



35TH ANNUAL **AHA RURAL
HEALTH CARE
LEADERSHIP
CONFERENCE**

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ARIZONA GRAND RESORT & SPA

Behavioral Health: Meeting Community Need Through Partnership

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Please note that the views expressed by the conference speakers do not necessarily reflect the views of the American Hospital Association.

Agenda

- Behavioral Health Landscape
- Sheppard Pratt at a Glance
- Garrett Regional Medical Center
- Case Studies of Community Collaborations
 - Hospital and acute services
 - Value-based care partnerships
- Next Steps for your Organization

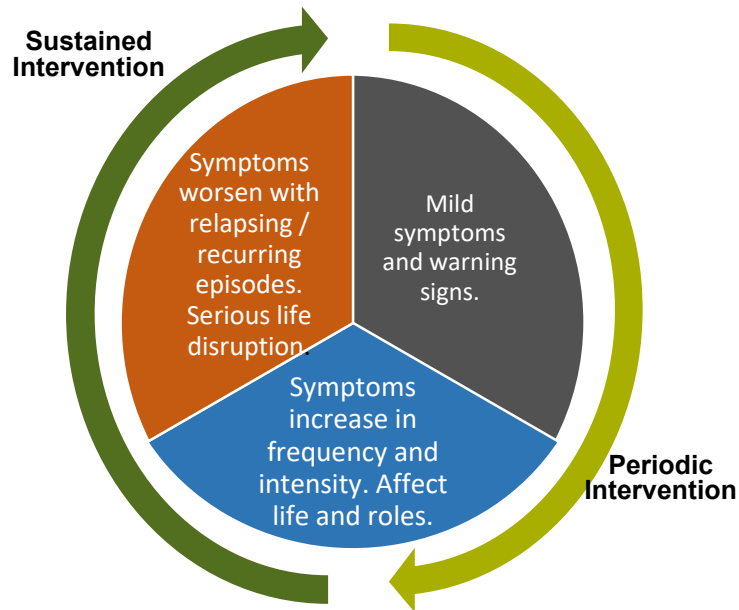
**What are the top 3 challenges
your organization faces meeting
the behavioral health needs in
your community?**

Behavioral Health Landscape

What is Behavioral Healthcare?



Experience a behavioral health disorder each year

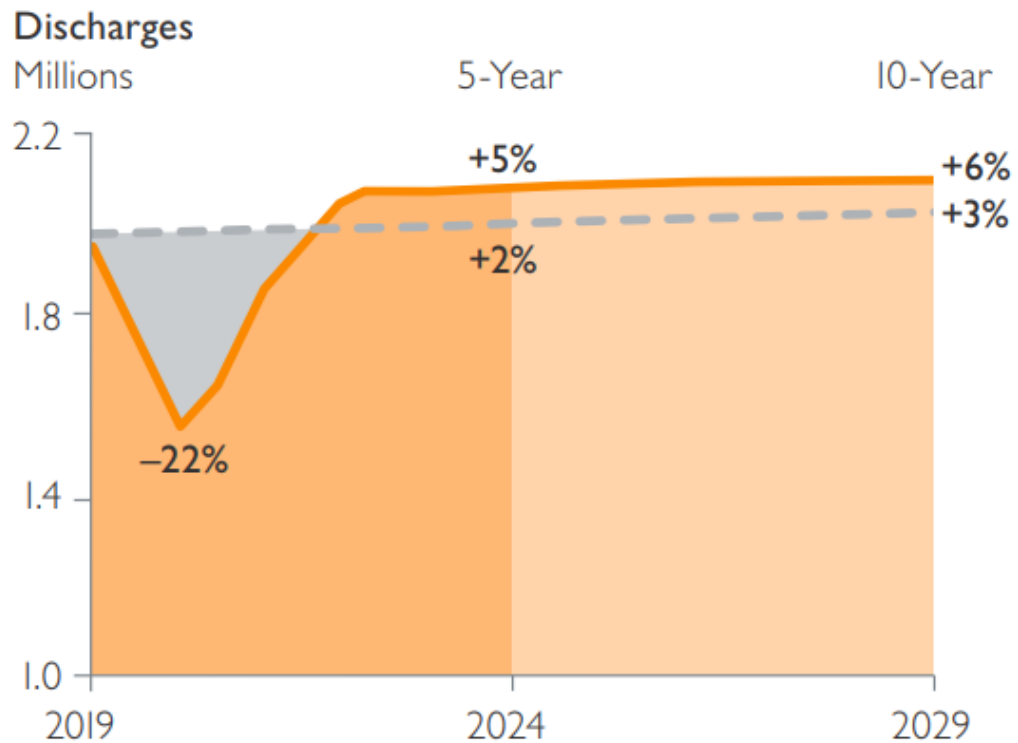


- Mental health and addictions care impacting all ages and socioeconomic groups
- Addresses chronic diseases associated with:
 - Schizophrenia
 - Anxiety and mood disorders (depression, bipolar disorder)
 - Addictions and substance use
 - Developmental disorders (autism)
 - Unhealthy behaviors that contribute to medical conditions and disease

