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Behavioral Health and NC Hospital Emergency Departments

Prepared for the NC HHS LOC Mental Health Subcommittee

February 24, 2014

North Carolina Hospital Association

Overview

- Elizabeth's Story
- Who is coming to NC hospital EDs?
- Who is paying for their visits?
- Why are they coming to the ED?
- Where do they go when discharged?
- How long does it take, on average?
- What can we do to make it better?

Elizabeth's Story

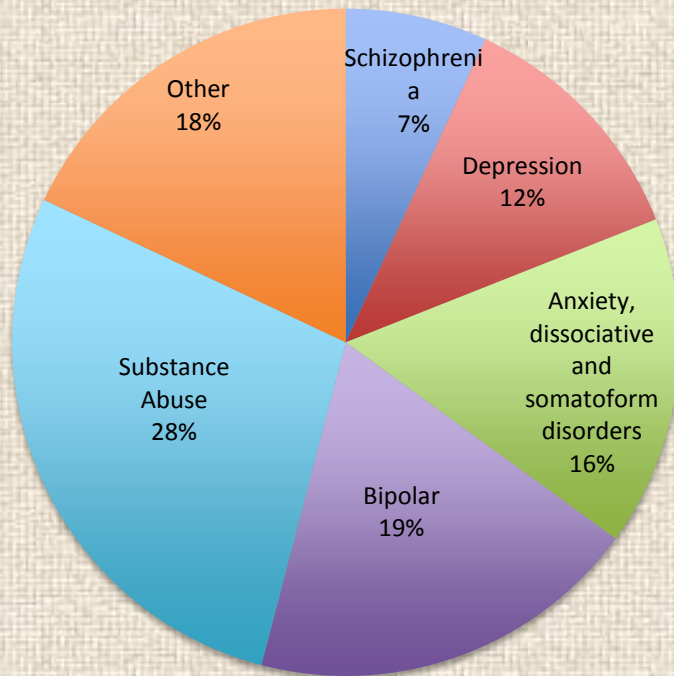
- 26 years old
- Honor student at a NC University
- Schizophrenia set in junior year of college
- 53 ED visits in 2012
- 12 or more arrests in 2012
- Cannot afford medications to control her symptoms of schizophrenia
- No clear pathway to stable community treatment and medication management
- No stable housing makes it difficult to manage care

*identifying information altered to protect patient identity

What Kinds of Patients are Visiting NC EDs?

Diagnoses:

82% of encounters due to five diagnoses



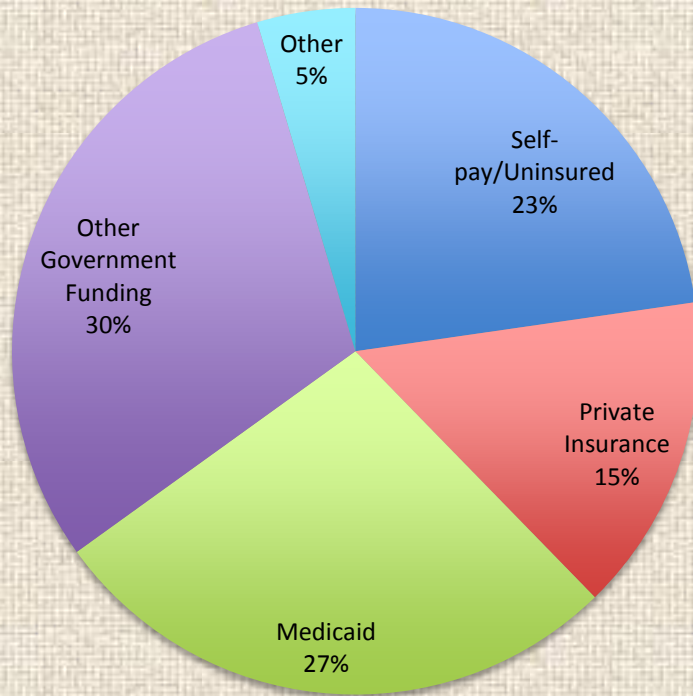
Demographics

- Evenly split male/female
- 73%: 22-64 year olds
- 14%: Involuntarily Committed (IVC)

Source: NCHA ED Tracker. 2012.

