



NATIONAL CONSORTIUM OF  
**TELEHEALTH**  
RESOURCE CENTERS

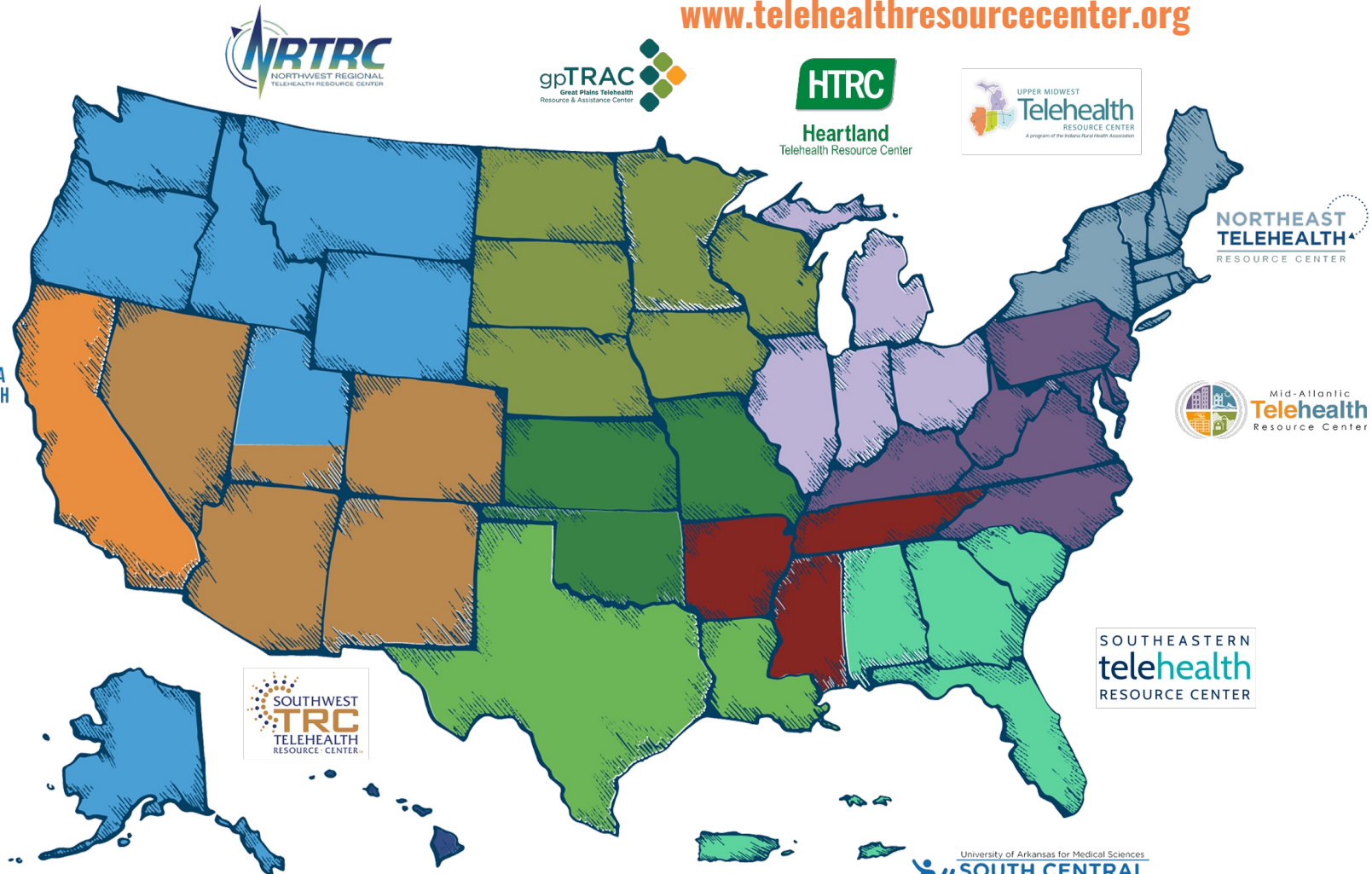
**Vermont Emergency  
Telepsychiatry Network:  
Lessons Learned from 2 years  
of Progress**

March 21, 2024



# HRSA Funded Telehealth Resource Centers

[www.telehealthresourcecenter.org](http://www.telehealthresourcecenter.org)



NTRC	gpTRAC	NETRC
CTRC	HTRC	UMTRC
SWTRC	SCTRC	MATRC
PBTRC	TexLa	SETRC

**12 REGIONAL RESOURCE CENTERS**




**2 NATIONAL RESOURCE CENTERS**



Copyright 2024 © National Consortium of Telehealth Resource Centers



# Webinar Tips and Notes

- Your phone &/or computer microphone has been muted.
- If we do not reach your question, please contact your regional TRC. There may be delays in response time:  
<https://telehealthresourcecenter.org/contact-us/>
- Please fill out the post-webinar survey.
- Closed Captioning is available.
- Please submit your questions using the Q&A function.
- The webinar is being **recorded**.
- Recordings will be posted to our YouTube Channel:  
<https://www.youtube.com/c/nctrc>



# Vermont Emergency Telepsychiatry Network: Lessons Being Learned

March 21, 2024  
NCTRC Webinar

Ali Johnson, MBA | VPQHC  
Mark McGee, MD | Alpine Telehealth  
Reid Plimpton, MPH | NETRC and MCD





# Need for Telepsychiatry

Trying to Solve the  
Problem of ED Boarding



# Evidence Based Clinical Outcomes

Studies demonstrate that telepsychiatry is equivalent to face-to-face for:

- Assessment
- Diagnoses
- Therapeutic alliance
- Treatment adherence
- Clinical outcomes

*Telemedicine in psychiatry is a validated and effective practice of medicine that increases access to care. The American Psychiatric Association supports the use of telemedicine as a legitimate component of a mental health delivery system.*

February 2018 APA Policy on Telepsychiatry





## Barriers to successful telepsychiatry implementation

- “Change fatigue”
- Inadequate clinician support
- User-“unfriendly” interface
- Privacy concerns
- Lack of sufficient information
- Clinician technophobia
- Messaging failure to physicians
- Inadequate training
- Lack of strong IT leadership and support

## Principles of successful telemedicine systems

- Clinician drivers and users must own the system
- Management and support must follow best-practice
- Users must be well trained and well support
- Applications should be evaluated and sustained in a clinically appropriate and user-friendly manner
- Information about telemedicine program development must be shared

# Licensing

- One of the most significant challenges facing wide-spread adoption of telemedicine
- Unlike a drivers' license, one state's medical license does not permit a physician to practice in another state
- Significantly limits growth and development of telemedicine
- VA allows physicians licensed in one state to practice medicine in any VA facilities in any state
- Most states require full medical licensure in the state where the patient is located
- Some states allow reciprocity between bordering states
- Some states allow out of state physicians to consult with in state physicians on patient care
- Some states grant conditional or temporary telemedicine

# VT Telemedicine Law

*Prescribing.* Providers may issue prescriptions via telemedicine, without the need for an in-person exam. Treatment recommendations and prescriptions delivered via telemedicine are held to the same standards of appropriate practice as those of in-person settings.

*Informed Consent.* Providers must obtain and document the patient's oral or written informed consent before using telemedicine. Details of the informed consent requirement, including certain exceptions where consent is not required, are set forth in the statute.

*No Recording Allowed.* As noted above, the law prohibits recording telemedicine consultations, stating: "neither a health care provider nor a patient shall create or cause to be created a recording of a provider's telemedicine consultation with a patient."

# Need for Telepsychiatry

- ED boarding of patients with mental health needs is having negative impacts on
  - patients,
  - providers, and
  - the hospital system.
- Telepsychiatry can
  - reduce the time these patients spend awaiting evaluation & treatment and
  - enable EDs to offer more meaningful care.

## Patient Impact

- 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.



