

Better behavioral health management can improve health, lower costs

November 19 2014, by Steve Manas



Improved physician-patient communication and high-quality ambulatory care in the community can reduce avoidable and costly hospitalizations. Credit: Bill Branson

More than a third of hospitalization costs in 13 low-income New Jersey communities are associated with behavioral health conditions, including mental health disorders and substance use, accounting for \$880 million in annual inpatient costs, according to a new Rutgers study.

The report by the Rutgers Center for State Health Policy (CSHP) also found that 75 percent of patients who are classified as "high users" – those with at least four hospital stays between 2008-2011 – were diagnosed with one or more [behavioral health](#) conditions compared to 32 percent of less-frequent users.

In addition to hospitalizations of high users, the study also examined potentially preventable hospital admissions that could have been avoided with high-quality ambulatory care in the community, for example, hospitalizations caused by uncontrolled diabetes. It found that 40 percent of preventable inpatient hospitalizations were associated with behavioral health conditions.

Sujoy Chakravarty, the report's lead author and assistant research professor at Rutgers CSHP, noted that the integration of physical and behavioral health services, particularly for the small number of patients who use a disproportionately high level of hospital services, would result in better care for these high-cost patients, decrease avoidable hospitalizations, and lead to substantial savings in costs.

"Coordination of behavioral and physical health care in the community setting may promote better health for complex patients, since unmanaged behavioral health problems often lead to poorly managed chronic medical conditions," said Chakravarty.

The report, funded by The Nicholson Foundation as part of its ongoing efforts to improve the quality and affordability of health care in New Jersey's underserved communities, sheds light on the importance of ensuring accessible behavioral health as part of population-based initiatives aimed at improving patient health and reducing avoidable hospitalizations and associated costs. The Foundation is supporting new evidence-based models of care that bring behavioral health expertise into community-based primary care settings.

Rachel Cahill, director of health care improvement and transformation at The Nicholson Foundation, said that New Jersey's vulnerable populations suffer from higher burdens of serious chronic illness and behavioral health disorders than others in our state and face significant, complex barriers to medical care.

"If we are committed to improving health outcomes for these vulnerable populations, we must increase availability of behavioral health services and the coordination of services by integrating physical and behavioral health care," Cahill said.

Although the study focused on hospital data in the 13 communities, the data and findings reflect populations throughout the state, including patients with Medicare, Medicaid, and commercial insurance, as well as the uninsured. Along with the Medicaid population, behavioral health issues were significantly present among patients with other sources of insurance. Therefore, the findings can guide the efforts of policymakers, insurers, and delivery systems in general, not just those specific to Medicaid, Cahill said.

The findings are based on analysis of New Jersey's uniform billing hospital discharge data from 2008-2011, available from the state Department of Health (DOH). Working with the DOH, researchers created a dataset that enabled them to follow patient utilization over time. The study population included hospitalizations of all adults (age 18 and over) living in one of 13 low-income communities in New Jersey: Asbury Park, Atlantic City, Camden, Elizabeth, Jersey City, New Brunswick, Newark, Paterson, Perth Amboy, Plainfield, Trenton, Union City, and Vineland. In some cases, neighboring towns also were included.

The study is part of a larger body of work from the Rutgers Center for State Health Policy funded by The Nicholson Foundation examining

patterns of [health care](#) delivery and costs among low-income communities within New Jersey. To learn more about CSHP research, click [here](#).

Provided by Rutgers University

Citation: Better behavioral health management can improve health, lower costs (2014, November 19) retrieved 26 April 2024 from <https://medicalxpress.com/news/2014-11-behavioral-health.html>

This document is subject to copyright. Apart from any fair dealing for the purpose of private study or research, no part may be reproduced without the written permission. The content is provided for information purposes only.