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CARE GOES VIRTUAL

How to Establish a Successful Hospital-Based Telepsychiatry Program

Introduction

Telepsychiatry is becoming more widely adopted and used across the country in hospital emergency departments, psychiatric crisis centers, inpatient units, correctional facilities and other organizations that require as-needed psychiatric assessments and care. On-demand telepsychiatry services are generally one-time encounters focused on determining the appropriate disposition and plan for an individual in psychiatric crisis. Under this service model, trained and experienced telepsychiatry clinicians collaborate with onsite resources to augment and enhance the existing system of care, so that individuals can move on to appropriate next levels of care quickly.

Settings for On-Demand Telepsychiatry Services

Emergency Departments

Telepsychiatry services in the emergency department improve department management and make better use of available beds. Telepsychiatry clinicians can conduct evaluations and aid the onsite healthcare team in properly diagnosing and caring for individuals in crisis. Timely access to psychiatric assessment has been shown to reduce length of stays, increase regulatory compliance, shorten wait times, improve satisfaction and help ensure individuals are receiving the most appropriate, least restrictive level of care.

Medical/Surgical Floors

Telepsychiatry clinicians can also serve medical or surgical floors as a consultation service to hospitalists or other physicians to provide expertise on the behavioral health concerns of individuals throughout the hospital. Telepsychiatry clinicians can be available for consultations with physicians, nurses, social workers and case managers, or to directly interview and assess individuals.

Inpatient Units

Telepsychiatry services can be used to support an inpatient medical setting for weekend rounding, on-demand

response or after-hours admission services. Telepsychiatry clinicians regularly collaborate with onsite staff and integrate into the onsite system of care to expand the facility's psychiatric capacity.

Mobile Crisis Programs

Some communities have mobile crisis teams who respond to individuals in the community experiencing a mental health crisis. With access to telepsychiatry clinicians through technology, these teams are further empowered to manage crisis situations. Telehealth for mobile crisis allows individuals to be served by experts in their homes or other settings where a crisis may occur, that reduces the need for traveling to an emergency department.

Psychiatric Crisis Centers

Psychiatric crisis centers are designed to provide immediate help to individuals experiencing a mental health crisis. Services include screening, psychiatric evaluation, crisis intervention, and referrals to follow-up care and community resources. These centers can utilize telepsychiatry to assess individuals in a safe, secure environment that is less restrictive and intensive than a hospital.

Residential Programs

Telepsychiatry is an important tool for residential programs. With access to specialists and the ability to consult or collaborate with telepsychiatry clinicians, onsite staff is able to offer better, more comprehensive care to their program residents without having to bring additional clinicians on location.

Correctional Facilities

Telepsychiatry is well suited to address the needs of correctional facilities for immediate responses in times of psychiatric crisis, scheduled care and medication management. Correctional institutions seek ways to increase efficiency and lower costs while still providing high quality care, and telepsychiatry reduces transportation and supervision costs by providing timely psychiatric care and evaluation onsite.

Steps to Implement a Hospital-Based Telepsychiatry Program

The first and most commonly asked questions for telepsychiatry provider organizations are, “how long will it take to set up our telepsychiatry program and how soon can we launch it?” **Hospitals seeking telemedicine services should be wary of any vendor who promises an unrealistically short go-live time or unilaterally agrees to a launch date without fully understanding the nature and scope of the problem, underlying need or the different internal processes involved.** While it is difficult to provide an exact implementation timeline given the amount of variability involved and the number of milestones that need to be met along the way, we’ve identified the best practices described below based on more than twenty years of experience designing and implementing successful telepsychiatry programs.

1 Identify Pain Points

Before considering implementation of a telepsychiatry program, it is important to identify organizational pain points and how telepsychiatry could help. Share these challenges and concerns with your telepsychiatry provider organization so that, together, you can custom design a program that addresses your hospital’s unique needs. This needs-analysis exercise and conversation should also be used to help shape the design of your program and determine what data should be collected and tracked in order to measure your program’s success in meeting these goals.

- Is there a long wait time for individuals who present in the emergency department needing a psychiatric consult?
- Are there regulations that your psychiatry program is struggling to comply with?
- Have you had a recent sentinel event?
- Do individuals needing mental health services cause a bottleneck in the ED or bed delays?
- Do you struggle to staff nights and weekends with psychiatric clinicians?
- Is psychiatric boarding in the ED delaying bed turnover?
- Do you face escalating costs as a result of poor reimbursement for psychiatric care?

2 Consider the Organization's Telehealth Priorities

Assessing organizational goals is the key to creating a telepsychiatry strategy. Example questions may be:

- What is the vision for the next __# of years?
- How will progress toward goals be evaluated?
- Where is telehealth already used at your organization? Where could it be?
- Who is responsible for tracking the telehealth industry within the organization?

3 Consider the Regulatory and Legal Environment

Examine applicable federal, state and/or county-level regulation and rules, such as licensure, reimbursement, consent for telepsychiatry, commitment laws, physician-patient relationship, prescribing and telemedicine specific legislation or regulation.