Significant Growth Projected for Inpatient Behavioral Health

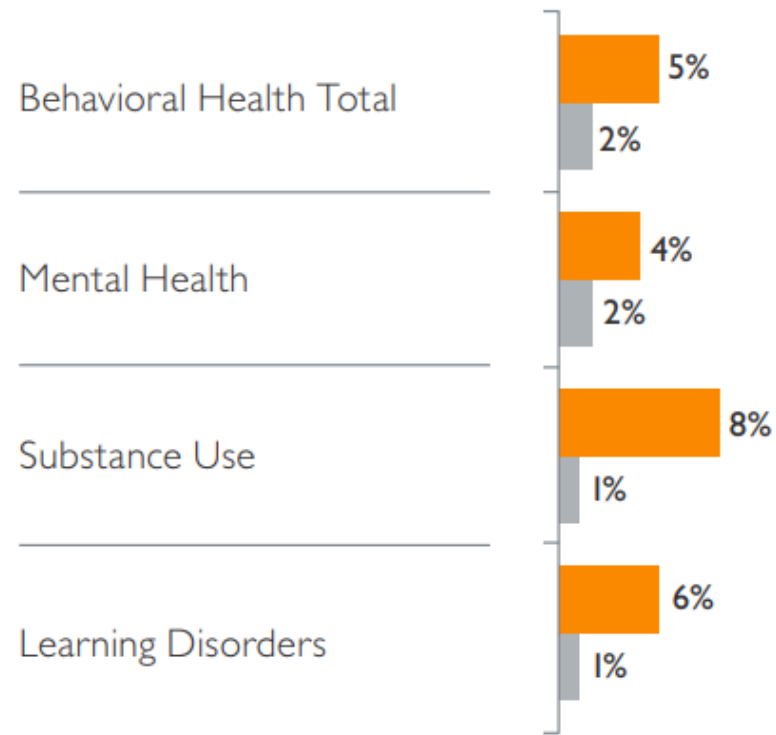
INPATIENT BEHAVIORAL HEALTH FORECAST

Impact of Change® 2020



INPATIENT BEHAVIORAL HEALTH FORECAST FOR SELECT CARE FAMILIES, Impact of Change® 2020, 2019–2024

Impact of Change® 2020, 2019–2024



■ Sg2 Inpatient Forecast ■ Population-Based Forecast



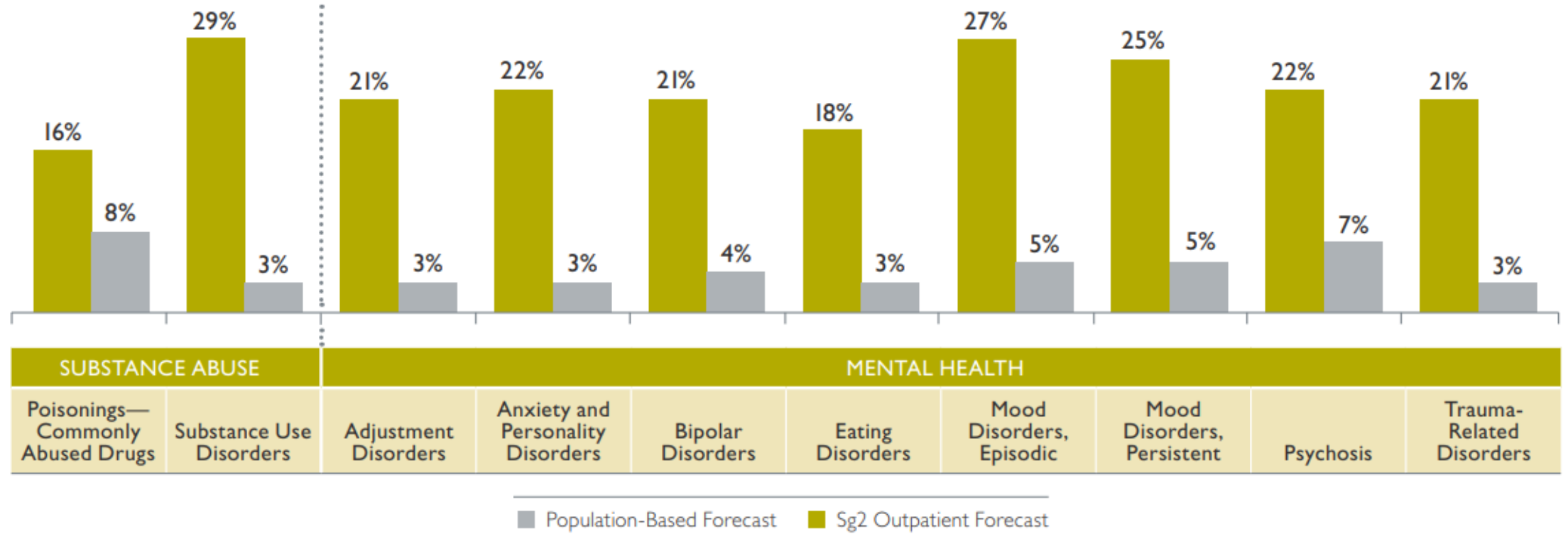
Note: Analysis excludes 0–17 age group and includes the behavioral health service line. Discharges include patients with primary behavioral health diagnoses but do not necessarily reflect discharges from designated psych beds. Learning Disorders also include ADHD and autism. ADHD = attention deficit hyperactivity disorder.
Source: Sg2 Impact of Change®, 2020.

