

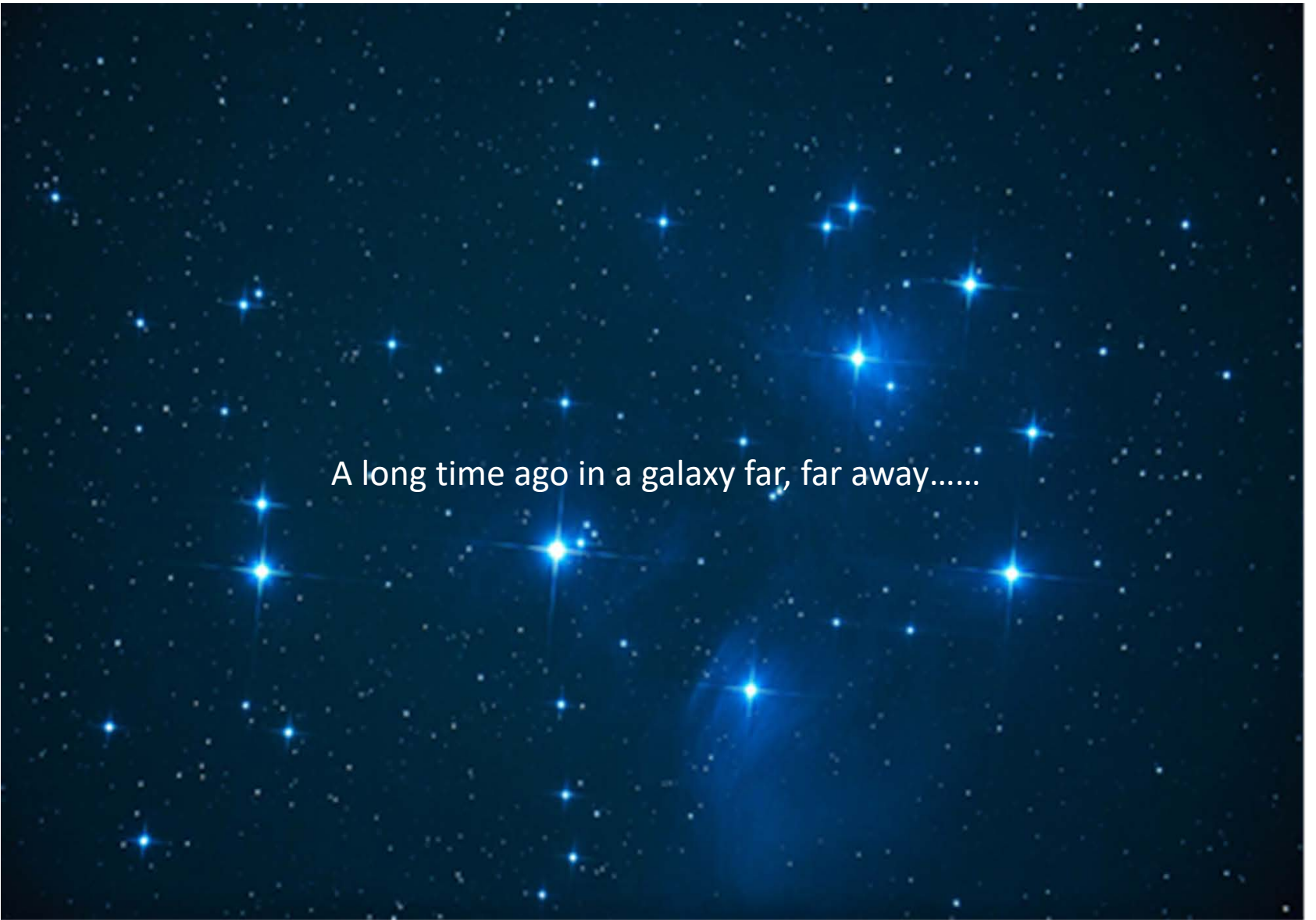


# Telepsychiatry

Sara Gibson, MD  
Medical Director, Telemedicine

# Why Telepsychiatry?

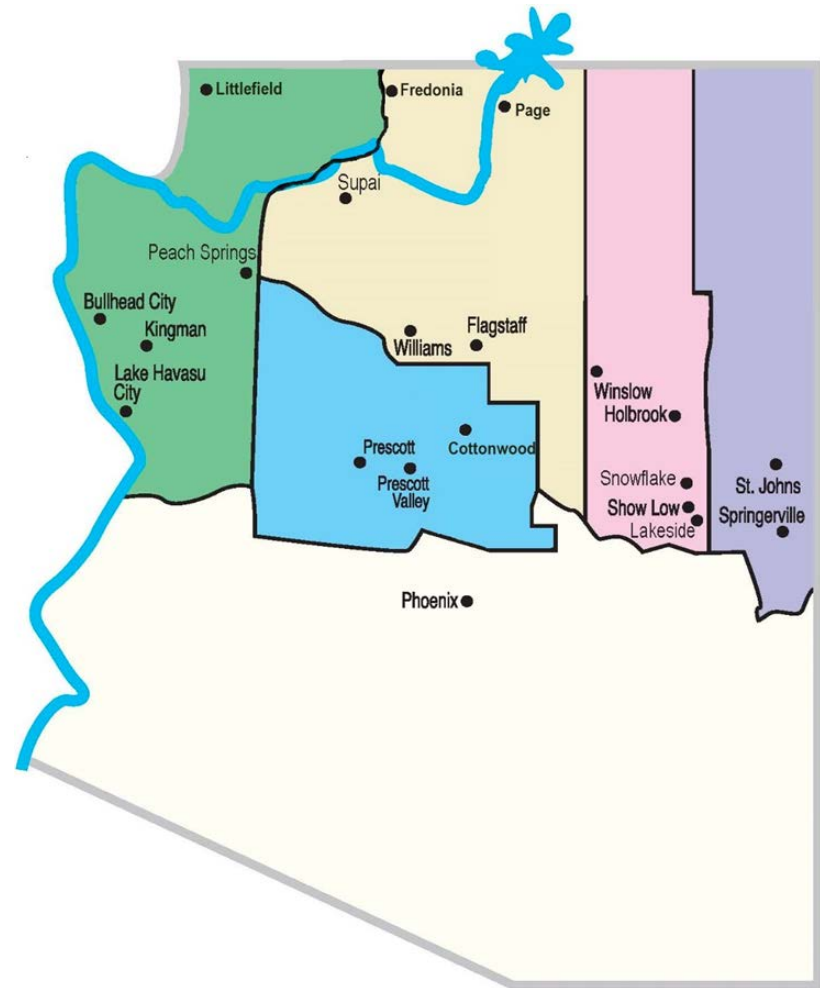




A long time ago in a galaxy far, far away.....

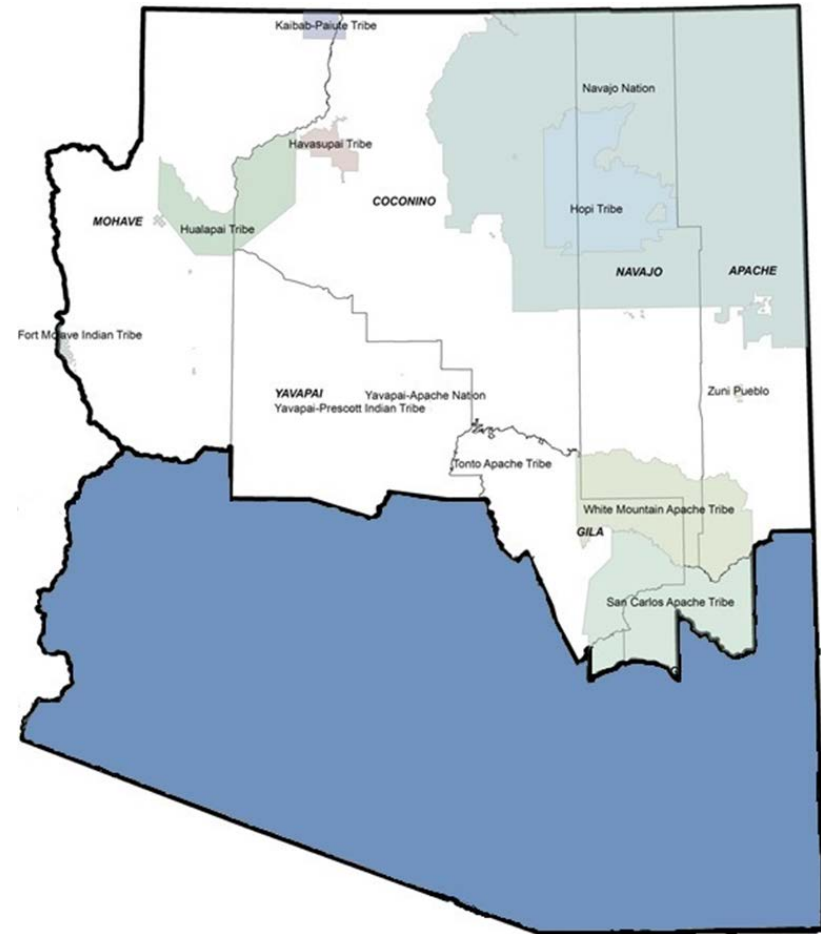
# NARBHA 1996

## Northern Arizona Regional Behavioral Health Authority



# Northern Arizona

- Larger than New York plus New Jersey
- 66,000+ square miles (58% of AZ area)
- Population 836,000+ (11.6% of AZ pop. In 2019)



# Vision





# Courage



# Access to Care!

The need for behavioral health medical services often exceeds local supply.





