

# Telepsychiatry

**Sara Gibson, MD**  
**Medical Director, Telemedicine**



An Independent Licensee of the Blue Cross Blue Shield Association

**Health  
Choice**

**“Expertise, ability, and therapeutic alliance are more important than proximity.”**

**Tara Sklar, JD, MPH**

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**Child's drawing of the "TV doctor"**



Why Telepsychiatry?

- 
- A deep blue night sky filled with numerous stars of varying sizes and brightness. A cluster of several bright, blue-white stars is the central focus, with some showing prominent diffraction spikes. The background is a dark, starry field.
- A long time ago in a galaxy far, far away.....



# Access to Care!

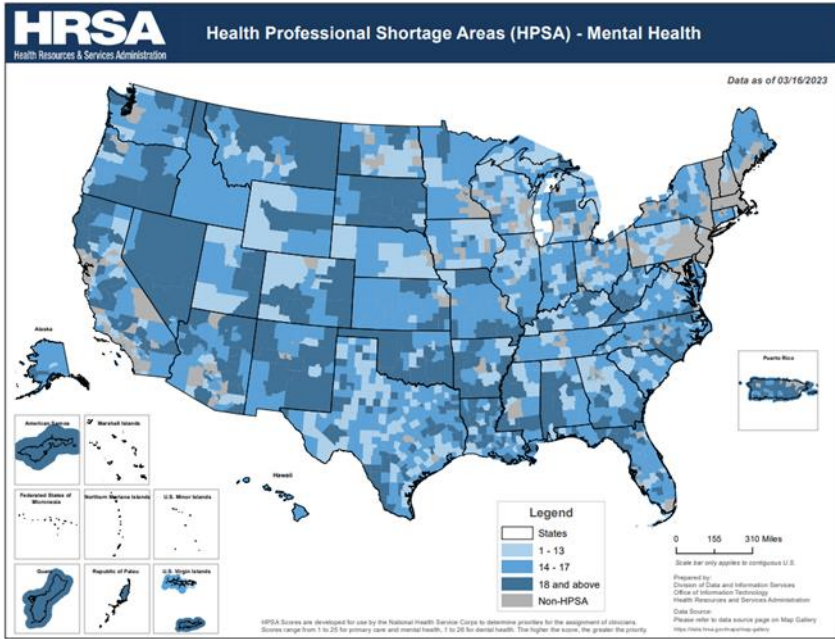
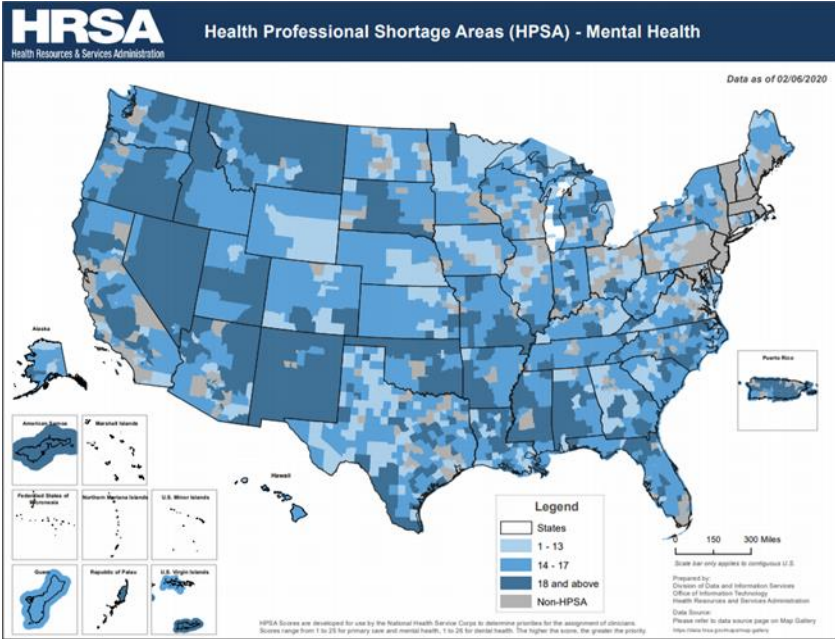
The need for behavioral health medical services exceeds local supply.