Significant Projected Growth for Outpatient Behavioral Health

OUTPATIENT BEHAVIORAL HEALTH FORECAST

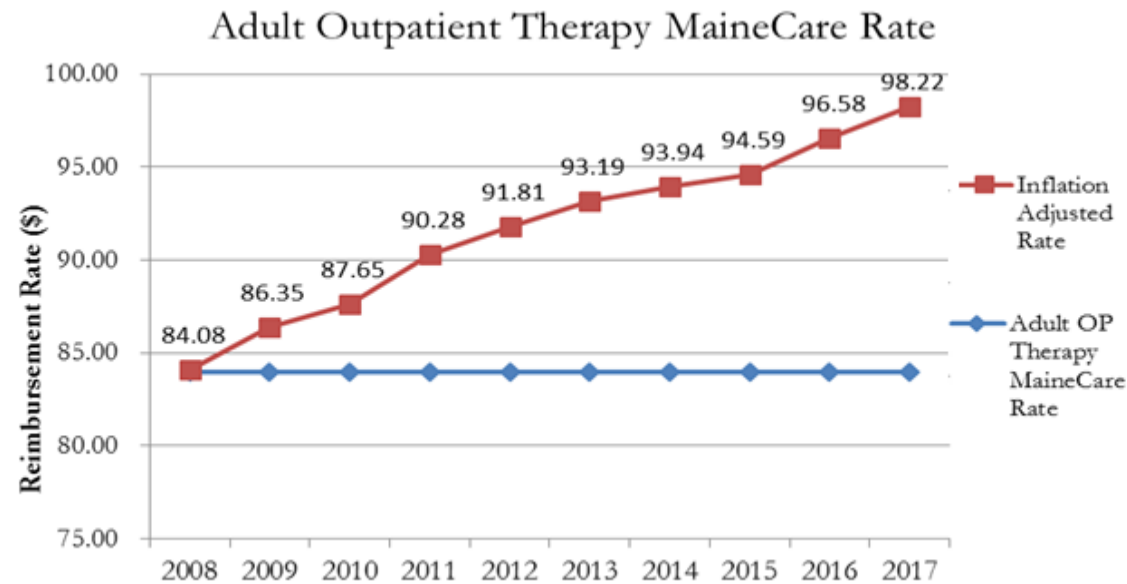
Impact of Change® 2020, 2019–2029

10-Year Total Outpatient Growth: 23%



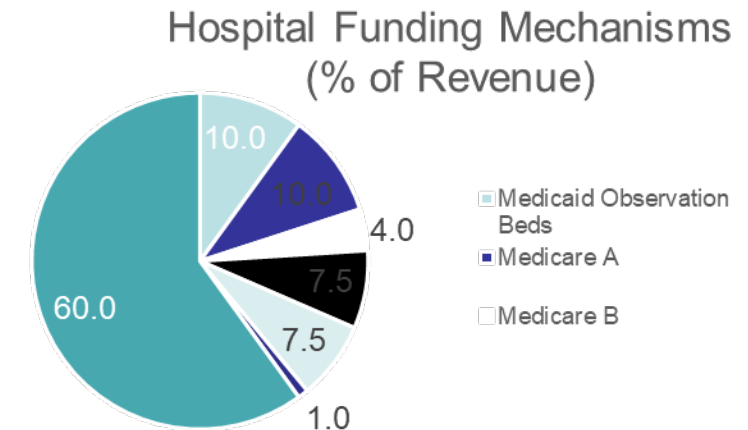
Funding Environment

- History of behavioral health block grant carve-outs >> dependence on government payers; unable to cost shift
- Inadequate charity care in ambulatory behavioral health; providers turn people away including patients discharged from inpatient care



Government payers have flattened/reduced rates and coverage

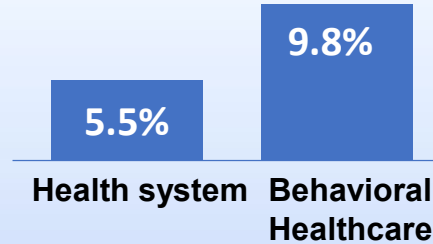
Federal exclusion of adult Medicare billing causes precarious funding arrangements



Workforce Challenges



Nurse Vacancy Rate



3rd percentile for Employee Engagement. Lowest in Healthcare system.

9

Psychiatry has highest vacancy rate for any single specialty.

Open Positions

Highest Turnover Rate

23%

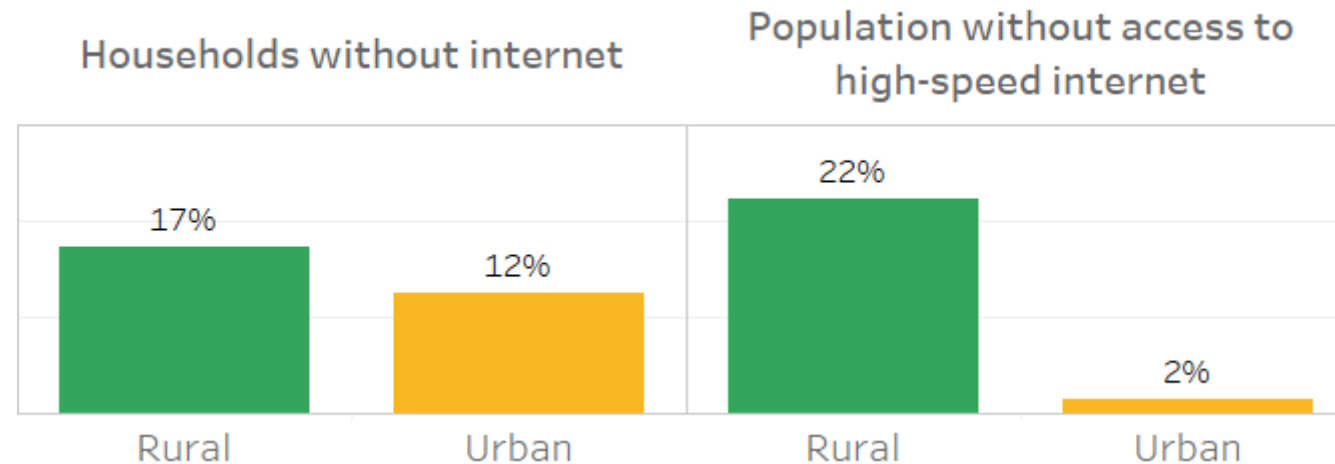
Rural Behavioral Health

There are unique challenges to providers and patients in rural communities that affect accessibility, availability, affordability and acceptability of giving and receiving behavioral health care:

- Workforce
- Transportation
- Insurance coverage and reimbursement
- Technology infrastructure
- Psychosocial

