Commonwealth of Massachusetts

Executive Office of Health and Human Services

Expedited Psychiatric Inpatient Admission (EPIA) Initiative 2.0

Meeting with Emergency Departments

January 22, 2020

Expedited Psychiatric Inpatient Admission (EPIA) Initiative

- **Purpose:**
  - **Decrease ED boarding for Behavioral Health patients needing inpatient level of care**
  - **Decrease the length of stay for ED Boarding individuals**
  - **Ensure no one is boarding without an advocate**
  - **Establish baseline information for long stay ED boarders for monitoring and policy purposes**

Background

- **Process convened by Secretary Sudders in 2016 to mitigate long waits in EDs for inpatient psychiatric admission (days to weeks)**
- **Stakeholders developed this Escalation process to aid the placement of long stay ED Boarders by consensus**
- **This process was developed, implemented and redesigned based on data analysis and problems encountered over the last two years by the Stakeholder group initially convened by EHS and members include:**
  - **MassHealth**
  - **Massachusetts Department of Public Health**
  - **Massachusetts Division of Insurance (DOI)**
  - **Massachusetts Health and Hospital Association (MHA)**
  - **Massachusetts Association of Behavioral Health Systems (MABHS)**
  - **Massachusetts Association of Health Plans (MAHP)**
  - **Blue Cross Blue Shield of Massachusetts**
  - **Massachusetts Behavioral Health Partnership (MBHP) / Beacon Health Options**
  - **Children's Mental Health Campaign (CMHC)**
  - **Participants from individual providers**

Background

- The Department of Mental Health (DMH), the state licensor of the inpatient psychiatric hospitals/units, has made changes to its regulations as part of this process (No Reject, Needs of the Commonwealth, Clinical Competencies)
- Expedited Psychiatric Inpatient Admission (EPIA) Initiative
  - Escalation process applies to those waiting more than 24 hours in EDs for a psychiatric inpatient bed
  - Process has expectations of Insurance Carriers, Provider Hospitals, EDs, ESPs and State Agencies (DOI, DPH, DCF, DMH, DDS, & MassHealth)
  - Started on February 1, 2018
- Ongoing meetings of the EPIA Implementation Workgroup to identify problems through data analysis and work on solutions

EPIA Summary Data CY2019
Total Number of Referrals – 839

- **Age**
  - **Under 18 yo** — **407 (49%)**
  - **Adults between 18 & 64 yo** — **343 (41%)**
  - **Adults 65 yo and older:** — **89 (10%)**
- **Gender**
  - **Female** — **324 (39%)**
  - **Male** — **490 (58%)**
  - **Transgender** — **24 (3%)**

EPIA Summary Data CY 2019
Total Number of Referrals – 839

- 60 Different Boarding Emergency Rooms
- 20 ERs had 10 or more DMH requests
- Outcome after DMH Referral (N=839):
  - 683 DMH EPIA admissions (81%)
  - 156 were not admitted (19%)

    112 level of care changed &
    44 discharged (19%)

- 57 MA Inpatient Facilities (Plus 3 Out of State)

