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Rising Behavioral Health Demand and the Need for Systemic Solutions

As you've heard today, behavioral health care is in a period of explosive demand. The challenge before us is impacting schools, families and every care setting in the continuum.

Oftentimes we conceptualize behavioral health care as a single care setting, like an outpatient therapy or an inpatient psychiatry unit. The reality of the continuum of behavioral health care is much more nuanced. Successfully developing a collection of offerings that provides the right service at the right time for the right patient is key both to ensuring positive patient outcomes and effective cost of care.

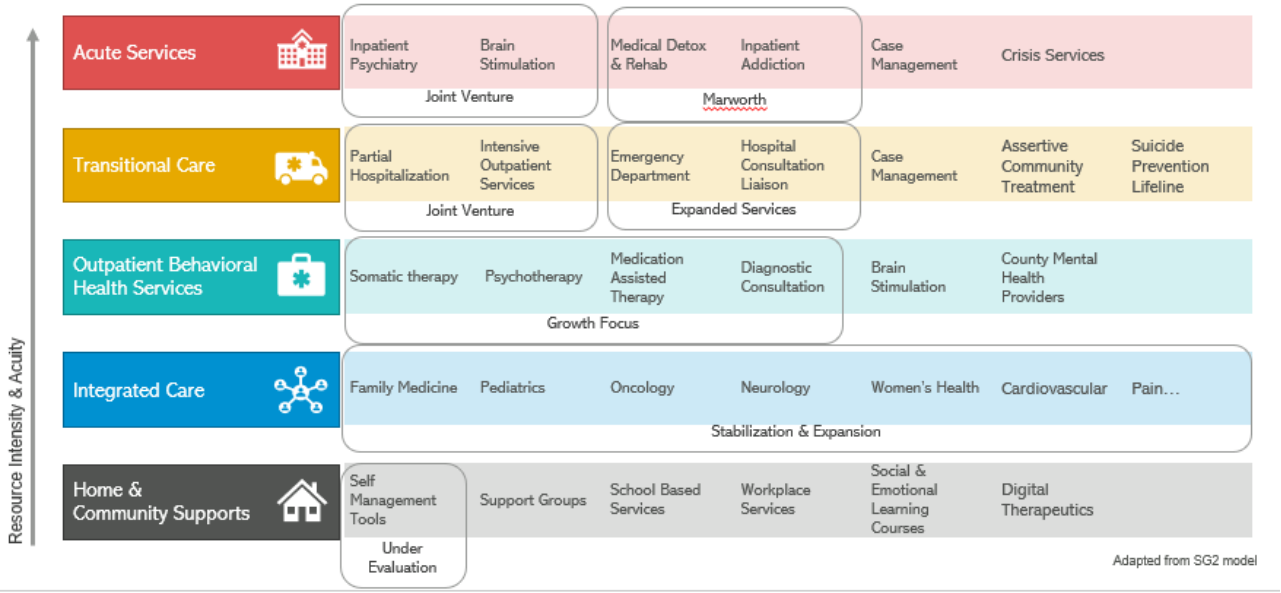

Exhibit 1 – Behavioral Health Continuum of Care

Demand constraints are significant in each level of care.

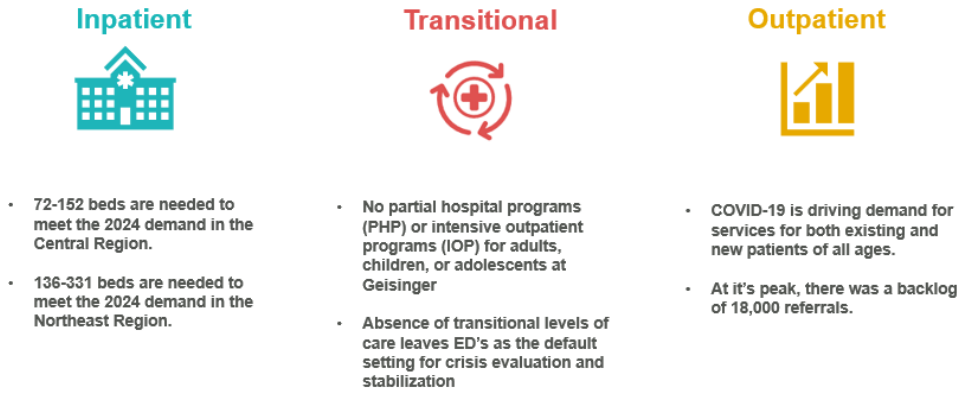

Exhibit 2 – Geisinger Supply Constraint Examples

The scale of demand for behavioral health services are most pronounced in the outpatient setting and in our emergency departments. To mitigate this challenge, Geisinger has created a surge capacity strategy, reducing backlog from 18K patients waiting to 3K. Much of this surge capacity serving rural PA has been developed through telemedicine from outside of the area, even outside of the state.

