Telepsychiatry

Sara Gibson, MD
Medical Director, Telemedicine

Health CHOICE

BlueCross BlueShield Arizona

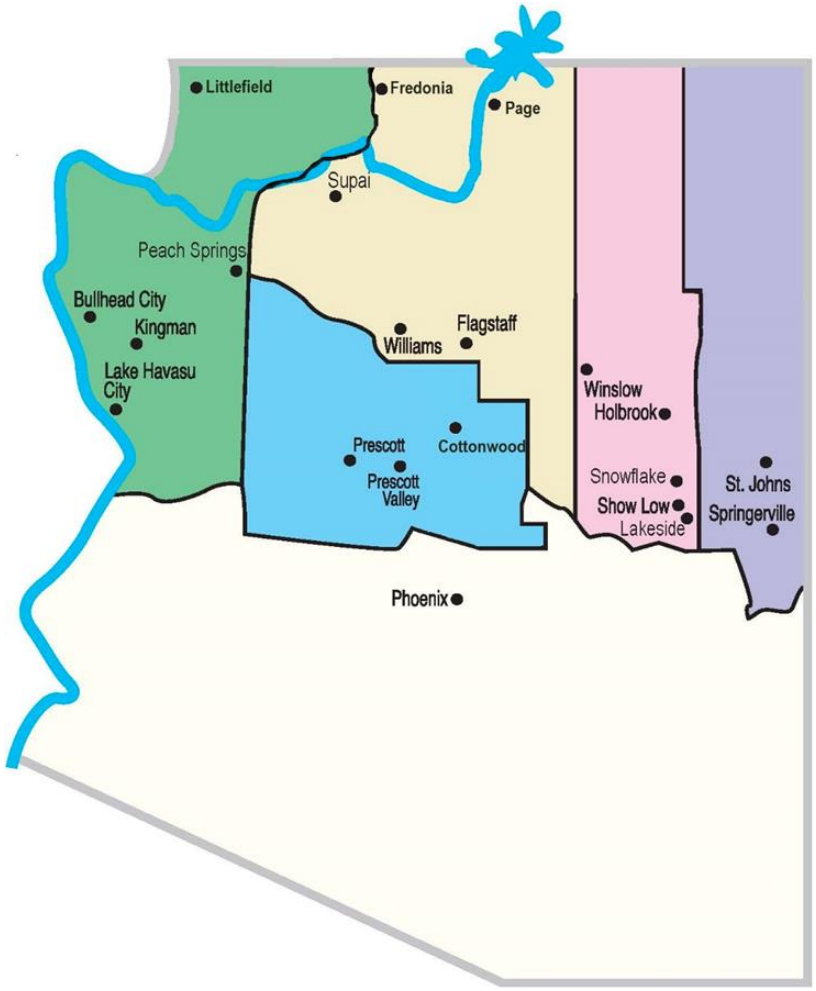
An Independent Licensee of the Blue Cross Blue Shield Association

Why Telepsychiatry?