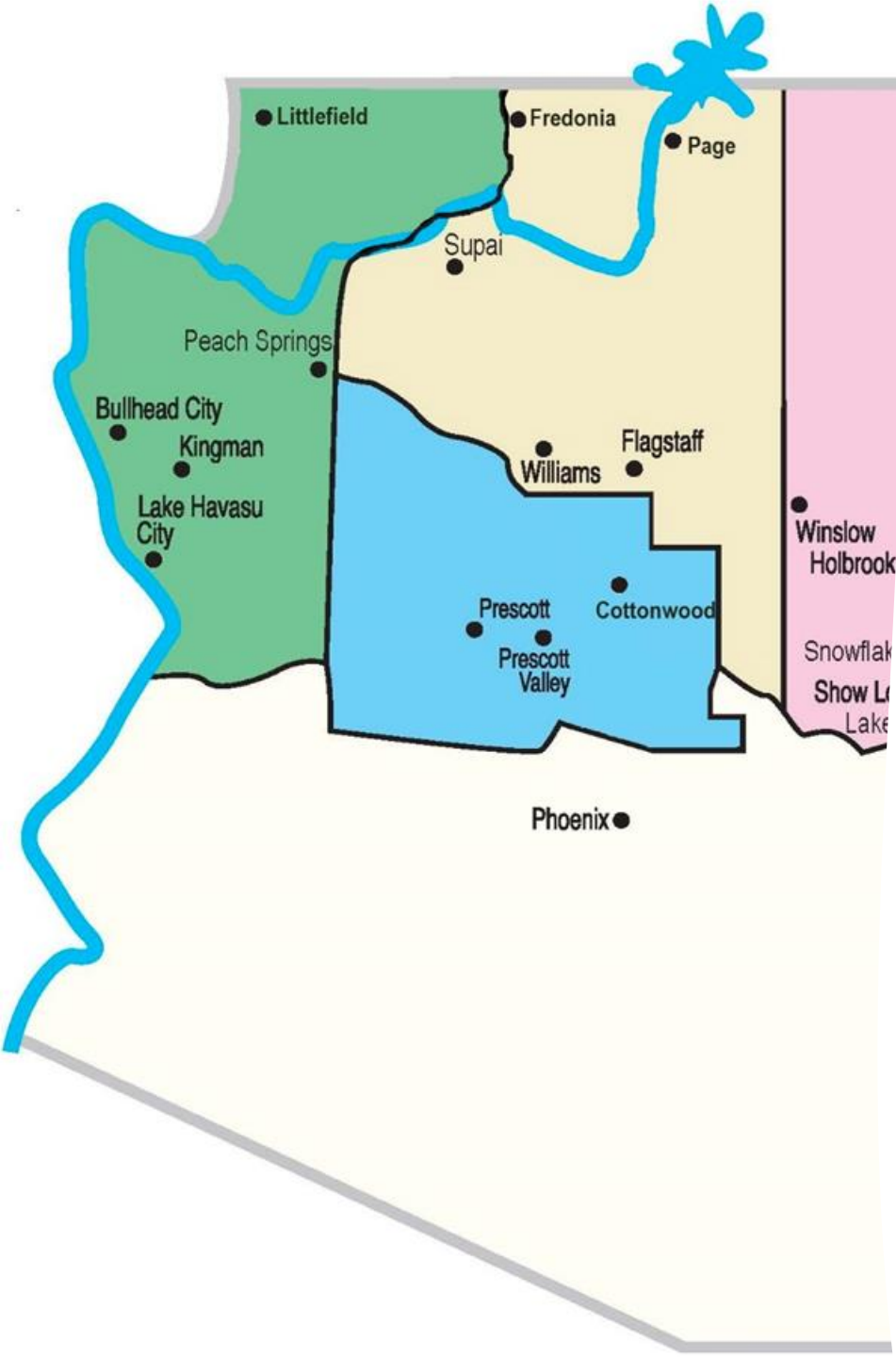


# Health Professional Shortage Areas Mental Health

2020

2023





# NARBHA Northern Arizona Regional Behavioral Health Authority

**Vast area, sparse population:**

- Larger than New York plus New Jersey
- 66,000+ square miles (58% of AZ area)
- Population 836,000+ (11.6% of AZ )

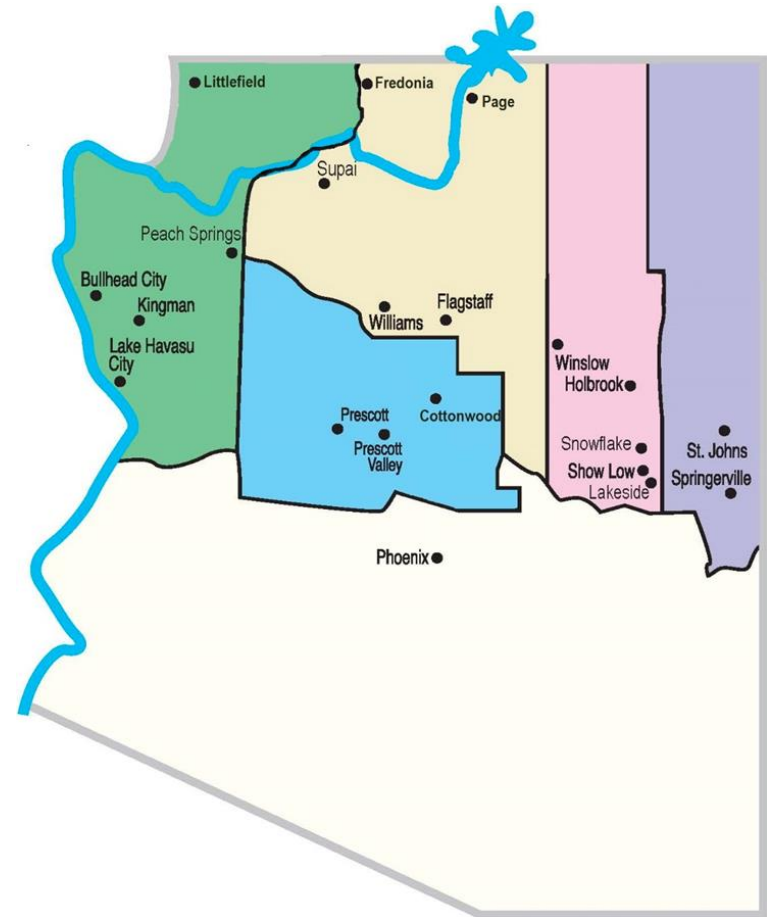


Courage, Necessity



# LCBHC Little Colorado Behavioral Health Centers

- Psychiatrist is in Flagstaff
- LCBHC is the sole mental health clinic for remote, rural Apache County
- Two clinical sites, “clinics”
  - St. Johns is 165 miles away (3 hours)
  - Springerville is 200 miles (3 hours, 20 min)
  - 99% of services via telemedicine since 1996





# LCBHC Clinical Services

The Commute!

Petrified Forest National Park

# Apache County Population

65,000 people

>18% have no health insurance

Median household income is < \$35,000

>28% live in poverty

Combined population of 3 largest towns in county is <10,000

[U.S. Census Bureau QuickFacts: Apache County, Arizona](#)



