

1-16-2018

Outpatient Psychiatry Utilization Management

Patrick Maidman
Maine Behavioral Healthcare

Kathy Burk
Maine Behavioral Healthcare


Andrew Carpenter
Maine Behavioral Healthcare

Stacey Ouellette
Maine Behavioral Healthcare

Michael Abbatiello
Maine Behavioral Healthcare

See next page for additional authors

Follow this and additional works at: <https://knowledgeconnection.mainehealth.org/mbh>

 Part of the [Health and Medical Administration Commons](#), and the [Psychiatry and Psychology Commons](#)

Recommended Citation

Maidman, Patrick; Burk, Kathy; Carpenter, Andrew; Ouellette, Stacey; Abbatiello, Michael; and Worster, Kristie, "Outpatient Psychiatry Utilization Management" (2018). *Maine Behavioral Health*. 1.
<https://knowledgeconnection.mainehealth.org/mbh/1>

This A3 is brought to you for free and open access by the All MaineHealth at MaineHealth Knowledge Connection. It has been accepted for inclusion in Maine Behavioral Health by an authorized administrator of MaineHealth Knowledge Connection. For more information, please contact mckeld1@mmc.org.

Authors

Patrick Maidman, Kathy Burk, Andrew Carpenter, Stacey Ouellette, Michael Abbatiello, and Kristie Worster

Team Members: Patrick Maidman, Kathy Burk, Andrew Carpenter, Stacey Ouellette

Problem/Impact Statement:

There are over 1,000 patients waiting for Psychiatry Services. MBH is unable to meet goals of admitting patients into services within 5 days from hospital discharge. Primary Care Providers are requesting easier access to care with hesitation in receiving patients back due to lack of access. There is currently no standardized and implemented MBH utilization management process for psychiatry that ties Care Criteria to admission and discharge.

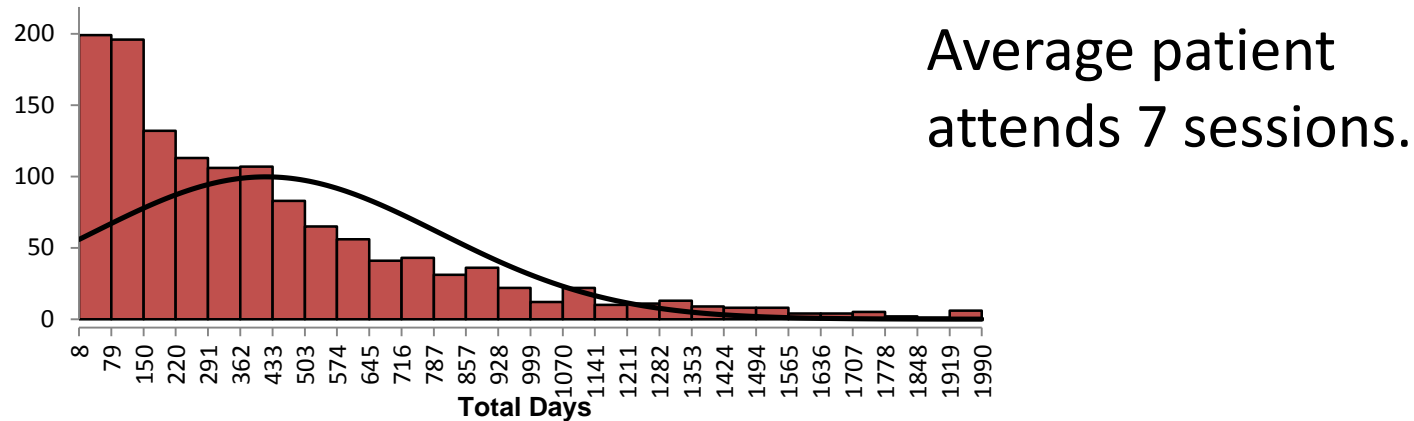
Scope:

In Scope: Brunswick Outpatient Psychiatry
 Out of Scope:
 • Outpatient Psychiatry outside of Brunswick location
 • Non-Psychiatry Program

Goal/Objective:

Refine and implement a standard process that provides clinical evaluation at admission, review and discharge for each patient. Clinical evaluation will lead to appropriate length of stay for patients with common diagnoses allowing for easier access into care and smoother transition back to the Primary Medical Home. Target reduction in length of stay (engaging those with less than 7 appointments that need longer treatment while shifting those who exceed standard 7 sessions back to PCP when appropriate such as primary dx ADHD).

