



Expanding Geriatric Behavioral Health Access in a Rural Critical Access Hospital

Case Study: Conemaugh Meyersdale Medical Center + PMC's Geriatric Intensive Outpatient Program



Many critical access hospitals recognize the need for behavioral health programs in their community but lack the regulatory infrastructure, specialized staff, or operational bandwidth to create them on their own. One of the biggest needs in rural areas is a program that supports the mental health of older adults who may be grieving, isolated, depressed, anxious, or struggling after a major life change. Recent studies found that **25% of adults aged 65 and older struggle with anxiety and depression**, while roughly **3% experience serious symptoms** that substantially interfere with their lives. More than half of older adults who need behavioral health treatment do not receive professional services.



A Duke LifePoint Hospital

Conemaugh Meyersdale Medical Center's experience shows how the addition of a geriatric intensive outpatient program can help a rural hospital meet that need while strengthening hospital utilization, community trust, and

leadership capacity. The hospital partnered with Psychiatric Medical Care (PMC) to open a therapy-based program for seniors in 2019. Jessica Svidergol-Peterman, the hospital's chief operating officer, said PMC brought a program model, policies, workflows, recruitment support, and behavioral health expertise that would have been difficult for a small rural hospital to assemble alone.

"Starting a program like this from scratch requires a lot of work," Svidergol-Peterman said. "With a small critical access hospital, you don't have the manpower to put together a full program like this. The PMC program comes already packaged."

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Executive Question	What Meyersdale's experience suggests
Can a rural hospital reach enough patients?	Yes. Meyersdale used PMC's model with virtual options to serve a wide rural area.
Can a critical access hospital manage startup complexity?	PMC reduced the lift by providing policies, procedures, workflows, regulatory guidance, implementation support, and hiring staff.
Can the program contribute financially?	The IOP program came with positive reimbursement dynamics for the hospital, cost report relevance for dedicated space, consistent census strength, and downstream hospital utilization.
Does it strengthen the hospital's role locally?	The program created visible community outreach, patient and family goodwill, and deeper engagement with older adults who may not otherwise seek hospital-based mental health care.

The Challenge

Meyersdale serves a large rural catchment area. Svidergol-Peterman described a primary service area across Cambria and Somerset counties, extending close to the Maryland border. In that kind of geography, transportation, stigma, limited local mental health infrastructure, and the close-knit nature of the community can all affect whether older adults seek care.

The need became especially clear during the COVID pandemic. Older adults were isolated in their homes. Many were grieving loved ones. Families and hospital staff saw the effects of loneliness, loss, anxiety, and depression in real time. For a rural critical access hospital, the question was not whether the need existed. The question was how to build a program that could reach people consistently and operate correctly.

The PMC Solution

PMC's geriatric IOP program gave Conemaugh Meyersdale Medical Center a structured way to help seniors without forcing the hospital to invent the service line from scratch.

Svidergol-Peterman described the model as a package that included the pieces small hospitals often struggle to build internally: policies and procedures, regulatory guidance, workflows, recruitment support, patient qualification processes, authorization knowledge, and behavioral health operational expertise.

The program averages more than eight participants per month. They connect for group therapy up to three times a week, meet with a psychiatrist and receive individual counseling.

"We've had some great success stories coming out of the program," Svidergol-Peterman said. "Many patients who've completed the program come back to talk to the therapist and program director. They really feel like they're part of the family."



One particular patient came to the program in January with clinically significant symptoms of depression and anxiety resulting from a health condition and recent change in living conditions. She was struggling to adjust to a loss of independence. After seven months in the program she achieved notable improved assessment scores and a big reduction in symptoms. That patient is now able to go on small vacations, participates in social events with friends and family and has encouraged others to give the hospital's program a try.

Svidergol-Peterman's summary is simple: PMC created a "plug-and-go model" that saves lives at a hospital which otherwise would have needed a full internal team to sort through the regulatory, staffing, workflow, insurance, and authorization requirements. She liked the program so much that she's bringing PMC's geriatric IOP to Conemaugh Miners Medical Center in Hastings, PA.