Sara Gibson, MD, Psychiatrist

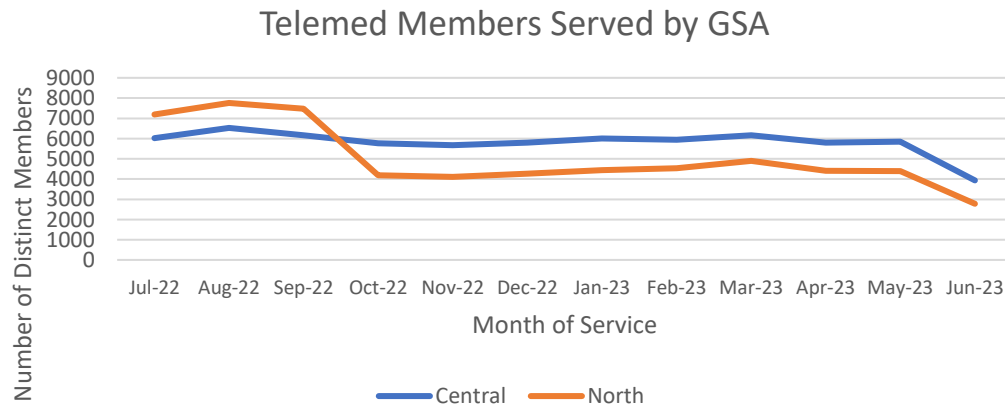
## LCBHC Clinical Services

- Telepsychiatry since 1996, 26,000+ patient sessions as of 2021
- Psychiatric Nurse Practitioners added 2005, from Colorado, New York, Wyoming, Arizona, Michigan



# HCA Telehealth Utilization With COVID-19

- Prior to the pandemic less than 3,000 members in our central service area received telehealth service, in April 2020 it peaked to 7,000 and has leveled off at twice it was pre-pandemic
- Pre-Pandemic: >430,000 telehealth behavioral health clinical services 1996 - 2020





# Why Telepsychiatry?

**\*\*\*Improve Access to Care\*\*\***

# Why Telepsychiatry?

## \*\*\*Improve Access to Care\*\*\*



Psychiatric services available to areas of physician shortage

One Provider can “go to” multiple smaller-need locations



BETTER TEAM TREATMENT: Connect multiple distant systems, places, clinicians, families, specialists



More services provided:

Patients seen in their own community, sooner, more frequently, better attendance

Emergency assessments available immediately

Providers caring for people, not driving

# Why Telepsychiatry? Cost



## RBHAnet Benefits in 2010

\$200,000 savings  
1,200 more patient encounters  
41.2 tons CO<sub>2</sub> saved



## Decreased hospitalizations due to increased access to care:

2012: Veteran's Administration  
VA due to outpatient care  
Texas due to emergency room  
psychiatric consultations  
BH Hospitalization length of  
stay dropped from 11+ to 6.5  
days the year after telemed  
started in Apache county  
(1997)





# Telehealth provides Highest Quality Care and Can Be Trusted!!

Well Established (27+ years)

- Quality of Care
- Patient Satisfaction



# Telepsychiatry Models (Tele-Mental Health)





# Models: Medical Providers

- Expert Pharmacotherapy
  - ✓ Most requested
  - ✓ Most appreciated telepsychiatry service
- Child Psychiatry



**Child's drawing of the "TV doctor"**





# Models: Provider Type

Federal (CMS), State, Payor, Licensure defined

Psychosocial therapies

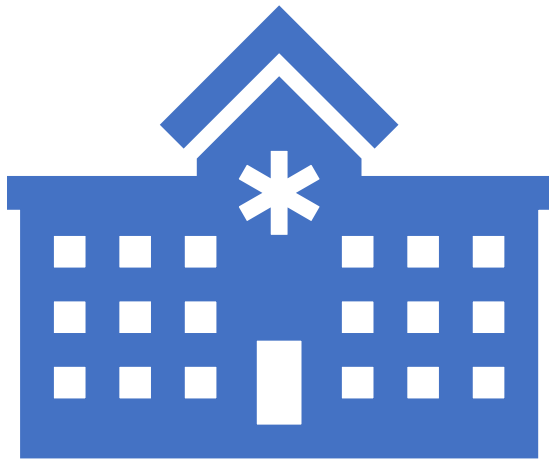
- ✓ Therapy, individual and group
- ✓ Counseling
- ✓ Case management
- ✓ Neuropsych and Psychoed testing
- ✓ Alcohol, Substance abuse

# Systems and Models



- PCP to and from Specialists
- Emergency rooms
- Consultation Model (eg University Consult Services)
  - ✓ Child Psych – to General Psychiatrist or BHMP – to PCPs
  - ✓ \*Decide who prescribes\*

# Systems and Models



## Outpatient Clinics

- Comprehensive psychiatric coverage
- Mixed: In-Person initial evals

Telemed continued follow up care

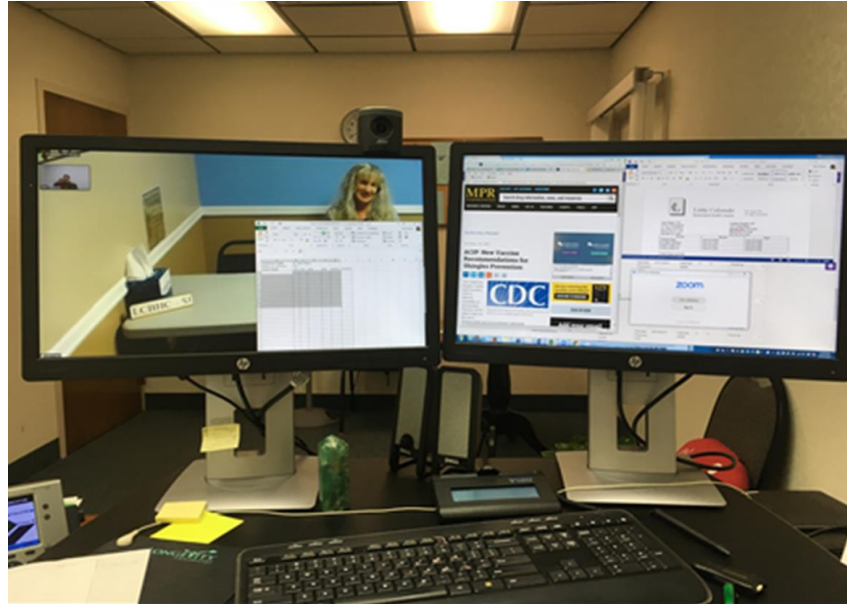
OR REVERSE

# Client Location

- Outpatient
- Inpatient (subsequent care)
- Nursing Homes
- Prison
- Legal (T36/commitment evaluations, testimony)
- Schools
- Public libraries
- Chapter Houses



