A Story of Clinical Success: the DMH Telepsychiatry Consultation Program

Overview
- the Problems – Timeliness and Hospital Emergency Department (ED) Behavioral Health (BH) Costs
- the Partnerships
  - The Duke Endowment, SC Department of Health and Human Services, SC Department of Mental Health, and the SC Hospital Association
- the Proposal – an initial Three-year Grant
- the Purpose – Achieving Tomorrow, Today

Primary Goals
- Timely Psychiatric Assessment and Rapid Initiation of Treatment
- Increased Quality of Care
- Reduced Lengths of Stay (LOS)
- Comprehensive Discharge Planning
- Savings to the Hospital and Community
Consultation Process

- Patient Presents in ED
- ED Physician Requests Consult
- Psychiatrist Reviews CIS/SCHIEx
- Patient Consulted
- Encounter Ends
- Psychiatrist Electronically Signs Consult
- Recommendations Sent to ED
- Hospital Dispositions the Patient

Consults & Patients Kept (2012)

Clinical Operations
Dashboard - Time

- Current program impact results in a 44% discharge rate for same day of consult for those seen
- Even with a 40% increase in BH patients presenting in ED’s, “Snapshot Average Wait Times” (09/2009 v. 09/2012) have not significantly increased (~2%)

Turn-Around

- 8.75 hours from initial ED request for Telepsychiatry to patient discharge (09/2012)
- 11.8 consults every 18 hour day (09/2012)
Data Resources

- CIS – DMH patients (past/present) *
- EMR – DMH Intranet-based medical assessment form
- SCHIEx – ORS repository for multi-agency database downloads *

* 75-80% ED patients known across both databases
R01 Grant Research

- Collateral Effect: Reallocation of Resources by ED’s to ED-appropriate care
- Reduced Commitment Rate to BH Inpatient Beds
- Reduction in Average Inpatient LOS
- Produced Savings of $1,800 in BH Inpatient Settings per Care Episode
- Equals (approx) $22 M in BH Inpatient Savings
For more information, please go to our website:
http://www.scdmh.org/telepsychiatry

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