

# Vermont Emergency Telepsychiatry: A Work in Progress

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**NETRC**  **2023**  
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**VPQHC**  
Vermont Program for Quality in Health Care, Inc.

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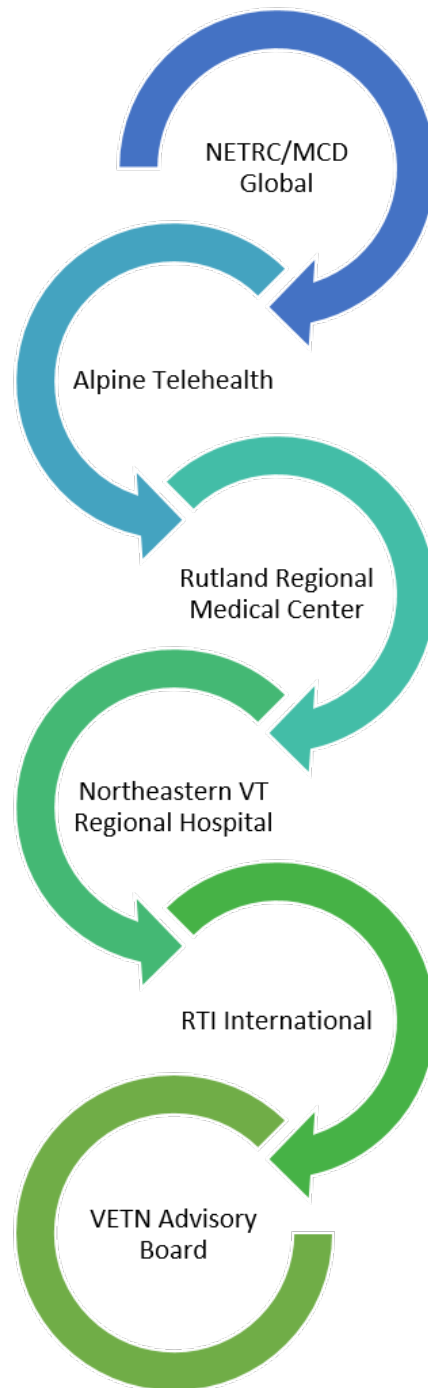
## Learning Objectives

- 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.

## Acknowledgement

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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.

# VT ED Suicide Prevention QI Initiative

## VERMONT SUICIDE PREVENTION IN EMERGENCY DEPARTMENTS QUALITY IMPROVEMENT INITIATIVE

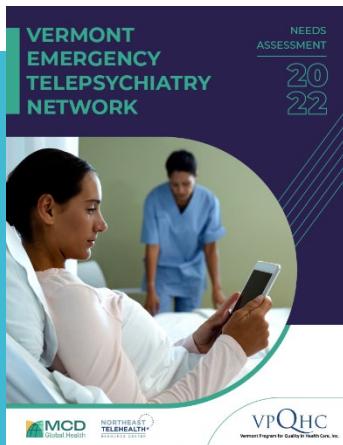
VERMONT HAS THE HIGHEST  
RATE OF SUICIDE DEATH IN  
NEW ENGLAND, AND SUICIDE  
IS THE SECOND LEADING CAUSE  
OF DEATH FOR VERMONTERS  
UNDER THE AGE OF 44<sup>1</sup>

VERMONT SUICIDE  
PREVENTION CENTER



- Emergency telepsychiatry was identified as a useful tool for the scenario where a patient has been triaged to be in the high-risk suicide group and a patient support specialist has been taken from other ED tasks to provide 1-to-1 observation.

Vermont Program for Quality in Health Care, Inc. (2023, June 2). *Vermont Emergency Department Suicide Prevention Quality Improvement Initiative*. Vermont Program for Quality in Health Care. <https://www.vpqhc.org/edsp>



## 2022 Needs Assessment

- Literature shows that emergency telepsychiatry is associated with reduced lengths of stay in the ED, lower hospital admission rates, and lessened overcrowding.
- Hospitals identified these needs:
  - Funding
  - Equipment
  - Software
  - Staffing
  - Technical assistance
- Reasons for an emergency telepsychiatry network include:
  - Timeliness of care
  - Workforce capacity
  - Training
  - Geographic access
  - Financial access
  - Prevention
- “Success” might be defined as improved quality of care and higher patient and provider satisfaction.

# AAP Policy Statement (excerpt)

## Emergency Department

- “Explore development of expanding telehealth consultations (telepsychiatry), particularly in resource-limited areas... including provision for documentation, compensation for such services, and considering best practices for pricing.... Access to broadband internet for telehealth services must also be considered. In addition, strategies to improve mental health specialist continuity of care for the same patient during the same encounter should be developed.”



