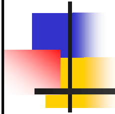
Psychiatric Observation



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Disclosures

- BioXcel (Consulting Fees)

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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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Observation Models

- Emergency department
- Observation unit
- Psychiatric emergency service
- Comprehensive Psychiatric Emergency Program
- Psych ED
- Crisis Stabilization Unit

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Admission Criteria
Does the Patient Need to Be Admitted?

- Not always an easy decision
- Use of admission criteria or guidelines for many conditions
  - Risk to self
  - Risk to others
  - Unable to care for self
- Alternatives to inpatient stay

Admit or Discharge
Inappropriate Admissions from the ED

- Legal and liability of sending patients home
- Secondary utilizes such as police, group homes, nursing homes and families
  - Send to ED to resolve issues
- Lack of appropriate assessment
  - Difficulty in contacting provider
  - Need for collateral information
  - Problem with obtaining old medical records
- Lack of outpatient resources
  - Housing
  - Medication
  - Care givers

Where Does Psych OBS Fit In?

Severity	Description	Suicidal	Disposition	Need for OBS
Stable	Functional, works	None	Outpatient	No
Low level	Had medical or psych stressor	Mild	Outpatient	Yes
Moderate	Decompensate, agitated	Moderate	Psych consultation	Yes
Severe	Severe decompensation	High	Inpatient care	No

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Does it Change the Matrix in the Emergency Department?

Parwani, V, et al: Opening of psychiatric observation unite eases boarding crisis. Aca Emerg Med. 25; 456-460, 2018

- Before and after study of psychiatric OBS unit
- 3,500+ pts before and after
- 12 bed unit
- Pre ED LOS – 155 min, Post ED LOS 35 min
- Lower psych admit rate pre – 42% and post 25%

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Regionalization of Acute Psychiatric Care

Zeller, S, Calma, N, Stone, A: Effects of regional psychiatric emergency service on boarding of psychiatric patients in area emergency departments. West J Em 2014;15:1-6.

- 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

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Patient Outcome in Psych OBS

Admass, CL , El-lallakh, RS: Patient outcome after treatment in a community based crisis stabilization unit. J Beh Health Ser and Res. 2009;36:396-399.

- Patient outcome in CSU BPRS changed from moderately ill to mildly ill
- Beck's depression scale improved greatly

The **Brief Psychiatric Rating Scale** (**BPRS**) is rating scale which a clinician or researcher may use to measure psychiatric symptoms such as depression, anxiety, hallucinations and unusual behavior.

The **Beck Depression Inventory (BDI)** is a 21-item, self-report rating inventory that measures characteristic attitudes and symptoms of depression

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Clinical Profile

Thinn, DSS, et al: The 23 hour observation unit admissions within the emergency service. Prim Care Companion.2015;17:1-11.

- Young males
- Stress related, anxiety, affective spectrum psychotic disorders
- CGI-S improved
- Inpatient admission from OBS associated with self-referral, older, lower GAF scores and < improvement

The Clinical Global Impression – Severity scale (CGI-S) is a 7-point scale that requires the clinician to rate the severity of the patient's illness at the time of assessment, relative to the clinician's past experience with patients who have the same diagnosis.

The **Global Assessment of Functioning** (**GAF**) is a numeric scale (1 through 100) to rate subjectively the social, occupational, and psychological functioning of adults, e.g., how well or adaptively one is meeting various problems-in-living. .

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Requirements of Psych OBS

- Appropriate physical plant
- Proper staffing
- Security and safety measures
- Restraint and/or seclusion reduction
- Therapeutic setting
- Available mental health resources

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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

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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

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Treatment Protocols

- Depression
  - Need for safety and eval of self-destruction
  - Start SSRIs?
- Agitated
  - Determine underlying etiology
  - Intensive treatment
- Psychotic patient
  - Antipsychotic +/- benzo
- Manic
  - Antipsychotic +/- benzo
- Concomitant Substance Use Disorder
  - Treat withdrawal
  - Start MAT

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Survey of Medication Administration

Osborne, AD, et al: New clarification about observation billing may improve care for behavioral health patients. West J Med 2020;21:411.

