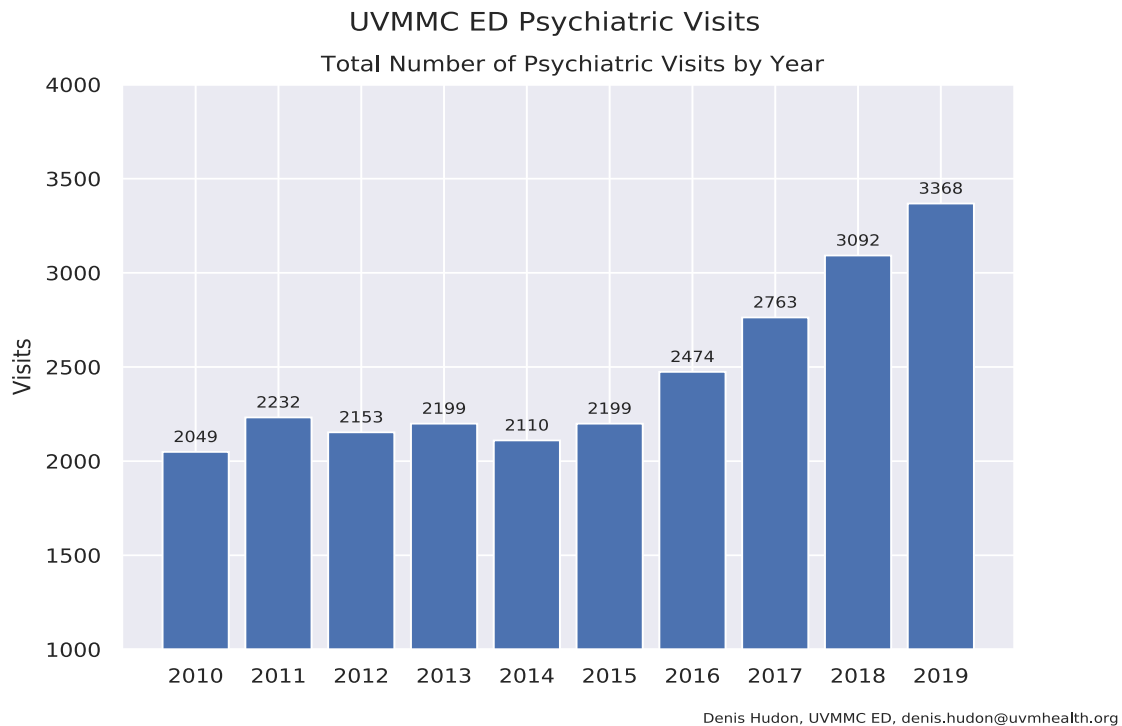


Vermont House Committee on Health Care, testimony by Ramsey Herrington, MD, FACEP, for December 9<sup>th</sup>, 2021 hearing focused on Emergency Services with Mental Health Care Concerns

For the record, my name is Ramsey Herrington, and I am a board-certified Emergency Medicine physician currently serving as the Healthcare Service Leader for Emergency Medicine at the University of Vermont Medical Center and for the University of Vermont Health Network. I have practiced clinically at the University of Vermont Medical Center since 2006, and I am currently overseeing the integration of Emergency Medicine for the Network. My spouse, Heather Herrington, MD, serves as Chief of Otolaryngology (ENT) at UVMMC, and we have chosen to settle and raise our four children in Vermont.

I would like to open my testimony by offering my sincere thanks for the opportunity and for the Committee's attention to the urgent need in our community and within our health care system, and for your commitment to improving access and services for patients with mental health needs. This opportunity to provide testimony to the Committee today is afforded by my leadership position and experience in Emergency Medicine, but I urge the Committee to hear this message while recognizing the our similarities. Whether emergency physician or legislator, at our core, **we are citizens in our communities**, citizens privileged to be empowered with years of resource and education that affords us the privilege to provide for other citizens of our community. Our dedication to prioritize empathy, humility, and humanism in our daily operations is the driver for our passion to advocate for our citizens with acute mental health needs.

