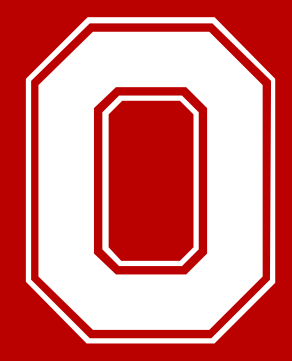


Deployment of Telehealth Platforms by a Hospital-Based Inpatient Psychiatric Consultation-Liaison Service During COVID-19

Preliminary experiences and future opportunities



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Background

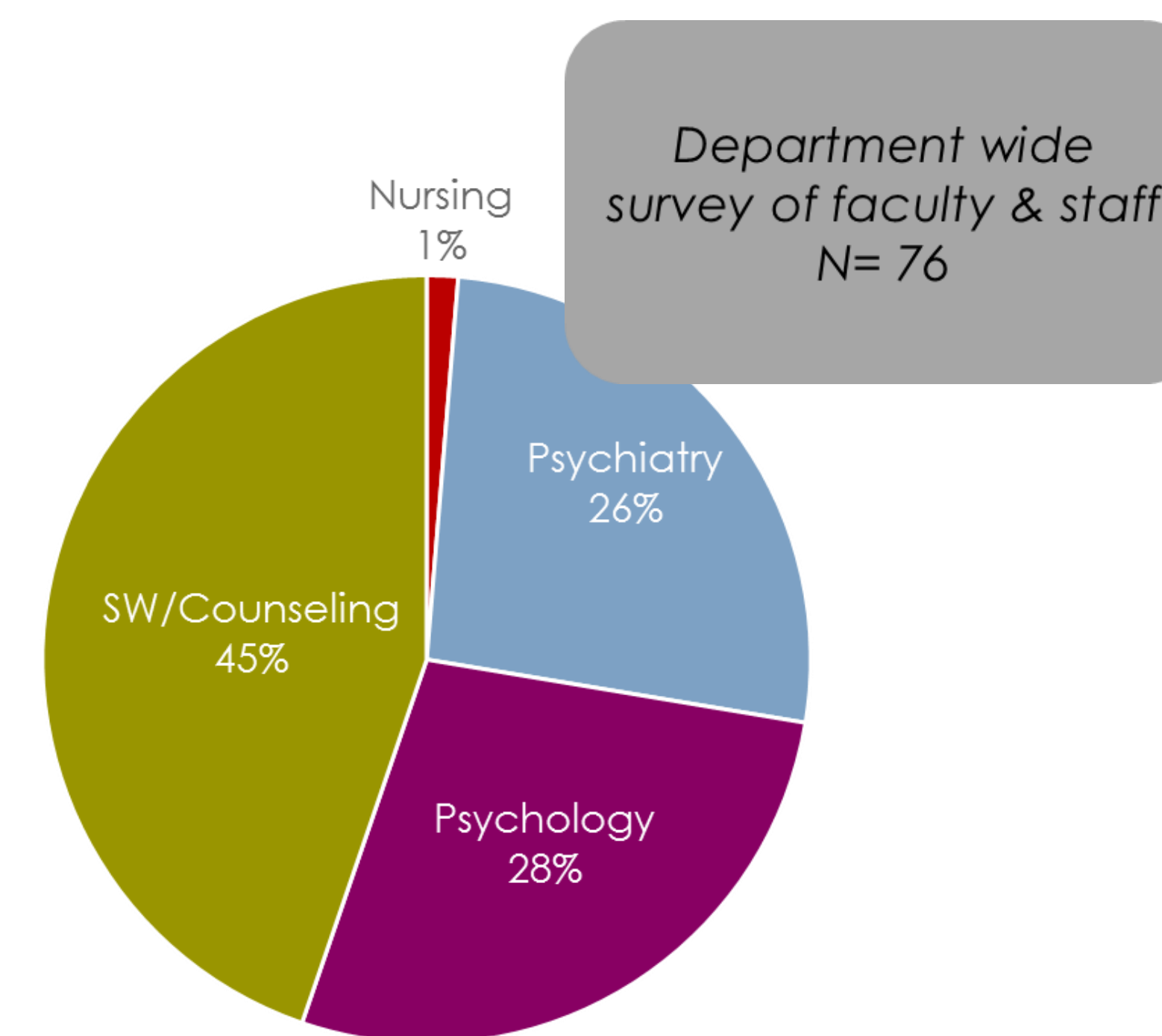
- Telehealth use for inpatient hospital consultations was limited prior to the COVID-19 global pandemic
- Our CLP team did not use telehealth platforms prior to the onset of COVID-19 (March 2020)
- Pre-pandemic service metrics included:
 - ~1400 hospital beds
 - ~11 new consults/day
 - >9500 bedside visits/year
- Hospital operations changes led to the rapid development and implementation of telehealth consultation modalities for inpatient care
- Within a month our team was routinely using telehealth technology to evaluate patients in situations where exposure risk was high or to conserve PPE for patients on enhanced contact precautions.
- Our team deployed a hybrid in-person and telehealth model
- The majority of consult visits remained face-to-face in lieu of a complete conversion to telehealth technology for inpatient psychiatric consultation
- Multiple factors have impacted our experience, including some unexpected benefits including enhancing resident training and promoting versatility of communication within our team.

