

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.

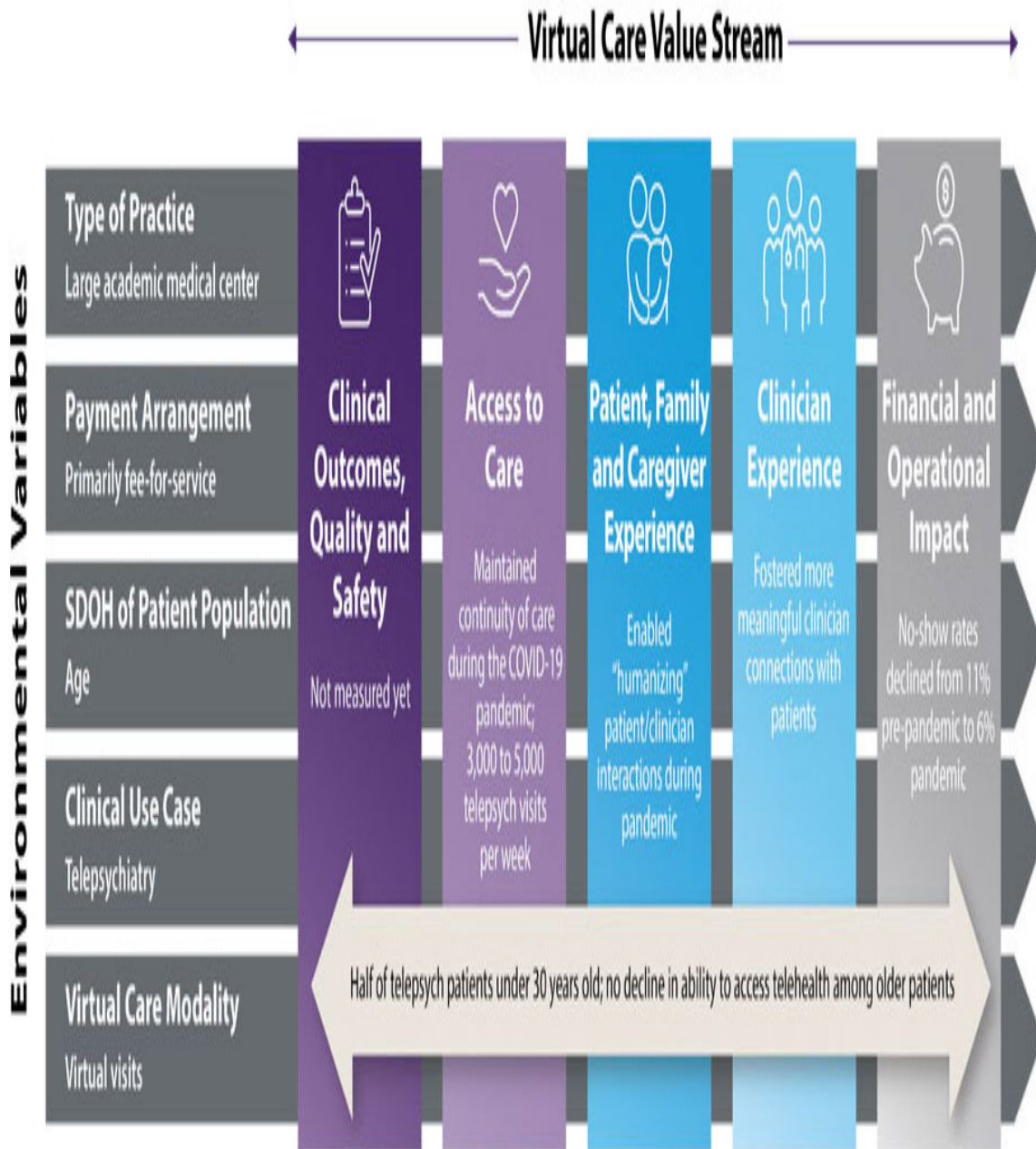
As the COVID-19 pandemic progressed and clinicians were not able to safely interact with patients in person, telepsychiatry, in the form of both video and audio-only visits, became a critical method of connecting with both inpatient and outpatient psychiatry patients.

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



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.

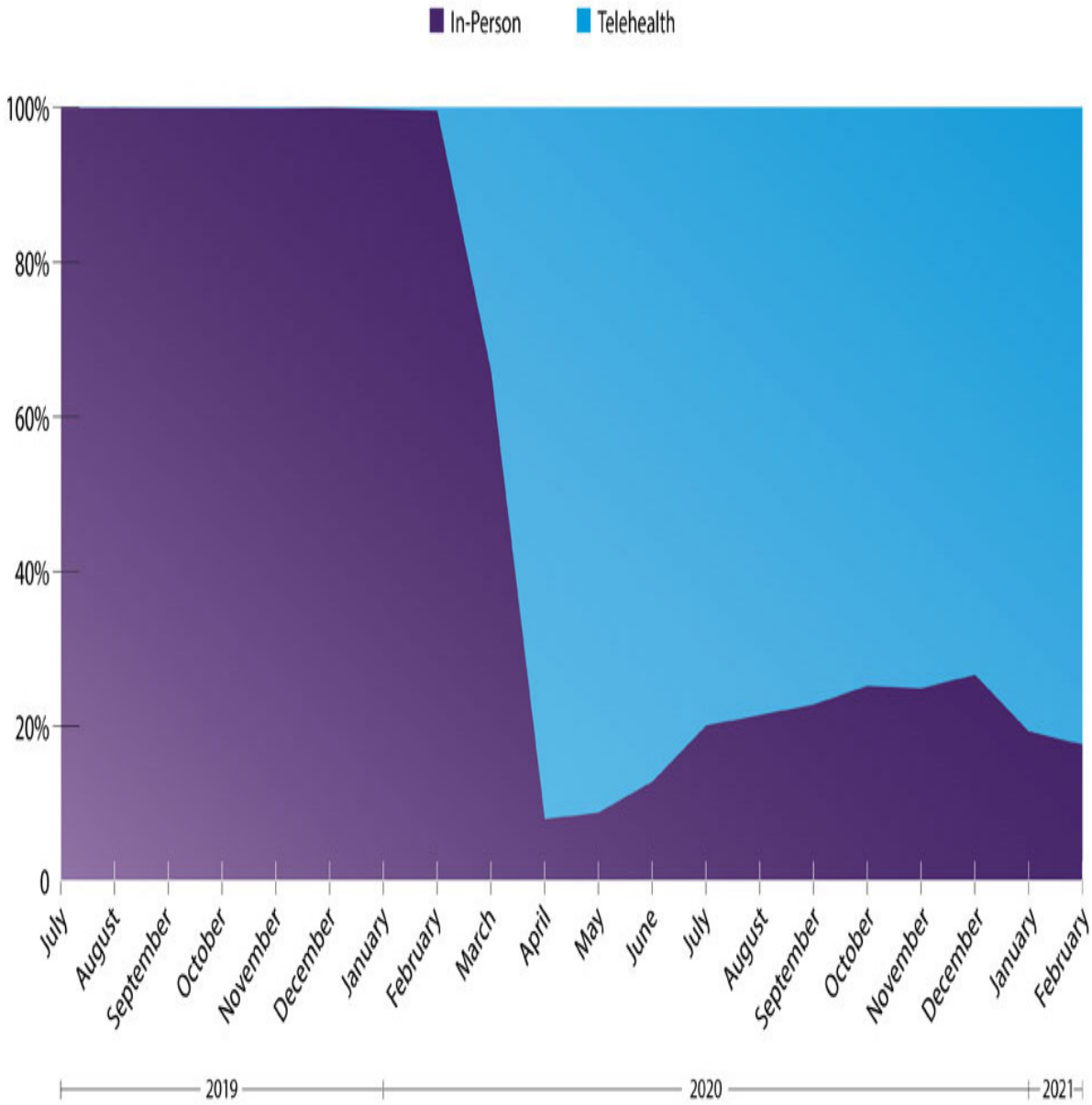
Based on the outcomes described below and the likelihood of continued patient demand for telepsychiatry, VCU Health will continue offering these services after the COVID-19 pandemic has subsided.

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.

VCU Psychiatry % Telehealth

Figure 4. Percentage of Total Psychiatry Visits Delivered via Telehealth, July 2019–February 2021



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

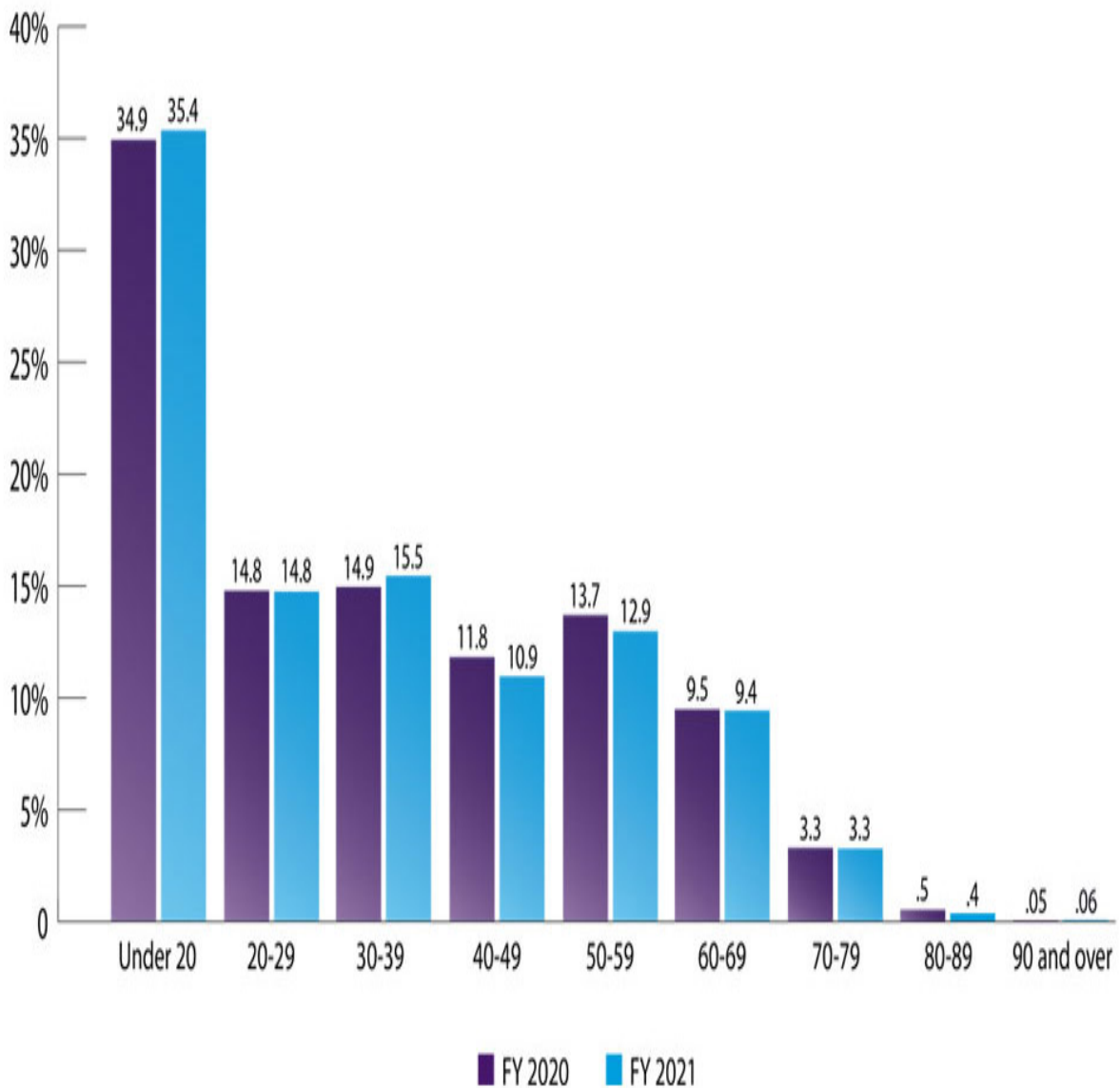
- **Satisfaction delivering inpatient care virtually:** Similar to the patient satisfaction with virtual inpatient care noted above, the ability to connect via video with inpatients, rather than through masks and face shields, is valued by clinicians and has fostered more meaningful clinician connections.

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



Source: Data and content for this case study were provided by and used with permission from VCU Health.

Download the case study (PDF) and read other Return on Health telehealth case studies and scenarios.

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.