Improving Access to Inpatient Care for Socioeconomically Disadvantaged Psychiatry Patients

Ana Owolabi, MSN – Manager, Transfer Center and Sharon Alano, BSN – Assistant Manager, Transfer Center

Learning Objectives:

- Identify the primary cause of health care disparity related to inaccessible mental health care for psychiatric patients.
- Discuss successful strategies to achieve more equitable transfer rates between public/uninsured and privately insured psychiatric patients

Project Overview

Psychiatric patients in the Emergency Department who are publicly insured or uninsured are nearly six times less likely to be accepted for transfer to another facility despite EMTALA law requiring facilities to accept patients regardless of ability to pay. This project highlighted the compounded marginalization of an already stigmatized patient population within the health system. In line with Stanford's Mission and Values for Diversity, Equity and Inclusion, we believe this project represents how to be at the forefront of a commonly known, but previously seldom-addressed issue.

Background

Stanford's Psychiatric Consult Service to the Emergency Department sees 1500 patient encounters for an urgent mental health need every year. When Stanford's inpatient psychiatric unit is at capacity, patients must board in the ED while our transfer center attempts to find an open bed at a local psychiatric hospital, which can take as long as 3 days. From a six-month range spanning Nov 2020 to April 2021, an average of 40% of privately insured psychiatric patients were accepted for transfer from our ED to another hospital, in contact with only 8% of all MediCal, MediCare and Uninsured patients. When we evaluated our own admission practices, we found no similar disparity for patients admitted to Stanford psychiatry. Not only was there significant disparity with the type of insurance, but with race and ethnicity as well. Forty percent (40%) of the public and uninsured population is an underrepresented minority group, in contrast to only 10% of the privately insured patients. This means that African American and Latin X patients with emergency mental health needs are most affected.

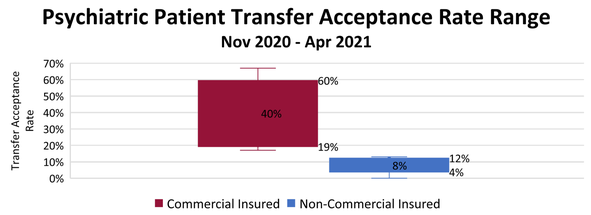
Speaker Contact Information

Lead Presenter:
Ana Owolabi, MSN,RN
Manager, Transfer Center
Aowolabi@stanfordhealthcare.org
650-250-3687

Co-Presenter:
Sharon Alano, BSN,RN
Assistant Manager, Transfer Center
Salano@stanfordhealthcare.org
650-498-0971

The authors have no relevant financial relationships to disclose.

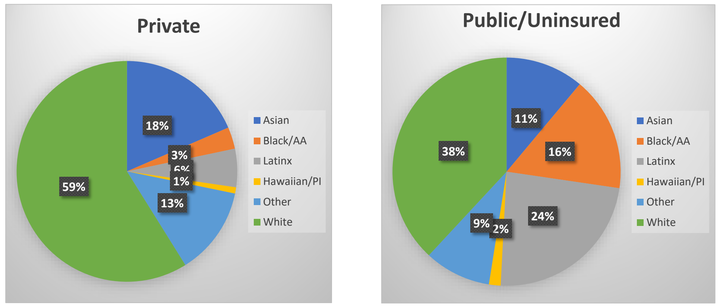
Disparity of Private vs Public/Uninsured Transfers



