Beyond the Bucket Brigade:
Strategies for Behavioral Health Management Across the Continuum of Care

Modern Behavioral Care from Hospital to Home

Hosted by the AHA and Array Behavioral Care

Speakers

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Lack of Timely Access and Crisis Intervention is Costly to Payers, Providers & Patients

>55%
Counties without any psychiatrists

6k - 15k
Estimated psychiatrist shortage by 2025

60%
Adults with mental illness who did not receive care last year

$3,321
Two-year cost reduction for receiving regular outpatient behavioral health treatment

1 in 3
Americans will have mental health and/or substance use issues this year*

3.2x
Longer wait time for psychiatric patients in ED than non-psychiatric patients

17 million
Adults have had at least one major depressive episode in the past year

$30-$50K PMPY
Cost of "frequent fliers" with behavioral health diagnoses

Array has been providing timely access to crisis intervention and telepsychiatry at scale for 23 years

*Estimates by the National Council for Behavioral Health via McKinsey, CIGNA Evernorth Study 2023, and Array Actuarial Study 2023 of Behavioral Health Frequent Fliers in Medicaid populations

The massive **psychiatrist deficit** makes it difficult for patients to efficiently **navigate behavioral health** leading to **disorganized and inefficient care**

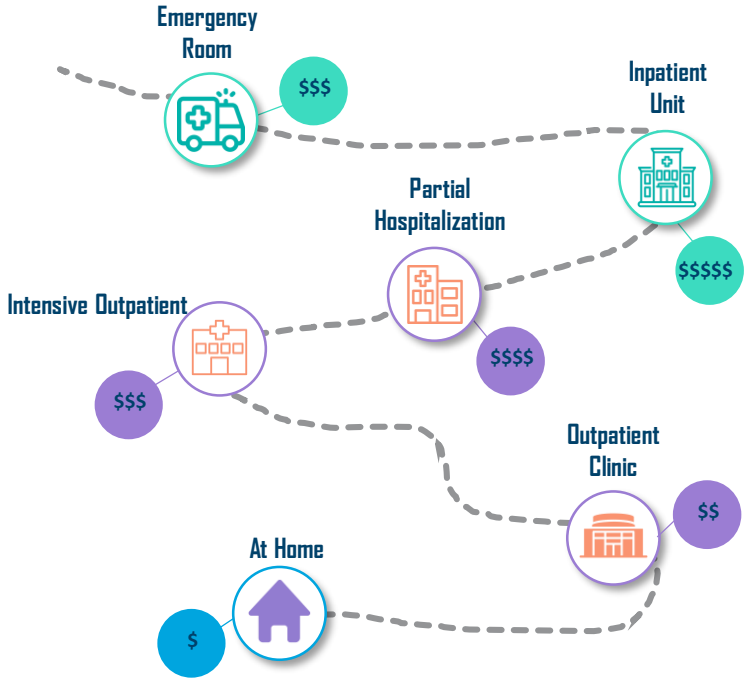
Psychiatrist Deficit

Community: Self-Directed Care

Unable to access top of license psychiatry, patients bounce between too many different types of fragmented support

Hospital: ED Initiated Care

Without psychiatrists to make proper level of care decisions, patients are inappropriately admitted and then inefficiently flow through multiple expensive settings



