Telepsychiatry: Benefits and Limitations in Clinical Practice

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Speaker Profile

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Dr. Behrens is the CEO and Medical Director of the Envision ADHD Clinic in Milwaukee, Wisconsin. He obtained his medical degree from the University of Wisconsin School of Medicine and Public Health and completed his psychiatric residency at the University of Wisconsin, where he served as a Chief Resident.

Dr. Behrens is a board certified psychiatrist involved in the American Medical Association and American Psychiatric Association, currently building new clinics and practice models utilizing advances in outcome tracking, telepsychiatry, and collaborative care models to better meet the needs of patients, physicians, and other healthcare providers. He continues to adapt and develop workflows and software to better meet patient and physician needs for extending quality care and has experience bringing these tools outside of his own private practice and into community support programs, rural geriatric intensive outpatient programs, inner city primary care clinics, and substance abuse treatment centers. He is passionate about the intersections of technology and team collaboration to better and more conveniently extend psychiatric care for patients.
Telemedicine and Telepsychiatry

**Telemedicine**: process of providing health care from a distance through technology, often using videoconferencing\(^1\)

**Telepsychiatry**: provision of psychiatric care through electronic communication between psychiatrists and patients\(^2\)

- **Synchronous**: mental health care can be delivered in a live, interactive communication\(^1\)
- **Asynchronous**: recordings of medical information can be sent to distant sites for later review\(^1\)

The APA has declared telepsychiatry* to have become a core tool of daily clinical practice\(^3\)

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*In the form of live interactive videoconferencing.\(^2\)

APA, American Psychiatric Association.

Mental Healthcare Access in America

In 2016, 1 in 5 American adults were living with mental illness*1

Only ~40% of patients with mental illness received treatment in the past year*1

On average, in the US there is 1 mental health provider† for every 536 individuals in the country2

However, mental healthcare providers† are not evenly distributed:2

1:200 in Massachusetts

1:1260 in Alabama

In the US, 85% of federally designated health professional shortage areas for mental health are rural3

*Based on data from the 2016 National Survey on Drug Use and Health (NSDUH) performed by the Substance Abuse and Mental Health Services Administration (SAMHSA).
†The term “mental health provider” includes psychiatrists, psychologists, licensed clinical social workers, counselors, marriage and family therapists, and advanced practice nurses specializing in mental health care.
Telepsychiatry Usage Beyond Rural Areas

Telepsychiatry may mitigate workforce shortages in remote and underserved areas\(^1\)

In addition to those living in rural areas, unmet need for mental health treatment is greatest among the elderly, racial-ethnic minorities, low-income populations, and uninsured individuals\(^2\)

Though originally intended to serve patients in remote and inaccessible locations, telepsychiatry is being increasingly used to enhance access for urban patient populations as well\(^3\)

Telepsychiatry can be flexible in the range of:\(^3\)

The Flexibility of Telepsychiatry: Potential Range of Services

Telepsychiatry can provide a range of clinical services:

- Patient-care services*1
- Crisis intervention1
- Nursing care1
- Patient education1,2
- Medication management2
- Case management1
- Development of clinical care plans1
- Therapy (e.g., individual therapy, group therapy, family therapy)2
- Neuropsychological testing1
- Care coordination (e.g., consultations with PCPs)2

Additionally, telepsychiatry equipment can be extended to a number of non-clinical applications such as:

- Healthcare provider education3
- Administrative functions1
- Managerial functions1
- Staff training3

*Including psychiatric assessment and diagnosis, pharmacological and psychosocial interventions, follow-up and home-based care.

