

How to Leverage Strategic Partnerships to **Build a Sustainable Behavioral Health Program** at Your Health System

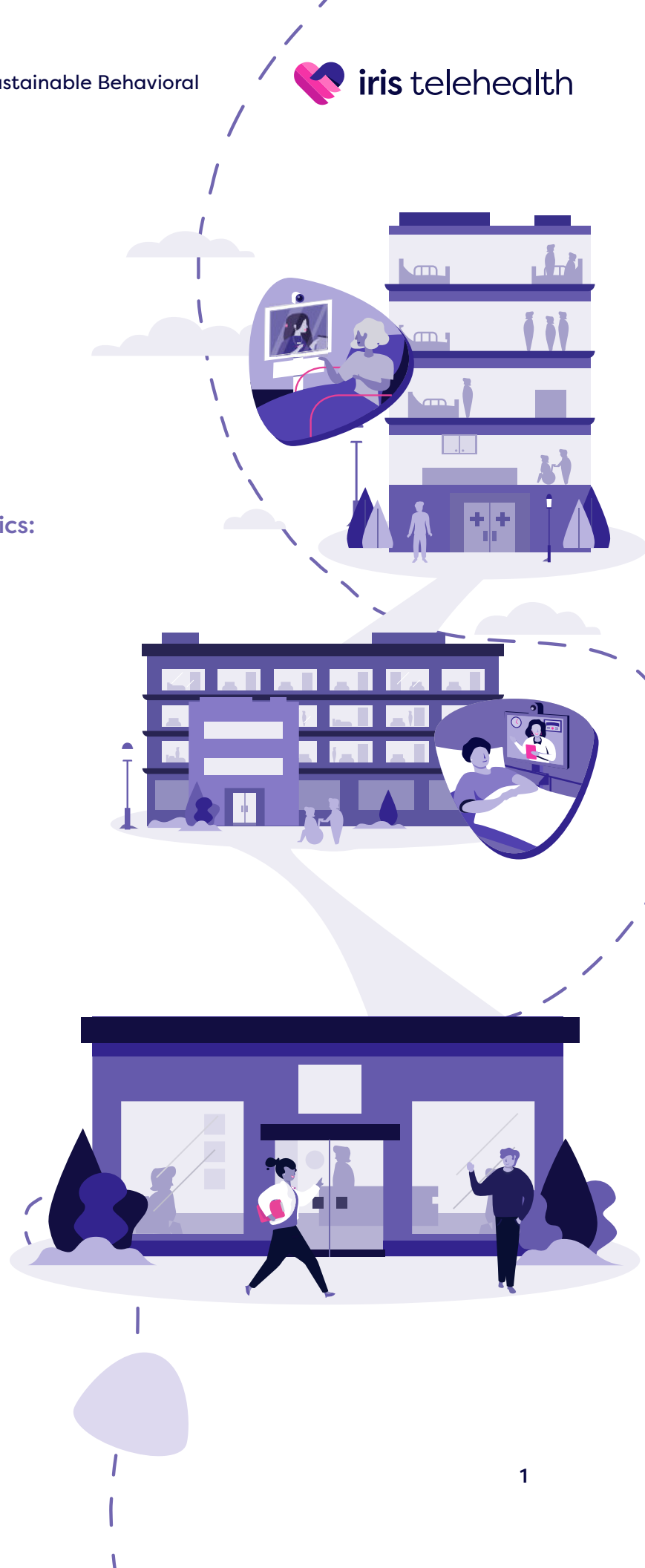
Executive summary

We understand the unique challenges health systems like yours face when trying to deliver high-quality behavioral healthcare across the continuum and improve patient outcomes. That is why we created this guide to help you leverage current best practices to expand and optimize your behavioral health service lines and drive scalable, quality care in a financially sustainable way.

