

Report from Baylor Scott & White Health Psychiatry: Using a Public Health Crisis to Accelerate Modernization

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Baylor Scott and White Health (BSWH) is the largest not-for-profit healthcare system in Texas and one of the largest in the United States. Baylor Scott & White Memorial Medical Center is a comprehensive 636-bed academic medical center and Level 1 trauma center serving central Texas and is located 50 miles north of Austin. The Memorial Medical Center is the main tertiary clinical education site for the Texas A&M University Health Science Center College of Medicine, is a 2020 Fortune/IBM Watson Health 100 Top Hospital, and is among the Top 15 major teaching hospitals in the U.S.

The Department of Psychiatry at Memorial Medical Center is the only academic department of psychiatry in the BSWH system. Clinical personnel include 40 faculty physicians and other clinicians, 20 psychiatry residents, and four child and adolescent psychiatry fellows. The Department of Psychiatry is backed by the academic partnership among Texas A&M University Health Science Center, College of Medicine, BSWH, and the Central Texas Veterans Health Care System (CTVHCS). The Department is a member of the Neurosciences Institute.

Departmental hospital operations at Baylor Scott & White Memorial Medical Center include a 23-bed Inpatient Psychiatry Unit with 1,275 inpatient discharges per year, over 2,000 annual Consultation-Liaison encounters, and 24-hour coverage of the Emergency Psychiatry Service. Departmental outpatient operations include the Alcohol & Drug Dependence Treatment Program, Baylor Scott & White Mental Health Center - Temple, Harker Heights Behavioral Health Clinic, Greater Killeen Free Clinic, McLane Children's Hospital Behavioral Health Clinic, embedded psychiatric services in primary care clinics, a comprehensive neuromodulation (ECT, rTMS, ketamine) program, and a telemedicine consultation service, with over 42,000 total outpatient encounters per year.

With the onset of the Covid-19 crisis in March 2020, state mandates from the Governor's Office led to much less in-person clinic activity. In response to these restrictions, our three Department clinics were charged with changing clinic visits to 100% virtual. The preferred telemedicine platform is within the Epic electronic health record (EHR) system, used for all clinical documentation. Once this change in clinic visits delivery was directed, the Department went from < 1% clinic visits by telemedicine to 100% within 10 days. In May, state mandates changed to promote a return to face-to-face visits. Thereafter, we have given patients the option for in-person care, but overall clinic volume remains 50% telemedicine.

Many patients have cited logistical challenges and safety concerns in getting to clinic during the pandemic, which makes them prefer virtual care. Since adopting routine use of telemedicine, overall clinic productivity has increased by approximately 20%, and, most notably, clinic no-shows and late cancellations have decreased to < 10%, the lowest such rate the Department

has been able to achieve. Since the direction in May to re-open outpatient in-person visits, we continue to allow clinicians to work from home to care for patients by video visits.

Our residents who cover ED duty now see ED cases by telemedicine. The ED patient is roomed, and the ED nurse/technician provides the patient with an iPad for the resident to interview the patient and make disposition decisions. When Covid+ patients are admitted to the medical and surgical units in the medical center and need psychiatric consultation, we use iPads in the patients' hospital rooms in a similar arrangement.

Ironically unrelated to the Covid-19 pandemic *per se*, over the last 6 months we have added a 6-physician telemedicine team to the Department of Psychiatry with the mission of seeing ED and hospital CL consultations at the many BSWH community hospitals which do not have their own local psychiatry services. This initiative began before the Covid-19 pandemic, but does represent an extension of the role of the Department promoting the use of telemedicine in supporting numerous other BSWH system hospitals.

I am very proud of our team for accomplishing this rapid transition to telemedicine.

The Covid-19 pandemic has disrupted clinical operations in numerous medical center departments of psychiatry. A major mission of such academic medical center departments is to serve as innovators in care delivery in all ways. Clearly, the future of medicine will be a more "digital" one. Department clinicians (both faculty and resident) previously had very limited experience and comfort with telemedicine services; admirably, our Department members answered the call to change their clinical practice model rapidly in response to the Covid-19 pandemic. While there are legitimate questions regarding the permanence of recent Covid-specific regulatory and reimbursement changes to facilitate the use of telemedicine, one could argue that the Covid-19 pandemic has done more to advance telemedicine than any other single event in recent memory.

Academic departments of psychiatry are encouraged to embrace the paradigmatic changes in care delivery facilitated by the response to the Covid-19 pandemic. The relative position of telemedicine among all clinical services in the future will be an important issue to determine once we progress to the post-Covid-19 world.

The author denies any conflict of interest related to this report.