

# Utilizing Real-Time Care Intelligence™ to Improve Behavioral Health Outcomes MARKET TRENDS REPORT

🕸 Bamboo Health

## **Executive Summary**

According to the National Institute of Mental Health (NIMH), one in five adults in the United States — 52.9 million people — live with a mental health condition. About <u>half</u> of them also have substance use disorders (SUDs).

Provisional data from the Center for Disease Control's (CDC) National Center for Health Statistics indicate there were an estimated 107,622 drug overdose deaths in the United States during 2021, an increase of nearly 15% from the 93,655 deaths estimated in 2020. The 2021 increase was half of what it was a year ago, when overdose deaths rose 30% from 2019 to 2020.

This situation strains state governments in many ways, including economically and culturally. For example, Congress's Joint Economic Committee reported in September 2022 that the <u>opioid crisis cost the United States a record \$1.5 trillion in 2020</u>, up 37% from 2017, when it was last measured. A study by Penn State University researchers found that opioid-related crime incident rates positively associate with rates of opioid-related emergency department visits, hospitalizations and overdose deaths. Translation: "Involvement in the criminal justice system increased with intensity of opioid use," according to another <u>study</u>.

The federal government has stepped in with support. Since opioids are t<u>he leading driver</u> of overdose deaths, accounting for 75% of such fatalities in 2020, the federal government provided \$1.5 billion in grant programs in 2022 to states and territories to combat addiction. They provided funding to increase access to treatment and recovery support services for SUDs, and to remove barriers to interventions. Recipients are currently working on putting plans in place and executing them.

Additionally, governments at all levels are working on mental health support and intervention options. A notable effort in this area is the National 988 Suicide and Crisis Lifeline, which went live in July 2022. Designated by Congress the year before, 988 operates through the 17-year-old National Suicide Prevention Lifeline and provides around-the-clock, free and confidential support to people in crisis via call, text and chat. In December 2022, <u>more than 434,033 people</u> were connected to crisis services using the 988 Lifeline.

In their work to provide assistance, states still have a long way to go. For this report, Bamboo Health, a health care technology solutions company that delivers Real-Time Care Intelligence<sup>™</sup>, studied the challenges governments face when tackling behavioral health in their communities.

## By The Numbers



Every **11.5 minutes** someone in the United States commits suicide.

Of the 50,000+ drug overdose deaths in 32 jurisdictions in 2021, <u>67%</u> \_\_\_\_\_ had at least one r



had at least one potential opportunity for an intervention.

Since the onset of the pandemic, the prevalence of behavioral health conditions has increased 50%.

# 11 00000000000000

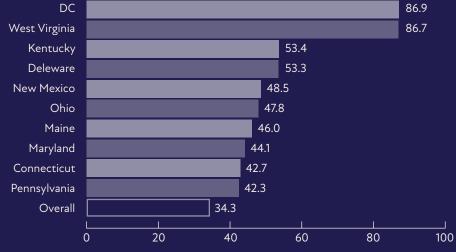
Eleven people die of a drug overdose <u>every hour</u>.

Mental illness and substance use disorders are involved in 1 out of every 8 emergency department visits by a U.S. adult — an estimated <u>12 million visits</u>.

From mid-March to mid-October 2020, the median rate of mental health emergencies was 2,151 per 100,000, an **18% increase** over the same period in 2019

# Rate of overdose deaths by state, 2021\* $\rightarrow$

\*The top 10 jurisdictions that reported all overdose deaths in their jurisdiction for the selected year, and had medical examiner/coroner reports for at least 75% of deaths in that year, are included in this data.



Age adjusted rate of deaths per 100,000 people

#### **Challenge: The Siloed Approach**

Behavioral health crises are at record highs, and states are struggling to help their communities for three main reasons.

