WCHSA Spring 2023 Conference: Advancing Change Through Shared Goals and Understandings

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Wisconsin Hospital Association
April 26, 2023

- Established in 1920
- Membership organization of Wisconsin hospitals and health systems.
  - 135 members, including rural, urban, suburban, system and independent
  - Inpatient, emergency departments, clinics

WHA MISSION: *Advocating for the ability of its members to lead in the provision of high quality, affordable, and accessible health care services, resulting in healthier Wisconsin communities.*

“Every system is perfectly designed to get the results it gets.”

Don Berwick, MD
CEO, Institute for Healthcare Improvement (IHI)

(probably)
https://www.psqh.com/julaug08/editor.html
https://deming.org/quotes/10141/

Building a Foundation for Change to an Identified, Challenging Systemic Problem

Common Ground Based in *Parity* Principles?

Common Ground Based in *Shared Desire* for Positive Outcomes?

Common Ground Based in Shared, Actionable *Understandings and Information*?

Building a Foundation for Change to an Identified, Challenging Systemic Problem

C s?

C or

C ble

Common Ground Based in *Parity* Principles?

Should MHOs and managed care plans provide equal payment for mental health and substance use disorder services as physical health?

Should HMOs and managed care plans have coverage rules and requirements on mental health and substance use disorder services providers that don't exist for physical health providers?

Common Ground Based in *Parity* Principles?

Are MHOs and managed care plans' coverage, prior authorization, and payment policies for mental health and substance use disorder services unnecessarily challenging for providers to navigate?

Is this complexity detrimental to patients/consumers and families?

Common Ground Based in *Parity* Principles?

Should Medicaid provide equal payment for mental health and substance use disorder services as for physical health?

Should Medicaid have coverage rules and requirements on mental health and substance use disorder services providers that don't exist for physical health providers?

Common Ground Based in *Parity* Principles?

Are Medicaid certification, coverage, prior authorization, and payment policies for mental health and substance use disorder services unnecessarily challenging for providers to navigate?

Is this complexity detrimental to patients/consumers and families?

Is this complexity an institutional form of stigma?

Common Ground Based in *Parity* Principles?

Should Medicaid reimbursement for the same mental health or substance use disorder service be different depending on whether the service is provided by a county or private entity?

Is it reasonable to expect that a Medicaid provider should receive less than what it costs to provide the mental health service?

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Common Ground Based in *Parity* Principles?

Common Ground Based in *Shared Desire* for Positive Outcomes?

Common Ground Based in *Shared Desire* for Positive Outcomes?

When working with other individual professionals involved in a person's care and well-being, do you trust that they are working to achieve the best, most achievable outcome for the person?

Common Ground Based in *Shared Desire* for Positive Outcomes?

When working with other individuals and their families involved in a person's care and well-being, do you trust that they are working towards what they believe is the best, most achievable outcome?

As a professional, how do you work with individuals and families to move them toward what your professional experience tells you is the best, most achievable outcome?

Common Ground Based in *Shared Desire* for Positive Outcomes?

Do you trust that organizations and governments are working to achieve the best, most achievable outcomes for persons with mental health and addiction challenges?

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In 2022, what percentage of emergency department visits in Wisconsin had a mental health or substance use disorder diagnosis coded as the primary reason for the visit?

3.5%

10.2%

18.6%

75,770 Emergency Department BH visits

Note: This does not include visits in which a mental health or substance use disorder is coded as one of potentially multiple secondary diagnoses. Count of ICD-10 F-codes excluding developmental disability.

