TMF Health Quality Institute

Strategies to Reduce Preventable Hospital Utilization by Addressing Behavioral Health Needs

Issue 1 Series Introduction

This nine-part series developed by TMF Health Quality Institute explores the integration of evidence-based strategies that identify and address underlying behavioral health needs as an approach to reducing preventable hospital utilization.

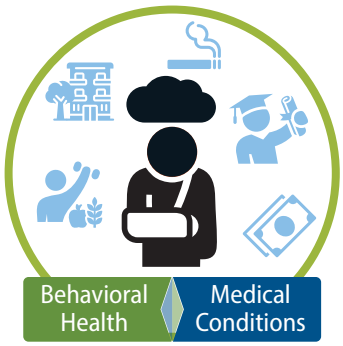
What Is the Evidence:

25% of 30-Day Hospital Readmissions Are Preventable

Approximately 25% of 30-day hospital readmissions are preventable (Singotani et al., 2019). Key factors that contribute to preventable readmissions include inadequate initial assessments that overlook behavioral health issues, poor transition planning, internal communication failures, electronic health record interoperability problems, the lack of coordination with outpatient care, insufficient post-discharge caregiver support and inadequate patient understanding of their condition (Singotani et al., 2019).

Preventable hospital utilization is costly, with Medicare having the highest rate of preventable 30-day readmissions, averaging $15,200 per case (Weiss et al., 2021). Hospitals treating high-risk conditions, including chronic mental illness, could save up to $240,000 annually through admission prevention, with a potential savings of $8,500 to $58,000 per admission in cost and payment penalties (Yakusheva et al., 2020). The implementation of admission prevention programs could improve patient care while also reducing costs and penalties.

What Is It:



Preventable hospital utilization is a persistent challenge in health care, contributing to increased costs, poorer patient outcomes and decreased satisfaction among both patients and providers (Carter et al., 2019; Cook et al., 2021). Research has established that a significant portion of hospital utilization is not linked solely to medical issues; rather, these admissions are often associated with comorbid behavioral health conditions (e.g., mental illness, substance use disorders, cognitive impairments, poor health behaviors, unmet social needs, low health literacy) (Launders et al., 2022).

While coordinated, interdisciplinary care models have emerged to address these issues, ongoing barriers (e.g., limited behavioral health resources, inadequate funding, workforce shortages) continue to hinder their implementation. This series will explore the integration of evidence-based strategies that identify and address underlying behavioral health needs as an approach to reducing preventable hospital utilization.

Factors that influence hospital admission rates are multifaceted and can include both clinical and non-clinical elements. Behavioral health conditions are often missed during initial medical assessments. Patients presenting with somatic complaints (e.g., insomnia, chronic pain, substance-related issues) may be treated with standard medical approaches, possibly neglecting patients' psychiatric symptoms (Wilson et al., 2023). In addition, team members often have minimal mental health training specifically around the intersection between mental health conditions and chronic medical conditions, such as heart failure, obesity, diabetes and chronic pain. Due to these limited and often inconsistent assessments, physicians or emergency medical staff often miss psychiatric symptoms, delirium, substance intoxication or withdrawal (Auerbach et al., 2016). Depending on the medical

Call to Action:

To reduce fragmentation in care, improve patient outcomes and reduce hospital utilization, health care systems must make a concerted effort to integrate approaches that identify and address behavioral health into every facet of medical care.

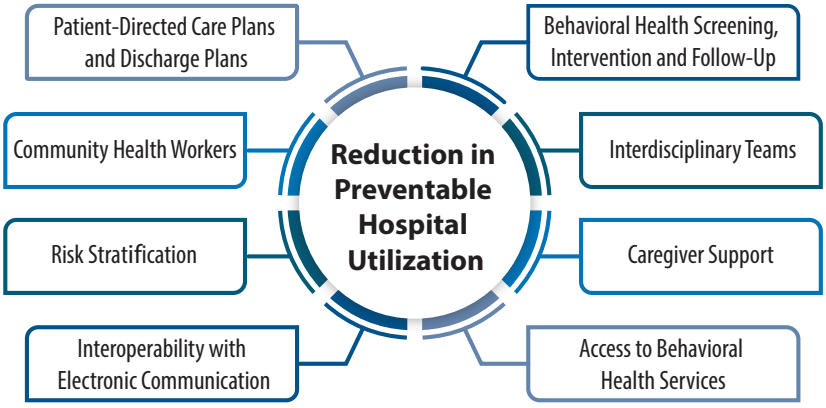
Emotional distress and mental health conditions often manifest as physical symptoms, which can lead to misdiagnosis, overtreatment and avoidable hospital utilization. Coordinated care models that recognize the interplay between psychological and physical health are no longer optional; they are essential.

Stakeholders across clinical, administrative and community domains must act now to prioritize collaborative, interdisciplinary strategies that treat the whole person and not just the diagnosis.

setting, patients may receive different forms of assessment, which can lead to missed opportunities for psychiatric referrals and contribute to increased admission risk due to inadequate treatment or the failure to address health literacy and medication adherence (Bradford et al., 2024; Deshpande et al., 2022).

Evidence-Based Strategies:

Each of the following issues of this nine-part series outlines an evidence-based strategy being implemented in a Texas program to address underlying behavioral health conditions and reduce preventable hospital utilization. While it is not possible to fully attribute improvement to any single intervention, the evidence suggests that the adoption of a comprehensive, multi-strategy approach—particularly one that identifies and addresses behavioral health needs—can contribute significantly to quality improvements initiatives.



The evidence-based strategies highlighted in this series appear to have the strongest impact on hospital utilization. While many of these strategies are used to prevent all-cause readmissions in general, the addition of behavioral health elements ensures a comprehensive approach that is able to prevent issues from exasperating over time.

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