# Telemedicine is of Highest Quality Care and Can Be Trusted!!

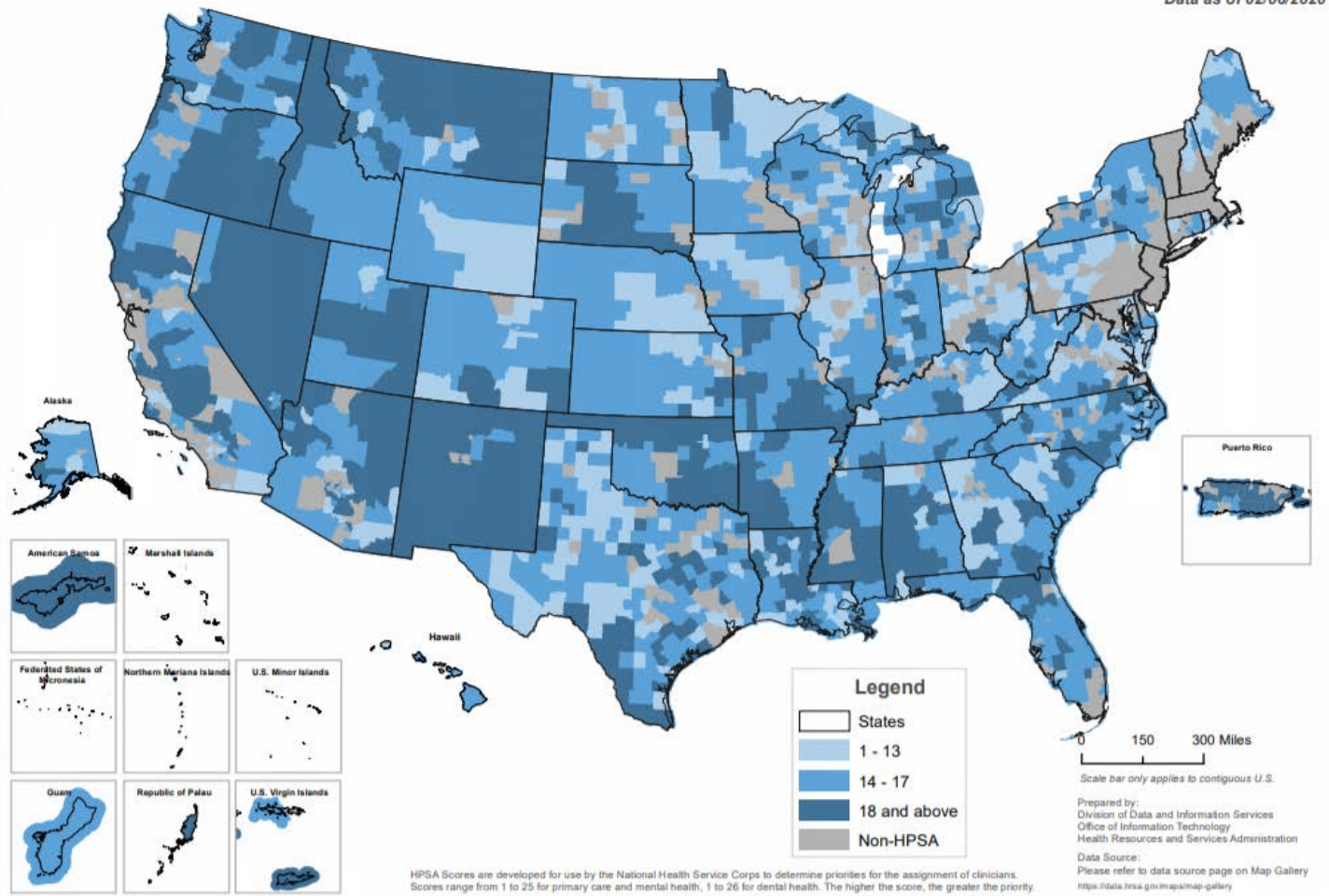


Well  
Established:  
-Quality of Care  
-Patient  
Satisfaction  
(24+ years)

# Terms and Definitions

- Telemental Health
- Telepsychiatry
  - ✓ The (Medicare) standard of care is interactive (synchronous), real time videoconferencing that enables patients and health care providers at distant sites to interact “face-to-face”
  - ✓ Asynchronous (recorded) psychiatric evaluations reliable
  - ✓ AHCCCS (AZ Medicaid) expanding asynchronous

