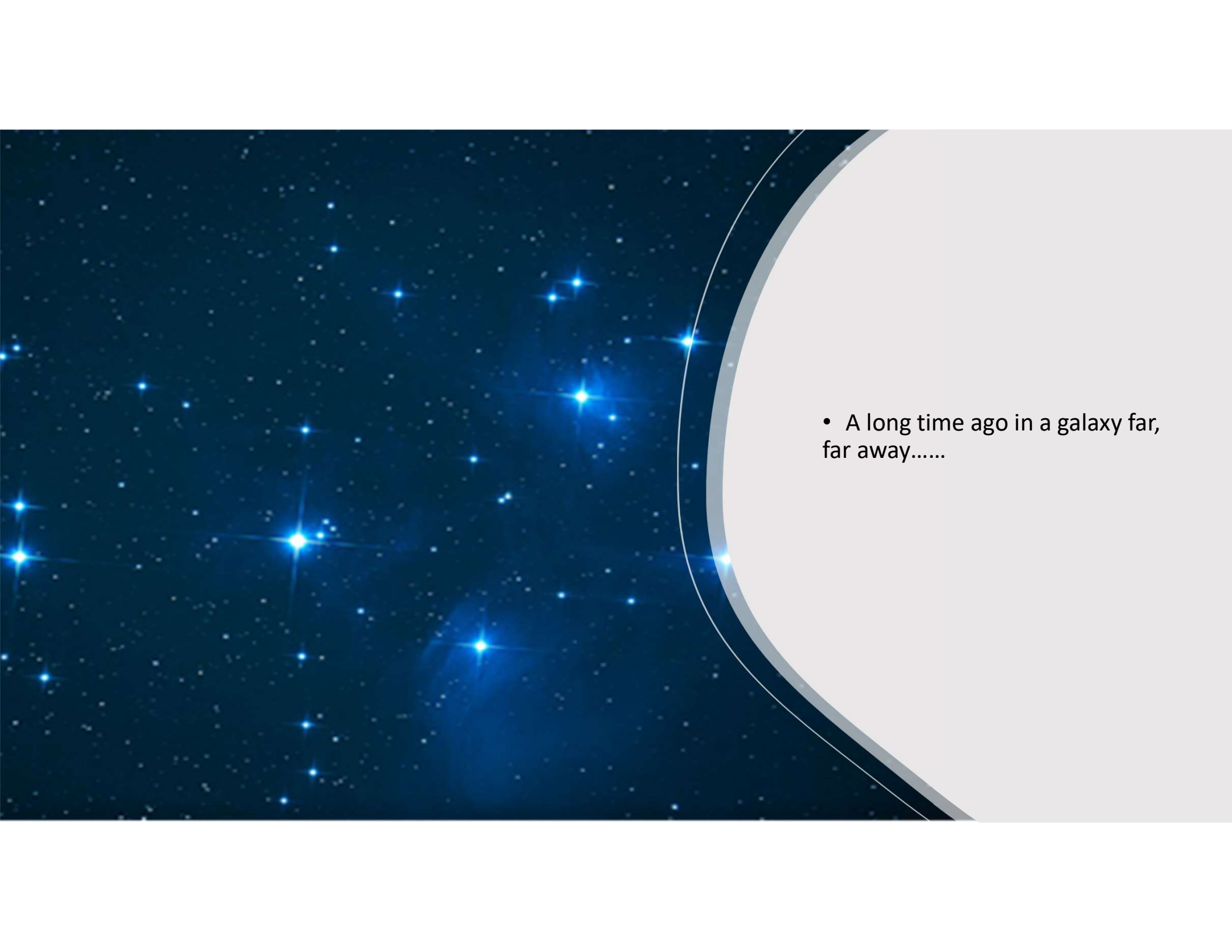


# Telepsychiatry

Sara Gibson, MD  
Medical Director,  
Telemedicine



Health  
Choice

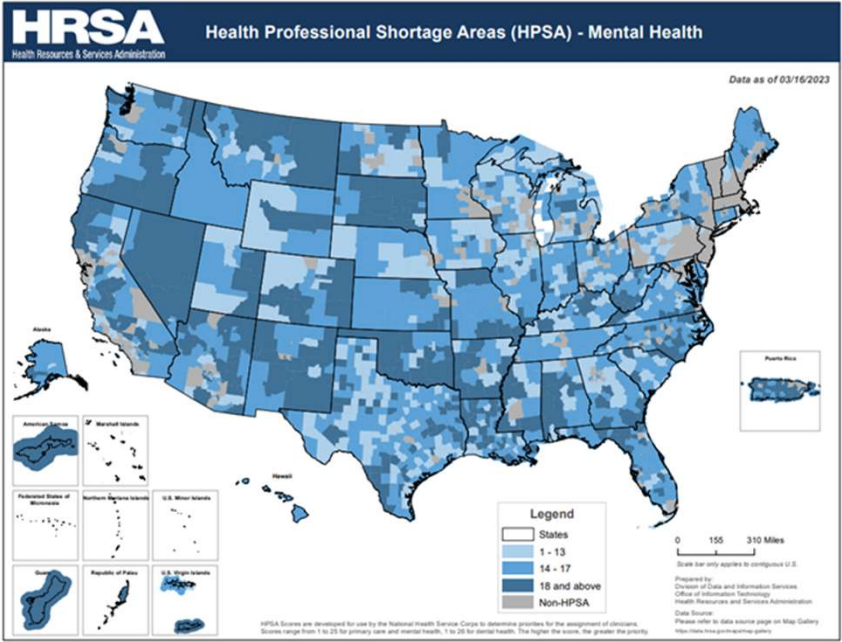
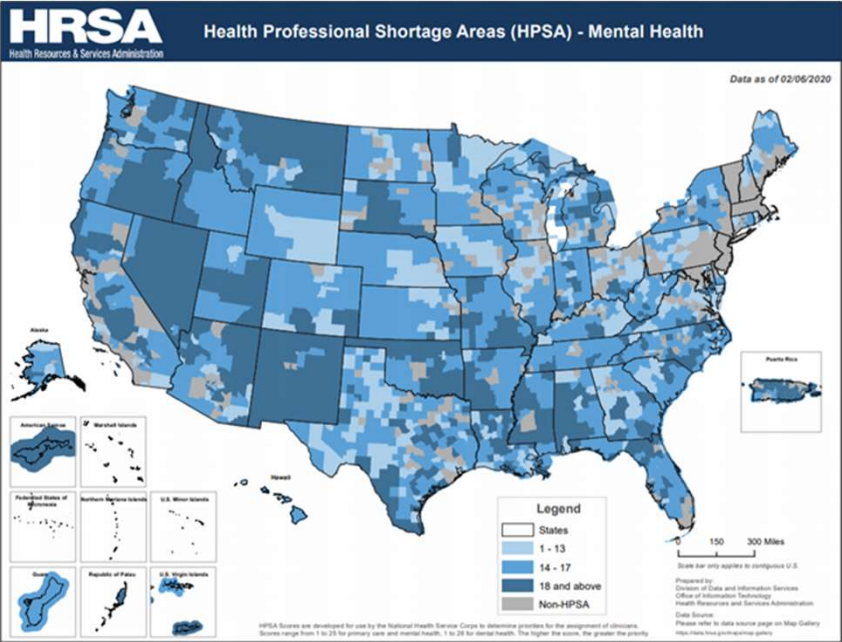
- 
- The image features a dark blue background filled with numerous small, bright blue stars of varying sizes and colors, creating a starry night sky effect. On the right side, there is a large, white, curved shape that resembles a stylized 'C' or a partial circle, which serves as a container for text. The overall aesthetic is clean and modern, typical of a presentation slide.
- A long time ago in a galaxy far, far away.....