# VETN Overview

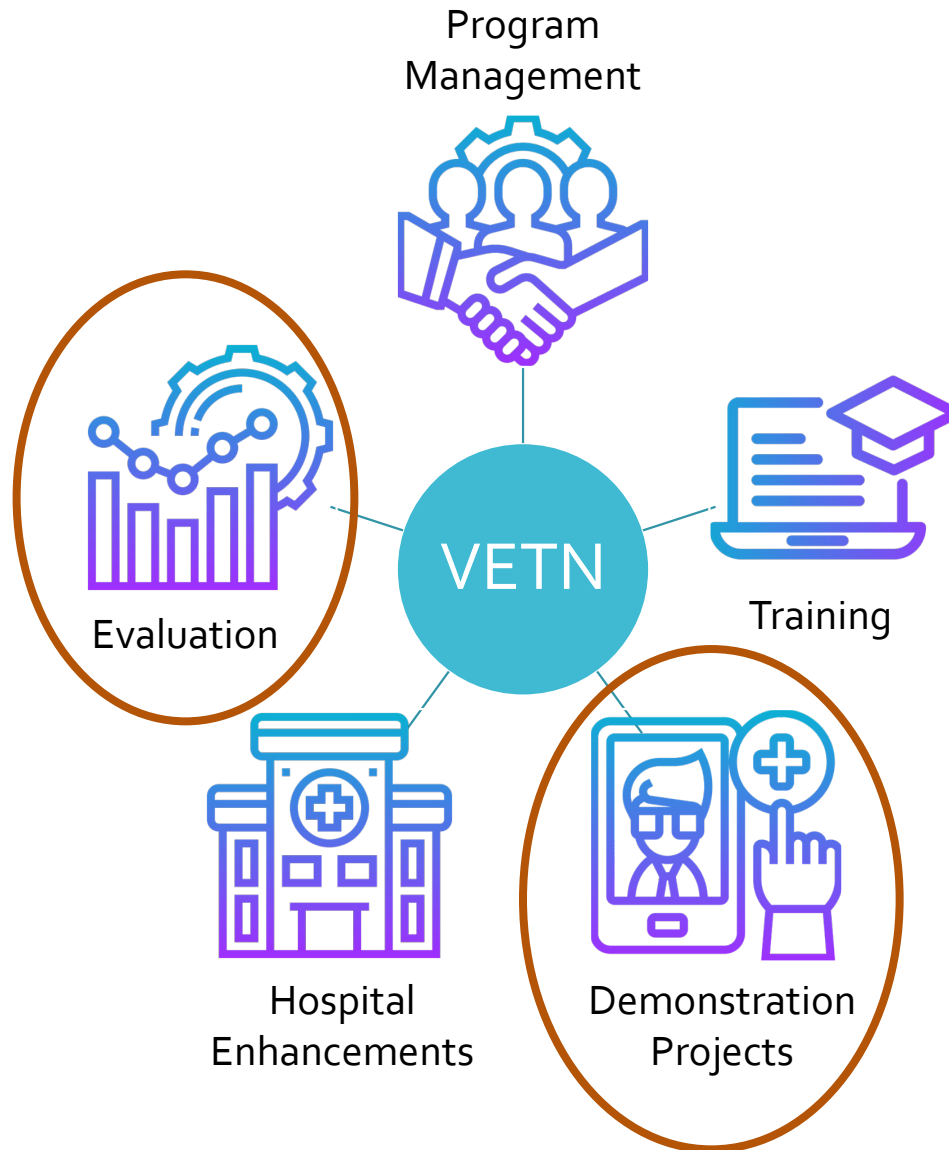
## Purpose



Vermont Emergency  
Telepsychiatry  
Network

**VETN**

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





# Program Management



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

# Training



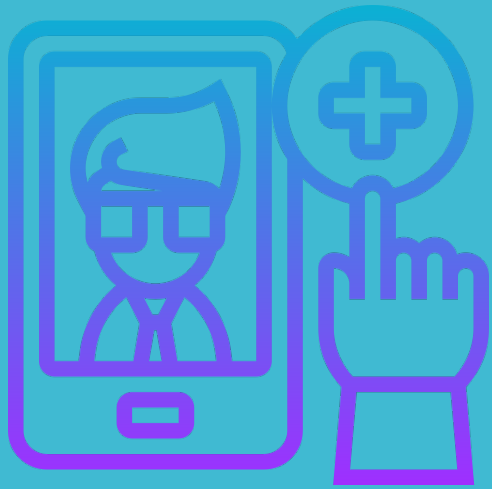
- Web-based (statewide):
  - evidence for telehealth
  - best practices
  - billing & reimbursement
  - interpretation services
  - serving people with disabilities
- Demonstration projects:
  - establishing new systems to embed in workflow

