Telepsychiatry: Enhancing Access to Mental Health Care

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Objectives

• Discuss current barriers in mental health care and the goals of telepsychiatry
• Consider the potential benefits of telepsychiatry
• Discuss settings and patient populations for which telepsychiatry may be appropriate/useful
• Review factors for consideration when implementing telepsychiatry
Polling Question

What barrier in mental health care do you feel to be most relevant in your clinical experience?

A. Cost of therapy/insurance coverage
B. Time constraints
C. Stigmas
D. Patients who have difficulty visiting the office
E. Access to available care
Telepsychiatry – Overview

- There are many barriers to accessing optimal mental health care\(^1,2\)
- One goal of telepsychiatry is to reduce disparities in patient access to mental health care\(^3\)
- Telepsychiatry may be feasible for patients diagnosed with serious mental illness (SMI), and may potentially offer multiple benefits\(^4-6\)
  - Patient appropriateness should be determined based on the professional’s assessment of the patient’s ability to arrange a suitable setting for videoconferencing services and cooperativeness regarding managing safety issues\(^7\)
- State-specific regulations and other challenges must be considered and addressed for implementation of telepsychiatry\(^8,9\)

There Are Many Barriers to Access to Optimal Mental Health Care in the United States

Digital Technology Is Poised to Become the Fourth Wave of Evolution in Mental Health Care

1890s
Psychoanalysis

1952
Psychopharmacology

1980s-'90s
Evidence-based practice in mental health care

2015
Digital psychiatry

Suboptimal treatment response remains an ongoing concern

Telepsychiatry, a Form of Telemedicine, May Help Improve Access to Mental Health Care

**TELEMEDICINE**

Provision of health services over distance through the use of electronic information and telecommunications technologies

- Examples of applications include patient consultations, liaisons with emergency personnel, telesurgery
- In addition to patient care, these varied technologies may have a multiplicity of current and possible uses in professional education, research, public health, and administration

**TELEPSYCHIATRY (OR TELEMENTAL HEALTH)**

Provision of mental health services from a distance

- May include two-way, interactive videoconferencing or other technologies such as virtual reality, electronic mail, remote monitoring devices, chat rooms, and web-based clients
- May be used for mental health assessment, treatment, education, monitoring and collaboration

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Telepsychiatry May Be Associated With Several Potential Benefits

Potential Benefits of Telepsychiatry

- Feasible to deliver various types of psychotherapy\(^1\)
- Decreased costs in terms of time and travel expenses\(^1\)
- Comparable levels of patient satisfaction\(^1,2\)
- Increased access to care\(^3\)
- Improved retention\(^4,5\)

Telepsychiatry May Be Feasible and Offer Potential Advantages for Patients Diagnosed With SMI

Studies have shown that telepsychiatry may offer advantages when used in the management of patients diagnosed with SMI:

- **Major depressive disorder**
  - May be acceptable\(^1\)
  - May be associated with a high level of patient satisfaction\(^1\)
  - May facilitate a strong working alliance comparable to that formed in face-to-face settings\(^2\)
  - May be feasible for use in elderly, homebound depressed patients\(^3\)

- **Schizophrenia**
  - May be used to interview and assess patients\(^4\)
  - May be acceptable\(^4\)
  - May increase patients’ ease of expression\(^4\)
  - May improve perceptions of social support\(^5\)

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In a Study of Veterans, Remote Treatment* of Depression With Telepsychiatry Was Comparable to In-Person Treatment

- In a randomized, controlled trial of veterans referred for outpatient treatment* (N=119; 105 men and 14 women), management of depression using telepsychiatry was comparable to in-person management, in terms of
  - Significant improvement in symptoms
  - Study drop-out rates
  - Medication adherence
  - Patient satisfaction
  - Treatment costs

*Treatment consisted of antidepressant medication management, psychoeducation, and brief supportive counseling

Polling Question

For which patient population would you be most inclined to utilize telepsychiatry?

A. Patients in emergency mental health care situations
B. Patients who live in rural settings
C. Patients who are veterans
D. Patients in correctional facilities
E. Patients in primary care settings
Telepsychiatry May Help Extend the Reach and Facilitate the Delivery of Psychiatric Care

**RURAL SETTINGS**
- May reduce travel for patients and providers¹
- May help decrease stigma²
- May support continuity of care³

**VETERANS**
- May enhance therapeutic alliance⁴
- May help reduce hospital admissions⁵
- May facilitate group therapy⁶

**CORRECTIONAL FACILITIES**
- May help address provider shortage⁷
- May allow for evaluation and consultation without compromising public safety⁷

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Telepsychiatry May Help Extend Care to Populations Who Face Language Barriers

“Race, ethnicity, culture, language, geographic region, and other social factors affect the perception, availability, utilization, and potentially, the outcomes of mental health services.”

