


# Telepsychiatry

Sara Gibson, MD  
Medical Director,  
Telemedicine



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- 
- The background is a deep blue space filled with numerous small, bright blue stars. Some stars are larger and have a prominent four-pointed diffraction pattern. On the right side of the image, there is a large, white, semi-circular area that is separated from the starry background by a thin white line and a thicker grey border. This area contains a single bullet point.
- A long time ago in a galaxy far, far away.....

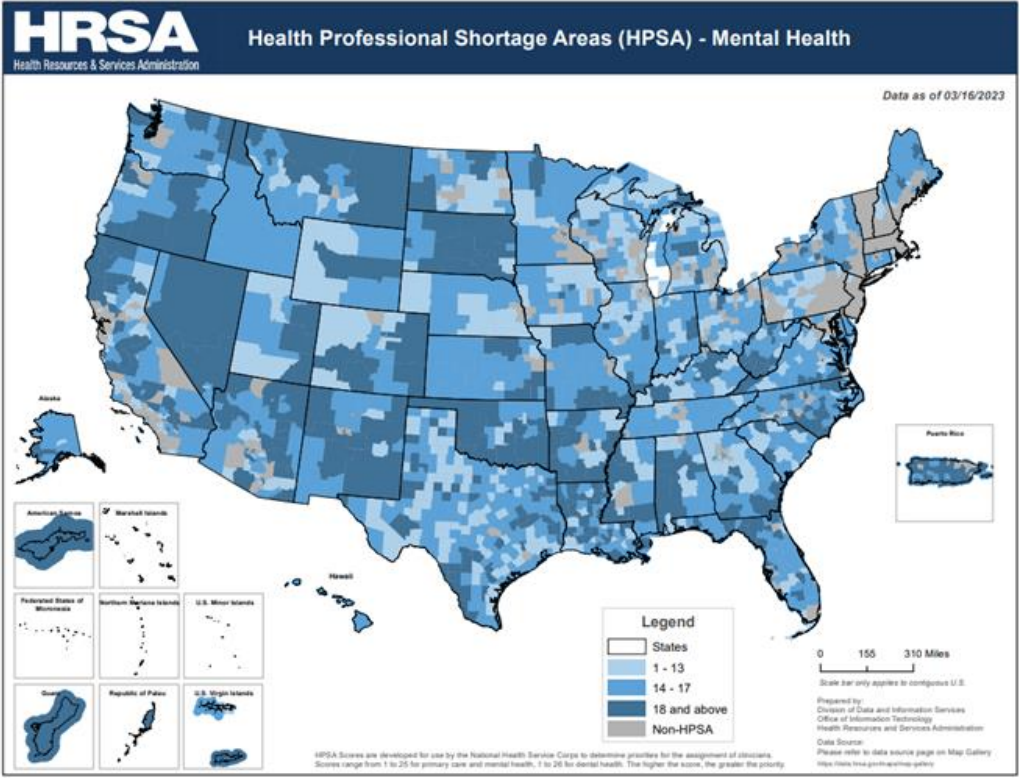
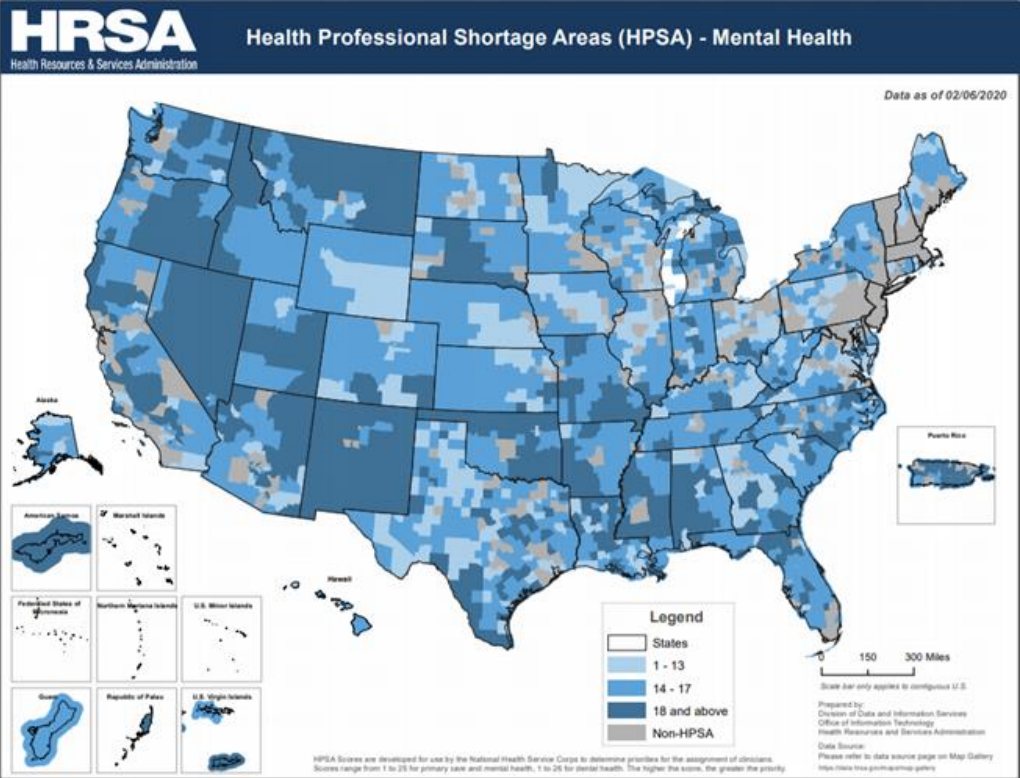