# Hospital Enhancements



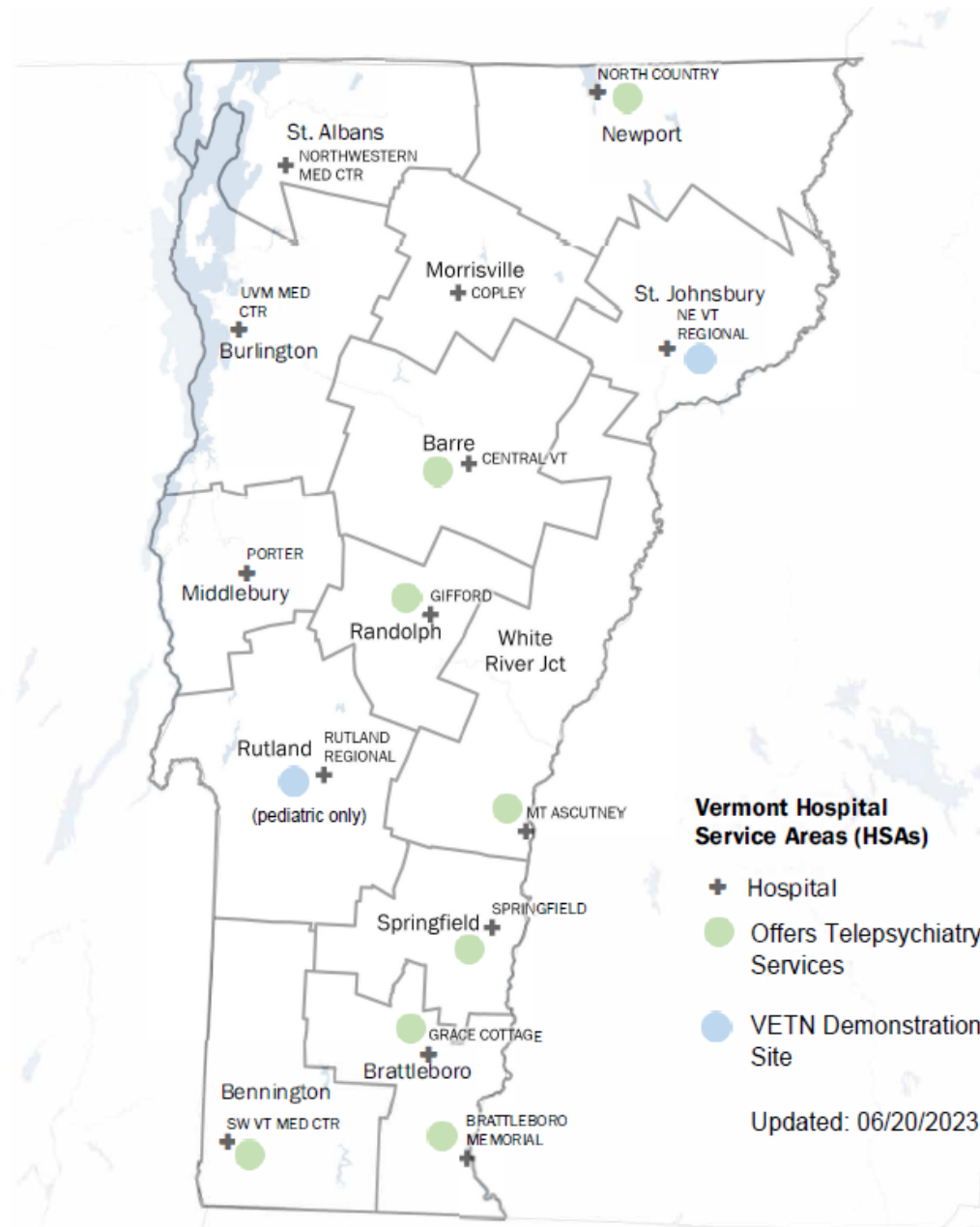
## Congressionally Directed Spending

- Telehealth equipment
- Language services
- Adaptive equipment



# Demonstration Projects

# Current Vermont ED Telepsychiatry Capacity



## Demonstration Projects

- Mid-Sized Hospital (RRMC):
  - Establish a system for child telepsychiatry from a regional specialty mental health treatment center.
- Critical Access Hospital (NVRH):
  - Establish a system for after-hours telepsychiatry services in the ED using a national vendor.

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



RECOMMENDED



VIDEO: Family dog dies after saving 15-year-old girl from house fire



Video: Ohio DUI suspect does backflip to try to prove sobriety



After nearly four years, dog found in Peru, New York to be returned to family in Florida



International Sailing Center forced to leave Malletts Bay after 35 years



A green comet will appear in the night sky for the first time in 50,000 years

## Rutland Regional Medical Center and Brattleboro Retreat partner on child mental health initiative

Two area healthcare providers are partnering to offer better mental health services to patients.

Share



Updated: 9:32 AM EST Dec 27, 2022

Infinite Scroll Enabled



**John Hawks** 

Reporter



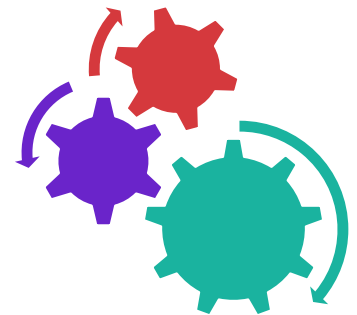
The full story may be found on [NBC5's website](#).

# Northeastern Vermont Regional Hospital CAH After-Hours Project





- 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**.





# 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

RRMC

Preliminary  
Data

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

Measure	All Patients* (n=123)	Patients* Receiving Telepsychiatry Assessments or Consults (n=6)
Recommended for discharge home	85	1
Recommended for admission to inpatient psychiatric unit	34	5
Same-day discharge	58	0
Mean length of stay (hours)	28	106
Overtaken involuntary commitments	0	0

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

RRMC

## Preliminary Data

- Patients sometimes accepted and transferred to Brattleboro before a consult is available.
- Length of stay longer for patients receiving telepsychiatry than other patients because typically higher acuity and Brattleboro providers only available twice a week.