In this guide, we'll review the following topics:

1. How every health system can benefit from leveraging a scalable behavioral health partner
2. How to identify needs and starting points to optimize your behavioral health services
3. Improve access to behavioral health care
4. Telehealth benefits by the numbers
5. Vendor evaluation
6. Hospital implementation logistics
7. Scalable behavioral health care with Iris Telehealth
8. What a strategic behavioral health partnership with Iris Telehealth looks like in action

We hope this guide will serve as a valuable resource to help you learn more about embarking on a strategic behavioral health partnership, the possibilities of optimizing behavioral health services across your health system, answer logistical questions, and consider all the benefits your patients, providers, and organization can receive from implementing quality care models delivered via telehealth.



Section 1

How every health system can benefit from leveraging a scalable behavioral health partner

Quality-focused behavioral health partnerships can help health systems transform behavioral health delivery across the continuum while increasing access to treatment, improving clinician and patient satisfaction, and providing more financially sustainable solutions that help organizations meet the enormous need for behavioral health services in their communities.

Telehealth tackles some of the biggest barriers to behavioral health treatment in our country today. Here are a few key areas of impact.

Psychiatrist shortage: In the U.S., there is an overwhelming demand for mental health treatment, with 10.9% of ED visits resulting in a mental health diagnosis¹ and behavioral health patients representing 57% of total health costs.² At the same time, there's a significant lack of providers to help meet these needs, as 77% of U.S. counties face a psychiatrist shortage.³ For health systems, these numbers translate to operational challenges like a 3.2x longer length of stay in the ED for patients awaiting inpatient placement.⁴ Furthermore, two-thirds of primary care providers have trouble referring patients to psychiatric care.⁵

Strategic behavioral health partnerships that leverage evidence-based, virtual care models can connect organizations with high-quality, specialty providers they wouldn't otherwise be able to access. If an organization needs a provider who practices within a particular specialty, they can bring them into their hospital virtually and provide valuable care to their patient populations.

Effective care: Telehealth extends a lifeline to swamped emergency departments (EDs) needing psychiatric care for patients. By offering virtual behavioral health services, people can address their needs in real-time, develop a care plan, and open up space for others needing care in the ED. This approach also assists on-site providers who may not specialize in behavioral health or have other urgent tasks to attend to in the ED.

Patient and provider satisfaction: The data on patient and provider satisfaction is loud and clear – leveraging telehealth to deliver effective and efficient behavioral health care improves lives. In fact, a study by Cureus³ found that 63% of patients "strongly agreed" that their concerns related to social determinants of health were addressed via telehealth.⁶ Research shows that providers benefit as well. The American Medical Association (AMA) found that 85% of providers agree that telehealth increased the timeliness of care, and 70% were even motivated to increase telehealth use for their patients.⁷

Comorbid psychiatric conditions: Comorbidities of psychiatric conditions coupled with existing medical challenges contribute to more severe health risks, higher utilization of EDs, longer hospital stays, and higher costs. According to the Centers for Disease Control and Prevention (CDC), approximately 20% of individuals experience an episode of depression in their lifetime. The figure climbs to 50% among people with heart disease, highlighting the importance of whole-person care.⁸



Section 2

How to identify needs and starting points to optimize your behavioral health services

Let's take a look at the current challenges health systems face in effectively treating behavioral health patients.

- Across the country, EDs are increasingly diverting resources towards behavioral health cases, and many hospitals report an increase in psychiatry cases in the ED. Studies have shown 45% of adults and 40% of pediatric patients who present to the ED with non-psychiatric complaints have an undiagnosed mental illness, in addition to the 10% of all ED patients who present with psychiatric illness.⁹
- HEDIS and other quality measures call for 7-to-30-day follow-ups after a patient is discharged. However, many hospitals do not have providers to conduct follow-ups and aftercare visits.
- In many cases, when primary care providers refer a patient to behavioral healthcare, the default referral is to psychiatric care – despite patient circumstances or acuity level. Most health systems do not have access to sufficient psychiatric providers to meet this demand. That means patients find themselves experiencing longer wait times, which can lead to patient dissatisfaction.
- The National Council for Mental Wellbeing released a survey in 2022 citing more unmet substance use and mental health care needs than physical health care needs. For those who couldn't get the care they needed, 22% said it took too long to actually see a provider, and 21% said the provider did not have a convenient location¹⁰.

Hospitals that see patient care as paramount will consider strategic behavioral health partnerships to support aftercare visits and steer patients away from EDs.