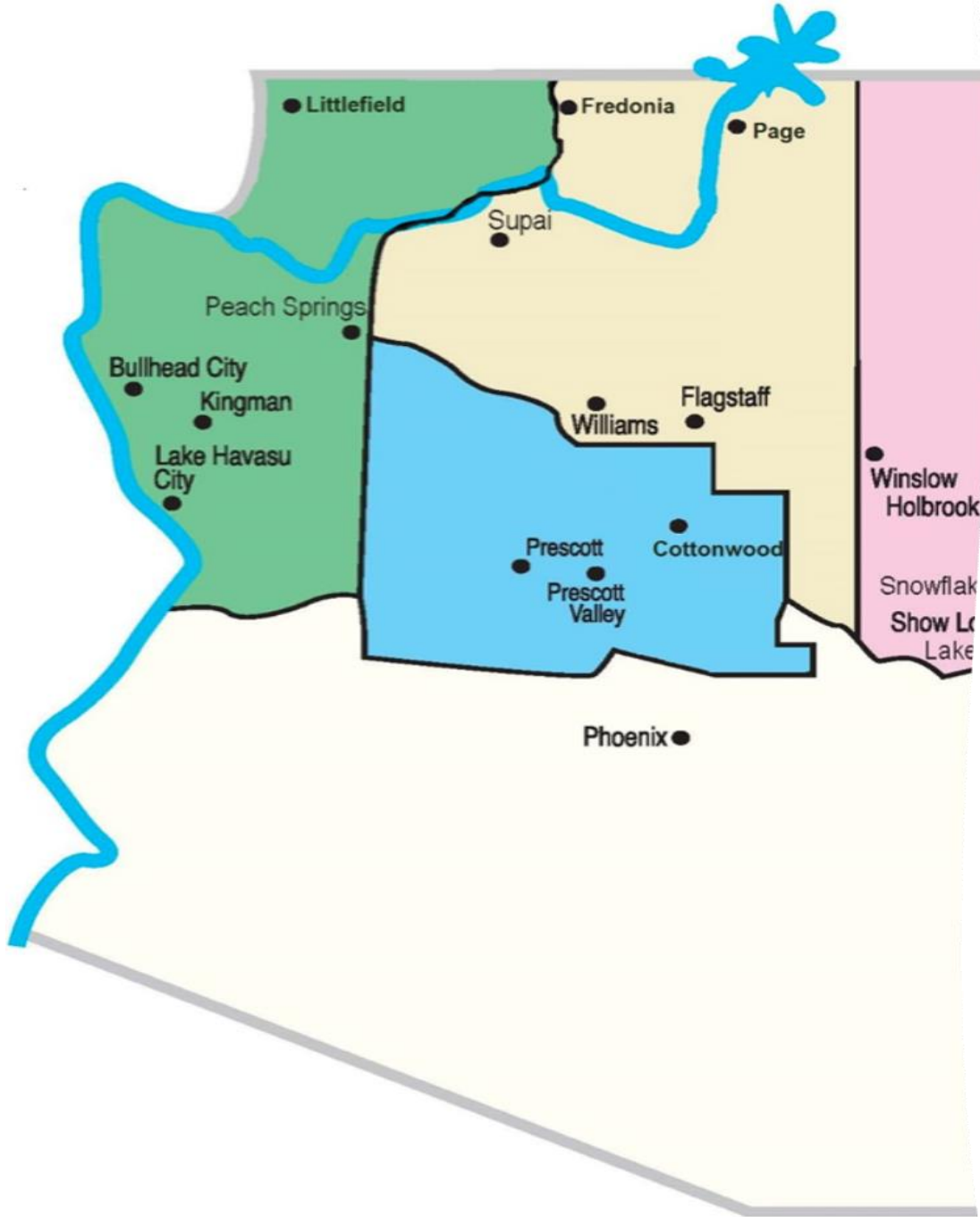
# Access to Care!