EPIA Summary Data CY 2019
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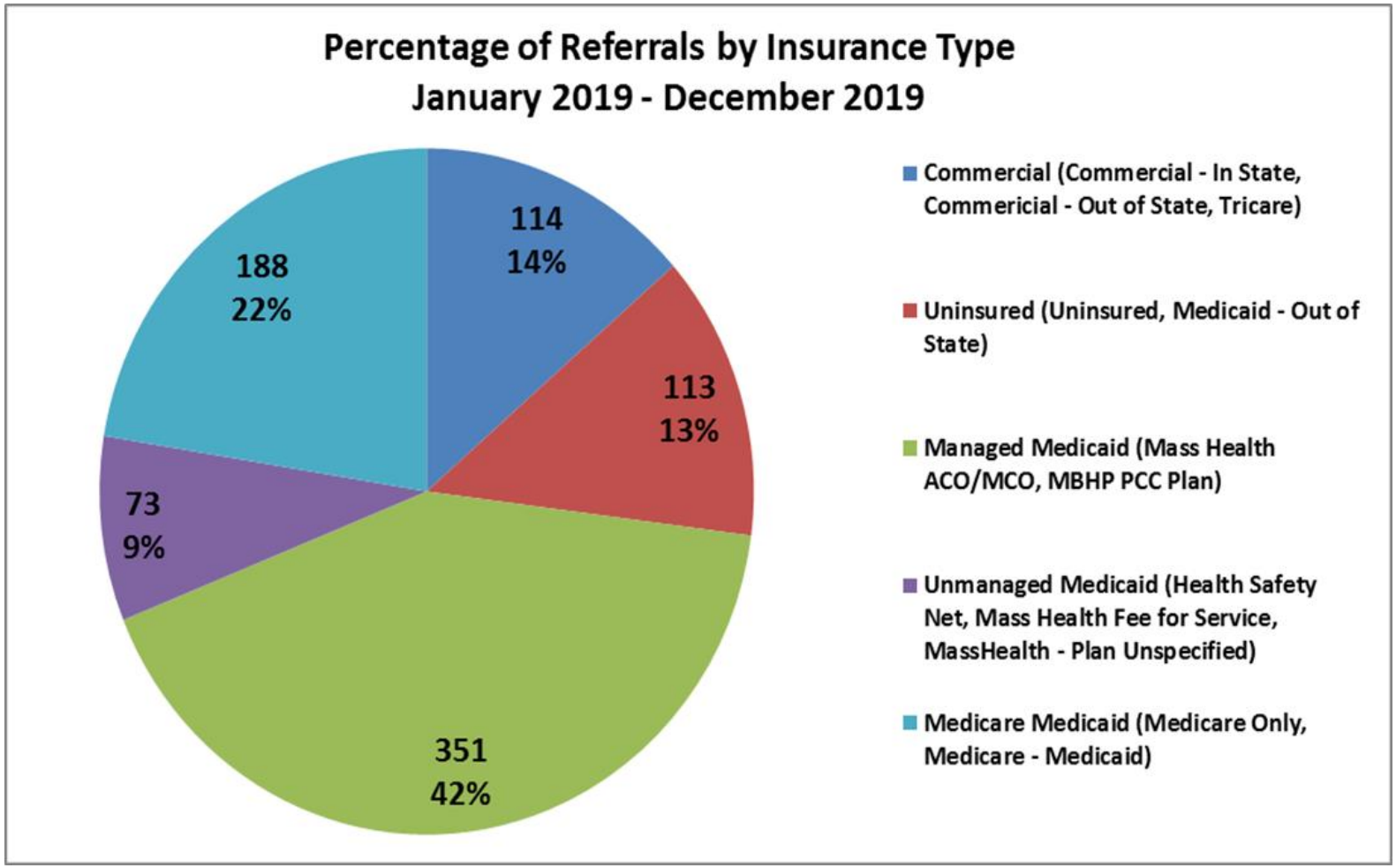

