



Emergency Telepsychiatry Services - VETN Demonstration Project  
Request for Information  
Questions & Answers  
February 23, 2023

**Overview**

The Vermont Program for Quality in Health Care, Inc. (VPQHC) received a Congressionally Directed Spending grant from Senator Patrick Leahy (D-Vt.) through the Substance Abuse and Mental Health Services Administration (SAMHSA) to support coordination of a Vermont Emergency Telepsychiatry Network. The project will support Vermont Emergency Departments (EDs) in caring for people seeking emergency mental health services.

The purpose of this RFI is to identify vendors capable of supplying telepsychiatry services to Vermont EDs. The initial scope of this project is to provide services to one (1) critical access hospital for a period of up to 12 months, with the potential to scale to other EDs in the state following the pilot period.

**Q&A Session**

One question and answer session was conducted over Zoom on Wednesday, February 22. The recording may be accessed here: <https://www.vpqhc.org/vermont-emergency-telepsychya>.

**Questions and Answers**

Q: Could you please provide a number of initial encounters and follow-ups? I see that you listed 170-370 discharges, but would we be doing the initials for all of those patients?

A: It is highly unlikely that an initial encounter will be required for every mental health ED discharge. Based on Vermont data, currently, the best estimate of the anticipated patient need is one consult to five discharges. Therefore, the number of initial encounters is estimated to be 34-74 per year. There are many factors, and this ratio varies greatly by hospital. We are unable to estimate how many follow-up consults would be involved and encourage you to use an estimate based on your experience in rural settings.

Q: How is your team going to evaluate the RFI?

A: A panel of seven individuals will use a scoring rubric, and responses will be weighted based on the priority level for each question. We anticipate inviting the higher scoring vendors to participate in follow-up interviews.

Q: Will the recording be shared?

A: Yes, the meeting recording is posted to the VETN webpage: <https://www.vpqhc.org/vermont-emergency-telepsychia>.

Q: In Services, Section 2a, discuss the ability to scale the ability to scale the network up to 14 hospitals. Could you describe that?

A: This RFI is twofold: the most time sensitive part of it is looking for a vendor to help a small hospital right away; the longer-term idea is to have a vendor be available to support more hospitals. Since the initial idea of having one vendor serve all hospitals, we have learned that many vendors are supporting many hospitals in the state. The capacity is more robust than initially understood. The possibility of scaling up to 14 hospitals is helpful to know; however, it is unrealistic to think that this would be contracted in the near future. This RFI section address the breadth and depth of the clinical team and whether the staffing assigned to one hospital would be consistent over time.

Q: You referenced the needs assessment about the hospital that will be selected. One aspect was software and technical concerns. Can we establish that the said potential hospital has an EMR? Understanding their current software configuration and technical capabilities would be helpful at this time.

A: All ED's in Vermont have an EHR. Part of the readiness assessment will be to ask which one they have. The assessment will also ask about interactions with other sites and systems and about patient portals. While we do not have that information now, it would be available prior to the final vendor selection and contracting process. The selected vendor will be expected to coordinate with MCD Global to train onsite staff about the proposed solution and to train the telepsychiatry providers on the hospital's EHR.

Q: Would you prefer MD's for this work?

A: Yes, board eligible or board certified psychiatrists are preferred.

Q: Would you accept Psychiatric NP candidates as well? If so, do you require PMHNP board certification or is significant experience in psychiatric medicine acceptable?

A: A Psychiatric NP would need to have full practice authority to work independently without need for a collaborative agreement with a supervising provider. This requires 2 years or a minimum of 2400 hours of experience.

Q: If you accept NP's do you have an MD onsite that will participate in a collaboration agreement?

A: No, a Psychiatric NP would need to have full practice authority to work independently without need for a collaborative agreement with a supervising provider.

Q: Since this is a 100% Tele opportunity does the provider need to comply with the infection control policies and procedures?

A: The answer to this question depends on the hospital making the final vendor selection. Exemptions could be explored in the contracting process with our partner hospital.

Q: What patient population do you serve? Please specify ages.

A: We expect patients of all ages to use the service.

Q: What is the level of acuity among your population and what are your top 5 most treated diagnosis?

A: We expect a high level of acuity requiring inpatient level of care. Common diagnoses are likely to be Schizophrenia, bipolar disorder, depression, PTSD, and anxiety disorders.

Q: Please define the possible hours needed per week- 8, 16 , 24 etc...

A: The number of hours needed per week will depend on the selected hospital's patient volume and level of acuity (TBD). The number of initial encounters is estimated to be 34-74 per year.

Q: How quickly will we be notified of said need?

A: Ideally, the vendor could respond within two hours. The exact data transfer method for requesting the consult will depend on the platform used by the demonstration site (TBD).

Q: Will there be any after-hours work or call?

A: Ideally, the vendor could provide 24/7 coverage.

Q: What are the daily job responsibilities for the provider?

A: Once the initial start-up process is complete, we would expect the provider to deliver telepsychiatry consultation for people boarding in the ED awaiting treatment for serious mental illness. The responsibilities would be limited to providing consultation and recommendations for treatment that local providers then implement in collaboration with the consulting provider.

Q: Do you possess any telehealth equipment? (i.e- telehealth carts, fixed units in rooms)

A: The type and amount of equipment available will depend on the hospital selected for the demonstration project (TBD). The SAMHSA grant covers necessary equipment purchases.

Q: Do you utilize a specific platform for video conferencing?

A: This will be determined by the readiness assessment completed by the hospital selected for the demonstration project (TBD).

Q: Do you currently utilize an electronic medical record? If so, will this be accessible to the vendor?

A: All ED's in Vermont have an EHR. Part of the readiness assessment will be to ask which one they have. The assessment will also ask about interactions with other sites and systems and about patient portals. While we do not have that information now, it would be available prior to the final vendor selection and contracting process. The selected vendor will be expected to coordinate with MCD Global to train onsite staff about the proposed solution and to train the telepsychiatry providers on the hospital's EHR.

Q: Does the EMR allow for e-prescribing?

A: E-prescribing is likely not relevant to the design of the project. Telehealth providers will not be actively following or managing patients outside of the ED setting. It is our intent that the most interaction a consulting psychiatrist may have with patient medication is the medication management consult.

Q: What other clinical staff will be available to assist the tele provider?

A: The level of staffing (e.g., technical support with telehealth equipment, IT support for videoconferencing software or interactions with EHR, and nursing patient management) will be determined by the readiness assessment completed by the hospital selected for the demonstration project (TBD).

Q: On average, how many patients will be seen per day?

A: The number of patients seen per day will depend on the selected hospital's patient volume and level of acuity (TBD). The number of initial encounters is estimated to be 34-74 per year.

Q: Who would be reviewing and interviewing candidates?

A: The VETN project team will be reviewing proposals and interviewing candidates with help from VETN Advisory Board members. The final vendor selection and contracting process will be performed by the hospital selected for the demonstration project (TBD).

**Important Dates**

February 22, 2023	RFI Questions Due at 1:00 p.m. EST
February 24, 2023	RFI Responses Due at 10:00 p.m. EST
March 13 and March 17, 2023	Vendor Interviews (TBD)

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