## A Virtual Intervention to Reduce Behavioral Health Admissions from Rural EDs – Program Design

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**Background:** Hospital admissions are common among patients with mental illness resulting in a burden within the healthcare system. Significant morbidity exists in patients that are admitted to a psychiatric hospital from the Emergency Department (ED). Due to limited availability of behavioral health resources, ED providers often decide to admit patients to a psychiatric hospital. To better enhance the transition of care for patients with mental illness, Atrium Health has designed a behavioral health virtual patient navigation (BH-VPN) program that helps coordinate services and follow-up care, while facilitating the safe discharge of patients. Patients that present to an ED that have a telepsychiatric consult and are recommended for discharge are eligible for the service. The Behavioral Health Service line is expanding the program from urban EDs and assessing the effectiveness of the program among rural EDs.

**Methods:** Using a randomized clinical trial, we will assess the effectiveness of the BH-VPN program to reduce hospital admissions among patients presenting with a behavioral crisis at a rural ED. Patients who complete a telepsychiatric consult in the ED are enrolled to either the usual care or intervention arm based on a randomization scheme. Prior to discharge, a navigator will connect with the patient virtually in the ED and offer participation in the program. Patients enrolled are followed virtually for up to 45 days.

**Discussion:** Available evidence suggests that adoption and utilization of virtual care in tandem with wrap-around services may reduce utilization and improve health outcomes. Here we will present the details of the program and share experiences from prior behavioral health virtual programs.