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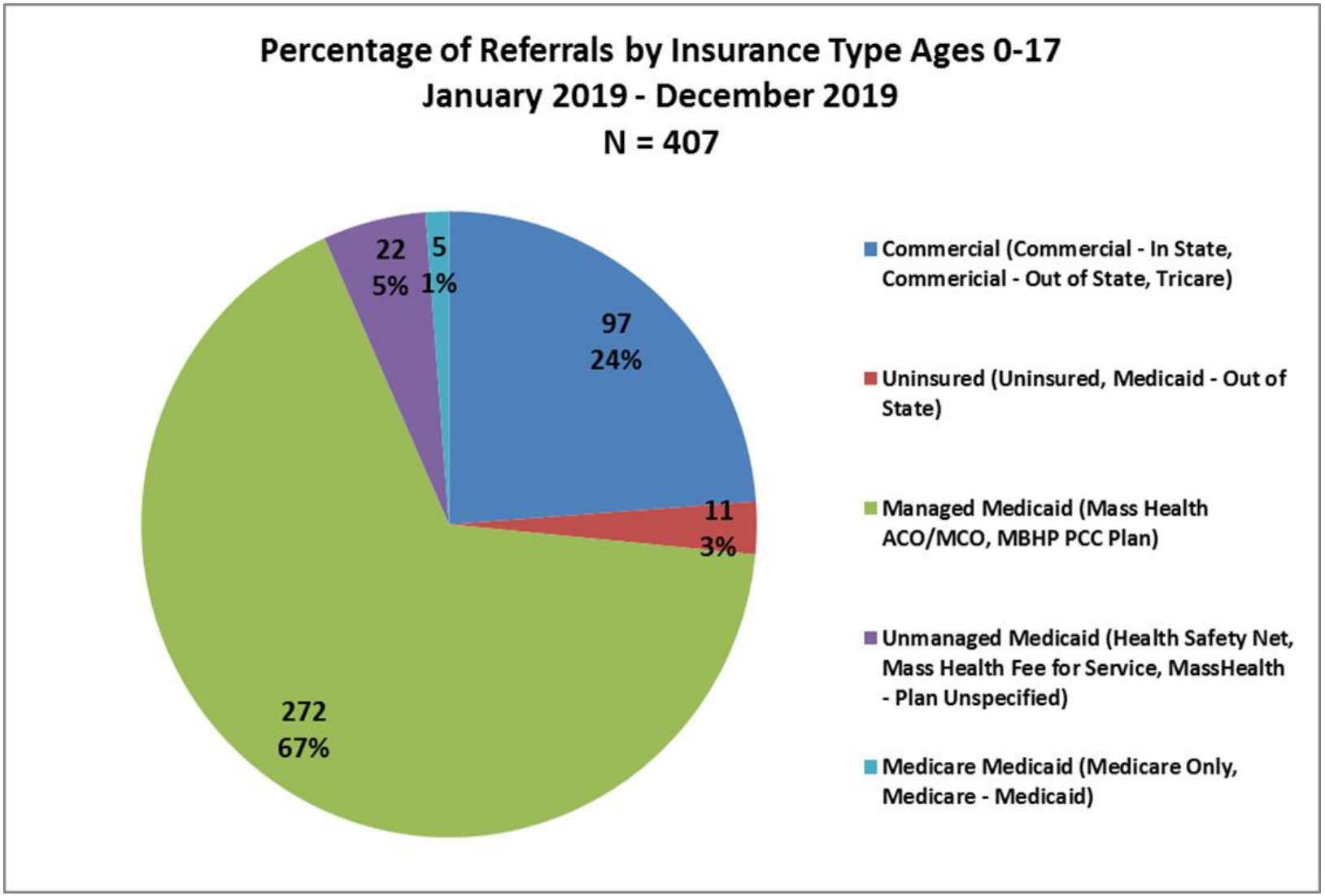

