

VETN Advisory Board

June 9, 2023

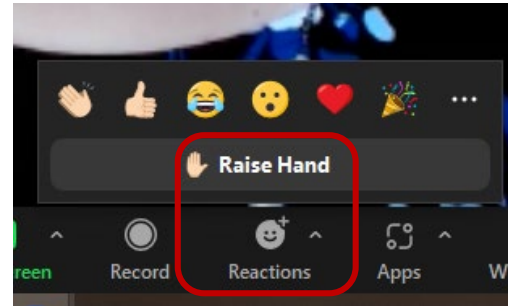
Ali Johnson, MBA | Quality Improvement Specialist

Today's Agenda

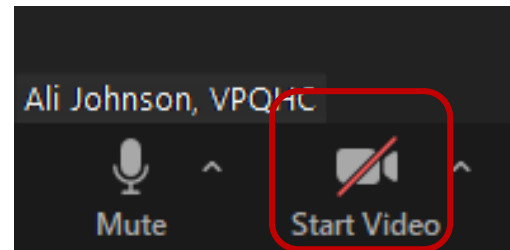
- Welcome
- Vermont Child Psychiatry Access Program
 - Greta Spottswood, MD, MPH | VTCPAP
 - Haley McGowan, DO | UVMCMC, DMH
- Northeastern VT Demonstration Project
 - Michael Rouse, MD, MPH | NVRH
- Communication Access for Deaf & Hard of Hearing
 - Laura Siegel, MBA | DAIL
- Project Updates
- Timeline & Next Steps
- Questions for the Group
- Wrap-Up

When Speaking, Please...

