

CAPTURING A CRISIS MASSACHUSETTS BEHAVIORAL HEALTH BOARDING METRICS



A Weekly Report from the Massachusetts Health & Hospital Association

The Current Behavioral Health Crisis

Psychiatric boarding occurs when a patient must wait in an emergency department (ED) or medical-surgical floor until a psychiatric inpatient bed is available. While boarding was a major issue for Massachusetts patients and hospitals before the pandemic, the effects of COVID-19 have worsened the situation and created a behavioral health crisis.

For years, the behavioral health system in Massachusetts, and nationally, has struggled with serious challenges relating to patient access, inadequate reimbursement, and workforce shortages. The COVID-19 pandemic has exacerbated these issues by increasing the need for behavioral health services, intensifying the acuity of patients' behavioral health presentations, and making the challenges facing the behavioral health system – including a paucity of clinical and support staff – more complex. EDs and medical-surgical units were not designed to handle the needs of these behavioral health patients; yet these settings now serve as the last available refuge for patients as they await appropriate placement.

This report examines both weekly and trending data from Massachusetts acute care hospitals on the number of behavioral health patients who are waiting for a psychiatric evaluation or who have had an evaluation and are awaiting a bed. The information is further broken down by patient age and geographic region within the state.

Addressing the behavioral health boarding challenge will require a coordinated effort to:

- 1) increase physical capacity;
- 2) bolster and expand the entire behavioral healthcare workforce, including entry level mental health worker positions, as well as nurses, social workers, psychiatrists, and more; and
- 3) ensure the financial stability of behavioral health units and facilities.

Through partnership with the Baker administration and the legislature, the inpatient psychiatric system will add more than 300 new inpatient psychiatric beds in 2021-2022, including beds both in psychiatric units at acute care hospitals and in freestanding psychiatric facilities. But staffing for existing beds is currently insufficient and fully staffing these new beds is already proving to be a considerable barrier to opening new or expanded services. Much more needs to be done to ensure behavioral health patients have access to needed care, in particular by increasing the pipeline of behavioral health staff and ensuring the sustainability of behavioral health services.

Identified solutions to address the remaining behavioral health challenges include:

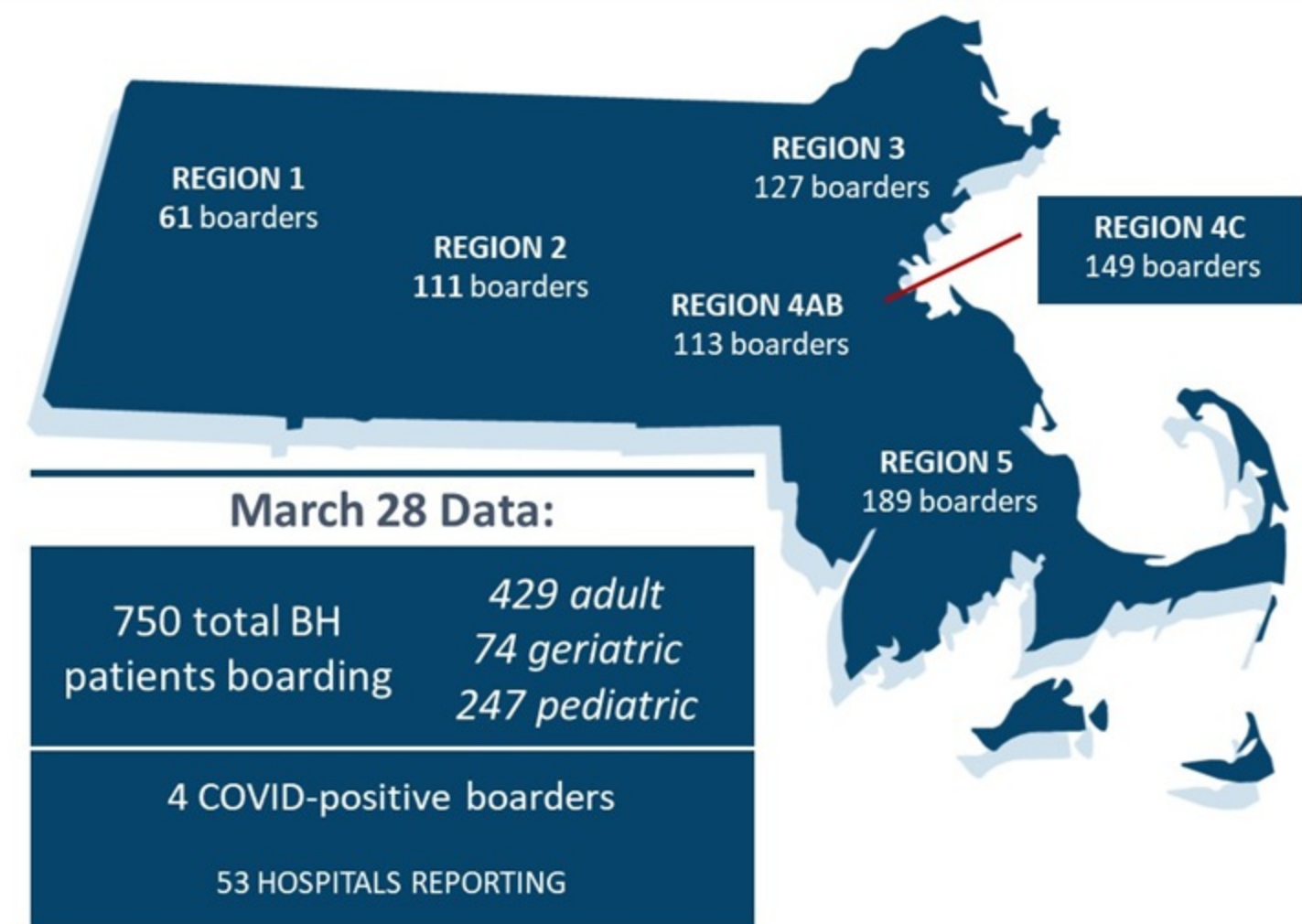
Ensuring hospitals have the resources to care for patients while they board.

Creation of a Behavioral Health Rate Task Force to evaluate ways to ensure the financial stability of behavioral health units and facilities, and to allow behavioral health providers to pay their workforce adequate salaries.

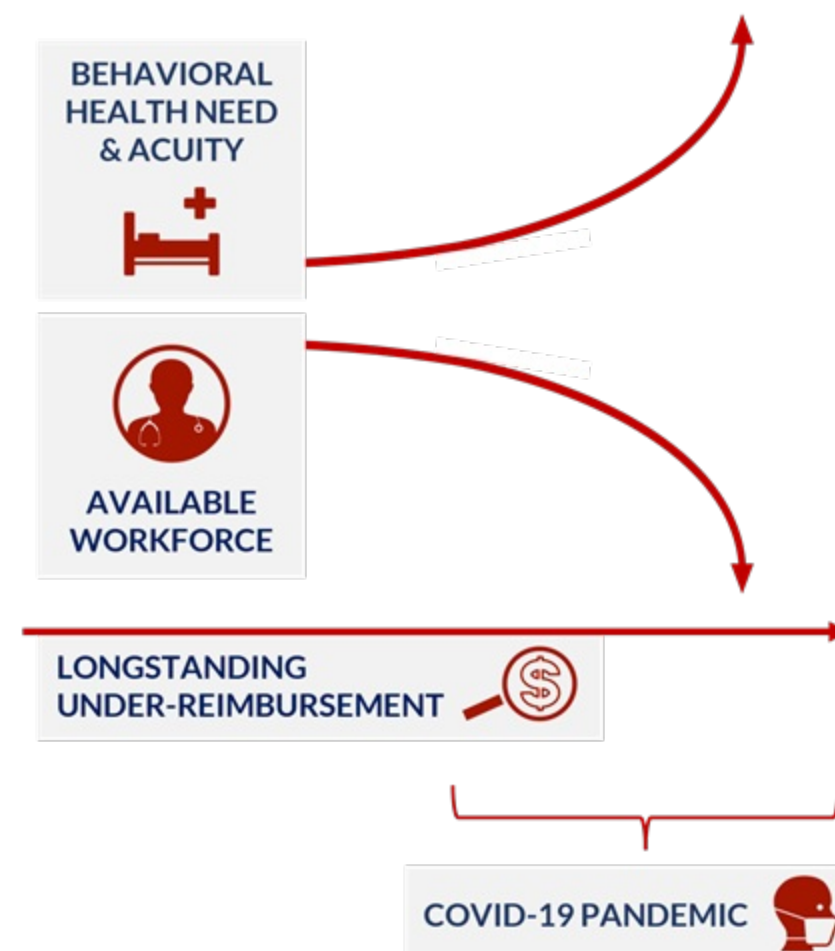
Prohibiting clinical denials due to an administrative or technical defect in a claim, and require coverage of all medically necessary mental health services.

Addressing administrative barriers – such as Determination of Need requirements - for providers that wish to expand behavioral health services.

