

# Telepsychiatry and Project ECHO for Skilled Nursing Facilities

Lara Press-Ellingham, MPA, OTR/L  
Senior Health Project Coordinator  
Telepsychiatry Program  
University of Rochester Medical Center

MEDICINE *of* THE HIGHEST ORDER



# Growing Need

- Aging and disease impact in New York State (NYS)
  - Population age  $\geq 65$  years will rise from 2.5 to 4 million by the year 2030
  - Elderly with mental illness will rise from 495,000 to 772,000 by the year 2030



New York State Office of Mental Health, 2013; Alzheimer's Association, 2012

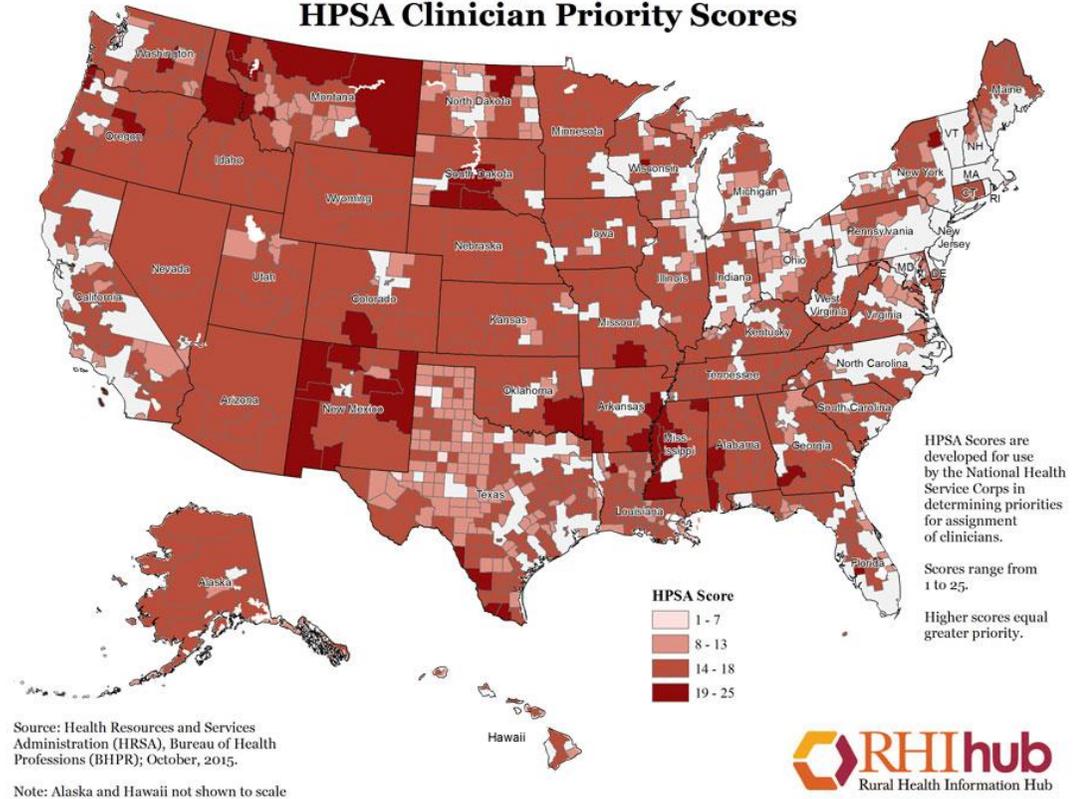
MEDICINE *of* THE HIGHEST ORDER



# Workforce Shortage

- Only 1,596 physicians are currently certified in geriatric psychiatry
- One for every 11,372 older Americans
- By 2030 that total is predicted to rise to only 1,659, which would then be only one for every 20,195 older Americans (ADGAP, 2007b).
- Half of fellowship positions go unfilled nationwide
- General psychiatry is a partial solution
  - 71% feel very prepared to dx and treat delirium
  - 56% to diagnose and treat dementia.