# Client Location: frequent moves



## KEEPING A CONSISTENT PROVIDER:

- Frequently moved children (eg DCS custody foster placements)
- Residential treatment facilities, group homes

# Systems and Models: Tele-Education



- Integrating teaching & psychiatry residents. ATA residency excellence
- Medical Students (1987 Minnesota RPAP)
- Trainings
  - ✓ CME, Grand Rounds
  - ✓ State, RBHA trainings
  - ✓ Best Practices and committee participation
  - ✓ Arizona Community Grand Rounds
- Project Echo
  - ✓ Substance Use Disorder
  - ✓ Trauma in Children
  - ✓ Social Determinates of Health



# World Systems and Models

- [Telehealth4ukraine.org](https://telehealth4ukraine.org)
- World (Afghanistan, Africa, Chile)
- Disaster Planning and Response (ATA subcommittee)



# Systems and Models: Client Location HOME



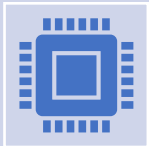
- COVID-19 Pandemic, disaster response= rapid evolution to an
- **IN HOME REVOLUTION!**
- Brings mental health care directly into people's homes



# Apache County LCBHC: COVID-19, 2020



LCBHC Mental Health clinic closed physical facility doors



Clinicians and staff were sent home and supplied with computers, hot spots, and other essential equipment.



Patients were “seen” in their homes via whatever technology was available.

# Client Location: IN HOME ISSUES

## CONFIDENTIALITY:

- Who is in the room?
  - abuse situations
  - sensitive mental health topics
  - disclosure of personal information

## EMERGENCIES:

- know local police/sheriff numbers, 911 doesn't work remotely

# Client Location: IN HOME Barrier “DIGITAL EQUITY”

## The Digital Divide, Lacks

Connectivity=Broadband, Internet, Wireless services, even Landlines

-either off the grid entirely or inadequate coverage

Digital literacy (knowledge of how to use equipment)

Data plans: limited for personal phone, and government plans used up

Equipment (smartphone, tablets, or computer)

# Apache County Connection Challenges



Many are in remote areas “off the grid” and lack connectivity or equipment for telehealth sessions in their homes.



59% of Apache county residents have no internet access



Wireless (Cell) service is poor, even non-existent in many areas of the county.



43% of households in Apache County have no computer, smartphone, or tablet.



Only one landline telephone company, which often loses service.



Fewer patients had smartphones with video capabilities, and most members have extremely limited data plans resulting in them being chronically out of “minutes.” Data provided by insurance plans and phone company benevolence is quickly depleted.



[NBAM Broadband Availability Report - County 2021 06 \(windows.net\)](#)



# Apache County Solutions: Clients



Received 10 Zoom accounts from BCBS/HCA



Obtained a grant to purchase mobile tablets with data plans, delivered to patients' homes by LCBHC case managers for telehealth sessions



Adapted to telephonic (audio only) medical management, counseling, and case management

# TELEHEALTH IN-HOME STANDARDS AND GUIDELINES

- **The standard of care via telehealth is the same as it is in person**
- You **can** establish a provider-patient relationship via telehealth
- You must have proof of identity (POI)
  - Previous contact counts as POI
  - Members can show their driver's license, or other picture ID
  - Providers can show their name badge
  - If the session is by phone, have the member verify their date of birth
- Member attests to privacy
  - Ask the member if they are in a private, safe environment to conduct the session
- Provider **MUST** know the location of the patient during the session ICE (In Case of Emergency)  
Having the patient's medical record available is a telehealth standard of care, and will include the patient address ICE

# TELEHEALTH IN-HOME STANDARDS AND GUIDELINES

- Providers **MUST** know what emergency services are available for the patient (911 doesn't work out of area):
  - Behavioral Health Crisis Line: 1-877-756-4090
  - Police (where the patient is located) phone number
    - This link provides advice how to contact emergency services in a different location: <https://www.verywellhealth.com/calling-911-for-someone-in-another-state-1298353>
  - EMS (that covers the area the patient is located)
  - Hospital (closest to the patient)
  - Support person (someone the member has identified as a support)
  - Know if there is a firearm in the home
  - Have a safety plan in place (who to call, what to do)

# REQUIRED DOCUMENTATION



Informed Consent for the provision of services via telemedicine (Arizona law)



Informed Consent for medical care, medications is the same standard as in-person



Document how the session was provided, eg by telehealth (synchronous audio/video), telephone (audio only, and whether the recipient is unable to achieve video), or in person



# LESSONS LEARNED

The image features the words "LESSONS" and "LEARNED" in large, 3D block letters. "LESSONS" is in red and "LEARNED" is in blue. A magnifying glass with a red handle is positioned over the word "LEARNED".

- Initially hesitant, members are generally appreciative of in-home care, and when video is successful, there is much excitement.
- Some members actively avoid video and there is a sense that they do not want their privacy invaded or home seen.
- Providers report greater insight into their members' lives when "visiting"

# Lessons Learned

- Providers Prefer Video
- Providers Prefer In-office Telemed
- Find a way: Medically necessary vitals, drug screens, labs
- Patients Prefer In-home, older folks prefer audio only



# \*\*\*Quality of Care\*\*\*

**“Expertise, ability, and therapeutic alliance are more important than proximity.” Tara Sklar, JD, MPH**





## Telemedicine is an Evidence-Based Practice

## Telehealth Quality of Care

- PubMed over 34,000 published literature on Telemedicine
- Studies demonstrate that telepsychiatry is equivalent to in-person for:
  - Assessment
  - Diagnoses
  - Therapeutic alliance
  - Treatment adherence
  - Clinical outcomes

# Telehealth Quality of Care



Standard is for EQUAL quality of medical care as in-person

American College of Physicians recommends that telemedicine be held to the same standards of practice as if the physician were seeing the patient in person



Medical professional is responsible for getting whatever information is needed to justify their medical decisions (regardless if a consult is telemedicine or in-person)



