Members in ACTION

BEHAVIORAL HEALTH CRISIS CENTER REDUCES ED VISITS, SHRINKS HEALTH DISPARITIES

Cone Health | Greensboro, N.C.

Behavioral health integration often improves patient outcomes, enhances patient and provider satisfaction, and lowers costs — otherwise known as the Triple Aim of health care reform. Greensboro, N.C.-based Cone Health, in partnership with surrounding Guilford County, has achieved this trifecta after founding in 2021 The Guilford County Behavioral Health Urgent Care Center — the first of its kind in North Carolina.

The Guilford County Behavioral Health Center offers both behavioral health care and crisis behavioral health care without the need for an emergency department (ED) visit. The Center offers urgent care, a 16-bed adult facility-based crisis center, an on-site pharmacy, outpatient services and a peer-support living room. The living room provides a welcoming space where all patients, even those without appointments or diagnoses, can receive guidance, support and education from a licensed peer support specialist. The Center offers a safe, therapeutic environment — complete with an indoor courtyard, natural light and a team of behavioral health experts dedicated to their care. The building is also free of any obvious behavioral-health signage, helping reduce stigma around treatment.

Within 18 months of the Center's opening, leaders have reduced expensive emergency ED visits and shortened lengthy behavioral health stays. They also boosted provider education and enhanced their diagnostic assessment tools to ultimately reduce patient misdiagnoses and health disparities. More importantly, the Center has provided a location where individuals can receive crisis care and continued support in a stigma-free environment focused on individual wellness and recovery.

Background

The Center was created to serve Guilford County community members dependent on Medicaid or with-

The Guilford County Behavioral Health Urgent Care Center

out insurance and has served has served upwards of 12,000 patients in the first quarter of 2023. Many of these patients are in jails or unhoused — an often overlooked but sizeable population in the area, says Archana Kumar, M.D., medical director, Cone Health.

Because this population often has difficulty accessing care and maintaining appointments — they may lack transportation or face numerous other obstacles — patients are linked with outpatient services on the second floor, having the ability to have virtual appointments to make it easier to access care.

"We've done really well with patients showing up, and they love the place," Kumar says. "The building is not set up like a prison or like a behavioral health unit. It has all the elements to make it comfortable for people to come in and seek help."

Diverting patients from the ED

The behavioral health urgent care area, which is open 24/7, deters patients from costly emergency room visits and allows them to receive holistic care for their needs in a therapeutic environment

while improving their quality of life. Because staff can provide lab work and manage the medical needs of the patients on site, only 10 to 15% of patients head to the ED for medical clearance, Kumar says.

"We do not rush patients with a behavioral health crisis to the EDs for medical clearance," Kumar explains. "Emergency Medical Services can bring patients here."

Kumar and staff work closely with the Guilford County Behavioral Health Response Team, a partnership between specially trained Greensboro Police Officers and mental health professionals, assisting individuals in crisis access treatment, resources, and support.

"This collaboration is so valuable to our community and the population that we serve together," Kumar says.

As individuals arrive at the Crisis Center, specific needs are accessed and a care plan is identified by a psychiatric specialist, behavioral health social worker or medical provider. Patients can be discharged with referrals to outpatient services and can receive medication management while being observed for up to 23 hours. If patient is better served by outpatient care, staff will refer that patient to an outpatient provider, while low-acuity patients are admitted to the facility-based crisis unit for three to five days. If patient needs further inpatient psychiatric care, staff transfers them to Cone Health's behavioral health hospital. Additionally, the facility-based crisis unit is a dedicated space for patients struggling with substance use disorder, where Cone Health staff can help them to safely detox from substances.

As part of a total care coordination plan, providers screen patients for both physical and mental health needs. They then link the patients to a continuum of behavioral health and psychiatric resources. For example, Cone Health staff collaborates with local social service agencies and pharmaceutical companies to help indigent patients access care. They also connect patients with substance-use-disorder recovery groups and partial hospitalization programs. Guilford County commissioners are currently helping unhoused patients find housing, while Social Services support patients with applying for Medicaid, Medicare, Veterans Services and other support programs.

This just comes with the territory of supporting an often-disenfranchised population that is often in crisis, Kumar says. "I don't see how anyone who, while in the midst of a mental health crisis, has the bandwidth to fill out a 20-page application to get insurance," she says.

Reducing health disparities

Cone Health leaders discovered Black patients were four times more likely to be diagnosed with schizophrenia than White patients. Leaders determined that bias and a need for improved assessment tools might play a role, so they walked clinicians through conducting more empathetic conversations. They also prompted clinicians to think more critically about patients' medical histories, even if that meant questioning — and correcting — potential misdiagnoses.

For example, catatonic events have the same ICD-10 code as schizophrenia. Cone Health leaders advised providers treating patients with a schizophrenia diagnosis to "pause and determine if a patient is truly suffering from schizophrenia" and consider if the patient instead experienced a catatonic event and was misdiagnosed. Leaders trained clinicians to learn more about patients' histories, ask about the duration of their symptoms and generally change their approach to behavioral health diagnosis. As a result, the misdiagnosis of schizophrenia declined. Staff also connected more schizophrenic patients with outpatient services and long-acting injectables to keep them stable.

Impact and lessons learned

In addition to reducing health disparities and improving patient outcomes, the Guilford County Behavioral Health Urgent Care Center helped to reduce Cone Health's ED

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volume by up to 30%.

This reduction represents clear cost savings; ED visits are costly, and experts say they not the best place to receive behavioral health care. However, to establish return on investment (ROI), community partnerships are essential, Kumar says.

Kumar and her team persuaded the county to partner with Sandhills Center LME, a Local Management Entity/Managed Care Organization (LME/MCO) to help manage the care of North Carolina Medicaid beneficiaries who receive services for mental health, developmental disabilities or substance use disorders.

"In behavioral health, the communities have to come together," Kumar says. "You can't work in silos."

Kumar also advises leaders who are running urgent care centers within health systems to physically separate their crisis center from their outpatient treatment locations. Health care systems running an urgent care must comply with the Emergency Medical Treatment and Active Labor Act (EMTALA). Not only does separating the facility reduce stigma, but the outpatient center would not fall under the EMTALA regulations, which means patients would not need a physical examination.

As Medicaid shifts from fee-for-service to managed care, health care leaders prioritized improving outcomes to decrease Medicaid patients' ED utilization and urgent care visits. To better capture reimbursement, Cone Health leaders are adding service definitions to patients' coverage descriptions and using new billing codes.

Although Kumar and her team did not anticipate the full cost of these regulations when projecting the Center's ROI, the Center has reduced length of stay and decreased behavioral health crises presenting to the ED. Those ED bays can now be used for medically complex patients, improving throughput and patient satisfaction.

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