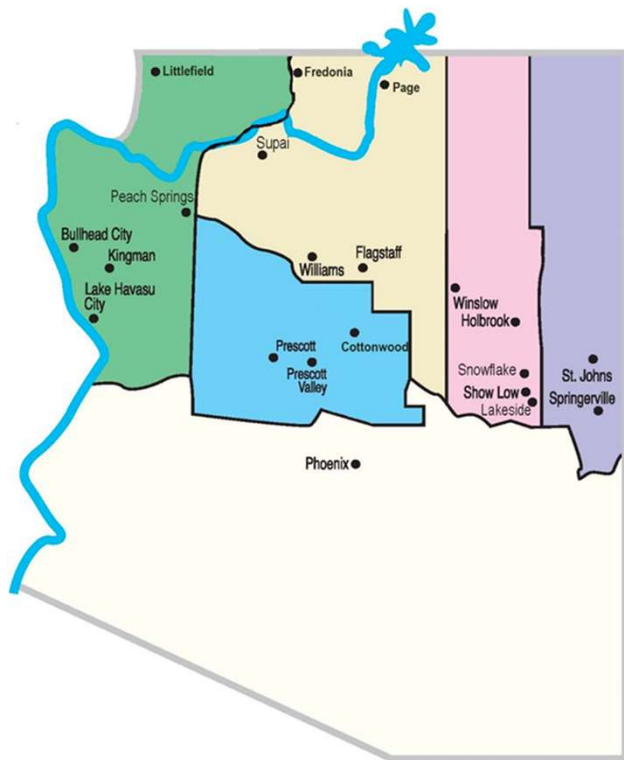
# Access to Care!

The need for behavioral health medical services  
exceeds local supply.

