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SOLUTIONS THAT SAVE

Using Telebehavioral Health Treatment Teams to Improve ED Throughput and Patient Outcomes



Hospital emergency departments (EDs) across the country are experiencing a surge in the number of patients presenting with mental health issues. This trend is due to a combination of factors, including lack of community mental health services, cost and coverage barriers, insufficient outpatient resources and inpatient treatment options and a nationwide shortage and uneven geographic distribution of psychiatrists.

Given this, patients seeking behavioral health treatment face long wait times and may have to travel significant distances for an appointment. They may also have trouble finding psychiatry practices accepting new patients or that take their insurance since many have converted to cash-only private practices. Therefore, with nowhere else to turn, these patients are increasingly relying on EDs for behavioral health care.

With on-demand telepsychiatry and the use of telebehavioral health treatment teams, psychiatric patients who present in the ED for care will no longer have to wait for hours for evaluation or disposition. Timely access to psychiatric assessment has been shown to decrease ED length of stay, save money, reduce readmission rates and unnecessary hospitalizations, improve patient outcomes and satisfaction and help ensure individuals are receiving the most appropriate, least restrictive level of care. This is a mutually beneficial solution for patients and for the ED, improving patient care while also ensuring the availability of ED beds and resources to help other emergency patients.

CONSEQUENCES OF TREATING MENTAL HEALTH IN THE ED

Unfortunately, EDs are not designed or staffed to provide behavioral health patients the care that they need. Many lack the training, staff, space and appropriate triage protocols for patients with psychiatric issues. While ED physicians are experts at treating medical emergencies that involve physical illness and injuries, many do not have the knowledge, training and confidence to assess and treat mental health problems. Further, many EDs do not have access to an on-call psychiatrist for psychiatric emergencies. In fact, according to the American College of Emergency Physicians, only about 17% of emergency physicians report they had a psychiatrist on call.¹

The fact that most EDs are not fully prepared or equipped to properly manage behavioral health patients can lead to inaccurate assessments, inadequate care, and as a result, potential deterioration of the patient's symptoms and behavior escalation.² In addition, the increasing over-reliance on EDs to provide mental health assessment and care coupled with the ED deficiencies and lack of psychiatric inpatient services can cause boarding in the ED, which is costly, reduces bed turnover and contributes to overcrowding and long wait times. This, in turn, can lead to poor patient experiences, poor care, and poor outcomes for psychiatric and medical patients alike.

In a landmark 2012 Wake Forest University Health Sciences study, researchers examined the impact of psychiatric boarding in EDs. They found that psychiatric patients tend to wait 3.2 times longer in the ED than non-psychiatric patients, preventing 2.2 bed turnovers (or additional patients seen) which costs the ED \$2,264 per patient when both direct and opportunity losses are considered.³

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¹ Emergency Room Visits for Mental Health Conditions: Expect Long Waits. (2020). Retrieved from <https://www.psychiatry.org/news-room/apa-blogs/apa-blog/2016/11/emergency-room-visits-for-mental-health-conditions-expect-long-waits>

² Solveig Dittmann, C. (2018). Managing behavioral health risks in the emergency department. Retrieved from <https://www.beckershospitalreview.com/hr/managing-behavioral-health-risks-in-the-emergency-department.html>

³ Nicks, B., & Manthey, D. (2012). The Impact of Psychiatric Patient Boarding in Emergency Departments. *Emergency Medicine International*, 2012, 1-5. doi: 10.1155/2012/360308



ON-DEMAND TELEPSYCHIATRY IS A SOLUTION

With EDs increasingly becoming the primary treatment center for many patients with mental health concerns, hospitals need to consider alternative models of care, such as on-demand telepsychiatry, to more quickly assess and treat psychiatric patients in the ED and refer them to the appropriate level of care more quickly and efficiently.

On-demand telepsychiatry services are generally one-time encounters with trained and experienced telepsychiatry clinicians who collaborate with onsite resources to determine the appropriate disposition and plan for an individual in psychiatric crisis. These telepsychiatry clinicians can conduct patient evaluations and aid the onsite healthcare team with orders and care for individuals in crisis. They are also available for consultation, giving onsite staff the extra support and confidence, they need to make informed, rapid, clinically appropriate decisions for patients with mental health concerns.

COLLABORATIVE, MULTIDISCIPLINARY TELEBEHAVIORAL HEALTH TREATMENT TEAMS

Another innovative workforce strategy that has proven successful and is gaining in popularity is to adopt a team approach to psychiatric care in the ED.

Treatment teams are commonly used already in collaborative care programs at community-based settings across the country. These programs are designed to align mental and physical health care by bringing mental health specialists into the primary care practices, creating teams of mental health and primary care providers working together with individuals and their families to provide the best possible care. Embedding these behavioral health care services via telehealth is an impactful way to treat the whole patient without the burden of physical co-location.

A similar treatment team approach can be applied to acute psychiatric care in hospitals in order to increase access, quality and efficiency in behavioral health care, benefiting both ED providers and the patients they serve. Under this care model, psychiatrists and psychiatric nurse practitioners (NPs) operate more as expert consultants while therapists, social workers and other levels of behavioral health professionals are also layered into the telebehavioral health clinician care team. This approach ensures the highest and best use of all clinicians' time and encourages practicing at the top of a clinician's level of licensure.

