Improving Access to Quality Medical Care Webinar Series

Presented by

Southwest Telehealth Resource Center and the Arizona Telemedicine Program

Welcome

SWTRC region - AZ, UT, CO, NM & NV
Fellow HRSA Telehealth Resource Centers
All other participants from the US & abroad

The **Arizona Telemedicine Program,** the **Southwest Telehealth Resource Center & Insight** welcomes you to this free webinar on the implementation & practice of telemedicine. The practice & delivery of healthcare is changing, with an emphasis on **improving quality, safety, efficiency, & access to care**.

Telemedicine can help you achieve these goals!

Webinar Tips & Notes

- Mute your phone &/or computer microphone
- Time is reserved at the end for Q&A, please use the Chat function to ask questions
- Please fill out the post-webinar survey
- Webinar is being recorded
- Recordings will be posted on the SWTRC website
  http://www.southwesttrc.org

"Behavioral Health Across the Continuum: The Power of Telepsychiatry in Increasing Access to Care"

Randy McCloud

InSight Telepsychiatry

Agenda

- Overview of Telepsychiatry
- Behavioral Health Workforce
- Where is Telepsychiatry Used?
- Building a Connected Community

Think About It…

- If you had unlimited resources, how would you improve your organization?

- How is your community affected by a lack of behavioral health access?

- Where does your organization's psychiatric capacity fall short?

- Does the structure of current behavioral health workforce make sense for the ever changing landscape of behavioral health?

The Impact of One Behavioral Health Consumer
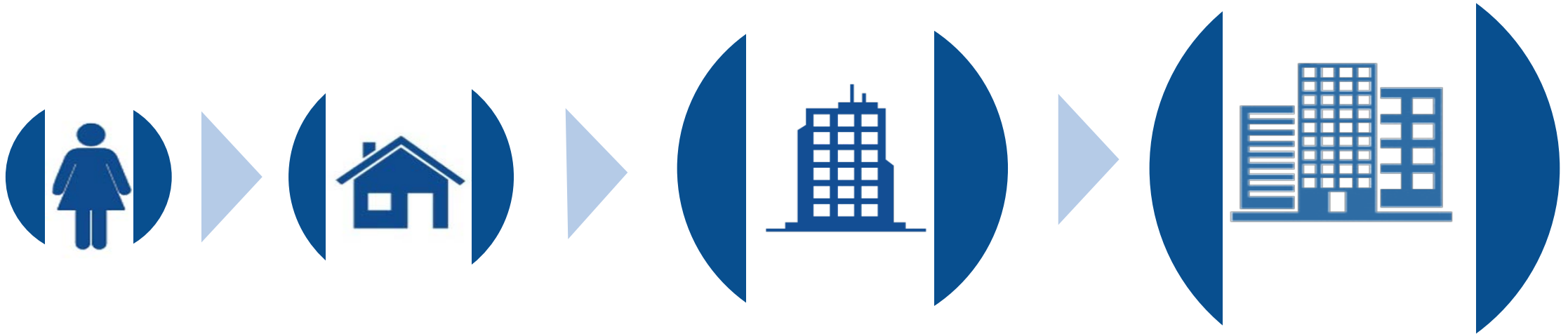
Behavioral Health Workforce

- There are 37,296 psychiatrists in the United States[1]
  - About 4,000 areas nationwide where patient to psychiatrist ratio is 30,000 to 1[2]
  - 59% are 55 or older (entering zone of retirement)[3]

- United States needs around 45,000 more psychiatrists[4]

1. https://members.aamc.org/eweb/upload/Physician%20Specialty%20Databook%202014.pdf
2. https://www.rt.com/usa/314777-us-shortage-psychiatrists-and-nurses
3. https://www.usnews.com/opinion/blogs/policy-dose/2015/09/17/the-us-needs-more-psychiatrists-to-meet-mental-health-demands
4. http://www.psychiatrictimes.com/articles/45000-more-psychiatrists-anyone

Behavioral Health Workforce

How can existing psychiatrists be used to meet the increasing demand?

