

Chief Clinical Officer







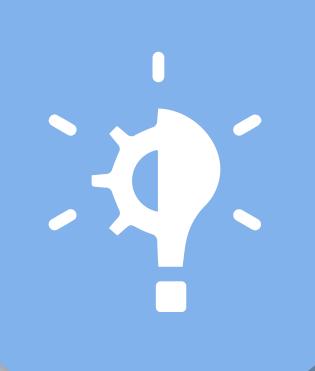
Stephanie Weatherly

DNP, PMH RN-BC, FACHE

- 20+ years of experience in clinical leadership
- Doctor of Nursing Walden University
- Board Certified Psychiatric Nurse
- Fellows of the American College of Healthcare Executives
- Past-President of the American Psychiatric Nurses
 Association, TN Chapter



Learning Objectives







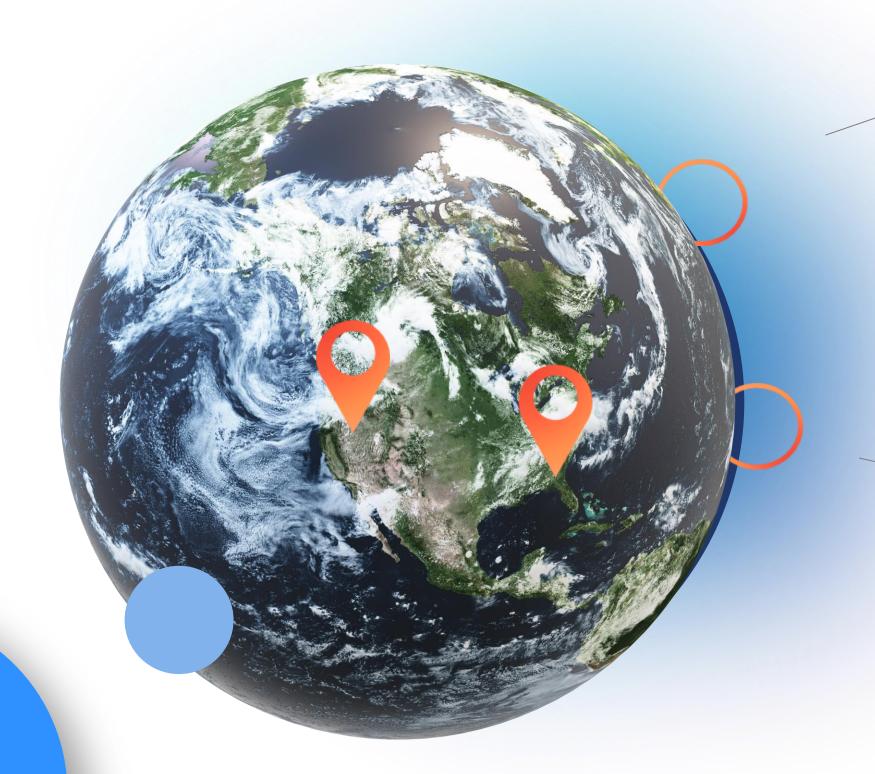
Understand
why rural hospitals
face difficulty
sustaining behavioral
health programs.

Learn
how to create
financially viable
behavioral healthcare
programs that improve
patient outcomes.

Explore four behavioral healthcare models that work.







-20% of the U.S. population lives in "rural areas."

in 5

•66 million people



The Reach of Mental Health

17

million adults in rural areas live with a mental illness.



1 in 4 U.S. adults live with a mental illness.





The Scale of Mental Health in Rural America

65% of rural counties do not have a psychiatrist.



a file

Rural suicide rates are nearly double those in urban areas.

60% of rural Americans live in a designated mental health provider shortage area.



Older rural adults, especially men, are at the highest risk for suicide.





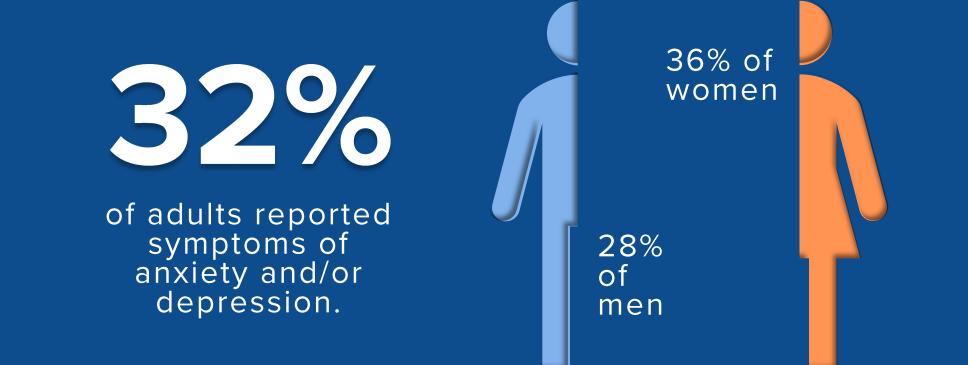
32%

of adults reported symptoms of anxiety and/or depression.













Drug overdose rates increased

50%

during the pandemic





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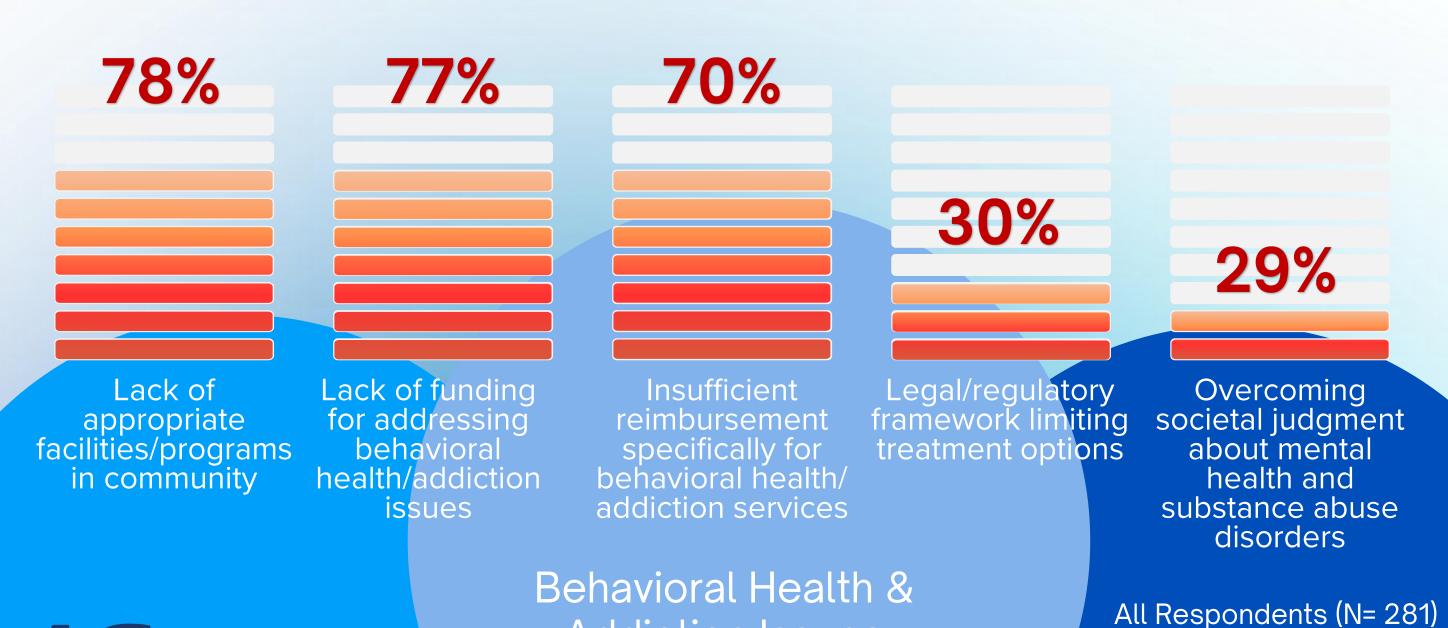
90%