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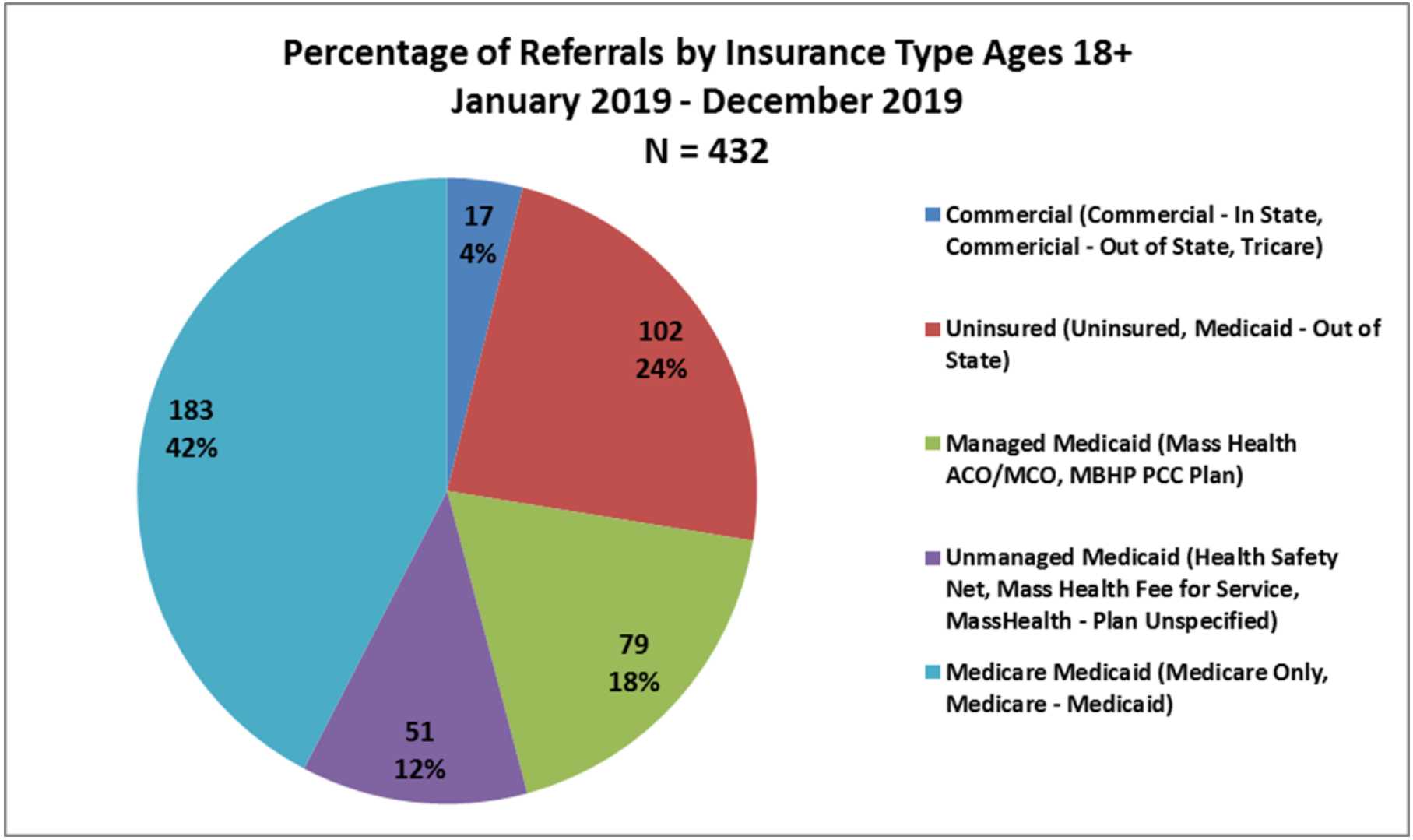


Diagnoses
(in descending order of prominence)

- **Top 5 Diagnoses for those under 18 yo (N=407)**
  - **Depression**
  - **PTSD**
  - **Impulse Control/Conduct Disorder**
  - **ADHD**
  - **Autism Spectrum Disorders**

- **Top 5 Diagnoses for those 18 yo & older (N=432)**
  - **Bipolar**
  - **Depression**
  - **Schizophrenia**
  - **Schizoaffective**
  - **Dementia**