Tele**psychiatry**

A medium for delivering psychiatric care through videoconferencing technology

Telepsychiatry is Different

Telepsychiatry

- Focus on conversation and collateral collection
- Long-term physician-patient relationship
- Typically 8-12 appointments
- Multiple types of appointments

Other Branches of Telehealth

- Focus on physical observation
- Short-term encounters
- Single consultation
- Urgent care

Benefits

Consumer

- Reduces time in hospital
- Provides access to specialists
- Flexible hours for scheduling appointments
- Facilitates continuity of care
- Reduces wait times
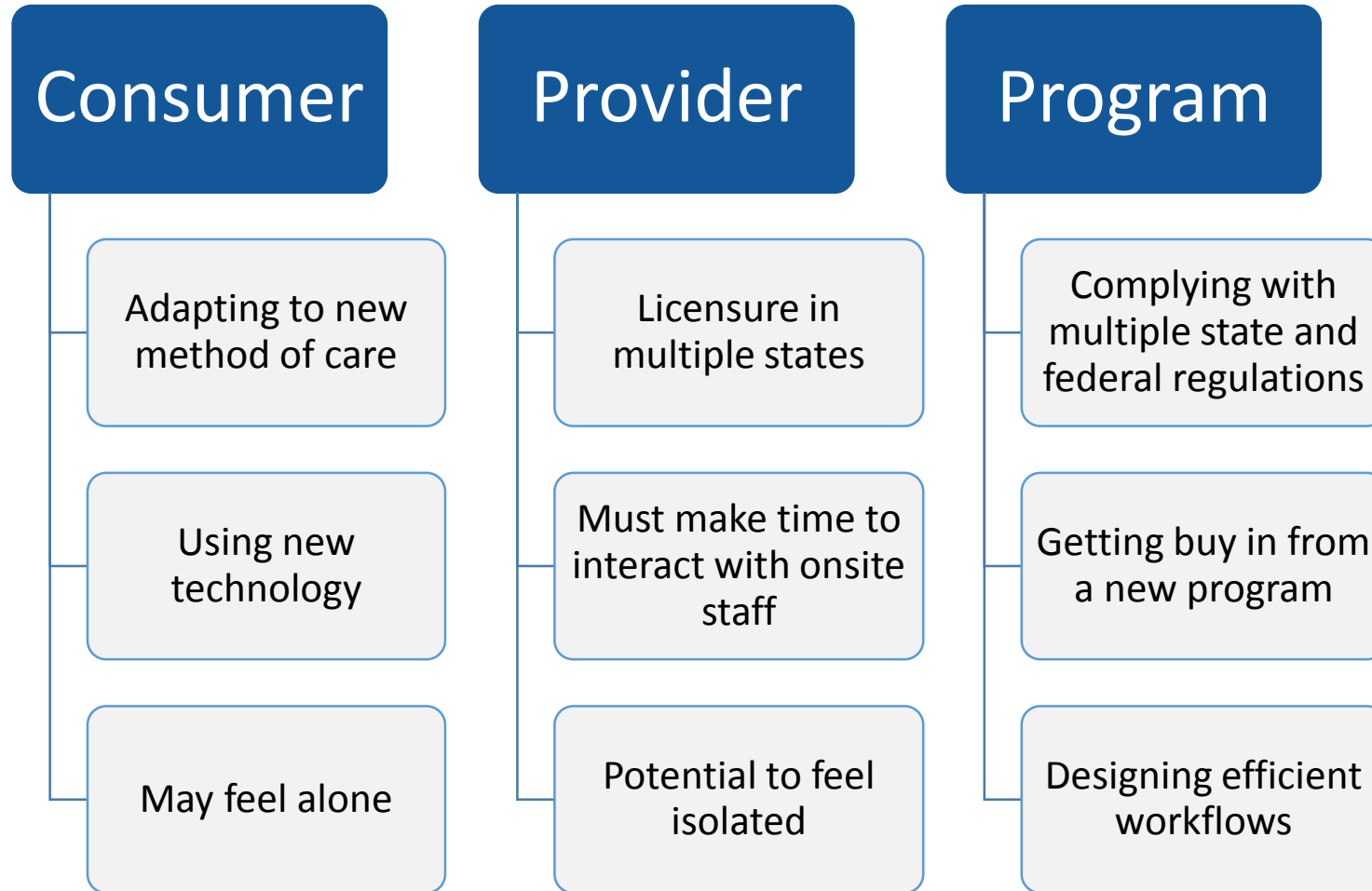- High consumer and family satisfaction

Telemental Health Provider

- Increases time and efficiency
- Decreases transportation costs
- Increases number of visits
- Improves communication and collaboration
- Ability to see a diverse consumer population
- Flexibility to work from home

Community

- Increases access to specialists
- Reduces inappropriate admissions
- Connects siloed health care organizations
- Improves population health
- Reduces risks and liabilities

Challenges

Consumer	Provider	Program
Adapting to new method of care	Licensure in multiple states	Complying with multiple state and federal regulations
Using new technology	Must make time to interact with onsite staff	Getting buy in from a new program
May feel alone	Potential to feel isolated	Designing efficient workflows

Where is Telepsychiatry Used?