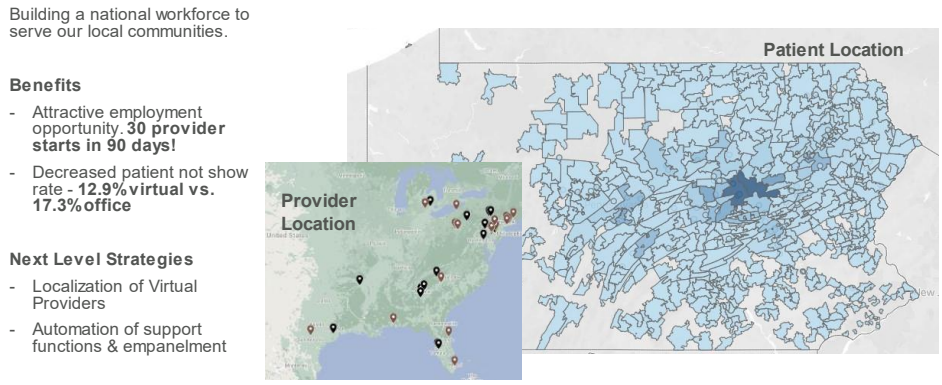

Exhibit 3- Geisinger Outpatient Virtual Care Strategy

For pediatric medication management we have grown our psychiatry team from 1 child & adolescent provider to 11. This has created sufficient capacity for medication management but other areas of the continuum remain constrained.

Providers working in rural settings report long waits for referrals to specialized services:

Intensive Behavioral Health Services –6 mos- 1 year

Family Based Health Services – 1 – 6 weeks. Periodically referrals are no longer accepted when programs are full

Multisystemic Therapy -Access is very poor if any access available at all.

IOP/PHP - No option for most communities

The Emergency Department is the one access point that is available on demand, 24/7 and where much of the gaps in care play out. The Emergency Department's main goal is to assess for an emergency, stabilize and get to a higher level of care if clinically indicated. While escalation to a higher level of treatment occurs in some cases, the majority of ED visits for Behavioral health result in a disposition for outpatient care creating a loop for a patient trying to access services which aren't readily available. 35% of patients seeking Behavioral healthcare are driving more than 30 miles to access the emergency department for on demand access.

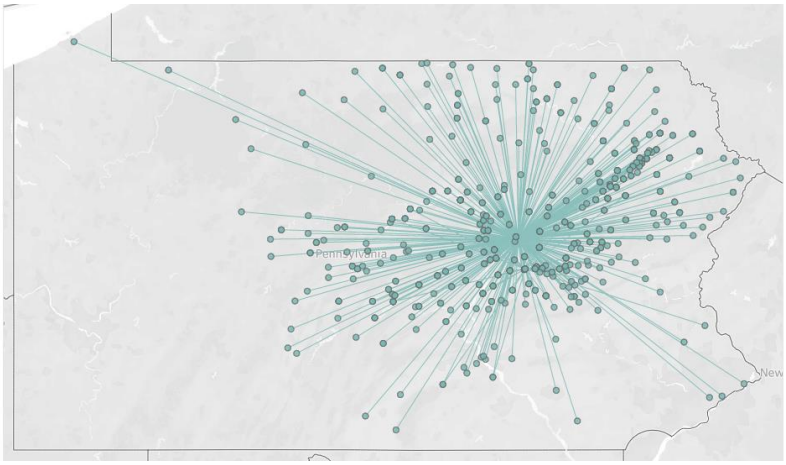

Exhibit 4- Peds BH patients using Geisinger Medical Center ED

Emergency Departments are built essentially for triage/stabilization and were never intended to be a destination for care. Due to a breakdown in the continuum and lack of child and adolescent beds, EDs are becoming a default location for psychiatric care. Pediatric Patients who are waiting placement in an inpatient setting are often waiting days, even weeks for placement.

For the emergency department of the future, we are at a point that a decision needs to be made to create more on demand care in outpatient settings or to pivot our strategies to provide more therapeutic services in a high-cost ED context.

In order to meet the rise in demand, the following 5 strategies should be considered:

1. Creation of more on demand services

Behavioral health crises don't happen on a schedule. How can we create more real time, even virtual access points to meet patients at the time and place they need it?

Reference program: Texas Child Health Access Through Telemedicine (TCHATT) –

2. Enhance and Scale School Based Interventions

Expand upon successful programs that meet patients where they are while integrating into the classroom environment.

3. Invest in Distributing Behavioral Health Knowledge to the Frontline

Strengthen the knowledge of school based counselors and teachers who are at the front line of behavioral health.

Reference Program: ProjectECHO http:/echo.unm.edu/

4. Bolster the Continuum of Care

Invest in programming across the continuum to help ensure patients needs are met in the most cost effective, low barrier and least restrictive setting for the need. This includes normalizing virtual care from a payer and regulatory perspective

5. Multi-disciplinary Workforce Development

Develop upstream feeder systems to behavioral health careers in social work, peer based programs, psychology & psychiatric nursing positions to build the needed workforce of the future.