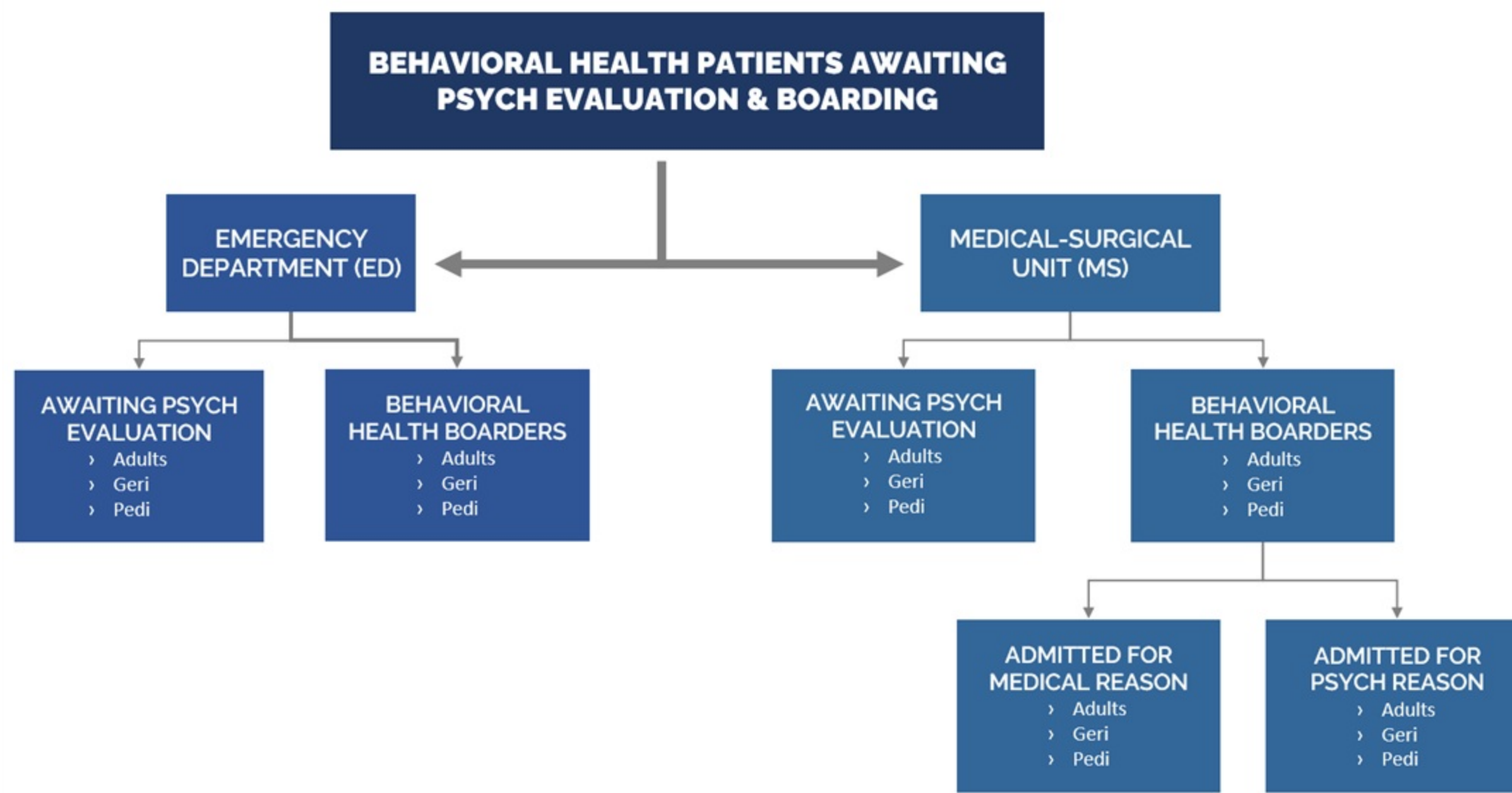
MHA will continue to work collaboratively with its members, our partners in the behavioral health space, and the state to improve behavioral healthcare in these key areas.



