

Vermont Emergency Telepsychiatry Network Update

WHAT

VPQHC is collaborating with patients, families, hospitals, and key stakeholders to develop and implement a Vermont Emergency Telepsychiatry Network.

GOAL

To ensure that every individual presenting to an ED in Vermont with mental health needs has access to timely, specialized, psychiatric consultation and treatment.

WHY

Data shows an increase in the number of patients presenting to EDs, in addition to an increase in wait times in EDs for adults and children, with mental health primary concerns. Telepsychiatry, in the form of live-interactive videoconferencing, is an application for emergency psychiatric assessment and treatment, which research has shown can improve the quality and quantity of mental health services, particularly for rural populations.

HOW

FUNDING

\$1,000,000 Federal allocation - Congressionally Directed Spending - Senator Leahy's office - VPQHC
\$68,650 VT COVID-19 Response Fund - Vermont Community Foundation - VPQHC
\$100,000 Department of Mental Health

PLANNING

With support from the VT COVID-19 Response Fund of the Vermont Community Foundation, VPQHC is partnering with The Northeast Telehealth Resource Center – Medical Care Development – Public Health (MCD-PH), to produce a report on how to implement a Vermont Emergency Telepsychiatry Network. The report will be completed by August 2022.

Planning components include:

- Research/literature review
- National environmental scan
- Identify data sources & metrics
- Surveys to hospitals, patients, families & other stakeholders
- 1:1 semi-structured interviews with hospitals, patients, families & other stakeholders

IMPLEMENTATION

Implementation approach will be dependent on findings from the planning phase. VPQHC anticipates receiving details on how the funding will flow for the Congressionally Directed Spending allocation in the near future, including details on any restrictions. We will be coordinating with The Department of Mental Health, to ensure our two grants are aligned.

SUSTAINABILITY

VPQHC is planning for sustainability early on in the process, and will refine the approach as we work through lessons learned under the planning and implementation phases.



North Carolina Telepsychiatry Program

2020 Profile (Data from State Fiscal Year 2020 and current as of 6/30/2020)

Program Facts*

\$1.8M

Annual grant State appropriation and carry forward from the General Assembly to NC-STeP

\$200K

Program support in funding from North Carolina Department of Information Technology

54

Participating Consultant providers

47

Average Length of stay of IVC in hours

24

Median Length of stay of IVC in hours

53

Total number of Telepsychiatry referring sites

6,091

Total number of involuntary commitments (IVCs) that were overturned since SFY 2013

18,233

Total number of reports of involuntary commitment since SFY 2013

43,025

Assessments provided since SFY 2013

Overview

There are 94 counties in NC that are classified as Mental Health Shortage Areas (an increase from 90 in SFY 2019). Though, not designated, there are additional counties that have a very low supply of mental health professional in proportion to the population.

The N.C. Statewide Telepsychiatry Program (NC-STeP) was developed in response to Session Law 2013-360, directing ORH to oversee a statewide telepsychiatry program. The program was instituted so that an individual presenting at a hospital emergency department with an acute behavioral health crisis will receive a timely specialized psychiatric assessment via video conferencing technology. General Statute 143B-139.4B, subsequently, has expanded NC-STeP services to include community-based sites. As of SFY 2020, there are eight community-based sites serving patients' behavioral health needs.

Overall, the program has generated cost savings that are counted from overturned involuntary commitments, which benefitted state psychiatric facilities, hospitals, law enforcement agencies, Medicare, Medicaid, and many other stakeholders. Specific to state psychiatric facilities, the program has achieved estimated cumulative cost savings of \$32,891,400.

Return On Investment and Economic Impact

Source: IMPLAN

Table with 3 columns: NC-STeP Expenditures (\$1,846,995), Created Economic Impact (\$1,448,107), Total Impact (\$3,339,549). Includes sub-rows for 'Generates 30 additional jobs' and 'Generated in state and local taxes which goes back into the local and state economy'.

Each NC-STeP grant dollar has a total economic impact of \$1.78



*Economic impact is estimated to be much greater because improved health outcomes can lead to fewer missed work days, reduced health care costs, and reduced premature morbidity and mortality. Some expenses such as out of state purchases, overhead, and rollover payments are not captured for ROI and economic impact.

This use of technology can reduce patients' length of stay in the emergency department (which can last for days in some cases) and overturn unnecessary involuntary commitments (IVCs), thereby reducing the burden on staff and reducing costs to the state and federal governments, as well as the private sector. The expansion into community-based settings will reduce costs by engaging individuals before a mental health crisis that requires a hospital level IVC assessment. If the community sites are preventing an unnecessary hospital-based IVC assessment, then costs savings are realized by preventing an IVC from occurring. This upstream approach works to address health issues before it progresses to high-cost service and time, for both individual and provider.

