While the questions posed are broader than I am prepared to address at this time, I do have issues as an RN I routinely see in the behavioral health area I work in, that come up that concern me repeatedly in the care of patients. I feel these need to be addressed for better patient outcomes.

1) When a patient is discharged from any psychiatric facility the hospital's policy is to write a script for only 30days. The expectation is that they will be followed before 30 days in the local health department or other provider. However, more often there is not an appointment available within the 30 days. Health departments have wait lists. They also have no shows wasting appt times. They are also understaffed and overworked.
2) When the patient has never been seen before at our health dept. and our provider doesn't know them they are obviously very uncomfortable being faced with the decision to medicate them until seen by them. Hospitals repeatedly refuse to write the patient a script even though they were the last provider to evaluate the patient.
3) Worse yet is on the day of discharge from hospitals often the RN of health dept receives a call from a client/parent/pharmacy stating the client got out of the hospital with their script and Medicaid is not allowing the medication to go through. The nurse then has to do detective work to see if any discharge paperwork has been received on this either known or unknown client. When paperwork has not been received yet the patient often goes days without their medication after just being stabilized by an acute care stay. This is especially true over weekends when there are no staff at the health dept or at Medicaid.
4) When the RN learns of a patient's discharge from a hospital in which no release of info was made when the patient was at that hospital (mind you we are dealing with a population of clients whose family are poor without access to transportation or gas money nor fax machines)it is an absolute crap shoot as to whether the hospital will forward the information about a patient's medications on discharge and diagnoses, initial psych eval, labs and history and physical to the RN at health dept. so that medications can be called in or the proper Medicaid prior auth forms can be filled out(sometimes taking a full 24hour turnaround response in addition to when the form is filled out and faxed)
5) There is a huge difference in policies re: HIPPA interpretation re: release of info. from various hospitals eg. Alexian Brothers Behavioral Health in Hoffman Estates is one of the strictest making access for continuity of care next to impossible in most cases when a client is hospitalized at their facility initiated by another SASS agency and then ultimately transferred to our SASS agency. This and other hospitals do not ensure that before they discharge the patient that there is a release of info signed for the facility or provider with which they will be discharged to for follow up care. Yet they wash their hands of any responsibility to ensure their patients successful transition once they leave them. If a client should happen to kill him/herself after discharge and inability to get their meds filled for a period who bears responsibility? What if they do so unseen by a health dept doctor who refills their med and they have never been seen by them yet?
6) The amount of paranoia re:HIPPA restrictions(and possible legal ramifications) hinders the logic of medical records departments personnel to do what is in the best interests of the patient re:continuity of care not being interrupted. There is a general lack of understanding from hospital to hospital about the original purpose of HIPPA and with each hospital having their own HIPPA officer and legal firms there are so many different interpretations and rules. This creates for rigidity and a crack in the smooth flow of care for the patient. Even when the patient or parent verbally states they want the facility to release the info to the health dept so their child can get their medications ordered or refilled or applied for with Medicaid the facilities will not accept this.

7) More frustrating than ever, is when a facility refuses to accept another providers release of info properly signed and dated by the client/parent stating approval to release info. to our facility, citing the excuse that, "the request for release must be on their hospital's very own release listing them first." This is a waste of everyone's time and provides a hardship to the client and all providers. This is the ultimate in lack of coordinated care or teamwork.
8) People like choices. People come from all kinds of experiences –sexual abuse, physical abuse etc. Some respond well to females some to males, different ethnic backgrounds or races besides the language issues. If you don't have enough providers to choose from people can't have access or the ability to switch providers, especially if there is a policy that doesn't allow a switch in therapist or psychiatrist. You can have providers who may become angry with a client and decide no one else at their location can see the client if he/she no longer wants to see them. This puts others in a precarious position to possibly offend their colleague by not following their dictate. The bottom line though is access to care for the client. When someone has private insurance they have the ability to easily change providers and not think twice about it but when Medicaid is the insurance provider the options are limited.
9) Many children are in need of dental care but due to lack of knowledge on parent's part they often go unseen and rarely have routine cleanings as they should. Even when parents are aware their children need orthodontic care they do not pursue it because there are no providers in the area that accept Medicaid. The only option is to go to UIC downtown and make multiple trips i.e. screening then appt after appt with dental students. It is unrealistic that any will ever follow through.

Proposal:
Instill incentives or consequences to facilities that do not ensure continuity of care is part of the discharge process through to home and transition to next provider.

Re-educate hospitals on loosening up interpretations of HIPPA to stress/focus on the continuity of care for a patient as needs to be the primary focus rather than proof someone is standing at the fax machine as they fax or that their particular form is signed versus the other facility's release form.

Make it policy that consumers have the right to change providers within a facility based on preferences and/or that they be asked their preference before services begin.

Initiate a fee for missed appointments to encourage more accountability on the client's part to be responsible for knowing when their appointments are. It doesn't matter whether it is ever collected just having the warning out there will be encouraging to our clients who otherwise repeatedly choose not to show or call, wasting anywhere from a 15min to an hour appointment someone else could have had.

Another area of concern is the lack of substance abuse treatment/placement for 17yo and younger to get clean.

I would propose a vocational screening and training program be part of requirements for Medicaid benefits so as to be moving people towards becoming productive on their own behalf and learning of their options as appropriate.

Private Citizen