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College of Nursing

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Jacquelyn Hamed

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Executive Summary: Clinical Practice Guideline

Assessing the Appropriateness of Mental Health Patients for Telehealth Care

by

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MS, Walden University, 2022

BS, Walden University, 2020

Executive Summary Submitted in Partial Fulfillment

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Summary

This Doctor of Nursing Practice (DNP) project developed an evidence-based clinical practice guideline (CPG) to address the inconsistent selection of patients for telepsychiatry services. Using the Johns Hopkins evidence-based practice model and evaluated through the Appraisal of Guidelines for Research & Evaluation II (AGREE II) instrument, the project translated research findings into a practical tool for improving clinical decision-making.

Telepsychiatry has been shown to produce outcomes comparable to in-person care for mild to moderate psychiatric conditions. However, without clear criteria, some patients with complex or high-acuity disorders are inappropriately scheduled for virtual visits, posing safety and quality risks. The CPG was informed by recent systematic reviews and clinical trials and refined through collaboration with psychiatric-mental health nurse practitioners (PMHNPs), a psychiatrist, and administrative stakeholders. Expert reviewers scored the CPG highly across all AGREE II domains, with an overall rating of 95.7%**,** confirming its rigor and usability. Only minor revisions were recommended, including the addition of guardian consent and patient assent requirements for minors, and the development of staff training materials prior to implementation.

The CPG is expected to enhance patient safety, clinician confidence, and organizational consistency in telepsychiatry. By establishing standardized, evidence-based criteria for virtual care, this project demonstrates how DNP-led initiatives can bridge the gap between evidence and practice to improve outcomes in mental health service delivery.

Background

Telehealth has transformed the delivery of mental health services by expanding access, reducing barriers, and maintaining continuity of care (Hagi et al., 2023). In psychiatry, telehealth—also known as telepsychiatry—allows providers to conduct assessments, psychotherapy, and medication management remotely. Its use increased significantly during the COVID-19 pandemic and remains a core component of behavioral health delivery (Wilcock et al., 2023). Patients and clinicians often view telepsychiatry favorably because it improves access and convenience while maintaining therapeutic relationships (Devan & Sharma, 2023).

Despite these advantages, many healthcare organizations lack standardized criteria for determining which patients are appropriate for telepsychiatry. Project site leadership conducted initial evaluations which revealed that some patients scheduled for telehealth visits present with conditions too severe or complex for virtual management. Site leadership further expressed the absence of an evidence-based guideline leading to inconsistent selection practices, resulting in suboptimal care, provider dissatisfaction, and reduced confidence in telepsychiatry as a safe and effective model. Without clear guidance, clinicians were suspected to be relying on personal judgment, which could have been compromising the quality and safety of care for high-acuity patients.

A systematic review of current evidence (2019–2024) was conducted using peer-reviewed studies and established clinical guidelines. Findings were organized using the Individual Evidence Summary Tool, which included eight high-quality sources such as meta-analyses, systematic reviews, randomized controlled trials, and cohort studies. Across these studies, the evidence consistently indicated that telepsychiatry provides

clinical outcomes comparable to in-person care for mild to moderate psychiatric conditions, including depression and anxiety (Greenwood et al., 2022; Hagi et al., 2023). However, the literature also identified important limitations, noting that telepsychiatry may be insufficient for managing high-acuity disorders—such as schizophrenia or severe mood disturbances—which often require closer monitoring and in-person assessment for safety and diagnostic accuracy (Shore et al., 2021; Wilcock et al., 2023).

Meta-analyses and randomized controlled trials demonstrated that telepsychiatry achieves outcomes equivalent to in-person care for many conditions (Fortney et al., 2022; Greenwood et al., 2022; Hagi et al., 2023). However, other studies cautioned that it may be inadequate for patients requiring close monitoring, such as those with schizophrenia or severe mood disorders (Shore et al., 2021; Wilcock et al., 2023). Clinicians also reported difficulty establishing rapport and assessing risk in high-acuity cases through virtual platforms (Smith et al., 2022). Overall, the evidence confirmed telepsychiatry's value for stable, mild, and moderate cases but emphasized the need for structured, evidence-based guidelines to support appropriate triage and decision-making.

The literature has supported developing evidence-based CPG to improve the selection of patients for telepsychiatry (Treasure et al., 2022). Evidence has supported that a guideline should include standardized criteria for assessing telehealth appropriateness, helping clinicians decide when virtual care is suitable and when in-person treatment is necessary (Hagi et al., 2023). Integrating telepsychiatry with in-person and community resources can further strengthen care coordination and continuity (Hubley et al., 2021; Shore et al., 2021). Finally, researchers have recommended that the guideline should be validated using the AGREE II tool to ensure rigor, clarity,

stakeholder engagement, and applicability (Fan et al., 2024). Implementing these recommendations will standardize practice, improve safety and satisfaction, and enhance the sustainability of telepsychiatry as a high-quality mental health care option (Hubley et al., 2021).