PCP, primary care physician.
The Flexibility of Telepsychiatry: Potential Recipients

Telepsychiatry services can be used for the treatment of:  

1. Individuals in correctional facilities
2. Military personnel
3. Members of minority and ethnic populations
4. Patients with child or elder care responsibilities
5. Patients who cannot take time off of work
6. Patients who have limited mobility/travel capabilities

Additionally, telepsychiatry may be especially useful for patients with special considerations, such as:

- Children
- Adults
- Elderly

References:
The Flexibility of Telepsychiatry: Potential Points of Delivery

Possible settings for delivery of telepsychiatry:

1. Emergency services
2. Hospitals
3. Community settings
4. Extended care and assisted living
5. Correctional facilities
6. Schools (e.g. K-12, universities, special needs)
7. Patient homes
8. Primary care

### Potential Benefits of Telepsychiatry

<table>
<thead>
<tr>
<th>Benefits to the provider</th>
<th>Benefits to both</th>
<th>Benefits to the patient</th>
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</thead>
<tbody>
<tr>
<td>Improved recruiting and retention*2</td>
<td>Improved continuity of care and follow-ups3</td>
<td>Satisfaction with services14</td>
</tr>
<tr>
<td>Improved education of mental health professionals2</td>
<td>Provides on-demand options5</td>
<td>Reduced need for ER trips3</td>
</tr>
<tr>
<td>Improved patient compliance with therapy2</td>
<td>No transportation time or costs2,5</td>
<td>Improved care coordination and integrated care1–3</td>
</tr>
<tr>
<td>Increased patient volume capacity6</td>
<td>Avoids risk of exposure to illness5</td>
<td>Improved healthcare access and reach1,2</td>
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<tr>
<td>Reduced professional isolation2</td>
<td>Streamlined implementation of training2</td>
<td>Reduced delays in care/time waiting for referrals2,3</td>
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<tr>
<td>Better provider work/life balance1</td>
<td></td>
<td>Ability to bring care to the patient’s home or location3</td>
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<tr>
<td>Higher attendance rates for telehealth visits2</td>
<td></td>
<td>Less patient time spent in waiting room5</td>
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* Of mental health professionals in underserved or rural areas. † Patients and providers are generally satisfied with telepsychiatric services.


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Possible Barriers to Implementation of Telepsychiatry


*Examples include extensive log-in procedures, difficult to use technology, need for access to information technology (IT) support, etc.
†Limited/lack of reimbursement has been identified as one of the major reasons for the slow diffusion of telemedicine.
‡Studies have suggested that, after controlling for other barriers (e.g. regulatory and reimbursement issues), negative attitudes of clinicians are the most significant barriers affecting use of telepsychiatric services.
Regulatory Concerns in Telepsychiatry

• There is variability in regulation of telemental health at the state level; while some federal laws and regulation may apply, often provision of care involves state law¹
  – From September 2016 to January 2017, 31 states and the District of Columbia enacted telehealth private payer laws²

• Regulations for physicians are more prevalent, as compared to non-physician providers*²
  – Providers must know specific information about the relevant federal and state laws as they relate to each patient³

• The Interstate Medical Licensure Compact (“Compact”)†²
  – Aims to encourage states to enact regulatory frameworks that will increase interstate delivery of telehealth services, thereby increasing payor coverage in states that may lack access
  – Gives physicians in Compact states an expedited process for obtaining licenses to practice in multiple states

• Similarly, the PSYPACT and APRN Compact would allow psychiatrists and advanced practice registered nurses to provide telehealth services to patients across jurisdictional boundaries²
  – Each is expected to become operational when the required number of states enact them‡

• The 2008 Ryan Haight act amended the federal Controlled Substances Act⁴
  – Prohibits dispensing of controlled substances via the internet without a “valid prescription”§; includes requirement for an in-person evaluation of the patient before any controlled substance can be prescribed
  – While some states have enacted laws that allow for prescription of certain controlled substances, the DEA has not refined requirements

*Examples include psychologists, social workers, therapists, and counselors. Some states have started to expand regulatory frameworks for such non-physician behavioral health providers †Compact went into full effect in April of 2017. ‡7 states are required for the PSYPACT and 10 states are required for the APRN Compact. §Prescription must be issued for a legitimate medical purpose and may only be issued once a physician has conducted at least one in-person evaluation of the patient.