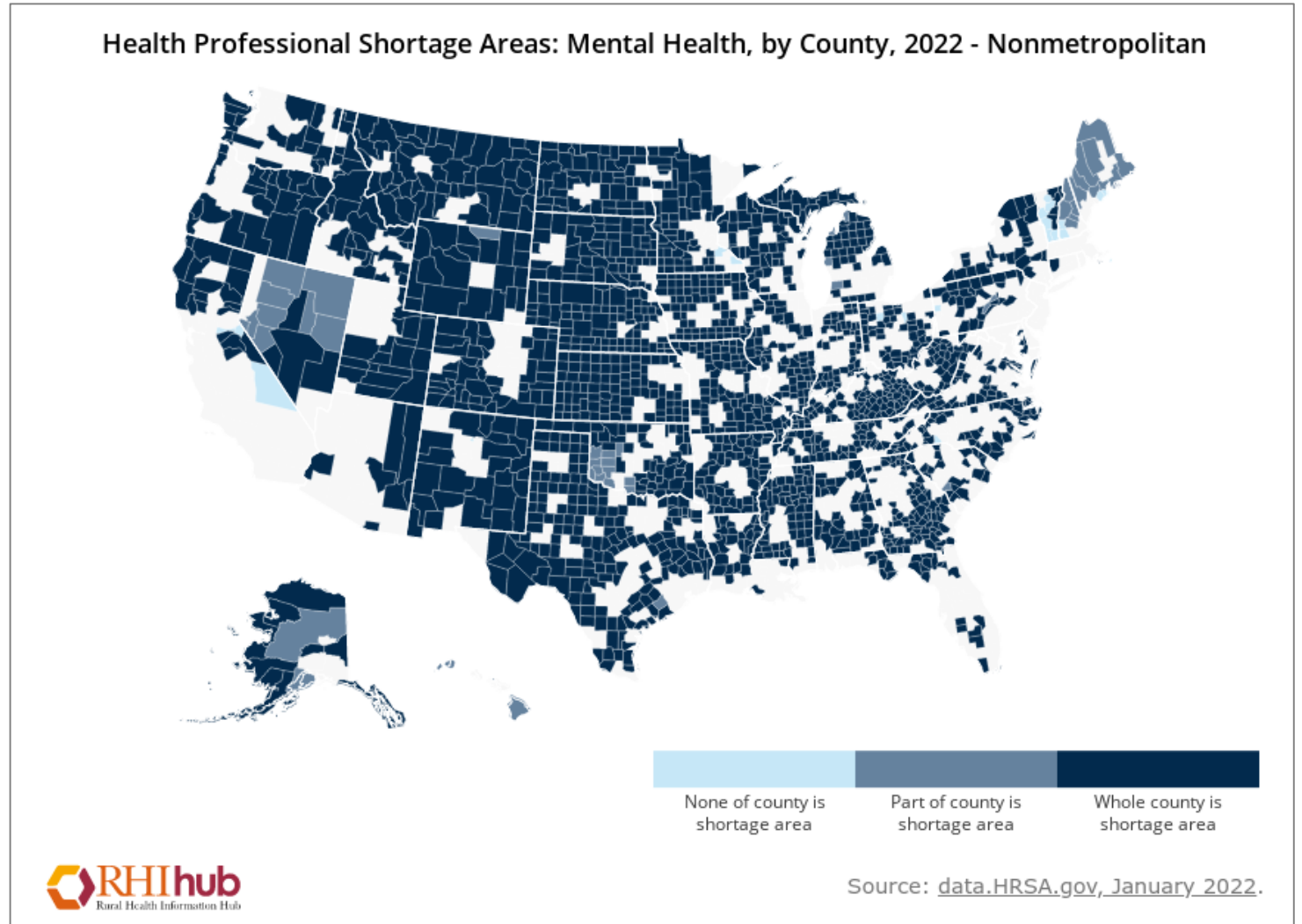
Accessibility

- Longer distances to reach care
- Little or no public transportation
- Lack of health insurance covering mental health
- No or inadequate to internet service—vital for telehealth



Availability

- Shortage of mental health professionals

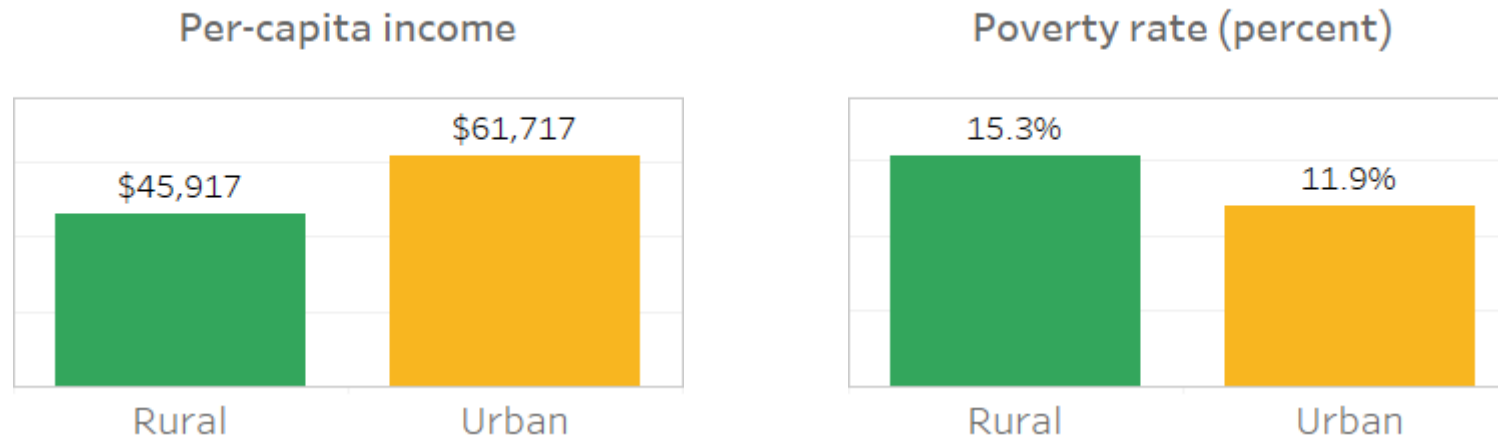


Source: [HPSA Quarterly Summary, First Quarter of Fiscal Year 2022](#).

