLS 4 HOPE.ORG
- The Women's Center
- HOPeline
- The Caring Place
- Hallelujah Soup Kitchen
- Oxford House

* All members have signed agreements committing to both quality and operational KPI's.
How the BH Network Works
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

**ENGAGE**
Transitional Support
Accelerated Access
No-Show Follow Up
PCP Engagement

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

**ACCESS**
e-Referrals/Optimization
Show/ No-Show Metrics
SDOH Screen/Mitigation
Chronic Care Management
Risk Driven Treatment Corridors

Risk Level

1. Responsibly Treat in Place
   - Case Consultation (BH)
   - Specialty Referral and Coordination
   - **14 Day Appointment**

2. SDOH Mitigation
   - Chronic Care Management
   - PatientLink
   - **2 Day Appointment**

3. Registered Crisis Plan
   - Collaborative Care (PCP/BH)
   - Transitional Care Specialist
   - **1 Day Appointment**

4. Priority Inpatient Access
   - Standardized Medical Clearance
   - **Upon Inpt D/C: Level 3 Support**

Acuity/Risk Screening Tools

- Chronic Disease Screening
- BH/SDOH Screening
- CTST

Increase Self Mgmt Skills

BH Network
Care Optimization System: Ending “Referrals to Nowhere”

Manage downstream care, cost, quality:
- Clinical info exchange
- More efficient/timely intakes
- Better resource mapping
- Link high-risk patients with supports
- Unclog pipes – Timely Access
- Real time status visibility
- Closed loop coordination
- No more missed calls
Results...

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

Results of ONECare Implementation

<table>
<thead>
<tr>
<th></th>
<th>Baseline (Q4, 2017)</th>
<th>Feb-19</th>
<th>Mar-19</th>
<th>Apr-19</th>
</tr>
</thead>
<tbody>
<tr>
<td>BH Demand</td>
<td>863</td>
<td>814</td>
<td>923</td>
<td>854</td>
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<tr>
<td>30 Day Readmit</td>
<td>38.1</td>
<td>32.1</td>
<td>32.11</td>
<td>32.9</td>
</tr>
<tr>
<td>ALOS</td>
<td>7.7</td>
<td>3.51</td>
<td>3.15</td>
<td>3.02</td>
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<tr>
<td>Avoidable Bed Days</td>
<td>1872</td>
<td>775</td>
<td>470</td>
<td>546</td>
</tr>
</tbody>
</table>

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

Direct Cost Savings, $5.1M
Direct Margin Opportunity, $6.2M

Positive Financial Impact on WakeMed
**Where Are We Headed?**

<table>
<thead>
<tr>
<th>Phase 1</th>
<th>Phase 2</th>
<th>Phase 3</th>
<th>Phase 4</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Assembly &amp; Access</strong></td>
<td><strong>Patient &amp; PCP Engagement</strong></td>
<td><strong>Clinical Integration</strong></td>
<td><strong>ONEcare</strong></td>
</tr>
<tr>
<td>Advanced Access</td>
<td>PatientLink Liaison</td>
<td>DETECT MH Detection &amp; Tx</td>
<td>No Wrong Door Access</td>
</tr>
<tr>
<td>TeleHealth &amp; TC</td>
<td>CONVERT Substance Use Detection &amp; Tx</td>
<td>Integrate Clinical Records</td>
<td>BH Urgent Care</td>
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<tr>
<td>Inpatient/ED Process Improvement</td>
<td>PCP/BH Care Protocols</td>
<td>Partner With Social Services</td>
<td>Transitional Care Protocols</td>
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<tr>
<td>Data and KPI's</td>
<td>Inpatient Expansion</td>
<td>Align Crisis Diversion</td>
<td>Clinical Protocols</td>
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<tr>
<td>e-Referrals and Coms</td>
<td>Chronic Care Mgmt</td>
<td>Synch PAC</td>
<td>Remote Patient Monitoring</td>
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<tr>
<td>Standardized Triage/Assessment</td>
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**Focus Metric**

- ABD Reduction
- Readmit Penalty
- Engagement
- TME/Shared Savings

**Stakeholder**

- Hospital(s)
- +PCP ACOs
- +Payers

**Models of Care**

- BH Network

**Models of Care of Care**

- TME/Shared Savings
- Readmit Penalty
- Engagement
- TME/Shared Savings
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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Mike Rhoades, CEO Blaze Advisors
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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.
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.