- Survey of 100 ACEP members
- 86% order meds while psych patient boarding in the ED
- 46.5% use home medications

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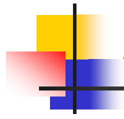

Alcohol and Substance Use

- 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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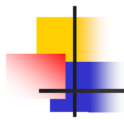

OBS Treatment

- 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

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Therapy

- Individual versus group
- Medication education
- Diagnosis education
- Talk therapy
- Problem solving
- Coping therapy

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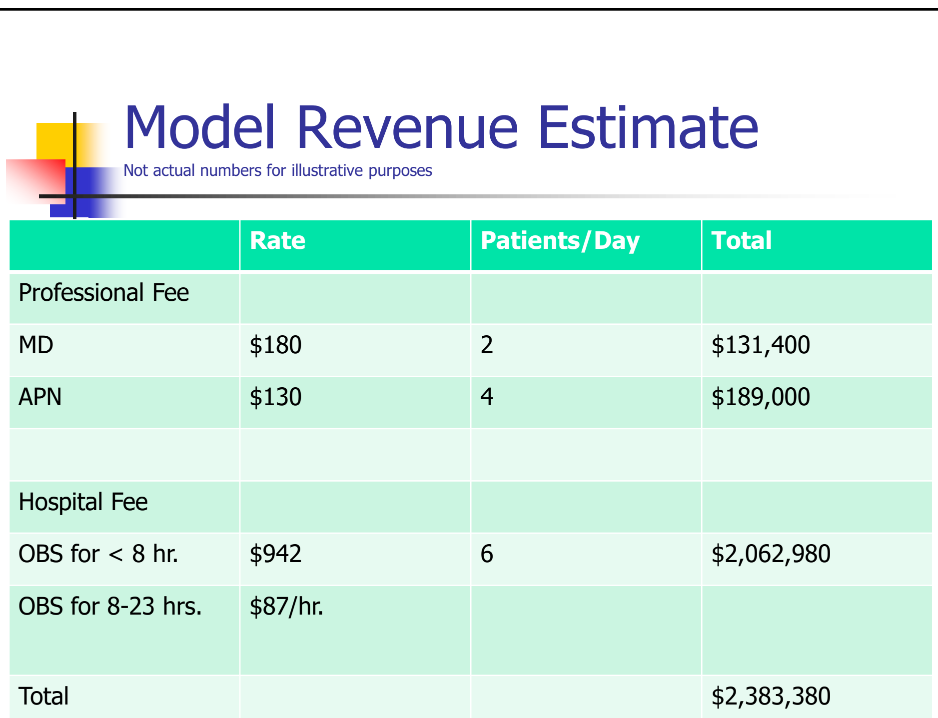
Model Revenue Estimate

Not actual numbers for illustrative purposes



	Rate	Patients/Day	Total
Professional Fee			
MD	$180	2	$131,400
APN	$130	4	$189,000
Hospital Fee			
OBS for < 8 hr.	$942	6	$2,062,980
OBS for 8-23 hrs.	$87/hr.		
Total			$2,383,380

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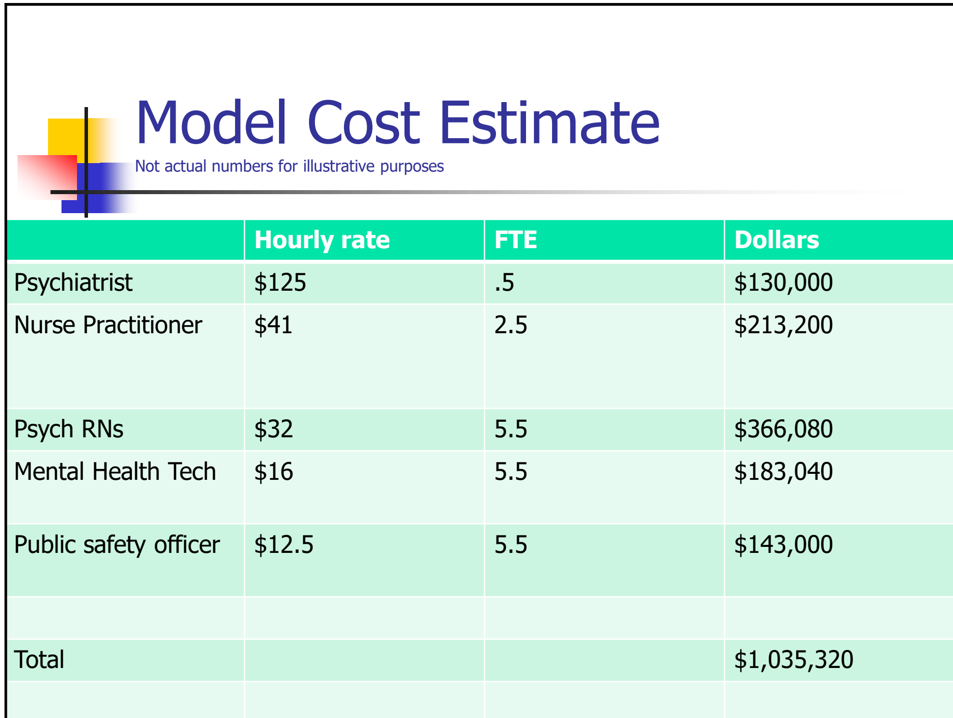

