Even more evidence of the impact of behavioral health conditions on inpatient/ED use.

The Rutgers Center for State Health Policy recently published a report indicating that high users of hospital acute services and those with avoidable/preventable inpatient admissions and emergency department visits are disproportionately affected by behavioral health (BH) conditions, and that BH conditions are associated with a substantial share of hospital costs. BH conditions were disproportionately present on the billing records of inpatient high users compared to inpatients that were not high users (80.8% v. 25.1% among New Jersey Medicaid beneficiaries). Also, 47.9% of avoidable/preventable admissions among Medicaid beneficiaries were associated with BH problems compared to 34.2% of non-avoidable hospitalizations.
It seems that there's a new report every month with the same findings. What we need now is reports of innovative efforts to address these BH conditions and lower rates of unnecessary or repeated inpatient stays. We're keeping an eye out and looking forward to hearing ideas and lessons learned from PPSs.
The Rutgers report is available at: http://www.cshp.rutgers.edu/publications/role-of-behavioral-health-conditions...

Message by Tom Smith 0
On december 28, 2014 at 11:50 - 76 views, 3 replies, 4 followers

Thanks Tom, I appreciate your call to action so to speak in that it's time to take the now more well known findings and apply them. A main goal of DSRIP is to engage behavioral health in all components of selected projects to see the importance of integrating behavioral health into care come to fruition. Do you have any examples of current efforts? One example that I know of lies in the state of Oregon's reform, where they have successfully used integration of behavioral health (among other efforts) to contribute to reducing avoidable hospitalizations. Please share any successful examples you know of.

By Logan Tierney, about 1 year ago 0

Milbank published a lengthy report that includes several examples of behavioral health and primary care integration:
http://www.milbank.org/uploads/documents/10430EvolvingCare/EvolvingCare.pdf
SAMHSA's Primary and Behavioral Health Care Integration (PBHCI) program has some lessons learned at this site: http://www.integration.samhsa.gov/about-us/esolutions-newsletter/e-solutions-... . If you look around their website, they do have examples from some of their grantees.

By Margaret Casey, about 1 year ago 0

A long-winded affirmation of this post:
SAMHSA has published a report on their continuing PBHCI integrated care program, and the findings were encouraging.
I was on the staff of a SAMHSA PBHCI grantee, and can confirm that our own program produced statistically significant positive outcomes. They were particularly good among members who remained engaged in services, with reductions in weight, glucose/A1c and other measures of metabolic disorder.
In our own program, self-reported ER/inpatient admissions for all causes declined among program members who remained engaged. We did not have access to claims data at that time.
In my personal opinion, the level of consumer/client/patient engagement is a major determinant of the effectiveness of integrated care. Integration among staff is also critical.

By Robert Potter, 9 months ago 0

Reply to this contribution...

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