Overview

A member of the Eastern Maine Healthcare Systems (EMHS), Acadia Hospital is a non-profit acute care psychiatric hospital employing more than 600 professionals. Acadia Hospital serves the entire state of Maine, providing care for children, adolescents, and adults needing mental health and chemical dependency services.

Given that Maine is a rural state, access to specialty health care services has been a long-standing challenge. Approximately 10 years ago, EMHS received equipment grants that allowed the system to install tele-video technology in rural hospitals in the northern half of the state. Shortly thereafter, in those same hospitals, leaders from Acadia Hospital conducted a needs assessment, which included conversations with emergency department (ED) physicians. Overwhelmingly, the need for high-level psychiatric assessments was identified as a critical gap in ED services.

“The region Acadia Hospital serves is dotted with rural hospitals, each with an ED,” says Rick Redmond, LCSW, associate vice president of access and service development for Acadia Hospital. “Some of these hospitals only have four or five beds in their ED, so treating two or three psychiatric patients at the same time can really tax resources in a small emergency department. It becomes more challenging if the ED then has to wait several hours for a behavioral health consultation to ensue.”

Thus, Acadia Hospital piloted a telepsychiatry program in two rural hospitals in 2011 to increase access to behavioral health services, allowing those patients who live in rural communities to have the same access to psychiatric services as their urban counterparts. Participating EDs are able to request a telepsychiatry consultation at their discretion by contacting Acadia Hospital. Shortly thereafter, psychiatrists will evaluate the patient using videoconferencing technology from their remote location and offer treatment recommendations to the medical providers in the ED.

Most of the psychiatrists participating in the program are based at Acadia Hospital, which has a staff of 30-plus psychiatrists and psychiatric nurse practitioners. In addition, some psychiatry staff are based in other states, such as Massachusetts and Indiana. EDs can use videoconferencing with high-quality audio and video to request psychiatric consultation around the clock, any day of the week.

Impact

Today, Acadia Hospital offers 24/7 telepsychiatry services to 15 rural emergency departments throughout Maine. From March 2017 through February 2018, Acadia provided 1,381 telepsychiatry consultations to Maine EDs. Providing high-level psychiatric resources in the ED setting has allowed ED staff to stabilize patients more effectively and improve patient care.

Initially, Acadia Hospital tracked refusals during the pilot program to gauge how open patients were to
using telepsychiatry services in the ED.

“The total percentage of patients who turned down the opportunity for a psych consult was about two percent,” says Redmond. “And those were usually patients who would have refused an in-person consultation.”

Two years ago, Acadia Hospital conducted a survey of ED providers to assess their satisfaction with the service. Four of six providers affirmed that the telepsychiatry service had improved their knowledge of behavioral health, while five of six reported increased satisfaction in treating behavioral health patients.

**Lessons Learned**

An unintended benefit of the telepsychiatry program has been that the technology has been a valuable recruitment tool in attracting mental health providers.

“There’s a combination in my department of folks practicing on site in these practices and telemedicine from afar,” explained Jesse Higgins, PMH-NP, RN, director of integrated behavioral health at Acadia Hospital. “Recruiting has been a challenge in Maine. It’s a rural state. There are parts of the state that have struggled to get providers to move. Now we can recruit and explain to providers that they can stay in their home and work as full-time staff at Acadia Hospital.”

Redmond adds that ensuring competencies around the use of the tele-video equipment was initially a challenge, but one that was quickly overcome.

“Local IT support can vary in the rural hospitals we serve,” he says. “During the third shift, we made sure that staff on both ends were provided with adequate training.”

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