34% Involuntary Commitments Overturned. 910 patients avoided unnecessary hospitalizations due to overturned IVCs in SFY 2020. Includes icon of a hospital bed.

*Grantee reported measures were impacted by the COVID-19 Pandemic in Quarters 3 and 4



North Carolina Telepsychiatry Program

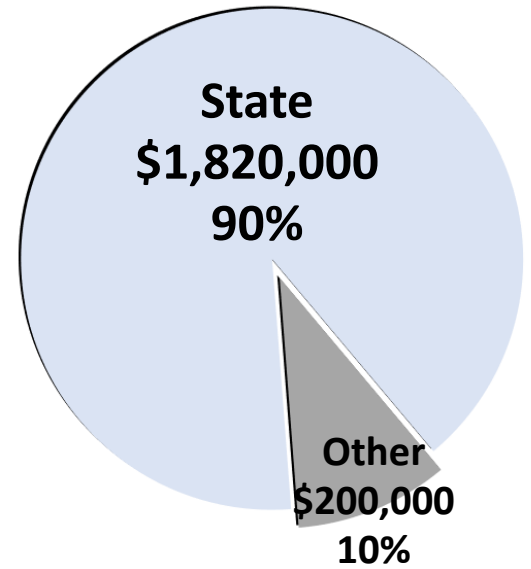
2020 Profile (Data from State Fiscal Year 2020 and current as of 6/30/2020)



Technical Assistance

14 Activities to 11 Counties Provided by ORH Staff

Total Program Funding*



Site Development Assistance 6 Activities

Training Sessions 1 Activity

Community Development Assistance 6 Activities

Disseminate Rural Health Information 1 Activity

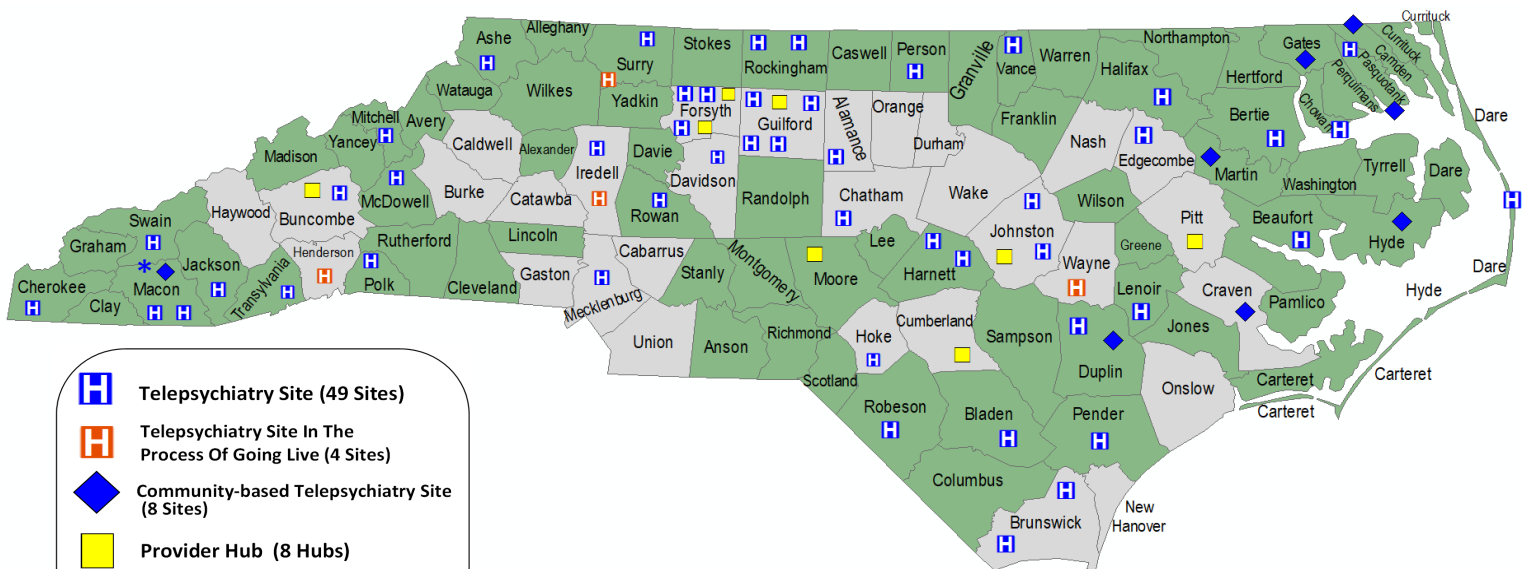
Program Reach

49 Live Hospitals

4 Hospitals in Process

8 Community-based Telepsychiatry Site

8 Provider Hubs



- Telesychiatry Site (49 Sites)
Telesychiatry Site In The Process Of Going Live (4 Sites)
Community-based Telesychiatry Site (8 Sites)
Provider Hub (8 Hubs)
Rural County (70 Counties)
Urban County (30 Counties)