Behavioral Health Boarding: A Multi-Factor Problem

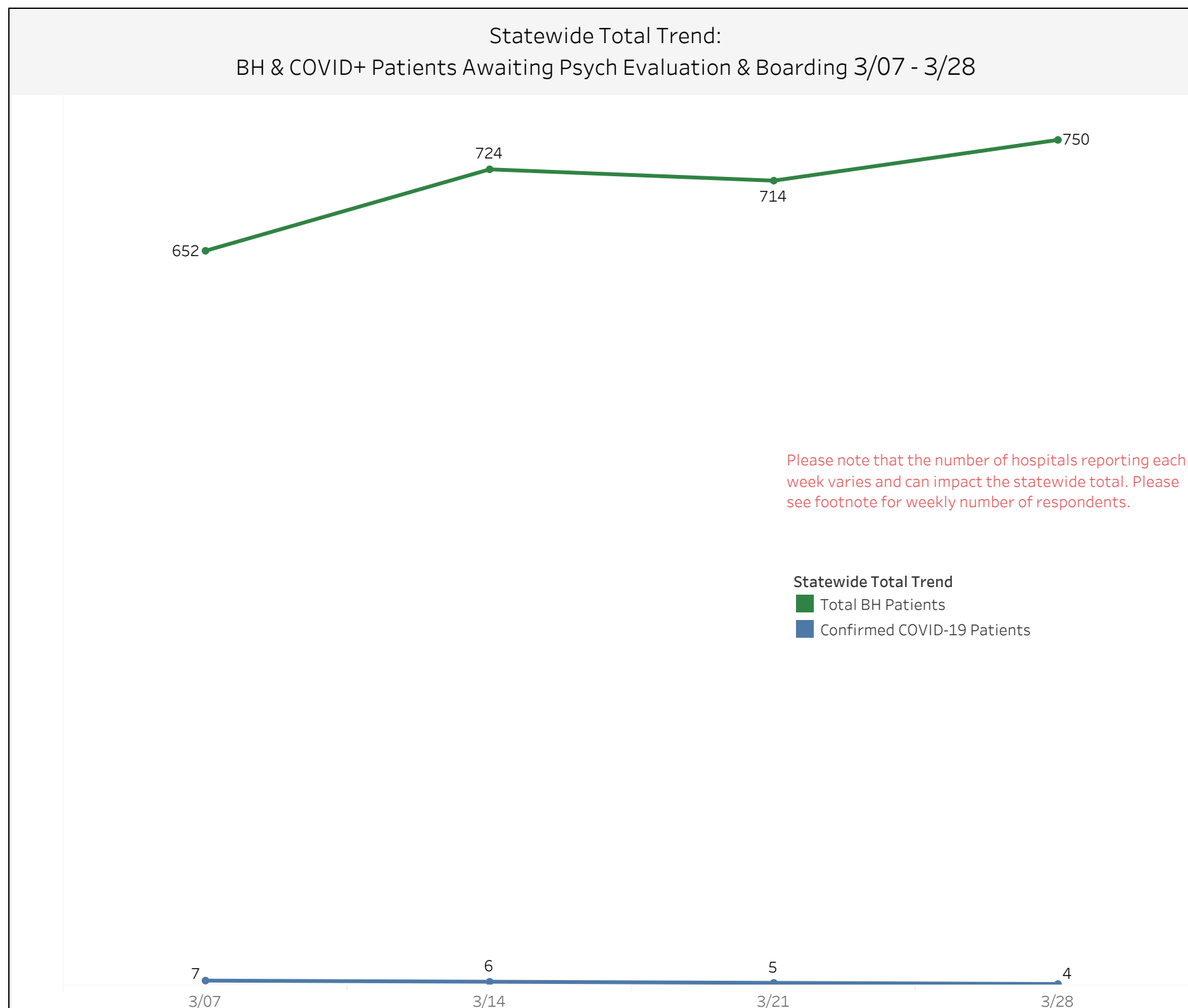


Behavioral Health (BH) Patients Awaiting Psych Evaluation & Boarding

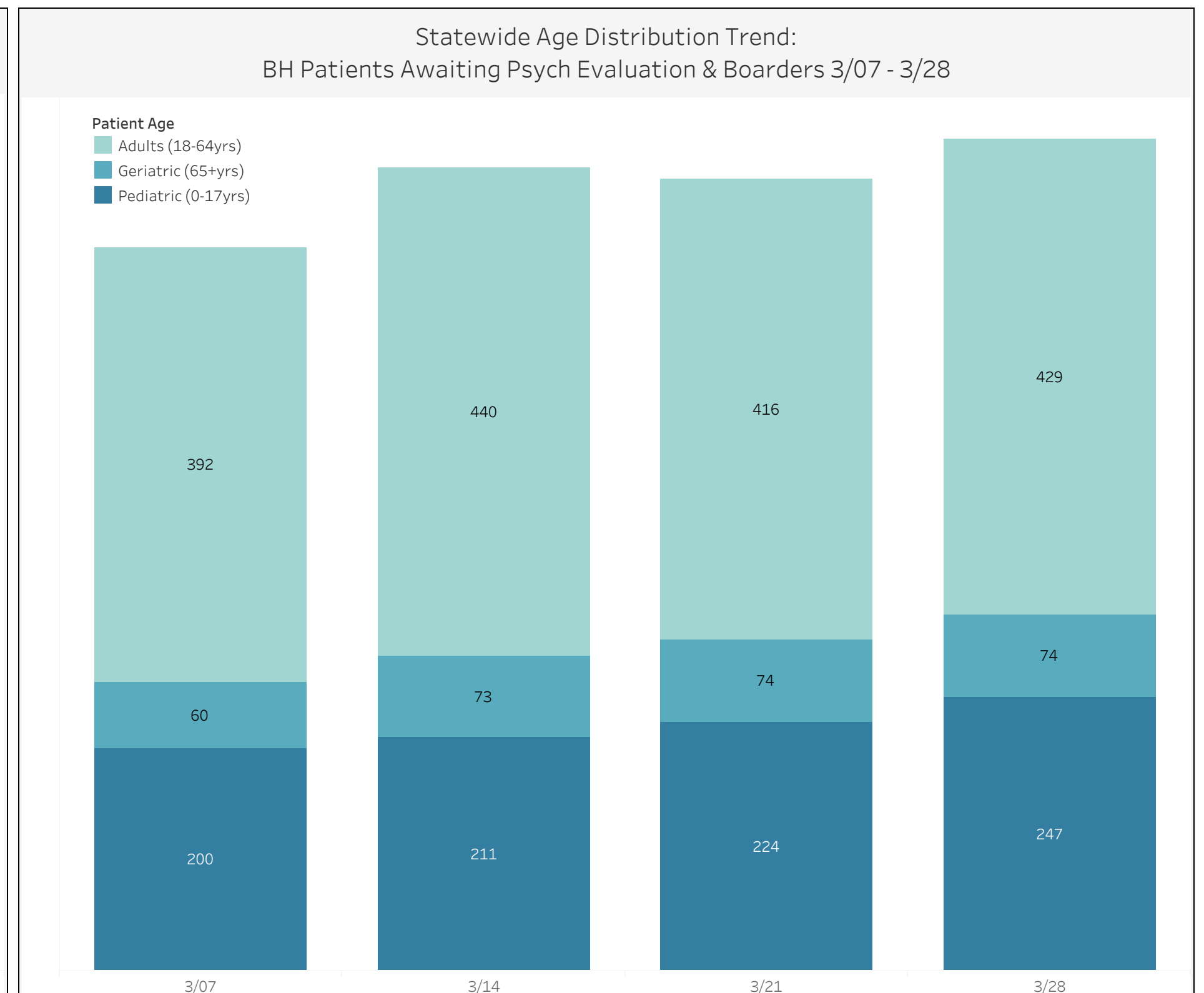


Psych = Psychiatric; Geri = Geriatric; Pedi = Pediatric
Please see page 6 for detailed notes and definitions.

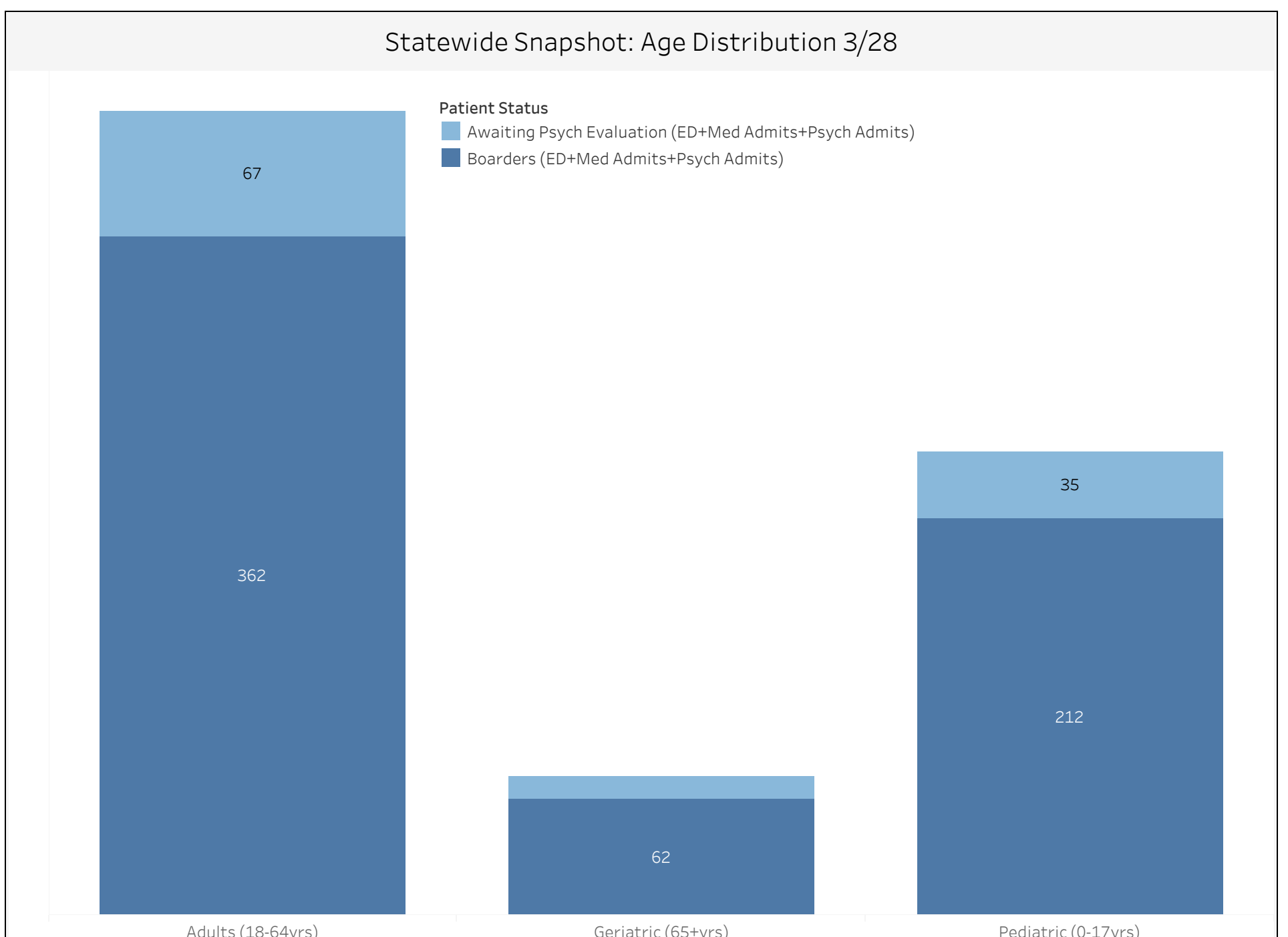
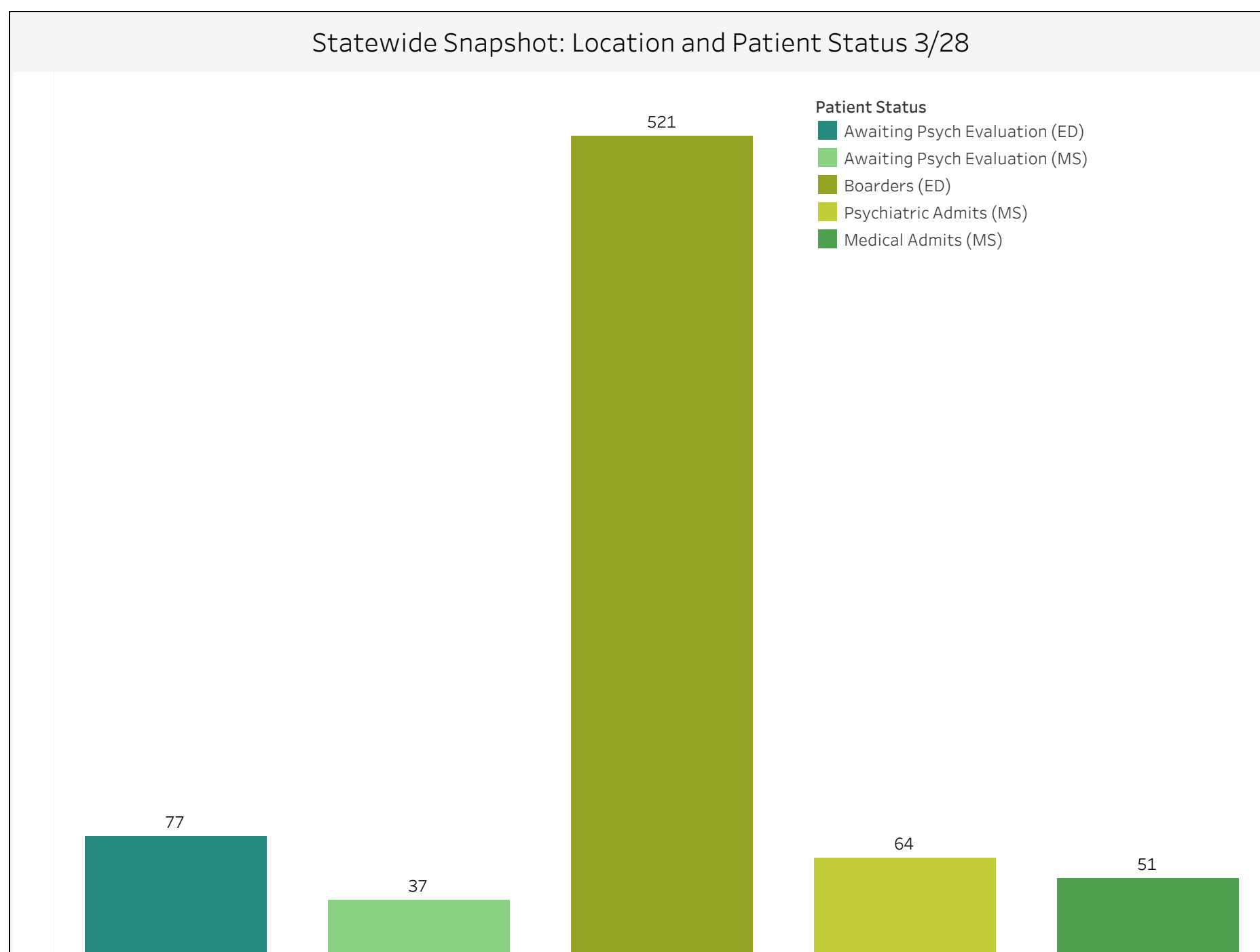
BH Patients Awaiting Psych Evaluation & Boarding: Statewide Trend 3/07 - 3/28



Please note that the number of hospitals reporting each week varies and can impact the statewide total. The number of respondents is as follows: 3/7 n=54; 3/14 n=53; 3/21 n=54; 3/28 n=53.