NARBHA Northern Arizona Regional Behavioral Health Authority

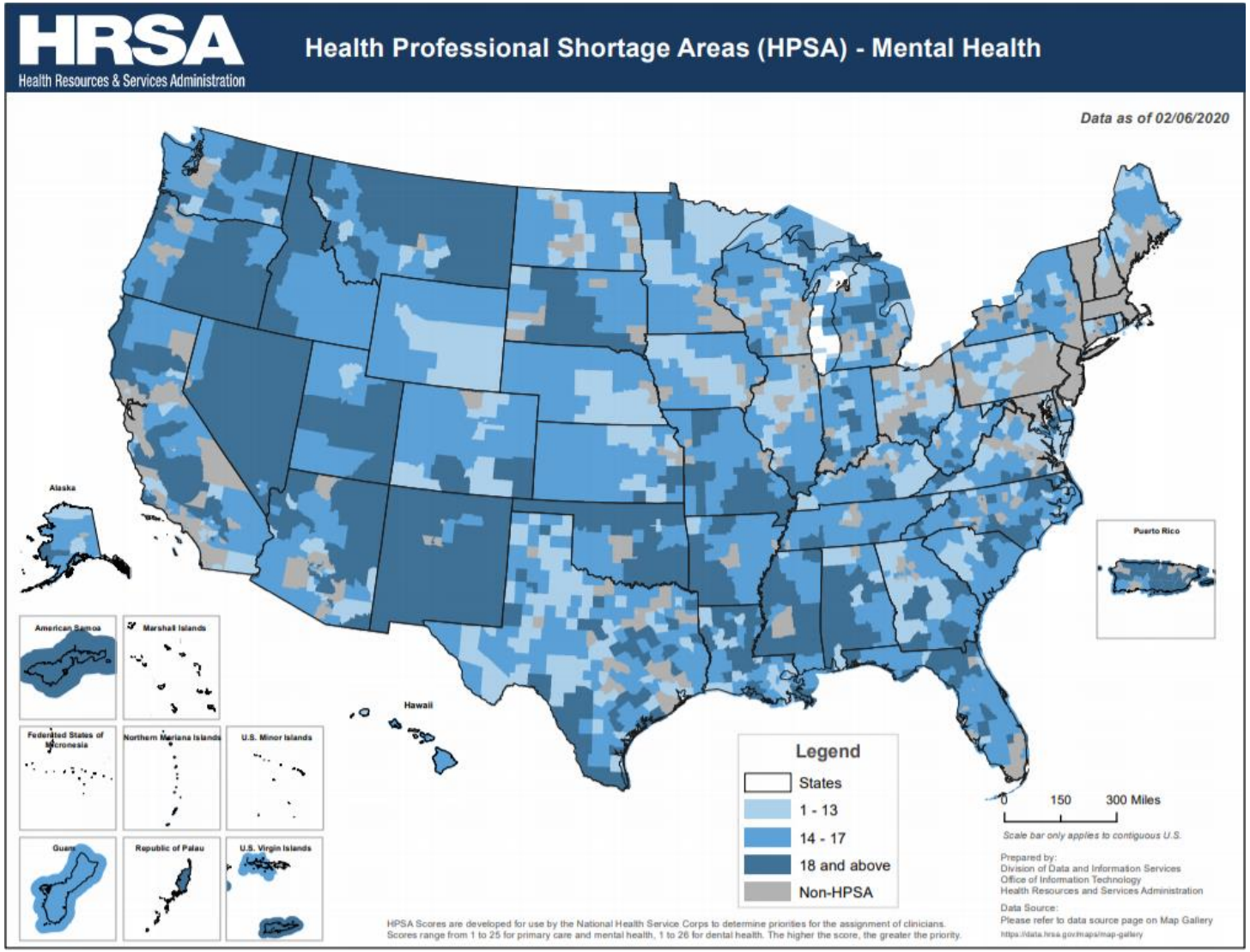
Vast area, sparse population:

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



Health CHOICE

BlueCross BlueShield Arizona



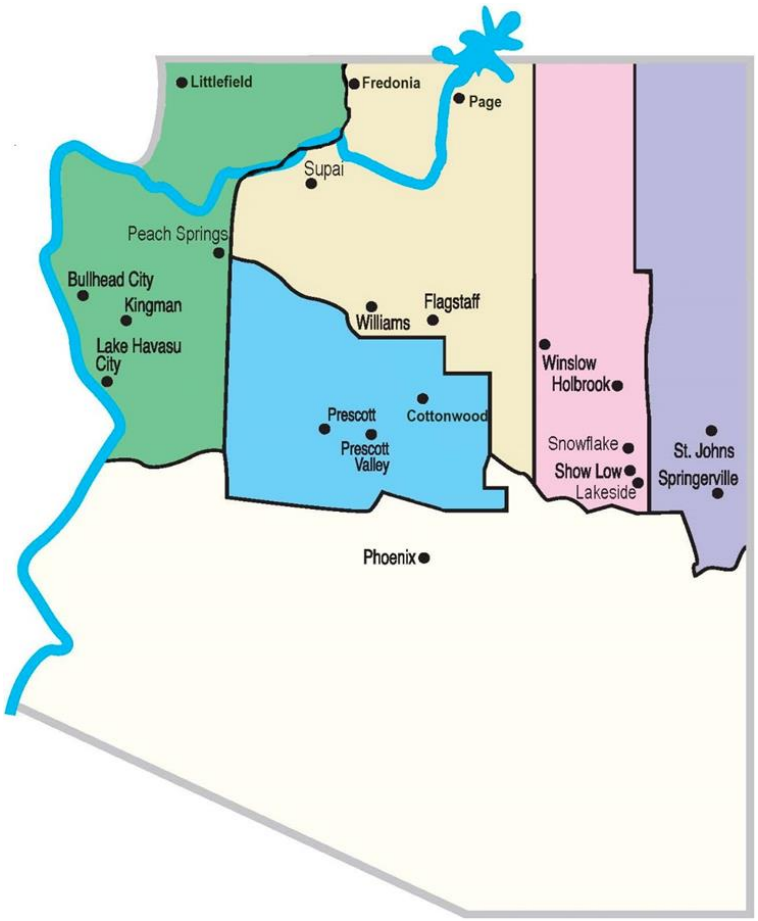
Access to Care!