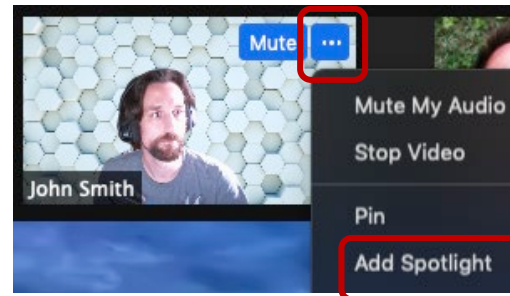
- Raise hand



- Turn on video



- Spotlight





VT Child Psychiatry Access Program

Greta Spottswood, MD, MPH | VTCPAP

Haley McGowan, DO | UVMMC, DMH

VT Child Psychiatry Access Program (VTCPPAP): 101

VETN Advisory Board Meeting

Friday June 9, 2023

Greta Spottswood, MD, MPH

Child Psychiatrist

VTCPPAP Medical Director

Outline

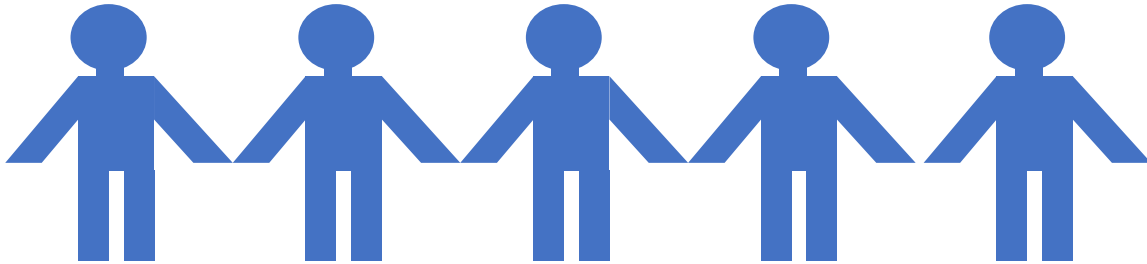
Epidemiology

Stepped Mental Health Care

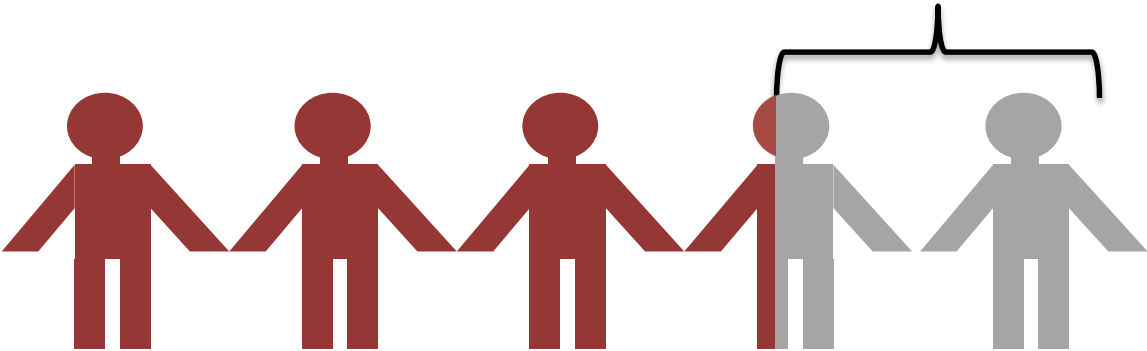
State Consultation

VTCPAP

Child MH Treatment

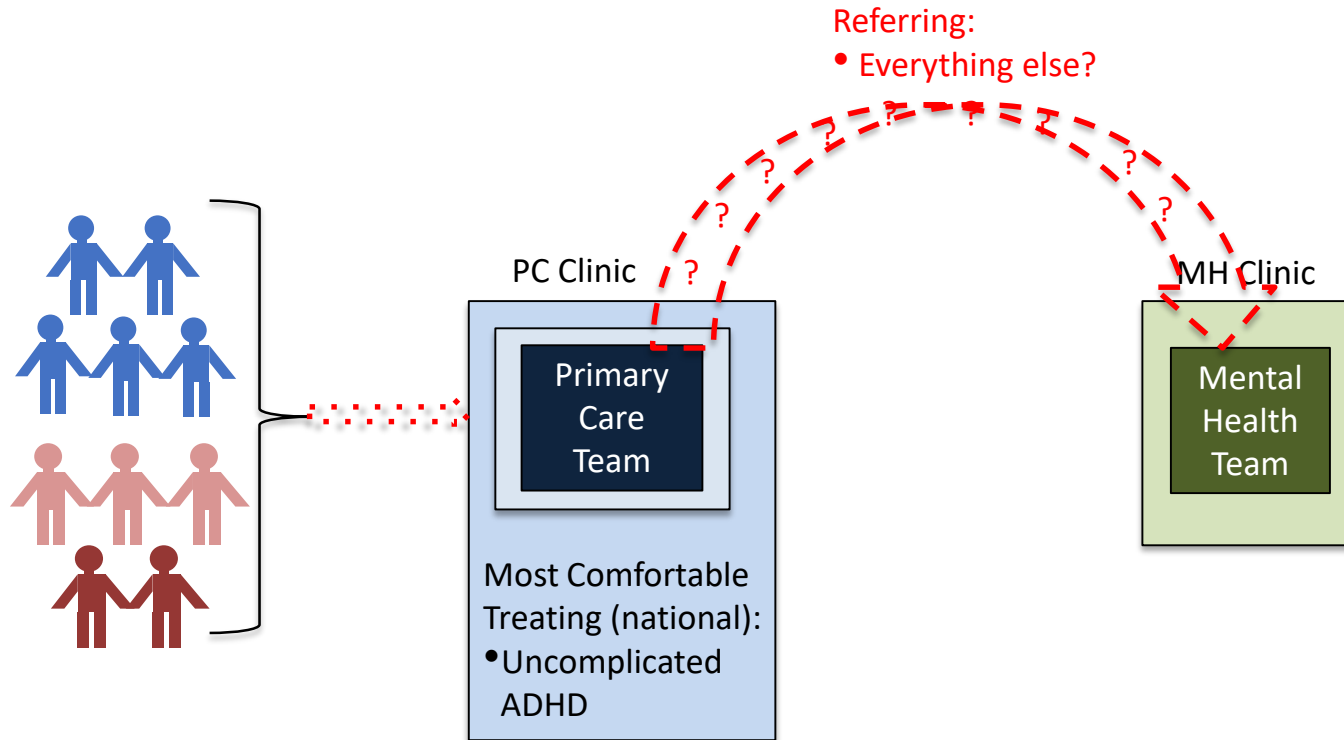


~1/3 with mental health disorders receive services

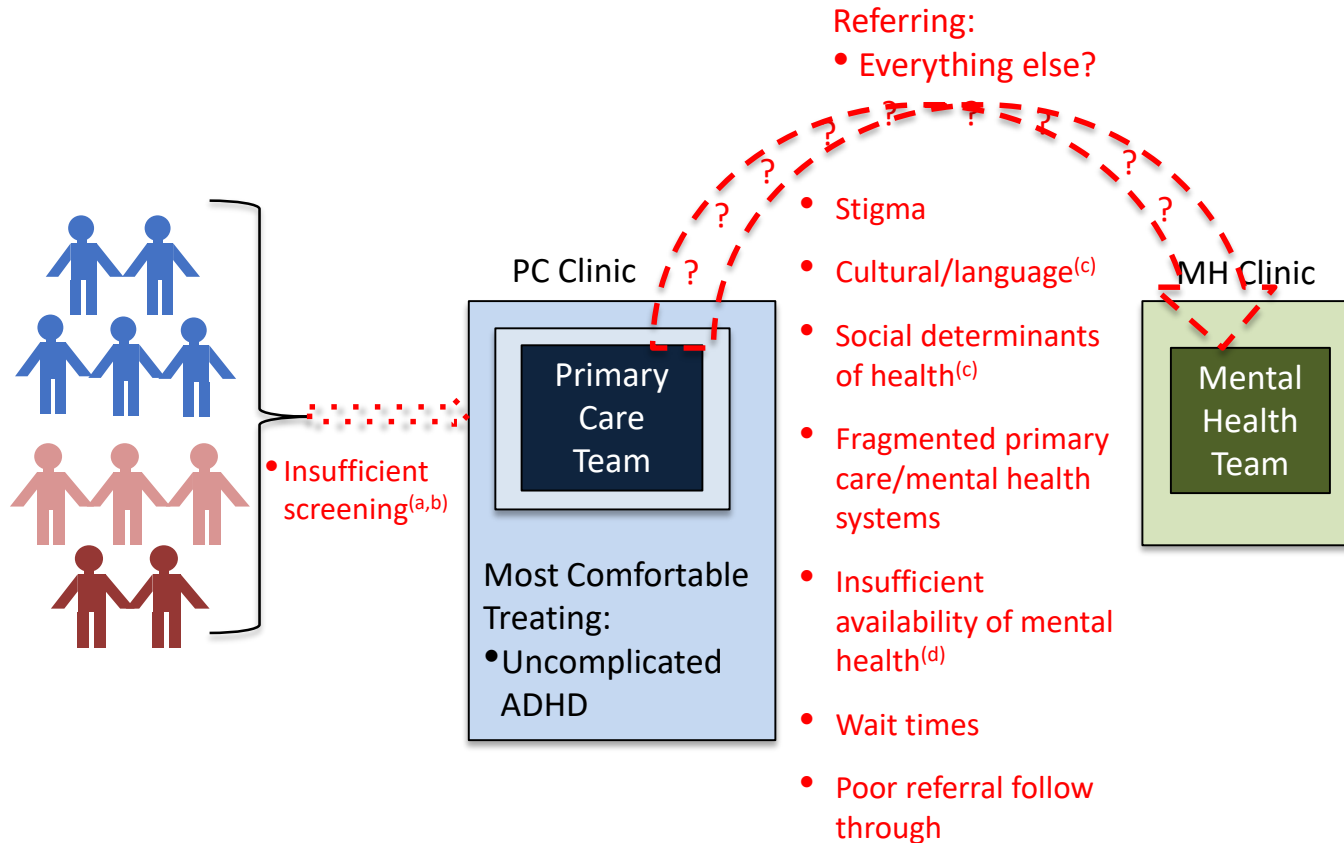


~1/2 with severe mental disorders receive care

Current Pediatric Mental Health Care



Current Pediatric Mental Health Care



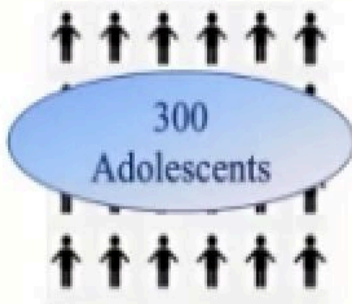
(a) Hacker 2014; (b) Kuhlthau 2011; (c) Pires 2013; (d) Thomas 2006

Limited Access!

