



How Children's Omaha improves mental health access and outcomes through telehealth

Opportunity

Children's Hospital & Medical Center in Omaha, Nebraska provides care to more than 250,000 children each year, many of whom live in rural communities. As the only full-service pediatric specialty healthcare center in Nebraska, patients throughout the state and region are referred to Children's for specialty treatment. Such is the case with behavioral health—more specifically, psychiatry. According to the 2015 Nebraska Behavioral Health Workforce report, 81 of Nebraska's 93 counties did not have a practicing psychiatrist.¹ Children's Omaha was looking for a way to expand access to its pediatric psychiatrists across the rural communities it serves.

Solution

Children's Hospital & Medical Center partnered with American Well to launch a pediatric psychiatry delivery model designed to address access concerns and provider shortages. It was essential that the model be integrated with primary care offices, other participating hospital systems and its own physician clinics.

Success

After a year of offering psychiatry telehealth visits via one psychiatrist, Children's has conducted more than 600 visits on the platform. The telehealth program has cut no-show follow-up visit rates in half compared to in-person appointments, and the child psychiatrist conducting these virtual visits saved around 26 hours of windshield time per week by moving all appointments to telehealth.

600+

visits conducted by 1 psychiatrist, with plans to expand to more

50%

Reduction in psychiatry follow-up appointment no-show rates

26 HRS

Weekly windshield time avoided due to telehealth

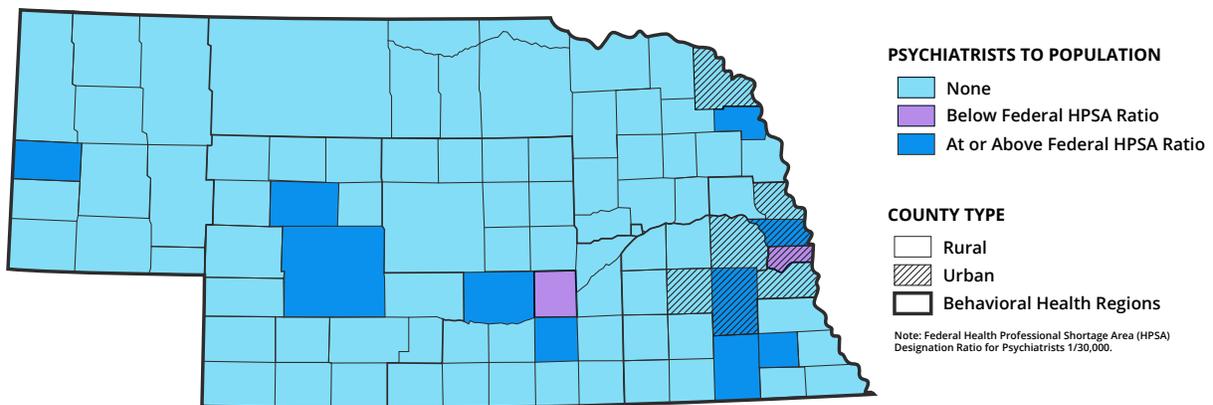
Background

Children’s Hospital & Medical Center, located in Nebraska’s largest city, Omaha, is a non-profit health system serving children in a five-state area: Nebraska, Iowa, South Dakota, Kansas and Missouri. As the only free-standing children’s hospital in the state, Children’s is the largest practice of board-certified pediatricians, pediatric nurse practitioners and pediatric physician assistants in the area. Their mission is to improve the lives of children through dedication to exceptional clinical care, research, education and advocacy. However, for some specialties, such as psychiatry, treating children comes with barriers — mainly access and provider shortages.

Identifying the need for telepsychiatry

Nebraska, like many of the other states Children’s serves, is experiencing a severe shortage of psychiatrists. With a population of roughly 1.9 million people — 25 percent of whom are under the age of 18² — Nebraska only has around 156 practicing psychiatrists. Eighty-four percent of these psychiatrists are practicing in metropolitan areas such as Omaha and Lincoln, which leaves only 25 psychiatrists to cover the remaining 70,000 square miles of the state. Additionally, 64 percent of the practicing psychiatrists are over the age of 50, which means this shortage could become a larger issue in the coming years.¹

GEOGRAPHIC DISTRIBUTION OF PSYCHIATRISTS IN NEBRASKA



Nebraska’s two major metropolitan hubs, where most psychiatrists are located—Lincoln and Omaha—are in the far east side of the state. This means that if a patient is coming from the west side of the state they could be traveling up to six hours for care. “We had families driving three hours for a 20-minute psychiatry follow-up session,” says Mark Stastny, Vice President and Chief Information Officer at Children’s Hospital and Medical Center. “We really felt a need to give better care to those patients.”

Iowa, a state also served by Children’s psychiatrists, is experiencing a very similar mental health provider shortage. In fact, 89 of Iowa’s 99 counties have a mental health professional shortage.³ Children’s recognized the need for better access to psychiatric care in both states.