Behavioral Health Patient Journey

Community Care

Primary Care Settings

and/or

Outpatient Behavioral Health

or

Virtual At Home

Acute Care

Emergency Department

↓

Psychiatric Inpatient

Post-Acute Care

IOP/PHP

or

Primary Care Settings

or

Outpatient Behavioral Health

or

Virtual At Home

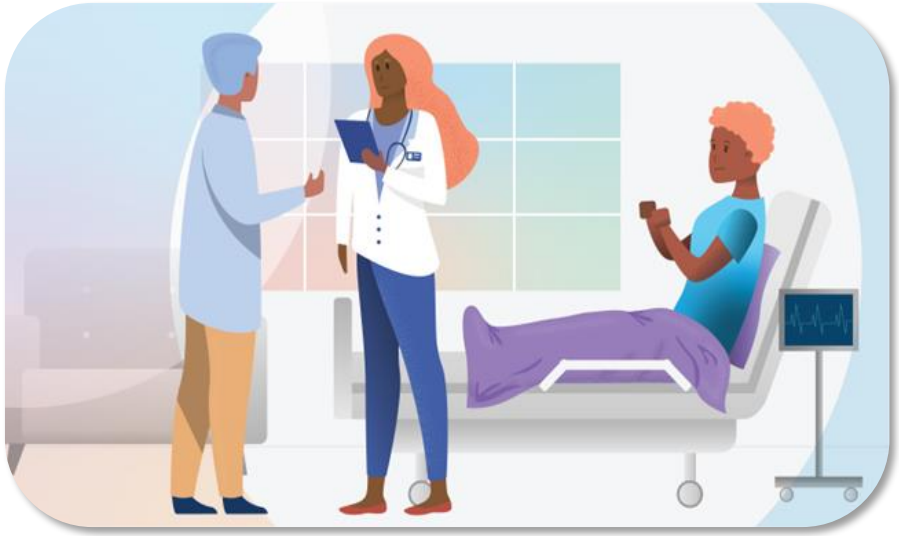
Behavioral Health Care in the ED

Current State

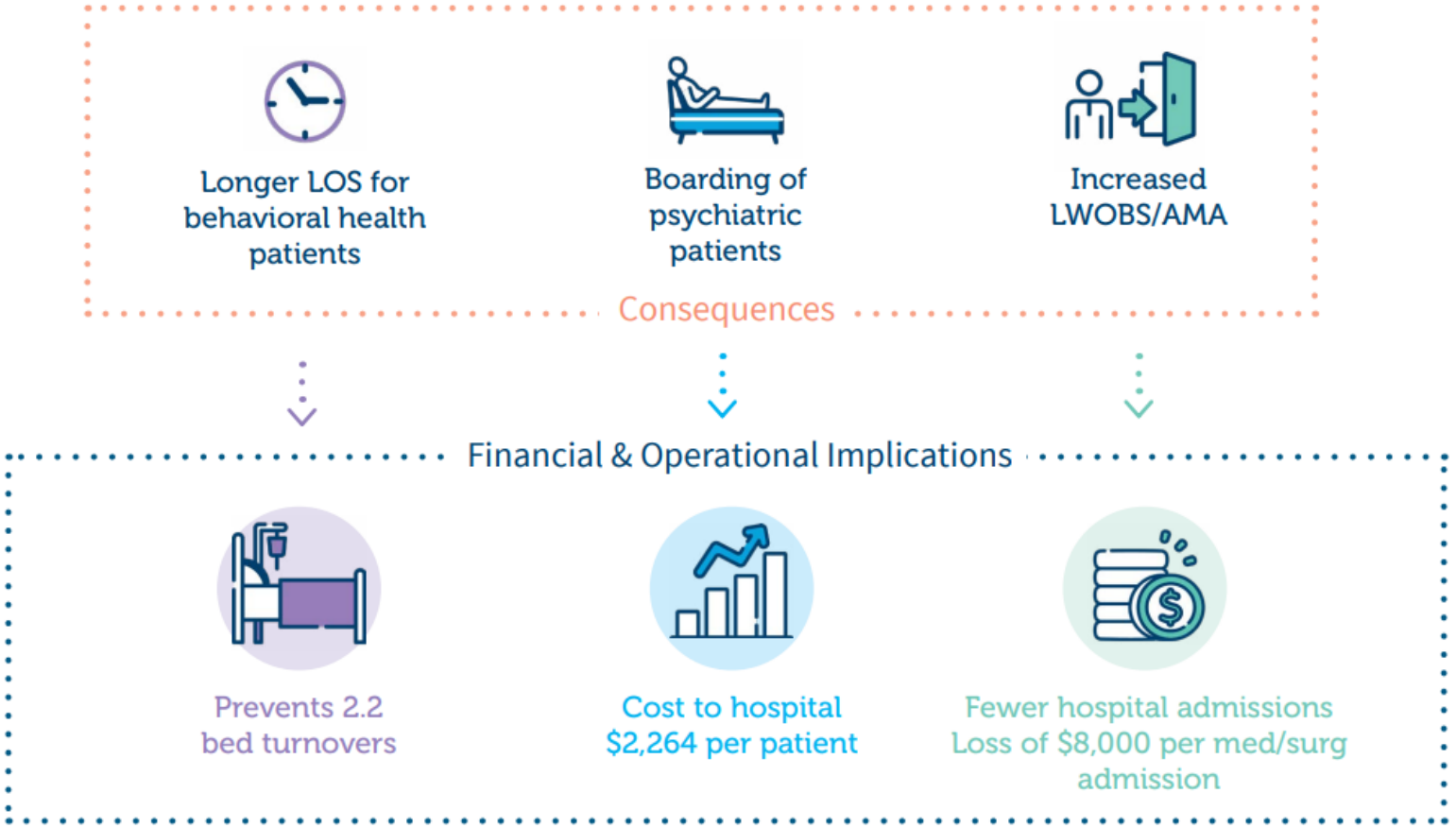
- **Prolonged boarding and length of stay**
  - Lack of direct access to psychiatrists and insufficient or delayed access to mental health screeners results in long wait times for evaluation
  - Mental health patients, on average, wait 14 hours longer than other patients, contributing to ~$2,600 in incremental costs.