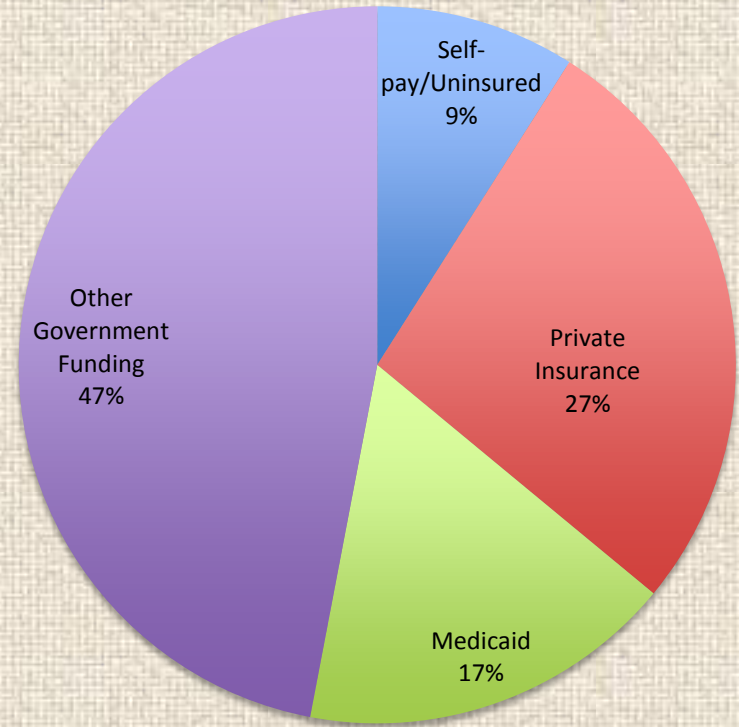
Behavioral Health Payer Mix

Behavioral Health Patient Payer Mix in NC Hospital EDs



Source: NCHA ED Tracker. 2012.

NC Hospital Patient Payer Mix



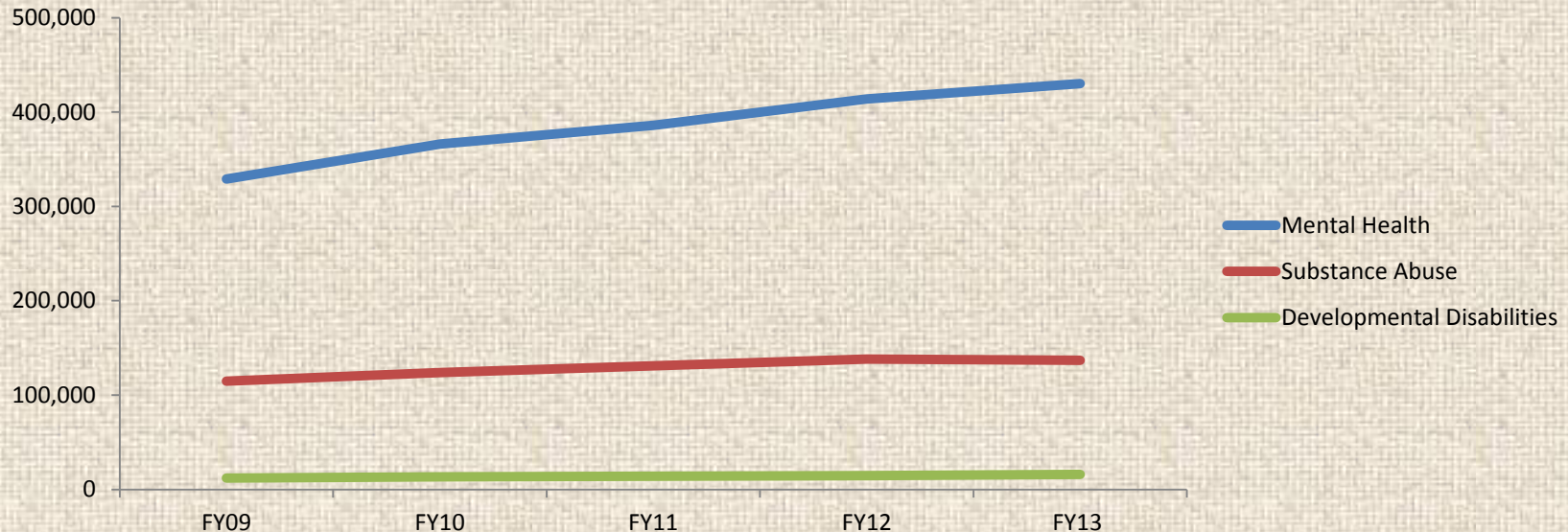
Source: NCHA ANDI. 2012.

