

EMERGENCY DEPARTMENTS CHALLENGED BY BEHAVIORAL HEALTH BURDENS

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Emergency departments (EDs) are bearing an ever heavier burden as a growing number of behavioral/mental health patients use EDs as a revolving door for their health care needs. The causes of this phenomenon are varied, complex and spring from both the patient side and the health care provider side.

Patients face a lack of insurance, inability to make co-payments, scarcity of supportive psychological services and a decline in community-based care. On the health care side is the reduction in EDs available to treat mental and behavioral health patients, a decrease in funding to support programs and treatment for mental and behavioral health problems outside of the ED and the difficulty in treating these patients effectively and efficiently in our existing EDs. The situation for both is exacerbated by the growing national population of mental health patients.

In short, EDs are challenged as never before to provide screening, a safe environment, mental health care and appropriate discharge to the community – services they are not independently equipped for – while they manage crises with fewer resources.

Effectively addressing the problem will require a comprehensive solution. This article will present facts regarding the causes of increased ED usage among those with mental and behavioral health conditions, the risks posed by this developing problem, solutions to the problem and techniques for managing the risks.

INCREASED DEMAND BY BEHAVIORAL HEALTH PATIENTS

According to an Agency for Healthcare Research and Quality (AHRQ) study reported in July 2010, the number of patients with



mental health and substance abuse (MHSA) conditions treated in EDs has been on the rise for more than a decade. In 2007, 12 million ED visits involved a diagnosis related to a MHSA condition, accounting for 12.5% of all ED visits in the U.S., or one out of every eight visits.¹

According to statistics from AHRQ's database, in 2008 the number of ED visits increased across the board in all behavioral health categories² as compared to the 2007 figures. One reason for this is that EDs are the only health care resource that, by federal law, must screen and evaluate anyone who walks through the door; "they have become the only 24/7 provider of services available for individuals with mild, moderate, acute and chronic behavioral health needs."³ In addition, patients with psychiatric disorders are likely to use the ED on multiple occasions and to have multiple hospitalizations, compared to patients without psychiatric disorders. This generally occurs because patient follow-up after ED discharge is very low, less than 40%.⁴

DECREASED SUPPLY OF RESOURCES

The number of EDs available to treat mental and behavioral health patients has decreased over the past several years, creating an access-to-care issue for all patients. The number of visits of all patients to EDs has increased by 74%, while hospitals and ERs have been closing across the nation.⁵

The insurance and funding pool available for mental and behavioral health patients has been drying up as states institute funding cuts and program reductions to offset budget deficits. More than 32 states have significantly cut their mental health budgets while decreasing the number of psychiatric beds in public facilities.⁶ From 2009 to 2011, states, on average, cut about 8% from their total mental health budgets with some states slashing up to half of their mental health budgets.⁷

Many states have medication-only benefits for the MHSA population, creating a situation where the mental health care provider has no choice but to direct the patient to an emergency room for acute services. Fewer community and outpatient programs mean inadequate care for all and an exacerbated existing problem in the ED.

PRIMARY ISSUES AND RISKS

Of emergency room physicians, 60% “believe the increase in ER visits by individuals with mental illnesses is having a negative impact upon access to emergency medical care for all patients causing longer wait times, increasing patient frustration and diminishing the capacity of hospital staff.”⁸ Additionally, effective treatment is difficult in a temporary environment where only minimal crisis and medication management is possible.

The risk management issues inherent in this situation are numerous and include:

1. EDs are currently not equipped to care for and manage behavioral health patients
 - Most EDs do not have a psychiatric unit or mental health personnel
 - ED conditions and stimuli often increase the severity of certain behavioral health conditions
 - Mental health patients spend much more time, on average, in the ER than physical health patients, mostly in holding beds until they can be discharged elsewhere
2. EDs face many obstacles in discharging mental health patients
 - Insufficient number of psychiatric beds
 - Mental health providers place patients on psychiatric holds that can last 24 hours before psychiatric evaluation teams respond, if they respond at all
 - Discharging homeless patients is an increasing issue, as such cities as Los Angeles have cracked down on the “dumping” of patients on the streets
3. Community support and collaboration are generally lacking for managing this crisis
 - Inadequate funding from the states and municipalities
 - Few preventative programs that target ED use among certain types of patients
 - Insufficient housing units – transitional, shelter or permanent – that can or will accept discharged patients
 - Inadequate connection and collaboration among service and medical providers
 - Advocacy for this issue is lacking to create a needed sense of urgency

