EXPANDING MENTAL HEALTH SERVICES AND THE BOTTOM LINE

Theresa Hyer, Rideout Health
Eric Zeller, M.D., CEP America
Moderated by Sheree Lowe, California Hospital Association
TOPICS FOR TODAY

- Overview of the current mental health crisis in California and elsewhere
  - Promising practices for consideration
  - Impact on hospital finance
- Case study of mental health collaborative in the emergency department at Rideout Health
  - Innovative partnership between Rideout, Sutter Yuba Behavioral Health and CEP
  - Indicators of success
- Facilitated discussion
Solving the Boarding Crisis

Improving Emergency Psychiatric Services: Better, more timely care that is cost-effective

Scott Zeller, M.D.

Vice-President, Acute Psychiatric Medicine
CEP America
Assistant Clinical Professor
University of California, Riverside
Past President,
American Association for Emergency Psychiatry
Psychiatric Patients Adding to ED Overcrowding

- Patients waiting for a psychiatric bed wait three times longer than patients waiting for a medical bed in hospital EDs.

- ED staff spend twice as long locating inpatient beds for psychiatric patients than other patients.

- Psych patients boarding in an ED can cost that hospital more than $100 per hour in lost income alone\(^1\)

1. Treatment Advocacy Center, 2012
Boarding

• Definition: Patients in hospital medical Emergency Departments who are medically stable and just waiting for a psychiatric evaluation or disposition.

• Often these patients are kept with a sitter, or in “holding rooms” or hallways on a gurney – some languishing for hours in physical restraints, often with no concurrent active treatment

• Some psychiatric boarders even kept in the very expensive option of the Intensive Care Unit because of need for close supervision
Boarding Across the USA

• Studies showing average psychiatric patient in medical emergency departments boards for an average of between 8 and 34 (!) hours

• 2012 Harvard study: Psych patients spend an average of 11.5 hours per visit in ED; those waiting for inpatient beds average 15-hour stay

• 2012 CHA Study: After decision made for psychiatric admission, average adult waits over ten hours in California EDs until transferred
Impact of Boarding

- Boarding is a costly practice, both financially and medically.

- Average cost to an ED to board a psychiatric patient estimated at $2,264.

- Psychiatric symptoms of these patients often escalate during boarding in the ED.

Boarding Solutions Suggested

• Most suggestions – even ideas that include community-based drop-in care and mobile crisis units – still follow concept that virtually all emergency psychiatric patients need hospitalization as the only possible disposition.

• Results in far too many patients being unnecessarily hospitalized at a very restrictive and expensive level of care.

• Roughly equivalent to hospitalizing every patient in an ED with Chest Pain (typically only 10% of such patients get hospitalized).
Wrong Solution: Treating at the Destination instead of the Source!

• All these solutions call for more availability for hospitalizations, nothing innovative at the actual ED level

• Change in approach needed – beginning with recognition that the great majority of psychiatric emergencies can be stabilized in less than 24 hours

• To reduce boarding in the ED, shouldn’t the approach be at the ED level of care?
Psychiatric Emergencies are Medical Emergencies!!

- Federal EMTALA Laws already designate psychiatric emergencies as equivalent to heart attacks and car accidents – time to start intervening with the same urgency and importance as medical emergencies.

- Psychiatric Emergencies are not going to “go away” – better to start preparing for these, and designing emergency programs with the recognition that ability to treat crises are as necessary to ERs as EKG machines, oxygen and IV equipment.
Improving Throughput

Restraint use leads to a length of stay of psychiatric patients in EDs averaging 4.2 hours longer than that of patients not requiring restraints\(^1\)

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On-Demand ER Telepsychiatry

24/7 access to a board-certified psychiatrist via high definition, two-way video conferencing.
Patient Benefits

• 24/7 access to board certified psychiatrists
• Improved Patient Satisfaction
• Focused on high quality, timely assessments
• Full evaluation, risk assessment, diagnosis, treatment and disposition recommendations
• Care plan collaboration with in-person providers
Hospital Benefits

- Address current physician shortage challenges
- Diverse care settings ED, ICU, inpatient, SNFs, and more
- Pay-per-consult model, cost-effective
- Improve ED capacity and throughput with more timely care
- Integration with providers across care settings
- Improve appropriate transfers and admissions with psychiatric eval. documentation
Improving Care with Telepsych

**DECREASE Up to** 80% in mental health patients’ ED boarding time

**DECREASED** admissions to Inpatient Units and LOS

**IMPROVED** Coordination between psychiatrists and consulting providers
A 2003 survey of psychiatric consumers reported that a majority had unpleasant experiences in medical emergency facilities and would prefer treatment in a specialized Psychiatric Emergency Service location.
EmPath units

