

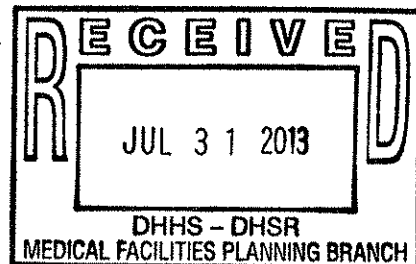


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Petition
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**Petition to Recognize the Need for Adult Psychiatric Beds
for Eating Disorders in Durham County**

Petitioner:

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Summary:

Currently there are no adult psychiatric beds in Durham, NC dedicated to serving adult patients with eating disorders. There are fewer than 10 psychiatric beds in North Carolina adequately equipped to treat persons with eating disorders diagnoses.

Veritas Collaborative (Veritas), located in Durham County, currently has 5 child and adolescent inpatient psychiatric beds (Certificate of Need/CON allocated) and an additional 13 sub-acute inpatient beds under North Carolina's Psychiatric Residential Treatment Facility (PRTF) licensure category, both dedicated to serving eating disorders patients aged 10 and older. There is a constant wait-list for these 18 beds.

The draft 2014 SMFP – Chapter 15 – Psychiatric Inpatient Services does not recognize any need for additional general adult psychiatric beds in Durham County. Veritas has identified a need for 24 adult psychiatric beds dedicated to eating disorders patients to be located in Durham County that are not recognized in the current SMFP methodology and that cannot be met by existing general psychiatric providers in Durham County, or the surrounding counties. As a result,



Veritas requests that the 2014 SMFP be amended to recognize an adjusted need determination for such specialized services.

Background:

Veritas received CON approval in 2011 to develop 5 child and adolescent psychiatric beds (Licensure Category .6000) dedicated to serving patients with eating disorders diagnoses. These beds function as part of a continuum of care including 13 sub-acute inpatient PRTF (Licensure Category .1900) beds, and 12 Adolescent Day Treatment (Licensure Category .1400) patient slots. Due to the need determination of the SMFP, Veritas has been unable to apply for CON adult inpatient beds in order to serve adult eating disorders patients at higher levels of care. Veritas routinely receives referrals to treat adult patients with eating disorders, given their reputation for best-practice, specialized eating disorders services. Continuity of care is a problem as patients age-out of the adolescent beds. Based on historical referrals, even without marketing adult services Veritas could fill 24 adult beds dedicated to adult eating disorders services.

Requested Change:

Veritas requests that the State Health Coordinating Council (SHCC) recognize the unique needs of eating disorder patients and provide an adjusted need determination in the 2014 SMFP for dedicated beds for this purpose to be located in Durham County, but to serve as a statewide resource. The reasons for this are as follows:

1. There are no available beds/programs dedicated to adult eating disorder in the Durham Local Management Entity-Managed Care Organization (LME-MCO) catchment area.
2. The bed need in the Durham LME-MCO is based on the utilization of general psychiatric beds located within general acute care hospitals. There are no specialized adult eating disorders programs offered within the existing beds.
3. There are limited adult eating disorders programs statewide (and nationwide). Of those, most provide only outpatient, day treatment, or residential levels of care. Veritas is one of the few organizations in the southeast trained, equipped, and licensed to provide inpatient services for persons with eating disorders, irrespective of age.
4. In May 2013, the American Psychiatric Association released the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which identifies new eating disorder diagnoses and broadens capacity for inclusion within existing/standing eating disorder diagnoses such as Anorexia Nervosa or Bulimia Nervosa. This allows for better identification and treatment of this population, uniquely located at the intersection of psychiatric and physical illness.
5. The Affordable Care Act, and Federal and State Parity Laws significantly increase access to mental health services and mandate broader access to inpatient mental health care, including access to eating disorder treatment.
6. Eating disorders are the most lethal of all psychiatric illnesses. Patients with eating disorders have both physical and mental illness symptoms, and frequently present with a multitude of comorbid diagnoses (i.e., self-injurious behaviors, suicidality, severe



- bradycardia). Due to an exceedingly high mortality risk, these patients have unique needs necessitating specialized intervention at higher levels of care.
7. Persons treating patients with eating disorders (psychiatrists, physicians, psychologists, clinical social workers, dietitians) require specialized training and experience. These specialized staff members are rarely available in general psychiatric units, hospitals, or within state mental health facilities. In fact, Veritas clinicians regularly provide eating disorders consult and training for psychiatric and medical staff at Central Regional Hospital (Butner, NC).
 8. State mental hospitals/facilities are not equipped to deal with the short-term nor long-term complexities of the eating disorder population.

