Behavioral Health Impacts to the Primary Care Setting

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Behavioral Health Epidemic

1 in 8 Emergency Room Visits has a Primary Diagnosis Related to Mental Health or Substance Abuse Disorder





Behavioral Health Epidemic

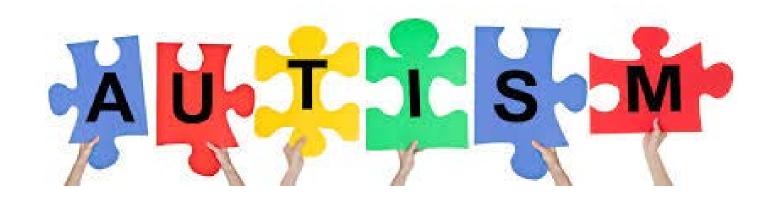
1.2M ER Visits Related to Drug Overdose





Behavioral Health Epidemic

Adolescents with autism spectrum disorder (ASD) use emergency-department services four times as often as their peers without autism





Emergency Room Impacts

- MH Patients Waited an Average of 2 Hours Longer
 More than Twice as Many Waited an Average of 6 hrs
- Psychiatric patients who were transferred waited an average of nearly three hours longer
- Psychiatric patients who were discharged from the ER waited an average of just over an hour longer



Emergency Room Impacts

"Boarding psychiatric patients in an emergency department is both poor medicine and expensive." The average cost per patient is more than \$2,000 (in addition to general medical care)

Scott Zeller, M.D., chief of psychiatric emergency services at Alameda Health Systems in Oakland, Calif



Workforce Impacts

- *88 of 93 Counties in Nebraska qualify as Designated MH Professional Shortage Areas
- ❖ 50% of Behavioral Health Workforce is Over Age 50
- Baby Boomers are Expected to Further Stretch Capacity



BH Impact

- Demand is Growing (Baby Boomers, Autism, Opioid)
- Workforce Supply is Shrinking
- EDs are Stressed





Help is Coming

- ONC Focus
- Same Story, New Book
 - * Telehealth
 - Health Homes
 - Coordinated Care



What are the Integrated Care Impacts:

- Patients/Clients?
- **❖** Workforce?
- Physical Care Settings?
- Quality Indicators?
- Technology?



Impact on Patients/Clients

- Case Study: "Jacob"
 - Diagnosed Autistic at the Age of 2
 - Non-Verbal; Limited Eye Contact
 - Self-Soothing: Fluttering Hands & Twirling
 - Minor Self Abuse
 - Emotional Outbursts



Impact on Patients/Clients

- "Jacob's" Coordinated Treatment Plan
 - Trained Counselors
 - Neurological Treatments
 - Nutritional Plans
 - **Exercise Plans**

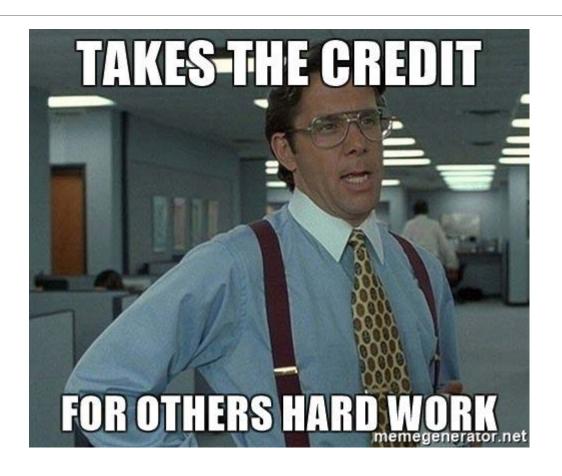


Impact on Patients/Clients

- "Jacob" is Now 9
 - ❖ 4th Grader
 - Plays Organized Baseball, Basketball, Swimming
 - Goes Camping, Rides Bikes & Scooters
 - Very Social, Active Talker
 - Few Lingering Soothing Traits



Who Get's the Credit?





Collaborative Care:

Treating MH and SUD Clients with a Collaborative Approach has the Potential to Reduce Healthcare Visits by Such Patients

Denver Study: \$19K in Savings w/ Early Autism Intervention



Impact

- How Much Benefit Does Coordinated Care Provide?
- What are the Financial Impacts?
 - Healthier Patients Fewer Treatments
 - Increased ER Capacity / Decreased Staffing Requirements
 - Maximized CMS Reimbursements
 - Decreased Patient Costs



Open Discussion

- **ER Volume & Priority**
 - Will Reducing MH & SUD ED Visits Decreases Wait Times Across the Board
 - Will Reduction in Admits Related to MH & SUD Impact Reportable Quality Metrics (i.e. MIPS)



CMS

- CMS Increasing Reimbursement Rates for Face-to-Face MH Treatments in Primary Care Setting (Jan 2018)
- CMS Began Directly Reimbursing Clinicians Who Coordinate Care for Patients with BH Conditions.
- HFMA: Greatest Opp to Elim Waste: Clinical Process Redesign

Clinical Process Improvement

- Hospitals Moving to Include MH Professionals in Physical Care Settings, And Vice Versa (NJ)
- Inclusion of MH Professionals in Population Health Initiatives Can Positively Impact Outcomes



Technical Considerations

- Integrating ADT/LAB/Pharm into BH Systems
 - Cost Avoidance
 - Workflow Simplicity
 - Case Study
 - Consent



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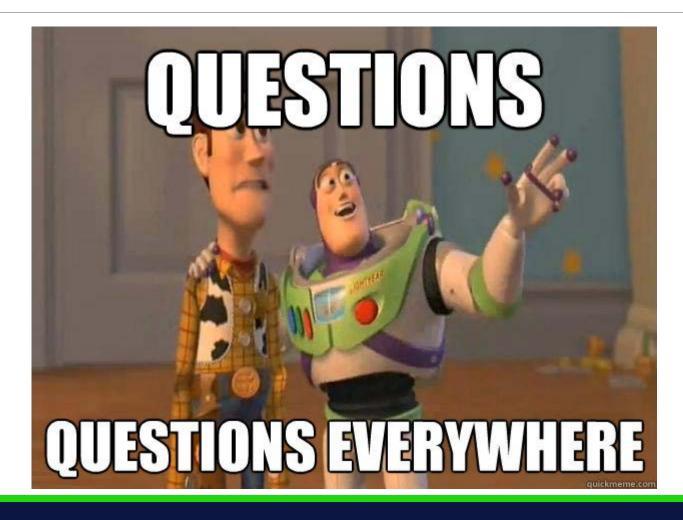


Other Factors

- Quality Indicators
 - BH Maintains Similar Quality Indicators
 - Predictive Analysis Impact
- State Funding
 - ❖ NE State-Funded MH/SUD Care
 - Medicaid Cross-Eligibility Checking
- CMS Incentives?



Questions/Discussion?





When Is the Future?





HIMSS18?





NE HIMSS Networking Reception





Questions – Chris Henkenius

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