



# 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 & innovate Telepsychiatry welcomes you to this free webinar. 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

- When you joined the webinar your phone &/or computer microphone was muted
- 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 ATP website
  - <http://telemedicine.arizona.edu/webinars/previous>





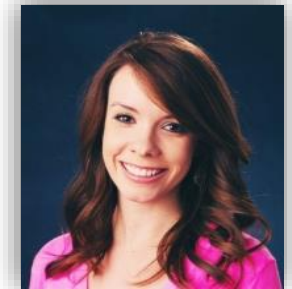


# “Where Are All The Psychiatrists?”

## How Telepsychiatry is Solving the Psychiatric Shortage



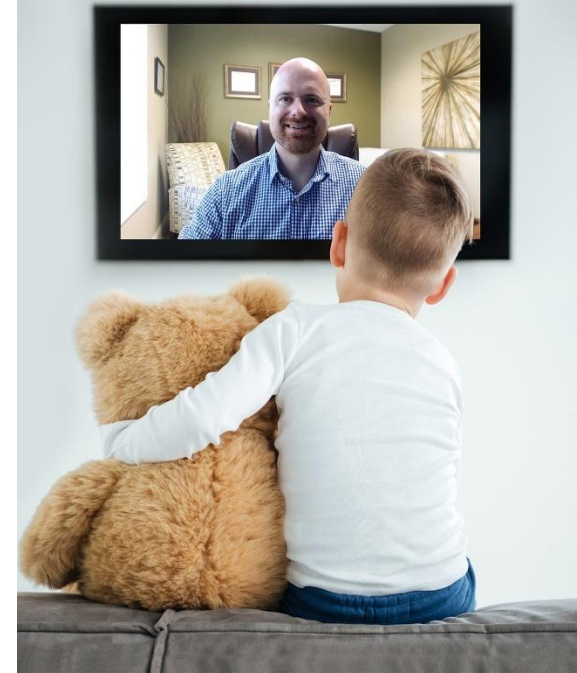
Jon Evans, CEO & Founder



Lauren Lashbrook, Director of Strategic Partnerships  
*innovaTel Telepsychiatry*

# Our Mission

Re-imagining the delivery of psychiatric care through advanced technology.



# Clinician Owned & Operated- “We Are You”

- innovaTel was founded by a clinical team with 30+ years of behavioral health experience.
- The founders started the first CMHC in NW Pennsylvania and through a small SAMSHA grant developed a successful telepsychiatry program.
  - Psychiatric recruitment and retention was a constant challenge.
- Through word of mouth the clinic’s adoption and success using telepsychiatry spread quickly throughout Pennsylvania and the country.
- As a result of the success and need to establish an independent company, innovaTel was founded in April 2014.



Receptionist: “Thank you for calling ABC Community Health Center, how can I help you?”

Patient: “Hi, yes, I’m calling to schedule a new patient appointment for myself (or a family member).”

Receptionist: “Ok, we can certainly help you, our next new patient appointment is towards the end of June.

(It’s March)

## The psychiatric shortage is an escalating crisis.



We know that timely access to care improves patient outcomes.

When someone makes the very important step to pick up the phone and seek help, getting that patient seen as quickly as possible matters.

The demand for behavioral health services is growing rapidly and there are not enough psychiatric providers to meet this demand.

# We want to hear from you!

- Have you had to turn away patients due to not being able to get them seen?
  - Yes or No
- How long is the wait for a patient to see a psychiatrist in your organization?
  - 1-2 weeks
  - 2-4 weeks
  - 1-2 months
  - 3-4 months
  - 4 months +
- Have you done anything with telepsychiatry to date?
  - Yes or No



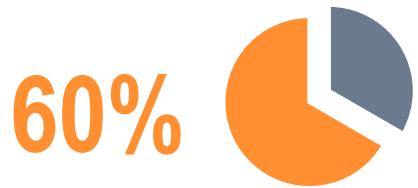
# Growing Need for Mental Health Services



Adults in America  
experience some form of  
mental illness



of youth (ages 8-15) with a  
mental illness received no health  
services in the previous year



of adults with a mental  
illness received no mental  
health services in the  
previous year



National average wait  
time for appointments  
with a mental health  
professional is 7.5 weeks

Source: National Alliance on Mental Illness (NAMI)

# Psychiatric Provider Shortage



- More than half of the U.S. counties have no mental health professionals.
  - The Department of Health and Human Services has designated more than 4,000 communities as Mental Health Professional Shortage Areas. These communities represent over 90 million Americans.
- 55% of states have a shortage of child and adolescent psychiatry.
- The average nationwide distribution of psychiatrists is 8.9 psychiatrists per 100,000.
- 12,486 active psychiatrists (59%) are 55 and older.
- Latest data suggests that 40% of all private practicing psychiatrists are accepting cash only, the second highest specialty after dermatology.



