

Supporting whole- person care in inpatient state hospitals

Addressing the challenges with a
data-driven approach

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The shortage of inpatient psychiatric beds has become a major issue in the United States. Prior to the 1950s, inpatient psychiatric care in state-run hospitals was prolific with 322 state and county hospitals, and patient census of over 512,000 all inclusive. With the passage of the National Mental Health Act in 1946, the 1963 Community Mental Health Act and the development of stabilization medications, movement of inpatient psychiatric patients to the community (deinstitutionalization) began with the goal of rendering inpatient hospitals obsolete.

Over time, the number of state inpatient psychiatric hospitals began to decrease as the number of patients lowered. By 2019, there was a total of 214 public psychiatric hospitals across the United States and territories.¹ In terms of bed capacity, in 1955 there were 558,239 state and county psychiatric beds available, or about 340 beds per 100,000 population. These facilities were a major source of psychiatric care in the country. Today, there are approximately 35,000 state psychiatric beds available, or about 11 beds per 100,000 population.²

That is a 94% drop in beds. It is important to note that today a significant portion of the bed capacity in state hospitals is being used by forensic (court-ordered) patients. This renders a very limited number of beds available for acutely ill psychotic patients.

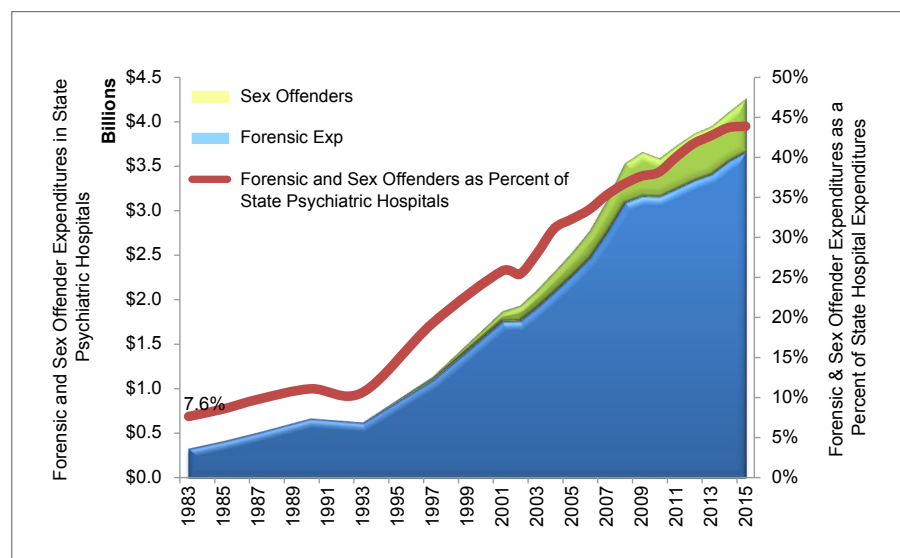


Figure 1: State Psychiatric Hospital Expenditures for Forensic and Sex Offender Services and Percent of State Hospital Expenditures for Forensic and Sex Offender Services, FY 1983 to FY 2015 (https://www.nasmhpd.org/sites/default/files/TACPaper.2.Psychiatric-Inpatient-Capacity_508C.pdf)

1 Center for Behavioral Health Statistics and Quality, Substance Abuse and Mental Health Services Administration, National Mental Health Services Survey (N-MHSS), 2019.
2 "A Dearth of Psychiatric Beds" Psychiatric Times, February 25, 2016, E. Fuller Torrey, MD.

The shift in funding allocations from State Mental Health Agencies prompted the movement of patients from an inpatient setting to community mental health centers and the increase in forensic and/or involuntary patients. The graph below shows the dramatic shift in that funding.

“Serious mental illness has become so prevalent in the U.S. corrections system that jails and prisons are now commonly called “the new asylums.” In point of fact, the Los Angeles County Jail, Chicago’s Cook County Jail, or New York’s Riker’s Island Jail each hold more mentally ill inmates than any remaining psychiatric hospital in the United States. Overall, approximately 20% of inmates in jails and 15% of inmates in state prisons are now estimated to have a serious mental illness. Based on the total inmate population, this means approximately 383,000 individuals with severe psychiatric disease were behind bars in the United States in 2014 or nearly 10 times the number of patients remaining in the nation’s state hospitals.”³