- 1. Medicaid budget pressures: States' share of Medicaid spending grew by 4% in 2021, with a projected 14% growth in 2022. This projection is because of the potential expiration in January 2023 of the COVID-19 public health emergency and loss of the related enhanced Federal Medical Assistance Percentage rate that brought some financial relief during the pandemic. Even though overall Medicaid spending is expected to decline, the reality for states is they will take on a greater share of the cost, thereby increasing their total spending.
- Stigma: A stigma against people with mental illness persists despite efforts to normalize such conditions. Case in point: Although one in five U.S. adults recently experienced a mental illness, almost half – <u>45%</u> – didn't seek clinical help. State and local agencies need to understand where populations are most at risk and how to best support them.
- Data silos and piecemeal behavioral health 3. management: Data silos among payers, primary care physicians, specialists and behavioral health and other providers complicate holistic care. Without being able to share data, each may treat a patient differently - or even incompatibly - for behavioral health problems. In addition, even if organizations can share health data, it's often difficult to sift through and interpret information at the point of care due to overwhelming and administrative burdens. Further, this data can be outdated. Each aspect can go a long way in helping someone in need - as long as providers have access to the technology that can assist them and in turn, lead to better patient outcomes and lower costs for the system.

#### Solution: Integrated Systems for Complex Health Problems

Substance use disorder, suicide and mental health co-morbidities do not exist in isolation. How states address these issues requires a multipronged approach involving legislation, appropriately skilled staff and modernized information technology infrastructure.

The Centers for Medicare and Medicaid Services (CMS) Interoperability and Patient Access Rule Electronic Event Notifications (E-Notifications) Condition of Participation (CoP) went into effect a little more than a year ago, bringing us to a unique inflection point. The emphasis now goes beyond simply sharing data, and is moving toward providing real-time and actionable insights to ensure that all health care providers, payers and ultimately patients benefit from its use.

Through actionable interoperability, we can minimize the time that providers and care managers spend managing and sifting through data, and instead make health care information enable them in ways that facilitate more focus on patient care.

These real-time insights about patients' care encounters across providers and settings has, and will continue to, introduce new levels of visibility for respective care teams to drive:

- Reduction of unnecessary and costly emergency department utilization
- Prevention of avoidable hospital readmissions
- Avoidance of duplicative procedures and tests
- Avoidance of prescription contradictions
- Holistic management of behavioral health conditions
- Identification and management of social determinants of health

When health care professionals have access to meaningful, timely health care data directly in their existing clinical workflows, both providers and patients feel the positive impact of health care interoperability and its ability to enable wholeperson care.

## **Best Practices**

- 1. Optimize use of existing data networks to improve coordination and reduce redundant investments.
- **2. Take data interoperability to the next level** with intelligent interoperability. This means delivering only pertinent, actionable insights, not simply raw data. For example, adding critical behavioral health insights into the same workflow emergency department physicians are already using can make a huge difference in care provided to patients and appropriate referrals for follow-up.
- 3. Reduce provider burden by making information available in existing workflows.
- **4. Rethink budget strategy** through a behavioral health lens and explore multiple agencies for sources of funding in addition to the Substance Abuse and Mental Health Services Administration.

Some examples of how that might be done include:

- Section 1115 demonstrations: These could be used to improve systems of care for adults with a serious mental illness and children with serious emotional disturbances. They must be used to support integration efforts and require a health information technology HIT) plan for behavioral health datasharing.
- *Medicaid information technology architecture:* Federal matches are available for states developing a HIT that can be used by Medicaid providers to coordinate care for beneficiaries with mental illness.
- *Federal funding to support technical assistance:* The use of Medicaid dollars is often limited to the costs of purchasing technology and may not cover costs related to user education and training, workflow redesign, health information exchange connectivity and other development and financial needs.
- *CMMI models:* The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act authorized CMMI to test incentive payments for behavioral health providers who accept Medicaid for the adoption and use of certified electronic health records technology.



# Care Collaboration Insights in Action

Bamboo Health partners with state governments, providers, health plans and other health care agencies, including CCBHC's and LMHA's to help improve public health and improve patient outcomes. **Here are some examples:** 

## 1 Eleanor Health

Bamboo Health's care coordination technology provides Eleanor Health, an addiction and mental health services provider with 32 clinics in seven states, with real-time alerts that equip staff with the knowledge and insight needed to best care for their patient population. Pings gives them a platform to engage with patients on followup care, wellness checks, care plans, proactive care and ensures all teams have the most up-to-date contact information. Before implementing Pings, they relied on self-reported medical histories, outcomes and care events from their patients.