• **Emergency Psychiatric Assessment, Treatment and Healing units**

• Hospital-campus-based, combines best of community-based mental health care with ER approach of treating all comers promptly

• Open design with room for patients to move about freely, choose activities, obtain food or drink or linens without having to ask staff

• Focus on calming atmosphere conducive to reducing stress, therapeutic effects, but always in safe, supervised environment

• No walls or glass ‘fishbowl’ separating patients from staff – staff are always interspersed with patients

• Use of Peer Support Specialists
EmPath Units provide a calming, healing, comfortable setting completely distinct from the medical ED where prompt access to a psychiatrist can help lead to timely and dramatic improvement for patients experiencing a psychiatric emergency.
Patient Benefits

- **Immediate care setting change from chaotic ED to a “trauma-informed” healing space**
- Calming environment that best meets patient needs
- Restraints/Locked Seclusion practically eliminated
- Multi-disciplinary team treatment and resources available
- **Rapid evaluation by Psychiatrist** soon after arrival with comprehensive care plan development
Hospital Benefits

- 24/7 Psychiatrist Coverage, in person and telepsych
- Alleviate volume pressure in the ED and holds
- ALOS less than 24 hours, while improving care
- EMTALA-compliant for mental health crises, both voluntary and involuntary
- Reimbursement options (typically a bundled hourly rate)
- Significant reduction in admission rates, up to 80% or more
# Return on Investment Scenarios

<table>
<thead>
<tr>
<th>PES Patients Per Day</th>
<th>32</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>20% Diversion Rate 80% Admission Rate</strong></td>
<td></td>
</tr>
<tr>
<td>Avoided Admissions</td>
<td>2,336</td>
</tr>
<tr>
<td>Cost of inpatient stay</td>
<td>$ 8,000</td>
</tr>
<tr>
<td>Cost of PES stay 20 hrs x $90 hr</td>
<td>$ 1,800</td>
</tr>
<tr>
<td>Savings per patient</td>
<td>$ 6,200</td>
</tr>
<tr>
<td>Savings per patient x avoided admissions (6200x2336)</td>
<td><strong>$14,483,200</strong></td>
</tr>
<tr>
<td><strong>System ROI</strong></td>
<td><strong>$ 4,483,200</strong></td>
</tr>
<tr>
<td><strong>35% Diversion Rate 65% Admission Rate</strong></td>
<td></td>
</tr>
<tr>
<td>Avoided Admissions</td>
<td>4,088</td>
</tr>
<tr>
<td>Savings per patient x avoided admissions (6200x4088)</td>
<td><strong>$25,345,600</strong></td>
</tr>
<tr>
<td><strong>System ROI</strong></td>
<td><strong>$15,345,600</strong></td>
</tr>
<tr>
<td><strong>65% Diversion Rate 35% Admission Rate</strong></td>
<td></td>
</tr>
<tr>
<td>Avoided Admissions</td>
<td>7665</td>
</tr>
<tr>
<td>Savings per patient x avoided admissions (6200x7665)</td>
<td><strong>$47,523,000</strong></td>
</tr>
<tr>
<td><strong>System ROI</strong></td>
<td><strong>$37,523,000</strong></td>
</tr>
</tbody>
</table>
Success Example

- Reduction of inappropriate psychiatric inpatient admissions

- 50 beds usage before PES decreased to < 10 beds by Feb 2015 after PES

- Estimated decrease in daily cost from $20K to $3.2K = $16.8K cost savings per day

- Conservative estimate taking $15K cost savings per day = $5.5M cost savings per year

- Removing the $1.8M PES budget expense:
  \[
  \text{Total Savings} = \text{Approx.} \, $3.5M
  \]
Alameda Model Study: Benefits of Psych ER to a County Medical System

• Psych patient boarding times in area EDs were only One Hour, 48 minutes – compared to California average of Ten Hours, 03 minutes:

  an improvement of over 80%

• Approximately 76% of these patients were able to be discharged from the PES, avoiding unnecessary hospitalization and sparing inpatient beds for those with no alternative
Applicability

• “But can this work in our system?”