Since 2017, visits in Wisc substance us primary dx t

Avg: 4.0%

High: 4.7% Q2 2020

Increase

Some increase

Steady

Some decrease

Decrease

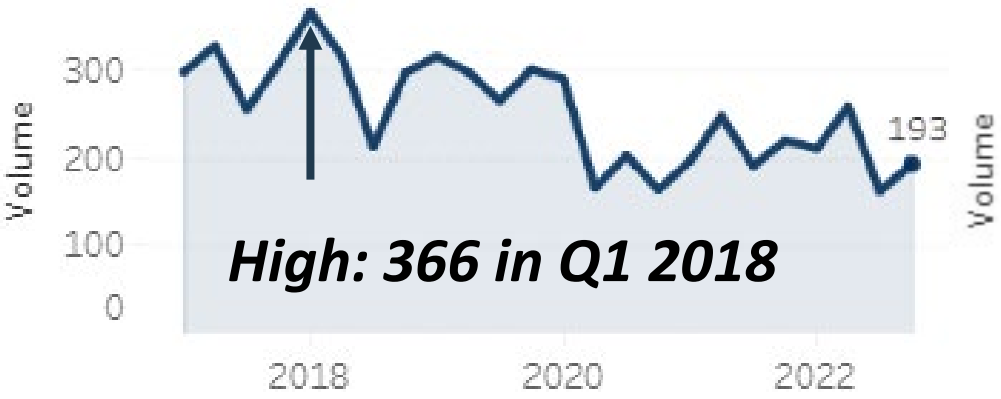
High: 22,909 in Q3 2017

In 2022 in Wisconsin, which *age group had the highest per capita* emergency department visits with a mental health or substance use disorder diagnosis coded as primary dx?

Under 18	***4.59 visits per 1000***
18 - 64	***17.7 visits per 1000***
65+	***6.41 visits per 1000***

2017-2022 Emergency Department Admissions with Mental Health or Substance Use Disorder Dx Coded as Primary

1-11



High: 366 in Q1 2018

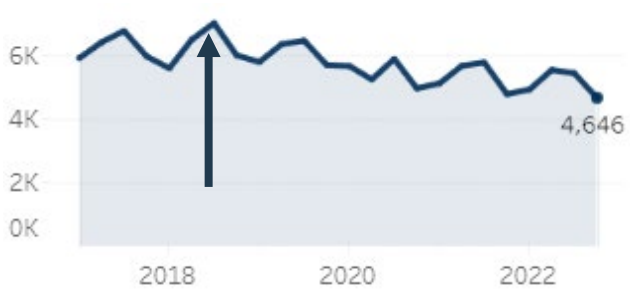
12-17

High: 1,734 in Q4 2019

18-45

High: 12,632 in Q3 2017

46-64



High: 6,989 in Q3 2019

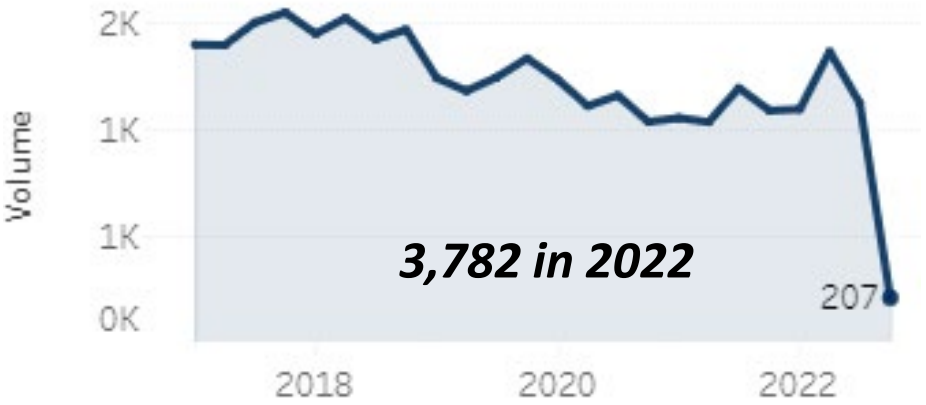
65+

High: 2,110 in Q3 2019

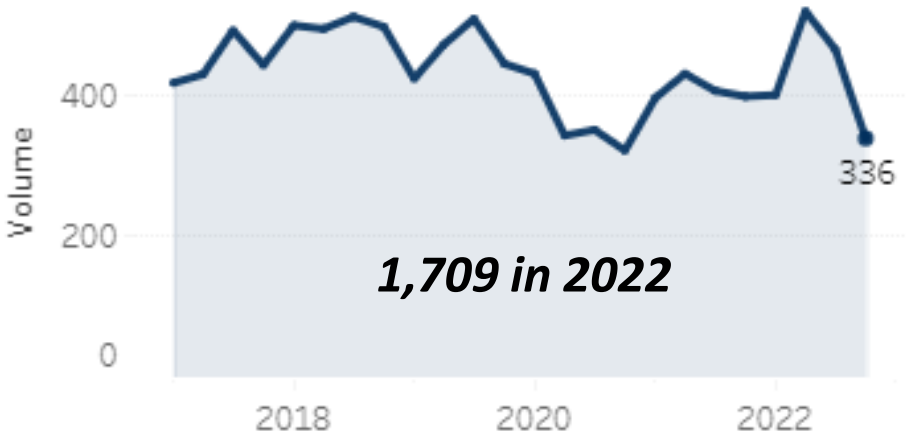
Does emergency department discharge claims data include emergency detention codes?