# 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.

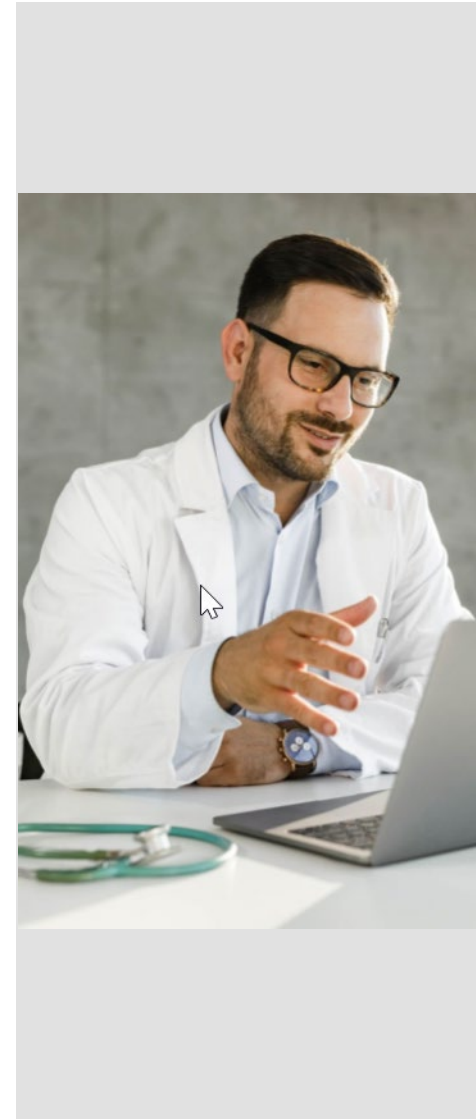
NVRH

## 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.

## 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)



# Cost Evaluation

## Evaluation Questions

1. *What is the cost of the VETN project from the healthcare system and hospital perspectives?*
2. *What cost-savings are created by the VETN project due to reduced emergency department (ED) stays or reduced transfers from the healthcare system and hospital perspective?*

## Methods

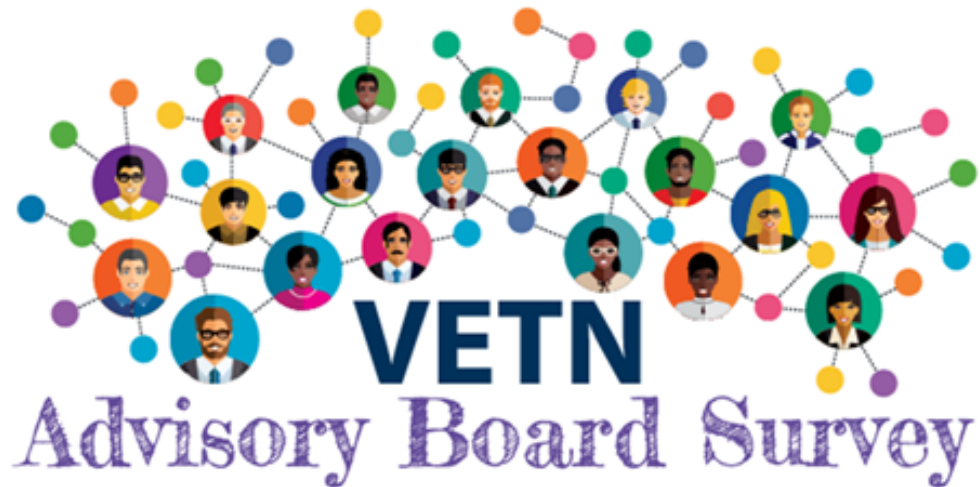
- Secondary data collection of demonstration project hospital data on costs and revenue associated with emergency telepsychiatry services
- Interviews with hospital/VPQHC management staff to collect additional data on costs, revenue and resource use

# VETN Cost Evaluation

## Preliminary Results

- Due to the longer ED length of stay, telepsychiatry patients have higher average costs.
- Next steps:
  - further literature review
  - obtaining data from the VETN demonstration hospitals on ED boarding costs and reimbursement rates

# VETN Advisory Board Survey



Hello Nikie,

As part of the VETN Evaluation, RTI has developed a short survey to assess different aspects of the VETN Advisory Board including: membership composition; member satisfaction; and the perceived benefits and drawbacks to participating in the VETN Advisory Board. We will use survey findings to identify what is working well and what may be adapted to increase member satisfaction.

The survey should take 5-10 minutes to complete. Your responses will be kept confidential.

We ask that you please complete the following survey at your earliest convenience: [VETN Advisory Board Survey](#)

Please do not hesitate reaching out to us if you have any questions or concerns.