Availability of eating disorder Services

Currently, there are two providers of adult psychiatric care in the Durham LME-MCO. These are (1) Duke University Medical Center (Duke) and (2) Duke/Durham Regional Hospital (Duke/Durham Regional). Both hospitals offer general psychiatric services in hospital-based units, with 19 beds at Duke and 23 beds at Duke/Durham Regional. The Duke Center for Eating Disorders provides quality services to child, adolescent, & adult patients with eating disorders; their scope of practice, however, is limited to outpatient or intensive outpatient care.

Duke and its affiliates routinely refer adolescent patients to Veritas and several of its physicians expressed public support for Veritas Collaborative's CON application for its adolescent program. Further, Veritas maintains a formal and innovative relationship with The Duke University/Durham Public Schools Hospital School.

Neither Duke/Durham Regional nor The Williams Unit at Duke offers eating disorder services. Each is programmatically structured to provide general inpatient adult psychiatric services focusing on depression, anxiety disorders, bipolar, schizophrenia, dual-diagnosis, and personality disorders. Thus, there no dedicated, specialized adult inpatient psychiatric services for eating disorder patients within the Durham LME-MCO.

The SMFP bed need for adult psychiatric services in the Durham LME-MCO is based on the utilization of the two general psychiatric units in the two general-acute care hospitals. Thus, need determination based on these programs does not meet the demonstrated need for a specialized eating disorder program in the area. There are no adult eating disorder programs offered within the existing beds.

UNC Hospitals in Chapel Hill (Orange County) offers a 10-bed eating disorder program, comprised of a mixture of both adolescents and adults. Admissions are typically split 50/50 by age group, thereby leaving only 4 to 5 beds available for adults. Due to overwhelming regional and national need, these beds are typically full, resulting in consistent referrals to Veritas for inpatient treatment – treatment Veritas cannot provide without allocation of additional adult psychiatric beds in Durham County. Other specialized eating disorder programs in North Carolina are based in residential, day



treatment, or outpatient facilities, and cannot offer acute inpatient psychiatric components of care that Veritas clinicians are trained to provide. Most of these residential or day treatment centers are not proximal to major medical centers, a practical necessity in the provision of quality care to eating disorder patients.

Veritas proposes an adjusted need determination for dedicated inpatient, adult psychiatric beds for eating disorder patients.

Patient Projections

Per Hudson, et al.; Swanson et al.; and The National Comorbidity Survey Replication, there are 327,889 persons with eating disorders in North Carolina. Of those, 250,179 are ages 18 or over (76.3 percent per US Census Data).

Substance Abuse & Mental Health Services Administration's (SAMHSA) *National Survey on Drug Use and Health* (NSDUH) found in 2008 that just over half (57.8 percent) of adults in the United States with a serious mental illness (SMI) received treatment for said mental health concern. Following that formula, we can estimate that in a given year, 144,603 persons with eating disorders in North Carolina aged 18+ will receive psychiatric care for their eating disorder and co-morbid illnesses.

Finally, NSDUH estimates that 7.5 percent of persons ages 18+ receiving care for a SMI received treatment at the inpatient level of care. When this percentage is applied to North Carolinian adults with ED, there is a resulting need for the placement of more than 10 thousand persons into specialized inpatient treatment for eating disorders at a given time.

The same NSDUH study reported that 28.4 percent of patients with Bulimia Nervosa receive treatment, and 15.6 percent of patients with Binge Eating Disorder receive treatment. Treatment percentages for Anorexia Nervosa were not reported.

The Raleigh/Durham area is one of the largest metropolitan areas in the state with a large and growing population of college/university students and young professionals. This large base of young adults has substantial need for eating disorder services as documented by Veritas' referrals of adult patients. To mediate this need while the potentiality for increased bed need is adjudicated, Veritas recently opened a day treatment program for college and university students. The clinical staff of this program is already experienced at the provision of inpatient care, and is poised to meet this presently underserved population at higher levels of care.

Release of DSM-5

The American Psychiatric Association released the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), identifying new eating disorder diagnoses. This allows for better identification and treatment of this population, uniquely located at the intersection of psychiatric and physical illness.



In the newest version of the DSM, the definitions for both Anorexia Nervosa (AN) and Bulimia Nervosa (BN) have been expanded; the clinical definitions have been broadened to more accurately include/represent illness incidence & prevalence worldwide. For example, the criterion concerning the cessation of menstruation has been removed as a required clinical criterion for diagnosis of AN. In the definition for BN, the frequency of binge/purge episodes has been reduced from an average of twice per week to once per week for at least 3 months. Further, DSM-5 denotes Binge Eating Disorder (BED) and Avoidant Restrictive Food Intake Disorder (ARFID) as new eating disorder diagnoses, further identifying the illnesses (and, therefore, number of persons) needing specialty care.