of U.S. adults believe the country is facing a mental health crisis.



Hospital CEO Survey

American College of Healthcare Executives 2022 Survey Results -No. 1 Concern - Workforce Challenges



Addiction Issues



Hospital Impacts



ED visits related to mental health and substance abuse are rising.



25% of patients admitted to a general hospital also had a behavioral health diagnosis.



transported to an ED for a suspected mental health crisis were admitted for evaluation.



Emergency Department Wait Times



48 days

average wait
 time for
 behavioral
 health service





Lifestyle Challenges



Geographic Isolation



Lower median incomes



Higher percentage of older adults (65+)



Limited internet access



Stigma



Stigma Challenges

Stereotypes Prejudices

People with mental illness are dangerous, incompetent, to blame for their disorder,

Discriminations

Public

unpredictable

Employers may not hire them, landlords may not rent to them, the health care system may offer a lower standard of care

Self

I am dangerous, incompetent, to blame

These thoughts lead to lowered self-esteem and self-efficacy; "Why try? Someone like me is not worthy of good health."

Institutional

Stereotypes are embodied in laws and other instructions

Intended and unintended loss of opportunity



Reimbursement Challenges

Inadequate reimbursement rates is a primary reason people cannot access behavioral health care.



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Reimbursement Challenges

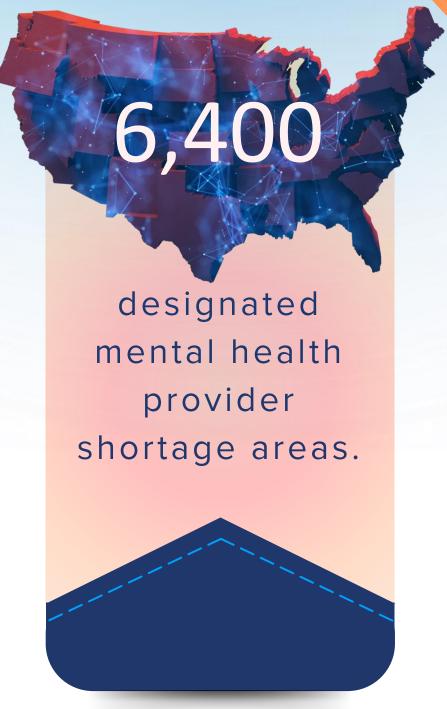
Inadequate reimbursement rates is a primary reason people cannot access behavioral health care.

Behavioral health providers could make double billing patients directly vs accepting Medicare (or three times as much vs Medicaid).

Secret shoppers in a study were only able to secure appointments for behavioral healthcare 13% of the time and often with long waits.

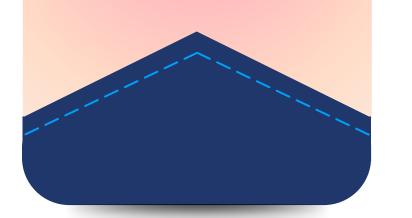


Despite
government
initiatives, the
behavioral health
system is
worsening at a
pace faster than
it is improving.



Other Challenges

47% of the U.S. population is under covered by behavioral health services.





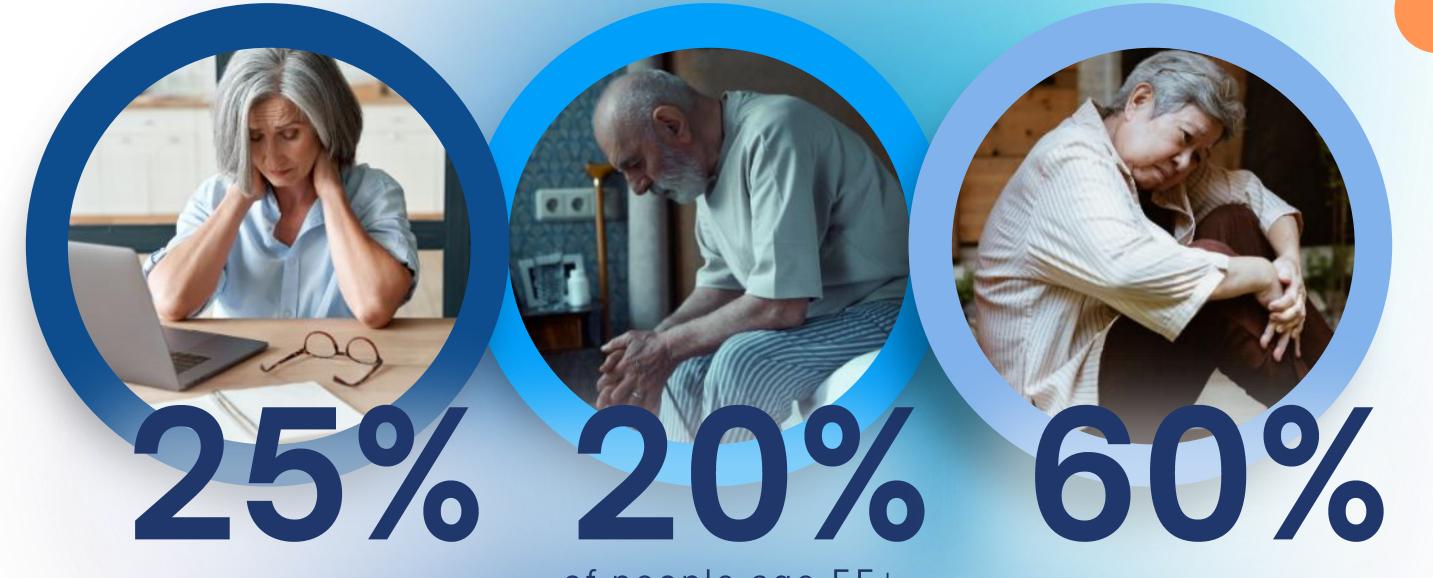
"There is no health without mental health."

