

# Levels of Care in Eating Disorder Treatment

A part of the Parent, Family & Friends Network  
(PFN) Webinar Series

# Meet the Presenter



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# Control Panel

All attendees are on mute to control for background noise, but you are encouraged to participate by:

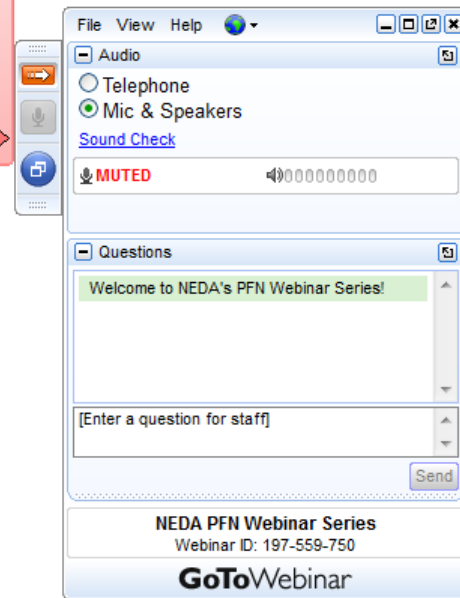
- Typing in questions or comments. Use this feature for technical difficulties with audio or screen

## Join the audio conference

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The screenshot shows a GoToWebinar control panel with two main sections: Audio and Questions. The Audio section has radio buttons for 'Telephone' and 'Mic & Speakers', with 'Mic & Speakers' selected. Below this is a 'Sound Check' link and a volume indicator showing 'MUTED' with a speaker icon and a volume level of 000000000. The Questions section contains a text area with the message 'Welcome to NEDA's PFN Webinar Series!' and a placeholder '[Enter a question for staff]'. A 'Send' button is located at the bottom right of the questions section. At the bottom of the control panel, it displays 'NEDA PFN Webinar Series', 'Webinar ID: 197-559-750', and the 'GoToWebinar' logo.

# Agenda

- Identify the components of comprehensive eating disorder treatment
- Access the appropriate level of care for yourself or loved one
- Navigate the continuum of care in eating disorder treatment to maximize efficacy of your or your loved one's treatment
- Advocate for yourself or loved one in the managed care market

# Five Standard Levels of Care

- Inpatient
- Residential
- Partial Hospital (PHP)
- Intensive Outpatient (IOP)
- Outpatient

# Criteria for levels of care

The NEDA website provides summaries for typical medical necessity criteria for treatment of eating disorders.

(ECRI Institute Bulimia Resource Guide <http://www.bulimiaguide.org>)

# Inpatient Hospitalization

Patient is medically unstable as determined by:

- Unstable or depressed vital signs
- Laboratory findings presenting acute health risk
- Complications due to coexisting medical problems such as diabetes

Patient is psychiatrically unstable as determined by:

- Rapidly worsening symptoms
- Suicidal and unable to contract for safety

# Inpatient - What to expect

- 24/7 supervision and medical monitoring
- Locked bathrooms
- All daily meals and snacks are supervised
- Medical interventions (ie. NG tubes, IV hydration, bed rest) may be utilized
- Most programs are group-based and may include coping skill development, interpersonal process, psychoeducational, expressive psychotherapy and recreation components
- Nutrition counseling in group and/or individual format
- Individual and family therapy
- Discharge planning meetings



# Inpatient – Average length of stay

- Average length of stay depends on severity of medical instability
- For BN stays can be as short as 7-10 days
- For AN stays can range from 2 weeks to several weeks, driven by weight restoration and medical stability

# Residential

- Patient is medically stable and requires no intensive medical intervention
- Patient is psychiatrically impaired and unable to respond to partial hospital or outpatient treatment

# Residential - What to expect

- 24/7 supervision and medical monitoring
- All daily meals and snacks are supervised
- Most programs are group-based and may include coping skill development, interpersonal process, psychoeducational and expressive psychotherapy components
- Nutrition counseling in group and/or individual format
- Individual therapy
- Family therapy
- Discharge planning meetings

# Residential – Average length of stay

- Length of stay depends on clinical progress, insurance policy and ability to pay privately
- Stays can range from two weeks to one year

# Partial Hospital Program (PHP)

Patient is medically stable but:

- Eating disorder impairs functioning, though without immediate risk
- Needs daily assessment of physiologic and mental status
- Patient is psychiatrically stable but:
  - Unable to function in normal social, educational, or vocational situations
  - Engages in daily binge eating, purging, fasting or very limited food intake, or other pathogenic weight control techniques

# PHP - What to expect

- Meets five days per week
- Full day of treatment with at least two meals supervised
- Group-based program may include coping skill development, interpersonal process, psychoeducational and expressive psychotherapy components
- Individual therapy meets multiple times per week
- Family therapy may be available
- Nutrition Counseling
- Patients live independently

# PHP – Average length of stay

- Average length of stay is 4-6 weeks

# Intensive Outpatient/Outpatient

- Patient is medically stable and no longer needs daily medical monitoring
- Patient is psychiatrically stable and has symptoms under sufficient control to be able to function in normal social, educational, or vocational situations and continue to make progress in recovery