These telepsychiatry care teams can be used to help triage and assess individuals presenting with a mental health concern and make decisions regarding admission, discharge and referral for these patients. This not only expedites treatment and improves the quality of care for individuals with mental health concerns, but also frees up ED resources for more acute medical presentations.

TELEBEHAVIORAL HEALTH TREATMENT TEAM MEMBERS MAY INCLUDE THE FOLLOWING:

Screeners

Screeners evaluate behavioral health patients presenting to the ED to determine their risk level and appropriate disposition. By gathering collateral information, collaborating with any existing providers a patient may have and asking patients a series of questions, behavioral health screeners can stratify them into risk categories and establish next steps. For instance, once medically cleared by the ED physician, patients classified as lower risk can be discharged to a community resource. Patients deemed higher risk, such as those who present a threat to themselves or others, usually require admission to an inpatient psychiatric unit, residential program, partial hospitalization program (PHP) or intensive outpatient program (IOP). Screeners are typically trained licensed clinical social workers or counselors.

Psychiatric Specialists

Psychiatric specialists include psychiatrists (MDs and DOs) and psychiatric nurse practitioners who perform psychiatric assessments or mental status exams, serve as a consultant to the attending ED physicians or prescribe medication directly as appropriate depending on the needs and preferences of the hospital, and make risk determination, capacity to discharge and disposition recommendations.

- As of July 2020, 28 states and the District of Columbia gave NPs full practice authority to diagnose, treat, order diagnostic tests and prescribe independently. In the remaining states, psychiatric NPs collaborate with a practicing psychiatrist who signs off on diagnoses and treatment prescribed by the NP.

Discharge Planners

Discharge planners arrange follow-up appointments, coordinate care with existing providers, make referrals to appropriate treatment programs and connect behavioral health patients and their families with relevant community resources and support services. They work closely with the patient and the family to develop an aftercare plan that best fits the needs of the patient. As part of this care transition plan, discharge planners will also discuss self-care, self-management techniques and coping strategies in order to improve outcomes and reduce relapse rates and hospital readmissions. They also help coordinate appropriate placement for patients unable to return home, such as finding a bed in a residential program or inpatient unit. Discharge planning is often done by a social worker or case manager.

- It is important that telebehavioral health clinicians are aware of the available community resources and understand the strengths and nuances of all the community referral options where a patient may go next. That way, when it comes time to decide the best formal and informal services and supports for a patient after discharge, the telebehavioral health clinician can offer the most appropriate recommendations and referrals to the right options that best fit the needs of the patient.

All of these behavioral health team members can be staffed via telehealth to reduce the recruiting, logistical and financial burdens that the onsite provision of those services would require. These remote specialists can work in partnership with onsite ED staff to shorten the length of stay in the ED for behavioral health patients. The most successful telebehavioral health programs develop strong communication, well developed workflows and specific protocols from the start.

This treatment team model provides patients with better access to expert mental health care, allows for the comprehensive assessment and treatment of behavioral health issues, and ensures a seamless care transition with proactive post-discharge outreach.

