

Alamance Regional Medical Center Albemarle Hospital Alleghany Memorial Hospital Angel Medical Center Annie Penn Hospital Anson Community Hospital Ashe Memorial Hospital, Inc. Beaufort County Hospital Bertie Memorial Hospital Betsy Johnson Regional Hospital Bladen County Hospital Blowing Rock Hospital Blue Ridge Regional Hospital Broughton Hospital Brunswick Community Hospital Brynn Marr Behavioral Healthcare System Caldwell Memorial Hospital, Inc. Cape Fear Valley Health System CarePartners Health Services Carolinas Medical Center Carolinas Medical Center- Lincoln Carolinas Medical Center - Mercy Carolinas Medical Center - Northeast Carolinas Medical Center - Pineville Carolinas Medical Center - Union Carolinas Medical Center - University Carolinas Rehabilitation Carteret County General Hospital Catawba Valley Medical Center Central Carolina Hospital Charles A Cannon, Jr. Memorial Hospital Chatham Hospital Cherokee Indian Hospital Cherry Hospital Chowan Hospital Cleveland Regional Medical Center Coastal Plain Hospital Columbus Regional Healthcare System Craven Regional Medical Center Davie County Hospital Davis Regional Medical Center Department of Veterans Affairs Medical Center Asheville Department of Veterans Affairs Medical Center Durham Dorothea Dix Hospital Duke Health Raleigh Hospital Duke University Hospital Duplin General Hospital, Inc. Durham Regional Hospital FirstHealth Montgomery Memorial Hospital FirstHealth Moore Regional Hospital FirstHealth Richmond Memorial Hospital Forsyth Medical Center Franklin Regional Medical Center Frye Regional Medical Center Gaston Memorial Hospital Halifax Regional Medical Center Halifax Regional Medical Center Harris Regional Hospital Haywood Regional Hospital Henderson Regional Health System Highland-Cashiers Hospital Highsmith-Rainey Memorial Hospital Hugh Chatham Memorial Hospital Iredell Memorial Hospital, Inc. J. Arthur Roberts Memorial Hospital John Unruh Memorial Hospital Memorial Hospital Authority Kings Mountain Hospital, Inc. Lake Norman Medical Center LifeCare Hospitals of North Carolina Margaret M. Moore Memorial Hospital Martin General Hospital The McDowell Hospital Medical Park Hospital Mission Hospitals Morehead Memorial Hospital Murphy Medical Center, Inc. Nash Health Care Systems New Hanover Regional Medical Center North Carolina Baptist Hospital North Carolina Specialty Hospital Northern Hospital of Surry County Onslow Memorial Hospital Our Community Hospital The Outer Banks Hospital Park Ridge Hospital Pender Memorial Hospital Person Memorial Hospital Pitt County Memorial Hospital, Inc. Presbyterian Healthcare Presbyterian Hospital Huntersville Presbyterian Hospital Matthews Presbyterian Orthopaedic Hospital Pungo District Hospital Corporation Randolph Hospital Rex Healthcare Roanoke-Chowan Hospital Rowan Regional Medical Center Rutherford Hospital, Inc. Sampson Regional Medical Center Sandhills Regional Medical Center Scotland Memorial Hospital Select Specialty Hospital-Durham Select Specialty Hospital-Winston-Salem Southeastern Regional Medical Center St. Luke's Hospital Stanly Regional Medical Center Stokes-Reynolds Memorial Hospital, Inc. Swain County Hospital Thomasville Medical Center Transylvania Community Hospital, Inc. UNC Hospitals Valdease General Hospital WakeMed WakeMed Cary Hospital WakeMed Fuquay-Varina WakeMed Zebulon/Wendell SNF and Outpatient Diagnostic Center Washington County Hospital Watauga Medical Center Wayne Memorial Hospital Wilkes Regional Medical Center Wilson Medical Center



Substance Abuse Care in the Hospital Emergency Department

Mike Vicario, NCHA Vice-President of Regulatory Affairs

ED Focus Areas of Impact

- Utilization - Trends showing growth
- Regulatory- Expectations of the ED
- Financial - Reimbursement of ED services
- Workforce - Shortages & Competencies



ED Utilization:

- The ED serves as the “front door” to the public
- 45% of admissions come from the ED and % is rising
- AHA Survey: 65% of urban hospitals & 73% of teaching hospitals at or over capacity in 2007
- Avg. ED wait time of 240 minutes ranks NC 33rd in the U.S.