75,700 total emergency department mental health/substance use disorder visits

Admit Code:
Court/Law Enforcement



Discharge Code:
Discharged or Transferred to Court/Law Enforcement



CAUTION: Caution should be used in interpreting Admit Code and Discharge Code data elements as coding consistency varies as not central to claim determinations.

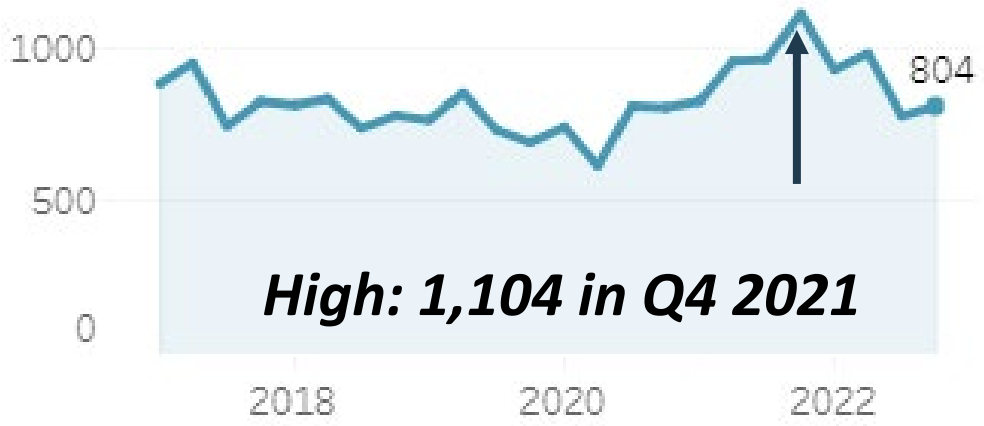
In 2022, what percentage of inpatient psychiatric admissions in Wisconsin were admissions to Winnebago MHI?

