




Regional Health Partnership 16

Telepsychiatry in the Emergency Room

Regional Telepsychiatry Project

- RHP 16 had mutual desire to include all providers in regional projects
- Private, urban hospitals in RHP 16 were interested in partnerships that would benefit urban and rural providers
- Mental health providers and access to care for mental health is lacking in RHP 16
- Providence Healthcare Network recognized the need for mental health and presented a project that would benefit all providers in RHP 16
- IGT is supported by 3 public entities (all rural hospitals) in RHP 16.
- Each rural provider has their own Telepsychiatry project in addition to Providence Healthcare Network
- Each project is unique to the area being served and Category 3 outcome selections are not always identical



Providence Healthcare Network

Providence Healthcare Network

- Nonprofit private hospital located in Waco, TX (Population around 130,000)
- Founded in 1905
- We are a member of a larger health ministry known as Ascension Health which is the largest Catholic and largest nonprofit health system
- Located in McLennan county in RHP 16
- Population of McLennan County: 245,000 (as of 2014)

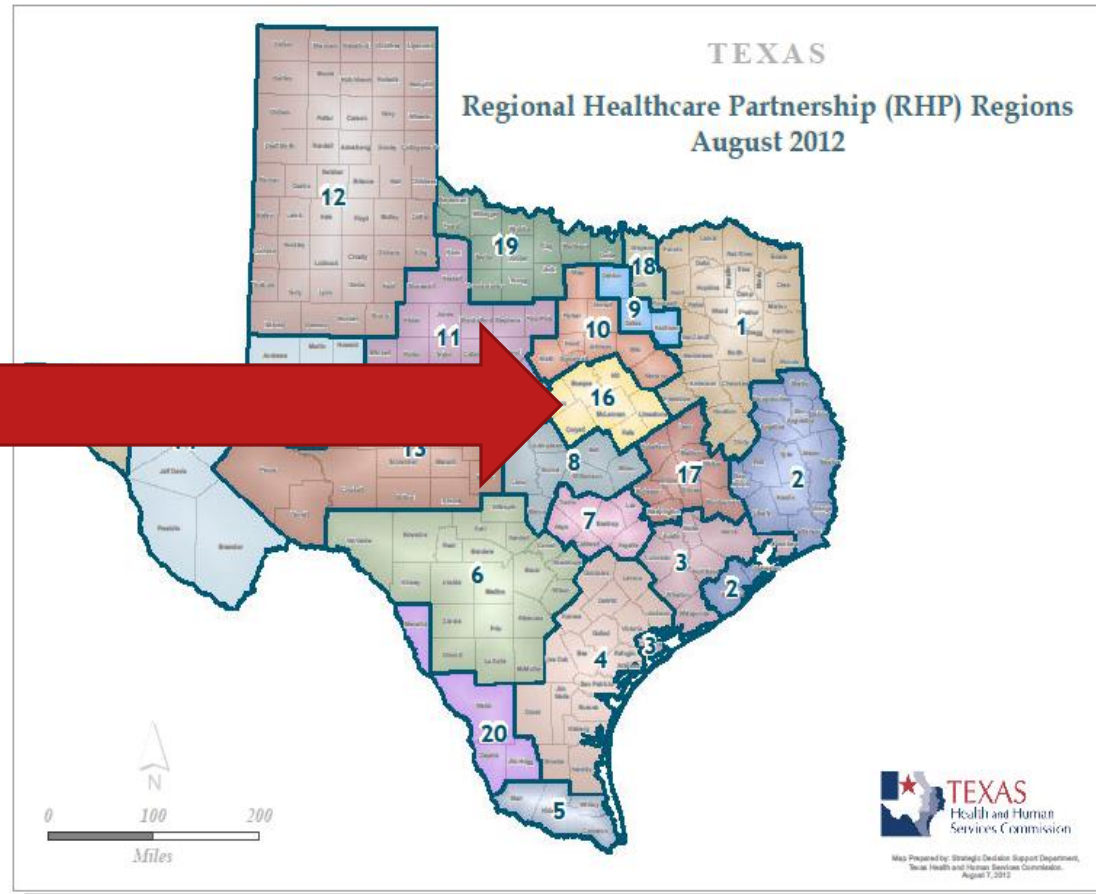
Providence Healthcare Network

- 237 bed, acute-care hospital
- Currently have 18 clinics that service a variety of needs.
- We also have the Providence DePaul Center (Mental Health), Providence Park (Senior Services), Providence Home Care, and a Providence Medical Equipment Center that provide as well.