State Utilization Rankings

January 2008: ED visits per 1000 persons

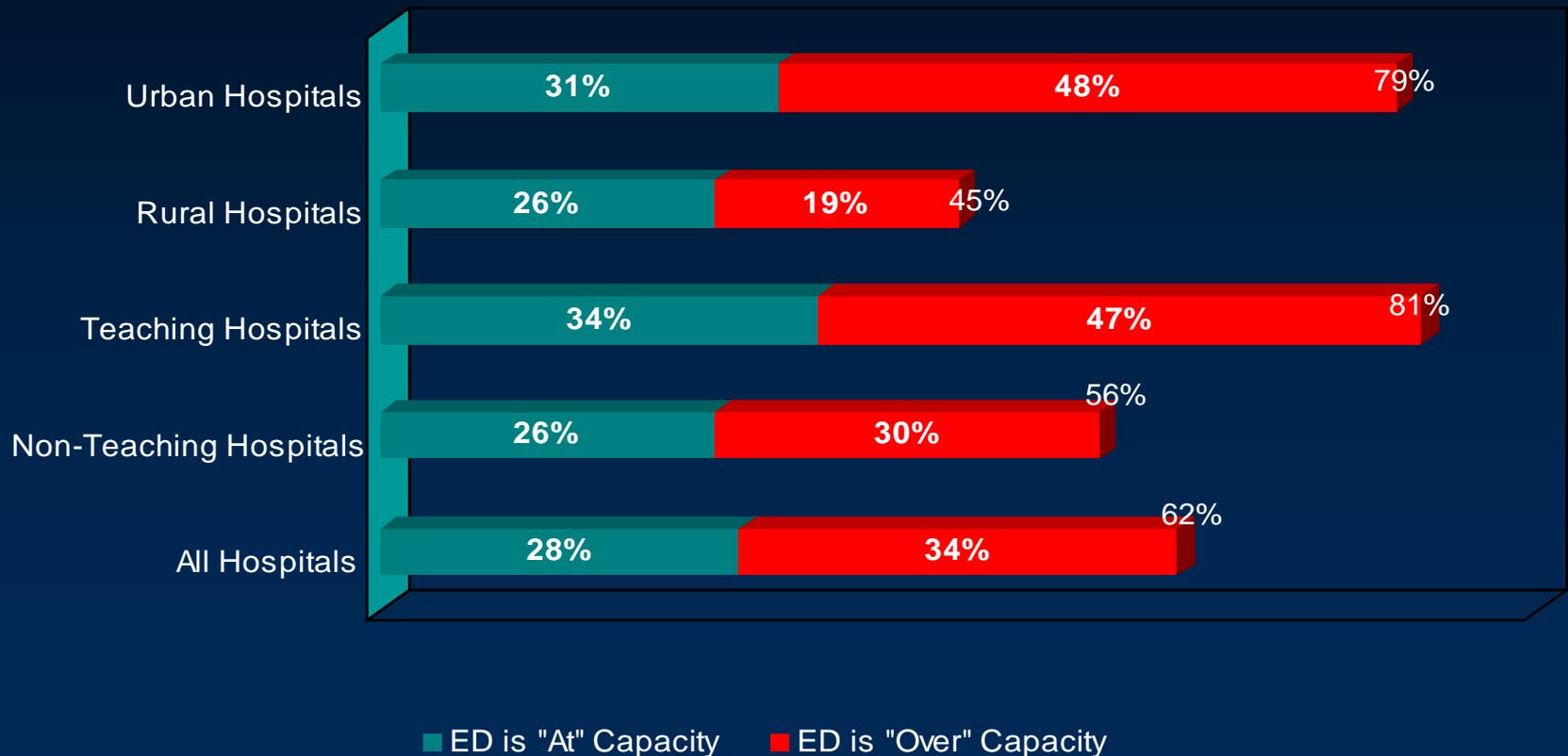
1. West Virginia	642
15. North Carolina	436
50. California	262

Source: Kaiser Family Foundation, www.statehealthfacts.org



Most EDs are at or over capacity

Percent of Hospitals Reporting ED Capacity Issues by Type of Hospital



Source: The Lewin Group Analysis of AHA ED and Hospital Capacity Survey, 2002



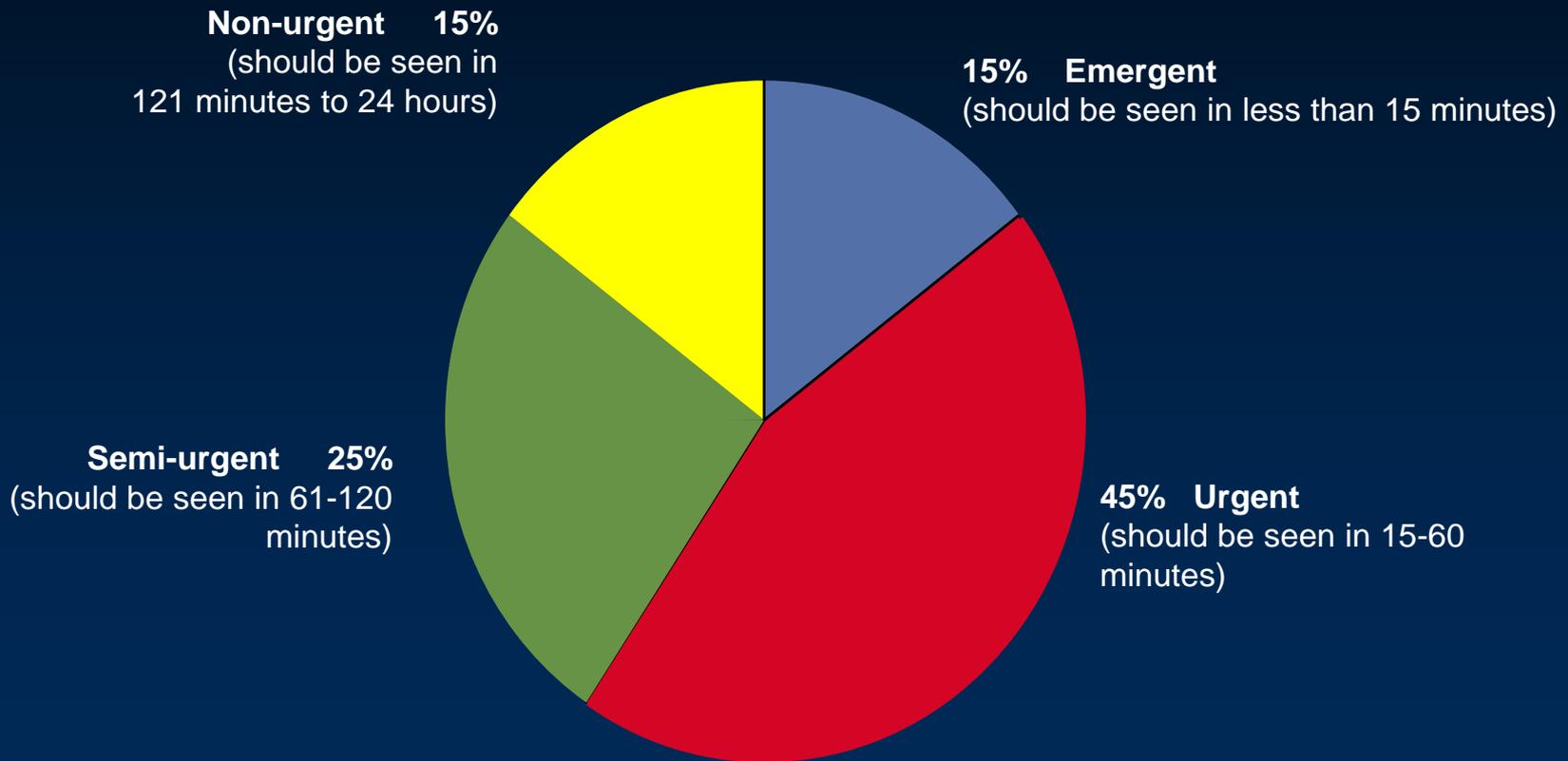
What are hospitals doing about it?