4 Cultivate Stakeholder Buy-in

When establishing a successful telepsychiatry program, it's important to assemble a cross-functional team with representatives from various clinical, administrative, legal and executive leadership departments at your hospital or health care organization. Start by identifying key stakeholders and decision makers to involve in the planning and execution. It is also helpful to designate an internal champion to help navigate the different team members through the implementation process to ensure the program provides high quality care, aligns with the organization's strategic objectives and is launched on time and on budget.

Below is a list of key stakeholders to involve in program planning and implementation:

WHO?	WHY?
Medical Affairs	Medical affairs is vitally important to ensuring that your clinicians, both remote and onsite, are properly credentialed and able to practice within your organization. Adapting the medical affairs process for telepsychiatry clinicians is often one of the most time-consuming pieces of a program implementation. Get medical affairs leaders involved in discussions about telepsychiatry as early as possible so planning can begin.
Onsite Clinicians, Including Nurses, Social Workers and Existing Prescribers	Onsite clinicians should be involved with implementation and ongoing program success. It's important that onsite clinicians are bought into the concept of telehealth and view it as a way to enhance care and reduce their stress rather than seeing it as a threat. Additionally, some programs may also have telepsychiatry clinicians consult with onsite clinicians.
Information Technology (IT)	Your IT team will play an integral role in selecting the technology, establishing a dedicated internet line with the appropriate ports opened and helping to maintain and support your selected hardware and software. Make sure IT knows you are considering telepsychiatry early in the process so they can plan. Designate an IT point of contact once the program is launched to oversee all technical aspects of the program and help troubleshoot technical issues that may arise.

Quality Assurance	<p>Involve your quality assurance team in program planning to make sure existing quality processes and measures are relevant to telepsychiatry and identify any new metrics that should be tracked to ensure the program meets the highest standard of care and improves clinical outcomes and patient satisfaction.</p> <p>Include remote clinicians when monitoring and assessing performance across key quality benchmarks in an effort improve patient outcomes and care quality.</p>
Compliance	Consult your hospital compliance officer or committee to make sure the telepsychiatry program conforms to state and federal healthcare laws, is included in any ongoing monitoring and auditing processes and employees are educated and trained on the new program requirements.
Payers	If your program plans to bill for telepsychiatry sessions, it makes sense to open lines of communication about this with your primary payers early.
HIPAA Officer	All telepsychiatry programs must adhere to HIPAA. Work with your organization's HIPAA officer early on to ensure compliance.
Onsite Administrative Staff	It is essential to loop in onsite administrative staff and make them aware of any alterations a telepsychiatry program will make to the scheduling or intake process.
Onsite Telehealth Presenters	Onsite telehealth presenters help set up and make sure telepsychiatry sessions run smoothly. Onsite presenters are often a crucial component for relaying in-person behavior, smells and other observations. It is also essential to make sure they are briefed on the proper design, setup and technology within the designated telepsychiatry space. Identify an onsite telehealth presenter and train that team member in best practices for setting up and supporting a telepsychiatry session.
State Regulators	Local updates in regulation or legislation should be monitored and your program should be adapted to remain in accordance with local regulators such as your state's Department of Health & Human Services, state legislators and many more.
Remote Clinicians	The telepsychiatry clinicians that will be serving your patient population should be connected with onsite staff and program leaders to ensure communications channels are set and care is clinically sound.
Billing	If you choose to bill for telepsychiatry, your billing team will need to know how to bill for telepsychiatry sessions. When billing for telemedicine visits, you need to use the "95" modifier code for commercial insurance plans and Place of Service (POS) code "02" for Medicare and Medicaid. Alert them of plans for your telepsychiatry program and work to set up any additional workflows or information they may need to comfortably bill for remote clinicians.
Analytics Team	Confer with data scientists at your hospital to identify the most appropriate and relevant key performance indicators (KPIs) for the telepsychiatry program. Design a systematic approach to collect, assess, track, aggregate and share data on these new telehealth metrics to ensure the program improves outcomes and operational efficiencies.
Health Educators and Social Workers	Collaborate with health educators and social workers at your organization to develop messaging and training around how onsite staff should present and explain telepsychiatry to patients. Remote clinicians should liaise with these onsite staff members to be aware of referral options for telepsychiatry patients and stay abreast of any changes or nuances with those options post-assessment.
Public Relations	Internal and external marketing and communications campaigns can help raise awareness, cultivate buy in and ensure broad adoption of the new telepsychiatry program within your organization and the community. Press releases should be distributed to local digital, print, and broadcast media.

5 Tackle Clinician Credentialing

Clinician credentialing is a lengthy, complex process that is unique to every clinician and organization. The time it takes to collect, review and approve the necessary documentation for credentialing can extend for months and can significantly impact the implementation timeline. Timely, responsive, communication is critical to avoid program launch delays.

It is important that the telepsychiatry provider organization understands the specific credentialing requirements and bylaws at a hospital prior to committing to or promising a target launch date. The program implementation and launch timeline is predicated on meeting defined milestones in the credentialing process and should be based on a solid knowledge of the internal processes of both their own organization as well as that of the health care organization they want to serve.