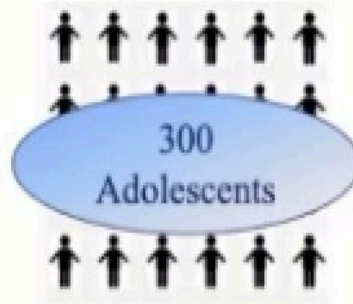
CAP



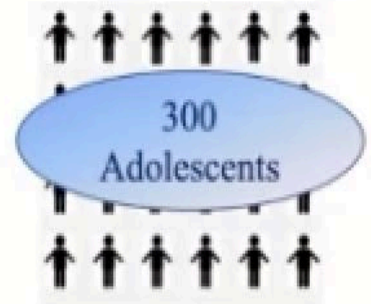
PCP



PCP



PCP



Models of Care: Service Approaches

Approach	Description	Benefits	Limitations
Consultation	Telephone with PCP	Access for underserved, improves prescribing	No psychotherapy
Co-location	Same location	Reduce wait, improve follow-through	No collaboration
Collaboration and Integration	Staff MH: assess, phone consult, tx co-occurring conditions	Screening, assessment, tx all in primary care	Financial

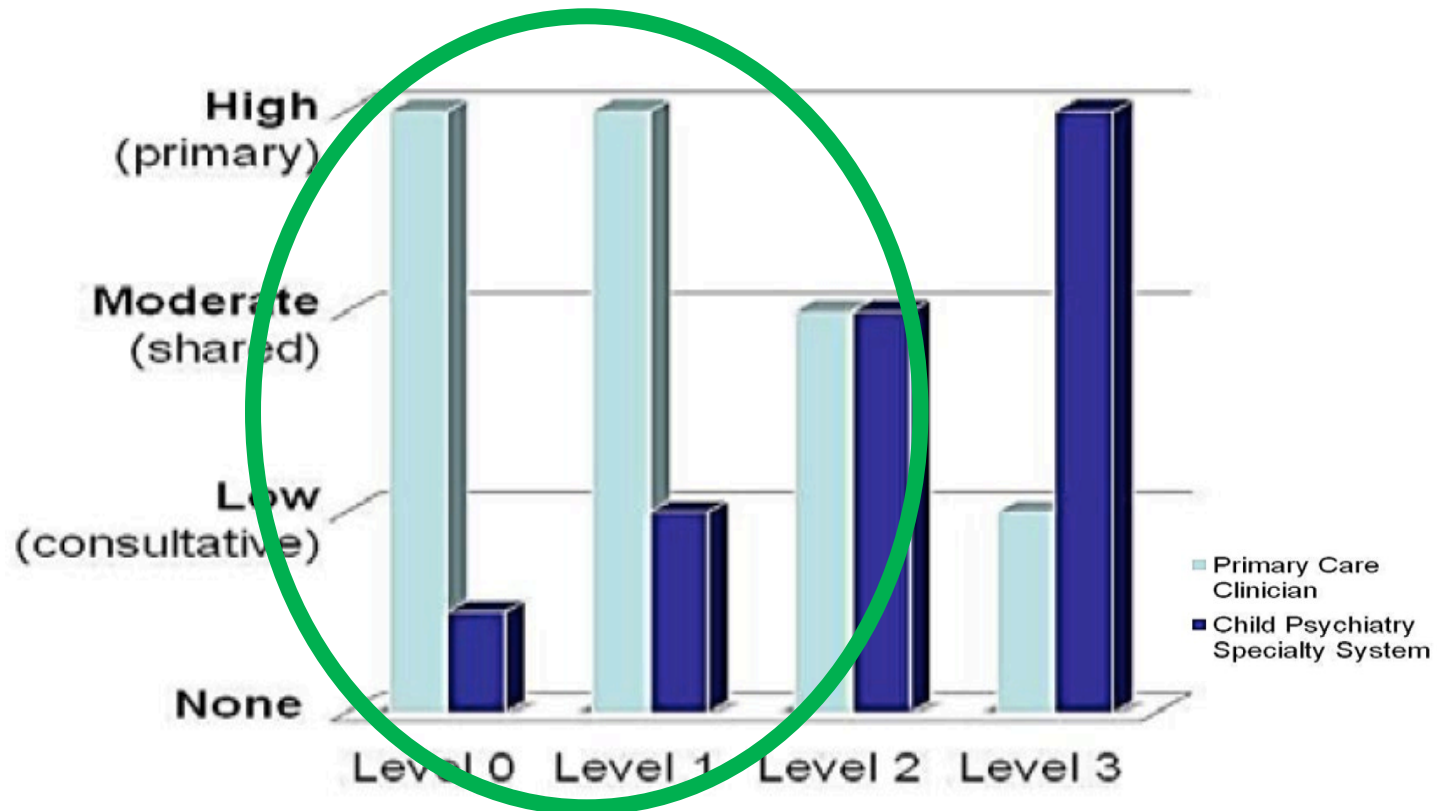
Models of Care: State Consultation

Child Psychiatry Access Programs

2004 Massachusetts Child Psychiatry Access Project

“support efficient **diagnosis and treatment** of **mild to moderate** mental health issues **within primary care** with the **support of statewide telephonic child psychiatry consultation** service... and **care coordination.**”