In a University of Florida study of 396 persons with disordered eating behaviors, researchers found that (using DSM-IV criteria) 14 percent had AN; while using DSM-5 criteria, more than 24 percent met criteria for AN. Eighteen percent of subjects had BN using both DSM-IV and DSM-5 criteria. Using the DSM-5 criteria, 8 percent met criteria for BED, and 53 percent for Other Specified Feeding or Eating Disorder (OSFED).¹

These expanded definitions mean that more people will meet clinical criteria for distinct eating disorder diagnoses (i.e., AN, BN, ARFID, OSFED), and thus represent an already-realized material demand for more inpatient beds to meet those needs.

The Affordable Care Act and Federal Parity Laws

The Affordable Care Act, and Federal and State Parity Laws significantly increase access to mental health services and mandate broader access to inpatient mental health care including access to eating disorder care.

As Anorexia Nervosa and Bulimia Nervosa are both mental health diagnoses that, according to the Mental Health Parity and Addiction Equity Act (MHPAEA), must be covered by insurance benefits equivalent to the benefits for physical ailments by insurance companies that offer mental health coverage², an increase in the number of patients diagnosed with these disorders can be expected.

ED Patients Require Specialized Care

Eating disorders are the most lethal of all psychiatric illnesses. Patients with eating disorders have both physical and mental illness symptoms, and frequently present with a multitude of comorbid diagnoses (i.e., self-injurious behaviors, suicidality, severe bradycardia, etc.). Due to an exceedingly high mortality risk, these patients have unique needs necessitating specialized intervention at higher levels of care.

A longitudinal study conducted in 2001 investigated hospitalization patterns of eating disorder patients over a 15-year course; researchers found that eating disorder treatment

¹ Keel et al. 2011

² <http://www.apa.org/helpcenter/federal-parity-law.aspx>



shifted from outcomes-based, adequate care of eating disorder illness to mere episodic stabilization of acute presentation. Researches noted that for most patients with eating disorders, “this change has been deleterious and not cost effective.”³

Persons treating patients with eating disorders (e.g. psychiatrists, physicians, psychologists, clinical social workers, dietitians) require specialized training and experience. These specialized staff members are rarely available in general psychiatric units, hospitals, or within state mental health facilities. In fact, Veritas clinicians regularly provide eating disorders consult and training for psychiatric and medical staff members at Central Regional Hospital.

The extraordinary prevalence of psychiatric co-morbidity among eating disordered persons (such as Anxiety Disorder or Obsessive Compulsive Disorder, together affecting more than 2/3 of this population) demonstrates the import for eating disorder patients to have access to a cohesive multidisciplinary team, including psychiatrists, internal medicine physicians, dietitians, psychologists, clinical social workers, and therapists. Further, third party payors are beginning to seek out inpatient treatment programs for their members led by Certified Eating Disorder Specialists (CEDs), a one-of-a-kind core competency designation earned through the International Association of Eating Disorders Professionals (iaedp). Veritas Collaborative’s Chief Executive Officer, Chief Clinical Officer, Clinical Director, and Lead Dietitian already hold this clinical designation.

Conclusion

There are currently no available beds or programs dedicated to adult eating disorders in the Durham LME-MCO; statewide, UNC Hospital is the only facility equipped to treat adults with eating disorders – a program always full, with only four to five available beds for adults at any given time. In addition, the release of DSM-5 and continued implementation of the Affordable Care Act will correlate with an increase in the number of persons receiving eating disorder diagnoses and, subsequently, in the number of patients needing care.

Patients with eating disorders have unique treatment needs that require both a specialized staff and a specialized program, neither of which is presently available in our state’s mental health system.

North Carolina’s proposed 2014 SMFP does not presently recognize any need for additional general adult psychiatric beds in Durham County for which Veritas could apply in order to temper this real and present danger for our citizenry. Veritas is currently unable to serve the adult eating disorder patients referred to its care due to a lack of available CON adult psychiatric beds in Durham County (or surrounding counties). Continuity of care manifests as a problematic reality, as patients age-out of the adolescent beds. Veritas has identified a need for 24 adult psychiatric beds dedicated to

³ Wiseman, et al. 2001



eating disorder patients to be located in Durham County that are not recognized nor accounted for in the current SMFP methodology. This need cannot and is not being met by existing general psychiatric providers in Durham County, nor by providers in the surrounding counties or states. In light of the statistical and phenomenological data provided, we respectfully petition that the need determination be amended to recognize an adjusted need vis-à-vis adult psychiatric beds for eating disorders in Durham County.