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trust matters
Trustee Matters
A Publication for Missouri Hospital Trustees

MHA Health Institute

Impacts of the Mental Illness Crisis

By Sarah Willson, MHA's V.P. of Clinical and Regulatory Affairs

As a trustee, it is critical to understand the state's mental health crisis and how it impacts emergency department operations, community relationships and patient outcomes. When experiencing a health-related emergency, the hospital ED is recognized as the most appropriate place to seek care. The expectation is that EDs are primed with necessary equipment and well-trained staff who are ready to assess and respond to the presenting crisis. The ED, regardless of scope or expertise, is expected to identify and stabilize emergent conditions, and identify and secure the appropriate level of care needed. However, patients experiencing a mental health emergency face one of the most complex, least understood and weak processes for treatment and management of their condition. This complexity adversely impacts those in need of emergent mental health evaluation, their families and our EDs, physicians and staff.

According to data collected by the Missouri Hospital Association and published in a June 2016 *HIDI HealthStats* report, hospital inpatient departments and ED visits for all mental health and substance abuse disorders have increased substantially for Missourians during the last decade. In 2006, Missourians visited a hospital inpatient or ED for mental health-related problems on 123,140 occasions. By 2015, this number rose to more than 167,000 visits. Throughout the 10-year period, hospital utilization for mental diseases and disorders (MDC 19) increased by 28 percent for Missouri patients — a 17 percent increase in inpatient hospitalizations and a 42 percent increase in ED visits. At the same time, visits for substance abuse or induced mental disorders (MDC 20) grew by 68 percent — a 46 percent increase in hospitalizations and a 79 percent increase in ED visits. By comparison, Missouri hospital utilization for all other diagnoses increased by only 16 percent — a 10 percent decline in inpatient utilization and a 26 percent increase in ED visits. This 10-year expansion in hospital utilization for mental health-related issues outstripped the growth rate for all other hospital utilization combined by a factor of 2.3 to 1.

The increasing numbers of patients with mental illness being seen in EDs has captured the attention of government agencies and hospital administrators. Improving efficiency and quality of care delivered in EDs has become an important focal point for these groups. For example, the Centers for Medicare & Medicaid Services is measuring several indicators of quality of care, including patient length of stay, readmissions and ED boarding times. In Missouri, psychiatric patient boarding times are a significant concern. In fiscal year 2016, the total Medicaid ED boarding time for mental health patients alone was the equivalent of 14.4 years, while the average hours per visit for Medicaid ED mental health patients was approximately 7.75 hours (Figure 1).

In the U.S., the movement toward deinstitutionalization has resulted in the closure of psychiatric beds and other available resources making efficiencies in care a challenging issue to tackle. In 1990, Missouri had more than 1,400 additional psychiatric hospital beds as compared to 2012 — a decrease in capacity of 32 percent. The net effect of this decline in capacity leaves Missouri with

In the U.S., adults living with serious mental illness die on average 25 years earlier than others, largely due to treatable medical conditions. – National Alliance on Mental Illness

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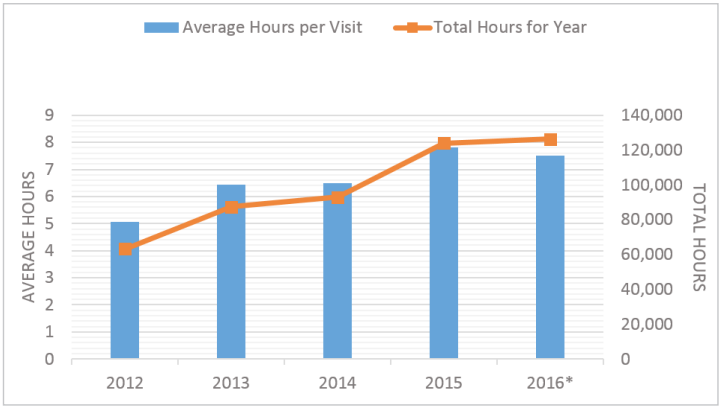
22.2 psychiatric beds per 100,000 total Missouri population — fewer than half of the recommended minimum of 50 per 100,000.

