

Vermont Emergency Telepsychiatry Network (VETN)

2023 Evaluation

Background

The Vermont Program for Quality in Health Care, Inc. (VPQHC) designed the Vermont Emergency Telepsychiatry Network (VETN) to be a statewide system where children, adolescents, and adults presenting to Vermont Emergency Departments (EDs) with acute mental health crises will receive timely specialized psychiatric assessment via video conferencing technology. In October 2023, an average of **28 patients** of all ages were **boarding** in Vermont EDs **on any given day**, awaiting transfer or discharge to mental health care.¹ Furthermore, in October 2023, one out of seven ED beds, on average, was occupied by a patient waiting for mental health care.¹ VETN has six areas of focus:



VPQHC contracted with RTI International (RTI) to:

- evaluate VETN Advisory Board's composition and members' satisfaction and engagement;
- evaluate the VETN demonstration projects at two participating hospitals² to assess provider/staff and patient satisfaction and preferences.

Key Findings

- **Providers and ED staff are satisfied** with telepsychiatry consultations.
- There is a **desire to scale up** the availability of telepsychiatry consultations.
- Patients' **medical needs are better met** by access to telepsychiatry.
- There is value in **building bridges and communication** among telepsychiatrists, ED providers, and outpatient psychiatrists.
- **Patients are comfortable** using telepsychiatry technology and services.
- There are **multiple benefits** to telepsychiatry consultations.
- Implementing telepsychiatry is **resource-intensive** for small hospitals.

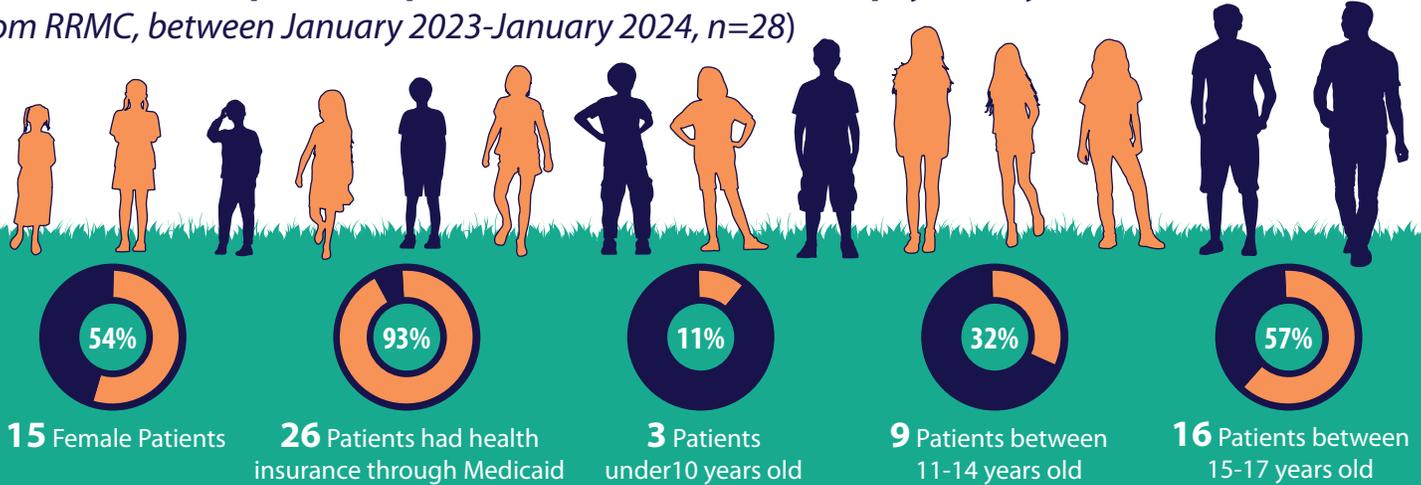
¹ Source: People Waiting for Mental Health Placement Monthly Summary June 2021 - October 2023. Montpelier, VT: Vermont Association for Hospitals and Health Systems

² at Rutland Regional Medical Center (RRMC) and Northeastern Vermont Regional Hospital (NVRH) that piloted telepsychiatry services in their EDs

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Characteristics of pediatric patients that used VETN telepsychiatry services

(from RRMC, between January 2023-January 2024, n=28)



Demonstration Hospital Interviews: VETN Project Impact

RTI interviewed eight individuals in various roles (e.g., specialists, ED providers, other clinical staff) at both of the demonstration site hospitals (RRMC/Brattleboro Retreat and NVRH) who could speak to the planning and implementation of VETN at their respective location.



