



Established 2012

West Des Moines, IA



WHO IS ITP

 Integrated Telehealth Partners (ITP) is a company of ~45 people all dedicated to delivering on our purpose:

"
† timely access via telepsychiatry. "

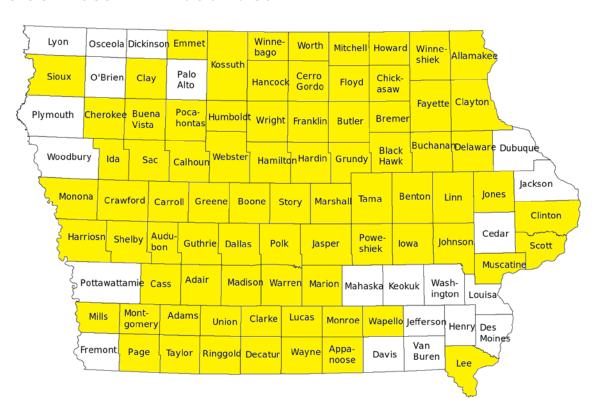
- How Are We Doing? To Date
 - Delivered 40,000 hours of telepsychiatry via 31 psychiatric providers
 - Customers include:

10 MHDS Regions
 20 Mental Health Clinics
 3 ACT Teams
 51 Hospitals
 57 County Jails
 4 Crisis Centers



Where We Are

Provide Services in 77 Counties:





DISCUSSION TODAY:

ITP CRISIS SERVICES:

- Patient Assessment
- Patient Placement

A Better Way.

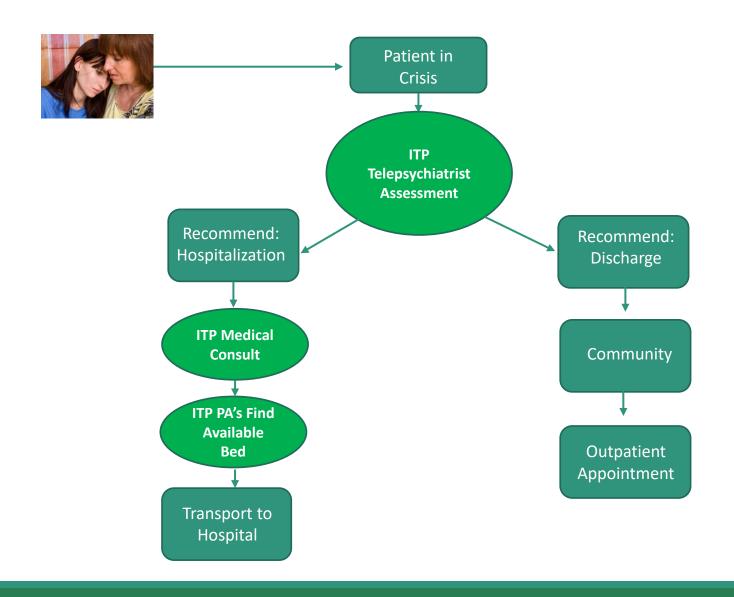


ITP – Crisis Services

- Telepsych Crisis Service → Live 24/7
- Iowa, Serving
 - 51 Hospitals
 - 4 Crisis Centers
 - 1 Substance Abuse Facility
- Funding
 - 9 of 14 MHDS Regions are paying 100% today
 - Unsure if Region Funds can sustain long-term
 - Exploring Alternative Future Funding

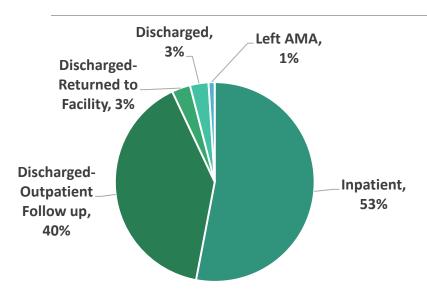
ITP - Crisis Services: Current Process







ITP – Crisis Services: 4,500+ Cases in Iowa ER's



- Median Placement Time: 5.2 Hours
- IP Cases Lasting 24+ Hours: 13%
- Avg. Round Trip Distance: 295 miles

