



BEHAVIORAL HEALTHCARE PROVIDERS

An Acute Assessment: Using Telemedicine to Streamline Mental Health Care Delivery in Emergency Departments

Problem

Approximately one in five adults in the United States has a mental illness,¹ but only 41% of those with a mental illness receive the necessary treatment.² When left untreated, mental health issues can enter a crisis state, and patients often end up in the emergency department. In fact, one in eight emergency department visits in the United States is for treatment of mental health or substance use disorder.³ Most emergency departments do not have the staffing or expertise to properly assess and treat mental health patients, leading to long wait times, poor patient experiences, and unnecessary inpatient admissions.

Solution

Behavioral Healthcare Providers, a non-profit behavioral health organization in Minnesota, integrated telemedicine into its Diagnostic Evaluation Center program to provide emergency departments access to mental health clinicians for crisis assessments and interventions.

Result

Through its virtual crisis assessment service, Behavioral Healthcare Providers has:

- Completed more than 5,000 mental health crisis assessments annually via telemedicine
- Decreased the patient median wait time closer to 30 minutes
- Reduced inpatient admissions by approximately 33% for mental health patients in the ED

5k+

Virtual Mental Health Crisis
Assessments Annually

Decreased assessment
wait times to less than

30 MIN

33%

Reduction in
in-patient admissions

Background

Behavioral Healthcare Providers (BHP), headquartered in Minnesota, is an M Health Fairview non-profit organization dedicated to facilitating access to high-quality, convenient and cost-effective behavioral health services. BHP has an extensive behavioral health provider network consisting of more than 5,500 providers and programs. The organization provides primary care offices, schools, and hospitals with access to its provider network to improve patient access to mental health services.



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In 2002, BHP launched its Diagnostic Evaluation Center (DEC©) to help support emergency department providers in assessing patient risk and providing effective crisis intervention. Originally, these assessments were done in person, but in 2012 Behavioral Healthcare Providers partnered with American Well to deliver them virtually. By conducting these assessments via telemedicine, BHP hoped to scale the program and provide EDs with a more timely methodology for connecting patients in need with an appropriate clinical provider matched for clinical expertise, location and payer.



Mental Illness in the Emergency Department

Approximately one in five adults in the United States has a mental illness,¹ but only 41% of those with a mental illness receive treatment for it.² Many are seeking help; the challenge is that they struggle to access help. The majority of people with a mental health challenge are not able to access care before symptoms reach a crisis.

“Few people start their day planning a visit to an ED for mental health symptoms; yet for many their symptoms become overwhelming, their feelings intolerable and their inter-personal conflicts unmanageable; making an ED visit essential,” says Rebecca Foster, Director of Operations for Behavioral Healthcare Providers. “And for those patients, they come to an ED needing assessment of their symptoms, tools for de-escalating their crisis and a plan to engage in ongoing care to avoid future crises and feel better.”

Overall, one in eight emergency department visits in the United States is for the treatment of mental health or a substance use disorder.³ The problem is most EDs do not have the behavioral health provider staffing to properly assess and treat mental health patients. Only 17% of emergency physicians reported having a psychiatrist on call to respond to psychiatric emergencies in the ED.⁴

This lack of resources is compounded by a lack of inpatient beds, which leads to “ED boarding” and long patient wait times. The average ED wait time for a medical condition is roughly 4 hours, whereas the wait time for a mental health condition is roughly 19 hours.⁵ When inpatient beds are available, patients with mental health issues are more than twice as likely to be admitted compared to medical patients.⁶ Often, these costly inpatient admissions are unnecessary and can be avoided by an assessment with a licensed mental health clinician.

“By the time a patient comes to an ED in a mental health crisis their symptoms are often intense. The intensity of symptoms makes admission to an inpatient mental health unit appear advisable. But for many of these patients, psychoeducation, crisis intervention support, and the development of an individualized safety and post-discharge care plan can allow them to be cared for on an outpatient basis and avoid hospitalization,” says Foster.

Implementing virtual care into mental health diagnostic evaluations

Through its Diagnostic Evaluation Center program, Behavioral Healthcare Providers provides hospital EDs with access to licensed mental health clinicians who can assess mental health patients and assist on-site staff in making decisions about an appropriate care plan. When the program launched in 2002, Behavioral Healthcare Providers was providing assessments in person, where the clinician was in the same room as the patient. In 2012, Behavioral Healthcare Providers partnered with American Well to grow its DEC© program by adding the use of technology. Delivering this type of mental health assessment via telemedicine requires five main steps.