Hospital Bylaws

Some hospitals have outdated bylaws and medical affairs processes that should be considered when setting a program launch date. Hospitals and telepsychiatry provider organizations should review the existing medical staff bylaws to identify which ones present a potential roadblock to clinician credentialing and that may require additional time in order to conform. Or, if possible, modify these bylaws as appropriate to be more telemedicine friendly. For example, a clinician who will never be onsite at your organization may not need to be required to give a PPD (tuberculosis) test or asked to memorize where the fire exits are located in your building.

Given the time involved, clinician credentialing should be started as early as possible. Other steps in the implementation process can be worked on simultaneously in order to adhere to the proposed timeline and meet key deadlines.

Hospitals are accustomed to processing one or two new doctors at a time for the onsite provision of care. However, when implementing an on-demand telepsychiatry program these hospitals are suddenly faced with credentialing as many as 20 or more clinicians at once, which can be overwhelming and time consuming. Therefore, it is important to facilitate buy-in around this process early on as well as look for opportunities to streamline and expedite the process.

The umbrella term ‘credentialing’ is often used to describe the related, yet distinct concepts of credentialing, privileging and enrollment. Each of these practices serves a separate purpose, requires different documentation and involves various internal and external stakeholders.



Credentialing

Credentialing refers to the due diligence done to ensure that clinicians possess the training, experience and competency to practice. Essentially, credentialing is the collection of documents and history information to allow for the verification and assessment of clinician education, training, residency, licensing, malpractice, board certification, regulatory compliance, work history and more.

All organizations require some level of credentialing of their clinicians, although the complexity and sophistication of the requirements can vary widely.

The length of time needed for clinician credentialing depends on the verification process used by the hospital or health care facility seeking telepsychiatry services. The traditional primary source verification (i.e., verification from the original source) credentialing process can be extremely time-consuming and costly. A faster, more efficient approach is credentialing by proxy, in which the hospital or health care facility receiving telepsychiatry services relies on the privileging and credentialing decisions made by the organization providing the telepsychiatry services. The Joint Commission of Healthcare Organizations (JCAHO) regulation and Centers for Medicare and Medicaid (CMS) changed their position on proxy credentialing in 2012, but it is underused by facilities to date.

If the credentials at one organization were accepted by others of the same type, telepsychiatry programming could be implemented much faster and more people would be able to access care with shorter wait times and more flexibility. Likewise, if a hospital would accept the clinician credentialing package offered by the telepsychiatry clinician organization, the credentialing process could be completed fairly quickly. The more modifications to the process or custom documentation requests and verification requirements, the longer the process can take.

Privileging

Privileging, which is specific to hospital and inpatient work, involves the granting of certain permissions by hospitals or other health care facilities to an individual clinician to perform specific aspects of patient care. Privileging decisions are made based on the portfolio of information and materials collected and reviewed during the credentialing process. Examples of privileges include admitting, placing orders, prescribing and performing procedures. If a remote clinician is not privileged with an organization, they are limited to providing consults only.

Three committees at each hospital generally approve privileges: the credentialing committee, medical executive team and the governing board. The regularity or frequency with which these different committees meet varies widely, which may cause additional delays in the implementation timeline. **Granting temporary privileges represents an interim solution to help expedite the provision of patient care since it would allow telepsychiatry clinicians to start delivering behavioral health services more quickly while they await review and approval by the governing body of the hospital.**

Privileging of remote telepsychiatry clinicians is especially important for hospitals with a psychiatric unit. In this scenario, if remote clinicians are not privileged, another onsite practitioner who is privileged will need to stop what they are doing to submit admission orders on behalf of the remote clinician, which may disrupt the delivery of patient care.

Enrollment/Paneling

Clinician enrollment, also called insurance paneling or payer paneling, is a term commonly used by payers to indicate their own combined processes of credentialing and paneling. They collect and review the clinician's credentials in order to make a decision on if that clinician may be eligible for participation and billing under their plans.

Licensing

Licensing is the process that certifies that a clinician has met the qualifications to practice in a specific state. The standard is that telepsychiatry clinicians must be licensed and abide by the laws and requirements associated with the state where the individual receiving care is located. The licensure process varies from state to state and is governed by the requirements and capacity of individual state medical licensing boards. Unfortunately, there is little uniformity and health care clinicians are required to complete separate applications for each state in which they want to practice. This can be a lengthy and tedious process. Licensing typically takes at least 90 days and, in some instances, a clinician's new state licensure must be granted before other components of credentialing can be initiated.

One solution to this bottleneck is the Interstate Medical Licensure Compact (IMLC), which offers a streamlined process for qualified physicians to obtain licensure in multiple states. The licensure application process is expedited by using existing information that clinicians previously submitted in their state of principal license (i.e., the state in which a physician holds a full and unrestricted medical license). State medical boards that have enacted the IMLC continue to manage the licensure process, investigate complaints and refer clinicians for evaluation when appropriate. States continue to receive licensing fees associated with physicians applying for and maintaining licensure in their respective states. Visit imlcc.org to find out the status of the compact in your state.

