



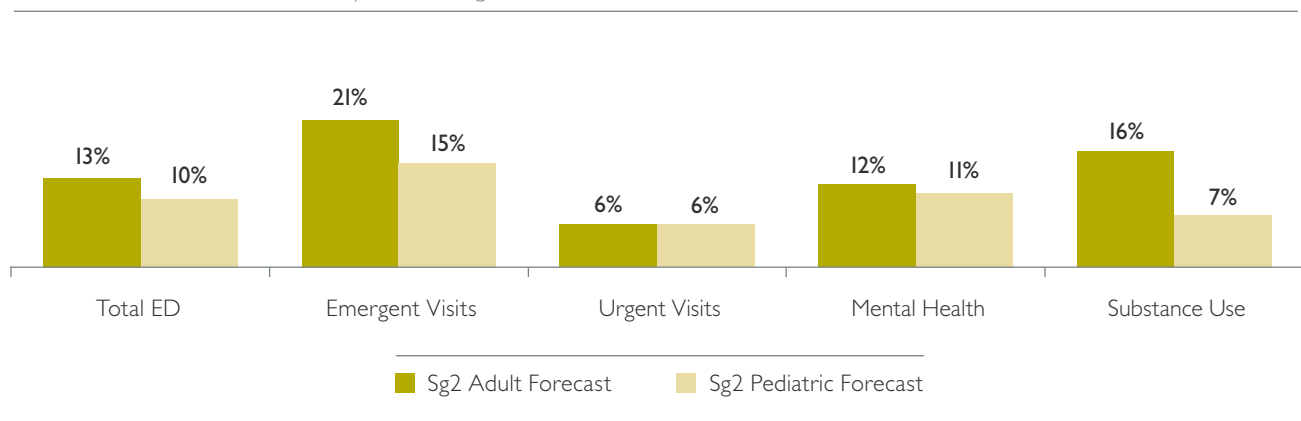
Snapshot 2021

BEHAVIORAL HEALTH

LANDSCAPE

The COVID-19 pandemic has led to a significant increase in the incidence of mental health and substance use conditions, driving long-term demand for both IP and OP care. Access barriers will persist due to heightened demand, reduction in stigma, insufficient treatment availability and continued strains on the behavioral health workforce. EDs and inpatient units can expect to see amplified acuity and suicidality in both children and adults due to the stressors as well as delays in care brought about by the pandemic. Resourceful health systems looking to prevent avoidable utilization and address gaps in access will invest in low- and high-acuity outpatient services, identify community partnerships, and seize the opportunities presented through virtual technologies to broaden the availability of services.

ED Forecast, Behavioral Health, Impact of Change® 2021, 2019–2024



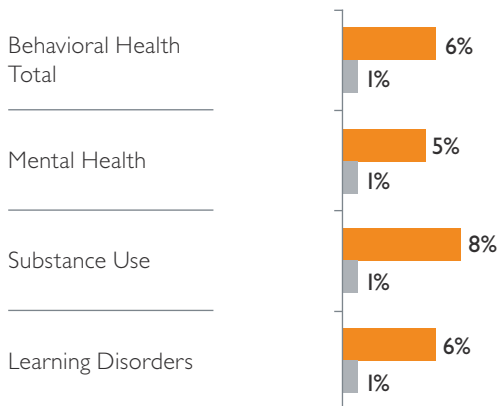
TOP TRENDS

- Leading organizations are increasing the availability of OP mental health and substance abuse services, such as psychotherapy, addiction therapy, PHP and IOP, to divert ED visits for lower- to middle-acuity patients.
- The use of virtual health technologies will persist, even as visits in most other service lines return to in-person care.
- While opioid use has declined, fentanyl has driven rates of overdose deaths to new levels during the pandemic, signaling the need for more robust preventive and interventional care for people struggling with addiction.
- Health systems are increasingly championing social determinants of health initiatives to improve outcomes for behavioral health patients, including evaluating housing, food and employment insecurity to reduce unnecessary utilization.
- Innovative organizations targeting maximum impact in behavioral health are looking across other service line populations to tailor behavioral health services accordingly.
- The shortage of psychiatrists will continue but can be offset by nontraditional care models, such as team-based care and digital technologies.
- New entrants in the workforce will create a surplus of social workers, leading to increased access to psychotherapy and case management services over the decade.
- Leading organizations are evaluating where needs are greatest among the behavioral health population and allocating resources accordingly.

Note: Adult analysis excludes 0–17 age group. Pediatric analysis includes 0–17 age group. Total ED includes emergent and urgent visits. Mental health includes adjustment disorders, anxiety and personality disorders, bipolar disorders, eating disorders, episodic and persistent mood disorders, psychosis, and trauma-related disorders. Substance use includes substance use disorders and poisonings—commonly abused drugs. IOP = intensive outpatient program; PHP = partial hospitalization program. **Sources:** Impact of Change®, 2021; Proprietary Sg2 All-Payer Claims Data Set, 2018; The following 2018 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts®, 2021; Sg2 Analysis, 2021.