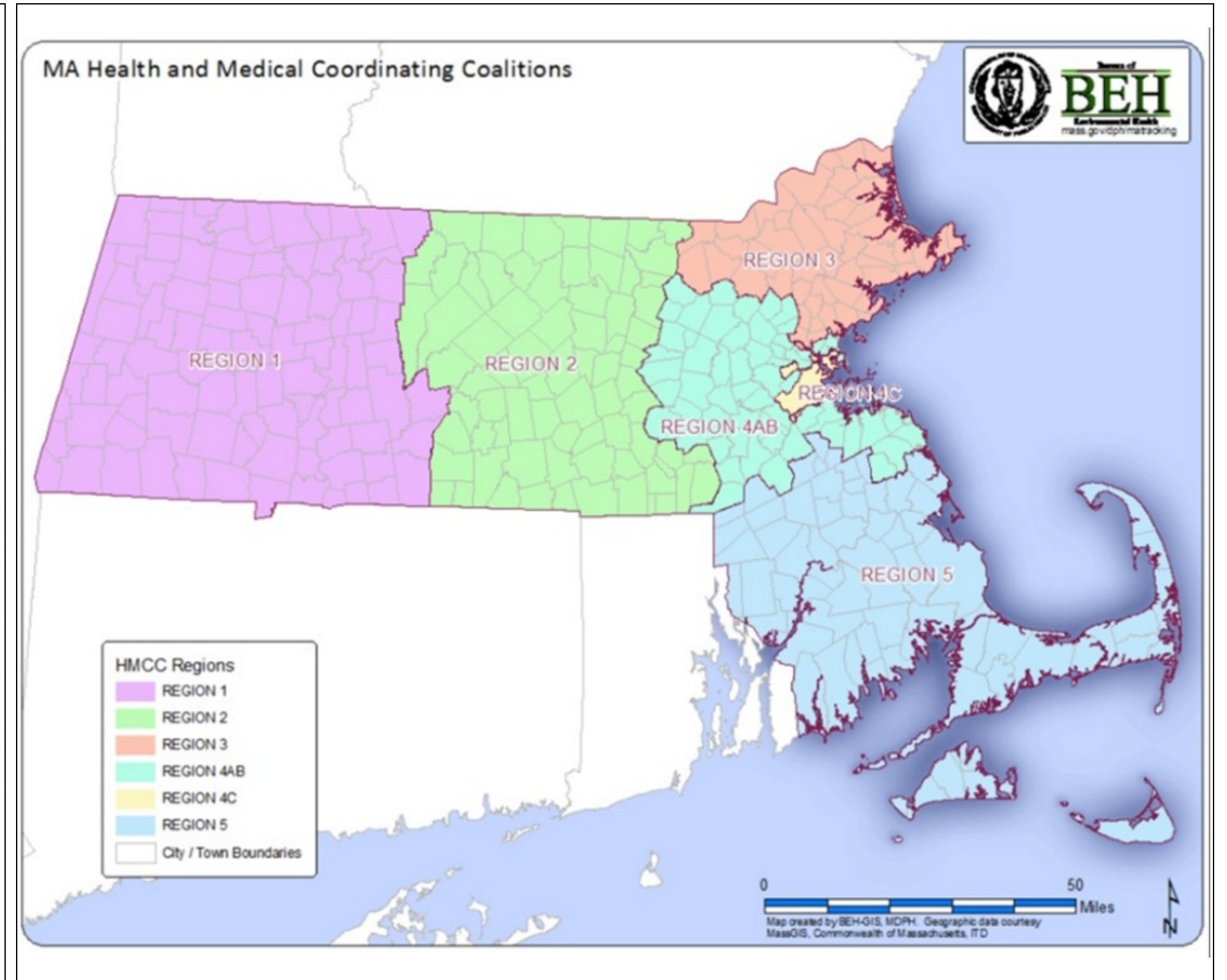


BH Patients Awaiting Psych Evaluation & Boarding: Statewide Snapshot on 3/28

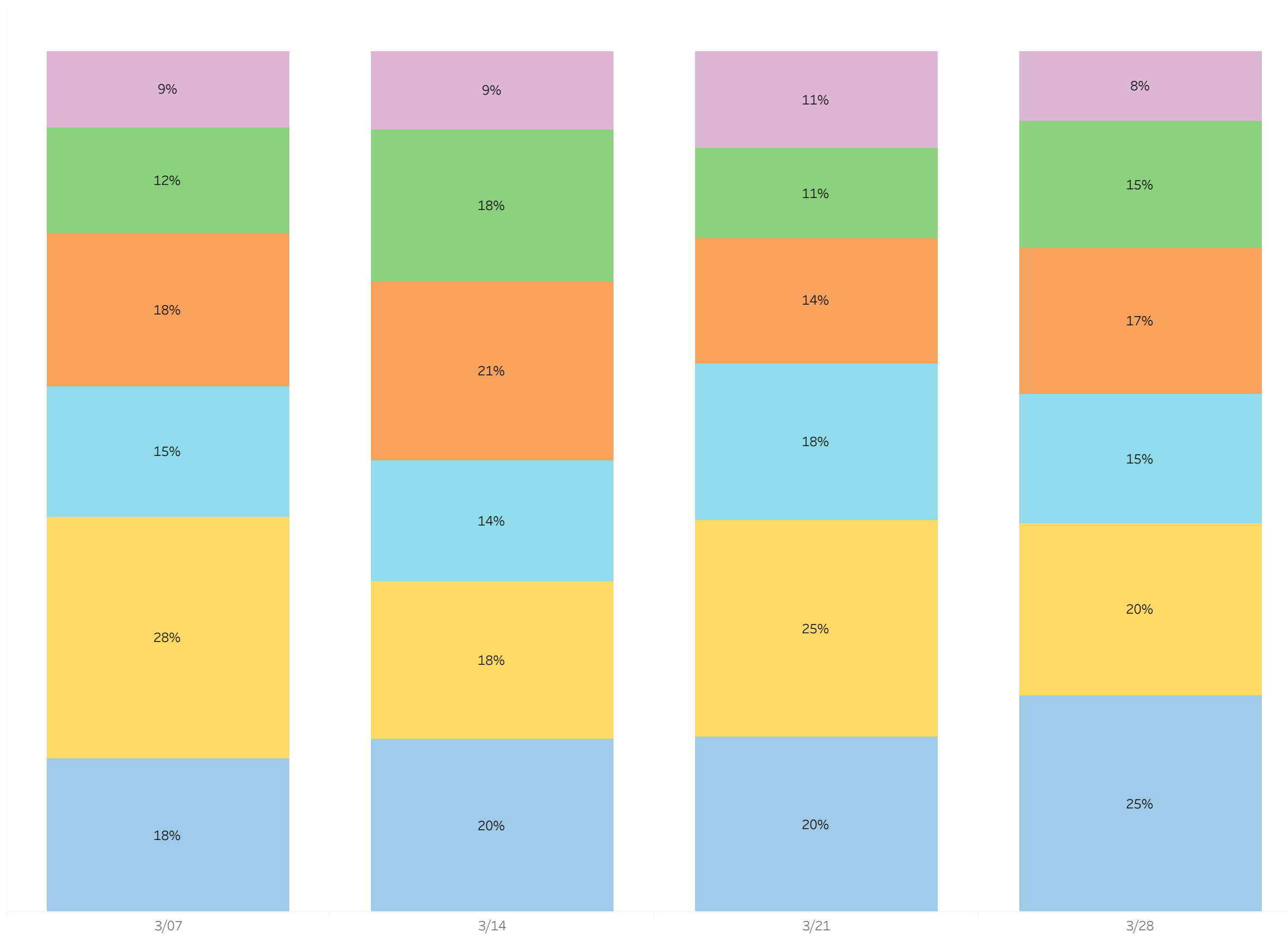


BH Patients Awaiting Psych Evaluation & Boarding: Regional Distribution by MA Health and Medical Coordinating Coalition (HMCC) Regions 3/07 - 3/28