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

Image credit: ABC News

# Hospital Impact



- In October 2023, one in seven ED beds, on average, was occupied by **a patient waiting for mental health care.**

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

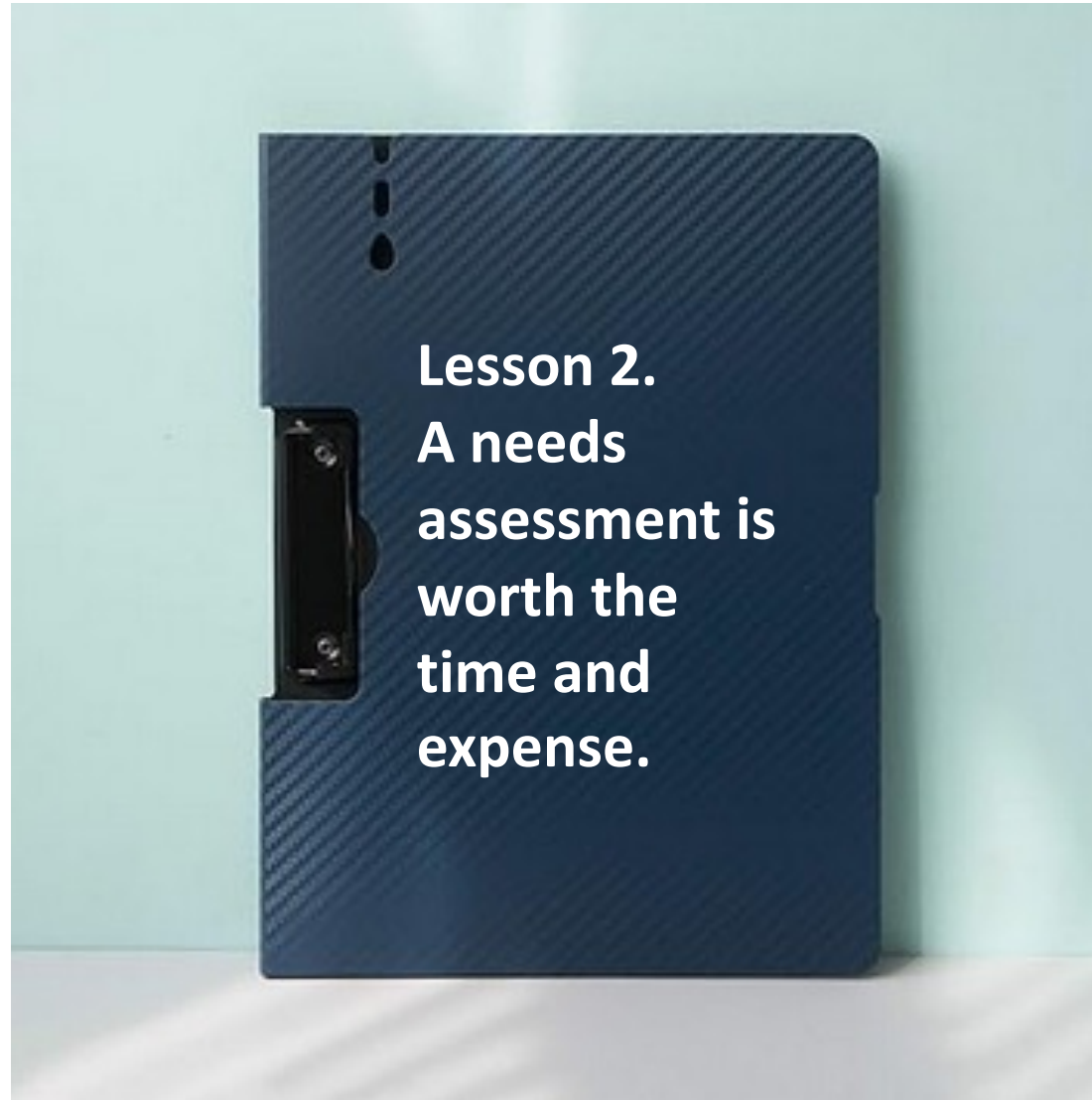
## VDH Physician Census



- Out of 191 psychiatrists statewide, only 0.6 psychiatrist FTE reports having the emergency department as the main practice location.

*[2018 Physician Census Statistical Report](#)*, Vermont Department of Health,  
October 2019, p. 12, p. 38.





## Acknowledgement

This project was supported by a grant from the Mental Health & Suicide Prevention initiative of the VT COVID-19 Response Fund of the Vermont Community Foundation.



# Components

- Literature Review
- National Environmental Scan
- Emergency Department Assessment
- Stakeholder Survey
- Key Informant Interviews
- Recommendations