* Represents Community-based Telesychiatry Site funded by the Fullerton Foundation



If you have further questions, please contact:
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Vermont Suicide Prevention in the ED Quality Improvement Project

GENERAL OVERVIEW

The Vermont Program for Quality in Health Care, Inc. (VPQHC) is partnering with hospitals under the Vermont Suicide Prevention in Emergency Departments (ED) Quality Improvement Initiative. This initiative is supported through a public-private partnership. The purpose is to drive monetary, educational, and networking resources to Vermont hospitals to focus on tailored initiatives for improving the quality of care for suicidal patients presenting to EDs.

PROJECT:

Suicide Prevention in the ED Quality Improvement Project







FUNDERS:

Vermont Department of Health - State Office of Rural Health, Vermont Department of Health - CDC Suicide Prevention Grant, VT COVID-19 Response Fund of The Vermont Community Foundation, Private Philanthropy

TIMEFRAME:

February 2022 - December 2022

Hospital Participation Requirements

| | | | |
|--|--|--|--|
|  | Submit a Letter of Intent to Participate |  | Engage in educational & networking opportunities |
|  | Complete Organizational Assessment |  | Counselling on Access to Lethal Means (CALM) training |
|  | Establish suicide prevention in the ED implementation team |  | Identify QI projects & metrics to impact; report out on progress |

Hospital Participation Benefits

- Minigrant of \$12,500
- Educational stipend (\$1,500)
- Focused mock survey (core suicide prevention focus across all hospitals)
- Technical assistance from VPQHC team
- Membership in peer learning community
- Access to high-quality, tailored educational programming

ACCOMPLISHMENT PROJECT SUMMARY

1. Enrolled nearly all Vermont hospitals.
2. Completed draft of organizational assessment.

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TIMEFRAME:

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PROJECT STEERING COMMITTEE

A multistakeholder steering committee provides strategic guidance to VPQHC on this project. Membership includes:

- Suicide loss survivors
- Dr. Edwin Boudreaux, PhD Professor of Emergency Medicine, Psychiatry and Quantitative Health Sciences Vice Chair of Research, Department of Emergency Medicine, UMass Chan Medical School
- Rutland Regional Medical Center
- University of Vermont Medical Center
- Copley Hospital
- Gifford Medical Center
- Rutland Mental Health Services
- Center for Health & Learning – Vermont Suicide Prevention Center
- Vermont Association of Hospitals and Health Systems
- The Vermont Department of Health – State Office of Rural Health
- Department of Mental Health
- Independent Psychiatry



UPCOMING TASKS

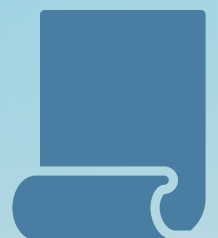
- April steering committee meeting
- Continue recruitment for steering committee for representative with lived experience
- Advertise for CALM training
- Finalize organizational assessment
- Finalize hospital recruitment

Vermont Emergency Department Pediatric Comfort Kits Project Overview



1,220 KITS

175 (Ages 3-5)
385 (Ages 6-12)
660 (Ages 13-18)



11 BINDERS

Activity resource
binders & laminated
posters



11 HOSPITALS

*Kits assembled for 11
hospitals, with 3 hospitals
building kits independently*



6 MONTHS

*Kit needs assessment,
ordering, assembly,
delivery*

Resources

VPQHC staff lead: Bonnie Collins,
Program Coordinator

Boston Children's Hospital -
Emergency Medical Services for
Children Innovation & Improvement
Center Guidelines

Guidance from UVMHC Child Life
Services & Dr. Christian Pulcini

Agency of Human Services - Vermont
Department of Mental Health &
National Alliance on Mental Illness
(NAMI VT) written materials

\$36,596 BUDGET

*Source: VT COVID-19 Response Fund
of The Vermont Community Foundation*

Insights

- Emergency Departments are short staffed
- All kit items reviewed to ensure safety and compliance standards met
- Delays due to supply-chain issues
- The simple act of giving a kit can significantly impact one's experience while waiting in the ED

Upcoming

- Finalize deliveries
- Impact survey
- Sustainability

VPQHC

Vermont Program for Quality in Health Care, Inc.

Vermont Emergency Department Pediatric Comfort Kits Project Overview