RHP 16

Counties:

1. McLennan
2. Coryell
3. Falls
4. Hamilton
5. Hill
6. Limestone
7. Bosque



Texas RHP 16

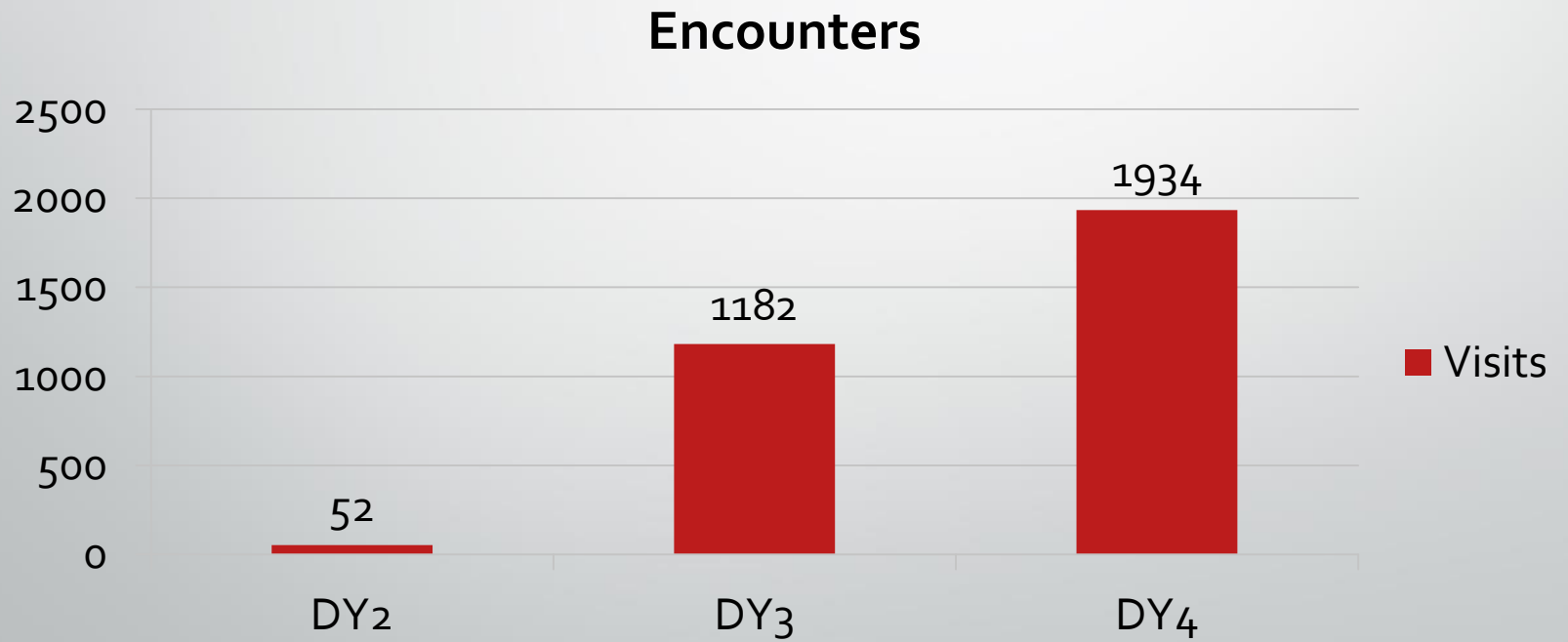
TelePsychiatry Project

- Created through the community needs assessment.
- Along with other hospitals in RHP 16, we provide TelePsychiatry services to those who present a behavioral or mental health need.
- These services are contracted through an external vendor.
- As part of the project, we provide the equipment and assistance to get facilities up and running. (i.e. training, site visits, learning collaborates, etc.).
- Currently doing consults in 7 different locations.
- We are working toward expansion into other specialties. (i.e. Neurology & Pediatrics).

Goals for the Project

- Our goals were to have 1,000 encounters in DY3, 1050 in DY4, and around 1500 in DY5
- The category 3 measure for Providence Health System is the ED throughput bundle where we measure how quickly patients are leaving our ED.

Encounters



Challenges

- Category 3 Reporting
- Patient Disposition – Transportation
- Technology
- Physician Credentialing
- Inpatient Bed Availability
- Communication
- Physician Buy-in
- Staff Buy-in
- Meeting the needs of a diverse group of providers.

Lessons Learned

- Physician and staff buy-in was needed to ensure positive change.
- Telepsych services can be provided in locations other than emergency departments.
- Behavioral health needs were greater than anticipated.
- Favorable results in DY₃, DY₄, and into DY₅.

Moving Forward

- Expansion of the project into other specialties.
- Improving transportation between facilities.
- Looking at the spectrum of mental health.