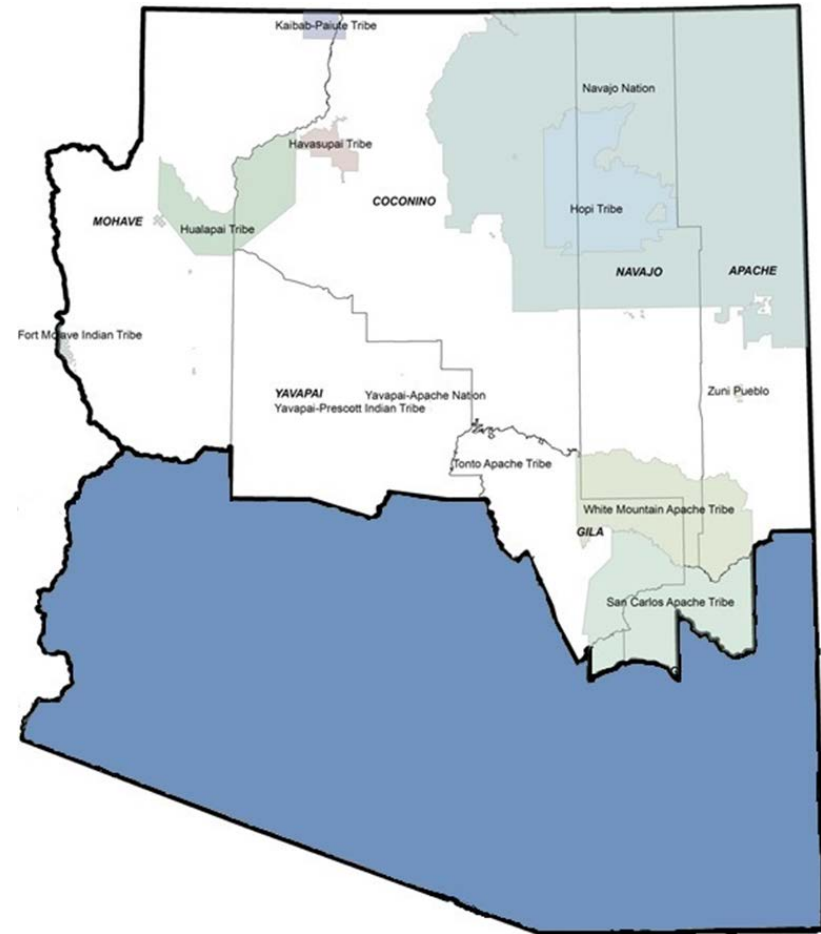
Data as of 02/06/2020





# Northern Arizona

- Larger than New York plus New Jersey
- 66,000+ square miles (58% of AZ area)
- Population 836,000+ (11.6% of AZ pop. In 2019)



# Why Telepsychiatry?

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



# Why Telepsychiatry?

- Provider can see 4 new evaluations per day during driving time: Providers should be caring for people, not driving!
- One Provider can “go to” multiple smaller-need locations
- Patients can be seen in their own home or community
- Improve cost efficiency (transportation)
- Connect multiple distant systems, places, and persons
- Improve patient access to specialists and mental health providers



# Why Telepsychiatry? (cont.)

- Improve quality of care (yes!)
  - Psychodynamic advantage
  - Emergency assessments available immediately
  - Decreased hospitalizations due to increased access to care:
    - 2012: Veteran's Administration VA due to outpatient care
    - Texas due to emergency room psychiatric consultations

# Why Telepsychiatry? (cont.)

- More providers are available
  - ✓ Those licensed in AZ but living out of state can provide patient services
- Improved recruitment (broader pool of providers) and retention of psychiatric providers
  - ✓ Can live where they choose
  - ✓ No travel burnout
  - ✓ Happier psychiatrists
- Provider recruitment:
  - Improve provider satisfaction and safety
    - ✓ Driving is Dangerous
    - ✓ Green! CO2 savings
  - ✓ Increased physician continuity (can remain in their local community)

# Telepsychiatry Models



# Models: Medical Providers

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



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

# Models: Provider Type

Medicare allows Clinical Psychologists and Clinical Social Workers

THERAPY, Individual and groups

- ✓ Individual Psychotherapy
- ✓ Family Psychotherapy
- ✓ Psychoanalysis
- ✓ Neurobehavioral status exam
- ✓ Alcohol, Substance abuse



Child's drawing of the "TV doctor"

# Systems

## Integrated Care, Medical (=“Acute”) Care

- ✓ Smoking
- ✓ Kidney and Diabetes education, self management
- ✓ Health and behavior assessment and intervention
- ✓ Medical Nutrition therapy
- ✓ Cardiovascular
- ✓ Sexually Transmitted Diseases



# Systems and Models

## Models

- Outpatient comprehensive psychiatric coverage
- Combined In-Person (initial evals) & telemed (continued care) OR REVERSE



# Systems and Models



- Coordination between providers
- 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: Client Location

- Inpatient (subsequent care)
- Nursing Homes
- Prison
- Legal (T36/commitment evaluations, testimony)



