

# High Utilizers of Psychiatric Emergency Services: 10-year Analysis of Protocol for Reducing Frequent Utilization

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## Introduction

High utilizers make up a small percentage of individuals who seek care in psychiatric emergency services and disproportionately use resources.<sup>1</sup> Few studies have examined predictors of recurrent high emergency department use.<sup>2</sup> Barriers emerge at the patient level (i.e., treatment nonadherence, social determinants), provider level (i.e., stigma toward high utilizers and lack of expertise), and system level (i.e., lack of specialized services to address short- and long-term care needs).<sup>3</sup> Dealing with heavy utilizers, including patients who come to the emergency department seeking repeated inpatient psychiatry admission for secondary gain (shelter, etc.) has been clinically and ethically challenging. For persistent malingerers, assessments that would provide useful insights into the causes of their behaviors are certainly not compatible with the limited time and resources of clinicians in the emergency department setting.

At Loyola University Medical Center, a list of high utilizers was developed between the emergency and consult liaison psychiatry departments with the goal of managing these patients in a non-judgmental manner and exploring alternative discharge options such as intensive outpatient programs.

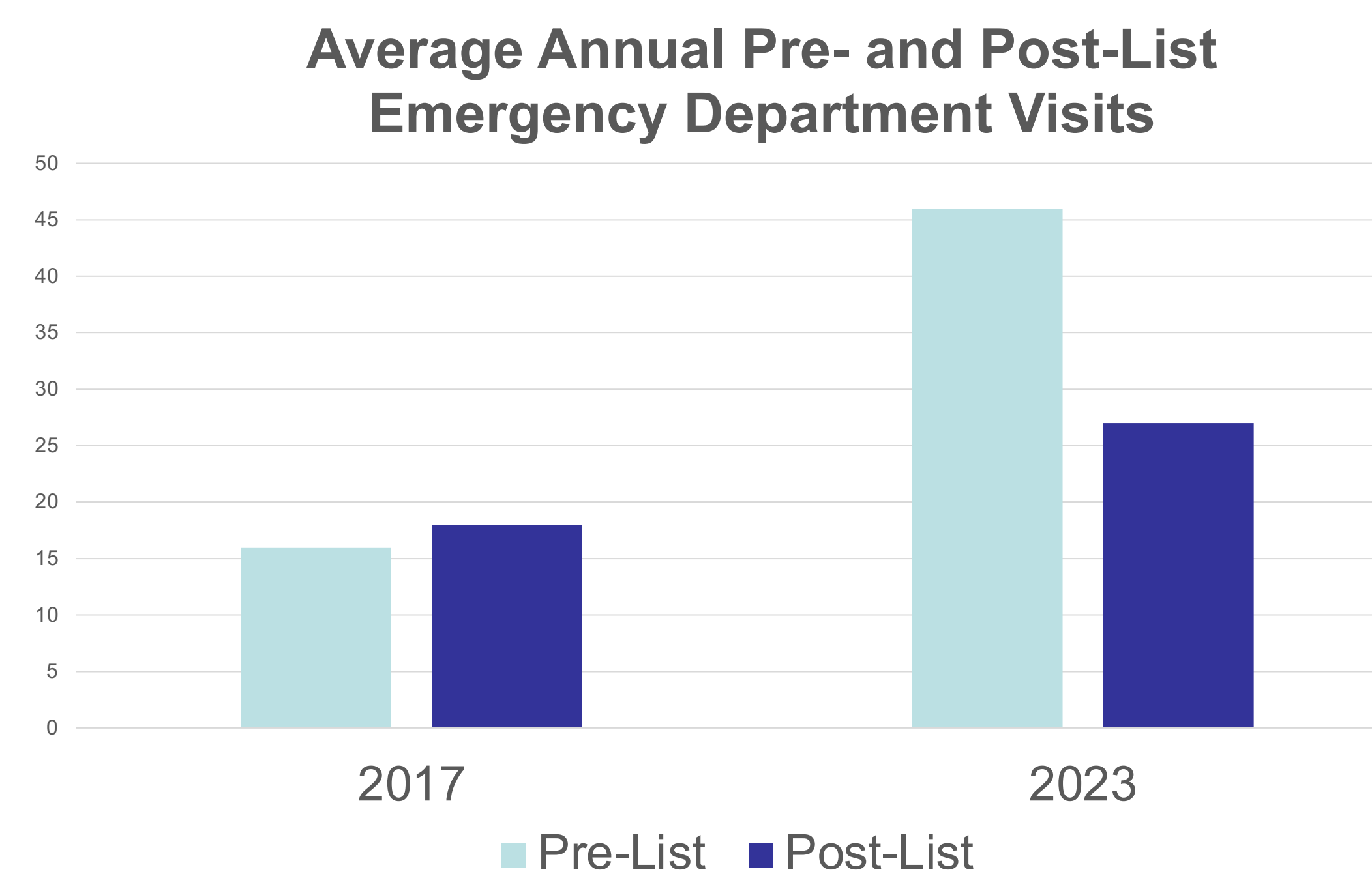
## Methods

At this medical center, a high utilizer protocol was developed in 2017 to address resource utilization and boarding times in the emergency department. Emergency room physicians, social workers and the psychiatry department identified patients demonstrating a cycle of frequent