Section 3

Improve access to behavioral health care

Virtual behavioral health programs help organizations expand and optimize their behavioral healthcare delivery across the continuum to drive scalable, quality care in a financially sustainable way.

How telebehavioral health improves patient satisfaction and use of resources

Virtual behavioral health allows hospitals to give patients faster access to high-quality psychiatric care through a virtual visit. It can also help organizations with any influx they're experiencing, facilitate additional provider support, and deliver the highest quality of care for their patients.

One study found that a virtual visit conducted in the ED lasted 30-45 minutes — in stark contrast to traditional in-person ED visits, which can take 2 to 2.5 hours.¹¹

When patients are referred to a health system for behavioral health care, there often aren't enough resources to provide immediate care, which can result in an average wait time of six weeks.

At Iris, we provide health systems with highly qualified psychiatrists, psychiatric nurse practitioners, licensed professional counselors, and licensed clinical social workers who can support your behavioral health program by:

- Assessing whether the hospital can discharge a patient instead of admitting or transferring them
- Starting treatment during a visit so the patient doesn't have to wait for an in-person psychiatric consultation or follow-up visit
- Providing follow-ups for patients discharged from the hospital, ensuring continuity of care and Medicare compliance
- Allowing your on-site providers the ability to work within their specialties, work at the top of their licenses, and provide support when it comes to treatment of mental health conditions
- Providing a navigation assessment that walks a patient through their journey to ensure they get where they need to go and ensures the patient is quickly triaged to the appropriate level of care
- Initiating a seamless patient handoff from short-term care back to their primary care provider or community behavioral health provider for appropriate ongoing treatment

By leveraging a seasoned behavioral health partner to support their behavioral health services, **hospitals and health systems can provide comprehensive care across all ages, acuity levels, and diagnoses.**



Section 4

Telehealth benefits by the numbers

When deployed effectively, telehealth partnerships can increase medication adherence, follow-up visits, and enhance patient-provider flexibility. This virtual approach also boosts collaboration among stakeholders and aids in the shift to value-based care.

But, what do the numbers say? Let's take a look at the data highlighting why telehealth is a key part of a behavioral health solution.

Telehealth supports an increase in patient engagement

- 79% of patients were very satisfied with the care received during their last telehealth visit¹²
- 91% agree that telemedicine would help with appointment and prescription adherence¹³
- 93% would be likely to use telemedicine to manage their prescriptions¹⁴
- 59% said accessing virtual telehealth services was essential to their health¹⁵

Telepsychiatry lays the groundwork for quality care

- 81% of patients said their interaction with their remote provider was thorough¹⁶
- 83% of patients believed the quality of the patient-physician communication was good¹⁶
- 75% of clinicians shared that telehealth enabled them to provide quality care¹⁷
- 85% of providers indicated that telehealth increased the timeliness of care¹⁷

For organizations, investing in long-term virtual care solutions can help reach and meet the behavioral health needs of patients entering your hospital or health system. Implementing this solution allows your organization to manage patient volumes, reduce wait times, address specialty patient needs, and ultimately drive better behavioral health outcomes.



Section 5

Vendor evaluation

If your organization is interested in leveraging a strategic behavioral health partnership to help optimize and scale your behavioral health services, it's time to begin evaluating vendors.

Here are five considerations to think through as you begin your vendor evaluation process:

1. Questions

Create a checklist to understand your non-negotiable requirements for a behavioral health partner. Be sure to ask about the vendor's vetting processes for providers and how the vendor will fill your specific needs with the most qualified provider.

Below are some of the questions we suggest asking potential partners:

Questions to ask vendors

- Is the potential partner physician-led and clinically driven?
- Can they provide access to their org chart broken down by department, person, and title?
- How many mental health professionals applied to their organization in the last year?
- What's the current number of active accounts that provide similar services?
- What's the number of total active clinicians broken down by W2 employees and 1099 contractors?
- How many clinicians do they have in their provider network?
- Do they have experience and care models to help augment care across the continuum of care?

