Telepsychiatry
Tele-mental Health

Sara Gibson, MD

Psychiatrist

Medical Director, Telemedicine

Telehealth has a robust history of effective health care provision over 30 years.

September 2025: Suicide Prevention Month

Sept. 10: World Suicide Prevention Day

-“Re-vision” telemedicine as a means of connection

-Explore how we can elevate and empower efficacy of addressing society’s mental health, suicide and opioid epidemics.

NAMI: National Alliance on Mental Illness

- Start a conversation.
- Be the Difference.

September 2025: Suicide Prevention Month

Sept. 10: World Suicide Prevention Day

"With one conversation, asking someone how they're really doing — and being ready to truly listen — can save lives. Because here's what we know: No one has to face this alone. Help exists. Healing is possible. And all it can take is for one person to start a conversation."

<u>Societal Epidemics:</u>
-Mental Health
-Suicide
-Opioid overdose

- Empower with proven efficacy
- Rise, Be Curious and Creative
- Re-vision telemedicine as a means of connection

Competence + Connection

Lacking social connection=15 cigarettes/day

Suicide, Opioid epidemics

PHYSICAL DISTANCING

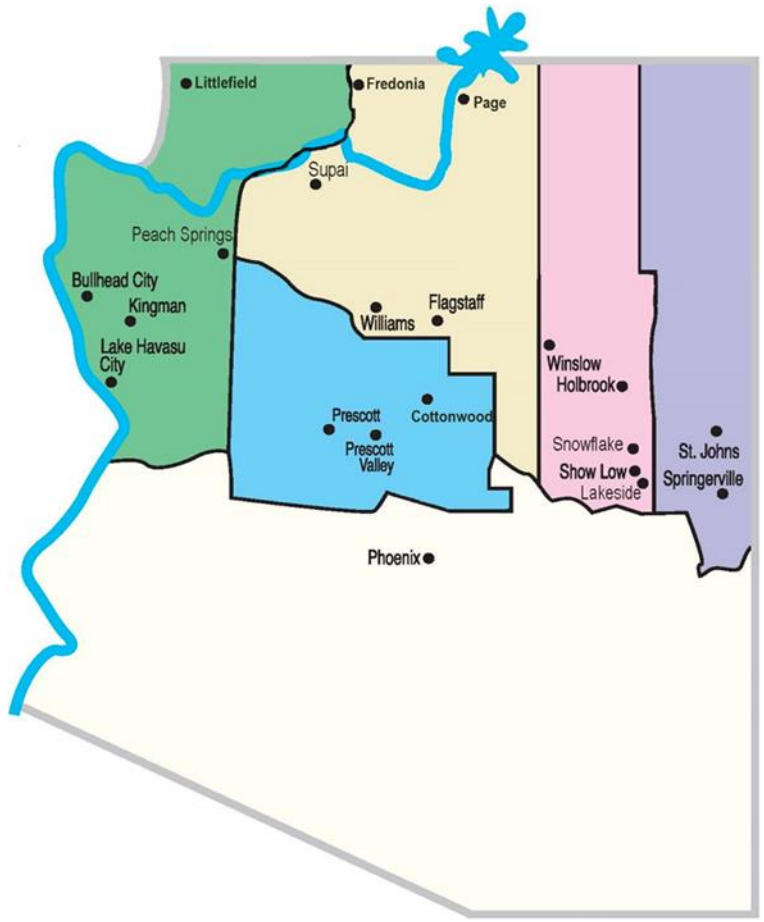
+

TELEHEALTH

=

SOCIAL CONNECTION

- A long time ago in a galaxy far, far away……



ACCESS to CARE!
1996 (29 years)

Northern Arizona Regional Behavioral Health Authority "NARBHA"

Bridge geographical barriers (remote)

Serve Underserved, Shortage Areas

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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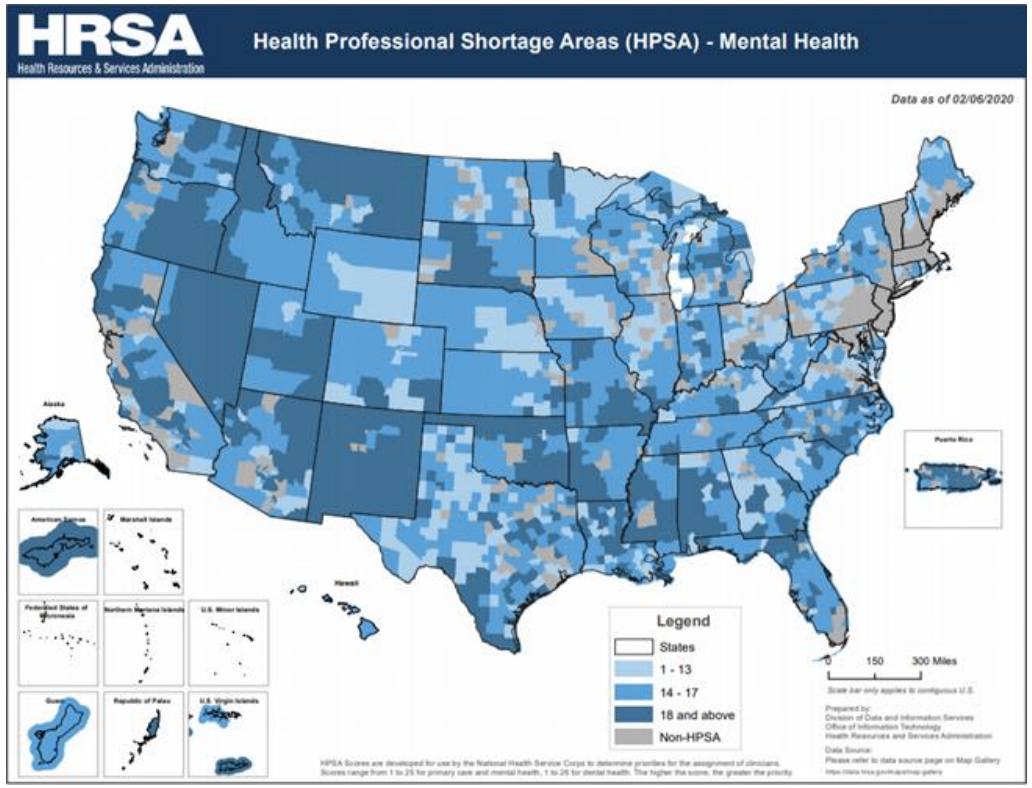
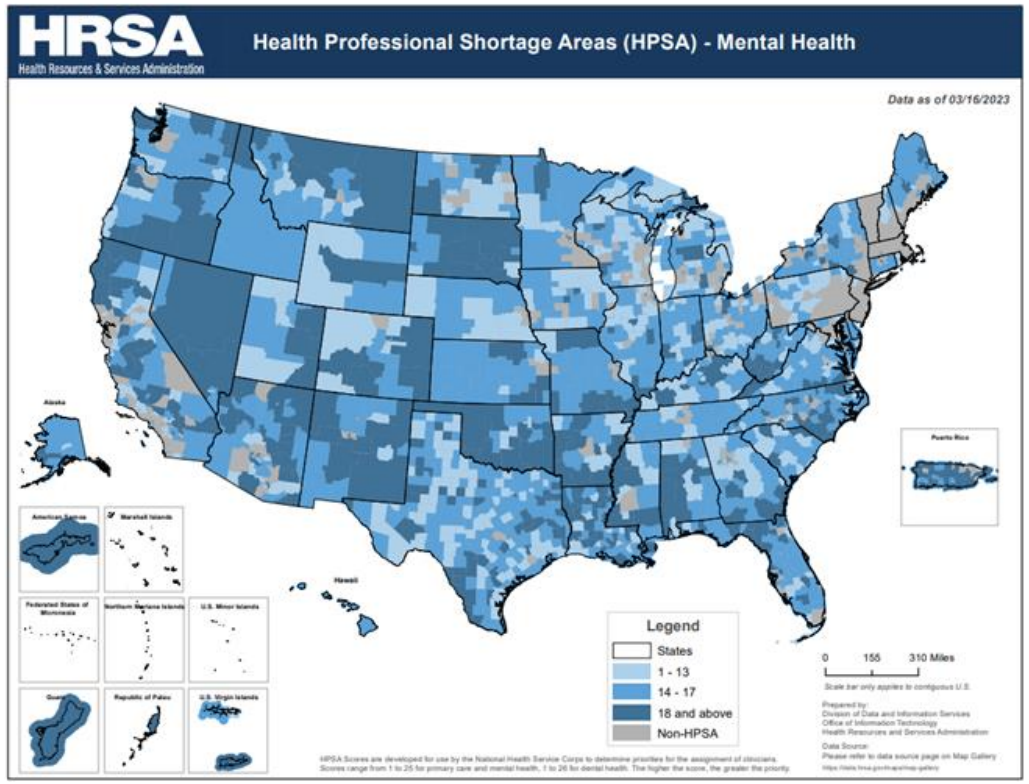
Health Professional Shortage Areas, Mental Health
Need Vastly Exceeds Supply





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Courage, Necessity

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Telepsych 1996

- Psychiatrist in Flagstaff
- LCBHC is the sole mental health clinic for remote, rural Apache County; 2 clinics
  - St. Johns is 165 miles (3 hours)
  - Springerville 200 miles (3 h, 20 mn)
  - 99% of services via telemedicine since 1996, 30,000+ sessions