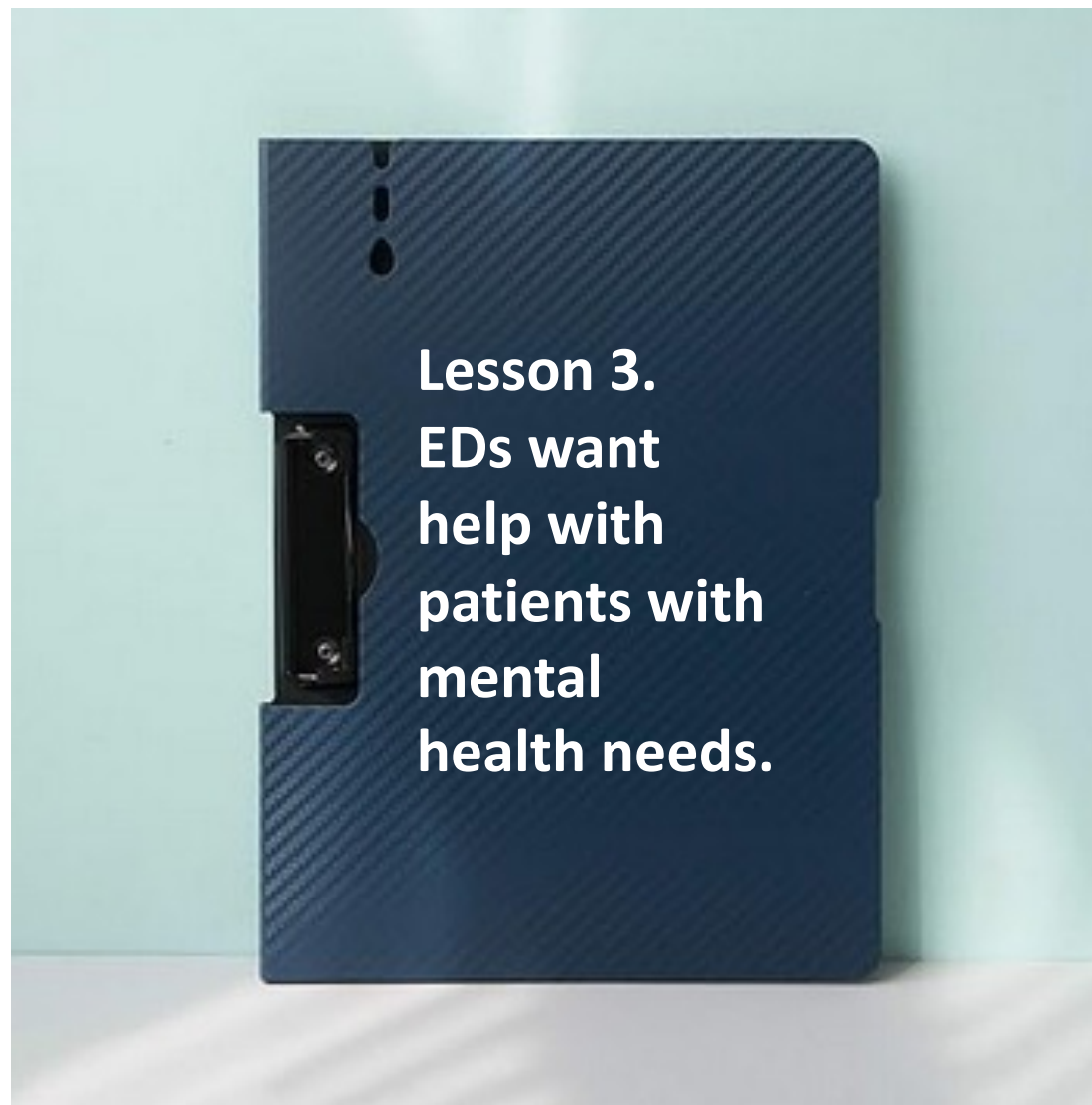
# VERMONT EMERGENCY TELEPSYCHIATRY NETWORK

NEEDS  
ASSESSMENT

20  
22

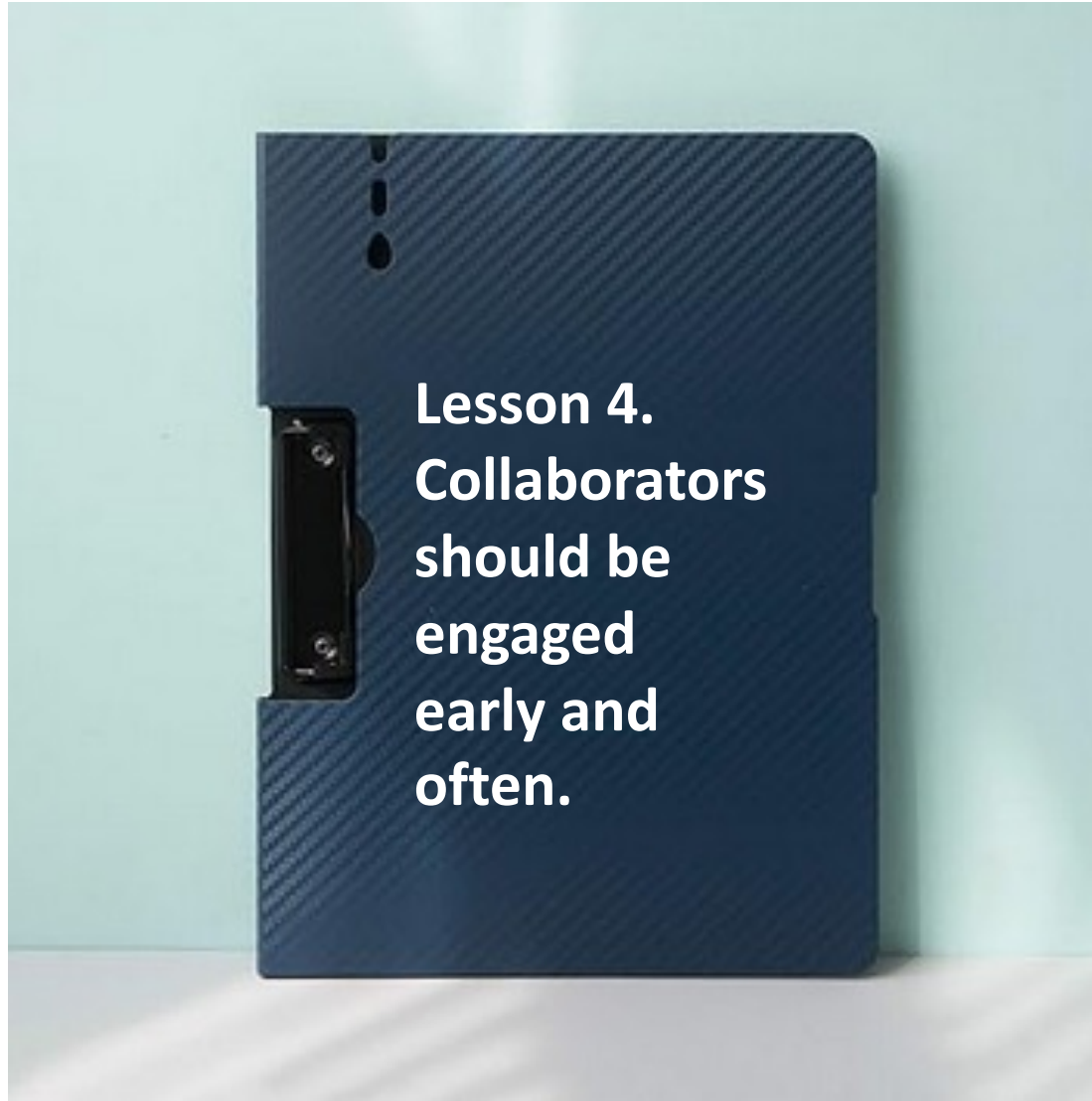


Download the  
report [here](#).



# Needs Assessment Findings

- Hospitals identified these needs:
  - Funding
  - Equipment
  - Software
  - Staffing
  - Technical assistance
- Reasons for an emergency telepsychiatry network include:
  - Timeliness of care
  - Workforce capacity
  - Training
  - Geographic access
  - Financial access
  - Prevention



## Advisory Board Membership



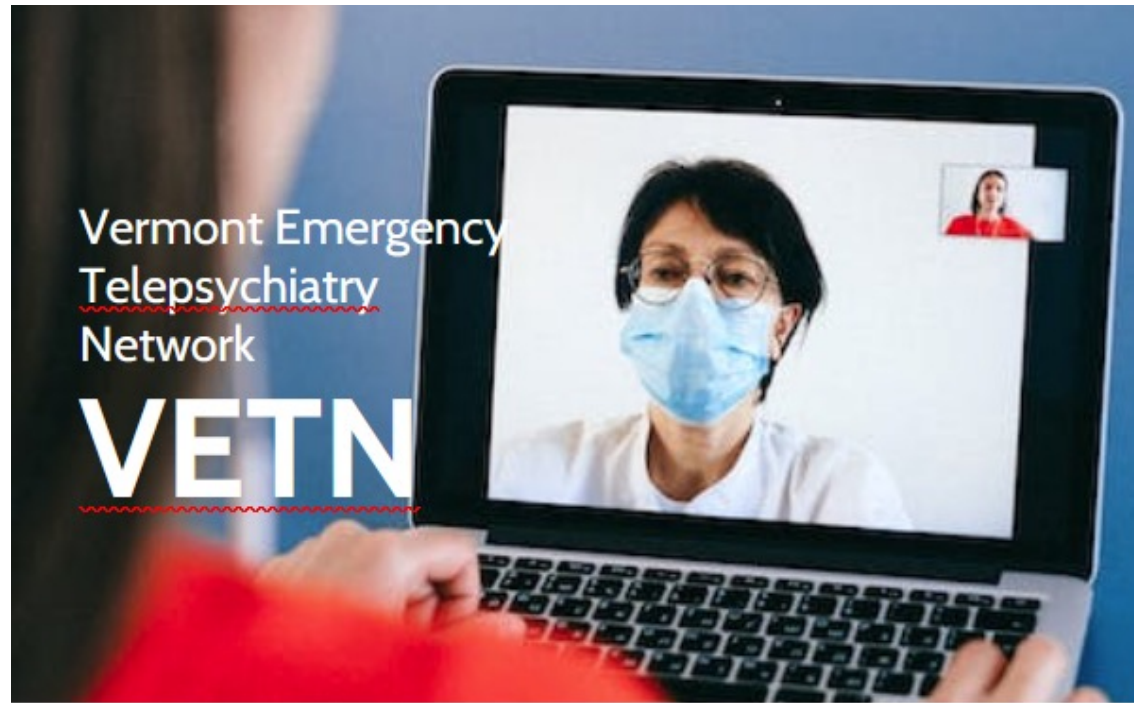
Please visit the [VETN webpage](#) for Advisory Board member information.