Quality control & assurance

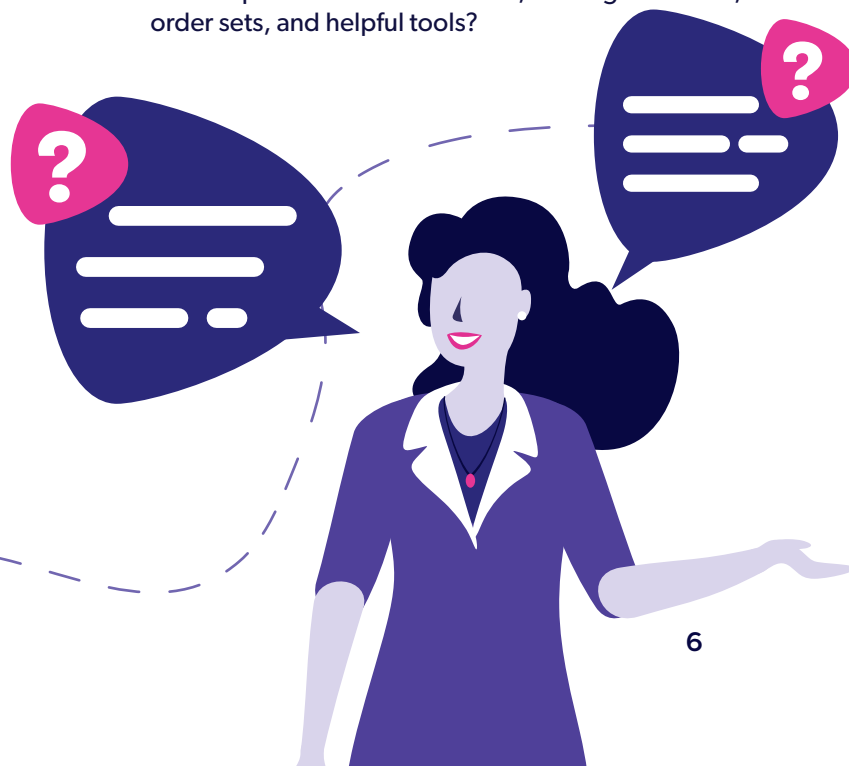
- Are they accredited by the Joint Commission for behavioral health excellence?
- Does the company have experience meeting HEDIS measures or other quality benchmarks like ED throughput, behavioral health patient volumes per shift, and readmission rates?
- How are service issues addressed?
- How does the company track patient and provider satisfaction?
- What is the company's approach to tracking diagnosis type and financial outcomes?
- How is the company keeping patients in the referral queue out of the ED?
- How are they maximizing ED margins?

Implementation

- Does the vendor develop custom workflows?
- Will the providers use your EMR for notes?
- Does the provider require additional proprietary software/hardware purchases?

Goals/Metrics

- Will they develop/track custom metrics?
- Will they review those metrics with you during data-driven Quarterly Business Reviews?
- Will the provider offer education, training resources, order sets, and helpful tools?



2. References

References can be the most crucial element of vendor evaluation. Be sure to request references from current or past clients from similarly sized health systems serving similar patient demographics. We recommend asking for a minimum of three to five references.

3. Technology

Your organization has invested millions of dollars into your EMR and telehealth platforms. That makes understanding whether the providers will document in your EMR and leverage your video technology to conduct visits essential. Working with an organization that's technology neutral brings to implementation and provides an integrated care experience for your patients and providers. If the vendor has their own documentation and video technology, it can lead to longer implementation times, demands on your IT team, and extra cost. In addition, it is important to understand the vendor's technology support system to ensure providers have support 24/7/365.

Additionally, privacy and security considerations are paramount, as virtual care appointments convey extremely sensitive patient information. If your vendor recommends a specific platform for delivering telepsychiatry services, understand who owns the data, what safeguards are in place for protecting the Protected Health Information (PHI) of patients, and if the software and cloud services are HIPAA compliant and meet the requirements of the pending federal CURES Act.

4. Cost

When thinking through potential partners and considering cost, it's important to note things the vendor will charge for beyond hourly rates. For example, be sure to assess their approach to matching your organization with one of their providers and what's included in the cost. Do they charge for recruitment and on-boarding? Does the vendor provide licensing and credentialing to help ensure the provider of your choice can practice in the necessary states?

