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Improve care of mentally ill

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Hospital emergency departments were set up to provide life-saving care for, typically, those suffering heart attacks, breathing problems or injuries. But increasingly, they are swamped with patients whose crises can't be seen on an X-ray or measured in a blood test.

In the past six years, the number of patients seeking psychiatric care each month in Franklin County emergency departments has doubled. In some months, the spike was greater. In January, 1,068 patients were waiting for a bed in a psychiatric unit, compared with 398 in May 2009.

Hospitals are being overwhelmed, and patients aren't getting the most appropriate or cost-efficient care. To remedy these problems, an expert community task force spent 16 months seeking solutions.

On Tuesday, the Psychiatric Crisis & Emergency System Task Force of Central Ohio issued a report with recommendations that would go a long way to ease the burden on hospitals and give patients better access to care, regardless of their ability to pay.

The task force is funded by The Columbus Foundation and the Franklin County Alcohol, Drug and Mental Health board, and includes the region's major hospital systems, medical and mental-health associations and drug and mental-health treatment centers. A full list of members can be found at: <http://www.pcestaskforce.org>.

The recommendations include expanding outpatient mental-health or drug-treatment care. Expanding services at mental-health centers, drug-treatment and detox centers could help patients avoid emergency-department visits and costly inpatient hospitalization.

The current system is hardly ideal. Patients face long waits for a bed. In January, for example, the average wait for inpatient psychiatric services for Medicaid patients was 25 hours, and 16 hours for those with private insurance. And without access to prior diagnoses, treatment plans and prescriptions, doctors often face a daunting task in evaluating a patient. Patient-privacy laws and separate computer databases create barriers that the task force hopes to eliminate.

The group foresees the day when emergency-room doctors will be able to tap into community-mental-health treatment plans to more quickly diagnose and help a patient. And access to tele-psychiatry would give emergency-room physicians access to a specialist unavailable in their hospital.

The report also identifies other obstacles. Not the least of these is that since its inception in 1965, Medicaid has not covered care for patients in larger, freestanding psychiatric units (largely for-profit institutions in central Ohio), pushing patients into hospitals.

With Ohio's Medicaid expansion, more patients are getting care — one of the reasons, along with a stressful economy, that the emergency departments are seeing this influx. But Ohio must

better reimburse hospitals for the psychiatric care if hospitals are to be encouraged to add beds for psychiatric patients.

“We can’t undervalue people with psychiatric illness literally from a financial reimbursement perspective,” said David Royer, chief executive of ADAMH and a member of the task force. “I hope that over the next couple of years, we’ll begin to see better parity.”

Though mental illness afflicts nearly 1 in 4 adults in Franklin County, it is not recognized the same way as other widespread illnesses. If it were recognized in the same way cancer is, there would be an enormous clamor to provide better care.

The psychiatric-care crisis that local emergency departments are seeing is part of a national trend. Courts, jails and schools also are grappling with how to help a growing population, many who have opioid or other drug addictions. By identifying problems and suggesting strategies for better coordination and care, the central Ohio task force has taken the first leap forward.