



Jennifer McWilliams, M.D., a child and adolescent psychiatrist at Children's Hospital & Medical Center, conducts a telepsychiatry appointment with a young patient.

### Overview

Annually, more than 250,000 children from a five-state region receive care at Children's Hospital & Medical Center in Omaha, the only full-service pediatric health care center in the state. But two converging factors – physician shortages and access – challenged Children's ability to provide psychiatric care to its young patients.

Like many other states, Nebraska is experiencing a shortage of psychiatrists. According to the Behavioral Health Education Center of Nebraska, 88 of Nebraska's 93 counties meet the federal criteria for a "Mental Health Professions Shortage Area" designation. Further, Nebraska's population is densest on the east side of the state, in Omaha and Lincoln. Patients from rural, western Nebraska must often travel up to 4.5 hours one way for what are comparatively brief psychiatric appointments.

To address these issues, Children's in 2015 began

exploring telehealth as a viable solution. At the same time, the organization was actively recruiting Jennifer McWilliams, M.D., a child and adolescent psychiatrist with robust telehealth experience at other health care organizations. In early 2016, with McWilliams on staff, Children's initiated its telepsychiatry program. Today, Children's works with four sites that are affiliated with Children's primary care offices and four rural, unaffiliated sites. Patients visit one of these locations and, using video conferencing equipment, connect with a remote psychiatrist who communicates with the patient's local physician after each visit. Similar to an office visit, new patient visits typically last about an hour, with follow-up sessions lasting 30 minutes.

"Our IT department supplies the teleconferencing equipment to our affiliated offices," says Michael Vance, PhD, director of behavioral health at Children's. "Many of our rural partners have the equipment already, but we provide any necessary upgrades to

bring the technology up to speed.” McWilliams documents the visit in Children’s electronic medical record, and a copy of this is provided to the patient’s primary care physician. Immediately after the visit, a more detailed letter is also provided electronically, summarizing the diagnosis and treatment plan.

## Impact

In 2017, Children’s experienced more than 900 telepsychiatry visits for more than 300 unique patients, and referrals to the program continue to increase, rather than plateau. To ascertain the program’s impact on “windshield miles,” Children’s leaders looked at 2017 data that measured the distance between patients’ homes and the local primary care clinics at which they sought telepsychiatry services, and compared it with the distance between patients’ homes and the Omaha clinic that provided face-to-face psychiatry services before the implementation of the telepsychiatry program. They found that patients who drove from home to their rural primary care office versus home to Omaha saved 96,000 miles of travel annually. Even patients who used telepsychiatry in the affiliated physician offices, which are closer to the Omaha metro area, saved 2,000 miles.

“It’s extremely difficult for parents to miss an entire day of work or for a child to skip a day of school in order to meet with a psychiatrist,” says McWilliams. “Being able to see children where they live not only improves access to care, but it also allows us to provide care sooner – before the situation reaches a crisis point.”

Telepsychiatry has had a positive impact not only on patients, but for Children’s overall. Vance says that Children’s has attracted patients through its telehealth program that would have otherwise not been seen at any of the hospital’s clinics.

“Telepsychiatry also saves our providers from having to drive to out-of-state clinics,” says Vance. “This helped us to hire an outstanding provider who lives two hours away and did not want to move her family.” Furthermore, Vance notes that Children’s has lowered appointment “no-show” rates after implementing the telepsychiatry program.

## Lessons Learned

Vance believes that a critical component to the program’s success was leadership from a physician who was dedicated to the goals of the program.

“You really need a Jen McWilliams – a physician who is passionate and willing to navigate through the initial challenges and various stages of implementation,” says Vance. “She arrived at our department with telehealth experience gained at other organizations and a wealth of knowledge about issues like insurance, IT connections, and contracts. Those were significant challenges for us, but Jen’s experience helped us through them all.”

Partnering with an IT vendor that can install upgrades rapidly has also enabled Children’s telepsychiatry program to run smoothly. Children’s vendor consistently establishes a test environment before it launches any organization-wide upgrade, which prevents glitches and issues during patients’ appointments.

## Future Goals

With so few child and adolescent psychiatric providers in Nebraska, Children’s hopes to involve primary care physicians in treating the more “typical” behavioral health issues they may encounter in their offices. To that end, McWilliams and Vance are creating a program to educate primary care physicians on the basics of psychopharmacology in treating ADHD, depression, or anxiety.

“The more we can train and support primary care physicians by helping them become comfortable with the ‘bread and butter’ behavioral health cases, the more access we create for our young patients,” says McWilliams.

### CONTACT

#### Jennifer McWilliams, M.D.

Division Chief, Child and Adolescent Psychiatry

 402-955-3900

 [jmcwilliams@childrensomaha.org](mailto:jmcwilliams@childrensomaha.org)