



YOUR POST-ACUTE PARTNER

Things every hospital executive should know about Behavioral Health Services

Are Behavioral Health Services part of your senior population service strategy?

- 1.** Since 2011 and through 2030, every day 10,000 Americans will turn 65 years old!
- 2.** Up to 20 percent of older adults in the United States have experienced depression (Geriatric Mental Health Foundation, 2008). Approximately 11 percent of older adults have anxiety disorders (AOA, 2001). Even mild depression lowers immunity and may compromise a person's ability to fight infections and cancers (APA, 2005).
- 3.** Symptoms of **depression and anxiety** in older Americans are often overlooked and untreated because they can coincide with other late life problems (APA, 2005).
- 4.** **What is driving behavioral needs in seniors?** For older adults, the development of a disabling illness, loss of a spouse or loved one, retirement, moving out of the family home or other stressful event may bring about the onset of a depressive episode (NAMI, 2009).
- 5.** **Can behavioral health issues be contributing to hospital readmissions?** Mental disorders, such as anxiety and depression, adversely affect one's physical health and ability to function normally, especially in older adulthood. For example, untreated depression in an older person with heart disease can negatively affect the outcome of the heart disease (APA, 2005).

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- 6. How are you caring for behavioral health patients presenting in your ED?**
As of 2010, 1 in 8 ED cases had a related behavioral health disorder! A Senior Behavioral Health unit provides you with resources to assist the ED with assessments, placement, ED staff training and education.
- 7. Where are seniors being treated now?** Because of their coexisting physical conditions, older adults are significantly more likely to seek and accept services in primary care versus specialty mental health care settings (IOM, 2012).
- 8. Part of the Challenge!** Older Americans underutilize mental health services for a variety of reasons, including: a shortage of trained geriatric mental health providers; lack of coordination among primary care, mental health and aging service providers; stigma surrounding mental health and its treatment; denial of problems; and barriers to access (Bartels et al., 2004).
- 9. The Opportunity!** Medicare patients receiving qualified psychiatric care in a hospital-based Distinct Part Unit are exempt from the Acute Care Payment Systems (PPS) and are reimbursed via a per diem rate (IPPS).

MileStone Healthcare has 25 years of experience helping clients navigate changes in the Behavioral Health and Post-Acute Care landscape. We can work with you on identifying opportunities for improvements in existing services, training, education and the development of needed services to help you succeed.

Ready to learn more?

Contact our business development department at

800-926-2388 or visit our website at www.milestonehealth.com.