

SESSION FIVE

Growing Need, Limited Staff – Utilizing Partnerships to Improve and Sustain Access to Mental Health Care Services

Improving Access Through Population Health Approaches and Partnerships

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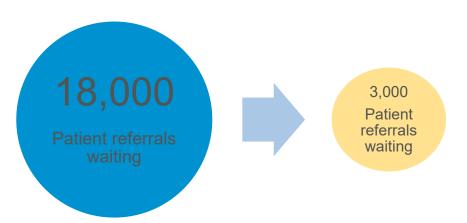
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Geisinger

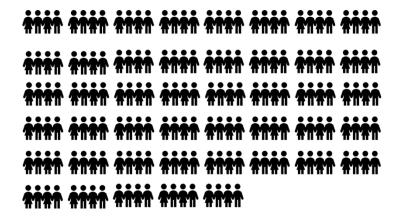
Background: Rise in Outpatient Demand

To meet the current incoming demand with the current model, a new provider would need to be hired every other day.

By rapidly growing the Behavioral Health team, we have significantly reduced the number of patients waiting



But have 180 Referrals coming in daily (equivalent of 0.6 FTE Psychiatrist)



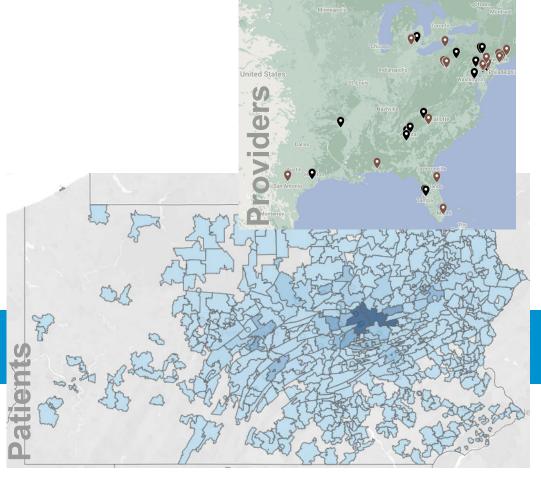
Surge Outpatient Access With Virtual Care





53 new providers added in 2022

Building a National Workforce to Serve Rural Pennsylvania

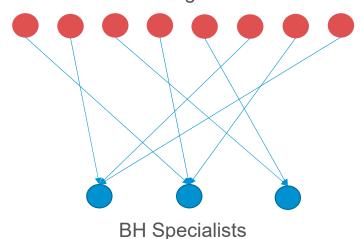


Localization of Virtual Care Teams

Current State

All virtual care providers are available to all referring providers.

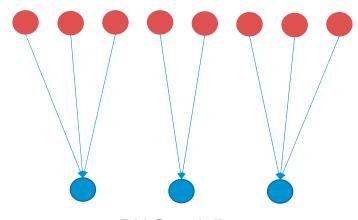
Referring PCPs



Future State

Localization enables co-management and relationship building between Behavioral Health PCPs, and community resources

Referring PCPs



Paradigm Shift Patient Management Approach









Individualized Care

Focus: 1:1 management during visit

Outcomes:

Goal based, Improvement over self

Panel Based Care

Focus: Health of behavioral health attributed patients over time

Outcomes:

Panel performance on key metrics



Population Based Care

Focus: management of patient populations

Outcomes:

Proactive identification of BH need escalation + stabilization

Empanelment Future State

Leverage panel and population health management techniques from Primary Care to identify proactive strategies for patient engagement

Automated Empanelment

Use of robotic processing to attribute patient to provider based on appointment follow up disposition

Proactive Engagement

Identify and automate outreach to patients who are attributed to a provider with no future appt

Develop escalation triggers for patients who many need proactive Behavioral Health intervention

Co-Management

Develop and deploy shared panel reporting & workflows between Behavioral Health, Primary Care, and others

Final Considerations