Affordability

Rural residents are poorer and less likely to have health insurance or afford out-of-pocket care.

- Per-capita income in rural areas is \$15,800 lower than in urban areas.
- The poverty rate in rural America is higher than urban America.



Acceptability

- Rural residents may be more susceptible to the stigma of needing or receiving mental healthcare in small communities where everyone knows each other
- Fewer behavioral health professionals to choose from can lead to:
 - Distrust in confidentiality
 - Reliance on family/friends/clergy for informal care

Demand Surges . . What next?

- Emergency Department
- Inpatient Beds
- Outpatient Services
- Child and Adolescent Services
- Addiction and Substance use disorders



Bottlenecks in Continuum of Care

Behavioral Health Services: A Snapshot in Time

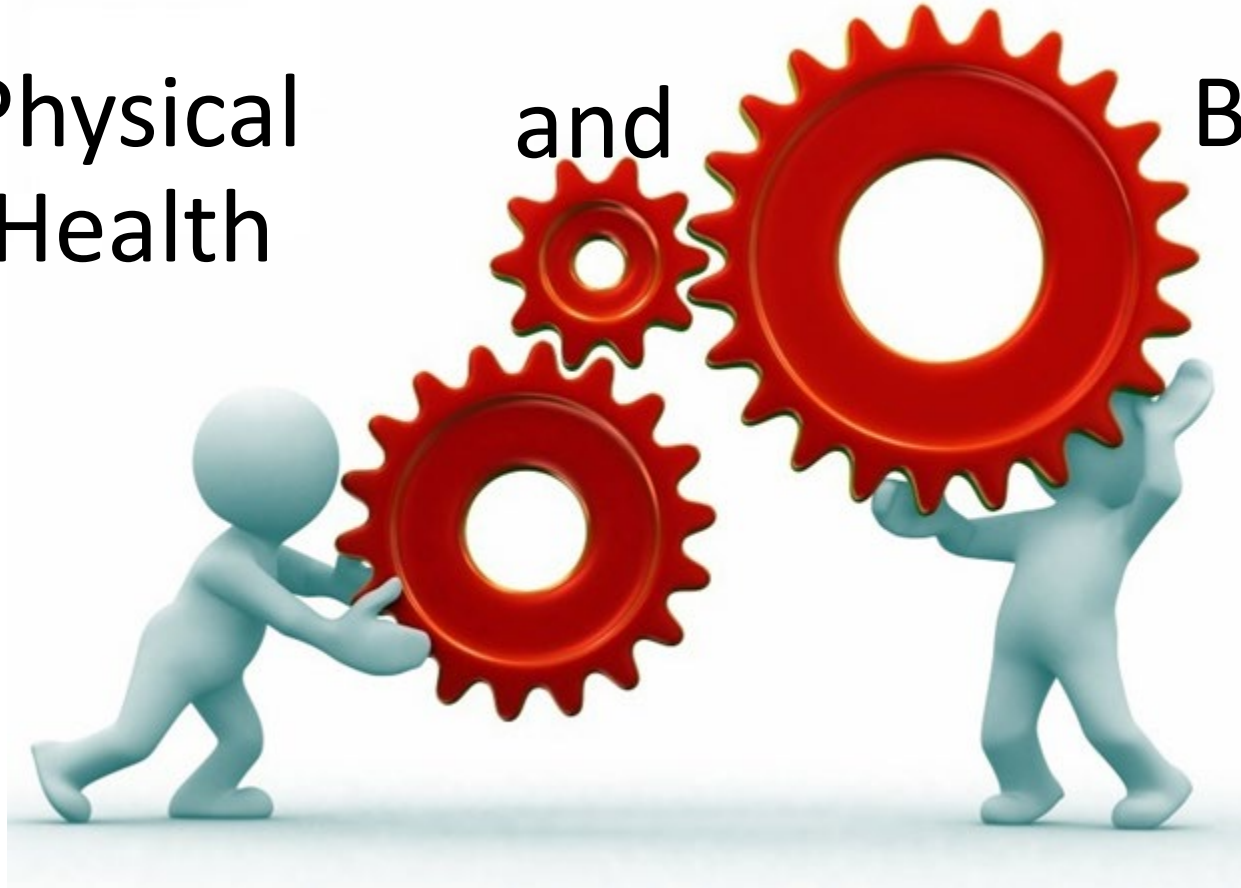
	n	As of 9/26/2017	As of 10/24/2017	As of 2/6/2018
Clients in MH ED awaiting beds	8 ED rooms	32	30	35
Behavioral health hospital beds available	151 beds	8-12% open	7-10% open	0-27% open
Crisis Stabilization Unit beds available	11 beds	6 open	5 open	3 open
Partial hospitalization slots available	28 slots	9 open	3 open	1 open
Intensive outpatient slots available	24 slots increased to 106	1 slot (of 24)	5 slots (of 24)	30 slots (of 106)
Clients on OP psychiatry waitlist for an appointment	30 providers	954	1,097	1,348
Average waitlist time for a scheduled OP psychiatry appointment		74 days	70 days	111 days
Typical census of hospital patients awaiting transition to next level of care		10-14	10-14	10-14