Stepped pediatric mental health care



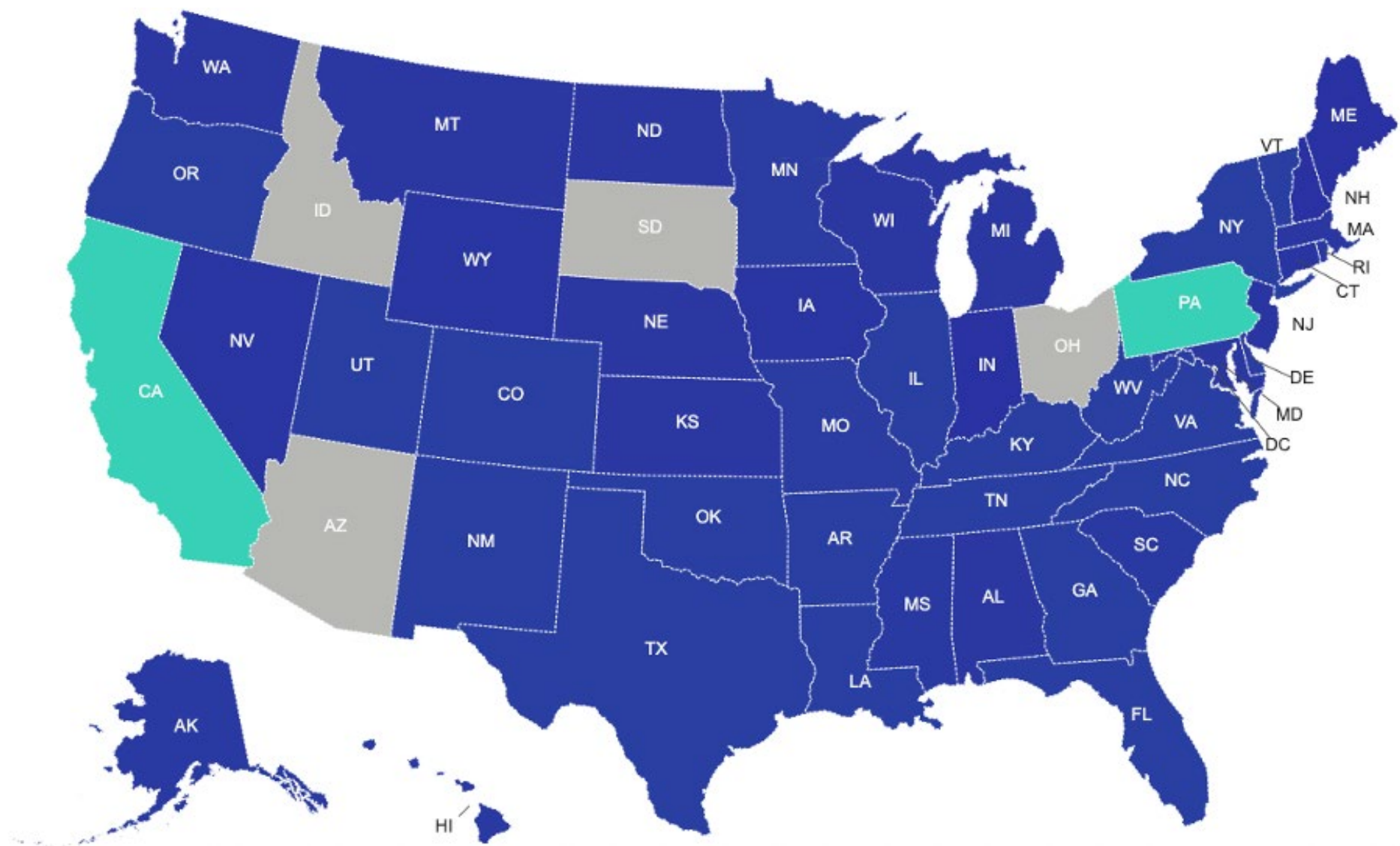
Models of Care: CPAP Outcomes

Medications

- **No medications (45%)**
- Stimulants
- SSRI
- Alpha-agonist
- Atypical antipsychotic

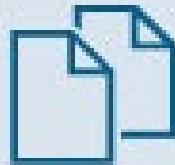
- ↓ antipsychotic Rx (PALS)







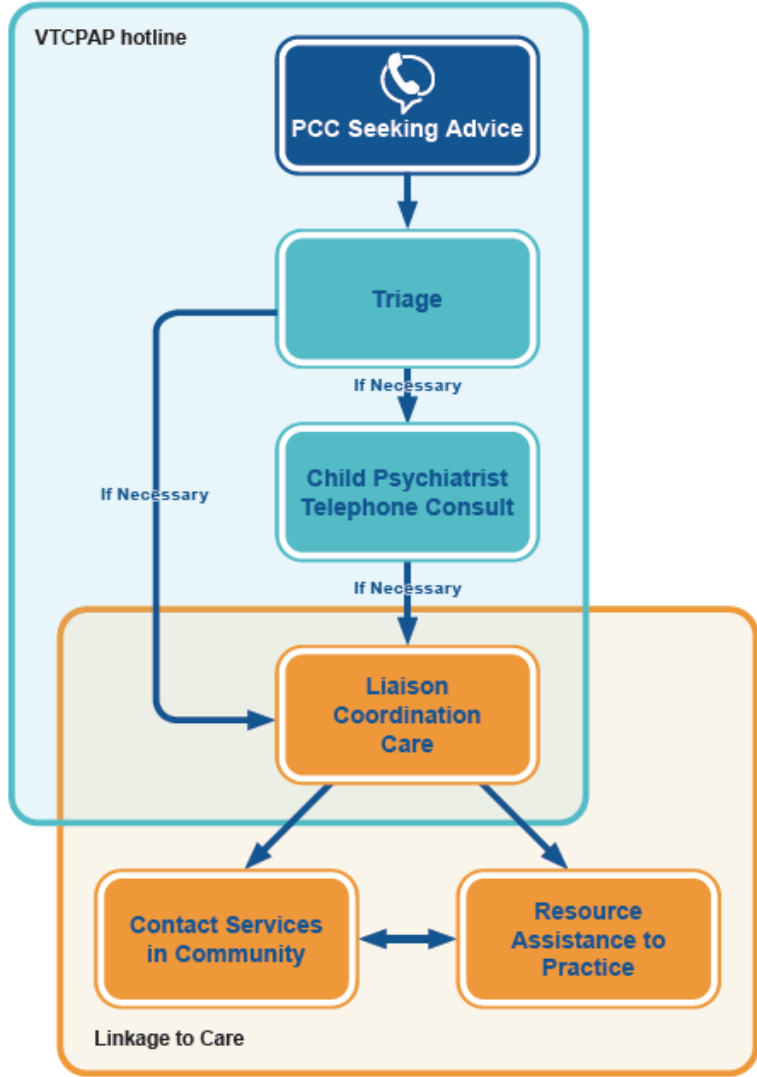
Telephone and
face-to-face
psychiatric
consultation



Care
coordination



Training and
education



Summary: VTCPAP

What?