What Happens to Behavioral Health Patients When They Come to An NC ED?

- Assessed for danger to self or others
 - IVC process may be initiated or continued
- Assessed for medical emergency
- ED physician may initiate antipsychotic or other medications
- If 'Emergency Medical Condition' subsides, they are discharged home.
 - ED physicians are hesitant to discharge patients that could potentially harm themselves or others. Liability plays a role in this.
 - If the patient requires admission, the hospital begins the process to secure the most appropriate bed for the patient's needs.
 - EMTALA
 - For a psychiatric condition, stabilized means the patient is protected and prevented from injuring himself or others under EMTALA.

Behavioral Health: ED Visits Over Time

Total number



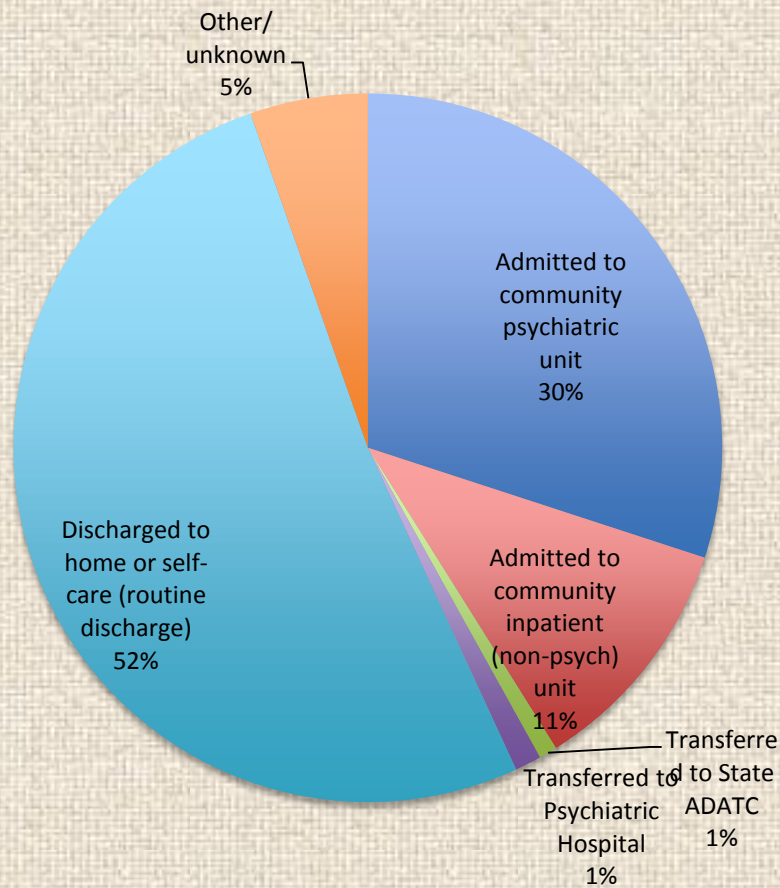
Percent

% of All ED Admissions with Primary MHDDSA Diagnosis	3.2%	3.2%	3.4%	3.5%	3.2%
% of All ED Admissions with Primary or Co-Occurring MHDDSA Diagnosis	11.1%	11.7%	12.0%	12.5%	12.4%