- **Poor patient experiences, outcomes and treatment delays**
  - Once medically cleared, patient with behavioral health issues are often sedated or restrained while awaiting psychiatric evaluation or placement
  - Patients rarely receive stabilizing medication or therapy to advance their care while they wait
    - Patients' condition often worsen and symptoms deteriorate
    - Rarely receive talk therapy to de-escalate their crisis

- **Inappropriate admissions**
  - Most common disposition is inpatient psychiatric hospitalization
    - Rarely re-evaluated to determine if their condition has stabilized and they can be safely discharged to care in the community



Impact of Inefficient Management of Behavioral Health Patients in the ED



The longer a patient's ED length of stay, the higher the cost of care. Often, these costs are not reimbursable, which causes a tremendous financial drain on the hospital.

The most common expenses include:

- Sitter utilization costs
- Labor costs for overtime
- Medical supplies and labs
- Workman's comp related to injuries of hospital staff who care for psychiatric patients
- Overhead allocation
- Meals

Indirect costs include:

- Increased liability and risk exposure
- Staff retention and satisfaction
- Recruiting challenges
- Diverts resources away from areas of strategic priority

Behavioral Health Care in the ED

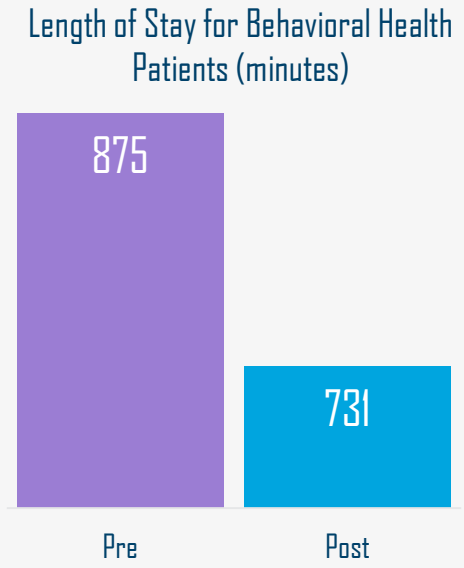
Optimal State

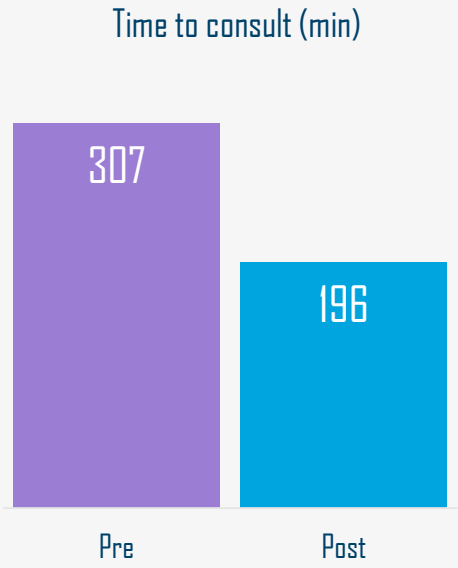
- **Real time triage, assessment, and level-of-care determination**
  - Includes direct patient psychiatric encounters as well as peer-to-peer consultations with ED physicians or hospitalists
  - Psychiatric expertise and evidence-based level of care guidelines enable patients to be quickly directed to a suitable and effective setting
- **Care plan initiation and treatment**
  - Care plan developed in collaboration with other treating providers
  - Psychiatrists can prescribe medication (if needed) and initiate stabilizing treatments
  - Patients waiting for inpatient placement can be virtually reassessed daily to determine if safe to discharge and receive therapy to advance their care while they wait for transfer
- **Transitional care management**
  - Care coordinators support admission planning, care transitions, discharge planning, and post-discharge follow up to help facilitate a successful referral and linkage to the right next level of care