-Dr. David Satcher





Community Needs Assessment



of U.S. adults experience a mental health issue.

of people age 55+
experience some type
of mental health
concern.

of people experience a mental health issue receive no treatment.





Adults and Mental Healthcare

Mood disorders are the most common cause of hospitalization for all people in the U.S. under age 45 (after excluding hospitalization relating to pregnancy and birth.



1 in 25 adults in the U.S. experienced serious mental illness in 2018.

1 out of every 8

emergency department visits by a U.S. adult involves mental illness and substance use disorders.

An estimated 26% of Americans ages 18 and older, about 1 in 4 adults, suffers from a diagnosable mental disorder in a given year.

In the United States, approximately 180,000 patients receive mental health services each day at approximately 4,000 inpatient and residential psychiatric facilities.







Four Models That Could Work

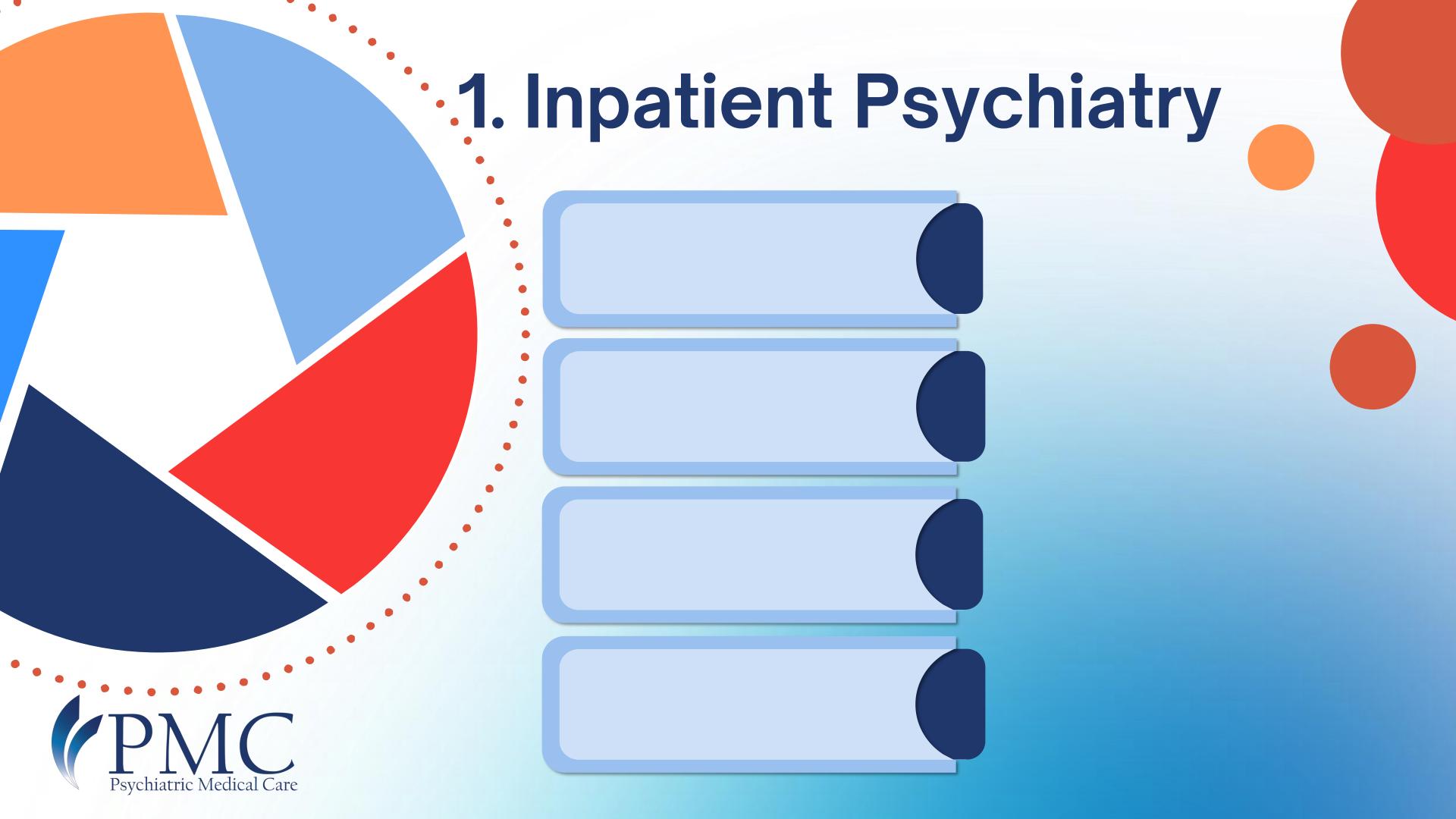


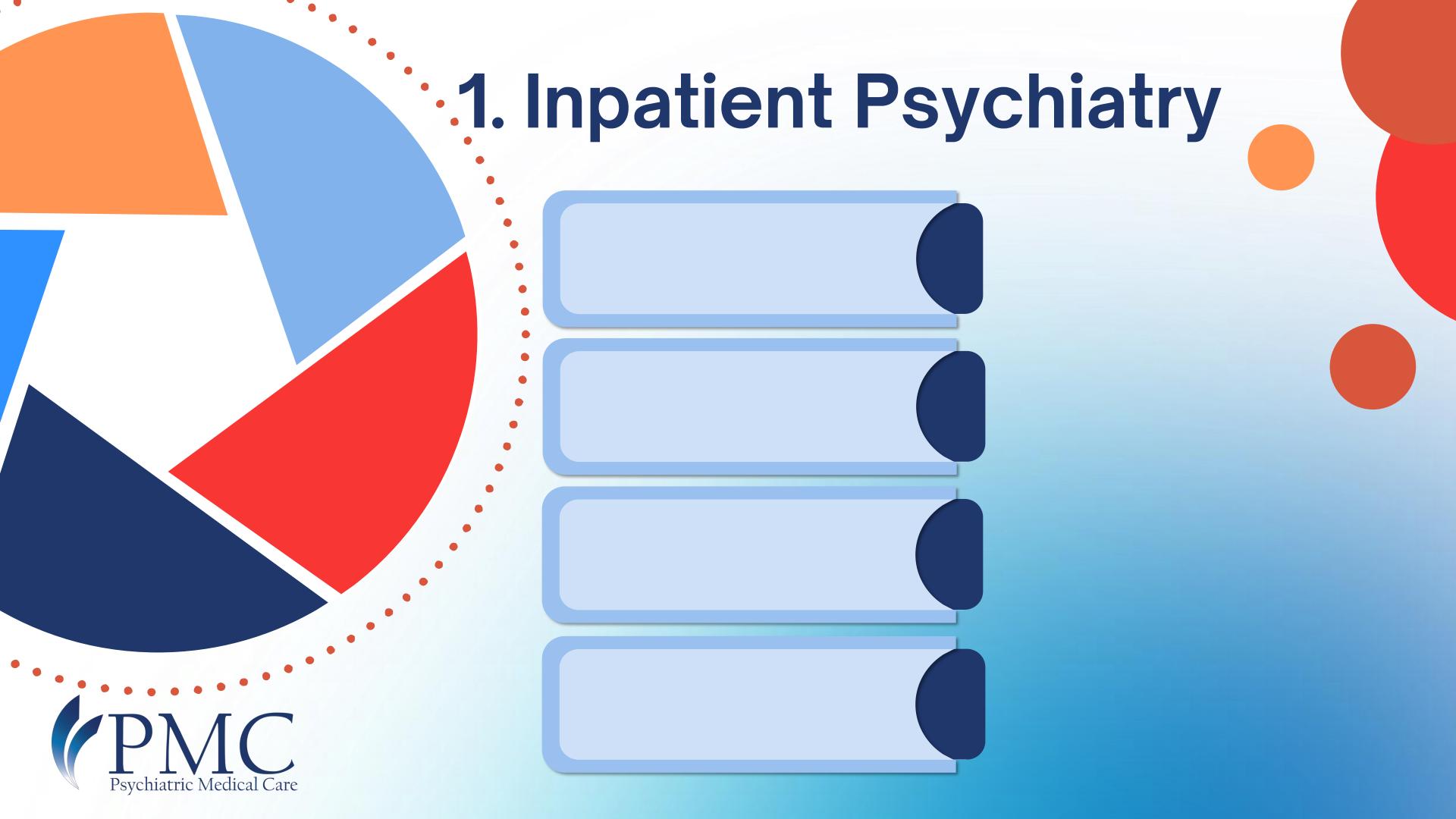
Inpatient Mental Health Services

Hospital services to evaluate and treat an acute psychiatric condition which

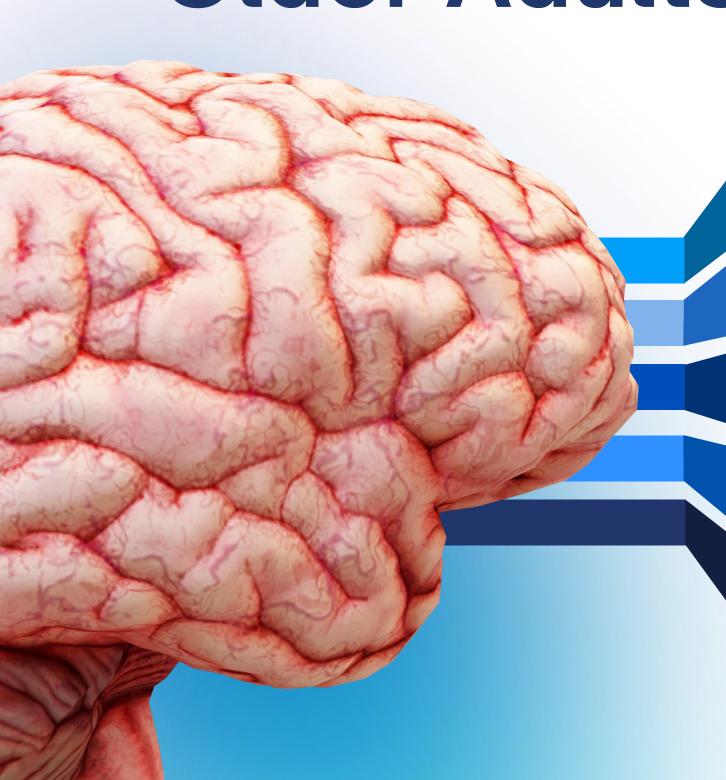
has a relatively sudden onset	01
has a short, severe course	02
poses a significate danger to self or others	03