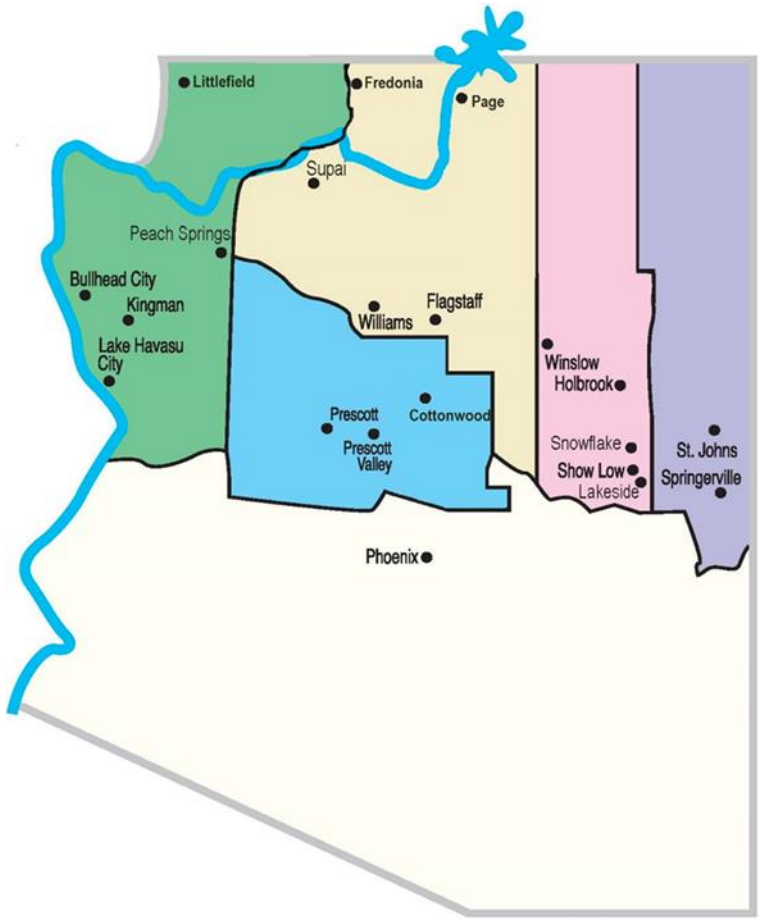
Sparsely populated: <10,000 combined population of three largest towns

>18% have no health insurance

Median household income <$35,000

>28% live in poverty

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



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Telehealth Program Innovation:
28 Years of Nationally Recognized Quality

Program Initiated for Access to Care

Pioneer in direct TH care provision.

Goal to decrease inequalities and improve continuity of care.

Steady Growth & Excellence

-Top 10 TH program of excellence
-10-year satisfaction study
--Presentations & publications

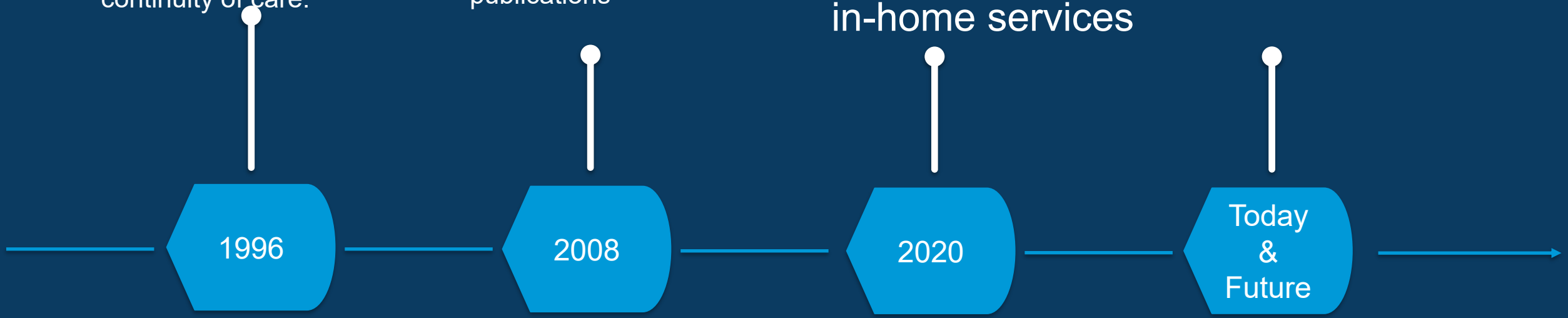
PHE Leadership & Experience

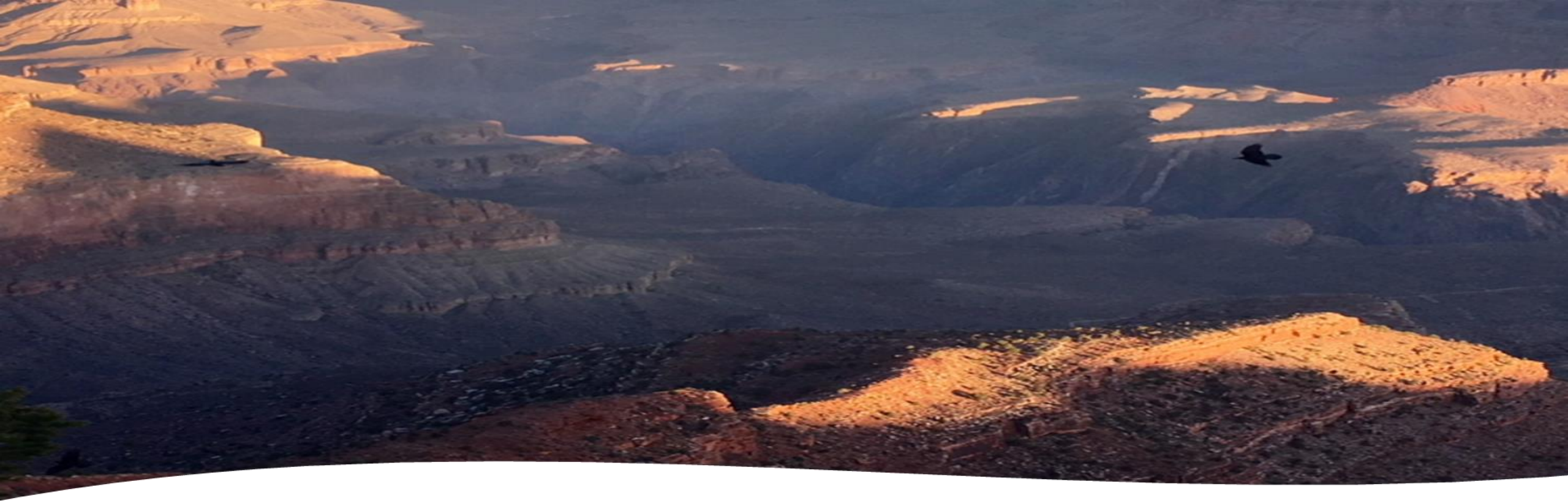
Rapid response to utilization and needs.

New paradigm of in-home services

Continued Focus: Quality of Care

Innovation & education
Tele-mentoring ECHOs
Best practices in ongoing service delivery





How Do We Measure Success?

Improved Access to Care *
Acceptance (Patient & Provider Satisfaction)
Cost
Quality of Care

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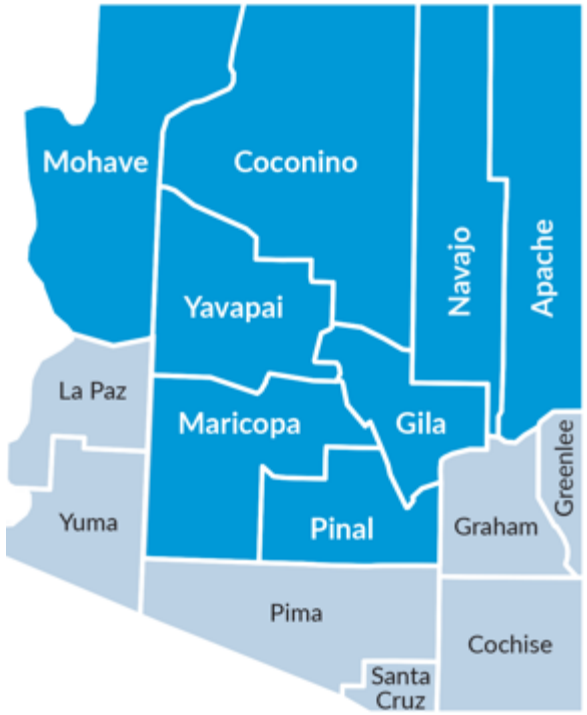

Success in Outcome Measures

✓ Patient satisfaction

First 10-year study published

✓ Cost savings

Decreased travel, hospitalizations

✓ Improved access to care

- Members treated in their community
- Physician recruitment & retention
- Immediate emergency assessments