Case Results

- Inpatient
- Discharged-Outpatient Follow up
- Discharged-Returned to Facility
- Discharged
- Left AMA

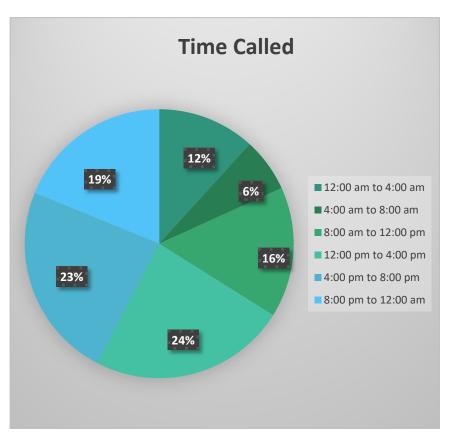
All in Iowa

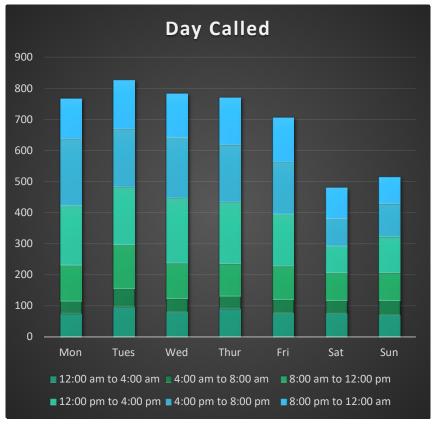
80/20 Rule:

80% Predictable Cases 20% Complex Cases



Emergency Room Requests







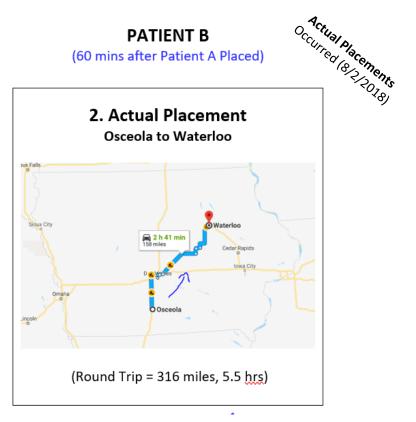
Placement Today: Criss Crossing State

PATIENT A

1. Actual Placement Manchester to Council Bluffs Sioux Falls Sioux City **O**Manchester Cedar Rapids Iowa City uncil Bluffs 6 Lincoln (Round Trip = 572 miles, 9 hrs)

PATIENT B

(60 mins after Patient A Placed)

