

Cynthia Jumper, M.D.

What is the TORCH program?

0:06

TORCH, as most people know by now, is the Texas office of the rural and community hospitals. Their CEO, John Henderson, is a friend of ours, and we have done several other collaboratives with John Henderson when he was the CEO of Childress Hospital, which is his hometown, his father is a family physician there, and I worked with his father for years on other collaboratives. But when John was in Childress, we worked with Texas Tech University Health Science Center on a rural oncology collaborative with him, and so he knew what we were able to do. We knew where his passion was, and when he moved to Austin to become the CEO of torch, he contacted us to tell us what the gap in care was for his rural based hospitals, and asked if we could assist. His hospitals were telling him that they needed psychiatric care in their emergency rooms scattered all across the state of Texas, because that was one big gap that his constituents for his professional agency had voiced.

Why was this collaboration needed?

1:14

This collaboration was needed because patients, oftentimes with psychiatric illnesses don't have the primary care that they need, or they don't have local psychiatrists, and the choices are either taking them through the emergency room if they're in a crisis, or unfortunately, calling the police because they may or may not be violent or acting in a bizarre manner, and then they're taken to the jail. So this is a collaborative in order to try to get these patients the care that they need by the people who need to care for them, such as psychiatrists or other behavioral health oftentimes, in these small hospitals, if a patient comes in crisis and they have no access to psychiatry, they are often left in the emergency room under guard for two to three days, hoping that crisis will disappear while the local, small hospitals are trying to get some psychiatrists or behavioral health into those hospitals.

What is TTUHSC's role in this collaboration?

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So through the Division of Strategic Initiatives, we have hired psychiatrists, and they are very good and work with telehealth at all times. We started out with the smallest TORCH Hospital in Dickens, and we also started out with the largest TORCH Hospital, which is in Mount Pleasant. It has been a very fruitful and exciting and productive collaboration between all of these hospitals. What we do? We had to set up a scheduling platform, because these hospitals would enroll in our project, and then anytime they needed a psychiatrist, they would just press one button to make the consult. We would connect by telehealth. We have a common telehealth form that is then sent to each of those hospitals once we've completed our consultation, but we work in consultation with the whatever the provider is in that emergency room. So we had to set up the telehealth platform that can be used at all these different hospitals across the state of Texas. We had to set up a scheduling system so that if three or four different hospitals call us, that we could get that scheduled and get our psychiatric staff, our psychiatric providers, our psychiatrists, which are physicians on telehealth, to see those patients.

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Which hospitals are participating?

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So TORCH has 157 member hospitals under their umbrella of their professional agency. However, some of those are connected with some very large health care systems and don't need our assistance. Currently, we're working with about 20 hospitals, and we hope to increase that. Most of those hospitals we have up and running and are doing the active telepsychiatry some of those hospitals we were getting the paperwork done, because there's a lot of work in getting our providers and our physicians credentialed through those hospitals, because we are acting as a consult for those hospitals. So we've had to break down a lot of barriers. We've had to work on insurances, we've had to work on scheduling and on telehealth platforms, but our primary job, in my opinion, being at Texas Tech University Health Science Center is to look for gaps in care, especially in rural hospitals, and to provide solutions and to work with other people collaboratively. We as Texas Tech University Health Science Center can't come in and fix all your problems, but we can work collaboratively with whatever resources you have in these rural areas, and then we can come in and be part of the solution.

What has been the response from these participating hospitals?

4:49

The response has been overwhelming. One of the first patients that we saw was a father who brought his adolescent child in and our psychiatrist is actually certified, board certified, in both adolescent and adult psychiatry. They were able to work with the father, work with that patient, make a plan, get the plan transmitted to someone that can follow them up locally. And the father said that was the fourth or sixth time that he had brought them in, and the first time they were ever able to see a psychiatrist? It has provided crisis management, because I'm a general internist, and I'm not comfortable with a psychiatric patient in full crisis using some of these medicines. Can I sedate can I give them medications against their will? You know, what am I able to do? These, these new anti-psychotic medicines are very technical, and I'm personally not comfortable with it. Well, neither are most of these emergency room providers. Some of them are nurse practitioners, some are physician assistants, some are family medicine, some are true emergency room providers. But in these small towns, they don't see it enough to be an expert in that area. So Texas Tech University Health Sciences Center provides that expertise. We look at the patient, we talk to the doctor. It is all in consultation. We don't take ownership of that patient. We are there to work with that patient, work with that hospital system, work with that emergency room staff. Get them the medication that they need, get them stabilized, get them follow up care, get them a safety plan. A lot of these patients are suicidal. They may even be homicidal, and we've got to work with everybody connected to that hospital. It truly takes a village, and we're proud to be a part of that at Texas Tech University Health Sciences Center.

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What kind of difference has this program made in those communities?

6:30

Well, first of all, they're getting the care they need for their patients, and that's why most people go into healthcare we truly want our patients taken care of. So we take care of the patient in a manner that we assist them to take care of them appropriately, two it is the right response to the right situation. So it's not a rural health care physician trying to do this. It's bringing in the expertise that you need, but working in collaboration with the resources that they have there, so it takes a load off the minds of the people there. It helps the nursing staff. Because, you know, we all know, and I'm a physician, physicians run in and out. It's the nursing staff that takes care of that patient. And if that patient's violent, you've got to bring in the local police in order to help manage that patient, while we work to get that patient out of their crisis, and then that follow up so it helps the entire community, the families. I have mental health in my family and even, even if you have insurance, it's hard to get mental health when you need it, because it's not predictable. It's not like I can say I am going to have a crisis tomorrow? Can I book an appointment? It's usually at night. It's usually at a time of stress. So it helps the community, the families, the patients. It helps the legal group there, because they're not having to take them to jail, and that's the next place they go if they are disruptive, is to jail, and then we have to manage them in a jail situation, so it helps everybody in that community, and we're proud to be a part of that.

Anything else to add?

8:10

We are currently working to expand it from just psychiatry to all behavioral health so we can get more social workers involved and get the patient navigators involved. There are also some plans to maybe extend that out to some other specialty care that these smaller hospitals have trouble getting. They don't have access to cardiologists, they don't have access to pulmonologists, they don't have access to some of these things in their emergency room to stabilize patients. And oftentimes they're transported and being transported out of your community for care. Sometimes it's the only choice, sometimes may not be the best choice, and if we're able to keep that patient in that hospital, because our community hospitals are closing, I reminded somebody the other day, I was a nurse before I was a physician, and the only three hospitals I ever worked as a nurse have all closed. So we've got to support our rural hospitals, our community hospitals and TORCH is allowing us to do that in our quest to really take care of these rural patients in these rural communities.