Next, it's important to consider whether the vendor's pricing model is fixed or variable. Certain vendors may have complex models with various consult prices for different times. It's important to gather quotes from the marketplace to understand the market value of managed telepsychiatry services. Particularly low prices may speak to decreased support services or lower quality of care.

Finally, if you're determining whether to partner with locum tenens, it's important to note that they come with a higher hourly rate for a short-term fill. With locums behavioral health services, your team also has to run point on any background checks, paperwork, and reference checks that must take place.

At Iris, we manage all recruiting, supporting, and supervising costs. Additionally, we handle all the licensing and credentialing to help make the implementation process as smooth as possible. By tailoring market rates, finding the best solution for your organization's challenges, and strategizing to find the most cost-effective solution, we create an implementation process that works for everyone.

5. Experience and best practices

Ultimately you are hiring a partner to help transform patient care. Ensure your partner has the experience, track record, and expertise you need in a long-term partnership. It's important to work with an organization that can grow and evolve with you as the needs of your health system changes.



Section 6

Hospital Implementation Logistics

Implementing a virtual behavioral health program across your health system will take some time. Here, we'll outline important steps to streamline the implementation process for your team members and patients.

1. Credentialing

As soon as you select a vendor and are matched with a provider, you should start the licensing and credentialing process.

You'll need to get the provider licensed in your state if they aren't currently. After obtaining the license, you'll have to register with the Drug Enforcement Agency (DEA) so they are aware that your virtual care provider may prescribe medication from another state.

Iris Telehealth partners can provide complete credentialing packets from our own Joint Commission accredited privileging process. This approach enables you to take advantage of credentialing by proxy and eliminates a large portion of your team's workload while dramatically cutting down the time to go live with services.

2. Implementation team

Start assembling your implementation team in tandem with the credentialing process and identify a telehealth champion to act as the liaison between the hospital and the vendor. We recommend including a technology contact to direct a technology implementation subcommittee.

3. Virtual care team

Typically, your implementation team will start small and then expand to include members of your care team. It could also eventually involve IT, policy writers, and other members of your organization so everyone has awareness of the new platform.

4. Staff training

Next, begin training your staff for virtual care. Create workflows with the ability to scale as your programs grow.

Streamline the workflows and avoid workarounds; many hospitals see programs start small and grow quickly. Nurses, attending physicians, and other relevant care team members will need to understand how to collaborate with new telebehavioral health resources. Be sure to coordinate with your selected vendor partner for a kickoff call and hands-on training sessions.

5. Technology

Your hospital should review technology use and workflows with your team prior to the go-live date. Vendor representatives can often provide technology guidance upon request. Training and/or retraining your team on privacy and security standards is essential as a hospital dealing with sensitive information. Teams should be prepared to handle a technology glitch during an appointment. Depending on the scenario, downtime may involve moving the visit to an audio-only call or rescheduling the appointment altogether.

6. Ongoing evaluation

Schedule periodic meetings to evaluate the success of your programs at predetermined intervals. In the short term, your team should review metrics, including the following:

- ED throughput
- ED margins
- Resources spent on sitters for behavioral health patients
- Med/surg behavioral health patient volumes per shift
- Diagnosis type
- Financial metrics
- Patient and provider satisfaction measurements
- Patient retention within the health system
- HEDIS measures
- Readmission rates

You can also look at consultation time with patients, length of stay, and other outcomes data to demonstrate the benefit of your telepsychiatry solution to your organization and the patients it serves.

Based on your goals, Iris will deliver data-driven quarterly business reviews. Additionally, we can track the care we're providing to ensure it's high-quality and effective while reducing LOS, revision rates, and tracking GAD-8 and PHQ-9 scores. Later, you can look back at these goals and metrics to determine how successful your behavioral health partnership has been for the community and patients you serve.

Section 7

Scalable behavioral health care with Iris Telehealth

Now that you're all set with strategies to help determine the needs of your hospital and health system let's look at the different services delivered via telehealth available to help meet the needs of patients accessing mental health care in your hospital or health system.