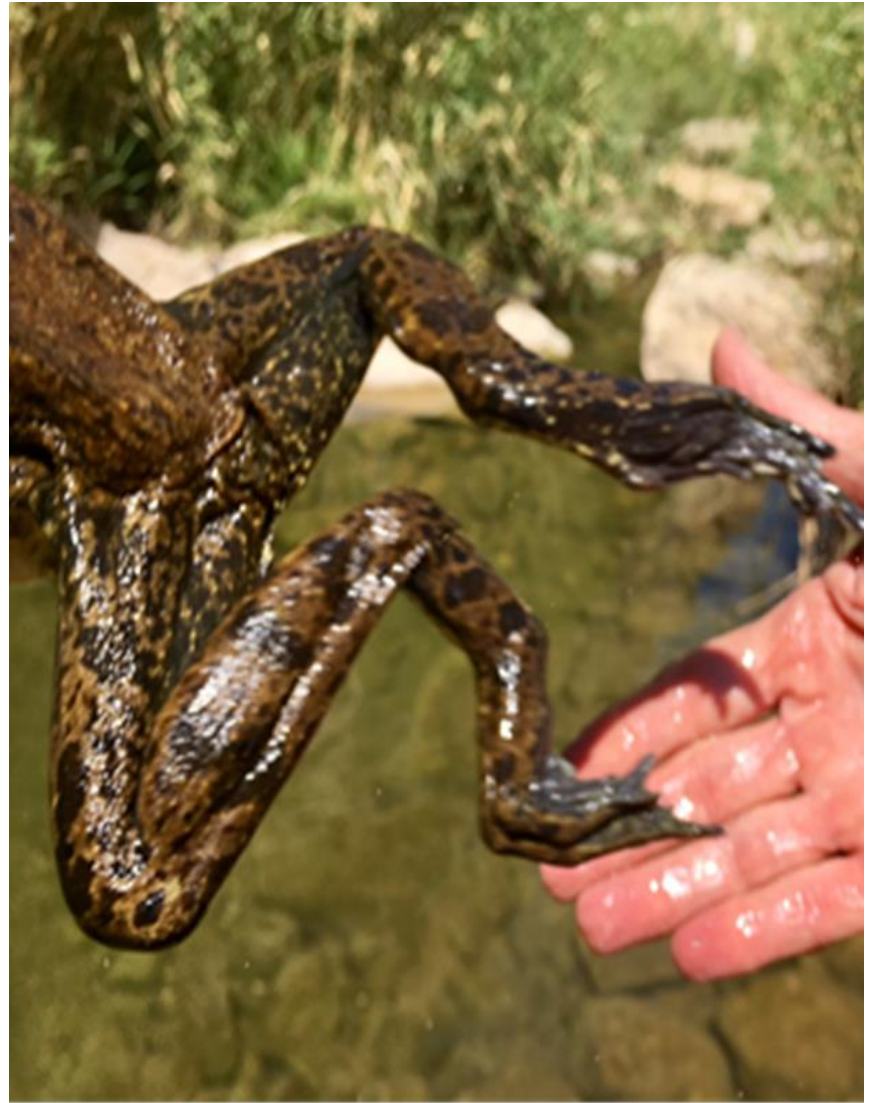
# Telehealth Quality of Care

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ANY services -- not just those delivered via telehealth --

-must be "clinically appropriate" (medically necessary).

-must be provided in accordance with standard of care: all other standards, regulations, rules, and quality performance measures must apply.





# Telepsych Quality of Care



Psychiatric telemedicine eval documents physical features:

alertness, distress, grooming, dysmorphic features, speech fluency & speed, neurologic findings such as tics/ tremors/ altered gait/ nystagmus, flushed or pale skin, rashes, review of vital signs, motor gait, muscle appearance



Modified AIMS (can do all except cogwheel)



Mental Status Exam



Healthcare is CARE

# COVID-19 PANDEMIC

High stress

Social isolation

National concern for rise in suicides, overdose

- alcohol
- Heroin, fentanyl

# COVID-19 PANDEMIC

National call for SOCIAL DISTANCING...but  
Mental Health: a second epidemic

PHYSICAL DISTANCING

+

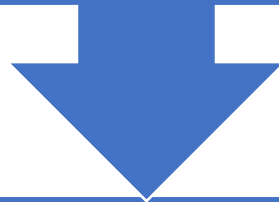
TELEHEALTH

=

SOCIAL CONNECTION

# Doctor-Patient Relationship

Required standard for any medical service



Hilty et al., Primary Psychiatry, Sept 2002

Literature review reported no major impediments to the development of the doctor-patient relationship in terms of communication and satisfaction.

Variety of settings, patients, practice styles, sites complicate objective assessment of telepsychiatry's impact

# Rapport

Good rapport leads to therapeutic working alliance.

There is evidence that patients quickly adapt and establish rapport with their teleprovider.

- Ghosh 1997
- Simpson 2001



# Rapport

Minimize technological interface to improve rapport

- **High quality technology**
- User-friendly
- Zoom to life-size
- Use solid blue background (affect recognition)
- Eye contact - camera angle or alternate gaze
- Live, interactive
- Avoid picture-in-picture at patient end
- Another human present at clinical site



# Therapeutic Alliance

Due to high satisfaction by providers and increased access for patients, the opportunity exists for long-term doctor patient relationship, increasing therapeutic alliance and improving patient outcomes.