- Improve triage, information systems, throughput
- Alternatives for those who use the ED for primary care: onsite or nearby clinics
 - faster service, preference by insurers
 - protocol to use high cost providers only when needed
- Redesign and/or expansion of EDs
- Freestanding EDs



Most ED care is urgent

Emergency Department Visits by Level of Urgency ⁽¹⁾ 2004

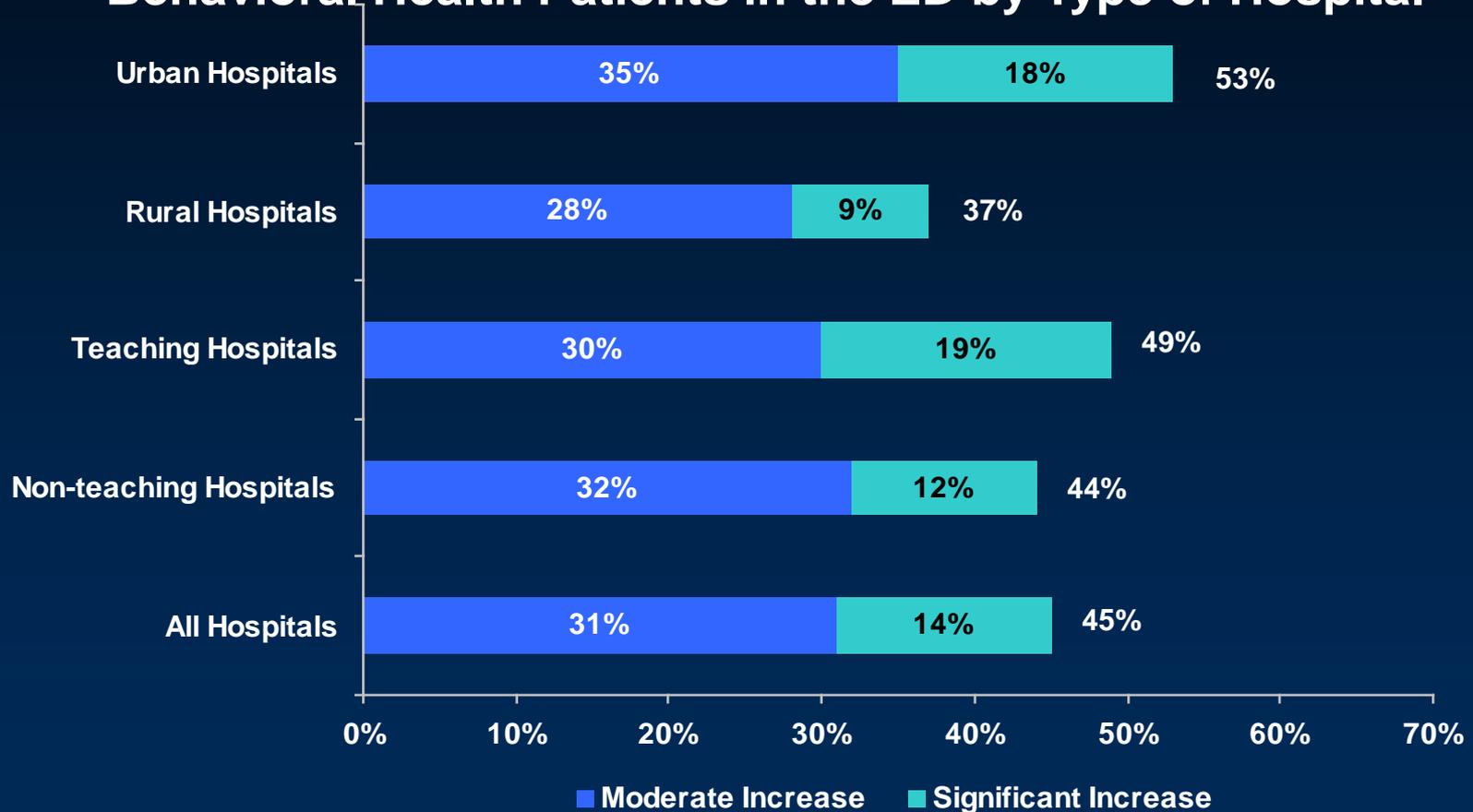


Source: Centers for Disease Control and Prevention, *National Ambulatory Medical Care Survey: 2004 Emergency Department Summary*.

(1) Excludes patients for whom triage status is unknown

Behavioral “Boarding” On The Rise

Percent of Hospitals Reporting Increases in “Boarding” Behavioral Health Patients in the ED by Type of Hospital



Source: AHA 2006 Survey of Hospital Leaders

Note: Boarding is a term used when patients that are in need of inpatient psychiatric or substance abuse services remain in the emergency department until a suitable placement can be found.

NC Hospital “Boarding” Times

Hospitals reporting 12-14 hr. and higher waits in the ED for a state hospital transfer.



Drug related ED visits:

- 1.4 million of the 108 million ED visits in 2005 were associated with drug misuse.
- About 1/3 of drug related visits involved alcohol combined w/drugs or alone for those under 21 yrs. of age.
- Adult visits - alcohol alone not included.

RTI/Drug Abuse Warning Network (DAWN), 2005



Changing Drug Use Patterns

While the total number of drug-related emergency room visits remained stable from 2004 to 2005...visits related to the non-medical use of pharmaceuticals, including prescription and over-the-counter drugs, increased 21 percent from 2004 to 2005.

RTI/Drug Abuse Warning Network (DAWN), 2005



Washington State Study

- Frequent Aged & Disabled ED Visitors Have High Rates Of Alcohol Or Drug Disorders and Mental Illness:
- 56% who visited the ED 31 or more times/year in 2002 had both an alcohol or drug disorder and mental illness.
- Each received an average of 42 prescriptions.
- The 198 most frequent ED users had >9000 visits.



Washington State Study

Policy Implications

- Improve screening in the ER to identify AOD disorders and mental illness.
- Strengthen linkages between the ER and AOD and mental health treatment systems to increase penetration rates – especially for AOD treatment.
- Ensure that treatment systems have sufficient capacity for increased demand that would likely arise from improved screening and referral from ER settings.



Intervention at the ED

- Multiple studies of screening, brief intervention, and referrals conducted in primary care, emergency departments and in-patient trauma centers have shown positive outcomes in decreasing or eliminating alcohol use, reducing injury rates, and reducing costs to society.
- A Broad array of professionals could administer the intervention.



