VA Inpatient Psychiatry Consults in the time of COVID

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Disclosures

• Neither I nor my family have any related financial considerations to disclose.

• Unless otherwise specified, the content of this presentation reflects my opinions rather than those of the Palo Alto VAHCS.
Agenda

• Background

• Current state of the PAVAHCS Psychiatry Consult Service

• Q&A/Discussion
Palo Alto VAHCS

• Large VA Health Care System
  • Palo Alto: Psychiatry hospital, Addiction Treatment Service, Medical Hospital*, Hospice Ward*, PM&R Wards*, Small CLC*, Emergency Department*, Outpatient Medical/Surgical Clinics
  • Menlo Park: Outpatient Mental Health Clinics, Domiciliary, Residential Treatment Programs in PTSD and Addictions, Large CLC*

• ~200 miles between CBOCs
Consult Service

• Med/Surg/Rehab
  • Attending Psychiatrist + RN
  • ~6-10 active consults at a time
  • ~2 new consults per day

• Sophisticated Medicine/ICU partners

• Covered by Stanford resident on nights/weekends

• Emergency Department
  • Attending Psychiatrist + 2 RNs
  • Bed control for Inpatient MH
    • ~2-4 walk-ins per day
    • ~2-4 referrals per day
      • Other VA’s
      • Non-VA referrals
      • CBOCs

• Covered by MH LCSW and Stanford residents on nights/weekends
Telemedicine

- Medicine done when the patient is not right in front of you
  - E-consults
  - Telephone calls with the patient
  - Asynchronous review
  - Video/Audio aided interaction with the patient
Telepsychiatry Literature

• Two reviews for audio/video consultation from one hospital to another within the same facility. (1,2)

• Post-Disaster Telemental Health in both natural and man-made disasters. (3)

• Emergency Departments
  • Same quality, more efficient, less costly (4)
    • 2017 survey: 90% of ED have at least some TeleMH support. (5)
  • Qualitative study: Telephone vs. Audio/Video (6)
    • Uncertainty of severity
    • Rapport with patient
    • Disagreement between providers
  • 2019 Review (7)
Telemedicine in VA

- VA Video Connect
  - Virtual Care Manager
- Site-to-site
- Site-to-Patient/caregiver

- TMS Trainings
  - VA Video Connect Provider training (TMS training 4279741),
  - Virtual Care Manager training (TMS training 4486527)
  - Telehealth Emergency Plans Memorandum Self-Certification (TMS training 4551375)
COVID-19 timeline

- January 21: Email from Infection Control re: virus outbreak in China
- February 28: Infection Control guidelines and Isolation ward set up
- March 2: First patient admitted
- March 7: Starting to see r/o COVID in ED
- March 10: Outpatient GMC and MHC convert to telemedicine
- March 12: PAVAHCS ED Disaster Plan in place
  - Disneyland closed
- March 16: VACO Guidance for managing Inpatient MH*
- March 17: Bay Area Shelter in Place
- March 20: VACO CIO Memo in re: software for telemedicine
Clinical Considerations

• Highly contagious
  • Contagious before showing severe symptoms

• High morbidity/mortality
  • Requiring extensive hospital resources

• High PPE need
  • Hospital shortages
Maximize Social Distancing on CL Service

• Decreases risk of consultant introducing virus

• Decreases chance of consultant contracting virus, thereby maintaining labor pool

• Decreases need for PPE
New Consult Procedures

• Consult received per usual
• Discuss with referring provider in detail
• Review medical record
  • Complete as e-consult if appropriate
• Contact bedside nurse by phone
• Contact patient by phone
  • Audio/Video is preferred but not usually available (currently)
  • Patients can use their own cellphones if available
• In Person assessment as needed
Benefits

• Maximizes social distancing and minimizes PPE needs

• Rapport easily maintained, perhaps improved

• Patient care needs are met

Drawbacks

• Isolation from the rest of the hospital

• Requires more effort from referring provider and (especially) nursing

• Fewer referrals? -> lower wRVU?
Factors contributing to success

• Long track record of CL Psychiatry at this hospital

• Well developed telemedicine and telepsychiatry at facility
  • Plug and play hardware

• Support from Leadership and ED/Med colleagues
References


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