

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:

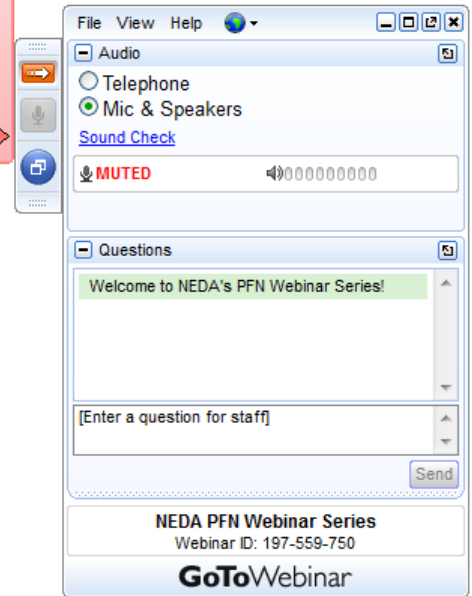
- Typing in questions or comments. Use this feature for technical difficulties with audio or screen

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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 'Send' button. At the bottom, the text reads '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

Current and archived issues of the **Parent, Family & Friends Network (PFN) publication, Making Connections**, under Media tab of NEDA Website, 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

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

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.

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.