

## ERs have become de facto psych wards

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Long waits for insurance authorization allowing psychiatric patients to be admitted to the hospital from the emergency department waste thousands of hours of physician time, given that most requests for authorization are ultimately granted. A study to be published in the May issue of *Annals of Emergency Medicine* argues that pre-authorization process is akin to health care "rationing by hassle factor" ("Insurance Prior Authorization Approval Does Not Substantially Lengthen the Emergency Department Length of Stay for Patients with Psychiatric Conditions").

"An emergency department is just about the worst place for a psychiatric patient to wait for an inpatient bed, and yet that is exactly what the preauthorization process forces on millions of these vulnerable people," said senior author J. Wesley Boyd, MD, PhD of the Cambridge Health Alliance in Cambridge, Mass. "The thousands upon thousands of hours emergency physicians spend obtaining prior authorization for admission to the hospital are hours we are not spending on direct patient care. Only Medicare does not require prior authorization for us to admit psychiatric patients to the hospital; maybe they are onto something."

Researchers recorded data on 53 patients, most of whom were in the emergency department because they were having suicidal thoughts. Half of the authorization requests took under 20 minutes to be approved, but 10 percent of the patients' authorizations took an hour or more. Only one of the 53 patients' insurance carriers denied pre-authorization. There are approximately 2.5 million psychiatric admissions to hospitals every year in the U.S.



"Psychiatric care is really the poor stepchild in the world of insurance coverage," said lead author Amy Funkenstein, MD, of Brown University in Providence, R.I.. "Insurance carriers reimburse poorly and as a consequence, hospitals often have inadequate resources for patients who urgently need this care. The situation is so dire that ERs are now being designed and configured to house psychiatric patients awaiting placement as inpatients. These patients deserve better."

## Provided by American College of Emergency Physicians

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