Measuring Success

First, 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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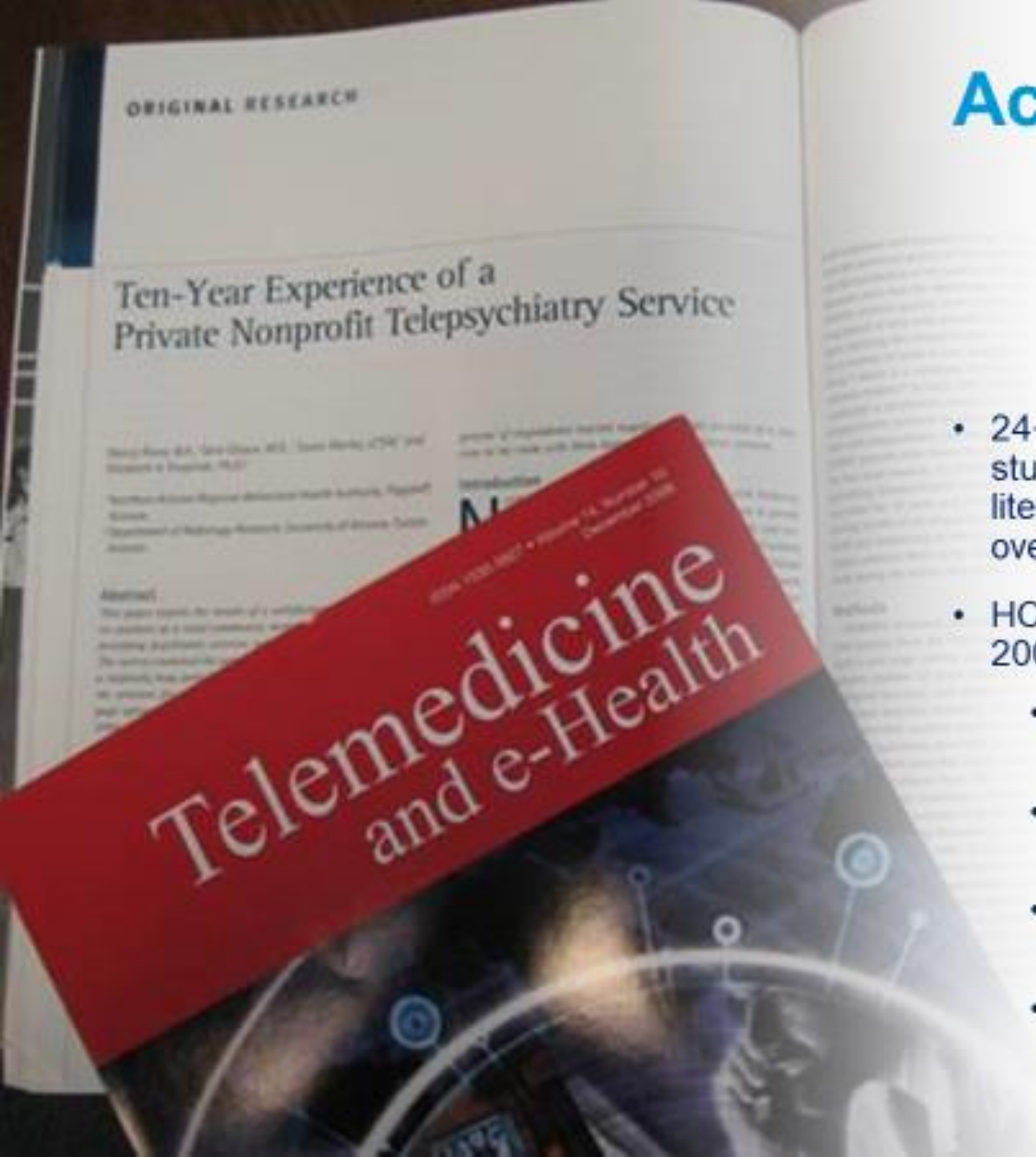
Access Benefits

- Reduced Geographical Barriers (especially rural and remote)
- Cost Efficiency: reduced travel costs, reduced hospitalizations, specialist access
- Create Centers of Excellence:

  Access to culturally aware healthcare providers and specialists
- Expanded Specialist Access: members can access primary, secondary or tertiary care from experts



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

“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; interviews with interviewers and participants
- 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

Acceptance:

Provider Satisfaction and Effectiveness for Tribal populations

2024 study found 91.3% of healthcare providers believe telemedicine is a beneficial model for tribal populations.

Excellent screening tool

Saves time and money while improving healthcare accessibility.

Cultural Humility, Value Based Respect

- Spirituality
- Strong Family Support Systems
- Respect for Elders
- Historic Institutional distrust
- Language, translators
- Community participation
- ?assistive devices? (headphones, transcription as you go)

Rural Cultural Competence

- 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

Yellowlees P, Marks S, Hilty D, Shore JH. “Using e-Health to Enable Culturally Appropriate Mental Healthcare inRural Areas.” Telemed J E-Health 2008;14:486-491, Office of Rural Mental Health Research

Cultural Adaptation Enhances Relevance and Trustworthiness of Telehealth Interventions

- Community involvement
- Practitioner Cultural Competence (cultural safety)

culturally adapted telehealth interventions are essential for maximizing engagement and effectiveness of suicide prevention efforts. Tech is less important.

To improve acceptability, fit, and responsivene of interventions, BROADEN ELIGIBILITY

- Yes to elderly, children!
- Yes to a variety of devices and outreach, even telephonic/audio

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 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 may REDUCE Cost

Increased telehealth adoption has not led to an overall rise in Medicare patient utilization and may actually reduce overall Medicare spending (and reduce excess diagnostic testing).

- Telehealth and Outpatient Utilization: Trends in Evaluation and Management Visits Among Medicare Fee-For-Service Beneficiaries, 2019-2024
  - TH mostly substitutes for in-person visits, rather than being additive and increasing overall healthcare utilization.
- Association Between Telehealth Use and Downstream 30-Day Medicare Spending
  - TH initiated episodes of care resulted in lower 30-day rates of Medicare spending.
  - Medicare telehealth-initiated visit downstream costs were $82 less per patient in comparison to in-person visits ($260 vs. $342)
  - Telehealth return visit rates were slightly higher (16% vs. 14%), while rates of lab tests (8% vs. 24%) and imaging utilization rates (4% vs. 8%) were lower

[University of Michigan studies 2025 using Medicare Fee-For-Service data]

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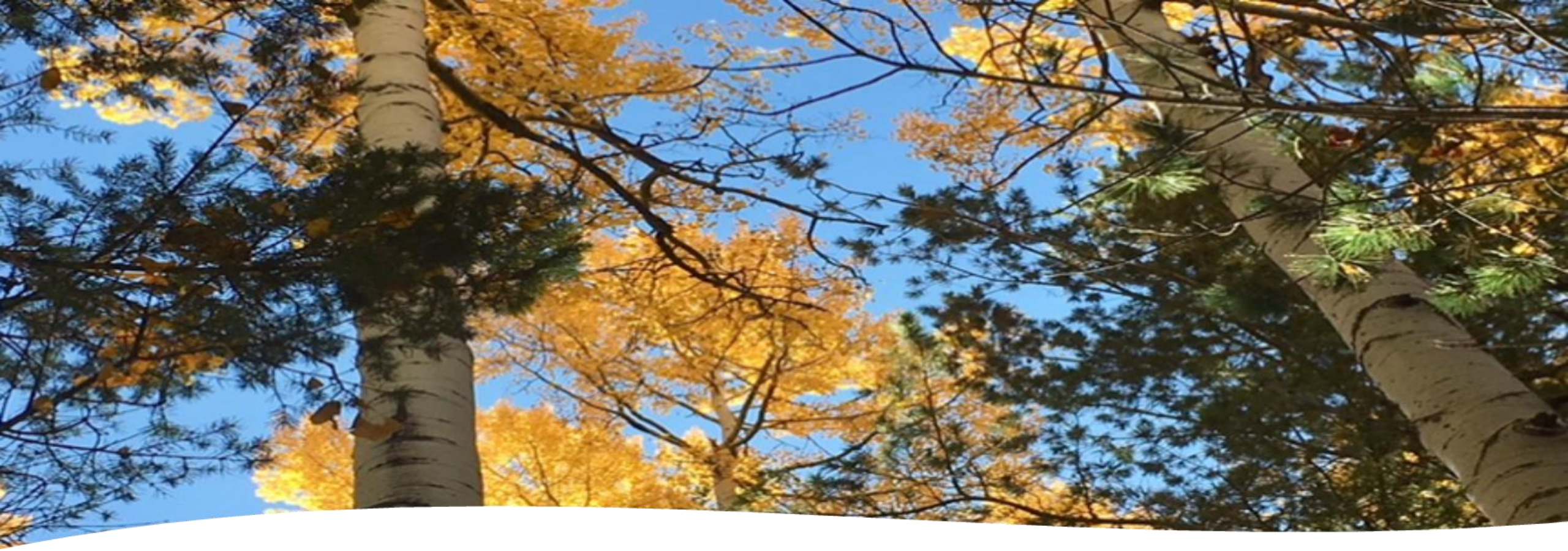

NEXT STEPS:

Improve Outcomes (Quality of Care)

Decrease Health Inequalities

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Quality of Care

“Expertise, ability, and therapeutic alliance are more important than proximity. “

Tara Sklar, JD, MPH

Competence + Connection= Extraordinary Outcomes

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Telehealth is an Evidence Based Practice for Treatment (Quality of Care)

•HHS has recently released research regarding the efficacy of telehealth around Medicaid, Medicare, Maternal Health, Equity, Emergency Care, BH Care, and QOC; finding:

- No significant differences between the quality of care delivered remotely and care delivered in person for various conditions
- Telehealth can reduce barriers like transportation challenges and time constraints
- Patients attending remotely had an increase in appointment completion rates