Interstate licensure improvements are also in the works for Advanced Practice Registered Nurses. This Compact will be implemented when 10 states have enacted the legislation that would allow APRNs to hold one multistate license with a privilege to practice in other participating compact states. To learn more about the APRN Compact and how to support it in your state, visit aprncompact.com.

Telepsychiatry provider organizations with a robust network of clinicians who have been thoroughly vetted and are licensed in compact states are able to navigate the licensing process more quickly and efficiently, thus allowing them to start delivering services faster.

DEA Registration

When prescribing medication via telehealth, it needs to be done appropriately. Be sure your organization is aware of the current regulatory landscape surrounding telemedicine prescribing and consider utilization of prescription databases.

All prescribers need to hold a DEA registration number in each state in which they are practicing. Although the DEA is a federal entity, each DEA number is directly linked to a state license number and address.

Clinicians must first be licensed in a state in order to apply for a DEA registration in the state.

While some DEA registrations are linked to a particular site of service or practice, it is not common to get multiple DEA registrations within a state as a prescriber.

The average processing time for a new DEA registration for someone who has never had a DEA certificate before is four to six weeks provided that the application is complete. Additional state DEA certificates may be available in 10 to 14 days after application.



6 Design Workflows

It is important to proactively design a system that integrates telepsychiatry into the culture, clinical practice and operational workflow at your organization. Consider the following questions as you determine the plan that works best for your organization:

- When will you use telepsychiatry with a patient? How?
- Who will take the records? How will they be sent?
- How will you request a telepsychiatry encounter?
- Who will be the onsite telepsychiatry presenter?
 - What will they do?
 - How will they communicate with the remote clinician?
 - How will they introduce the patient to telepsychiatry?
- Where will telepsychiatry sessions occur?
- How will scheduling telepsychiatry work?
- Will telepsychiatry be an option during business hours, or only on nights and weekends?

In addition to some of the logistical considerations listed above, workflows should also include consent for telepsychiatry, if required, as well as how to decide what type and method of service is needed. The appropriate response time for delivering care in a particular situation ought to be defined (i.e., telephone vs. video, immediate vs. next day, etc). Workflows should be reviewed and approved by clinical leaders from both the hospital and the telepsychiatry provider organization prior to being put into practice. Best practice is for workflows to be printed, laminated and shared with onsite staff for quick and easy reference, especially during emergencies. Some sites find attaching them to the telehealth cart to be an effective strategy.

Should changes to the workflow need to occur in the future, both parties should review and agree to proposed modifications.

Call Center Considerations

When vetting telepsychiatry provider organizations, consider if they staff their own call center or if they outsource this function to a third-party vendor. Provider organizations who employ their own call center representatives have more control over the hiring, training and quality assurance checks of these front-line team members. In contrast, organizations who rely on outside vendors have little influence or involvement in the selection and development of these key resources.

Sample Telepsychiatry Workflow for Emergency Departments

Typical on-demand telepsychiatry clinicians are available to evaluate individuals upon request and can serve as a consultant or prescribe medication directly. In order to access a telepsychiatry clinician, support staff at your hospital generally contact a call center to give preliminary demographic and clinical information to a live representative or via an online form. The call center then links the onsite staff with a telepsychiatry clinician who is credentialed at your organization who can conduct a face-to-face interview with the individual via videoconferencing. After a psychiatric exam, the telepsychiatry clinician collaborates with onsite resources to jointly determine appropriate disposition or orders. Documentation should be promptly returned to the hospital via secure electronic transmission following each encounter.

When a telepsychiatry clinician is done speaking with an individual, they will likely be involuntarily committed, voluntarily committed or discharged. When someone is involuntarily committed, it is best to avoid telling them right away via video. The telepsychiatry clinician should speak privately with the onsite presenter to inform them, and then the presenter should tell the individual in-person. If the individual is discharged or voluntarily committed, the telepsychiatry clinician can inform them. The presenter should work with case workers onsite to determine placement for the individual after the telepsychiatry session.



7 Select Technology

Most hospitals use a mobile televideo equipment setup that can be mounted to an IV pole or rolling cart so that the video unit and the telepsychiatry clinician can quickly and easily be brought directly to the patient within the emergency room or stall.

Depending on the technical capabilities and infrastructure of the hospital, these systems may be set up to operate wirelessly or configured to be physically plugged in prior to the encounter.

There are a variety of online telemedicine platforms or software that you will be able to run on your selected telepsychiatry hardware. Work with the relevant staff and IT department at your hospital to assure that software is verified, confidential and secure. Some considerations to take into account when evaluating telepsychiatry platforms include:

- Is the platform HIPAA compliant?
- Is it interoperable with other televideo systems and software?

- Does it include other tools like data tracking and documentation?
- Is it stable and easy to use?
- Does it have unnecessary bells and whistles?

Internet Connection

For optimal results, a reliable, high speed internet connection with a bandwidth of between 6 and 10 mbps will minimize connection failures and provide a high quality televideo session. Firewalls or port limitations may be restricting certain types of outgoing or incoming traffic. If you have questions about your speed, connection strength or firewalls, contact your internet service provider.

