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Outpatient Psychiatry Utililzation Management

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Problem/Impact Statement:

Last Updated: 01/16/18

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

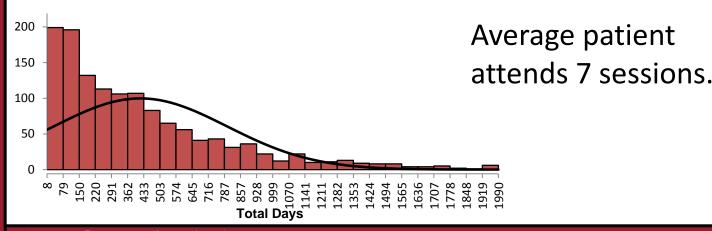
Out of Scope:

- 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 lend 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.

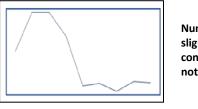
Contributing factors to lack of UM

- 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

- 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 and 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.

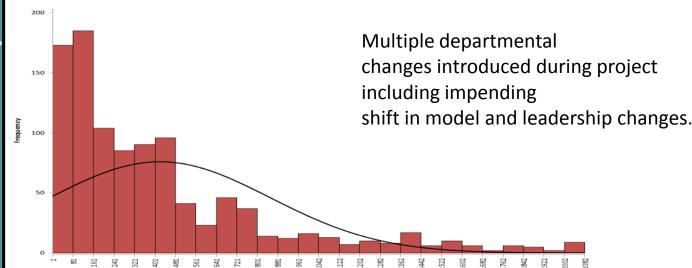
Outcomes



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.

Average patient attends 6.8 sessions.





Update

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