

TELEPSYCHIATRY CONSULTATION PROGRAM FOR A COMMUNITY HOSPITAL IN WASHINGTON



UW Medicine
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CAPITAL
MEDICAL CENTER

- CMC in Olympia is a 110-bed full-service hospital providing 24-hour emergency care in a Level IV Trauma Designated Facility.
- Despite being located in the state capital, this hospital did not have any access to psychiatric services for their patients in the ER and on medical inpatient floors.

Background



- Rationale
- Evidence Base
- Model of Care
- Startup Considerations

Outline



Your guide to the latest news from around the Northwest

HOME

THE BLOTTER

TRAFFIC & TRANSIT

August 7, 2014 at 9:25 AM

State Supreme Court rules psychiatric boarding unlawful

Posted by [Lynn Thompson](#)

The Washington State Supreme Court ruled Thursday that boarding psychiatric patients temporarily in hospital emergency rooms and acute care centers because there isn't space at certified psychiatric treatment facilities is unlawful.

The court ruled unanimously that patients held temporarily in settings that don't provide individualized psychiatric treatment violates the state's Involuntary Treatment Act.


"It's always been inhumane not to provide treatment, now it's clearly illegal," said Ross Hunter, D-Medina, Chair of the State House Appropriations Committee. Hunter said the state will have to respond sooner than the Legislature can act, which might not be until a new budget can be approved next spring.

He said the state must add short-term capacity by opening new beds at Western and Eastern State Hospitals, but should also try to add less-expensive beds at community treatment facilities which also allows patients to remain closer to home with more continuity of care. Hunter said beds at state psychiatric hospitals can cost \$600 a day while the care in a community clinic may cost half as much and be eligible for Medicaid reimbursement.

He said the state's mental health treatment system faced devastating cuts during the recession and is now seeing the consequences in the big increase in psychiatric patients boarded in hospital emergency rooms or acute care centers rather than certified psychiatric treatment facilities.

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 Recommend 731

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Rationale



- Improve access to appropriate BH management
- Untreated MH leads to worse clinical outcomes, extended LOS, increased re-admission
- Minimize boarding and wait time in Emergency Department



Rationale

Review of Key Telepsychiatry Outcomes

- Patients and providers generally satisfied
 - Providers higher concern than patients
- Telepsychiatry \geq Face-to-Face consultation
- \downarrow cancellations (3.5% vs 4.8%), \downarrow no shows (4.2% vs 7.8%)
- Generally \downarrow cost

Evidence Base



Review of key telepsychiatry outcomes. Hubley S, Lynch SB, Schneck C, Thomas M, Shore J. World J Psychiatry. 2016 Jun 22;6(2):269-82.



Impact of Telepsychiatry Program At Emergency Departments

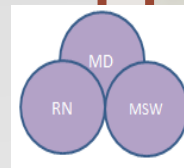
- ↑ 30 & 90-day follow-up (46 vs 20%, 54 vs 20%)
- ↓ admitted (11% vs 20%)
- ↓ 0.86 day inpatient stay, ↓ 30-day inpatient costs (-\$2,336)

Evidence Base



Narasimhan et al. Impact of a Telepsychiatry Program at Emergency Departments Statewide on the Quality, Utilization, and Costs of Mental Health Services. *Psychiatr Serv.* 2015 Nov;66(11):1167-72.



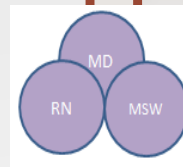
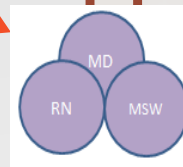


ER

CMC



Med/Surg
Floor



Suicidal
Patient

Detained
Patient

Delirious
Patient

Model of Care

Policies & Procedures:

- Patient Rights / Consent procedure
- Suicide Protocol
- AWOL/Elopement Risk
- Seclusion & Restraint
- Involuntary detention, hospitalization

Protocol Development

- Determine/describe workflow(s)
- Initiating and managing encounters
- Scheduling

Start Up – Administrative Checklist



- UW Attending Psychiatrists
- Obtain all supervision through UW
- Credentialed and Privileged at CMC

Start Up – Staffing & Credentialing



- Use Zoom platform for video-conferencing
- Confidentiality Concerns – HIPAA/HITECH all met
- Chart locally in CMC EHR

Start Up – Technology



- Contract for base rate with a “ceiling” number of consultations
 - additional consultation time available at additional cost.
- CMC able to bill for professional fees
- 7 day a week, 8am - 5pm availability

