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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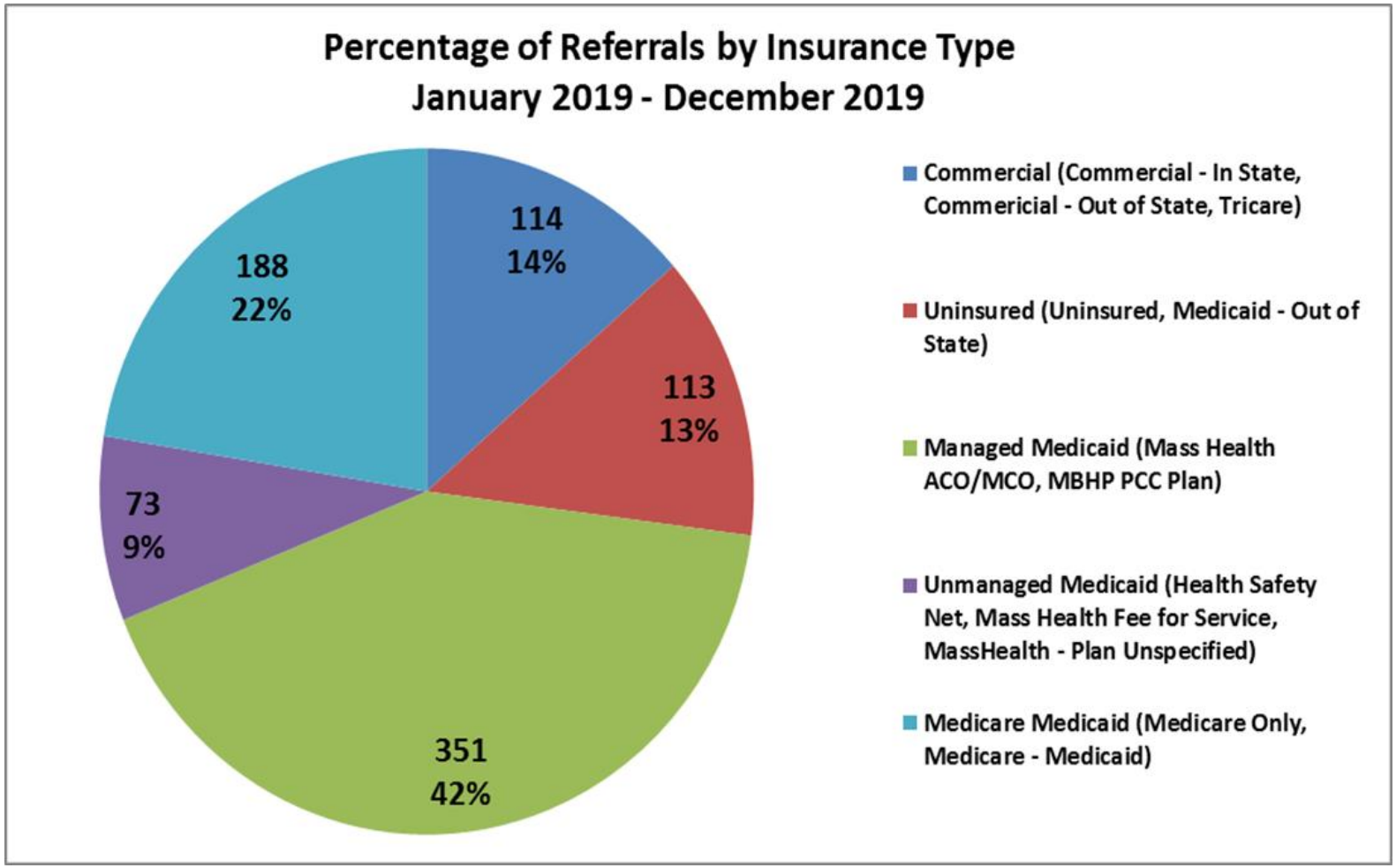