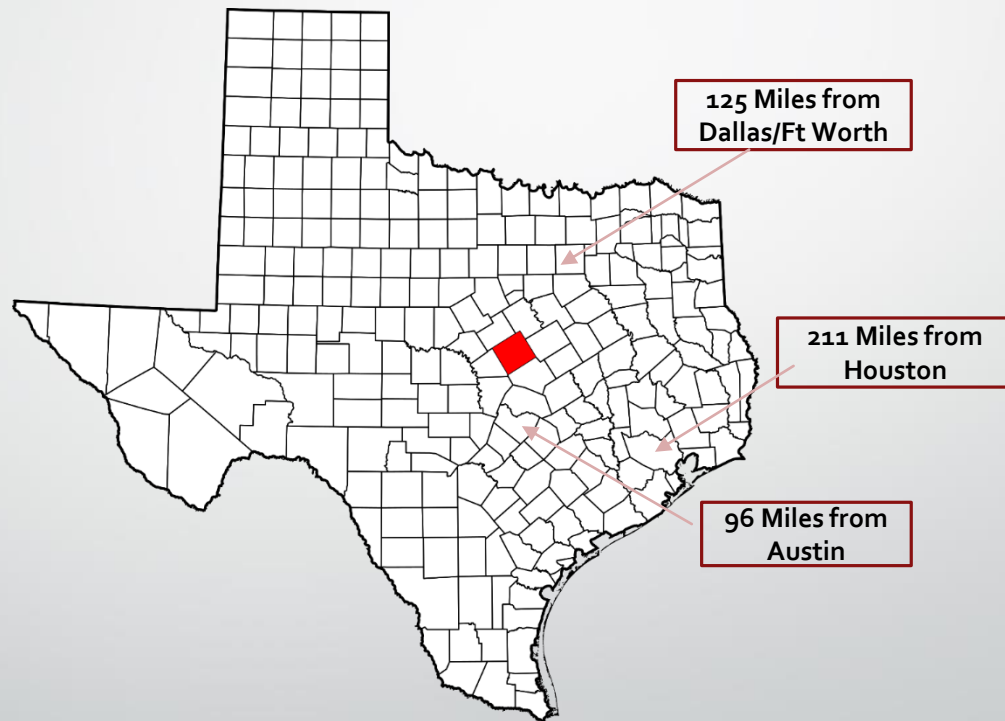


Coryell Memorial Healthcare System

Coryell Memorial Healthcare System

- Local non-profit governmental entity, Coryell County Memorial Hospital Authority (dba CMHS)
- Located in Gatesville, Texas, population 15,872
- Centrally located in Coryell County, Texas
- Population of Coryell County: 75,388 (as of 2010)
- Considered a health professional shortage area (HPSA)
- Political subdivision in Texas within Coryell County
- NO TAXING ABILITY
- Nine Board members as established by bonded debt instruments

Where is Coryell County?



Coryell Memorial Healthcare System

- Ethnicity: 61.4% Anglo, 16.6% Hispanic, 16.8% Black, 5.2% Other
- 25% uninsured residents of Coryell County
- 5,400 enrolled in elderly or disabled Medicare
- 6,000 enrolled in Medicaid
- 56% of residents are between the ages of 15-44.
- 33.8% living below the poverty level.

Components of the Healthcare System

- 25-Bed Critical Access Hospital (Acute Care and ICU)
- Primary Care Clinic: Family Medicine and Internal Medicine
- Specialty Care Clinic:
 - i. Local Group Practice: *Nephrology, Orthopedic Surgery, General Surgery, Podiatry, Psychology*
 - ii. Independent Contracted Services: *General Surgery, Allergy/Asthma, Ophthalmology, Oncology, Pulmonology, Pain Management, Urology*
- Residential Care on Campus:
 - i. 90 bed skilled nursing facility (The Meadows)
 - ii. 22 Independent residential apartments (The Oaks)
 - iii. The Welcome Program, a unique private pay assisted living program

Components of the Healthcare System, continued

- Hospitalist Program
- Comprehensive Diagnostic Lab and Radiology
- Inpatient and Outpatient Rehab Services
- Sleep Medicine
- Outpatient Dialysis
- Advanced Wound Care
- Coryell EMS
- Level IV Trauma Center (ER physicians are employed by Coryell Memorial Hospital)
- Anchor entity for RHP 16 of the 1115 Medicaid Waiver