**Lesson 5.**  
**A project**  
**should be**  
**evidence-based**  
**and limited in**  
**scope.**

## Purpose



a **statewide** system helping Vermont **EDs** provide timely **psychiatric** care via **telehealth** for individuals with **mental health** needs



## Program Management

to increase coordination among Vermont EDs regarding telepsychiatry services



- Advisory Board
- Clinical SME
- VPQHC Project Lead
- NETRC

# Training

to increase knowledge and experience of ED staff supporting telepsychiatry services



- VETN Toolkit & Training Resource
- Demonstration Project Technical Site Visit

## Demonstration Projects

to increase access to  
telepsychiatry in the ED  
setting



- Mid-Sized Hospital:
  - Child/youth services from a regional specialty mental health treatment center
- Critical Access Hospital:
  - A system for after-hours telepsychiatry services in the ED

## Mid-Sized Hospital Pediatric Project

- RPMC: a 144-bed acute care hospital in Central VT.
- Project went live January 2023.
- Masters-level mental health professionals from the regional mental health agency screen children and youth presenting to the ED with mental health needs. They assess the need for inpatient care, make referrals, and coordinate safety plans and discharge follow-up.
- Patients who plan to be admitted to an inpatient setting and are boarding can connect with a Brattleboro Retreat child/adolescent psychiatrist via telehealth.
- Most consults occur on Monday & Thursday afternoons.
- Charting performed remotely within the RPMC EMR.



# Critical Access Hospital Hours Project

## After-

- NVRH: a 25-bed critical access hospital in the Northeast Kingdom.
- Project went live November 2023.
- ED has the highest number of MH visits per capita in VT.
- In a psychiatry “desert” in the NEK.
- Work closely with regional mental health agency to provide counseling services and prescribing through psychiatric nurse practitioners.
- Patients with high acuity may be seen by a psychiatrist via telehealth during the evening or on weekends.





## Hospital Assistance

to provide financial support  
to work towards equitable  
access to ED telepsychiatry  
services across the state



- Estimate cost of supporting ED telepsychiatry capacity for all VT hospitals.
- Document any cost-savings created by VETN.
- Devise a fair way to disseminate funds to offset hospitals' unreimbursed ED telepsychiatry costs.

## Legislation & Appropriation

to establish a statewide telepsychiatry program in statute



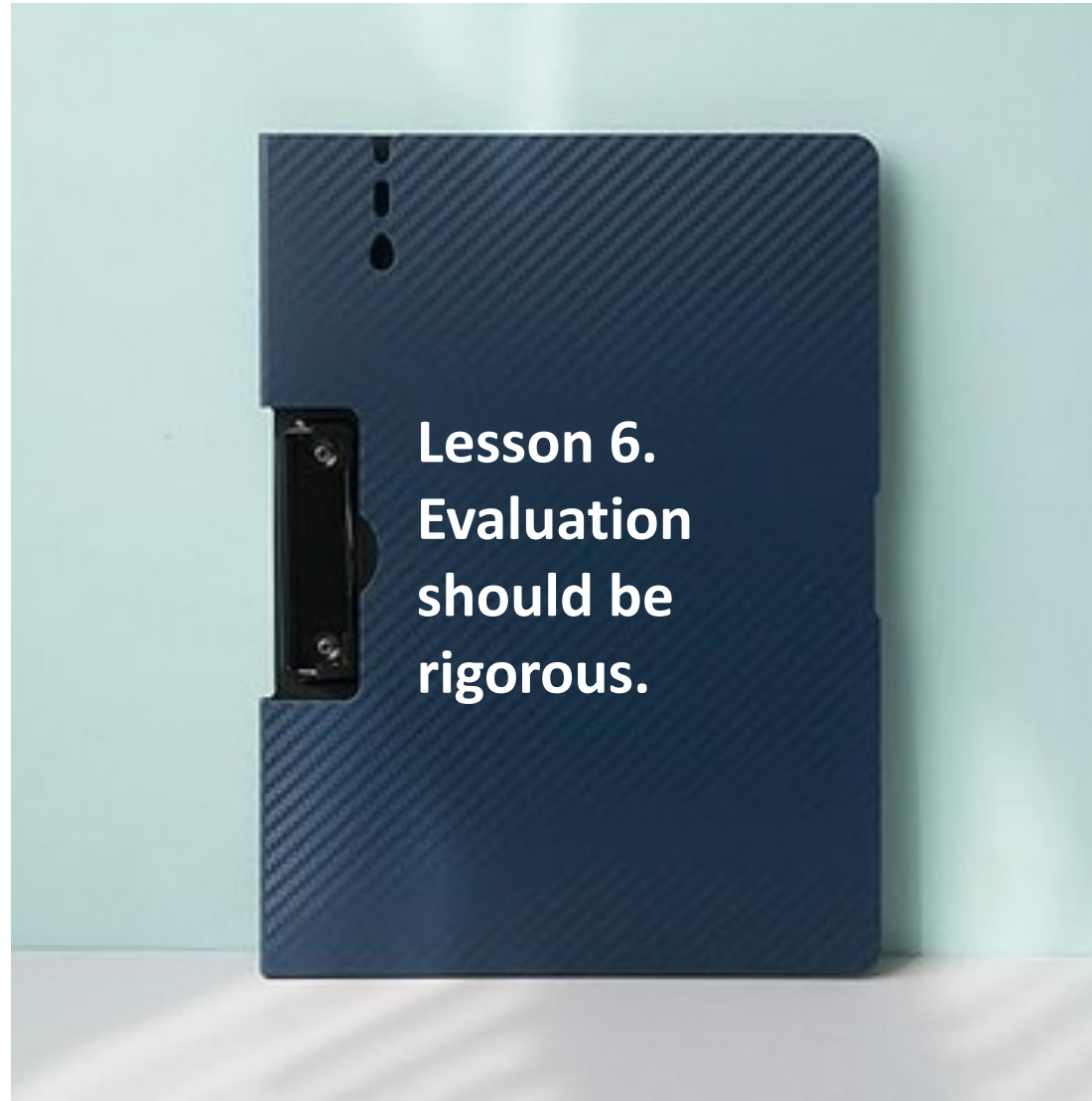
- State legislative engagement
- Funding request based on cost evaluation

## Evaluation

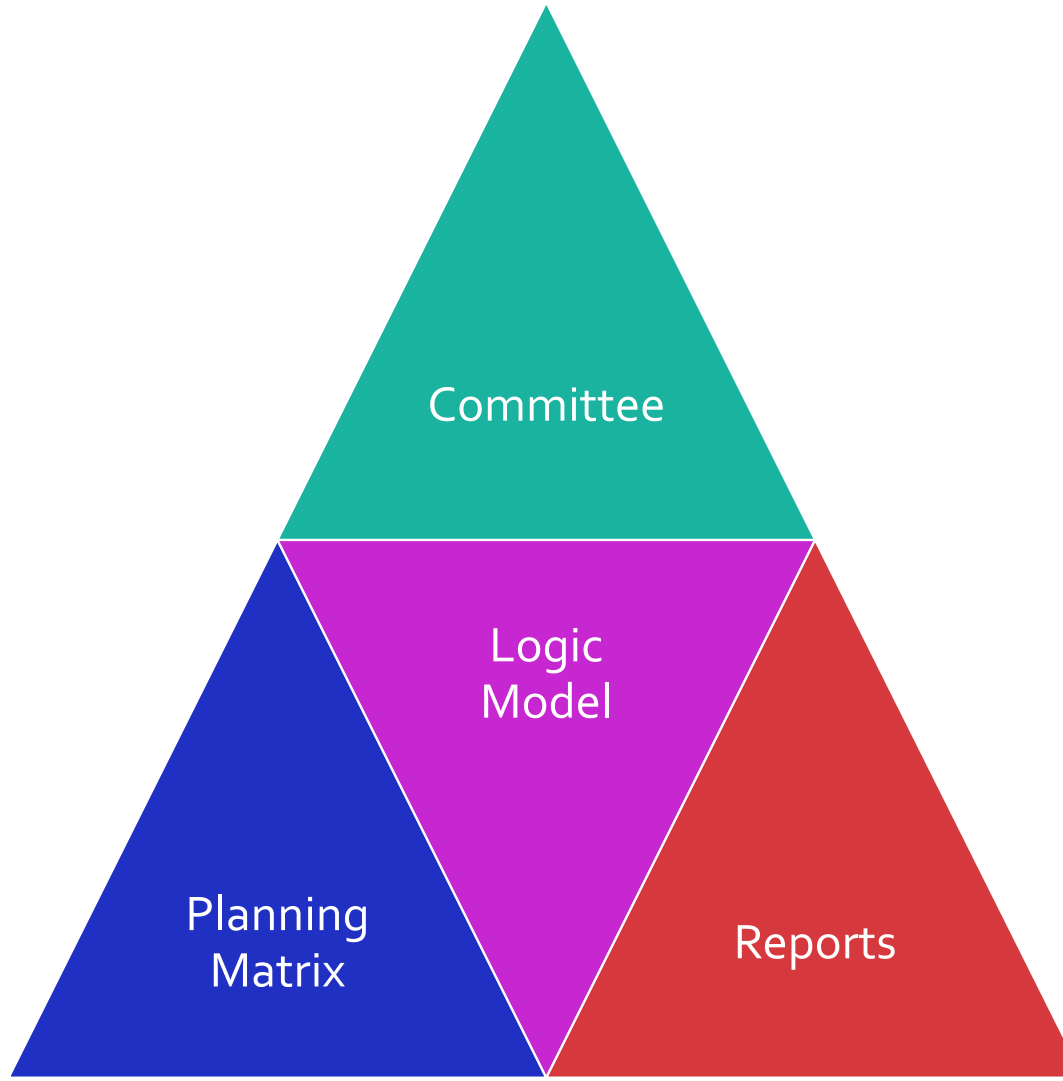
to understand the  
impact VETN  
makes and the  
funding needed  
help Vermonters