**Health Professional Shortage Areas (HPSA) - Mental Health  
HPSA Clinician Priority Scores**



Source: Retooling for an Aging America: Building the Health Care Workforce <http://www.nap.edu/catalog/12089.htm>

# Telepsychiatry Evidence Base

- Feasible, high satisfaction, and well accepted
- Diagnoses can be made reliably
  - Wide range of psychometric scales found reliable and valid when administered via videoconferencing
- Reduced length of hospitalization
- Improved medication adherence
- Symptom reduction
- Decrease in the stigma

Source: Deslich et al., 2013; Hilty et al., 2013; Kornbluh, R.A., 2015

4

# SNF/DSRIP Telepsychiatry Program

- **DSRIP Project 3a.v. – Behavioral Interventions Paradigm in Skilled Nursing Facilities (BIP in SNF)**
  - **The only PPS that chose this project across all of NYS**

## **Project Goal:**

To reduce transfer of patients from a skilled nursing facility to an acute care hospital through early intervention strategies that stabilize patients with behavioral health issues before crisis levels occur.

## **Outcome metrics:**

- Reducing % of long stay residents with dementia who are prescribed an antipsychotic medication
- Reducing % of long stay residents who report depressive symptoms

5

# New York State Office Of Mental Health



- Sponsoring Project **ECHO**<sup>®</sup> for 60 Skilled Nursing Facilities across New York State since June 2017
- Sponsoring Telepsychiatry services in 60 Skilled Nursing Facilities that are accepting patients from OMH Psychiatric Centers
  - *This continues OMH's commitment to support SNFs meeting the psychiatric needs of patients on the continuum of care*

# Program Components



- Telemonitoring and capacity building through ECHO GEMH
- Two-way, real time interactive audio and video telepsychiatry consultation
  - Nursing home resident and URMC psychiatric provider
- Telephone/video consultation service
  - Nursing home provider/nurse/social worker and URMC psychiatric provider
- Supporting on-site psychiatric nurse engagement specialist

# Extension for Community Healthcare Outcomes (ECHO)



**University of Rochester**  
**New York**

# How Project ECHO<sup>®</sup> Works

- Use Technology (multipoint videoconferencing and Internet)
- Disease Management Model focused on reducing variation in processes of care and sharing “best practices”
- Case based learning through three main routes:
  1. Learning Loops
  2. Knowledge Networks
  3. Content Knowledge



Arora (2013); Supported by N.M. Dept. of Health, Agency for Health Research and Quality HIT Grant 1 UC1 HS015135-04, New Mexico Legislature, and the Robert Wood Johnson Foundation.

# Project ECHO GEMH



- Utilizes a URMC behavioral health specialist team
- Provides biweekly, 60 minute, TeleECHO GEMH clinics for staff in skilled nursing homes and psychiatric facilities
- Nursing home staff have the opportunity to present challenging geriatric mental health and dementia care cases in a structure format followed by guided group discussion and recommendations provided by the behavioral specialist hub team

10

# Project ECHO GEMH

- Nursing Home staff at all levels are encouraged to participate in the clinic:
  - Physicians
  - Midlevel providers
  - Nurses
  - Nursing aides
  - Social workers
  - Therapists
  - Activities
  - Administrators



# Project ECHO® GEMH – Office of Mental Health

**June 27, 2017 – March 31, 2019**

**39** TeleECHO™ clinics

**1775** total attendees

**45** attendees on average per  
TeleECHO clinic

**317** Continuing Medical Education  
(CME) credits

**41** patient case presentations

- 38 new and 3 follow up patient cases



12

# Telepsychiatry



# What is Telepsychiatry?

- OMH definition: “...a means of using two-way real time interactive audio and video equipment to provide and support psychiatric care at a distance.”
- Advantageous for rural populations or areas with limited psychiatric services.
- Can provide direct care or Consultation to providers