The ping millisecond (ms) score should always be below 20 ms and download and upload speed should be at least 850 kilobits per second (kbps) or 0.8 megabits per second (mbps). The best speeds for reliable videoconferencing are between 6 and 10 Mbps, with 10 being the fastest.

8 Prepare the Ideal Space for a Televideo Encounter

It is very important that each telepsychiatry session is conducted in an environment that is private and comfortable and promotes effective communication between the individual and the remote clinician.

There are unique considerations onsite presenters should take into account when preparing each room to ensure

individuals receive the same care they would expect from an in-person clinician. Special attention should be paid to the auditory and visual presentation both in the room where the individual will be seen and on the remote clinician's end. Follow these practices to ensure there is an ideal space for telepsychiatry sessions



Room Setup

- The designated space for the telepsychiatry encounter should ensure privacy to prevent others from overhearing sensitive information.
- The location should be large enough to accommodate the individual being seen, a medical professional and a possible guest, if needed.
- The space should be clean, organized and lack clutter. There should not be an abundance of wires hanging or running along the floor.
- All forms or tools that the remote clinician requests (like diagnostic tests) should be in the room before the encounter begins.
- A plain wall or closed door is a preferable backdrop, if possible.

In the emergency department, a telepsychiatry session may not have its own designated space, but that should not compromise the amount of privacy that an individual has when speaking with a clinician.

- Take special precautions to ensure HIPAA compliance. If a designated space is not available for a telepsychiatry encounter, select a location away from areas where large groups of people may congregate. Try using sound dampening tools and be creative.



Lighting

- Make sure the entirety of the room and the individual's face is well-lit, with no shadows or black space in the shot.
- Be aware of the presence of windows in the space and be sure to pull down shades during the day to normalize lighting.
- Avoid having windows behind the individual as it may cast unnecessary shadows and make it difficult for the clinician to see.



Camera

- Individuals should sit between three and five feet from the camera if using a telemedicine cart
- If using a laptop, standard computer or mobile webcam, the device should be placed on a secure, flat surface with the camera pointing at eye level.
- If possible, before the encounter begins, the self-view test should be used to make sure that remote clinicians will have a good view of the individual.



Sound

- Microphones should be placed close enough to the individual to hear them clearly, yet far enough to prevent echoing. Best placement may require internal training because ideal locations depend on each site.
- Eliminate audio issues by utilizing carpeting and other sound dampening material such as corkboard or curtains. Also, note that these methods also help to absorb noise and ensure top quality sound.
- If the session location is placed central to others, try using a noise machine or ambient noise soundtrack to ensure privacy and help minimize interruptions outside your door.

9 Plan for Documentation

Documentation is a critical aspect of any healthcare program and telepsychiatry is no different. To ensure information consistency, accuracy and timeliness, the documentation process for remote telepsychiatry clinicians should be the same as it is for an in-person clinician. When implementing a telepsychiatry program at your organization, it is essential to ensure your remote clinicians have all the tools they need to adequately document all clinical encounters.

EMR Access and Training

A best practice for documentation is to provide your remote telepsychiatry clinician with VPN access to use the same EMR that your organization's in-person clinicians use. This will allow your remote clinician to document directly during a session. This is usually done using a second screen or monitor with the telepsychiatry clinician's computer setup so that they can see the patient on one screen and then document on the other with ease.

To help expedite the EMR training process, especially if numerous remote telepsychiatry clinicians are involved, the clinician organization should follow a "train the trainer" model of instruction. With this approach, the provider organization assigns one person to learn the EMR system deployed at your hospital, and, if possible, collect screenshots depicting the different data entry steps in the process in order to create a reference document for training purposes. This person also gathers pertinent paperwork, templates and forms from your organization that remote clinicians may need. The designated trainer, in turn, trains each telepsychiatry clinician who will be serving your hospital, teaching them how to navigate and document within your specific EMR system.



A note of caution: Some telepsychiatry provider organizations have their clinicians fax their clinical notes rather than document directly into the EMR system to avoid any bottleneck associated with gaining EMR access and training for remote clinicians. While that may save time on the front end during program implementation, it is actually less efficient in practice and adds a layer of administrative burden as it means someone onsite at your hospital will have to manually input the data from the paper chart into your EMR system.

10 Align Telepsychiatry with Quality

Given the importance of and increased focus on health care quality and delivery, it is essential to consider how to incorporate telepsychiatry into the quality and safety measurement and monitoring systems and process currently in place at your hospital or health care organization. During program implementation, the telepsychiatry provider organization should connect with a representative from the hospital's quality assurance team to set goals, develop strategies and identify metrics specific to telepsychiatry to not only support quality behavioral health care delivery, but also improve clinical outcomes and increase patient satisfaction. As part of this shared conversation about expanding the scope of the existing quality program, the telepsychiatry provider organization and hospital quality team should discuss the different activities their respective organizations perform as part of their ongoing care monitoring and assessment efforts. Together, determine whether the quality assurance processes at the provider organization and hospital seeking telepsychiatry services should be unified or remain separate.

As part of this effort to align quality efforts, especially with regard to the provision of telepsychiatry services, the two partner organizations should discuss what evaluation methods to use, data points to track and distribute, reporting expectations and the cadence or frequency of measurement and analysis.