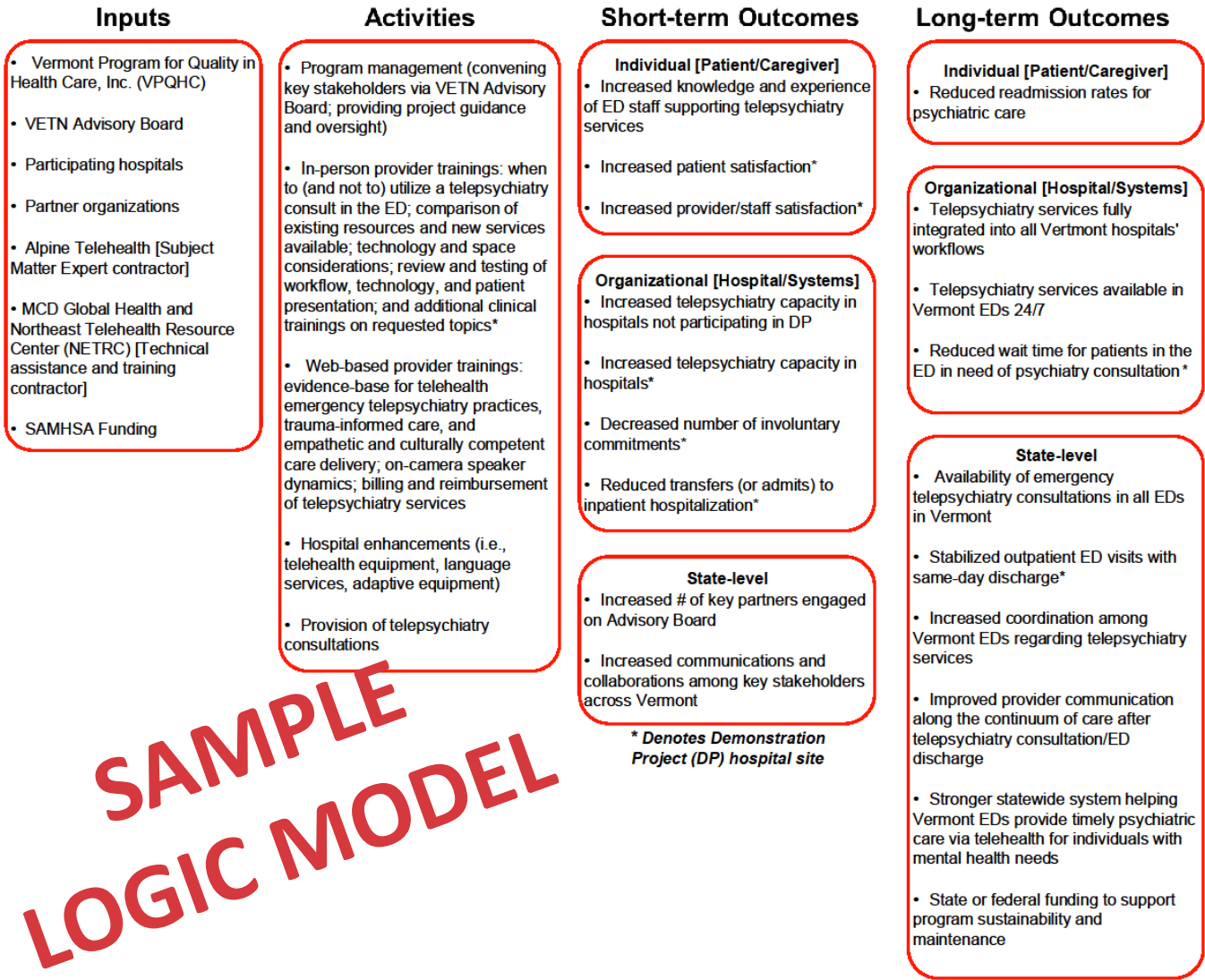
- Patient & provider satisfaction
- Quality & cost of demonstration projects
- Collaborator engagement



