Draft
Community-based Medical Screening Guidelines
for Individuals with Psychiatric Symptoms and Low Medical Risk
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Purpose of Guidelines

To support recent shifts to community-based service delivery in the Emergency Services Programs (ESP) and elsewhere in the behavioral health continuum of care, as well as related efforts to expedite access to behavioral health services and reduce emergency department (ED) volume and time, the Medical Screening Workgroup has developed the draft Community- based Medical Screening Guidelines below. The primary goal of these guidelines is to identify those persons assessed by an ESP who are unlikely to require acute medical evaluation or treatment before accessing inpatient psychiatric services or another appropriate level of care, without compromising their safety.

With appropriate screening guidelines in place, many people may be transported directly to a psychiatric hospital, without the need for medical evaluation or "clearance" in a hospital ED. Some individuals will continue to need medical evaluation within the hospital ED setting. Others, who are at low medical risk, will not. At the psychiatric hospital, all persons are evaluated by a physician. As always, some will have underlying medical issues. It is understood that in the assessment process at the hospital, the inpatient physician would consider non-psychiatric conditions that may present with psychiatric symptoms.

Background

Emergency Services Program (ESP) redesign

During the past 18 months, MBHP gathered extensive stakeholder input and collaborated with the Office of Medicaid and the Department of Mental Health to redesign the Emergency Services Program (ESP) system that delivers crisis behavioral health services across the Commonwealth. MBHP completed a procurement of MBHP-managed ESP providers in the spring of 2009, and the new provider contracts for ESP began on June 30, 2009.

The mission of the Emergency Services Program is to deliver high quality, culturally competent, clinically and cost-effective, integrated, and community-based behavioral health crisis assessment, intervention, and stabilization services that promote resiliency, rehabilitation, and recovery.

ESP service description

As of June 30, 2009, there are 21 locally based Emergency Service Providers (ESPs) covering every city and town across the Commonwealth. Seventeen of the ESPs are managed by MBHP, and four in the Southeast Region are operated by the Department of Mental Health.

The ESPs provide behavioral health crisis assessment, intervention, and stabilization services, 24 hours per day, 7 days per week, and 365 days per year. Each ESP provides Mobile Crisis Intervention services for adults and youth, a community-based location at which these services may be provided, and Community Crisis Stabilization (CCS). These services make emergency behavioral health services accessible in the community, offering alternatives to hospital emergency departments for individuals seeking behavioral health services when use of the ED may be safely avoided and/or is not voluntarily sought by the individual.

Triage

Individuals may access ESP services by phone call, walk-in to the ESP Community-Based Location, or by presentation to the ED. During the initial phone or face-to-face contact, the ESP clinician performs an initial risk assessment, including evaluation for the presence of a medical or physical emergency, and makes a decision about the location at which ESP services will be provided to the individual. A decision to provide services within an emergency department may be made at this time or at any point during the process.

The use of these guidelines occurs later in the process, after a service location decision is made; crisis assessment and intervention is provided; and efforts have been made to stabilize the

individual in the community. At any point in that process, it may be determined that the person needs medical evaluation. Additionally, if a decision is made that the person needs inpatient psychiatric care, the issue is raised as to whether medical evaluation or clearance is needed. At any point during the ESP service, based on needs and presentation of the person, a different decision may need to be made relative to service location and/or need for medical evaluation.

Medical Clearance Guidelines
In 2001, the "Medical Clearance Task Force Consensus Statement," "Consensus Statement Questions and Answers," and a reissued "Toxic Screen Guidelines" (originally written in 1999) were disseminated to hospital EDs, Emergency Service Programs, and inpatient psychiatric hospitals. Developed by Task Force Members of the Massachusetts Psychiatric Society (MPS) and the Massachusetts College of Emergency Physicians (MACEP), this document defines and describes "medical clearance" for patients in emergency departments with behavioral health presentations. It has been used as a set of guidelines to help facilitate improved care for persons with psychiatric symptoms via more efficient protocols and communication. The Medical Clearance Guidelines also describe a set of characteristics for whom "medical clearance" is minimal (referred to as low medical risk).

The Medical Screening Workgroup re-evaluated and re-endorsed these guidelines in the past year. All MBHP network inpatient psychiatric hospitals have reviewed the guidelines as well. The Medical Clearance Task Force Consensus Statement served as a foundation for the new Community-based Screening Guidelines in defining low medical risk, as well as a framework for the medical needs of persons with psychiatric symptoms.