# Telemedicine Clinical Challenges

## Sensory deprivation

- Smell (alcohol, hygiene, pheromones)
- Touch (handshakes, therapeutic)
- Visual impairment
- Energy sense, “real presence,” auras

## Participant anxiety

## Provider resistance (new paradigm of technology)

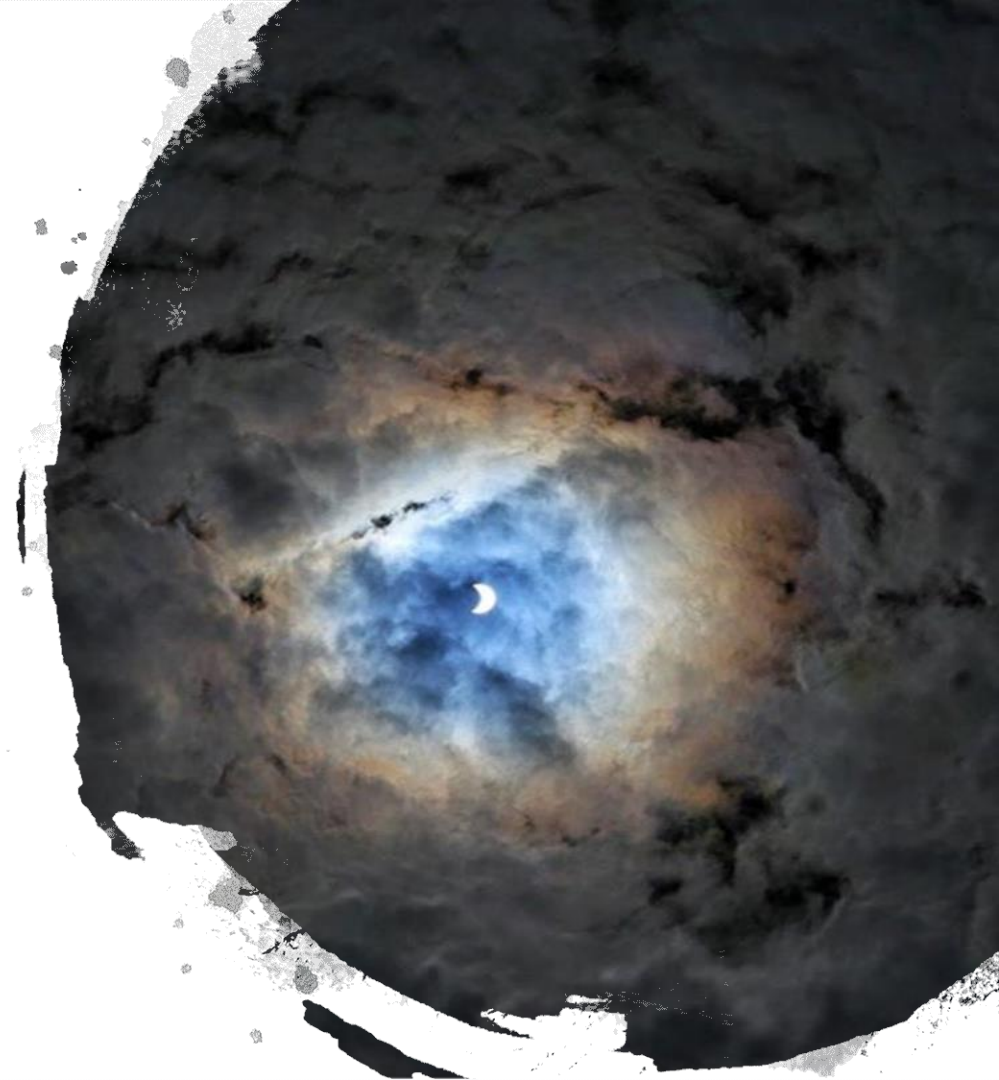
## Coordination between two systems

# Patient Dynamics by Diagnosis

## PSYCHODYNAMIC ADVANTAGE!

Basic Principle: Distance increases sense of safety, decreases olfactory flooding, prevents touch

- Social anxiety
- Agoraphobia
- PTSD
- Other anxiety (panic)
- Psychosis



# TELEHEALTH WORKS!

## REACH OUT! Therapy matters, not the electronic interface...even telephonic

- Dennis CL, Grigoriadis S, Zupancic J, et al. Telephone-based nurse-delivered interpersonal psychotherapy for postpartum (IPT) depression: Br J Psychiatry. 2020 Apr;216(4):189-196. doi: 10.1192/bjp.2019.275
- At 12 weeks, 10.6% of women in the IPT group and 35% in the control group remained depressed with the IPT group 4.5 times less likely to be clinically depressed
- Nurse-delivered telephone IPT is an effective treatment for diverse urban and rural women with postpartum depression and anxiety that can improve treatment access disparities.

# TELEHEALTH & SUBSTANCE USE DISORDER

It is very important to maintain the person in treatment and *minimize* relapse during this time of national and community confinement and crisis

Telehealth is an *evidence based* practice therapy modality for SUD.

- Both group and individual
- Video is ideal but audio-only should not be a barrier to care. REACH OUT!
- Here is a SAMHSA training and Technical Assistant Tipsheet: <https://www.samhsa.gov/sites/default/files/training-and-technical-assistance-covid19.pdf>
- Here is a tipsheet on treating Opioid Use Disorder via telehealth: <https://custom.cvent.com/10D3BAE39269457884C1D96DE1DF8D8D/files/c0f35116b188481b80df828b226e90c1.docx>
- Eg: document “session was done in patient’s home; so vitals, PHQ, GAD, urine drug screen, and SOWS not done.” and add how you will address (eg will come to office for drug screen and vitals)



# “Acceptability of Telepsychiatry in American Indians” Telemed J E Health 2008;14:461-465

Shore JH, Brooks E, Savin D, Orton H, Grigsby J, Manson SM. American Indian and Alaska Native Programs, University of Colorado at Denver and HSC, Aurora, CO.

53 American Indian Vietnam Veterans assessed both FTF and by telehealth

Interviewers were also interviewed and compared to the corresponding participant.

Telepsychiatry well received & comparable to Face to Face in:

- Patient comfort
- Satisfaction
- Cultural acceptance
- Participants more satisfied than interviewers perceived
- Found video acceptable & presented opportunity to increase access

# Rural Cultural Competence

- Yellowlees P, Marks S, Hilty D, Shore JH. “Using e-Health to Enable Culturally Appropriate Mental Healthcare in Rural Areas.” *Telemed J E-Health* 2008;14:486-491
- Office of Rural Mental Health Research:
  - **Rural areas have increased barriers to culturally appropriate mental healthcare**
  - **E-Mental Health can reduce health disparities:**
    - Poverty
    - Ethnic minority populations
    - Geographical isolation
    - Specific cultural factors
    - Language



# Rural Cultural Competence

- Rural Issues
  - Firearms
  - Confidentiality & disclosures in small communities
  - Know local substance abuse issues
  - Know local resources

# Guidelines for Tele-Success!



BE A CHAMPION!