**Thank you in advance for your participation!**

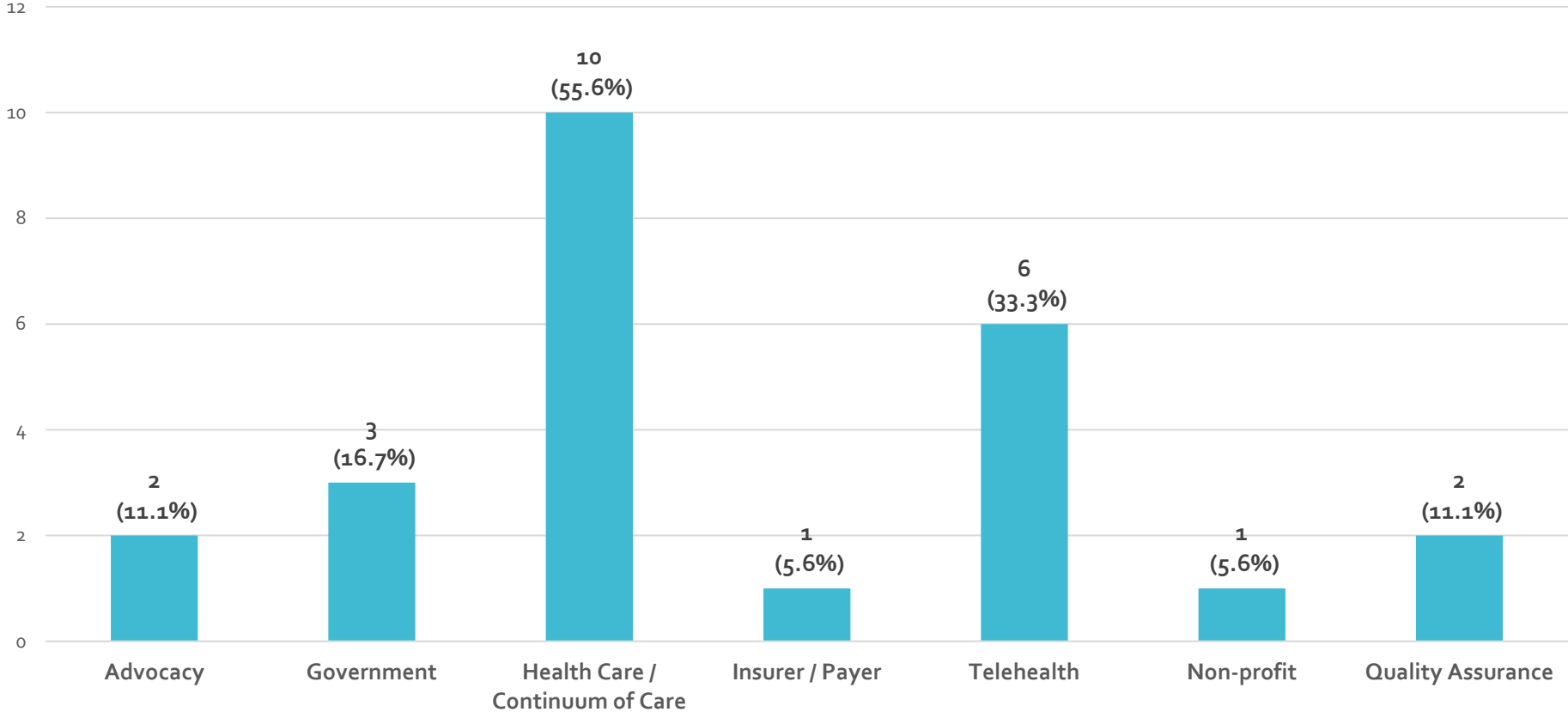
# Survey Completion Results

- ✓ Average length of time to complete: 4 ½ minutes
- ✓ 17 completes, 1 partial
- ✓ 61% response rate