Definition of Terms for the Purpose of This Document

1) **Medical Clearance**: For the purposes of this document, "medical clearance" will refer to a history and physical examination, and any other laboratory or diagnostic procedures performed in the ED setting prior to discharging the person from the ED.

   There is general agreement among Medical Screening Workgroup members that the term "medical clearance" may overstate assurance regarding the absence of any medical risks. However, given the deeply ingrained use of the term, workgroup members felt it would not be possible to eliminate its use or introduce an alternative term.

2) **Community-based Medical Screening**: This term refers to a process performed by an ESP clinician providing services in the community to assess the need for medical clearance prior to admitting a person to other levels of care, including a psychiatric hospital.

3) **Psychiatric hospital***:* A facility, including acute care ("general") hospitals and private psychiatric hospitals, that provides 24-hour, locked, inpatient mental health services

4) **ESP Clinician***:* A behavioral health clinician at the masters' or doctoral level in such disciplines as social work, psychology, or a related field, or an RN providing crisis intervention within the ESP

5) **ESP Psychiatric Clinician***:* Board-certified or eligible MD or Psychiatric Nurse Mental Health Clinical Specialist available for consultation regarding crisis intervention within the Emergency Services Program. All ESPs have a medical director who is a psychiatrist.

Guiding Principles

1) The literature does not delineate a proven, standardized approach to the evaluation and management of individuals who present with psychiatric symptoms requiring medical evaluation. Instead, it stresses an individualized approach.

2) Based on the collective clinical experience of the physicians and other disciplines, the task force established Community-based Medical Screening Guidelines following the framework established by the Medical Clearance Task Force and described in the Medical Clearance Guidelines. The Community-based Medical Screening Guidelines are applicable to persons with psychiatric symptoms and low medical risk.

3) Any individual with psychiatric complaints who is evaluated in the community should be assessed for the possibility of significant contributing medical causes of those complaints and for the possibility of the presence of unrelated but significant emergency medical conditions. A negative medical screening of persons with psychiatric complaints in the community should indicate that:
   - based on the training and experience of the ESP behavioral health clinician, the primary cause of the individual's presenting psychiatric complaints does not appear related to a medical illness; and
   - based on the training and experience of the ESP behavioral health clinician, there is no medical emergency or significant acute medical condition.

4) The term "medical clearance" reflects short-term, but not necessarily long-term, medical stability within the context of a transfer to a location with appropriate resources to monitor and treat conditions currently diagnosed.

5) Workgroup members generally agreed that a subset of individuals who have historically been sent to EDs for emergency behavioral health evaluation and "medical clearance" may be able to safely avoid the ED setting by obtaining an emergency behavioral health evaluation in a community setting and, if needed, being admitted directly to a psychiatric hospital.

6) The preferences and choices of the person receiving services are paramount throughout the process. The person's request for ESP service delivery location, attention to both medical and behavioral health needs, and disposition services, including the facility where services

are received, are key points for consumer voice. Individual voice and choice must be integrated throughout the process.

7) These Community-based Medical Screening Guidelines are intended to enable ESP clinicians, who are conducting these emergency behavioral health evaluations in the community, to identify those individuals with psychiatric symptoms and low medical risk for whom medical clearance in the ED is not necessary and who, if needed, may be admitted directly to a psychiatric hospital.

8) The individual's primary care provider (PCP) or pediatrician may also have a role in medical clearance and related collateral contacts. In some instances, an individual who is being evaluated in the community by an ESP may be psychiatrically stable enough, and the PCP or pediatrician office may have the time available to provide a medical evaluation prior to transfer to a psychiatric hospital.

9) Neither these Community-based Medical Screening Guidelines nor Medical Clearance in an ED implies an absence of ongoing medical issues that may require further diagnostic assessment, monitoring, and treatment. Nor do they guarantee that there are no undiagnosed medical conditions.

10) All psychiatric hospitals currently provide a medical evaluation within 24 hours of an individual's admission to the psychiatric hospital. In the rare instance that an individual presents at the psychiatric hospital in acute medical distress requiring emergency treatment, or the individual is determined at the psychiatric hospital to potentially need emergency medical evaluation/treatment, the psychiatric hospital should arrange for transport of the individual to an ED, as is the current practice when this occasionally occurs.