The need for behavioral health medical services  
exceeds local supply.



# Health Professional Shortage Areas Mental Health





## 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 )



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# Courage, Necessity

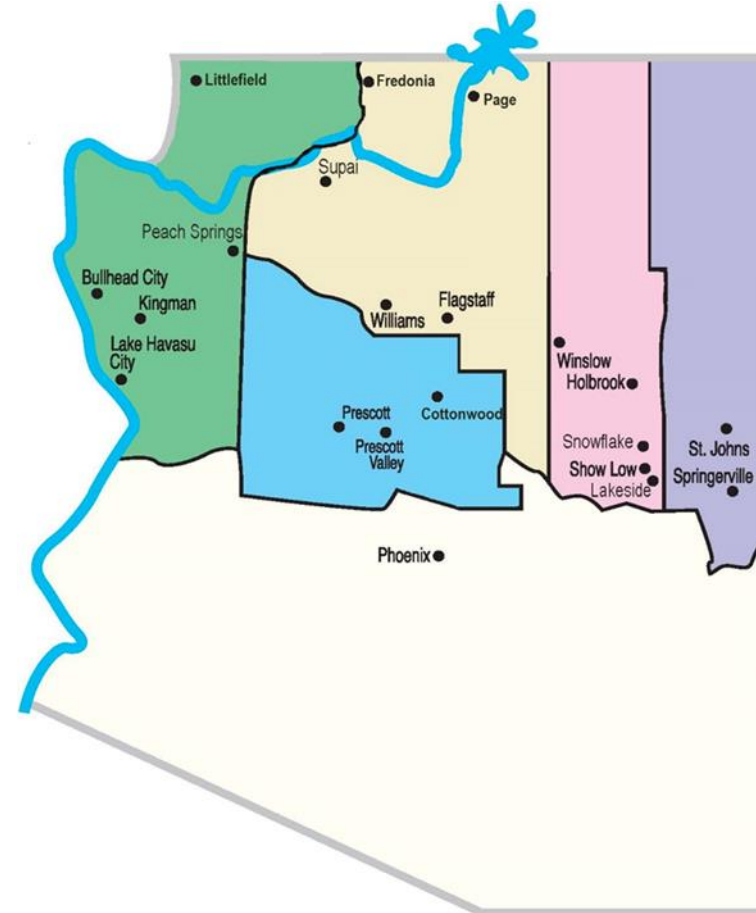


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# LCBHC: Little Colorado Behavioral Health Centers

- Psychiatrist 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, 30,000 sessions, later PMHNPs added from around the country



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# LCBHC Clinical Services to Apache County