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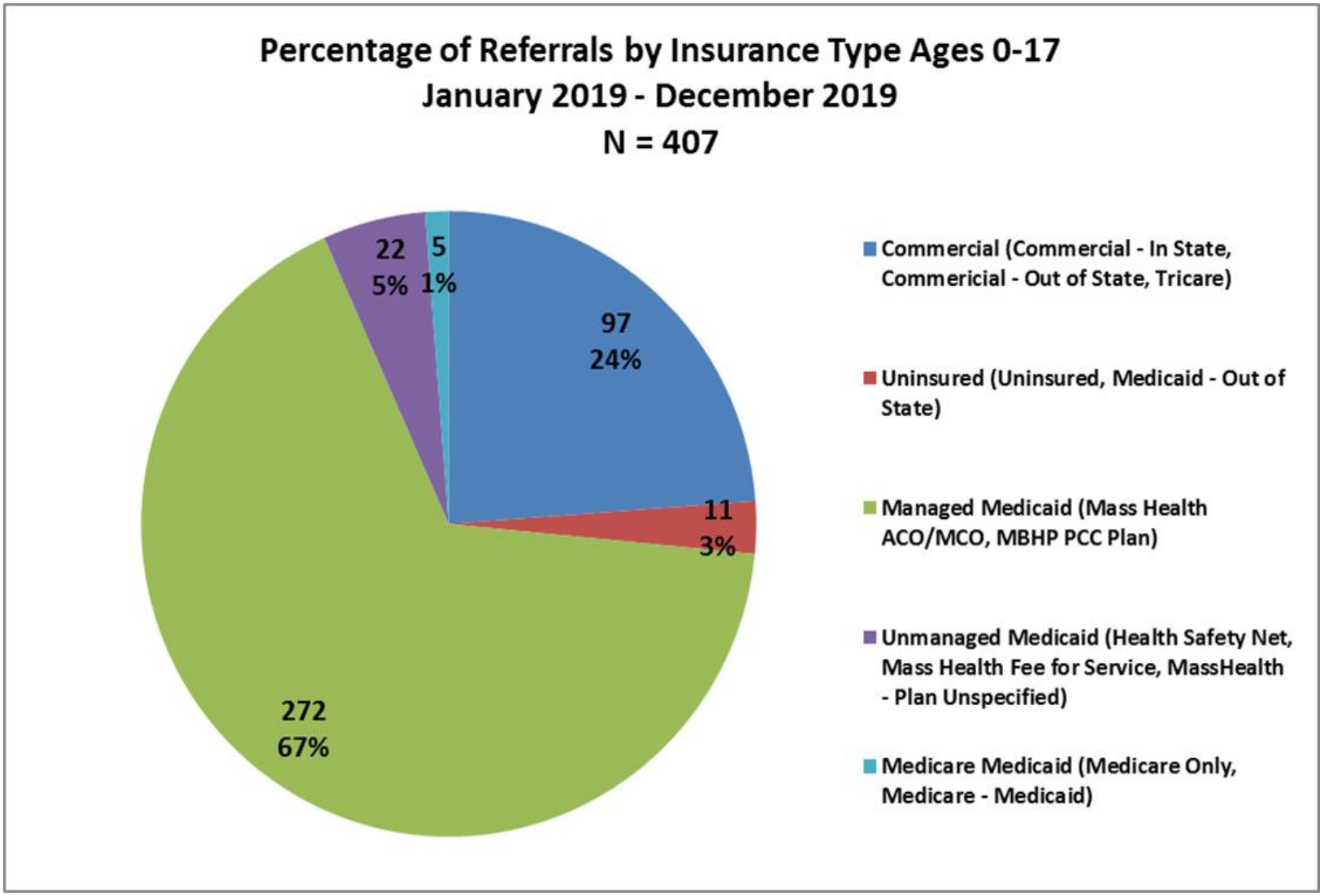