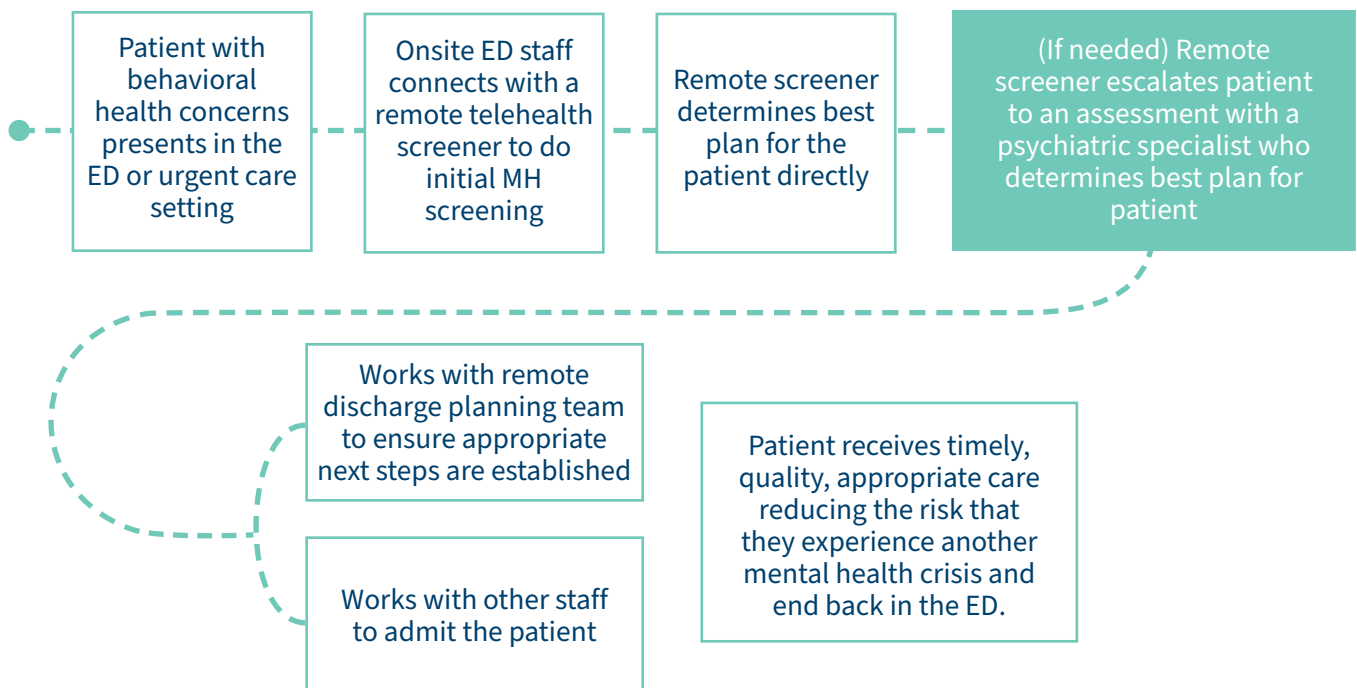


Clinical experience and research have shown that the introduction of a psychiatric NP or other behavioral health professional in the ED leads to increased staff competence and confidence in interacting with those presenting with mental health issues. The use of this specialized role also enhances access to mental health care, ensures quick safe throughput, offers holistic care that focuses on the whole person, improves care coordination and augments the existing system of care. Further, evidence from literature and practice has shown improved clinical outcomes for mental health patients

presenting in the ED when psychiatric NPs are used to perform initial assessments and link them with relevant inpatient or community-based services.

Array, an industry leader, has long advocated for the use of NPs and other behavioral health professionals across all care settings to help bridge the widening gap caused by the looming psychiatrist shortage and growing demand for mental health care. In EDs specifically, we strongly recommend a combined coverage model that relies on a combination of psychiatrists, NPs and social workers.

TEAM APPROACH TO PSYCHIATRIC CARE IN THE ED



TELEBEHAVIORAL HEALTH IN THE COMMUNITY

Behavioral health conditions often go untreated until they become acute, complicated and costly. Telepsychiatry enables individuals to have access to quality, timely behavioral health care even outside of the hospital setting. By implementing telepsychiatry in community settings such as mental health centers, primary care offices and in-home care, individuals have avenues to receive preventative, follow-up or maintenance care.

Community-based telepsychiatry programs give individuals a convenient way to stay compliant and healthy. Broader access to behavioral health care through telepsychiatry in non-acute settings allows for early detection and intervention, which helps prevent patients from escalating to the point that they need to end up in a psychiatric crisis unit or hospital ED. This not only reduces hospitalizations and readmissions, but also improves patient outcomes and wellbeing and reduces the impact of mental illness.

Direct-to-consumer telepsychiatry appointments are also growing in popularity as a discharge referral option for individuals moving from the hospital to community-based care or a home environment. This allows discharge planners to book an appointment for patients at the time of discharge (or soon thereafter) so that they can continue on a healthy course that reduces their risks of rehospitalization. With day, night and weekend appointment availability, patients can connect with a qualified behavioral health clinician sooner and are able to receive care while in the comfort and security of their own home or private space. Patients also tend to be more engaged in their care given the convenience, ease and flexibility of direct-to-consumer telepsychiatry.

The value of telepsychiatry is that it can bring unprecedented care to underserved communities. By making telehealth accessible to all people in all locations, telepsychiatry can significantly improve the behavioral health of an entire community. In today's connected world there is no reason that a community or a person should feel removed from behavioral health care services that could help address concerns early. Any location can connect to telehealth. Telehealth makes it easier for individuals to access care and stay connected to providers which means that people have more control and agency in their health and well-being. A blended model of care throughout a community enables individuals to potentially access the same provider in a variety of settings, from the hospital to rehabilitation, to an outpatient clinic to in-home follow-up.

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CARE ACROSS THE CONTINUUM

Array is unique in that it works in settings across the continuum of behavioral health care. In addition to serving an individual within the emergency department, Array clinicians can also work in an inpatient unit, community-based setting or step down program. Array proactively seeks to build relationships with all discharge or referral locations within the communities where we work and seeks to build a true network of psychiatric support which can augment the mental health care services at all settings across the continuum. This means that the same small team of clinicians could potentially follow a patient's progress across multiple care settings, thus improving continuity of care. Additionally, by bolstering the psychiatric services at settings across the community, Array is able to help a community reduce the number of hospitalizations, readmissions and psychiatric crises overall.



CONCLUSION

Given the challenges many health systems face in addressing patient mental health needs, telebehavioral health is a viable solution to bridge this gap in care and reduce the strain on EDs across the United States. With the correct approach and tools, telebehavioral health can also provide much-needed care to underserved communities. Collaborative efforts such as these can only stand to benefit both the communities and health organizations they support.

Modern behavioral care, from hospital to home.



For more information, please visit arraybc.com

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.