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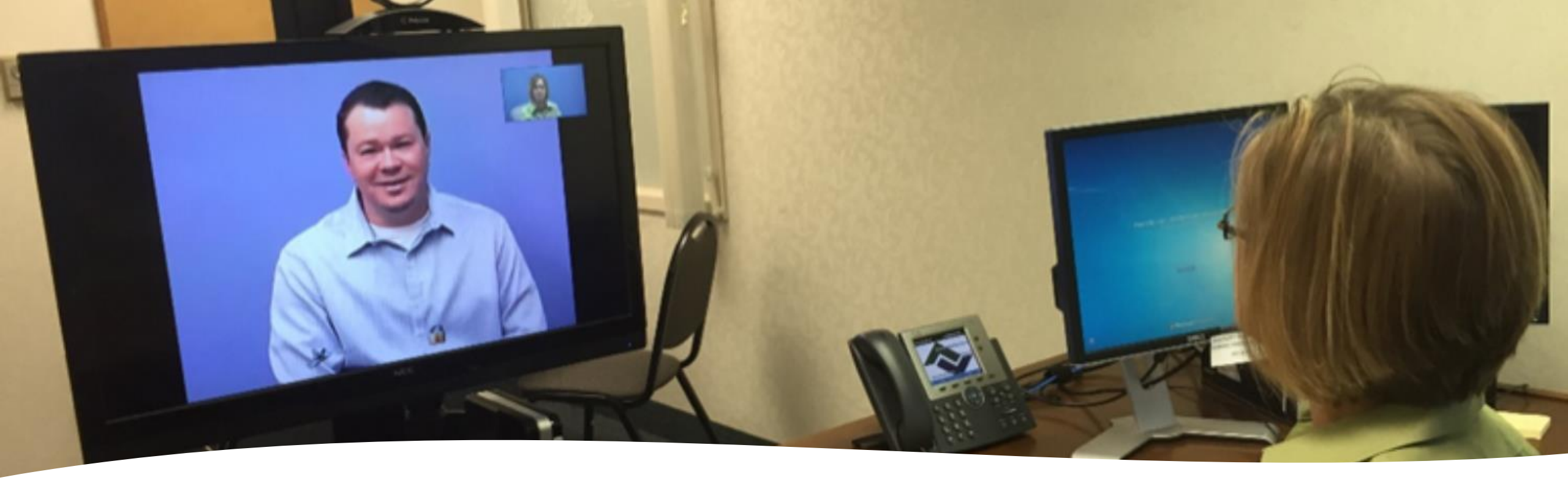


Telehealth Quality of Care

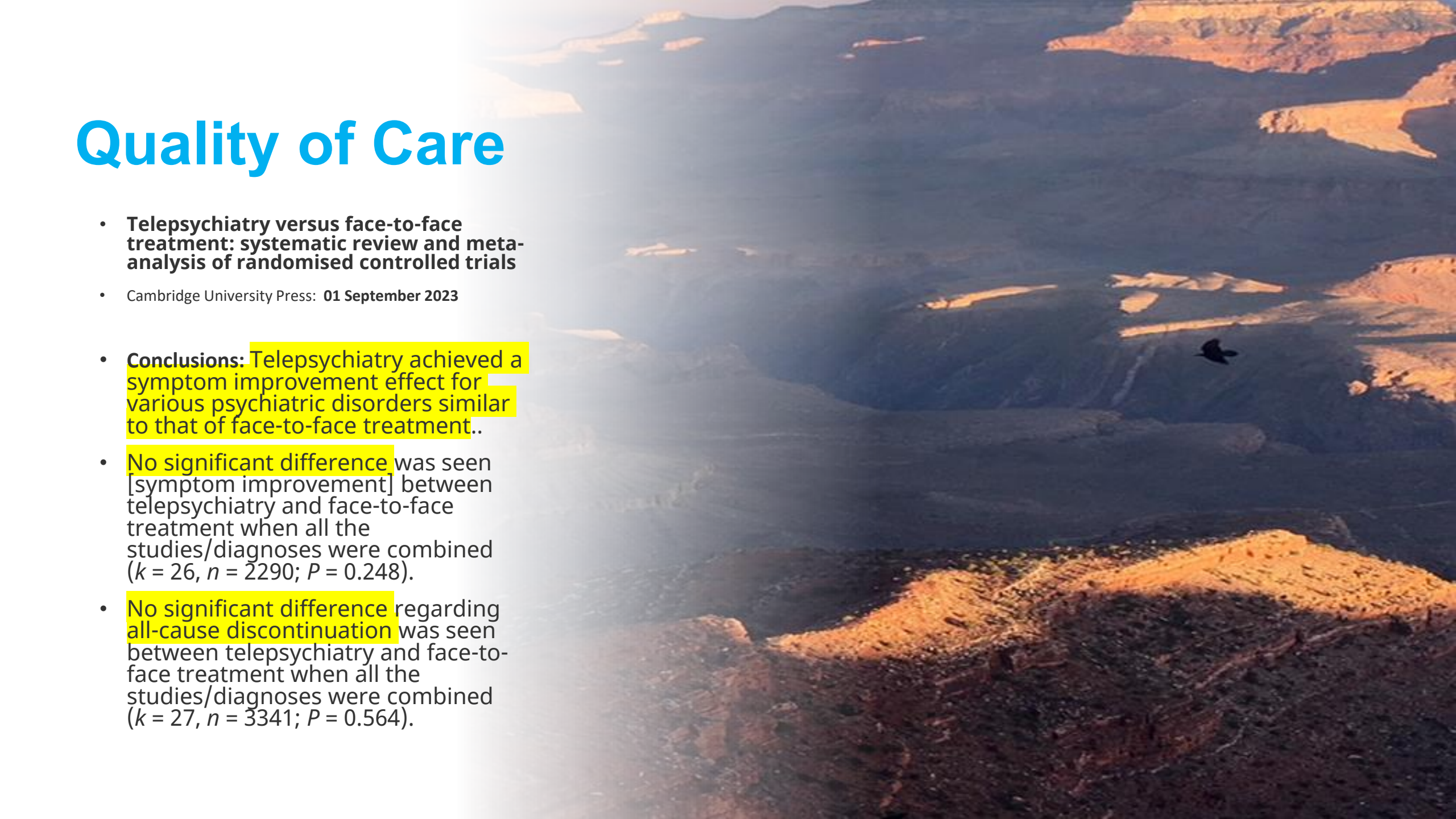
Telemedicine is an Evidence-Based Practice

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

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..
- 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

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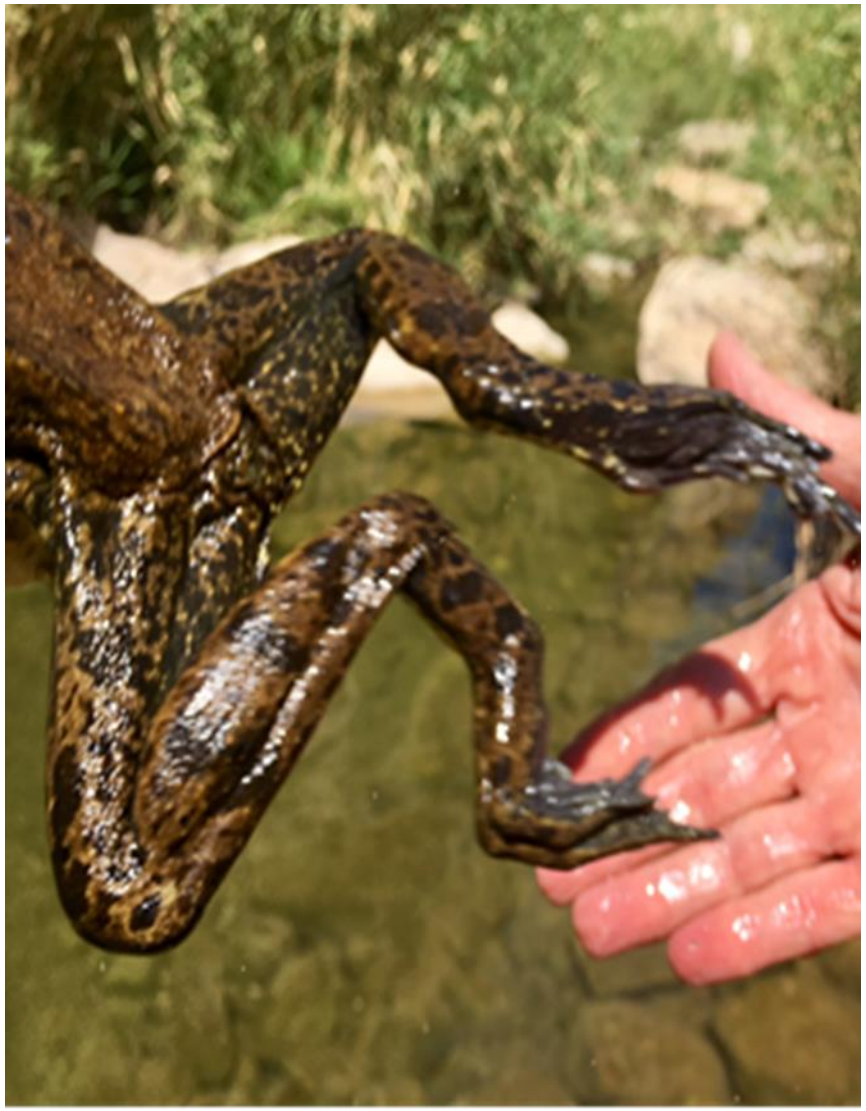
Quality of Care: Documentation of Examination

- 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
- AIMS (can do all except cogwheel)
- Mental Status Exam
- The Telehealth Ten: A Guide for a Patient-Assisted Virtual Physical Exam :

  https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7368154/



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Documentation Requirements

AZ Statue requires informed consent to be obtained prior to providing care via telehealth.

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

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Fraud, Abuse, Diversion

- IDENTITY VERIFICATION
- Document!
- High profile investigations-fraud was by the provider and not due to the modality of telehealth
- No increase in diversion of controlled substances via TH vs in-person

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Provider Type, Patient Location

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

Patient Location is Broadening:

- Outpatient
- Inpatient (subsequent care)
- Nursing Homes
- Prison
- Legal (T36/commitment evaluations, testimony)
- Schools
- Public libraries
- Chapter Houses

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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). Staff or Clinic can verify.
  - Previous contact counts as POI
  - Patients can show a picture ID
  - Providers can show their name badge
  - If the session is audio, patient can verify their date of birth
  - Biometrics for telehealth POI are newly available
- Patient attests to privacy
  - Ask the patient if they are in a private, safe space 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! E911

Clinicians **MUST** know what the emergency services are available for the patient.