# Psychiatric Provider Shortage



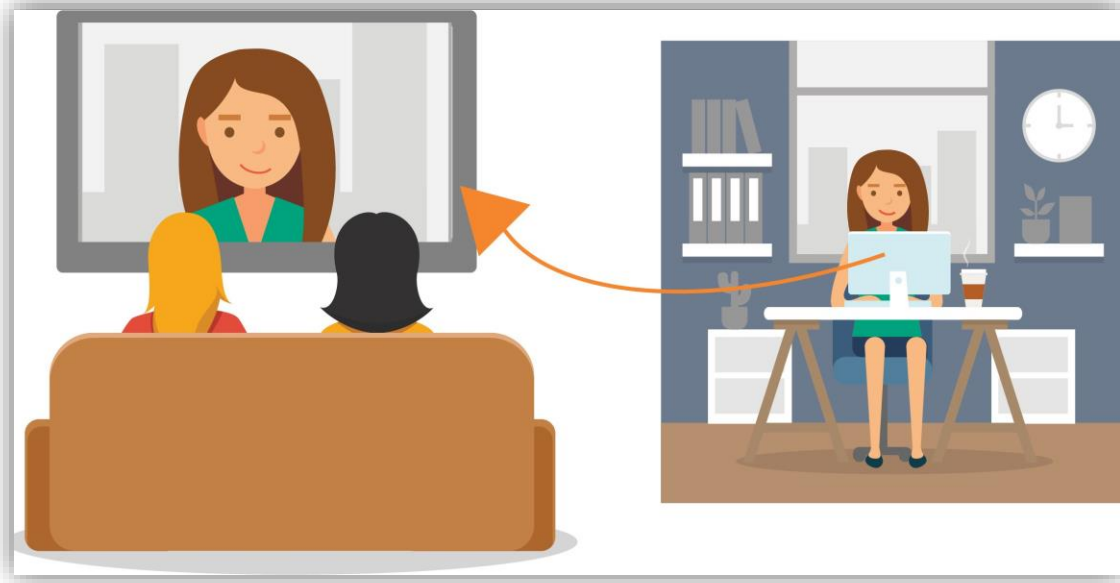
- There's not a lot of financial incentive for medical school graduates to choose psychiatry as a specialty. A 2017 report by Milliman Research showed that nationally, Medicare reimbursement rates for behavioral health providers were 21 percent less than reimbursements for primary care providers.
  - A recently article highlighted in Colorado, behavioral health providers are paid 41 percent less than primary care providers and 46% less than specialists.
- Based on estimates of retirement and new providers joining the workforce, it is projected the demand for psychiatry will outstrip supply by 15,600 psychiatrists or 25 percent.
- No clinical setting is immune to the psychiatric shortage, however, wait times in outpatient community mental health centers are the longest.



We get it, there aren't enough.

So what can we do?

# Telepsychiatry as a Solution



“In many systems of care, the uncertainty and expense of recruitment and retention of psychiatry providers keeps executives up at night, but perhaps in no setting more so than in resource challenged community mental health centers. innovaTel basically solves that problem.”

-innovaTel Partner

With limited providers and a growing demand for treatment, telepsychiatry has proven to be an effective solution.



# Top Telepsychiatry Myths



1. Patients won't feel comfortable.
2. Telepsychiatry is a short-term solution.
3. Patients will see a different clinician at each visit.
4. Our organization doesn't have the right technology.
5. It's too expensive.

# Support for Telepsychiatry

- “Telemedicine in psychiatry, using video conferencing, is a validated and effective practice of medicine that increases access to care. The American Psychiatric Association supports the use of telemedicine as a legitimate component of a mental health delivery system to the extent that its use is for the benefit of the patient, protects patient autonomy, confidentiality, and privacy; and when used consistent with APA policies on medical ethics and applicable governing law.” -American Psychiatric Association Telepsychiatry Policy (February 2018)
- Studies demonstrate comparable results to in-person care and in many cases, improved outcomes over the current standard of care.
- Many of our clinic partners have their highest patient satisfaction surveys from telepsychiatry patients.
- Telepsychiatry has also provided increases in clinic efficiency, a variety of available care, increased access, provider flexibility and positive outcomes.

