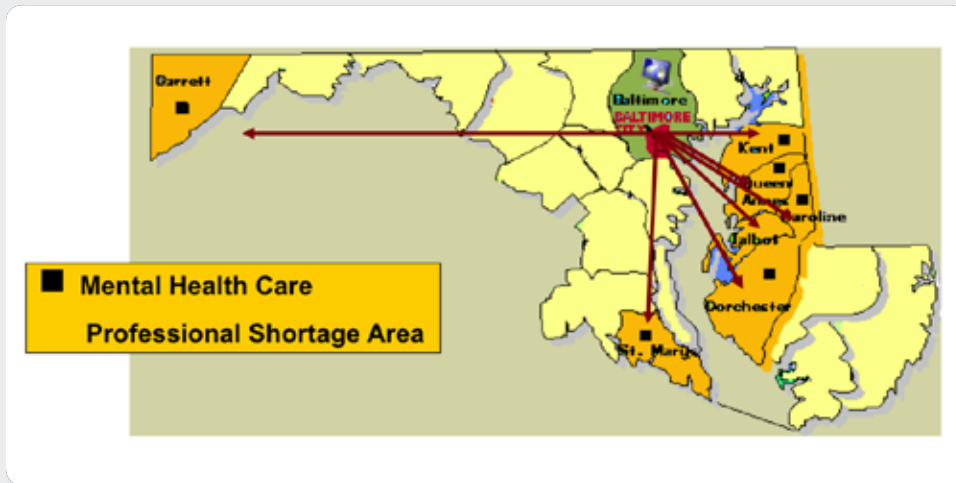




MID-SHORE MENTAL HEALTH SYSTEMS



The Maryland Telepsychiatry Program is providing patients in rural communities with timely access to qualified mental health professionals, reducing long wait times and expediting assessment and treatment.

CHALLENGE

In Maryland, service agencies augment claims-based public health systems — among them Mid-Shore Mental Health Systems, Inc. (MSMHS), the state's only multi-county core service agency. Serving Caroline, Dorchester, Kent, Queen Anne's and Talbot Counties, MSMHS is working to address the shortage of health professionals for general and specialty populations such as children and adolescents, geriatrics and those with co-occurring substance abuse and mental health disorders.

As MSMHS Executive Director Joe Newell explains, "Like most rural communities, our healthcare provider shortages are a bit more acute. We have a difficult time attracting professionals because the compensation is lower than in urban areas, not to mention the disconnectedness that academic-oriented professionals feel when they are away from the city."

To ensure that specialty populations have access to appropriate mental health services, MSMHS is partnering with the University of Maryland Department of Psychiatry: the Mental Hygiene Administration, Garrett County Core Service Agency and St. Mary's County Department of Human Services. Together these agencies are implementing the Maryland Telepsychiatry Program, taking advantage of innovations in video communications technology to connect psychiatrists at the University of Maryland School of Medicine with patients in rural Maryland.





SOLUTION

Using equipment from TANDBERG, MSMHS and its partners have built an infrastructure to link psychiatrists skilled in working with the aforementioned “priority” populations to patients living in medically underserved areas. The Maryland Telepsychiatry Program has launched delivery of psychiatric services to patients in December 2008, and MSMHS is looking forward to assessing the value of telepsychiatry in helping to overcome the deficits facing rural communities.

“Video equipment allows us to take down the Bay Bridge and collapse that distance between us and where the abundance of specialty psychiatrists are so our people locally, in priority populations, can be seen by those professionals,” remarks Newell.

Jean Honey, MSMHS Telepsychiatry Program Coordinator, explains further: “What’s been a problem for the five counties we serve, as well as for St. Mary’s County, which is the Southern-most county in the state and Garrett County, which is the Western-most county, is that they are all designated as health professional shortage areas — particularly for populations such as children and adolescents, geriatrics, and those with co-occurring substance abuse and mental health disorders.”

With the TANDBERG equipment placed within each of those counties as well as at the University of Maryland School of Medicine, patients will now have timely access to psychiatrists trained to treat their specific issues.

Explaining how such access will improve the quality of care for these patients, Newell uses the following example: “Say you have a child who is a “cutter” — that is a sub-specialty of the child and adolescent population. We don’t typically have sub-specialists here — it’s just a luxury in a rural community. The choice is to be seen by a generalist and receive a generalist level of care, or to travel to the University of Maryland to see a sub-specialist. More often, the generalists will see the patient themselves rather than referring to a sub-specialist. Whether or not the outcome is as good as it could be is the question.”

“At a minimum,” he continues, “you have the expense and upset of having to travel to potentially reach a higher level of care, or you compromise for what’s available in a rural community. Video will help us overcome such issues.”

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RESULTS

As the Maryland Telepsychiatry Program enters its pilot phase, Newell says MSMHS is looking forward to “seeing how different priority populations take to it. We will evaluate whether telepsychiatry will be a practical solution to something we can’t have the natural way.”

“Another concern is the long wait between appointments,” adds Honey, “so we’re going to see how telepsychiatry will address that. Also, it will promote continuity, enabling patients to see the same providers and improve the overall outcome.”

Newell is also looking forward to how the providers will respond to the use of video: “We’re hoping that they may use this equipment to feel more connected academically. We see this as a way of retaining local providers by having them more regularly in touch with thriving academic centers.”

“One of the things we struggle with,” he reveals, “is that many of our doctors come and go. They get here and they realize they don’t want to live rurally because there is not a lot of interaction with their teaching and publishing psychiatric colleagues. We’re hoping that when we have the bridge set up, doctors will use the TANDBERG equipment for training together or conducting simulated grand rounds and reviewing cases amongst themselves. I think that could be really valuable.”

“One of the things we’ve found since we’ve embarked on this,” continues Newell, “is that video can do so much. We have another proposal into the state to use video equipment in Emergency Departments in rural areas, allowing them to connect with state psychiatric hospitals so inpatient psychiatrists can more accurately confer with the Emergency Department professionals.”

“Once you get video equipment, you discover all different types of applications,” he remarks. “There are a million and one ways you can use this modality to collapse both distance and cost in the healthcare system.”



TANDBERG’s Video Conferencing Solutions have the exclusive endorsement of the American Hospital Association (AHA).

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