- Call E911 267-908-6605 and ask to be connected to the emergency services for the location of the emergency
- **988** National Suicide and Crisis Hotline
- Have the patient identify a support person to be contacted
- Know if there is a firearm in the home
- Have a safety plan in place (who to call, what to do)

Provider **MUST** know the location of the patient during the session In Case of Emergency

Having the patient's medical record available is a telehealth standard of care, and will include the patient address

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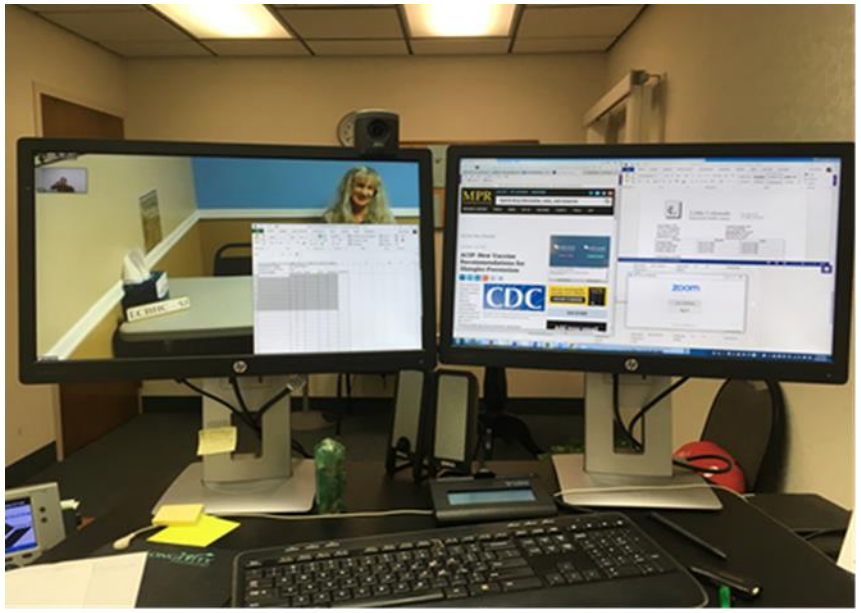
"The Digital Divide" Technological Barriers in the Home

- Patients may not have access to equipment (phone with video, tablet or computer) or internet (none or slow) or knowledge (how to use the technology).
- Ideas:
  - Have a staff member meet with the patient ahead of time to demonstrate how to connect
  - Provide a tablet or phone with data
  - Direct to Connect AZ for assistance with digital literacy
  - Federal programs: LifeLine, the Broadband Connectivity Fund

Consistent Providers for Frequent Moves



Vulnerable populations who are frequently moved:

- Children (eg DCS custody foster placements)
- Residential treatment facilities, group homes

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Patient Identity Verification

- You must have proof of identity (POI).

  Clinic can do this

- Previous contact counts as POI
- Staff or admin can verify identity
- Clients can show a picture ID
- If the session is by phone, they can verify their date of birth
- Biometrics for telehealth POI becoming available

- Resource for Health Care Providers on Educating Patients about Privacy and Security Risks to Protected Health Information | HHS.gov
- Telehealth Privacy and Security Tips for Patients | HHS.gov

- 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


Healthcare is CARE

CONNECTION

Lacking social connection=15 cigarettes/day
Suicide, Opioid epidemics

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.

Therapeutic Alliance

Provider-Patient Relationship + Good Rapport =

Therapeutic working alliance= Improves patient outcomes.

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Make Tech Invisible!

- There is evidence that patients quickly adapt and establish rapport with their teleprovider.
- Minimize technological interface to improve rapport
  - Zoom to life-size
  - Use solid blue background (affect recognition)
  - **Eye contact - camera angle or alternate gaze**
  - Avoid picture-in-picture at patient end
  - Another human present at clinical site

Patients need to feel SEEN and HEARD

- Connection improves outcomes
- **Eye contact**: effective way to communicate connection
- Demonstrate Listening.. To the END of the SENTENCE
- MINIMIZE TECHNOLOGICAL INTERFACE (ugh)
  - Camera placement
  - EMR placement in a monitor. Put where your eyes view the EMR near the patient
  - Leave open windows in 2 monitors to minimize searching, clicks, and disconnection

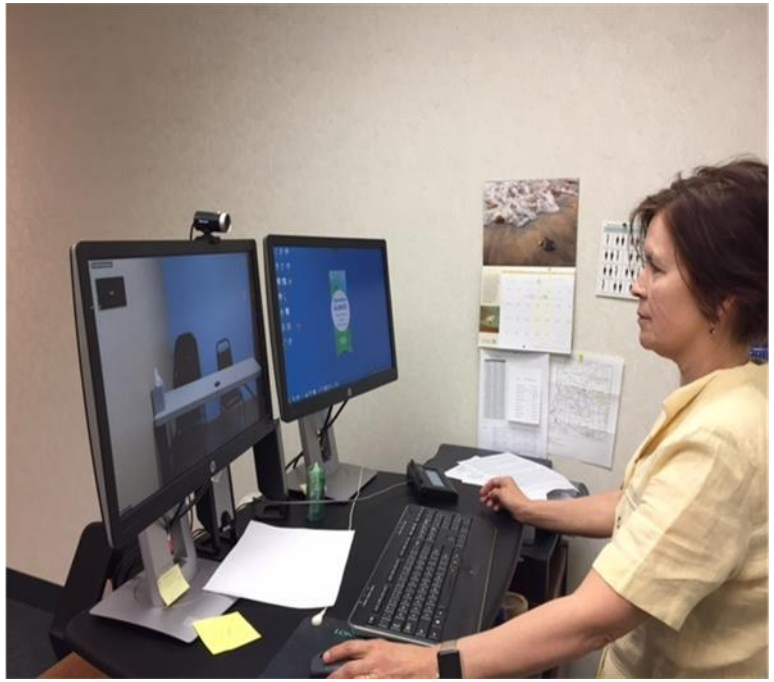
Telehealth Clinician Ergonomic Set-Up Camera Direct Gaze

Camera sits directly above patient view to mimic eye contact.

Camera at or up to 7 degrees above eye gaze mimics direct eye contact.

Not too close…intrusive and can see imperfections in eye contact.

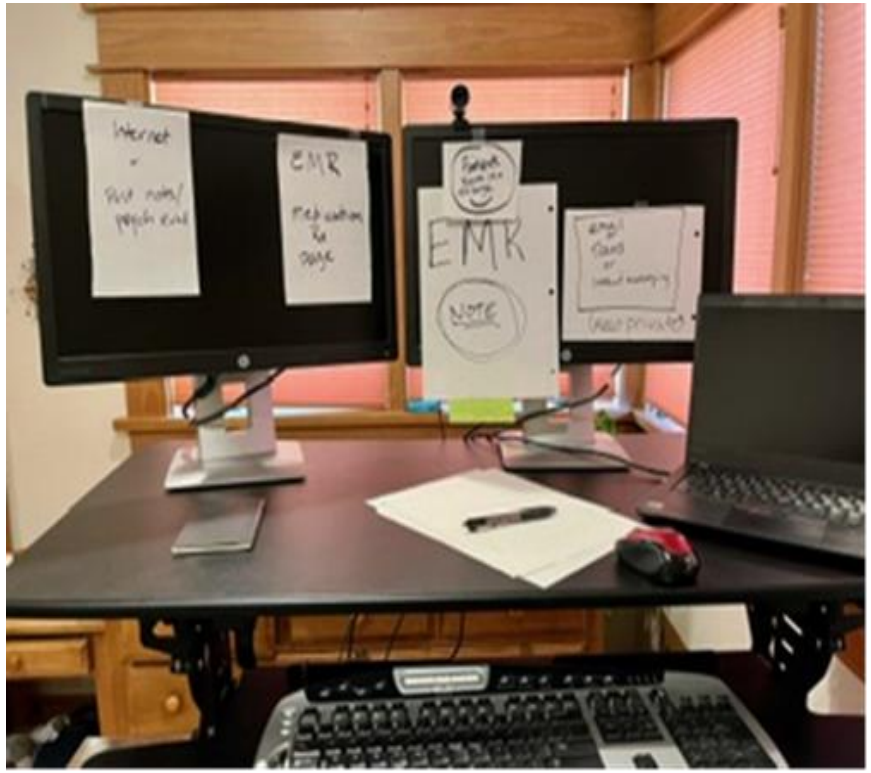
Not too far…SHOW head and shoulders for good rapport.



Telehealth Monitor Set-Up
Maximize Eye Contact

Camera sits directly above patient view to mimic eye contact.