Start Up – Finances





Service agreement was completed in June , 2015

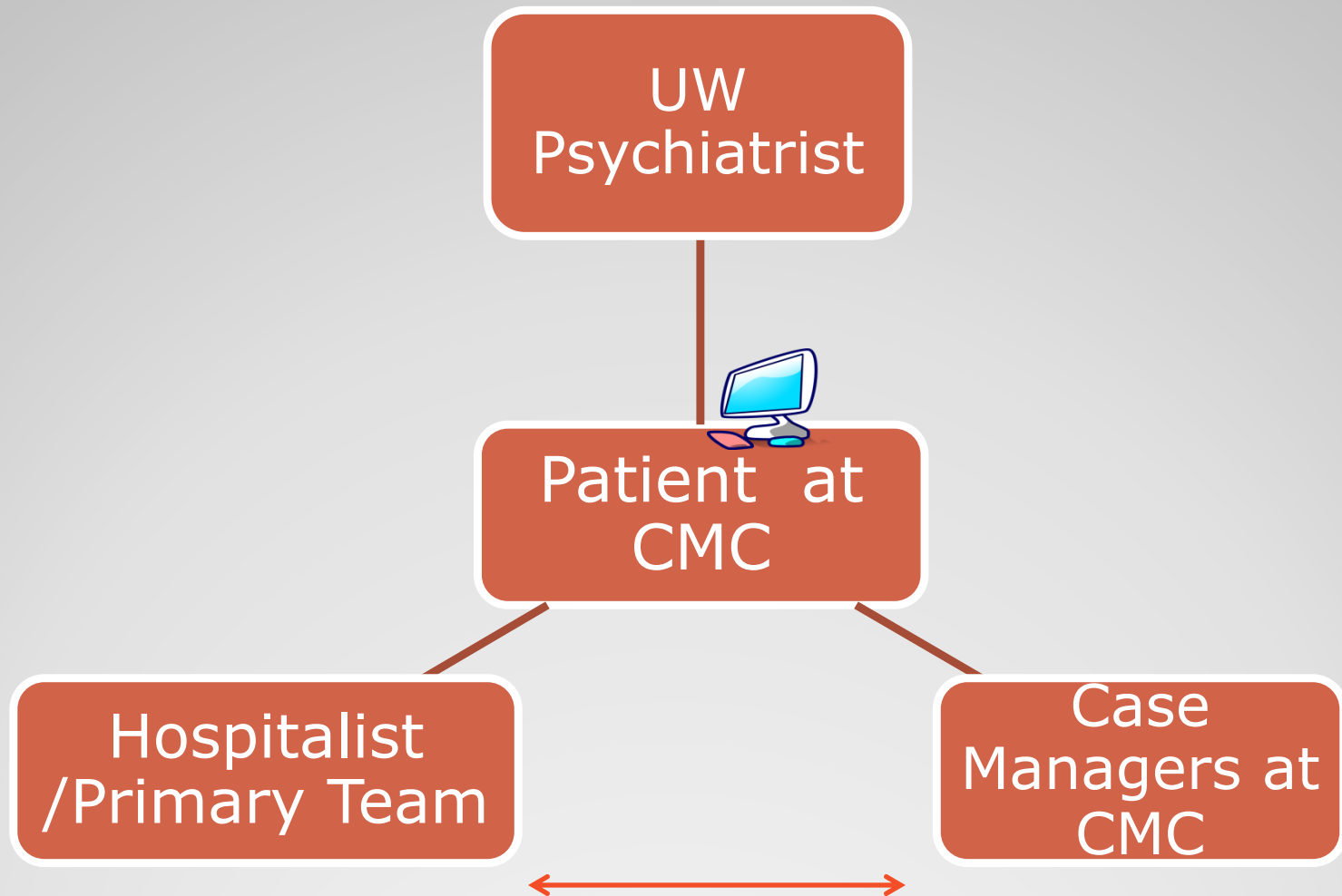
Psychiatric consultations to CMC started in November 2015

Contract for a base rate with a “ceiling” number of consult

Each visit with patient (initial of follow up) is counted as one consult

Curbside or brief visit is counted as 0.5





Who is involved

- Case managers at CMC email/page/call UW Psychiatrist day before to schedule tele-psychiatry consultation for the following morning via Zoom
- On weekdays Psychiatrist has designated time for tele-psychiatry consult and rest of the day available by phone
- On weekends time is more flexible
- Case manager are present in patient room (or near the room)during the consultation to assist with technical issues
- After patient is seen treatment recommendations are discussed with case manager and medication changes are discussed with hospitalist who prescribes
- Consultation note is written in CMC EMR

How does it work?