Building a telepsychiatry program

With an overwhelming need for better psychiatric care, Children's knew it needed to develop the right program infrastructure and find the correct providers to spearhead the program. At the time the health system was looking into implementing the telehealth program, they were also actively recruiting Dr. Jennifer McWilliams, a child and adolescent psychiatrist, to join their team. Dr. McWilliams was not only a strong physician champion in psychiatry, she had an extensive background in telehealth at both the University of Iowa and Nebraska Medicine. In addition, Children's new CEO, Richard Azizkhan, was an advocate for telehealth and encouraged the health system's involvement in the program. "Organizationally, operationally and strategically it was on everyone's radar," says Dr. Corey Joekel, CMIO at Children's Hospital & Medical Center. "It was a perfect storm that allowed us to start working with American Well."

Children's evaluated many telehealth companies, and ultimately chose American Well for its experience, high KLAS ratings, and innovative technology. Together, Children's and American Well strategized how to best build a telehealth psychiatry program that addressed the large barriers preventing people from accessing behavioral health-care: distance, time, and stigma.

Workflow

Children's began by partnering with primary care offices, hospital systems in rural communities, and with their own physician clinics across the state to set up sites where patients could go to receive psychiatric care.

At each of these sites, a room was designated for remote psychiatry visits. A nurse or social worker acted as the "telepresenter," and was responsible for bringing the patient and family into the room, obtaining vital signs, ensuring the connection was working, and troubleshooting any issues. They would then step out of the room to allow for Dr. McWilliams to conduct the video visit. Younger children were seen together with their parents, while adolescents were seen on their own. At the end of the visit, the telepresenter may or may not have come back into the room for wrap up, depending on the site and the case.

Establishing Relationships with Clinics

Children's began researching the best locations across the states of Nebraska and Iowa for these clinics, beginning with primary care offices. When a primary care physician reaches the end of his or her scope of practice for mental health, they need to refer the patient to the correct provider. By giving that patient remote access to a

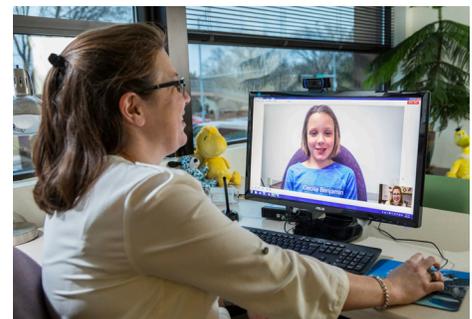
Meet Dr. McWilliams

Dr. Jennifer McWilliams began working at Children's Hospital and Medical Center in September 2015. She is an active member of the American Telemedicine Association, and is on the Telemedicine Committee for the American Academy of Child and Adolescent Psychiatry. Dr. McWilliams has made it her mission to improve pediatric access to psychiatry care, and believes telehealth and a collaboration with primary care providers is the best method to achieving that goal. She attended medical school at the University of Nebraska Medical Center and completed her residency and fellowship at the University of Iowa Hospitals and Clinics. Dr. McWilliams also has a Master's degree in Healthcare Delivery Science from Dartmouth.



Dr. McWilliams

Child & Adolescent Psychiatrist
Children's Hospital & Medical Center



Dr. McWilliams conducts a video visit



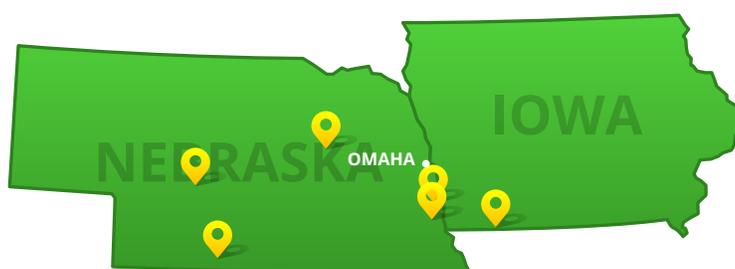
Children's psychiatrist, they allow that patient to stay local and still receive the care they need without having to travel to Omaha.

Many of the first primary care office relationships were formed by word of mouth referrals. Dr. McWilliams was able to establish these connections through her past experiences and contacts. The team also used a more systematic approach, looking at rural communities that had the most need for this type of service. They performed an assessment of zip codes based on where the children who they were seeing for psychiatry care were living. They discovered that many of them were from around McCook, NE, which is in the southwest portion of the state and around four and a half hours from Omaha. They reached out to a primary care office there and were able to place a clinic in that location.

The same types of relationships were formed at hospital systems and Children's physician clinics throughout the state. The team looked at locations where there was the greatest need, and formed connections that allowed them to place clinics in those locations.

Children's was able to establish relationships and place clinics in six different sites throughout Nebraska and Iowa. To help maintain these relationships, Dr. McWilliams visited each location once a year. She also made herself available to the providers throughout the year to answer their questions.

CHILDREN'S TELEPSYCHIATRY CLINIC LOCATIONS



Types of visits

Dr. McWilliams does general pediatric psychiatry, including evaluations and follow-up appointments, for children ages four to 19. The breakdown of conditions is very similar to what Dr. McWilliams sees in outpatient clinics: depression, anxiety, ADHD, and autism. "Basically, anything I see in my office I'll see via telehealth," says Dr. McWilliams.