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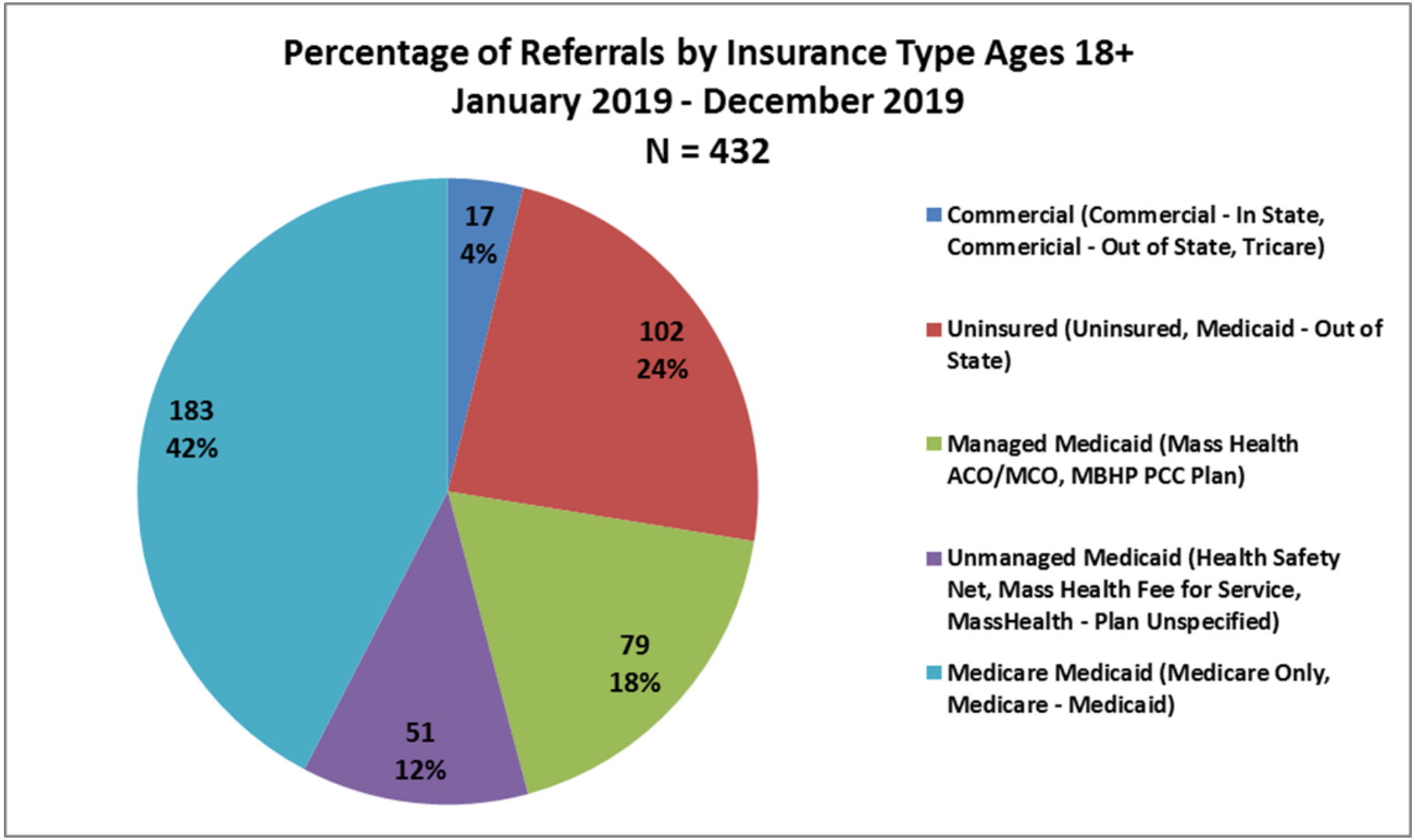


Diagnoses
(in descending order of prominence)