7%

28%

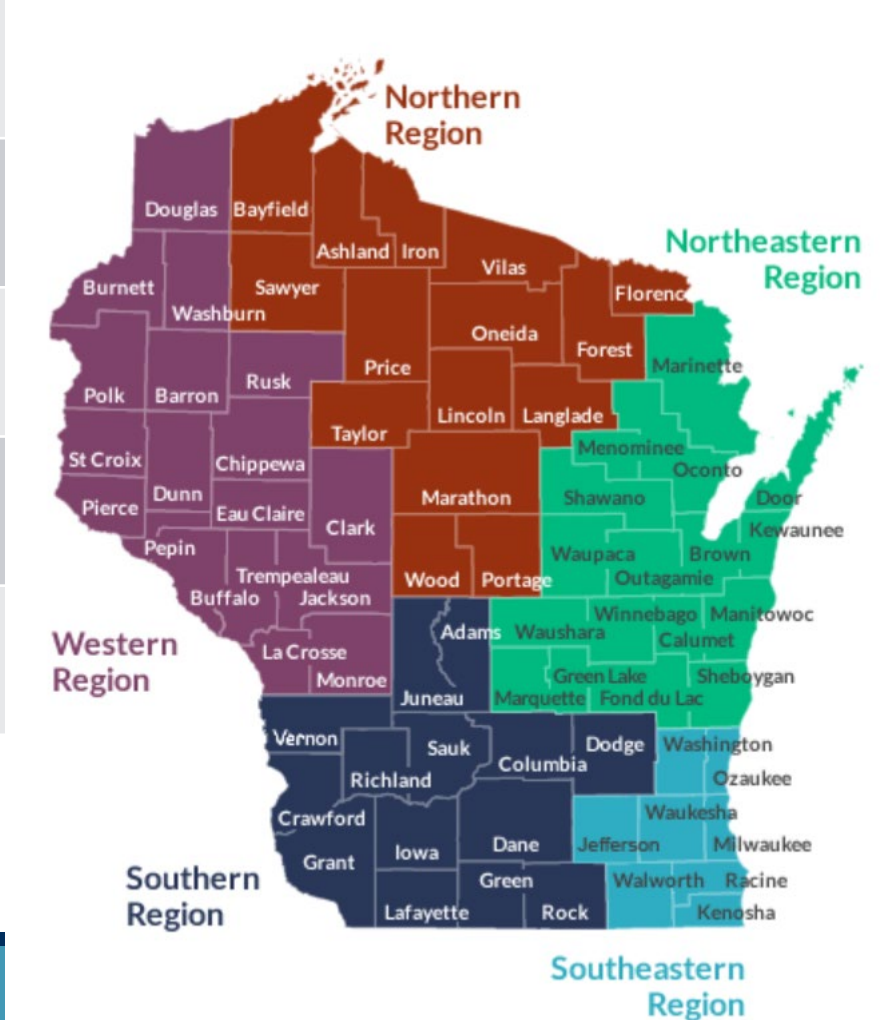
54%

3,472 inpatient psychiatric admissions



2022 Inpatient Psychiatric Admissions

	Private Facilities	County-operated Facilities	Winnebago MHI
Statewide	40,605 (84.3%)	3,570 (8.9%)	3,472 (7.3%)
DHS Northeastern Region			1,054 (9.5%)
DHS Northern Region			296 (8.0%)
DHS Southeastern Region			906 (4.5%)
DHS Southern Region			803 (9.7%)
DHS Western Region			413 (8.5%)



2022 Inpatient Psychiatric Admissions

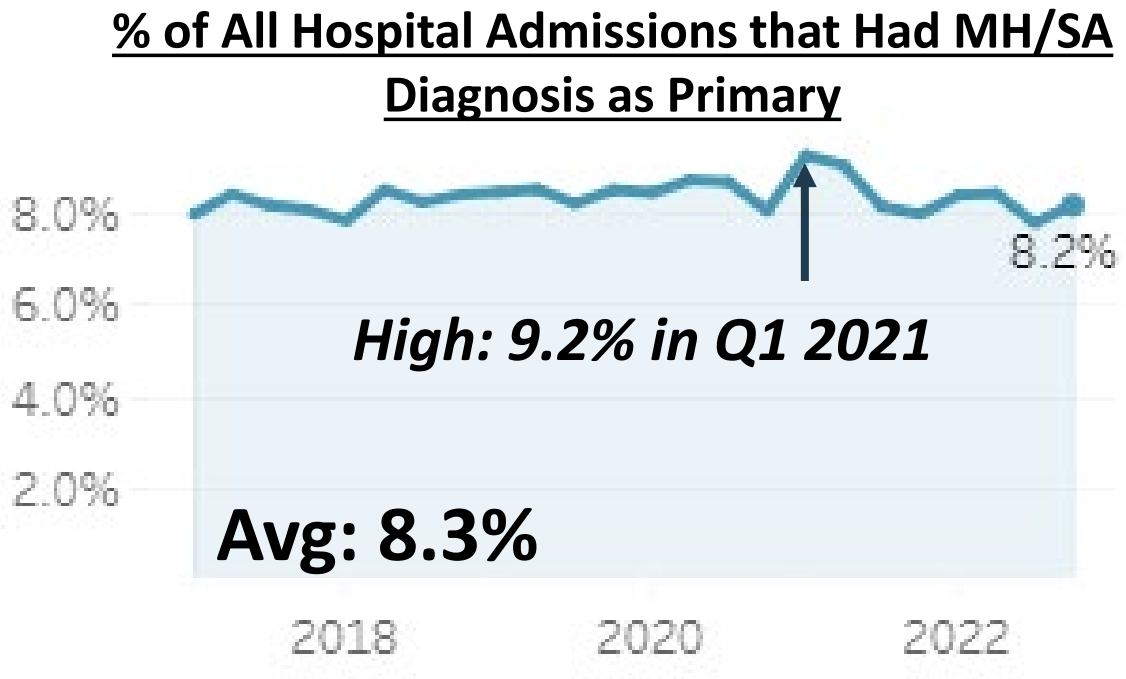
	Private Facilities	County-operated Facilities	Winnebago MHI
Statewide	40,605 (84.3%)	3,570 (8.9%)	3,472 (7.3%)
DHS Northeastern Region	8,758 (79.3%)	1,143 (10.5%)	1,054 (9.5%)
DHS Northern Region	2,414 (61.8%)	1,159 (35.9%)	296 (8.0%)
DHS Southeastern Region	17,769 (88.9%)	1,093 (6.1%)	906 (4.5%)
DHS Southern Region	7,259 (87.4%)	117 (2.0%)	803 (9.7%)
DHS Western Region	4,405 (89.5%)	58 (2.7%)	413 (8.5%)

Since 2017, the number of inpatient mental health/substance use disorder patients in private facilities has increased, decreased, or held steady?