Regulatory: EMTALA

Emergency Medical Treatment & Active Labor Act

Some Hospital (with ED) Obligations:

- Provide medical screening examination to all comers
- Provide necessary stabilizing treatment within the hospital's capability and capacity
- Provide (or accept) an "appropriate transfer" and ensure safe transport
- ...regardless of managed care plan or payer status



EMTALA - Involuntary Process

- Appropriate transfers and the state hospital
- Boarding patients awaiting state hospital bed
- “The combined result of the history, physical examination and resultant laboratory testing constitutes the ‘medical clearance’ of the patient.”
(DMH also has “Medical Clearance” document (10/2007) with standardized guidelines to rule out medical issues)
- Questions of who has custody during involuntary process while patient in the ED



EMTALA Enforcement Data

National Data	FY 04	FY 05	FY 06
# Complaints	658	738	744
# Surveys	616	649	642
% with Violations	30%	38%	40%



FY 06 Enforcement Actions

EMTALA

642 surveys

40% substantiated (258)

Hospital/CAH Complaint Surveys

4,743 surveys

3.1% substantiated at condition-level (147)

- *27% substantiated deficiencies at any level (1281)*



EMTALA Complaint Rates*

RO 1	4.2%	RO 6	12.0%
RO 2	3.2%	RO 7	12.3%
RO 3	6.8%	RO 8	15.0%
<i>RO 4</i>	<i>28.7%</i>	RO 9	4.1%
RO 5	6.0%	RO 10	
	9.4%		

National Rate: 12.1%

* Rate = # Complaints divided by # Hospitals



Financial: ED payer mix

National payer mix for patients *admitted* from the emergency department:

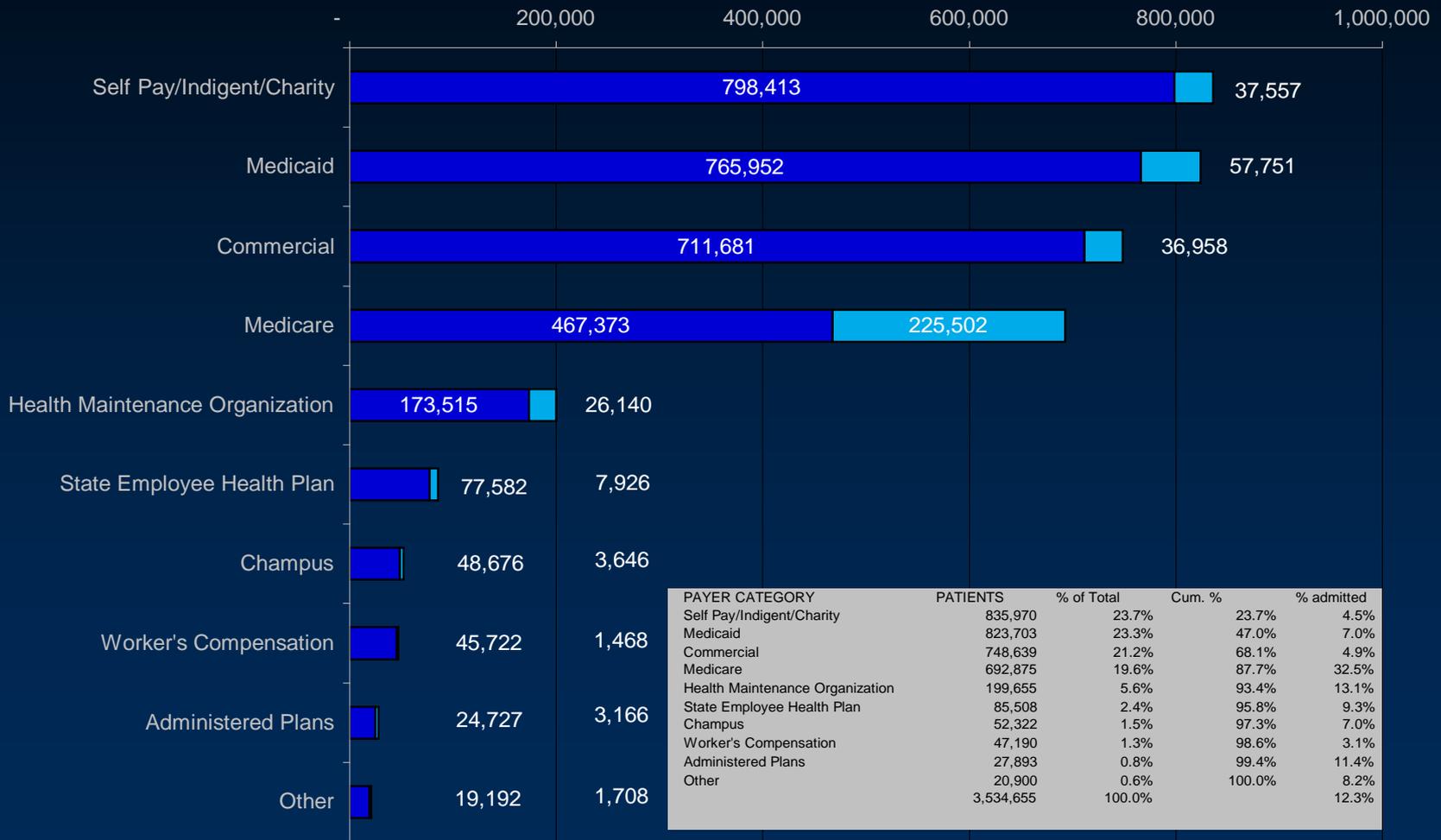
- Medicare 47%
- Medicaid 15%
- Comm. Insurance 27%
- Un/other insured 11%