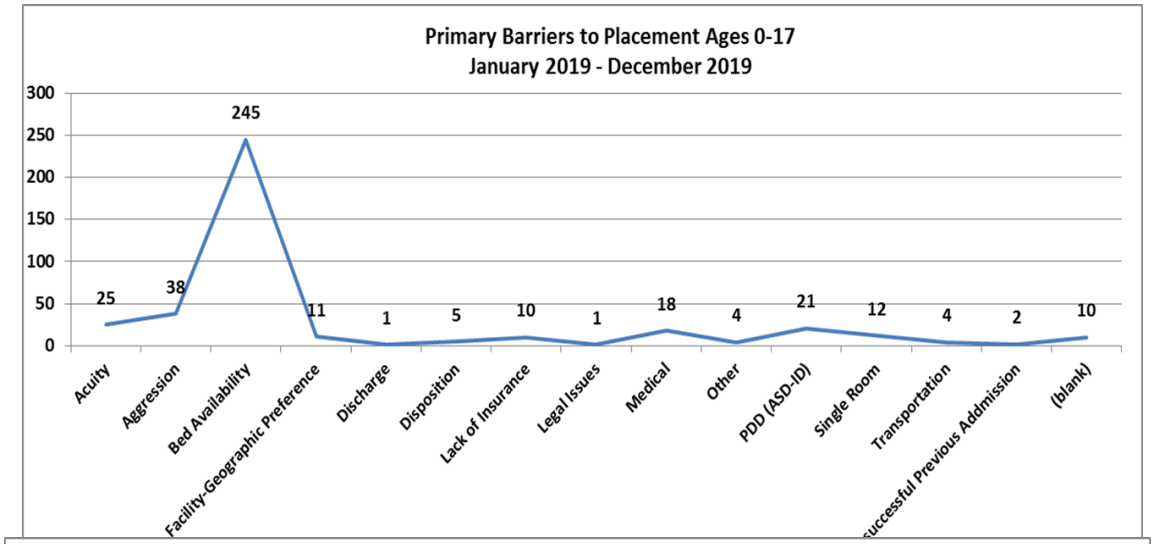
State Agency Involvement
Total N = 331 out of 839 (39%)

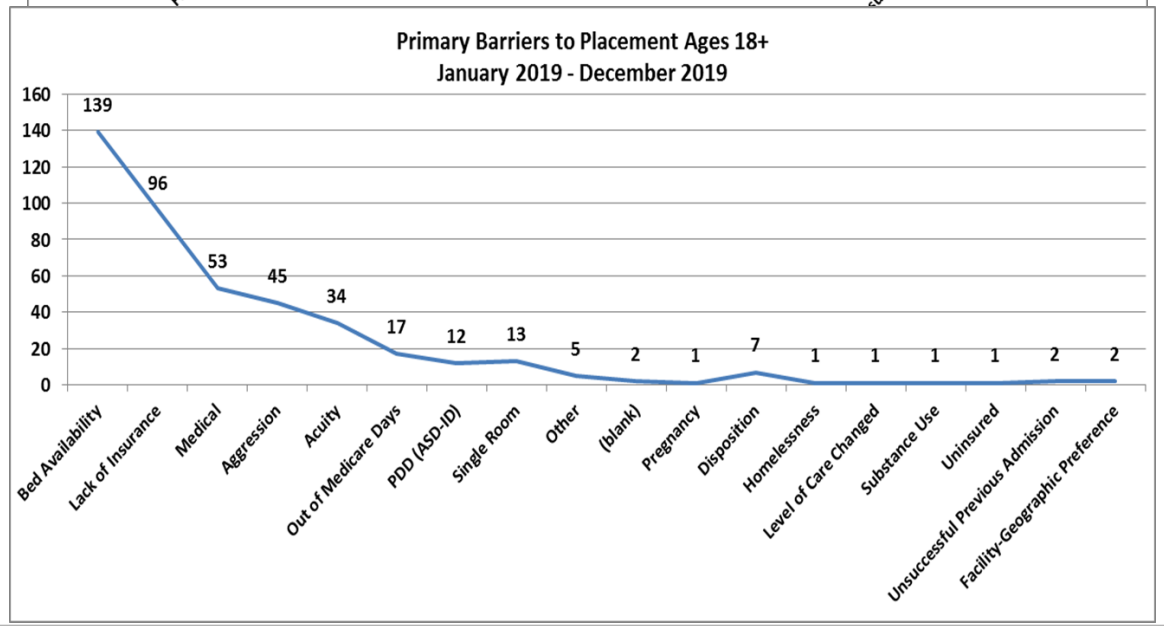
Of the total State Agencies Involved (N=331):

