

## Analysis

### Oregon Health Authority

#### Emergency Department Boarding of Psychiatric Patients Report

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**Analyst:** Linda Ames

**Request:** Acknowledge receipt of a report on boarding of psychiatric patients in emergency departments in Oregon.

**Recommendation:** Acknowledge receipt of the report.

**Analysis:** The Oregon Health Authority (OHA) was directed to report on “boarding” of patients with mental illness in hospital emergency departments in the following budget note (SB 5526):

The Oregon Health Authority will report to the 2016 legislative session regarding the problem of “boarding” of patients with mental illness in hospital emergency departments while patients wait for a bed in an appropriate setting. The report will contain a thorough description of the system and process as it works now and why, including relevant statutes and reimbursements. It will also include data to describe the magnitude of the problem. Finally, the report will contain an analysis of the reasons for the “boarding”, such as gaps in necessary services within the system, and proposals for potential solutions.

In response to this legislative direction, OHA contracted with Oregon State University’s College of Public Health and Human Services to conduct a study, which was completed in October 2016. The study includes an analysis of the magnitude of the problem, the factors contributing to the problem and proposals for potential solutions.

The researchers used both a 6-hour definition and a 24-hour definition of boarding, to allow for comparisons with other states. The study found that the incidence of psychiatric boarding using either definition is lower in Oregon compared with available data from other states. However, since Oregon does not include visits for substance use in its definition, as other states do, Oregon would be expected to have a lower count. The researchers concluded that Oregon’s rate is comparable to other states. Using the 6-hour definition, the researchers estimate that about two percent, or 14,676, of all (psychiatric and non-psychiatric) emergency department (ED) visits each year in Oregon are psychiatric boarding episodes. Using the 24-hour definition, the estimate is 0.5% of the total ED visits, or 3,504. In the study, 14.6% of patients who visited the ED for psychiatric purposes stayed in the ED for longer than 6 hours and 3.5% stayed for longer than 24 hours.

The report found that psychiatric patients receive sub-optimal care in EDs; that psychiatric boarding reduces ED capacity and increases pressure on ED staff, thereby negatively affecting the care of other ED patients; and that psychiatric boarding places significant financial strains on hospitals.

Interviews of key stakeholders identified several causes of psychiatric boarding, including: lack of outpatient treatment capacity, lack of crisis response or other alternative treatment options, barriers to discharge from the ED directly to community destinations, and limited availability of inpatient or sub-acute care resources for patients with the most severe psychiatric emergencies.

The report outlines four major legal and regulatory determinants of ED boarding: (1) interpretation of the Emergency Medical Treatment and Activity Labor Act; (2) state involuntary commitment statutes; (3) Institute for Mental Diseases exclusion; and (4) mental and behavioral health parity. The researchers noted that the 2014 expansion of the Oregon Health Plan (OHP) has significantly reduced the number of Oregonians with mental illness who are uninsured and that OHP's Coordinated Care Organizations are explicitly designed to coordinate mental as well as physical health care for their members. The impact of this expansion, however, was unclear in this report. Also, the types of ED alternatives available vary based on a personal insurance status. For example, private medical insurance often does not cover community mental health services such as home care.

The report makes nine recommendations:

- Quantify and regularly monitor the extent of boarding
- Expand community health services
- Improve processes to restore individuals unable to aid and assist in their own defense
- Improve psychiatric services for individuals in EDs
- Provide alternatives to inpatient care
- Improve transitions for patients in community acute care and Oregon State Hospital
- Provide supportive services such as supported employment and substance use disorder treatment
- Promote insurance and health services reimbursement changes to incentivize community services
- Increase the transparency of waitlists for inpatient and Oregon State Hospital Beds

OHA has taken several actions in response to this report and as part of its efforts to comply with the U.S. Department of Justice Oregon Performance Plan. By October 2017, OHA intends to partner with Oregon Association of Hospitals and Health Systems (OAHHS) to identify a reasonable target for reducing ED boarding.

The Legislative Fiscal Office recommends acknowledging receipt of the report on boarding psychiatric patients in emergency departments in Oregon.