



CASE STUDY

Coordinating ED and Behavioral Care for Better Patient Outcomes

78% reduction in unnecessary ED utilization by enrolled behavioral health patients within the first six months

“By contacting the right case manager when a behavioral health patient presents at the ED, coordinating with the case managers, and transitioning the patient to appropriate care in an outpatient setting, we’ve been able to reduce the number of visits for these patients in the ED.”

- **Brian Patel, MD**

Chief Emergency Services and Associate Chief Quality Officer, Sturdy Memorial Hospital

Sturdy Memorial Hospital

According to Mental Health America¹, Massachusetts is ranked as having one of the nation’s top behavioral health systems with a lower prevalence of mental illness (including substance use disorders) and higher access to care. But even leading hospitals are hit by the national shortage in availability of behavioral care resources.

The Challenge: Helping Patients with Limited Resources

With just 132 beds, Sturdy Memorial Hospital (SMH) in southeast Massachusetts sees approximately 50,000 emergency department visits a year. The small independent hospital is the only hospital in the region *not* affiliated with any other hospital, which means finding beds—or funding—for these patients is often challenging. Dr. Brian Patel, Chief Emergency Services and Associate Chief Quality Officer at SMH, explains that this makes providing the appropriate care for behavioral health populations especially difficult:

“Boarding of behavioral health patients is one of our biggest issues. We’re trying to address ways to minimize ED boarding for these patients, and it begins with taking the time to stop and really look at these patients, evaluate their length of stay and dispositions, and develop a plan for reducing ED utilization.”

Patients who present at the SMH ED are seen in the ED, cleared by a provider, and then are seen by a behavioral health clinician. ED physicians then work in tandem with these clinicians to review the patient needs and history and create an appropriate plan and disposition for the patient moving forward.

Still, this collaboration takes time. And with limited time and monetary resources at hand, establishing a program that effectively cares for behavioral health populations can be difficult.

The Solution: A Network of Care

SMH needed a way to connect the behavioral health patients that were coming through its doors with the providers best situated to help. It turned to Collective Medical—an ADT-based care collaboration network—to gain greater insight into behavioral health patients.

With the information provided by Collective, staff at SMH worked with a behavioral health clinical group, Community Counseling of Bristol County, to identify behavioral health patients with more than three ED visits—including those to other hospitals—in six months. If qualified, these patients were then assigned to outpatient programs with a dedicated case manager who was qualified to assist with management of their behavioral health and social issues outside the ED.

Information about the patient, including name and contact information for the case manager assigned to the patient, was recorded in the Collective platform, and notifications were set to automatically alert ED providers when the patient appeared in the ED. These automated alerts have helped busy ED staff ensure smoother care transitions because key providers are notified at the point of care. Dr. Patel explains:

“A lot of managing behavioral health is in the coordination of care and making sure that case managers are aware when their patients present to the ED or hospital. But making that happen gets challenging when we don’t have insight into basic information like case manager info. It has been helpful to not only get the contact info for these key players through the Collective platform, but also to have a way to push critical information to these providers so they can contact their patients and help provide each patient with the best care.”

Coordinating with case managers has helped SMH reduce unnecessary ED utilization and provide better care for its behavioral health patients.

1. “The State of Mental Health in America.” 2018.

TAKE CONTROL

collectivemedical.com/behavioral-health

Outcomes

For those hoping to improve behavioral care, the time and energy that goes into implementing and maintaining a similar care collaboration program can seem daunting but worth the effort. Dr. Patel explains

“The money and time it took to set up preventative initiatives like our behavioral health program was far less than it would have taken to treat these patients who would have otherwise kept coming back to the ED—many of these visits would not be compensated or reimbursed and couldn’t provide the long-term help the patient needed.”

By involving case managers in the care of these behavioral health patients, SMH has seen a decrease in ED utilization. While the program is still expanding, in its initial pilot, SMH reduced unnecessary ED utilization by enrolled behavioral health patients from 31 visits in a six-month period to just seven. **This 78 percent reduction meant more patients were getting the best behavioral health care they could while maintaining an affordable cost of care.**

About Collective Medical

Collective Medical provides the nation’s largest and most effective ADT-based network for care collaboration. Our risk-adjusted event notification and care collaboration platform spans across all points of care—including hospitals, payers, behavioral and physical ambulatory, and post-acute settings. The Collective platform uses the network to identify at-risk, complex patients and share actionable, real-time information with diverse care teams, leading to better care decisions.