# Potential Benefits



- Timely psychiatric consultation and evaluation
- Enhance psychiatric education and clinical skills for the treatment team
- Minimize physical/emotional disruption to the patient as their evaluation takes place in *their* setting
- Enhance multidisciplinary coordination of care

# Telepsychiatry Video Consultation

## Common Indications for a Telepsychiatry Referral:

- Suicidal ideation
- Aggression or behavioral disturbance
- Delirium
- Medication management
- Depression
- Anxiety
- Capacity Evaluation



# Telepsychiatry Hardware and Software

The iPad has been pre-installed the Zoom app placing it on the dock so it is always accessible.

Zoom is the video software used to make a video call UR Medicine Telepsychiatry.

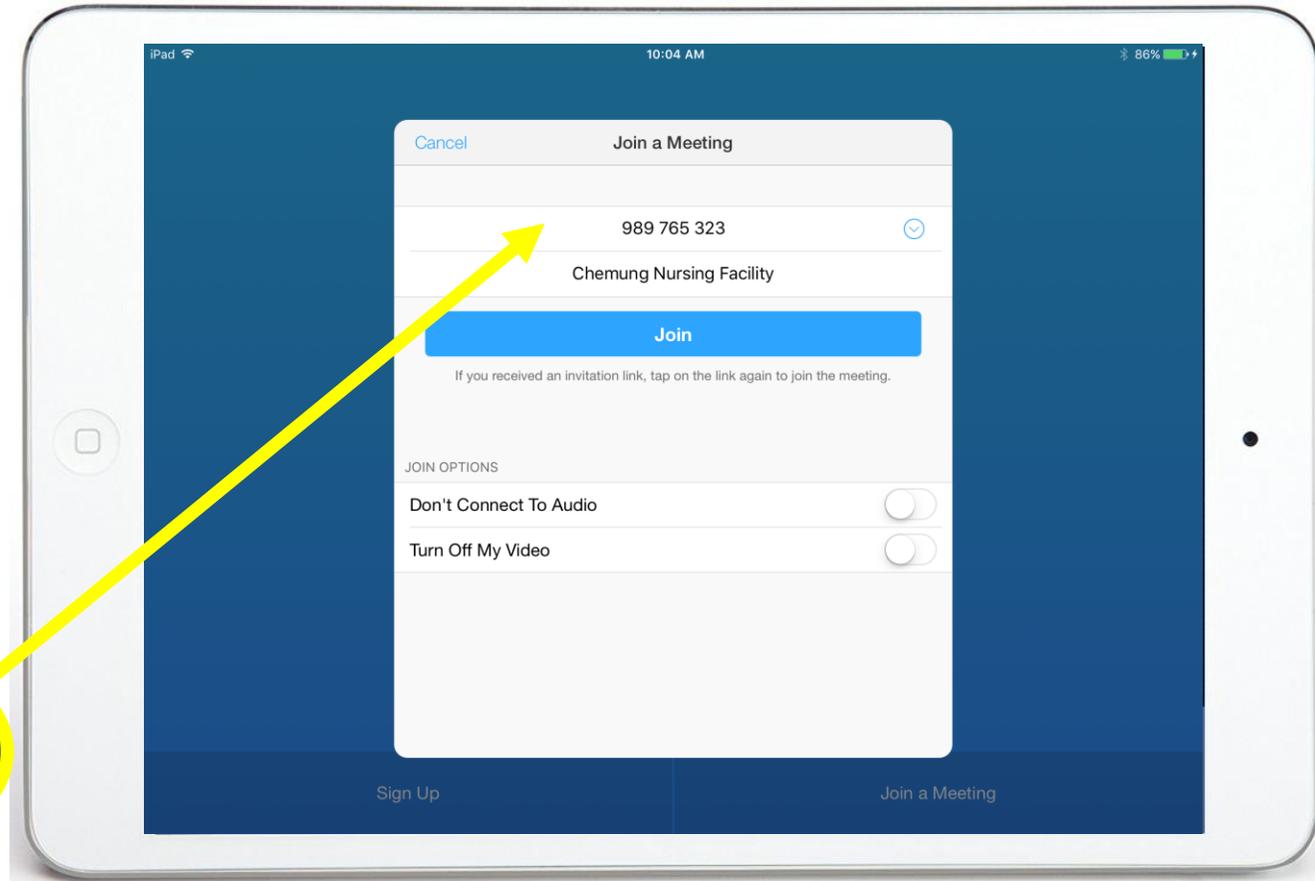
To start Zoom, click on the Zoom icon at the bottom of the screen.