On-Demand Services

On-Demand Services delivers 24/7 behavioral health care to increase throughput in your ED, reduce unnecessary admissions, and limit the revisit rate of behavioral health patients. These services provide access to a multi-disciplinary provider pod that will assess your behavioral health patients and consult with your on-site ED care team to get those patients dispositioned as quickly as possible. This provider team is dedicated to your organization 24/7/365, so you never have to worry about having someone help manage inpatient psychiatric care. Compared to other solutions on the market, we keep our care pods small, so when you reach out, you'll always know the provider answering your call.

Bridge Care Services

Health systems recognize that short-term gaps in behavioral health care exist throughout the continuum. These gaps can result in extended primary care referral queues with long wait times, dissatisfied patients, and frustrated referring physicians or post-acute discharge plans that are not executed due to a lack of follow-up while waiting for access to longitudinal outpatient care. Bridge Care Services provides a clinician-guided, evidence-based navigation assessment that directs patients to the most appropriate next level of care, delivers effective short-term behavioral health care, and facilitates a closed-loop handoff to the optimal longitudinal provider, addressing gaps in care across the continuum.

This solution targets ambulatory and post-acute patient populations and accelerates and expands access to behavioral health care, delivers measurement-based outcomes for healthcare organizations, and optimizes reimbursement for a financially sustainable program.

Scheduled Services

This solution delivers access to consistent, high-quality providers dedicated to your health system (including individual hospitals and outpatient clinics) on a consistent schedule each week – ensuring a predictable coverage model for organizations. This provider team facilitates direct patient care and consultation. Most importantly, this solution means primary care and specialty clinics will never have to worry about treating complex mental health conditions on their own. This service uses a process called provider matching that connects your organization with a clinician who fits the criteria your patients and providers need.

Investing in Scheduled Services means you have a dedicated provider who integrates with your team and allows your on-site providers to focus on what they do best and work at the top of their licenses.

Section 8

What a strategic behavioral health partnership with Iris Telehealth looks like in action

At Iris, We've seen first-hand how behavioral health partnerships can drive significant change for organizations and their patients from all over the country.

Here are a few of our **key results** for partners leveraging our Bridge Care Services and On-Demand Services across the organizations.

Bridge Care Services

83% reduction in referral backlog (18,000-3,000) within 6 months

38% improvement in depression symptoms over 8 weeks of care

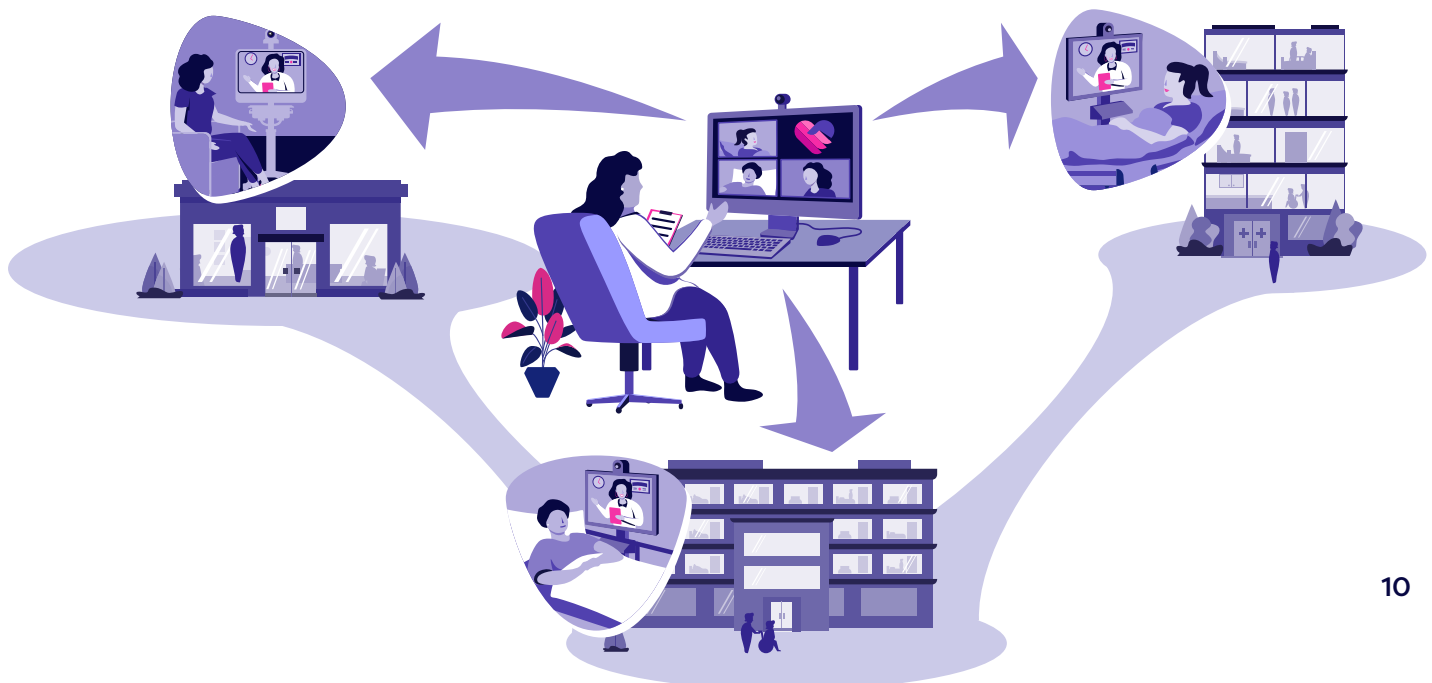
40% of psychiatry referrals delivered to a lower, more cost-effective level of care

