Return on Health telehealth case study: Telepsychiatry during COVID-19

Overview
Virginia Commonwealth University Health (VCU Health) has a large service area covering urban, suburban and rural geographies. VCU Health implemented telepsychiatry video visits prior to the onset of the COVID-19 pandemic in an effort to address psychiatry clinician shortages in rural areas; however, utilization was low and telepsychiatry was not a prominent method of care delivery.

As the COVID-19 pandemic progressed and clinicians were not able to safely interact with patients in person, telepsychiatry, in the form of both video and audio-only visits, became a critical method of connecting with both inpatient and outpatient psychiatry patients.

**Strategic goals**

VCU Health implemented telepsychiatry during the COVID-19 pandemic to ensure access and continuity of care during a time when in-person interactions were unsafe and to reduce the risk of avoidable disease transmission.

**Program impact on health care value streams**
VCU Figure 3

Virtual Care Value Stream

Environmental Variables

Type of Practice
Large academic medical center

Payment Arrangement
Primarily fee-for-service

SDOH of Patient Population
Age

Clinical Use Case
Telepsychiatry

Virtual Care Modality
Virtual visits

Clinical Outcomes, Quality and Safety
Not measured yet

Access to Care
Maintained continuity of care during the COVID-19 pandemic; 3,000 to 5,000 telepsych visits per week

Patient, Family and Caregiver Experience
Enabled "humanizing" patient/clinician interactions during pandemic

Clinician Experience
Fostered more meaningful clinician connections with patients

Financial and Operational Impact
No-show rates declined from 11% pre-pandemic to 6% pandemic

Half of telepsych patients under 30 years old; no decline in ability to access telehealth among older patients
Starting in mid-March 2020, VCU Health psychiatrists and administrative staff began scheduling telepsychiatry appointments interspersed with in-person appointments. Before the appointment, VCU Health administrative staff provide a warm reminder call to the patient to ensure they understand how to log in to their session.

During the video visit, the patient connects via the practice’s secure, synchronous video visit platform to receive evidence-based teletherapy. To ensure the safety of the patient during the appointment, the clinician verifies the patient’s emergency contact information and current location in case an emergency response must be activated during the appointment.

Based on the outcomes described below and the likelihood of continued patient demand for telepsychiatry, VCU Health will continue offering these services after the COVID-19 pandemic has subsided.

**Access to care**

**Continuity of care:** Prior to the COVID-19 pandemic, nearly all psychiatry visits were delivered in person. During the COVID-19 pandemic, VCU Health clinicians have provided between 3,000 and 5,000 psychiatry visits per week. Telehealth utilization peaked at 92% in April 2020 and has stabilized at about 80% of overall psychiatry visits.
Figure 4. Percentage of Total Psychiatry Visits Delivered via Telehealth, July 2019–February 2021

VCU Psychiatry % Telehealth

Copyright 1995 - 2021 American Medical Association. All rights reserved.
Patient, family and caregiver experience

- **Satisfaction with outpatient services:** Patients appreciate the option to receive telepsychiatry services in the privacy and comfort of their homes.

- **Satisfaction with inpatient services:** Dr. Robert Findling, chair of the VCU School of Medicine’s Department of Psychiatry and telepsychiatry program lead, noted that even when clinicians were technically able to visit with psychiatry patients who were admitted in the hospital, conducting video visits with those patients was more effective and “humanizing” than being in their physical presence while wearing full personal protective equipment.

Clinician experience

- **Satisfaction delivering inpatient care virtually:** Similar to the patient satisfaction with virtual inpatient care noted above, the ability to connect via video with inpatients, rather than through masks and face shields, is valued by clinicians and has fostered more meaningful clinician connections.

Financial and operational impact

- **Gaps in access by age:** As VCU Health’s psychiatry program went from an almost exclusively in-person model in FY2020 to one that relied primarily on telepsychiatry to connect with patients in FY2021, there was no reported decline in accessibility of care over time among VCU Health’s older patient population. This is notable, as older adults often have more difficulty accessing and using virtual care technology.
VCU Case Impact Table

Figure 5. Patient Utilization of Telehealth by Age, 2020-2021

Copyright 1995 - 2021 American Medical Association. All rights reserved.
988 Suicide & Crisis Lifeline

With an increased number of people reporting worsening mental health in recent years, it is imperative that people are aware of the 988 Suicide & Crisis Lifeline (formerly known as the National Suicide Prevention Lifeline) telephone program.

People experiencing a suicidal, substance use, and/or mental health crisis, or any other kind of emotional distress can call, chat or text 988, and speak to trained crisis counselors. The national hotline is available 24 hours a day, 7 days a week.

The previous National Suicide Prevention Lifeline phone number (1-800-273-8255) will continue to be operational and route calls to 988 indefinitely.