Telephone Consultation

Liaison Coordination

Training + Education

chcb.org/vtcpap

For Who?

PCPs in Vermont serving children age 21 and under

Summary: VTCPAP

How?

PCPs: (802) 488-5342

9a-3p

Summary: VTCPAP

Results: other states

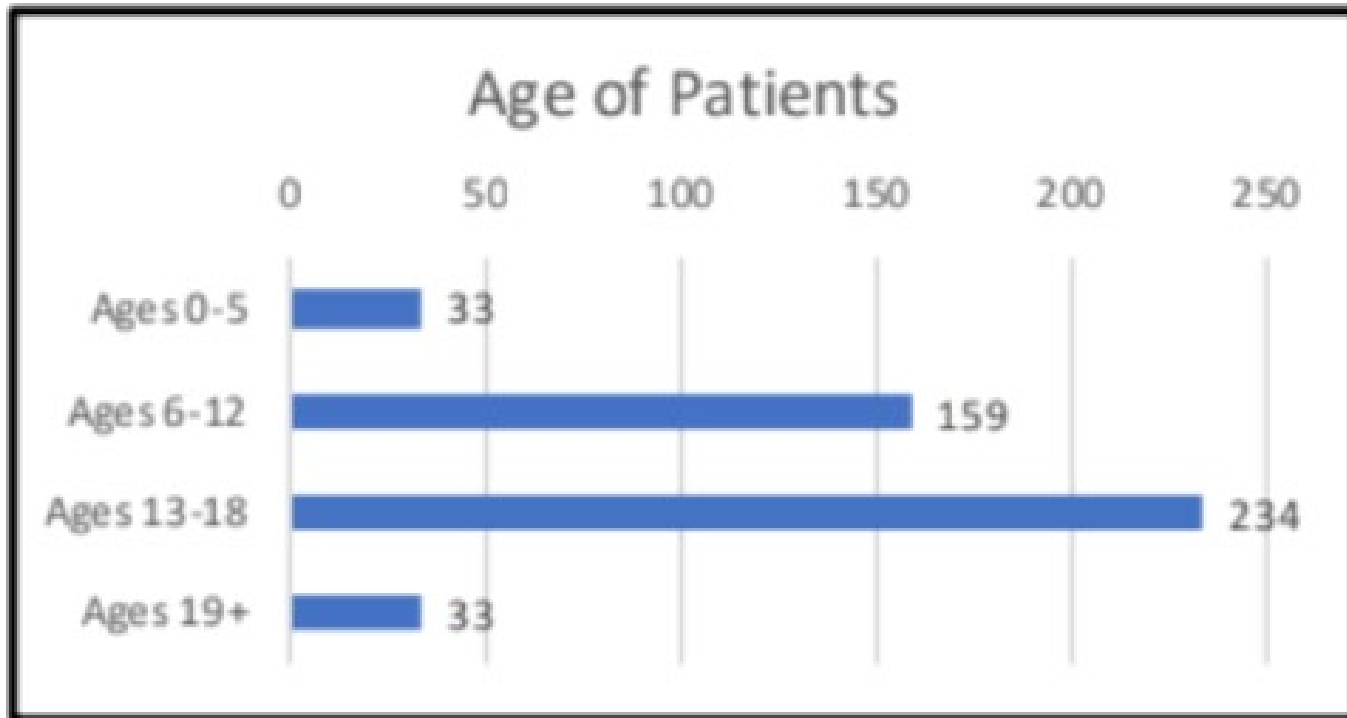
PCP and parent satisfaction
Decreased antipsychotic prescribing
Support for PCP high MH caseload
Population Care