Movement toward community-based health care and away from inpatient-based mental health care is a goal shared by Missouri hospitals and freestanding inpatient psychiatric hospitals; however, success hinges on resource availability in Missouri's communities that is adequate to meet the growing need for these services. Today, those resources are scarce and do not meet the need for ongoing care and follow-up within this population. Psychiatric patients are left waiting in EDs for longer periods of time, which compounds an already complex situation. These prolonged periods of waiting often are not accompanied by the initiation of appropriate medications, access to specialty providers or therapeutic intervention. In addition, EDs typically have not been designed to house psychiatric patients for long lengths of time, which can result in overmedication and unnecessary use of physical restraints. In addition, given safety issues with environmental design of the ED for mental health patients, there are increased opportunities for self-harm, harm to other patients and safety issues for staff.

Figure 1: Average and Total Medicaid ED Boarding Time for Psychiatric Visits (average per visit +48%, total hours +84%)



*Source: Hospital Industry Data Institute. *FY 2016 annualized based on nine months of data available at the time of this analysis.*

Appropriate care of patients with a mental health emergency is a growing concern voiced by the Missouri Department of Health and Senior Services Bureau of Hospital Licensure and Standards. The department recently noted the issuance of 22 Immediate Jeopardy tags in the last 12 months, with 16 of those being related to care and treatment of psychiatric patients in the ED. Among growing concerns include the absence of an adequate mental health screening examination, inappropriate discharge or transfer of the mentally ill patient, as well as concerns with the hospital's ability to appropriately stabilize the patient. Citations that result in EMTALA violations and/or IJ status are costly and time consuming for hospitals, secondary to the outcome of the patient's care. Consequences of EMTALA violations can include termination of the hospital or physician's Medicare provider agreement, as well as hospital fines up to $50,000 per violation ($25,000 for a hospital with fewer than 100 beds). Physicians also can be fined for EMTALA violations, which can reach upwards of $50,000 per violation, and includes on-call physicians.

Hospitals are expected to find alternatives for the appropriate care of these patients. This includes inpatient, outpatient and community services. Indeed, there are health care organizations that are successfully finding ways to help this vulnerable population, improve staff morale and the work environment, and decrease risk to the provider and organization. Hospitals realizing optimal outcomes are taking an approach to invest in partnerships with community agencies and community mental health centers; initiate mental health assessment and treatment at triage; explore staff bias about this population and provide needed education; collaborate with primary care clinics, law enforcement, specialty groups, telemedicine providers and other treatment providers; communicate with the hospital association related to advocacy needs and disparities in care; and engage local and state officials in alternative models of care. We must focus on acute care of the mentally ill. Understanding that there are meaningful actions that can and should be taken in the ED to restore balance as quickly as possible is best for the patient, staff and community.

As a trustee, you have an important role and are entrusted with the hospital's assets on behalf of the community. Ensuring the hospital serves as

a reliable source of emergency care helps improve the community's health, establish trust in the health care provider and foster community relationships outside of the hospital. As a trustee, talking with the hospital administrator about issues of mental health and how well the ED is positioned to care for those individuals reinforces your commitment to the community's health, the hospital's success, and establishing the strategic direction of the hospital based on the environmental assessment of needs.

MHA Legislative Update

By Daniel Landon, MHA's Senior V.P. of Governmental Relations

Twenty-two hospital and health system executives participated in congressional briefings in Washington, D.C., on May 9. The briefings were arranged by the Missouri Hospital Association and held in conjunction with the American Hospital Association's annual meeting.

Participants met with U.S. Sens. Roy Blunt and Claire McCaskill in their offices. The U.S. House of Representatives was not in session during the AHA annual meeting, so MHA invited the health staffers of Missouri's U.S. representatives to a consolidated briefing. The House briefing featured short presentations, commentary by hospital representatives and opportunity for discussion.

