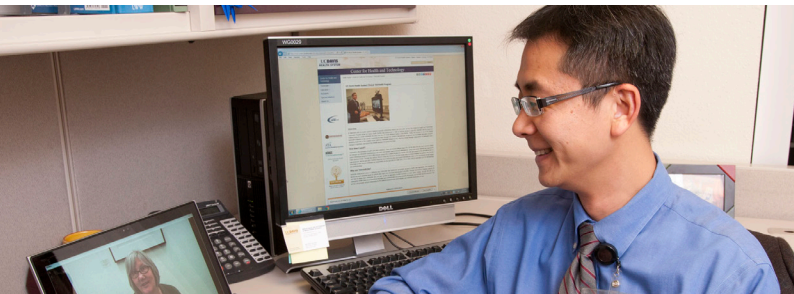


INNOVATE

EVIDENCE-BASED MENTAL HEALTH RESEARCH



Telepsychiatry in Nursing Homes

Nursing homes now serve millions of patients with severe psychiatric illnesses, in part due to the closure of state hospitals.¹ It is estimated that ~65-91% of nursing home residents have a significant psychiatric disorder.² This includes mood disorders such as depression, psychotic disorders such as schizophrenia, anxiety disorders such as PTSD, and dementia. However, this population of institutionalized individuals has limited access to psychiatric care.

Reducing Barriers to Care

The shortage of psychiatrists in skilled nursing facilities, especially in rural communities, has prompted the use of telepsychiatry as part of the solution. Telepsychiatry is the use of video

recorded encounters between a patient and a psychiatrist. The encounters can be synchronous through live video interactions like Facetime, or they can be asynchronous through recorded interviews reviewed later by the psychiatrist. With asynchronous telepsychiatry an interview is recorded for a psychiatrist to review and develop a diagnosis and treatment plan. The psychiatrist becomes a consultant for the individual performing the interview. It is important to note that psychotherapy and counseling aren't performed through asynchronous telepsychiatry.

Dr. Glen Xiong, Associate Professor in the Department of Psychiatry and Behavioral Sciences at UC Davis, was awarded one of 23 pilot award grants for "A Pilot Study Examining Use of Asynchronous and Synchronous Consultation for Skilled Nursing

Facility Residents." This study is in collaboration with Dr. Peter Yellowlees, an international expert in telepsychiatry.

This study will test telepsychiatry technology to determine its impact on quality of life in nursing home populations. Telepsychiatry is gaining popularity as an effective way to treat the growing number of individuals with severe mental illness and address the limited workforce capacity and disparities between urban and rural locations. Rather than having to travel long distances to the nearest psychiatrist for an appointment that may have been scheduled months in advance, patients are able to walk down the hall and be seen remotely by a trained professional in a matter of days or weeks. People generally wait a long time to see a psychiatrist, and the longer they wait, the more likely that situations will become emergencies.

“This study has the potential to lead to a long term change in the way patients are treated in nursing homes, giving them more access to specialist care and advice via several telepsychiatry methods - care that is currently simply not available. Dr. Xiong is a real change leader and advanced thinker, who puts patients at the center of the care system with his innovations.”

-Peter Yellowlees, M.D., Professor in the Department of Psychiatry at UC Davis

Activating the conversation

By training the staff at a skilled nursing facility and having a psychiatrist available for consultation, stigma is reduced and conversations are activated about mental illness. Due to the lack of psychiatrists and the inability to appropriately refer residents to care, Dr. Xiong described a “don’t ask, don’t tell” type of policy surrounding mental health in skilled nursing facilities. “The impact this study will have is important not only because of what we will learn or who we can serve but also because of the collaboration between nursing homes and psychiatrists. If the resources aren’t there they are afraid to open Pandora’s box.”

The study will begin with two treatment locations: Norwood Pines, in Sacramento, CA and Cottonwood, in Woodland, CA. The study consists of randomized synchronous or asynchronous consultations with a psychiatrist. It measures patient satisfaction and costs associated with emergency room visits and hospital stays, which are the most expensive and oftentimes the most common form of care for those suffering with

mental illnesses. Xiong predicts that the study will show significant cost savings through good outpatient care, fewer visits to the emergency room and decreased use of hospital resources.

Monitoring Medications

Polypharmacy, or the use of four or more medications, is common practice for treating the elderly because it is often easier to add than remove medications. This can result in unwanted side effects and poor patient compliance. The number of medications that are added or removed during the study will be measured in order to track polypharmacy in relation to receipt of mental health care through telepsychiatry.

Dr. Xiong described how telepsychiatry creates a more efficient workforce because psychiatrist expertise is a limited resource. Telepsychiatry “streamlines the use of psychiatrists for consultation, diagnoses and medication management.” With asynchronous telepsychiatry there is less manpower needed to coordinate scheduling because rather than live video recorded conversations, the psychiatrists are able

to review the interviews on their own schedules.

The goal is increased quality of life for people in nursing homes. “After collecting the initial data made possible through the BHCOE pilot grant, we will need to recruit 10-15 nursing homes to bring the study to scale and show the effectiveness of a collaborative care model.” Research of telepsychiatry use in skilled nursing facilities is particularly valuable considering the growing aging population. Xiong aims to provide care coordination to overcome barriers to access, expand the work force capacity and measure the economic effect of using telepsychiatry in skilled nursing facilities.

1. Sisti DA, Segal AG, Emanuel EJ. Improving Long-term Psychiatric Care: Bring Back the Asylum. *JAMA*. 2015;313(3):243-244. doi:10.1001/jama.2014.16088.

2. Grabowski, D. C., Aschbrenner, K. A., Rome, V.F., & Bartels, S. J. (2010). Quality of Mental Health Care for Nursing Home Residents: A Literature Review. *Medical Care Research and Review* : MCRR, 67(6), 627-656. <http://doi.org/10.1177/1077558710362538>

Behavioral Health Center of Excellence at UC Davis

UC Davis launched the Behavioral Health Center of Excellence in October 2014 to advance mental health research and policy with initial funding from the Mental Health Services Act. The Innovate series highlights the Center’s \$4.3 million Research Pilot Award program.

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