Med-Psych Unit Consortium

Medical Psychiatry Units

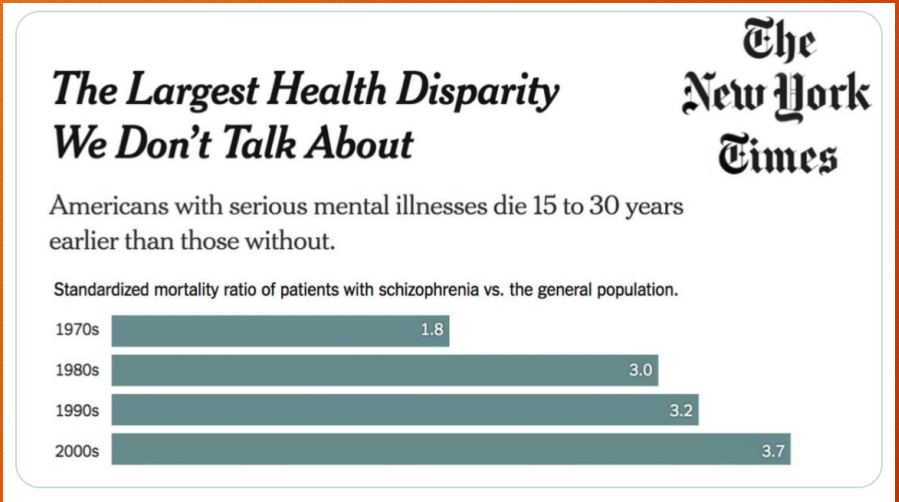
How integrated care in the hospital can improve costs and outcomes

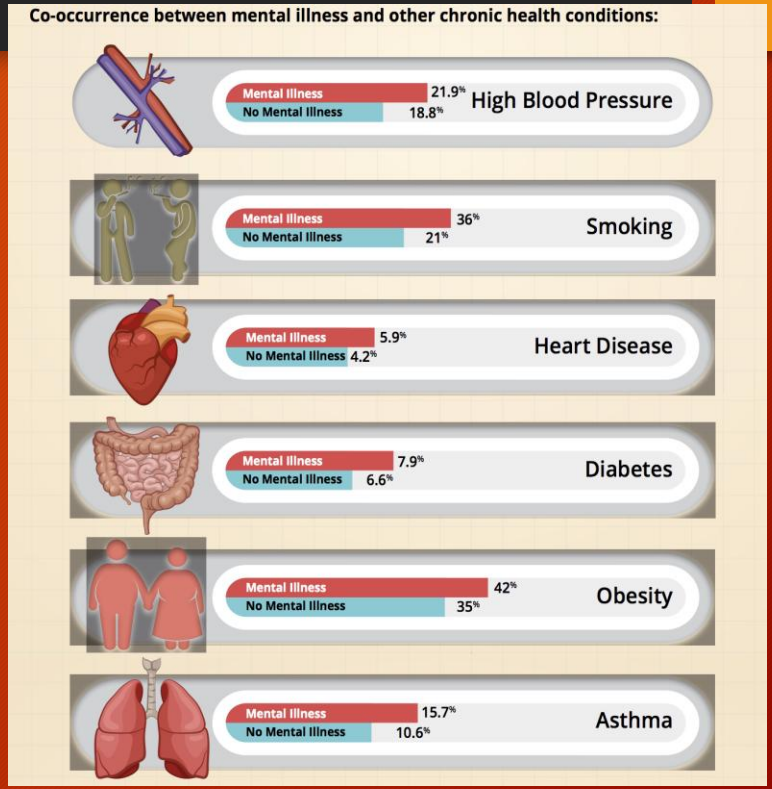
Marsha Wittink, MD MBE University of Rochester
Susan Padrino, MD Absolute Care, Cleveland
Aubrey Chan, MD, PhD University of Iowa

Policy Steps

- Increase the prevalence of integrated hospital units.
- Reform CMS (Centers for Medicare & Medicaid Services) policies to support bundled payments for *medical and psychiatric* care.
- Increase the number of physicians in integrated care by expanding interdisciplinary training programs (ACGME-accredited residencies and fellowships).

Integrated Care: an issue of quality care





What is needed to improve care?

Preventive (primary) care→ improve access, tailor services

Deliver better integrated care when medical crises happen.

Assure better follow up after hospitalization to avoid re-hospitalization

Patient Example

John: 45 year old man with a diagnosis of schizophrenia who used to live on the streets.

Now in a group home, stable on psychiatric medication.

John was at his psychiatry visit when he suddenly fainted.

An emergency team arrived just as John woke up.

He was *confused* about what was happening and was told his blood pressure was very high and he needed medical care in the hospital.