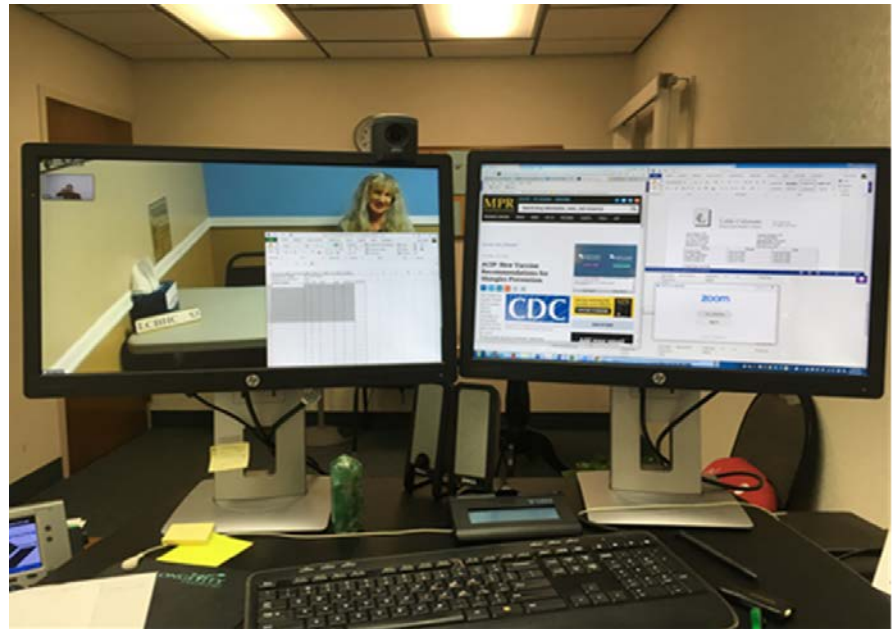
# Systems and Models: Client Location

- Direct to Consumer (fastest growing)
  - Limited or embraced by payors.
  - Self Pay
- Home monitoring: most cost effective
- Armed Services, Military
  - ✓ Ships, ship to shore
  - ✓ Combat field PTSD
  - ✓ Remote stations psychiatry

# Systems and Models: Client Location

## KEEPING A CONSISTENT PROVIDER:

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



# Systems and Models: Client Location

## Schools: Various Models

- Telebehavioral health
- Primary Care
- School Nurse
- Psychiatry



# 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
- Project Echo



# Systems and Models: Other

- Third World  
(Afghanistan, Africa)
- Disaster Planning and Response  
(ATA subcommittee)



- Example Program:  
HCAnet

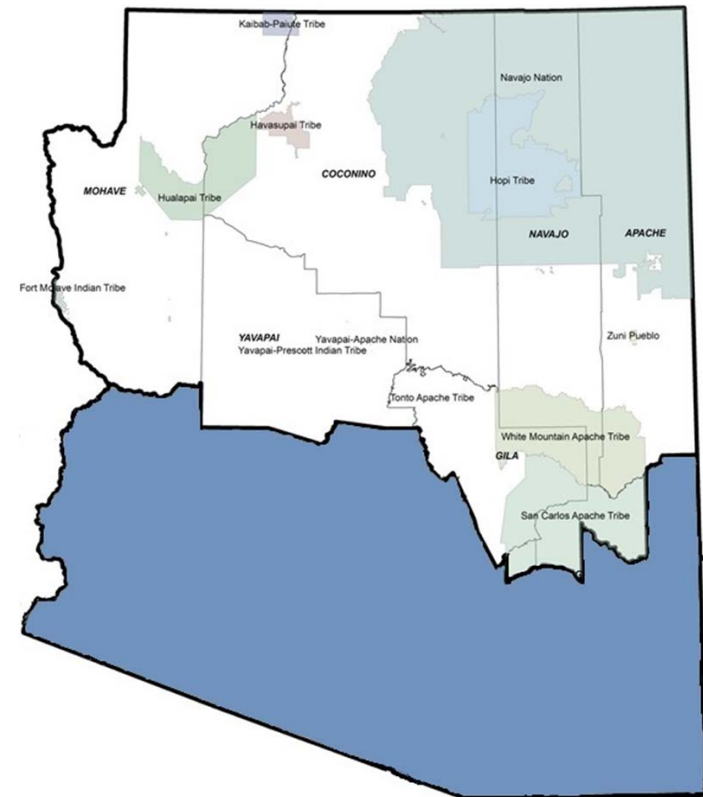
# Health Choice Overview

- Contracts with AZ Dept. of Health Services to serve Medicaid-eligible & SMI (“Seriously Mentally Ill”) populations
- Monitors behavioral health and acute health services provided by community-based agencies or clinics: “Health Homes”
- Serves the 6 northern counties of AZ, including Tribal areas; all are Mental Health Professional Shortage Areas
- Integrated care (integrating behavioral with physical=“acute” care) for those with serious mental illnesses

# HCA Overview (cont.)

## Northern Arizona

- Larger than New York plus New Jersey
- 66,000+ square miles (58% of AZ area)
- Population 830,000+ (11.6% of AZ pop.)