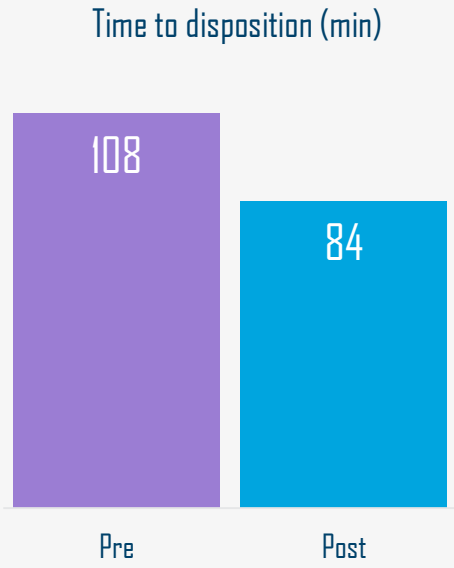
Real World Results: Behavioral Health Case Study

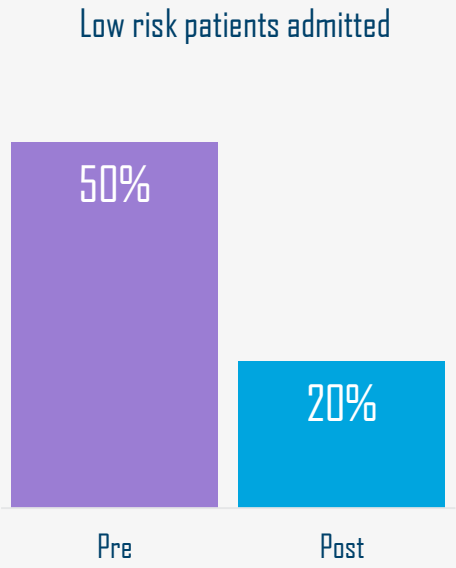
PROBLEM: Current behavioral health ED approach results in little treatment, high length of stay, and high utilization on inpatient psychiatric resources.

SOLUTION: Large health system partnered with Array to develop strategies to provide timely, as-needed access to behavioral health specialists to quickly assess, treat, deescalate, and discharge patients.









Program started September 14, 2022. Data through December 2022

Community Behavioral Health Care Upstream and Downstream of the ED

Current State

- Reduced stigma and increased awareness of behavioral health has led to more patients seeking connections to care on their own
  - However, many are confused and unsure how to navigate the options to find the path that's right for them
- PCPs are largely managing the behavioral health care needs of their patients due to the lack of available referral options in their community
  - Many are not comfortable diagnosing and treating high-acuity conditions
- Because of the supply demand imbalance that exists, many behavioral health practices are not accepting new patients and/or do not accept insurance
  - As a result, patients face long wait times or must travel significant distances for an appointment; many go without the care they need and eventually end up in the emergency room in crisis
- Community mental health centers are overwhelmed and constrained by high demand and an unfavorable financial environment
  - Many are under tremendous financial strain because of FFS arrangements and insufficient state funding
- Insufficient resources in the community has contributed to increased number and acuity of patients presenting to EDs with behavioral health concerns
  - Hospitals and health systems are actively planning a behavioral health strategy but are hamstrung by scarce clinical resources
- Each care setting remains siloed, so coordination of care across the patient journey is fragmented
  - This further compounds the existing problem of sub-optimal utilization of limited behavioral health resources

Community Behavioral Health Care Upstream and Downstream of the ED

Optimal State

- **Goal is to provide the right care, at the right time, in the right setting**
  - Meet patients where they are and leverage healthcare institutions in the community that patients know and trust to inform them and route them to the appropriate path to care
- **Reduce preventable ED utilization by treating as many patients as possible in the community**
  - Requires communication, collaboration and coordination between hospitals, FQHCs, CMHCs, private practices and other resources that exist in the community
    - Need to stratify so patients are going to the right place, not just any place
- **Optimized network of community behavioral health resources upstream and downstream of the ED include:**

Virtual Psychiatry and Therapy at Home

- For patients with mild, moderate and severe mental health issues, excluding crisis services
- Can be used as a bridge program post-discharge or for longitudinal care