Increase

Steady

Decrease



In 2022, what percentage of Wisconsin inpatient psychiatric admissions were admissions to private facilities with Medicaid coded as the primary payor?

9%

21%

46%

This has risen to its highest level since 2017 (42%)

This was nearly identical to the Medicaid payor mix for county-operated facilities: 47%

General Hospitals vs. Psych-only Hospitals

Multiple disincentives for operating a general hospital psychiatric unit vs. a freestanding psychiatric hospital.

	General Hospital - PPS	General Hospital - CAH	Psychiatric Only Hospital
Medicaid reimbursement rate	Low, fixed fee schedule rate – little account for higher acuity. Same rate whether in hospital for 1 day or 20 days. **Avg. 67% of cost (not charge).**	Low, fixed fee schedule rate – little account for higher acuity. Same rate whether in hospital for 1 day or 20 days. **Avg. 67% of cost (not charge).**	Per day (per diem) rate at 85% of your facility's **cost (not charge).** Rate paid accounts for higher acuity/costs.
Medicaid readmission penalty	Readmission penalty applies. Psych readmissions highly dependent community services.	Readmission penalty applies. Psych readmissions highly dependent community services.	Readmission penalty does not apply.
Federal IMD exclusion	Able to accept 18-64 y.o. Medicaid FFS patients	Able to accept 18-64 y.o. Medicaid FFS patients	Facility over 16 beds receives **no payment** for 18-64 y.o. Medicaid FFS patients

General Hospitals vs. Psych-only Hospitals

Multiple disincentives for operating a general hospital psychiatric unit vs. a freestanding psychiatric hospital.

	General Hospital - PPS	General Hospital - CAH	Psychiatric Only Hospital
Excluded from CAH cost-based rate		Federal law allows CAHs to have 10 distinct part unit psychiatric beds, but **beds excluded from typical CAH cost-based rate**.	
Number of facilities in 2011	23	5	12
Number of facilities in 2022	22	4	15

What does research indicate should be the target occupancy rate for inpatient psychiatric beds?

75%

85%

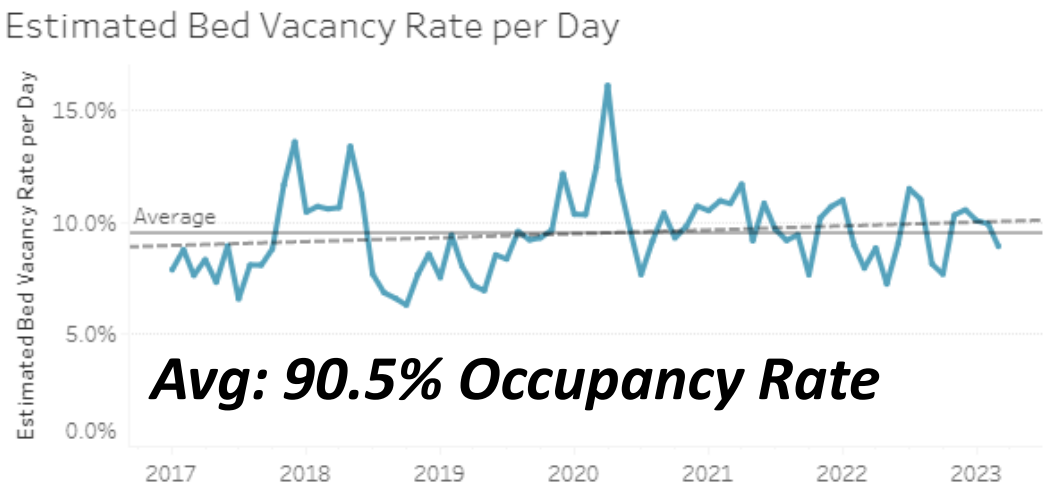
95%

"[P]sychiatric hospitals with fewer than 100 beds should be operating below 85% average occupancy, whereas larger hospitals should be limited to a maximum of 85% occupancy in order to protect both patients and staff from untoward incidents arising from busyness."