Summary: VTCPAP

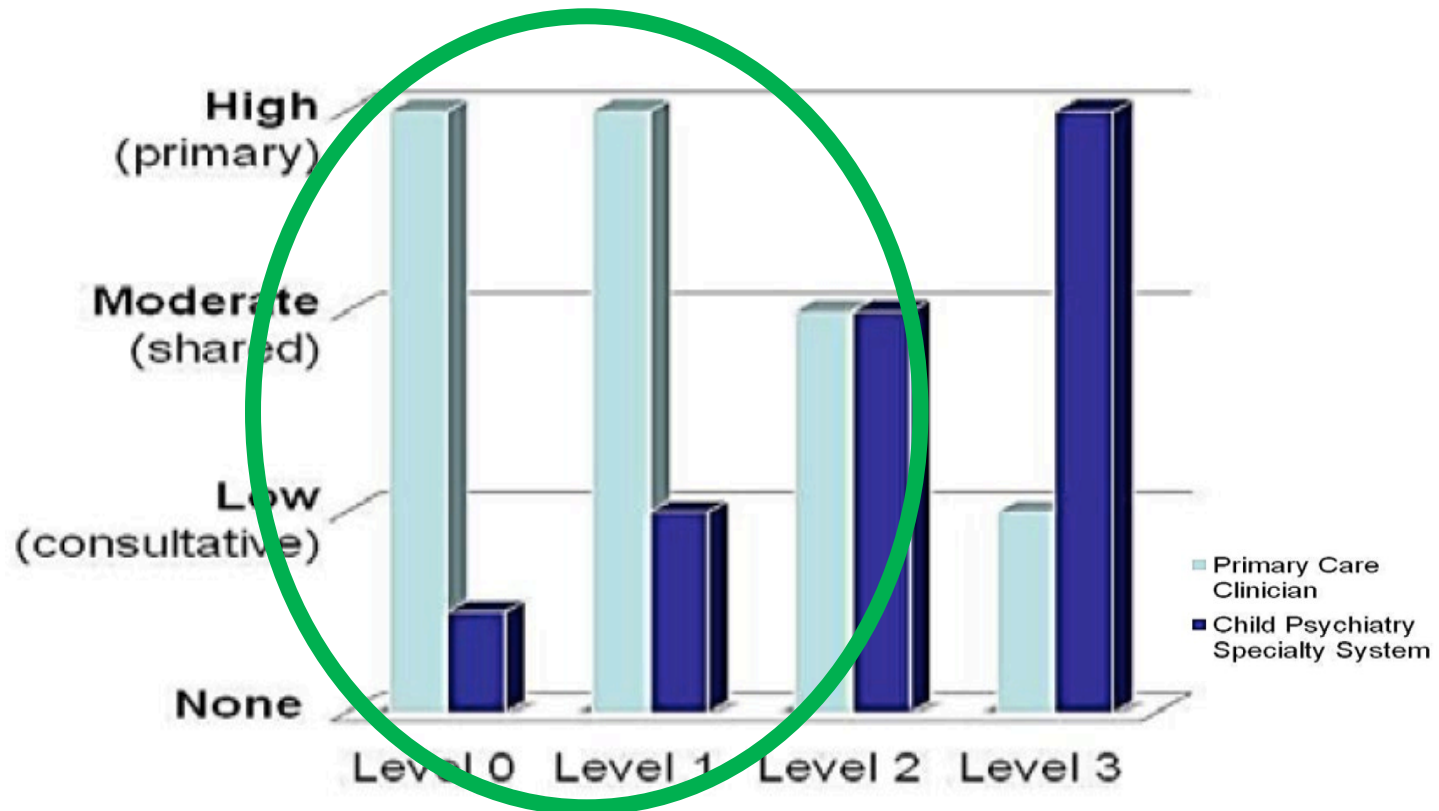
Results: Vermont

Consult Activity	Year to Date	May
Completed Consults	480	53
Patient Served	423	53
# Providers who called multiple times	85	4

Summary: VTCPAP



Stepped pediatric mental health care



Summary: VTCPAP

Discussion

Hosted by



Funding Partners



PMHCA



Partners



Thank you!

Shireen Cama, MD
Stephanie Fosbenner, MD
Lee Robinson, MD
Amber Landers, PhD

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Northeastern VT Demonstration Project

Michael Rouse, MD, MPH

Northeastern Vermont Medical Center





NVRH VETN Demonstration Project

MICHAEL ROUSSE, MD, MPH
CMO, NVRH

NVRH VETN Demonstration Project

- ▶ Since 2011 NVRH has been unable to transfer mental health patients in crisis to a psychiatric facility directly.
- ▶ This was due to the loss of the VT Psychiatric Hospital in Waterbury from flooding caused by hurricane Irene
- ▶ Since that time all hospitals in VT have had to hold mental health patients in crisis in their ED until a full evaluation was complete and a bed became available
- ▶ Only 2 hospitals in VT had psychiatric facilities and personnel on site, UVMHN and CVMC

NVRH VETN Demonstration Project

- ▶ NVRH does not employ any psychiatric providers
- ▶ The ED and Hospitalist providers were faced with stabilizing mental health patients in crisis without a background or training in psychiatry
- ▶ Attempts to contract with TelePsych providers in VT were unsuccessful
- ▶ NVRH was chosen as a demonstration project by the VETN in May, 2023

NVRH VETN Demonstration Project

- ▶ NVRH, through the VETN contract, is contracting with ARRAY Behavioral Solutions
- ▶ ARRAY has made the following assumptions based on preliminary data from NVRH:
 - ▶ 13,500 to 14,000 ED patient visits per year
 - ▶ Estimated 25 mental health patients requiring psychiatric consultation per month, most will be between 5 pm and 11 pm
 - ▶ The initial contract will be for less than 25 consults per month
- ▶ Genevieve Williamson, MD has contracted to provide weekday coverage



Communication Access

Laura Siegel, MBA | DAIL

Communication Access for Deaf, Hard of Hearing, DeafBlind, late-deafened, Deaf Plus, Deaf Disabled

Laura Siegel, Director of Deaf, Hard of Hearing, DeafBlind Services

Communication Access Policy

- ▶ Who would this be for?
 - ▶ Patients, visitors, family members, etc.
- ▶ Why is it important to have one?
 - ▶ Section 1557 of the Affordable Care Act - effective July 18, 2016
 - ▶ Any healthcare provider or health insurance company receiving federal assistance must provide limited English proficiency patients with a QUALIFIED interpreter.

Implement Communication Access Policy



Mindset for ER visits

- ▶ Patients/Visitors/Employees without Hearing loss
 - ▶ Healthcare issues
 - ▶ What issues are you having with your gallbladder?
 - ▶ Why are you experiencing projectile vomiting?
- ▶ Patients/Visitors/Employees with Hearing Loss
 - ▶ Communication need issues
 - ▶ Will they be met or not?
 - ▶ Will my rights be violated?
 - ▶ How do I advocate without alienation?

Patient Inaccessibility

- ▶ Cannot make or receive phone calls
 - ▶ Lack of Wi-Fi
 - ▶ Must use videophone app to call cafeteria to order food (can be mistaken for scammer).
- ▶ Cannot access a nurse call/alert button
 - ▶ Verbal prompt only
- ▶ Television has no volume or ability to enable closed captioning
 - ▶ Old television or remote isn't working
- ▶ Unable to hear noises such fire alarm, door knocking, baby crying
 - ▶ Lack of assistive technology in room, “morse code”
- ▶ PSA - done auditorily, why not written format like reader board or SMS for while onsite.