The need for behavioral health medical services exceeds local supply.

Courage, Necessity

LCBHC Little Colorado Behavioral Health Centers

- 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)
  - 99% of services via telemedicine since 1996



Health CHOICE

BlueCross BlueShield Arizona

LCBHC Clinical Services

The Commute!

Petrified Forest National Park

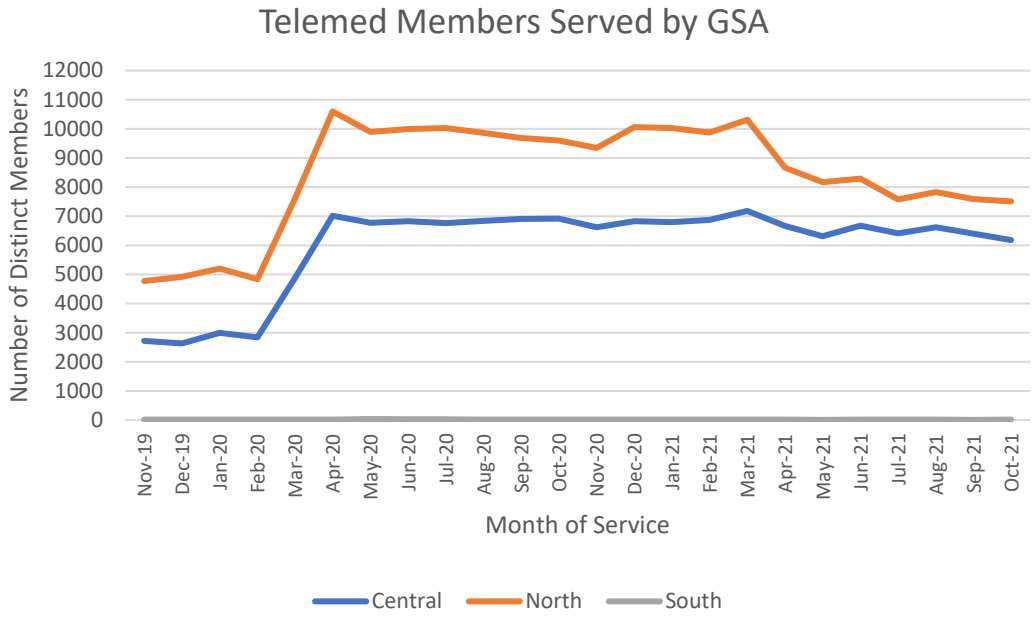
LCBHC Clinical Services

Sara Gibson, MD, Psychiatrist

- 26+ years of telemedicine: 25,000+ 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



Health CHOICE

BlueCross BlueShield Arizona

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
- Increased provider recruitment, continuity. More training and less isolation.

Why Telepsychiatry? Cost

- **RBHAnet Benefits in 2010**
  - $200, 000 savings
  - 1,200 more patient encounters
  - 41.2 tons CO_2 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 Hospitalizations dropped from over 11 days inpatient before telemed was available to 6.5 the year after telemed started in Apache county alone (1997)

Telehealth is of Highest Quality Care and Can Be Trusted!!

