



# Psychiatric Boarding in Washington

## How Telepsychiatry Can Help

### The Situation

On August 7, 2014 the Washington State Supreme Court ruled that the boarding of psychiatric patients violates the state's Involuntary Treatment Act. The ruling became effective on December 26, 2014, after a 120-day stay was granted allowing hospitals time to adapt.

Psychiatric boarding is when a mentally ill resident is detained, often in a hospital emergency department, while waiting for proper psychiatric treatment. There is a laundry list of negative effects from psychiatric boarding. Mentally ill individuals are not receiving the care they need, and many of them are being involuntarily detained until a psychiatric provider is available. This can lead to frustrated behavioral health consumers who are at an increased risk for harming themselves or others as they wait.

According to an October article in The Seattle Times 4,317 psychiatric patients were boarded in Washington in 2012.<sup>1</sup> Psychiatric boarding is a significant drain on hospital and community resources as staff, and often police officers, are needed to observe detained individuals.

In Washington State, county-employed designated mental health professionals (DMHP) are responsible for the evaluation of people with mental disorders for possible involuntary detention in psychiatric facilities. All individuals who meet criteria for the initial 72 hour involuntary detention must be placed in a designated evaluation and treatment facility (E&T).

Psychiatric boarding occurs when a DMHP determines that an individual meets criteria for involuntary detention and is unable to get the needed inpatient care because none is available. Prior to the Supreme Court ruling, DMHPs regularly resorted to temporarily placing involuntarily detained individuals in emergency rooms and acute care centers via "single bed certifications" to avoid overcrowding certified facilities. The original intent of a "single bed certification" was to allow a hospital to keep a detained individual who also had a need for medical treatment that would not have been available at an E&T facility. Individuals psychiatrically boarded in single bed certifications generally receive only emergent care.

Under the new emergency rule that was issued, single bed certifications can only be issued if the facility agrees to provide timely and appropriate mental health treatment. If a hospital is unable to provide that treatment, and there is no available bed at an E&T facility, then the DMHP would be unable to detain the person.

With telepsychiatry, a facility can attest to being able to provide timely and appropriate mental health treatment.

## How is this Impacting Hospitals?

Since the ruling, hospitals in Washington have been scrambling to meet the single bed certification's requirement for timely and appropriate mental health treatment. A major challenge given that most hospitals are already extremely overextended. If a hospital is unable to provide the appropriate mental health treatment, and there is no available bed at an E&T facility, then the DMHP is unable to detain an individual. This leads to concerns about at risk individuals being discharged back to the street, and concerns that a hospital would be in violation of its EMTALA obligations.

## Why is this Happening?

There has been a decrease in the number of psychiatric beds. In Washington, the number has dropped from 1,759 beds to 1,507 in just five years.<sup>3</sup> Additionally, there is a shortage of psychiatrists in Washington. U.S. News reports 811 Washington-based psychiatrists, which equates to 1 psychiatrist for every 8,504 people.<sup>4</sup> National trends reflect a similar shortage. One study found 96% of counties within the US have unmet needs for psychiatric prescribers.<sup>5</sup> A solution that could alleviate some of these needs by increasing access to providers is telepsychiatry.

## What is Telepsychiatry?

Telepsychiatry is psychiatric care provided via videoconferencing. It is a proven medium of care and a way to increase access to Washington-licensed providers who may live in other parts of the country. It is also a way to better leverage the time of existing Washington-based psychiatric prescribers who could seamlessly transition between appointments at different hospitals without having to physically travel, as many of them now do. While telepsychiatry is not able to create hospital beds, it is an advantageous way to bring psychiatric care where it is not readily available. Telepsychiatry can reduce the time individuals spend awaiting evaluation and treatment that ultimately has a significant impact on care, the consumer experience and the general healthcare system.

## Where Telepsychiatry Could Be Used in Washington

- 1) In hospital emergency departments:** By incorporating 24-hour on-demand telepsychiatry programs, hospitals could have timely access to psychiatric providers for commitment and treatment decisions. Experienced psychiatric nurse practitioners and psychiatrists consistently assess risk with a high degree of certainty and therefore can significantly reduce unnecessary admissions, which frees up beds for those who need them and sends home those who don't.
- 2) In inpatient units or psychiatric hospitals:** Washington could use telepsychiatry within inpatient units or the two state psychiatric hospitals to increase their psychiatric capacity and more quickly and appropriately treat mentally ill consumers.
- 3) In community-based facilities:** Other settings can benefit from improved access to psychiatric providers including correctional facilities, outpatient facilities, schools, primary care offices, urgent care centers and FQHCs. By increasing the psychiatric capacity of community-based programs it is less likely for a person to reach psychiatric crisis that requires hospitalization.



# How Telepsychiatry Can Help

## Approach

On-demand telepsychiatry improves management of behavioral health in the emergency department, improves bed utilization and cuts psychiatric boarding.

On-demand telepsychiatry allows EDs to connect with psychiatrists within an hour of a request on average.

Through a secure video connection, the telepsychiatrist conducts a psychiatric evaluation and helps the local healthcare team in properly diagnosing and caring for the consumer.