Methods

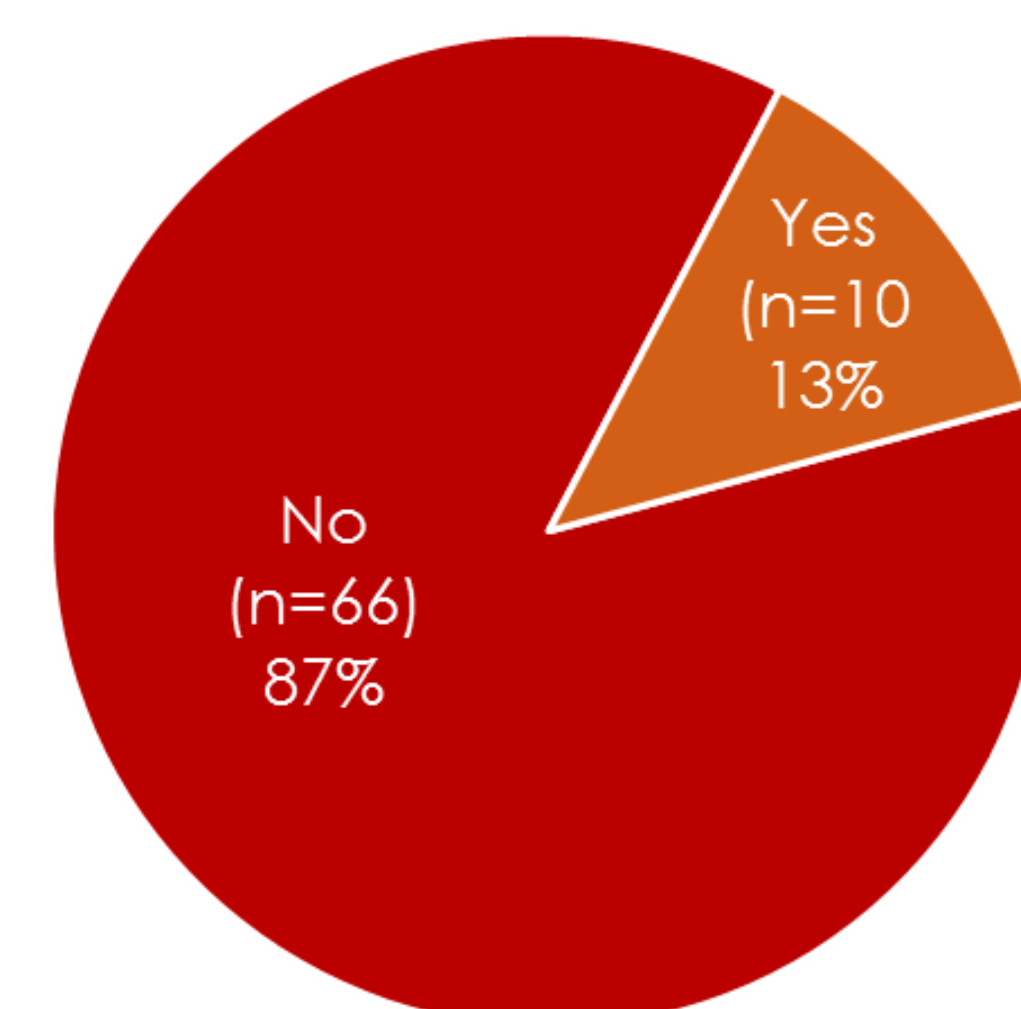
- Preliminary assessment of technology infrastructure:
 - Appropriate space for telehealth interviews
 - Equipment and training
 - Modification of existing workflow
 - Development of billing and updated documentation practices
- Implementation of multiple institution-approved telehealth platforms
- New onboarding, workflow training, and supervision protocols for resident and fellow physicians
- Case reviews by faculty peers to assess clinical quality during the telehealth transition
- Department wide survey of faculty and staff was conducted to analyze the impact of the rapid conversion to telehealth

Results

- CLP team members have adapted telehealth tools into our team workflow despite limited previous experience
- Platforms routinely used include:
 - Cisco WebEX
 - Microsoft Teams
 - InTouch Health
 - Updox
- Flexible communication was preserved in situations involving:
 - elevated infection risk
 - unnecessary PPE use
 - acceptable alternatives to face-to-face examination
- In person visits continue to account for the majority of CLP encounters
- Care has been preserved for patients in isolation without notable impact on clinical quality
- Sustainability challenges: adequate user space, process efficiency, patient and provider preferences
- CLP team experience consistent with department wide telehealth survey (N=76):



Prior to the pandemic, had you delivered care via telehealth?



