

Addressing the Mental Health Crisis in the Emergency Department



Today we have a problem:

1 in 8

ED visits are for mental health disorders

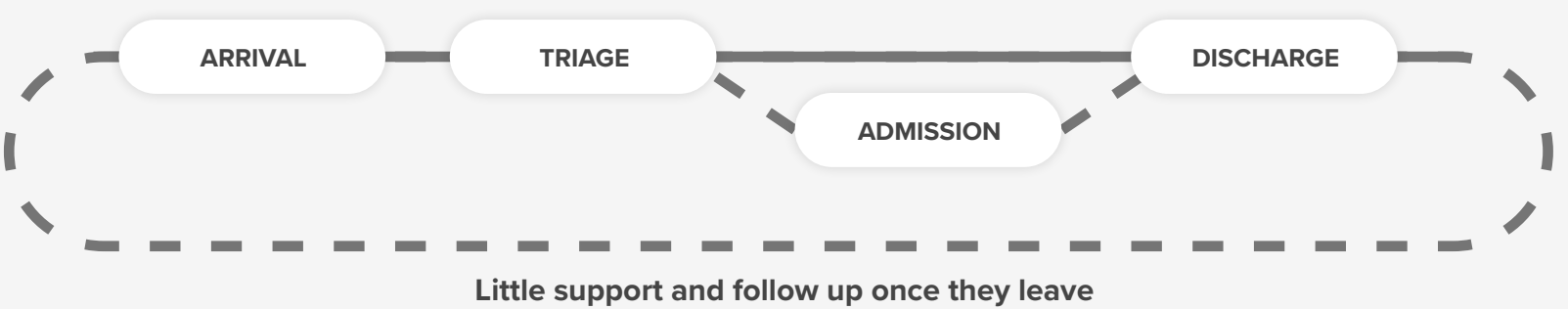
2.5x Admission

rate of hospitalization, compared to other conditions

2x Length of Stay

BH requires more than twice the time as the average medical protocol offered in the same setting

The Emergency Department is a revolving door for patients with behavioral health needs.



What We Don't See Impacts the Whole System



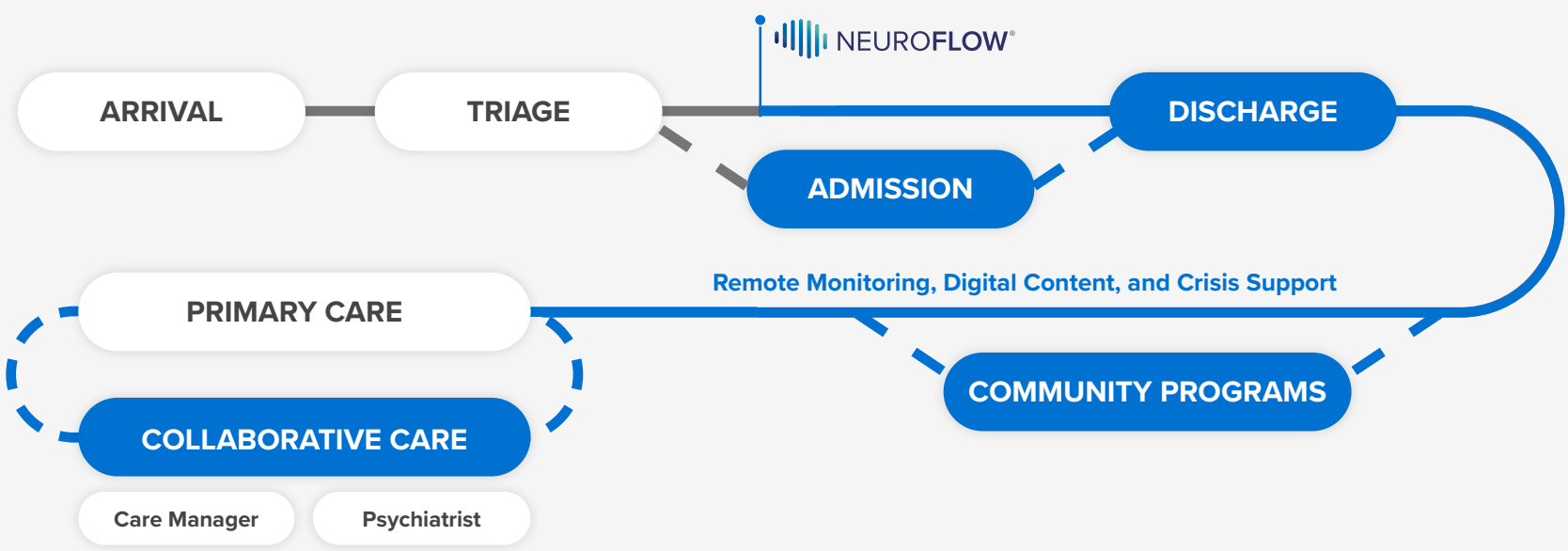
- Repeat ED Users
- Worse Outcomes
- Staff Burnout & Low Morale
- Wait Times & Delays
- Non Billable Costs
- Leakage
- Poor Bed Utilization & Lower Revenue
- Overcrowding

The Emergency Departments can be a front door, they shouldn't be a revolving door.

Improving the patient experience through their continuum of care requires advanced collaborative and coordination capabilities.

- IDENTIFICATION
- REMOTE MONITORING
- AT HOME SUPPORT
- SMARTER REFERRALS

Transitioning Behavioral Health Patients From Emergency Centric to System Centric



The Value

DO MORE WITH LESS

- Reduce ED Wait Times
- More Efficient Triage
- Shorter Stays
- Identify Patient Risks Remotely
- Fewer Leave Without Receiving Care

BETTER CARE PATHWAYS

- Collaborative Care Referral and Revenue
- Additional Services in Ambulatory Care
- Improved Outcomes

EXTEND CARE

- Increased In-Network Referrals
- Decreased Readmission
- Reduced Consumer Churn
- Additional Support Onsite and At Home

A New Standard of Behavioral Health Care from Ambulatory to Acute

This isn't just an emergency department problem. The challenge of addressing mental health is that it is co-occurring with every disease state, demographic, and disorder—every department is impacted. Health Systems must address it at every level—now it's possible.

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