- **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**

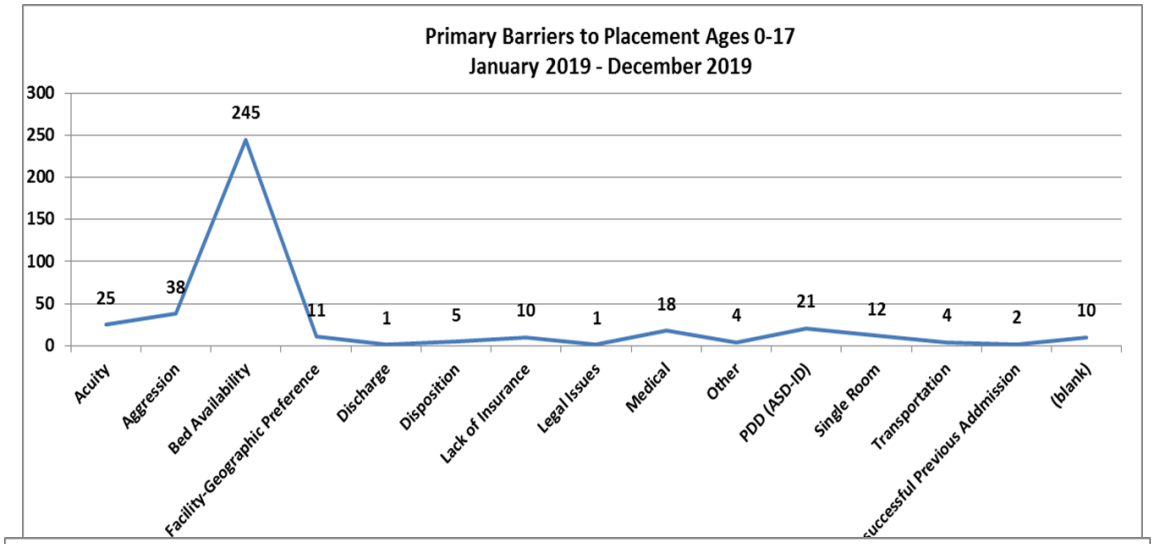
State Agency Involvement
Total N = 331 out of 839 (39%)

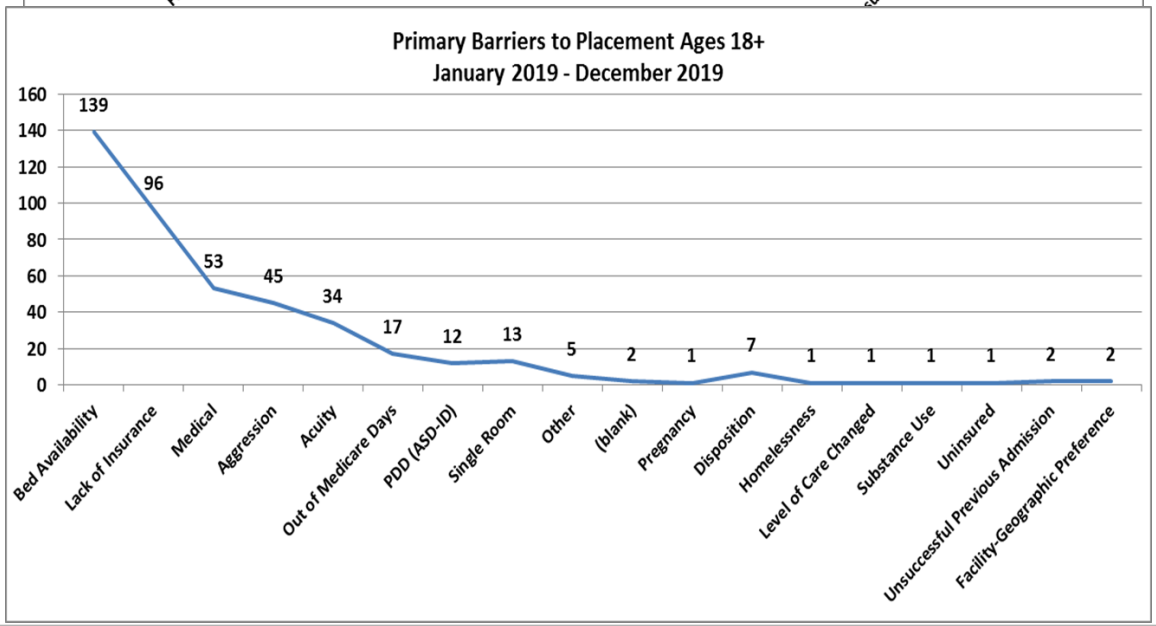
Of the total State Agencies Involved (N=331):

• 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