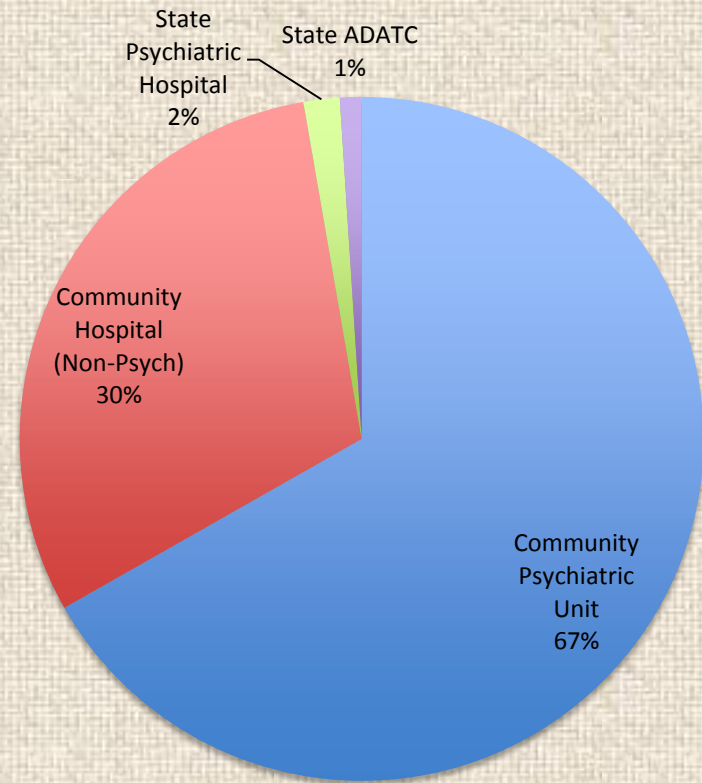
Source: NC DETECT

Where Do Behavioral Health Patients Go When Discharged From an NC ED?

52% are discharged to home.



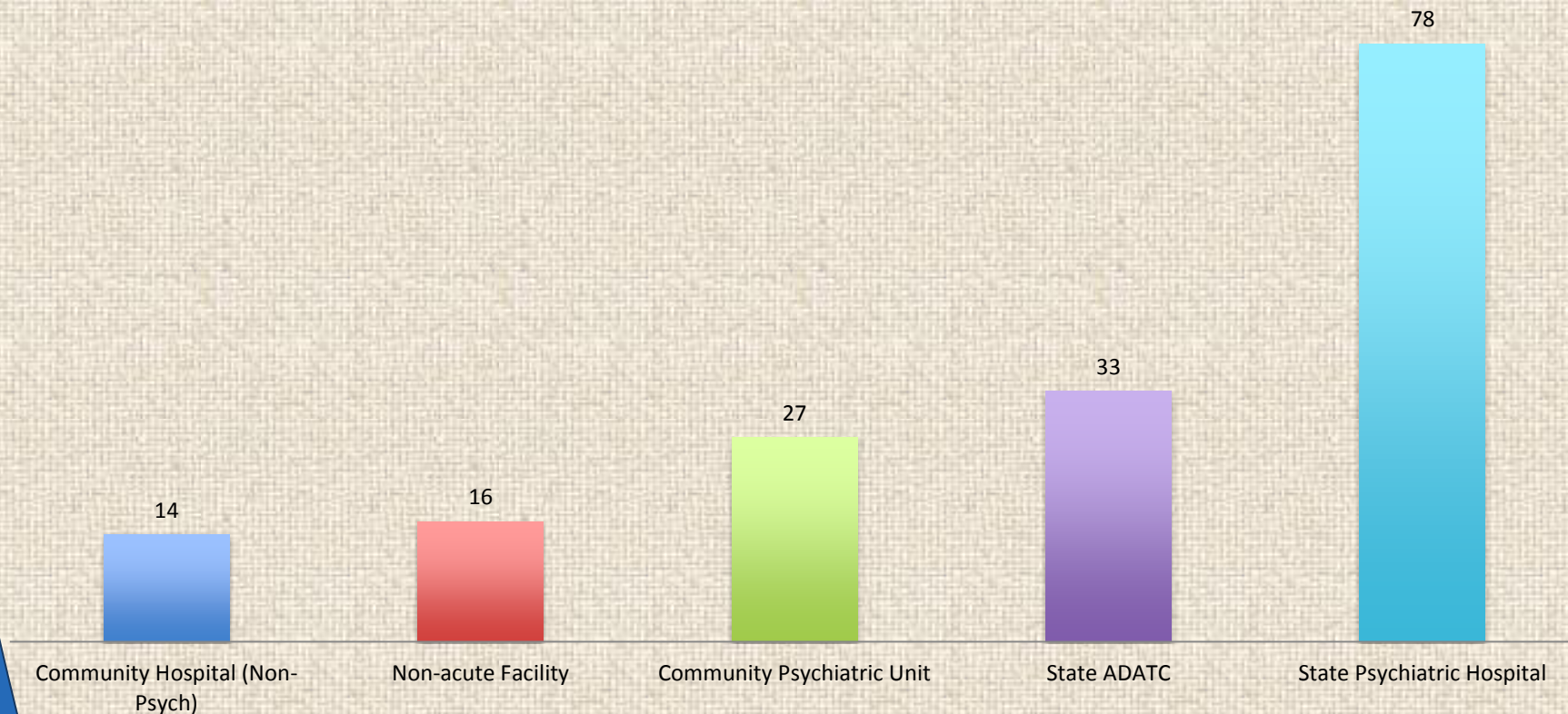
97% of admitted patients were admitted to community hospitals.



