

**PENN FOUNDATION**  
BEHAVIORAL HEALTH SERVICES

# **Quality From Every Angle**

2017 Annual Quality Report

# About Our Cover

This year was all about breakthroughs for Penn Foundation.

Magic happens when there is a change in perspective.  
So, we have taken our cue from the world of geometry to help you  
see behavioral health from many different angles.

Our **"acute angle"** view will showcase our efforts in battling the opioid crisis.

Our **"right angle"** view will target our success in monitoring health status  
and linking persons to essential public health services.

Finally, our **"obtuse angle"** view will demonstrate a wide angle, longitudinal  
view of Penn Foundation as a socially responsible business, helping to forge  
a coalition of health care providers and institutions into a high functioning  
medical neighborhood.

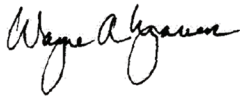
This year's Quality Report explains our results in terms of:

EXECUTION

INTEGRATION

INNOVATION

LEADERSHIP



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Senior Vice President & COO



# The Acute Angle

## Engaging More Survivors

*“Survivors of opioid overdose have experienced a life-changing and traumatic event. They have had to deal with the emotional consequences of overdosing, which can involve embarrassment, guilt, anger, and gratitude, all accompanied by the discomfort of opioid withdrawal.”<sup>1</sup>*

Predictably, many survivors do not follow through with care for their underlying addiction, leaving them at greatest risk for reoccurrence of overdose. Their families are left to wonder helplessly about options and to wonder when their loved ones' luck will run out. In response to Pennsylvania being one of the top four states with the highest drug overdose death rates in the United States, Penn Foundation has developed a population health-based strategy entitled “Engaging More Survivors.”

This overdose prevention strategy involves the coalescing of five critical elements of our opioid epidemic strategy: coalition building, monitoring and surveillance of population data, prevention of overdoses, use of rescue medication, and patient and family engagement.

At the core of our strategy is the understanding that local communities are ultimately responsible for their

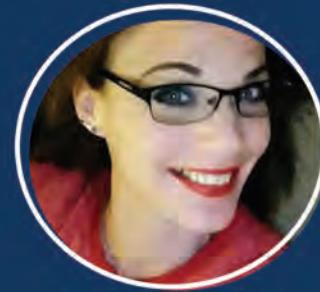
own health and for mobilizing an active coalition of community partners.<sup>2</sup>

The seeds of this strategy germinated from our community observation in which we identified a gap in dialogue and intercept between two main aspects of the opioid epidemic: those who are the first and sometimes only responders to an overdose – paramedics – and those who are trying to treat the addiction to avoid overdose – addiction treatment providers. Penn Foundation has entered into a pilot project with Souderton Emergency Medical Services to close this gap by engaging 200 individuals who have overdosed, been administered Narcan, or are identified by EMS as being “at risk” for overdose. The pilot, funded through our “Center of Excellence” collaborative learning grant, plans to train Souderton Emergency Medical Services paramedics on utilizing Motivational Interviewing techniques.

Motivational Interviewing is an evidence-based practice that has been shown to increase the instances of active treatment engagement, and it will be used by trained EMS workers to try to move survivors to a more receptive level of readiness for treatment. Resources will be provided to the patient and family, highlighting options for treatment and how to connect to that treatment.

In this enhanced care coordination model, Penn Foundation's Mobile Engagement Specialist will be notified by EMS of all encounters with overdose calls and will outreach to 100% of the persons identified. We will then share data and analytic information with EMS, and vice versa, to evaluate and identify opportunities to impact the overdose prevalence. The project goal is to enhance our existing continuum of mobile outreach services to target an identified gap in care navigation: individuals who decline transport to an Emergency Room but who are known to EMS personnel as opioid users.

The pilot is scheduled to begin in 2018.



Penny has battled mental health and substance use issues since she was a teen. In June 2017, she overdosed on heroin twice and was revived by Narcan both times. "I should not be alive," she says.