Highlighted Results

- **Expanded access for older adults.** The program serves patients across a broad rural service area, with a virtual care option for patients to participate when travel is difficult.
- **Strong census performance.** Meyersdale's geriatric IOP often has 10 patients.
- **Ancillary utilization.** Patients and families who became familiar with the hospital through the program returned for other services.
- **Community trust.** Family members offer real-time feedback while visiting the hospital for other services, telling staff how much the program helps loved ones.
- **Staff and community education.** The program supports suicide awareness, Mental Health Awareness Month, winter blues education, offers lunch-and-learns, senior center outreach, primary care follow-up, hospice and home health relationships, and nursing home connections.

A Partner Inside the Hospital

One of the most persuasive parts of Jessica's account is that PMC did not function like a distant contracted vendor. She said the hospital sees PMC more as a partner. The program director attends daily briefs, participates in community events, joins patient safety and clinical quality work, attends the patient and family advisory council, and contributes to regulatory readiness and hospital initiatives.

"I really think we're not just taking care of the patients in the program. We're taking care of the community, making it healthier and making sure that we're a place where people want to come to for healthcare. This program plays a big role in that."

Jessica Svidergol-Peterman, COO

For a small hospital leadership team, that matters. Svidergol-Peterman described the PMC team as an extra set of capable eyes and ears in the building. They help with outreach, audits, clinical quality, harm reduction, leader rounding, and bedside shift report observation. New employees often assume the program director and other team members are hospital employees because they are so integrated into daily operations.

Why This Matters for Critical Access Hospital Leaders

Leadership concern	Risk without a partner	How PMC helped
Startup complexity	Policies, staffing, workflows, reimbursement, authorizations, and regulatory steps can overwhelm small teams.	PMC supplied an established program structure and implementation guidance.
Rural reach	Older adults may not travel for care, especially across a large service area.	The virtual care option helped the hospital serve more patients and maintain census.
Financial sustainability	A new service line must support the hospital's mission and economics.	Positive reimbursement impact, cost report benefit, and downstream use of hospital services.
Community relevance	Mental health need may remain hidden because of stigma and close community ties.	Outreach, education, and visible program activities made the hospital a trusted point of access.

The Takeaway

Meyersdale's experience points to a clear lesson for rural hospital leaders: a geriatric intensive outpatient program can be more than a behavioral health service. When implemented with the right partner, it can become a community access point, a relationship builder, a source of hospital utilization, and a practical extension of the leadership team.

Svidergol-Peterman framed the value in deeply local terms. In a small rural hospital, leaders are often caring for their own neighbors, parents, children, friends, and families. A program that helps older adults feel valued, connected, and secure supports the hospital's mission while reinforcing the community's belief that the hospital is there to stay.

What Other Critical Access Hospitals Can Learn

For hospital leaders who already recognize the behavioral health needs of older adults, the barrier is often execution. Meyersdale's experience suggests that a critical access hospital does not have to build the service line alone or wait until it has in-house behavioral health depth. With PMC, the hospital gained a ready operating model, specialized support, and a team that could become part of the daily life of the facility.

- A small leadership team can add specialized behavioral health care when policies, workflows, staffing support, and regulatory guidance come with the program.
- The program can support both mission and sustainability through reimbursement, dedicated space, census management, and downstream hospital utilization.
- An embedded PMC team can strengthen the hospital's community presence through outreach, education, quality work, and trusted patient relationships.
- A virtual care option can expand the service area to patients who may not be able to travel to the hospital for treatment.

Learn How PMC Can Help Your CAH

PMC partners with critical access and rural hospitals to deliver turnkey, sustainable, and financially sound programs that expand your services, without burdening your staff.

We evaluate community demand, reimbursement, staffing requirements, and program scope to help determine the right model for your hospital. Rather than forcing a traditional behavioral health model into a smaller market, we help build a program around the economics and resources you actually have.