

**Applying IOM Aims and Rules to Transform Behavioral Health
Henry Ford Medical Group
2004 Acclaim Award Honoree**

Since 2001 the behavioral health organization of Henry Ford Health System has leveraged its selection as a finalist in the Robert Wood Johnson Foundation’s “Pursuing Perfection” initiative to pursue perfect care of persons with depression. A steering team (the “Blues Busters”) personally led by the organization’s Chair used the six aims and ten rules of the IOM report to define “perfect depression care” and set specific perfection goals and metrics for each of the six aims. The goals and objectives of this Perfect Depression Care initiative were closely linked to the HFHS’s mission vision and five Primary Excellence Goals, and eventually embedded in its strategic and operational planning and performance management processes.

Goal

The team’s first task was to use the IOM’s six aims framework to define what it would mean, in measurable terms, to deliver “perfect” care. The first goal was to ensure the *safety* of the inpatient environment of care by eliminating inpatient falls and medication errors. Defining the goal for *effectiveness* of care stirred enormous controversy. Some team members who eagerly embraced the concept of “pursuing perfection” argued that truly effective care could only mean “no suicides.” Others challenged such a goal, viewing it as lofty but completely unrealistic for a largely outpatient population. The debate was finally resolved when the question was asked, “If zero is not the right number of suicides, then what number is? One? Four? Forty?” This debate was a milestone in the team’s development—a galvanizing issue that helped skeptics to see the “logic” of striving for perfection.

Key Goals and Indicators of Perfect Depression Care

IOM Aim	Goal	Measure	Data Source
Safety	Eliminate patient falls Eliminate inpatient medication errors	Inpatient falls/1000 days of care Inpatient medication errors/1000 days of care	Incident Reporting System
Effectiveness	Eliminate suicides	Number of suicides	Incident Reporting System
Patient-Centeredness	100% of patients <i>completely satisfied</i> with their care	Overall patient satisfaction	Press Ganey Survey Assessment of Care survey
Timeliness	100% complete satisfaction	Patient satisfaction with timeliness	Assessment of Care survey
Efficiency	100% complete satisfaction	Patient satisfaction with efficiency	Assessment of Care survey
Equity	100% complete satisfaction	Patient satisfaction with equity	Assessment of Care survey

Intervention

Domain	Change	IOM's 10 Simple Rules
Partnership with Patients	Established a Consumer Advisory Panel	2. Care is customized according to patient needs and values
	Re-engineered the Treatment Care Plan	2. Care is customized according to patient needs and values 3. The patient is the source of control.
Access	Implemented Advanced Access and DIGMAs; reintegrated the behavioral health and medical clinics; implemented e-mail "visits"	1. Care is a continuous healing relationship. 6. Safety as a system priority. 10. Cooperation among clinicians is a priority.
Clinical Practice (Planned Care Model)	Implemented evidence-based protocols for preventing inpatient falls and medication errors	5. Decision-making is evidence-based. 6. Safety as a system priority
	Added a Suicide Prevention Protocol to Depression Care Guidelines	5. Decision-making is evidence-based. 6. Safety as a system priority 8. Anticipate needs.
	Established department-wide competency in Cognitive Behavior Therapy	5. Decision-making is evidence-based. 9. Waste is continuously decreased.
	Coordinated a wide array of treatment modalities: CBT, medications, ECT	2. Care is customized according to patient needs and values 5. Decision-making is evidence-based. 10. Cooperation among clinicians is a priority.
	Implemented DIGMAs	1. Care is a continuous healing relationship. 8. Anticipate needs.
Information Systems	Integrated the behavioral and medical EMRs	4. Knowledge is shared and information flows freely. 6. Safety as a system priority. 7. Transparency is necessary. 10. Cooperation among clinicians is a priority.
	Intranet-based clinical guidelines	4. Knowledge is shared and information flows freely. 5. Decision-making is evidence-based.
	Implemented a Depression Web site	1. Care is a continuous healing relationship. 3. The patient is the source of control. 4. Knowledge is shared and information flows

		freely.
	Leveraged internal and external publications	4. Knowledge is shared and information flows freely. 7. Transparency is necessary. 10. Cooperation among clinicians is a priority.
	Implemented e-mail "visits"	1. Care is a continuous healing relationship.
	Patient registry (future)	5. Decision-making is evidence-based.

Highlights

- Improved patient safety by reducing the rate of falls and medication errors
- Dramatically lowered the rate of suicide
- Improved patient satisfaction
- Improved financial performance and improved care at the same time

Results

Improved patient safety by reducing the rate of falls and medication errors

- From 2001 to 2003, reduced the rate of falls by ~75% at chemical dependency hospital and by ~25% at the psychiatric hospital, where the rate was already relatively low.
- From 2001 to 2003, reduced rate of medication errors by ~40% at psychiatric hospital and by ~33% at the chemical dependency hospital
- Patient satisfaction with safety among inpatients rated at ~78-93% good or very good (at least 4 on a 5-point scale).

Dramatically lowered the rate of suicide

- Reduced rate by approximately 70%: From ~ 40 per 100,000 HMO members to ~12 per 100,000, which is similar to the rate among the general population.

Improved patient satisfaction

- Added metric to monitor "assessment of care," which incorporates IOM aims
- Implemented "just in time" response to a score of less than 90% (complete satisfaction) on any satisfaction response and increase complete satisfaction from ~55% to over 90%
- Challenges: Time demands related to scoring and managing the growing amount of data and assessing satisfaction in some behavioral health settings where patients are receiving care involuntarily (typically through legal commitment).

Improved financial performance and improved care at the same time

Accomplished a successful turnaround, improving gross contribution by nearly eightfold.

Reduced expenses by ~\$3.5 million over two years.

Growth in Behavioral Health Services' Gross Contribution

	2001	2002	2003
Gross Contribution	\$0.32 million	\$0.50 million	\$2.43 million