Telehealth compared to in-person care:

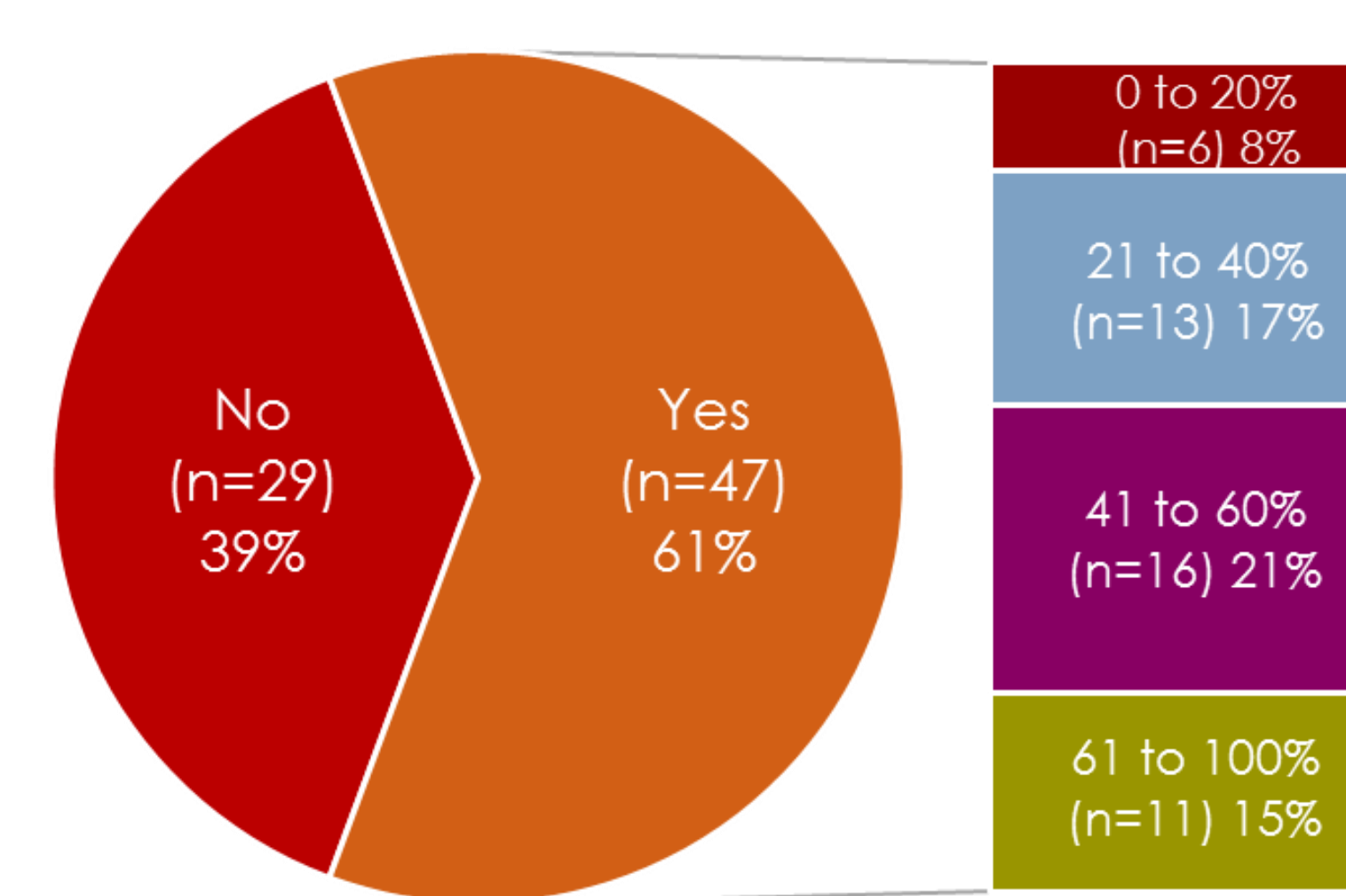
What do we gain?

- Improve patient access (n=20)
- Safety for patients and providers (n=9)
- Continue care during the pandemic (n=6)
- Flexibility (n=6)

What do we lose?

- Rapport/connectedness (n=14)
- Nonverbals (n=8)
- Physical exam (n=5)
- Difficulty with technology...stress, time (n=5)

Would you like to offer telehealth post-pandemic?



Conclusions

- Telehealth interventions for inpatient psychiatric consultation during the COVID-19 pandemic continue to evolve
- New opportunities to remain safely connected have been created
- Benefits include:
 - Improved communication among colleagues using new telehealth platforms
 - Enhancing resident training in the C-L setting to use a variety of telehealth platforms in different clinical scenarios
 - Both may impact long term sustainability
- Opportunities for curricular innovation through teaching residents without prior telehealth experience to provide virtual care
- Telehealth platforms are also helpful for communication with teammates and consultees while adhering to social distancing requirements

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