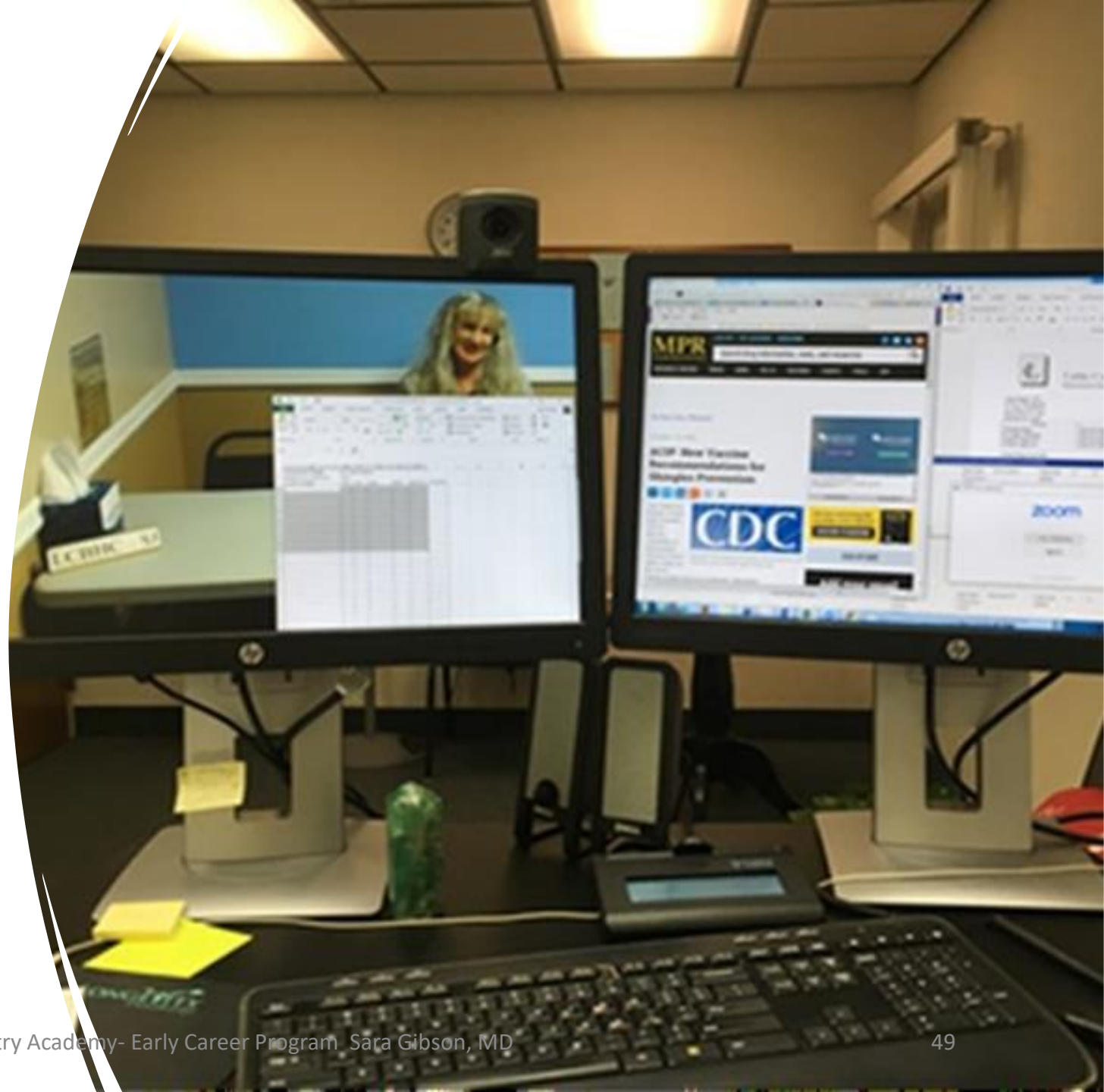
You can place the EMR below, under or on top as well, so that your work occurs while still gazing toward the patient.



Telehealth Monitor Set-Up Maximize Eye Contact

- Camera sits directly above and close to the “patient” view to mimic eye contact.

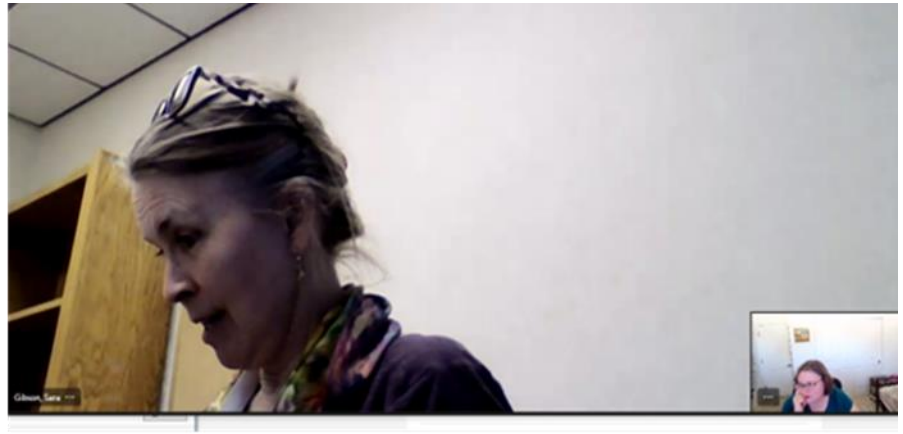
- Here, the “patient” is still in view, but working document is accessible and close to eye contact.



Telehealth Bad Camera Set-Up for Eye Contact: Patient View

Ditch the integrated camera in your laptop.
Eyeball cameras are inexpensive, effective, and mount on top of or between monitors.

Ear View
Top of Head and Ceiling View
Up the Nose View (NOT pictured)



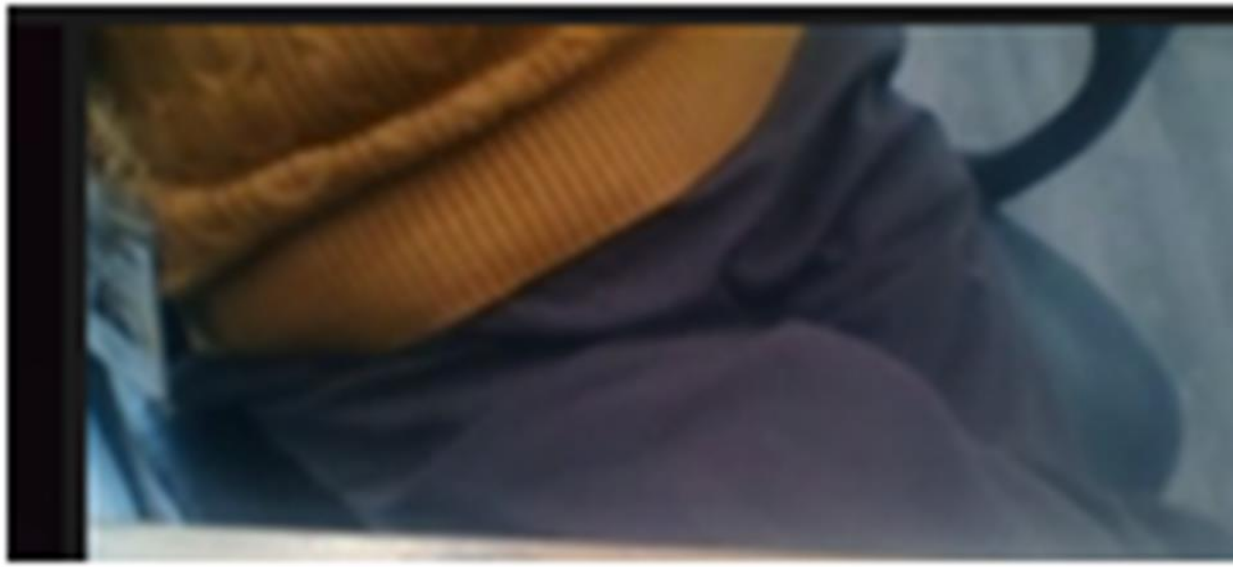
Prepare Your Space and Do a Test Call

- Lighting: Indirect works best
  - Backlighting is bad!
  - Check for glare on glasses or artwork
- Privacy
  - Close doors, windows, and blinds
  - Noise reduction/white noise machine

- Background professional and simple.
- Solid blue helps facial affect.
- Check the patient's view. Do an advance test call.
- NO BEDS!
- https://www.medscape.com/viewarticle/ten-ways-your-telehealth-backdrop-can-improve-patient-care-2024a100008t?form=fpf

What Does Your Patient See??

- Keep your “Picture in Picture” (PIP aka “Self View”) on!
- NO BEDS
- Check camera and mic before the patient comes in.



Virtual Backgrounds Decrease Trust

- Clinicians working with vulnerable populations need special awareness of what the patient “sees” on video
- People may feel mistrust or suspicious of a virtual background.
- Virtual backgrounds can impair bandwidth
- You can pan around your examination room to reassure patient of confidentiality
- Look at your background view: is it professional? Could there be triggers for those with a trauma or SUD history (eg bed, photo of alcohol, distracting artwork)?
- 2022 Telemedicine and e-Health found +photos convey warmth, +diplomas convey competency, but artwork distracts.
- UK study: Backgrounds with books and (non-dying!) house plants engendered the most trust and competency, while backdrops with home-living spaces and novelty items encouraged the least.

- https://www.medscape.com/viewarticle/ten-ways-your-telehealth-backdrop-can-improve-patient-care-2024a100008t?form=fpf

Patient Location, Privacy, EMERGENCY

- The provider **MUST** know the location of the client during the session in case of emergency
  - Having the client's medical record (with address) available is a telehealth standard of care
  - If they are driving, they must pull over.
- Member attests to privacy
  - Ask if client is in a private safe space to conduct the session
  - Sitting in car in driveway works great!
  - Schools, RTCs and group homes are tricky but do-able.

Suicide Prevention: Tele-Therapy (Virtual Psychotherapy) WORKS! (even audio-only)

Evidence-based efficacy

Improves treatment access disparities in vulnerable populations

- 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.