# IOP - What to expect

- Meets on average three times per week for three hours per day (evening or day-time)
- Is group-based and may include coping skill development, interpersonal process, psychoeducational and expressive psychotherapy components
- Includes on average one supervised meal per day led by therapist or registered dietitian
- Allows patients to remain in regular day-time activities (ie. work or school)
- Serves as step-down from residential or Partial Hospital program or as a step-up from outpatient treatment

# IOP – Average length of stay

- 4-6 weeks or longer, depending on need and insurance coverage

# Outpatient - What to expect

An interdisciplinary team approach including:

- Individual therapy
- Group therapy
- Nutrition therapy
- Medical monitoring
- Psychiatry services (if needed)
- Outpatient treatment tends to be ongoing

# First step... Assessment

- Get a thorough evaluation
- Involves sharing detailed personal history
- Honestly report past and present symptoms
- The more details you can share the more an accurate recommendation can be made

# Who Decides?

It's a collaborative decision

- Healthcare facilities
- Eating disorder specialists
- Health Insurance plans

# Case of Jane

- 22-year-old female
- History of Anorexia in High School (onset age 15)
- Family lives nearby
- Stable throughout college, but experiencing symptoms of relapse since graduating college and transitioning to independent living
- Symptoms include precipitous weight loss, restrictive eating, compulsive exercise, heart palpitations and recent fainting spell on her commute to work
- She is at approximately 76% of her ideal body weight
- Medical doctor reports Jane has a low heart rate

# Case of Jane, cont.

Which level of care would you recommend?

# Case of Jane, cont.

Inpatient for medical stabilization



# Case of Jane, cont.

- Jane completes 5 week stay in inpatient, achieving medical stability
- Jane's insurance company recommends she step-down to a Partial Hospital LOC (PHP)

# Case of Jane, cont.

- Jane completes 4-6 weeks of PHP
- She continues to restore weight to 85% of IBW
- Jane is then discharged to IOP
- Jane attends evening group programming three days per week for 6 weeks as she reintegrates back into full-time work
- Jane's weight stabilizes as she steps down to outpatient treatment where she meets with her therapist and dietitian weekly and sees MD monthly, then bi-monthly for medical monitoring

# Case of Jesse

- 32 year old female
- 79% IBW
- Binging/Purging 3 times per day 4-5 times per week
- Some lab abnormalities
- Currently in outpatient treatment
- Discharged from PHP six months ago
- Maintained stability for one month before reengaging in symptoms
- Jesse's treatment team recommends Residential treatment, but she does not have a residential benefit and cannot afford to pay privately for treatment

# Creative solutions for Jesse

- PHP/pay for housing combo
- Don't be afraid to ask your insurance company questions!
- Present possible solutions to your insurance company
- Ask your providers to help advocate for you

# Case of John

- 24-year-old male
- History of Bulimia Nervosa (onset age 18)
- Numerous inpatient hospitalizations, both medical and psychiatric, for complications due to bingeing and purging (electrolyte imbalances, dehydration)
- He has Medicaid through his state
- He has a therapist in his hometown who sees him weekly, but there are no IOPs or PHPs in his area
- His average length of stays on the inpatient unit are 7-10 days, with focus on medical stabilization and interruption of binge/purge cycle

# Creative solutions for John

- Augment outpatient treatment with a support group that might be available in your area
- Ask hospital Social Worker if you might be eligible for an intensive case manager or other support person in the community
- Explore supportive housing solutions in alternative areas with better access to treatment (ie. sober house)
- Family support

# Resources

## Get Involved and Learn About Eating Disorders

**PFN Webinar Series** under Media tab of NEDA Website, [www.myneda.org](http://www.myneda.org)

Current and archived issues of the **Parent, Family & Friends Network (PFN) publication, Making Connections**, under Media tab of NEDA Website, [www.myneda.org](http://www.myneda.org).

**2014 NEDAwareness Week resources:** Ideas and planning guides; articles, infographics, webinars and more, for learning about eating disorders. NEDAwareness Week microsite: [www.NEDAwareness.org](http://www.NEDAwareness.org)

**Annual NEDA Conference: Thinking Big: Uniting Families & Professionals in the Fight Against Eating Disorders**, October 16-18, 2014, San Antonio, Texas

**Gürze Books:** Publications/books about eating disorders, [www.bulimia.com](http://www.bulimia.com)

## Getting Help

NEDA's Information and Referral **Helpline: 800-931-2237** and **Click to Chat** option

**NEDA Navigators** are volunteers who have personal experience with an eating disorder (self or in support of a loved one). Those who would like to connect with a NEDA Navigator can email [pffnetwork@myneda.org](mailto:pffnetwork@myneda.org).

**NEDA Toolkits**, including **Parent Toolkit, Educator Toolkit, Coach & Athletic Toolkit**, with comprehensive information about eating disorders, treatment options, how to support your child, insurance issues and more.

Thank you for attending...

## Questions?

Click the “Raise Your Hand” icon or type in a question.