Clinical considerations in choosing telepsychiatry or face-to-face evaluation when both options are available

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Introduction

- We have shown that telepsychiatry evaluation (live video-based) for involuntary hospitalizations is effective and valid across the entire population of patients being evaluated for involuntary admission
- However, it is also important to examine whether telepsychiatry is equally applicable to all such patients, or should be applied selectively
- We examined whether physicians chose telepsychiatry more often for certain kinds of patients when both options were available

Aim

- To examine whether patient characteristics are associated with a decision to evaluate the patient for potential involuntary admission remotely rather than in-person, during a period when both options were available

Methods

- Retrospective multicenter cohort study
- Conducted across seven hospitals
- The original study compared the intervention period (telepsychiatry implementation; 2023-2024) with the corresponding period in the previous year (2022-2023)
- During the intervention period, not all patients were evaluated via telepsychiatry; some were evaluated in-person at the discretion of the attending psychiatrist
- For telepsychiatry evaluations, the resident psychiatrist and patient were in the emergency department and the attending psychiatrist connected remotely by video
- Current study focuses only on the intervention period
- Data collection included socio-demographic variables (e.g., sex and age) and clinical variables (e.g., psychiatric history and level of agitation)
- Data analysis was conducted using chi-square tests to examine statistical differences

Results

- Among the 434 patients evaluated in the emergency department for consideration of involuntary hospitalization during the study period, 56% were evaluated by telepsychiatry
- Face-to-face evaluations were more common among patients with a previous psychiatric diagnosis (94% in face-to-face evaluations vs. 88% in telepsychiatry evaluations, p=0.046) and among patients presenting with depression (11% vs. 5%, p=0.02)
- In contrast, face-to-face evaluations were less common among patients presenting with significant agitation (32% vs. 48%, p=0.01) and among patients for whom it was difficult to determine the presence of perceptual disturbances (28% vs. 17%, p=0.008)

conclusions

- The high rate of telepsychiatry use suggests that clinicians consider telepsychiatry evaluations are feasible in many cases
- However, the cases in which clinicians chose face-to-face evaluations indicate that clinical judgment was applied regarding the use of telepsychiatry
- In situations of clinical uncertainty or diagnostic complexity, clinicians tended to prefer face-to-face evaluations
- Further research is needed to identify optimal approaches for patient evaluation through telepsychiatry, including the clinical situations in which the method is effective and those in which it is limited
- Dedicated clinician training should be developed and implemented to improve understanding of telepsychiatry limitations, support context-appropriate use, and promote informed decision-making to ensure quality, safety, and consistency in implementation