Telebehavioral Health

- Primary Care
- Outpatient Clinics
- Hospitals and Health Systems
- Individual's Homes Through Insurance
- Universities
- Mobile Crisis Units
- Skilled Nursing Facilities
- Community Mental Health
- Advocacy Organizations
- Corrections

Scheduled Services Model

Remote providers can be used to complete most tasks
that an onsite provider would

Initial Assessments and Testing

Treatment Team Meetings

Medication Management

Therapy and Counseling

Group Sessions

On-Demand Model
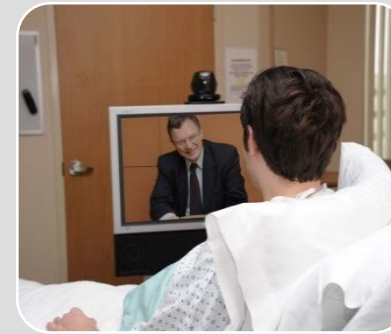
Rapid, on-demand access to a psychiatric professional

Psychiatric Assessments

Admission and Commitment Decisions
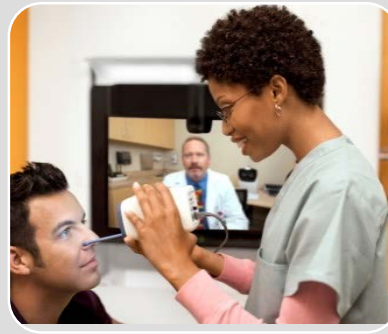
Consults and Orders

Rounding

Referrals

Direct-to-Consumer Model

- Convenient value-add for consumers
- Flexible hours for providers in private practice
- Great for night and weekend appointments
- Expand care almost anywhere (home, dorm room, hub site, etc.)

Connected Services Model

- ## What is it?
  - Programs that blend several telepsychiatry models together in order connect new settings on the care continuum

- ## What are some examples?
  - Telehealth consulting and community assessment projects
  - Programs with ACOs and health systems
  - Inpatient programs
  - Programs for skilled nursing facilities
  - Programs for schools or universities

Hospital Telepsychiatry Scenarios

| Individual goes to ED and is assessed by telepsychiatrist | Needs to be admitted to inpatient unit and telepsychiatry does overnight rounding | Individual leaves hospital and lives far away, hospital required to set them up with care |

- **Follow-up referral options**
  - Telepsychiatrist in a step-down program or partial hospitalization
  - Telepsychiatrist available or serving in Community Mental Health Center in individual's location
  - In-home care with a telepsychiatry provider
    - With all these options, there is a **continuity of care** for the individual

Skilled Nursing Facility Telepsychiatry Scenario

1
- Individual is "sundowning" and nobody knows how to treat them

2
- SNF calls telepsychiatrist and they are able to keep the individual where they are comfortable and out of the ED

3
- Telepsychiatrist able to review individual's current medications and make appropriate decisions

4
- Telepsychiatrist able to follow-up with individual over time

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In-home Telepsychiatry Scenario

- Individual with history of panic disorder and agoraphobia

- Individual cannot leave their home due to severity of panic attacks

- Primary care provider suggests telepsychiatry as an option

- Individual is able to have appointments privately at home, perhaps at night or on the weekends

Benefits

Increase access to care, including specialists

Expand psychiatric workforce

More convenient options for care

Utilize same network of providers in settings across the care continuum

Building a
Connected Community:
How to Implement a Telepsychiatry Program

Program Planning

Consider Regulatory and Legal Environment

Cultivate Stakeholder Buy-In

Select Technology

Design Workflows

Provider Credentialing

Training

Know State-Specific Regulation and Rules

- Licensure
  - State Medical Board
- Reimbursement
  - Medicaid
  - Private Payers
- Physician-Patient Relationship & prescribing
- Telemedicine specific legislation or regulation
  - Permitted services, professionals, sites, etc.

Interstate Medical Licensure Compact

What is it?