Focus on rapid and appropriate disposition at the least restrictive level of care improves overall ED throughput.

## Impacts of Telepsychiatry

- Lower Inappropriate Admissions
- Reduce Length of Stays
- Decrease 1:1 Evaluations
- Reduce Risks and Liability
- Increase Regulatory Compliance
- Improve Employee Retention
- Improved ED Throughput
- Improve Consumer Satisfaction
- Provide Appropriate Level of Care

## Results

Telepsychiatry reduces the number of inappropriate admissions of behavioral health consumers. Telepsychiatry offers new options to enable hospitals to reduce costs and lower the risk profile of their facility and staff. Consumers report high satisfaction with telepsychiatry and appreciate the shortened wait times.

## More on Telepsychiatry Services for Hospitals

### On-Demand Assessments

Typical on-demand telepsychiatry services providers are available to evaluate consumers within upon request. In order to access a telepsychiatrist, support staff generally call a call center to give preliminary demographic and clinical information to a live representative. The call center representative then can link the onsite staff with a telepsychiatrist who can conduct a face-to-face interview with the consumer via videoconferencing.

After a psychiatric exam, the remote provider should collaborate with onsite resources to jointly determine appropriate disposition. On-demand providers can serve as a consultant or prescribe medication directly. Documentation should be promptly returned to the hospital via secure electronic transmission immediately following each encounter.

### Telephone Consults, Questions and Orders

Not all encounters with the telepsychiatrists require the initiation of a video link. These phone consultations can be used to help physicians, nurses, social workers, and case managers to effectively manage the care of behavioral health consumers as well as to reduce the cost of telepsychiatry services by decreasing the number of videoconferencing evaluations.

### ED Rounding for Follow-Up Care

Telepsychiatry services can supplement a facility's behavioral health capacity by providing follow-up psychiatric consultations to consumers who have already been seen via videoconferencing but who are still awaiting placement. These services can be provided during designated time periods each day or can be requested as needed.

### Medical or Surgical Floor Consultations or Assessments

Telepsychiatrists can serve medical or surgical floors as a consultation services to hospitalists or other physicians. Under this model, telepsychiatrists consult via phone and video with charge nurses, attending physicians and other staff to provide expertise on the behavioral health concerns of medical patients throughout the hospital. Telepsychiatrists are also available to directly interview and assess consumers via video, much like a traditional STAT psych consult.

## Value of Telepsychiatry in Washington

Telepsychiatry can equip a hospital to provide appropriate mental health treatment to consumers by giving the hospital access to a highly practiced team of psychiatrists who respond within an hour of request 24 hours a day, 365 days per year. Evaluations done by the highest level of behavioral health provider find the most appropriate and least restrictive level of care for consumers. Access to timely psychiatric evaluations reduces the wait times for intervention which leads to quick dispositions. Additionally, evaluations by psychiatrists means that consumers can be discharged faster.

### Direct Cost Benefits

- Cutting Psychiatric Boarding
- Reduced Inappropriate Admissions
- Improved ED Throughput
- Improved Wait Times
- Reduced Transport Costs
- Fewer Involuntary Commitments

### Indirect Cost Benefits

- Consumer Satisfaction
- Staff Satisfaction & Retention
- Improved Safety
- Decreased Liability
- Joint Commission Compliance
- Reducing Readmissions



**41%** how many consumers across the US who wait 2 days or more for psychiatric care according to a survey of 300 ED Directors<sup>2</sup>

**\$2400** How much more the average psychiatric consumer costs a hospital than the average medical consumer<sup>6</sup>

**3.2x** The average time a psychiatric consumer awaiting inpatient placement waits in the ED compared to medical consumers<sup>6</sup>

**\$2264** The average loss of opportunity cost due to lack of bed turnover that psychiatric consumers costs hospitals<sup>6</sup>

**2.2** The average ED bed turnover prevented by psychiatric boarding<sup>6</sup>

[1] [http://seattletimes.com/html/localnews/2021968893\\_psychiatricboardingxml.html](http://seattletimes.com/html/localnews/2021968893_psychiatricboardingxml.html)

[2] Schumacher Group. (2010) Emergency department challenges and trends. 2010 survey of hospital emergency department administrators.

[3] Department of Health and Human services at Washington State Institute for Public Policy, Legislation Evaluation and Accountability Program Committee (from Infograph on [http://seattletimes.com/html/localnews/2021968893\\_psychiatricboardingxml.html](http://seattletimes.com/html/localnews/2021968893_psychiatricboardingxml.html))

[4] <http://health.usnews.com/doctors/psychiatrists>

[5] Konrad, T. Ph.D., Ellis, A., M.S.W., Thomas, K., M.P.H., Ph.D., Holzer, C., Ph.D., Morrissey, J. Ph.D. (2009, Oct). CountyLevel Estimates of Need for Mental Health Professionals in the United States. *Psychiatric Services*, 60(10):1307-1314.

[6] Nicks and Manthey. "The Impact of Psych Patient Boarding in Emergency Departments." *Emergency Medical International*. 2012.