

## CONFERENCE ABSTRACT

### The value based Logan Wellbeing Program successfully diverts inpatient funding, improving patient and economic outcomes

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**Introduction:** Achieving high value for patients must become the overarching goal of mental health care delivery, with value defined as the health outcomes achieved per dollar spent. Value is improved through the introduction of integrated, shared practices rather than “focused specialist mental health services” that concentrate on narrow groups of interventions. If value improves, patients, funders and providers can all benefit; total care of the patient and economic sustainability of the mental health system increase. This paper reports on the innovative Logan Beaudesert Wellbeing Program in South East Queensland; accountable for value being shared among service providers for severe and persistent mental health disorders and recurrent inpatient and emergency department admissions.

**Theory / Methods:** A standardised Model of Care was implemented based upon elements of the evidence based Assertive Community Care (ACT), Flexible Assertive Community Care (FACT) and Crisis Care (outreach) programs. Staff were trained and supported to consistently deliver the interventions prescribed. Data collection included accessing the digital medical records, for general and mental health hospital care. Data analysis focused on economic (reduction in inpatient admissions and occupied bed days; reduction in emergency department presentations/admissions and emergency service intervention) and patient (improved healthcare and lifestyle) related outcomes. All patients involved in the Wellbeing Program were included during the 9 month study period. Retrospective data was collected on all participants and data on a non-participant group was also collected for comparison purposes. A researcher analysed the data using SPSS Statistics and SPSS Modeler.

**Results:** One hundred twenty four participants were recruited to the program during the 9 month study period. Implementation of the program resulted in a significant reduction in occupied bed days and emergency department admissions, delivering a projected saving of \$5,254,625 per annum (based upon the participants previous service usage).

**Discussion:** Viewing value within the mental health care system alone is limited, but none-the-less doing so is an important step forward as the higher patient related costs occur within this speciality. Maximising patient centric care and economic indications of value is challenging, however failure to do so leads to slow innovation; ill-advised inpatient care continuation; and encourages

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micromanagement of care, which imposes additional costs and system stress. Aligning service delivery outcomes with economic outcomes rewards efficiency and creates accountability.

**Conclusion:** The program delivered practice based evidence that outshone routine inpatient care, delivering both economic and patient focused benefits. The patient health status achieved impacted on the bottom line, which maximised the continuation of out of hospital based services.

**Lessons Learned:** Value means adherence to guidelines that inform integration and the implementation of quality measures that focus overwhelmingly on care outcomes. Value based care is not the responsibility of specialist services alone; we must learn to embrace shared integrated care across all providers and users.

**Limitations:** This study was limited by time; a longer study period was desired. Despite the short timeframe, the results encouraged continuation and improvement.

**Future Research:** Research is ongoing in terms of continual refinement of the Model of Care, and challenging routine outcome practices.

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**Keywords:** ill-health prevention; value based care; severe mental illness; results-based accountability; practice-based evidence

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