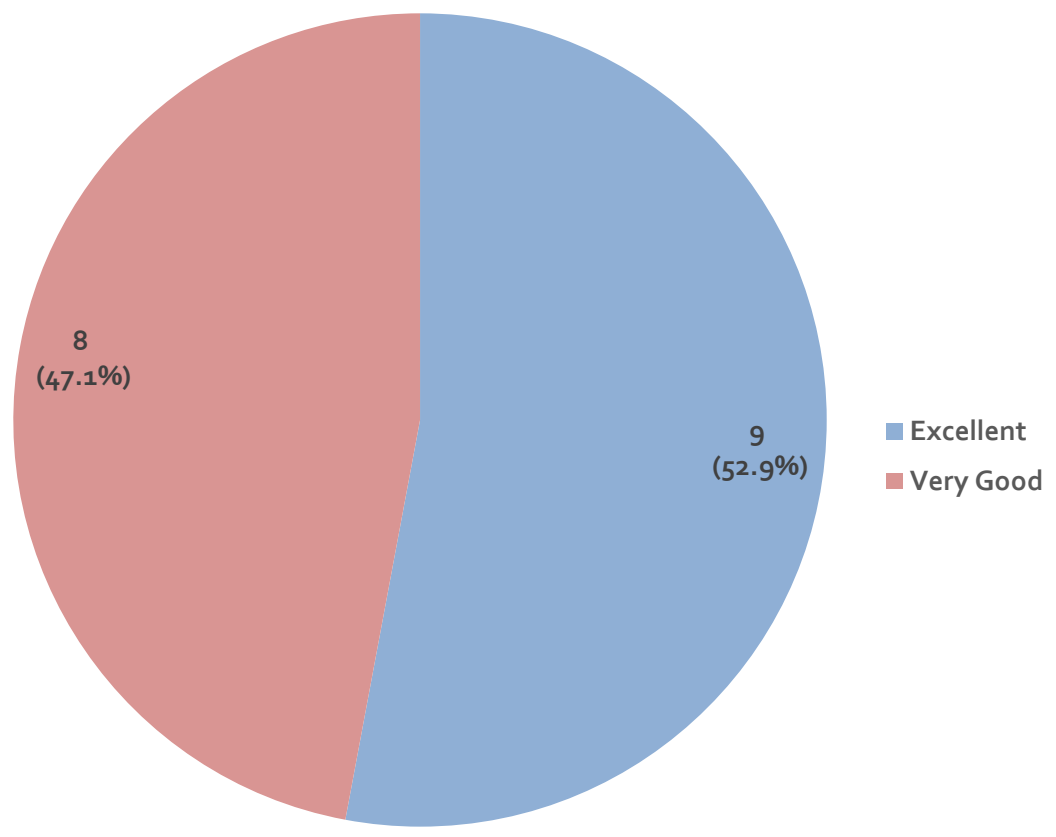




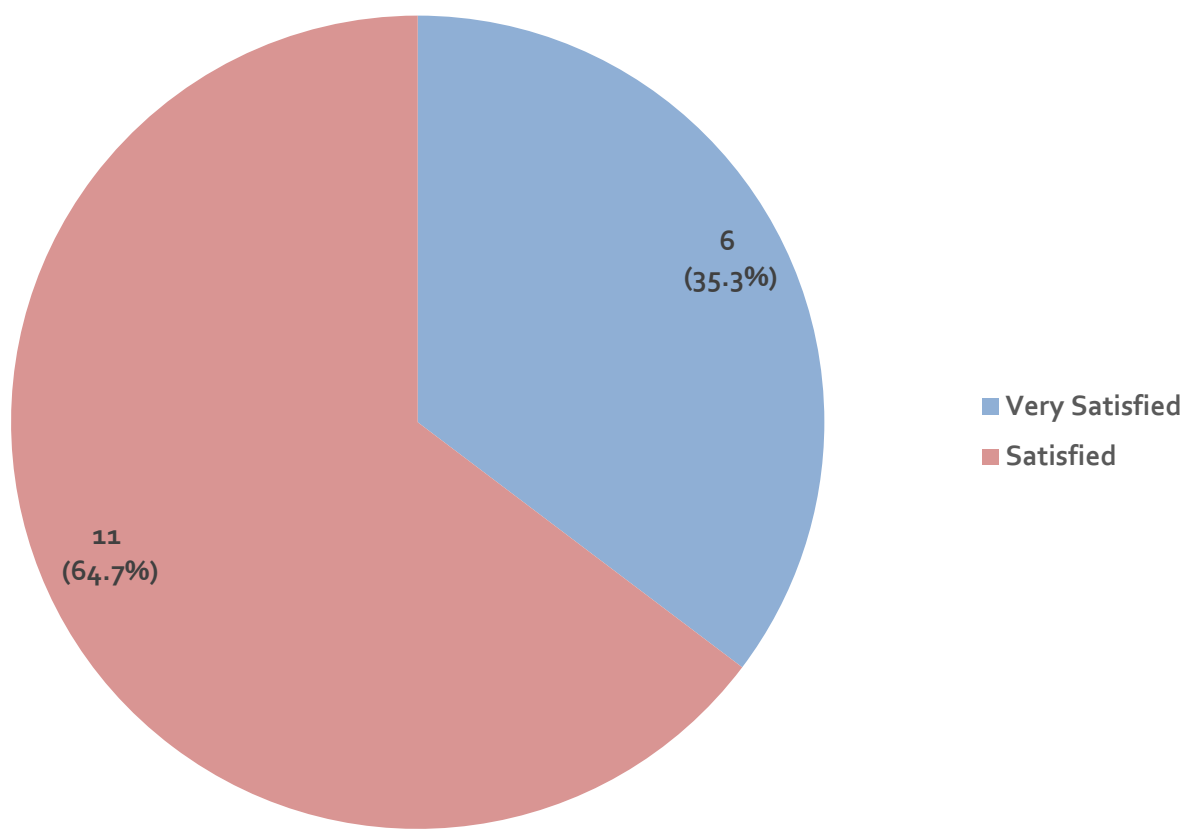
# Q1: Provide the Type of Organization with which you are Affiliated