inpatient psychiatry admissions and emergency department visits following poor adherence to therapy and entered their names to lists stored in a confidential EPIC server. These patients were offered intensive outpatient treatment instead of repeated admission to inpatient psychiatry.

After IRB approval, chart review of patients maintained on the high utilizer list was conducted for the period of June 20, 2014, to July 30, 2023, to provide comparative pre-list and post-list data. Primary objectives included outcomes of the high utilizer protocol regarding compliance to treatment, frequency of emergency department visits, boarding times and cost of stay. Secondary objectives include patient demographics and social risk factors including race, insurance and employment status, and clinical risk factors such as substance use disorders and presence of other psychiatric diagnoses.

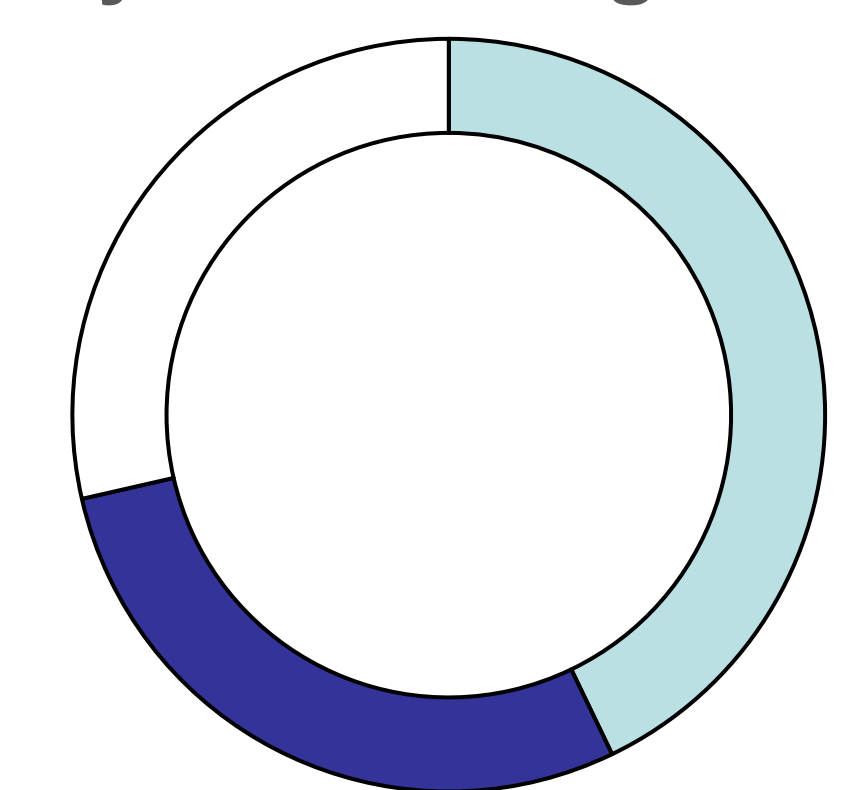
## Preliminary Results

The initial high utilizer list created in 2017 consisted of four adult male patients, with a mean age of 60 years old. Average number of emergency department visits in the three years before and after list implementation were 16 and 18 visits per patient, respectively, with percent change ranging from -27% to 54%. A second list initiated in 2023 has one female and four male patients averaging 51 years old. The average number of emergency department visits in the two years prior to this list implementation was 46 visits per patient, with one patient being seen 100 times. Visits after list implementation decreased to an average of 27 per patient. Data for 2020 and 2021 are limited due to the COVID-19 pandemic. Analysis of differences in disposition plan, length of stay, cost, and visits to other facilities is ongoing.