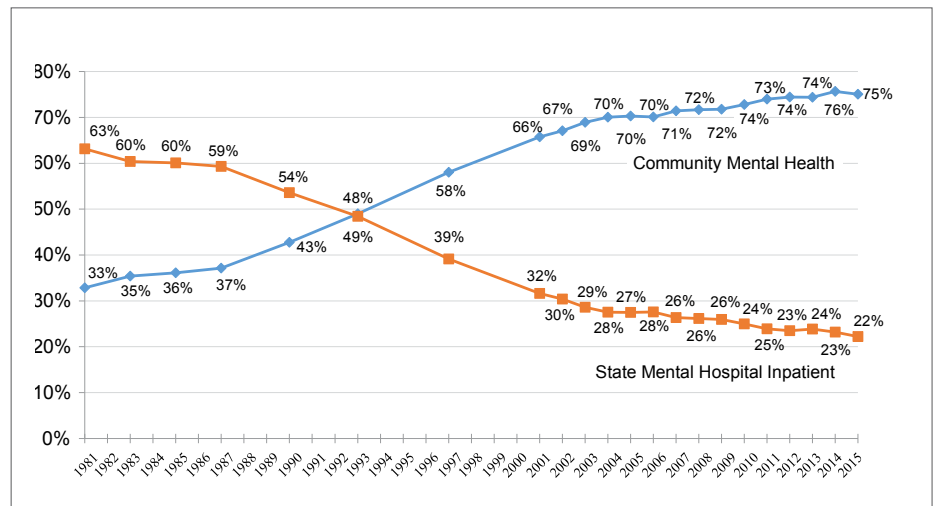


Figure 2: State Mental Health Agency Controlled Expenditures for State Psychiatric Hospital Inpatient and Community-Based Services as a Percent of Total Expenditures, FY 81 to FY 15 (https://www.nasmhpd.org/sites/default/files/TACPaper.2.Psychiatric-Inpatient-Capacity_508C.pdf)

Today, state psychiatric hospitals’ budgets can be largely consumed by the care of mandated long-term persons. The remaining beds are taken by the uninsured and the most ill of persons needing psychiatric care, often after first being treated in general hospitals or non-state facilities.

In spite of all of this, state and county inpatient psychiatric services remain our largest safety net for these populations and a vital component in the care and treatment of these individuals across the continuum of psychiatric care.

The goal of the state psychiatric hospital is treatment, stabilization, public safety and re-integration into the community. Despite having to do more with less, the focus remains recovery oriented, trauma informed, evidence based and tightly integrated with outlying community-based services. The vast majority of state hospitals are certified by CMS or Joint Commission and follow strict practice and safety recommendations, largely done via paper processes.

3 <https://www.treatmentadvocacycenter.org/evidence-and-research/learn-more-about/3695>

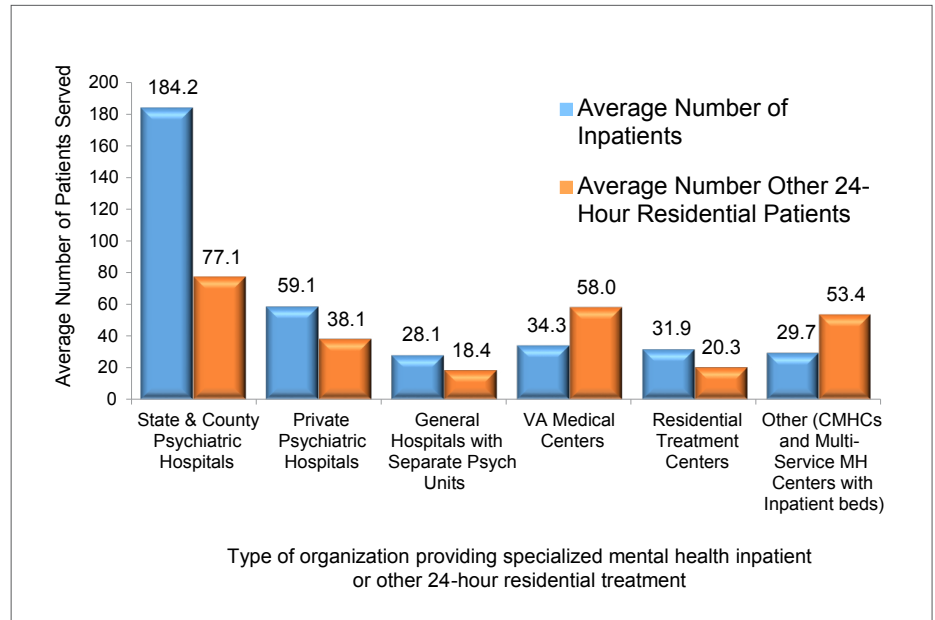


Figure 3: Average Number of Inpatients and Other 24-Hour Residential Treatment Services, by Type of Mental Health Organization, 2014 (https://www.nasmhpd.org/sites/default/files/TACPaper.2.Psychiatric-Inpatient-Capacity_508C.pdf)

