

Original Research Report

Telepsychiatry Consultation for Medical and Surgical Inpatient Units

Julie A. Graziane, M.D., Priya Gopalan, M.D., Jack Cahalane, Ph.D.

Background: Telepsychiatry is becoming more commonplace in the provision of psychiatric care. Most commonly used in the outpatient setting, there is little information available in the literature as to the use of telepsychiatry for inpatient medical/surgical consultation. **Objective:** We review the University of Pittsburgh Medical Center's telepsychiatry consultation program that provides consultation to an outlying community-based rural hospital. **Methods:** This article examines the 69 telepsychiatry consultations that were performed from November 2014 through February 2016, looking at the patients served, common consultation questions, and patterns of diagnoses and recommendations. **Results:** The median age of individuals undergoing telepsychiatry evaluations was 67 years, and the most

common reason for consultation was for delirium. Over half of the patients consulted had a primary diagnosis of delirium, dementia, or a cognitive disorder not otherwise specified, using *Diagnostic and Statistical Manual of Mental Disorders (Fourth Edition, Text Revision)* diagnoses. In most patients, additional laboratory studies or imaging or both were requested and medication changes recommended (initiation, dose changes, and discontinuation). **Conclusion:** This report provides one of the first detailed views of the use of telepsychiatry in a remote inpatient medical setting. Findings will guide education to primary teams and will shape the development of future telepsychiatry interventions.

(Psychosomatics 2017; ■:■■■–■■■)

Key words: consultation-liaison, internal medicine, telepsychiatry, service delivery.

INTRODUCTION

Mental health parity and the Affordable Care Act have brought access to mental health care to the forefront of discussions around service delivery and have allowed institutions to think beyond traditional psychiatric outpatient services. As integrated care gains popularity as a standard of psychiatric care, hospital systems and psychiatric departments will require efficient use of existing resources to provide care to the largest number of patients.

Telepsychiatry as a method of service delivery is becoming more commonplace in the provision of psychiatric care in areas of high need. Telepsychiatry has been shown to be an acceptable mode of treatment

from both patients' and practitioners' perspectives,¹ and is comparable in efficacy to in-person evaluations.^{2,3} Models of care in the outpatient primary care setting have varying degrees of psychiatric practitioner involvement, ranging from consultation directly to the

Received May 12, 2017; revised August 9, 2017; accepted August 10, 2017. From the Department of Psychiatry (J.A.G., P.G.), University of Pittsburgh Medical Center, Western Psychiatric Institute and Clinic, Pittsburgh, PA; Department of Psychiatry (J.A.G., J.C), Penn State College of Medicine, Pennsylvania Psychiatric Institute, Harrisburg, PA. Send correspondence and reprint requests to Julie A. Graziane, M.D., Department of Psychiatry, Penn State College of Medicine, Pennsylvania Psychiatric Institute, 2501 N Third Street, Harrisburg, PA 17110; e-mail: jgraziane@pennstatehealth.psu.edu

© 2017 The Academy of Psychosomatic Medicine. Published by Elsevier Inc. All rights reserved.

Telepsychiatry Consultation

primary care team regarding diagnosis and treatment decisions, to more integrated programs that include mental health screening for patients, the consultation itself, and staff education and training, to collaborative care models.⁴ Although most commonly used in the outpatient mental health setting, telepsychiatry has found its way into other locations, such as rural inpatient psychiatric units for purposes of coverage for physician training, vacation or illness,⁵ long-term health care facilities,^{6,7} and for those who are incarcerated.⁸ The general medical hospital is another health care setting in which the use of telepsychiatry services may provide an option for procuring psychiatric care for medical and surgical inpatients. Although there are several studies detailing the use of telepsychiatry services in medical emergency department settings,^{9–11} there are few studies guiding the use of telepsychiatry in the inpatient medical setting.

Psychiatric consultation to rural hospitals may be limited by poor access to psychiatrists and other mental health providers. The patients served in these areas are likely to have generally poor access to medical and psychiatric resources, providing challenges to primary medical teams who are caring for this population in an inpatient setting. We present our academic institution's telepsychiatry inpatient consultation program, which provides psychiatric consultation to a remotely-located general medical-surgical hospital, which does not have access to a consultation psychiatrist on-site. The aims of this project are to determine the demographic variables of the patients to whom we are providing services, to categorize common reasons for psychiatric consultation via telepsychiatry, and to identify common patterns of recommendations made to consulting teams.

METHODS

In November 2014, the psychiatry consultation service at the University of Pittsburgh Medical Center began providing psychiatric consultations to the University of Pittsburgh Medical Center's Horizon hospital campus. This campus is located approximately 85 miles from downtown Pittsburgh, in a rural region with limited access to tertiary care medical and psychiatric services. Telepsychiatry consultations are provided Mondays-Fridays between the hours of 7:30 AM and 3:30 PM. A master's level psychologist

is available on-site who, in conjunction with the primary medical/surgical teams, determine whether a telepsychiatry consultation is needed, typically based on the consult request (e.g., counseling services vs medication management, decisional-capacity assessments, or other psychiatric consult questions). A traditional consultation model was used with a full psychiatric evaluation conducted. For most cases, follow-up evaluations were conducted as needed by the master's level psychologist, but 2 of the 69 consults were formal reconsultations via telepsychiatry. Patients were notified that telepsychiatry would be the mode of care delivery in advance of consultation, and all patients provided consent for this.

The telepsychiatry consultations were performed using a standard desktop computer, laptop, or tablet on both the physician and the patient side. A Logitech C930e USB webcam and a Plantronics Calisto P420 Speaker/Microphone were also used. The Vido Conferencing platform was used, which uses FIPS 140–2 compliant encryption, TLS, SRP, AES coupled with LDAP, AD, and SSO-based authentication. The University of Pittsburgh Medical Center provided technical support.

We conducted a retrospective chart review using data found in the electronic medical record. Telepsychiatry consultations performed between November 2014 and February 2016 were identified. Consultation notes were individually reviewed by the primary author, looking specifically at the demographics of the patients consulted on and whether the patient was in psychiatric care before consultation. Additionally, a spreadsheet was used to record the consultation question (using predetermined categories), the diagnoses made by the psychiatrist, and the final recommendations made to the primary team. The approach was semi-structured, and no training was done before the review. This project was approved by our institution's Quality and Research Board.

RESULTS

Psychiatry consultations are done within 24 hours of when they are ordered, during the weekdays. Each consult requires approximately 1 hour of the consulting psychiatrist's time. This includes discussion of the case with the master's level psychologist in advance of the telepsychiatry evaluation, the patient consultation, and discussion with the consultee, which is also done

Download English Version:

<https://daneshyari.com/en/article/6820178>

Download Persian Version:

<https://daneshyari.com/article/6820178>

[Daneshyari.com](https://daneshyari.com)