Source: Thomson Healthcare



ED use - all patients in NC

Emergency Department Utilization in North Carolina by Primary Payer Type, FY2006

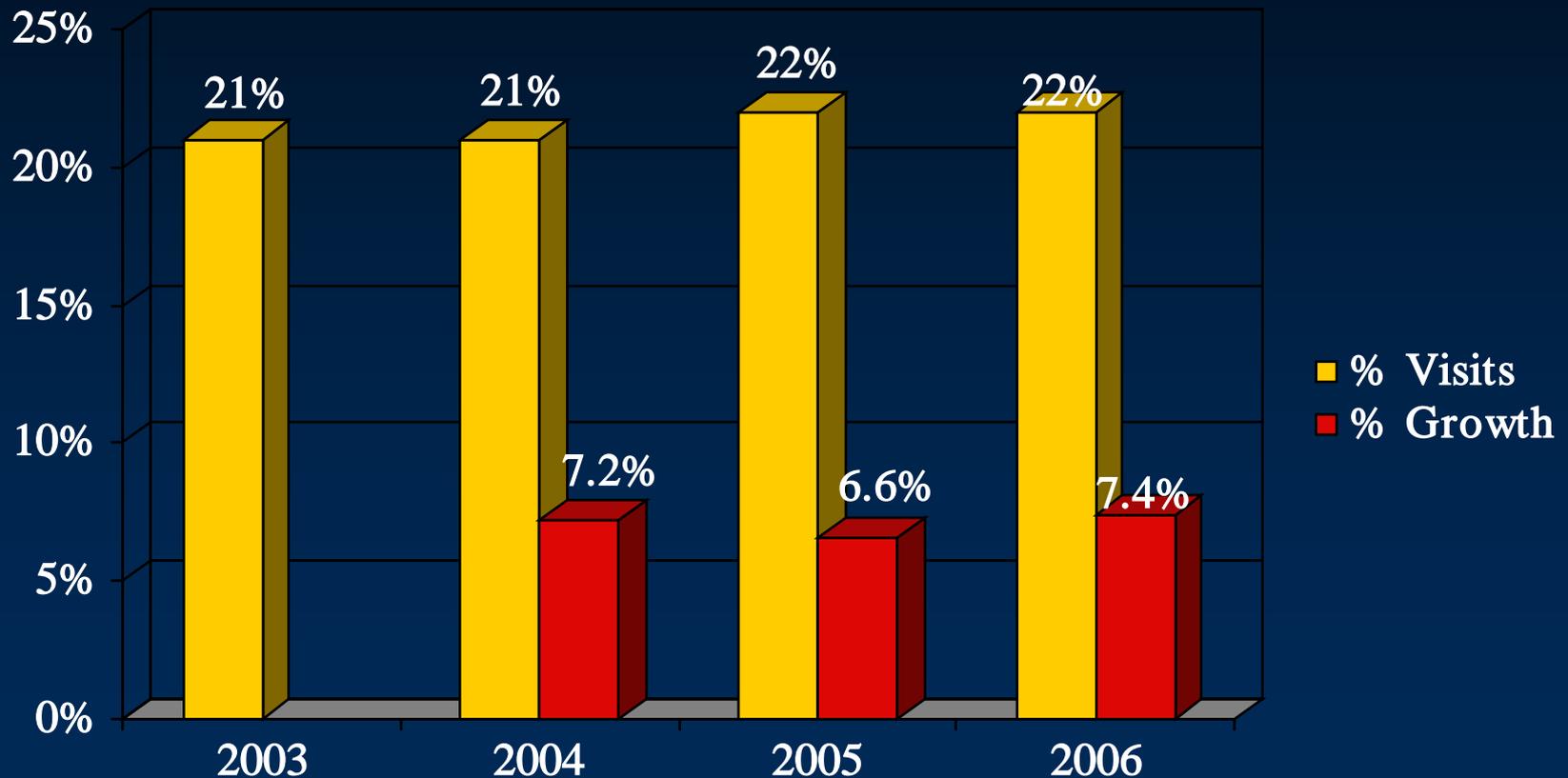


■ Number Not Admitted ■ Number Admitted

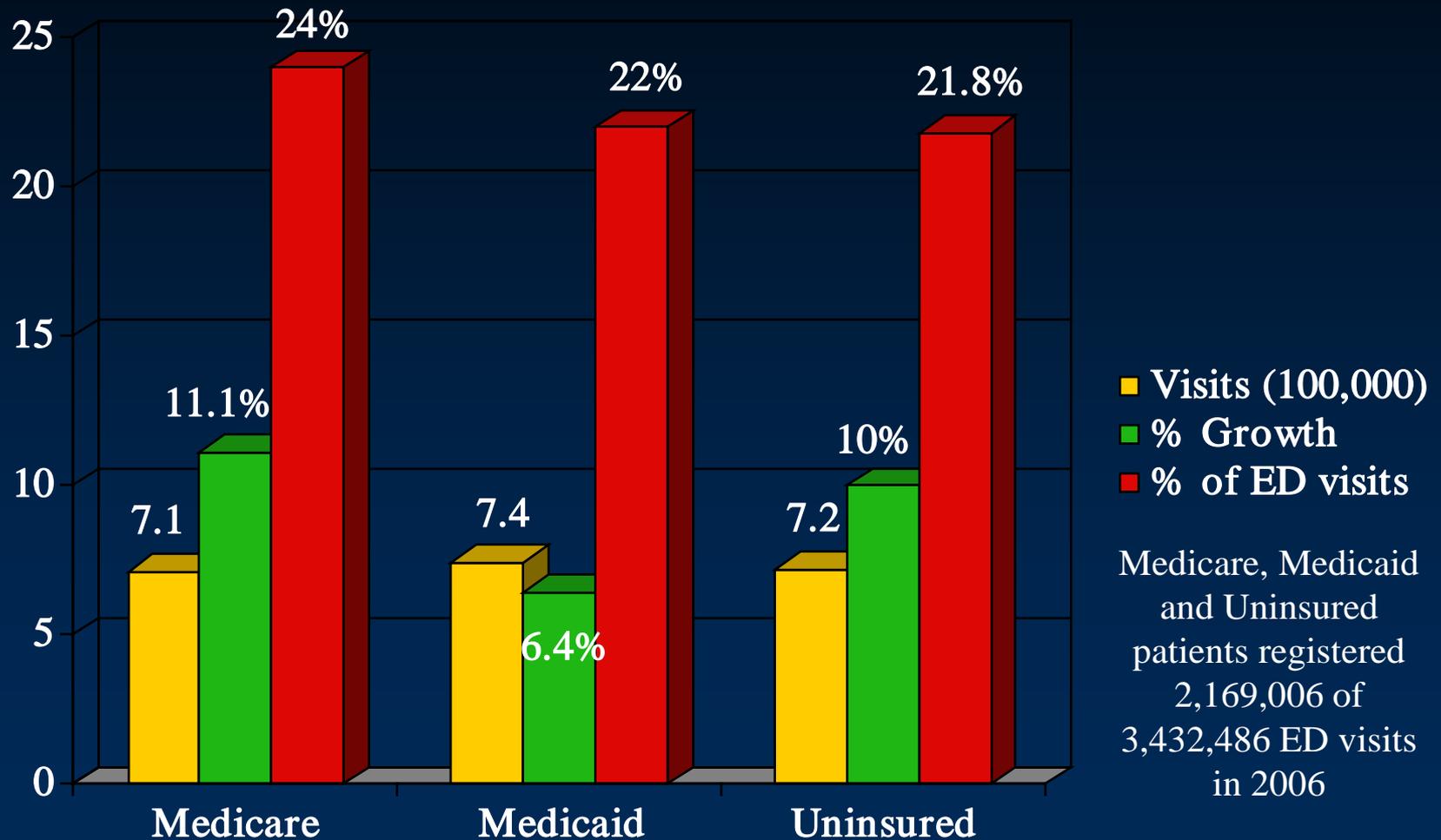