Telehealth is as good as the people



No apologies! Providers can be proud of providing exceptional service.

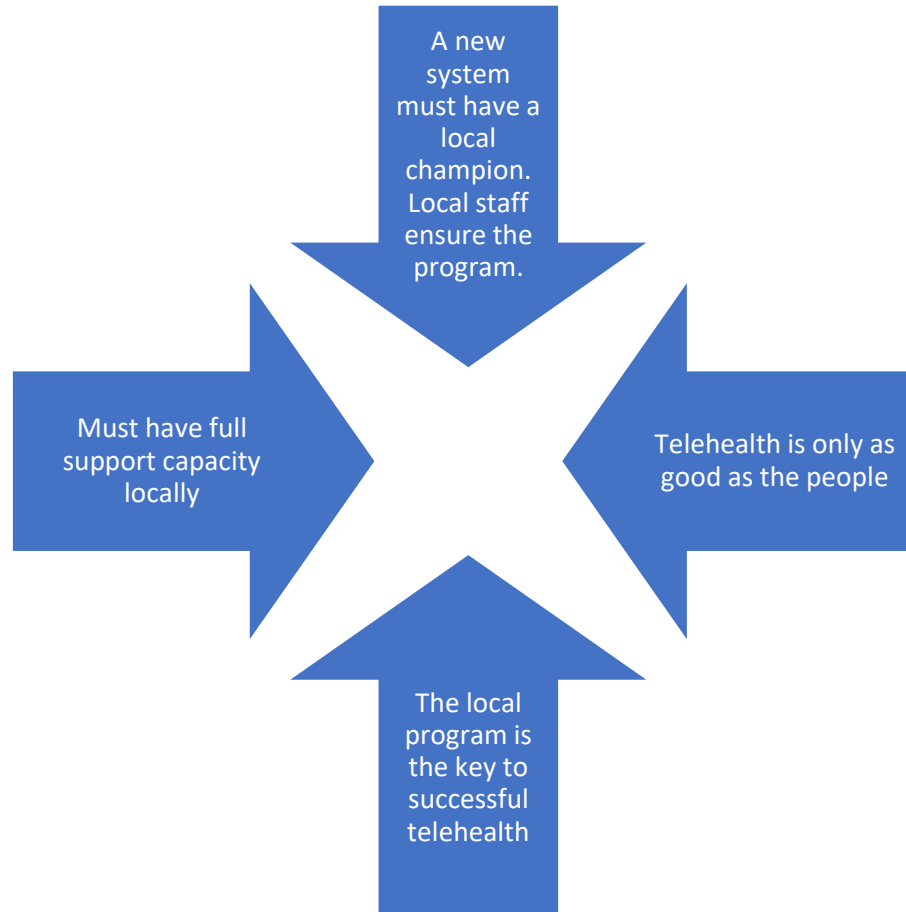


Use Motivational Interviewing to increase success



Therapy groups, substance use groups, individual therapy all evidence-based efficacy via telehealth visual AND audio only (telephonic).

# Tele-Success!



# Innovate!!

WE ARE JUST BEGINNING!

Great example: school bus technology center on the Navajo Nation for kids to attend school in their car.



# Guidelines

## “Best Practices in Videoconferencing-Based Telemental Health”

The American Telemedicine Association (ATA) and The American Psychiatric Association (APA) guideline update on the development, implementation, administration, and provision of telemental health services.

- Jay H. Shore, MD, MPH,<sup>1,2</sup> Peter Yellowlees MD, MBBS,<sup>3</sup> Robert Caudill, MD,<sup>4</sup> Barbara Johnston, MSN,<sup>5</sup> Carolyn Turvey, PhD,<sup>6</sup> Matthew Mishkind, PhD,<sup>1</sup> Elizabeth Krupinski, PhD,<sup>7</sup> Kathleen Myers, MD, MPH,<sup>8</sup> Peter Shore, PsyD,<sup>9</sup> Edward Kaftarian, MD,<sup>10</sup> and Donald Hilty, MD<sup>11</sup>