Integration

Physical
Health

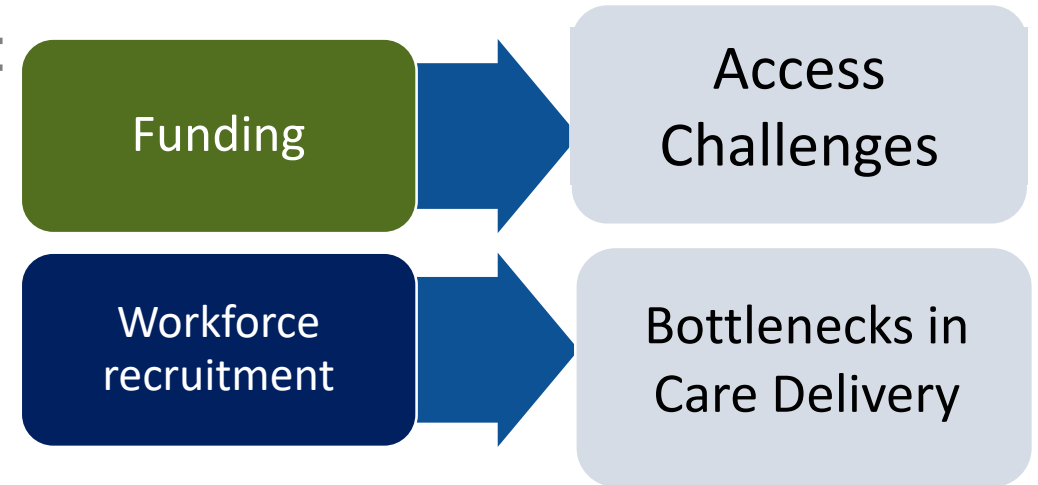
and

Behavioral
Health



Great Opportunity – Can't do it alone!

- Behavioral health needs are widespread and growing in volume.
- Gaps in care still exist. Challenges:



- Positive impact on risk contracts if we can identify and intervene at the correct time.
- A foundation of quality measurement is required to achieve success and sustainability.

Overview of Sheppard Pratt

Sheppard Pratt At A Glance



private, nonprofit
provider of
**PSYCHIATRIC
SERVICES**
in the nation

Consistently ranked in the
TOP 10



of psychiatric hospitals in the nation
by *U.S. News & World Report*



Serving patients from
**34 STATES &
15 COUNTRIES**

**LARGEST
PROVIDER**



of nonpublic **special
education** programming
in Maryland



More than
160 PROGRAMS
throughout Maryland
and West Virginia

More than
380



**SITES OF
SERVICE**

Crisis & Admission

- Psychiatric Urgent Care/Virtual Psychiatric Urgent Care
- Assessment and intake services
- Therapy referral services
- Mobile crisis services

Inpatient & Specialty Services

- Child, adolescent, adult, geriatric services
- Intellectual disabilities, neuropsychiatry
- OCD and anxiety, psychotic disorders, trauma, eating disorders, sports psychiatry, autism, direct-to-employer services

Residential & Structured Day Services

- Day hospitals
- Crisis residential services
- Psychiatric rehabilitation services
- Residential treatment services

Therapy & Medication Management

- Addiction services
- Outpatient and in-home/in-community behavioral health services
- Integrated primary and behavioral health care services
- Telepsychiatry services
- Neurostimulation

Community & Family Supports

- Head Start program
- Domestic violence shelter
- Early intervention parenting support
- Supervised visitation, monitored exchange
- Substance use and recovery support services
- Child development center, family counseling, and education services

Schools & School-Based Services

- Nonpublic special education
- School-based mental health and substance use support services
- Residential treatment centers

Developmental Disability Service

- Neuropsychiatry services
- Inpatient and outpatient intellectual disabilities and autism care
- Schools and school-based programs

Housing & Homelessness Service

- Homeless outreach services
- Housing counselor services
- Veterans service center

Employment & Job Training

- Business services
- Employment support
- Vocational services
- Project SEARCH

Care Coordination & In-Home Services

- Assertive community treatment services
- Behavioral health home services
- In-home counseling services

Sheppard Pratt Solutions

- Consulting
- Management
- Development



Overview of Garrett Regional Medical Center

Health and Wellness Center of Garrett Regional Medical Center



Garrett Regional Medical Center



- 55-Bed Progressive Acute Care Facility
- Expanded off-site locations for Primary Care, Behavioral Health and Walk-In Care Centers
- Service area of more than 46,000 residents in Garrett County and West Virginia
- Virtual ICU services along with Telemedicine expansion for specialty care including neurology, nephrology, pulmonology, cardiology, mental health services, and childhood learning disorders
- Establishment of Health and Wellness Services to offer additional mental health services to the community for adults and children along with Medication Assisted Treatment for addictions

Garrett Regional Medical Center



- Garrett Regional was named a Top 20 Rural Hospital in the United States in 2021
- Received a Grade A Safety Rating from Leapfrog
- Robert Wood Johnson Culture of Health Prize winner in 2017 for Rural Communities
- Joint Commission Accredited



- Garrett County is classified as a Medically Underserved Area
- 12% of our residents are at or below the Federal Poverty Area
- 15% of our residents in West Virginia are at or below the Federal Poverty Level
- Lack of public transportation services in our area hinder travel to appointments
- Community Health Worker program started to assist clients with community resources for food, healthcare, transportation, and education

Garrett Regional Medical Center



- Health and Wellness Center started in 2017
- Staffed with Psychiatric Nurse Practitioner, Psychologist, Licensed Clinical Social Workers, Community Health Worker, and Peer Counselor along with LPN
- Partnership with Sheppard Pratt in 2020 to provide outpatient consults, medication management and psychiatric assessments via telemedicine
- Partnership has also included team meetings with the staff to discuss care plans and best practices
- Sheppard Pratt providers are a part of our clinical team and have integrated their clinical practices into our local clinic

Summary

- Providing access to services in our rural community that were unavailable previously.
- Through telemedicine visits, we can provide: assessment and evaluation, development of a treatment plan, assistance with medication therapy, and follow up recommendations.
- Sheppard Pratt providers work with our staff to provide guidance during care plan meetings and discuss difficult situations.

Summary, cont'd.