Source: NCHA ED Tracker. 2012.

How Long Does It Take to Place BH Patients From NC Hospital EDs?

Average ED Length of Stay (ALOS) for Admitted Behavioral Health Patients



Source: NCHA ED Tracker. 2012 Data.

What Are Hospitals Doing to Address the Issue?

- Expanding outpatient service lines
- Hiring staff case managers.
- ‘Sitters’
 - Estimated cost for small/rural hospital:
\$15/hour x 24 hours x 14 days x 8 employees =
\$40,320 per pay period or

\$1,048,320/year

Telepsychiatry: NC STeP

- Increased access to telepsychiatry is a valuable support for ED physicians when making decisions about involuntary commitment and psychiatric medications.
- Statewide network is limited in ability to recommend local community providers with which to connect the 52% of patients discharged to home.

LME/MCO Accountability

- S208/SL 2013-85
- Requires DHHS Secretary to attest that each LME/MCO is in compliance with the contract and applicable federal and state requirements.
- The attestation must address:
 - solvency,
 - timeliness of provider payments, and
 - the ability to exchange billing and payment information between LME/MCOs and DHHS.
- The attestation does not address:
 - Clinical accountability (i.e. patients discharged from inpatient that have outpatient follow-up within 7 days, or case management engagement/# of inpatient admissions or ED visits per 100,000 covered lives)
- If the Secretary cannot attest that the LME/MCO is compliant, she must assign the contract to operate the waiver to another LME/MCO within thirty days.

NCHA Policy Position

- Any entity charged with managing care for patients, behavioral health or otherwise, must be held accountable for the value they provide to the state.
- NC hospitals support cost-effective improvements to the behavioral health system that address wellness of the whole person.
 - Mental illness and addiction disorder -- similar to cancer and diabetes -- are chronic diseases requiring prevention, screening, diagnosis and treatment.
 - Efforts to reform Medicaid must address comprehensive and holistic care management
 - An individual's primary wellness needs by vacillate between mental and physical needs from day to day
 - 68% of adults with a mental illness diagnosis have a co-existing chronic physical health need.
 - 29% of adults with a chronic physical health need have at least one mental illness diagnosis

Questions? Comments? Suggestions?

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