APRN, Advanced Practice Registered Nurse; DEA, Drug Enforcement Agency; PSYPACT, Psychology Interjurisdictional Compact.

Evidence of Similar Outcomes in Mental Health Care Delivered via Telepsychiatry vs Face-to-face Care

### Telepsychiatry has been studied in a variety of therapeutic areas*1

<table>
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<tr>
<th>Depressive Disorders</th>
<th>Schizophrenia</th>
<th>PTSD</th>
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<td>RCTs have reported that treatment delivered by telepsychiatry is equivalent to face-to-face interventions on symptom reduction and other outcomes</td>
<td>Schizophrenia has been reliably diagnosed and assessed using telepsychiatry, and treatment results in improved clinical outcome and high rates of patient satisfaction</td>
<td>RCTs have reported telepsychiatry and face-to-face interventions to be equally efficacious</td>
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**Depressive Disorders**

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**Schizophrenia**

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**PTSD**

RCTs have reported telepsychiatry and face-to-face interventions to be equally efficacious.

Therapeutic alliance, levels of attrition and compliance, patients’ and clinicians’ satisfaction, and patients’ retention of information were also similar.

Taken together, evidence suggests that service delivered via telepsychiatry is equivalent to face-to-face interventions in terms of diagnostic accuracy, treatment effectiveness, quality of care, patient satisfaction, patient privacy, and confidentiality2

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*RCTs or controlled trials have been conducted with depression, anxiety disorders, eating disorders, substance abuse, psychosis, dementia, and suicide prevention.

PTSD, Post-traumatic stress disorder; RCT, randomized controlled trial.


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The Potential for Differences in Patient and Provider Perceptions of Telepsychiatry

While both patients and providers are generally satisfied with telepsychiatric services, patients tend to report higher satisfaction than providers\textsuperscript{1}

This may be due to clinicians’:\textsuperscript{2}

- Concerns about establishing rapport
- Discomfort with technology
- Inadequate training
- Perception that telepsychiatry might add to, rather than alleviate their clinical burden
- Concerns about safety, confidentiality, and privacy

Providers may report lower alliance scores with telepsychiatry vs face-to-face patients, whereas patients do not report a difference\textsuperscript{1}

Cost Effectiveness of Telepsychiatry

• Most studies demonstrate that telepsychiatry reduces direct and indirect costs and increases quality of life adjusted years\(^*$\)

• Telepsychiatry may have greater up-front costs\(^*\); however, there appears to be a “tipping point” at which telepsychiatry begins to eclipse the cost-effectiveness of face-to-face interventions\(^1\)
  – This point varies widely based on the population being served: as high as 379 consultations and as low as 6 consultations in more rural populations

• Break-even point analyses have suggested that a weekly volume of 7–14 consultations and travel-distances >30 kilometers determine whether telepsychiatric service will prove to be cost-effective\(^2\)

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\(^*\)As compared to face-to-face interventions.

Telepsychiatry in Action

The United States Department of Veteran’s Affairs (VA) has taken a leadership role in telemental health innovation since the 1960s.

The VA established a National Telemental Health Center to:
- Unify the use of tele-mental health within the VA
- Ensure the availability of telehealth services nationwide
- Help advance the field of telemedicine
- Act as a resource for best practices

2010
- 133,500 veterans used telemental health services for a total of 427,000 encounters
- The VA announced the establishment of five Mental Health Telehealth Clinical Resource Centers across the country

2016
- The VA announced a new federal rule that will allow VA health care providers to administer care using telehealth across state lines and outside of VA facilities

2018
- A study which assessed clinical outcomes of 98,609 mental health patients before and after enrollment in telemental health services of the VA between 2006 and 2010 reported that after enrollment:
  - Psychiatric admissions decreased by 24%
  - Days of hospitalization decreased by 27%

Programs run through the VA typically benefit from having internal funding, which may be a key element to their success.

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