The Commute! Petrified Forest National Park

Population 65,000 but <10,000 combined population of three largest towns

>18% have no health insurance

Median household income <\$35,000

>28% live in poverty

<https://www.census.gov/quickfacts/apachecountyarizona>



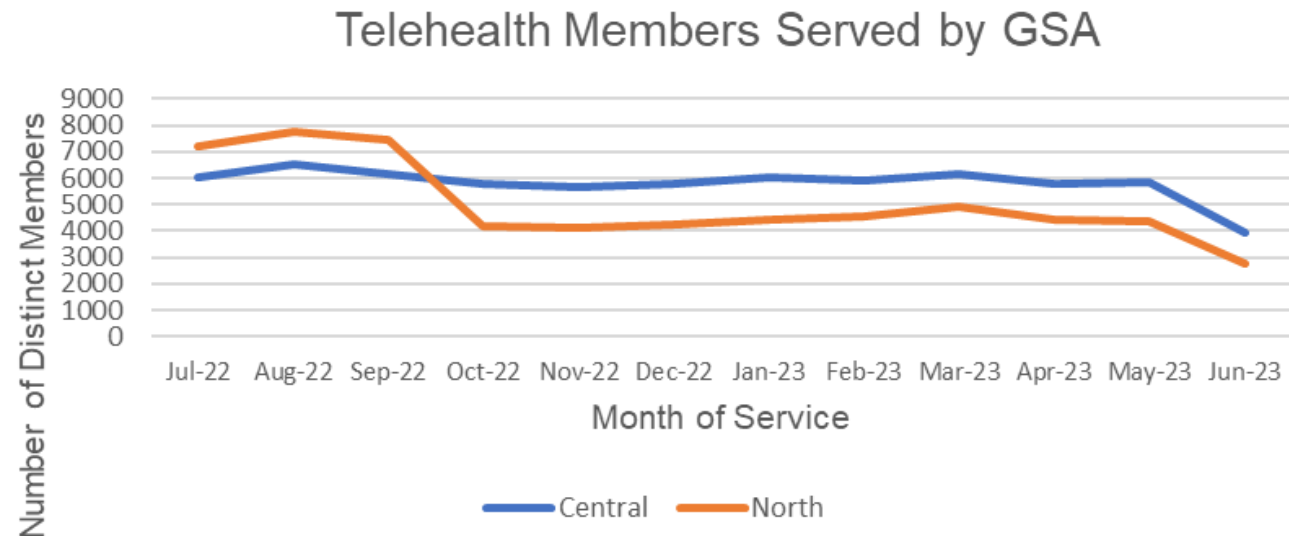
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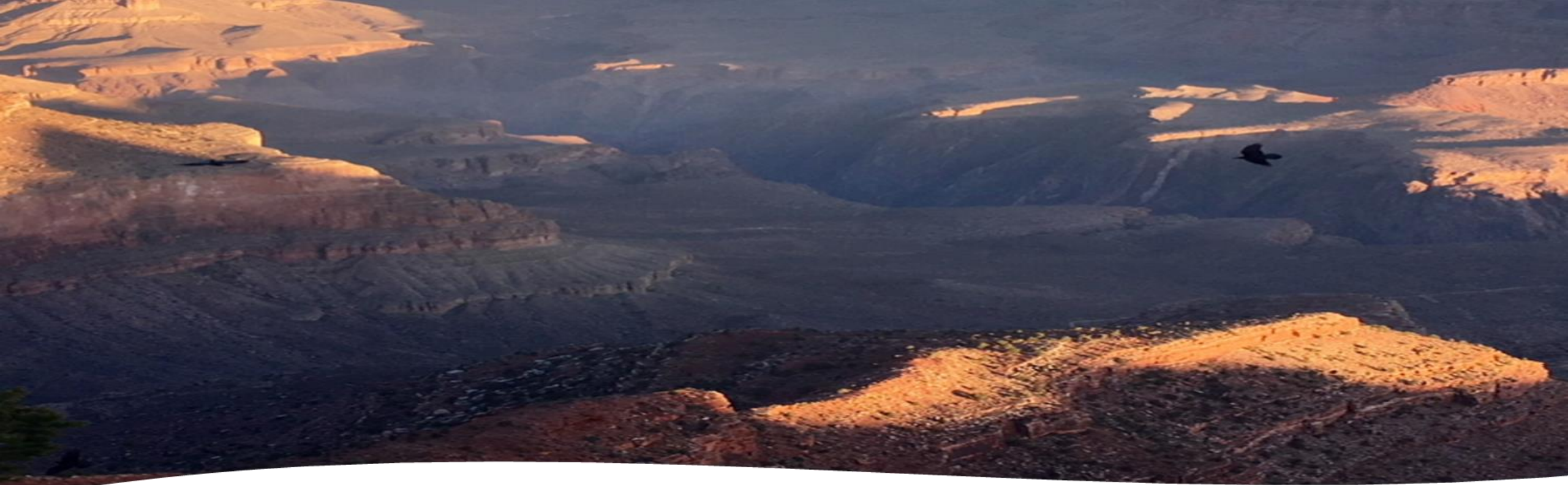


# HCA Telehealth Utilization With COVID-19

- 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



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## Why Telepsychiatry?

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



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# 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

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BlueShield**  
Arizona

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# 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 telehealth started in Apache county (1997)



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

Well Established

-Quality of Care

-Patient Satisfaction



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## Ten-Year Experience of a Private Nonprofit Telepsychiatry Service

Steph R. Ross, M.D., Sara Glaser, M.D., Susan Morley, MD, and  
Michael S. Friedman, MD

Northwestern University, Department of Psychiatry, Feinberg  
School of Medicine  
Department of Psychiatry, University of Illinois, Urbana  
Champaign

### Abstract

This paper reports the results of a 10-year  
experience of a nonprofit telepsychiatry service  
providing psychiatric services to  
underserved populations in  
rural and urban areas.

### Introduction

Telepsychiatry is a specialty of psychiatry that  
uses technology to provide psychiatric services  
to patients who are geographically isolated or  
have limited access to mental health services.

