

Improving Access to Emergency Telepsychiatry

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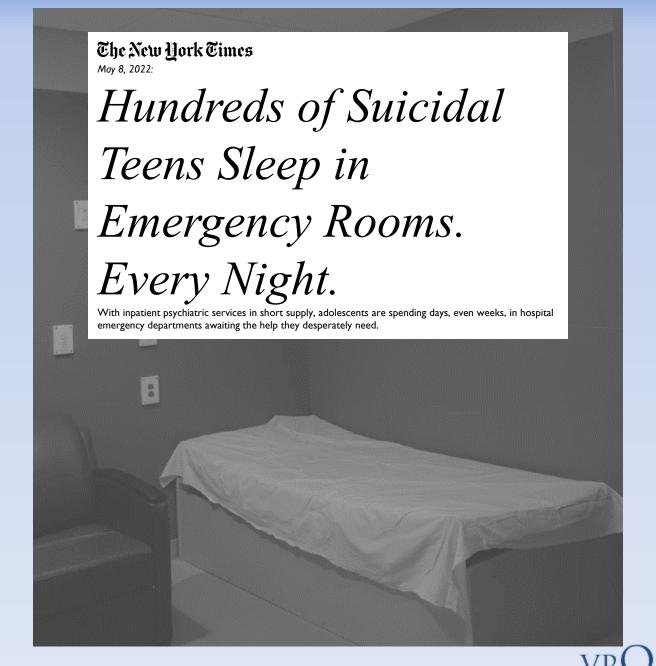
No financial interests or outside activities to disclose.

Objectives

- Learn about wait times for patients with mental health concerns presenting to Vermont hospital Emergency Departments.
- Become acquainted with the Vermont Emergency Telepsychiatry Network (VETN).
- Share ideas and collaborate on how to improve the project.

The problem we are trying to solve.

OBSERVED NEED





The development of an Emergency Telepsychiatry Network in Vermont is vital to meeting the current mental health crisis facing so many of our communities.

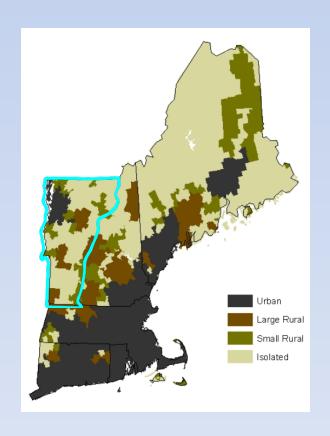
Emergency Telepsychiatry represents a critical link in a continuum of mental health care and involves providing timely mental health care in the right place at the right time in the right amount.

Mark R.J. McGee, MD, Psychiatrist President, Alpine Telehealth



Stats From a Rural State

- Vermonters with mental health needs are waiting days in EDs before discharge or psychiatric inpatient care admission.
- On most days, the majority of people have been waiting more than 24 hours for placement.¹
- The rate of suicide-related ED visits in youth is increasing.²



¹ Mental Health Boarding in VT Emergency Departments, Monday and Thursday mornings, point-in-time, from 5/24/2021 through 3/31/2022, Vermont Association of Hospitals and Health Systems.



² Youth Emergency Department (ED) Visits for Suicidal Ideation and Self-Directed Violence, Vermont Department of Health, May 2021.

From October 2020 - September 2021,
 7,875 adults and 1,438 youth waited in EDs for psychiatric care in Vermont.¹



 This translates to 1.5% of adults and 1.2% of youth.