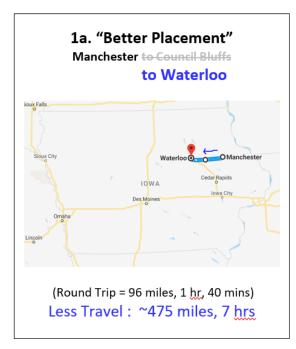


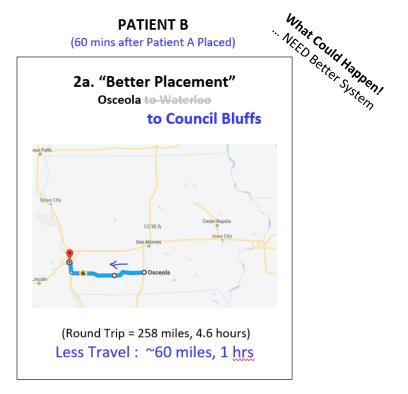
* Above Scenarios Happen Often



"Better Placement": REDUCE Criss Crossing State

PATIENT A





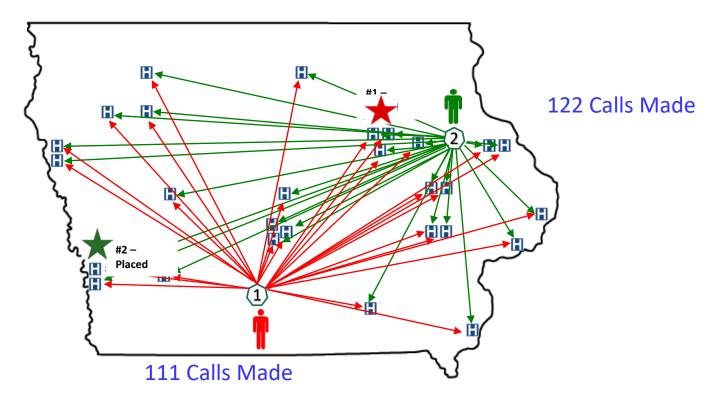
KESULIS - 2 Cases: (out ot tnousands/yr)

- Patients Stay → More Local
- Less Travel: 535 Miles, 8 Hrs



Current Placement Game:

- → "Dial for Beds", Fax to Exchange Patient Information
- → Start Local, Quickly Expand Statewide → ... Take 1st Available Bed





Placement: Different Goals



ER: Want Patient Placed Quickly



IP Unit: Want Appropriate Patient





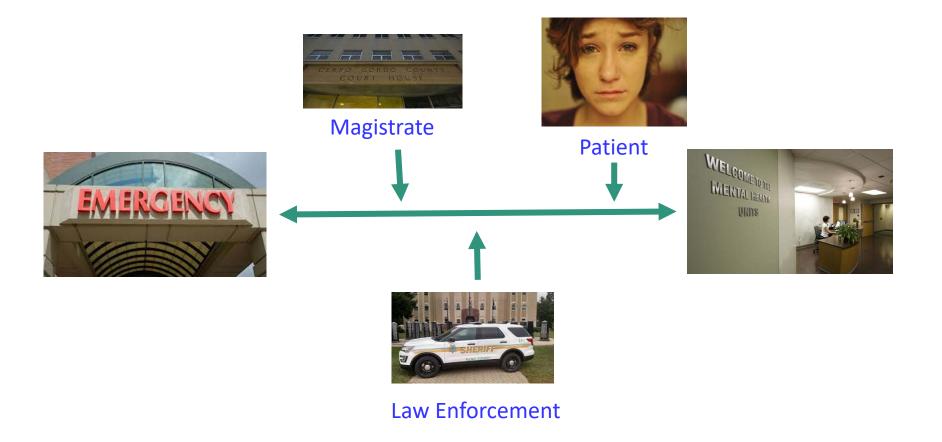
Patient: Want Help Quickly (Local as Possible)