# Telemedicine and e-Health

# Acceptance

- 24+ patient satisfaction studies reviewed in literature; all overwhelmingly positive
- HCAnet acceptance 1998, 2006
  - Client satisfaction surveys
  - Family (of client) satisfaction surveys
  - Staff satisfaction surveys
  - Satisfaction over time





# 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



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# 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\*

## Outpatient Mental Health Clinics

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

Telemed continued follow up care

OR REVERSE



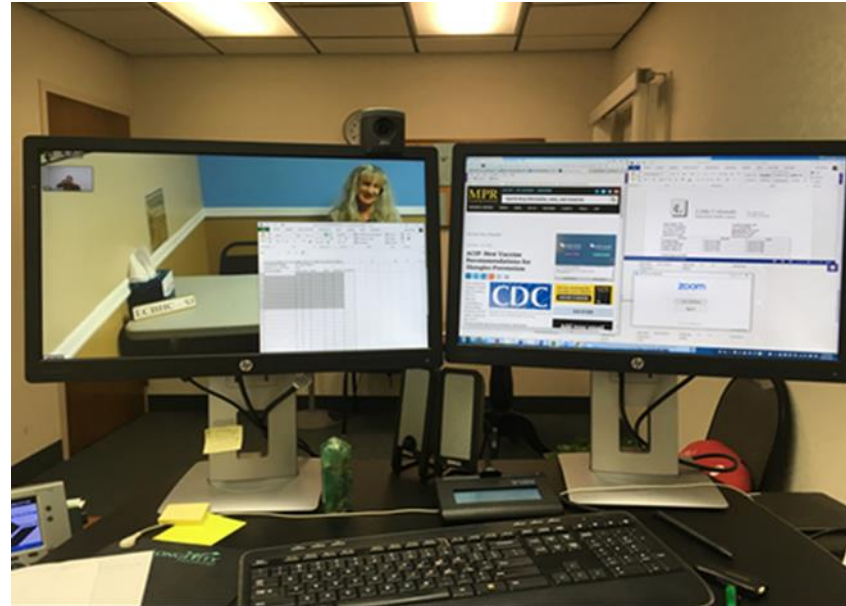
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# Client Location

- 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



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# World Systems and Models

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



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# NEW Client Location HOME



- 2020 COVID-19 Pandemic, disaster response= rapid evolution to an
- **IN HOME REVOLUTION!**
- Brings mental health care directly into people's homes



# LCBHC Closed Facility 2020 COVID: Apache County 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 \(windows.net\)](#)



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# 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)

HOW DO YOU GET BROADBAND FOR THOSE WHO DON'T EVEN HAVE RUNNING WATER OR ELECTRICITY?



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# 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



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# 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



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# Accessing Emergency Services

## 911 will not work remotely!

Providers **MUST** know what the emergency services are available for the client.

- Call E911 267-908-6605 and ask to be connected to the emergency services for the location of the emergency
- Behavioral Health Crisis Line- 877-756-4090
- Have the client identify a support person to be contacted ICE (In Case of Emergency)
- Know if there is a firearm in the home
- Have a safety plan in place (who to call, what to do)



# 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", specifically focusing on the letter "A". The background is white with a subtle shadow beneath the letters.

- 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.
- Find a Kind Human to help people navigate technology.
- Providers report greater insight into their members' lives when "visiting" but must find a way to obtain medically necessary vitals, drug screens, labs



# Quality of Care

A scenic view of a canyon with layered rock formations and a bird in flight. The canyon walls are composed of various shades of brown, tan, and grey, showing distinct geological layers. The lighting is warm, suggesting a sunset or sunrise, with long shadows and highlights on the rock surfaces. A single bird is captured in flight in the middle ground, adding a sense of movement to the landscape.

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



**Telehealth has the *Same Standard of Care* as seeing a patient in person!**

Medical Professionals are responsible for obtaining the information they need for a medical decision, such as appropriate physical exam, blood pressure, lab work, weight, etc