# Health Professional Shortage Areas Mental Health



Health Choice



## NARBHA Northern Arizona Regional Behavioral Health Authority 1996

### 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 )



Health  
Choice





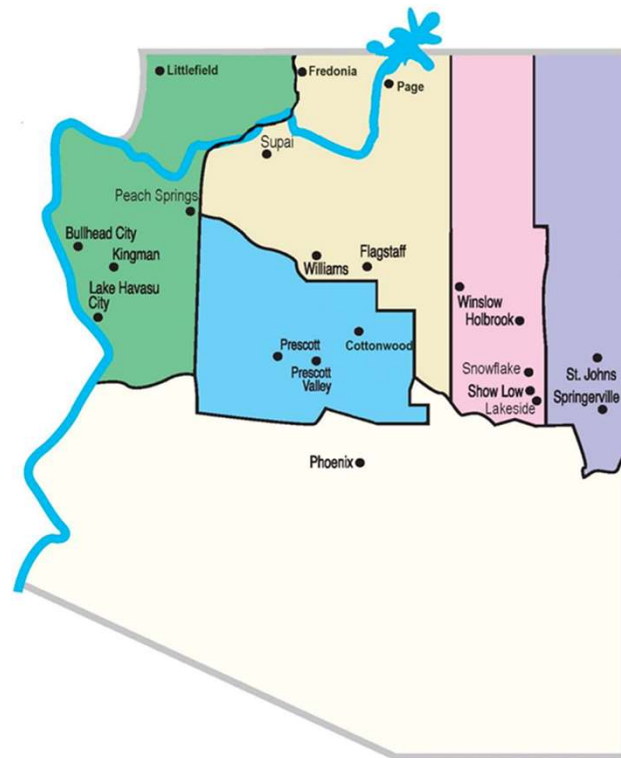
# Courage, Necessity

  **BlueCross  
BlueShield**  
Arizona  
An Independent Licensee of the Blue Cross Blue Shield Association

Health  
Choice

# 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



Health  
Choice



## LCBHC Clinical Services to Apache County

The Commute! Petrified Forest National Park

Population <10,000 combined population of three largest towns

>18% have no health insurance

Median household income <\$35,000

>28% live in poverty

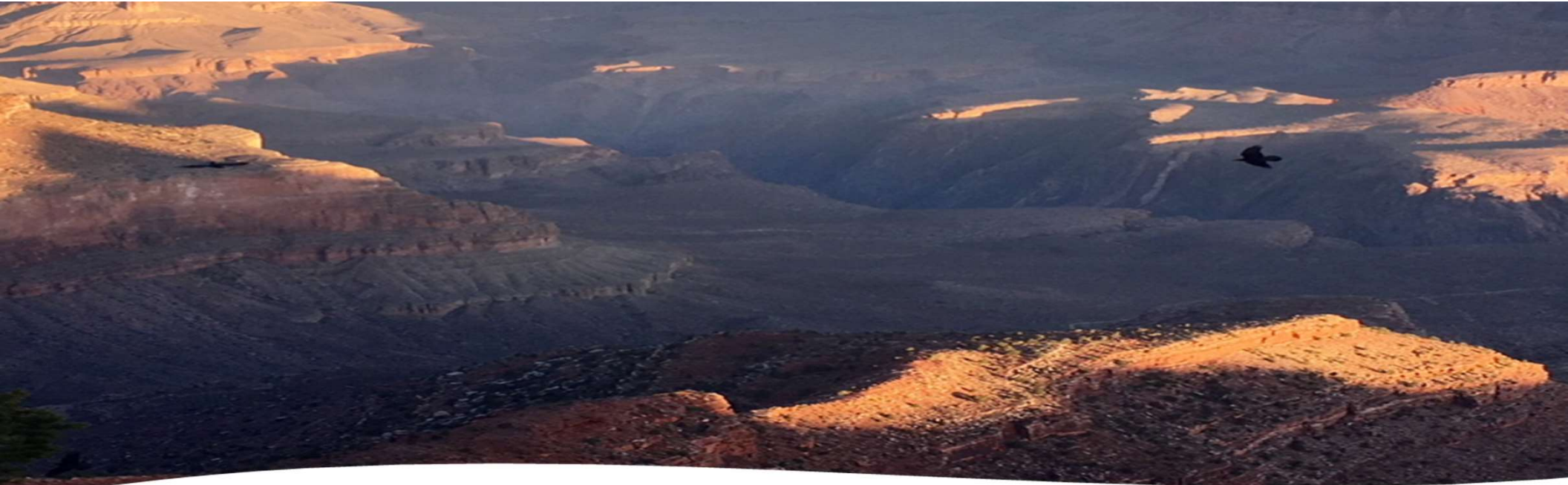
<https://www.census.gov/quickfacts/apachecountyarizona>



