

# TeleHealth Behavioral Health Crisis Care Program

# **Problem**

More Americans are struggling with behavioral health, especially after the COVID-19 pandemic, when clinically significant anxiety and depression rose by 30-50% percent nationally¹ and the national suicide rate increased by 4%, from 13.5% in 2020 to 14.0% in 2021, after two years of decline.² The problem is even more acute in the Intermountain West (Intermountain Health focus region), where suicide rates have historically been higher than the national average, especially in rural areas.³ Additionally, people in rural areas have added difficulties, including geographical distances, transport, increased community scrutiny, and a shortage of providers compared to the national rate.⁴

### Solution

Launched in 2014, the Intermountain Health TeleHealth Behavioral Health Crisis Care (TeleCrisis) program has successfully helped reduce this behavioral health care gap; we've seen a 29.8% increase of the provider to patient ratio in Utah in the past 6 years.<sup>4</sup> The TeleCrisis team has helped more than 20,000 patients at nearly 30 care sites throughout the Intermountain West, with health providers available around the clock, including weekends and holidays, to ensure consistent coverage for hospital emergency rooms in rural and urban locations.

Our clinicians work in collaboration with local care teams to ensure patients receive prompt access, typically within 30 minutes or less, to behavioral health assessments, safety planning, facilitation of admission to a behavioral health care site when necessary and inpatient consults upon request. The TeleCrisis program has a support team dedicated solely to inpatient psychiatric hospital admissions and insurance authorization, allowing local care teams to focus on immediate clinical tasks and improve the planning and timeliness of discharge.

### Results

Intermountain's TeleCrisis program:

- Had an average home discharge rate of 38% in 2021-2022.
- Provides local community based resource recommendations for follow up care.
- Responds with an average 30 minutes or less response time from request to consultation.
- Response times are comparable or better than in person emergency room based clinicians.
- Benefits from the expertise and experience of highly qualified behavioral health professionals familiar with behavioral health resources in the Intermountain West.

### A Tested Model

Behavioral health treatment and support services are well suited for telehealth technologies. Research has shown significant increases in self-reported quality of life and no significant differences in treatment outcomes among patients using telehealth services compared to in-person care for many behavioral health conditions.<sup>5,6</sup>

# **Crisis Care Services Program**

The Intermountain Crisis Care Services Program tackles behavioral health specialist shortages in underserved communities. On average, patients wait just 30 minutes for a video consultation. Our TeleHealth Crisis Care team offers 24/7/365 support, in some cases can provide follow up referrals, psychiatric hospital admissions, and more. This not only alleviates pressure on local teams but also ensures faster aid and uniform care standards. The activities include:

#### **Patient Consults:**

- Video Evaluation
- Coordinating with physician
- Patient evaluation is documented and provided to hospital or unit where the patient is located
- Obtaining / reviewing collateral information
- Reviewing clinicals
- 24 hour reevaluations
- Daily check-in (phone)

#### **Patient Placement:**

- Initial Case Review
- Initiate New Transfer Notes
- Phone Call Updates to the unit
- Communication with Psych Facilities
- Coordinating with Crisis Services
- Coordinate Transfer (consents, phone calls, MD2MD / RN2RN)
- Obtain prior insurance authorizations

# Collaborative, Evidence-Based Approach

The models of telehealth enabled care at Intermountain Health offer flexibility; from collaborative coverage with onsite behavioral health clinicians, to after-hours and weekend coverage. Intermountain's master's level qualified behavioral health clinicians strive for collaborative, cooperative, and open communication to build trusting relationships between sites. Using standardized clinical guidelines and protocols, as well as focusing on zero suicide initiatives, the team provides consistent and validated care to all patients.

This approach stems from Intermountain Health's Behavioral Health Clinical Program's guiding principles, which state that care should be consumer-friendly, outcome-driven, and rooted in equity. This focus spans all aspects of care – from primary care and integrated care to specialty care and hospital-based care – to provide high-quality services to patients, families, and communities. TeleCrisis care is a crucial component of upholding Intermountain's mission of helping people live the healthiest lives possible.

