

Vermont Emergency Telepsychiatry: A Work in Progress

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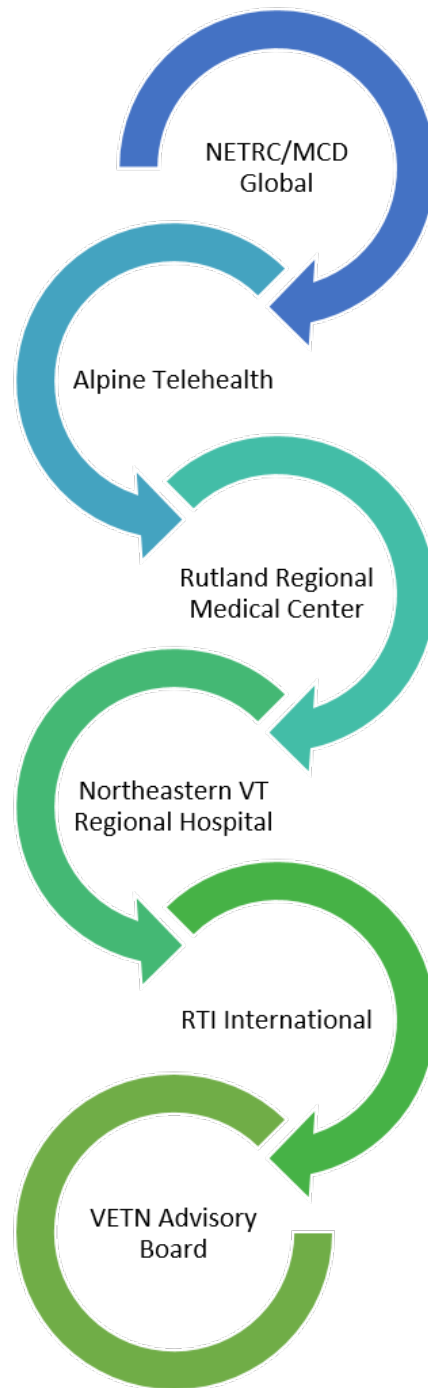


Northeastern
Vermont Regional
Hospital

Learning Objectives

- To understand the business case for emergency telepsychiatry.
- To discuss qualitative and quantitative outcomes of two demonstration projects.
- To implement lessons learned from the demonstration projects.

Many Thanks



Overview

- Need for Telepsychiatry
- VETN Overview
- Demonstration Project Activities
- Evaluation Findings
- Next Steps



Need for Telepsychiatry

Trying to Solve the Problem of ED Boarding

Patient Impact

- In May 2023, an average of **28 patients** of all ages were **boarding** in Vermont EDs **on any given day**, awaiting transfer or discharge to mental health care.



People Waiting for Mental Health Placement Monthly Summary June 2021 - May 2023.
Montpelier, VT: Vermont Association for Hospitals and Health Systems.

Image credit: ABC News

“ ED is like a waiting room
for a specialist
surrounded by chaos. ”

Hospital Impact



- In May 2023, one-sixth of ED beds, on average, were occupied by **patients waiting for mental health care**
 - highest single point-in-time utilization was two-thirds of beds.

People Waiting for Mental Health Placement Monthly Summary June 2021 - May 2023.
Montpelier, VT: Vermont Association for Hospitals and Health Systems.

VDH Physician Census



- Out of 191 psychiatrists statewide, only 0.6 psychiatrist FTE reports having the emergency department as the main practice location.

[2018 Physician Census Statistical Report](#), Vermont Department of Health, October 2019, p. 12, p. 38.