- Benchmarks for Needed Psychiatric Beds for the United States: A Test of a Predictive Analytics Model; November 2021

Wisconsin Psychiatric Bed Locator: Estimated Bed Vacancy Rate per Day 2017-Present

Inpatient Psychiatric Beds - Adult

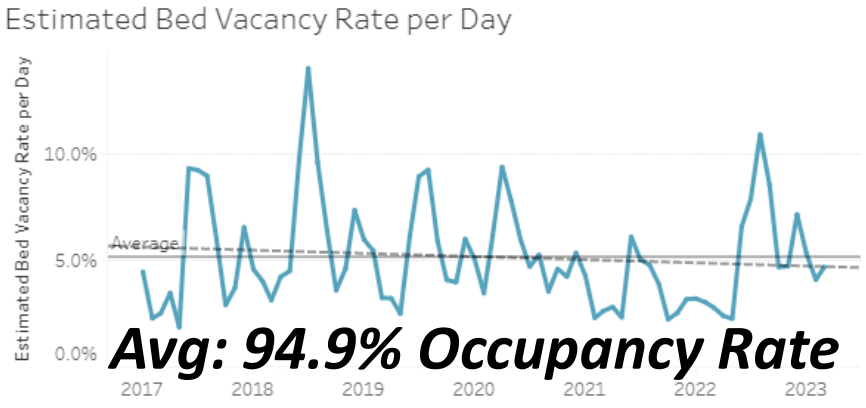


Avg: 90.5% Occupancy Rate

Caveats:

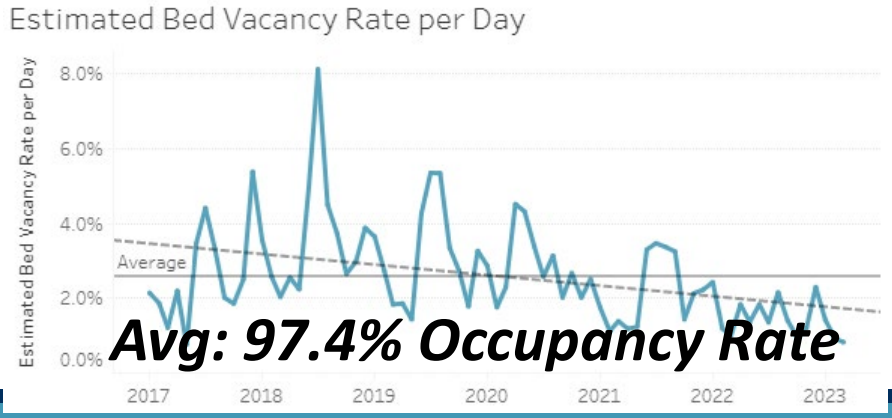
- ***82.5% of private beds participate***
- ***23.8% of county beds participate***
- ***0% of state beds participate***
- ***Estimate relies on annually reported beds set up and staffed.***
- ***Real rate likely worse accounting for staffing variation; lack of state participation***

Inpatient Psychiatric Beds – Adolescent (12-18yo)



Avg: 94.9% Occupancy Rate

Inpatient Psychiatric Beds – Child (Under 12yo)



Avg: 97.4% Occupancy Rate

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WHA BEHAVIORAL HEALTH FORUM: SEPTEMBER 2022

NON-LEGISLATIVE DHS ADMINISTRATIVE ACTION PROPOSALS TO SUPPORT BEHAVIORAL HEALTH ACCESS

Recommendation #11 – Guide to help navigate complex regs and funding - DHS provide education and user guides to help providers and policy makers navigate the complex array of regulations and funding impacting behavioral health facilities and service types.

Recommendation #15 – **Options to track emergency detentions.** Explore with stakeholders low resource options to better directly and accurately track emergency detention trends.

Recommendation #14 – Improve relevance of MHI data. Improve relevance of Winnebago and Mendota MHI data in the Guide to Wisconsin Hospitals, particularly utilization of civil vs. forensic services and beds set up and staffed.

Recommendation #7 – Pursue Medicaid IMD waiver to expand service options and reduce uncompensated Winnebago services. Explore applying for the federal short-term stay mental health IMD waiver and implementing the behavioral health care coordination pilot.

Recommendation #4 – Educate to fully leverage crisis funding. DHS promotion and education on leveraging existing crisis intervention services flexibility to enable to access cost-based reimbursement for psychiatric emergency services.

WISCONSIN HOSPITAL ASSOCIATION

ADVOCATE. ADVANCE. LEAD.

Thank you for the invitation!