"[We] received a Ping and when one of our staff reached out, the member told them that they weren't going to let Eleanor know [they relapsed] because they felt ashamed. ... The member felt incredibly cared for and the best part is that this member re-engaged in their care with us after we reached out."

— Eleanor Health provider

### 2 Monarch Health

Pings has helped Monarch Health, a provider of comprehensive mental health and human services in North Carolina, adhere to its Certified Community Behavioral Health Clinics Expansion Grant by providing real-time alerts on its patients' care encounters, improving its care management and enabling peer bridge teams to coordinate care efficiently and effectively.

The organization started by tracking 2,500 of its patients in 2019 and now tracks all 26,760 — that's a 970% increase due to the value of the technology.

#### "The Pings service, to sum it up, is the only reason that I am able to sit here with you and chat with you this very moment."

 Michelle, a patient who benefited from additional care after her Monarch care team received a Ping when she went to the emergency department for a panic attack

#### Delaware Treatment and Referral Network

The Delaware Division of Substance Abuse and Mental Health built the Delaware Treatment and Referral Network (DTRN) using Bamboo Health's OpenBeds solution, a capacity management and referral tool that identifies and tracks behavioral health resources, offering providers immediate visibility into resource availability across a shared network and hastening clients' access to treatment.

In its first year, DTRN's client referrals to inpatient and residential behavioral health programs sparked a 45% increase in treatment referral requests. The referral platform also improved response rates to referral requests, with 65% of receiving organizations acknowledging a client referral within 30 minutes, an increase of 25% since the program's inception a year prior.

By assisting providers with the onboarding process to encourage adoption, Delaware expanded the number of active users on its referral network by 264% year over year.

#### "With this real-time online inventory of services, we've seen a statewide increase in referrals for treatment, as well as reduced referral times."

 Joanna Champney, Director, Delaware Division of Substance Abuse and Mental Health

### 4 Behavioral Health Crisis Response

Bamboo Health's Crisis Management is a technology solution used to quickly diffuse situations for those in a behavioral health crisis by responding to and routing individuals to the appropriate, definitive care they need.

Within that time, both states successfully dispatched mobile response teams via the Crisis Management System to individuals experiencing behavioral health crises a combined total of 4,395 times. Between May and July, one state had 359 adult mobile crisis encounters. More than 101 dispatches were resolved at the scene, and 159 dispatches led to treatment, such as with inpatient care management, psychiatric care and other forms of care or treatment.

## Conclusion

The news is full of reports on mental health and substance use crises in America. Governments at all levels are taking swift action to provide support — but stigmas, siloed data and rethinking budget strategies are hindering their efforts. Therefore, an integrated approach is necessary for improving public health and patient outcomes, where connecting people with the right treatment options during the important moments that matter can truly make a difference.

#### How Bamboo Health Helps

Bamboo Health, the leader in Real-Time Care Intelligence, delivers actionable insights on a patient's physical, behavioral and social health. Through its innovative suite of solutions and the most interoperable care collaboration network, Bamboo Health is connecting government entities and health care professionals across the country so they can work together on a shared platform with the unique data, insights and clinical decision support tools needed to enhance their patients' whole-person health at the point of care.

"At Bamboo Health, we focus on the moments that matter in a patient's care journey. When someone is admitted to the emergency department, picks up a controlled substance or is discharged from the hospital — these are high-impact care moments. Our ability to share insights and trigger clinical actions based on those moments makes us unique."

– Rob Cohen, CEO of Bamboo Health

🕸 Bamboo Health

## ABOUT BAMBOO HEALTH

Bamboo Health, the leader in Real-Time Care Intelligence<sup>™</sup>, delivers actionable insights on a patient's physical, behavioral and social health empowering healthcare professionals to provide the right care at the right time. Delivered through our Smart Signals<sup>™</sup> network — the largest and most interoperable care collaboration community in the nation — our insights improve more than 1 billion patient encounters a year across more than 2,500 hospitals, 8,000 post-acute facilities, 25,000 pharmacies, 32 health plans, 50 state governments and 1 million acute and ambulatory providers.

For more information about Bamboo Health, please email <u>connect@bamboohealth.com</u> or visit <u>www.Bamboohealth.com</u>