



How Dignity Health™ Leveraged Telepsychiatry in the Emergency Department to Reduce Response Time and Cost

Dignity Health is one of the nation's largest health systems and the largest hospital provider in California. Dignity Health also operates one of the largest hospital-based telehealth networks in the United States, known as Dignity Health Telemedicine Network (DHTN), which provides acute and outpatient care at 25 facilities and 46 distinguished partner sites across California, Hawaii and Nevada.

While providing a range of telehealth services to its emergency department (EDs), DHTN began to notice a common problem within its network: EDs had limited access to specialty behavioral health providers, leading to long wait times for both patients and providers who needed psychiatric consults. To solve this problem, the Dignity Health Telemedicine Network utilized Amwell Psychiatric Care to provide 24/7 access to acute behavioral health providers.

Dignity Health Telemedicine Network

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|---|---|
| 1 Mercy General Hospital | 24 Marian Regional Medical Center |
| 2 Mercy San Juan Medical Center | 25 French Hospital Medical Center |
| 3 Mercy Hospital of Folsom | 27 Arroyo Grande Community Hospital |
| 4 Sierra Nevada Memorial Hospital | 28 Sequoia Hospital |
| 5 Sierra Nevada Medical Group Clinic | 29 Oak Valley Hospital |
| 6 NorthBay Medical Center | 30 St. Joseph Hospital Eureka |
| 7 NorthBay Vacaville Hospital | 31 Tehachapi Valley HealthCare District |
| 8 Woodland Healthcare | 32 Mercy Downtown Center |
| 9 Methodist Hospital of Sacramento | 33 St. Mary Medical Center |
| 10 St. Joseph's Medical Center | 34 St. Rose Dominican Hospital—Rose de Lima |
| 11 Mercy Medical Center—Mt. Shasta | 35 St. Rose Dominican Hospital—San Martin |
| 12 Mercy Medical Center Redding | 36 St. Rose Dominican Hospital—Sienna |
| 13 Redding Medical Group Clinic | 37 Orville Hospital |
| 14 St. Elizabeth Community Hospital | 38 Madira Community Hospital |
| 15 Mercy Medical Center Merced | 39 Kona Community Hospital |
| 16 Mark Twain Medical Center | 40 Santa Rosa Memorial Hospital |
| 17 Mark Twain Medical Center Clinic | 41 Folsom Fire Department |
| 18 Bakersfield Memorial Hospital | 42 Mercy Community Clinic, Mt. Shasta |
| 19 Kern Valley Healthcare District | 43 Lady of Lourdes Life Center, Auburn |
| 20 Catterall Hospital Medical Center | 44 Northridge Hospital Medical Center |
| 21 St. Bernardine Medical Center | 45 Ribicoff Memorial Hospital, Marysville |
| 22 Community Hospital of San Bernardino | 46 Brockville Terrace Nursing, Sacramento |
| 23 St. John's Regional Medical Center | 47 Petaluma Valley Hospital |
| 24 St. John's Pleasant Valley Hospital | 48 St. Elizabeth Community Hospital Clinic |



Problem: Limited Resources Resulted in Long Wait Times

Limited access to specialty behavioral health services in the ED was causing a bevy of issues at Dignity Health facilities, including long wait times for patients and providers, a lack of clear and consistent guidance on admission and discharge decisions, and a reliance on external resources. Because of these issues, facilities felt they had limited control and were unable to treat patients appropriately and in a timely manner. Even in intensive care units (ICUs), intensivists often felt overwhelmed if patients taking medication for a behavioral health condition couldn't get a timely assessment, which sometimes led the patients to stop medications altogether. These interruptions in care tended to result in longer hospitalizations and increased costs.

The lack of access to acute behavioral healthcare was especially pronounced in rural areas, where patients in the ED had to wait hours—sometimes days—to receive a comprehensive psychiatric assessment.

To address the lack of behavioral healthcare in emergency departments and ICUs, Dignity Health Telemedicine Network leveraged Amwell Psychiatric Care to provide virtual acute psychiatry consults within its facilities.