A comprehensive quality assurance program often includes measures of clinician satisfaction and performance, patient satisfaction, peer review, clinical chart review, utilization review and operational process review. Findings from this ongoing quality assessment should be circulated among relevant stakeholders and an improvement plan should be developed and put into action to address any problem areas that are identified. Any quality issues that emerge that require immediate feedback, attention or intervention should be swiftly addressed. Create mechanisms and channels of information so that feedback is communicated in a timely fashion to the relevant people or departments and policies and procedure can be easily adapted to improve quality in the future.

11 Assign and Train an Onsite Presenter

One of the final steps before launching your program is to designate someone at your organization to serve as the telepsychiatry presenter. Presenters play an important role in ensuring individual telepsychiatry sessions, and the overall program, run smoothly. Since telepsychiatry clinicians are not physically on location, they ultimately rely on presenters to be successful. In an emergency department or hospital setting, mental health screeners, ED nurses, social workers or case managers often serve as a telepsychiatry presenter. Local regulation may dictate qualifications of onsite presenters.

The nature of a presenter's role, responsibilities and training in a hospital or ED setting varies depending on the location and staffing levels. Regardless, all presenters in these settings should understand what telepsychiatry is and be able to explain the process to those who may have questions about it and how it works.

When interacting with the individual receiving care, presenters set them up with the technology, educate them about the benefits of telepsychiatry and make them comfortable with the new mode of receiving treatment. Presenters can also gather sensory information, such as hygiene, that may be indicative of the

Array Behavioral Care offers training resources and materials for onsite telehealth presenters, including a Telepsychiatry Presenter Best Practices Course, which is accredited for continuing education and continuing medical education credits.

need for further treatment and may take vitals such as blood pressure, weight, pulse, etc. They are also responsible for gaining consent, if required in a particular state, prior to a telepsychiatry session and facilitating disposition after the session concludes.

A presenter's role often extends beyond the clinical encounter to include administrative tasks to ensure seamless integration of telebehavioral health into the site and to maintain the workflow. To make this possible, there needs to be clear communication between the presenter and the clinician and between the presenter and individual receiving care.

It is also important for presenters to convey information about the individual in the session that remote clinicians may not notice via video such as any non-verbal cues that they observe in-person in the waiting room or during rounding. They should also describe the room to the clinician and inform them of anyone who may be in the room, but off-camera. Presenters should have a direct line of communication to the telepsychiatry clinician in case of emergency and should notify them of emergency protocols.

Additionally, onsite presenters should inform telepsychiatry clinicians of local resources for inpatient, outpatient, partial hospitalization, residential and other community programs that clinicians can refer to for disposition recommendations.

Presenter's Role in an ED or Hospital Setting

- Request the telepsychiatry consult via the call center and/or online partner portal
- Activate the video session and do basic troubleshooting as necessary
- Present the case to the telepsychiatry clinician, which may include:
 - Outstanding clinical question to be answered
 - Collateral case information and risk factors
 - Vital signs and hygiene
- Prepare patients for the televideo interaction and facilitate the interview
 - Assist with hearing impaired individuals
 - Engage and involve translators when necessary
- Help manage labs, prescriptions, orders, medication reconciliation and disposition, as applicable
- Conduct case management to facilitate admission, transfer, transport, discharge, as applicable

12 Educate Staff, Patients and Community

Educating everyone who will be involved is an important step when implementing a telepsychiatry program.

Remote Telepsychiatry Clinicians

Telepsychiatry clinicians need to know almost everything the onsite clinicians and team know about the way the relevant program operates in order to be effective in their role treating individuals. It is important to inform them on key factors that may have important implications in the provision of their services, such as population demographics, organizational bylaws and local resources. This information should be collected during implementation and shared with remote clinicians as part of their site-specific training through a "train the trainer" program. Introduce them to the team they will be working with and educate them on the nuances of the hospital and community they are serving.

Onsite Staff Using Telepsychiatry

Relevant onsite staff should be aware of when telepsychiatry will be used and how. Provide adequate training to onsite staff and ensure they understand telepsychiatry is meant to support in-person care, not replace. They should also understand that technology isn't the main focus – the care given to individuals is.

Mock scenarios should be conducted to allow onsite staff to practice getting connected to a remote clinician and using the televideo equipment so that everyone is comfortable with the technology and the process before launch. Typically, problems with technology are user error and can be avoided with training and practice. Work with the IT team to identify common issues early on so you don't have to rely on them later.

