Supplemental Information and Discussion Questions for Select Agenda Items

Acute Psychiatric Work Group Meeting August 19, 2019

III. Access to Psychiatric Services

Standard 7

1. Does MHCC staff's proposed change to this standard adequately and appropriately clarify the intent of this standard?

MHCC staff suggestion

An applicant proposing to establish a new special psychiatric hospital, establish inpatient psychiatric bed capacity, or expand acute psychiatric bed capacity shall, as a condition of approval of the CON application, be required to determine whether to admit or reject a patient based on clinical criteria. An involuntary patient cannot be denied admission based solely on the patient's status as an involuntary patient. An applicant shall submit documentation of its admission policies to demonstrate compliance with this standard.

Standard 8

2. Should private psychiatric hospitals be required to provide charity care? If charity care is required for private psychiatric hospitals, should the required level of charity care be consistent with the average amount of charity care provided by general acute care hospitals with psychiatric units located in the same health planning region? Is a different benchmark appropriate?

Standard 9

3. Should adequate access to inpatient psychiatric services be defined differently for residents in different areas of Maryland?

4. Is an access standard reasonable that provides for one-way travel time of 30 minutes to a provider with acute psychiatric beds for adults, for 90 percent of the population in a health planning region?

5. Is an access standard reasonable that provides for one-way travel time of 45 minutes to a provider with acute psychiatric beds for children and adolescents, for 90 percent of the population in a health planning region?

6. Is the drive time benchmark of 45 minutes reasonable for allowing an acute child psychiatric patient to be admitted to a general pediatric bed, when no child psychiatric beds are available within a 45 minute travel time?

7. Should hospitals be required to track and report information on how often a child is admitted to a general pediatric bed because a psychiatric bed is unavailable?

MHCC staff suggestion

In a comparative review, when two or more applicants propose to provide inpatient psychiatric services to the same age group in the same health planning region, and only one proposed project is needed, the Commission will grant a preference to the applicant that proposes to serve one or more special populations that often have difficulty accessing services or proposes otherwise to increase access to acute psychiatric services through minimizing discharge delays and reducing boarding in the hospital's emergency department.

V. Evaluation of the Need for Psychiatric Beds

8. Is MHCC staff's suggested change regarding the evaluation of need for psychiatric beds reasonable and appropriate?

MHCC staff suggestion

Eliminate the use of a bed need projection to determine when applications for the establishment of a special psychiatric hospital, inpatient psychiatric bed services at a general hospital, or inpatient psychiatric services for an age group not currently served by a hospital. Instead, require an applicant to present specific information and analysis that will be evaluated to determine whether the need for the project has been demonstrated, as suggested below.

A. The historic trends in the number of discharges and the average length of stay (ALOS) of patients with a primary psychiatric diagnosis treated in a Maryland or District of Columbia hospital who originate from the proposed service area of the applicant's project and projections of discharges and the ALOS of patients originating from the proposed service area for the next five years.

B. The historic trends in the number of discharges and the ALOS of patients with a primary psychiatric diagnosis treated in a Maryland or District of Columbia hospital who originate from the Health Planning Region in which the proposed project will be located and projections of discharges and the ALOS of patients originating from the health planning region for the next five years.

C. The historic trend in emergency department (ED) visits for patients with a primary psychiatric diagnosis treated in a Maryland or District of Columbia hospital who originate from the proposed service area of the applicant's project and projections of ED visits for patients originating from the proposed service area for the next five years.

D. The historic trend in bed occupancy rates at hospitals with psychiatric beds that are located in the same health planning region as the applicant's project or within an acceptable travel time, based on the standards in the State Health Plan chapter for psychiatric services, for the population to be served.

E. The projected bed occupancy rates for the proposed psychiatric bed capacity for the first three years following first use of the proposed project. The applicant must demonstrate

that the projected bed occupancy rate is be consistent with an efficient and cost effective level of utilization.

F. The projected market share that will be achieved by the applicant's proposed project for patients with a primary psychiatric diagnosis. The applicant must demonstrate that the projected market share is achievable based on a market share analysis of comparable special psychiatric hospitals or general hospitals with inpatient psychiatric beds located in Maryland.
G. Any additional information that supports the applicant's conclusion that additional psychiatric bed capacity is needed, including information on the number of hours patients are boarded in the emergency department and the frequency of patient boarding or transfers to facilities located beyond an acceptable travel time, based on standard in the State Health Plan chapter for psychiatric services.

Standard 10

9. Are MHCC staff's suggestions for changes to this standard seem reasonable and appropriate?

MHCC staff suggestion

A hospital shall meet the following applicable inpatient psychiatric occupancy standard for two consecutive years prior to submission of its application:

Bed Capacity	Minimum Average Annual Psychiatric Bed Occupancy Rate
Less than 20 beds	70%
Between 20 and 39 beds	75%
More than 39 beds	80%*

*If 85% or more of the psychiatric beds are in private rooms that accommodate only a single patient, then the occupancy threshold is 85% for facilities with 40 or more psychiatric beds. The bed range is based on the beds available for a specific age group.

VI. Evaluation of Impact of New Psychiatric Bed Capacity on Existing Providers

10. Is the general CON review standard for impact that an applicant must address sufficient or should a more specific standard be adopted for CON projects that increase psychiatric bed capacity?

MHCC staff suggestion

An applicant shall address the expected impact of its proposed project on the market share for other hospital providers of acute psychiatric services for each age group to be served located in the same health planning region or within a reasonable drive time, as defined in the State Health Plan chapter for psychiatric services. The Commission shall not approve a project that will likely negatively affect another provider thereby resulting in a net decrease in access to acute psychiatric services.

Standard 14

11. Should there be a higher or lower burden on CON applicants with respect to notifying and obtaining feedback from State and local agencies with responsibility for managing part of the range of community psychiatric services available?

12. Should MHCC staff notify some or all of the organizations in the current standard about the proposed CON project, rather than requiring an applicant to provide notice and obtain letters of acknowledgement from them?