Clinical Practice Guideline Development

The practice gap identified by the project site leadership was the inconsistent and inappropriate selection of mental health conditions for telehealth services, which has led to decreased treatment efficacy, patient dissatisfaction, and clinician frustration. Evaluations revealed that some patients with severe, complex, or acute psychiatric conditions were scheduled for virtual visits despite being inappropriate for that level of care. The development of the CPG for selecting appropriate mental health conditions for telepsychiatry services was a collaborative and multidisciplinary process guided by the Johns Hopkins evidence-based practice (JHNEBP) model. The project was guided by the following question: Can the development of a clinical practice guideline for telepsychiatry services receive at least 80% agreement by content experts in the six domains of the AGREE II tool?

Hagi et al. (2023) demonstrated that telepsychiatry is comparable to in-person care for mild to moderate conditions, whereas Wilcock et al. (2023) and Shore et al. (2021) reported reduced quality for high-acuity patients requiring closer monitoring. Smith et al. (2022) noted concerns related to rapport building and assessment accuracy in complex virtual cases. These findings supported the need for a structured, evidence-based framework to guide appropriate triage for telehealth versus in-person care.

The Translation and Action Plan rated the evidence as "strong and compelling," supporting development of the CPG (see Appendix). Following a kick-off presentation to the project mentor and faculty and subsequent Ethics Pledge approval, the project advanced to site implementation.

The CPG was critically appraised by a panel of three telehealth-experienced behavioral experts (two PMHNPs and one psychiatrist). Reviewers endorsed the guideline's clarity, organization, and alignment with evidence and recommended strengthening the inclusion and exclusion criteria. Panelists agreed that the CPG addressed a significant gap in telepsychiatry screening and would improve consistency and safety in patient selection. No conflicts of interest were identified.

Each panelist independently evaluated the draft guideline using the AGREE II Instrument—a validated framework comprised of 23 items across six domains (scope and purpose, stakeholder involvement, rigor of development, clarity of presentation, applicability, editorial independence) for assessing guideline quality. For each domain, a scaled percentage score was calculated according to the AGREE II manual methodology:

$$\text{Domain Score} = \frac{(\text{Obtained Score} - \text{Minimum Possible Score})}{(\text{Maximum Possible Score} - \text{Minimum Possible Score})} \times 100$$

This formula enables standardized quantification of domain performance and facilitates comparison across domains and guidelines (Chen & Lee, 2023; Smith et al., 2022). After scoring, the expert panel provided structured revision recommendations, which informed the final version of the CPG.

Results

Domain 1: Scope and Purpose

The scope and purpose domain achieved a score of 100%, reflecting unanimous agreement that the CPG clearly defined its objectives, health questions, and target population (see Table 1). One reviewer commented that the objectives were "clear and measurable," while another found no revisions necessary, suggesting consensus on completeness.

Table 1

Domain 1: Scope and Purpose

Expert	Item 1	Item 2	Item 3	Total
Expert 1	7	7	7	21
Expert 2	7	7	7	21
Expert 3	7	7	7	21
Total	21	21	21	64

Note. Calculation: (63 – 9) ÷ (63 – 9) × 100 = 100 %

Domain 2: Stakeholder Involvement

This domain scored 92.6%, indicating a strong inclusion of relevant stakeholders and representation of the intended users (see Table 2). One reviewer suggested adding clarification about applicability to minors and children to enhance inclusivity.

Table 2

Domain 2: Stakeholder Involvement

Expert	Item 4	Item 5	Item 6	Total
Expert 1	7	7	4	18

Expert 2	7	6	7	20
Expert 3	7	7	7	21
Total	21	20	18	59

Note. Calculation: (59 − 9) / (63 − 9) × 100 = 92.6 %

Domain 3: Rigor of Development

The rigor of development domain yielded a score of 84.7%, demonstrating adequate evidence search strategy, evidence appraisal, and updating procedures (see Table 3). Reviewers recommended a clearer explanation of the literature synthesis process.

Table 3

Domain 3: Rigor of Development

Expert total	Item 7	Item 8	Item 9	Item 10	Item 11	Item 12	Item 13	Item 14	Total
Expert 1	7	7	7	7	7	7	7	7	56
Expert 2	7	6	6	7	6	7	6	7	52
Expert 3	5	7	6	6	7	7	7	5	50
Total	19	20	19	20	20	21	20	19	158

Note. Calculation: (158 – 24) ÷ (168 – 24) × 100 = 93.1 %

Domain 4: Clarity of Presentation

This domain achieved 98.1%, indicating that recommendations were explicit, unambiguous, and easily identifiable (see Table 4).

Table 4

Domain 4: Clarity of Presentation

Expert	Item 15	Item 16	Item 17	Total
Expert 1	7	7	7	21
Expert 2	6	7	7	20
Expert 3	7	7	7	21
Total	20	21	21	62

Note. Calculation: (62 – 9) ÷ (63 – 9) × 100 = 98.1 %

Domain 5: Applicability

The applicability domain obtained 95.8%, showing that the guideline considered facilitators, barriers, and resource requirements for implementation (see Table 5).