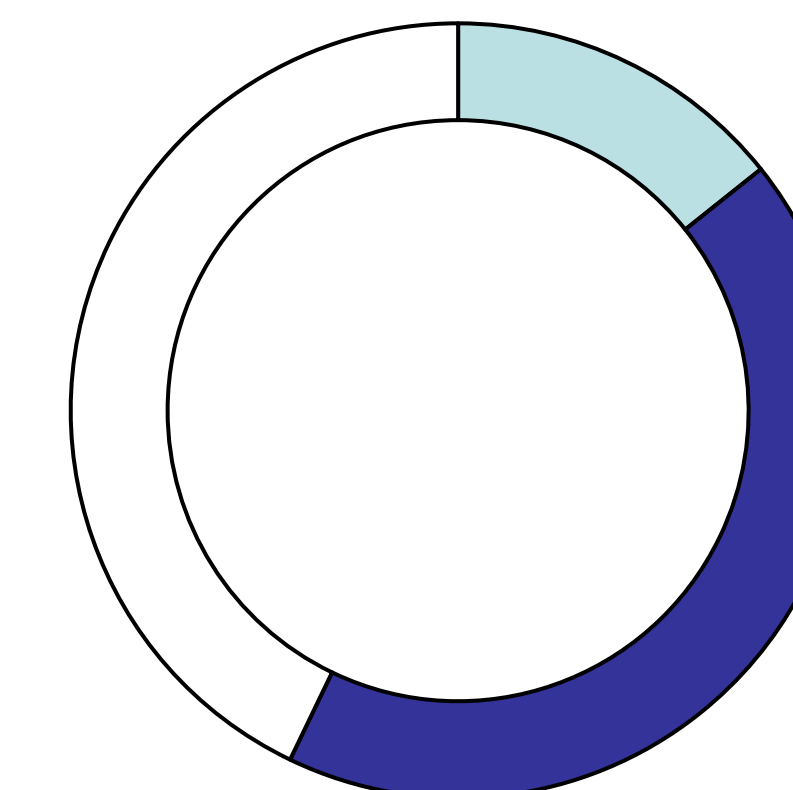
Review of patient demographic factors showed that for the 7 total patients identified on the high utilizers list, 5 of these patients were African American or Black, while 2 of these patients were Caucasian or White. All 7 patients were unemployed. One patient was identified as having alcohol use disorder, while 3 patients were diagnosed with other substance use disorders. Other psychiatric diagnoses for these patients included schizophrenia (N=3), schizoaffective disorder (N=2) and bipolar disorder (N=2).

### Psychiatric Diagnoses



■ Schizophrenia  
■ Schizoaffective Disorder  
□ Bipolar Disorder

### Presence of Substance Use Disorder



■ Alcohol Use Disorder  
■ Other Substance Use Disorder  
□ No Substance Use Disorder Identified

## Discussion

This protocol accommodates anticipated variation in patient outcomes. First, a patient might fail to cooperate despite the best efforts of staff to treat them in a nonjudgmental and dignifying manner. If this occurs, the hospital has a record of the patient and their unwillingness to accept that help, which can guide medical decision making during future emergency department visits. Alternatively, the patient may cooperate with the evaluation. The cooperative patient might reveal that the problem with which he has been using the sick role to cope may be amenable to psychiatric or psychological intervention,<sup>4</sup> which creates an opportunity for effective treatment planning. The patient also may reveal that the source of their presentation is of social nature, which may also be addressed with multidisciplinary help from case management, etc.

Preliminary analysis suggests such a protocol may be effective in reducing frequency of emergency department visits. Further analysis is ongoing with regards to changes in length of stay, disposition plan, and cost of stay. Social determinants of health appear to play a significant role in high utilization. Importantly, every patient on the list was unemployed, and 57% of patients demonstrated an active substance use disorder. Furthermore, identification of other psychiatric diagnoses in these patients represents an important opportunity for treatment that could prove effective in reducing high utilization.

This ongoing protocol represents a pioneering, interdisciplinary approach to management of a widespread issue in consultation-liaison psychiatry and emergency psychiatric care. While this study provides an important launch point for discussions surrounding management of high utilizers, future studies will be crucial to developing and maintaining a balanced and non-judgmental approach to managing patients who visit the emergency department frequently and request inpatient psychiatry admission.

## References

1. Pasic J, Russo J, Roy-Byrne P. High utilizers of psychiatric emergency services. *Psychiatr Serv.* 2005 Jun;56(6):678-84.
2. Gentil L, Grenier G, et al. Predictors of Recurrent High Emergency Department Use among Patients with Mental Disorders. *Int J Environ Res Public Health.* 2021 Apr 25;18(9):4559.
3. Blonigen DM, Manfredi L, et al. Reducing Frequent Utilization of Psychiatric Emergency Services Among Veterans While Maintaining Quality of Care, *Psychiatry online*, Published Online:1 Feb 2018
4. Hamilton, J. C., and M. D. Feldman. "Functional analysis of malingering in the emergency department." *Psychiatric Times* 6 (2007): 1-5.