



Defining an Eating Disorders Center of Excellence Executive Summary

(Updated November 2018)

To be considered an eating disorders Center of Excellence (COE), an organization must adhere to the following guidelines established by the Residential Eating Disorders Consortium.

1. Accreditation

- Maintain accreditation through The Joint Commission or CARF and meet state licensing requirements.
- Be active in ongoing advocacy to push for clear, strong standards at both the state and national levels.

2. Qualified Staff

- Employ accomplished clinicians who are highly trained and fully credentialed and ensure clinicians receive the best training available in eating disorders care.
- Include all of the following: licensed and qualified medical, psychiatric and nursing professionals, psychotherapists, other mental health providers, and registered dietitians.
- Recognize the commitment, professionalism, and tenacity required of people working in this field and actively promote and support staff self-care.

3. Evidence-Based Treatment

- Offer clinical services that are grounded in a three-pronged approach: scientific evidence published in peer-reviewed journals; clinical expertise considered practice-based evidence; and patient values, preferences, and characteristics.
- Review the most recent findings in eating disorders etiology, development, and treatment to ensure that treatment is up-to-date and evolving as the evidence expands.
- Collaborate with interested researchers to bridge the research-practice gap, and contribute to the advancement of knowledge in the field.

4. Performance, Quality, & Process-Improvement Measurement Systems

- Use all available tools, including metrics recommended by The Joint Commission and CARF, to track results.
- Collect and report clinical/patient outcomes, specifically: weight, eating disorders behavior change, anxiety, depression, and quality of life upon admission, at discharge, at six months after discharge, and at 12 months after discharge.
- Collect and report quality and process-improvement metrics, which may include patient and family satisfaction, average length of treatment, readmission rates, and follow-up service after discharge.
- Be honest and transparent in the way that data are presented to the public and stakeholders in shaping expectations about realistic treatment outcomes.

5. Sound and Ethical Business Practices

- During the admissions process, commit to transparency with prospective patients and families and:
 - Accurately represent the services and care that the program is capable of providing;
 - Consider the psychiatric, medical, nutritional, and therapeutic needs of those with eating disorders;
 - Perform a comprehensive assessment to determine if the program is the best clinical fit for a prospective patient and, if not, guide them to appropriate resources; and
 - Provide financial transparency without financial incentives to prospective patients.
- Marketing efforts will communicate substantive, critical information about a therapeutic service and arm patients and families with information that allows them to make informed treatment choices.
- Employ messaging that is truthful, fair, non-deceptive, capable of being substantiated, and in all respects lawful.
- Ensure that patients and families are well-informed about expected insurance coverage, the cost of services, and their financial responsibility for those services.
- Have financial assistance processes in place to assist when individuals have limited insurance or constrained financial resources.



6. Full Continuum of Care

- COEs are excellent providers of the levels of care that they offer, transparent about whether and how their offerings match the patient's needs, and provide a seamless experience to those who may need to transfer to other levels of care.
- Upon discharge, connect all patients to affordable and appropriate care, given the resources in the patient's region, and communicate this plan to the receiving treatment team.

7. Care for Co-Occurring Disorders

- Provide evidence-based treatment by appropriate psychiatric, medical, and therapeutic staff with demonstrable skills and training to treat co-occurring disorders.
- COEs understand the limitations of their service offerings and never claim to treat certain conditions, including any co-occurring conditions, for which they are not qualified.
- **Substance Use Disorders:** Use a pre-admission screening to identify which patients require substance use treatment, and have the proper systems to refer out appropriately. Be transparent about what treatments for substance use disorders the program does and does not offer.
- **Trauma:** Identify one or more evidence-based treatments for trauma and train clinical staff to be able to engage in trauma treatment when clinically indicated.

8. Collaboration with Families

- Commit to involving and engaging families and fostering excellent communication with them.
- Recognize the impact of eating disorders on families and do everything possible to support and encourage self-care among family members.

9. Collaboration with Payers

- Understand and respect payers' obligations to be fiscally responsible and efficient.
- Maintain an unwavering focus on treating patients according to American Psychiatric Association (APA) criteria and guidelines.
- Evaluate whether an expense is truly necessary and will promote efficient patient progress.

10. Education

- Recognize the need for rigorous, peer-reviewed scholarship and research.
- Seek out opportunities to engage with academic institutions and scholarly bodies to advance the field.
- Teach health professionals about early identification, treatment, and referral.
- Seek opportunities to educate health professionals about eating disorders.
- Structure site visits as opportunities for education or legitimate marketing activities, not entertainment.

11. Advocacy

- Expand access to care for every patient in need, advocate for patients, and ensure access to health insurance benefits due to them.
- Work to advance the field by engaging in advocacy at the local, state, and national levels.
- Participate in responsible media opportunities aimed at educating audiences and raising awareness.

12. Technology and Data Systems

- Incorporate cutting-edge tools in business, treatment, and recovery processes.
- Implement technology platforms and electronic health records systems that are robust and HIPPA-compliant.