The briefings addressed several topics. One was regulatory relief. It included changes to bring more fairness and accuracy to Medicare disproportionate share hospital payments and the challenges of a new federal regulatory standard that is restricting patients' access to treatment of sleep disorders. Another topic was an aspect of the pending American Health Care Act — funding inequity between states that expanded their Medicaid eligibility under the Affordable Care Act and those that did not. The group also discussed rural health, workforce trends, access to behavioral health practitioners and the role of CMS' health insurance marketplace program in Missouri.

A MESSAGE FROM

Mike Powell, CEO
Fulton Medical Center, LLC

With the declining number of psychiatric beds available in the state throughout the last few years, Fulton Medical Center has not only seen an increase in psychiatric patients in its emergency room, but also an increase in difficulty getting these patients placed appropriately in a psychiatric unit for continued care. FMC has a 19-bed inpatient geriatric psychiatric unit for patients older than 65. For younger patients, however, it is much more difficult to find continued psychiatric treatment following their ER visit. Psychiatric patients may spend an extended time in the ER during which they may not be getting the most effective care for their psychiatric needs. At FMC, we continue to work with psychiatric facilities in the area to expedite care for this patient population.

Another area that appears to be on the rise in ERs across the state is the number of patients suffering from substance abuse. To assist in combating the rapidly growing opioid addiction epidemic, FMC has opened a medication-assisted treatment program to medically stabilize patients going through symptoms of drug and alcohol withdrawal. The "New Vision" program is an inpatient program that allows patients to receive medication protocols developed for their specific need during a three-day period while they go through the withdrawal process. An appropriate discharge referral is developed prior to the patient leaving the hospital which can include outpatient and long- or short-term rehabilitation and follow-up counseling.

Medicaid Managed Care *By Kim Duggan, MHA's V.P. of Medicaid and FRA*

Medicaid managed care was implemented May 1. The expansion applies to coverage of children and low-income parents in counties not in the "I-70" corridor. The program now covers approximately 742,000 custodial parents, pregnant women and children — an increase of 236,000 Missourians.

The expansion was implemented concurrently with a federally mandated change in how hospitals are paid by Medicaid managed care plans. The change was of concern because of the potential for diversion of hospital provider tax funds — the Federal Reimbursement Allowance or FRA — away from hospitals. To ensure that those funds and payments to managed care plans are carefully tracked, a memorandum of understanding was negotiated between MHA Management Services and the managed care plans. The MOU sets standards and processes by which FRA-funded Medicaid direct "add-on" payments will flow from the managed care plans to hospitals.

MHA offers its assistance in working with state officials to resolve problems as they arise, and is interested in learning if hospitals or health systems identify patterns of events that affect multiple patients. Contact Brian Kinkade at *bkinkade@mhanet.com* with questions or concerns. Visit *www.mhanet.com/medicaid* for more information.

2017 Trustee of the Year Call for Nominations

MHA is accepting nominations for the 2017 Trustee of the Year Award. The award is aimed at recognizing and honoring a trustee in one urban and one rural Missouri hospital. In May, the nomination form and instructions were sent to all hospital CEOs, their assistants and public relations contacts. The nomination deadline is Friday, June 30.

The awards will be presented at the installation and recognition banquet at MHA's annual convention on Thursday, Nov. 2. Recipients must be currently serving on a Missouri hospital or health system governing board. Nomination forms or questions about the award should be sent to Dana Dahl at *ddahl@mhanet.com*.

GOVERNANCE Excellence CERTIFICATE PROGRAM

MHA's Governance Excellence Certificate Program is a voluntary program that provides trustees with the opportunity to learn more about the issues facing their organizations, and to develop the skills and knowledge to make effective decisions. The program provides Missouri hospital trustees with the opportunity to earn a certificate in governance excellence from the MHA Health Institute. To complete the program, trustees are required to attend a day-long seminar and complete six of eight independent study modules.

This year's program will be offered Friday, Sept. 22, at the MHA office. The program is no longer held in conjunction with the annual convention. Visit *www.mhanet.com* to register.

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