In the decade and a half that I have served at UVMMC, I have taken care of patients presenting in distress and seeking help for psychiatric illness. After nearly a decade of steady volumes and steady acuity, we have experienced a dramatic rise in both the number of patients presenting with acute mental health crises and the severity of their acute illness. For reference, the number of patients presenting to the UVMMC ED prior to the pandemic:



With the rising volume and the rising acuities, the number of patients requiring inpatient care have also continued to increase. As the Committee and the citizens of Vermont are aware, these **increased patient needs have not been matched by an increase in our system's treatment capacity for our sickest patients**. This

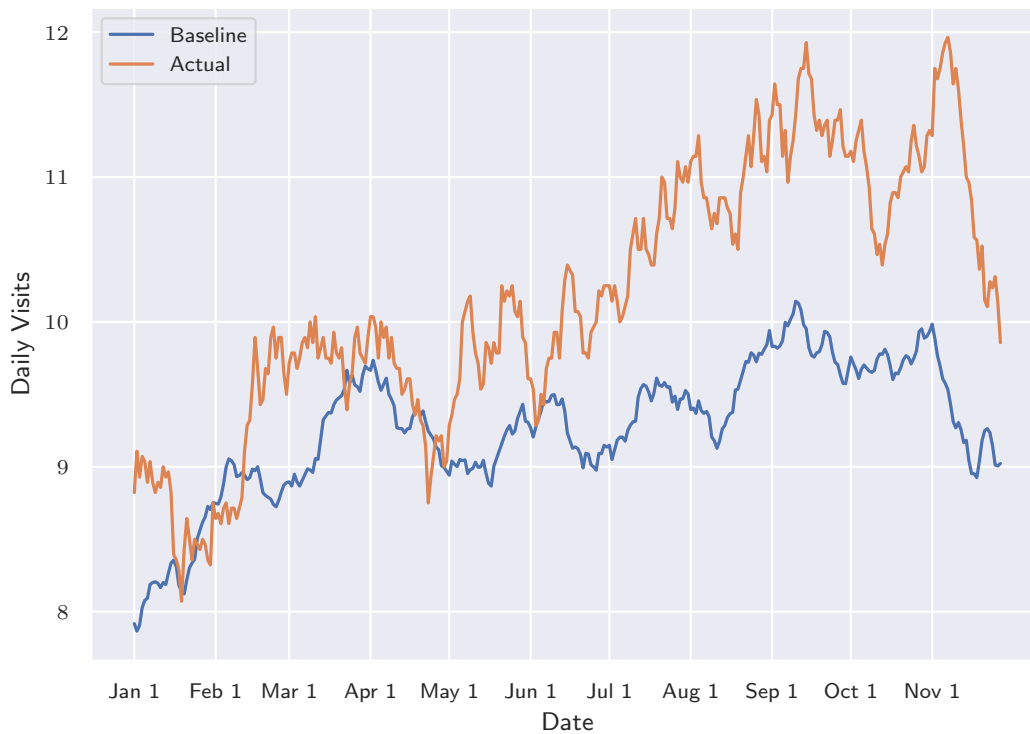
has led to long lengths of stay in our EDs, and literature and professional guidance have long established that the Emergency Department is not the optimal care environment for these patients.

To respond to the needs of our patients, we recognized that **improving the patient experience and care delivery must occur while under our care in the Emergency Department**. Since my tenure, we have:

- Expanded our crisis clinician coverage
- Employed dedicated Emergency Psychiatrists for both children and adults
- Employed dedicated Registered Nurses with mental health experience and training
- Provided ongoing provider medical education with a focus on mental health
- Employed Emergency Pharmacists with a focus on improving patient safety
- Expanded our social work and case management presence
- Employed a trauma-informed care education platform for all members of our staff
- Shifted from a model of diagnostic care to a model of therapeutic initiation while in the ED
- Engaged patient and family advisors with an emphasis on mental health care experience
- Focused on improving the patient and family experience
- Dedicated two provider shifts per day to exclusively care for patients awaiting appropriate care
- Provided opportunities for safe access to outdoor environments
- Recently renovated a large meeting space to provide a lounge and relaxation area for our patients