- Benefits:
 - Access to a higher level of specialty care without having to travel
 - Reduced visits to our ED for mental health issues
 - Improving staff competency by working with the providers
- Challenges:
 - Adjusting to telemedicine visits as this was a new process in our community
 - Use of different EMR systems between the two facilities

Other Hospital-Based Partnerships

76-bed Medical Center in Southern Maryland

- **Hospital operates a partial hospitalization program and both adult and adolescent inpatient units**
- **Behavioral health had been managed by an outside physician group**
- ✓ **Sheppard Pratt recruited physicians/NPs to staff the service line and manages the service line through a Sheppard Pratt employed leader**
- ✓ **Addresses critical staffing need for on-site, quality providers**

Hospital Partnership Key Takeaways

- Correctly identify and assess needs
- Effectively engage with strong partner organizations
- Solutions along a continuum of care
- More isn't always better or feasible

Value-Based Care Partnerships

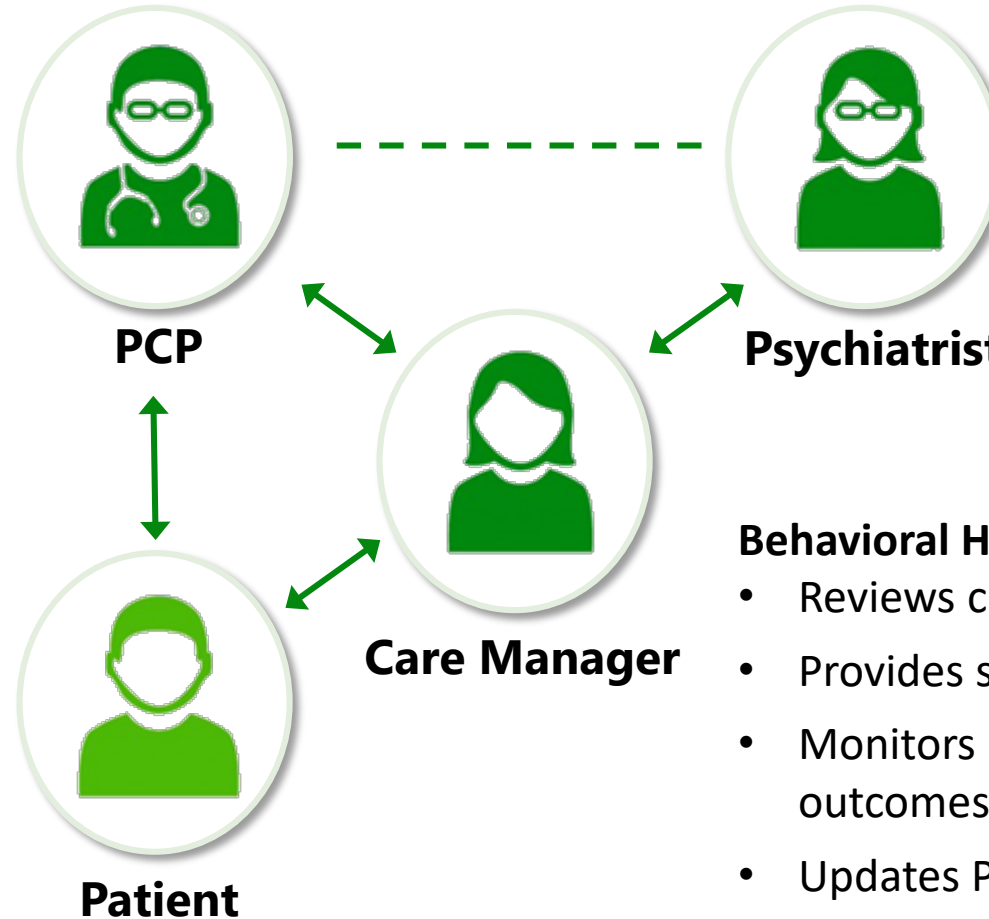
Collaborative Care Overview

Primary Care Provider

- Screens for candidates
- Initiates referral
- Considers diagnostic and treatment recommendations

Patient

- Connected by PCP
- Completes assessments and intake with Care Manager



Psychiatrist

- Regular case review with Care Manager
- Provides diagnostic and treatment recommendations

Behavioral Health Care Manager

- Reviews clinical info & completes intake
- Provides support to patient
- Monitors progress and tracks patient outcomes
- Updates PCP on psychiatric input
- Regular case review with Psychiatrist

Collaborative Care Benefits



Patient Experience

- Significant improvement in behavioral health outcomes
- Improved satisfaction
- Improved access
- Decreased stigma
- Improved communication between multiple providers.



