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Prevention in the Moments that Matter:
Strategies for Healthcare Leaders Addressing the Suicide Epidemic

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In 2022, suicides reached a new high in the U.S. Suicide claimed over 49,000 lives, representing a death every 11 minutes.[1] This epidemic reflects an even broader issue of rising acuity across populations as more individuals experience depression, anxiety, and substance use than ever before. As a result of these trends, healthcare costs are rising exponentially.

The Rising Cost of Behavioral Health

53.7% increase in behavioral healthcare spending rates 2019 - 2022[2]

3x – 6x higher costs for comorbid patients with behavioral health conditions[3]

This problem cannot be overlooked if healthcare organizations hope to improve health outcomes in their populations and achieve financial sustainability. Healthcare leaders must act now to lower escalating costs and acuity, but to do this successfully, they need greater insight into their populations and mechanisms to provide preventative care. Innovative solutions can provide this insight and support, helping healthcare organizations adapt more quickly, utilize resources more efficiently, and most importantly, save lives.

In this whitepaper we'll explore how to take a data-driven approach to suicide prevention and population risk management. We'll cover how real-time data can provide greater visibility into previously overlooked populations, and how these insights can provide care teams with the tools and confidence they need to prevent crises.

1 https://www.cdc.gov/media/releases/2023/s0810-US-Suicide-Deaths-2022.html

2 https://jamanetwork.com/journals/jama-health-forum/fullarticle/2808748

3 https://www.milliman.com/-/media/milliman/pdfs/articles/milliman-high-cost-patient-study-2020.ashx

Supporting Rising-Risk Patients in the Moments That Matter

In today's healthcare landscape, it is incredibly challenging to fully understand population risk if you are missing information about behavioral health. More people than ever before have behavioral health conditions and the composition of this high risk population has changed. More young people experience depression and suicidal ideation, and people with a previously uncomplicated health history are surfacing with BH conditions during and post-pandemic. Even with the reduced stigma around mental health, many people suffer in silence and struggle to seek help when they are depressed, anxious, or experiencing addiction. If they do seek support, they often face long wait times for limited behavioral health services. Until a claim is filed, patients often remain unidentified and unsupported by their health plan or health system. This delayed, inadequate approach can lead to escalation to the point of self-harm, forcing healthcare organizations to react to costly crises instead of preventing them.

The reactive approach takes a huge toll on our society, with self-injury deaths (including suicide and drug and alcohol-related deaths) contributing to $1 trillion in medical expenses as well as work and quality of life losses annually.[4] In the last 20 years the cost of self-injury deaths has skyrocketed 143%. This epidemic devastates families and loved ones, who may consequently struggle with behavioral health conditions or substance use, and negatively impacts all sectors of society, diminishing the workforce and stability of subsequent generations.

Opportunities to Intervene Sooner

83% of people who died by suicide received healthcare services in the year prior to their death[5]

45% received care one month prior to their death[6]

Not included in these calculations are all the medical interactions that can occur when someone is experiencing suicidal ideation or acute behavioral health conditions. For every suicide death there are three hospitalizations for self-harm, eight emergency department visits related to suicide, 38 self-reported suicide attempts, and 265 people who seriously considered suicide.[7] These interactions represent an opportunity for healthcare organizations to intervene sooner, identifying the underlying behavioral health needs further upstream and preventing unnecessary and costly utilization.

4 https://wvutoday.wvu.edu/stories/2023/02/09/wvu-researchers-estimate-cost-of-injury-deaths-of-despair-including-suicide-exceeds-1-trillion-annually-in-the-u-s

