

The Benefits of Telebehavioral Health

Dignity Health® is a non-profit health system principally serving California, Arizona, and Nevada. In 2008, Dignity Health's telehealth services started by providing telestroke to a single hospital. This grew to form the Dignity Health Telemedicine Network (DHTN), leveraging a centralized infrastructure and team of resources to develop and support telemedicine services across 39 different locations at both Dignity Health and non-Dignity Health facilities.

The DHTN's mission to provide timely access to quality care from anywhere is propelled through their extensive network of health clinics and community health partners. The DHTN envisions that one day remote care and in-person care will be indistinguishable.



THE CHALLENGE

To achieve their goal of improving timely access to quality care, the DHTN wished to expand their telemedicine services to new offerings. They decided to add Telebehavioral Health services in their hospitals to increase access to behavioral health professionals and meet standards of care recommended by the Joint Commission.

Dignity Health's primary objectives in establishing a Telebehavioral Health program include:

- Reducing the cost of care by decreasing average length of stay (ALOS) and time spent in the Emergency Department (ED) and hospital
- Reducing the impact that chronic conditions and patients with co-morbid behavioral health conditions have on throughput, especially in medical-surgical units
- Driving and disseminating a standard of care for behavioral health that includes improved access and a process for timely psychiatric consults
- Increasing access to quality psychiatric care across the care continuum
- Increasing patient and provider satisfaction
- Adhering to regulatory compliance to initiate care in the ED with home discharge and follow-up outpatient behavioral health consults for care continuity and management

Nearly 20% of the US population have a diagnosable behavioral health condition yet only 66% of these psychiatric needs are currently being met¹

1. MHA, 2017 and Suisse Equity Research Report, 2018

THE SOLUTION

The Joint Commission recommends patient boarding times not exceed four hours in the interest of patient safety and quality of care. To address this request, the DHTN in collaboration with local behavioral health process improvement implemented a “Round and Respond” like model to improve access to behavioral health specialists in several hospital Emergency Departments.

This model required a telehealth solution to meet the following needs:

- Consistent and reliable connectivity
- Quality of technology that fades into the environment
- Picture and sound must mimic in-person care

“TeleBehavioral Health removes the barriers of time and geographic location.”

-John Mackenzie, Clinical Lead, Telebehavioral Health, Dignity Health

The DHTN uses InTouch Health Technology to deliver its Telebehavioral Health service. Further, the simplicity of InTouch Health’s technology makes it more likely to be utilized, since there is no need to turn on or log into additional devices. InTouch’s clinical documentation tool is also used by the DHTN to measure contractual and clinical obligations to their customers.

Using InTouch Health, the DHTN scheduled Telebehavioral Health rounds and rapid response to provide a disposition recommendation, usually to discharge or transfer the patient.

The ED physician is able to complete a rapid medical assessment and triage the patients as mild, moderate, or severe based upon patient risk. This allows the DHTN to provide 24/7 consultative support services to meet all behavioral health needs.

“We find success when the technology is always on – always going to work.”

-Pei Nie, MD, Telebehavioral Health Medical Director, Dignity Health

Additional Telebehavioral Health services were added as a consultation-liaison (C&L) service for inpatients that have co-morbid psychiatric and general medical conditions. The DHTN also provides Telebehavioral Health consults to admit patients to inpatient psychiatric facilities and provides specialty psychiatric services including geropsychiatric and child and adolescent treatment.

Through the support of ambulatory behavioral health clinics, the DHTN has been able to address the needs of primary care clinic support to include opioid crisis management, chronic co-morbid behavioral health conditions, and avoidance of crisis interventions through collaborative medication assisted treatment (MAT).

THE RESULTS

Based on previous models, the DHTN created a mental health evaluation timeline that mirrors a stroke response timeline, which tracks time from request to consult. Analyzing these metrics, the DHTN found that the benefits of Telebehavioral Health satisfied their main objectives: a decrease in length of stay, a decrease in cost, an increase in satisfaction, and expectations of care met.

During this study, the DHTN observed that 95% of Telebehavioral Health consults occur in the ED. The DHTN's standard of care is to respond to all ED behavioral health consult requests within 60 minutes, have actionable recommendations within 90 minutes, and empower local providers to create an ED Disposition Plan within the first four hours.

**THROUGH THREE STATES
(25 HOSPITALS):**

1,200

**TELEBEHAVIORAL HEALTH
CONSULTS PER MONTH**

Using Telebehavioral Health services, the DHTN observed*



5 min.
average phone
response time



42 min.
average time
to bedside



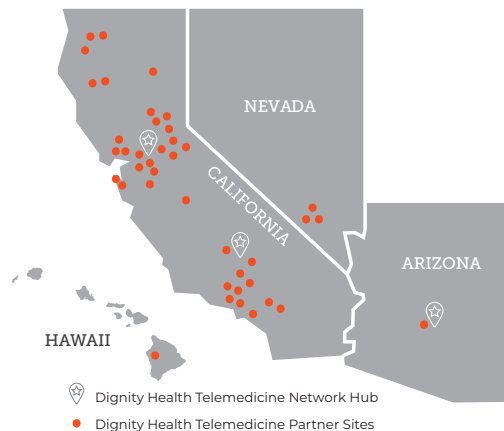
85 min.
average time
to consult note

These services allowed for 61% of cases to be seen within 30 minutes; 79% of patients were seen within 60 minutes. The DHTN also reported a 65% rate for discharge recommendations and a 35% rate for transfer at specific locations.

The Telebehavioral Health service at Dignity Health is a distinguished example for how to improve timely access to behavioral health professionals across the care continuum including ED's, inpatient units, outpatient services, and community-based care settings. This model of care will also enable the nation to help address the increasing shortage of physicians as the U.S. population grows and ages, and as physician workforce patterns change in response to increasing pressures.

The DHTN's goal is to provide Behavioral Health treatment in the Emergency Department on par with Stemi, Stroke and Sepsis. The DHTN is committed to seeking new alternatives to traditional care, including on-demand home and e-consults, in an effort to provide services to any patient anywhere on-par with traditional in-person psychiatric services.

DHTN serves 52 Locations across 4 states



* Jan 2018 – July 2019