PRINT-OSF collaborates to solve psychiatrist shortages amid growing mental health demands

The Association of American Medical Colleges says the United States does not have nearly enough mental health professionals to treat everyone who is suffering. That reality is playing out in hospitals and emergency departments across the country, including at the 16 hospitals Peoria, Illinois-based OSF HealthCare operates in Illinois and Michigan.

Driven by a Mission to serve with the greatest care and love means the most vulnerable must receive timely care provided with dignity. With that in mind, OSF HealthCare has partnered with a leading telemedicine behavioral health provider, Boston-based <u>Amwell</u> to provide 24/7 365 tele psychiatric consult support to emergency departments at six hospitals as part of a pilot to provide mental health assessments more quickly to help speed treatment for those in crisis.

Samuel Sears, M.D., psychiatrist, director of Behavior Health Physician Services, OSF HealthCare says hiring psychiatrists is nearly impossible <u>with a nationwide shortage</u>" and when competing with larger hospitals in desirable coastal cities. So, the Behavioral Health team looked at third-party providers for tele psychiatry services and landed on Amwell because of its reputation and its success helping much larger, well known health systems.

"If they can handle Cleveland clinic's volume and intensity, they would be a good partner for us. And then really looking at cost as well," says Dr. Sears. "We try and be good stewards of the Sister's (Sisters of the Third Order of Saint Francis') money and the reality is they provided us with a good competitive cost at the scale we needed with excellent quality. It was kind of a slam dunk from there."

The pilot with Amwell began at OSF HealthCare Saint Francis Medical Center in Peoria, a busy, Level 1 trauma center in Peoria and at two hospitals in rural locations – <u>Alton, Illinois</u> and <u>Escanaba, Michigan</u> - where there is no psychiatrist on-site but growing demand from patients showing up at the emergency department. Danielle Bess, LCSW, lead psychotherapist at OSF Saint Francis Medical Center says patients in crisis were waiting hours to be assessed.

"Having those patients sitting in the ER waiting eight plus hours to be seen by a therapist is upsetting. You know, for anyone that works in the mental health field that has a passion for this we know that those patients need help fast. So, with those extended wait times, patients just were not getting the help that they need."

Bess points out a hospital emergency department doesn't offer a therapeutic setting and long wait times put pressure on providers and mental health monitors who sit with patients to make sure they don't harm themselves or others.

"It's a lot to sit with one patient for eight hours to make sure that they stay safe. Some of these patients they are determined to you know, hurt themselves and that's a high stress situation for anybody to be in. It's not an easy job. So the quicker we can get them to a safe facility the better for everybody."

For OSF Saint Francis, Bess says two-thirds of the patients coming into the emergency department who were seen by an Amwell psychiatrist have required inpatient treatment so having them assessed more quickly can help speed up the process of finding a treatment facility which is done through the OSF OnCall Care Hub. When patients can be evaluated overnight, that frees up the backlog the Care Hub faced each morning trying to find appropriate placement for individuals who need an inpatient facility.

Eases crowding throughout the emergency department

In turn, it also prevents longer wait times for all emergency department patients, Bess points out.

"We're a Level 1 trauma center. We need to keep those beds open in the ER and if a patient is waiting 10 hours for a mental health evaluation that clogs up that room availability so the quicker we can get them moved on (to the next level of care) that helps not only helps them, but it also helps all the other patients that need care as well."

Bess suggests having Amwell psychiatric support also prevents provider burnout. No longer do our psychotherapists feel compelled to work past their shift to complete an assessment so the patient doesn't have to wait until morning to be transferred, receive care, or get a plan for outpatient treatment.

Dr. Sears says based on success at the first three hospitals, three more have been added to the pilot and they are reporting success. He says for the most part, Amwell has been able to meet the goal of providing a psychiatric assessment within one hour. OSF Saint Francis is also now using Amwell tele psychiatry for other patients admitted to the hospital, including those in the ICU.

"That becomes vital having that expertise to know what medications are appropriate, what would interact potentially with other things that they're getting, especially in a you know, situation where somebody's critically ill or injured."

A more detailed analysis of return on investment is underway but Dr. Sears says it's clear that even four months into using Amwell services, patients are being assessed more quickly, providers feel less stress and patients' medication is being better managed, helping prevent longer hospital stays.

"Here is a service that you only are utilizing and paying for when you need it and so this is great for our facilities, especially that don't have the volume to support a psychiatrist even if we could hire one, but that definitely meet the needs." He adds, "So this is able to support (hospitals) when they need it, as they need it, as they need it. And that's important because we really do look to always provide the same excellent care to every patient every time, regardless of where they live."

Based on the success of its pilot, OSF HealthCare plans to continue deploying Amwell Tele Psychiatry services to all 16 hospitals within its Ministry on a rolling implementation schedule.