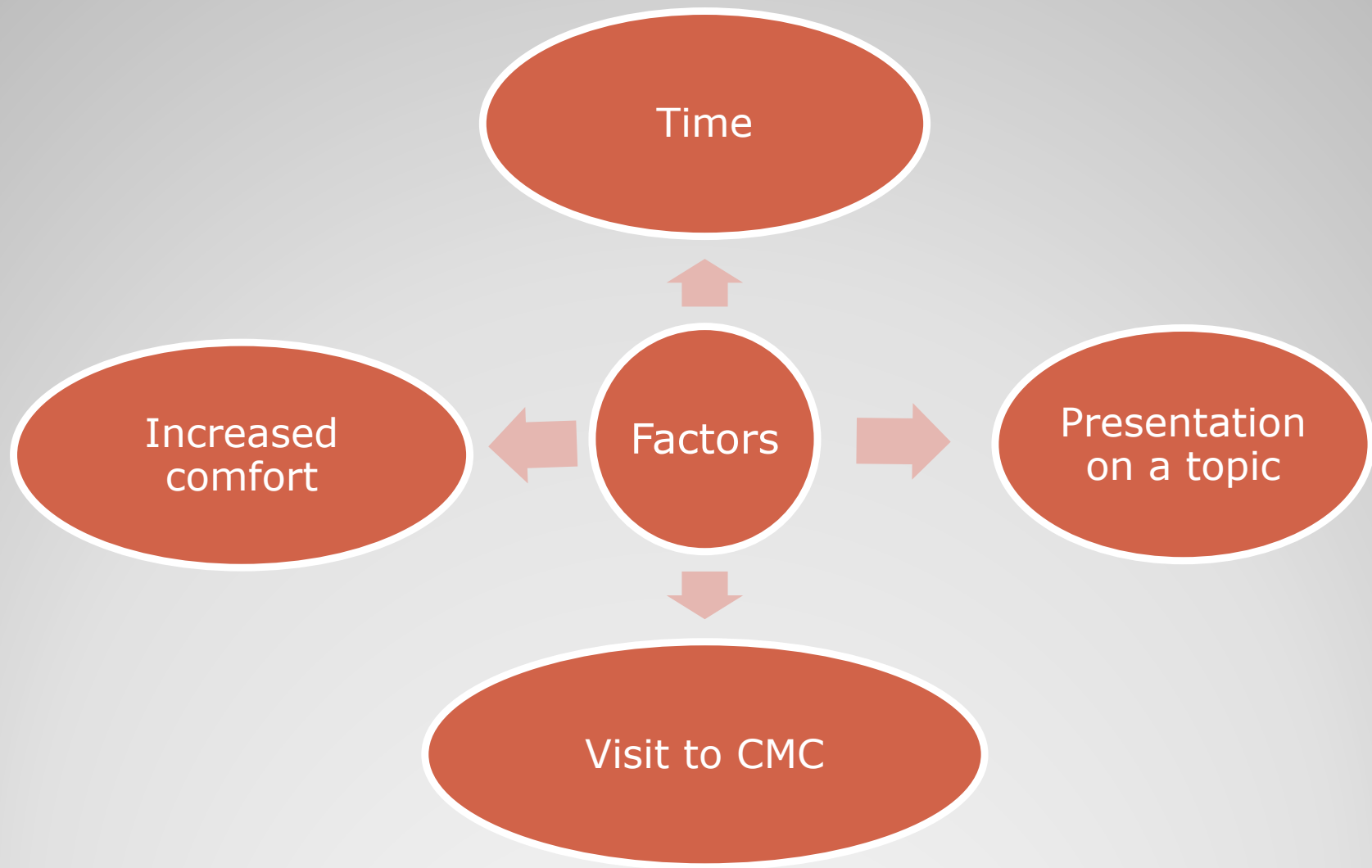


Year 1	Number of consult
Quarter 1	None
Quarter 2	3
Quarter 3	6
Quarter 4	11.5

Year 2	Number of consults
Quarter 1	27
Quarter 2	20
Quarter 3	45

Number of consultations





Common reasons for consultation

Altered Mental Status/Delirium

Bipolar Disorder

Capacity evaluation

Dementia

Depression

Psychosis

Personality Disorder

Substance Use

Suicidal Attempt

Suicidal Ideation

Curbside consults (Delusional Parasitosis, medication adjustment etc)