Well (25+ years)

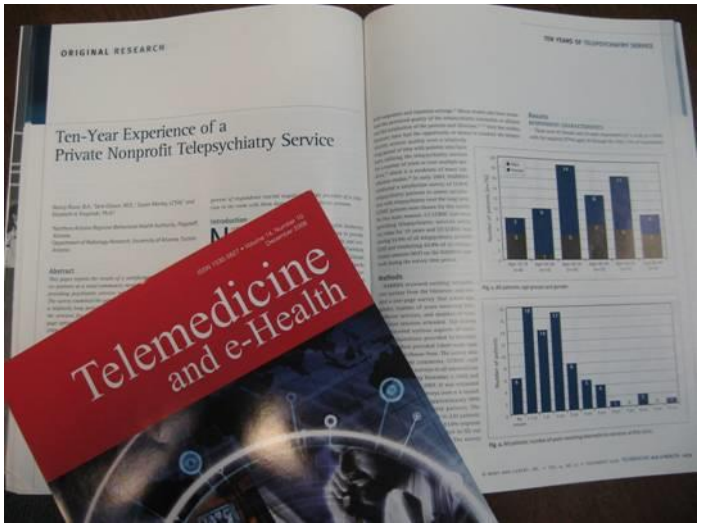
Established:

-Quality of Care

-Patient Satisfaction

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

COVID National Health Emergency Expansion

CMS, State, Payor, Licensure defined

THERAPY, Individual and groups

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

Child's drawing of the "TV doctor"

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

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

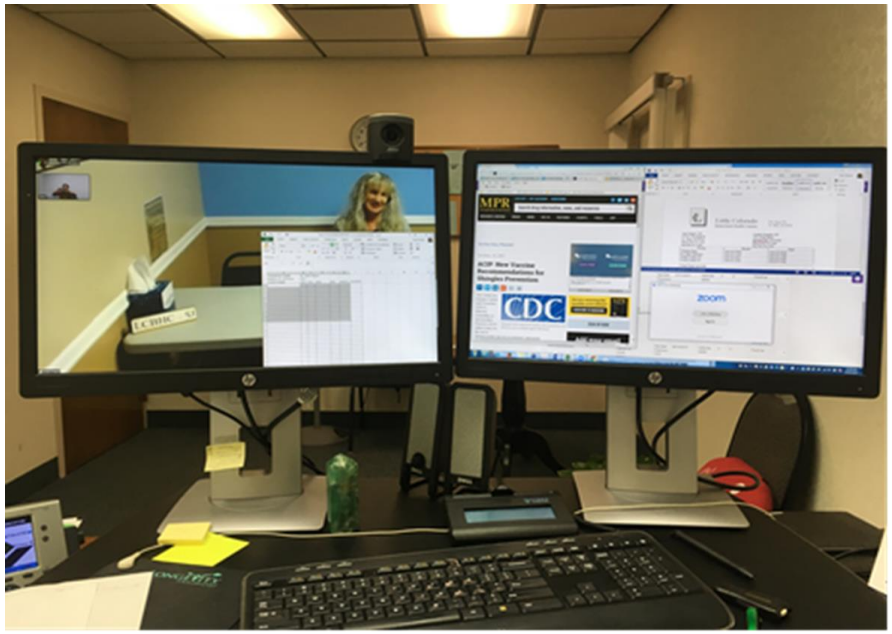
Client Location

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

Client Location: frequent moves

KEEPING A CONSISTENT PROVIDER:

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



Systems and Models: Client Location

Schools: Various Models

- Telebehavioral health
- Primary Care
- School Nurse
- Psychiatry

Systems and Models: Other

- Telehealth4ukraine.org

- World (Afghanistan, Africa, Chile)

- Disaster Planning and Response
  (ATA subcommittee)

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: Client Location HOME

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

Apache County LCBHC: COVID-19

- LCBHC closed physical facility doors
- Clinicians and staff were sent home and supplied with computers, hot spots, and other essential equipment.
- Documentation: “Due to COVID-19 transmission concerns, vitals, PHQ, GAD, urine drug screen, labs not done”

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 ISSUES

Barrier: Technology

The Digital Divide

Broadband, Internet

Patient Training

Data for video or phone

provide tablet or phone with data

Apache County Connectivity and Connection Challenges

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

- Arizona is #36th State in Broadband coverage in USA
- The Arizona state average is 79 mbps
- Only 0.16% of Apache County residents have access to 25 mbps…
- Cell service is poor and even non-existent in many areas of the county.
- Only 55% of households in Apache County (compared with 88% nationally) have a computer and only 38% have a broadband internet subscription (compared with 80.4% nationally) (US Census Bureau, 2019).
- Only one landline telephone company, which often loses service.
- 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. Few have smartphones with video capabilities.

