

IBHI Improving the Performance Curve in Behavioral Healthcare

What Is IBHI? Institute for Behavioral Healthcare Improvement

Aim: To dramatically improve behavioral health care outcomes by creating a high performing national learning organization that invites organizations out of their historical silos. IBHI seeks to encourage a movement that translates a passion for quality improvement into sustained action.

Who We Are - IBHI is a grass-roots initiative of professionals from around the country, a not-for-profit tax-exempt organization. It is dedicated exclusively to improving the quality and **outcome** of mental health and substance abuse care.

Why We Came About - Recent reports by the Institute of Medicine as well as Presidential Commissions call for all stakeholders to move out of their organizational limits to take action on improving quality in behavioral health. For example, in September, 2006, the National Commission of Quality Assurance (NCQA) described the marked improvement in the overall quality of health care in the U.S. in the last year, but concluded saying:

One important exception to a pattern of improvement was the quality of care for Americans with mental health problems... Patients in insurance plans hospitalized for mental illness are only marginally more likely to get appropriate follow-up care than they were when the insurers began collecting quality data in 1998.

http://news.yahoo.com/s/ap/20060927/ap_on_go_co/health_care_quality



Strategy, Targets and Action Plan

IBHI seeks to accelerate learning and sharing the "how to's" of improving the quality of BH outcomes. Specifically, the IBHI will: Engage and Enroll Membership; Build Leadership Capabilities; Sponsor Learning Collaboratives, Advance Innovation and "cutting edge" change; Create data references and benchmarks on outcomes.

Action is targeted in three strategic areas and one "strategic Hope":

1. *Improving Integration and Connections Between General Health and Behavioral Health Care, especially the care of persons with multiple chronic illnesses. Directions recently developed by a joint framing paper with IHI and opportunity for action with benchmarks provided. New Evidence Report published by AHRQ in October, 2008. (see www.AHRQ.gov)*
2. *Improving Care for Behavioral Health Consumers in Emergency Departments; since the ED is where several care and legal systems often "collide", a key beginning to the integration strategy. Successful Learning Collaborative January 2008; November, 2008. Recruiting second Collaborative to begin April 2009. (see www.ibhcci.org)*
3. *Improving Access to Care for Children & Adolescents.*

Our One Strategic Hope: That through these and other efforts the disparity of 25+ years in early death for those suffering from serious mental illness is reduced.

Our goal is to build **will**, generate **good ideas**, and assist leaders and organizations in **implementation**.

To learn more about translating a passion for Quality Improvement and inviting organizations out of their silos, visit our web page:

www.ibhcci.org.

Perhaps even more important, join us, share the passion and help to dramatically improve outcomes in behavioral health care.

CONFERENCES AND INITIATIVES 2008-2009



**Collaborative on Emergency
Department Care of Behavioral
Health Clients
Initial Cycle Completed
November, 2008**



**Second Collaborative
Begins April 20-22, 2009**

Aim(s):

- Create new knowledge for improvement
- Reduce length of Stay and overall time
- Improve hospital functioning and effectiveness as measured by:
 - Reduced overall time for care
 - Reduced time from arrival to assessment
 - Reduction of use and time in restraint & seclusion
 - Improved patient and staff satisfaction
Improve care and hospital effectiveness
- Expand collaborative community nationally



**National Forum on Behavioral
Health Outcome Improvement
November 2009**

Institute for Behavioral Healthcare Improvement

18 Clove Rd
Castleton, New York 12033
518 732-7178

Join IBHI

Membership Categories and Dues

Regular	Charter*
Individual** \$100.00	\$450.00
Organizational \$2,500.00	\$5,000.00

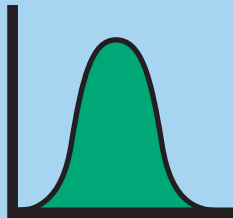
* Membership extends through June 30, 2008, Charter Membership recognizes a contribution to start-up with continuing membership thereafter at Regular levels. The differential is also available as a credit against any Learning Collaborative in which a member of the organization elects to participate.

** Students and Consumers will be accorded a two-year membership for the cost of a Regular or Charter Individual membership.

To Learn more about IBHI and to join us in sharing a passion for quality improvement visit our website (www.IBHci.org) or e-mail the address below for more information!

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**IBHI gratefully acknowledges
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Kaiser Foundation Health Plan
and the
Broughton Family Foundation**



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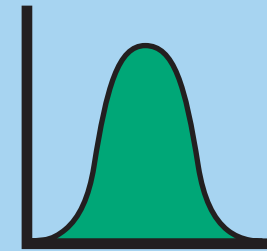
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**Institute for
Behavioral
Healthcare
Improvement**

Quality Improvement in Behavioral Health Can Wait No Longer!

NASMHPD Medical Directors - October 2006

"It has been known for several years that persons with serious mental illness die younger than the general population. However, recent evidence reveals that the rate of serious morbidity (illness) and mortality (death) in this population has accelerated. ***In fact, persons with serious mental illness (SMI) are now dying 25 years earlier than the general population.*** Their increased morbidity and mortality are largely due to treatable medical conditions that are caused by modifiable risk factors such as smoking, obesity, substance abuse, and inadequate access to medical care."

Institute of Medicine Committee November 2005

As in general health care the difference between the quality of care we have and the quality we should and could have is not just a gap but a chasm.

President's New Freedoms Commission July 2003

"Traditional reform measures are not enough..." Instead, it recommends a wholesale transformation that involves consumers and providers, policymakers at all levels of government, and both the public and the private sectors.