An Independent Licensee of the Blue Cross Blue Shield Association

Health  
Choice





## Why Telepsychiatry?

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

**Cost**

**Patient Satisfaction**

**Quality of Care**



Health  
Choice

An Independent Licensee of the Blue Cross Blue Shield Association

# 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

**BlueCross  
BlueShield**  
Arizona

Health  
Choice

An Independent Licensee of the Blue Cross Blue Shield Association



# 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:

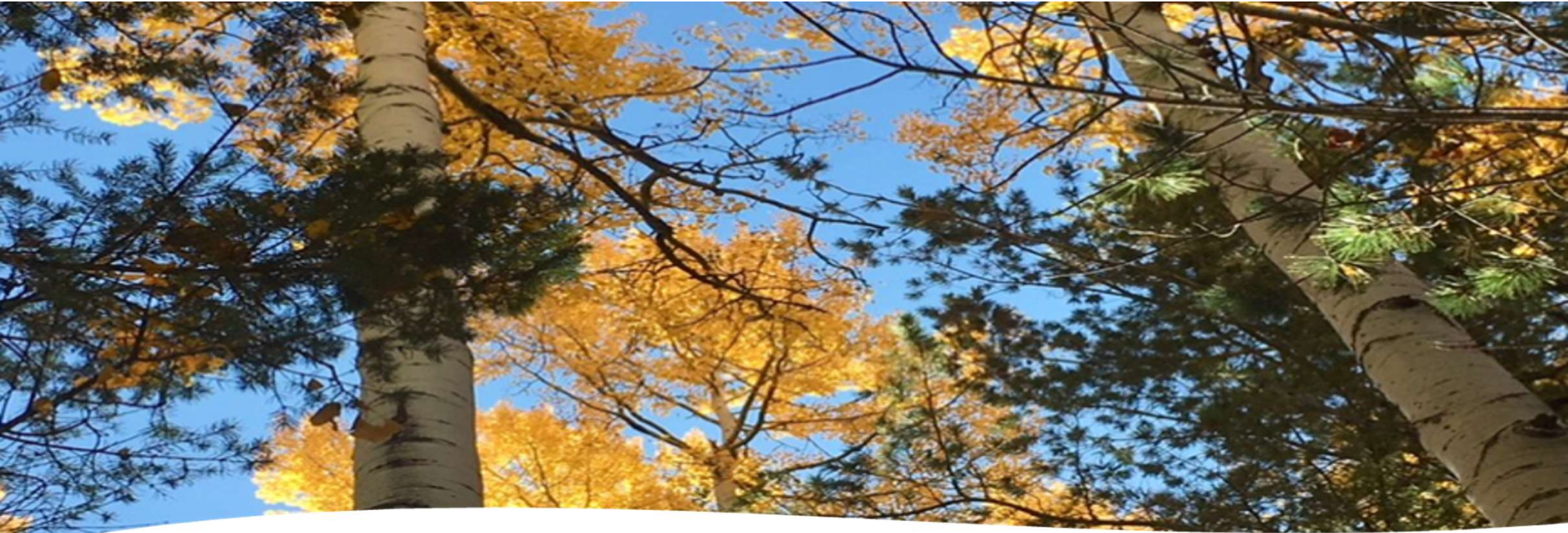
- 2012: Veteran's Administration VA due to outpatient care
- Texas due to emergency room psychiatric consultations
- BH Hospitalization length of stay dropped from 11+ to 6.5 days the year after telehealth started in Apache county (1997)