# Benefits of Telepsychiatry

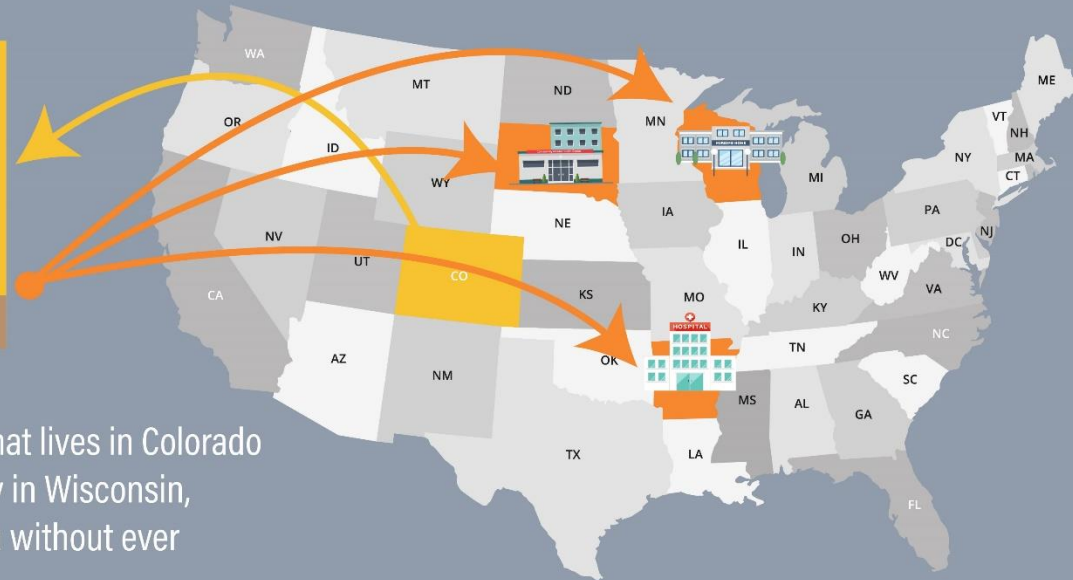
- Access to sub-specialty trained clinicians without recruitment headaches
- Increase behavioral health services offered to your community
- Avoid admissions and reducing psychiatric boarding in emergency departments
- Shorten wait times for appointments
- Meet or exceed standards of patient care
- Staff cases with a telepsychiatrist and receive timely dispositions for most appropriate level of care
- Provider continuity



# Geographic Restrictions & Travel Eliminated

## One Telepsychiatrist Covering Multiple Locations

We know it can be a challenge to find high-quality psychiatric clinicians in a specific geography. Telepsychiatry removes the geographic limitations because we can recruit from all over the country and provide organizations with the best clinicians through simple-to-use technology.



### Example:

Dr. Green is a psychiatrist that lives in Colorado and provides telepsychiatry in Wisconsin, Arkansas and South Dakota without ever leaving her home.



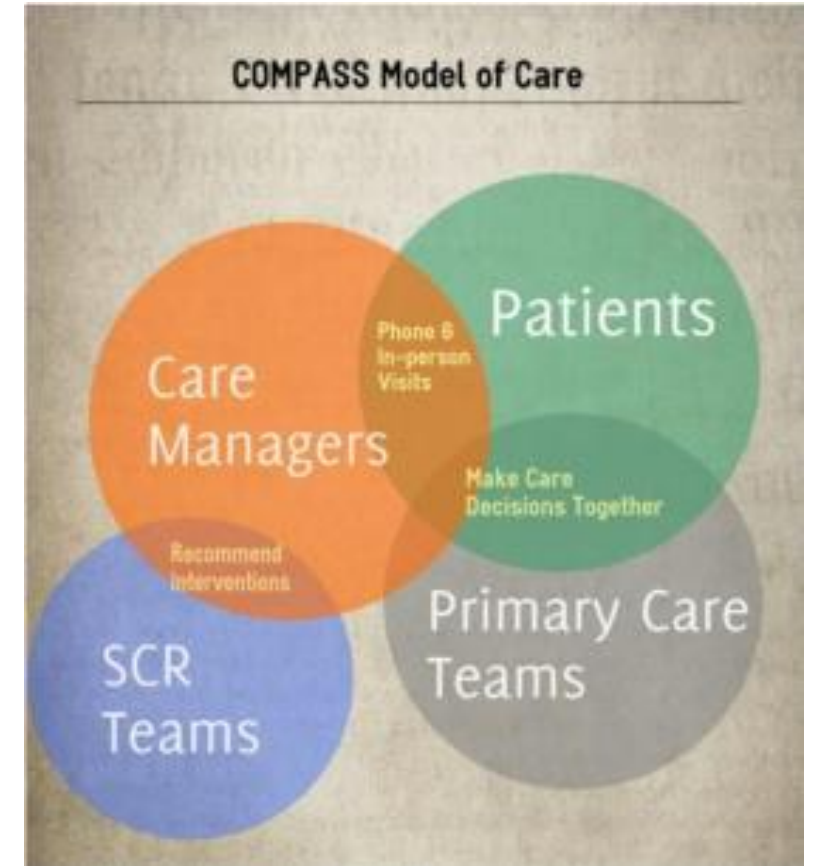
# Integrate Psychiatry into Multiple Settings