Outpatient Behavioral Health

- For patients with mild, moderate and severe mental health issues
- Need to optimize case management
- Maximize impact with limited resources

IOP/PHP

- Valuable for post-acute discharge for patients with moderate to severe mental health conditions
- Costly/resource-intensive to maintain

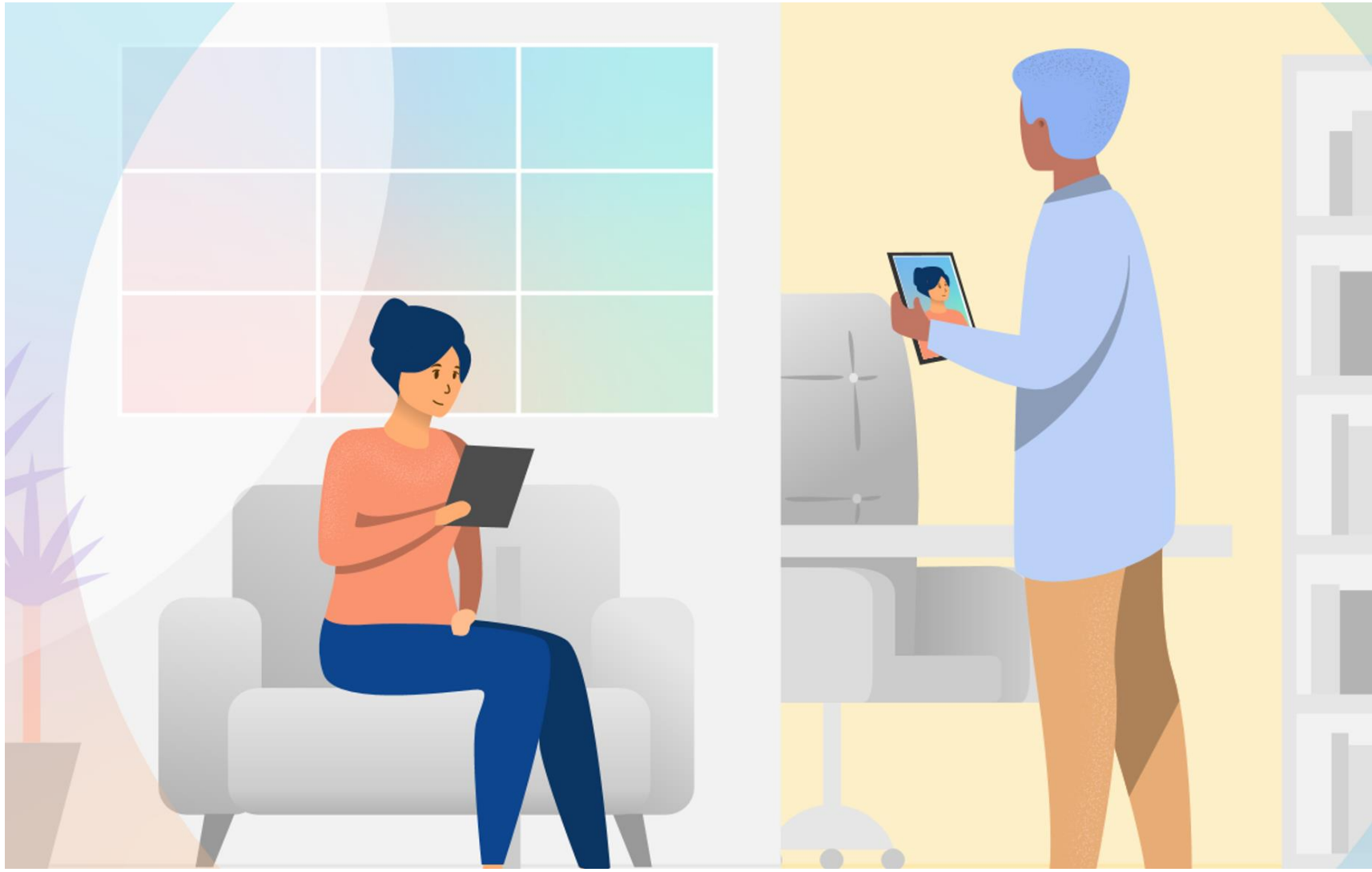
Primary Care Settings

- For patients with mild to moderate mental health issues
- Need to support with training and resources
- Behavioral health integration and collaborative care