# Secured Consultations

After clicking on “Join a Meeting”, you will see the Join a Meeting screen. UR Medicine Telepsychiatry will provide a unique Meeting ID for each call. IDs will not be reused.

Type in the Meeting ID you were provided and click “Join”.



# Challenges and Barriers

- Credentialing of providers – burdensome and time consuming process
- Engaging homes that had Psychiatry services already in place
- Staff turnover in the SNFs – orienting new staff
- Reimbursement relies heavily on contracts and grants
- Program scale is personnel dependent

# Preliminary Telepsychiatry Results

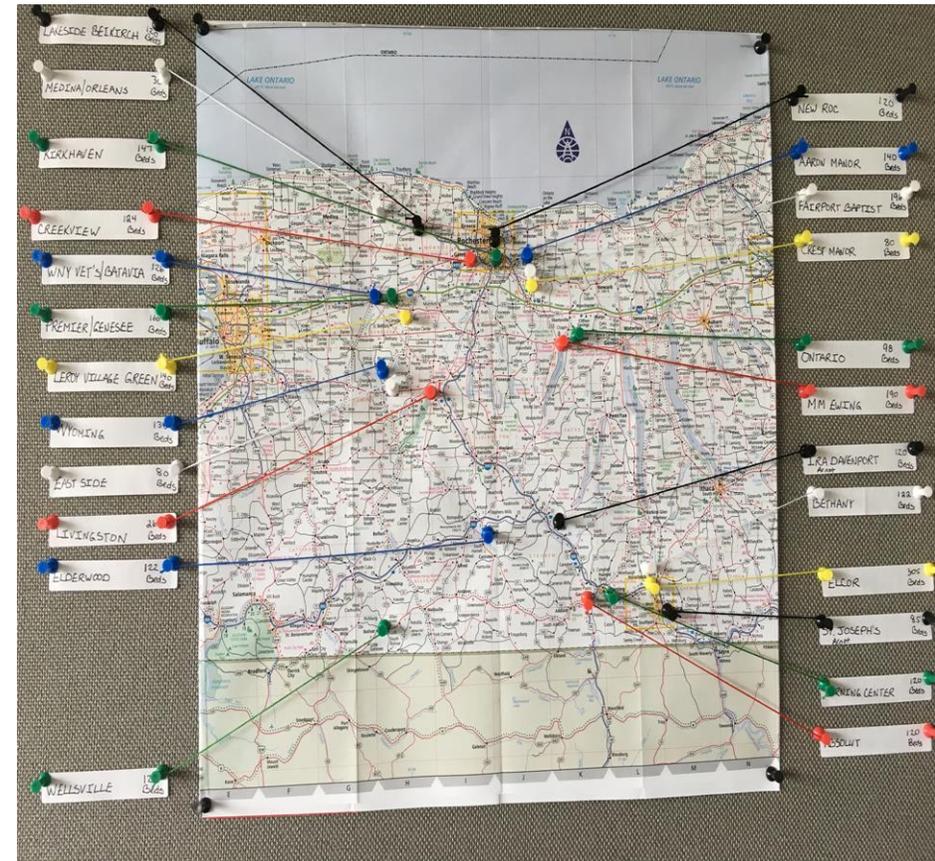
**May 9, 2017 through March 31, 2019**

**29 Skilled Nursing Facilities engaged  
2,148 Telepsychiatry Referrals**

- Reasons for referral
  - 49% Behavior
  - 33% Medication
- Average turn-around time (in business days)
  - 6.64 days