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HOPE FOR THE FUTURE

To address these mounting concerns, ED personnel, hospitals and community members have taken positive steps. Many effective solutions have been implemented. These innovations combined with systematic reforms in health care, have begun to form a foundation upon which health care for all patients can be managed more comprehensively in the future.

HEALTH CARE REFORM

Health Care reform has the ability to provide better funding for mental and behavioral health care by 2014. Currently fewer than one-third of individuals with mental health problems receive treatment; the number one reason for this is a lack of insurance.⁹

Under the Patient Protection and Affordable Care Act (PPACA), health care reform will extend insurance coverage to thousands of people who were once without it. The new health care reform law includes grants to increase the use of behavioral and mental health specialists in doctors’ offices and hospitals. It also includes funds to bring medical doctors into community mental health centers to work collaboratively in the treatment of mental health. The act also includes funding for medical schools to teach and to research ways that medical doctors can best help those with mental illness, substance abuse, and who are victims of abuse or trauma.¹⁰

PPACA mandates coverage parity, putting mental health treatment on a par with medical care, which means deductibles, copayments, and doctor visits cannot be more restrictive for mental illnesses than medical and surgical coverage.¹¹

COMMUNITIES STEP UP

MEDICAL HOMES IN LOS ANGELES: The county of Los Angeles is attempting to shift primary care usage of EDs to the primary care clinics that include mental health services. The county of Los Angeles is in the process of establishing medical homes that will follow each patient through the continuum of care in a program known as *Healthy Way LA*.¹² A combination of state and federal funding has made these efforts possible and the program is in preparation for the implementation of PPACA. Efforts are currently underway to inform and educate patients on the services available through these medical homes in hopes of steering them away from unnecessary ED visits. There are also comprehensive community-based mental health services available through the county program.

RECUPERATIVE CARE CENTERS: Communities are developing recuperative care centers to manage the growing problem faced by EDs. In Los Angeles, one center manages 20 motel beds where homeless patients with acute illnesses or injuries recover after being released from local hospitals. The organization’s care center has been funded through penalty fines from patient-dumping lawsuits. The Obama administration has cited the centers as a “critical part of the strategy to reduce homelessness.”¹³

Recuperative care is also cost effective – “the nightly cost for recuperative care in Los Angeles ranges from \$175 to \$200, a fraction of the estimated

\$2,300 for a hospital bed, [which] can save area hospitals up to \$1.5 million a year”¹⁴ – and has been proven to reduce ED visits by as much as 50% among mental health patients.

PERMANENT SUPPORTIVE HOUSING:

Permanent Supportive Housing is a community-based solution that has been effective in breaking the cycle of poverty and homelessness, especially for individuals with co-occurring behavioral and physical disabilities. This solution involves providing individuals with permanent, affordable housing units that contain the supportive services necessary to retain housing and support physical and mental illness prevention and treatment. “Peer support services and permanent supportive housing are examples of some effective interventions that have reduced hospital recidivism and decreased consumer dependence on emergency services.”¹⁵ The downside is that currently there are too few permanent housing units to meet the increasing demand. Hospitals and EDs can work with service providers in their communities to locate permanent housing providers, track patients and advocate for additional units. For detailed information on permanent supportive housing, consult this website: www.csh.org

PATIENT TRACKING SYSTEMS: A database that can track behavioral health patients’ use of health services, access to care and treatment plans can help manage this patient population and improve the level of care. One of the requirements under the Health Care Reform Act is the development of shared patient electronic medical records.¹⁶ This is underway in many communities.