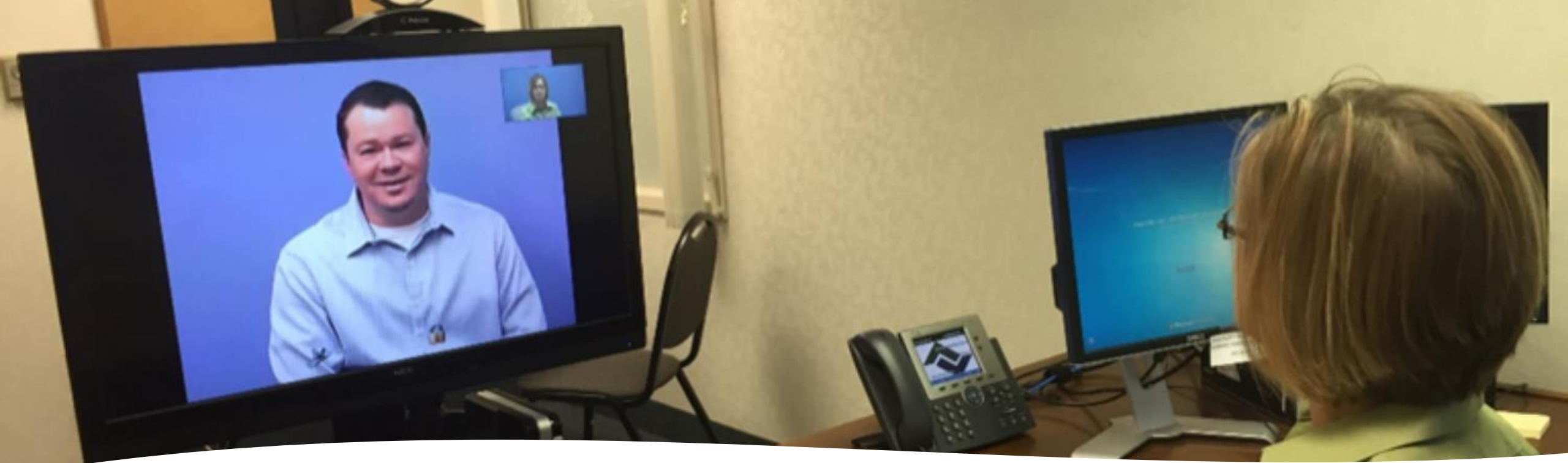
Must be clinically appropriate and medically necessary

All standards, regulations, rules, and quality performance measures must apply



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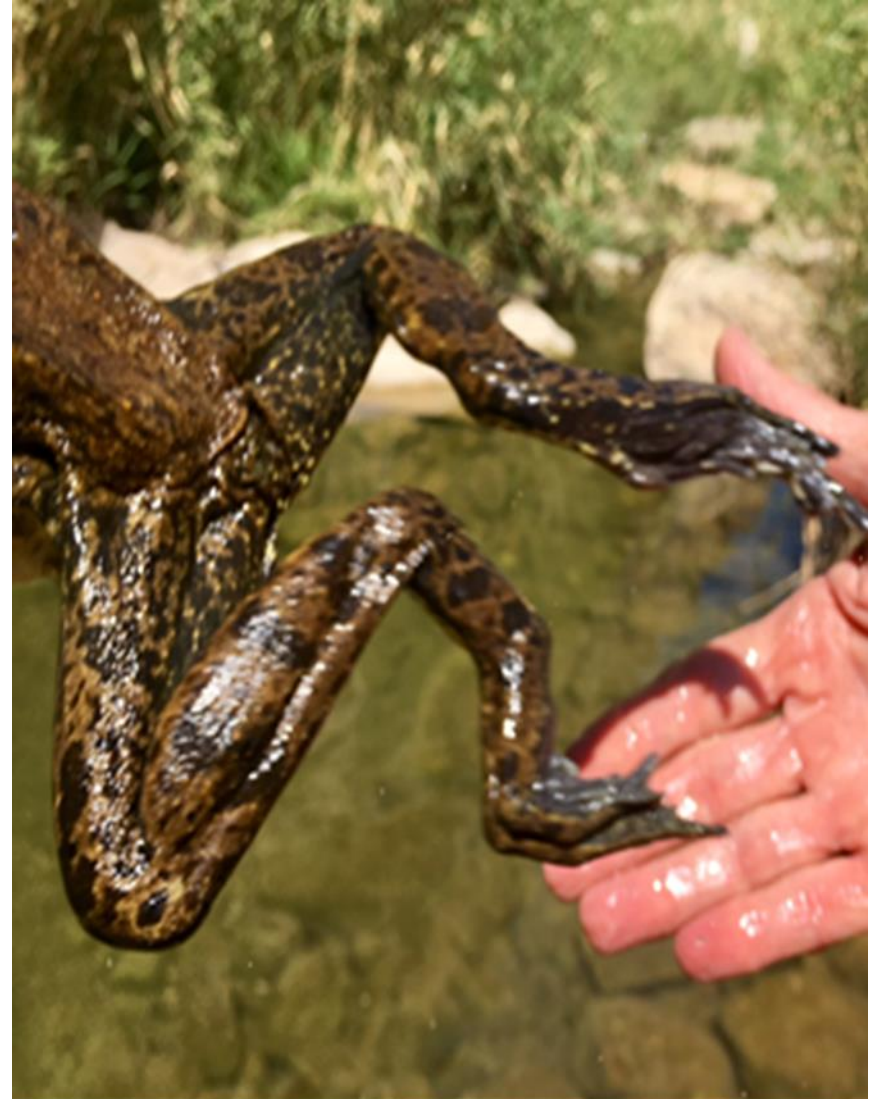
# Telehealth Quality of Care

- Telemedicine is an Evidence-Based Practice
  - Studies demonstrate that telepsychiatry is equivalent to in-person for:
    - Assessment
    - Diagnoses
    - Therapeutic alliance
    - Treatment adherence
    - Clinical outcomes



# 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



# Documentation

AZ Statute requires informed consent to be obtained prior to providing care via telehealth. Document in the medical record.