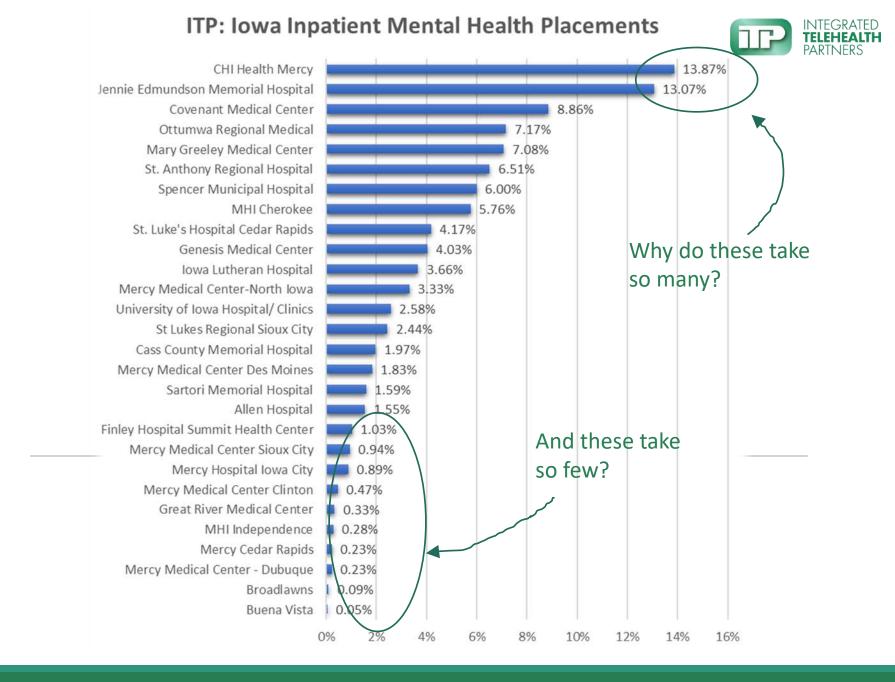


Law Enforcement: Transport (Local as Possible)



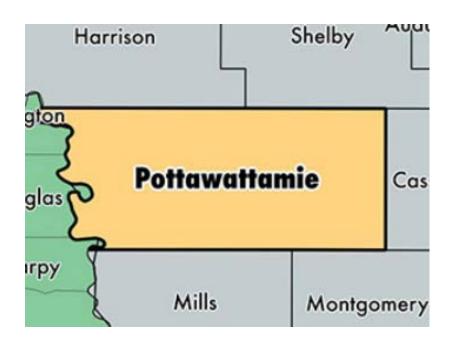
Placement: Stuck in Middle







Excess Capacity: Pottawattamie – Quite a Bit



61 Total Inpatient Mental Health Beds

Jennie Edmundson: 24 Inpatient Mental Health Beds CHI Mercy: 37 Inpatient Mental Health Beds

Population: 93,518

Population to MH Bed Ratio= 1533:1

Percentage of ITP Placements: 26.9%



Excess Capacity: Dubuque – Not Much



29 Total Inpatient Mental Health Beds

Finley Hospital: 9 Inpatient Mental Health Beds Mercy Dubuque: 20 Inpatient Mental Health Beds

Population: 94,648

Population to MH Bed Ratio= 3264:1

Percentage of ITP Placements: 1.3%



Excess Capacity: Des Moines – Notta



8 Total Inpatient Mental Health Beds

Great River Medical Center: 8 IP Mental Health Beds

Population: 40,169

Population to MH Bed Ratio= 5021:1

Percentage of ITP Placements: 0.3%



Capacity: Quick Summary





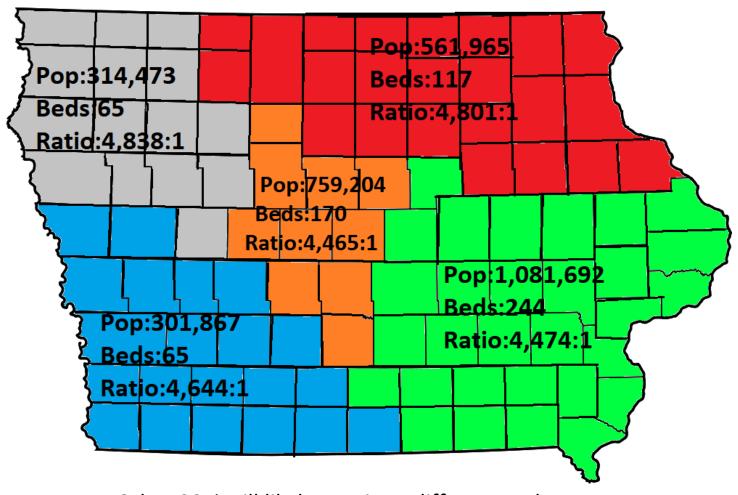


	Pottawattamie	Dubuque	Des Moines
Mental Health Beds	61	29	8
Population	93,518	94,648	40,169
Population to MH Bed Ratio	1533:1	3264:1	5021:1
Percentage of ITP Placements	26.9%	1.3%	0.3%

"Ones who have most excess capacity → take the most patients."