A Growing Problem: The Uninsured

ED Visits and Growth

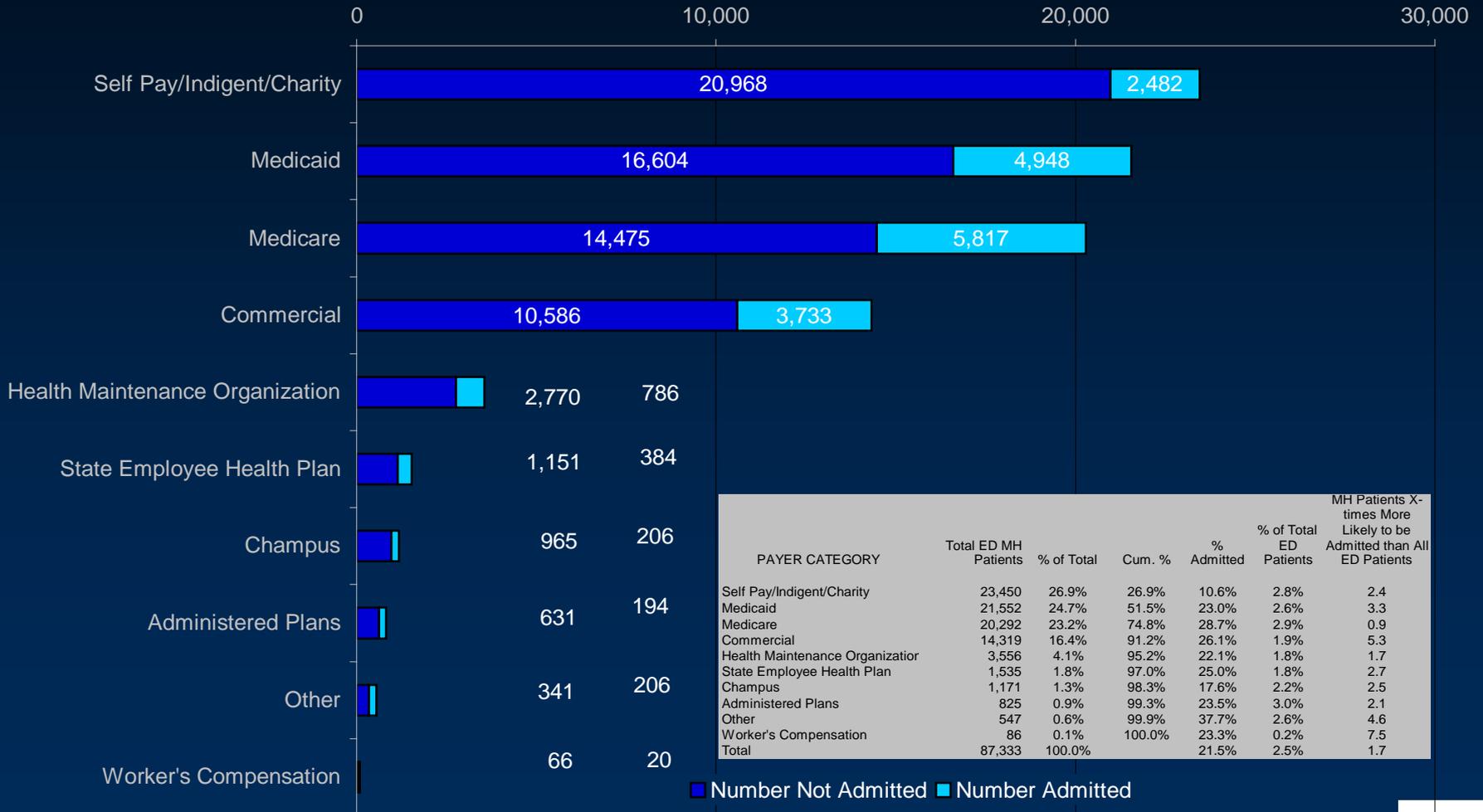


ED Growth Signals Access Challenge



ED Use by Primary Payer

Emergency Department Utilization in North Carolina by Primary Payer Type--
Mental Health Patients, FY2006

