

Nassau Queens PPS lowers emergency room visits from Creedmoor campus

When the partners of Nassau Queens Performing Provider System considered how to lower emergency room visits for their patients, they developed a heat map showing where residents were more likely to end up in the ER or hospital.

One hot spot: the campus of Creedmoor Psychiatric Center, where outpatients who receive treatment or live in community residences on campus are responsible for an outsize number of ER visits. Most frequently they are taken to Zucker Hillside Hospital in Glen Oaks and Long Island Jewish Medical Center, a partner in Nassau Queens PPS, in New Hyde Park.

To tackle the problem, Nassau Queens PPS, the DSRIP network led by Nassau University Medical Center, Catholic Health Services of Long Island and Northwell Health's LIJ, created a Local Emergency Assistance and Diversion team in July to intervene when an individual on the campus was in crisis.

The program has made 211 visits to client from July to January 2018, and in 205 cases it was able to de-escalate the situation without a trip to the emergency room. Of course, that doesn't take into account the ER visits that occurred when the LEAD team wasn't called. That's why the group is trying to increase awareness about the option.

"The key to me for this whole thing is the use of the peer—that's someone who has been there themselves," said John Javis, director of behavioral health at Nassau Queens PPS. "It's been found to be a very successful approach." He noted that the peer workers can discuss their own strategies for dealing with issues such as depression and encourage clients to take their medication and participate in group counseling.

The workforce comes from Transitional Services for New York, a Whitestone-based mental health nonprofit, which has a contract with Long Island Jewish Medical Center. The PPS has provided the roughly \$300,000 to fund the contract.

The program also aims to lower the burden on NYPD and EMS responders who are called to the Creedmoor campus frequently.

"The LEAD team plugged a key gap in the crisis response system in New York City, reducing the need to utilize the 911 system in response to mental health crisis," Daniel Donoghue, chief operating officer at Transitional Services, said in a statement.

The program is an example of how DSRIP is allowing providers to experiment with ways to limit costly ER visits, said Harvey Rosenthal, executive director of the New York Association of Psychiatric Rehabilitation Services, an Albany-based coalition of mental health agencies.

"When DSRIP money goes away, what will fund these things? If these programs are successful, managed care and other payment mechanisms will pick them up," he said.