In Brief: Expedited licensure pathway
- State Collaboration

Goal of the Compact: To increase access to health care for individuals in underserved or rural areas and allow patients to more easily consult medical experts

Bonus: The Compact increases the opportunity to utilize telemedicine technologies

Cultivate Stakeholder Buy-ins

Providers	Executives	IT
Medical Affairs	Community	Payers

Select
Your Providers

Medical Affairs

- **Plan ahead!** Provider credentialing is the largest roadblock to launching new programs
  - Are your bylaws conducive to telepsychiatry?
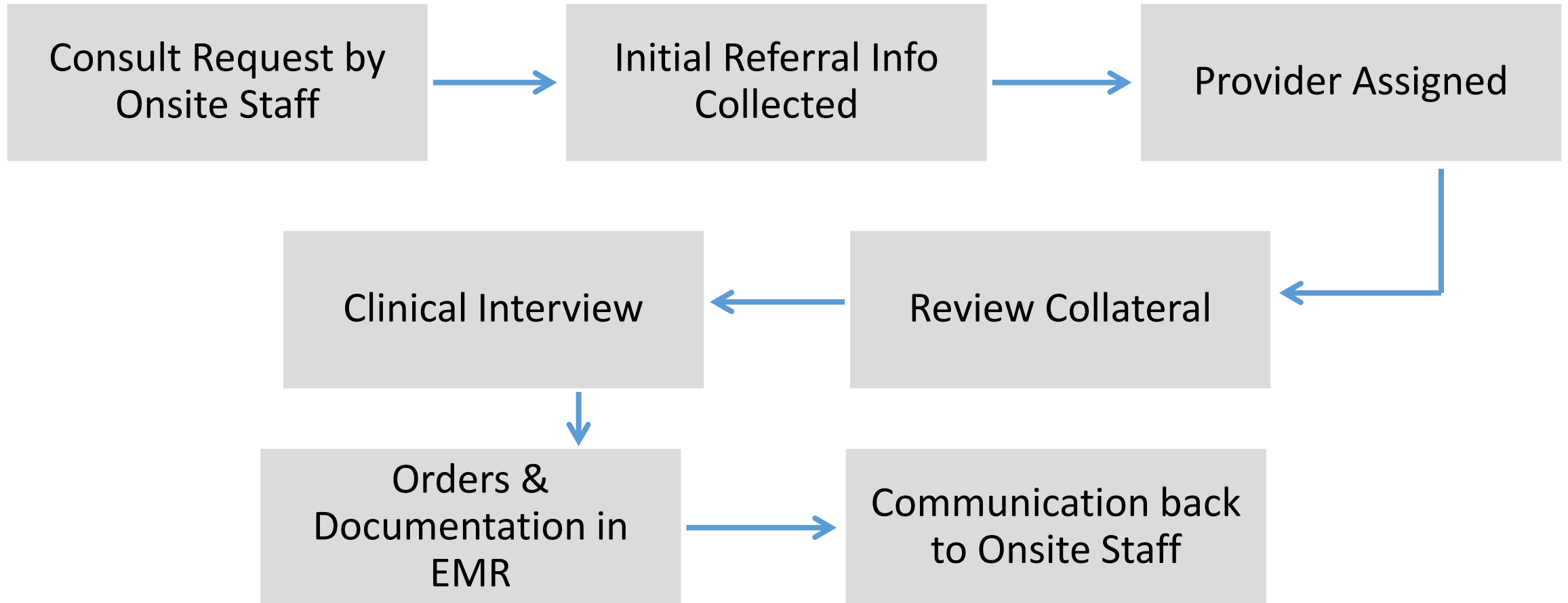 - Will you accept credentialing by proxy?

- Licensing
- Credentialing
- Paneling
- Payer Enrollment
- Maintenance of Certification, Reappointments, CMEs

Pick the Right Equipment

Design Clinical Flow

Put Telepsychiatry in its Place

- Make sure all parties know why and how telepsychiatry will be used

- Support in-person care, <u>not replace</u>

- Demystify the technology
  - Technology shouldn't be the focus
  - Conduct your orientation and training via televideo to get each side used to it
  - Problems are generally just user error

Train Providers

Telepsychiatry Practices to Avoid

- Insecure/unprotected video and documentation platform

- Slow internet connection

- Provider is not licensed to practice in the consumer's state

- Distracting visuals in the background

- Distracting sounds

Appropriate Telepsychiatry Practices

- Have a technology back-up plan

- Have emergency contact number and emergency numbers of the consumer's area

- Review consumer's information prior to the first session

- Have a white noise machine or ambient sound

- Check video presentation beforehand

- Refer to another telebehavioral health provider or in-person provider if necessary

- Provider is trained to practice telebehavioral health

Practice Guidelines

The American Telemedicine Association and the American Psychiatric Association both have guidelines for the practice of telepsychiatry and are excellent resources.

Future of Telepsychiatry

Moving toward in-home care

Trends in "consumerism"

Care across the continuum

Ubiquitous reimbursement

Outcome data for telepsychiatry

Questions?

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