# HCAnet Today

- Infinite moveable endpoints
- Over 45 teleproviders (varies)
- 17+ providers connecting from other states;  
others from Phoenix, Tucson, Flagstaff
- Connections blanket the state: to Arizona Telemedicine Program network, AHCCCS, other regional behavioral health authority networks (RBHAs)



## HCAnet Benefits

>380,000 clinical services  
1996 - 2019



# HCAnet Benefits in 2010

- \$200, 000 savings
- 1,200 more patient encounters
- 41.2 tons CO<sub>2</sub> saved
- Improved Access to Care
- Recruitment and Retention of Psychiatrists

# Telepsychiatry Benefits Realized by HCA

- Psychiatric services available to areas of physician shortage
- Improved access to care (patients seen sooner & more frequently)
- Patients treated in their own communities
- Increased physician recruitment and continuity
- Emergency assessments available immediately

# Telepsychiatry Benefits Realized by HCA (cont.)

- Specialty consults available; referring docs learn from specialists
- Psychiatric providers see more patients with the time they would otherwise spend driving, saving cost and stress
- Family involvement in treatment of remotely placed patients
- Psychodynamic advantage

# Telepsychiatry Benefits Realized by HCA (cont.)

- Improved staff efficiency, productivity, morale due to less travel time
- More training & CMEs for clinicians, staff, psychiatric providers
  - U of A Psychiatry Grand Rounds
- Decreased professional isolation
  - Monthly Behavioral Health Medical Practitioners' meeting
- Better communication / camaraderie among clinicians, staff, psychiatric providers
- Impromptu, emergency meetings can be connected at will

# LCBHC Clinical Services

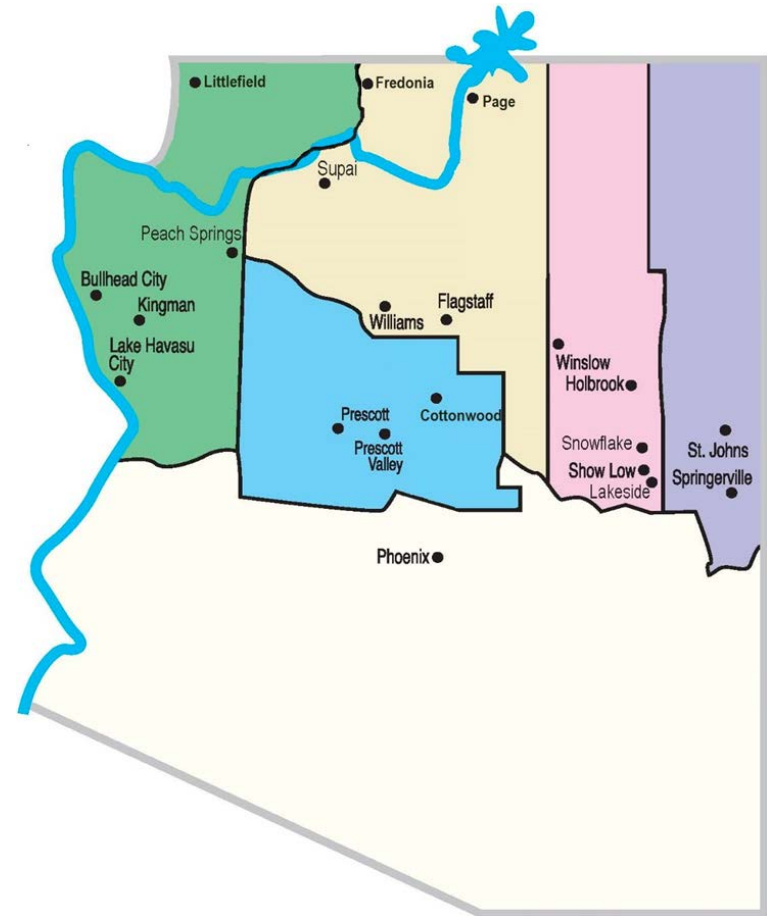
Sara Gibson, MD, Psychiatrist

- 23 years of telemedicine:  
23,000+ patient sessions as of  
2019
- 99% of services via  
telemedicine since 1996
- Psychiatric Nurse Practitioners  
added 2005, from Colorado,  
New York, Wyoming, Arizona,  
Michigan



# LCBHC Clinical Services

- Psychiatrist is in Flagstaff
- LCBHC serves remote, rural Apache County
- Two clinical sites, “clinics”
- St. Johns is 165 miles away (3 hours)
- Springerville is 200 miles (3 hours, 20 min)



# LCBHC Clinical Services

The  
Commute!

Petrified Forest  
National Park





# Telemedicine Quality of Care



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

- 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.