VETN Overview

Purpose



Vermont Emergency
Telepsychiatry
Network

VETN

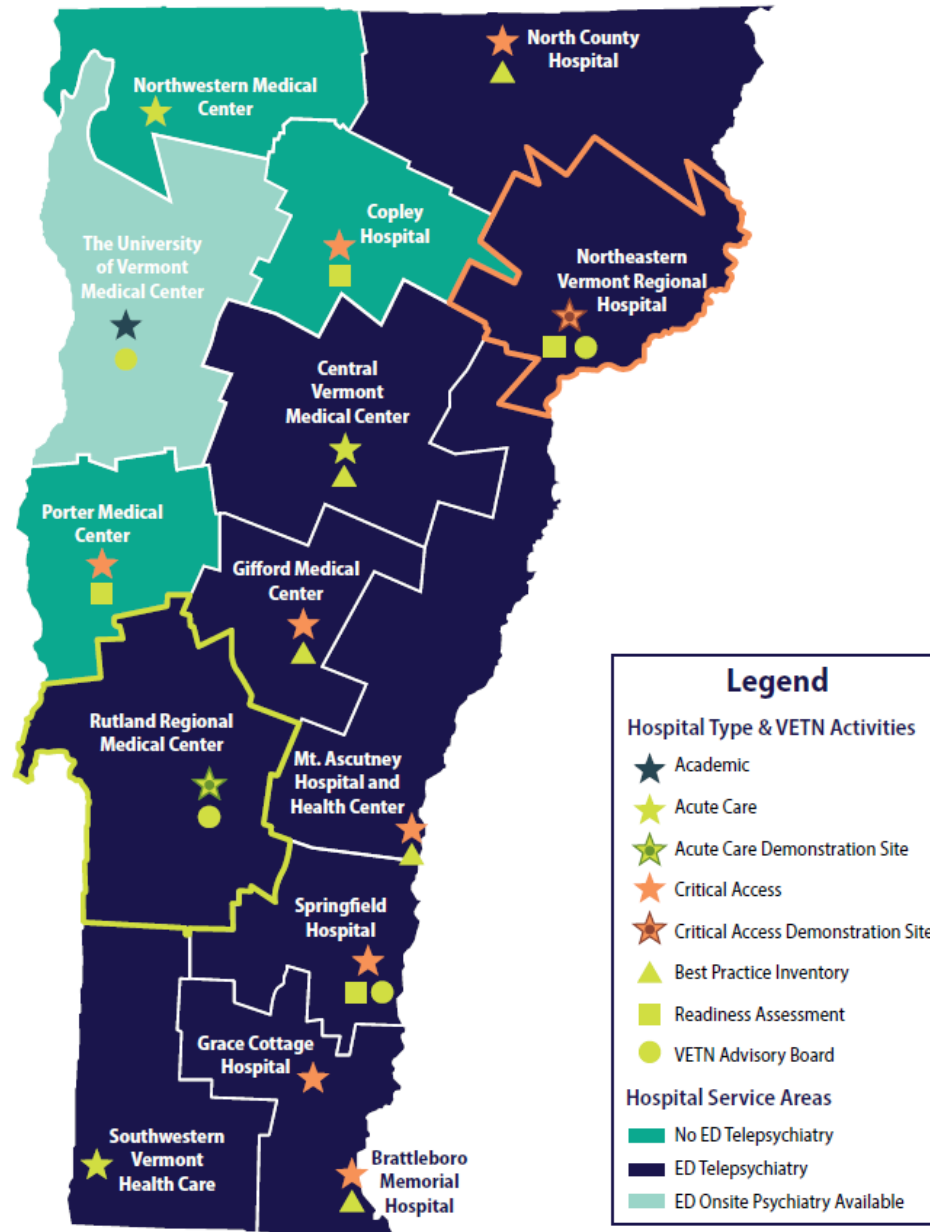
a statewide system helping Vermont
EDs provide timely **psychiatric** care
via **telehealth** for individuals with
mental health needs



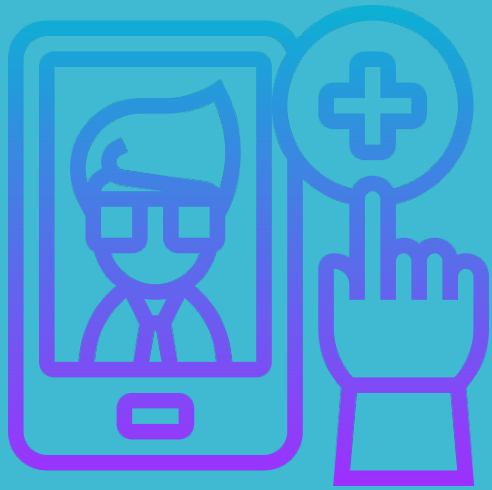
Read the VETN project charter [here](#).

