Consultation – Liaison Telepsychiatry: The Next Chapter

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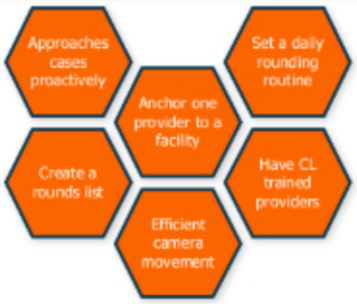
BACKGROUND

- Telepsychiatry typically uses an "on-demand", "first available" provider, one consult at a time, and rotating shift model. This can compromise quality and efficiency.
- We designed and piloted an innovative approach to translate the benefits of an in-person consultation liaison (C&L) service to the virtual environment
- Through a case, we highlight the benefits of a virtual C&L service to achieve patient-centered integrated care[1]

CASE

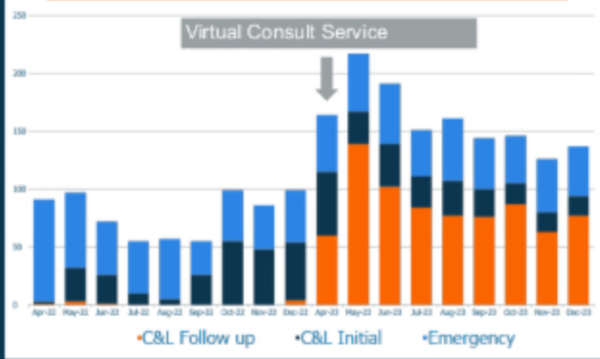
A 29-year-old female with a long history of anorexia and borderline personality disorder presented to the hospital with a sigmoid volvulus requiring emergency hemicolectomy. Her 106-day hospital course was complicated by severe malnutrition (BMI 10), intra-abdominal abscess, and character pathology interfering with treatment progression. Psychiatry became an integral part of the multidisciplinary team assisting with pharmacotherapy, capacity assessments, safety evaluations, behavioral plans, psychotherapy, goals of care, team dynamics, countertransference, and moral injury.

STRUCTURAL INNOVATIONS



RELATIONAL INNOVATIONS

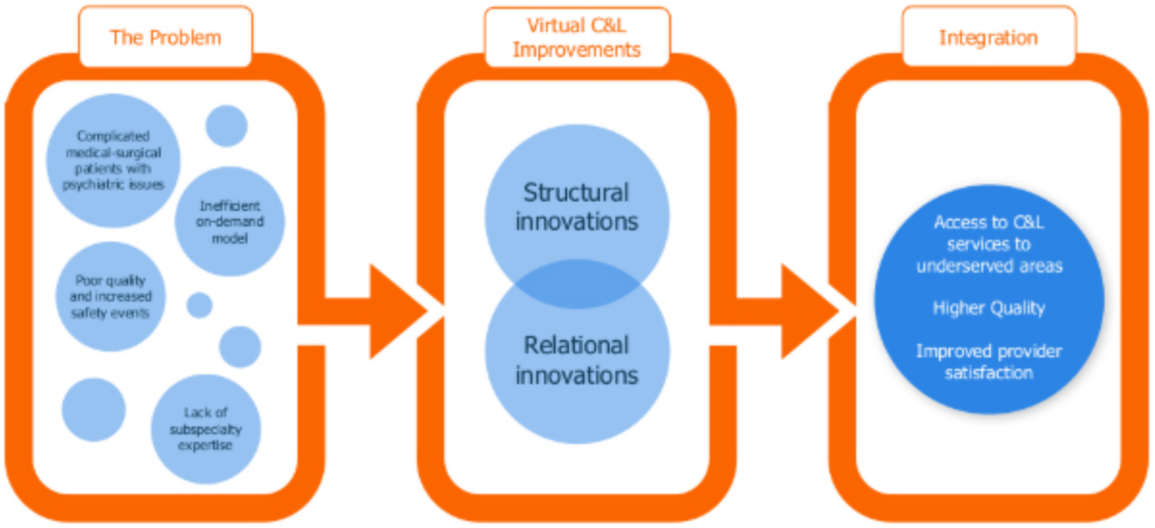
GROWTH



CONCLUSIONS

- A model of care that incorporates structural and relational innovations brings C&L expertise to a larger audience with high impact in the virtual space.
- Such a model creates a workplace culture where the consultant feels part of the team both at the institution being served and with other virtual psychiatric colleagues
- Innovation begets integration allowing for whole person care
- As the adoption of telehealth continues to grow, services that prioritize this approach will establish a sustainable clinical model, improved patient care, and provider job satisfaction[2]

TELEPSYCHIATRY C&L MODEL



DISCUSSION

- The establishment of a virtual C&L service using this model, allowed an interdisciplinary team to be well supported by psychiatry.
- Strong relationships were built with on the ground partners, complex patient care could be delivered, and improved medico-legal risk was provided.
- A consistent psychiatric team helped in alliance building and ultimately the generation of a plan that truly aligned with the patient's values.

REFERENCES

1. Goodwin N. Understanding Integrated Care. *Int J Integr Care*. 2016;16(4):6. Published 2016 Oct 28. doi:10.5334/ijic.2530
2. Vogt EL, Mahmoud H, Elhaj O. Telepsychiatry: Implications for Psychiatrist Burnout and Well-Being. *Psychiatr Serv*. 2019 May 1;70(5):422-424. doi: 10.1176/appi.ps.201800465.

*All authors declare that they have no conflicts of interest and nothing to disclose .