An Independent Licensee of the Blue Cross Blue Shield Association

Health  
Choice





# 28 years of Innovative, Successful Telepsych

Deepen Roots  
Strengthen Foundation  
Build Connection



An Independent Licensee of the Blue Cross Blue Shield Association

Health  
Choice





# Quality of Care

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



# Quality of Care

- **Telepsychiatry versus face-to-face treatment: systematic review and meta-analysis of randomised controlled trials**
- Cambridge University Press: **01 September 2023**
- **Conclusions:** Telepsychiatry achieved a symptom improvement effect for various psychiatric disorders similar to that of face-to-face treatment. However, some superiorities/inferiorities were seen across a few specific psychiatric disorders, suggesting that its efficacy may vary according to disease type.
- **No significant difference** was seen [symptom improvement] between telepsychiatry and face-to-face treatment when all the studies/diagnoses were combined ( $k = 26$ ,  $n = 2290$ ;  $P = 0.248$ ).
- **No significant difference** regarding all-cause discontinuation was seen between telepsychiatry and face-to-face treatment when all the studies/diagnoses were combined ( $k = 27$ ,  $n = 3341$ ;  $P = 0.564$ ).



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

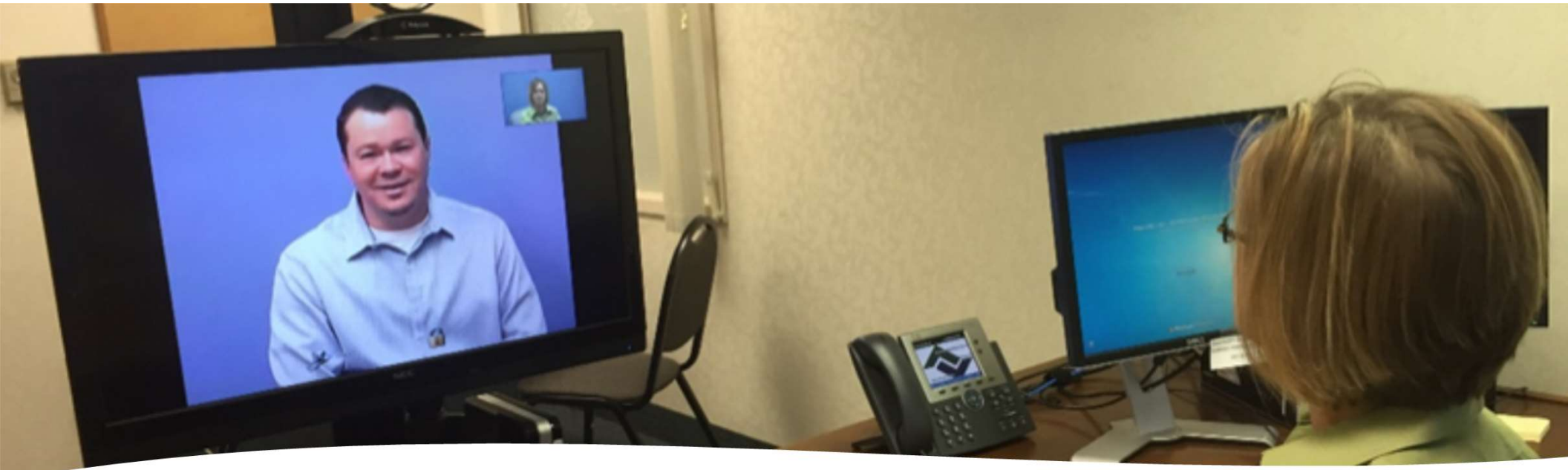
Medical Professionals are responsible for obtaining the information they need for a medical decision, such as appropriate physical exam, blood pressure, lab work, weight, etc