Model Cost Estimate

Not actual numbers for illustrative purposes

	Hourly rate	FTE	Dollars
Psychiatrist	$125	.5	$130,000
Nurse Practitioner	$41	2.5	$213,200
Psych RNs	$32	5.5	$366,080
Mental Health Tech	$16	5.5	$183,040
Public safety officer	$12.5	5.5	$143,000
Total			$1,035,320

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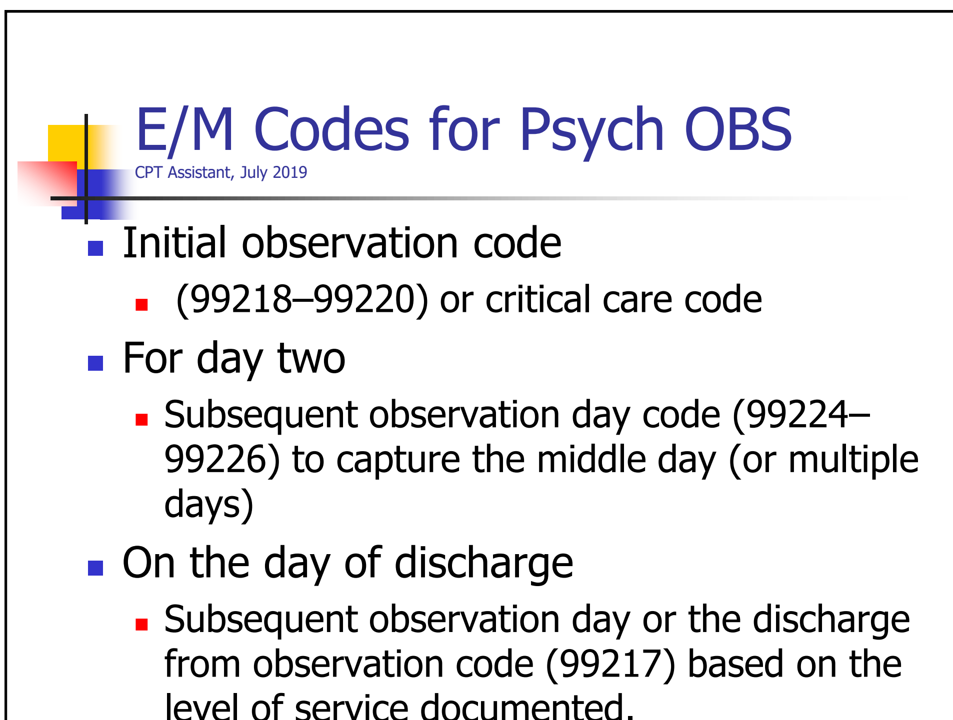

E/M Codes for Psych OBS

CPT Assistant, July 2019

- Initial observation code
  - (99218–99220) or critical care code
- For day two
  - Subsequent observation day code (99224–99226) to capture the middle day (or multiple days)
- On the day of discharge
  - Subsequent observation day or the discharge from observation code (99217) based on the level of service documented.

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Osborne, AD, et al: New clarification about observation billing may improve care for behavioral health patients. West J Med 2020;21:411.

- Survey of 100 ACEP members
- 35% billed of psych OBS
- 31% did not bill for psych OBS
- 35% unsure if psych OBS is billable at all

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Zeller, S: EmPATH unit a solution to psychiatric patient boarding. Psych Advisor, Sept, 2017.

- By minimizing boarding, which can cost EDs an average of $2264 per patient
- Avoiding unnecessary hospitalizations, cost $8000 to$10,000 or even more,
- “these units are often able to operate self-sufficiently at far less than the costs of the status quo”

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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
- Private insurers
  - Negotiated per-diem rate
  - ACOs

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Most Important Fiscal Impact

- Reimbursement dollars are soft
- 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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- Segregated unit
- Appropriate trained personnel
- Security and safety measures
- Reduced restraint and/or seclusion use
- Therapeutic setting
- Psychiatric resources
- Available community mental health resources

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- Treatment safe/low stimulation milieu to rapidly assess, stabilize and discharge patient
- Focus on adults 18-64 self-preservation & ADLs
- Capable of decrease pt. boarding time in ED
- Increase appropriate utilization of ED resources
- Earlier psych assessment & medication administration
- Increase pt. connection with outpatient services

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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

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Take Home Point

- If done right, a psych OBS unit can reduce or eliminate psychiatric boarders
- Psych OBS can improve patient care environment, patient safety and reduce admission rate
- Important to establish patient flow process, evaluation and treatment protocols
- Financial benefit is somewhat tenuous

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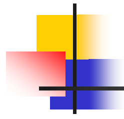

What are you waiting for?

- Is it time to start a psych OBS unit in your ED?
- Need
  - Plan 6-12 months start up time
  - Space
  - Personnel
  - Psychiatry services
  - Community resources
  - Policies

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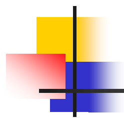

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