“ I’m 100% satisfied with the process. ”

Providers and staff talked about **feeling satisfied or very satisfied** with the implementation of telepsychiatry consultations. These services addressed a critical gap in care and have accelerated the start of treatment for high acuity mental health patients in the Emergency Department (ED).

There is an expectation that scaling up telepsychiatry services will benefit both patients and providers.

- **Expanded eligibility criteria** will allow a greater number of patients to receive telepsychiatry consultations.
- **Increased number of providers** offering telepsychiatry consultations can facilitate more patients being seen and shorter wait times for specialized care.
- **Increased likelihood to avoid inpatient care** altogether.
- **Improved ability to measure program impact** with a larger number of patients who receive telepsychiatry consultations.

“ If we had someone, if there was that availability all the time, it would be amazing. ”

“ Yes, the more availability, the better. Because it's terrible, the kids just sit there without anything. ”

There is a general sentiment that patients' medical needs are better met because of access to a telepsychiatrist.

“ The telepsychiatrist can offer a lot more than the ED provider can. ”

- The provision of telepsychiatry services allows **treatment to begin sooner**, which can include beginning new medications or adjusting existing medications.
- Telepsychiatry services **bolster existing hospital protocols** for mental health patients, such as contacting the patient's outpatient health care team—which may include a psychiatrist—if there are concerns about how medications are interacting and/or to create a plan for follow-up care.

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There is perceived **value in building bridges between telepsychiatry providers and ED providers, as well as telepsychiatry providers and outpatient (external) psychiatrists.**

- ED staff and clinicians thought being able to have a quick call to debrief with the telepsychiatry provider was more helpful than only reading encounter notes in the patient's electronic health record (EHR). This **verbal exchange provides an opportunity for ED staff to ask specific follow-up questions and gain additional context/insights** beyond what is documented in the EHR.
- In some cases, ED patients have an outpatient psychiatrist who is advocating for inpatient treatment, but the hospital staff disagree with this assessment. It would be helpful to **have the telepsychiatry provider assess the patient and then communicate directly with the outpatient psychiatrist to share their preliminary treatment recommendations – peer-to-peer.**
- For telepsychiatry patients who did not have an outpatient psychiatrist (upon admission to the ED), there was a hope that **lines of communication between a future outpatient psychiatrist and the telehealth provider could be open.** This would facilitate follow-up to the treatment that the telepsychiatry provider initiated.

“At times we've had an outpatient psychiatrist be like, 'No, they need inpatient treatment,' and then our crisis clinicians don't think that. And it would be nice to have a telepsych consult to speak at the level of that psychiatrist. You know what I mean? **A specialist talking to a specialist**, because we don't know.”

Patients are perceived as being comfortable using telepsychiatry technology and services.

- Patients may be **offered specific technology based on preferences by age.** For example, younger patients may be offered an iPad while older patients may use a large monitor for easier viewing and so they/the ED staff do not need to hold a device during the consultation.
- Patients are exceedingly **familiar with video technology because of the COVID-19 pandemic.** For example, many students attended school virtually during some of this time, and individuals often used Zoom or FaceTime to connect with others outside of their homes.
- Meeting virtually **does not appear to impact the patients' openness, or their ability to talk and share** information.

“For the purposes of a specific [telepsychiatry] consultation, the people who we meet with [pediatric and adolescent patients], first of all, tend to be very comfortable. They're used to the technology, it's not something new, it's not weird.”

Telepsychiatry consultations are perceived as beneficial for multiple reasons:

- preventing inpatient transfers (which are sometimes involuntary) because patients have de-escalated due to specialist's care
- facilitating more efficient referral and transfer processes
- leading to shorter inpatient stays
- helping ED doctors manage patients' mental health medications
- keeping patients “future-oriented” because they can begin treatment in the ED
- decreasing the wait time for second certification

Implementing telepsychiatry consultations is a resource-intensive process for small hospitals.