After her second overdose, Bucks County Children and Youth connected Penny to Penn Foundation's Center of Excellence Program, a decision that she was reluctant about at first but ultimately saved her life she says. The COE team supported Penny as she completed the Intensive Outpatient Program (IOP). The team takes her to medical appointments and is helping her to find a job and a place to live. Her ultimate goal is to regain custody of her children.

"Penn Foundation is my family," says Penny. "I can all my counselors at any time, about anything, and they don't judge me. And they reach out to me, asking about me and my kids. I'm angry at myself for what I've done, but I'm not ashamed anymore. I just want a life. I want my kids back. And thanks to the COE team, I believe that it is possible."



# The Acute Angle

## Warm Hand-Off

Emergency Departments are the next critical intercept for overdose survivors. In Montgomery County alone, Emergency Services administered 1,458 doses of Narcan and transported 83% of these individuals to local emergency rooms in 2016. Penn Foundation, a designated Opioid Center of Excellence, was selected to implement the Pennsylvania Department of Drug and Alcohol Programs' Warm Hand-Off in Bucks and Montgomery Counties. The program is designed to directly connect opioid overdose survivors in hospital ERs to substance use treatment providers.

Getting individuals to engage in a meaningful and sustained way is hard given that modern healthcare is so complex. Healthcare systems can be confusing and complicated to access. Persons struggle to obtain, process, and communicate even their most basic needs. At each emergency room contact, the attending physician does a face-to-face introduction or direct referral to our Certified Recovery Specialist or Engagement Specialist.

Our Certified Recovery Specialists come to the individual from a unique "lived experience" angle - that of a peer in recovery from addiction with specialty training to help others take that difficult first step. The Recovery Specialist provides a unique navigation bridge between the individual and the system. Persons and their family members get information in just the right amount and at just the right time. The choices and decisions post-overdose become less overwhelming and more personal. Individuals are engaged to make decisions on preference sensitive treatment options, medical evidence, and clinical recommendations. This enhanced decision making support approach recognizes there is no one path to recovery and many "right times" to start on that path.

Penn Foundation's Certified Recovery Specialists are partnering with the Departments of Emergency Medicine at Abington Lansdale Hospital-Jefferson Health, Grand View Health, and St. Luke's Quakertown Hospital.

Each overdose survivor and/or their family member is provided with a resource packet of information regarding addiction treatment, along with the name of the Recovery Specialist who will outreach to them. The Recovery Specialist serves as the single point of contact for Emergency Room physicians and nurses to make a formal referral. In the first 90 days of the project,



50 persons engaged post-treatment  
in the emergency room who would  
otherwise have been lost to follow up

63%

of those overdose survivors engaged  
with treatment within 30 days of the  
Warm Hand-off referral, exceeding the  
target goal of 50% set by the Bucks  
County Drug and Alcohol Commission

Additionally, we have established a physician rapid access referral system for persons whose presenting problem in the ER is general substance use but who were not status post overdose.

Rapid access referral protocol engaged

100%

of 38 persons referred

50%

successfully followed up with treatment



# The Acute Angle

## Opioid Center of Excellence

Penn Foundation was among the first of 20 Centers in the Commonwealth of Pennsylvania named as a "Center of Excellence" (COE) for the treatment of Opioid Disorders by Governor Tom Wolf. ***"Our health system is not***

***dealing with this plague effectively," said Wolf when he and DHS Secretary Ted Dallas visited Penn Foundation's Loux Healthcare Center in August of 2016. "We need to treat the physical addiction while simultaneously treating the unique, underlying causes for the addiction within each sufferer."*** Removing

obstacles which present barriers to care is the topline objective of the COEs. "We have seen 67% of people discharged from detox that don't get any more treatment," Dallas said.

At Penn Foundation, our clinical vision created a "hub and spoke" model in which the COE team serves as the hub for care coordination.

The spokes include other community providers such as primary care, pain clinics, and mental health and drug and alcohol treatment providers. The work is managed through a daily team meeting, whose focus is to review care transitions, increase treatment engagement rates, review crisis on-call contacts as they arise, and increase the use of Medication Assisted Treatment.