Apache County Solutions: Clients

- LCBHC obtained mobile tablets with data plans, delivered to patients' homes for services
- telephonic medical management and counseling
- to minimize pharmacy COVID exposure: Buprenorphine Rx for 2 weeks, mail and bubblepack prescriptions
- Increased counseling provided on relapse prevention, safety, and stress management (exercise, outside sun and air while maintaining physical distancing).

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)

ARIZONA MEDICAID=AHCCCS CONSENT INFORMATION

- During the COVID-19 emergency, providers delivering services through telehealth and telephonic means *can* obtain verbal consent and verbal treatment plan agreements
- Providers may also document the member's/guardian's verbal consent and verbal agreement in the Electronic Medical Record (EMR)
  - It will not be necessary to gather *retroactive* signatures once the COVID-19 emergency period ends, provided the documentation is in the EMR
  - Eg: document “Informed consent was provided for new medication, the client consented verbally, no signature obtained due to COVID-19 transmission concerns.”
- Note in the record if the session was provided by telehealth (synchronous audio/video), telephone, or in person

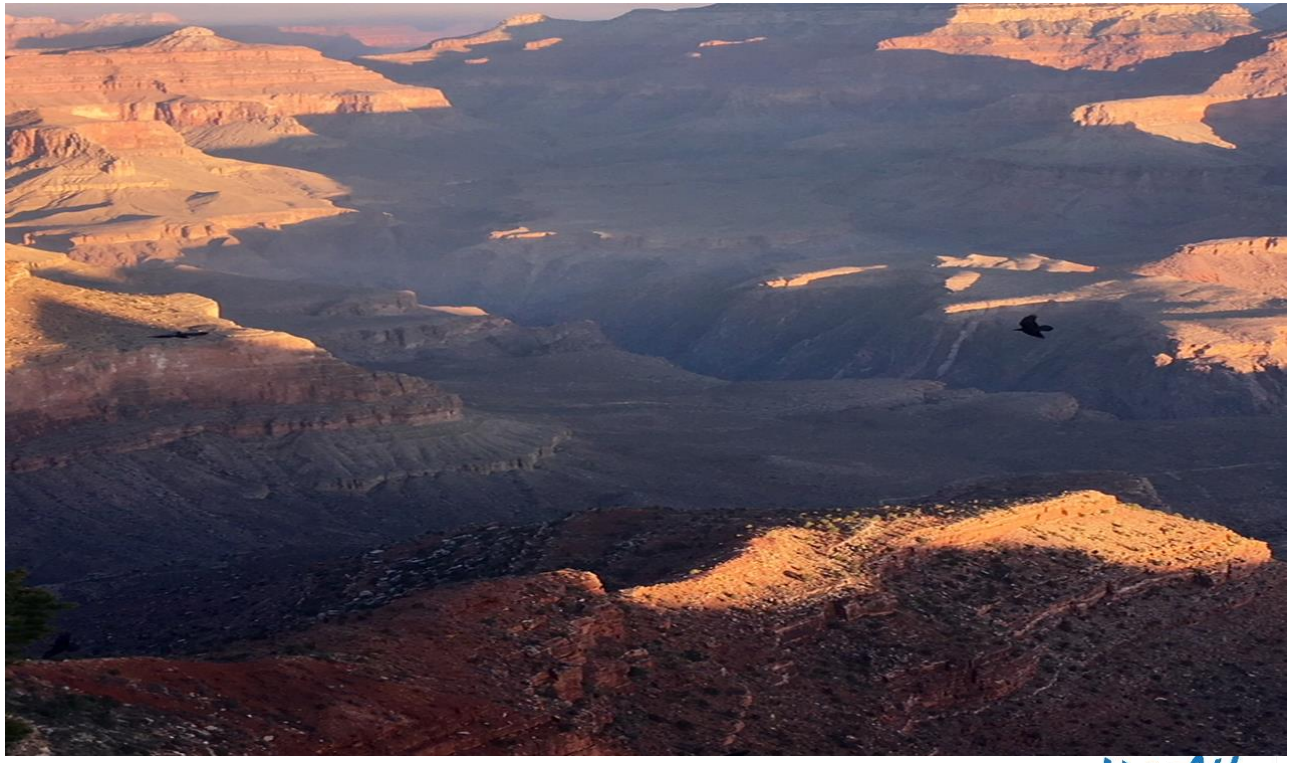
Looking Ahead, Lessons

- Initially hesitant, members are generally appreciative of in-home care, and when video is successful, there is much excitement.
  - medically necessary vitals, drug screens, labs remain challenging

- 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"

Quality of Care

Psychodynamic Advantage



Telemedicine Quality of Care

- Studies demonstrate that telepsychiatry is equivalent to in-person

for:

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

Telemedicine Quality of Care

- Telemedicine is an Evidence-Based Practice
  - PubMed over 34,000 published literature on Telemedicine with 2,073 on the efficacy of Telemedicine and 239 on the efficacy of telemental services
  - Journal - Telemedicine and e-Health

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

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.

Telepsych Quality of Care

- Psychiatric eval via TM includes physical features: alertness, distressed?, 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 (all except cogwheel)