- If unable to obtain written consent on the form, document that the form, consent, rights, etc. were explained to the client and the client consented verbally

Document in medical record that the services were “provided via audio/video telehealth” and that there is a need for, effectiveness, and appropriateness of the telehealth medium

- If audio only (phone), document that patient is unable to achieve video



A long, straight asphalt road stretches from the foreground into the distance, flanked by golden-brown fields. In the far background, a range of mountains is visible under a cloudy sky. The overall scene is serene and open.

**Healthcare is CARE**



# COVID-19 PANDEMIC

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

PHYSICAL DISTANCING

+

TELEHEALTH

=

SOCIAL CONNECTION



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# Provider-Patient Relationship

- Must be established for any medical service
- Arizona statute states establishment of a Provider-Patient relationship IS achieved via interactive video-audio.



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# Rapport

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

Establishment of a Provider-Patient relationship and good rapport leads to a therapeutic working alliance and improves 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



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# 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





# Tele-Therapy (Virtual Psychotherapy) WORKS!

REACH OUT! Therapy matters, not the electronic interface...even telephonic (audio only) demonstrates evidence-based efficacy for group and individual therapy

- 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.



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# Virtual Psychotherapy= Decreased Therapy Disruptions

- US adults with psychiatric illness experienced fewer disruptions in receiving psychotherapy following the transition to virtual psychiatric care that accompanied the onset of the COVID-19 pandemic. NIMH study of 110,000 persons with mental health disorders receiving therapy.
- Prior to the pandemic, the median time between visits was 27 days and after the pandemic it dropped to 14 days, suggesting individuals were more likely to return for additional psychotherapy after the widespread shift to virtual care.
  - 10/11/23 Psychiatric Services



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# Telehealth for Substance Use Disorders

- Telehealth is an evidence-based practice for SUD
- Best outcomes when **RETAINED IN TREATMENT**.
  - **Study 92,000 adults: Telehealth Linked to Better Opioid Treatment Retention** Starting treatment with [buprenorphine](#) for opioid use disorder (OUD) via telehealth is associated with longer retention in treatment compared with starting treatment in-person. JAMA Network Open, 10/18/23
  - **Retention in Telehealth Treatment for Opioid Use Disorder Among Rural Populations: A Retrospective Cohort Study.** 1,816 rural patients across 14 states attended an initial telemedicine visit and received a clinical diagnosis of OUD. **Conclusions:** Telemedicine is an effective approach for treating OUD in rural populations, with retention comparable to in-person treatment. Telemedicine and e-Health 15May 2023
  - **Increased Use of Telehealth Services and Medications for Opioid Use Disorder During the COVID-19 Pandemic Associated with Reduced Risk for Fatal Overdose** (33% lower with telehealth). Nationwide CDC, CMS, and NIH. JAMA Psychiatry
- Tipsheet on treating Opioid Use Disorder via telehealth:  
<https://custom.cvent.com/10D3BAE39269457884C1D96DE1DF8D8D/files/c0f35116b188481b80df828b226e90c1.docx>



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# “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