Baseline Metrics/Current State:



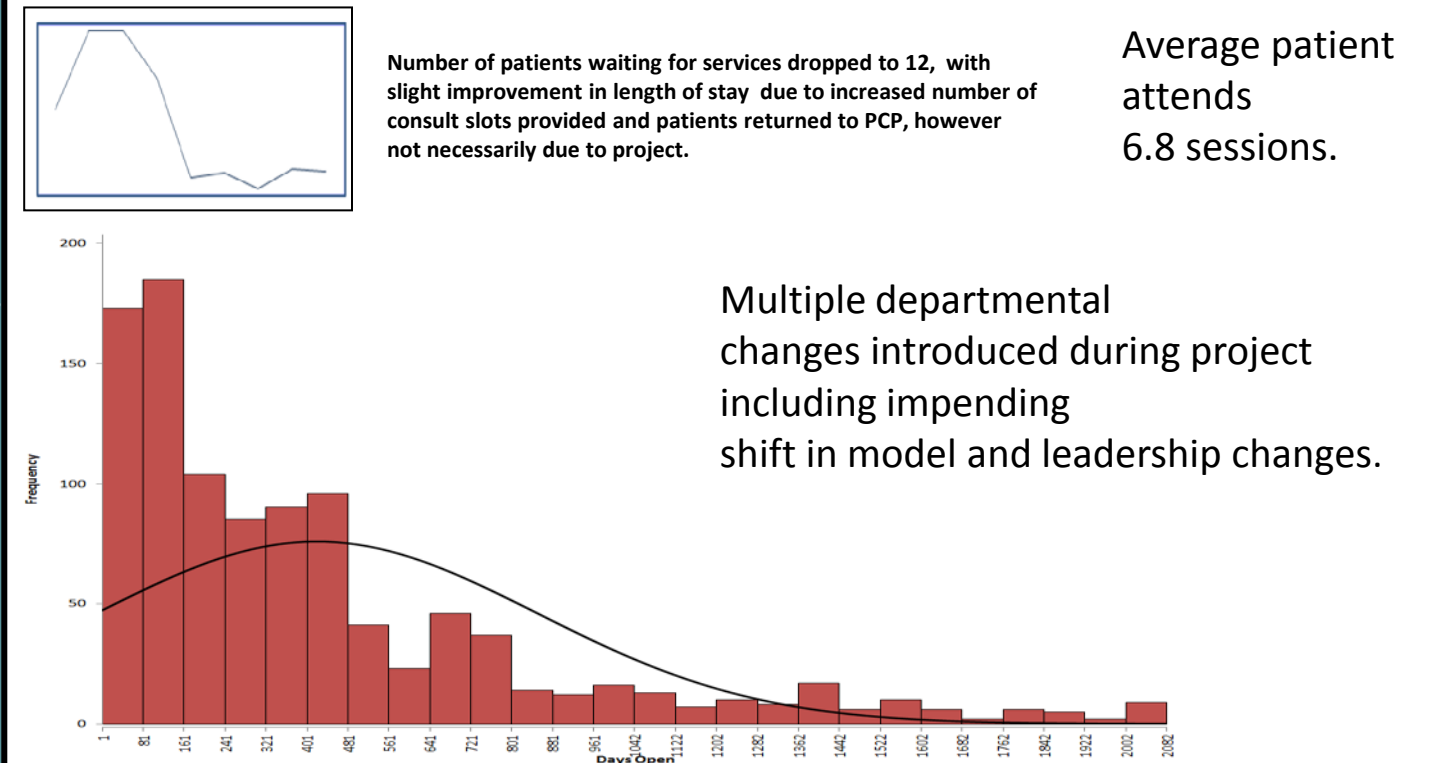
Root Cause Analysis:

Met with several providers and stakeholders using 5-Whys process to determine and validate the root cause of inconsistencies in average length of stay of patients.
 Contributing factors to lack of UM
 • Lack of infrastructure in the E.H.R and system
 • Frustration in the process of handoffs between providers
 • No standard process
 • Providers overwhelmed by tasks and seeing patients placing Care Coordination last

Countermeasures

- Do**
- ✓ Psychiatric Consult slots to be entered in early December. (Due to limitations in staffing only telepsych options exist at this time).
 - ✓ Education on discharge from start of treatment will take place (golden thread) by December 31.
 - ✗ Progress note challenges have been identified related to progress and plan and section at end of note can be implemented to measure UM specifically
 - ✓ Documentation of Care Criteria Guidelines to be implemented specific for Outpatient Psychiatry.

Outcomes



Update

- Act**
- Continue to measure Utilization Management through the quality department.
 - Organization implemented new regional structure to include new medical leadership.
 - A Care Model that includes integrated care with improved access to be implemented in FY18/FY19

Plan

Study

Act