Full Staff

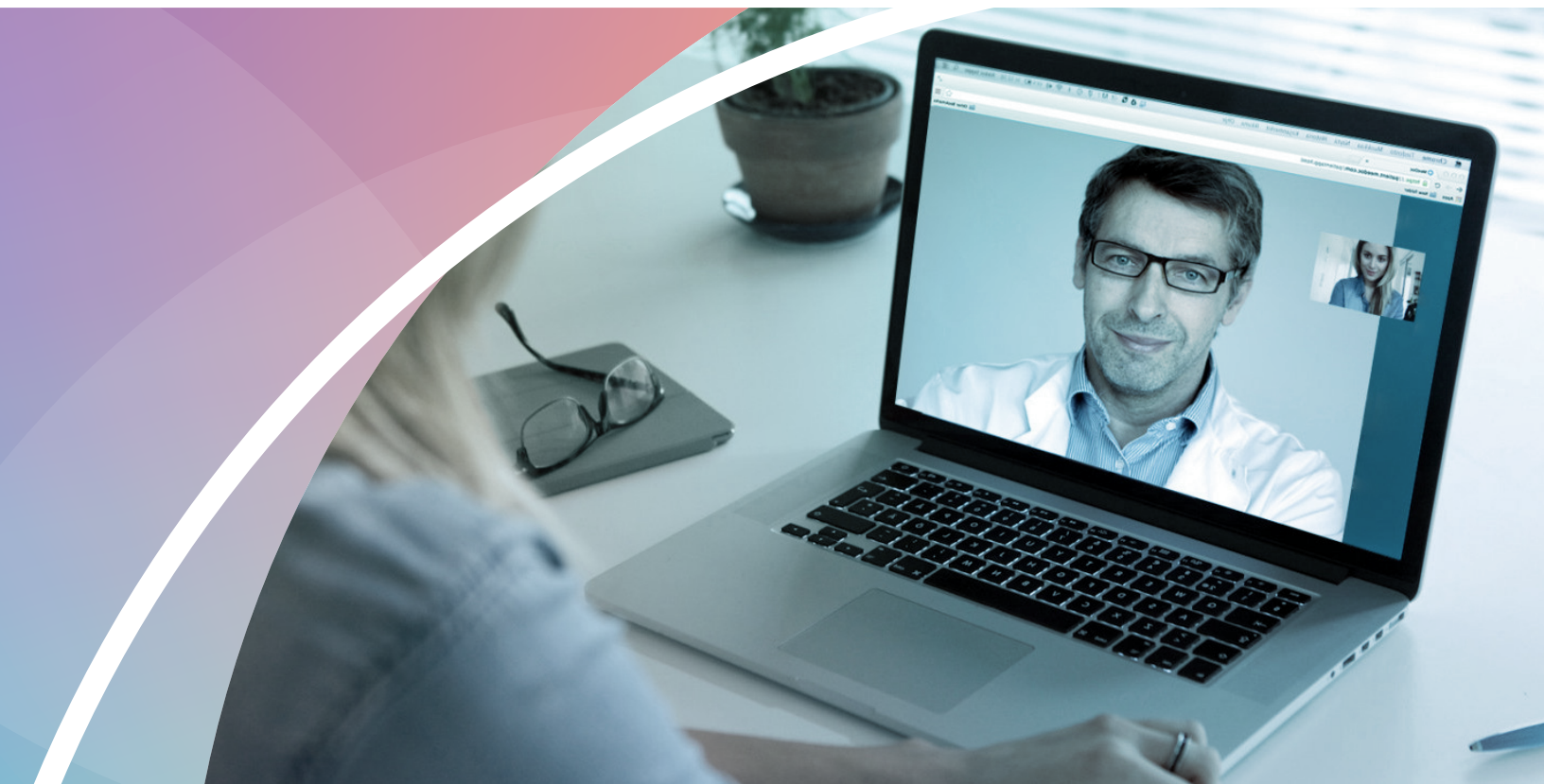
Introduce the telepsychiatry program to staff at your hospital or health care organization using internal communication channels such as an intranet post, email, break room poster and/or employee newsletter. Circulating the news internally helps to ensure your team is informed and feels connected and engaged. It also demonstrates your commitment to innovation and continuous advancement in the delivery of quality care.

Patients

Individuals' familiarity and comfort with the idea of telepsychiatry can vary widely. To alleviate any concerns or address any misconceptions they may have, it is important to explain what telepsychiatry is, how it works and what to expect during a televideo encounter. When introducing the idea to patients, onsite staff should describe telepsychiatry as mental and behavioral health care delivered through video in a private place using a secure platform. Reassure them that telepsychiatry has been shown to be as effective as in-person care and compare the experience to using tools like Skype or FaceTime. Let them know that onsite staff will help set them up with the televideo equipment, make sure they are comfortable with the technology and remain close by to help with any issues that may come up during their encounter.

Community

Once the telepsychiatry program has been launched, the hospital or health care organization can announce it by sending a press release to local news media and posting it on their own channels, such as a website, social media, patient portal, newsletter or any other internal communications tool. Promoting the program not only helps raise awareness in the local community and showcases an organization's commitment to innovation, but can also potentially inspire other organizations to leverage telepsychiatry which can increase economies of scale and lead to healthier populations overall.



Optimizing Your Telepsychiatry Program for Success

Focus on Telepsychiatry Outcome Metrics

Telehealth gives organizations and clinicians a chance to raise the bar when it comes to data tracking. The telehealth industry is seeing an increased focus on using technology to not only measure sessions and satisfaction, but also to determine the actual outcomes of care delivered through telepsychiatry. This focus on outcomes will help healthcare organizations be better positioned for value-based care success.

