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Title: Electronic Clearinghouse for Inpatient Mental Health Access

Introduced by: Lindsay E. Murphy for the Medical Student Section

Original Author: Lindsay E. Murphy

Referred to: Reference Committee B

House Action: **APPROVED AS AMENDED**

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Whereas, emergency department encounters for psychiatric and behavioral health problems comprise an increasing percentage of emergency department visits nationwide and within the state of Michigan, and

Whereas, boarding of psychiatric inpatients in emergency departments has been shown to lead to increased morbidity and mortality, increased cost of care, and increased risk of harm to healthcare providers, and

Whereas, access to inpatient psychiatric treatment at present in the state of Michigan is allocated on an individual hospital basis subject to the approval of a county access board, which results in significant delays in access to care, increases in inpatient psychiatric boarding, and potential for patient privacy breaches subject to transfer of patient medical records to multiple hospitals using hard-copy facsimile in lieu of established, secure electronic health records platforms, and

Whereas, current wait times from emergency department disposition to inpatient mental health facility placement in Wayne County average 12 hours, with documented wait times in excess of 24 hours as commonplace, and

Whereas, a regionalized psychiatric clearinghouse model has been implemented in Alameda County, California, for allocation of psychiatric and behavioral health services, and has been shown to significantly reduce inpatient psychiatric admissions and length of inpatient psychiatric boarding times, and

Whereas, a regionalized emergency clearinghouse for daily monitoring of inpatient bed census, emergency department beds, ICU beds, operating rooms, and ventilators already exists in the state of Michigan, involves minimal administrative overhead, and allows for rapid optimization of access to care, and

Whereas, regionalization of specialty services already exists in the State of Michigan for specialty burn care through the State of Michigan Burn Coordinating Center, and

Whereas, the use of a regionalized clearinghouse for rapid allocation of inpatient burn center beds to burn patients has demonstrated significant improvements in speed of access to specialty care and in outcomes for burn patients, and

Whereas, legislation, House Bill 5439, is currently before the Michigan Legislature that would add a section to the Mental Health Code that would require the Department of Health and Human Services to establish and administer a statewide electronic inpatient psychiatric bed registry; therefore be it

53           RESOLVED: That MSMS supports the development of a regionalized clearinghouse for rapid  
54 allocation of inpatient psychiatric beds, based on established coordinating center or clearinghouse  
55 models, that also identifies the availability of beds based on patient gender, acuity, and age.  
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58 WAYS AND MEANS COMMITTEE FISCAL NOTE: NONE

**Relevant MSMS Policy:** None

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Sources:

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4. O'Neil AM, Sadosty AT, Pasupathy KS, Russi C, Lohse CM, Campbell RL. Hours and Miles: Patient and Health System Implications of Transfer for Psychiatric Bed Capacity. *West J Emerg Med*. 2016 Nov;17(6):783-790.
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6. Zeller S, Calma N, Stone A. Effects of a dedicated regional psychiatric emergency service on boarding of psychiatric patients in area emergency departments. *West J Emerg Med*. 2014 Feb;15(1):1-6.
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