John *did not want* to go to the hospital

emergency team: “do you want to have a stroke? That’s what will happen if you don’t go!”

John was *scared and angry*

The mental health team was also scared and unable to help the medical team

In the ER

He was *having chest pain* but didn't let anyone know, he was afraid they wouldn't let him leave.

Felt overwhelmed and irritated with ER setting, noise, multiple questions. Felt he was not respected.

John got up to leave "I'm fine, let me go home."

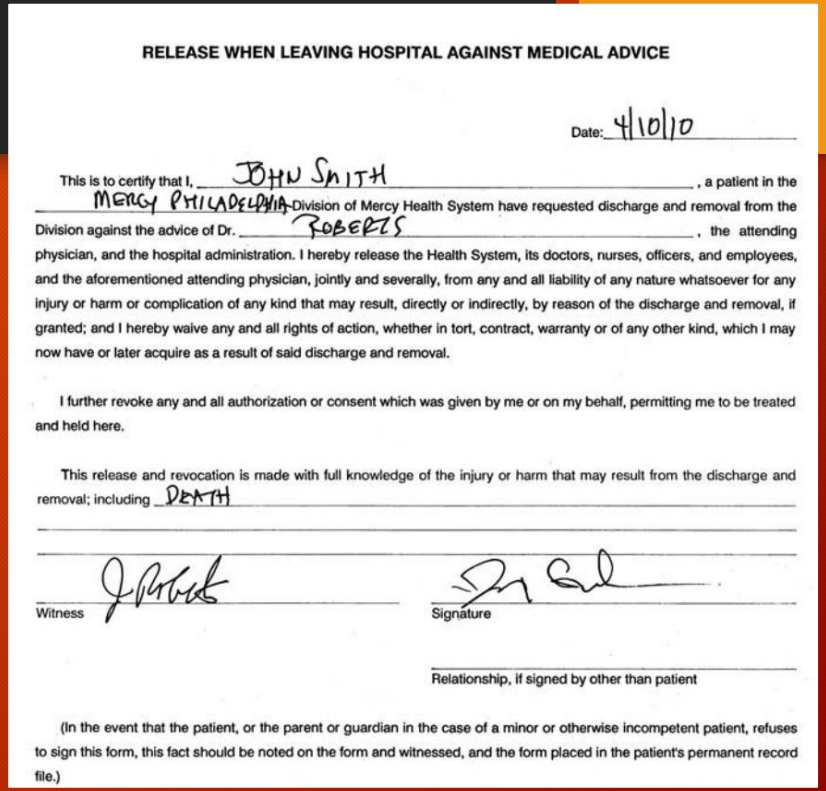
In the ER

told he should have further testing

OR he will have to leave "against medical advice."

He left the hospital.

His heart attack was missed.



RELEASE WHEN LEAVING HOSPITAL AGAINST MEDICAL ADVICE

Date: 4/10/10

This is to certify that I, JOHN SMITH, a patient in the MERCY PHILADELPHIA Division of Mercy Health System have requested discharge and removal from the Division against the advice of Dr. ROBERTS, the attending physician, and the hospital administration. I hereby release the Health System, its doctors, nurses, officers, and employees, and the aforementioned attending physician, jointly and severally, from any and all liability of any nature whatsoever for any injury or harm or complication of any kind that may result, directly or indirectly, by reason of the discharge and removal, if granted; and I hereby waive any and all rights of action, whether in tort, contract, warranty or of any other kind, which I may now have or later acquire as a result of said discharge and removal.

I further revoke any and all authorization or consent which was given by me or on my behalf, permitting me to be treated and held here.

This release and revocation is made with full knowledge of the injury or harm that may result from the discharge and removal; including DEATH