Many of these aforementioned innovative strategies have been funded by Medicaid or safety net funding for the uninsured. But the opioid addiction is pervasive; it knows no boundaries of socioeconomic class or employment status. Penn Foundation is unlike any other community behavioral health center in that it has always treated the whole community – the underprivileged and the privileged, the working poor and the working class. We have adapted our 63 years of expertise in community-based strategies to meet the unique needs of the addict who is struggling to hang onto their jobs and their families.



A 2017 study recently quantified the excess costs associated with opioid abuse among the commercially insured population. Study investigators conducting a claims-based analysis of 73,714 matched pairs of abusers and non-abusers. The cohort with a diagnosis of opioid abuse had annual health care costs of \$25,069 as compared with \$14,080 for the non-abuser cohort. <sup>4</sup>

Our agency was selected by Aetna as one of 13 beta test sites in the nation to pilot an enhanced care coordination project, which utilizes the services of a Certified Recovery Specialist to engage members during detoxification treatment and post-treatment. Aetna Utilization Care Managers team with our Recovery Specialist to support both the member and their family in the recovery process. In the initial sample size, our engagement rate of commercial members was 82% compared to the benchmark of 43%, prompting the Aetna Medical Director to describe our program as “best in class – all the way around.”

Penn Foundation's Recovery Center was recently designated as an Aetna Institute of Quality<sup>®</sup> for Behavioral Health - Substance Abuse.





# The Acute Angle

## When a Newborn Cries for Heroin Instead of Milk<sup>5</sup>

*Her high pitched cry pierces the neonatal unit. Her limbs vacillate between rigidity and tremors. She is one day old and among America's youngest addict.*

According to the National Institute of Health, every 25 minutes in America, a baby is born addicted to drugs.<sup>6</sup> Neonatal medicine and intensive care units have thankfully met this challenge and evolved pharmacologic interventions to address the symptoms of withdrawal prior to the baby's hospital discharge. But discharge where and to whom? Infants born addicted are automatically referred to Children and Youth Protective Services, so it should come as no surprise that the number of babies in foster care has been steadily rising. "Nearly a third of children entering foster care in 2015 were due at least in part to parental drug abuse – an increase of nearly 50 percent since 2005."<sup>7</sup> While it may be easier for society's collective conscience to bring non-judgmental care to these infants, the child welfare system cannot stem this epidemic.

At Penn Foundation, we believe the answer lies in transforming systems to provide families with the care

they need to break the cycle of addiction and save the next generation. A cooperative venture between Penn Foundation's Recovery Center and Bucks County Children and Youth has exceeded expectations in its ability to help women and their young children. In this model, a drug and alcohol Mobile Engagement Specialist (MES) operates as an embedded team member within the Bucks County Children and Youth Social Services Agency. The Mobile Engagement Specialist acts as a connection mechanism to address the needs of the entire family system, especially the impact of a parent's substance use on their newborn child or older siblings. Providing outreach within the first 60 days of referral lessens the likelihood of a C&Y case being opened and reduces the possibility of out-of-home placement.

In the first two years of this Buck County Drug and Alcohol Commission reinvestment project, 154 persons were served.

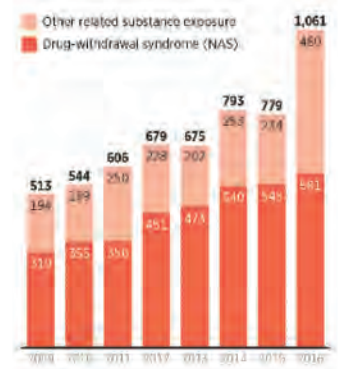
Of those, 76 referrals represented substance exposed infant cases.

Our Specialists provided care coordination between the behavioral health and child welfare systems, conducted mobile drug and alcohol assessments, promoted treatment readiness, and connected persons to Medication Assisted Treatment programs.

To date, our MES workers have engaged 90% of the individuals they have encountered as a part of this initiative, and the average continuous months of engagement is eight. Even more impressive is that the team has successfully engaged 30% of *other* household members who also have an active addiction.