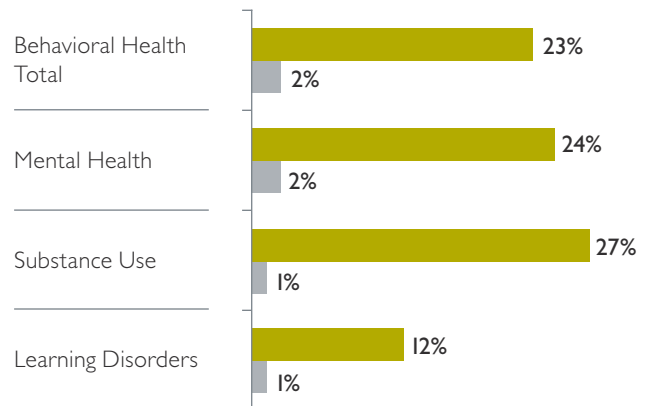
Inpatient Adult Behavioral Health Forecast

Impact of Change[®] 2021, 2019–2024



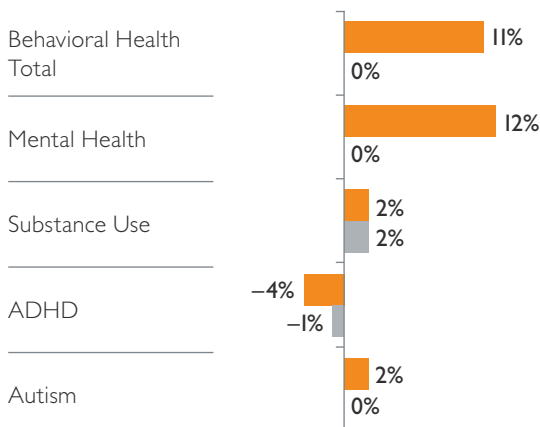
Outpatient Adult Behavioral Health Forecast

Impact of Change[®] 2021, 2019–2024



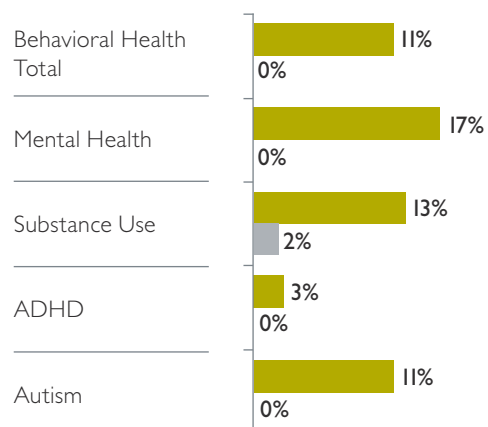
Inpatient Pediatric Behavioral Health Forecast

Impact of Change[®] 2021, 2019–2024



Outpatient Pediatric Behavioral Health Forecast

Impact of Change[®] 2021, 2019–2024



■ Sg2 IP Forecast
 ■ Population-Based Forecast
 ■ Sg2 OP Forecast

ACTION STEPS TO DRIVE VALUE

- ✓ Proactively screen for behavioral health conditions in primary care practices as well as other service lines to improve access to early treatment for low- and middle-acuity patients.
- ✓ Utilize telehealth and digital therapeutics to improve convenience and expand access for those needing services.
- ✓ Leverage LCSWs to provide psychotherapy and continuity of care for patients and employ peer recovery specialists to work with patients with substance use disorder.
- ✓ Rightsize the number of inpatient beds according to the specific needs of the patients in your market (geriatric, pediatric, adult, involuntary, voluntary, complex patients, etc).
- ✓ Use newly allocated federal funds to drive partnerships with community organizations.

Note: Adult analysis excludes 0–17 age group. Pediatric analysis includes 0–17 age group. Mental health includes adjustment disorders, anxiety and personality disorders, bipolar disorders, eating disorders, episodic and persistent mood disorders, psychosis, and trauma-related disorders. Substance use includes substance use disorders and poisonings—commonly abused drugs. Learning disorders include attention deficit hyperactivity disorder, autism and learning disorders. ADHD = attention deficit hyperactivity disorder; LCSW = licensed clinical social worker.

Sources: Impact of Change[®], 2021; HCUP National Inpatient Sample (NIS). Healthcare Cost and Utilization Project (HCUP) 2018. Agency for Healthcare Research and Quality, Rockville, MD; Proprietary Sg2 All-Payer Claims Data Set, 2018; The following 2018 CMS Limited Data Sets (LDS): Carrier, Denominator, Home Health Agency, Hospice, Outpatient, Skilled Nursing Facility; Claritas Pop-Facts[®], 2021; Sg2 Analysis, 2021.

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