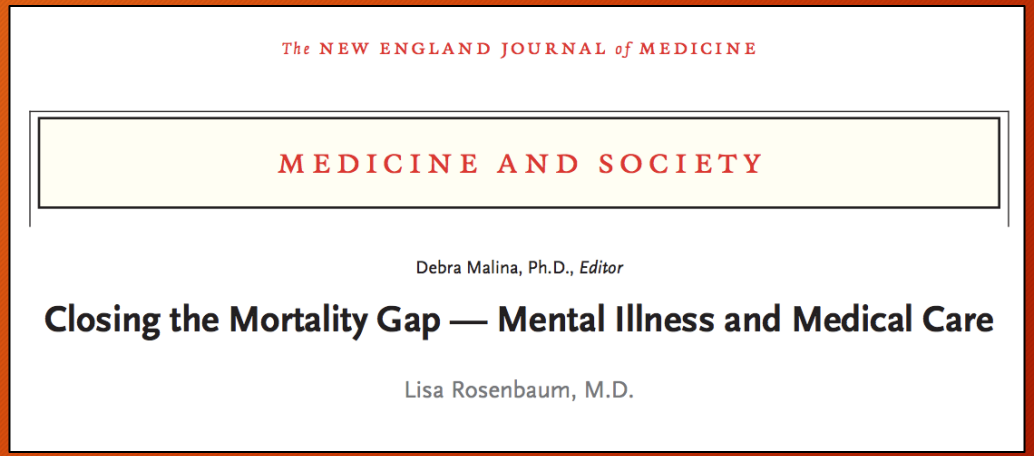
Witness

Signature

Relationship, if signed by other than patient

(In the event that the patient, or the parent or guardian in the case of a minor or otherwise incompetent patient, refuses to sign this form, this fact should be noted on the form and witnessed, and the form placed in the patient's permanent record file.)

Stigma and Implicit Bias



The NEW ENGLAND JOURNAL of MEDICINE

MEDICINE AND SOCIETY

Debra Malina, Ph.D., *Editor*

Closing the Mortality Gap — Mental Illness and Medical Care

Lisa Rosenbaum, M.D.

"One contributing factor may be that physicians allow patients [with severe mental illnesses] to refuse care"- Lisa Rosenbaum

Conventional Medical Units

- Designed for healthcare devices (lines, tubes, monitors), sorted by medical specialty.
- Nurses maintain competencies in various interventions.
- Patients in rooms clustered around nursing stations.
- Assumes:
  - Patients understand situation, want care.
  - Will be cooperative.
- Insurance reimbursement based on primary diagnosis.

Conventional Psychiatric Units

- Plain; no devices due to safety concerns.
- Common areas for socializing and group activity.
- Emphasizes patient engagement in treatment.
  - Establishing and following daily routines.
  - Emulate/practice daily life outside the hospital.
- Nurses focused on therapy, behavioral interventions.
- Insurance reimbursement *per diem*.
  - Limits medical investigations / interventions.
- Often intersects with legal system for involuntary treatment.

Poorly served populations

- Severe mental illness + chronic medical conditions
- Cognitive impairments
  - Delirium
  - Dementia
  - Intellectual disability
- Substance use disorders
- Acute medical problems related to mental illness
  - Consequences of overdose, suicide attempts
  - Eating disorders
  - Refusing care / food due to delusions or inability to care for self

How Integrated Med-Psych Units help people with severe mental illnesses

- Tailored, compassionate care. Emphasize comprehensive, not sequential, care.
  - Primary care office
  - Inpatient Medical-Psychiatry Unit for MEDICAL NEEDS
- All staff with experience helping people with mental illness
  - De-escalation
  - Communication
  - Trust building

How Integrated Med-Psych Units help people with severe mental illnesses

- Providers, nurses with dual-training or dual providers.
- Unit designed with psychiatric safety, layout, plus medical devices.

UR Medicine | Strong Memorial Hospital

University Hospitals Cleveland Medical Center

University of Iowa Hospitals & Clinics
University of Iowa Health Care

How Integrated Med-Psych Units help people with severe mental illnesses

- Patients spend more time in community, fewer recurrent hospitalizations.
- Improved patient satisfaction.
- Fewer transitions in care / hand-offs.
- Relief from correctional system, law enforcement resources.
- Hospital throughput, staff safety and satisfaction.
- Improved coordination between inpatient and outpatient care.
  - Cuts across systemic silos.

How integrated care in the hospital helps patients in the community

Social workers with understanding of the community resources

Psychologist/counselors to help with coping strategies

Embedded pharmacist to help with drug interactions

Taking the Long View in an Inpatient Medical Unit: A Person-Centered, Integrated Team Approach for Patients With Severe Mental Illnesses

Marsha N. Wittink ✉, M.D., M.B.E., Wendi Cross, Ph.D., Jacqueline Goodman, M.A., Heather Jackson, R.N., M.S., Hochang B. Lee, M.D., Telva Olivares, M.D., Daniel D. Maeng, Ph.D., Eric D. Caine, M.D.

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- Hospital stay shorter by 1 day.
- 50% more likely to go home instead of a facility.
- 30% less likely to be re-hospitalized within 30 days.

Med-Psych Units – moving forward

- Increase # of integrated units: Advocacy targeting regulatory challenges.
- Increase # of physicians at this interface: More training programs / awareness.
- More outcomes data from integrated units: MPU Consortium working on this - research funding?
- Parity in reimbursements.
- Other integrated models:
  - Psych-Med units
  - Embedded consultants / proactive consultation

Remember John?

How things can go differently to PREVENT TRAUMA from the health system:

Med-Psych Nurse:
helps explain what is happening

Med-Psych Unit:
Team helps with education,
Building trust explaining medication

Social worker ensures group home aware

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