**Surge in Drug-Exposed Babies<sup>8</sup>**

The number of babies born in Philadelphia and its suburban counties who were treated for drug withdrawal (NAS) or had other signs of drug exposure.



**Births at Local Hospitals<sup>8</sup>**

The hospitals in Southeastern PA, which delivered 40 or more babies with drug-exposure symptoms in 2016

Name	Location	Drug-Exposed	% of all births
Jefferson University Hospital	Philadelphia	154	8.3
Temple University Hospital	Philadelphia	143	5.2
Crozer Chester Medical Center	Upland	116	8.7
Hospital of the University of Pennsylvania	Philadelphia	85	2.1
Einstein Medical Center	Philadelphia	71	2.6
Abington Memorial Hospital	Abington	56	1.2
Pennsylvania Hospital	Philadelphia	53	1.0
Holy Redeemer Hospital	Meadowbrook	48	1.8
St. Mary Medical Center	Langhorne	45	2.0
Chester County Hospital	West Chester	41	1.6
Hahnemann University Hospital	Philadelphia	40	2.1
Einstein Medical Center	East Norriton	40	1.9



# The Right Angle

## Why is it called a “right” angle?

Since there are no *left* angles or *wrong* angles in geometry, what is the linguistic genealogy of the term? The word can be traced to the Latin root “angulus rectus”, which refers to being “upright.” What is symbolically upright often represents what is righteous or proper, but it can also represent strength.<sup>9</sup> With so many nuanced meanings, what is the conceptual thread that applies to the healthcare delivery system? When we at Penn Foundation seek the “right” direction, our Quality Improvement Department looks to keep a dynamic process on track, so there is consistent execution with little variation from the desired outcome. So let’s take that 90 degree turn in the direction of getting quality results by providing the right care at the right time post an acute care hospitalization admission.

## Hospital Readmission Reduction Program

In last year’s Quality Report, we highlighted the success of the Hospital Readmission Reduction Program of our Integrated Services Department. Funded through a “Health Spark” grant, our Behavioral Health Navigators and CRNP paired with Abington Lansdale Hospital –Jefferson Health and Grand View Health to reduce the unplanned readmission rates for heart failure patients. The dually eligible Medicare/Medicaid Health Spark participants in our study had a hospitalization re-admission rate of 4%, compared to the national benchmark of 25% for this cohort. The success prompted us to look for opportunities to apply this strategy with a population as equally complex with high readmission rates: the severely and persistently mentally ill. We developed a clinical pathway that served as the cornerstone for our Mental Health Case Management transformation project, which primarily serves persons diagnosed with Schizophrenia, Bipolar Disorder, and Major Depressive Disorder.

Under the leadership of Wendy Shapiro, MA, Jane Straw, MA, Amanda Grosso, MSW, and Janice Todric, BA, the managers were faced with the challenge of training the millennial generation fresh out of college to work with persons who are acutely mentally ill. Supervision and training methods that had been successful for years with Generation X and Generation Y workforce members needed a fresh look as the program struggled with employee turnover.

What Penn Foundation finds special about this generation is that they are primed to “do well by doing good”.<sup>10</sup> This socially-minded and civically-engaged millennial attitude resonated with their like-minded Baby Boomer supervisors.

With common ground established between the two workforce generations, the supervisors harnessed their mutual desire to seek creative solutions to an identified problem – how to keep persons just discharged from a hospital from boomeranging right back in. The result was a 30-day Case Management Hospital Readmission Reduction Protocol.

The protocol combines sufficient structure with enough flexibility to address the critical post-discharge processes along with the removal of barriers directly effecting quality of life for the individual. For example, the protocol involves a medication reconciliation process (including medication stock pile disposal) as well as assuring the client has adequate food for themselves or even their pet (who may be their only source of comfort and companionship). The protocol combines the best of evidence-based practice within a patient-centric philosophy of care.