5 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4026491/

6 https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5072576/
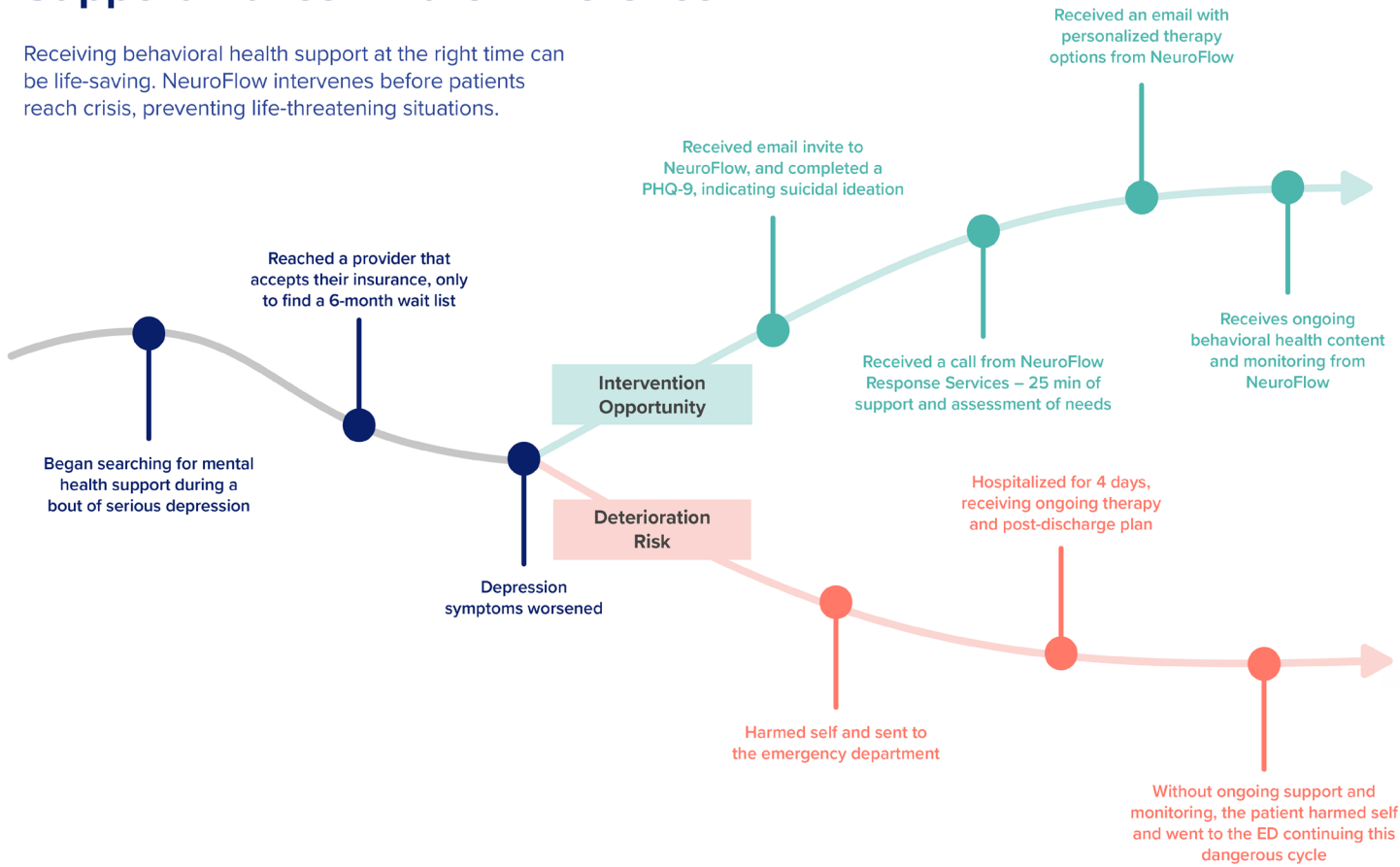
7 https://www.cdc.gov/suicide/facts/index.html

For example, imagine a person is experiencing severe depression symptoms and begins to have suicidal thoughts. They may seek a licensed therapist for support (an enormous activation effort for someone already struggling with severe depression), only to realize that their in-network therapists don't have any availability for several months. Unable to get the support they need, this individual's wellbeing declines, leading to self-harm and an emergency department visit and eventual hospitalization. These more extreme interventions could have been avoided entirely through early identification and support at critical preventative moments.

NeuroFlow helps healthcare organizations intervene at exactly these moments that matter most. The technology platform engages entire populations and creates a mechanism for early and ongoing identification of rising- and high-risk individuals. The addition of high-touch outreach by trained NeuroFlow professionals creates a safety net for those escalating in severity. With better understanding of their population and tools empowering them to support those in need, health systems and payors can guide rising risk populations to appropriate care sooner. Creating this triage system drives timely interventions and prevents costly escalation.

In the Moment, Behavioral Health Support Makes All the Difference

Receiving behavioral health support at the right time can be life-saving. NeuroFlow intervenes before patients reach crisis, preventing life-threatening situations.

