Psychiatric Observation: Making Money from Psychiatric Boarders

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Learning Objectives
- To understand admission criteria for psych patients
- To review the psychiatric observation/crisis stabilization units
- To exam the model CSU

Regionalization of Acute Psychiatric Care

- Prior 30 day period efforts have focused on increasing inpatient beds
- Alternative is prompt access to treatment
- Evaluate and treatment patients in a given area and take patients from EDs
- 30 day period examined all patients from 5 EDs on voluntary holds
- 144 patients had average boarding time of 1 hour and 48 minutes
- 24.8% were admitted

Benefit of Psych OBS
- Reduction in admissions
- Gain in earlier functional independence
- More immediate use of community resources
- Higher level of patient satisfaction
- Promoted better coordinated care

Requirements of Psych OBS
- Focus on acute psych care
- Segregated unit
- Inclusion and exclusion criteria
- Appropriate physical plant
- Appropriate trained personnel
- Treatment protocols
- Security and safety measures
- Psychiatric resources
- Available community mental health resources

Model Admission Criteria
1. Age: Patients must be ≥18 years old
2. Manage their own Activities of Daily Living
3. Treatment Criteria: psychosis, depression, mania, suicidal ideation, or other psychiatric disorder.
4. Medical Evaluation: medically stable
5. Cognition/Judgment: Patient’s judgment and impulse control must be appropriate
6. Cooperative compliant with staff direction and treatment modalities
7. Managed aggressive behavior
Model
Exclusion Criteria

1. Actively attempting to self-harm/commit suicide
2. Actively homicidal towards staff and/or peers
3. Fire setting behaviors, serious criminal background, or in police custody
4. Actively aggressive, physically combative
5. Clinically intoxicated
6. Delirium
7. Overdose

Physical Plant

- Location
  - Furniture
    - Lounge chairs
  - Physical plant safety
    - Wiring
  - Safety search
    - In the ED
    - Outside the ED
- Design
  - Living room style
  - Interview rooms
  - Medical evaluation rooms

Staffing

- Psych RNs
- Mental Health worker
- Advanced practice providers
- Psychiatrist
- Training
  - Annual in-service on verbal de-escalation and hands on management of the violent patient

Treatment Protocols

- Depression
  - Need for safety and eval of self-destruction
- Agitated
  - Intensive treatment
- Psychotic patient
  - Antipsychotic +/- benzo
- Manic
  - Antipsychotic +/- benzo

Alcohol and Substance Use

- Psych patients have high rate of substance use disorder
- Differentiate substance use from psychiatric illness
- Observation of intoxication
- Treat minor withdrawal
- Start Suboxone
- Need for SBIRT
**OBS Treatment**

- Most are primarily focused on medications
- Need to involve social work, case management and discharge planner
- Few provide any non-meds treatment
- Family involvement
- Provide peer support services
- Connection to other services

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**Reimbursement**

- Medicaid
  - All inclusive bundled billing around $100 per patient per hour, up to a max of 20 hours.
  - No pro fees or other charges
  - Crisis stabilization code S 9484
- Medicare
  - Unscheduled psych eval - very poor reimbursement
- Private insurers
  - Negotiated per-diem rate
  - ACOs

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**Payment for Psychiatric Observation**

- Kansas
  - Effective with dates of service on and after July 1, 2017, procedure code S9485 will be used for psychiatric observation.
  - Reimbursement will be made for up to three consecutive days.
  - At the end of that time, if patient is not admitted to the hospital or discharged, no additional payment will be made.
- Illinois $27 per day
- California approx. $100 per hour

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**Model Revenue Estimate**

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<th></th>
<th>Rate</th>
<th>Patients/Day</th>
<th>Total</th>
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<tr>
<td>Professional Fee</td>
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<tr>
<td>MD</td>
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<tr>
<td>APN</td>
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<td>Hospital Fee</td>
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<tr>
<td>OBS for &lt; 8 hr.</td>
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<td>OBS for 8-23 hrs.</td>
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**Model Cost Estimate**

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<td>Nurse Practitioner</td>
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<tr>
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**Most Important Fiscal Impact**

- Reimbursement dollars are at OBS rates
- Contracts with HMOs/ACOs to reduce psych admission rate
- Reduction of psych boarding time in ED
- Increase bed turnover – revenue enhancement
Potential Obstacles and Concerns

- Reduces admission rate into the psychiatric unit
- Finances do not add up
- Lack of support and supporting services
- Cannot locate space
- Cannot hire enough psychiatric midlevel providers

What are you waiting for?

- Is it time to start a psych OBS unit in your ED?
- Need
  - Plan 90-120 day start up time
  - Space
  - Personnel
  - Psychiatry services
  - Community resources
  - Policies

Contact Information

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