The one condition that can be limiting is autism. "These evaluations are a bit tricky via telehealth, because so much of what I try to do is assess how kids interact with people socially," tells Dr. McWilliams. "While sitting in my office, an autistic child may think that I am completely boring and not interesting, and they are far more fascinated by the chair that I'm sitting in. However, via telehealth, I'm "on TV" so I am truly fascinating. I tend to get a little bit more engagement, and that skews things a little bit."

Seeing new patients

Dr. McWilliams typically sees all new patients via telehealth. "Everyone is welcome to come to Omaha, and I'm happy to see them in person; however, I treat a lot of kids that I've never seen in person and have only seen via telehealth," says Dr. McWilliams.

With medically complex children who will be traveling to Omaha to see other specialists in departments where Children's does not currently offer telehealth, Dr. McWilliams arranges it so those patients can also see her for a psychiatry visit while they're in the city.

Prescribing controlled substances

Children's has done much research and due diligence into the prescribing of controlled substances via telehealth. Through talking with the U.S. Drug Enforcement Administration and examining the Ryan Haight Act,

Children's determined they are in full compliance with the prescription rules for controlled substances via telehealth.

Children's thoroughly reviewed the Ryan Haight Act, which was established in 2008 to prohibit the delivery, distribution, or dispensing of a controlled substance that is a prescription drug over the Internet without a valid prescription. The act defines a "valid prescription" as a prescription that is issued for a legitimate medical purpose in the usual course of professional practice by a practitioner who has conducted at least one in-person medical evaluation of a patient. However, there are exceptions to the in-person exam requirement for physicians practicing telemedicine. One of those exceptions includes that a telemedicine exam is conducted while the patient is physically located in a hospital or clinic.⁴ Because all of Children's patients are at a primary care office, hospital or physician clinic when receiving care, Dr. McWilliams can safely prescribe and adjust controlled substances while in full compliance with the law.

Success: Increased demand for telepsychiatry

After a year, Dr. McWilliams has conducted more than 600 telepsychiatry visits. The positive response has caused a surge in demand from clinics who want access to these telepsychiatry visits. Due to the demand, Children's has since expanded to two additional clinics, with pending requests from a half dozen more.

Children's also addressed the high demand by adding an advanced practice provider, located in Des Moines, Iowa, to provide psychiatry visits to three clinics — the two new clinics and one which Dr. McWilliams has been serving.

Reduction in windshield time

If it weren't for telehealth, either the patient or the provider would have to travel long distances for care. Dr. McWilliams would have had to travel to each of the six sites, which would equate to around 26 hours of windshield time per week. If the patients were required to travel to Dr. McWilliams, some of them would be traveling up to eight hours a day for what sometimes would be a twenty-minute appointment.

LOCATION	DISTANCE FROM OMAHA (ONE WAY)	TRAVEL TIME FROM OMAHA LOCATION (ONE WAY)
North Platte, NE	280 miles	3 hours 58 minutes
McCook, NE	284 miles	4 hours 19 minutes
Albion, NE	128 miles	2 hours 8 minutes
Clarinda, IA	80 miles	1 hour 33 minutes
Plattsmouth, NE	25 miles	35 minutes
Bellevue, NE	16 miles	24 minutes

Reduction of no-show rates

Through the program, Dr. McWilliams has been able to reduce the no-show rate of follow-up psychiatry appointments by 50%. Follow-up no-show rates for in-person psychiatry appointments are around 10%; however, with telehealth those no-show rates have dropped to 5%.

Positive family and patient reception

The clear majority of families and patients liked seeing Dr. McWilliams via telehealth. "They feel is it quality care, and really appreciated not having to drive to Omaha," says Dr. McWilliams. "It's also been great for families that are a little more reluctant to admit that they are seeing a psychiatrist. They are very happy to be going to a PCP office for reasons not to be disclosed to anyone else in the community."

Looking Ahead: Telemental health and beyond

Besides growing the current telepsychiatry program, Children's also has plans to implement a behavioral health telehealth program for children with complex medical conditions, for example a comorbidity of depression and cystic fibrosis. "These kids may live three or four hours away, and only come to Omaha two or three times per year," explains Stastny. "We know that if we can do soft touches in between those visits with a psychologist or therapists, we can check things like medication compliance, monitor depression and look for other symptoms." Children's plans to bring psychologists into the home from soft touch telehealth visits with these patients who have already been seen at the hospital's specialty clinics.

Beyond behavioral health, Children's sees a plethora of additional use cases for telehealth. "Our goal was to get a strong, robust program established for behavioral health so that we could then use that template for other service delivery models throughout the enterprise," says Stastny. Use cases Children's can see benefiting from telehealth include post-op follow up visits, ADHD and other medication compliance visits, virtual rounding within chronic care facilities, provider-to-provider consults and provider-to-patient visits with pediatric specialists. "There is a strong demand for telehealth, and we have a strong, supportive team here to make it possible."

1. Behavioral Health Education Center of Nebraska, Nebraska Behavioral Health Workforce 2015 Report
2. United States Census Bureau
3. Federal Health Resources and Services Administration
4. The Ryan Haight Act