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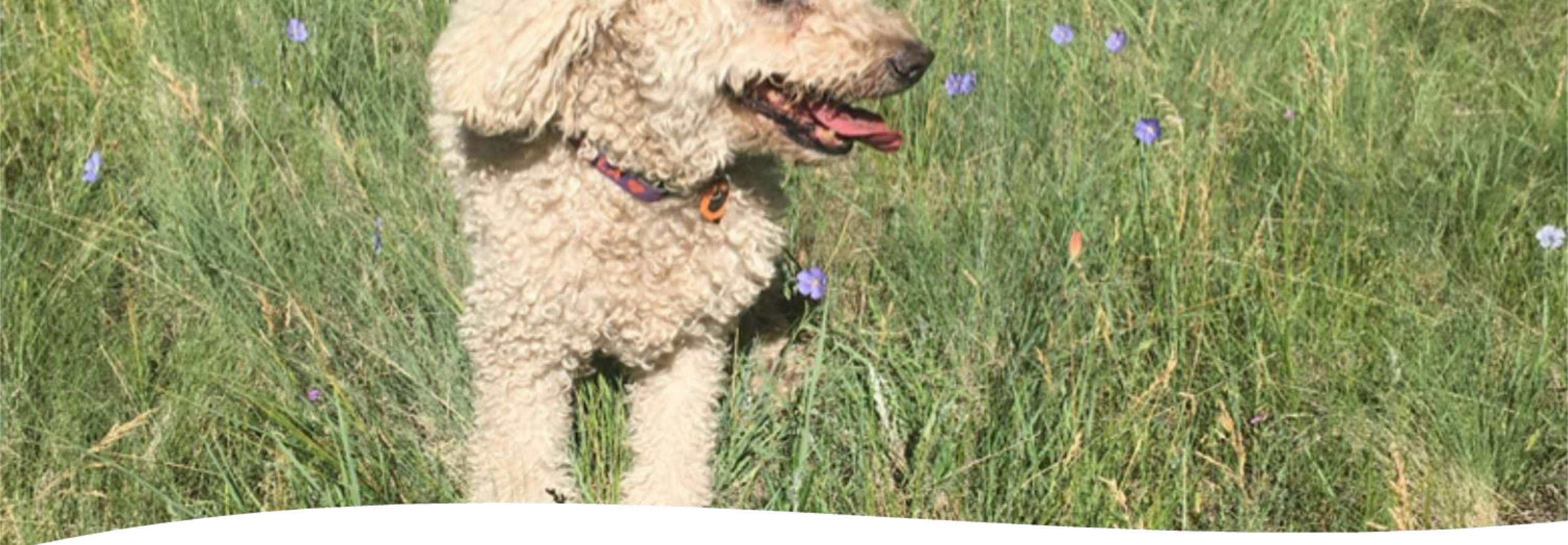
# Rural Cultural Competence

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



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# 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!



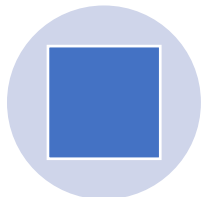
Telehealth is as good as the people providing it.



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



Use Motivational Interviewing to increase success



Find a Kind Human to help people navigate technology.



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# Innovate!! Create!!

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.

### TELEMEDICINE and e-HEALTH

- 2018 Nov;24(11):827-832. doi: 10.1089/tmj.2018.0237. Epub 2018 Oct24
- Patient Resource from US Dept Health and Human Svs, Oct 18, 2023: [HHS Office for Civil Rights Issues Resources for Health Care Providers and Patients to Help Educate Patients about Telehealth and the Privacy and Security of Protected Health Information | HHS.gov](#)



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# Published Guidelines

American Telemedicine Association (ATA)

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

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

American Psychiatric Association

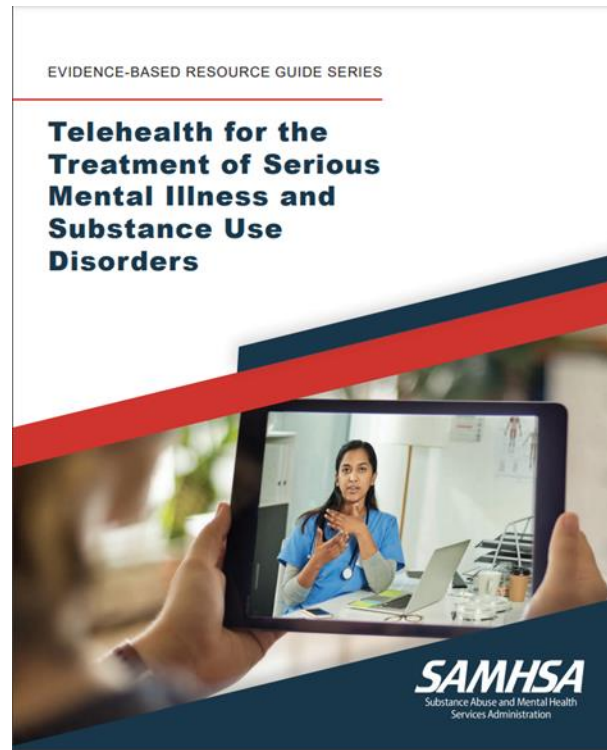


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# SAMSHA GUIDELINE

- [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)



# Resources

- Telehealth Resource Centers  
<http://www.telehealthresourcecenter.org/>
- Southwest Telehealth Resource Center
  - <https://southwesttrc.org/>
- CTCL 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)
- Arizona AHCCCS Coding Policy and Allowable codes  
<https://azahcccs.gov/PlansProviders/MedicalCodingResources.html>



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