MindCare®

Driving ED Costs Down through Telepsychiatry

A NATIONWIDE EMERGENCY

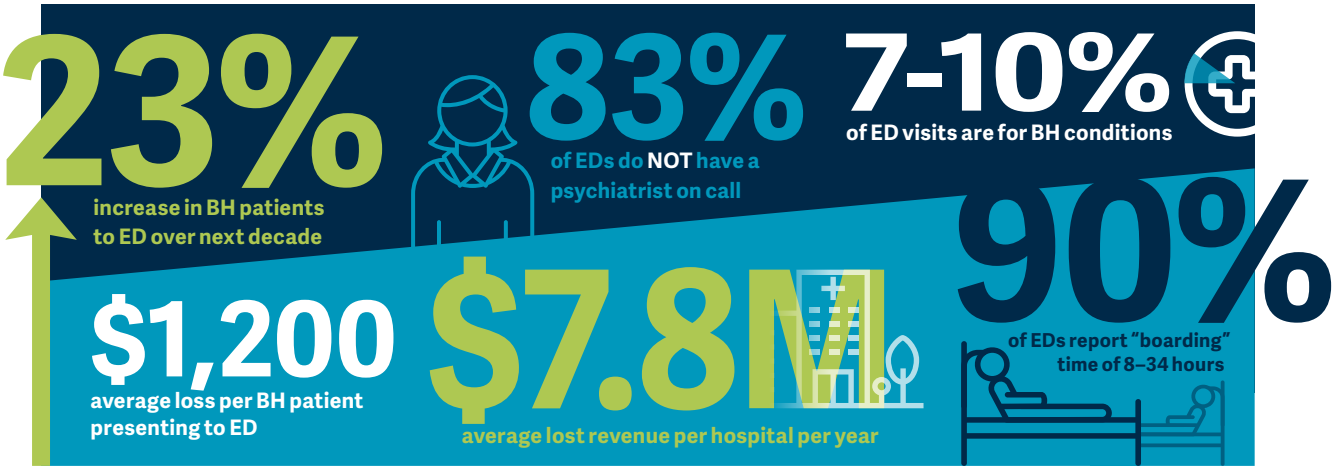
When a person experiences a behavioral health crisis, there are few places to go for treatment. This is especially true if they are located in a rural area, in a federally designated Health Professional Shortage Area, or if their crisis occurs after business hours, when many behavioral health providers are closed. Left with no other option, these patients increasingly arrive at the nearest emergency department (ED) for evaluation and intervention.

However, ED staff are often not trained to treat and evaluate behavioral health issues. Emergency Departments are certainly prepared for physical trauma, such as gunshot wounds, heart attacks, and strokes, but what if a patient presents with emotional trauma? Some ED patients undergo costly screening for a variety of medical and physical issues, only to reveal in the end that their needs are behavioral in nature. Additionally, if the patient demonstrates a desire to harm themselves or others, the ED physician must weigh the options: is it worth the risk to release the patient without treatment, or do they avoid this liability and hold the patient in the ED until she can be transferred to a more appropriate facility? The latter practice, also known as boarding, is quite common – a nationwide survey revealed that **79% of ED physicians routinely boarded patients in their emergency department.** The same survey found that these patients had double the length of stay in the ED that other patients experienced.[1]

EMERGENCY DEPARTMENTS ARE OFTEN LOSS LEADERS

Depending on many factors, especially the payer mix of the facility, emergency departments can be slightly profitable or, in the case of high-percentage Medicare patients, downright loss leaders. Many health systems accept this loss, in anticipation that engaging the patient during an emergency will result in downstream revenue through future use of other services (inpatient units, specialty clinics, etc.).[2] Although this may be the case, how does an administrator minimize the cost of emergency departments while providing the highest quality of care possible?

EDs ARE A PRIMARY ACCESS POINT, AND THE BURDEN IS GROWING



INEFFICIENCY OF DEALING WITH BH PATIENTS IS A MAJOR COST

MindCare®

5hours

Length of Stay Reduction

=

AN INPUTTED COST SAVINGS AND REVENUE OPTIMIZATION

$2,000
SAVINGS PER PATIENT

$500
REVENUE REALIZATION PER PATIENT

$12.5M
RECOUP OPPORTUNITY FOR A 60K VISIT ED ANNUALLY

TELEBEHAVIORAL HEALTH AS A SOLUTION

Advancements in videoconferencing technology have created an opportunity for medical professionals to assess patients and consult with other professionals. The use of this technology for the provision of behavioral health (also called telepsychiatry or telebehavioral health) allows EDs to promptly access a behavioral health professional to assess and treat patients. This leads to quicker creation of the care plan and initial treatment, which can decrease ED cost by accelerating the patient's recovery time and release into the community.

The average ED length of stay across all diagnoses is 3.7 hours[3], but due to boarding times, behavioral health patients are likely to stay 24 hours or more.[4] Telebehavioral health can save significant costs to the ED and provide myriad systematic benefits, such as:

- Shortening ED wait times and length of stay
- Increasing hospital revenue
- Reducing inappropriate commitments
- Improving compliance with Joint Commission standards
- Empowering and supporting onsite staff
- Expanding psychiatric capabilities within hospitals and beyond

THE MINDCARE DIFFERENCE

For customers of MindCare, the waiting time for a psychiatric consult is under 10 minutes and results in an average reduction of 5 hours in ED length of stay. This is a significant improvement in ED throughput, which can save costs and also increase revenue. With a national average at 3% of ED patients leaving without being seen, **the opportunity cost to each hospital is estimated to be $7.8 million annually.**

REFERENCES

1. http://newsroom.acep.org/download/ACEP+Psychiatric+and+Substance+Abuse+Survey+-+April+2008.pdf
2. https://www.jwatch.org/na34604/2014/05/28/emergency-department-loss-leader-or-profit-center
3. https://medicalconnectivity.com/2006/06/01/average-length-of-stay-in-eds-nationwide-too-long/
4. https://www.ncbi.nlm.nih.gov/pubmed/28063614
5. http://epmonthly.com/article/11-benchmarks-that-should-matter-to-eps/

MindCare®

For further information contact
David Morris, CEO, MindCare Solutions.

dmorris@mindcaresolutions.com