Outpatient Psychiatry Utilization Management

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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.

Countermeasures

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

Plan

In Scope: Brunswick Outpatient Psychiatry

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

Baseline Metrics/Current State:

Average patient attends 7 sessions.

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 EHR and system
- Frustration in the process of handoffs between providers
- No standard process
- Providers overwhelmed by tasks and seeing patients placing Care Coordination last

Outcomes

Number of patients waiting for services dropped to 12, with slight improvement in length of stay due to increased number of consult slots provided and patients returned to PCP, however not necessarily due to project.

Multiple departmental changes introduced during project including impending shift in model and leadership changes.

Average patient attends 6.8 sessions.