National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit Knowledge Informing Transformation

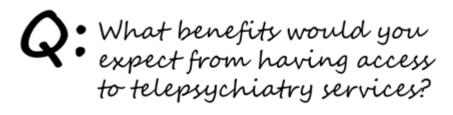
Unique Challenges of Rural and Frontier Communities

Rural and frontier communities face unique workforce and geographic challenges that make it more difficult to deliver high quality crisis services that meet the needs of the region. System leaders should evaluate opportunities to leverage technology and existing program capacity to deliver care to maximize access to timely services. Approaches should include:

- Learning how other first responder services like law enforcement, fire and emergency medical services operate in the area.
- Leveraging existing first responder transportation systems to offer access to care in a manner that aligns with emergency medical services in the area.
- 3. Incorporating technology such as telehealth to offer greater access to limited licensed professional resources.
- 4. Developing crisis response teams with members who serve multiple roles in communities with limited demand for crisis care to advance round the clock support when called-upon.
- 5. Establishing rural reimbursement rates for services that support the development of adequate crisis care in the area.
- 6. Creating crisis service response time expectations that consider the geography of the region while still supporting timely access to care.



Emergency Department Survey



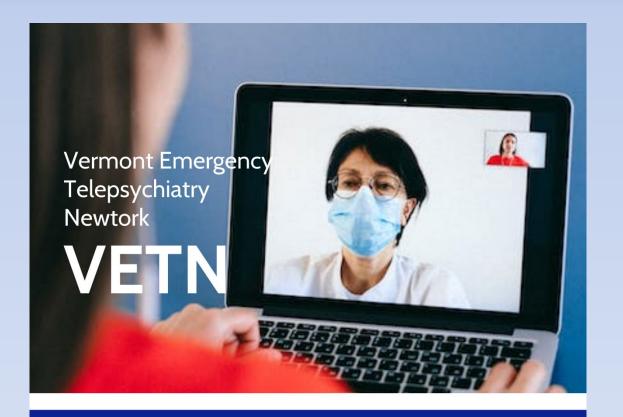
- ability to provide standards-based psychiatric care in a timely manner
- fewer transportation issues
- lower inpatient utilization and costs
- reduced wait times
- assistance with placement and transfer of care
- ability to start or adjust medications
- improved patient outcomes

How we are trying to tackle the problem.

ACTIVITIES

Work to Date

August 2021	Hosted North Carolina Statewide Telepsychiatry Program Webinar by Sy Saeed, MD, MS, FACPsych, Founding Executive Director, NC-STeP
January 2022	Awarded a \$68,560 Vermont Community Foundation grant from the Mental Health & Suicide Prevention initiative of the VT COVID-19 Response Fund
January–October 2022	Completed needs assessment of Vermont EDs and other stakeholders
October 2022	Awarded a \$901,123 Congressionally Directed Spending grant from Senator Patrick Leahy (D-Vt.) through SAMHSA



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

Visit us <u>here</u>.

VETN Activities

Program Management

 to increase coordination among Vermont EDs regarding telepsychiatry services

Training

 to increase knowledge and experience of ED staff supporting telepsychiatry services

Demonstration Projects

• to reduce the time that individuals wait in Vermont EDs for mental health services

Hospital Enhancements

 to increase telepsychiatry capacity for hospitals not participating in a demonstration project

Program Evaluation

 to increase understanding of the extent to which the VETN project reached stated goals

Program Management



- Advisory Board
- Clinical SME
- VPQHC Project Lead
- NETRC

Training



- Web-based (statewide):
 - evidence for telehealth
 - best practices
 - trauma-informed care
 - billing & reimbursement
 - interpretation services
 - serving people with disabilities
- Demonstration projects:
 - establishing new systems to embed in workflow



Demonstration Projects



- Mid-Sized Hospital:
 - Establish a system for child telepsychiatry from a regional specialty mental health treatment center.
- Critical Access Hospital:
 - Establish a system for telepsychiatry services in the ED.

Hospital Enhancements



Congressionally Directed Spending

- Telehealth equipment
- Language services
- Adaptive equipment

Evaluation



- Patient and provider satisfaction
- Programmatic impact
- Cost savings
- Return on investment

Coming together to work on the project.

COLLABORATION



Looking forward to your ideas on how the project can be improved during the Q&A period.

Contact

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