

# The Statewide MUSC Outpatient Teleconsultation Psychiatry and Nutrition Program

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## OBJECTIVE

This presentation will explain the need for psychiatry and nutrition services across the state of South Carolina (SC) as well as the growth of the MUSC Outpatient Teleconsultation (OT) program.

## INTRODUCTION

In SC, the lack of access to dietetic and psychiatry providers is apparent with an obesity rank of 12<sup>th</sup> highest in the US, diabetes rate of 7<sup>th</sup> in the state as a leading cause of death, and 44<sup>th</sup> in the US with highest prevalence of mental illness. Diabetes can be delayed or prevented by weight loss and eating a healthier diet with dietician guidance. Untreated mental disorders, such as anxiety and depression, have significant negative effect on patients and families' lives. They are highly treatable but only about 37% of those affected receive treatment. A primary reason is a drastic shortage of psychiatry providers. In SC counties, 38% have zero psychiatrists and another 25% has one or two. When dietetic and psychiatry providers collaborate with primary care providers, there is a reduction in mortality, morbidity, and decrease in overall healthcare expense.

## BACKGROUND

In 2010, a Duke Endowment (DE) provided funds to use telehealth technology to leverage limited provider resources to improve access to care. The first patient consult was conducted in September 2012 in Bamberg. From that time and 10 years later, the OT program has flourished by providing over 11,871 visits in all 46 counties presently serving 75 practices. In 2019, patients saved 313,126 miles and 6,263 hours of time through the benefits of telehealth. The program is only limited by provider availability and receives 3,000+ annual referrals.

## OUTPATIENT TELECONSULTATION

Figure 1. Conducted Consultations

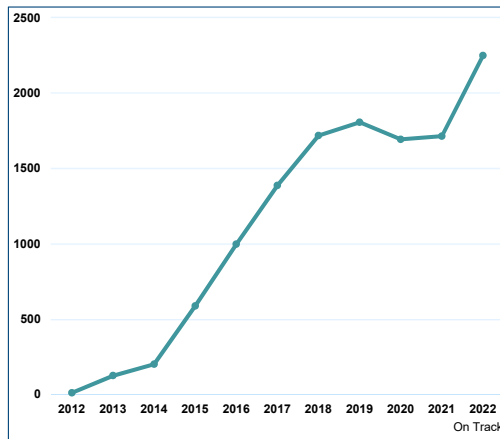
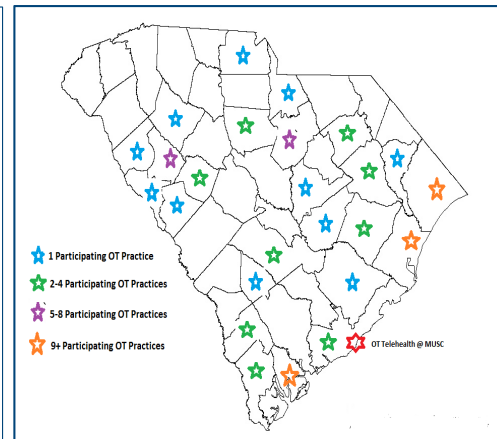


Figure 2. Statewide Participating PCP Practices



## PROBLEM

Health care disparities exist in SC's rural and underserved areas due to a lack of access to care because of maldistribution and a short supply of psychiatrists, mental health providers, and dietitians. The state remains poorly equipped to treat everyone who needs help and the pandemic has only exacerbated problems. The OT program provides integrated, collaborative, and continuity of care partnering with primary care providers state-wide through Telehealth. Linking patients and providers with cost effective medical care delivered via telehealth addresses the workforce shortage and alleviates barriers to care, such as, travel expenses and lost work productivity, while maintaining the patient's medical home by treating patients in their own communities.

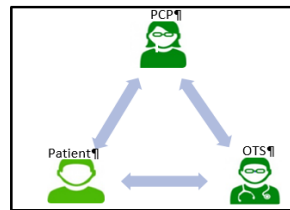
## CONCLUSION

Patients of all ages from underserved, rural counties like Beaufort, Greenwood, and Kershaw have access to care. The integrated, collaborative care model will be the foundation of future telepsychiatry and nutrition care. Addressing the lack of psychiatry care access, OT began in 2021 training two APRNs a year through a DE Fellowship. MUSC weight management services' leaders and physicians are piloting integrated evidence-based care partnerships with primary care practices. OT has substantially contributed toward telehealth innovation, improving access to care, and is an outstanding example of placing specialty providers in underserved areas statewide.

## REFERENCES

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Figure 3. An Integrated, Collaborative, Continuity Care Model



- Primary-Care-Provider-(PCP)-practice-refers-patient-to-OT-Telehealth¶
- MUSC-OT-Specialist-(OTS)-conducts-Patient-consultation¶
- OTS-contacts-PCP-for-collaboration¶
- PCP-and-OTS-communicates-treatment-plan-to-Patient¶
- Patient-receives-Integrated,-Collaborative,-Continuity-care¶