- 1. Triage:** When a patient presents in the ED with a mental illness, they are triaged and medically cleared by the emergency room physician.
- 2. Request Coordination:** The ED team then uses American Well's telemedicine technology to request an assessment from a BHP clinician.
- 3. Video Visit:** The remote mental health clinician has a virtual visit with the patient.
- 4. Disposition Determination:** After the visit has ended, the remote mental health clinician recommends the next appropriate level of care to the ED physician.
- 5. Care Coordination:** Based on the remote clinician's recommendation, the team works together to coordinate care for that patient.
 - **In-patient care:** If it is recommended that the patient receive inpatient care, the team then determines what location would be most clinically appropriate for that patient—whether it be the current hospital or another facility.
 - **Non-inpatient care:** If non-inpatient care is recommended, a BHP team member can schedule a visit with one of the 5,500 providers or programs in their network. "The providers in our network set aside open appointment times so when a patient comes into the emergency department at 2 am and it is determined that being engaged in outpatient services is the appropriate next level of care for them, we don't need to make calls or wait for an office to open in the morning to schedule an appointment," says Foster. "Our coordinators use our online scheduling tool to secure an open appointment, so the patient can leave the emergency department with an actual appointment, not just a list of names and phone numbers of providers in their area."

Clinical advantages of a telemedicine program

Behavioral Healthcare Providers' virtual DEC© program provides clinical advantages to emergency departments:



Extend existing resources: The Behavioral Healthcare Providers virtual telemedicine program is designed to wrap around the behavioral health services that a hospital already has in place. If an ED has social workers on site during the week from 8 am to 4:30 pm, BHP providers can provide wrap-around coverage after hours and on weekends. If the ED has no behavioral health providers, BHP can provide 24/7 behavioral health support.



Safety in Standardized Assessment Tools: BHP's remote clinicians utilize a standardized crisis assessment and care planning tool to safely assess patients. "That makes a difference in being able to safely discharge patients with behavioral health needs from the emergency department," says Foster. "Our providers seek to understand the crisis, assess risk, work with patients and families to create a crisis safety plan and provide a warm transition to the next level of care, including a caring contact by telephone the following day to ensure a good connection with the follow-up."

provider.” While traditional ED providers manage patient risk by admitting more patients, BHP clinicians mitigate some patient risk by developing an individualized safety plan and engaging family members when appropriate.



Data-Driven Recommendations: By utilizing standardized assessments, EDs can reduce unnecessary inpatient admissions and identify those patients with the greatest needs. BHP follows up with patients who would benefit from outpatient care to increase the likelihood that they will keep their appointments and not return to the ED.



Better out-patient resources: Through its network of behavioral health providers, Behavioral Healthcare Providers can offer patients quick access to outpatient services. “Asking patients in crisis to take a referral and follow-up to make an appointment and then wait for weeks to have a first appointment is not a reasonable plan and leads to an increased rate of hospitalization,” says Foster. “To be able to assess the patient, determine that the next level of appropriate care is in an outpatient setting, and know that we have a quality mental health provider to connect them with is hugely important. At any point in time BHP has approximately 600 open appointments in the next 10 days to offer crisis patients. Our goal is for them to have an appointment within 48 hours of their discharge from the ED.”

Results: Streamlining ED care for mental health patients

When Behavioral Healthcare Providers launched its Diagnostic Evaluation Center in 2002, they were providing in-person assessments at one emergency department. Since launching virtual assessments, BHP has greatly expanded the reach of its program and in 2019 did more than 5,300 virtual assessments at more than 30 emergency departments across Minnesota and Wisconsin.

The virtual DEC© program is designed to decrease long wait times, improve patient experience, provide effective crisis intervention, and reduce unnecessary inpatient admissions and return visits to the ED for similar crises. Through the program, Behavioral Healthcare Providers has reduced the median wait time for its mental health patients closer to 30 minutes. This can help to reduce overall time spent in the ED for mental health patients, which is roughly 19 hours as a national average.

Through Virtual Assessments, BHP has:

EXPANDED CARE TO
**30+ EMERGENCY
DEPARTMENTS**

REDUCED THE AVERAGE
WAIT TIME TO
30 MINUTES

UNNECESSARY
ADMISSIONS
REDUCED BY 33%

ACHIEVED PATIENT
SATISFACTION
SCORE OF 83%

From a cost savings perspective, BHP’s virtual assessments have reduced unnecessary admissions by 33%. BHP found that roughly 60% of behavioral health patients seen in the ED can be discharged for outpatient care while approximately 40% will need inpatient care. “When you look at the national average for inpatient admissions of mental health patients, it’s usually around 60%,” says Foster. “By combining virtual assessments with ED physician consultations, BHP has been able to decrease that inpatient admission rate to closer to 40%.”

From the patient perspective, BHP's virtual assessments program has an 83% patient satisfaction rate—the same as in-person care. "Something that we didn't anticipate is that telemedicine can be less invasive for some patients than face to face. For some patients, the fact that the behavioral health clinician is not actually in the room allows them to talk about their crisis more readily," says Foster.

Behavioral Healthcare Providers continues to work with emergency departments in Minnesota and Wisconsin to deliver mental health assessments to patients in need and hopes to expand the program even further in the future.

Sources:

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