

## APA Official Actions

# Position Statement on Level of Care Determinations for Acute Psychiatric Treatment

Approved by the Board of Trustees, July 2022

Approved by the Assembly, May 2022

“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

### Issue:

Patients needing inpatient psychiatric care often experience undesirable outcomes due to delayed, poor, and inequitable access to care. Limited bed availability puts pressure on hospitals to reduce length of stay, leading to inpatient care that focuses almost exclusively on stabilizing acute symptoms. In this context, the decades-long practice of requiring inpatient psychiatrists to participate in concurrent utilization review (UR) with justification of medical necessity is unnecessary and inappropriate. The primary pressure to keep length of stay short comes now from the hospitals themselves because demand for inpatient services exceeds capacity. Given these changing realities, it is time to redefine the relationship between UR agents (e.g., managed care and other payer groups) and providers of inpatient psychiatric care. There is an opportunity to create a more fruitful partnership that increases access to appropriate services, advances quality of care, and promotes desired patient outcomes. This patient-centered approach would align UR activities with the Quadruple Aim of enhanced patient experience, improved population health, reduced costs, and improved work life of health care providers.

### APA Position:

**The APA supports reallocating utilization review (UR) resources to focus primarily on hospitalized patients with high clinical need, psychosocial complexity, histories of repeat admissions, frequent ED visits, prolonged inpatient stays, and homelessness or other issues based on social determinants of health. Instead of focusing on medical necessity determinations for all inpatients, UR efforts should concentrate on patients with these complex necessities and aim to identify the service and care management requirements that can be addressed during the inpatient stay to optimize the likelihood of successful transition to community-based care. Comprehensive services should be available for everyone across the continuum of care, incorporating patient, family and/or caregiver preferences in addition to clinical needs. Level of care determinations should address the full range of patient clinical necessities and use evidence-based criteria and guidelines set forth by applicable non-profit professional and clinical organizations. These criteria should be available for public review. The APA supports education and training for UR agents and clinicians to ensure consistent and transparent UR and level of care determinations.**

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