VETN Activities

VETN Activities



Updated: 10/25/2023



Demonstration Projects

Rutland Regional Medical
Center
PPS Pediatric Project



RRMC Project Overview

- Project went live January 2023
- Eligible patients include
 - Children and adolescents up to age 18
 - Meet criteria for inpatient treatment
 - Referred to Brattleboro Retreat (or potentially eligible for Brattleboro on a case-by-case basis)
- Consults happen Monday and Thursday afternoons (with some flexibility)
- Charting performed remotely within the RRMC EMR

RRMC

Preliminary
Data

Rutland Regional Medical Center PPS Pediatric Project
January - September 2023, Preliminary

Measure	All Patients ¹ (n=174)	Patients ² Receiving Telepsychiatry Assessments or Consults (n=13)
Recommended for discharge home	122	3
Recommended for admission to inpatient psychiatric unit	52	10
Same-day discharge	85	0
Mean length of stay (hours)	30	136
Overtured involuntary commitments	0	0

¹Children and adolescents under the age of 18 with a primary mental health diagnosis presenting to the Emergency Department (ED).

²Children and adolescents under the age of 18 with a primary mental health diagnosis presenting to the Emergency Department (ED) referred to BBR.

RRMC Staff and Patients

Preliminary Feedback

- Staff reports increased satisfaction managing pediatric mental health patients because of the proactive management being offered.
- Creating a therapeutic relationship with a Brattleboro provider has convinced some reluctant patients/families to agree to transfer.
- Only sticky situation involves patients or parents only wanting a lower level of care or initially refusing Brattleboro referral.

Brattleboro Retreat

Preliminary Feedback

- Providers report positive experience with the consultations, appreciating being able to initiate treatment early, noting smoother transitions into the hospital.
- Appreciate the great tech support from the RRMC team.
- Relationship building with the RRMC ED referral team is proving valuable, with expanded communications and improved understanding of the referrals helping to expedite the admissions process.

Northeastern Vermont Regional Hospital CAH After-Hours Project



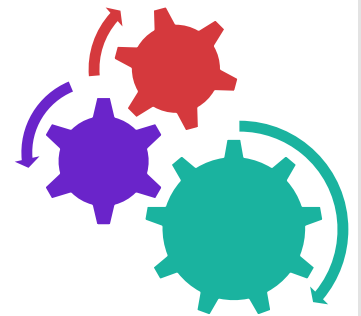
NVRH Background

- ED has the highest number of MH visits per capita in the state.
- In a psychiatry “dessert” in the NEK.
- Not possible to refer a patient to a local psychiatrist for care in our region.
- Work closely with our designated agency, Northeast Kingdom Human Services (NKHS), to provide counseling services and prescribing through psychiatric nurse practitioners.
- No inpatient psychiatry in our region.
- No mental health providers on our medical staff that see patients.



Implementation

- Continuing to work with **Array** on standing up a telepsychiatry program.
- Credentialing and enrolling **17 providers** to provide this service.
- Coordinating Array, ED, Med/Surg, and ICU units to work out the **logistics**.
- Meeting with coding, billing, and finance teams to be sure we are able to **account for these visits**.
- Working with **Information Services** team to onboard this new service.
- There are **many moving parts**.
- Anticipating a **November go-live date**.



NVRH

Preliminary Feedback

- Large administrative burden for a small hospital.
- A lot of time and effort goes into credentialing.
- The number of VETN meetings (data team, advisory board) is difficult to staff.



