

Emergency Department Diversion Through Behavioral Health Linkages

ANNOUNCER: Hello. Welcome to HealthSounds, conversations with healthcare innovators. Brought to you by the Healthcare Intelligence Network.

LAURA GREENE: This is Laura Greene for the Healthcare Intelligence Network. Today I'm speaking with Julie Szempruch, associate vice president for the Midtown Mental Health Center, Wishard Health Services. Julie is presenting at HIN's webinar "Emergency Department Diversion Through Behavioral Health Linkages." Welcome and thanks for joining me today, Julie.

JULIE SZEMPRUCH, ASSOCIATE VICE PRESIDENT FOR THE MIDTOWN MENTAL HEALTH CENTER, WISHARD HEALTH SERVICES: Thank you.

LAURA GREENE: To begin with, earlier this year CMS awarded 50 million dollars in emergency room (ER) redirection grants. Many of the winning proposals included strategies for handling ER patients with mental health issues. Why is this issue getting so much attention now?

JULIE SZEMPRUCH: Hospitals around the country are devising new strategies to increase their ER efficiency and to discourage consumers from seeking care in the ER when an alternative healthcare setting will do. So we're busy trying to put together alternative healthcare settings. The data suggests that the ER visits by the uninsured and persons with psychiatric issues are up 20 percent. Obviously, this number could continue to grow and unnecessary dollars would be spent. To mix patients

struggling with mental issues with those suffering with an acute medical condition is not effective for either patient type. The emergency department (ED) provides less than optimal care for a person that's struggling with mental health issues to be treated side by side with other critically ill emergency patients, such as those issues of trauma, coronaries, other critical conditions, both would be negatively affected.

LAURA GREENE: Okay, thank you Julie. Fast track systems and nurse triage programs are showing up in ED redirection efforts around the country. What are the particular challenges of triaging the behavioral health patient?

JULIE SZEMPRUCH: Well specially trained professionals are needed to help identify, assess and intervene with patients that are experiencing acute psychiatric symptoms, while in a medicine triage we can do so with observations of physical symptoms. We can take vital signs, we can use laboratory testing and all kinds of other tests available to us to determine the medical condition. No such testing is available for patients that are experiencing psychiatric symptoms. Frequently, the patient cannot tell you what's wrong. The necessary interventions are not quick fixes, so the problem has to be teased out. Once they're diagnosed, the medication given may take a longer time period before the patient experiences relief and stabilization.

LAURA GREENE: Okay, thanks Julie. And finally, what has been a particularly effective strategy for educating this population about appropriate use of the ER? Should ED's reach out to primary care physicians (PCP) or to behavioral health clinicians for these cases?

JULIE SZEMPRUCH: Absolutely. It's very difficult to educate people concerning alternatives to using an ED. Some systems are even using monetary incentives to try to drive people back from use of the ED and to use of an urgent care center, i.e. it would be more expensive to go to the ED. So it would encourage you to use an urgent care center, or better yet, today encouraging using a primary care center, going back to their PCP to be able to get the treatment that they're looking for. All health professionals have to play a part in assessing these patients to be redirected or have their needs met in the primary medical home. The more we separate care between physical, mental and addictions, the more likely we are to see people show up in the ED. And while we'll always have some level of specialization, every healthcare professional must be aware and have some level of knowledge and ability to begin interventions from a physical, mental and addiction perspective. If the problems are identified in a primary care office, and early treatment is initiated, many visits to the ED could be avoided.

LAURA GREENE: I see, thanks Julie. Those are all the questions I have for you today. Thanks for being with us and we're looking forward to hearing from you during the webinar. This is Laura Greene for the Healthcare Intelligence Network.

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