# Evaluation Infrastructure



## VETN Logic Model



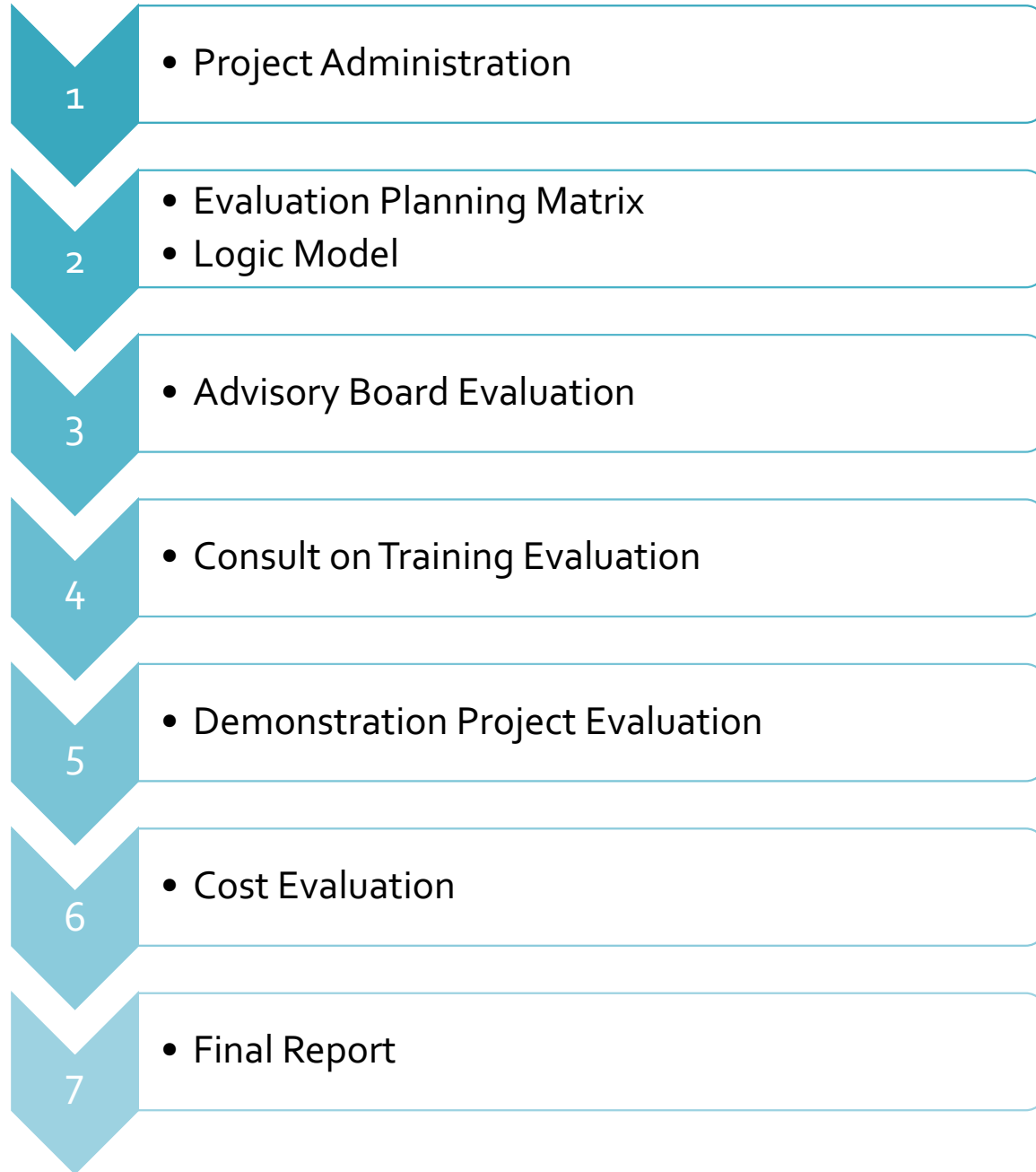
**SAMPLE LOGIC MODEL**

\* Denotes Demonstration Project (DP) hospital site

VETN Component	Evaluation Question	Data Collection Method(s)	Measure(s)/ Indicator(s)	Responsible Party/Suppliers of Info	Frequency/Timing of Data Collection
VETN Demonstration Project	<i>Are patients/caregivers satisfied with the telepsychiatry consultations received?</i>	Demonstration Project Patient Survey	<ul style="list-style-type: none"> <li>• Perceived simplicity/ efficiency of tele-consult connection process</li> <li>• Comfort with using telehealth technology</li> <li>• Video quality (e.g., easy to see the doctor on the screen)</li> <li>• Audio quality (e.g., easy to hear the doctor on the screen)</li> <li>• Privacy/security protections or concerns</li> <li>• Overall patient satisfaction (e.g., received quality care; felt heard by provider)</li> </ul>	Demonstration project hospitals	Ongoing (starting by June 2023)
	<i>Do patients/caregivers prefer telepsychiatry consultations to in-person consultations?</i>	Demonstration Project Patient Survey	<ul style="list-style-type: none"> <li>• Audio quality as compared to in-person</li> <li>• Perceived confidence with doctor's ability to accurately diagnose/ treat via video</li> <li>• Overall preference for telepsychiatry vs in-person consultations and reasons for preference</li> </ul>	Demonstration project hospitals	Ongoing (starting June 2023)
	<i>Are providers satisfied with the process of administering telepsychiatry consultations?</i>	<ul style="list-style-type: none"> <li>• Best Practice Inventory</li> <li>• Demonstration site provider Interviews</li> </ul>	<ul style="list-style-type: none"> <li>• Increase/decrease in workflow steps to facilitate a telepsychiatry consultation vs. in-person (e.g., ease/difficulty of the connection process)</li> </ul>	MCD Global Health/NETRC RTI	July 2023 (one-time)

**SAMPLE  
EPM**

# Evaluation Components





# 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.<sup>1</sup> Furthermore, in October 2023, one out of seven ED beds, on average, was occupied by a patient waiting for mental health care.<sup>1</sup> VETN has five areas of focus:



- VPQHC contracted with Research Triangle Institute (RTI) to:
  - evaluate VETN Advisory Board's composition and members' satisfaction and engagement as well as identify opportunities for enhancements;
  - evaluate the VETN demonstration projects at two participating hospitals<sup>2</sup> to assess provider/staff and patient satisfaction and preferences;
  - and conduct a cost analysis of start-up and implementation costs for VETN at these demonstration sites.

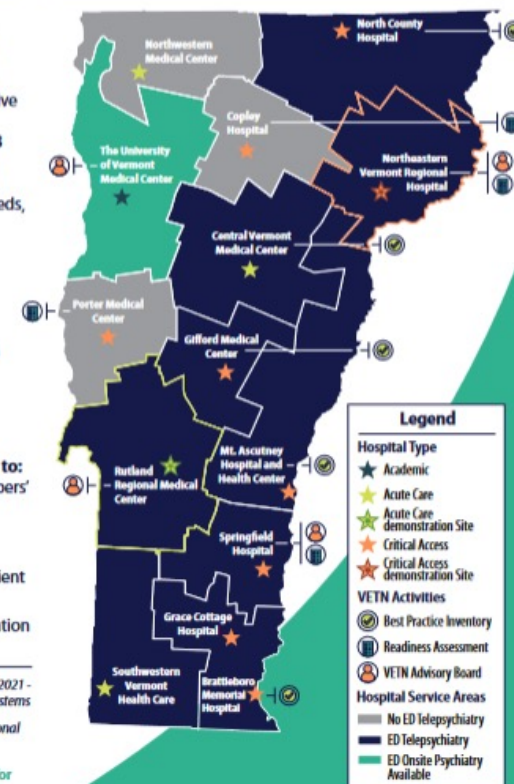
<sup>1</sup> Source: People Waiting for Mental Health Placement Monthly Summary June 2021 - October 2023. Montpelier, VT: Vermont Association for Hospitals and Health Systems

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

VPQHC and RTI would like to thank the VETN Evaluation Committee for their guidance and feedback throughout the evaluation.




### Vermont Hospitals and VETN Activities



This map depicts the VETN activities. It does not represent capacity. Emergency telepsychiatry services in some hospital service areas are limited to certain populations and/or times.

The full report may be accessed on the [VETN webpage](#).

A blue folder with a black binder clip on the left side, containing text about Lesson 7. The folder is standing upright against a light blue background. The text is white and centered on the folder's surface.

**Lesson 7.  
Significant  
administrative  
effort is  
required to  
plan, implement  
& evaluate.**

## Administrative Effort

- Working out the care pathway with the vendor and the ED, Med/Surg, and ICU units.
- Meeting with the coding, billing, and finance teams to make sure they can account for these visits.
- Working with IT to make sure the hospital's EHR, the vendor's portal, and the telehealth platform are all in working order.
- Credentialing and enrolling a large number of providers relative to the hospital size.
- Collecting data: process, quality, cost.
- The number of VETN meetings (Advisory Board, Evaluation Committee) is difficult to staff.