On-Demand Services

80% reduction in ED boarding time from baseline

83% ED discharge rate, ensuring in-patient care teams are focused on the most acute patients

42% better ED 7-day return rate from baseline



What people are saying



"Whether it's handling an influx of ED patients or being available during odd hours, Iris is there to help us reduce the chaos and focus on quality patient care."

*Chief Nurse Officer,
SSM Jeff City, Medical Hospital*



"Because of the rapid growth, we can't hire our way out of the shortage. We continue to do a great job with recruitment but rely heavily on our Iris partnership to staff that growth in our partial treatment programs."

*Joe Clubb,
Vice President of Operations,
Allina Health*



"One of the biggest advantages was gaining access to a national pipeline. It can be tough to recruit in a rural market, and now we can get talented providers in the door much quicker than before. As a result, we got 20 or so highly talented, very bright and motivated providers on our team in a matter of months."

*Benjamin C. Gonzales,
operations manager II, virtual care,
Geisinger Health*



"Partnering with Iris is partnering long-term. They ensure to maintain frequent and transparent communication with our staff 24/7. With Iris, we've seen a significant decrease in LOS, response times, and quicker sign-offs for inpatient admissions."

*Director of Behavioral Health Services,
Legacy Health System*

It's all about the patients

At Iris Telehealth, we partner with hospitals and health systems to expand and optimize their behavioral health care delivery across the continuum to drive scalable, quality care in a financially sustainable way.

Since 2019, Iris Telehealth has been accredited by the Joint Commission for behavioral health. We are committed to meeting quality measures in provider selection, patient care, compliance, and regulatory standards.

If you'd like to learn more about how we can support your hospital or health system [contact us today.](#)