**481 On-site Nurse Engagement visits**

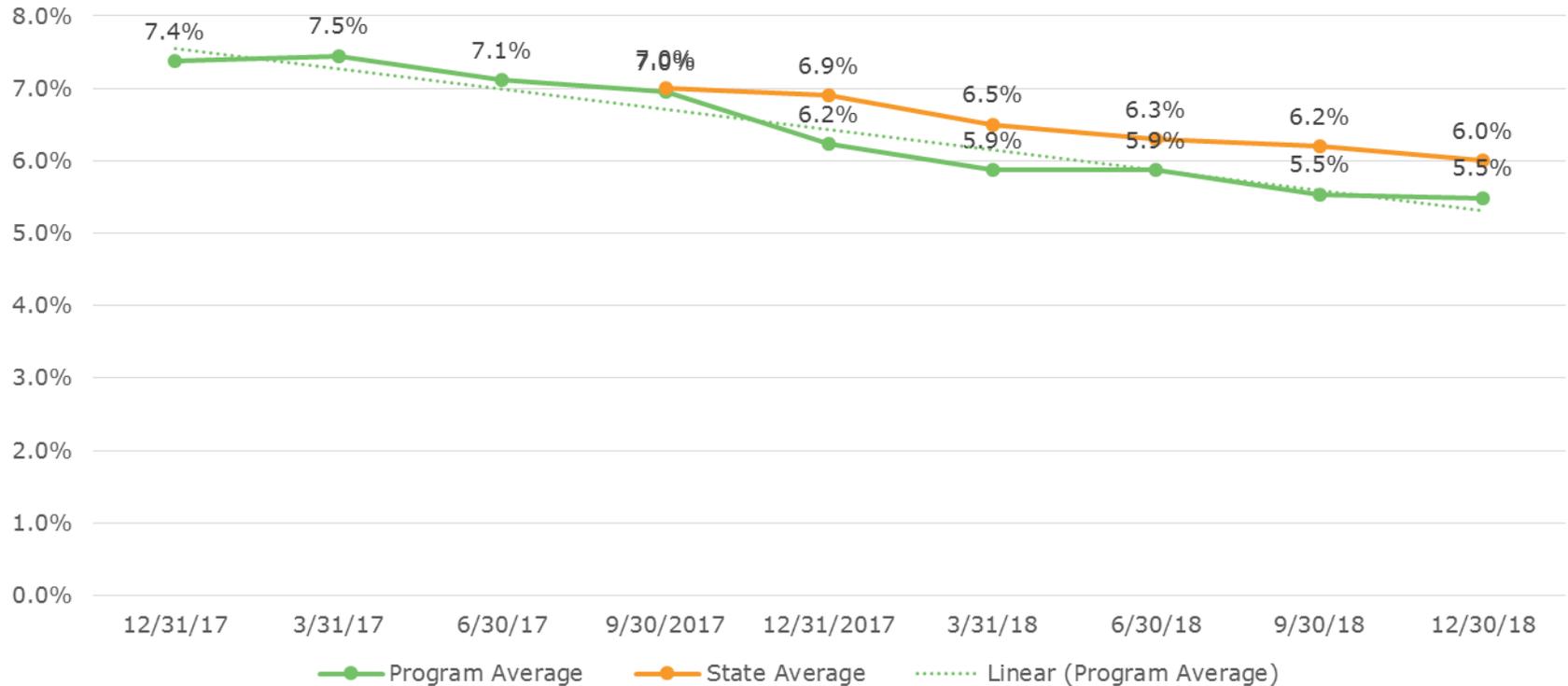
- 1,658 Behavioral Care Plans created and/or reviewed
- 949 Residents on antipsychotics reviewed
- 257 Residents scoring 10+ on the PHQ9 reviewed
- 53 on-site Telepsych consult supports provided