Brief Cognitive Behavioral Therapy (BCBT) via Video Telehealth is effective, with 41-60% reduction in suicide attempts at 1 year

- Video and audiovisual telehealth interventions for suicide prevention in seriously mentally ill, rural, and tribal populations are supported by robust evidence for effectiveness, feasibility, and acceptability.
- Implement BCBT as a first-line intervention for high-risk adults, delivered in 12 weekly sessions of 60 minutes each, with adaptations as needed for patient needs and logistical constraints.[1-2]
  - BCBT delivered via video telehealth is the most rigorously studied and effective intervention, with a 41% reduction in suicide attempts over one year. Systematic caring contacts and virtual check-ins further reduce suicide risk by up to 60%.
  - BCBT is a structured, time-limited intervention targeting emotion dysregulation and cognitive inflexibility, mechanisms underlying suicidal behavior. The standard protocol involves 12 weekly sessions, each lasting approximately 60 minutes,

Tele-Therapy (Virtual Psychotherapy) WORKS!

Efficacy of Remote Psychological Interventions for Patients with Anxiety and Depression Symptoms: Systematic Review and Meta-Analysis

Priscila Oliveira Machado Cecagno, Natália Donati Polesello, Tatiana Duque-Cartagena, Pedro Machado Luz, Eduardo Mundstock, Marcello Dala Bernardina Dalla, Douglas Kazutoshi Sato, and Rita Mattiello

Telemedicine and e-Health 2025 31:2, 141-150

Results: Six studies were included in this systematic review. The meta-analysis showed no statistically significant difference when comparing remote or face-to-face treatment for depression (SMD of −0.10 [95% CI: −0.57 to 0.37; I^2: 77%]) and anxiety (SMD of −0.06 [95% CI: −0.34 to 0.21; I^2: 0%]) symptoms.

Conclusion: Our meta-analysis indicates that remote psychotherapy demonstrates comparable efficacy to face-to-face care in mitigating symptoms of depression and anxiety. It allows patients to select the best modality for their daily routines, promoting greater engagement and adherence to treatment.

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Brief Cognitive Behavioral Therapy (BCBT) via Video Telehealth is effective, with 41-60% reduction in suicide attempts at 1 year

- Video and audiovisual telehealth interventions for suicide prevention in seriously mentally ill, rural, and tribal populations are supported by robust evidence for effectiveness, feasibility, and acceptability.
- Implement BCBT as a first-line intervention for high-risk adults, delivered in 12 weekly sessions of 60 minutes each, with adaptations as needed for patient needs and logistical constraints.[1-2]
  - BCBT delivered via video telehealth is the most rigorously studied and effective intervention, with a 41% reduction in suicide attempts over one year. Systematic caring contacts and virtual check-ins further reduce suicide risk by up to 60%.
  - BCBT is a structured, time-limited intervention targeting emotion dysregulation and cognitive inflexibility, mechanisms underlying suicidal behavior. The standard protocol involves 12 weekly sessions, each lasting approximately 60 minutes,

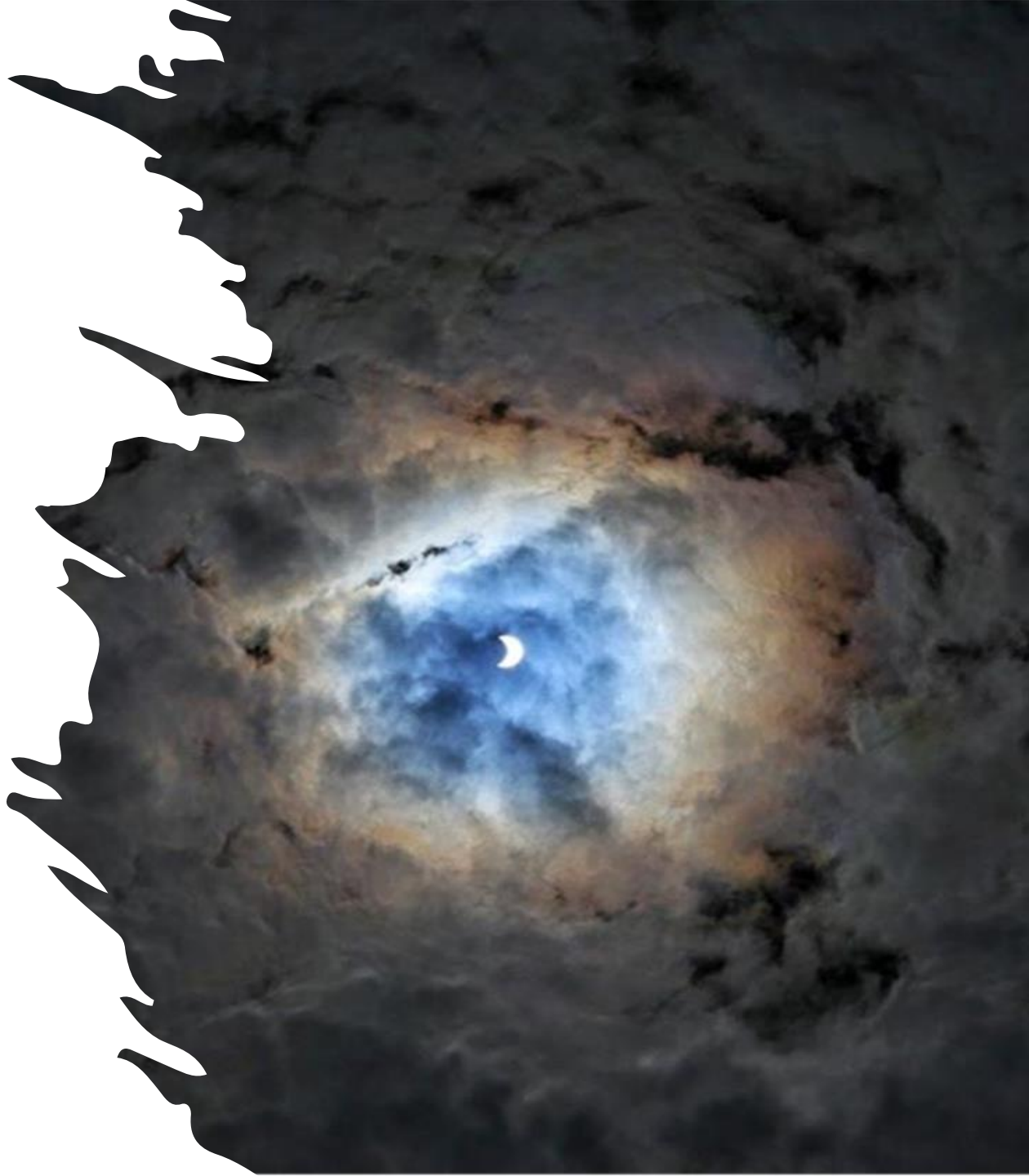
Virtual Psychotherapy= Decreased Therapy Disruptions

- 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

PSYCHODYNAMIC ADVANTAGE!!

Basic Principle: Distance increases sense of safety, decreases olfactory flooding, prevents touch

- Social anxiety
- Agoraphobia
- PTSD
- Other anxiety (panic)
- Psychosis



Telehealth is an Evidence Based Practice for SUD Treatment (Quality of Care)

- 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

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- Data from www.azdhs.gov/opioid/

WHY MAT/MOUD? OVERDOSE!! DEATH!!

- Arizona 2024 final stats:
  - 4,029 Verified non-fatal opioid overdose events
  - 1,485 Opioid deaths
  - Heroin 2.2%
  - Rx/synthetic 97.8%
  - Polydrug 88.8%

Top five drugs listed for AZ annual threat assessment

- Fentanyl
- Methamphetamine
- Cocaine
- Heroin
- Marijuana

Randy Moffitt, Drug Intelligence Officer, presented 02/05/2024

Public Safety Alert

Laboratory testing indicates 7 out of every 10 pills seized by DEA contain a lethal dose of fentanyl.

DEA has seized a record 74.5 million fentanyl pills to date in 2023, which already exceeds last year's totals of 58 million pills.

Multi-colored fentanyl pills. 95% of overdose deaths in AZ children 17 and under caused by fentanyl poisoning.

WHY MOUD First line?
PEOPLE STAY IN TREATMENT

Clark, Robin E., et al. "Risk factors for relapse and higher costs among Medicaid members with opioid dependence or abuse: opioid agonists, comorbidities, and treatment history." Journal of substance abuse treatment 57 (2015): 75-80.

TREATMENT RETENTION AT 12 MONTHS

Methadone = 52%

Buprenorphine = 33%

Therapies without MAT

=12%

WHY TELEHEALTH for MOUD?
CDC 6/27/24: Only ¼ of Americans who needed MOUD in 2022 got meds

- US Centers for Disease Control and Prevention 6/27/24 in CDC's "Morbidity and Mortality Weekly Report"
- 2022 National Survey on Drug Use and Health….56,610 adults

  3.7% of 9.3 million American adults needed OUD treatment (met criteria for OUD DSM-V)

- TREATMENT DISPARITIES

  Non-Hispanic White adults and men received MOUD more frequently 60%

  Black 44% and Hispanic 46% individuals less likely to receive medication.

  Women 40% vs Men 51%

  MOUD recipients more likely to be employed, have arrest hx, MJ and other drugs and stimulants, and aged 35-49

Those most in need of treatment did not attend college, were unemployed, had ever been arrested and booked, had any mental illness, used illicit drugs other than opioids, or misused stimulants or opioids.

Why Telehealth? Medical Treatment of Opioid Use Disorders Falls Short

Availability of Medications for Opioid Use Disorder in Community Mental Health Facilities, JAMA June 18, 2024 Cantor, Griffin, Levitan et al, *JAMA Netw Open.* 2024;7(6):e2417545. doi:10.1001/jamanetworkopen.2024.17545

Cross-sectional study of 450 community outpatient mental health treatment facilities in 20 states (incl AZ), 34% of clinics offered MOUD.