## **All Cause Hospital Readmission Rate**

27%

2015-2016

21%

2017



# The Right Angle

## Assertive Community Treatment

"ACT is a service-delivery model that provides comprehensive, locally-based treatment to people with serious and persistent mental illness. Unlike other community-based programs, ACT is not a linkage or brokerage case management program that connects individuals to mental health, housing, or rehabilitation agencies or services. Rather, it provides highly individualized services directly to consumers. ACT recipients receive the multi-disciplinary, round-the-clock staffing of a psychiatric unit but within the comfort of their own home and community.

To have the competencies and skills to meet a client's multiple treatment, rehabilitation, and support needs, ACT team members are trained in the areas of psychiatry, social work, nursing, substance abuse, and vocational rehabilitation. The ACT team provides these necessary services 24 hours-a-day, seven days-a-week, 365 days-a-year. ACT strives to lessen or eliminate the debilitating symptoms of mental illness each individual client

experiences and to minimize or prevent recurrent acute episodes of the illness, to meet basic needs and enhance quality of life, to improve functioning in adult social and employment roles, to enhance an individual's ability to live independently in her or her own community, and to lessen the family's burden of providing care."<sup>11</sup>

Penn Foundation has leveraged the model to provide a forensic component, adding practices which interface with criminal justice processes and drug courts at key intercept points to help persons avoid incarceration. During the one year period of July 1, 2016 through July 1, 2017, our ACT and FACT teams provided care to approximately 200 participants. Our outcome studies show that our services were effective in reducing the use and number of days of psychiatric hospitalization. During the study year, there were 60,314 available community tenure days, and our participants spent 59,076 of those days living in the community, for an impressive 97% community tenure rate.

Denise is a mother who has long struggled with Bipolar Disorder and substance use. She has been hospitalized multiple times due to severe psychotic and delusional symptoms. She refused to take medication and was unable to manage her symptoms in outpatient treatment and Recovery Coaching. This resulted in the loss of her job, her apartment, and custody of her son. Her high-risk behaviors also led to legal charges.

In 2016, Denise found herself in the hospital once again, and her mother called Penn Foundation. She was connected with the FACT team, which she describes as “exactly what I needed.” With the team’s help, Denise began to accept that she had a mental illness. The team helped Denise find housing, apply for food stamps, access legal services, and address her mental and physical health issues. The team also taught Denise how to cook and make a budget. She now works part-time and has a better relationship with her parents and son. She also applied to become a Certified Peer Specialist.

“I didn’t feel right for a long time, but the FACT team helped me to feel like myself again,” says Denise. “I have this group of people that I can trust and depend on. And most importantly, thanks to the team, I am able to be part of my family again.”

Denise (right) with her FACT Housing Specialist, Cheryl





# The Right Angle

## From Data to Disney

For most community behavioral health centers, management styles lean heavily toward participatory or coaching models – a comfortable fit for middle managers or C-suite executives who began their careers as clinical social workers. Data driven decision-making is a cultural turn of revolutionary proportions. The Outpatient Enhancement Initiative, sponsored by Bucks County Behavioral Health and Magellan Health, funded a quality improvement initiative to focus on helping organizations overcome barriers to quick access to psychiatry.

Our project goals were to use data as a driver and to identify new practice management strategies for our outpatient service delivery system. We started by taking a “deep dive” into the data. First, we analyzed how many days it took on average for a new patient to see a psychiatrist for an evaluation. Second, we cross referenced that data with spikes in both routine and emergent requests for service and Human Resources turnover trends. We learned there were common cause variables for barriers to access to care.

Dubbed “disruptors” by our QI workgroup, the data told a clear story:

- ◆ Access disruptors were predictable and could be managed to.
- ◆ Our system needed to be more flexible.

We focused our attention on two of our common cause variables: seasonal surges in patient volume and extended physician absences due to medical leave, vacations, or position vacancy. In a brainstorming session, we likened our “virtual waiting lines” to the real ones encountered at Disneyland. This analogy proved to be the inspiration for applying the Disney “Fast Pass” concept to our practice. By carefully monitoring fluctuating demand and adjusting available new patient admission scheduling slots in real time, we were able to reduce wait time for mental health psychiatric evaluations from 19 days to just 7.6 days.