- Mental Status Exam

Healthcare is CARE

Global COVID-19 Challenges

- High stress due to social isolation

- National concern for suicides, substance use
  - alcohol
  - heroin
  - overdose

COVID-19 PANDEMIC

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

PHYSICAL DISTANCING

+

TELEHEALTH

=

SOCIAL CONNECTION

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

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

- 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 "Due to COVID-19 transmission concerns, session was done in patient's home; so vitals, PHQ, GAD, urine drug screen, and SOWS not done. " and/or "Suboxone Rx for 2 weeks to minimize pharmacy COVID-19 transmission"

"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
  - 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 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).

Guidelines for Tele-Success!

- A new system must have a local champion. Local staff sell the program.
- Telehealth is only as good as the people
- The local program is the key to successful telehealth
- Must have full support capacity locally

Barrier: DIGITAL DIVIDE

WE ARE JUST BEGINNING!

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

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

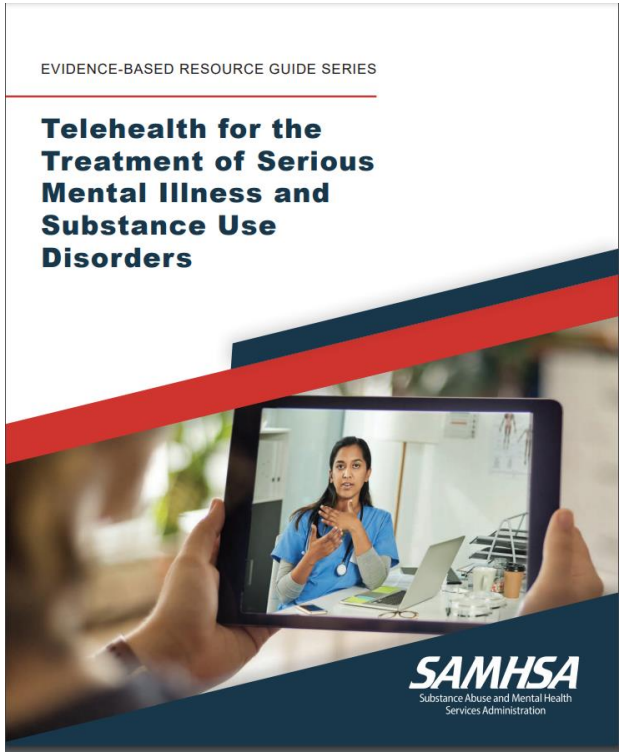
Guidelines

The Substance Abuse and Mental Health Services Administration (SAMHSA) and its National Mental Health and Substance Use Policy Laboratory recently released a new evidence-based resource guide titled, *Telehealth for the Treatment of Serious Mental Illness and Substance Use Disorders*

https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-06-02-001.pdf

SAMSHA GUIDELINE

- https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-06-02-001.pdf



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,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

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

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/

Resources

- Centers for Medicare & Medicaid Services: www.cms.hhs.gov
- 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/

Associations

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