Despite high rates of opioid use disorder among people with co-occurring mental health disorders, only a third of community outpatient mental health treatment facilities in high-need states offer MOUD, indicating the need for improved scaling efforts.

Telehealth may overcome barriers to in-person care and improve outcomes

The Association Between Telehealth Use During Buprenorphine Treatment for Opioid Use Disorder and Clinical Outcomes: A Retrospective Cohort Study

J. Priyanka Vakkalanka, Brian C. Lund, Stephan Arndt, Knute D. Carter, and Ryan Carnahan

Telemedicine and e-Health 2025 31:3, 257-268

57,000 Veterans dx OUD and initiated buprenorphine

Teleheath vs in-person visits was associated with

reduced ED visits

reduced inpatient admissions

reduced mortality

Telehealth may help overcome barriers to in-person care. During buprenorphine treatment for OUD, telehealth as a point of contact with providers and the health care system may reduce more adverse health outcomes, potentially through improving treatment retention.

Medication First

Modeled after Housing First, a homeless assistance program

1. Get persons with opioid use disorder onto MAT (meds) quickly

***Persons with OUD should receive medical stabilization [=meds] prior to undergoing lengthy assessment processes or psychosocial interventions*.**

2. THEN provide voluntary supportive services as needed

***Individualized psychosocial treatment should be offered to patients but not required as a condition of medical treatment*.**

3. Continue meds as long as they are helping.

***Maintenance pharmacotherapy is delivered without arbitrary tapering or time limits*.**

Telehealth Improves Outcomes

- 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).

Suicide Prevention via Telehealth Actionable Recommendations for Multidisciplinary Teams

- Systematically provide caring contacts and virtual check-ins, using email, text, or video, to reduce suicide attempts by enhancing social connectedness and reducing isolation.[3-4]
- Invest in telehealth infrastructure, including broadband access and device provision, to ensure equitable uptake and effectiveness, particularly in rural and tribal communities.[5-6][18-19]
- Embed systematic screening for suicide risk into routine workflows, using standardized questionnaires administered via electronic health record portals or during video visits, with automated alerts for high-risk indicators.[27]
- Develop and implement robust protocols for risk assessment, safety planning, and crisis intervention adapted for telehealth, with clear procedures for documentation, emergency response, and coordination with local resources.[20][26]

Suicide Prevention via Telehealth: Actionable Recommendations for Multidisciplinary Teams

- Engage community stakeholders in the design and delivery of telehealth interventions, ensuring cultural adaptation and relevance, especially for tribal and marginalized populations.[4][10-11][25]
- Provide comprehensive training for all team members in telehealth delivery, suicide risk assessment, crisis management, and cultural competence.[1-2][8][11][20]
- Monitor clinical outcomes, patient satisfaction, and engagement metrics, embedding continuous quality improvement initiatives within telehealth programs.[10][25]
- Advocate for supportive policy environments, including reimbursement parity, licensure portability, and ongoing investment in telehealth infrastructure.[28-29]

Systems and Models: Tele-Education

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

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AHCCCS (Arizona State Medicaid) Coding 2025

- AHCCCS has removed E/M codes 99201-99215 and replaced them with 98000-98015 which includes the type of technology used in the session description, no modifier GT or FQ is needed
- Virtual Check in code 98016 has been added “Brief communication technology-based service (eg, virtual check-in)” no GT, GQ, or FQ modifier needed
- 98966-98968 codes added for a telephone assessment related to services provided within the previous 7 days and uses the FQ modifier;
  - [ended 99441-99442 Telephone Medical Discussion with Physician]

AHCCCS Telehealth Service Page

Audio-only telehealth services continue to be evaluated by Federal and State regulators, including AHCCCS and CMS, with particular interest in the following areas:

- Quality and efficacy of care
- Cost of care
- Access to care

We continue to see members that would either be **unable** or **unwilling** to access care in person or via video will seek out care when given an audio only option. The "Digital Divide" is a technologic (internet, equipment, knowledge) barrier to visual tech, and rural remote locations are difficult for patients to access in-person care.

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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 during COVID-19.

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What Can We Do to Help?

- Enhance regulatory support
- Mitigate fraud, abuse, IDENTITY VERIFICATION
- Improve our care quality

Technology needs to support healing rather than being a distraction.

- Development of “community of practice” and mentorship enhanced with technology
- Integrate care, clinically integrated networks, care management, enhance ancillary services.
- Telehealth is a “Home visit, house call” =Diversion from urgent care and ED
- Outreach to patients have not seen a PCP and offer in-home immediate telehealth.

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Competence

&

Connection

=EXTRAORDINARY PATIENT OUTCOMES

=SATISFIED CLINICIANS

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 Illness and Substance Use Disorders. https://store.samhsa.gov/sites/default/files/SAMHSA_Digital_Download/PEP21-06-02-001.pdf

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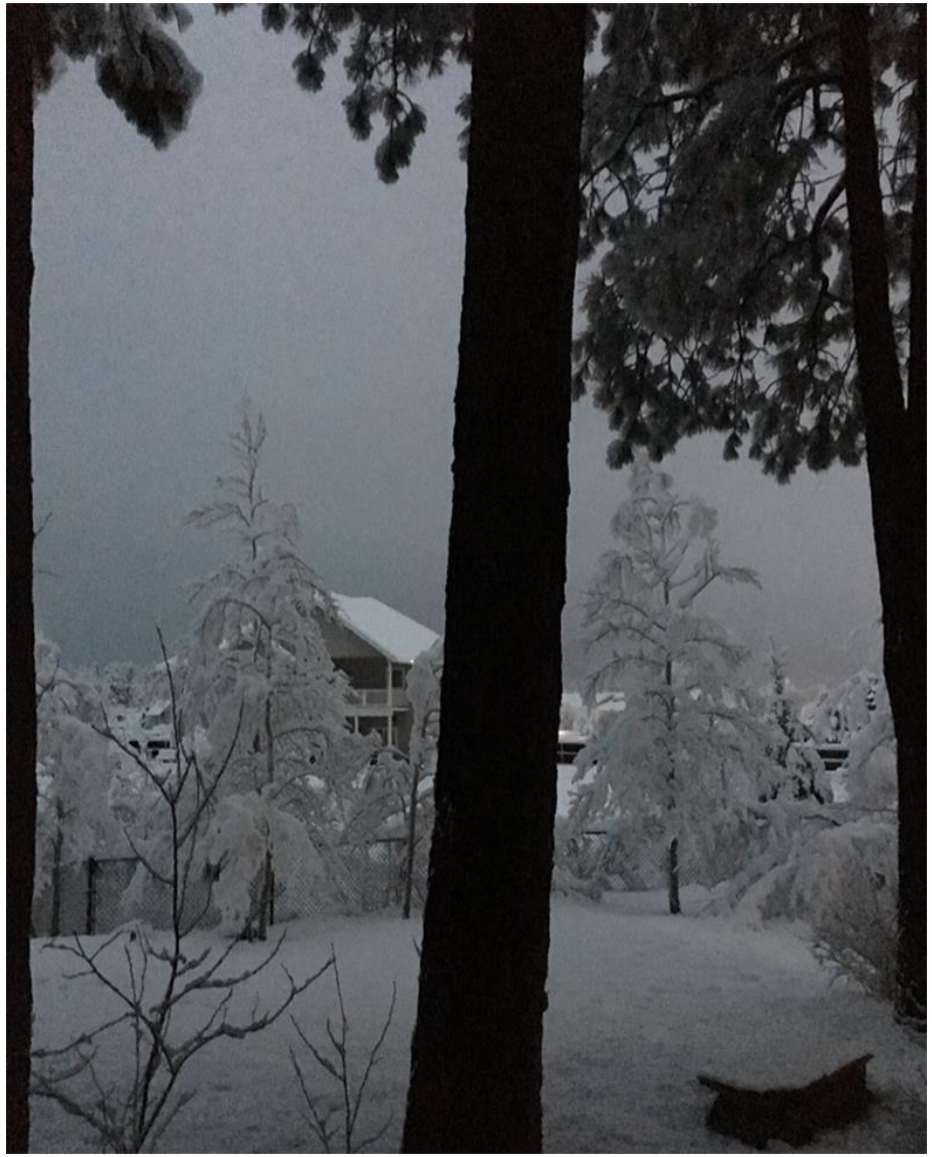
Guidelines

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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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
- Arizona AHCCCS Coding Policy and Allowable codes https://azahcccs.gov/PlansProviders/MedicalCodingResources.html

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Resources from Southwest Telehealth Resource Center

- Consortium of Telehealth Resource Centers: https://telehealthresourcecenter.org/
- TTAC (National Technology Center): https://telehealthtechnology.org/
- Southwest Telehealth Resource Center: https://southwesttrc.org/
- Arizona Telemedicine Program: https://telemedicine.arizona.edu/
- Service Provider Directory: https://telemedicine.arizona.edu/servicedirectory
- Previous Webinars: https://telemedicine.arizona.edu/webinars/previous
- The Telehealth Ten: A Guide for a Patient-Assisted Virtual Physical Exam: https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7368154/
- Patient Experience Toolkit: https://rhntc.org/resources/patient-experience-improvement-toolkit

Trainings-IHS

- IHS: “Cultural Competency when Serving American Indian/Alaska Natives”
- IHS: Telebehavioral Health Center of Excellence (TBHCE) for delivering culturally competent telebehavioral health services