### TELEMEDICINE and e-HEALTH

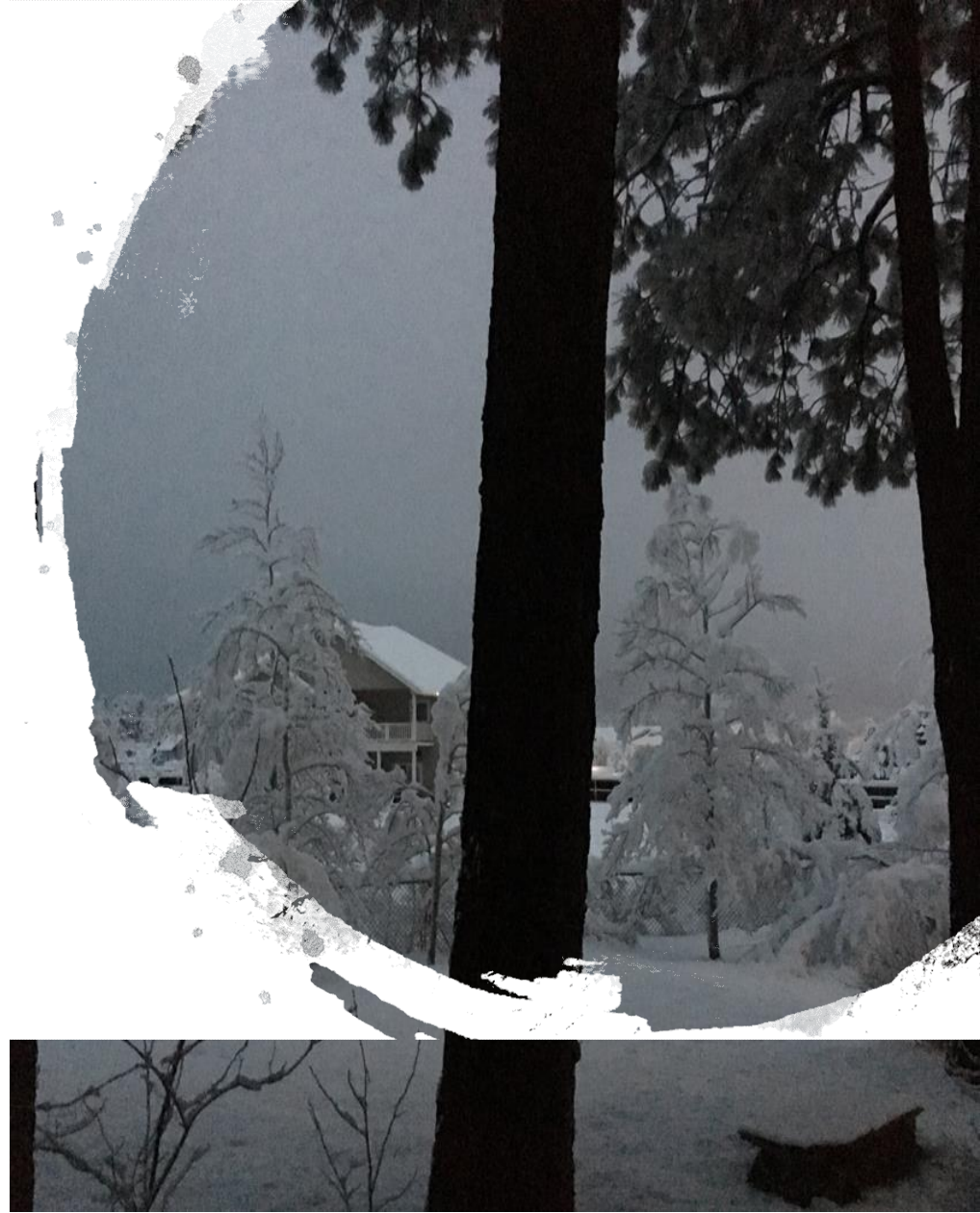
- 2018 Nov;<sup>24</sup>(11):827-832. doi: 10.1089/tmj.2018.0237. Epub 2018 Oct24

American Telemedicine  
Association (ATA)

American Association of Child  
& Adolescent Psychiatry  
(AACAP) Practice Parameter for  
Telepsychiatry with Children  
and Adolescents, *December  
2008*

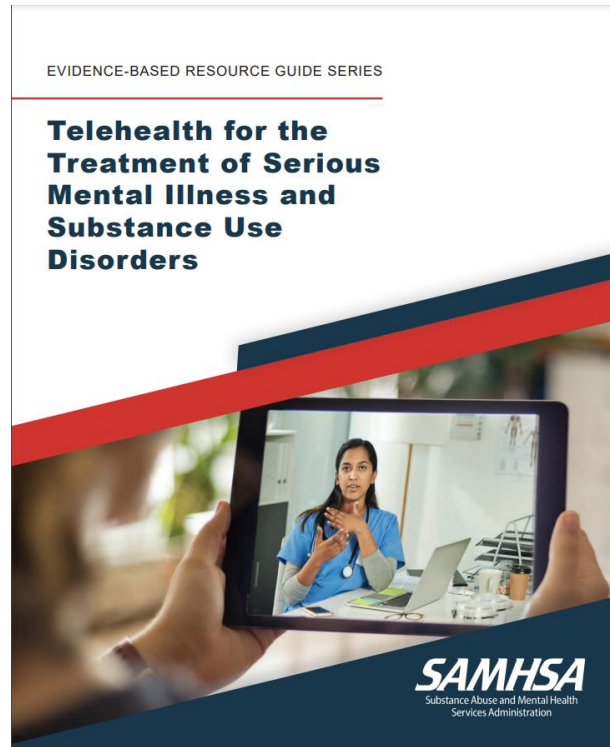
Emergency Guidelines for  
Telepsychiatry Shore, JH, Hilty,  
DM, Yellowlees, P. General  
Hospital Psychiatry, 2007:29,  
199-206

American Psychiatric  
Association



# SAMSHA GUIDELINE

- [https://store.samhsa.gov/sites/default/files/SAMHSA\\_Digital\\_Download/PEP21-06-02-001.pdf](https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-06-02-001.pdf)



# Guidelines

## THE APPROPRIATE USE OF TELEMEDICINE TECHNOLOGIES IN THE PRACTICE OF MEDICINE

Federation of State Medical Boards, April 2022

[fsmb-workgroup-on-telemedicineapril-2022-final.pdf](#)

- 1) determining when a physician-patient relationship is established; 2) assuring privacy of patient data; 3) guaranteeing proper evaluation and treatment of the patient consistent with the same standard of care; and 4) limiting the inappropriate prescribing and dispensing of certain medications.
  
- A practitioner who uses telemedicine must meet the same standard of care and professional ethics as a practitioner using a traditional in-person encounter with a patient.

# Guidelines: Arizona Specific

Arizona Medical Board Substantive Policy Statement #12 (on “Internet Prescribing” which is not telemedicine nor e-prescribing, but these are defined and telemedicine reviewed on p 3-4.)

Arizona Revised Statute 32-1421(B)

Arizona Parity: in 2014 enacted law SB1353 parity for private insurers to cover telemedicine. Also added naturopath, psychology, distance counseling, and dentistry. New parity proposals 2019

Arizona SB1353 that codifies the allowance of telemedicine to be used in lieu of a physical exam and to establish the patient-physician relationship for the purpose of internet prescribing.

AHCCCS Coding Policy and Allowable codes

<https://azahcccs.gov/PlansProviders/MedicalCodingResources.html>

# Resources

- Telehealth Resource Centers  
<http://www.telehealthresourcecenter.org/>
- Southwest Telehealth Resource Center
  - <https://southwesttrc.org/>
- CTEL Center for Telehealth and e-Health Law
  - <http://ctel.org/>
- Center for Connected Health Policy
  - <https://www.cchpca.org/>
- Centers for Medicare & Medicaid Services:  
[www.cms.hhs.gov](http://www.cms.hhs.gov)