- **DCF** 157 (47%)
- **DMH** 120 (36%)
- **DDS** 35 (11%)
- **DYS** 9 (3%)
- **IEP** 10 (3%)

Barriers to Placement (N=839)

- **All Ages:**
  - **Bed Availability (46%)**
  - **Lack of Insurance (13%)**
  - **Aggression (10%)**
  - **Medical (8%)**
  - **Acuity (7%)**





Summary: What we are learning

- **Disproportionate Child/Adolescent issue**
  - **Under 13: bed availability critical**
  - **Over 13: disposition, aggressive or complicated presentations**
- **Adults have long boarding stays if**
  - **No insurance**
  - **Unmanaged insurance**
  - **Medical and/or aggressive presentation**
- **State Agency involvement mostly about youth**
  - **Majority DCF**
  - **Majority of State Agency involved Adults are with DMH and some DDS**
- **Need Better Communication that is efficient and timely**
- **Need for more efficient Bed Search Processes**
- **Need to prevent insurance lapses**
- **Help adults get insurance (preferably managed care)**

Changes for EPIA 2.0 Protocol

- **Escalation process MUST start by 24 hours**
  - **Notify Carrier to help with bed placement**
  - **ED and ESP Internal Escalation Protocol activated**

    1. Define senior clinical and administrative leaders (Eds and ESPs) who will be notified at 24 hours
    2. These leaders will contact similar leaders at inpatient facilities to advocate for their patients
    3. Expectation to find beds within Hospital System or ACO network
    4. Internal Escalation Protocol shared with DMH and EHS and any regular updates

  - **Involve DCF, DMH, DDS, DYS as soon as possible**
- **A point person in the ED MUST be identified for each shift who knows the current status of a boarder and readily available to Inpatient Units, ESPs, Carriers, and DMH for rapid placement efforts**

Changes for EPIA 2.0 Protocol

- **Active efforts by the ED to assist in the application for MassHealth for those uninsured**
- **EDs, ESPs, Carriers work with Inpatient Providers to re-hospitalize patients at the same facility to the maximum extent possible to ensure continuity of care for better patient outcomes**
- **Insurance Carrier and/or ED/ESP clinical and administrative leaders will contact clinical and administrative leaders at the Provider Facilities prior to escalation to DMH**

Changes for EPIA 2.0 Protocol

- **Special Services Billing Codes must be adopted by Carriers and Provider Hospitals and used when requested by a Provider Hospital in order to be able to accept an admission. These services include but not limited to single room, 1:1 or extra staff. Request for these services and authorization for their payment must be documented by both the Provider Hospital and the Carrier.**
- **When specialized care needs limit a bed search, DMH utilizes Clinical Competencies to determine if the individual could be placed in a non-specialized facility.**

Changes for EPIA 2.0 Protocol

- Required use of Adobe Acrobat Player DC when submitting referral to DMH
- Escalation efforts by the ED, ESP, and Carrier will be documented when escalating to DMH for help
- DMH will consider pre-96 hour escalation on a case-by-case basis due to co-occurring complexity, recent long ED stays etc
- Should patient or family preference limit a bed search, escalation to DMH at 96 hours is expected even though fewer placement options are available
- Use of a standard bed search protocol by all

Standardized Bed Search

- Use of MABHA website to guide bed finding as well as monitoring all ED Boarders
- Start with Phone Call
  - If bed available, send referral packet OR clear denial
  - If bed not available, possible admission against discharge?
- Standardized Clinical Referral Tool with daily 24 hour updates
- Clear Yes/No response by Provider Hospital within one to two hours after complete referral packet received
- All communication using Secure eFAX or email

