

MaineHealth

Testimony of Mary Jane Krebs President, Spring Harbor Hospital In Support of LD 1315

“An Act to Support Medically Monitored Crisis Support and Intervention” Tuesday, April 23, 2019

MaineHealth Member
Organizations:

- Franklin Community Health Network
- LincolnHealth
- MaineHealth Care At Home
- Maine Behavioral Healthcare Memorial Hospital
- Maine Medical Center
- NorDx
- Pen Bay Medical Center
- Southern Maine Health Care Synernet
- Waldo County General Hospital
- Western Maine Health

Part of the MaineHealth Family:

- MaineHealth Accountable Care Organization

MaineHealth Affiliates:

- MaineGeneral Health
- Mid Coast-Parkview Health
- New England Rehabilitation Hospital of Portland
- St. Mary's Health System

Senator Gratwick, Representative Hymanson and distinguished members of the Joint Standing Committee on Health and Human Services, I am Mary Jane Krebs, President of Spring Harbor Hospital, and I am here to testify in support of LD 1315, “An Act to Support Medically Monitored Crisis Support and Intervention.”

MaineHealth is Maine’s largest integrated non-profit health care system that provides the full continuum of health care services to the residents of eleven counties in Maine and one in New Hampshire. As part of our mission of “Working Together So Maine’s Communities are the Healthiest in America,” MaineHealth, which includes Maine Behavioral Healthcare, is committed to creating a seamless system of behavioral healthcare across Maine, coordinating hospital psychiatric care with community-based treatment services, and better access to behavioral healthcare through integration with primary care services.

Every day MaineHealth’s local health systems are challenged with discharging behavioral health patients that also have medical needs (that do not require acute hospital care) to the next appropriate level of outpatient care. The legislation before you today seeks to create a reimbursement rate for medically monitored crisis stabilization unit (CSU) beds that will be staffed with 24 hour nursing and medical monitoring. These beds can be a bridge between inpatient hospitalization and traditional outpatient treatment.

I know you have heard from my colleagues and from Sarah how the length of stay for behavioral health patients in our emergency departments across the state continues to grow as these patients await placement in an inpatient bed. Some of these individuals are so acutely ill that they are at risk for harm to themselves, others or the community. They truly need inpatient treatment.

Others, however, sent to our emergency departments by outpatient providers may need a medication change and monitoring that given the right setting may not require inpatient level of care. For example, a patient with depression or anxiety who also has diabetes, a history of seizures, or high blood pressure that is not well managed may be sent from an outpatient provider to the emergency department for the sole reason of starting or restarting medication treatment. This patient would be an ideal candidate for a medically monitored CSU bed.

Similarly, patients who have been treated at Spring Harbor Hospital and who still need monitoring on their new medications would be able to step down to a medically monitored crisis bed for a few days thus providing them with a less intensive level of care. This, in turn, frees up their bed at Spring Harbor for someone stuck in an ED desperately in need of inpatient care.

Additionally, behavioral health patients that also require medical withdrawal management for substance use disorder could be served by these medically monitored CSU beds. Oftentimes, patients who have not been drug or alcohol free for 72 hours may not be accepted by a traditional CSU due to the increased likelihood of withdrawal and need for medical intervention.

Last summer we began tracking behavioral health patients with medical care needs to determine the scope of this issue within the MaineHealth system. Just within the greater Portland area our system has seen upwards of 50 patients each month that could be treated in medically monitored CSU beds. With that said, we believe that the creation of this reimbursement rate will result in fewer unnecessary hospitalizations. This is a level of care missing within our behavioral health continuum, one that can improve safe, effective patient flow as well as reduce the cost to the system for unnecessary inpatient hospitalizations.

For those reasons, I urge the Committee to vote Ought to Pass on LD 1315, "An Act to Support Medically Monitored Crisis Support and Intervention." Thank you and I would be happy to answer any questions.