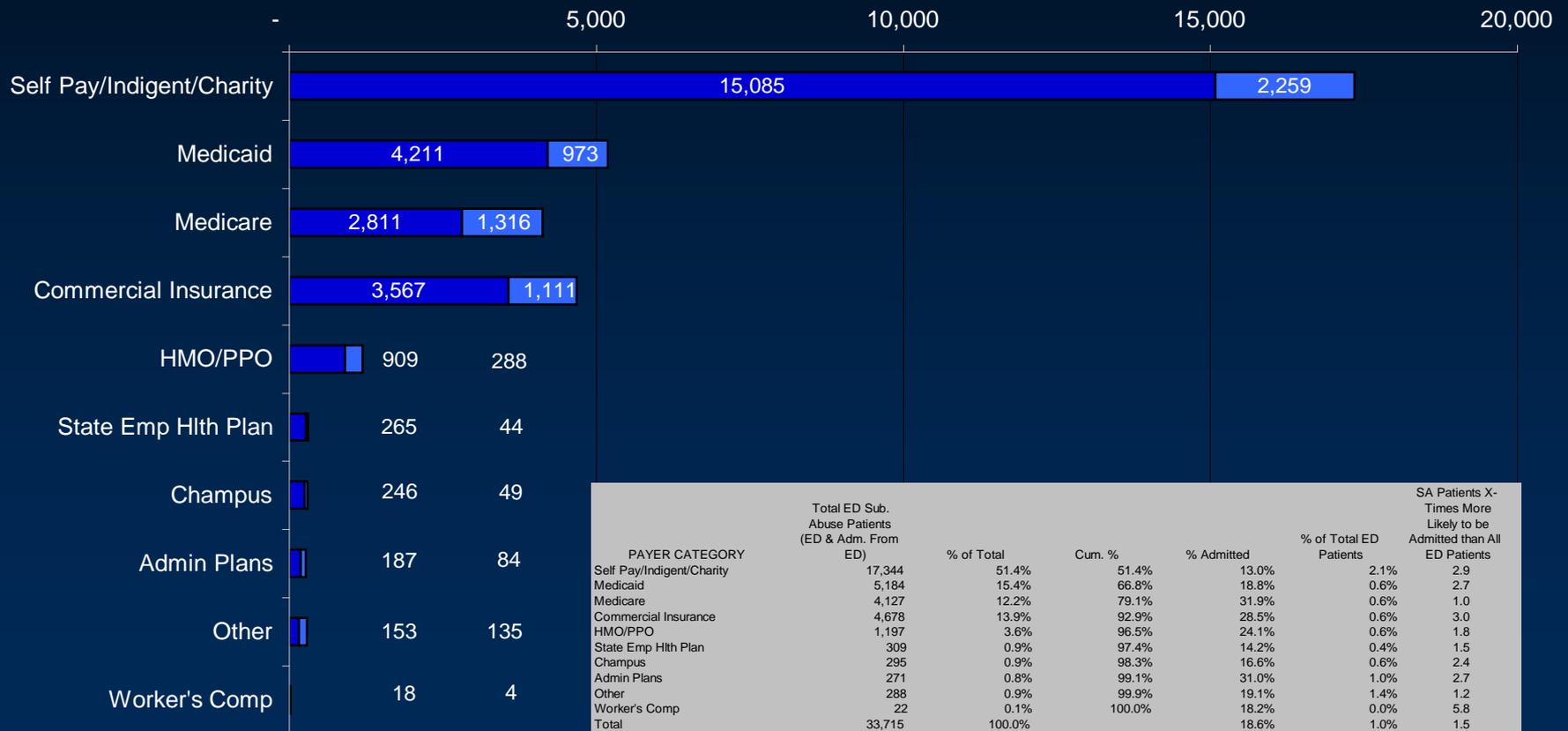


PAYER CATEGORY	Total ED MH Patients	% of Total	Cum. %	% Admitted	% of Total ED Patients	MH Patients X-times More Likely to be Admitted than All ED Patients
Self Pay/Indigent/Charity	23,450	26.9%	26.9%	10.6%	2.8%	2.4
Medicaid	21,552	24.7%	51.5%	23.0%	2.6%	3.3
Medicare	20,292	23.2%	74.8%	28.7%	2.9%	0.9
Commercial	14,319	16.4%	91.2%	26.1%	1.9%	5.3
Health Maintenance Organization	3,556	4.1%	95.2%	22.1%	1.8%	1.7
State Employee Health Plan	1,535	1.8%	97.0%	25.0%	1.8%	2.7
Champus	1,171	1.3%	98.3%	17.6%	2.2%	2.5
Administered Plans	825	0.9%	99.3%	23.5%	3.0%	2.1
Other	547	0.6%	99.9%	37.7%	2.6%	4.6
Worker's Compensation	86	0.1%	100.0%	23.3%	0.2%	7.5
Total	87,333	100.0%		21.5%	2.5%	1.7

■ Number Not Admitted ■ Number Admitted

ED Utilization by SA Patients

Emergency Department Utilization in North Carolina by Primary Payer Type-- Substance Abuse Patients, FY2006



■ ED, not admitted, MDC 20 ■ Admitted from ED, MDC 20

ED Workforce Challenges

- Shortages throughout the system: nurses, counselors, psychiatrists, psychologists, social workers
- Appropriate facilities where patients can be transferred
- How to facilitate integration of psychiatric and substance abuse treatment w/other providers
- Uncontrolled environment, high stress, transitional issues, law enforcement interaction