# Improved Access at a Lower Cost

Budget constraints and low patient volumes make it difficult if not impossible for rural facilities to provide round-the-clock care. Telemedicine is an effective way to resource specialized services without hiring full-time behavioral health clinicians. The program successfully provides behavioral health care to a diverse population in a safe, cost-effective manner while improving guidance to community caregivers. Having access to dedicated behavioral health clinicians and placement specialists can reduce stress on local staff, who can be confident that the care provided is patient- focused and evidence-based.

# Patient & Community Benefits

People want the best possible care, close to home, at the lowest possible cost. Healthcare costs are lower when patients receive care locally. Families and loved ones avoid costs associated with travel, such as mileage, lodging, and meals, as well as potential lost wages when the patient has been transferred to a distant site. Community benefits consist of increased access to health care services, reduced absenteeism at work or home, and decreased CO2 emissions from avoided travel.

# Partnering with Intermountain Health

Intermountain Telehealth provides patients, no matter where they are located, with high-quality specialty care from Intermountain's world-class clinical experts. We strive to enable our partners to improve the patient experience, increase access, lower costs, and keep revenues in local community facilities whenever possible. Partnering with Intermountain Health showcases your commitment to your providers, patients, and community.

## **About Intermountain Health**

Intermountain Health is a team of nearly 60,000 caregivers who serve the healthcare needs of people across the Intermountain West, primarily in Utah, Idaho, Nevada, Colorado, Montana, Wyoming, and Kansas. We are an integrated, non-profit health system based in Salt Lake City, with clinics, a medical group, affiliate networks, hospitals, homecare, telehealth, health insurance plans, and other services, along with wholly owned subsidiaries including SelectHealth, Saltzer Health, Castell, Tellica, and Classic Air Medical.

## References

- 1. Kessler, R. C., Chiu, W. T., Hwang, I. H., Puac-Polanco, V., Sampson, N. A., Ziobrowski, H. N., & Zaslavsky, A. M. (2022). Changes in Prevalence of Behavioral Illness Among US Adults During Compared with Before the COVID-19 Pandemic. The Psychiatric clinics of North America, 45(1), 1–28. <a href="https://doi.org/10.1016/j.psc.2021.11.013">https://doi.org/10.1016/j.psc.2021.11.013</a>
- 2. National Center for Health Statistics. (2022, March 1). Stats of the state suicide mortality. Centers for Disease Control and Prevention. Retrieved September 13, 2022, from <a href="https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm">https://www.cdc.gov/nchs/pressroom/sosmap/suicide-mortality/suicide.htm</a>
- 3. Ehlman DC, Yard E, Stone DM, Jones CM, Mack KA. Changes in Suicide Rates United States, 2019 and 2020. MMWR Morb Mortal Wkly Rep 2022;71:306–312. DOI: <a href="http://dx.doi.org/10.15585/mmwr.mm7108a5">http://dx.doi.org/10.15585/mmwr.mm7108a5</a>
- Groesbeck, S., Bounsanga, J., Salt, A., & Ruttinger, C. (2021). (rep.). Utah's Behavioral Health Workforce 2021 A Study on the Supply and Distribution of Clinical Behavioral Health Counselors, Social Workers, Marriage and Family Therapists, and Psychologists in Utah. The Utah Medical Education Council. Retrieved September 13, 2022, from <a href="https://umec.utah.gov/publications/behavioral-health/utah-behavioral-health-workforce-report-2021/">https://umec.utah.gov/publications/behavioral-health/utah-behavioral-health-workforce-report-2021/</a>
- 5. Waite, M. R., Diab, S., & Adefisoye, J. (2022). Virtual Behavioral Health Treatment Satisfaction and Outcomes Across Time. Journal of patient-centered research and reviews, 9(3), 158–165. <a href="https://doi.org/10.17294/2330-0698.1918">https://doi.org/10.17294/2330-0698.1918</a>
- 6. Substance Abuse and Behavioral Health Services Administration (SAMHSA). Telehealth for the Treatment of Serious Behavioral Illness and Substance Use Disorders. SAMHSA Publication No. PEP21-06-02-001 Rockville, MD: National Behavioral Health and Substance Use Policy Laboratory. Substance Abuse and Behavioral Health Services Administration, 2021. <a href="https://store.samhsa.gov/sites/default/files/pep21-06-02-001.pdf">https://store.samhsa.gov/sites/default/files/pep21-06-02-001.pdf</a>

