HARD-TO-PLACE PATIENTS

Older Adult Behavioral Health Policy Summit, June 2019

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UNDERSTANDING CLINICAL CHARACTERISTICS OF HARD-TO-PLACE PATIENTS

1,687 patients = **$469 million**
Lengths of stay 60+ days   inpatient hospital charges

- Examined calendar year 2016 and 2017 hospital discharge data for unique patients; excluded burn and transplant patients
- Identified common conditions using the Agency for Healthcare Research and Quality's Clinical Classification Software and excluded "liveborn" category
- Summarized hard-to-place patients by focusing on top 10 conditions with the most patients leaving a cohort of 1,013 unique patients

PREVALENCE OF BEHAVIORAL HEALTH AMONG TOP TEN CONDITIONS

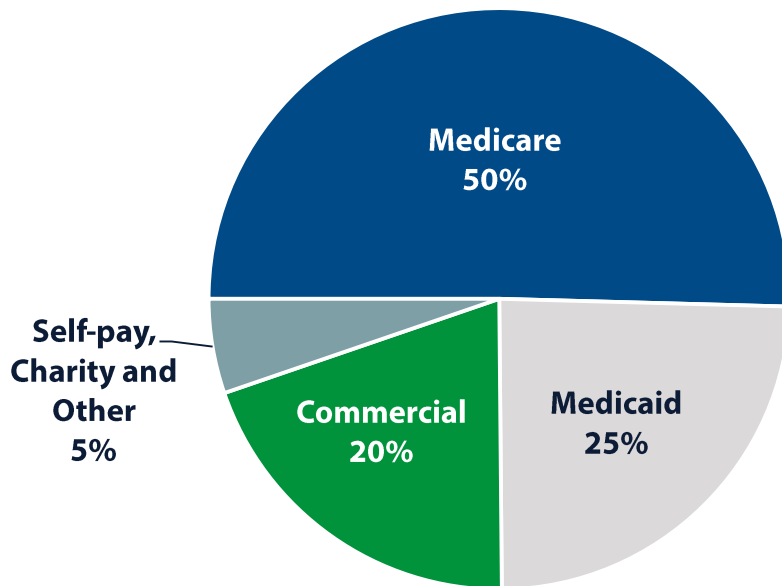| Principal Diagnosis	Unique Patients	Percent of Unique Patients with Behavioral Health Conditions (Includes Mental Health & Substance Use)			
		All Behavioral Health	Substance Use	Mental Health	Dementia/ Alzheimer's*
Septicemia (except in labor)	212	47%	19%	36%	13%
Respiratory failure; insufficiency; arrest (adult)	212	50%	12%	42%	11%
Mood disorders	114	100%	37%	100%	22%
Delirium dementia and amnestic and other cognitive disorders	106	100%	14%	100%	100%
Schizophrenia and other psychotic disorders	88	100%	28%	100%	15%
Acute and late effects of cerebrovascular disease	78	58%	13%	53%	26%
Intracranial injury	63	79%	25%	67%	40%
Complications of surgical procedures or medical care	51	33%	10%	27%	8%
Complication of device; implant or graft	50	52%	16%	46%	14%
Hypertension with complications and secondary hypertension	39	41%	15%	38%	23%

Top 10 conditions capture 1,013 patients, or 60% of all hard-to-place patients in 2016 and 2017, accounting for $244 million inpatient hospital charges; 66%, had a primary or secondary behavioral health condition
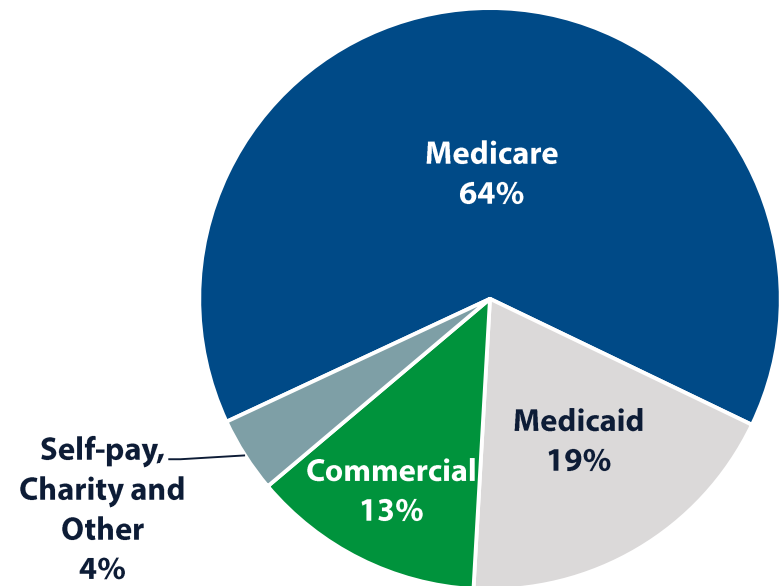
Unique patients are counted once within each category
*Dementia/Alzheimer's is one of the subcategories within Mental Health