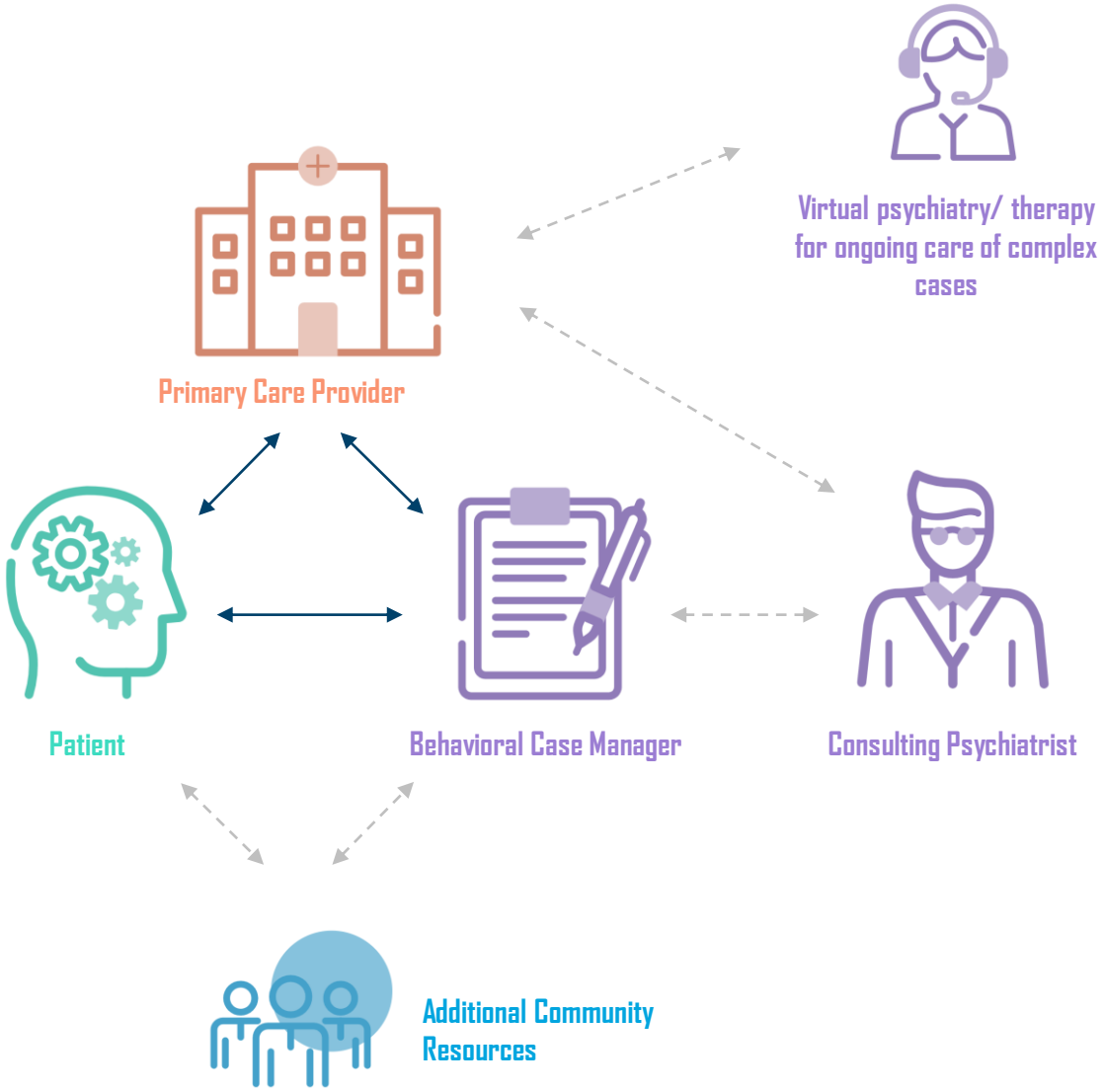
Augment Behavioral Health Capacity in Outpatient Settings

Dedicated clinicians available in consistent, preestablished blocks of time for initial evaluations, medication management, therapy, and doc-to-doc consultations