History

- 33 year old Caucasian Male
- Patient was initially admitted for medical management for Bacterial Endocarditis and long term IV antibiotics due to recent IV drug use.
- Co-existing mental health diagnosis of Schizophrenia, Bipolar, and substance abuse

Case Study # 1



Reason for Tele-psychiatry consultation:
Agitation and treatment recommendations
Hospital Course:

- Patient became severely agitated within 48 hours of admission
- Patient was converted to an Involuntary Psychiatric hold on Single Bed Certification
- Patient received Daily Telepsychiatry visits for the duration of his stay

Case Study # 1 cont.



- Patient was delirious on interview
- All deliriogenic medications were stopped
- Agitation initially managed with antipsychotics but with prolonged QTc antipsychotics were stopped and he was started on depakote
- With multiple med adjustment and changes in his medications his agitation improved
- Once delirium cleared, symptoms were more consistent with mood disorder and patient was continued on depakote/Valproic acid

Tele-psychiatry consultation



Outcome

1. Patient stabilized psychiatrically,
2. Involuntary Psychiatric hold lifted
3. Patient left AMA prior to completion of IV antibiotics; however, patient clinically we felt that patient had capacity to make that decision
4. Overall length of stay was 21 days

Case Study # 1 Cont.



History

- 61 year old Caucasian female, brought in by ambulance for headaches secondary to postural hypertension and ground level fall.
- Medical Hx of Chronic Kidney Disease (from Lithium use) , orthostatic hypotension and recent hospitalization for pneumonia
- Psychiatric History: Bipolar disorder with psychotic features
- Recent Inpatient psychiatric admission at another hospital for unstable bipolar disorder
- Labs results indicated acute on chronic renal failure, UTI, electrolytes abnormality

Case Study # 2



Hospital Course

- Patient initially treated medically with IV fluids, antibiotics, and medication management
- Patients mental status began to decline and exhibited increased confusion and bizarre delusions
- Reason for Tele-psychiatry consult: Bizarre behaviors and untreated bipolar disorder

Case Study # 2



- On interview patient noted to be delirious
- Patient was started on antipsychotics to manage behaviors in context of delirium
- Detailed past psychiatric history was gathered from daughter in hospital who provided history of bipolar symptoms and past medications trials.
- Once delirium cleared her bipolar medications were adjusted and inpatient psychiatric admission was recommended for stabilization
- We continued see the patient once in few days to adjust the medications while waiting for inpatient psychiatric bed

Tele-Psychiatry Consult



Outcome

1. Patient's delirium resolved, cognitive function and mood improved but continued to have depression with psychotic features.
2. Patient needed either inpatient psychiatric admission or 24/7 care. No inpatient beds were available due to patients "complex medical history and chronic mental illness".
3. After med adjustments patient's mental status stabilized to the point that she could discharge to an adult family home specializing in mental health with close outpatient psychiatric follow up.

Case Study # 2



Pros & Cons of Tele-psychiatry

Pros

- # 1 is that you get a psychiatrist to assist in patient care and documents their recommendations in the electronic medical record. This results in better patient care and reduced length of stay.
- Increased access to emergent/urgent psychiatric services for vulnerable populations.
- Ability to utilize single bed certifications
- Increased re-imbursement for Involuntary Detentions

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Pros & Cons of Telepsychiatry

Cons

- Relies on technology. You lose the ability to use zoom platform if you're having computer, camera, or internet issues; however, in these circumstances the psychiatrist has been able to complete the encounter via phone.
- There can be some resistance from patients to utilize the telepsych platform. For example a Paranoid patient once refused because the government would be watching/listening to the encounter.

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Additional Barriers

Pediatrics

- At Capital Medical Center our hospitalist do not accept pediatric patients. As a result, any suicidal, homicidal, or gravely disabled pediatric patient has to be housed in the Emergency Room until there is an accepting facility. Longest Pediatric stay in the Emergency room was 7 days.

Scheduling

- Communication between the Psychiatrist and facility staff member is key. Initially there were some struggles with scheduling and maximizing both facility staff members and Psychiatrist time slots.

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