has resulted in marked psychosocial dysfunction or grave mental disability	04







How Common is Depression in Older Adults?



More than 2 million Americans age 65+ suffer from some form of depression.

Individuals aged 65+ account for 20% of all suicide deaths while comprising only 13% of the population. Depression is a significant predictor of suicide in elderly Americans.

About **58%** of people aged 65 and older believe that it is "normal" for people to get depressed as they grow older.

33% of widows/widowers meet criteria for depression in the 1st month after the death of their spouse. Half of these individuals remain clinically depressed after 1 year.

Approximately **68%** of adults aged 65+ know little or almost nothing about depression.



How Common is Dementia in Older Adults?

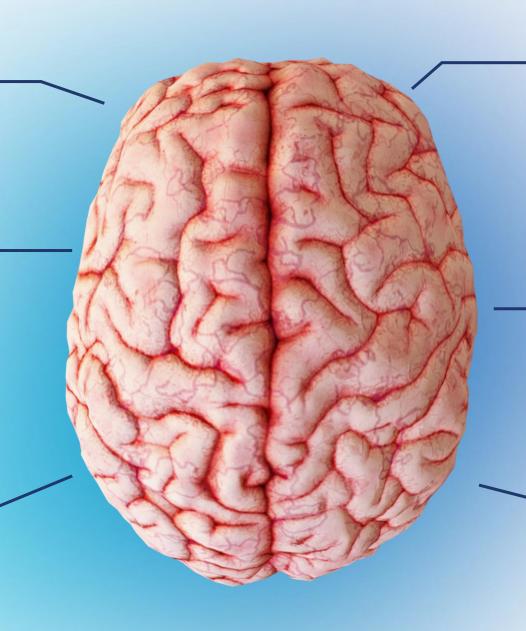


1in 9
older Americans
has Alzheimer's
disease.

over 15 million

Americans provide unpaid care for a person with Alzheimer's or other dementias.

Alzheimer's disease is the leading cause of death in the United States.



Payments for care in 2015 were estimated to be \$236 Billion

1in3 seniors die with

Alzheimer's disease, or another form of dementia.

Every 66
seconds
someone in the United

States develops the disease.