- Primary Care
  - Over 50% of primary care visits are related to depression or anxiety.
  - Instead of primary care doctors having to refer out to psychiatrists in their community, which results in delayed care for the patient, through telepsychiatry, primary care offices could have dedicated times set for telepsychiatry for patients to be seen quickly.
  - CMS Collaborative Care Codes
- Emergency Departments
- Schools
- Jails



# Care of Mental, Physical and Substance Syndrome (COMPASS) Study

- Centers for Medicare and Medicaid Services Innovation grant
- 3 year initiative to solidify the collaborative care model as a solution to comorbid mental and physical health problems
- Partnership among 18 medical groups across the country.
- Specific focus was for patients in primary care diagnosed with depression as well as diabetes and/ or cardiovascular disease not under control.
- The study reached 4,000 patients in 7 states and improved depression, diabetes control, and hypertension
- Overall improvement in patient satisfaction in care and physician satisfaction.



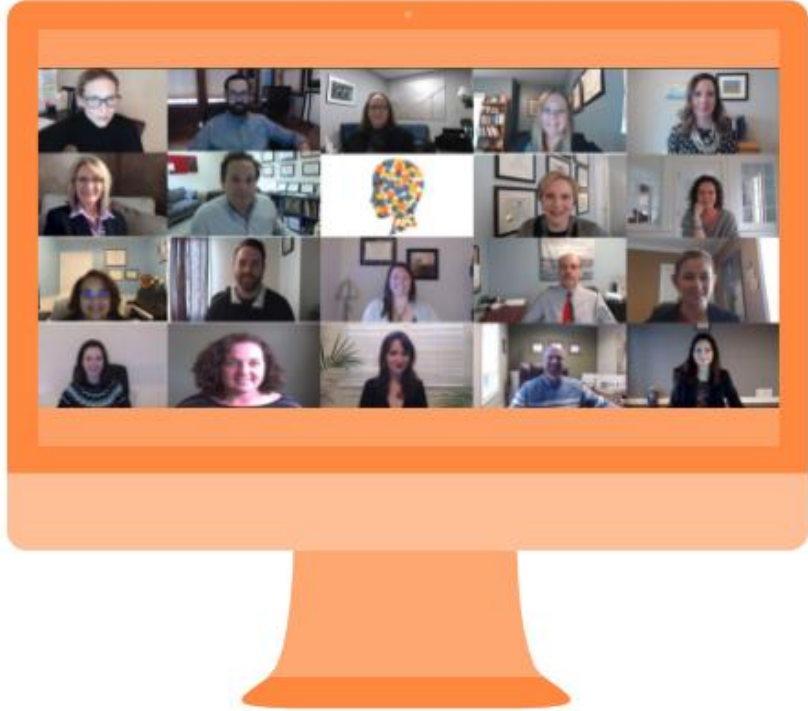
# How Does Telepsychiatry Work?

The goal is to mirror your existing workflows with the only difference being that the clinician is on screen and not on site.

- Designate a room for telepsychiatry with the appropriate technology
- Determine hours that telepsychiatry will be utilized and schedule those appointments in your EMR as you would an in-person appointment
- Patient will be greeted by a nurse or medical assistant, vitals taken, and the patient will be escorted to the dedicated telepsychiatry room
- innovaTel provider will document directly in your EMR
- Insurance claims will be billed by your organization



# Our Providers



- innovaTel partners with organizations by offering contracted hours (part-time or full-time) for clinicians including:
  - Board Certified or Board Eligible Psychiatrists
  - Psychiatric Nurse Practitioners
  - Licensed Clinical Social Workers
- We manage all recruitment, licensing, DEA, benefits and malpractice. You have the final choice in who your provider will be.
- Continuity of care is critical in behavioral health. Partnering with innovaTel, your selected provider becomes a virtual member of your team. Your patients will see the same provider each and every time.



# Our Partnership

- innovaTel covers all up-front expenses including:
  - Recruitment
  - DEA
  - Licensing
  - Malpractice
- The only invoice the clinic receives is for the hourly rate for the clinician and pricing is customized based on the needs of each individual organization.

# Questions & Answers

Jon Evans

[Jon.Evans@innovatel.com](mailto:Jon.Evans@innovatel.com)

Lauren Lashbrook

[Lauren.Lashbrook@innovatel.com](mailto:Lauren.Lashbrook@innovatel.com)

# Improving Access to Quality Medical Care Webinar Series

Please check our website for upcoming webinars  
and events

<http://www.telemedicine.arizona>



Your opinion is valuable to us.  
Please participate in this brief survey:

<https://www.surveymonkey.com/r/SWTRCWebinar>

This webinar series is made possible through funding provided by health Resources and Services Administration, Office for the Advancement of Telehealth and the Office of Rural Health Policy, Rural Hospital Flexibility Program.