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

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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 & adult
• 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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