

Engaging the **Silent Sufferers**

Behavioral Health patients are not getting the right care, resulting in increased costs and wasted time – for everyone.

The Situation

The Behavioral Health (BH) system in America is in a state of crisis. About 43 million Americans experience mental illness in a given year, yet only 20% of these “Silent Sufferers” engage in treatment. Nationally, 1 in 8 Emergency Department (ED) patients present for BH issues with over 70% of these patients will be referred to a scarce inpatient behavioral health bed for lack of an alternative. With a total cost of care 3.5x higher than normal, Behavioral Health patients represent the most costly, least engaged patient cohort.

That’s a lot of resources – resources that aren’t being used effectively.

Complicating the access to proper behavioral health care: Uncoordinated and unintegrated aftercare, inappropriate referrals, long appointment wait times, and patient frustrations with having to tell their story over and over. With Behavioral Health no-show rates as high as 70%, hospitals and EDs are seeing a vicious cycle of readmissions.

The Challenge

In 2016, half of the 180K+ patients seen in Raleigh, NC emergency departments had a documented BH disorder. For lack of a trusted and accessible aftercare network, over 13,000 of these patients were “boarded” in the ED for an average of 6.8 days before transfer to an inpatient BH facility.

The result: Higher care costs and an inefficient use of resources. In addition, regional outpatient BH providers were overwhelmed with referrals not appropriate for their services.

Of those referrals:

 **70%** of patients were not suited to the providers’ specialty

 **1 in 3** patients attended their initial appointment

Something needed to change.

Alera
Health

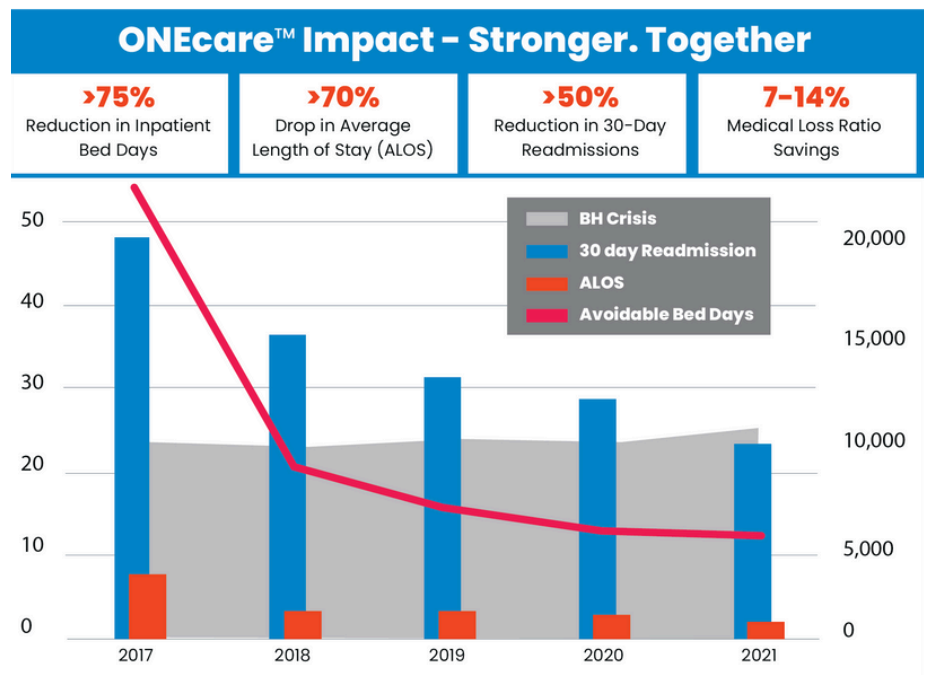
The Solution

In 2017, Alera Health helped organize a multi-disciplinary Integrated System of Care (ISC) inclusive of behavioral health, primary care, hospital, and social care providers into a “**ONEcare™**” network to enhance access to care and improve coordination among different providers. Working with Managed Care Organizations (MCOs) under value-based agreements, **NC ONEcare, LLC** became a “community of care” that simplifies access to services and ensures smooth transitions between providers for each patient. The **ONEcare** model, now spread across 15 networks nationwide, leverages population health technology, data, and partnerships to promote collaboration, data-driven decision-making, and patient engagement. The aim is to detect diseases early, facilitate timely access to appropriate care, and reduce ED visits and readmissions.

ONEcare includes:

- Real-time care alerts including sentinel health events
- Shared care coordination, telehealth and patient engagement tools
- Transitional care procedures to mitigate social determinant obstacles to engagement
- A self-governed network of providers collaborating to improve effectiveness and accountability
- An interoperable Care Optimization System™ (COS) that securely connects both the care team and the patient
- The ONEtouch™ Remote Patient Engagement app offering telehealth, scheduling support, health education, and crisis response.

These tools, along with improved provider matching, risk stratification, and quick access to care, have reduced patient no-show rates by over half and saved over 250,000 inpatient bed days in the last year. This positive outcome benefits the patient, hospital, provider, and payer alike.



To learn more about building a **ONEcare** Network in your region, please contact us at **(800) 836-2804** or **www.alerahealth.com**.