~40% of private insured patients are accepted for transfer

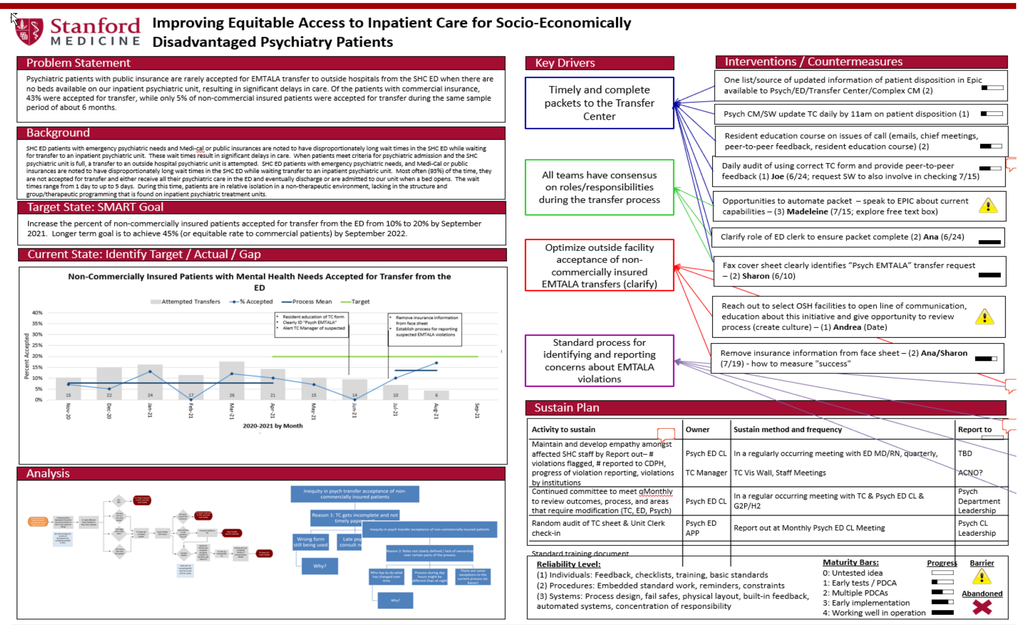
~8% of public/uninsured patients are accepted for transfer

Demographics by Insurance Type



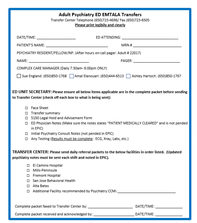
Intervention Detail

Using the A3 problem solving methodology, a process map was initially developed to show the workflow from the time the patient is evaluated by psychiatry in the ED, to the time they get transferred to another facility. Multiple root causes were identified, and key drivers were developed. Timely and complete transfer packets sent to the transfer center from the ED is a key element in the transfer process. Updating the list of required documents and streamlining the process of sending a "psych out" request packet to the transfer center, clarifying all the team member's roles and responsibilities, and developing a unified source of communication across 4 departments during the entire transfer process helped mitigate delays. Optimizing outside facility acceptance of public/uninsured EMTALA requests was done by developing a new fax cover sheet that clearly displays a psychiatric EMTALA request, withdrawing insurance information, and by empowering the transfer center staff with verbiage to remind outside facilities that the request falls under EMTALA law. A process was also developed in identifying, escalating, and reporting potential EMTALA violations.



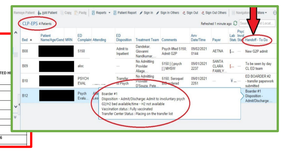
Interventions

Improved Transfer Form



Fax Cover Sheet

EHR Handoff for Communication

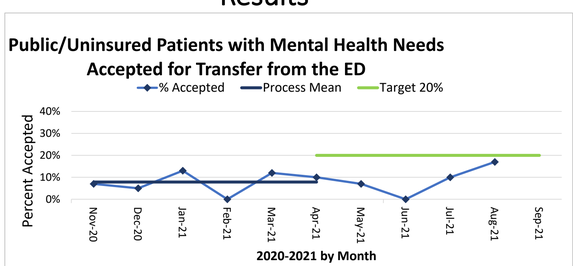


Process for Reporting Suspicion of EMTALA violation

Outcomes and Impact

The initiative has shown a light to the impact of this disparity to our healthcare workers and health system. The prolonged boarding times of psychiatric patients in the Emergency Department, during which time patients cannot receive the optimal level of care they desperately need, led to burnout and moral distress of our healthcare staff. It also impacts 240 public/uninsured patients per year, which translated to a cost of $2000 per patient, per day in our institution. Focusing on process improvements within our internal workflows showed some movement towards our goal in decreasing disparity. After 4 months, our data showed the uninsured and publicly insured patient transfers increased from only 8% to 17% within 4 months. However, we also acknowledge that a systemic change needs to happen from both within and outside of our institution to achieve a sustainable goal of a more equitable access to mental health care issue.

Results



Next Step / Improvement opportunities

- Continuous education of stakeholders of the developed processes
- Engage and collaborate with other facilities and open a dialogue with regards to this issue.