Guidelines

The workgroup recommends the following guidelines for Community-based Medical Screening for individuals with psychiatric symptoms and low medical risk:

1) Age: The individual is less than 55 years old.

2) ESP assessment process
The ESP clinician completes a comprehensive behavioral health crisis assessment, during which the following will be incorporated.

a. Mental Status Exam: The ESP behavioral health clinician completes a Mental Status Exam and, if needed, will consult with the ESP psychiatric clinician regarding the need for medical clearance. Mental Status Exam findings or a change in cognition or ability to communicate may be indicators for consultation with the ESP psychiatric clinician and/or transfer to an ED for medical evaluation.

b. No acute medical complaints: After the crisis intervention focused on the individual's presenting problem, the ESP behavioral health clinician completes an assessment of the person's presenting complaints and history that includes documentation of any physical complaints.

i. At a minimum, the following questions are asked:
   - Do you have any new medical problems?
   - Do you have any new symptoms of a known medical condition that concern you?
   - Have you experienced any recent physical trauma?
   - Do you think you need to go a hospital emergency department prior to admission to a psychiatric hospital?

ii. In addition, the ESP's clinical assessment of the individual will include whether he/she has ingested alcohol, drugs, or any extra medications (prescribed and/or over the counter) within the last day, as well as an evaluation of any unusual new onset psychiatric symptoms. The assessment may include history obtained from collateral contacts in addition to the individual and family.

iii. If a positive response is obtained, the ESP clinician considers consultation with the ESP psychiatric clinician and/or transfer of the individual to an ED for medical evaluation. Otherwise, after the ESP behavioral health clinician performs a thorough evaluation, the ESP clinician may conclude (see Guideline #4) that there are no acute medical complaints requiring medical evaluation or medical clearance in an ED.

c. Vital signs, if available, should be within normal ranges: Vital signs may be available to the ESP clinician if obtained by involved personnel, such as nurses in a school, outpatient clinic, or the ESP's Community Crisis Stabilization program; emergency medical personnel, such as an ambulance EMT; or ESP providers who are trained to take vital signs.

iv. The presence of abnormal vital signs should typically result in a discussion with the ESP psychiatric clinician or transport to an emergency department.

v. Upon consultation by the ESP clinician with the ESP psychiatric clinician, the latter may determine that an individual is an appropriate low medical risk despite abnormal vital signs, and he/she may not require medical clearance in an ED prior to admission to a psychiatric hospital.

vi. Vital signs, when obtained, are communicated by the ESP to the psychiatric hospital.

vii. If there is any question as to whether an abnormal vital sign is significant or not, the person should be transported to the nearest ED.

d. No evidence of significant intoxication: If after the assessment by the ESP clinician, there is evidence of significant intoxication or evidence of withdrawal, the individual should be transferred to an ED.

e. Sexual assault: For individuals who have experienced sexual assault within 120 hours (five days) of the ESP evaluation, it is medically suggested that he/she be transferred to an ED. This decision remains an individual choice; however, there are additional resources available at EDs that may not be available in community-based settings. In addition to any resources the ESP or ED may have regarding assault, clinicians and survivors may call SafeLink at (877) 785-2020 for statewide referrals. All involved providers are expected to follow statutes regarding mandated reporting.

3) **Consumer voice and choice in decision making**: Individual voice and choice should be integrated into all aspects of ESP service delivery and the process described in these guidelines. Decisions regarding medical clearance in an emergency department are not an exception. The following are some examples of opportunities for individual choice in decision making. The ESP clinician is expected to involve the consumer, or parent/guardian, throughout the decision making processes further described in the remaining sections of these guidelines.

   a. If an individual does not want to go to the ED for Medical Clearance, perhaps due to negative experiences in emergency departments or for other reasons, and the ESP agrees it is not medically necessary to go to the ED, the ESP should advocate for the person receiving services and/or discuss other facility options with the individual.

   b. If an individual requests services at a specific inpatient psychiatric hospital and that hospital is requesting ED Medical Clearance, he/she may choose to go to the emergency department in order to access that hospital. Alternatively, the person may choose a second preference where he/she would like to request admission where the ED Medical Clearance may not be necessary.