Region 1	Region 2	Region 3
Baystate Franklin Medical Center	Athol Hospital	Addison Gilbert
Baystate Medical Center	Harrington Hospital	Anna Jaques Hospital
Baystate Noble Hospital	Heywood Hospital	Beverly Hospital
Baystate Wing Hospital	Milford Regional Medical Center	Lawrence General Hospital
Berkshire Medical Center	Nashoba Valley Medical Center	Lowell General Hospital
Cooley Dickinson Hospital	Saint Vincent Hospital	MelroseWakefield Hospital
Fairview Hospital	UMass Memorial HealthAlliance-Clinton Hospital	North Shore Medical Center
Holyoke Medical Center	UMass Memorial Medical Center	Steward Holy Family Hospital
Mercy Medical Center		
Region 4AB	Region 4C	Region 5
Beth Israel Deaconess Hospital-Needham	Beth Israel Deaconess Medical Center	Beth Israel Deaconess Hospital-Plymouth
Beth Israel Deaconess Hospital-Milton	Boston Children's Hospital	Cape Cod Hospital
Cambridge Health Alliance	Boston Medical Center	Falmouth Hospital
Emerson Hospital	Brigham and Women's Faulkner Hospital	Martha's Vineyard Hospital
Lahey Hospital & Medical Center	Brigham and Women's Hospital	Morton Hospital and Medical Center
MetroWest Medical Center	Massachusetts General Hospital	Nantucket Cottage Hospital
Mount Auburn Hospital	Steward Carney Hospital	Signature Healthcare Brockton Hospital
Newton-Wellesley Hospital	Steward St. Elizabeth's Medical Center	Southcoast Hospitals Group - Charlton Memorial Hospital
South Shore Hospital	Tufts Medical Center	Southcoast Hospitals Group - St. Luke's Hospital
UMass Memorial Marlborough Hospital		Southcoast Hospitals Group - Tobey Hospital
Winchester Hospital		Steward Good Samaritan Medical Center
		Steward Saint Anne's Hospital
		Sturdy Memorial Hospital

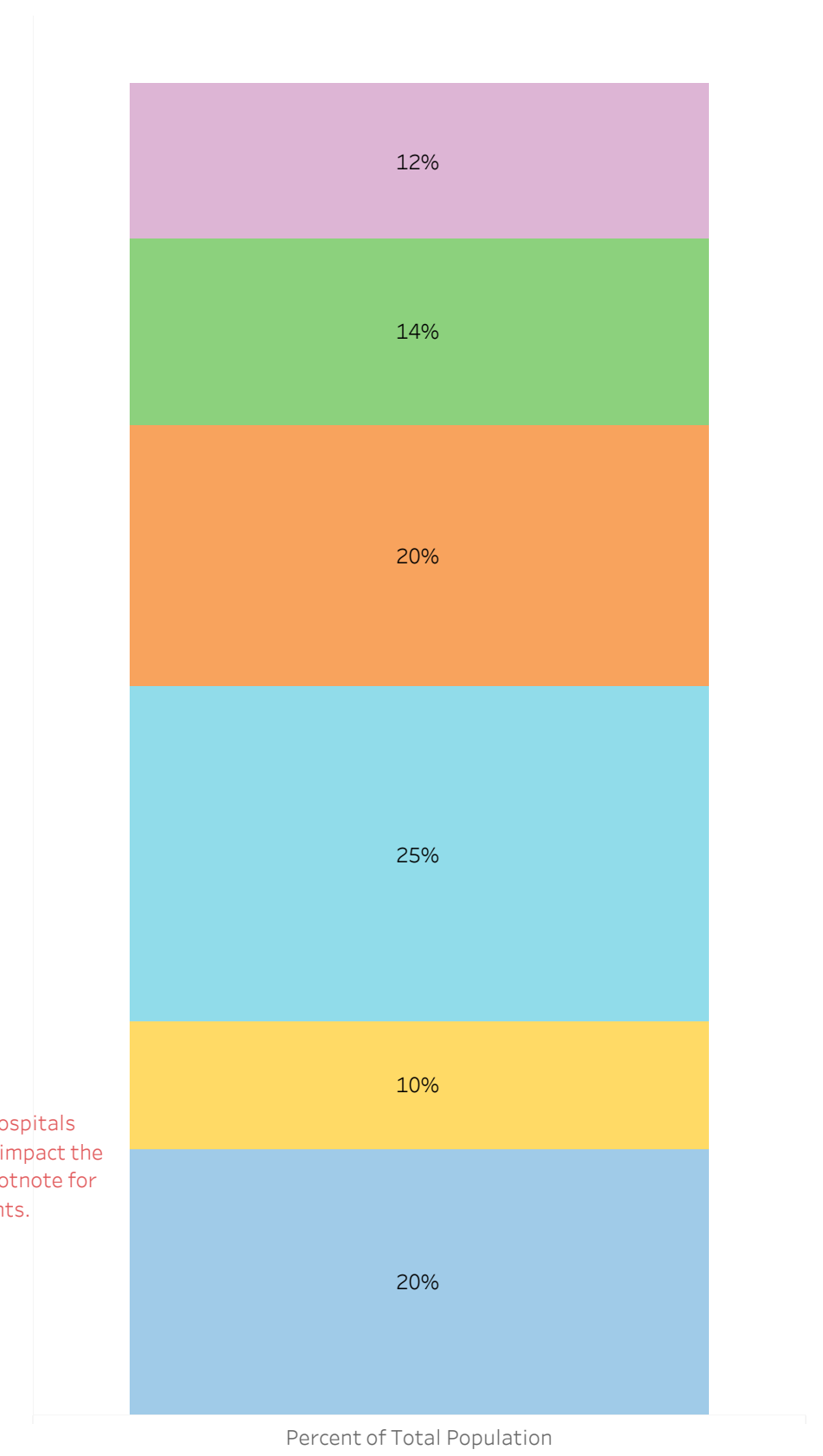


BH Patients Awaiting Psych Evaluation & Boarding:
Regional Distribution Trend by MA HMCC Region 3/07 - 3/28



Region
 Region 1
 Region 2
 Region 3
 Region 4AB
 Region 4C
 Region 5

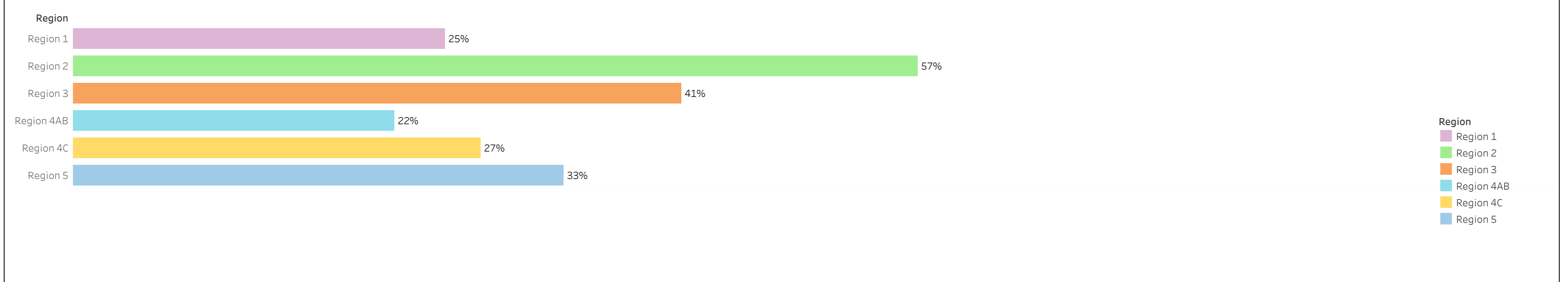
Statewide Population Distribution by HMCC Region



Please note that the number of hospitals reporting each week varies and can impact the regional distribution. Please see footnote for weekly number of respondents.

For each of the regions below, the **peak** percentage of BH patients awaiting psych evaluation and boarding in the Emergency Department (for the weeks covered in this report) is shown as a percentage of that region's staffed ED bed capacity. This calculation is meant to illustrate the highest burden of ED Boarding for that region for the weeks covered in this report. The number of staffed ED beds was obtained using data entered by each hospital into the Massachusetts Department of Public Health's (MDPH) WebEOC (Emergency Operations Center) system as part of daily COVID reporting. **This chart does not include patients boarding or awaiting a psychiatric evaluation on a medical-surgical floor.**

BH Patients Awaiting Psych Evaluation & Boarding in the ED:
Peak During the Weeks Covered in This Report as % of Staffed ED Bed Capacity, by MA HMCC Region



