

Mental health integration through accountable care organizations

By: Cassidy Roby, Rene McEldowney

Mental health treatment continues to be the “elephant in the room.” Psychiatric services need to be more adequately integrated into primary and hospital care, yet are often superseded by physical healthcare issues due to the negative stigma of mental ailments. The high prevalence of mental health disorders and lack of access to facilities are indicators of need for greater integration of mental health services. Accountable Care Organizations (ACOs) aim to increase coordination between physicians in order to improve quality and increase savings, and thus provide a proper framework for assessing current mental health integration efforts.

Our research examined the current integration of mental health services in hospital-led ACOs by looking at adolescent, consultation, education, emergency, geriatric, outpatient, partial hospitalization, and residential treatment services offered using the data from the American Hospital Association (AHA) 2014 database. In our analysis we defined “mental health integration” as the availability of psychiatric services offered by that hospital entity. We acknowledge the limitations of this definition. Our assumption is that if psychiatric services are more readily available to patients, they will be more inclined to use them. Our analysis showed all psychiatric services, with the exception of residential treatment, are more adequately integrated into hospital-led ACOs than non-ACOs. Residential psychiatric treatment did not appear to have any statistically significant differences between ACOs and non-ACOs. Recent increased prevention efforts may account for the lack of services in both ACOs and non-ACOs. We speculate that the lack of residential treatment in hospitals is a positive sign of preventative medicine being able to treat psychiatric patients without needing inpatient rehabilitation services. We make this speculation with the understanding that inpatient rehabilitation is often more time consuming, expensive and usually intended for very extreme psychiatric cases. Further research is needed to confirm the reasons behind this lack of residential treatment services.

These results show that ACOs provide greater quality of services to mental health patients than non-ACOs, and imply that ACOs are achieving their goal of providing coordinated care. Further research is needed to find if mental health integration has helped ACOs achieve greater cost savings. This study serves as a reference point to track the progress of mental health services in a rapidly changing healthcare system.

Statement of Research Advisor:

The research Cassidy conducted demonstrates the ability for adolescent mental health services to be fully integrated into hospital owned Accountable Care Organizations at the primary provider level. Utilizing the American Hospital Association comprehensive data base, Cassidy’s analysis indicates that Hospital owned Accountable Care Organizations are an effective way to assimilate adolescent mental health services into the scope of Primary medical care. Cassidy is a Health Services Administration Spruiell Scholar and an extremely accomplished individual and student

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