TOOLS FROM THE FIELD: MANAGING THE RISKS

The growing problem of meeting demands placed on EDs is complex, raising many issues and posing risks to every patient, provider, hospital, insurance carrier and community. The following is an abridged risk management plan that hospitals and care facilities can implement within their communities:

COMMUNITY MENTAL HEALTH RISK MANAGEMENT PLAN

1. Decrease wait time for behavioral health patients and provide supervision or line-of-site observation.
2. Do a safety check for dangerous objects and environment.**
3. Provide for early screening.
4. Provide boarding or transitional care if possible – must provide the same standard of care as the rest of ED. This may include:
 - Special “safer room”
 - Monitoring vital signs
 - Management of physical problems, fluids, medication
 - Attention to non-medical needs, e.g., food, rest.
5. Consider having a locked area in the ED, and collaboration with psych department or clinic.
6. Appoint a mental health care team for the ED that has specialized expertise with behavioral health patients.
7. Recheck policies on suicide prevention, use of restraints, documentation and duty to warn third parties, update and provide staff inservices.
8. Community coordination of care – Appoint a specialist in mental health community coordination to coordinate services and follow up. Build a community network for these patients.
9. Technology – Coordinate efforts for electronic medical records with community programs.
10. Get to know the homeless services in your community and coordinate discharge plans.
11. Documentation – Provide standards and policy for admitting and discharging mental patients.

*** for an example consult: [VA National Center for Patient Safety Mental Health Environment of Care Checklist](#)*

CONCLUSION

Many changes are underway that will affect the way we deliver care to the general population and, in particular, to the behavioral health patient. What emerges will be specific and unique to each community. We have the opportunity to mold the new system to adequately and comprehensively provide for this patient population as well as relieve pressure on our emergency departments. Certainly, the coordination of hospital and community efforts will be necessary to ensure and manage this. The development of innovative community-based risk management techniques will also be necessary to prevent future claims and increase patient satisfaction within the care delivery system.

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The observations, comments and suggestions we have made in this report are advisory and are not intended nor should they be taken as medical/legal advice. Please contact your own medical/legal adviser for an analysis of your specific facts and circumstances.

¹ <http://www.hcup-us.ahrq.gov/reports/statbriefs/sb92.pdf>

² <http://hcupnet.ahrq.gov>

³ http://www.protectmyer.com/sites/main/files/file-attachments/pg_7-8_combined.pdf

⁴ <http://www.bazelon.org/LinkClick.aspx?fileticket=Epvwc7WBOHg%3D&tabid=386>

⁵ http://www.protectmyer.com/sites/main/files/file-attachments/emergency_room_visits.pdf

⁶ <http://www.npr.org/blogs/health/2011/03/09/134394190/recession-hits-states-mental-health-budgets?ps=rs>

⁷ <http://www.npr.org/blogs/health/2011/03/09/134394190/recession-hits-states-mental-health-budgets?ps=rs>

⁸ <http://www.bazelon.org/LinkClick.aspx?fileticket=Epvwc7WBOHg%3D&tabid=386>

⁹ <http://www.delconewsnetwork.com/articles/2011/05/10/life/doc4dc95e2bd1f13028768894.txt>

¹⁰ <http://www.delconewsnetwork.com/articles/2011/05/10/life/doc4dc95e2bd1f13028768894.txt>

¹¹ <http://www.foxbusiness.com/personal-finance/2010/11/04/mental-health-coverage-expanded-ppaca/>

¹² <http://articles.latimes.com/2011/oct/09/local/la-me-health-reform-la-20111010>

¹³ <http://www.latimes.com/health/healthcare/la-me-homeless-care-20110828,0,1806306.story>

¹⁴ <http://www.latimes.com/health/healthcare/la-me-homeless-care-20110828,0,1806306.story>

¹⁵ <http://www.bazelon.org/LinkClick.aspx?fileticket=Epvwc7WBOHg%3D&tabid=386>

¹⁶ http://www.fresnobee.com/2010/11/12/2158052/fresno-co-mental-health-cuts-boost.html?story_link=email_msg