Communication Access Dilemmas

- ▶ Unable to locate/provide an interpreter/captioner
- ▶ Ask if family member can interpret
- ▶ Refusal to wear clear masks
- ▶ Need to write back and forth
- ▶ CART services
- ▶ VRI services
 - ▶ Staff not trained to set it up (ex. Telehealth)
 - ▶ Interpreter unable to comprehend patient due to limited body habitus
 - ▶ Screen freeze repetitively
 - ▶ Lack knowledge of patient's history, local regional signs, names, places
- ▶ Captions in public places cannot be turned on
- ▶ Not maintain eye contact (look at computer screen while talking)

Communication Access Policy not Inclusive

- ▶ Should incorporate detailed list of all auxiliary aids and services
 - ▶ Made available to patients, family members, patient representatives

28 C.F.R. § 36.303(b)(1), a section from the ADA Title III Regulation 28 CFR Part 36, lists a wide breadth of auxiliary aids and services that should be made available to allow patients and companions to participate in their own care and/or in the care of their loved ones.

Guidelines and Procedures?

Process fully documented? Rigorously follow it? Provide training to ensure adherence?

Adhere to recommended standards

- ▶ Joint Commission Standards and the National Standards for Culturally and Linguistically Appropriate Services in Health and Health Care (The National CLAS Standards) are non-binding authorities
 - ▶ Provide points of consideration to help hospitals to:
 - ▶ identify risks,
 - ▶ reduce liability and
 - ▶ implement appropriate services.
- ▶ Identify best practices on how to achieve effective communication throughout the continuum of hospital visits, as well as define the underpinning processes and systems. Adhering to these standards eliminate an improvised, reactive approach and help ensure hospitals provide quality health care and deliver consistent quality repetitively.

Accommodations

- ▶ Ubi Duos (ideal for non-signers)
- ▶ Electronic notepads
- ▶ Flashing light strobes/bed shaker for fire alarm, alarm clock
- ▶ Doorbell signaler/flashing light strobes
- ▶ Equipment for baby crying
- ▶ Forms in ASL - ex. Vermont Ethics Network
- ▶ Hearing Assisted Rooms/Hearing Aided Rooms
- ▶ VRI and/or LRI services

Vancro DeafBlind Services

- ▶ Two-year grant (started in January 2023).
- ▶ Unlimited for those with dual sensory loss (vision and hearing)
- ▶ Available to signers and non-signers statewide
 - ▶ 20 trained Specialized Support Providers
- ▶ No costs for consumers.

Contact

- ▶ Laura Siegel, MBA, Director of Deaf, Hard-of-Hearing, and DeafBlind Services
- ▶ (V/VP): [802-560-5170](tel:802-560-5170) | (Text ONLY): 802-904-3241 | (Fax): 802-241-0386
- ▶ Website: <https://dail.Vermont.gov>
 - ▶ Scroll down and look for widget “Deaf, Hard of Hearing, DeafBlind”.



Project Updates



News > Health-Care

Springfield Hospital offering new telehealth programs via Dartmouth Health

Published: 4/28/2023 12:02:25 PM

Modified: 4/28/2023 12:02:04 PM

SPRINGFIELD, Vt. — Springfield Hospital is partnering with Dartmouth Health Connected Care to use three forms of telehealth, according to a news release.

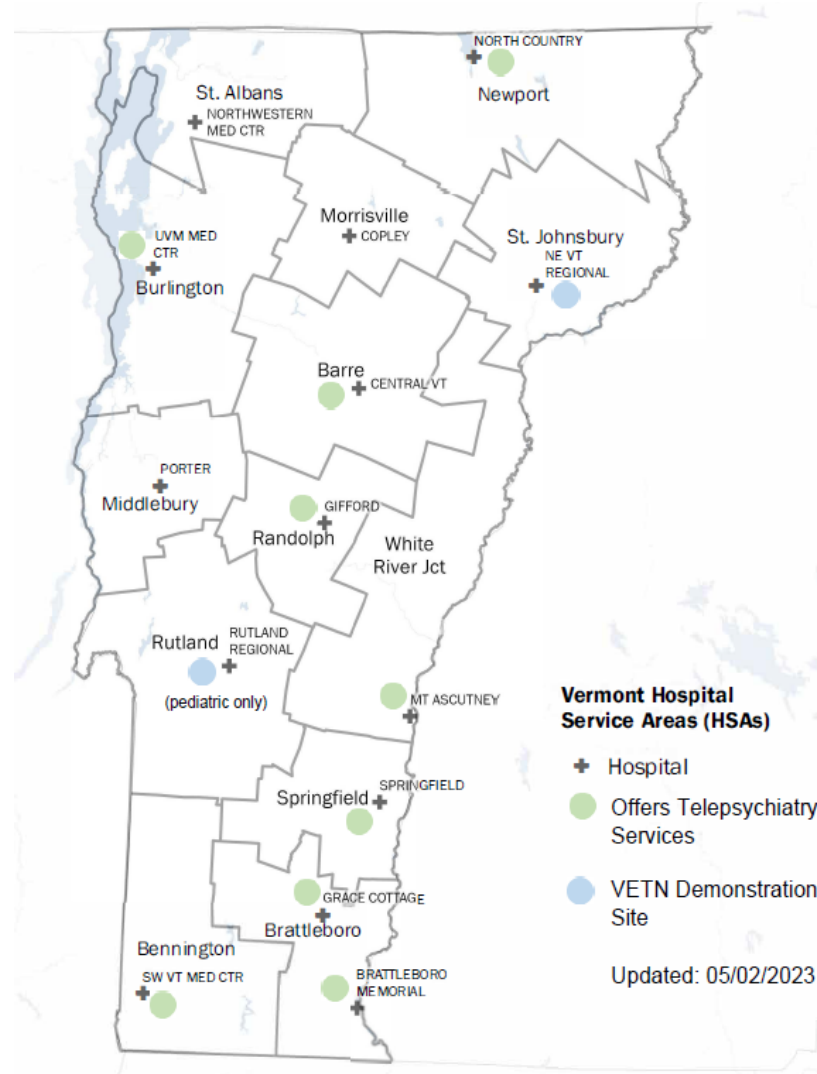
The partnership includes the services of TeleNeurology and TelePsychiatry in Springfield Hospital's emergency department and inpatient rooms, as well as TeleICN (intensive care neonatology) for the care of newborn babies in the emergency department.

