Telepsychiatry in Primary Care: A Vehicle to Integration
Community Care of the Sandhills
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BACKGROUND
Community Care of the Sandhills (CCS) was awarded a grant in 2012 from the Kate B. Reynolds (KBR) Charitable Trust to support the expansion of telepsychiatry services to primary care practices in our network. Telepsychiatry is a cost-effective consultation and treatment service provided at distance through secure video conferencing, available at the patient’s primary care physician’s office. The Sandhills Telepsychiatry Project was designed to bring quality behavioral health care to patients in rural areas. For many Medicaid beneficiaries, traveling long distances for a psychiatric visit is not feasible. As a result, patients tend to skip their appointment or not schedule one at all. Ultimately, patient outcomes suffer, as treatment is often delayed, resulting in misdiagnosis and/or more frequent emergency department visits—another issue CCS is attempting to address.

OBJECTIVES AND TARGET POPULATION
Three of the seven counties in the CCS catchment area do not have a board-certified psychiatrist. And of those counties that do, many providers do not treat Medicaid or uninsured patients. Telepsychiatry is being implemented to bridge the gap in patient care and to help improve outcomes. • Increase access to psychiatric care in the Sandhills Region • Offer real-time Psychiatric Assessments/Consults • Educate and empower primary care providers to manage patients with behavioral health issues. • Increase the dialogue/collaboration between primary care and behavioral health providers. • Build the case for integrated care in the Sandhills region • 40 CCS Practices

MATERIALS AND METHODS
The Sandhills Telepsychiatry Project utilizes telepsychiatry, which provides the patient with a face-to-face interaction with the provider through real-time video-conferencing technology. Videoconferencing is facilitated using mobile carts and desktop units. A web application has been designed and implemented that facilitates referrals and scheduling.

OUR PARTNERS

WHAT IS TELEPSYCHIATRY/TELEMEDICINE?
Formally defined, telemedicine is the use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status. Telemedicine includes a growing variety of applications and services using two-way video, email, smart phones, tools and other forms of telecommunications technology.

BENEFITS OF TELEPSYCHIATRY/TELEMEDICINE
Access: Telemedicine improves access to patients but it also allows physicians and health facilities to expand their reach, beyond their own offices. Given the provider shortages throughout the world—in both rural and urban areas—telemedicine has a unique capacity to increase service to millions of new patients.

Cost Efficiencies: Reducing or containing the cost of healthcare is one of the most important reasons for funding and adopting telehealth technologies. Telemedicine has been shown to reduce the cost of healthcare and increase efficiency through better management of chronic diseases, shared health professional staffing, reduced travel times, and fewer or shorter hospital stays.

Improved Quality: Studies have consistently shown that the quality of healthcare services delivered via telemedicine are as good as those given in traditional in-person consultations. In some specialties, particularly in mental health and ICU care, telemedicine delivers a superior product, with greater patient and provider satisfaction.

Patient Demand: Consumers want telemedicine. The greatest impact of telemedicine is on the patient, their family and their community. Using telemedicine technologies reduces travel time and related stresses for the patient. Over the past 15 years study after study has documented patient satisfaction and support for telemedical services. Such services offer patients the access to providers that might not be available otherwise, as well as medical services without the need to travel long distances.

ADDITIONAL BENEFITS TO PATIENTS AND PROVIDERS
• Travel time is reduced or eliminated. • Time away from work or school is reduced. • Patients in distress can be seen more quickly, reducing relapse events. • Consultations with off-site specialists can be quickly carried out. • Off-site and part-time behavioral health specialists can be members of the clinic’s team via telehealth. • Staff can meet and collaborate more easily, especially when connecting staff located at various sites.

TELEPSYCHIATRY WORKFLOW

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OUTCOMES

PROGRAM HIGHLIGHTS
• Equipment has been installed in 33 clinics; including pediatric, adult, inpatient, BH/ICU and local health departments
• ~800 unique patients have been evaluated
• Grant has been extended for a fourth year

NEXT STEPS
• Continue to advocate for telepsychiatry to be expanded to include more primary care locations across the state
• Expand the offerings beyond psychiatric consults, to include comprehensive clinical assessments
• Share best practices with stakeholders in the medical community
• Develop a long term sustainability plan with our clinical and technological partners

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REFERENCES
http://www.americantelemed.org/about-telemedicine/what-is-telemedicine