2.Intensive Outpatient

Distinct and organized intensive ambulatory treatment program.

Offers less than 24hour daily care other
than in an
individual's
home or in an
inpatient or
residential setting.

Furnishes the services as described in § 410.44.

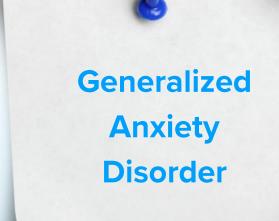
Not required to be provided in lieu of inpatient hospitalization.



Common Diagnoses









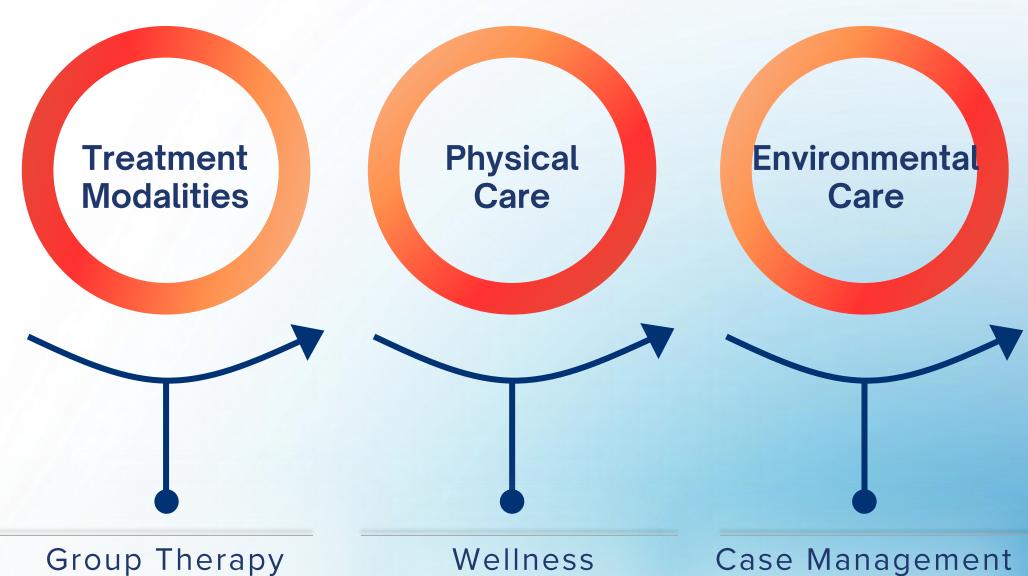








Clinical Overview





Wellness
Assessments
Medication
Management
Vitals, Sleep,
Weight, Smoking
Education

Individual Therapy

Psychiatric Care

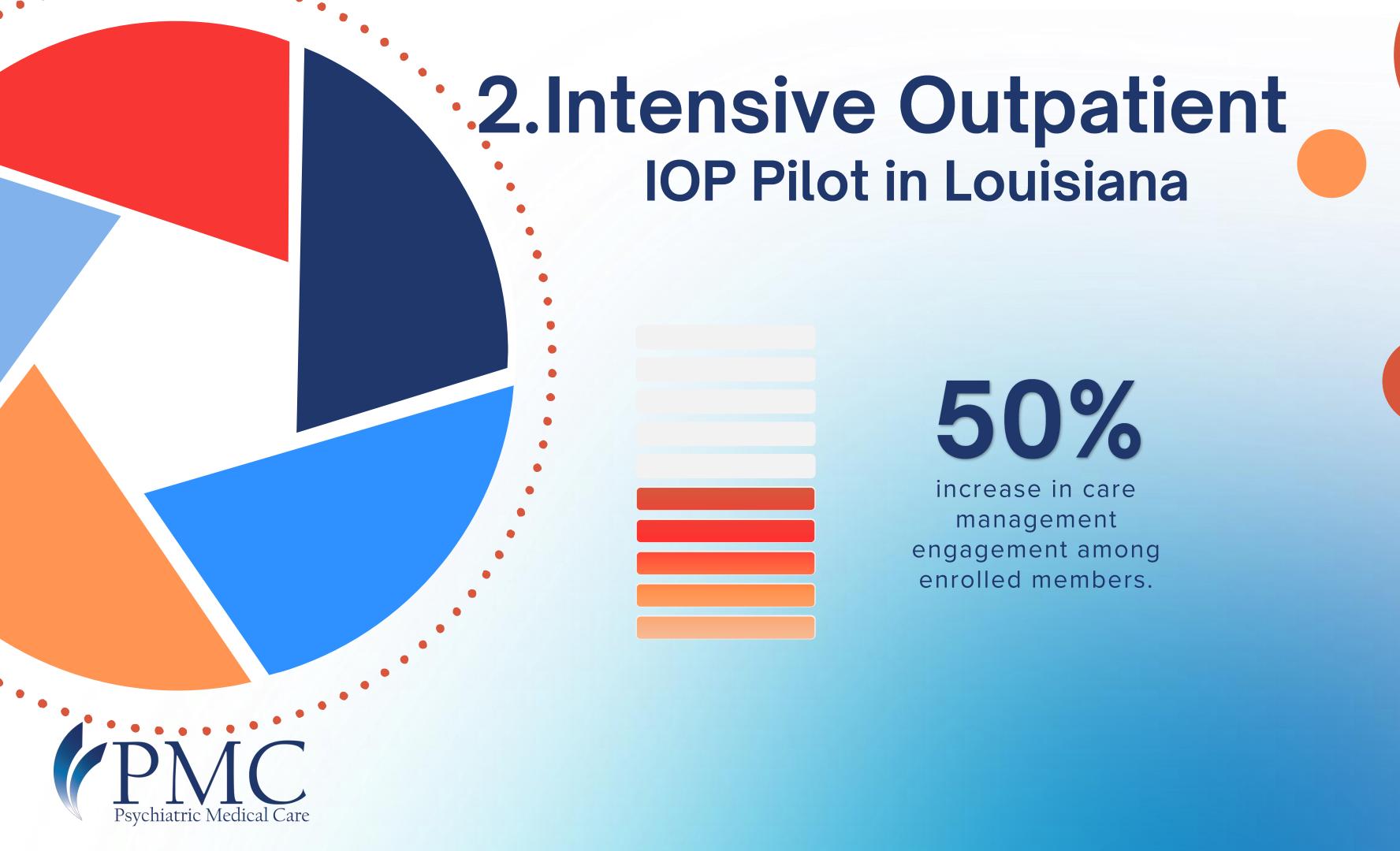
Case Management
After-Care
Community
Resources
Home Safety