# Program Results

## Depressive Symptoms in Long-Stay Residents

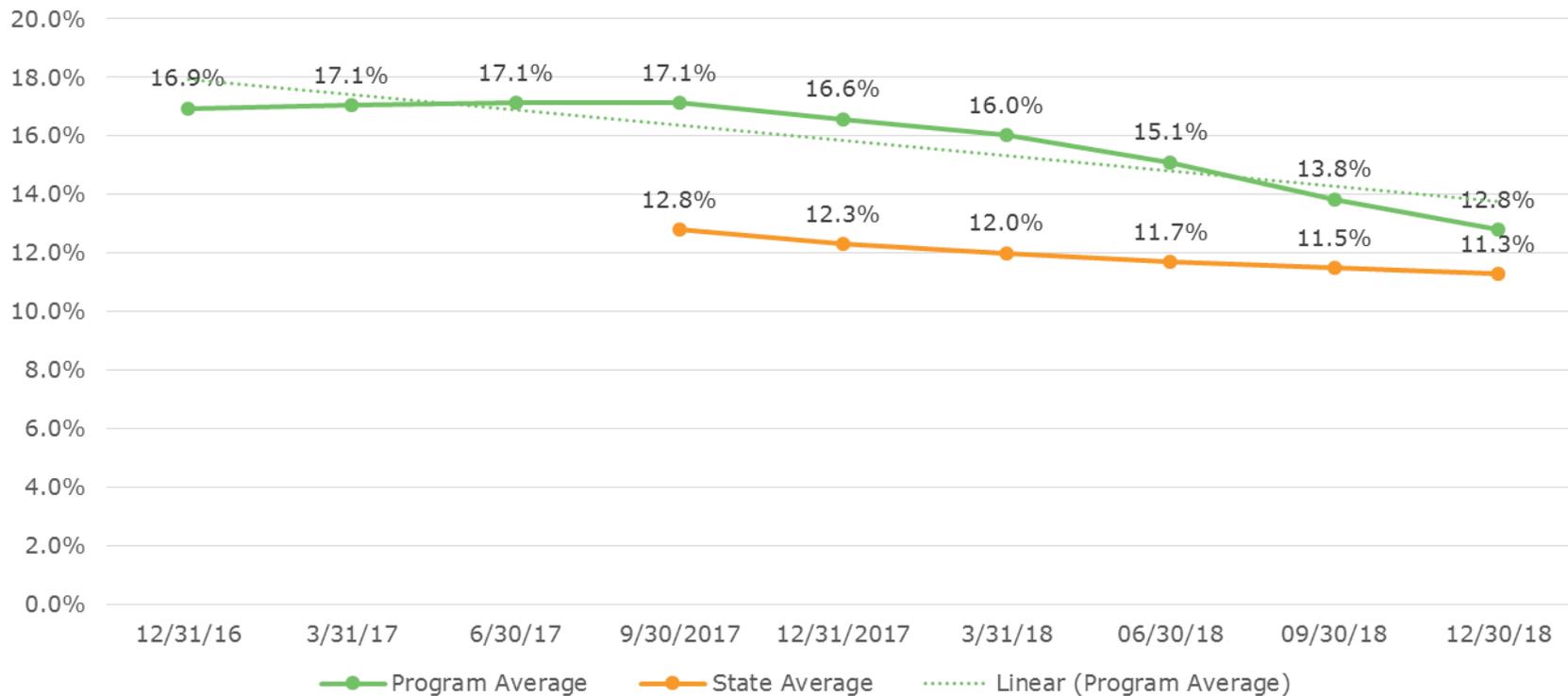
Program and State Averages



# Program Results

## Antipsychotic Use in Long-Stay Residents

Program and State Averages





MEDICINE *of* THE HIGHEST ORDER