

Billings Clinic statement on psychiatric care in Montana, attributed to Zach Benoit, Billings Clinic community relations manager

The nation is seeing a serious rise in the need for mental health services. Billings Clinic alone has seen a 20% increase in people visiting for psychiatric or behavioral health services over the last five years, with an annual average of more than 22,700 patient encounters across all mental health services since 2018. Mental health care is and must continue to be a critical piece of providing comprehensive health care. We are committed to making sure people have access to the psychiatric services they need.

As the only hospital in a more than 200-mile radius that provides both inpatient psychiatric care and comprehensive behavioral health services, Billings Clinic cares for mental health patients from our communities as well as those who are transferred or referred from other hospitals and organizations throughout Montana and Wyoming. This contributes to record numbers of patients seeking mental health care at Billings Clinic.

Along with the increased needs in our state and region, there is also a growing need for psychiatrists across the U.S. With fewer than 100 psychiatrists in Montana on a given day, there is one psychiatrist in the state for every 11,000 residents. This state is estimated to be 80 psychiatrists short of its population needs by 2030. According to the American Association of Medical Colleges, the psychiatrist workforce in the U.S. continues to shrink and by 2024 could have a shortage of over 31,000 physicians. About half of the counties in the nation do not have a single psychiatrist. There simply aren't enough trained psychiatrists in Montana or the U.S. to meet the need, and this is especially true in rural and underserved areas.

Despite these extraordinary challenges, psychiatric care is a core part of Billings Clinic's mission and work. With fewer psychiatrists nationally, recruitment efforts have intensified, and Billings Clinic is competing with health care organizations throughout the country to bring more psychiatrists to Montana. Throughout the COVID-19 pandemic, we saw more people than ever choosing to leave the health care field and this has further stressed the ability to staff at all levels. Billings Clinic aggressively recruits nationwide to bring in full time staff to meet these needs. We also bring in temporary contract labor as needed to fill gaps and support Billings Clinic staff and patients until those roles can be filled with full time staff. This is in addition to the psychiatric residency program at Billings Clinic for the training of new psychiatrists. The first group of psychiatrists graduated from this program this month and two of these new psychiatrists will be working for Billings Clinic.

Billings Clinic goes to great lengths to provide mental health services when and where they are most needed. This includes the use of telehealth, which provides access for patients in rural, remote or underserved areas. Billings Clinic contracts with a telehealth service called AmWell which provides 24/7 psychiatric consults by video for adult patients who are in the hospital for medical or surgical care and also need psychiatric care. This allows Billings Clinic staff to continue focusing on patients in the Emergency Department, Inpatient Psychiatric Center, and Behavioral Health Clinic. The Billings Clinic Emergency Department is often the first point of contact for patients with acute mental health needs. All patients coming through the ED are evaluated for medical as well as psychiatric needs. Wait times vary for patients seeking psychiatric care but the majority receive a comprehensive psychiatric assessment within 1-2 hours of these assessments being ordered. They are then transferred out of the ED, either to an inpatient bed or to external resources, generally within 3-4 hours. Sometimes patients are unable to complete a psychiatric assessment until they are no longer under the influence of substances or are medically stable, which can add to the time spent in the ED. For patients who need

inpatient or outpatient psychiatric care, there may be times when they wait longer for placement until a bed opens up or they can be released safely to external resources. Staff-to-patient ratios vary depending on the acuity of the patient's condition, including one-to-one for those with the most serious needs. Billings Clinic evaluates these needs each shift in order to make any adjustments to provide the care patients need appropriately, safely and effectively, regardless of why they're seeking care.

The Psychiatric Stabilization Unit (PSU) is a unique environment of care outside of the Emergency Department that provides short-term care and resources for patients with mental health needs who do not need to be admitted as an inpatient but who need on-going observation, assessment and/or stabilization. Billings Clinic established the first PSU in our region in 2018. Recruitment and staffing are the biggest challenges to PSU operations – it requires a combination of psychiatrists, psychiatric nurse practitioners, nurses, therapists, social workers, and techs to operate. Due to staffing shortages, PSU operations have been temporarily suspended, with plans to reopen this summer. This has allowed Billings Clinic to redirect existing psychiatric-trained staff to other areas to take care of acute psychiatric patient needs, including the ability to admit more people to acute inpatient psychiatric units. The PSU is an important community resource and Billings Clinic is committed to resuming PSU operations when staffing allows.

Staff and patient safety are a fundamental duty of any health care organization and it is a continuous focus at Billings Clinic, as evidenced by our recent Leapfrog 'A' safety rating and CMS 5-star Overall Hospital Quality Star rating. Everyone at Billings Clinic is empowered to raise concerns and work together to find solutions.

Billings Clinic operates the busiest Emergency Department in the state of Montana, and many communities and other hospitals rely on us to care for their most acute patients. "Ambulance divert," a temporary status in which a hospital directs the local ambulance services to divert ambulances to an alternative hospital, is a last-resort measure that follows set criteria to activate when the hospital lacks capacity or capability to care for new patients. While hospitals across Montana face similar staffing challenges and rising patient numbers, as a non-profit rural referral center providing a range of complex care, Billings Clinic is committed to accepting patients when capacity and capability exists to care for them. As a result, we work extremely hard to avoid going on divert. If we have the capability, capacity and services available to care for the people who need us, we will find a way to do so, because they might not be able to get it otherwise.