Provider Experience

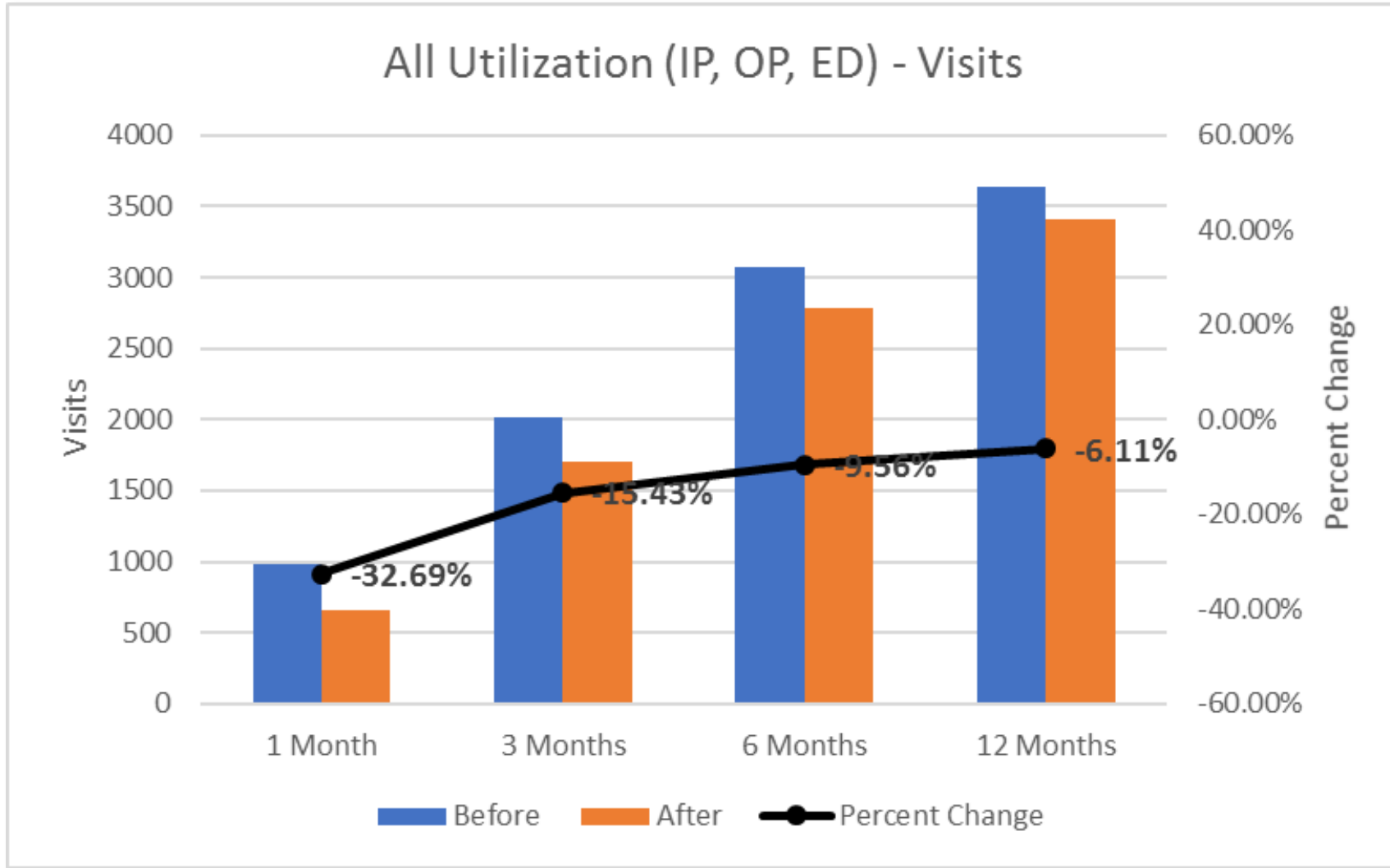
- Can focus on primary care needs
- Behavioral healthcare managed by team
- Case-based learning
- Improved access to specialty consultation
- Reduce burnout and staff turnover



Financial Outcomes

- Cost-savings from reducing avoidable utilization
- Revenue opportunities through integrated care CPT codes
- Reduces visit time required to manage behavioral health patients which frees up significant capacity to increase visits volumes

Collaborative Care Drives Avoidable Utilization Down



Value-based Key Takeaways

- There is a pathway to sustainable growth in behavioral healthcare services via medical cost savings and access improvements.
- Value-based approaches require modest short-term investments for longer-term gains.
- Attribution issues can be mitigated by targeting specific populations.
- Focus on overall health

Discussion and Next Steps

Closing

Next Steps. . .

- How can partnerships work in your community?
- Who are the key players to reach out and work with?
- What role will your organization play (convenor, leader, participant)?

Bios and Contact Information

Kendra Thayer, RN, MSN

- Kendra Thayer serves as the Senior Vice President of Patient Care Services, Chief Nursing Officer, and Chief Operating Officer of Garrett Regional Medical Center. She has been with the hospital since 1993 and has gained professional experience in a variety of clinical nursing disciplines. Ms. Thayer received a Bachelor of Science in Nursing from the University of Maryland and Master of Science in Nursing Leadership and Administration at Walden University. She has also completed Core Concept Training from the American Association of Diabetic Educators and the National Alliance of Wound Care Training Program. She is a member of the American College of Healthcare Executives, Maryland Nurse Executives, American Association of Cardiovascular and Pulmonary Rehabilitation, the American Association of Diabetes Educators
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Jennifer Weiss Wilkerson, MHSA, FACHE

- Jennifer Weiss Wilkerson is vice president and chief strategy officer for Sheppard Pratt, where she is responsible for developing and implementing strategies to support the organization's short- and long-term business development initiatives. She collaborates with health system leadership to develop and direct strategic initiatives such as joint ventures, new programs, and any extension of existing programs and services in new markets. Prior to joining Sheppard Pratt, Jennifer served as the vice president of regional planning for MedStar Health where she developed and implemented growth strategies for 10 hospitals and regional and statewide service lines. Jennifer received her Master of Health Services Administration from The George Washington University and her Bachelor of Arts in Health & Society and Religion at University of Rochester.
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Deepak Prabhakar, MD, MPH

- Deepak Prabhakar, MD, MPH is chief of medical staff and medical director of outpatient services at Sheppard Pratt. He earned his medical degree at NHL Municipal Medical College, and completed his residency in psychiatry and fellowship in child and adolescent psychiatry at Wayne State University. Dr. Prabhakar is board certified in both general psychiatry and child and adolescent psychiatry. His research interests include depression, suicide and health disparities. Dr. Prabhakar specializes in sports psychiatry and he works with athletes across the age spectrum and at all levels of competition. Dr. Prabhakar is past president of the Michigan Council of Child and Adolescent Psychiatry. He has presented nationally and internationally at the annual meetings of the American Academy of Child and Adolescent Psychiatry (AACAP), The American Association of Directors of Psychiatric Residency Training (AADPRT), Association for Academic Psychiatry (AAP), American Psychiatric Association (APA), and the World Psychiatric Association-Epidemiology (WPA).
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