• A model of EmPath Unit/Psych ER/Crisis Stabilization Unit can be developed for just about any size hospital or community mental health program

• **Burke Center, Texas**
  
  • Remote PES served by telepsychiatry 50 miles from nearest delivery point for FedEx

  • Winner of American Psychiatric Association

    “Gold Award for Innovation”
Mental Health Collaborative in the Emergency Department

Theresa Hyer MSN, TNS,PHN
Emergency Services Director

Rideout Health
Rideout Regional Medical Center’s Emergency Department

- 44 Licensed Emergency Department beds
- Level III Trauma Center
- Base Hospital
- 70,000 patients a year
- Serving three counties
Our Partners

Sutter Yuba Behavioral Health
- 16 bed Psychiatric Hospital Facility serving Sutter and Yuba Counties
- 24 hour Psychiatric Emergency Services

CEP (Vituity) Telepsychiatry
- California Emergency Physician’s Telepsychiatry service. 24/7 Emergency Psychiatrist coverage
Why the need for a collaboration?

- What has happened to the availability of mental health care?
- Why has it impacted our emergency departments?
- Whose problem is it to fix?
5150 Fast Facts

Number of 5150’s Written?

300,000 annually  25,000 monthly  850 daily

More than 75% of patients on a 5150 hold could be discharged within 23 hours

Less than 25% result in a 72 hour hold in an inpatient setting.

California Hospital Association May 6, 2016. LPS 5150 Involuntary Hold Fast Facts.
Innovative Project

- Three leg stool approach
  - ED staff
  - County Mental Health staff
  - Emergency Telepsychiatry services
Team approach to patient care

- Imbed the county crisis counselors in the ED 24/7
- Team approach to seeing patients on arrival
- Complete assessment medical and psychiatric
- Follow the decision pathway
- Obtain an inpatient bed if needed
- Work with telepsychiatry to rescind or medicate
- Prepare a safety plan with collateral
How did the county make it work?

- Financial responsibility the county absorbed
  - Staffing
  - Site certification
  - Transportation
Telepsychiatry

- Full behavioral assessment by a board certified psychiatrist
- Immediate medications and treatment impacting length of stay
- A team approach with the mental health worker to create a safety plan with collateral for a safe discharge
- Pay for use with 24 hour a day coverage
- Decrease need for onsite coverage
The biggest challenge asking two different entities to try something new out of their comfort zone
Mental health staff to treat patients with an ED approach like a trauma or stemi patient
Using parallel processes for assessment
ED staff to understand the mental health staff constraints and rules
Telepsychiatry equipment/use
Keeping 24 hour telepsychiatry coverage
The competing medical necessity requirement including medical clearance
Telepsychiatry understanding we had true crisis workers in the ED.
Outcomes

- 50% of the mental health patients on a psychiatric hold were discharged from the Emergency Department, impacting the available psychiatric beds in the community.
- Discharged patients: Door to discharge reduced between 3–5 hours per patient.
- Admitted patients: Door to psych facility a reduction of 3–5 hours per patient.
- Ability to access and treat pediatric patients decreasing the need for the hard to find pediatric psychiatric bed.
### Hospital cost without the county

<table>
<thead>
<tr>
<th>Hospital without the county</th>
<th>Cost for 1880 patients</th>
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</thead>
<tbody>
<tr>
<td>Social workers 2 a shift 24 hours including benefits rate for SW $137,500.00</td>
<td>8.4 FTE’s = Approx: $1,155,000.00</td>
</tr>
<tr>
<td>100 % transportation</td>
<td>Avg $500.00 x 1880 = $940,000.00</td>
</tr>
<tr>
<td>LOS Nursing care 4:1 Base of 60 an hour plus 20% benefits = $72.00 Cost per hour is $18.00 4:1 ratio Every day is $432.00 just nursing</td>
<td>Avg $72 per hour or $18 at a 4:1 ratio x 12 hours = $216 per patient 1880 pts x $216 = $406,080.00</td>
</tr>
<tr>
<td>LOS sitters Cost per hour is $25.00 plus 20% for benefits = $30.00 Every day is</td>
<td>Avg $30.00 per hour or $15.0 at a 2:1 ratio x 12hours = $180.0 per patient 1880 pts x $180.0 = $338,400.00</td>
</tr>
<tr>
<td>Total not counting lost revenue from ED patients and inpatients.</td>
<td>$4,839,480.00 approximate cost</td>
</tr>
<tr>
<td>Cost of telepsych service “actual”</td>
<td>$262,920.00</td>
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<tr>
<td>-----------------------------------</td>
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<tr>
<td>Rescinds</td>
<td></td>
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<tr>
<td>Patient requiring medication</td>
<td></td>
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</table>
Why is this collaborative such a success?

- Psychiatric medications started or resumed.
- Full behavioral health interview completed by a behavioral health provider or psychiatrist.
- Safety plan created by the behavioral health team as well as scheduled follow up in the community.
- Ability to discharge thus decreasing the need for the coveted psychiatric bed.
- It is excellent care for the patient!
PANEL DISCUSSION WITH SHEREE LOWE
QUESTIONS?