Placement Needs for 80% Can Be Addressed with 5 Placement Zones

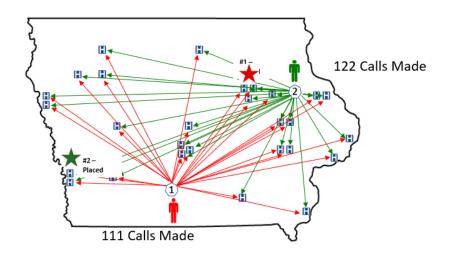


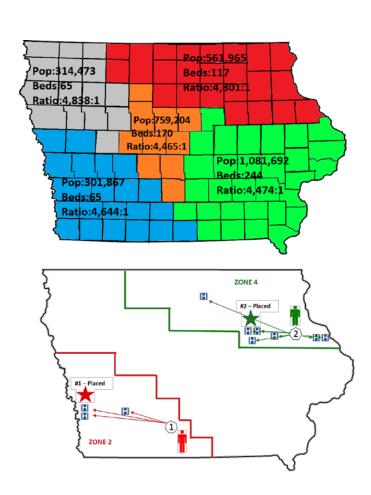
Other 20% will likely require a different path

How Do We Get From:



Here To





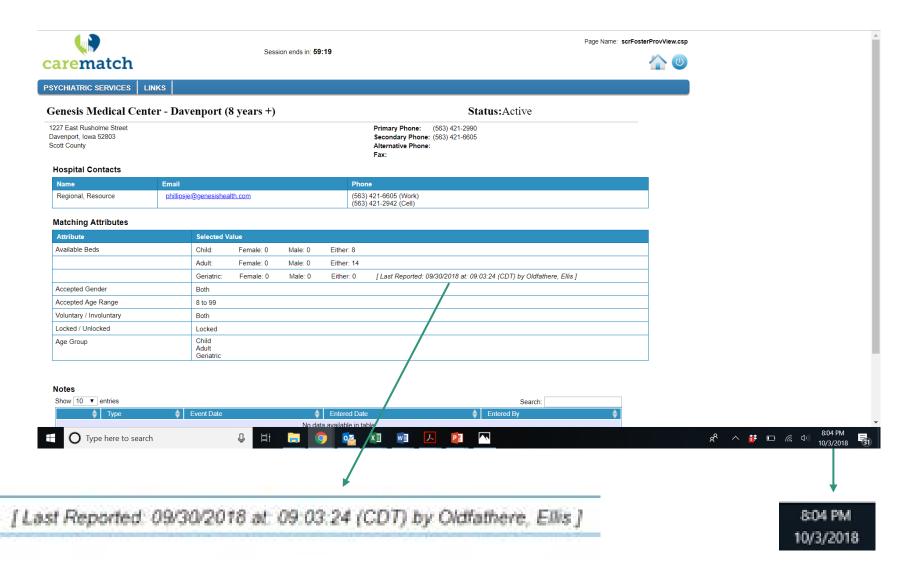
Here



Who Has Beds?

- Only Gives a Picture at a Moment in Time
- Doesn't address what causes bottle neck
- Missing the Patient Factor