The Telepsychiatry Project

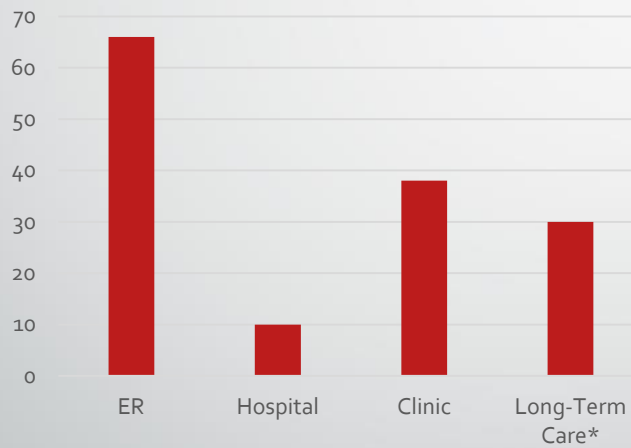
- Project was designed and approved internally by the medical and administrative staff; planning also carried out together with other rural providers
- Each participating rural hospital in the region is provided the equipment by Providence Healthcare Network who also negotiates the contract with psychiatry groups and facilitates learning collaboratives throughout the year.
- Coryell Memorial is also exploring options to expand the program
- Staff in the ER at Coryell Memorial are provided training with regards to policies and procedures related to TelePsychiatry.
- One part-time nurse is responsible for coordinating the referrals from the hospital, clinic and residential areas of the healthcare system to provide the service to patients other than those seen in the ER.

Early Accomplishments/ Milestones

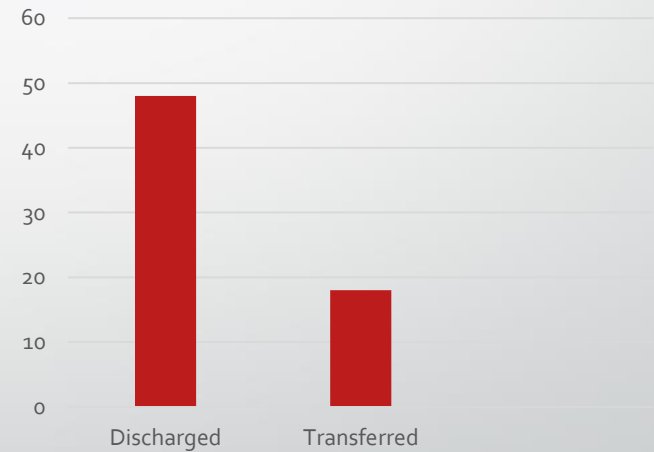
- Our goal is to achieve more than 250 encounters in the ER, clinic, hospital and nursing home by September 30, 2015, and another 260 by September 30, 2016.
- All of these patients would not have received a local psychiatric consult prior to the implementation of the program.
- Reduced number of patients in the ER with mental health diagnosis as these patients are being seen in the clinic (Category 3 outcome measure for the 1115 Waiver program)
- As a result of the Telepsychiatry program, we were able to justify the addition of a Licensed Psychologist (PhD) who can provide timely follow-up after hospital discharge.
- We have seen an improvement in communication between local law enforcement although opportunities still exist to improve timeliness of care.

Telepsych Encounters

TelePsych Encounters - 12 month period



TelePsych ER Encounters - Patient Results



Telepsych - Accomplishments

- Average cost of ER visit: \$1,500
- 38 patients were seen in the clinic and not referred to the ER: Cost Savings approximately \$57,000 for ER visits. This does not include potential cost savings associated with a transfer (transportation) or extended days in the emergency room (waiting for an available bed).
- 48 patients were discharged from the ER and not transferred to an inpatient facility: Potential Cost Savings \$720,000. This can vary based on age of the patient, insurance coverage and condition of the patient.
- Local mental health deputies with Coryell County (another 1115 Waiver project) are assisting with transfers from the clinic which has greatly reduced wait times for patients who need to be transferred to a mental health facility.

Lessons Learned

- Some patients may wait several days in the ER before they can be transferred due to lack of available beds for mental health patients in Texas.
- Must have dedicated staff for the project in order to maintain accountability and continued growth in the program.
- Equipment cost for Telepsychiatry is very cost effective although there is a need to explore recent developments in technology to improve communication tools between patient and provider
- Potentially use Telepsychiatry as a tool to create an integrated primary care clinic with mental health.
- Telepsychiatry has opened the door for a discussion about expansion to other specialties.
- Credentialing telemedicine providers can be a time consuming and costly process if the group practice is not accredited, especially for rural facilities.
- Still need more time to determine the long term success of the program.

Contact Information

- Cole Sims – Providence Health System
cole.sims@phn-waco.org; 254-751-4554
- Kathy Lee – Coryell Memorial Hospital
k.lee@cmhos.org; 254-248-6364