Springfield Hospital closed its birthing center in 2019. In the Upper Valley, Dartmouth Hitchcock Medical Center in Lebanon and Gifford Medical Center in Randolph are the only hospitals that continue to deliver babies.

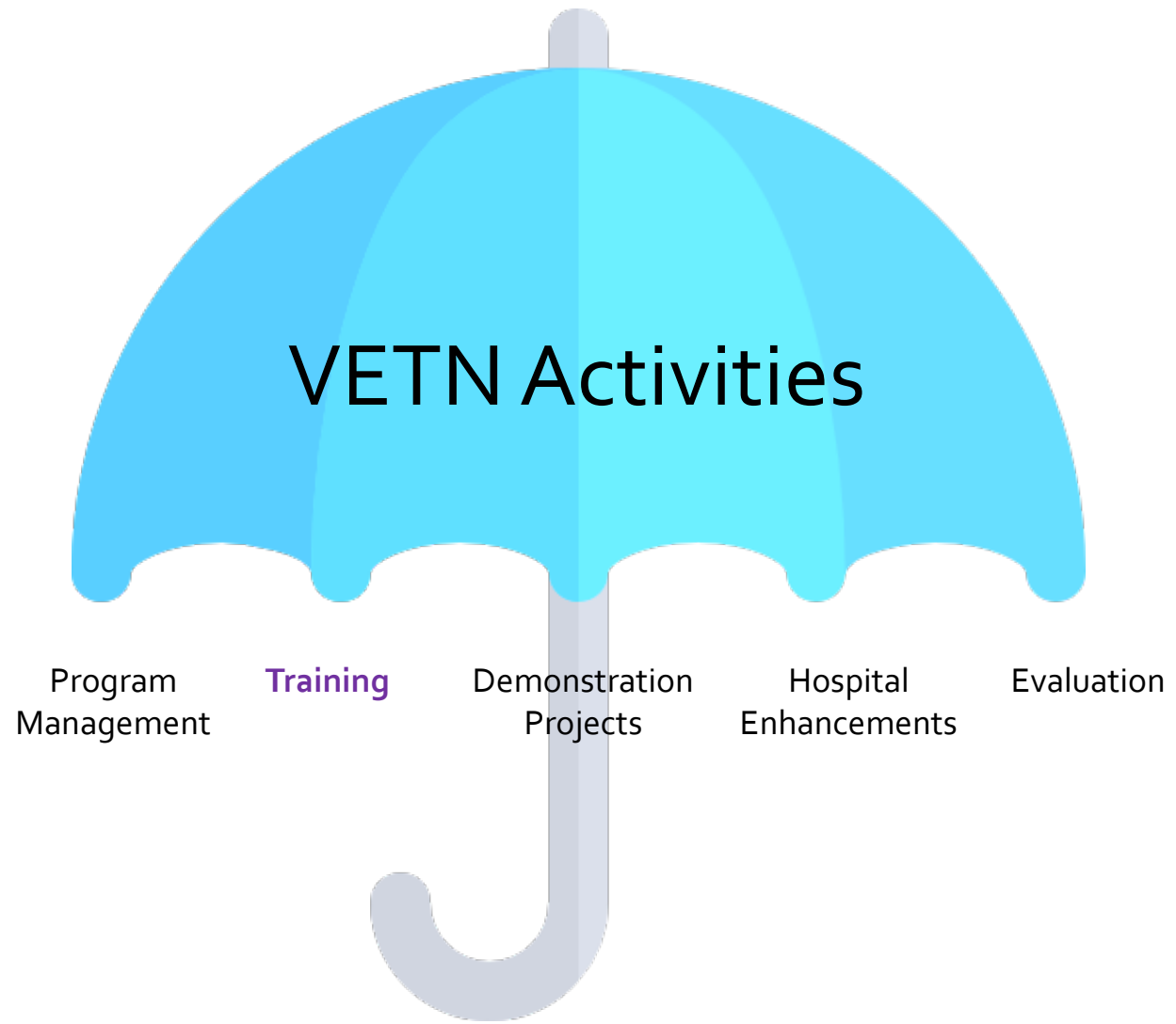
The telehealth services, which launched on Tuesday, allow Springfield Hospital providers to consult with DH specialists who assist in assessing patients and help guide treatment recommendations. The services help provide a higher level of care than the critical access hospital might otherwise be able to provide.

Good News!

Current Vermont ED Telepsychiatry Capacity



Project Updates



Training: Best Practice Inventory

- Goals
 - to learn more about EDs' workflows for emergency telepsychiatry services
 - to share best practices with other EDs throughout the state
- Topics Assessed
 - Telepsychiatry Workflows
 - Telepsychiatry Technology
 - Patient and Family Engagement
 - Health Equity
 - Coordinating with Community Partners
 - Quality Improvement

Training: Best Practice Inventory

Eligibility

- Brattleboro Memorial
- Central Vermont
- Gifford
- Grace Cottage
- Mt. Ascutney
- North Country
- Southwestern Vermont
- University of Vermont

Incentive

- \$10,000

Due Date

- June 21



Timeline

Timeline (Abridged)



APR

- Select CAH for demo project
- Vet vendors for CAH demo project
- Convene Evaluation Committee

JUN

- Provide in-person training
- Scan for training content
- Create web-based training
- Assess equipment needs

MAY

- ✓ • Contract with CAH for demo project
- Collect CAH baseline data
- ✓ • Identify evaluation questions
- ✓ • Request best practice
- Contract CAH vendor
- Credential CAH vendor



Questions for the Group





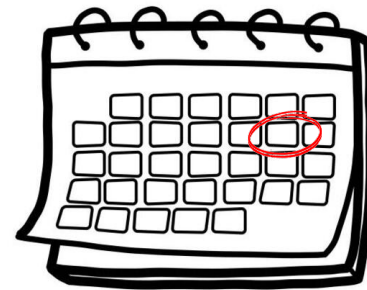
Advisory Board

- Future funding sources?
- Topics for future meetings?

Wrap-Up

Next Meeting

- Friday, July 15
- 12:00 p.m.



Acknowledgement

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