## Recommendations to Address Administrative Effort

- Consider streamlining credentialing
  - Could multiple hospitals agree on a process to accept credentials for the same vendor providers?
  - Some teleservices offer portals that the credentialers can access with all of the primary documents already uploaded
- Credential by proxy
  - Requires that the credentialing organization has a Joint Commission/CMS approved process



Acknowledgements

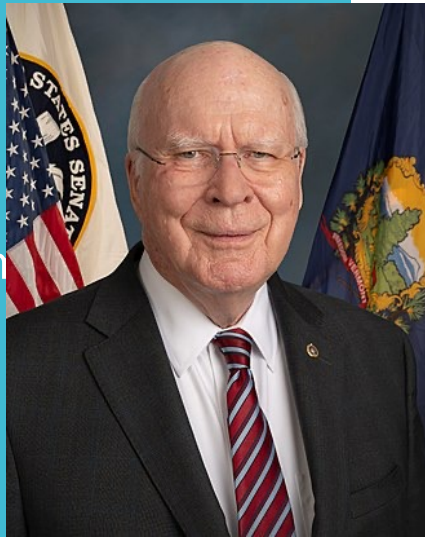
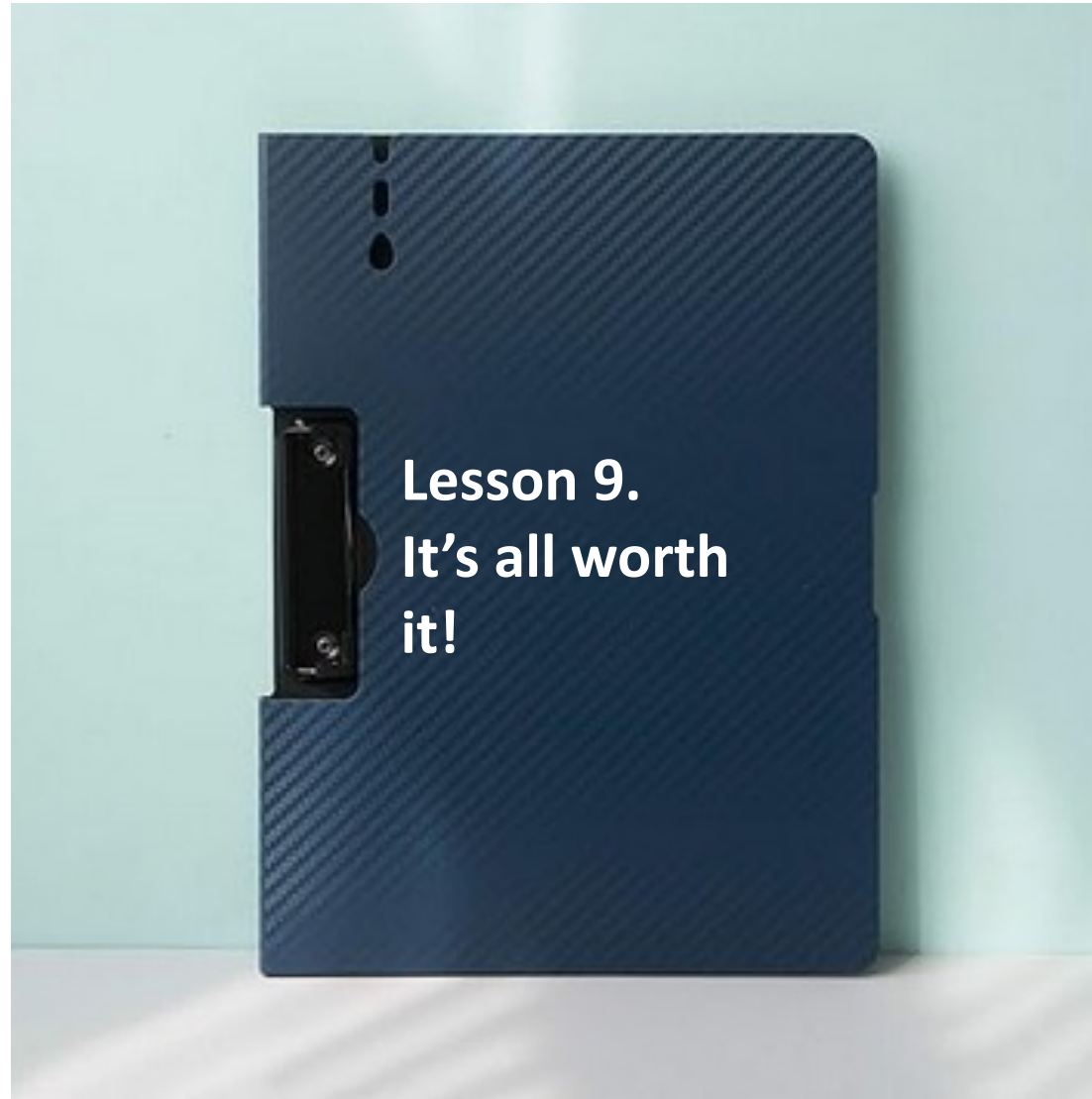


image credit: [en.wikipedia.org](https://en.wikipedia.org)

Congressionally Directed Spending grant from Senator Patrick Leahy (D-Vt.)

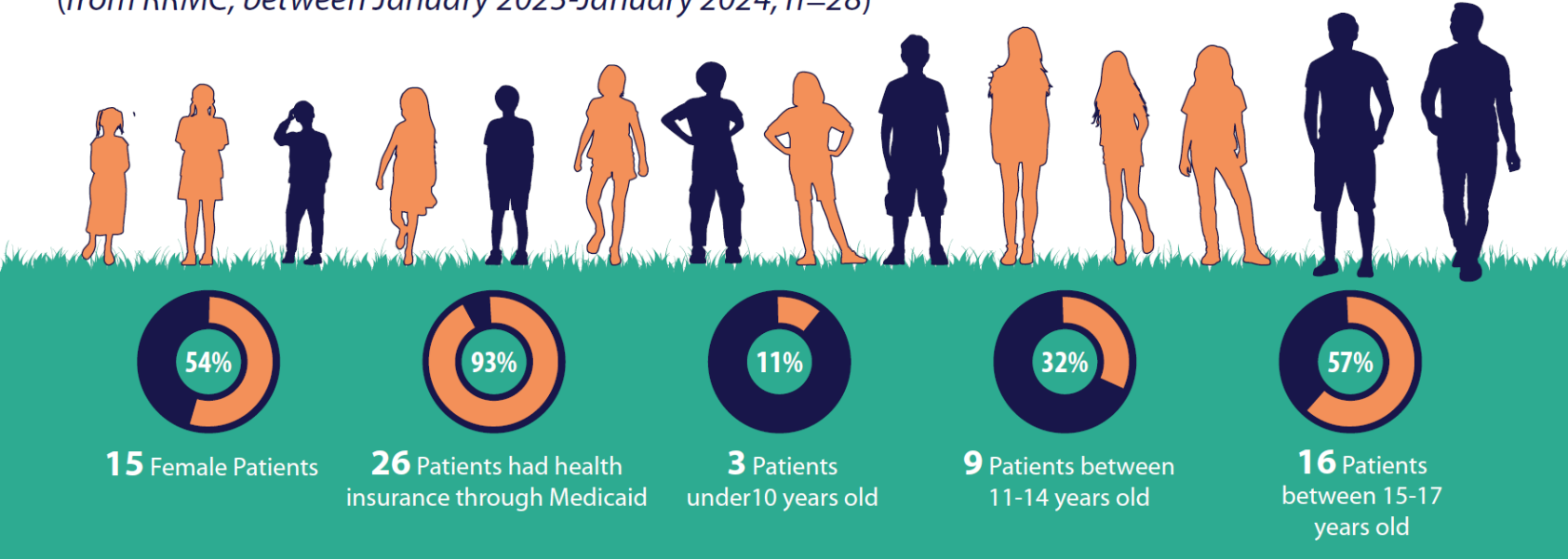
This project is supported by Grant Number 1H79FG000756-01 from SAMHSA. Its contents are solely the responsibility of the author and do not necessarily represent the official views of SAMHSA.





### Characteristics of patients that used VETN telepsychiatry services

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



Mid-Sized Hospital Pediatric Project



RRMC

Preliminary Data

Rutland Regional Medical Center PPS Pediatric Project  
January - December 2023, Preliminary

Measure	All Patients <sup>1</sup> (n=237)	Patients <sup>2</sup> Receiving Telepsychiatry Assessments or Consults (n=28)
Recommended for discharge home	169	6
Recommended for admission to inpatient psychiatric unit	68	28
Same-day discharge	121	2
Mean length of stay (hours)	30	75
Overtaken involuntary commitments	0	0

<sup>1</sup>Children and adolescents under the age of 18 with a primary mental health diagnosis presenting to the Emergency Department (ED).

<sup>2</sup>Children and adolescents under the age of 18 with a primary mental health diagnosis presenting to the Emergency Department (ED) referred to BBR.