Physician Coverage in the ED

% of hospitals reporting more/much more difficulty in maintaining call coverage

1. Orthopedics	22%	22%
2. Neurosurgery	19%	24%
3. Psychiatry	23%	17%

Source: AHA 2007 Survey of Hospital Leaders



Emergency Care Services Task Force

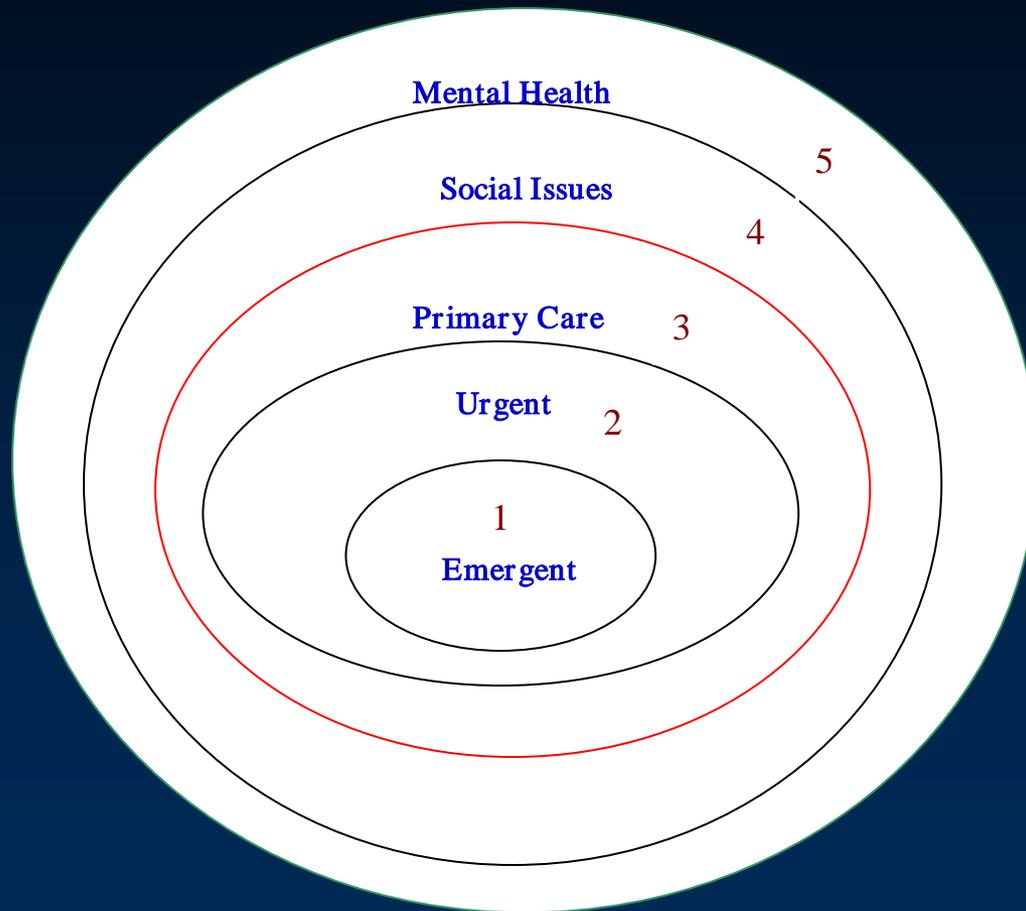
NC Hospitals believe the primary purpose and the core business of hospital emergency care should be driven by:

- Urgent needs of patients
- Emergent needs of patients

NC Hospitals acknowledge other health care needs may need to be treated in the emergency setting depending upon availability in the community



Categories of Emergency Services



Diversions to Delivery of Care to Emergent Patients

- Mental Health Issues
- Substance and Alcohol Abuse Treatment
- Violence in the ED/Social Problems
- Dental Care Needs
- Primary Care Non-Emergent



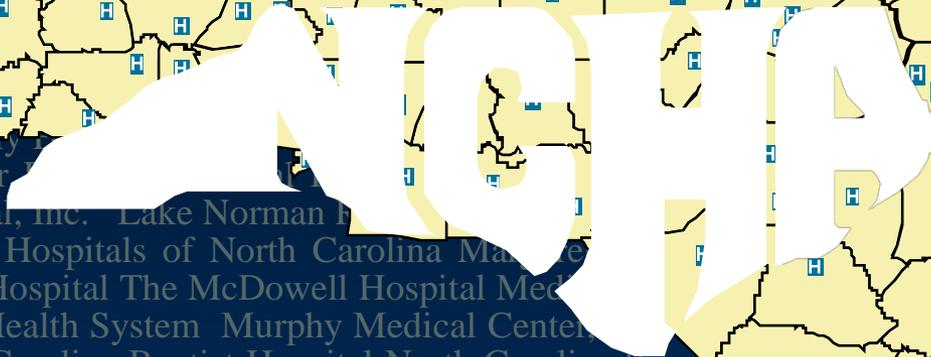
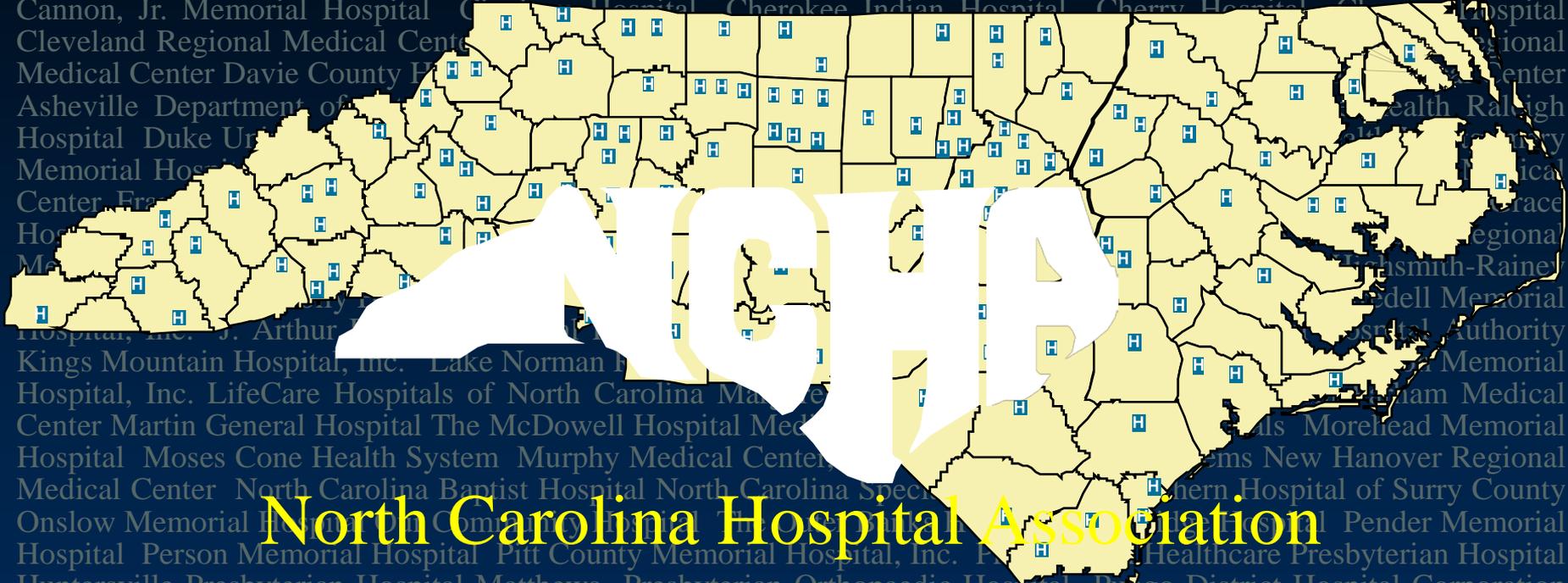
Partnerships in the Community

NC Hospitals believe Partnerships with schools & local entities should be developed to address:

- Community Needs/ Social Concerns
- Mental Health Concerns
- Dental Health Issues
- Primary Care



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North Carolina Hospital Association