

Meeting Summary: Southeast Ohio Public-Private Inpatient Psychiatric Planning
January 31, 2013 - 10:00 a.m. to 2:00 p.m.
Appalachian Behavioral Healthcare, 100 Hospital Drive, Athens, OH 45701

A meeting was held in follow up to the Public-Private Inpatient Psychiatric Conference held November 16, 2012 in Columbus. At this conference participants from Southeast Ohio identified several priorities for future collaboration among stakeholders in the region. The purpose of this follow up meeting was to continue this conversation and begin to build regional strategies for addressing the priorities of balancing utilization of hospital beds across the system and establishing additional crisis bed capacity.

The objectives of the 1/31/2013 meeting were to:

- Share information regarding current patterns and trends in inpatient bed utilization, availability and payer characteristics;
- Identify opportunities and challenges for public - private psychiatric hospital collaboration in Southeast Ohio;
- Determine feasibility and critical design concepts for a system that allows for real time communication of bed availability within the region (i.e. bed board);
- Discuss ongoing crisis bed projects and identify linkages between these efforts and public - private inpatient providers

The meeting began with a brief information sharing session to reorient participants to ongoing efforts to establish partnerships among public and private inpatient psychiatric providers:

- Kathy Coate-Ortiz, ODMH, provided an update of activities since the November conference and examples of initiatives that have been initiated in other regions.
- Berna Bell, OHA, provided an overview of private hospital utilization trends in Southeast Ohio.
- Jane Krason and Max McGee gave an overview of ABH, including utilization trends and projections.
- Rod Hollingsworth, Muskingum Area ADAMH Board, described the ongoing crisis bed project in the region, which is funded through 505 Hot Spot funding.

After the information sharing session the large group identified the following broad opportunities for collaboration:

- There is a need to better quantify the available beds within the system.
- There is a need for improved dialogue and coordination between boards and private hospitals especially in coordinating services for out of county patients as well as general discharge planning.
- There is a need to identify ways to incentivize private providers to accept more Medicaid-only patients.
- The statewide focus on health homes for patients with serious and persistent mental illness

The second discussion portion of the meeting included a focused conversation around the concept of a bed board in southeast Ohio as well as next steps in collaboration and coordination.

An overview of the bed board concept was provided by Berna Bell, OHA, who is familiar with the existing system in Franklin County. Participants identified the following key considerations for implementing a bed board concept in southeast Ohio:

- Visibility of available beds on a regular basis is needed in the region
- Increased visibility of bed availability could increase trust among clinicians/facilities
- A bed board system could reduce length of stay in emergency departments
- There must be adequate incentives for all participants
- All participants should be able to contribute something to the system
- Without additional inpatient crisis bed availability, a bed board will be difficult to establish
- In order to continue planning for this type of concept, a detailed understanding of where beds currently exist in the region must be developed

The group felt the clear next step was to quantify the inpatient bed capacity that exists both within the region and in neighboring areas that might serve patients from the region. The following critical elements were identified:

- Hospital/facility name and contact person
- Number of beds
 - Number of licensed beds
 - Number of staffed beds
 - Number of operational beds
 - Limitations on bed use (i.e. gero beds vs. general adult bed vs. child bed)
- Separate by facility type (i.e. public hospital, general hospital, free-standing psych hospital)
- Include information on out of state beds as available
 - Camden Clark – Parkersburg, WV
 - Kings Daughters – Ashland, KY

Next steps:

- Start with ODMH licensing information and build a matrix template to easily view data
- Include an inventory of crisis beds in the region
- Circulate template to participants who will add facility-specific information in their areas
- Complete inventory by 2/14/2013
- Reconvene group to review results of inventory and discuss bed board strategies in more detail (suggested a 2 hr meeting on 2/28/2013)

Throughout the day, several concerns were identified that might impact the planning for this type of collaboration. These were noted and placed into a “Parking Lot” for future consideration/action.

Concerns (Parking Lot Issues)

- ACA impacts
 - Readmission rules
 - CPT codes
- Impact of focus on gun control and mental health
- Future financing of ODMH
- CPST caps (as a barrier)
- Health homes
 - Rules
 - Workforce issues
 - ABH providing services to non-Medicaid/community providers Medicaid only