Must be clinically appropriate and medically necessary

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

Fraud and Abuse: IDENTITY VERIFICATION



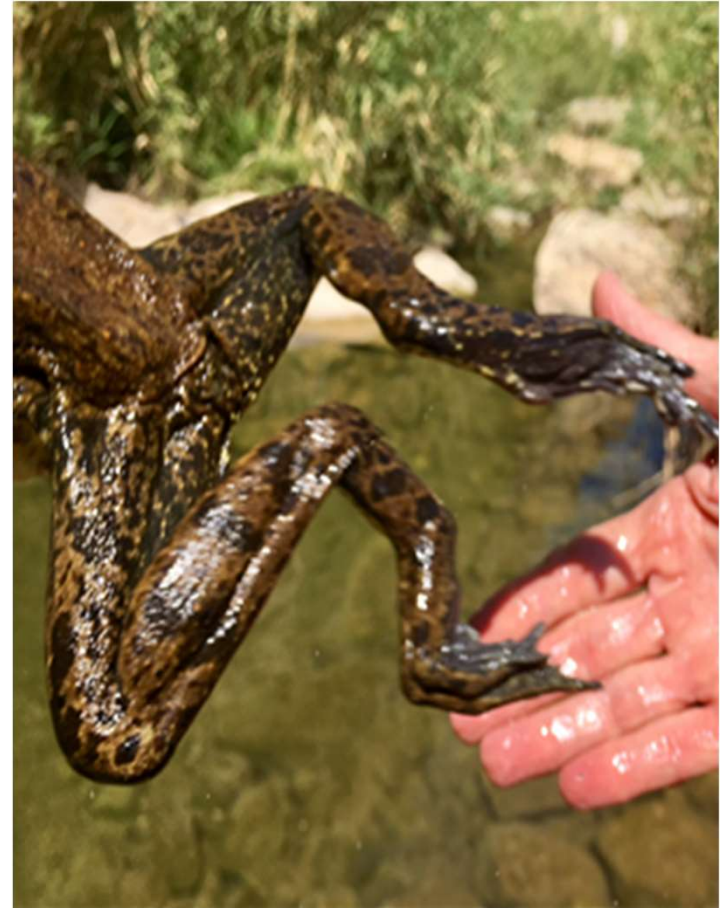


## Telehealth Quality of Care

- 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!

- 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





This Photo by Unknown Author is licensed under CC BY-SA

# Models

**TeleMental Health,  
Telepsychiatry**





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

## Models: Provider Type

Defined by Federal (CMS), State, Payor, Licensure

Medical

Psychosocial therapies

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

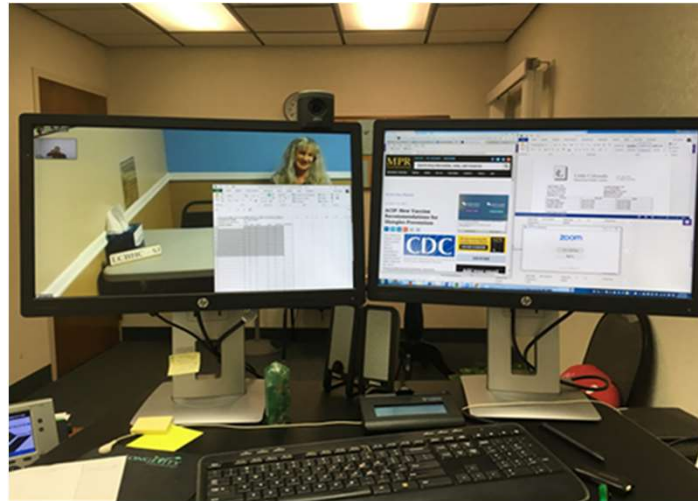


Health  
Choice

# 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

# 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 \(windows.net\)](#)



Health  
Choice

# 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?



Health  
Choice

# 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



Health  
Choice



# 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, patients 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

A photograph of a long, straight asphalt road stretching into the distance. The road is flanked by golden-brown fields and a fence line. In the background, there are rolling hills and mountains under a cloudy sky. The text "Healthcare is CARE" is overlaid in white on the road.

