

Accessing Specialists

Caring for Patients in Place



HEALTHCARE INDUSTRY

Rehabilitation

HOSPITALS

146

HOME HEALTH

251

STATES / PUERTO RICO

42

“We recognize that some of our patients had difficulty dealing with the changes that were happening in their life,” said the CNO of a rehabilitation hospital in Chattanooga, TN. “Usually, they’re dealing with a pretty sudden change, so we wanted to add a psychiatric component to our care offering to provide a more holistic approach.”



Challenge

As a large organization that seeks to deliver differentiated in-patient rehabilitation services from its multiple locations, our client was looking for a way to cost-effectively bring specialty care services to its patients directly from their geographically distributed facilities across the country. In an effort to treat the whole patient, both physically and mentally through recovery, the team adopted psychiatric oversight as part of their programs. Unfortunately the shortage of resources and the cost of dedicated on-site personnel, made it increasingly difficult to scale this approach.

“When we see patients, they have lost much of the independence they are accustomed to,” said the CEO of our client’s Inpatient Rehabilitation Hospital in Richmond, VA. “We notice a leaning toward depression when they are not able to do what they previously could. So having psychiatry oversight is important for our patients.”

“We have a fairly large brain injury and stroke population,” said the Executive Administrative Assistant and Credentialer at our client’s Northern Virginia Site facility. “There is a need for these patients to be seen and we did not have that expertise on hand. We needed consistency from our service offering.”

Their concerns reached a turning point when one of their facilities in North Carolina had its single onsite psychiatrist retire. After months of being unable to fill the position the team turned their attention towards telehealth.



Solutions

ViTel Net, in partnership with leading physician services and staffing organization, LT Telehealth powered by Locumtenens.com, helped design a comprehensive telehealth solution that would include access to LT Telehealth's team of expert specialists while streamlining care delivery. The program launched initially with support for psychiatry and cardiology, then later expanded to include nephrology, neurology and infectious disease.

ViTel Net integrated its virtual care platform with the client's existing EHR using standards based Fast Health Interoperability Resources (FHIR) application programming interfaces (API) to streamline clinical and administrative processes. Local providers could now seamlessly move between Cerner and ViTel Net via a single sign-on to access ViTel Net scheduling. LT Telehealth providers were able to document inside ViTel Net and have data automatically transferred to the patient's chart in Cerner at the conclusion of the encounter. LT Telehealth worked with each facility to launch the program from an operational standpoint, including addressing any scheduling or credentialing challenges. The client's corporate IT team provided iPads to the sites that have ViTel Net's vCareNet app installed and configured to be automatically pulled into consult sessions by the remote specialist. The client's corporate IT helpdesk provides end users with tier 1 support and they escalate issues to ViTel Net's support organization as needed to ensure timely resolution of technical issues.





Results

- + Program averages 60-80 telehealth consults a month
- + The program nearly tripled in its first year post-pilot to include 14 locations
- + Time to access physicians went from weeks to a day at most
- + Reduction in expensive and disruptive patient transfers to external facilities
- + Increase in patient assurance and satisfaction

“We want to get them home as soon as possible,” said the Director of Quality and Risk Management at our client’s rehabilitation hospital in Salisbury, MD. “We try to medically manage patients in-house, so we don’t have to send them to acute care. If we can prevent that, we can keep the length of stay down.”

“It has been very positive for our patients,” said the Chief Nursing Officer. “They really engage well with telehealth. We have the occasional patient that does not want a mental health consult or to talk with someone on an iPad, but several of those patients actually change their minds after speaking with family members.”

“Previously, we didn’t know when we could get a psychiatry consult,” said the Chief Nursing Officer of a rehabilitation hospital in Fredericksburg, VA. “It could have been many days or even a week, which is too long when the length of stay is 12 days on average. Now, it’s a day at the most.”



This case study is anonymized to respect our client’s privacy policies



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