Collaboration Improves Care

Sanford Health
Fargo, N.D.
376 Beds
594 physicians and clinicians
Serves North Dakota, South Dakota and Western Minnesota

Background
This one-year hospital pilot was design to indicate if improving collaborative management of hospital patients who presented with complex medical and psychosocial morbidities has an effect on hospital length of stay and other overuse of costly resources.

This integrative behavioral health service was inspired by several factors.

1) The growing number of studies showing the benefits of integrating behavioral health into primary care.
2) The assumption that co-morbid problems involve both physical and emotional components that contribute to higher costs of care including longer length of stay.

Intervention
The study was aligned with the Triple Aim's goals—improving quality and satisfaction, improving population health and reducing costs.. Acceptance for the pilot project was readily found from physicians, nurses and social workers. Administrative leaders saw the uniqueness of the simple design and provided a 40 percent salary base for the non-billable and leadership work.

Referral criteria were disseminated internally to staff and included patients with single or multiple hospital admissions in significant distress; maladaptive coping behaviors; emerging problem behaviors; unrealistic demands; behavior affecting care; unusual family distress; difficulty engaging in complex medical decision making; and end-of-life issues.

Consultations were usually conducted within 24 hours though there was no on-call or weekend coverage. For each referred patient, the psychologist obtained from the attending physician and one other health care staff member, a "best estimate" of expected LOS (an average of the two was used for measurement). The institution provided patient data on diagnostic and financials for direct and total cost margins. Satisfaction measures were administered to participating physicians, nurses and social workers.

Evidence-based behavioral health assessments and interventions were used with patients to reduce emotional distress, enhance adaptive coping, foster existential relief and meaning making, improve problem solving and communications and facilitate timely crucial conversations surrounding end-of-life care decisions.

Rounding with staff focused on improving care coordination by:

- Sharing responsibility and when multiple specialists were involved
- Increasing communication channels to address the interplay of psychological variables with illness factors, coping behaviors and medical decision making
- Overcoming barriers to and avoidance of end-of-life care discussions

Results:

- Staff satisfaction measures showed strong positive scores and open-ended comments for the continuation of the service.
- 170 consultations in one year: 82 oncology and 88 non-oncology.
- An estimated savings of 108 days based on the average expected LOS before interventions and actual LOS at discharge.
- The estimated cost savings of $106,684.

Reviews of patient records provided showed positive patient outcomes, resolution to significant psychosocial factors affecting hospital course, stay and utilization of resources (e.g., improved family cohesion around decision making), and improved staff skills efficacy for care of complex patients and families. Since its completion, the institution has hired two additional psychologists.

Lessons Learned:

- A single health care system may need to bring predictable clinical, electronic medical records, other information technology, administrative and financial structures necessary to start and study clinical projects.
- Simple measures showed powerful outcomes of reduction of LOS and cost savings but the methodology was 'soft' and a more robust study is needed.
- No satisfaction measures were obtained from patients or care givers

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