Evaluation

Evaluation Components

1

- Project Administration

2

- Evaluation Planning Matrix
- Logic Model

3

- Advisory Board Evaluation

4

- Consult on Training Evaluation

5

- Demonstration Project Evaluation

6

- Cost Evaluation

7

- Final Report

Demonstration Project Evaluation

Evaluation Questions

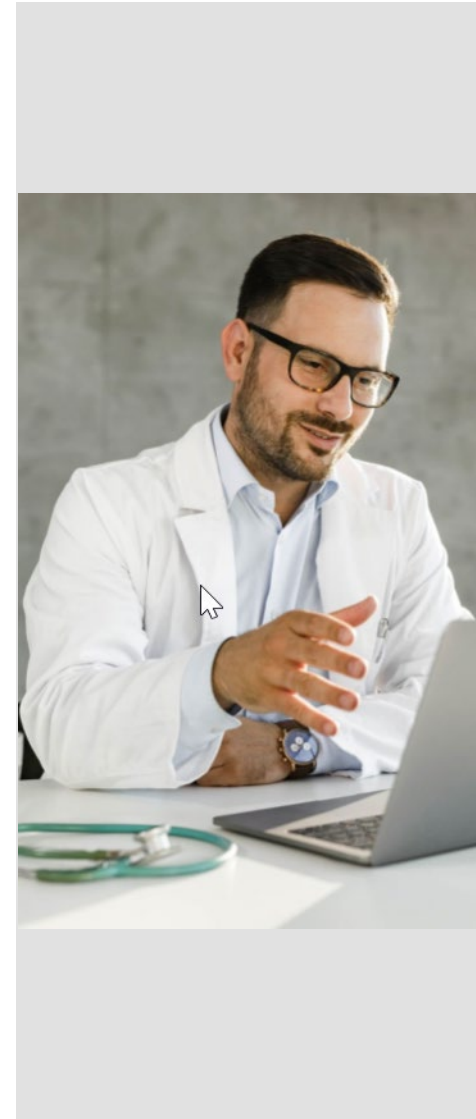
1. *Are patients/caregivers satisfied with the telepsychiatry assessments received?*
2. *Do patients/caregivers prefer telepsychiatry assessments to in-person assessments?*
3. *Are providers satisfied with the process of administering telepsychiatry assessments?*
4. *How has the time to treatment/evaluation changed since implementing telepsychiatry assessments in the EDs?*
5. *Is the duration of emergency telepsychiatry appointments similar to the duration of in-person emergency telepsychiatry appointments?*
6. *What are some of the barriers and facilitators to implementation of the demonstration project?*

Methods

- Hospital provider/staff interviews on Zoom
 - 30 minutes
 - conducted by RTI
- Patient/caregiver experience survey
 - less than 5 minutes
 - administered by hospital staff
 - at end of visit

Hospital Staff/ Provider Interviews

- 11 individuals contacted across both RRMC and NVRH
- 30-minute interviews about experiences with implementing VETN
- 8 interviews completed
- Rapid Turn-around analysis (RTA)



Demonstration Project Hospital Interview Findings

- Satisfaction, Success, and Barriers
 - Telepsychiatry consultations are perceived as beneficial.
 - Infrastructure-related inputs, including training and low staff turnover, as well as existing professional relationships, can help position hospitals for successful integration of telepsychiatry consultations.
 - There is an interest in scaling up the availability of telepsychiatry consultations in relation to both patients and providers.

Demonstration Project Hospital Interview Findings

- Quality of Care
 - Conducting in-person consultations may yield additional information or context (in comparison to telepsychiatry), though the general sentiment was that the two modes of delivery are comparable.



Lessons Learned

Recommendations for Improving the Network



Recommendations

Demonstration Projects

- Consider streamlining credentialing
 - Could multiple hospitals agree on a process to accept credentials for the same vendor providers?
 - Some teleservices offer portals that the credentialers can access with all of the primary documents already uploaded
- Credential by proxy
 - Requires that the credentialing organization has a Joint Commission/CMS approved process

Acknowledgement

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