PAYER MIX OF TOP TEN CONDITIONS OF HARD-TO-PLACE PATIENTS

Somatic Conditions

Behavioral Health

Somatic Conditions pie chart:
- Medicare 50%
- Medicaid 25%
- Commercial 20%
- Self-pay, Charity and Other 5%

Behavioral Health pie chart:
- Medicare 64%
- Medicaid 19%
- Commercial 13%
- Self-pay, Charity and Other 4%

Reflects payer mix of top ten conditions among unique patients — seven somatic conditions and three behavioral health

HIGH UTILIZERS' COSTS

High utilizers account for 17% of all patients, but are associated with more than half of all charges for admissions, ED visits, and observation stays

- Used calendar year 2017 hospital discharge data to identify high utilizers defined as Maryland residents with 3 or more hospital encounters, including: inpatient discharges, observation stays and/or ED visits

- Identified common conditions using the Agency for Healthcare Research and Quality's Clinical Classification Software
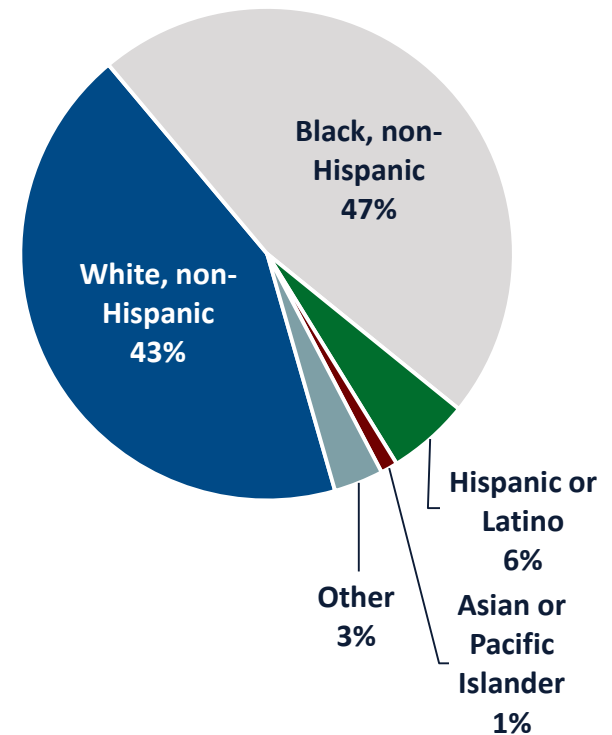
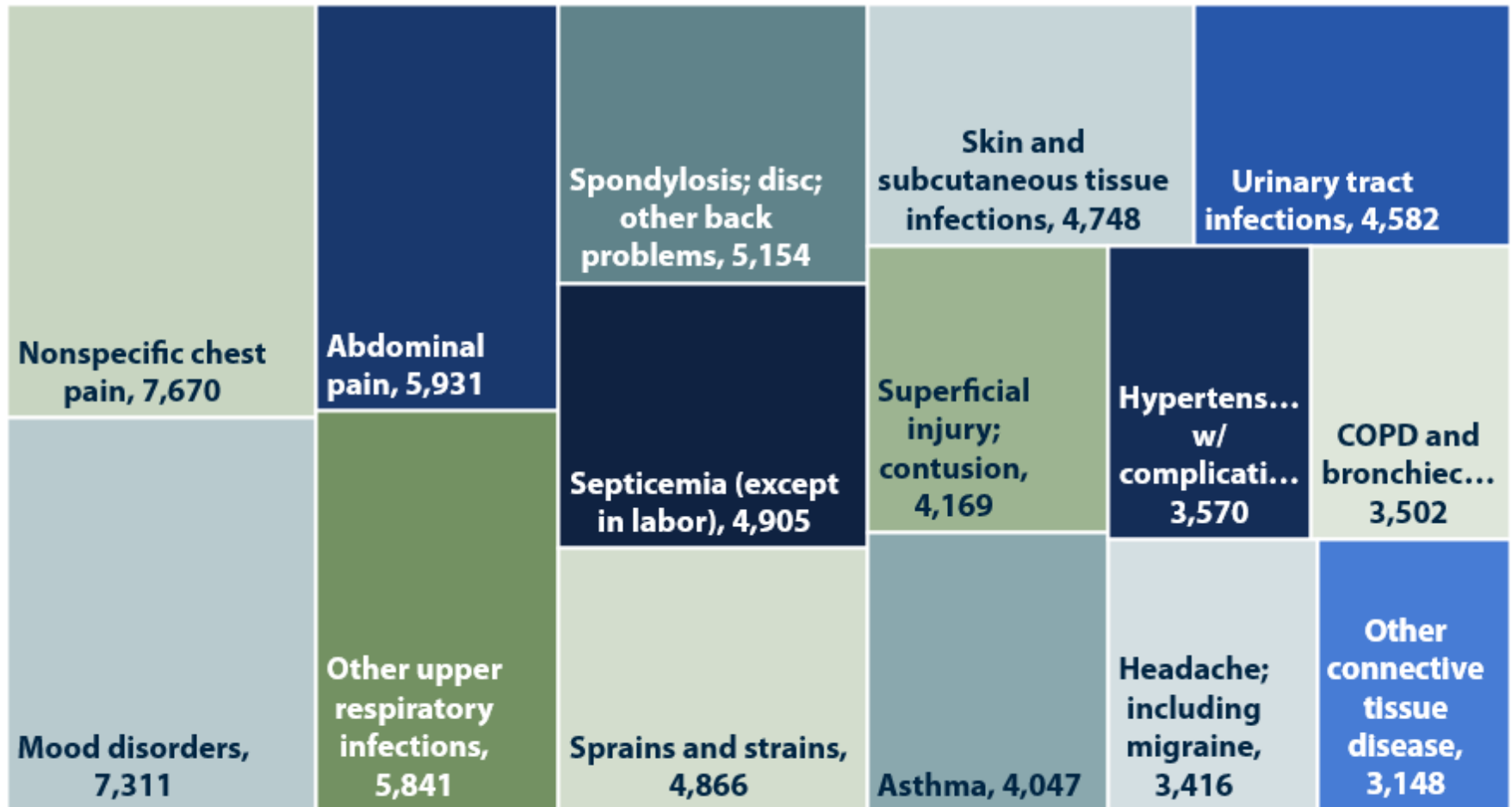|	Total	High Utilizers
Patients	1,380,563	228,151
Total Hospital Charges	$11,166,022,092	$5,665,353,324
Hospital Charges per Capita	$8,088	$24,832

DEMOGRAPHICS of HIGH UTILIZERS

Age

Age Group	High Utilizers	Percent
14 or less	26,733	11.7%
15-24	27,043	11.9%
25-34	36,974	16.2%
35-44	26,068	11.4%
45-54	28,943	12.7%
55-64	29,076	12.7%
65-74	22,648	9.9%
75-84	18,474	8.1%
85+	12,192	5.3%
Total	228,151	

Race/Ethnicity

Black, non-Hispanic 47%

White, non-Hispanic 43%

Hispanic or Latino 6%

Asian or Pacific Islander 1%

Other 3%

Source: MHA analysis of HSCRC's 2017 hospital discharge data (also referred to as the Revisit Files)