4) **Determination of disposition**

   a. Outcome of ESP clinician assessment relative to medical clearance and process for ESP psychiatric clinician involvement when needed:

      i. The ESP clinician assesses that the individual is appropriate for a direct admission to a psychiatric hospital, taking into account the individual's or parent/guardian's preference. The ESP clinician does not need to consult with the ESP psychiatric clinician and calls the hospital to arrange admission.

      ii. The ESP clinician is unsure regarding the need for Medical Clearance in an ED prior to admission to a psychiatric hospital. The

ESP clinician consults with the ESP psychiatric clinician to make this determination.

iii. The ESP clinician and psychiatric hospital disagree regarding the need for Medical Clearance in an ED prior to admission to a psychiatric hospital. The psychiatric hospital's admitting psychiatrist and the ESP psychiatric clinician consult to make this determination.

b. **Psychiatric consultation:** ESP clinicians who are performing emergency behavioral health evaluations and crisis intervention in the community have have access to consult with an ESP psychiatric clinician 24/7/365 about the need for Medical Clearance in an ED setting as well as other clinical issues. All ESPs are required to ensure access to telephonic consultation with their ESP Psychiatric Clinician available within 15 minutes of the call from the ESP clinician, and that consultation may be used for this purpose. In the situation where the ESP Psychiatric Clinician is not a Medical Doctor, a Medical Doctor is also available for telephonic consultation, if needed.

5) Further collaboration in determining a disposition

a. Collaboration between the ESP and a potential receiving psychiatric hospital

i. A potential receiving psychiatric hospital's request for medical clearance in the ED of an individual evaluated in the community should be individualized and guided by that person's clinical presentation and physical findings as well as the Medical Clearance Guidelines.

ii. Additional person-specific discussions concerning his/her medical status, diagnostic and laboratory procedures, and/or other medical concerns should occur between the receiving psychiatric hospital's admitting physician and the ESP psychiatric clinician, if they cannot be resolved by the ESP clinician and hospital intake staff.

b. Alternative inpatient facility

If there is a disagreement regarding the need for Medical Clearance in the ED that could not be resolved by the ESP, and the potential receiving facility, the ESP may seek placement at an alternative facility in order to expedite the process.

c. **Consultation with MBHP (or "the payer"):** If a receiving facility is requesting seemingly arbitrary tests – the results of which would not likely affect the disposition – (i.e., a pregnancy test for a woman with no other medical complaints) or tests with a small likelihood of positive yield (i.e., CT scan following minor head trauma with no changes in Mental Status) the receiving facility's MD and the ESP's psychiatric clinician should discuss

the request. If a mutually accepted decision cannot be reached, additional physician consultation can be accessed 24/7 from the individual's payer.

The payer's role in this review is to ensure access for its Members, perform network management functions, and facilitate communication between the providers. Emergency department visits do not require pre-authorization, and the role of the payer is not to limit access for individuals who need emergency department services.

i. For the following payer categories: MBHP, MassHealth fee-for-service, Medicare, Medicare/Medicaid, DMH only, and uninsured, please contact the MBHP Clinical Access Line at 1-800-495-0086. The MBHP Clinical Access Line is staffed 24 hours a day, 7 days a week, 365 days a year, by masters'-level clinicians. These clinicians have access to phone consultation with MBHP psychiatrists at all hours, if indicated.

ii. For the MassHealth Managed Care Organizations (MCOs) members, please contact the MCO directly.

iii. For commercial payers, please contact the payer directly.

iv. Individual instances of unresolved dispute despite payer involvement shall be managed conservatively, but they shall be tracked, and individual situations will be utilized by MBHP to facilitate local and system-wide changes to improve future service delivery.

d. **Medical services at the receiving psychiatric hospital:** All individuals admitted to a psychiatric hospital are required to receive a physical examination provided by an MD at that hospital within 24 hours, and all urgent consultation services, including medical, are required to be received within 24 hours of request for services. All psychiatric hospitals are required to have a physician on site at all times (24/7/365).

Your comments and/or suggestions may be sent to MBHP-ESP@valueoptions.com
by **5 p.m. on October 9, 2009.**
We are inviting **narrative written feedback** rather than edits to the document,
so please send your comments in paragraph form.
We will not incorporate "tracked changes" or "red lined" versions of the document itself.