

### Recommendation #2:

Hospital leaders should review and evaluate the organization's behavioral health plan in light of identified community needs, the behavioral health needs of their patients, and available community resources.

## **Telepsychiatry Addresses the Mental Health Needs of Patients in a Remote Area Val Verde Regional Medical Center, Del Rio, TX**

### **Summary**

Lacking the services of a local psychiatrist, Val Verde Regional Medical Center worked with Diamond Healthcare Corporation to develop a telepsychiatry program that utilizes the services of a remote physician to provide individualized treatment for older adults in the community.

### **Community and Hospital**

Del Rio, TX, is located 150 miles west of San Antonio near the Mexican border. In 2007, the population of Del Rio was estimated at 36,582, with a median income of \$31,994 per household. Approximately 26.7 percent of the population lives below the Federal Poverty Level.

Val Verde Regional Medical Center is an 86-bed rural health care provider serving a two-county area in southwest Texas. The hospital also serves Laughlin Air Force Base and its military community. Diamond Healthcare Corporation is the largest privately-held behavioral health management and consulting services company in the U.S., providing behavioral health consulting and management services to more than 91 hospitals in 26 states.

### **Program Overview**

The Heritage Program for Senior Adults at Val Verde Regional Medical Center is an outpatient mental health program providing individualized treatment for older adults. The program was begun in 2000 through Diamond Healthcare Corporation, a contract management firm that specializes in services for behavioral health. Due to the lack of psychiatrists in the Val Verde area, the program initially utilized the services of an Air Force Reserve psychiatrist who flew into Del Rio once a week to see patients and supervise treatment. Because he did not speak Spanish, most sessions required a translator. When the physician relocated, Diamond began to research the potential of interactive video conferencing as a way to continue to meet the needs of the community for these services.

As a first step, staff visited a group of physicians who were using telemedicine in the emergency department (ED) setting. Diamond staff were able to use the ED equipment to learn about the technology and gain understanding of how the interactive process worked. They then selected an equipment supplier who could set up the equipment and provide technical support. Finally, they developed a pilot project to test the telepsychiatry concept with a group practice in Houston whose physicians drove long distances to area clinics. When they determined that this approach worked effectively and posed a viable solution for psychiatric services in remote areas, one of the physician partners in the group was engaged to serve as medical director and outpatient psychiatrist for the Heritage Program.

Telepsychiatry was a new concept for hospital staff, patients, and the Del Rio community. To overcome concerns and ensure participation, Heritage Program staff launched a targeted education initiative. Hospital staff meetings were utilized to explain telepsychiatry and demonstrate its operation. Once they understood the concept, the hospital medical staff, who

practice in a remote community and are challenged by limited access to specialists, welcomed this avenue of access to a board-certified psychiatrist.

Patients and their family members were provided information both in one-on-one and group settings so that they could see and understand how the process works. Because most participants in the program and their family members speak Spanish as their primary language, linguistic and cultural issues also had to be addressed. Press releases were shared with area newspapers and handouts describing the program were made available to the community.

With each new patient, staff spend time explaining the process and providing reassurance. Patients are never alone in the interview (unless they request privacy), so they have a physical connection and a relationship to facilitate the experience. The psychiatrist, who is fluent in Spanish and knowledgeable of the culture, communicates in a warm and engaging manner. Staff soon discovered that the comfort level of patients actually exceeded expectations.

The psychiatrist sees 10 to 15 patients one day a week via telepsychiatry. On the day sessions are scheduled, he participates in an extended team meeting with staff so that he is briefed on new developments in the program or with patients. A packet of information is sent in advance for his review. Every 10 weeks, the psychiatrist visits Val Verde and sees patients face to face, which helps to strengthen relationships. Consultations with other medical staff is usually conducted by phone or during his visit to the hospital.

Not only has telepsychiatry brought a much-needed service to the Del Rio area, it has eliminated the issue of distance and travel from physician recruitment initiatives. Recruitment can be focused on more critical concerns, such as experience, expertise, and cultural competence. Diamond has established more than a twenty hospital-based telemedicine sites in multiple states, supported by psychiatrists practicing via interactive video conference from their office locations. Participating physicians attest to the greater efficiency achieved and to the ability to maintain focus on patient care without the distraction of travel.

### **Program Impact**

Outcomes data shows statistically significant improvement from admission to discharge of a sample of 160+ cases treated at Val Verde over a four-year period using physician services delivered by telemedicine. [Click here](#) for more information. In comparisons of telepsychiatry to face-to-face interactions, there are essentially no differences in outcomes.

### **Program Funding**

The program is sustained through a combination of Medicare, Medicaid, and commercial insurance payments; however, most of the patients in the Heritage Program are covered by Medicare. Implementation of the Val Verde telepsychiatry program coincided with Medicare's congressionally-mandated expanded coverage and payment for telemedicine consultations provided to Medicare beneficiaries. As a rural hospital, Val Verde meets the geographic requirement, and, therefore, is eligible for payment under the telemedicine benefit. Physician services are reimbursed according to the physician fee schedule for patient care activity.

### **Obstacles or Challenges**

- Dealing with a new concept and getting everyone on board, including staff and patients; overcoming fear of the new and unknown.

- Making sure that both the attending physician and Val Verde staff had an acceptable level of skill with the technology so that they could set up the environment in way that made the experience feel personal--adjusting lighting, setting the appropriate viewing range, placing the microphone for optimal sound quality, etc.
- Transmissions are sometimes affected by severe weather; however, rescheduling a telemedicine session is much more easily accomplished than rescheduling a visit by a traveling physician.

### **Success Factors**

- The vision and support of hospital leadership provided the foundation for the program. Just before the program was implemented, the hospital had received a grant focused on broadening health care access for the community. Hospital leaders recognized that the telepsychiatry program would provide an opportunity not only to meet grant requirements but also to bring something to community it did not have: access to a board-certified psychiatrist. The grant funds supported acquisition of the equipment and bandwidth required for telemedicine services.
- Working with a physician who was comfortable with technology not only flattened the learning curve but also eased the interactive process.
- The skills of the Heritage Program team in making patients comfortable, especially those who have not had psychiatric care, ensured a high level of patient participation and retention. Team members have strong clinical skills, are bilingual and culturally competent, and are able to tailor care to the patient population.
- The engaging personality, language skills, and cultural competence of the physician were key factors for success.

### **Lessons Learned and Advice to Others**

For others interested in this type of initiative, the Val Verde Regional Medical Center experience provides some helpful advice:

- Be sure that physicians who will be part of the telepsychiatry program have basic knowledge of and are comfortable with technology.
- Do appropriate groundwork so that all involved are familiar with the concept and the processes. Respond to questions or issues. Be sensitive to culture, language, and fears.
- Research your equipment and bandwidth needs carefully; make sure that technical support is readily accessible.
- Determine how the program will be sustained before you put it in place; make sure there are revenue streams to the hospital, the physician, and the contractor (if applicable) that are not solely grant based.
- Be sure that your staff are comfortable enough with the technology that they are able to make patients feel at ease.
- Unless the patient requests to speak with the physician in private, be sure a staff person is present in the session to facilitate the process and resolve any technical issues.
- Develop a process for effectively and efficiently communicating information between program staff and the remote physician.
- Educate program staff, business office staff, and other team members so that they understand the coding protocols to reflect the technical components of care for Medicare purposes.

### **Contact**

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