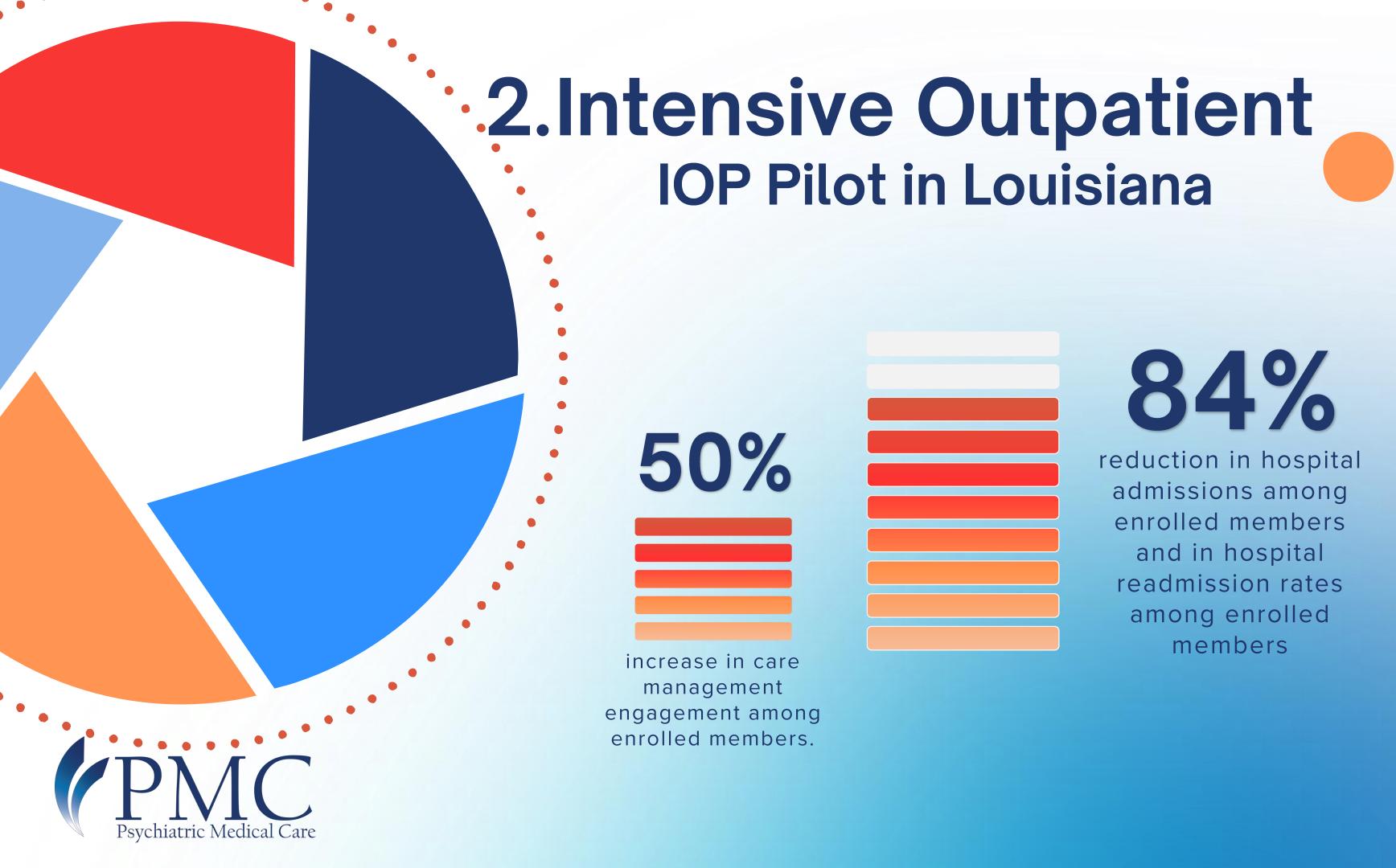
Weekly Schedule

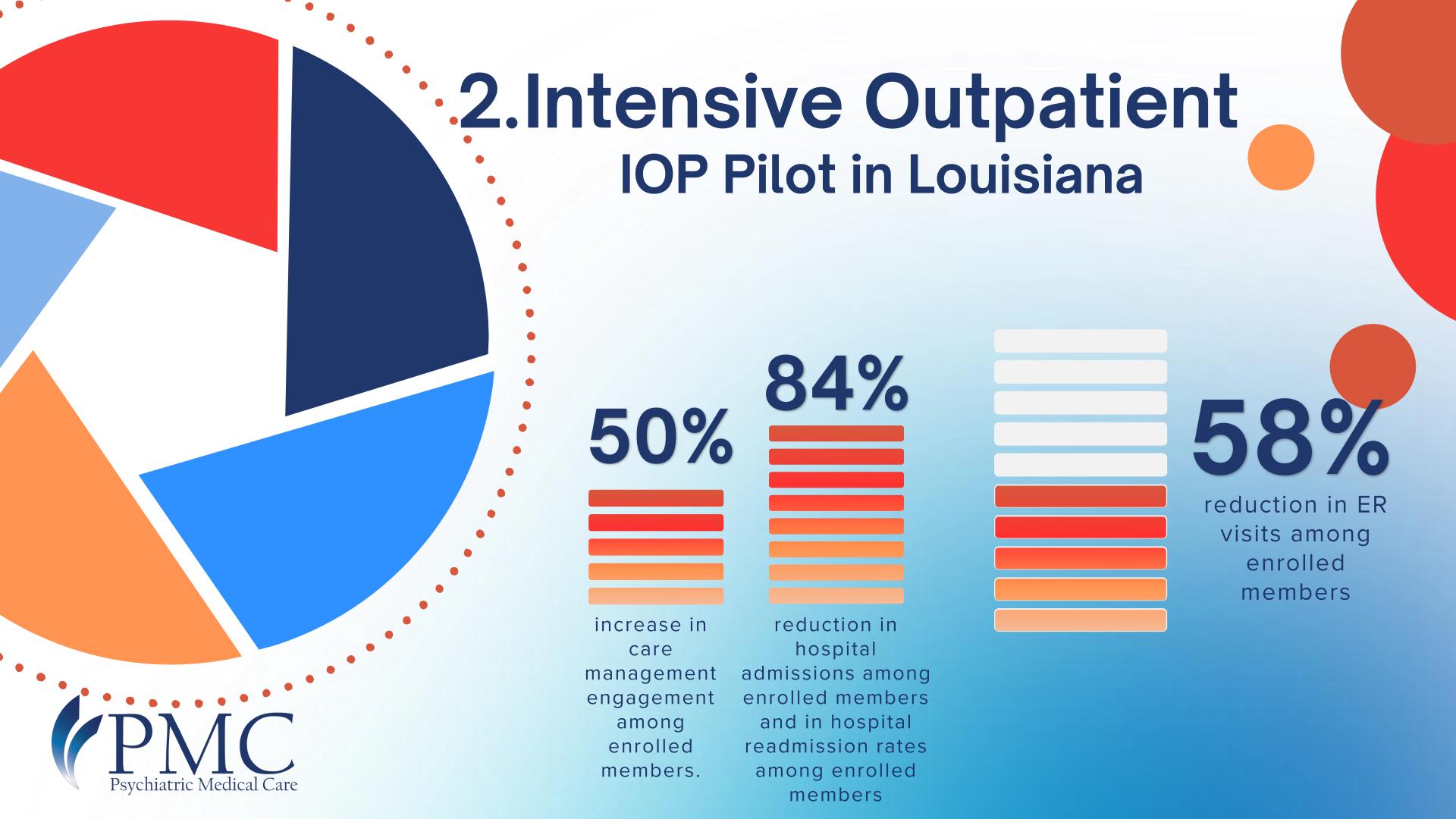
	Monday	Tuesday	Wednesday	Thursday	Friday
8:00	Therapy Planning	Patient	Therapy Planning		Therapy Planning
9:00	Group Psychotherapy Sessions & Group Lunch (CNA picking up / returning)	Assessments / Community	Treatment Tea Meetings	Treatment Team Meetings	Group Psychotherapy Sessions & Group Lunch (CNA picking up / returning)
10:00		Education	Group Psychotherapy		
11:00		Family Therapy	Sessions & Group Lunch (<i>CNA</i>	Family Therapy	
12:00		LUNCH	picking up / returning)		
13:00		Communication		Dilling	
14:00	Documentation (Therapist and RN)	with Local Physicians (<i>Updating n</i>		Billing	Documentation
15:00		patient care)	Patients visiting with Psychiatrist/ Individual	Patient Assessments	(Therapist and RN)
16:00	Individual Psychotherapy	Individual Psychotherapy/	Psychotherapy/ Admissions and	Discharge Planning	Individual
17:00		Aftercare and Discharge Planning	Documentation	Transitional Group Therapy	Psychotherapy















