

Executive Brief: Proposal of New Economic Opportunity

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Health Care Economics and Decision Making

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The Western New York region has a large veteran population. One area that has been identified is the ongoing promise and standard to afford our veteran population the highest level and standard of care possible. Currently there are 838,000 veterans living in New York State. This makes NY fifth in the nation for veteran population, only behind California, Texas, Florida and Pennsylvania (New York State Health Foundation, 2017 page 1).

As of 2015, nearly three-quarters of this population had served during wartime. Nearly 11% began serving their country during the post 9/11 Era and that number is projected to rise rapidly to near 22% by 2025 (New York State Health Foundation, 2017, page 1). With the high number of veterans in NY serving during wartime there is a direct correlation to the need and screening of mental health illnesses and services.

Returning post 9/11 veterans have a 22% probable mental health diagnosis based on symptoms within the last 30 days as 16% screening positive for Post Traumatic Stress Disorder and major depression (RAND, 2010). This means compared to individuals in the general population, veterans are 8 time more likely to have PTSD and 2-4 times more likely to have major depression, while half of those involved that sought care for mental health report receiving only minimally adequate care.

Outcomes of Starting an Urgent Mental Health Care Center

The Veterans Health Administration serves nearly 9 million veterans each year through services such as medial, surgical and rehabilitative services (VHA, 2017, page

1). In 2015, 389,000 NY veterans were enrolled in a VA healthcare with 58% visiting a facility at some point during the year. However, according to a survey of veterans, nearly half of this population prefers to seek care outside the VA system (VA.gov, 2015, page 1). Due to locations of services, with 16 VA treatment centers within NY State, there is a gap identified for services. This means secondary health systems must be prepared to adequately identify and treat this population. The current Emergency Room services and staff are not adequately prepared to effectively manage acute mental health crisis. This gap results in transfers out to other facilities, which are very lengthy wait times for transport and overall, less patients with other medical concerns that are being seen. It hurts turnover times and patient care times, ultimately costing the organization productivity and finances. Catholic Health can improve care by focusing on 6 key areas: quality, timeliness, patient centered care, efficiency, equity and effectiveness (Agency for Healthcare Research and Quality, 2016). Often times, it is the Emergency Room staff that will be the first healthcare assessment recorded. There must be education and training to identify those who are in an acute mental health crisis.

While there can be several key benefits to the implementation of more services being offered in regards to mental health care and identification, there can be negative outcomes too. There will be an increase in operational costs either to train several key staff members in the specialty of mental health or to hire new staff to meet the organizations needs. This results in higher operating costs. It is also difficult to predict the implementation of an acute care setting, such as an Emergency Room, becoming a mental health resource within the community, as there may be a lack of trust from the populations served. This can include not knowing the physicians as they can be different

with each visit, or there may be gaps in total care as records may not be as easily accessible, resulting in what can be viewed as a gap in quality care being provided.

Factors Influencing the Setting up of an Urgent Mental Health Care Center

Cost is a key factor in an already strained healthcare system. Affordable Health Care Act, set stipulations on repayment from The Centers for Medicaid and Medicare, decreasing payments to some smaller facilities. In New York State, Governor Andrew Cuomo recently designated \$60 million dollars allocated over 3 years to assist in the bridging the gaps between care and costs for Veterans Mental Health. This means that the state funding can be a great initiative to the implementation of this project. This grant will allow healthcare professionals to have the tools necessary to efficiently treat patient and produce better outcomes. “These funds that have been laid aside will change the way health providers operate, and help push mental healthcare into a new and improved era” (Senator Robert G.Ortt, 2016).

There will need to be no further expansion to Catholic Health’s current campus. There are several underutilized areas among the first floor including the old Emergency Room that was later transformed in to the GI department, then closed is still within adequate proximity to the Emergency Room entrance.

Analysis of Supply and Demand for the Urgent Mental Health Care Center

Being located near the Buffalo Niagara International Airport, the closest VA treatment facility with a mental health department is still over 30 minutes away. Location can be a barrier to mental health treatment as well when considering that PTSD, coupled with other mental health illnesses can not only lead to substance abuse issues but also to homelessness, further decreasing access for the patients who have the greatest needs. This

is why an off site facility such as Catholic Health, can be beneficial. There are bus routes right outside of the facility. Catholic Health also offers other services at the Hospital as there may be other health concerns or chronic conditions that have not been properly addressed or are in a state of exacerbation. By allowing for more acutely trained mental health professionals to be present in the Emergency Room, there can be a contribution towards bridging the gap between veterans in need of care and services offered while promoting high quality health care services. There will need to be a board meeting with all of the stakeholders involved, including but not limited to: the Boards of Directors, Nurse Managers, Director of Psychiatric Services, Financial Officers and other stakeholders that will have an impact in the allocation of funds from the Grant.

There must also be a discussion as to how to market that the services are available at the facility without causing a fear of embarrassment amongst potential new patients.

Conclusion

By addressing the needs present within the veteran community, and access issues to VA medical centers, Catholic Health must adapt and implement services for this vulnerable population. By adding services for Mental Health Care to the current campus, there can be a reduction of strain on the healthcare providers in the Emergency Room that are not specialized in Behavioral Health issues or treatments, including addiction. This will make Catholic Health a more efficient facility, ideally increasing patient visits. This will also assist Catholic Health in providing high-quality, accessible, and affordable care to the neighborhoods and populations served.

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