## Fast Pass to Fast Track

Our root cause analysis of emergency services utilization found that children and adolescents were at risk for hospitalization predominantly in the spring and fall months. Our system lacked flexibility and treatment options to quickly intervene for this predictable cyclical pattern of increased acuity. Our creative solution: a “Pop Up” Intensive Outpatient Program that is available during peak demand months. The 10-week program curriculum utilized the evidence-based practice of Skills Training in Affect and Interpersonal Regulation to help the kids improve their ability to manage their emotional response in high stress situations. The Difficulties in Emotion Regulations Scale (DERS) was administered as a pre- and post-test to compare baseline functioning and functioning post treatment intervention.



Inpatient Diversions at Admission  
12



Hospitalization Rate During  
12-Week Program  
16%



DERS Pre-Test Score: 65  
DERS Post-Test Score: 29



# The Obtuse Angle

## Numbers Tell the Story

BMI HDL LDL BP

Everyone's talking about their numbers these days.

Primary Care Physicians are at the forefront of promoting healthy lifestyles and weight management. While routine obesity screening is recommended for all adults, a recent 2017 survey found fewer than half of PCPs completed these screenings or provided weight management counseling to their patients.<sup>12</sup>

Penn Foundation's medical staff was eager to address this gap in population health screening and developed a Metabolic Monitoring Clinic within our practice. Each visit consists of a weigh in, waist circumference measurement, and blood pressure screening. Our Certified Psychiatric Nurse Practitioner then reviews the individual's diet and activity record since the last visit. Her behavioral interventions and coaching techniques are tailored specifically to address the needs of persons with mental illness who are prescribed atypical antipsychotics as they

are at increased risk for diabetes and cardiovascular disease.

A pictorial version of the Mediterranean Diet Pyramid is used to educate participants on "every day" foods versus the "sometimes" foods to eat less often. Practical application techniques, such as the "four layers to building a salad," have been especially popular.

Over a two year period, 273 persons were referred to the Metabolic Monitoring Clinic. To be eligible for referral, participants were diagnosed with at least two of five criteria for metabolic syndrome or had a BMI of  $\geq 25$ . The average BMI was 35, placing them in the obese range. A total of 183 persons (75%) consented to be screened for metabolic syndrome. Of those 183 persons, 141 (52%) attended two or more weight management counseling sessions. The group collectively lost 580 pounds, and 42 persons (30%) lost 5 pounds or more.

## The Wide Angle View

In the year 1679, Gottfried Wilhelm Leibniz, a German polymath, wrote a letter to fellow Dutch mathematician, Christian Huygens, in which he used geometric principles to envision linear algebra.

"I am not satisfied with algebra...I believe that, so far as geometry is concerned, we need still another analysis which is distinctly geometrical or linear and which will express *situation* directly as algebra expresses *magnitude* directly."<sup>13</sup>

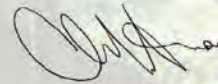
Situational magnitude.

The disarray of our current health care system, coupled with the politics of polarity, paint a foreboding future. Health care systems are busy aligning and growing as competition intensifies.

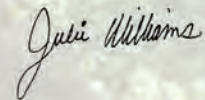
Like a tree competing for light in a crowded forest, it is hoped that the tallest and fastest growing system will rise above the rest. Yet the tree which stands at a distance in the forest grows strong by growing wide.

In turbulent times, Penn Foundation goes back to its faith-based roots to instill hope, inspire change, and build community. We know now that our mission to build community is a call to instigate change to transform our community into a high-functioning medical neighborhood. From our wide angled lens, the neighborhood is not necessarily a geographic construct but a series of wide relationships revolving around the patient.<sup>14</sup>

Instead of operating like disparate systems, our vision is that primary, secondary, and specialty care practices display the characteristics of a "good neighbor" – a welcome at the front door, easy conversation back and forth, and a warm goodbye.



Christopher Squillaro, DO  
Medical Director



Julie Williams, MA, LPC  
Director of Clinical Services



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