**Healthcare is CARE**

# SOCIAL CONNECTION

Pandemic Social Distancing:  
Lacking social connection=15 cigarettes/day  
Mental Health epidemic

PHYSICAL DISTANCING

+

TELEHEALTH

=

SOCIAL CONNECTION



Health  
Choice

# 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.



# Invisible Tech!

- 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

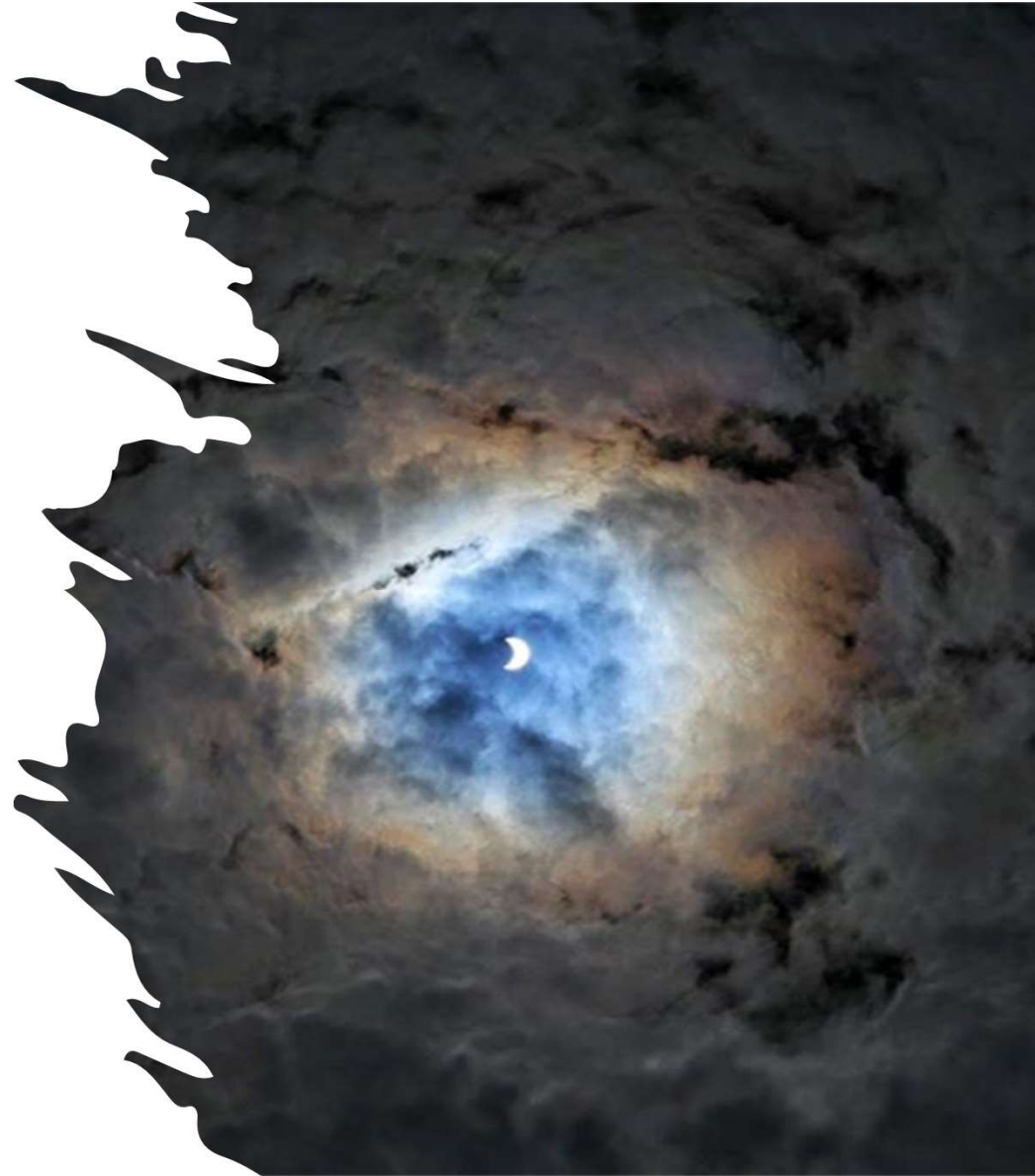
## Participant anxiety

## Provider resistance (new paradigm of technology)

## Coordination between two systems

# 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.



Health  
Choice

# 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



Health  
Choice

# Telehealth for Substance Use: OPIOID EPIDEMIC 4<sup>th</sup> WAVE!

- 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: treating Opioid Use Disorder via TH: In home Induction TH**  
<https://custom.cvent.com/10D3BAE39269457884C1D96DE1DF8D8D/files/c0f35116b188481b80df828b226e90c1.docx>



