



Acadia Hospital

EMHS MEMBER

Tele-Psychiatry in Rural Communities Increasing Access to Behavioral Health Services

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July 31, 2014

ED Consultations via Tele-Psychiatry

- 2008 - Needs Assessment identified lack of timely access to psychiatrists
- 2010 – Acadia opened 10 bed psych observation unit with 24/7 LIPs & licensed social workers
- This group provides the tele-psych consult services to Acadia's ED partners

ED Consultations via Tele-Psychiatry

- Tele-psych consultations began with two ED pilot partners, day shift only; went 24/7 after 9 months
- Now 10 rural hospital ED clients
- Built on success, lessons learned from in-person ED psych consult service at tertiary hospital
- Need smooth coordination with crisis service

ED Consultations via Tele-Psychiatry

- Measurement of Success
 - Positive feedback from ED physicians!
 - Reduce time psych patients stuck in the ED
 - One client ED reduced turnaround from 27 to 18 hours
 - Track patient disposition
 - Need to develop better performance metrics
 - Requires input/analysis from originating sites

ED Patient Disposition Data

Nine Months Ended June 2014

- 40% - Discharged to Psych Observation Unit or Crisis Stabilization
- 36% - Discharged to Home or OP Services
- 24% - Discharged to IP Psych Hospitals

ED Consultations via Tele-Psychiatry

- Licensing
 - Maine License plus license where provider is physically located, if applicable
- Credentialing
 - Streamlined process not embraced by all clients
 - Traditional process time consuming
- Equipment
 - Ease of use
 - HIPAA compliant *NOT SKYPE*

Hospital Originating Sites

- 10 Hospital Emergency Departments
 - 7 Critical Access (CAH)
 - 3 Prospective Payment (PPS)
 - Distance from Acadia: 27 – 158 miles

Inpatient Consultations via Tele-Psychiatry

- Many partners desire IP consult liaison (CL) services
- Medically complex cases
- Acadia developing a pilot Tele-CL service
- Utilize psychiatrist and/or psychiatric mental health nurse practitioner (PMHNP)

Primary Care Integrated Tele-Psychiatry Behavioral Health Services

- In-person integrated services at 5 PCP offices
- Primary care and internal medicine practices
- Now launching integrated services via tele-psych
 - Med management service for 5-site FQHC
 - Pilot for medication management (PCP office at island on Maine coast)

Forensic Tele-Psych Consultations

- County Jail behavioral health consultation
- 50 hours per week – LCSW
- 2 hours per week psychiatrist via tele-video
- Provide medication & treatment recommendations

Non-Hospital Originating Sites

- Non-Hospital Partners
 - FQHC (multi-site): 90+ miles
 - Primary Care Practice (Pilot): 60 miles
 - Forensic (County Jail): 2 miles

Employment of Tele-Psychiatrists

- Shortage of psychiatrists, especially child & adol
- Recruitment challenges for northern half of Maine
- Now employ 2 child & adolescent tele-psychiatrists
- Work from Texas and New Jersey

Patient Acceptance and Interaction

- Only 2% of recent 100 patient sample refused consultation via tele-psychiatry
- Many case examples of successful interactions

Billing & Reimbursement

- Medicare
- Medicaid (MaineCare)
- Commercial Payers – Same reimbursement as for in-person consult under Maine law
- Professional Fee
- Facility Fee

Financial Sustainability

- Scalability
- Leverage fixed costs for reasonable fees
- Streamline registration & consent process



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