# Telemedicine 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
- Telemedicine is an Evidence-Based Practice
  - ATA Meta-Analysis of Current Published Literature: Qualitative & quantitative research in mental health and telemedicine
    - ✓ Currently being updated; in July 2009 there were 5300 telemedicine articles, 269 specific to mental health
  - Journal - Telemedicine and e-Health

# Telemedicine Quality of Care

- Studies demonstrate that telepsychiatry is equivalent to in-person

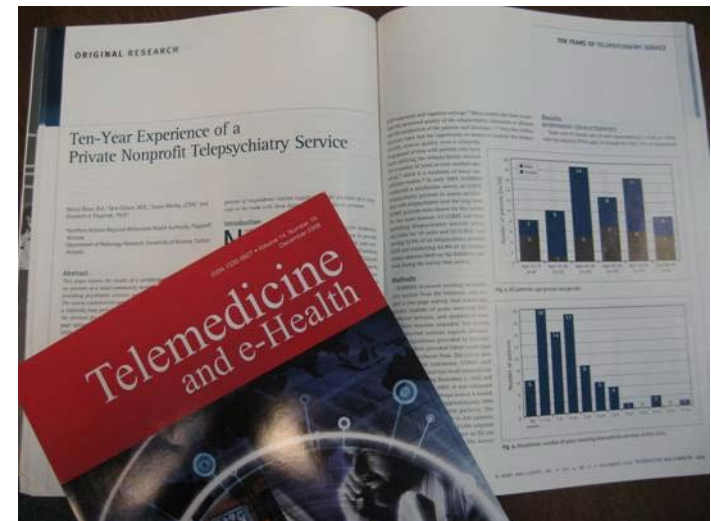
for:

- Assessment
- Diagnoses
- Therapeutic alliance
- Treatment adherence
- Clinical outcomes



# 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



# Doctor-Patient Relationship

- 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

# 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.



# 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



# Guidelines for Tele-Success!

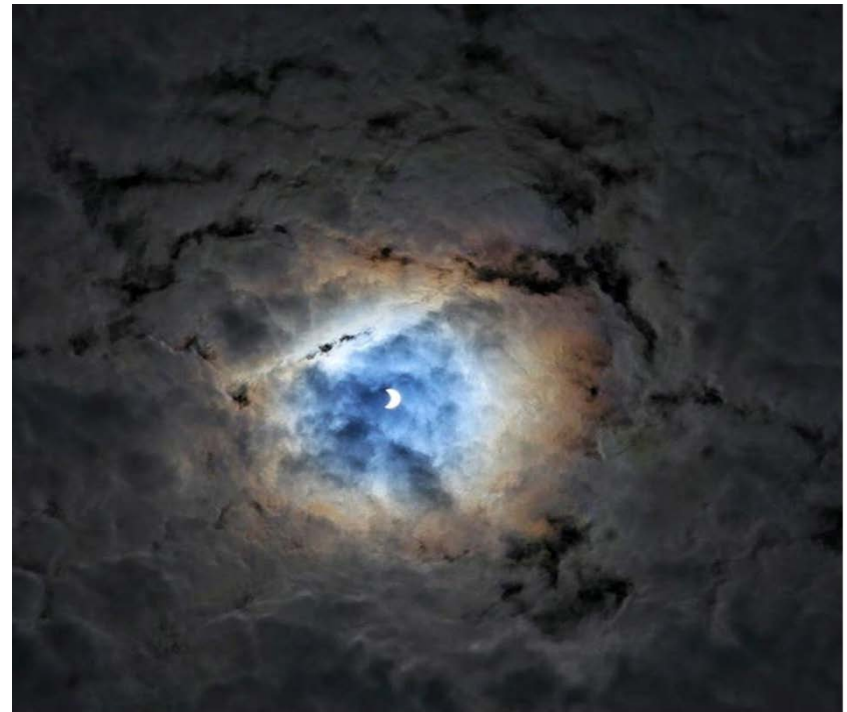
- A new system must have a local champion. Local staff sell the program.
- Telemedicine is only as good as the people
- The local program is the key to successful telemedicine
- No apologies! Providers can be proud of providing exceptional service.
- Must have full support capacity locally

# 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

- Basic Principle: Distance increases sense of safety, decreases olfactory flooding, prevents touch
  - Social anxiety
  - Agoraphobia
  - PTSD
  - Other anxiety (panic)
  - Psychosis



## “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.

# “Acceptability of Telepsychiatry in American Indians”

Telemed J E Health 2008;14:461-465 (cont.)

- Telepsychiatry well received & comparable to FTF
  - 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
  - ORMHR convened a workshop at NIMH with the Center for Reducing Health Disparities at UC Davis. Reviewed literature concerning culture and e-mental health, defined major issues and barriers to the provision of care in rural areas.