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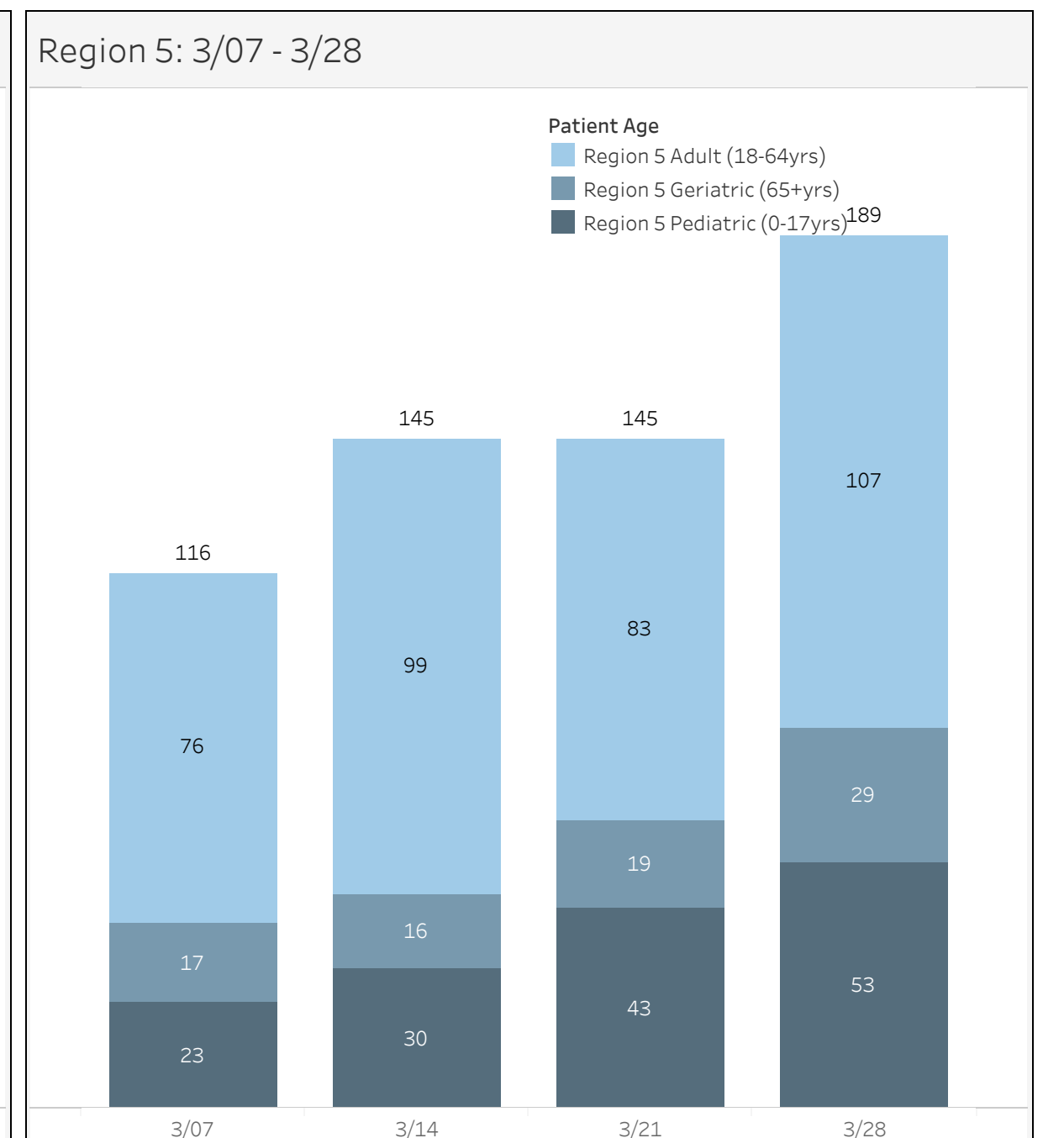
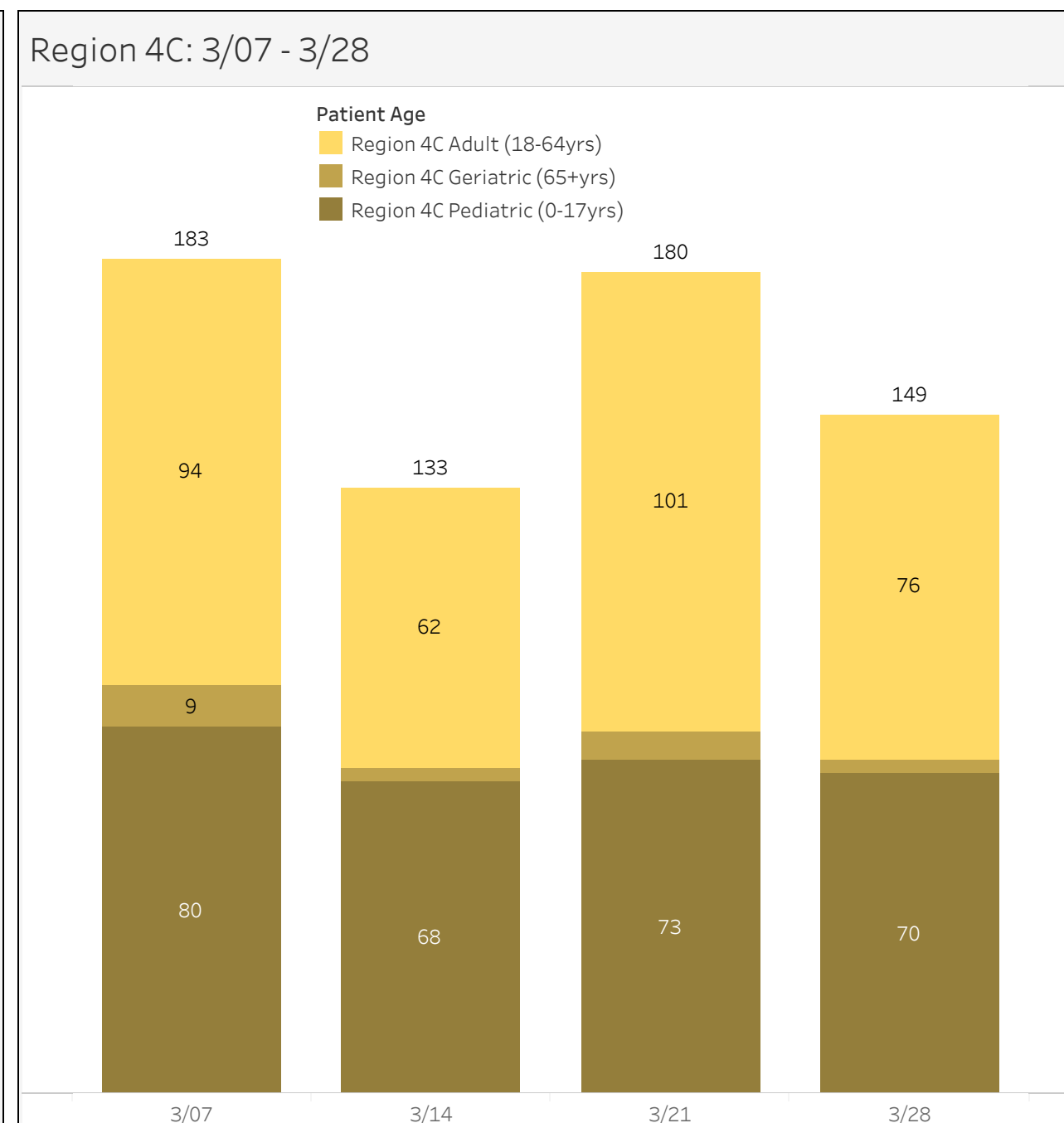
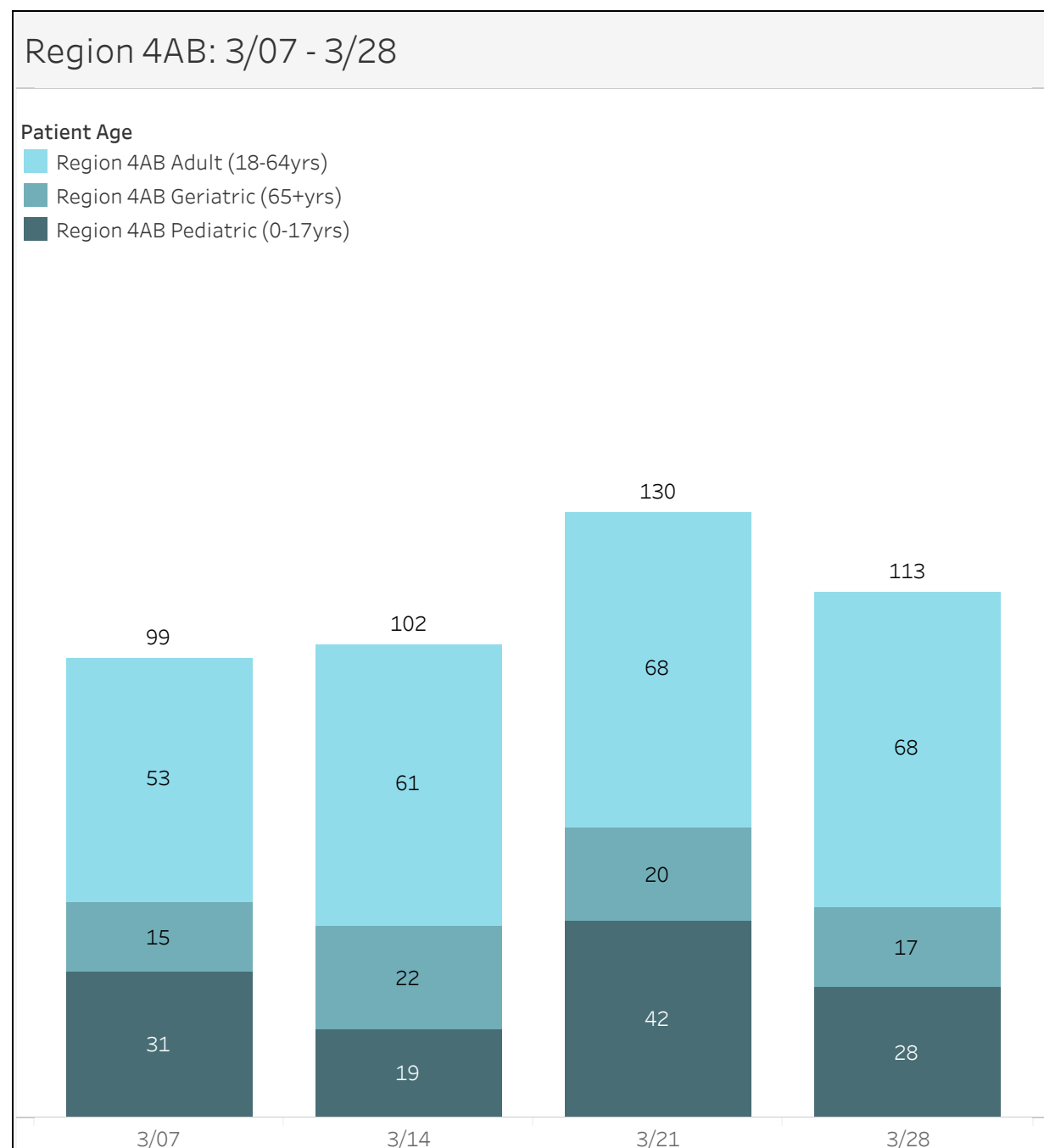
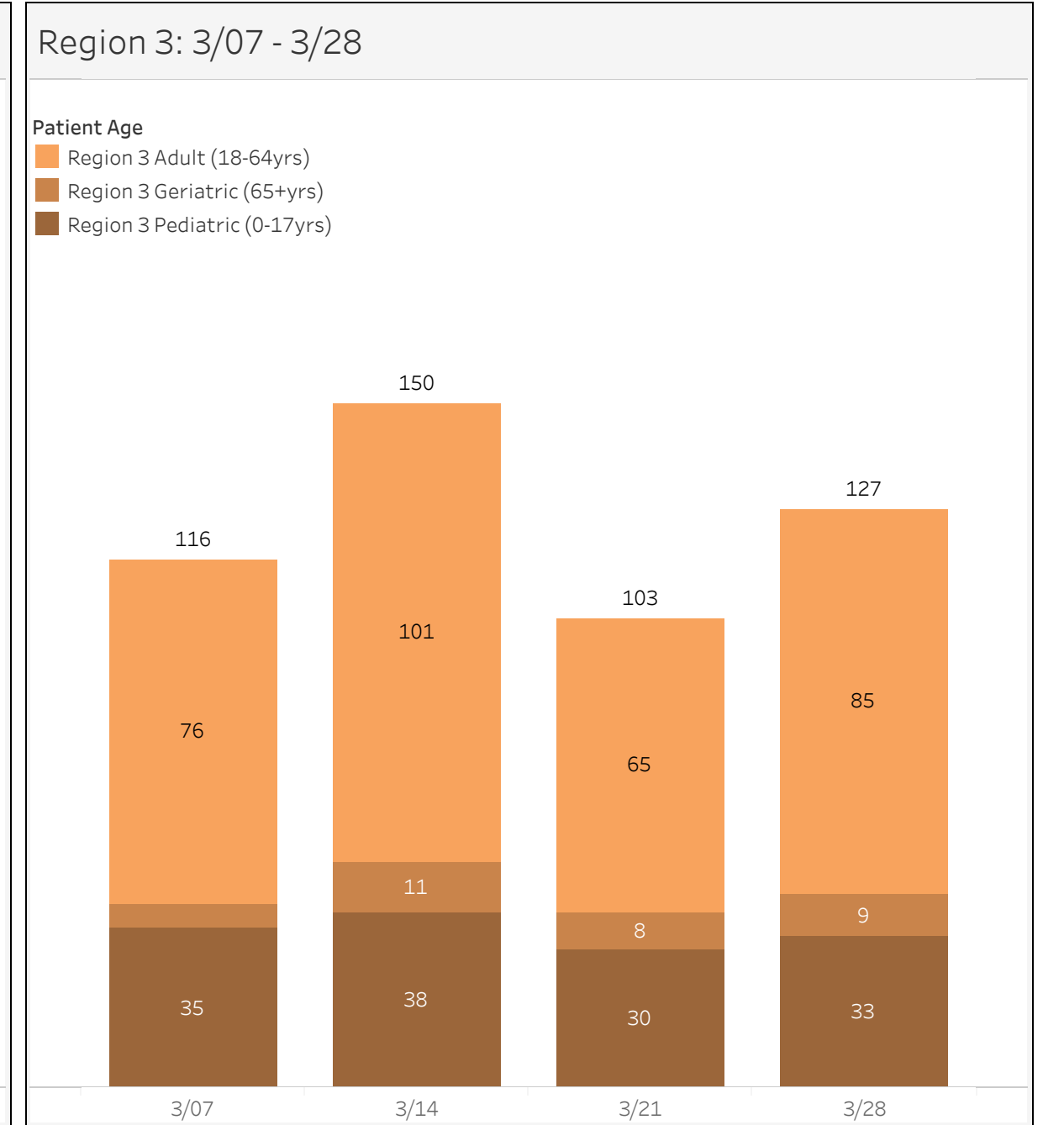