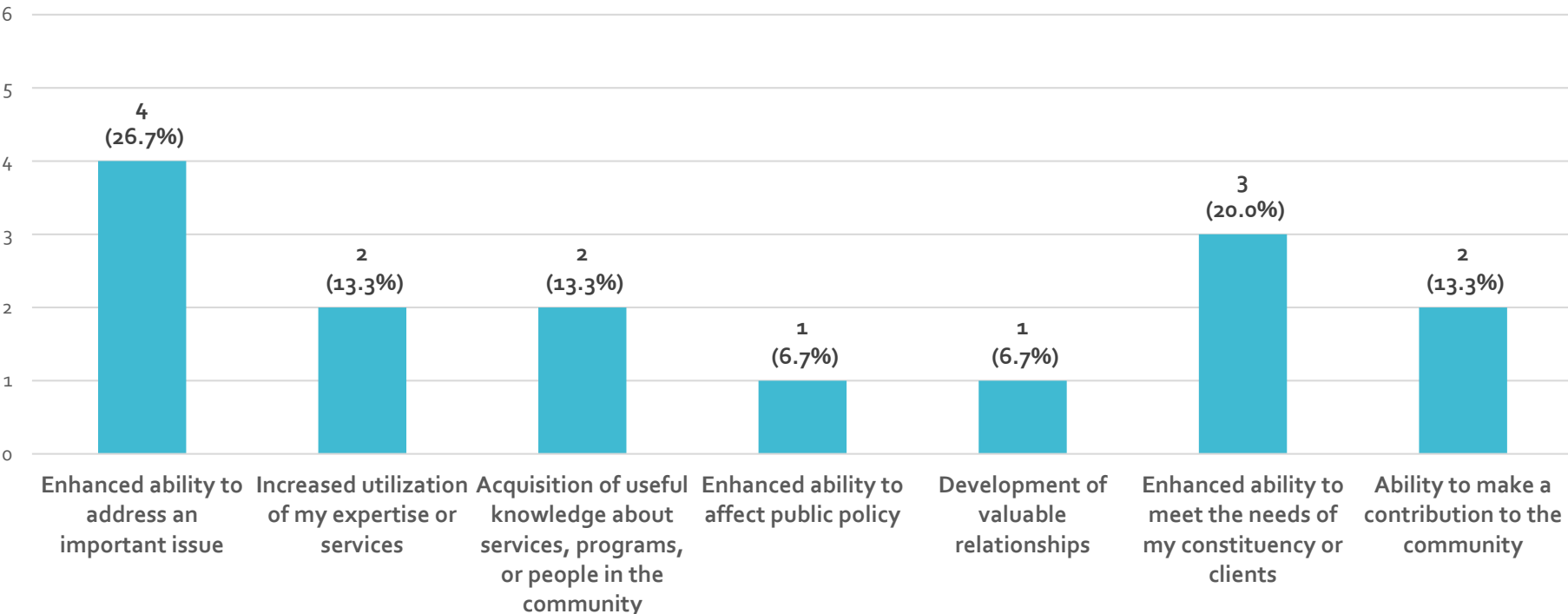
# Q9: Effectiveness of Advisory Board in Fostering Respect



