PSYCHIATRIC CONSULTATION ON AN INPATIENT MEDICAL UNIT

PURPOSE

Performance specifications are intended to enhance MassHealth Enrollee experience and outcomes by promoting transparency and consistency across Plans and providers. Performance specifications are expectations imposed on providers who contract for these specific and related services. Information contained in this document is based on publicly available documents, Plan expectations, your contract, and MassHealth guidance. This information should be and will look materially like any other MassHealth contracted Plan. Performance specifications, your provider manual, and other requirements can be found at providerexpress.com.

Providers contracted for this level of care or service are expected to comply with applicable regulations set forth in the Code of Massachusetts Regulations, and all requirements of these service-specific performance specifications. In addition, providers of all contracted services are held accountable to the General Performance Specifications. Where there are differences between the service-specific and General Performance Specifications, the service-specific specifications take precedence.

OVERVIEW

Psychiatric Consultation on an Inpatient Medical Unit is the subspecialty of psychiatry concerned with the provision of consultation to medically ill Enrollees who are hospitalized on inpatient medical units. This service does not apply to Enrollees presenting to hospital Emergency Departments (EDs). The goals of this service are:

1. to ensure the safety and stability of Enrollees within the medical environment;
2. to collect sufficient history and medical data from appropriate sources to assess the Enrollee and formulate the problem;
3. to conduct a mental status examination;
4. to establish a differential diagnosis; and
5. to initiate a treatment plan.

Whenever possible, the consultant is a liaison psychiatrist working as part of a ward-based multi-disciplinary team who is familiar with the routines of the medical/surgical environment. The use of outside consultants, unknown to hospital physicians and unfamiliar with the hospital system, is discouraged.

SERVICE COMPONENTS

1. The provider complies with the staffing requirements of the applicable licensing body, the staffing requirements in the Plan's service-specific performance specifications, and the credentialing criteria outlined in the provider manual found at providerexpress.com.
2. Psychiatric consultation for Enrollees in the general medical setting is available 24 hours per day, seven days per week, and 365 days per year.
3. Psychiatric consultation is provided by any of the following who have appropriate credentials and privileges at the facility: a psychiatrist or child psychiatrist who is board-certified and/or who meets the plan's credentialing criteria for a psychiatrist or child psychiatrist; a clinical psychologist; a child-trained psychiatric nurse mental health clinical specialist (PNMHCS) who is board-certified; or a nurse practitioner/board-certified registered nurse clinical specialist (RNCS).
4. The consultant has specialized training and/or experience in the evaluation of the mental health of Enrollees with serious medical illness, formulation of their problems and diagnosis, and organization and implementation of an effective treatment plan.
5. The consultant can evaluate an Enrollee with a suspected psychiatric disorder, a psychiatric history, or use of psychotropic medications to determine the effect the psychiatric condition has on the medical/surgical condition. The consultant can assess the extent that the Enrollee's psychiatric condition is caused by the medical/surgical illness.
6. The consultant has experience in the evaluation of the medical and psychiatric reasons for acute agitation. The evaluation carefully reviews the medical and psychiatric reasons for agitation (e.g., psychosis, intoxication, withdrawal, dementia, delirium) and delineates possible etiologies (e.g., toxic metabolic disturbances, cardiopulmonary, endocrine, neurologic disorders).
7. The consultant has experience in the evaluation of an Enrollee who wishes to die, including one who requests hastened-death, physician-assisted suicide, or euthanasia.
8. The consultant has experience in the evaluation of competency to consent to medical or surgical treatment.
9. If the consultant is requested to assess the adequacy of pain management, the consultant is familiar with the types of pain (e.g., acute, chronic, recurrent, and cancer-related); the distinction between pain, nociception, suffering, and pain behaviors; the multidimensional nature of pain; pain measurement and assessment; pain management (e.g., therapeutic goals, pharmacological and non-pharmacological strategies, multidisciplinary and multimodal management, monitoring of strategies and side effects); and the impact of pain and unrelieved pain on recovery from illness or surgery, on the individual, and/or on the family.
10. If the consultant is requested to assess the extent that the psychiatric disturbance is related to a substance use disorder, the consultant has clinical skills in addiction medicine or addiction psychiatry.
11. If the consultation is requested for a child or adolescent, the consultant is trained in child and adolescent psychiatry and is familiar with the developmental and family issues as they apply to diagnosis and intervention. In addition, the consultant has an in-depth understanding of medical illness as well as a general knowledge of procedures, medications, hospital routines, and outcomes for children and adolescent Enrollees.

STAFFING REQUIREMENTS

None

SERVICE, COMMUNITY AND OTHER LINKAGES

1. Consultations are usually requested by physicians who are directly responsible for the care of the Enrollee. The so-called “routine consultation” may have life-and-death implications for the Enrollee because the overt cause of the referral may reflect a more serious problem. For example, the Enrollee who appears withdrawn may be suicidal, or an uncooperative Enrollee with mild agitation may be delirious. The consultant ensures direct contact with the individual who initiated the request to obtain accurate information about the Enrollee’s behavior which may not appear in the Enrollee’s health record.
2. The consultant is familiar with how to access other professionals when additional expertise is required. Such expertise includes, but is not limited to, neurology, pain, substance use, neuropsychology, and physical medicine and rehabilitation. This expertise may be provided by practitioners from a variety of disciplines (e.g., psychology, social work, occupational therapy, physical therapy, speech and language, special education, vocational rehabilitation, pastoral counseling, etc.).
3. The consultant is familiar with medical necessity criteria for admission to inpatient psychiatric levels of care and can determine that an Enrollee is medically stable for admission.
4. The consultant is familiar with Plan policies and procedures to secure outpatient follow-up care for all Enrollees.

PROCESS SPECIFICATIONS

Assessment, Treatment Planning and Documentation

1. All psychiatric consultations on a medical/surgical unit are provided and documented in a progress note in the Enrollee’s health record as soon as possible and no later than within 24 hours of the consultation.
2. Although the comprehensive consultation requires attention to all domains, the consultation note is best if brief and focused on the referring physician’s concerns. The consultant avoids the use of acronyms, psychiatric jargon, or other wording likely to be unfamiliar or confusing to other medical/surgical specialists.
3. The structured consultation note provides a framework for providing information back to the referring physician.
4. The note is titled with mention of “Psychiatry” and “Consultation” or equivalent terms.

Discharge Planning and Documentation

None

QUALITY MANAGEMENT

1. The provider will develop and maintain a quality management plan that is consistent with their contractual responsibilities to Optum, and which utilizes appropriate measures to monitor, measure, and improve the activities and services it provides.
2. A continuous quality improvement process is utilized and may include outcome measures and satisfaction surveys to measure and improve the quality of care and services delivered to Enrollees, including youth and their families.
3. Clinical outcomes data must be made available to Optum upon request and must be consistent with the performance specifications of this service.
4. Providers must report any adverse incidents and other reportable events that occur to the relevant authorities.