The Changing Health Policy Environment and Behavioral Health Services Delivery

Laura N. Medford-Davis, MD, MS[a,*], Rakel C. Beall, MD, MPH[b]

KEYWORDS

• Deinstitutionalization • Insurance coverage • Health policy
• Affordable Care Act (ACA) • Mental Health Parity and Addiction Equity Act (MHPAEA)
• Psychiatric crisis • Opioid addiction • Drug abuse

KEY POINTS

- Deinstitutionalization began closing inpatient psychiatric beds in the 1950s, and the United States now has less than 25% of the number of beds needed for the population size.
- Cuts to public funding and limited insurance coverage of mental health care have also severely limited access to outpatient psychiatric care.
- The Mental Health Parity and Addiction Equity Act of 2008, the Affordable Care Act of 2010, and subsequent federal regulations improve access to mental health services, but lack of funding and poor enforcement of new rules continue to hinder progress.
- Without reliable access to outpatient care, many patients with mental illness find themselves in an acute psychiatric crisis, shifting mental health care to the criminal justice system and emergency departments.
- Substance abuse often compounds or mimics acute psychiatric crisis.

DEINSTITUTIONALIZATION: THE DECLINE OF INPATIENT PSYCHIATRIC BED AVAILABILITY

Beginning in the 1950s, deinstitutionalization called for the transfer of psychiatric care from inpatient and residential facilities to the outpatient setting. The result has been the steady closure of state inpatient facilities and a critical shortage of psychiatric treatment because inpatient closures have not been matched by a commensurate increase in outpatient treatment options. Instead total state spending on public mental health services, both inpatient and outpatient, decreased 30% from 1955 to 1997.[1]

[a] Department of Emergency Medicine, Baylor College of Medicine, 1504 Taub Loop, Houston, TX 77030, USA; [b] Meninger Department of Psychiatry, Baylor College of Medicine, One Baylor Plaza - BCM350, Houston, TX 77030, USA
* Corresponding author.
E-mail address: medford.davis@gmail.com

Psychiatr Clin N Am 40 (2017) 533–540
http://dx.doi.org/10.1016/j.psc.2017.05.013
0193-953X/17/© 2017 Elsevier Inc. All rights reserved.

Between 2005 and 2010, 13 states closed more than 25% of their beds and 4 closed more than half of their beds.[2]

The minimum standard for state inpatient psychiatric beds is 50 beds per 100,000 population census, but in 2016 the United States provided 11.7 per 100,000, just 23% of those needed.[2] The current bed count is less than in 1850 when inpatient psychiatric treatment first began, and only 3.5% of the beds available in 1955 before deinstitutionalization began.[2] Only 1 state and the District of Columbia have more than 20 beds per 100,000, whereas 16 states have less than 10 beds per 100,000, 4 states have less than 5 per 100,000, and Iowa has only 2 per 100,000.[3]

In addition, almost half of these state inpatient beds are used by patients charged with or convicted of crimes, leaving even fewer beds available for patients in psychiatric crisis living in the general population.[3] Inadequate staffing ratios can prevent existing beds from being occupied, further exacerbating the shortage.[4] Bed closures are not limited to public facilities. Nonpublic beds also shrunk 62% from 1970 to 2000, with 32% of the reduction occurring between 1990 and 2000. Adding nonstate inpatient beds to the national census brings the number available up to 25 per 100,000, still only half of those required.[3,4]

THE SIMULTANEOUS CRISIS IN OUTPATIENT PSYCHIATRIC CARE AVAILABILITY

Outpatient access to psychiatric care is also nearly nonexistent. More than half of US counties have no psychiatrist, psychologist, or social worker.[3] The number of psychiatrists declined by 10% relative to the population in the first decade of the twenty-first century.[5] Even in urban areas, after discharge from the emergency department (ED) only 22% of privately insured and 12% of Medicaid patients were able to make a follow-up appointment for depression.[6] This dearth of outpatient services contributes both to the lack of inpatient beds available, and to the number of patients in crisis needing an inpatient bed. Inpatients who have recovered enough to transfer to outpatient care continue to await outpatient service availability before discharge, worsening the inpatient bed availability crisis.[7] Meanwhile insurance ceases to cover their ongoing inpatient services because they no longer meet inpatient criteria, driving inpatient services into operating losses, which then cause more inpatient beds to close.

Patients with psychiatric illness living in the community also cannot access timely outpatient care due to the shortage, so their conditions deteriorate until they arrive to the ED in crisis requiring an inpatient admission.[2,4,7] This shortage of outpatient care creates a revolving door in which patients continually cycle through the ED and inpatient care but never link into the long-term care they need to control their illness and prevent crisis.[4] Besides time spent in the ED awaiting psychiatric care, many mentally ill patients who cannot access needed care end up homeless or incarcerated, with as many as two-thirds of the homeless population suffering from mental illness.[2]

INSURANCE ISSUES

Poor insurance coverage of psychiatric services further limits access to outpatient treatment. Among the limited number of psychiatrists who practice, the specialty is less likely to accept any type of insurance. Only 55.3% accept private insurance, 55% accept Medicare, and 43% accept Medicaid.[8] Historically, many private insurance plans have not covered mental health treatment or have provided minimal coverage with high out-of-pocket costs, strict limits on annual spending, prior authorization requirements, and frequent denials. Uninsured patients have even fewer options, and patients with mental illness are more likely to allow their insurance to lapse or to experience disorganized social situations such as homelessness that

Download English Version:

https://daneshyari.com/en/article/5722555

Download Persian Version:

https://daneshyari.com/article/5722555

Daneshyari.com