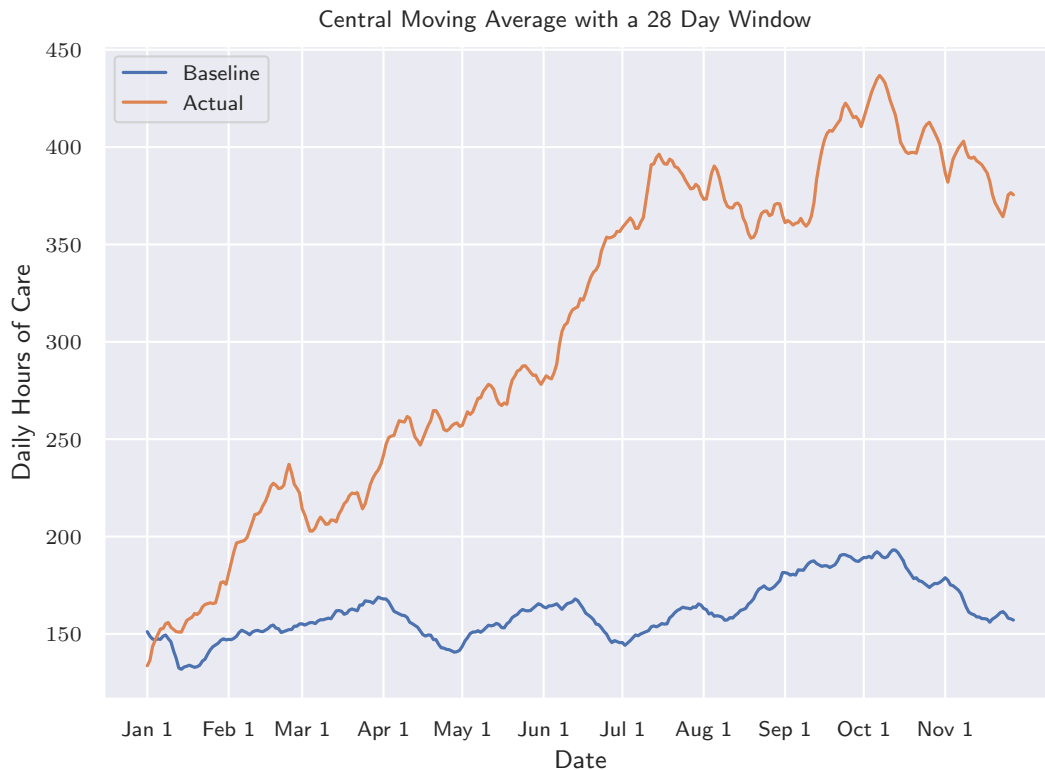
Unfortunately, despite the above efforts, the need to provide care for this patient population continues to outpace our ability to provide therapeutic environments for care for all patients. Arrivals for patients with mental health care needs in 2021 (orange) have significantly outpaced our historical highs in 2019 (blue):

Fig 3a: UVMHC ED Recent Arrival Volumes, Psychiatric Visits  
Central Moving Average with a 28 Day Window



More significantly, the combination of higher volumes coupled with longer lengths of stay has led to a dramatic expansion of the number of patient-care hours for mental health patients in our EDs:

Fig 3a: UVMHC ED Recent Hours of Care Provided, Psychiatric HOC



Denis Hudon, UVMHC ED, denis.hudon@uvmhealth.org  
This data is solely for QI purposes.

I urge the Committee to understand the following messages from your fellow citizens in Emergency Medicine:

- **We must urgently address the lack of inpatient capacity for the treatment of our most acutely ill patients with mental health care needs.** Although we in Emergency Medicine fully support the expansion of outpatient resources for mental treatment with an aim at decreasing downstream need for inpatient treatment, there is no alternative care environment for the patients for whom we are currently providing suboptimal care. Committee support for proposed expansion of inpatient mental health treatment capacity at CVMC and for maximizing bed utilization at all of our sites capable of providing compassionate, therapeutic care is critical to meeting our patients' needs.
- **Similar to all other acute illness and disease patterns, preventative measures do not avert the need for higher levels of care for the most acutely ill.** For patients with heart disease, cancer, and neurological emergencies, we recognize that population health and value based care initiatives reduce morbidity and mortality – but we also do not question the need for inpatient capacity and treatment options for those presenting with heart attacks, oncologic emergencies, and stroke. As you evaluate options in front of you to address this issue, I urge the Committee to understand that Emergency Medicine supports investment in outpatient treatment options while imploring attention to the need for equity in resource for our patients with acute mental health needs requiring inpatient treatment.
- **Failure to provide higher level of care options for our mental health patient population is negatively impacting all members of our community that need emergency health care.** 75<sup>th</sup>ile census in the UVMHC ED for patients awaiting inpatient placement for the previous six months is 20 and a historical high of 33. With only 44 patient beds in our ED, nearly half of our ED space is regularly dedicated daily to the care of mental health patients. Assignment of half of our patient care areas to our mental health patients results in significant limitations in our ability to care for all of the

members of our population presenting with acute care needs. The principal markers of failure of a health care system to provide emergency care are 1) increasing waiting room times and 2) the volume and percentage of patients who leave an Emergency Department without being seen by a provider. Because of the portion of our Emergency Departments occupied with patients having unmet inpatient mental health care needs, the volume of our patients without access to emergency care has expanded dramatically, and our citizens with acute physical health care crises have seen an exponential rise in their waiting rooms times.

The data and testimony presented today is an urgent call to action for our leaders. This call goes to our legislators from our patient-facing frontline care workers. From the perspective of health care workers dedicated to our community and who look into the faces of these patients and families on a daily basis, we explicitly implore our legislative leadership to provide support for expansion of inpatient capacity and to provide equity for our most acutely ill patients with mental health needs. Thank you.