Length of Stay Reduction and Advocacy for Patients with Severe Mental Illness in General Hospitals: Rationale for a Proactive C-L Psychiatry Model

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Wednesday, February 14th, 2024
11:00am – 12:30pm
https://weillcornell.zoom.us/j/92812036154
Meeting ID: 928 1203 6154
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Hochang Benjamin (Ben) Lee, M.D. is currently serving as the John Romano Professor and Chair of the Department of Psychiatry at the University of Rochester School of Medicine and Dentistry. Dr. Lee is an eminent personality in the field of Psychiatry, and he also holds the position of Editor-In-Chief for the Journal of the Academy of Consultation-Liaison Psychiatry. Additionally, he is the President of the International College of Psychosomatic Medicine. Dr. Lee's primary research interests include developing innovative models for delivering behavioral health services for medical and surgical patients. He is also dedicated to the prevention of neuropsychiatric morbidity, such as delirium, depression, and dementia, among the elderly population after major surgery. Lastly, Dr. Lee is also involved in Asian American mental health disparity research, with a particular focus on the elderly.

Abstract:
Studies have found that patients with severe mental illness (SMI) often receive suboptimal care during their medical stays in general hospitals. When involved in their care, C-L psychiatrists can and should advocate for equitable care for patients with SMI. Proactive C-L psychiatry model is an interdisciplinary model of inpatient C-L practice that incorporates four components: systematic screening, proactive clinical engagement, an interdisciplinary team approach, and care integration. While length-of-stay reduction and staff satisfaction associated with proactive C-L psychiatry model has provided the financial and administrative rationale for the recent spread of the proactive C-L psychiatry services across many hospitals around the country, the greatest value of proactive C-L psychiatry lies in its advocacy for the equitable care of patients with mental illness.

Learning Objectives:
1. Recognize the role of C-L psychiatrists in advocating for equitable care for patients with severe mental illness in general hospitals.
2. Explain the principles and elements of the proactive C-L psychiatry model that integrates behavioral health services into acute medical services, as described by the APA Resource Document.
3. Identify the key advantages of the proactive C-L model over the conventional C-L model such as reduced hospital length of stay, enhanced psychiatric service utilization, reduced time to psychiatric consultation, and improved provider and nurse satisfaction.

References: