Virginia Commonwealth University Health – Telepsychiatry During COVID-19
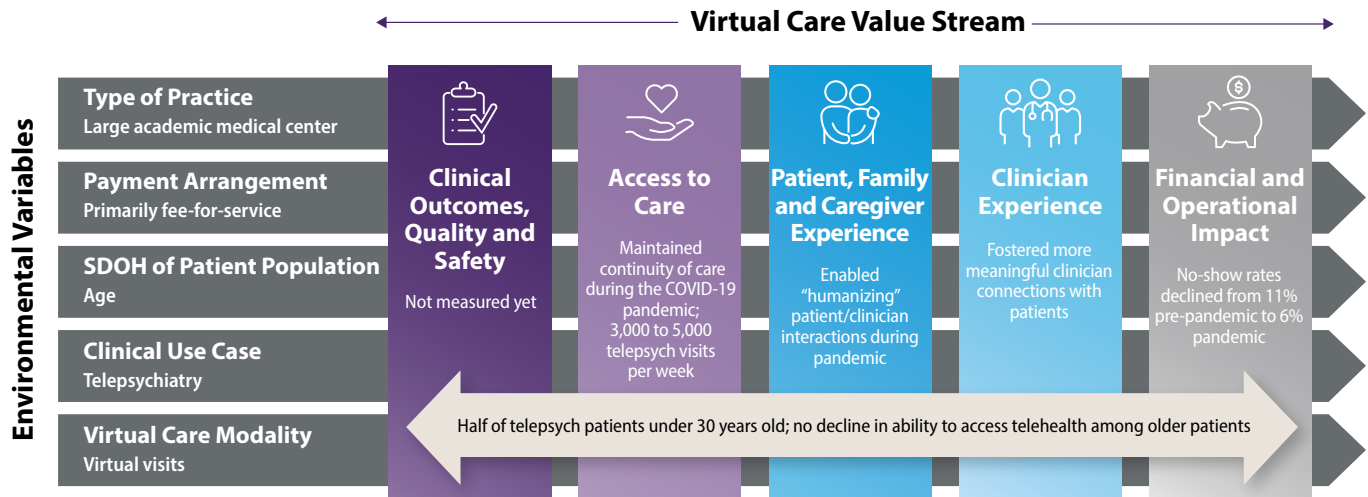
VCUHealth™

STRATEGIC GOAL

VCU Health implemented telepsychiatry during the COVID-19 pandemic in order 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.

DESCRIPTION

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. Once the COVID-19 pandemic began 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.

FIGURE 3. VCU TELEPSYCHIATRY PROGRAM AND IMPACT SUMMARY

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
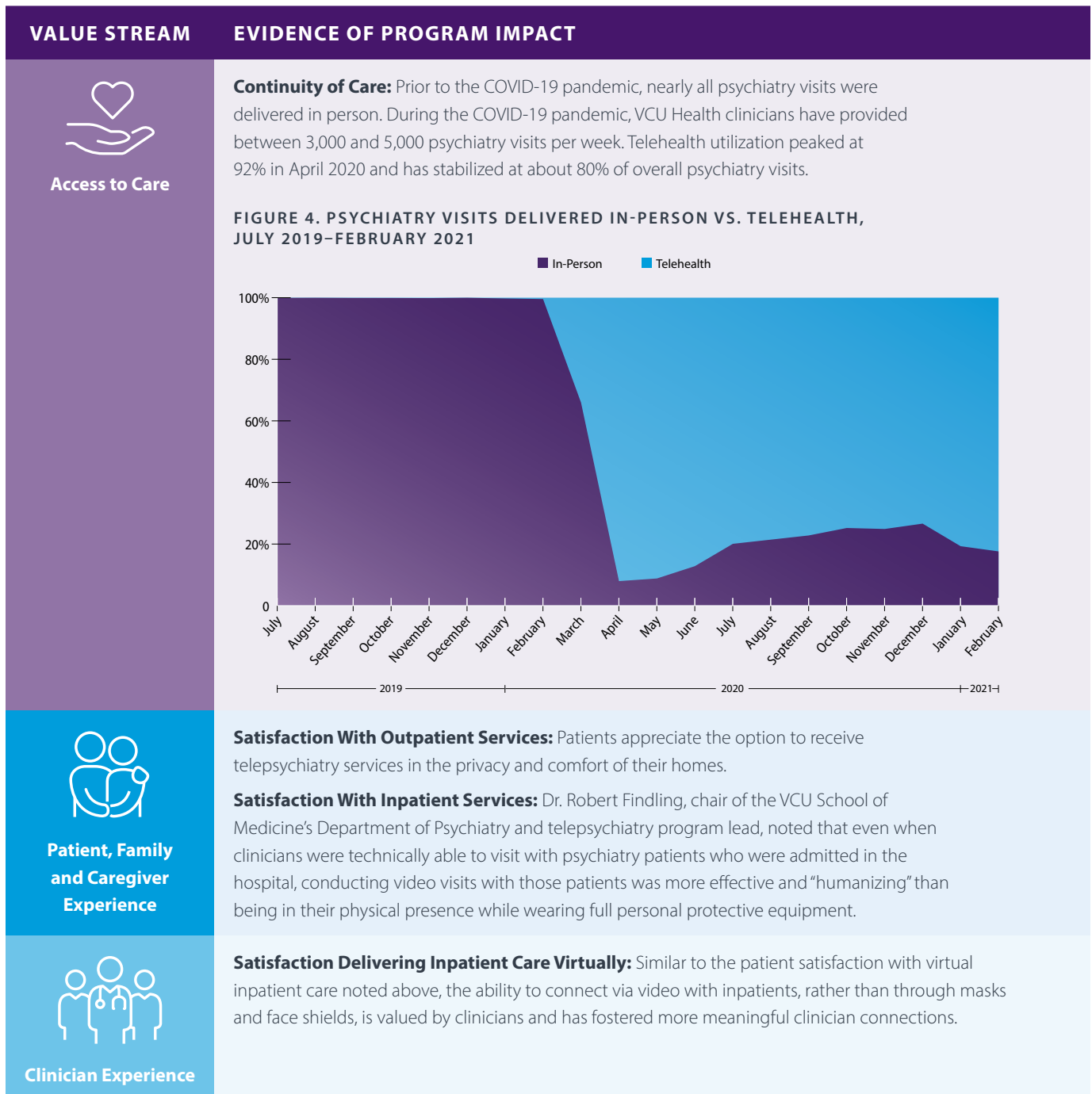
Starting in mid-March 2020, VCU Health psychiatrists and administrative staff began scheduling telepsychiatry appointments interspersed with in-person appointments. Before the appointment, VCU Health administrative staff provide a warm reminder call to the patient to ensure they understand how to log 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.

PROGRAM IMPACT

VALUE STREAM	EVIDENCE OF PROGRAM IMPACT
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. PSYCHIATRY VISITS DELIVERED IN-PERSON VS. 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.

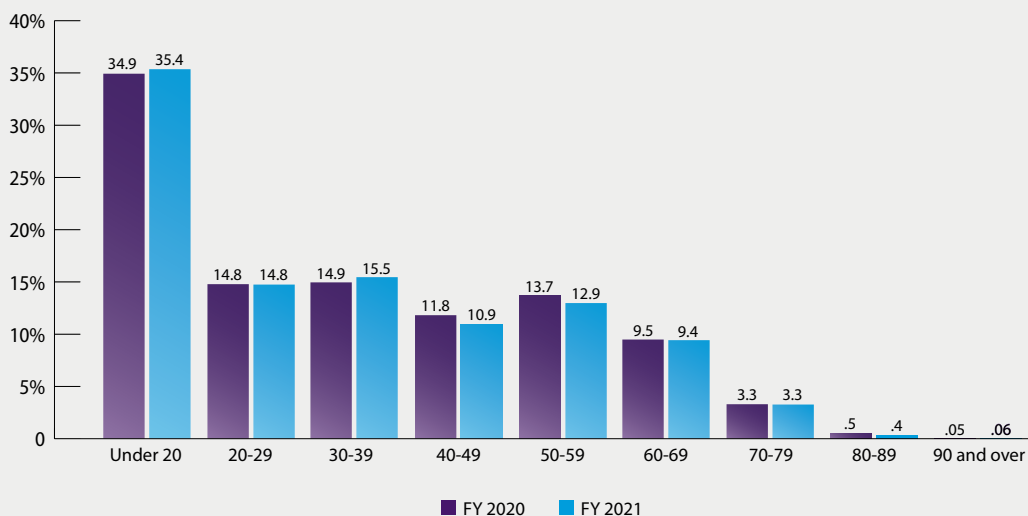| VALUE STREAM	EVIDENCE OF PROGRAM IMPACT
Financial and Operational Impact	**No-Show Rates:** The no-show rate among psychiatry visits declined from 11% pre-pandemic to 6% post-pandemic as virtual visits went from <1% to more than 80% of total visits. Patients were less likely to miss their telepsychiatry appointment because of the improved convenience of conducting a virtual visit. Additionally, the implementation of a live phone call appointment reminder system was correlated with reduced no-shows.
Health Equity	**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.

FIGURE 5. VCU PSYCHIATRY PATIENT POPULATION BY AGE, FY 2020–2021

Age	FY 2020	FY 2021
Under 20	34.9	35.4
20-29	14.8	14.8
30-39	14.9	15.5
40-49	11.8	10.9
50-59	13.7	12.9
60-69	9.5	9.4
70-79	3.3	3.3
80-89	.5	.4
90 and over	.05	.06

Source: VCU Health

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