Received an email with personalized therapy options from NeuroFlow

Received email invite to NeuroFlow, and completed a PHQ-9, indicating suicidal ideation

Reached a provider that accepts their insurance, only to find a 6-month wait list

Intervention Opportunity

Receives ongoing behavioral health content and monitoring from NeuroFlow

Received a call from NeuroFlow Response Services – 25 min of support and assessment of needs

Began searching for mental health support during a bout of serious depression

Deterioration Risk

Depression symptoms worsened

Hospitalized for 4 days, receiving ongoing therapy and post-discharge plan

Harmed self and sent to the emergency department

Without ongoing support and monitoring, the patient harmed self and went to the ED continuing this dangerous cycle

Overcoming Challenges to Suicide Prevention

Surfacing Population Behavioral Health Insights

For healthcare executives, one of the greatest obstacles to effective risk management is gaining access to actionable behavioral health insights about their populations. Claims data only tells part of the story; what's happening in real time with patients or members' mental health fills in critical gaps in understanding risk. But obtaining this information can be fraught with challenges.

For example, providing pen and paper behavioral health assessments is both inefficient and unscalable. Individuals are also unlikely to raise concerns with their care team due to the stigma associated with discussing behavioral health needs. And sometimes patients don't realize they're experiencing depression or anxiety or the impact it's having on their lives. All of these factors point to the need for a systemic, automated approach to capturing insight into consumer wellbeing.

Technology can drastically improve organizations' ability to surface rising risk populations and improve predictability of risk over time. By delivering evidence-based assessments on a platform that individuals are comfortable with—SMS, email, or a mobile app—organizations can surface the critical insights they need to manage risk and prevent suicide. Because behavioral health can shift dramatically, especially amid sudden life changes, it's critical that organizations screen populations regularly using clinical assessments, like the Patient Health Questionnaire 9 (PHQ-9) and Generalized Anxiety Disorder assessment (GAD-7). Technology can automatically analyze these results, and layer in additional insights through natural language processing (NLP) technology, which analyzes individuals' free text entries. This analysis provides timely insights to inform individualized treatment plans.

Having this level of insight at a population level, paired with historic claims data, helps organizations risk-stratify their populations and allocate resources more efficiently. Critically, this approach eliminates the burden on providers and care managers to screen individuals. Instead care teams can focus on treatment, delivering resources earlier to rising risk individuals, and prioritizing interventions for those at the greatest risk of self harm and suicide.

Managing Liability Concerns

Another hurdle healthcare leaders may face is around liability concerns. Providers in particular are concerned about taking on additional malpractice liability when asking patients about suicidal ideation. If they uncover suicidal ideation and fail to prevent self-harm, could they be held liable for malpractice? In reality, having a suicide risk measurement and prevention process in place protects providers from liability.[8] Not having such capabilities and processes in place, particularly after patients repeatedly demonstrate symptoms of suicidal ideation or self harm, puts providers at an increased risk of legal action.

8 https://medcitynews.com/2021/03/suicide-and-the-malpractice-myth/

NeuroFlow Vice President of Clinical Operations Matt Miclette explains this risk in a [MedCity article](#): "The important point is that suicide malpractice suits are often less about the quality of assessments and treatment, but the infrequency or complete lack of assessments and reasonable adjustments to care over long periods of time. This is incredibly relevant when we consider that up to 45% of individuals who died by suicide had contact with their primary care provider within one month of suicide."[9]

Providers would never withhold an MRI or CT scan for fear of uncovering that a patient has cancer. Similarly, providers shouldn't fear asking about suicidality through an assessment like the PHQ-9, especially when there are a variety of resources available to those struggling with thoughts of self-harm or suicidal ideation, whether that's dCBT content or brief interventions from a care manager. A combination of high-tech and high-touch solutions can make these resources and automated workflows more readily available. Trained crisis professionals can leverage technology to identify those in crisis and provide immediate outreach and support. Incorporating both technology and crisis response services minimize the burden placed on providers to manage and respond to suicidal ideation.

Intervening in the Moments That Matter

It's critical that organizations take a proactive approach to risk management and suicide prevention. Rising rates of suicide and acuity show no signs of slowing. But by harnessing real-time behavioral health data in conjunction with retroactive population data, healthcare leaders can gain a comprehensive understanding of population risk. This insight empowers them to intervene in the moments that matter, improve outcomes, and manage costly healthcare utilization. Embracing innovative solutions to suicide prevention not only enables healthcare organizations to adapt swiftly and allocate resources effectively but, most importantly, to save lives.

Interested in learning how NeuroFlow can support your organization's suicide prevention and risk management initiatives?

Schedule a call with the NeuroFlow team!

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9 https://pubmed.ncbi.nlm.nih.gov/28196461/