Sharing information and whole-person, integrated care is critical to their success, and technology is a key component. An electronic health record (EHR) is critical not only for documentation, trending and tracking of the progress of an individual, but to standardize care and share information with other entities to ensure continuity of care for the persons they serve.

As of 2019, according to a survey by the National Association of State Mental Health Program Directors Research Institute, Inc. (NRI), 42 states had implemented an EHR system, although some not in all of their hospitals.⁴ Important to note at the same time, 96% of non-federal acute care hospitals have implemented an EHR system⁵ in part funded by The HITECH Act, which accelerated the industry's adoption of EHRs because of the financial incentives for Medicare/Medicaid providers that it contained. It's important to note is that the same funding options, as part of the HITECH ACT were not made available to inpatient psychiatric hospitals.⁶

Today, the Netsmart myAvatar platform is the most implemented and recommended for inpatient use. While process, practice and evidence are some of the largest influencers of adoption of an EHR, standardization, integration and data-sharing seem to be the largest electronic influencers for state psychiatric hospitals adoption of EHRs.

myAvatar complex tracking and trending of data across the varied patient types found in state hospitals, bringing that data to the forefront to help improve care and outcomes. It provides safety through closed loop medication management, integrated treatment planning and documentation. Digitization provides awareness to changing patient condition and can assist in an evidence-based response.

⁴ Implementation Status of Electronic Health Record (EHR) Systems in State Psychiatric Hospitals Lucille Schacht, PhD; Glorimar Ortiz, MS; Robert Shaw, MA.

⁵ <https://dashboard.healthit.gov/quickstats/pages/FIG-Hospital-EHR-Adoption.php>

⁶ <https://www.healthcareittoday.com/2019/12/19/10-years-since-hitech-the-good-the-bad-and-the-ugly/>

It supports whole-person care through electronic transitions from inpatient care to community care, allowing for warm handoffs and continuity. Lastly, all of the information in your digitized record is available for reporting, either internally for quality monitoring or for external use to report inpatient psychiatric measures or to certification bodies such as Joint Commission.

Netsmart takes its #1 place in inpatient psychiatric care seriously, allowing our state hospitals to achieve their goals of evidence-based treatment, stabilization, public safety and community re-integration. The myAvatar platform took the path of meaningful use certification, which helped in part to meet the trends of interoperability. This is a key building block of whole-person care. Additionally, myAvatar has also been adapted for corrections.

About Netsmart

Netsmart, a leading provider of Software as a Service (SaaS) technology and services solutions, designs, builds and delivers electronic health records (EHRs), health information exchanges (HIEs), analytics and telehealth solutions and services that are powerful, intuitive and easy-to-use. Our platform provides accurate, up-to-date information that is easily accessible to care team members in the human services and post-acute care (which is comprised of home care and hospice and senior living) markets. We make the complex simple and personalized so our clients can concentrate on what they do best: provide services and treatment that support whole-person care.

By leveraging the powerful Netsmart network, care providers can seamlessly and securely integrate information across communities, collaborate on the most effective treatments and improve outcomes for those in their care. Our streamlined systems and personalized workflows put relevant information at the fingertips of users when and where they need it.

For more than 50 years, Netsmart has been committed to providing a common platform to integrate care. SIMPLE. PERSONAL. POWERFUL. Our more than 2,300 associates work hand-in-hand with our 680,000+ users at our clients across the U.S. to develop and deploy technology that automates and coordinates everything from clinical to financial to administrative. Learn more about how Netsmart is changing the face of healthcare today. Visit www.ntst.com, call 800-472-5509, follow us on our CareThreads Blog, LinkedIn and Twitter, like us on Facebook or visit us on YouTube. Netsmart is pleased to support the EveryDayMatters® Foundation, which was established for behavioral health, care at home, senior living and social services organizations to learn from each other and share their causes and stories.