## 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



*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.*

# RRMC Staff and Patients

## Preliminary Feedback

- Staff reports increased satisfaction managing pediatric mental health patients because of the proactive management being offered.
- Creating a therapeutic relationship with a Brattleboro provider has convinced some reluctant patients/families to agree to transfer.
- Based on positive feedback, we were able to expand the service in the last quarter to make it available to any pediatric patient waiting for an inpatient bed. (Other facilities include Four Winds and Champlain Valley in NY and in VT, the Northeastern Family Institute.)

# Brattleboro Retreat

## Preliminary Feedback

- Providers report positive experience with the consultations, appreciating being able to initiate treatment early, noting smoother transitions into the hospital.
- Appreciate the great tech support from the RRMC team.
- Relationship building with the RRMC ED referral team is proving valuable, with expanded communications and improved understanding of the referrals helping to expedite the admissions process.

# Advisory Board members are satisfied & engaged.

## Members' Satisfaction and Perceived Effectiveness of Board Facilitator



**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."



**94%** ( $n=17$ ) of respondents rated the effectiveness of the VETN Advisory Board's facilitator in recruiting diverse people and organizations onto the Advisory Board as "Very Good" or "Excellent."



**100%** ( $n=17$ ) of respondents rated the effectiveness of the VETN Advisory Board's facilitator in fostering respect, trust, inclusiveness, and openness on the Advisory Board as "Very Good" or "Excellent."



# NETRC & MCD Helping VETN

Needs Assessment	<ul style="list-style-type: none"><li>• Interviews</li></ul>
CAH Readiness Assessment	<ul style="list-style-type: none"><li>• Survey Design</li></ul>
Vendor Vetting	<ul style="list-style-type: none"><li>• Request for Information</li><li>• Interviewing &amp; Scoring</li></ul>
Demonstration Project	<ul style="list-style-type: none"><li>• Technical Assistance Site Visit</li></ul>
Training	<ul style="list-style-type: none"><li>• Best Practices Inventory</li><li>• Toolkit, Infographic, Video</li></ul>
Ongoing Project Guidance	<ul style="list-style-type: none"><li>• Advisory Board Membership</li></ul>

# Best Practice Inventory

## Survey Topics / Areas of Interest

- Workflows
- Technology
- Patient and Family Engagement
- Health Equity
- Coordinating with Community Partners
- Quality Improvement




# VETN Toolkit and Training Resource

Lesson 1 of 13

## Telepsychiatry in the Emergency Department (ED)

---

### What is Telepsychiatry?




The American Psychiatric Association (APA) defines telepsychiatry as the use of videoconferencing and other technology to provide psychiatric assessment and treatment at a distance.

The APA recognizes that telepsychiatry can encompass a range of services, including psychiatric evaluations, therapy sessions, medication management, and other mental health-related interventions.\*

\*American Psychiatric Association

Telepsychiatry can be a valuable tool in the emergency department (ED) of a hospital, enhancing the delivery of mental health care in urgent situations. Below are a few ways it can be applied:



See NETRC's  
[Telehealth Classroom](#)

# Training Content

- background & need
- literature review
- other states' success
- demonstration projects
- workflows
- technology
- best practices
- billing & reimbursement
- evaluation
- other web-based trainings

VPQHC

Vermont Program for Quality in Health Care, Inc.

**AN INTRODUCTION TO  
TELEPSYCHIATRY IN THE ED**

<https://vimeo.com/896233161>

## PATIENT CARE

ESTABLISH INCLUSION/EXCLUSION CRITERIA.

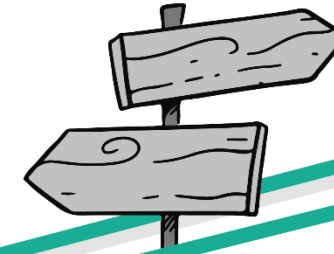
- What is the greatest pain point in patient care?
- Who are the patients you wish to serve?



## CLINICAL GUIDANCE

DEVELOP CLEAR CLINICAL QUESTIONS TO MAKE BEST USE OF A SCARCE RESOURCE.

- How will telepsychiatry clinicians complement other clinical resources?
- What clinical guidance is needed?



## OWNERSHIP DUTIES

ESTABLISH WHETHER TELEPSYCHIATRY PROVIDER WILL SUPPORT ONGOING CARE.

- Is the consultant providing advisement or direct management of patient care?
- What is the involvement of ED staff, other mental health providers and Designated Agencies in executing recommendations?

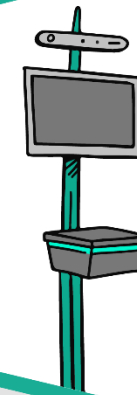


# KEY CONSIDERATIONS for implementing and optimizing a TELEPSYCHIATRY program in the ED.

## TELEMEDICINE CAPACITY

ENSURE STAFF ARE TRAINED ON OPERATIONS OF HARDWARE AND SOFTWARE.

- What hardware and software is already in place?
- Is new equipment needed?
- What is the status of network connectivity?



## DOCUMENTATION/INTEGRATION

DEFINE A WORKFLOW AND PROTOCOL FOR DOCUMENTATION.

- Do remote access capabilities exist for EMR documentation?
- Is any reformatting needed to accommodate notes and orders?



## QUALITY IMPROVEMENT

IMPLEMENT SATISFACTION SURVEYS, REVIEW OUTCOMES AND IDENTIFY KPIS AFFECTED BY TELEPSYCHIATRY.

- What data and metrics are impacted and how?
- Are interventions having the intended outcomes?



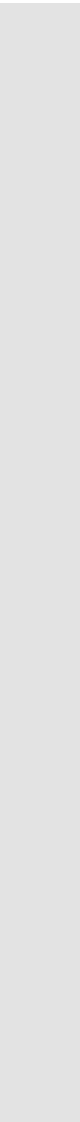
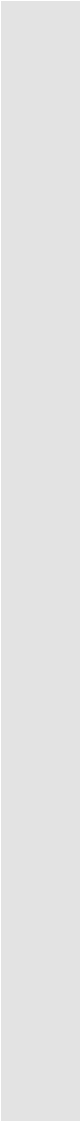
The Vermont Emergency Telepsychiatry Network (VETN) is a statewide system helping Vermont EDs provide timely psychiatric care via telehealth for individuals with mental health needs. To learn more about VETN, visit [vpghc.org](http://vpghc.org). This project is supported by Grant Number 1H79FG000756-01 from SAMHSA. It's contents are solely the responsibility of the author and do not necessarily represent the official views of SAMHSA.



# Discussion



Please Visit  
Us

- [VETN Landing Page](#)
  - [VETN Project Charter](#)
  - [2023 VETN Evaluation Results](#)
  - [VETN Needs Assessment Report](#)
  - [ED Telepsychiatry Intro Video](#)
- 
- 

# Contact



**Ali Johnson, MBA**

she | her

Quality Improvement  
Specialist

Vermont Program for  
Quality in Health Care

[alij@vpqhc.org](mailto:alij@vpqhc.org)



**Mark R.J. McGee, MD**

he | him

President

Alpine Telehealth

[mcgee@alpinetelehealth.com](mailto:mcgee@alpinetelehealth.com)



**Reid L. Plimpton, MPH**

he | him

Program Manager

NETRC  
MCD Global Health

[rplimpton@mcd.org](mailto:rplimpton@mcd.org)

# Our Next Webinar

The NCTRC Webinar Series

Occurs 3<sup>rd</sup> Thursday of every month.

**Telehealth Topic:** AI in Healthcare - Hope, Hype, Promise, Peril

**Hosting TRC:** California Telehealth Resource Center (CTRC)

**Date:** April 18, 2024

**Times:** 11 AM – 12 PM (PT)

**\*Registration information is available on the NCTRC website.**





# Please Complete Our Survey

*Your opinion of this webinar is valuable to us.*

---

***Please participate in this brief perception survey  
(will also open after webinar):***

<https://www.surveymonkey.com/r/XK7R72F>

