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

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Regionalization of Acute Psychiatric Care

- Zella S.O
 - 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

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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

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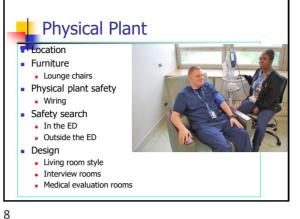
Model Admission Criteria

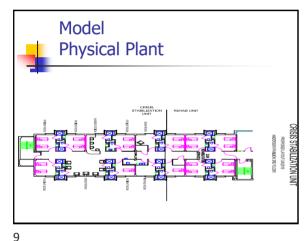
- 1. Age: Patients must be ≥18 years old
- 2. Manage their own Activities of Daily Living
- 3. Treatment Criteria: psychosis, depression, mania, suicidal ideation, or other psychiatric disorder.
- 4. Medical Evaluation: medically stable
- 5. Cognition/Judgment: Patient's judgment and impulse control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



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

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Staffing

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

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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

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OBS Treatment

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



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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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



Not actual numbers for illustrative purposes			
	Rate	Patients/Day	Total
Professional Fee			
MD	\$20	6	\$43,800
APN	\$130	6	\$284,700
Hospital Fee			
OBS for < 8 hr.	\$942	6	\$2,062,980
OBS for 8-23 hrs.	\$87/hr.		
Total			\$2,391,480

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Model Cost Estimate \$85,280 \$82 .5 Psychiatrist \$213,200 Nurse Practitioner \$41 2.5 Psych RNs 5.5 \$366,080 Mental Health Tech \$183,040 Public safety officer \$12.5 5.5 \$143,000 Total \$990,600



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

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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

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