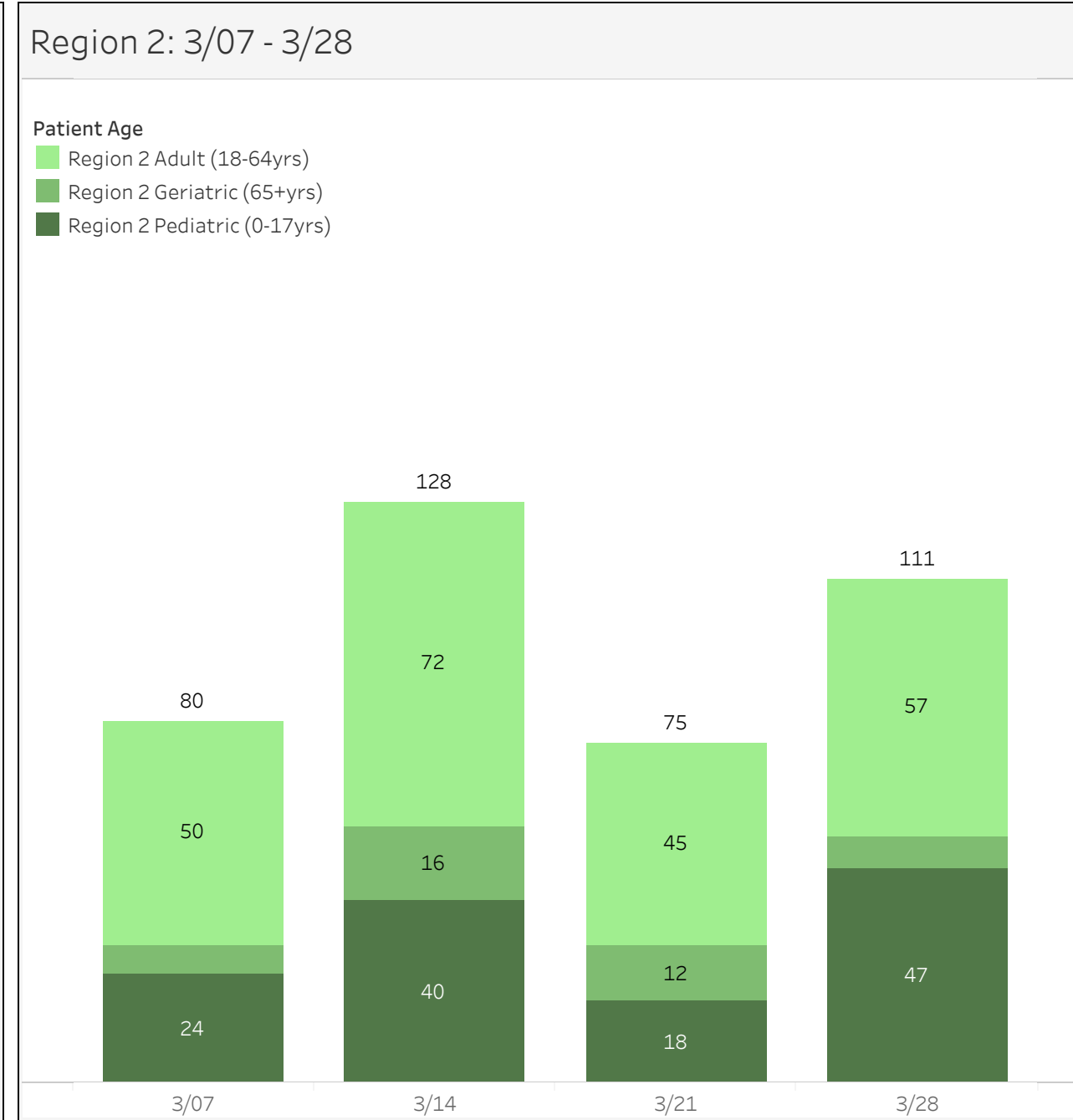
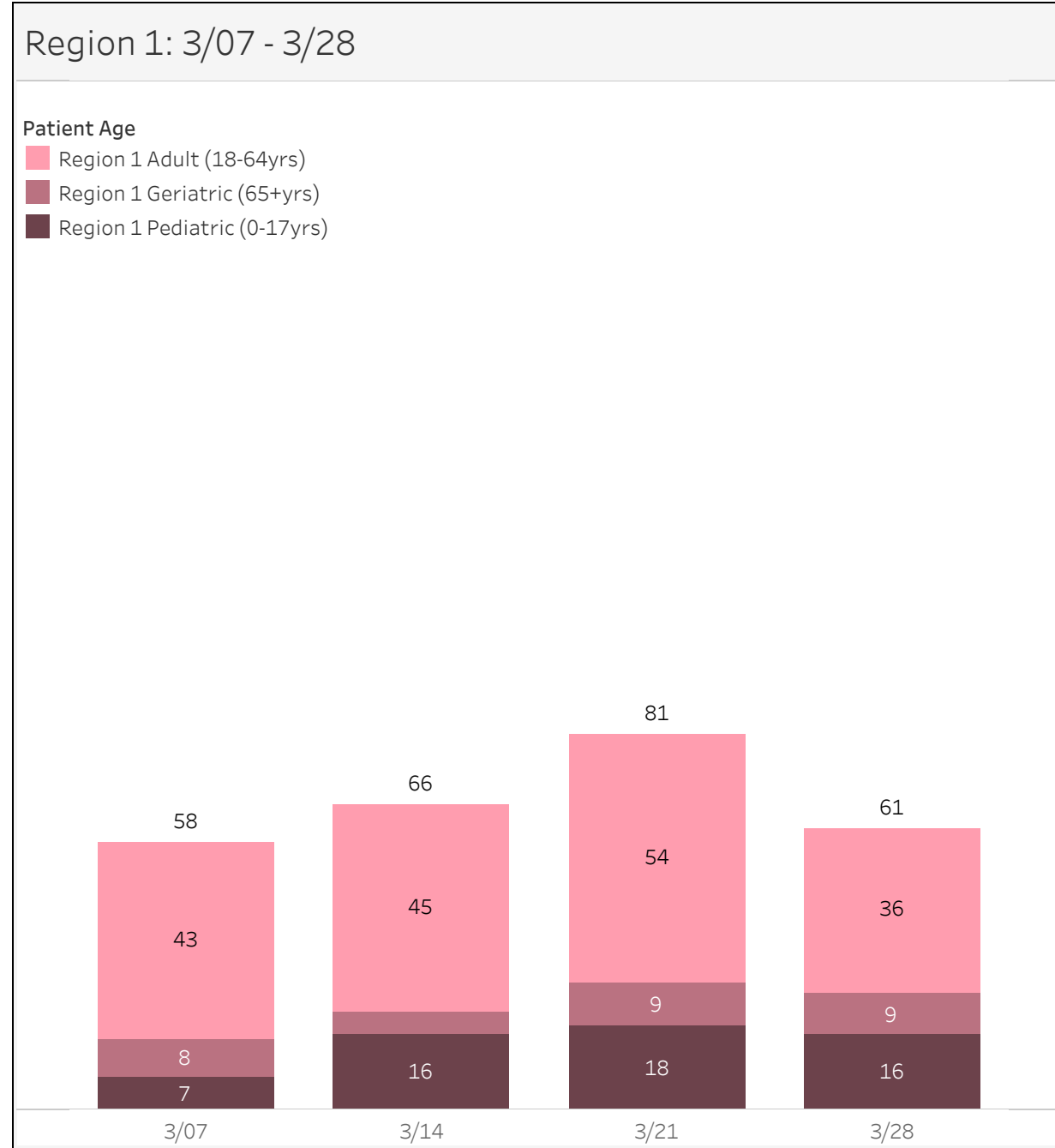
BH Patients Awaiting Psych Evaluation & Boarding In Emergency Departments: Shown as Percentage of ED Staffed Beds