Process Overview

0-24 hours

- Person with a behavioral health issue presents to ED in crisis
- Person is assessed by ED staff and/or ESP and needs inpatient level of care
- ED/ESP searches for a bed using Standardized Bed Search Protocol
- At 24 hours, ED/ESP must notify the insurance Carrier that their member is in the ED and they are looking for the bed
- State Agency, if involved, is contacted as soon as possible

24-96 hours

- By or before 24 hours, ED/ESP submits a formal Request for Assistance to Carrier

<u>If the carrier is MassHealth or an in-state commercial carrier:</u>

- The Carrier receives the Request for Assistance and responds within 2 hours during business hours and by the next morning if outside business hours
- The Carrier outreaches to hospital leadership to secure placement
- At 96 hours, the Carrier contacts DMH if no placement has been secured

<u>If the carrier is ERISA, out of state, or Medicare:</u>

- The ED/ESP reaches out to the Carrier as above
- If they can not engage the Carrier, the ED/ESP continues to pursue a bed for the person using their *Internal Escalation Protocol*
- At 96 hours, the ED/ESP contacts DMH

At 96 hours

- Carrier and/or ED/ESP contacts DMH by submitting an online referral request using *Adobe Acrobat Reader DC* to submit through a secure DMH email account
- DMH works with ED/ESPs and insurance Carriers to secure a bed for the individual. Real time and ongoing updated communication is required (see Standardized Bed Search Protocol)
- Should the barrier to admission be clinical, DMH initiates a “doc to doc to doc” conversation
- If the issue appears to be payment, DMH contacts MassHealth or DOI, as appropriate
- DMH will engage other EOHHS agencies, as appropriate
- Data will be collected for use in regulatory compliance and policy development

Insurance Carriers

- **Some insurance Carriers are regulated by the state and some are not**
  - **They are regulated by other states or the federal government**
- **The Carriers regulated by MA will be required to use these processes**
- **EDs/ESPs will use the same process with all Carriers whenever possible**

Regulated by Massachusetts	Not Regulated by Massachusetts
• MassHealth (Medicaid)	• Other states' Medicaid plans • Medicare
• In-state commercial carriers Examples: • Blue Cross Blue Shield (BCBS)of MA • Tufts Health Plan • Harvard Pilgrim • National Insurance Carriers offering fully insured products in Massachusetts: e.g. some Cigna, Aetna, UnitedHealthcare offerings	• Self-Funded / ERISA plans* • Other states' commercial carriers Example: • Blue Cross Blue Shield of Minnesota • National Insurance Carriers Examples: • Cigna • Aetna

* Some of these plans are through in-state commercial carriers (e.g. BCBS of MA). Even when that is true, they are not regulated by the MA Division of Insurance (DOI)

If a Carrier isn't involved

If the process cannot be used with an insurance Carrier advocate, either because the ED/ESP cannot engage the Carrier or because the person does not have managed care insurance or is uninsured:

- **The ED/ESP will continue to look for a bed while activating their leadership's help through an *Internal Escalation Protocol***
- **At 96 hours, if there is not a secured bed, the ED/ESP contacts DMH by submitting an online referral using Adobe Acrobat Reader DC software via a secure web site (accessible on the DMH EPIA webpage) and provide the same information that a Carrier would receive and send in this process**

***Note:** ED/ESPs will verify MassHealth eligibility for anyone who is uninsured & assist in the application for MassHealth coverage*

Communication Expectations

Throughout a person's stay in the ED, the ED/ESP, Carrier, and state agencies are in regular, ongoing communication

- **Current clinical information should always be brought forward & readily available to all engaged parties**
- **Use of Standardized Bed Search Protocol is expected by all ED/ESPs and inpatient psychiatric units**
- **A point person for EDs, ESPs, Carriers, Providers, & DMH is required for Weekdays (8a to 5p) and weekend days for ease of communication among the parties working for admission**
- **Status of placement should always be communicated back to the ED/ESP**

Discussion
&
Questions