- ✓ Access turnkey psychiatric capacity
- ✓ Improved clinical outcomes with fully integrated care
- ✓ Reduce psychiatric hospitalizations and readmissions
- ✓ Minimize misuse of limited and costly emergency resources
- ✓ Documentation in existing EHR for improved coordination of care



Behavioral Health Integration in Primary Care through Virtual Collaborative Care



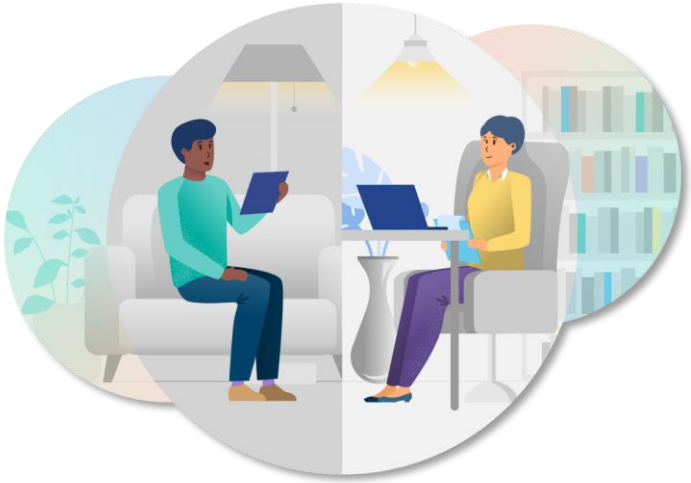
A model to manage patients with medical and mental health conditions.

- Enables PCPs to keep patients under their direct care while providing comprehensive behavioral health services
  - Assessment
  - Intervention
  - Treatment
  - Management
- **Behavioral Health Integration**
  - ✓ Dedicated, virtual behavioral health case manager
  - ✓ Regular access to a consulting psychiatrist
  - ✓ Digital library of validated scales for diagnosis, assessment, behavioral intervention
  - ✓ Referral options beyond CoCM for complex cases
  - ✓ Documentation in existing EHR for improved coordination of care

Virtual Psychiatry and Therapy At Home

Virtualized outpatient clinic that provides psychiatry and therapy services directly to individuals in their homes though a secure, HIPAA- compliant platform

- ✓ Access to behavioral health specialists in home
- ✓ Reduced wait times for appointments
- ✓ Convenience and great patient experience
- ✓ Cost-effective care that reduces expensive hospitalizations
- ✓ Improved care collaboration and coordination with referring providers by sharing care/treatment plan and notes



Patient is referred to virtual psychiatry and therapy at home

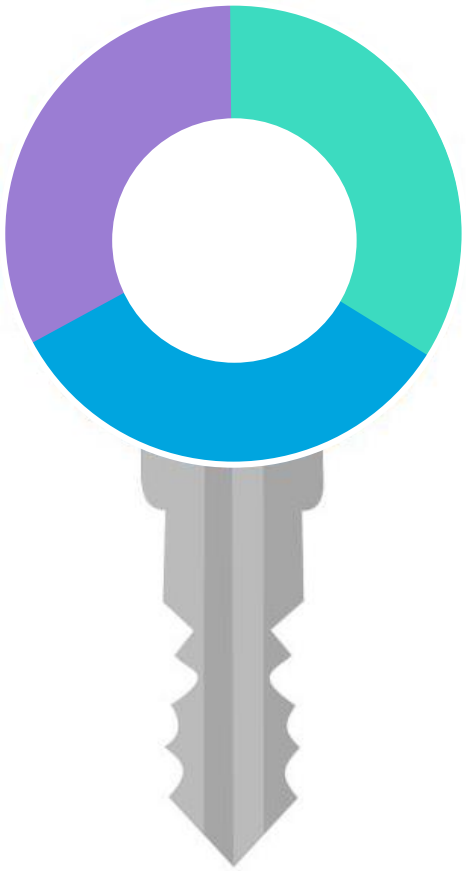
Initial Intake and determine level of care
PHQ-9, GAD-7, PSS-3

Low Acuity Treatment Path

Moderate Acuity Treatment Path

Higher Acuity Treatment Path

The Ideal Solution Requires a Team Effort



1

Identify community partners and collectively perform a community needs assessment to:

- Discover where care gaps exist
- Evaluate current behavioral health resource utilization and needs across the system of care in your community
- Determine ways to improve care coordination and facilitate care transitions