For the chart below, the blue square represents the **average** percentage of BH patients awaiting psych evaluation and boarding in the Emergency Department across all hospitals statewide as a percentage of statewide staffed ED Beds. The orange square represents the hospital with the **highest** percentage of its staffed ED bed capacity occupied by BH patients awaiting psych evaluation and boarding in the ED. The number of staffed ED beds was obtained using data entered by each hospital into the Massachusetts Department of Public Health's (MDPH) WebEOC (Emergency Operations Center) system as part of daily COVID reporting. **This chart does not include patients boarding or awaiting a psychiatric evaluation on a medical-surgical floor.**

BH Patients Awaiting Psych Evaluation & Boarding in the ED as % of Staffed ED Bed Capacity: Statewide Average and Highest Individual Hospital 3/07 - 3/28



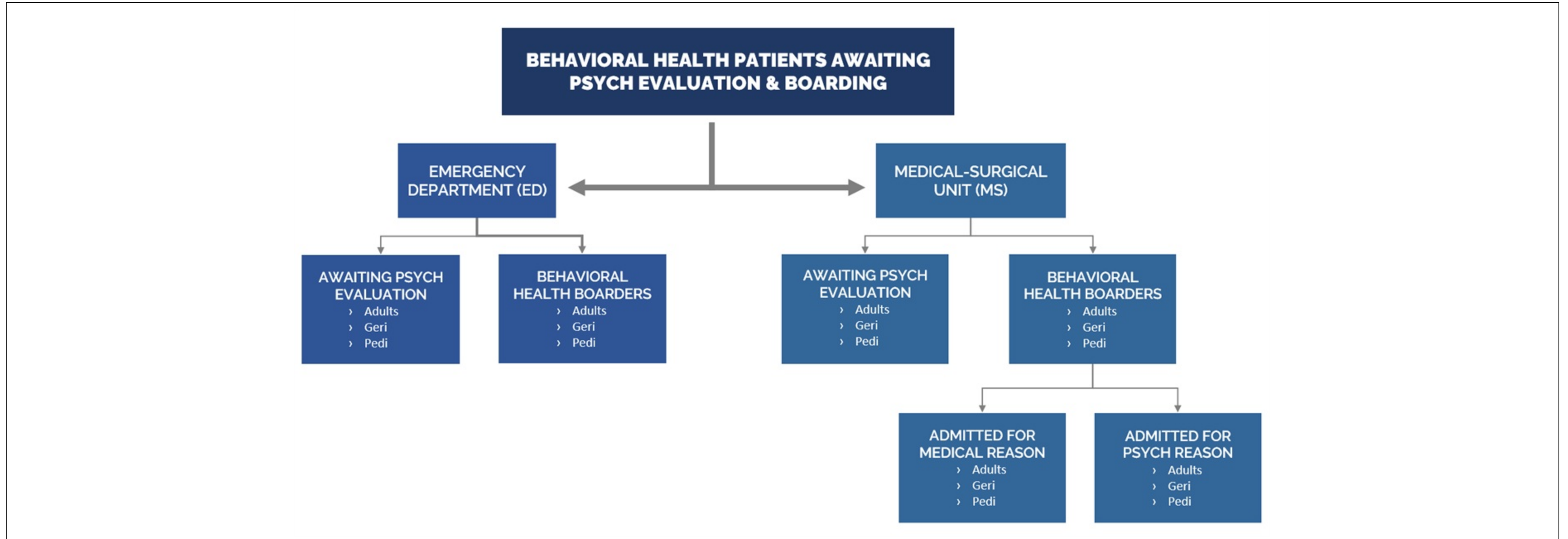
BH Patients Awaiting Psych Evaluation & Boarding: Regional Age Distribution Trend, by MA HMCC Region 3/07 - 3/28



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Notes and Definitions

Overview Chart



Survey Template

Data Submission				
Date: <input style="width: 100px;" type="text"/>				
A. Waiting to be seen		Adult	Geri	Pedi
<i>Patients in either the ED or Medical Surgical (MS) unit that are awaiting psych evaluation.</i>		<i>(18 to 64yrs)</i>	<i>(65+yrs)</i>	<i>(under 18 yrs)</i>
<i>Note: A and B are mutually exclusive.</i>				
<i>In ED, awaiting psych evaluation</i>	ED			
<i>Admitted to MS bed for medical reasons, awaiting psych evaluation</i>	*MS			
B. TOTAL Boarders/Bed Search Patients		Adult	Geri	Pedi
<i>Patients that have been evaluated but are awaiting a psych IP bed either in the same hospital or a different hospital.</i>		<i>(18 to 64yrs)</i>	<i>(65+yrs)</i>	<i>(under 18 yrs)</i>
<i>Awaiting psych bed in ED</i>	ED			
<i>Boarders outside of the ED, boarding on MS floor for non clinical reasons ONLY, awaiting psych bed</i>	*MS			
<i>Admitted for primary medical reason, now resolved, awaiting psych bed</i>	*MS			

Metric Definitions

Data Metric	Definition
ED	Emergency Department
MS	Medical Surgical Unit
Awaiting Psych Evaluation - ED	Patients in the ED unit that are awaiting a psychiatric evaluation.
Awaiting Psych Evaluation - MS	Patients in the MS unit that have been admitted to an MS bed for medical reasons and are awaiting psychiatric evaluation.
Boarders	All patients that have had a psychiatric evaluation and are awaiting a bed are considered psychiatric boarders regardless of duration.
Boarders - ED	Patients in the ED that have been evaluated but are awaiting a psychiatric inpatient bed either in the same hospital or a different hospital.
Boarders - Psych Admits MS	Patients that are medically cleared psych boarders outside of the ED, boarding on an MS floor for nonclinical reasons only, and awaiting a psychiatric inpatient bed either in the same or different hospital.
Boarders - Medical Admits MS	Patients that have been admitted for primary medical reason that is now resolved and are awaiting a psychiatric inpatient bed either in the same hospital or a different hospital.