increase in care management engagement among enrolled members.

reduction in
hospital
admissions among
enrolled members
and in hospital
readmission rates
among enrolled
members

reduction in ER visits among enrolled members



2.Intensive Outpatient Patient Outcomes

90%

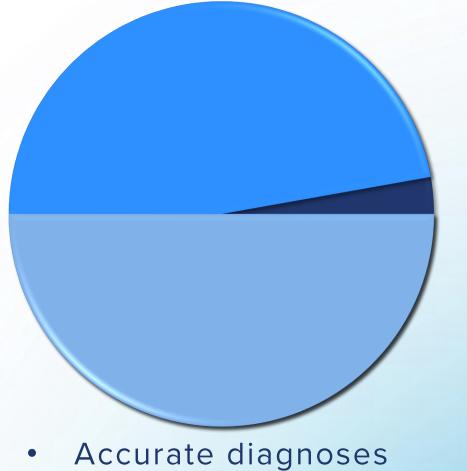
show improvement

show significant improvement









improvement

show significant improvement

- Appropriate treatments
- Reduced polypharmacy
- Reduced hospitalizations, institutionalizations
- Improved quality of life (for patients and caregivers)





54%

overall improvement in depression.

56%

improvement in Geriatric
Depression
Scale.

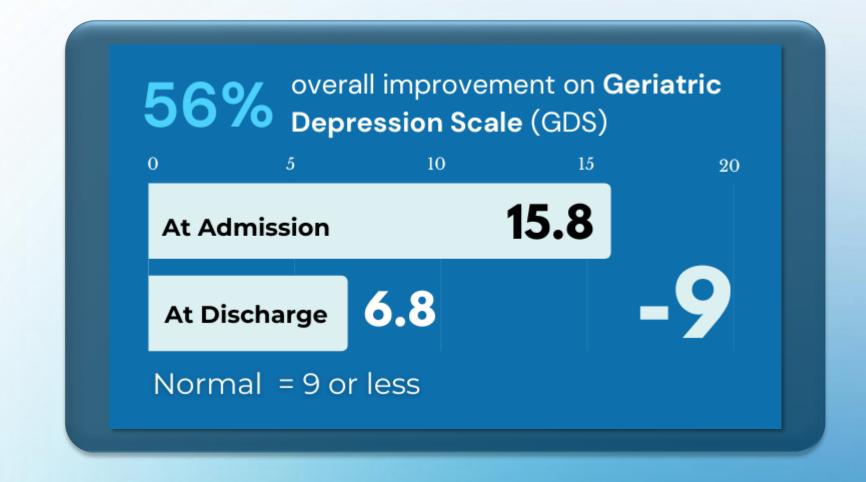
52%

improvement on the Clinical Outcomes in Routine

Evaluation









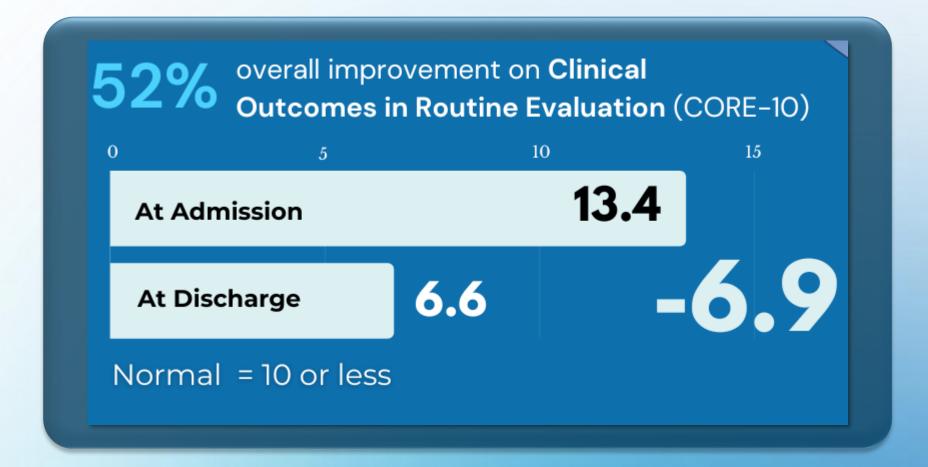
52% overall improvement on Clinical
Outcomes in Routine Evaluation (CORE-10)