Outcome tracking for behavioral health can be a challenge, regardless of the medium of care. Telepsychiatry is no different. Although difficult, it is important that organizations contemplate outcome tracking during program design and consult experts within their organization to determine a plan that is feasible for their onsite staff and the remote telepsychiatry clinicians. Because tracking telepsychiatry outcomes has not yielded a great amount of data thus far, there are many opportunities for organizations to lead the way with outcome tracking and distinguish themselves as a leader in the field. Organizations instituting telepsychiatry programs are encouraged to contribute to the field and help collectively advance person-centered care outcomes with telepsychiatry.

PROGRAM DATA OF POTENTIAL INTEREST TO COLLECT AND TRACK

Average Length of Stay (ALoS)

of Emergency Psychiatric Encounters

of Inappropriate Commitments

of Readmissions

Average Daily Cost to Treat Mental Health Patient

Patient Satisfaction

Employee Satisfaction

Share Your Success

Celebrate and promote your telepsychiatry program success both inside and outside the organization. By publicizing findings from your telepsychiatry program, you can help advance the field as a whole and further increase the credibility of your program to external audiences. Look for opportunities to share program-level data highlighting the financial, clinical and operational benefits that your organization and patients have realized as a result of telepsychiatry. You could also describe stories or share case studies about positive patient experiences or interactions as a result of telepsychiatry, or an instance in which your telepsychiatry program solved a problem or crises. By submitting abstracts, writing academic journal articles, and speaking at conferences and industry events you help expand telepsychiatry news and research while also showcasing your hospital's innovation and success.

Consider Opportunities to Expand

Often, telepsychiatry can be thought of as a temporary solution for the immediate psychiatry needs of an organization. However, telepsychiatry services can add value to nearly any setting across the continuum of care, including community mental health clinics, federally qualified health centers, outpatient centers, skilled nursing facilities (SNFs), primary care, universities, correctional facilities, and Assertive Community Treatment (ACT) and mobile crisis teams. Despite telepsychiatry being able to potentially address psychiatric shortages in all of these settings, most organizations currently only use it in one or two of these areas. There is a significant opportunity to expand telepsychiatry programs and a network of telepsychiatry clinicians across a complex health care organization or across an entire community.

Expansion Within Your Organization

Once your organization begins using telepsychiatry and realizes the immediate- and long-term benefits that it affords, it is an opportune time to evaluate if there are other locations where this model of care could be beneficial. Consider introducing telepsychiatry to other settings or sites within your hospital, health system or network that are not yet using it. Often when working with a telepsychiatry partner, it is easier and more affordable to roll out telepsychiatry to a new setting within the same organization. Communicate with your telepsychiatry partner and keep telepsychiatry top of mind, so you can potentially meet the mental health needs of additional individuals.

Expansion Into the Community

In addition to organically growing telepsychiatry within and/or across your health care organization, consider opportunities to expand into areas within your community in high need for psychiatry support. It could be that a telepsychiatry partner could assist other organizations within the community with psychiatric capacity from the same clinician or team of clinicians that is serving your organization.

This would help with alleviating mental health and psychiatric crises across the community and allow patients to potentially see the same telepsychiatry clinician or group of clinicians across multiple care settings, thus improving continuity of care.

Multiple locations and organizations within a community buying into telepsychiatry also opens the door to conversations about improved data tracking and information sharing across organizations. A community that fully embraces telepsychiatry and its different models across multiple settings and organizations will be able to significantly improve the mental health care for the entire local community population.

Incorporate Telepsychiatry Into Long-Term Growth Strategies

Collaborate with your telepsychiatry partner on a long-term strategy that can help meet your immediate needs for clinician coverage, as well as help address and add value to many strategic priority areas in the future. A well-designed, scalable telepsychiatry program can empower your organization with new tools and resources to meet future needs and opportunities and long-term growth goals.

Scalable Care Across the Continuum

Does your telepsychiatry partner have options to evolve alongside your organization?

Do they have experience and expertise running telepsychiatry programs in settings across the continuum of behavioral health care?

Ideally, in addition to serving an individual within the emergency department, telepsychiatry clinicians should also be able to work in an inpatient unit, community-based setting or stepdown program. This means that the same small team of clinicians could potentially follow a patient's progress across multiple stages of care. By bolstering the psychiatric services at settings across the community, you and your telepsychiatry partner can help your community reduce the number of hospitalizations and psychiatric crises overall.

Conclusion

Collaborate with your telepsychiatry partner on a long-term strategy that can help meet your immediate needs for clinician coverage, as well as help address and add value to many strategic priority areas in the future. A well-designed, scalable telepsychiatry program can empower your organization with new tools and resources to meet future needs and opportunities and long-term growth goals.

Modern behavioral care, from hospital to home.



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Array is the leading and largest telepsychiatry service provider in the U.S. with a mission to transform access to quality behavioral healthcare. Its size, diversity of services and extensive experience and expertise have helped establish it as an industry thought leader that has helped to shape the field, define the standard of care and advocate for improved telepsychiatry-friendly regulations. To learn how Array can help your organization deliver quality behavioral healthcare, visit arraybc.com.