# Q10: Satisfaction with how People / Organizations Work Together

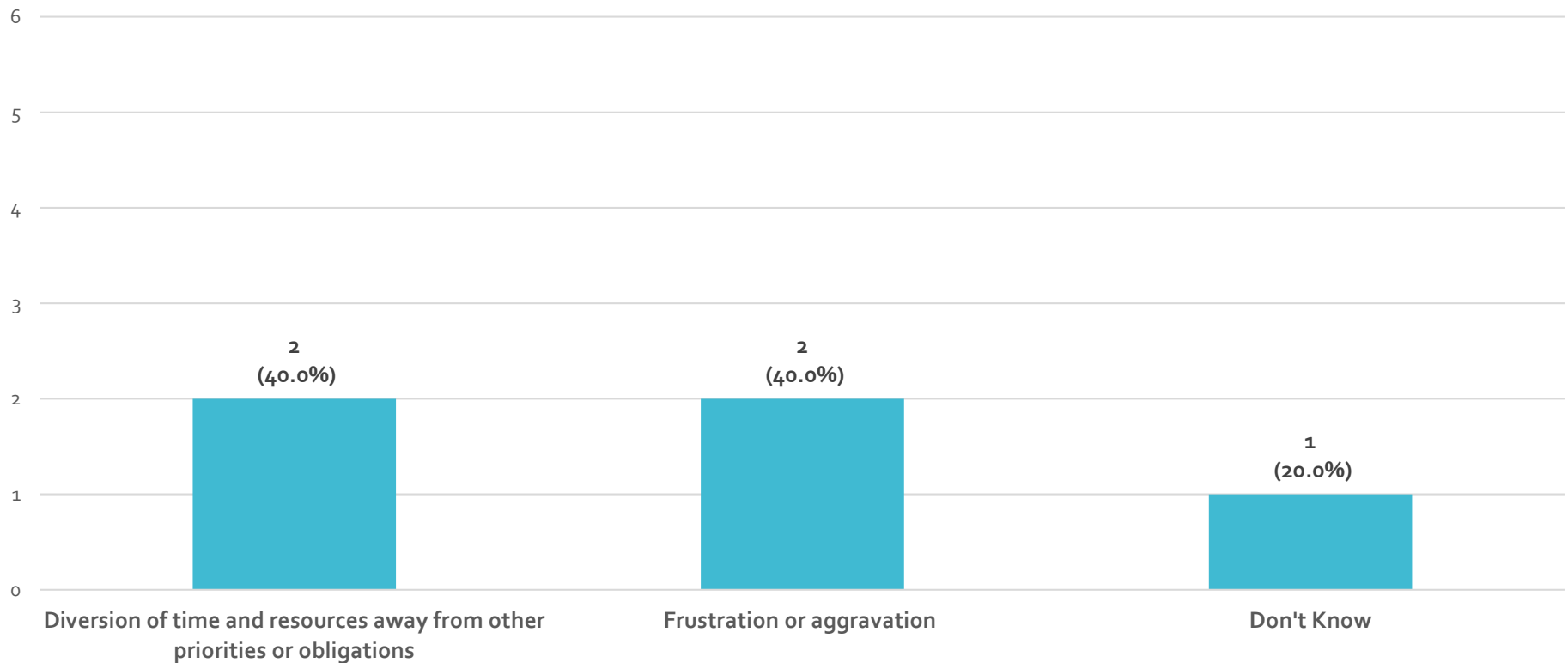


# Q14: Greatest Benefit Received as a Result of Participation



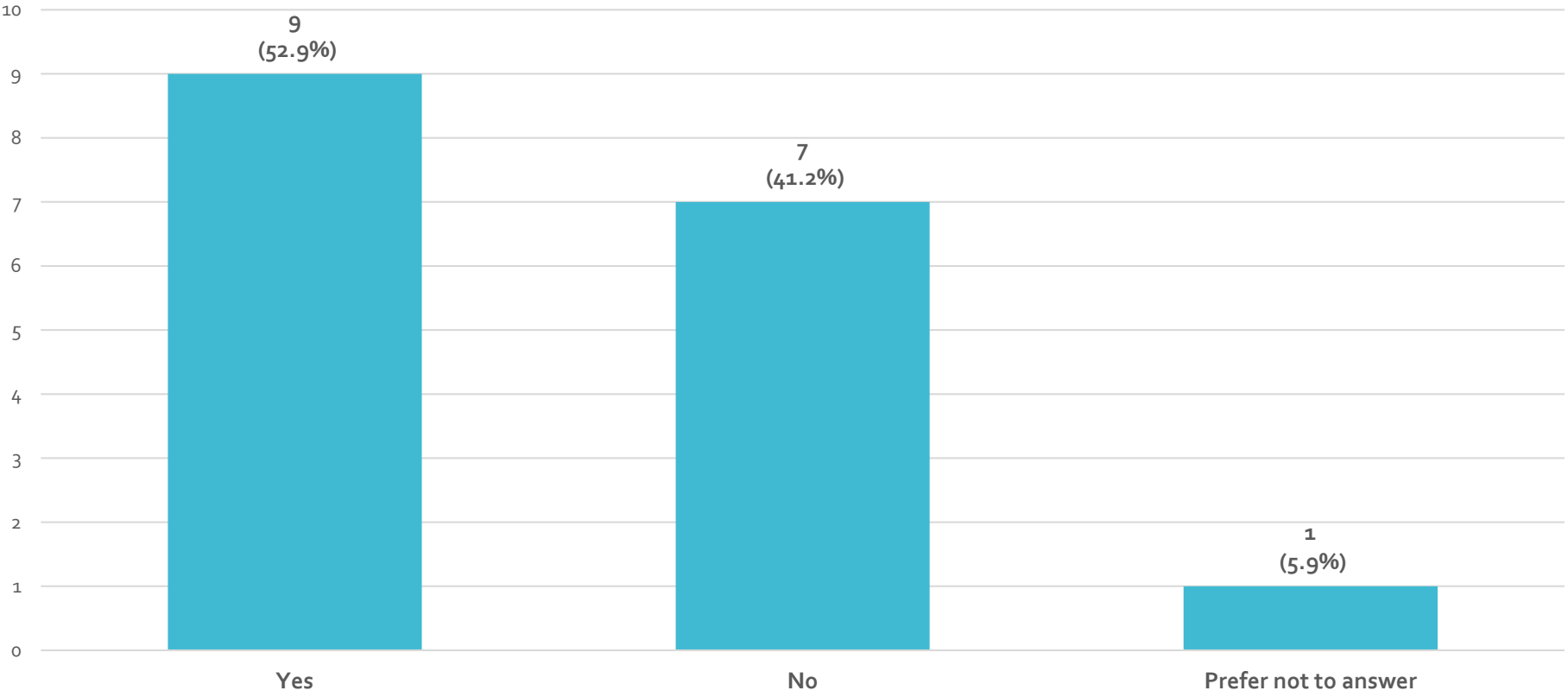
\*Excludes options with no response

# Q16: Biggest drawback received as a result of participation



\*Excludes options with no response

Q19: Do you have lived experience seeking support for mental health needs / services?





# 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



## Recommendations

### Advisory Board

- Meeting logistics
  - Consider different day or cadence
  - Handle technical issues (e.g., spotlighting interpreter)
  - Designate time for related mental health efforts/topics
  - Discuss whether/how to incorporate group feedback into model
- Advisory Board structure
  - Provide clarity in scope, roles, scalability and function
  - Share info about subcommittees so members can become more familiar with each other and share expertise
  - Communication/Engagement
- None!
  - *"I think it is proceeding ideally."*
  - *"Advisory Board meetings are well facilitated and useful information is presented."*

# Contact



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