At Admission

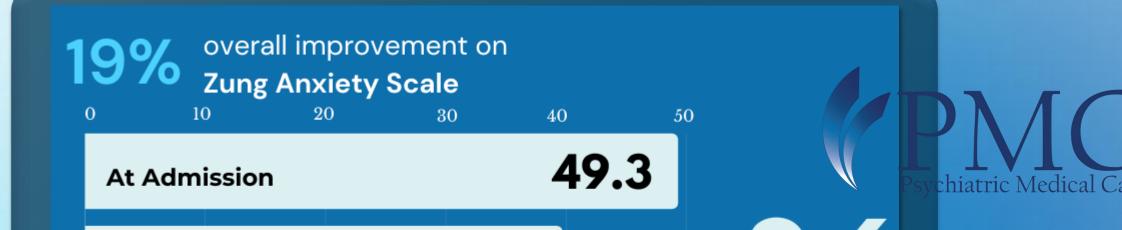
Overall improvement on Clinical
Outcomes in Routine Evaluation (CORE-10)

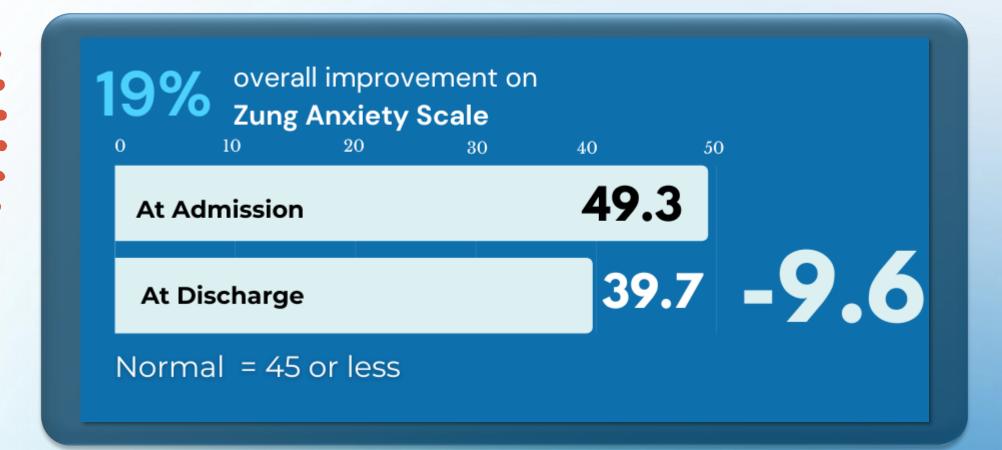
13.4















Unmet Needs in Every Community

2 out of 10 rural residents experience mental illness.

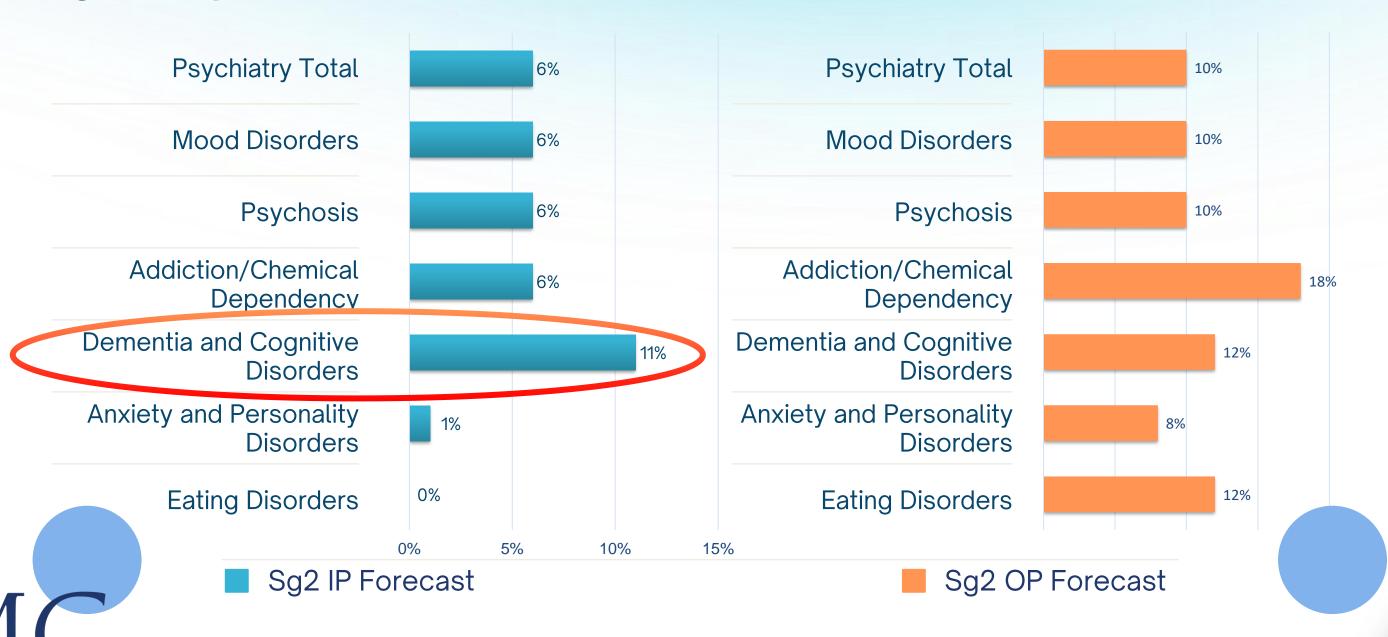


5% of rural residents experience serious thoughts of suicide.



Aging Population Contributes to Increasing Demand for Services

5-Year Inpatient Psychiatry Sg2 Family Forecast, 2017–2022 5-Year <u>Outpatient Psychiatry</u> Sg2 Family Forecast, 2017–2022







3. Rural Health Clinic



Simplest method for adding mental health services

Positive from an encounter rate perspective (Medicare/Medicaid patients)

Potential staffing models.















References

Slide 1

Photo: https://www.canva.com/photos/MAEFB6roTtl/

Slide 4

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Slide 5

• Information: Johns Hopkins - https://www.hopkinsmedicine.org/health/wellness-and-prevention/mental-health-disorder-

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Slides 9-10

• Information: https://www.kff.org/coronavirus-covid-19/issue-brief/the-implications-of-covid-19-for-mental-health-and-substance-use/

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• Information: https://www.aha.org/2022-02-03-aha-house-statement-americas-mental-health-crisis-february-2-2022, Treatment Advocacy Center - https://www.treatmentadvocacycenter.org/storage/documents/Road-Runners.pdf

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Slide 16

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Slide 17-19

• Information: https://mhanational.org/blog/fix-foundation-unfair-rate-setting-leads-inaccessible-mental-health-care#:~:text=A%20recent%20Government%20Accountability%20Office,even%20when%20they%20have%20in



Thank You

