

# Telepsychiatry for Underserved Patients: Development of a Collaborative Treatment Network



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## Identifying and meeting a need



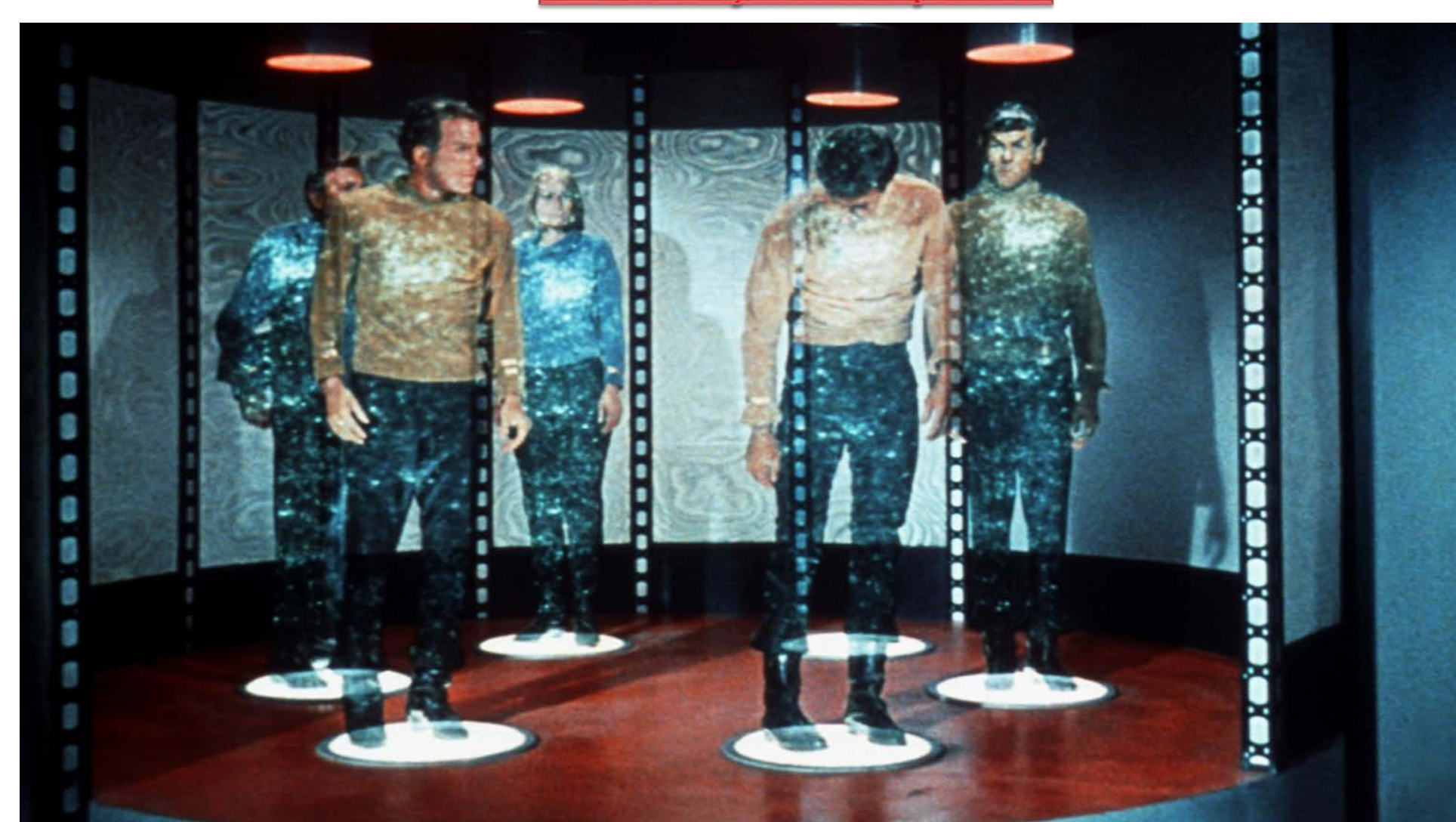
- Psychiatry services are in critically short supply throughout both the state of South Carolina and the nation.
- Telepsychiatry appears to have promise for reaching underserved populations of patients<sup>1,2</sup>.

## Telepsychiatry According to AACAP:



- Addresses the workforce shortage of Child and Adolescent Psychiatry
- Offers the opportunity to bring mental health services to youths in a variety of settings such as schools, day care facilities, and detention centers.
- Telepsychiatry can provide evidence-based care that produces outcomes superior to those that patients can receive through usual community care<sup>3</sup>.

## Telemedicine virtually transports clinicians



to meet with PCPs and/or families in their own communities<sup>4</sup>.

## A Collaborative Model

Primary Care Provider

MUSC Psychiatrist



Diagram illustrating the procedure for collaborative telepsychiatry:

- 1) PCP's office contacts MUSC Psychiatrist
- 2) MUSC Psychiatrist interviews patient over a HIPAA-compliant connection.
- 3) Psychiatrist contacts Primary Care Provider (PCP) for collaboration
- 4) MUSC Psychiatrist discusses the final plan with the patient.

## Managing Psychiatric Emergencies

Primary Care Provider

MUSC Psychiatrist



Diagram illustrating the procedure for management of psychiatric emergencies:

- 1) Patient contacts Primary Care Provider (PCP)
- 2) PCP contacts MUSC Psychiatrist
- 3) MUSC Psychiatrist coordinates transfer to ER and/or MUSC Inpatient Unit

## Evidence for Telepsychiatry



Diagram illustrating the locations of primary care offices utilizing psychiatric services within the MUSC Virtual Teleconsultation Service.

## Collaboration = Improvement



*Multiple published studies indicate that a collaborative model of care improves clinical outcomes<sup>5</sup>.*

## Case Vignette

- 27-year-old female with Down Syndrome
- Patient presented with severe depressive symptoms and psychosis.
- After failed trials on multiple antipsychotics, patient was tried on clozapine
- Treatment with clozapine required weekly blood draws and close follow-up with a psychiatrist (every two weeks).
- Patient responded well to Clozapine, with approximately 50% reduction in psychotic and depressive symptoms.
- Patient tolerated medication well without side effects.
- Patient continues to have regular follow-up visits every 2-3 weeks without needing to travel extensively.

## Future Directions

- Since its inception in November 2014, Psychiatry services within the Virtual Tele Consult Service (VTC) have expanded rapidly.
- The center is currently expanding from 1 MUSC psychiatrist to 3 MUSC psychiatrists
- As the number of patient visits surges, the MUSC VTC will continue to serve more underserved patients and communities.
- As the services expand, the collaborative care model currently in use will be the foundation of future telepsychiatry care provided by the VTCC
- Other exciting opportunities include the delivery of group therapy services for social skills training in adolescents with Autism Spectrum Disorder, which is now in development.

## Resources

### Helpful Websites:

- ☐ MUSC Virtual Teleconsultation Service: <http://www.muschealth.org/telehealth/vtc/index.html>
- ☐ Aacap.org-Facts for families: Aacap.org Practice parameters:

### Books:

- ☐ Myers, Kathleen and Turvey, Carolyn L. Telemental Health: Clinical, Technical, and Administrative Foundations for Evidence-Based Practice (Elsevier Insights) 1st Edition. Elsevier. London: 2013.

## References

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