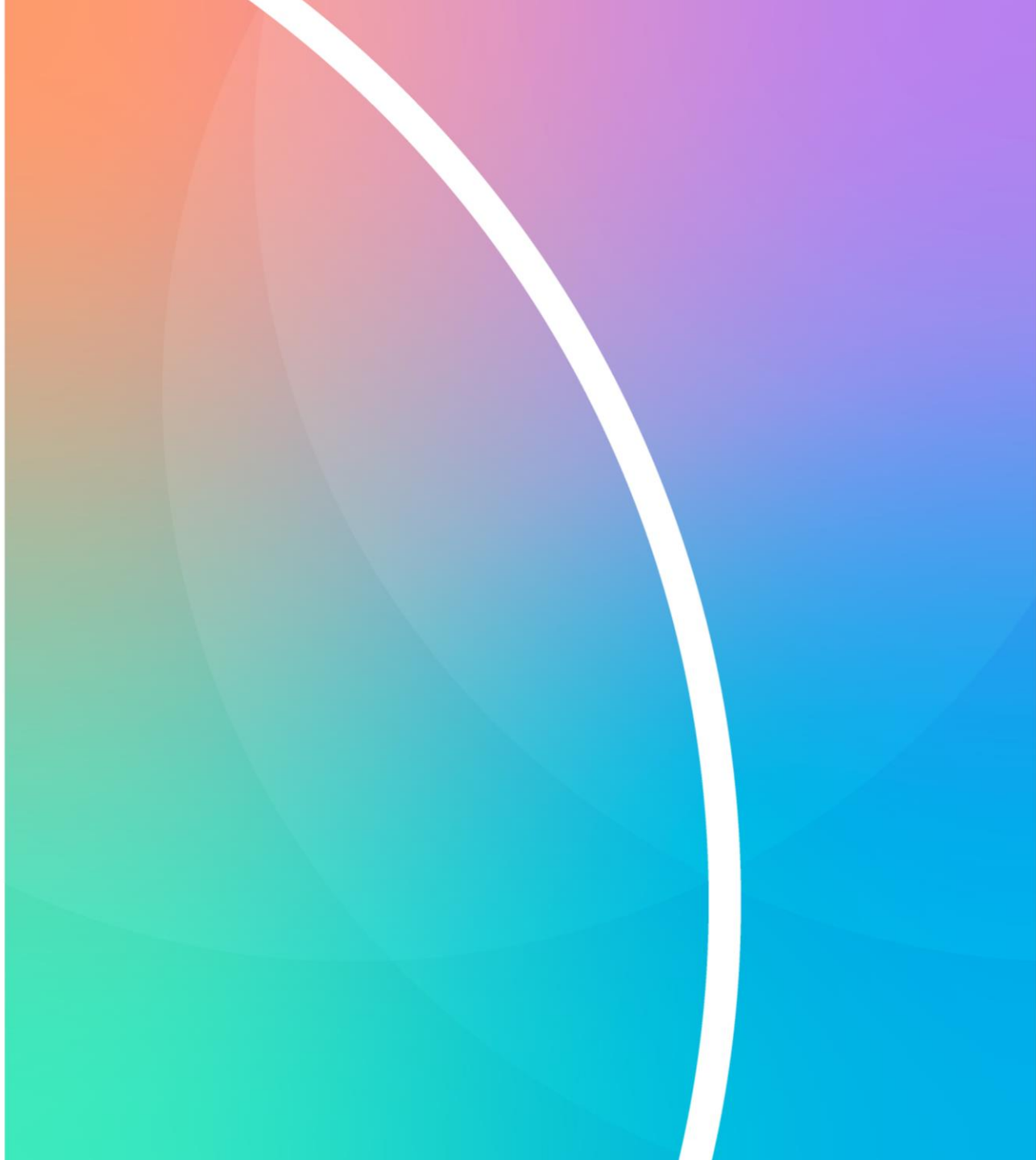
2

Convene all stakeholders – including payers and industry partners – to design a unified strategy that spans the full continuum of care and to work together to execute it

3

Success requires an all-hands-on-deck effort, and a proactive, holistic approach

- We must break down our siloed mentality and broaden our thinking beyond reactive, temporary, stop-gap solutions
    - Don't let urgency overshadow necessity
- We can't bail out one boat by sinking another; instead of constantly bailing out the boat, let's work together to plug the holes



Questions?