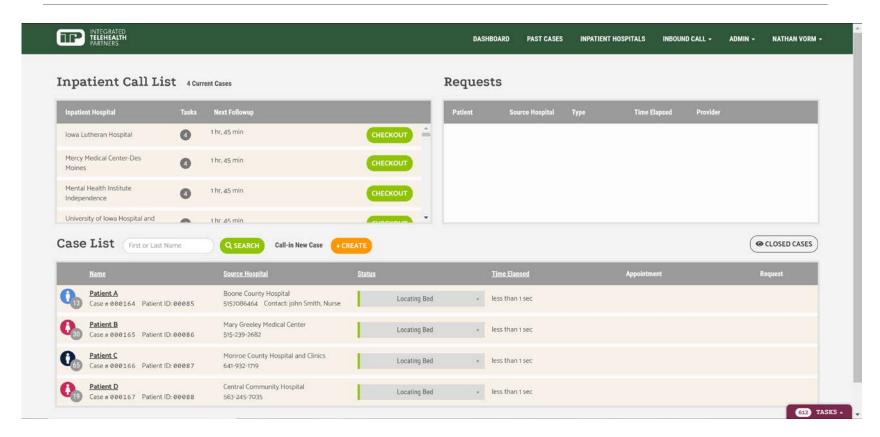






Who Are The Patients?





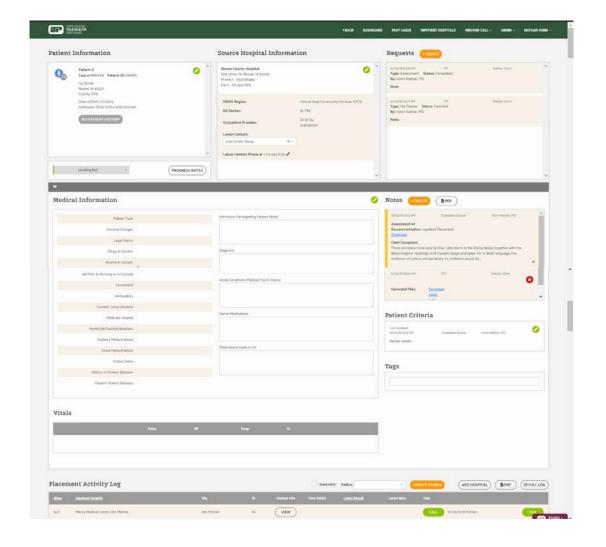
JuvoNow -> Centralized Patient Placement Database





Store Case Data

- Patient Demographics
- Assessments
- Labs
- Notes
- Commitment Documents
- Hospital information
- Inpatient Call Log
- Case length
- Results









Integration: Create More Robust Solution

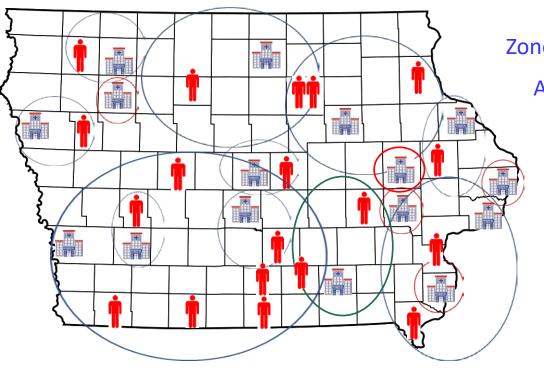


"Bed Supply"

- Puts the Patients & Available Beds on a Single Platform
- Reduces Bottlenecks in Process (i.e. Faxing, etc)
- State has Dynamic Look at what's happening



Placement Zones: Are Dynamic



Zones Will Adjust In Real Time
As Demand/ Supply Change

- Inpatient Units the hubs
- ERs the spokes (today it's vice versa)



Benefits of Centralizing Placements

- Optimize Patient Placement
 - Patients Stay Local
 - Quick Decisions
 - Reduce Travel Costs
 - Documents in one locate
- Data Analytics
 - Demographics & Diagnosis
 - Identify patient trends
 - Track Activity at All Levels
- Creates Accountability



Proposal

- Implement Statewide Mental Health & Substance Abuse Placement System
- Integrate Care Match with JuvoNow Platform
- Collect data and work with DHS to
 - Continuously improve process for all
 - Address the 20% needing a different path

Next Steps



Thank You!

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