

# Newer Developments in ED Operations and Alternatives

# Topics

- Community Cooperation
- First Break Psychosis Care
- Vaping
- Telemedicine
- Warm lines
- Crisis centers
- Crisis teams
- ACT Teams
- Diversion or respite units

# Community Cooperation

- Spreading development of CIT ( Crisis Intervention Training)
- Establishment of crisis centers many with direct drop off
- Separate court parts
- Respite and recovery centers
- Integrated drug and alcohol treatment

# First Break Psychosis

- 100,000 adolescents and young adults in the United States experience FBP each year
- Onset between 15-25 years of age,
- Initiate a trajectory of accumulating disability
- Early intervention with evidence-based therapies offers real hope for clinical and functional recovery
- Annual cost of schizophrenia over \$70 Billion
- Frequent visitors to Emergency Care

# First Psychotic Break Resources

- Interactive map of treatment programs:  
[https://med.stanford.edu/content/dam/sm/peppnet/documents/PEPPNET\\_directory.html](https://med.stanford.edu/content/dam/sm/peppnet/documents/PEPPNET_directory.html)
- PROGRAM DIRECTORY of Early Psychosis Intervention Programs : Taylor, E. (2016). Program Directory of Early Psychosis Intervention Programs. Portland, OR: EASA Center for Excellence.  
[http://www.easacommunity.org/PDF/Directory\\_V5.pdf](http://www.easacommunity.org/PDF/Directory_V5.pdf)
- **Schizophrenia Early Diagnosis and Treatment Clinics**  
<Http://schizophrenia.com/earlypsychosis.htm#>
- **United States (15 Clinics)**  
California, Connecticut, Illinois, Maine, Maryland, Massachusetts, Michigan, New York North Carolina, Oregon
- **Canada** - Ontario, Quebec, British Columbia, Alberta, Saskatchewan, Newfoundland, Nova Scotia
- **First Episode Psychosis Community of Practice: National Council**  
<https://www.thenationalcouncil.org/topics/first-episode-psychosis/>

# VAPING

- CDC recently provided webinar which reviewed vaping information, and can be found in “Resources for Healthcare Providers” section at: [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/severe-lung-disease/healthcare-providers/index.html](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/severe-lung-disease/healthcare-providers/index.html)
- For patients who report use of e-cigarette, or vaping, products, physical examination should include vital signs and pulse-oximetry. Tachycardia was reported in 55% (169/310) of patients and tachypnea in 45% (77/172); O<sub>2</sub> saturation <95% at rest on room air was present for 57% (143/253) of patients reported to CDC, underscoring the need for routine pulse-oximetry.
- Among patients identified to date, pulmonary findings on auscultation exam often been unremarkable, even among patients with severe lung injury.
- Corticosteroids might be helpful in treating injury. Several case reports describe improvement with corticosteroids, likely because of a blunting of the inflammatory response (3–5). In a series of patients in Illinois and Wisconsin, 92% of 50 patients received corticosteroids; the medical team documented in 65% of 46 patient notes that “respiratory improvement was due to the use of glucocorticoids”

# Behavioral Treatment

For patients who have addiction to THC containing, or nicotine-containing products, cognitive-behavioral therapy, contingency management, motivational enhancement therapy, and multidimensional family therapy have been shown to help, and consultation with addiction medicine services should be considered.

# The Prospects of Telepsychiatry

- HIMSS report, "Telehealth: Disrupting the Care Delivery Paradigm" Nine in 10 of (healthcare organizations), are offering or piloting telehealth programs. Fifty-nine percent offer mental or behavioral health visits
- Increasing evidence of value, use in primary care
- No limitation on what private health plans can allow
- Increasing demand for cost reduction and reduction in time in ED can both be helped
- New partnerships can achieve good results
- Obtain consults with complex cases
- Use warm lines
- Use 7 Cups?

# Telemedicine Under CMS

- CMS will now pay physicians for their time when they check in with Medicare beneficiaries via telephone or another telecommunications device. Physicians will also be paid for the time it takes to review a video or image sent by a patient to assess whether a visit is needed.
- Previously available only when originated in a rural Health Professional Shortage Area, located outside of a Metropolitan Statistical Area (MSA); or:
- In a rural census tract, as determined by the Office of Rural Health Policy within the Health Resources and Services Administration (HRSA); or
- A county outside of a MSA
- Must be pursuant to a written agreement
- Must be staff credentialed by home hospital
- May be Medicare Hospital or other entity as a contractor to requesting hospital
- May be people employed or “used-by”
- Might be modified by State Plan Amendment or Waiver

# Other Telehealth Authorizations

- States can allow Medicaid telehealth services
- Private insurers can allow telehealth services
- Having a written agreement and credentialing is central
- Hosting site needs to have adequate tele-communications capacity. Receiver may be somewhat less formal

## Telepsychiatry as a treatment and recruitment tool \*

- Acadia Hospital (a member of Northern Light Health) offers 24/7 telepsychiatry services to 15 rural emergency departments throughout Maine
- Provides ED physicians with videoconferencing technology to connect with remote psychiatrists who offer high-level psychiatric assessments and treatment recommendations.
- These high-level psychiatric resources allowed ED staff to stabilize patients more effectively and improve patient care.

## Telepsychiatry as a treatment and recruitment tool

- Psychiatrists can evaluate patients from their remote locations, so program has been valuable in attracting mental health providers.
- Most of the psychiatrists participating based at Acadia Hospital, which has a staff of 30-plus psychiatrists and psychiatric nurse practitioners. Some psychiatry staff are based in other states, such as Massachusetts and Indiana.
- EDs can use videoconferencing with high-quality audio and video to request psychiatric consultation around the clock, any day of the week.
- Learn more about the program here. <https://www.aha.org/case-studies/2018-03-20-telepsychiatry-emergency-department-services-acadia-hospital>

# Warm Lines

- Suicide Prevention Resource Center  
<http://www.suicidepreventionlifeline.org/>
- List of state by state lines  
<http://www.suicide.org/suicide-hotlines.html>
- Potential for follow-up calls ]
- Seven Cups [www.7cups.com](http://www.7cups.com)
- Support Groups – MHA  
<https://www.mhanational.org/find-support-groups>
- Consumer Self Help - 12 states  
<https://www.mhselfhelp.org/warmlines>  
49 Specialize support groups

# Crisis Centers

- Separate from ED
- Well staffed with behavioral health professionals
- Full array of interventions
- May accept people directly
- Ambulance or Police bring people directly
- Includes detoxification
- Receives direct reimbursement

# Crisis Centers, non-ED Centers

- Free standing behavioral health emergency centers
  - Bexar county
  - RI Living Room
  - HMC/UW Crisis Center
- Free standing urgent care
- Crisis teams
- ACT Teams
- Respite or recovery units
  - Rose House
  - Others

# Crisis Teams

- Teams usually mobile
- Often connected to a hospital
- Has a few members, may not have a physician
- May choose to admit to inpatient which often require an ambulance
- Usually follow up on people not admitted
- Often need some additional funding

# ACT Teams

- A very specific model. Test for adherence to model
- Reimbursed by Medicaid
- Follow a specific group of people and work to avoid ED and hospital use
- Includes psychiatrist
- Expense justified based n alternative of inpatient

# Respite and Recovery Centers

- Recovery Innovations Living Room
- Rose House
- NYS respite centers
- Hospital based respite beds