Sources

1. Peters, Z. J., Santo, L., Davis, D., & DeFrances, C. J. (2023, March 1). Emergency Department Visits Related to Mental Health Disorders Among Adults, by Race and Hispanic Ethnicity: United States, 2018–2020. Centers for Disease Control and Prevention . <https://www.cdc.gov/nchs/data/nhsr/nhsr181.pdf>
2. Bryant, B. (2020, August 13). Behavioral Health Patients Drive Nearly 57% of Health Care Costs – Yet Little Spent on Behavioral Treatment. Behavioral Health Business. <https://bhbusiness.com/2020/08/13/behavioral-health-patients-drive-nearly-57-of-health-care-costs-yet-little-spent-on-behavioral-treatment/#:~:text=The%20analysis%20breaks%20down%20the,among%20the%20highest%20cost%20patients.&text=Researchers%20found%20that%2C%20while%20only,total%20annual%20health%20care%20costs>.
3. M.P.H., K. C. T., M.S.W., A. R. E., Ph.D., T. R. K., Ph.D., C. E. H., & Ph.D., J. P. M. (2009, October 1). County-Level Estimates of Mental Health Professional Shortage in the United States. Psychiatry Online. <https://ps.psychiatryonline.org/doi/10.1176/ps.2009.60.10.1323>
4. Nicks, B. A., & Manthey, D. M. (2012, July 22). The impact of psychiatric patient boarding in emergency departments. U.S. National Library of Medicine. <https://pubmed.ncbi.nlm.nih.gov/22888437/>
5. Weiner, S. (2018, February 12). Addressing the escalating psychiatrist shortage. AAMC. <https://www.aamc.org/news-insights/addressing-escalating-psychiatrist-shortage>
6. Abraham H N, Acuff C, Brauer B, et al. (December 14, 2022) Patient Satisfaction With Medical and Social Concerns Addressed During Telemedicine Visits. Cureus 14 (12): e32529. doi:10.7759/cureus.32529
7. Zarefsky, M. (2022, January 21). In 2022, moving beyond telehealth to digitally enabled care. American Medical Association. <https://www.ama-assn.org/practice-management/digital/2022-moving-beyond-telehealth-digitally-enabled-care>
8. American Psychological Association. (n.d.). Heart disease: How to practice prevention. American Psychological Association. <https://www.apa.org/topics/chronic-illness/heart-disease#:~:text=In%20its%20severest%20form%2C%20clinical,among%20people%20with%20heart%20disease>.
9. Zun, L. (2016, March 17). Care of Psychiatric Patients: The Challenge to Emergency Physicians. U.S. National Library of Medicine. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4786237/>
10. The Harris Poll. (2022, May 11). 2022 Access to Care Survey Results . National Council for Mental Wellbeing . <https://www.thenationalcouncil.org/wp-content/uploads/2022/05/2022-Access-To-Care-Survey-Results.pdf>
11. Bautista, C., Pullen, R., Lujan, V., Romero, A., Kelley, G., Aczon-Armstrong, M. C., & Bermundo, R. (n.d.). Telehealth in the Emergency Department: Impact on Wait Times. eCommons. <https://ecommons.roseman.edu/cgi/viewcontent.cgi?article=1084&context=researchsymposium>
12. Henry, T. A. (2021, May 17). Patients, doctors like telehealth. here's what should come next. American Medical Association. Retrieved July 21, 2023, from <https://www.ama-assn.org/practice-management/digital/patients-doctors-telehealth-here-s-what-should-come-next>
13. Doctor.com. (n.d.). The future of Healthcare: Patient perceptions, preferences, and adoption of telemedicine. Doctor.com. Retrieved July 21, 2023, from https://www.doctor.com/resources/telemedicine?utm_source=medical_economics&utm_medium=PR&utm_campaign=telemedicine_awareness&utm_content=telemedicine_reaources
14. Zimiles, A. (2020, July 8). Four new statistics that prove that telemedicine isn't just a pandemic fad. Medical Economics. Retrieved July 21, 2023, from <https://www.medicaleconomics.com/view/four-new-statistics-that-prove-that-telemedicine-isn-t-just-a-pandemic-fad>
15. 2022 Health Care Insights Study. (n.d.). Retrieved September 21, 2022, from <https://www.cvshealth.com/sites/default/files/cvs-health-care-insights-study-2022-report-executive-summary.pdf>
16. 17, M., & Henry, T. A. (2021, May 17). Patients, doctors like telehealth. here's what should come next. American Medical Association. <https://www.ama-assn.org/practice-management/digital/patients-doctors-telehealth-here-s-what-should-come-next>
17. Zarefsky, M. (2022, January 21). In 2022, moving beyond telehealth to digitally enabled care. American Medical Association. Retrieved September 20, 2022, from <https://www.ama-assn.org/practice-management/digital/2022-moving-beyond-telehealth-digitally-enabled-care>