MOST COMMON CONDITIONS* AMONG HIGH UTILIZERS WITH AN ED VISIT

Nonspecific chest pain, 7,670

Mood disorders, 7,311

Abdominal pain, 5,931

Other upper respiratory infections, 5,841

Spondylosis; disc; other back problems, 5,154

Septicemia (except in labor), 4,905

Sprains and strains, 4,866

Skin and subcutaneous tissue infections, 4,748

Superficial injury; contusion, 4,169

Asthma, 4,047

Urinary tract infections, 4,582

Hypertens... w/ complicati... 3,570

Headache; including migraine, 3,416

COPD and bronchiec... 3,502

Other connective tissue disease, 3,148

MOST COMMON CONDITIONS* AMONG HIGH UTILIZERS WITH ADMISSIONS

Mood disorders, 6,231

Septicemia (except in labor), 6,152

Hypertension with complications, 4,161

COPD and bronchiectasis, 2,883

Nonspecific chest pain, 2,540

Complication of device; implant or graft, 2,472

Complications of surgical procedures or medical care, 2,353

Schizophrenia & other psych disorders, 2,340

Diabetes mellitus with complications, 2,223

Alcohol-related disorders, 2,195

Skin and subcutaneous tissue infections, 2,278

Urinary tract infections, 2,178

Respiratory failure; arrest (adult), 2,048

Pneumonia, 2,059

Cardiac dysrhythmias, 1,800

Source: MHA analysis of HSCRC's 2017 hospital discharge data (also referred to as the Revisit Files)
*Based on Primary Diagnosis

NEED TO STUDY WHY PATIENTS ARE HARD TO PLACE

- Study aimed to determine the reasons behavioral health inpatients experience discharge delays
- 31 hospitals throughout Maryland participated
  - 19 psych unit only hospitals
  - 10 medical unit only hospitals
  - 2 hospitals included both psych and medical units
- 100 day data collection period (August- November)
- Hospital discharge planners used an online data collection tool.

STUDY POPULATION

Rates of Discharge Delays

266 patients or **3 percent of behavioral health patients**— experienced a discharge delay during the study.

Collectively, these patients were delayed for **3,514 days,** with an average of

13 days per patient.

Discharge delays were experienced in about . . .

7% of behavioral health patients IN MEDICAL SURGICAL UNITS

2% of patients IN INPATIENT PSYCHIATRIC UNITS

Source: Dillon, Kristin & Thomsen, Darcie Delays in Hospital Discharges of Behavioral Health Patients; Results from the Maryland Hospital Association Behavioral Health Data Collection Wilder Research, January 2019

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MHA SURVEY OF DISCHARGE DELAYS FOR BEHAVIORAL HEALTH PATIENTS

Top Reasons for Discharge Delays

Note: Patients may have more than one reason for a discharge delay during their admission, but each delay day is only associated with one reason at a time.

Reason	Number of delay DAYS (N=3,514)	Percentage of PATIENTS (N=266)
Placement setting refuses or denies patient admission	895	18%
Waiting for agency to accept, process, or deny referral	617	19%
Lack of bed space in placement setting	608	34%
Delay due to patient legal involvement, including civil commitment or guardianship	387	5%
Waiting for Core Service Agency inside county of responsibility to identify and make referral	222	3%
Lack of housing/housing instability	192	5%
Patient non-adherence to plan of care/refusal of placement	187	8%

PATIENT CHARACTERISTICS ASSOCIATED WITH DISCHARGE DELAY

	Percentage of patients (N=266)	Number of delay days (N=3,514)
Behavioral issues or dysregulation (e.g., violence, fire starting, self-harm, sexually inappropriate behavior)	26%	1,329
Substance use (including addiction and medication assisted treatment)	15%	229
Significant medical comorbidity	12%	236
Physical disability	8%	340
Patient age (e.g., youth or geriatric)	6%	128
Developmental disability or autism	3%	209
Traumatic brain injury	1%	107
None of these characteristics are contributing to this delay	51%	1,438

Note. A patient may have more than one characteristic contributing to their delay, so the total exceeds 100 percent.

EMERGENCY DEPARTMENT DISCHARGE DELAYS

- Data collection period: April 15-May 31

- 27 Maryland hospitals

- Aimed to collect total number of hospital ED visits for patients with behavioral health conditions

- Defined delay as every hour, beginning 4 hours after a disposition decision was made

- Over 5,200 entries into the online portal

- Results July 30