US Public Health Service, *Mental Health: Culture, Race, and Ethnicity*¹

- Telepsychiatry has been explored in populations that face language and/or cultural barriers²⁻⁵
- Patient-reported benefits of telepsychiatry reported in 4 studies included
  - Convenience and easy access²
  - Comfort, security, and confidentiality²
  - Decreases in language and cultural barriers²,⁵
  - Access to treatment in native language without needing to travel⁵
  - Facilitation of therapeutic relationship³,⁴


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Telepsychiatry May Play a Role in Emergency Mental Health Care

• May be used to assess psychiatric patients in the emergency department (ED)¹
  – In a study of patients presenting to the ED (N=73), telepsychiatric and face-to-face assessments showed agreement in disposition recommendation and diagnosis

• In a retrospective analysis of a state-wide, ED-based telepsychiatry program (N=14,522), compared to a matched control group, recipients of telepsychiatry²:
  – were less likely to be admitted
  – were likely to have a shorter length of stay, if admitted
  – were more likely to receive 30-day and 90-day outpatient follow-up
  – had lower total health care charges in 30-day follow-up period

Telepsychiatry May Be Acceptable for Use in Correctional Facilities

- Multiple individual and institutional factors may complicate the provision of psychiatric services to individuals in correctional facilities.  
- The Work Group to Revise the APA Guidelines on Psychiatric Services in Correctional Facilities (2016) indicates that telepsychiatry may be well-suited for use in correctional facilities as a supplement to on-site services.  
  - Prisons and jails are often located in rural communities with limited access to psychiatric services.
  - Use of telepsychiatry avoids the need to transport inmates to an off-site location for psychiatric consultation, which enhances the safety of the community.
  - Telepsychiatry may also allow for the observation of patients during an after-hours crisis or for monitoring of suspected medication side effects.

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Cost Savings of Telepsychiatry Have Been Evaluated in Various Rural Settings

- **Geriatric:** Data analysis on the use of telepsychiatry among rural nursing home residents (N=106) over 278 encounters suggests that it could potentially result in cost savings in the following areas:
  - provider travel time, direct travel costs (e.g., gasoline), patient transport, and related personnel costs
- **Pediatric:** Use of telepsychiatry among rural pediatric patients (N=132) over 257 consultations suggested substantial cost savings to patients and families.
- **Veteran:** Use of telepsychiatry among rural combat veterans (n=74) resulted in significant provider-level cost reductions, relative to in-person services.
- **Native American:** Use of telepsychiatry among rural Native American patients (762 total visits) resulted in savings on both provider and patient travel, relative to in-person services.
- In some cases, the costs of telepsychiatry may exceed the threshold for adoption; the quality of the existing literature on cost-effectiveness varies.

"Break-even point" analyses suggest that telepsychiatry may result in cost savings when travel distances exceed about 30 km (19 miles).

Telepsychiatry May Potentially Offer Benefits to All Stakeholders in Mental Health Care Service and Delivery

- **PATIENTS**
  - Improved access to care\(^1\)
  - Treatment satisfaction\(^2,3\)
  - Convenience\(^1\)
  - Overcome language and cultural barriers\(^4\)

- **PROVIDERS**
  - Diagnostic accuracy and reliability\(^4,5\)
  - Non-inferior to in-person treatment\(^6\)
  - Convenience\(^1\)

- **PAYORS**
  - Cost-effective\(^4\)
  - Savings\(^4\)
    - Costs
    - Travel
    - Time

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Medicaid and Private Coverage and Reimbursement Policies for Telepsychiatry Vary by State

• State policies for telemental health vary in specificity and scope
  – Map represents state rankings for Medicaid coverage of mental and behavioral health services provided via telemedicine, based on scope and conditions of payment

Several Factors Must Be Considered and Addressed for Successful Telepsychiatry Implementation


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Summary

• Telepsychiatry may improve access to mental health care\(^1\) and offer multiple benefits (eg, improved retention,\(^2,3\) decreased time and travel expenses\(^4\))
  – Patient appropriateness should be determined based on the professional’s assessment of the patient’s ability to arrange a suitable setting for videoconferencing services and cooperativeness regarding managing safety issues\(^5\)

• Telepsychiatry may be acceptable for use among patients diagnosed with SMI\(^6\) and for assessment of patients in the emergency department\(^7\)

• Telepsychiatry may also be feasible for use among various underserved patient populations\(^8-11\)

• Telepsychiatry may offer advantages to all stakeholders in the service and delivery of mental health care, ie, patients, providers, and payors\(^1,4,12,13\)

• Despite the potential promise, for greater uptake and successful implementation of telepsychiatry, several challenges will need to be effectively addressed\(^1,13,14\)

DISCUSSION
QUESTIONS
## Upcoming Virtual Forum*

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| Paying For Value In Mental Health Services: Perspectives From The Field | • Deborah Adler  
• Maurice Lelii                           | Thursday, August 4, 2016                    | 12:00–1:00pm EST          |
| Is Zero A Must?: The Impact Of Residual Symptoms In Major Depressive Disorder | • Robert Nelson, MD  
• Allen Doederlein                         | Wednesday, August 24, 2016                   | 12:00–1:00pm EST          |
| Managing & Financing Specialty Health Plans                           | • Richard Topping, J.D., M.P.H                | Thursday, September 8, 2016 | 12:00–1:00pm EST          |
| Psychopharmacology In The Treatment Of Depression Is Still Alive      | • Stephen M. Stahl, MD, PhD                   | Tuesday, November 1, 2016  | 12:00–1:00pm EST          |
|                                                                      |                                                |                           | Rebroadcast 3:00–4:00pm EST|
| Understanding the Role of Social Determinants in Population Health Management | • Arthur Evans, PhD                           | Thursday, November 17, 2016 | 12:00–1:00pm EST          |

*Register for these programs at https://www.psychu.org/events/

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