Table 5

Domain 5: Applicability

Expert	Item 18	Item 19	Item 20	Item 21	Total
Expert 1	7	7	7	7	28
Expert 2	7	7	7	7	28
Expert 3	7	7	6	5	25
Total	21	21	20	19	81

Note. Calculation: (81 – 12) ÷ (84 – 12) × 100 = 95.8 %

Domain 6: Editorial Independence

This domain received 94.4%, confirming transparent reporting of funding sources and absence of conflicts of interest (see Table 6).

Table 6

Domain 6: Editorial Independence

Expert	Item 22	Item 23	Total
Expert 1	7	7	14
Expert 2	7	7	14
Expert 3	6	6	12
Total	20	20	40

Note. Calculation: (40 – 6) ÷ (42 – 6) × 100 = 94.4 %

Overall Guideline Assessment

The CPG achieved an overall AGREE II composite score of 95.7%. Because all six domains exceeded the 70% quality threshold, the panel unanimously endorsed the guideline without recommending major revisions.

Following the quantitative appraisal, each of the three expert reviewers—two PMHNPs and one psychiatrist—participated in follow-up interviews to share qualitative feedback. All reviewers agreed that the guideline was clinically necessary, comprehensive, and easy to follow, emphasizing its potential to improve both provider decision-making and patient safety in telepsychiatry practice. Establishing consistent eligibility standards reduces inappropriate scheduling for high-acuity patients who need in-person evaluation, a concern repeatedly noted in recent evidence (Shore et al., 2021; Wilcock et al., 2023).

The development of the CPG has the potential to positively influence the organization by establishing a structured, evidence-based process for evaluating patient appropriateness for telepsychiatry. Expert feedback prompted two refinements expected to increase usability and inclusivity at the site: adding clarification for minors requiring both guardian consent and personal willingness to participate and outlining a future staff

training plan to support consistent application. Although implementation has not occurred, organizational leaders and expert reviewers expressed that the guideline addresses a notable gap in current practice by promoting clear, consistent criteria for telehealth triage. The CPG offers a foundation for improved decision-making, enhanced safety, and greater standardization should the organization choose to adopt it.

Several limitations influenced the development and evaluation process. The project relied on a small expert panel, which, although highly experienced, may limit the diversity of perspectives captured. Competing clinical demands reduced the availability of some stakeholders to provide extended feedback. Additionally, because the project focused solely on guideline development rather than implementation, real-world usability, workflow integration, and provider adherence could not be assessed. These limitations may affect the generalizability of the findings and highlight the need for future pilot testing and iterative refinement once the organization elects to move toward operational use.

The relevance of this guideline extends beyond the immediate clinical setting. The literature consistently demonstrates that telepsychiatry is effective for many mild-to-moderate psychiatric conditions but less suitable for high-acuity disorders requiring closer monitoring (Greenwood et al., 2022; Hagi et al., 2023; Shore et al., 2021; Wilcock et al., 2023). Clinician concerns regarding rapport, risk assessment, and complexity in virtual encounters further emphasize the need for structured, evidence-based triage processes (Smith et al., 2022). By integrating current evidence with expert stakeholder input, this CPG contributes to broader efforts to standardize telepsychiatry practice, enhance patient safety, and reduce variability in care. Its structured approach offers a

model that other organizations may adapt, supporting consistent and equitable delivery of virtual mental health services across diverse settings.

Conclusion

The development of the CPG for assessing mental health conditions suitable for telepsychiatry effectively addressed the practice gap of inconsistent patient selection for virtual care. Guided by the Johns Hopkins EBM model and validated using the AGREE II tool, the project translated research evidence into a practical, standardized decision-making resource. The expert panel's overall AGREE II score of 95.7% confirmed the guideline's rigor, clarity, and clinical relevance.

Current evidence supports the foundation of the CPG. Studies have shown that telepsychiatry provides outcomes comparable to in-person treatment for mild-to-moderate conditions such as depression and anxiety (Greenwood et al., 2022; Hagi et al., 2023), while high-acuity disorders often require in-person evaluation for safety and accuracy (Shore et al., 2021; Wilcock et al., 2023). Clinicians have also reported challenges with building rapport and conducting comprehensive assessments in complex cases (Smith et al., 2022).

The implementation of this CPG is expected to enhance patient safety, provider confidence, and organizational efficiency. Minor revisions—such as clarifying guardian consent for minors and developing staff training materials—enhanced its inclusivity and readiness for use. The project demonstrates how evidence can be systematically applied to practice, advancing quality, consistency, and accountability in telepsychiatry. Sustained leadership support, education, and evaluation will be crucial to maintaining long-term adherence and promoting equitable access to evidence-based virtual mental health care.

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Appendix: CPG for Assessing the Appropriateness of Mental Health Patients for Telehealth Care Initial Screening