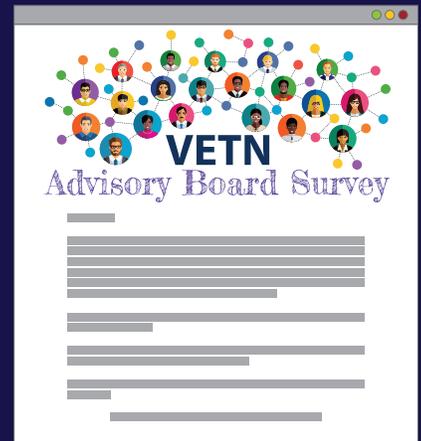
- The time and cost associated with credentialing 10+ providers is a lot for a small hospital to absorb.
- It would be helpful to explore ways to recoup the planning and implementation costs for telepsychiatry, including grant funding, state funding, and partnering with other institutions statewide.

“It's been a very positive experience. I think it has helped us move patients along their care journey faster. It's allowed them to engage in treatment sooner.”

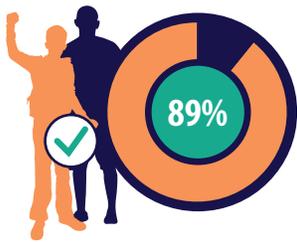
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VETN Advisory Board Survey

The VETN Advisory Board is comprised of 28 members who represent various stakeholder groups. In August 2023, RTI conducted a brief online survey of all VETN Advisory Board members to assess member composition, member engagement, member satisfaction, and opportunities for enhancements. RTI received completed surveys from **61% of members**.



Member Engagement



89% ($n=16$) of respondents attended at least half of VETN Advisory Board meetings.

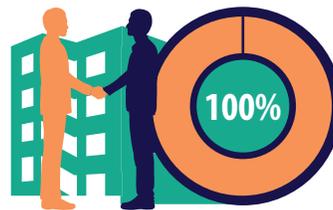
“ I think [the VETN Advisory Board] is proceeding ideally. ”

“ Advisory Board meetings are well facilitated and useful information is presented. ”

Member Satisfaction



100% ($n=17$) of respondents rated their satisfaction with the VETN Advisory Board's current accomplishments as "Very Good" or "Excellent."

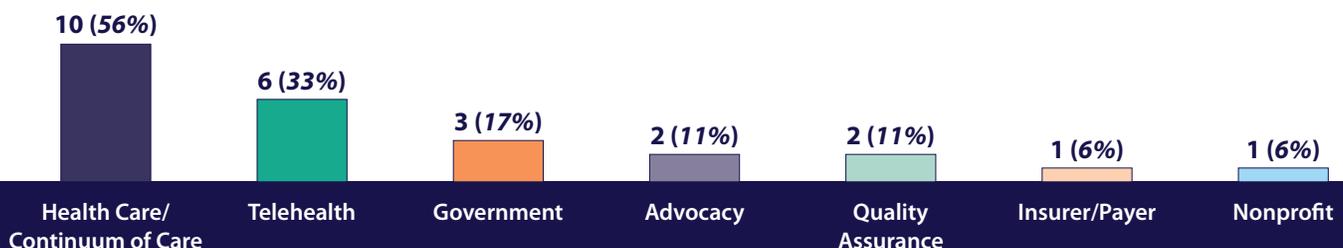


100% ($n=17$) of respondents rate their satisfaction with how individuals and organizations on the VETN Advisory Board work together as "Very Good" or "Excellent."

Member Composition

- **88%** of respondents were affiliated with organizations that provided services statewide.
- **18%** of respondents were affiliated with an organization that provided services within a specific county; all of these respondents were affiliated with a demonstration hospital.
- **53%** of respondents **have lived experience** seeking support for mental health needs or services for themselves or a loved one.

Organizational Affiliation of VETN Advisory Board Members*



*Members could select multiple organization types.