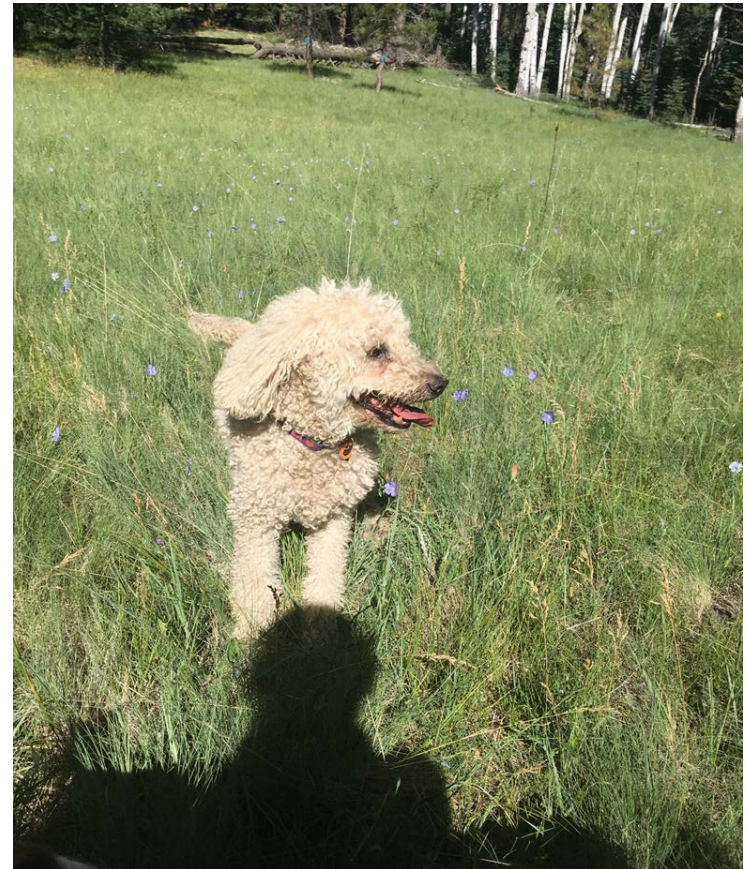


# Rural Cultural Competence (cont)

- Rural areas have increased barriers to culturally appropriate mental healthcare
- E-mental healthcare can reduce health disparities due to these barriers if take into account while planning:
  - Poverty
  - Ethnic minority populations
  - Geographical isolation
  - Specific cultural factors
  - Language
- Need more research

# Rural Cultural Competence

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



# Guidelines

## American Telemedicine Association (ATA) Guidelines on Telemental Health (Currently being updated 2019)

- 2014: Core Operational Guidelines for Telehealth Services Involving Provider-Patient Interactions
- 2013: Practice Guidelines for Video-Based Online Mental Health Services
- 2009: 2 papers
  - ✓ Practice Guidelines for Videoconferencing-Based Telemental Health
  - ✓ Evidence-Based Practice for Telemental Health
  - ✓ HCIC's Sara Gibson MD and ATP's Nancy Rowe were on original workgroup/contributors

# American Telemedicine Association (ATA) Guidelines:

- Primary Care
- Urgent Care
- Children
- Telemental  
Health



# Guidelines

American Association of Child & Adolescent Psychiatry (AACAP) Practice Parameter for Telepsychiatry with Children and Adolescents, *December 2008* No absolute contraindication to or indication for the initial evaluation to be in person vs televideo

## Emergency Guidelines for Telepsychiatry

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

American Psychiatric Association (update in process)

# Guidelines

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

- Jay H. Shore, MD, MPH,1,2 Peter Yellowlees MD, MBBS,3 Robert Caudill, MD,4 Barbara Johnston, MSN,5 Carolyn Turvey, PhD,6 Matthew Mishkind, PhD,1 Elizabeth Krupinski, PhD,7 Kathleen Myers, MD, MPH,8 Peter Shore, PsyD,9 Edward Kaftarian, MD,10 and Donald Hilty, MD11

- **TELEMEDICINE and e-HEALTH**
  - **VOL. 24 NO. 11 2018**

# 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.

# Resources

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



# Resources

HCAnet website, [www.rbha.net](http://www.rbha.net)

- “Telepsychiatry Basics” learning modules: Clinical & administrative/technical
- Clinical telemedicine policies
- Procedures, protocols
- Information
- AHCCCS (AZ Medicaid) telemedicine allowable codes summary

# Associations

- American Telemedicine Association (ATA)
- [www.americantelemed.org](http://www.americantelemed.org)
- Special Interest Groups (SIGs) include:
  - ✓ Telemental Health
  - ✓ Technology
  - ✓ Business & Finance
  - ✓ Home Telehealth & Remote Monitoring
  - ✓ mHealth
  - ✓ Emergency Preparedness & Response

