



Healthcare

Daily Use

- Telepsychiatry

Solution

- Polycom® Practitioner Cart® HDX® mobile healthcare systems
- Polycom® Converged Management Application™ (CMA™) solution
- Polycom® RMX® 2000 real-time media conferencing platform
- Polycom® RSS™ recording, streaming, and archiving solution

Results and Benefits

- Patients receive better care and hospitals reduce their costs
- Mental health consultation wait times in emergency departments reduced from days to hours
- Length of stay in an emergency department reduced from six to three days, cutting total cost from \$12,000 to just over \$6,000
- Initial treatment offered earlier, discharge planning to community service follow-up strengthened, resulting in more sustained recovery

Video Network a Model for Innovative Care Delivery at South Carolina Department of Mental Health

The South Carolina Department of Mental Health (DMH) is the state's public mental health authority. It operates 17 community-based, outpatient mental health centers which serve all 46 counties in South Carolina. DMH also operates four licensed psychiatric hospitals and three nursing homes. DMH provides mental health services to between 90,000 and 100,000 patients per year, more than 30,000 of whom are children. The majority of the persons served by DMH are low-income or indigent.

"Like many states, South Carolina faces an 'urban-rural dilemma,' with much of the population of South Carolina living in rural areas, while the mental health expertise is concentrated in the urban centers," explains Ed Spencer, Director of the DMH Telepsychiatry Program. "Add to that a high percentage of citizens with limited resources, many lacking health insurance and reliable transportation, and it can be difficult for the DMH to reach the patients most in need of care."

The DMH Telepsychiatry Consultation Program, the result of DMH leadership securing a grant for the program from The Duke Endowment, was created to address the state's mental health care delivery issues. The grant award allowed the DMH to use telemedicine in a unique way: by offering all South Carolina hospital emergency departments (EDs), many of which are located in remote regions of the state, timely access to a DMH consulting psychiatrist. The project is currently in 16 hospital EDs in South Carolina and will eventually equip all 65 EDs in the State.

A Comprehensive Solution

Video conferencing is at the core of the DMH telehealth program. In the mental health treatment setting, non-verbal communication is often as or more important than what the patient says, making HD-quality video key to the DMH network.

"Polycom HD video allows the DMH practitioners to see the smallest details, which are critical when treating someone with, for example, a substance abuse problem," says Ed Spencer, Director Telepsychiatry Program, SC Department of Mental Health. "The physician can zoom in and clearly examine the patient's pupils to determine whether the person may be under the influence of drugs or has had a true psychotic episode."

The agency has deployed 16 Polycom® Practitioner Cart® HDX® mobile conferencing units to date that can be moved to the area in the ED where

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the patient is waiting, instead of moving the patient. The Polycom Converged Management Application™ (CMA™) 4000/5000 system centrally manages and deploys the agency's visual communication solution. And its desktop video collaboration software client is used by the five psychiatrists employed in the program to connect from a variety of remote locations.

For multipoint calls, DMH has deployed the Polycom RMX® 2000 real-time media conference platform, enabling all of the video-equipped hospitals to connect for training. The Polycom RSS™ 2000, an on-demand recording, streaming, and archiving solution was implemented for instruction and training.

To access care, local hospital ED physicians contact the DMH psychiatrist who then uses the telepsychiatry system to interview the patient and others as needed. Further review of hospital ED information and Electronic Health Record (EHR) data, results in a written and electronically signed consult that is immediately available to the ED physician and is transmitted to the hospital, the mental health center where follow up care is provided, and retained within the agency's database for future use.

Providing Care When and Where It Is Needed

The DMH telepsychiatry solution has improved access to emergency psychiatric assessment for patients in hard-to-reach, rural areas. It also facilitates a more rapid and sustained recovery for the patients assessed. The DMH initially anticipated that it would provide 2,000-plus consults per year when it had deployed video conferencing systems in 45 to 55 of its targeted EDs. However, with only 16 systems deployed, it has far exceeded that number, providing more than 2,000 consults to date.

In addition to providing 24/7 access to DMH physicians, the network allows the local doctor and the remote DMH psychiatrist to begin identifying resources in the community to help the patient with follow-up care, which reduces the need for re-hospitalization and improves quality of life.

The DMH telepsychiatry network is also providing significant travel and related cost savings for the state of South Carolina. The rate of in-patient emergency department admissions is also decreasing. A typical mental health emergency department admittance results in a five-to-six day hospital stay at a cost of \$2,000 per day, or \$10,000 to \$12,000 over the length of the stay. Participating hospitals reported a drop in length of stay from an average of six days to just over three days, cutting the total cost nearly in half. The sooner the DMH can intervene, the shorter the hospital stay can be.

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A critical added benefit, the video network connects the state's hospitals in an unprecedented way, allowing for the coordination and sharing of access to specialty medical care consultation among participating hospitals.

The first hospital to participate in the program, Palmetto Health Baptist, reports consistent, high-quality and timely service to its patients. Prior to this program, there were lengthy "hold" times in the emergency department. This was unsatisfactory for the patient and it created an unnecessary critical lack of bed availability for patients with medical and surgical emergencies.

At Springs Memorial Hospital, in the five-month period following the advent of the DMH Telepsychiatry Consultation Program, the average length of stay for patients in a behavioral crisis dropped by more than 55 percent. The hospital has saved in excess of \$100,000 in the first six months of telepsychiatry use.

Conway Medical Center, has also reported positive results. Its physicians have requested consults for 169 emergency department patients and, as a result, were able to discharge 68 of them from the ED. Without telepsychiatry, the medical center would have been reluctant to discharge any of them directly.

The DMH Telepsychiatry Consultation Program is seen as a model for other states grappling with the same issues and for corrections agencies nationwide.

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