Solution: Delivering Immediate Access to Acute Behavioral Healthcare

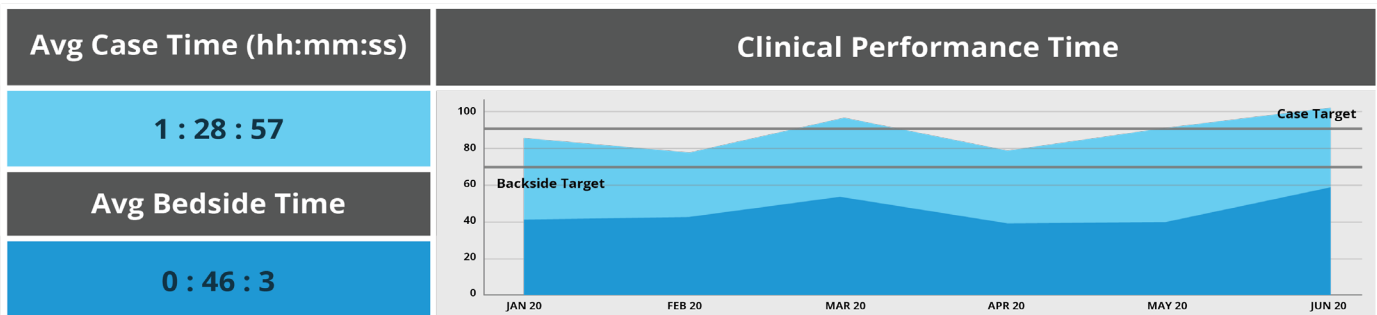
To meet the critical needs of behavioral health patients, Dignity Health Telemedicine Network needed to provide better access to acute care within the ED. In collaboration with Amwell and its approximately 300 psychiatrists, DHTN ramped up its telepsychiatry program and was able to provide rapid 24/7 access to acute behavioral providers virtually. Now, whenever a patient needs a behavioral health assessment, on-site providers can use telehealth technology to quickly connect with remote psychiatrists who assess the patient and recommend next steps to the providers on the ground.



At the beginning, the majority of DHTN’s acute behavioral health consultations in the emergency department were for disposition management, but as relationships developed between remote and bedside providers, the service evolved to include everything from medication management and immediate treatment to reevaluation and follow-up management. Dignity Health also began utilizing virtual acute behavioral health services within ICUs. Intensivists can now consult with remote psychiatrists and start ICU patients on medication, even if the patients are sedated.

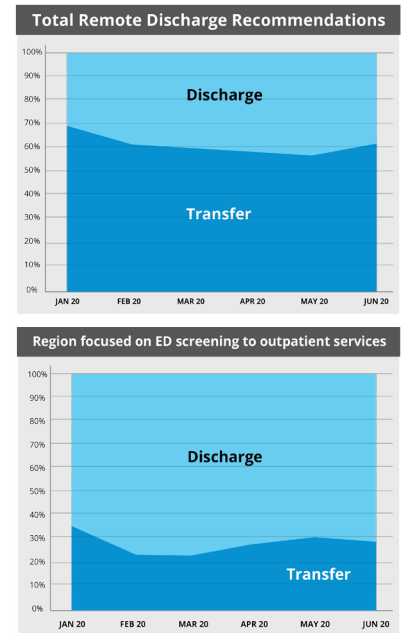
Result: Timelier Care, Better Outcomes

Through its partnership with Amwell, DHTN was able to reduce the average bedside response time—the time it takes a remote provider to be present at the bedside through technology—to under 50 minutes. This rapid response allowed the network to keep the average case time to under 90 minutes, meaning that within 90 minutes the remote psychiatrist can provide direct patient care, sign a note, and pass it off to the bedside provider.



Historically, patients in the ED experienced a much longer stay if they had behavioral health issues, and those who required a transfer to a higher level of care stayed even longer—sometimes 48 to 72 hours. The standardization of telepsychiatry services in the ED improved DHTN’s ability to discharge patients and reduce boarding time.

DHTN has been tracking discharge recommendations, which represent the percentage of patients recommended for transfer to a higher level of care or patients who are not currently ready to be discharged, versus the percentage of patients who could be discharged at the time of the virtual assessment. Certain DHTN facilities utilize the virtual service to achieve different goals, whether that is admitting patients to inpatient psychiatry care or to screen and treat patients prior to discharging them to an outpatient service. Overall, DHTN’s discharge recommendation rate is approximately 40%, with some regions achieving a discharge recommendation rate of roughly 60%.



In addition to tracking discharge and transfer rates, DHTN can now track other key metrics through Amwell’s technology that were previously unavailable, including:

- How often remote providers recommend an involuntary hold for patients who did not previously have one
- How many of those holds are maintained
- How many patients came into the ED on an involuntary hold that was determined to be unnecessary following a telepsychiatry assessment

This data is now being shared with legislators to ensure that remote behavioral telehealth providers are given the same authority and access as inpatient psychiatrists or social workers to assist with acute behavioral health patients.

Looking Ahead: Standardizing Behavioral Healthcare

DHTN’s mission is to provide timely access to quality care, wherever the patient may be. With that mission in mind, the network is now highly focused on standardizing behavioral healthcare. There are 58 counties in California alone, and each county is authorized to operate independently and maintain its own policies around behavioral health treatment. DHTN’s goal is to develop clinical practice guidelines that are on par with stroke and sepsis care in the ED, so that behavioral health patients have a similar expectation for success no matter the location.

Part of this standardization initiative involves continuing to measure and report on quality patient outcomes, value-based decision-making, and cost savings—whether a patient receives care through virtual care or not.

As John MacKenzie, clinical program manager at Dignity Health Telemedicine Network said, “We feel standardization will lead to true behavioral health parity and equity, and will allow every patient to get exactly the care they need.”