An Independent Licensee of the Blue Cross Blue Shield Association

Health  
Choice

# Success Tips

- Competence
  - Be a proud professional, in a community of practice
- Connection, Trust
  - Tech as a healing modality, strengthens and supports.
  - Chronic diseases require a relationship
  - Connection, Kindness, and Warmth proven to improve medical outcomes and “Healthspan” (over lifespan)
  - Integrate medical with ancillary (therapies, care and case management)
  - A kind human helps.



Health  
Choice



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



An Independent Licensee of the Blue Cross Blue Shield Association

Health  
Choice

# Innovate!! Create!! Connect!!

WE ARE JUST BEGINNING!

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



# Systems and Models: Tele-Education



- Medical education (1987 Minnesota RPAP)
- Project Echo Tele-mentoring:
  - ✓ Substance Use Disorder
  - ✓ Trauma in Children
  - ✓ Social Determinates of Health



Health  
Choice

# 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, US Dept Health and Human Svs, 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](#)

## **SAMSHA:Telehealth for the Treatment of Serious Mental Illnessand Substance Use Disorders.**

[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)



Health  
Choice

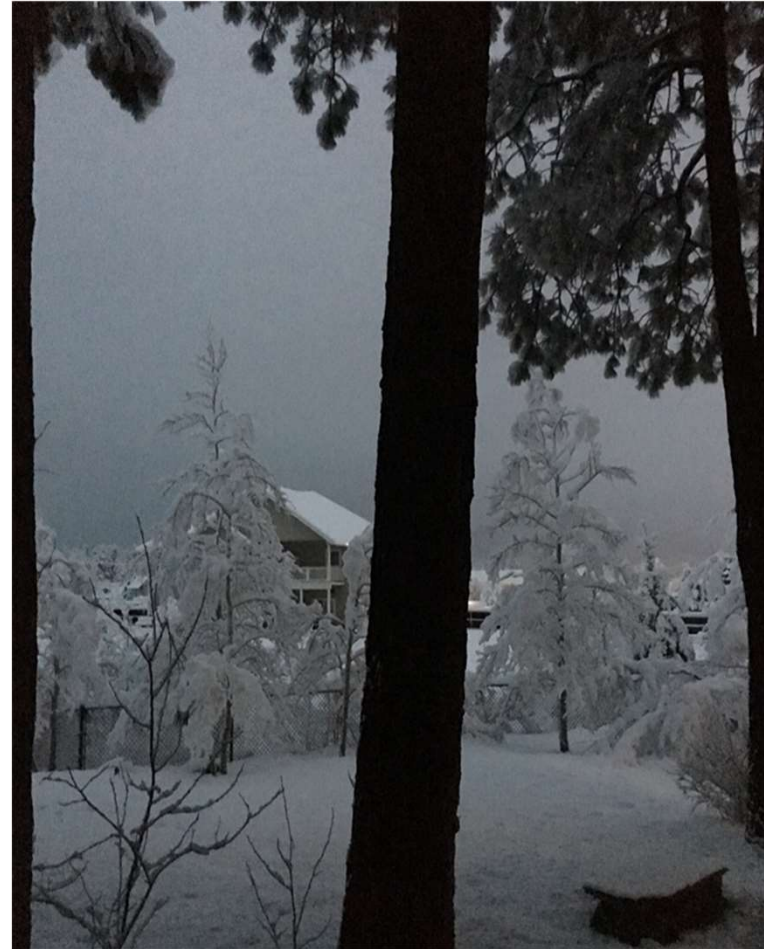
# Guidelines

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





# 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)
- Arizona AHCCCS Coding Policy and Allowable codes  
[https://azahcccs.gov/PlansProviders/MedicalCodingResources.h  
tml](https://azahcccs.gov/PlansProviders/MedicalCodingResources.html)



Health  
Choice