



Holds In Hallways

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Overview

1. The Experience of a Sacramento Emergency Medicine Doctor
2. Brief History of Psychiatric Public Policy
 - a. Carter Presidency
 - b. Reagan Presidency
 - c. Institution for Mental Disease (IMD) Act
 - d. Medicare and Mental Health
3. EMTALA and Mental Health
4. Tragedy of the Commons: Decreased Mental Health Funding and Hospital Systems
5. Emergency Departments and Mental Health

The Experience of a Sacramento Emergency Doctor

“Code Gray Bed 32”



Bottles shown are empty. See product description for additional details.

The Carter Presidency

- Precursor: Mental health policy in the US is a patchwork of well intentioned policies with often wayward results
- Mental Health Systems Act (MHSA) 1980
 - Aimed to restructure Mental Health from large asylums with hundreds of beds to smaller-scale community model
 - Clinics
 - Local smaller inpatient institutions
 - more robust outpatient care
 - Goal was to make mental health more humane



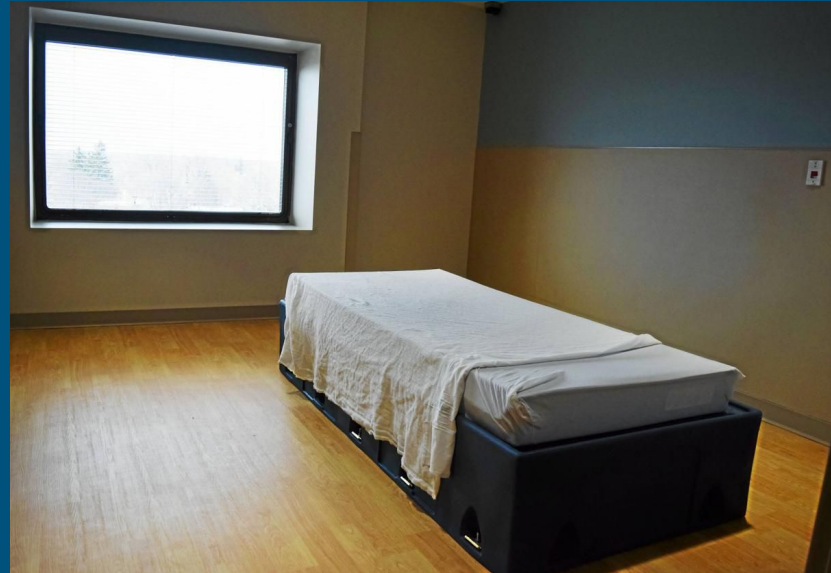
The Reagan Presidency

- Omnibus Budget Reconciliation Act
Repealed large portions of the MHSAs but kept some portions
 - Kept the breakdown of large asylums
 - Cut funding and federal support for outpatient Mental Health infrastructure
- Made major cuts to federal mental health funding



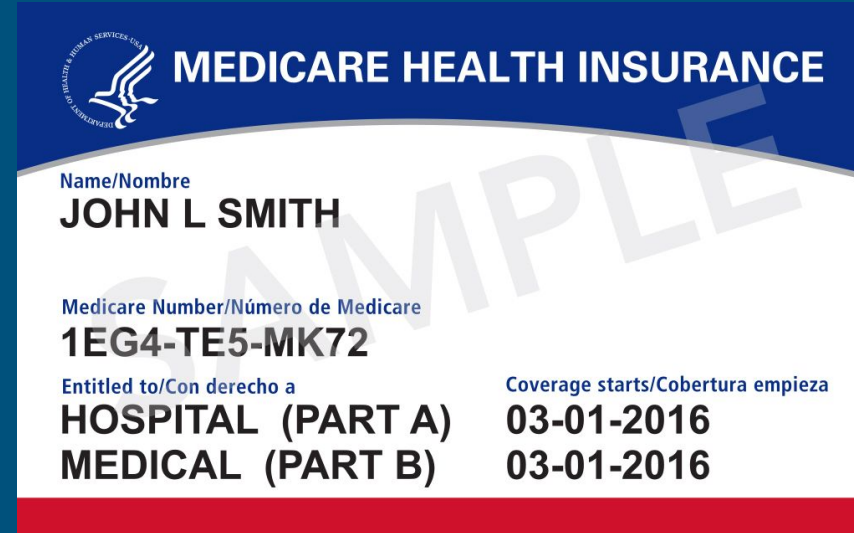
Institution for Mental Disease Exclusion Act

- 1988 Amendment to the IMD Exclusion Act barred Medicare for paying for treatment in Mental Health facilities with more than 16 beds
 - → APHs don't get reimbursed for patients >16
 - → APHs are financially disincentivized to expand capacity



Medicare and Mental Illness

- Medicare covers 190 lifetime days of mental health treatment
- Meant to prevent patients from interminably being placed in psychiatric facilities
- Limits the amount of care available to our most debilitated patients



The image shows a Medicare Health Insurance card for John L. Smith. The card is white with a blue header and a red footer. The header features the Medicare logo and the text "MEDICARE HEALTH INSURANCE". The cardholder's name is "JOHN L. SMITH". The Medicare Number is "1EG4-TE5-MK72". The card is entitled to Hospital (Part A) and Medical (Part B) coverage, both starting on 03-01-2016. A large "SAMPLE" watermark is visible across the card.

MEDICARE HEALTH INSURANCE	
Name/Nombre JOHN L. SMITH	
Medicare Number/Número de Medicare 1EG4-TE5-MK72	
Entitled to/Con derecho a	Coverage starts/Cobertura empieza
HOSPITAL (PART A)	03-01-2016
MEDICAL (PART B)	03-01-2016

Emergency Medicine Treatment and Labor Act (EMTALA) and Mental Health

- 1986 EMTALA was passed
 - Designed to prevent “patient dumping”
 - I.e. hospitals refusing to treat patients because of patient’s inability to pay
- ⇒ Patients experiencing psychiatric or medical emergencies would be treated in Emergency Departments

EMTALA and Mental Health

- 1989 EMTALA amended to require hospitals with specialists needed to stabilize emergent medical / psychiatric conditions accept patients from hospitals without those capabilities
 - i.e . neurosurgeons and SDH from rural hospital
- Violations enforced with large fines

EMTALA and Mental Health

- Approximately 20% of EMTALA fines involve psychiatric emergencies

“APHs must provide the care and treatment necessary to relieve or eliminate a psychiatric emergency medical condition within the capability of the facility, including, as necessary, admission or transfer to a psychiatric unit.” -California Department of Public Health issued an All-facilities notice (2012)

Tragedy of the Commons: Decreased Mental Health Funding and Hospital Systems

- Great Recession in 2000s ⇒ further defunding of mental health
- Sacramento County Mental Health Treatment Center (SCMHTC) beds were drastically reduced
- Large health systems like Kaiser, Sutter, Mercy reserved beds at APHs to ensure that more lucrative ED beds are open
 - → artificial reduction of available beds
- Some health systems are responding by building up new mental health treatment facilities.



Emergency Departments: Holds in Hallways

- Holds in Hallways
 - Most Emergency Departments in Sacramento take care of dozens of patients in psychiatric crisis every day
 - Length of stay can be days, weeks, or months



Emergency Departments: Holds in Hallways

- ERs are not a therapeutic environment
 - ED ⇒ initial stabilization / Medical Clearance
 - We can't meaningfully treat underlying psychiatric illness
- ⇒ **Our patients need more access to mental health care**

“It was scary for me. I had no control over my body,”

-Mental Health Patient treated in the ER

“The experience in the emergency room, it's traumatic as hell,”

-Mental Health Patient treated in the ER

Thank you.

