

Use of Telemedicine & Technology in the Treatment of Mental Health

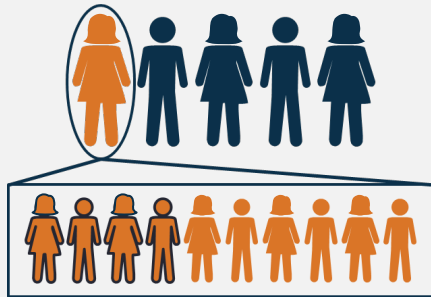
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Otsuka Pharmaceutical Development &
Commercialization, Inc. and Lundbeck, LLC.

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Objectives

1. Explore potential benefits of telepsychiatry.
2. Discuss considerations for implementation of telepsychiatry.
3. Address potential challenges to practicing via telepsychiatry
4. Review outcomes from the use of telepsychiatry in a variety of healthcare settings

Mental Healthcare Access in America



- **1 in 5** American adults were living with mental illness in 2016*¹
- Only **~40%** of patients with mental illness received treatment in the past year*¹

- There was no increase in the number of psychiatrists from 2003 to 2013, although the number of overall physicians increased²
- In 2015, more than 60% of psychiatrists were older than 55 years of age³



In 2018, there were **~15 psychiatrists** and **~7 PMH-APRNs** in the **US per 100,000** population⁴



85% of federally designated health professional shortage areas for mental health in the US are rural⁵

Massachusetts, per 100,000 population⁵:

~36 psychiatrists



~18 PMH-APRNs



Oklahoma, per 100,000 population⁵:

~8 psychiatrists



~2 PMH-APRNs



*Based on data from the 2016 NSDUH performed by the SAMHSA.

PMH-APRN, advanced practice psychiatric nurse; NSDUH, National Survey on Drug Use and Health; SAMHSA, Substance Abuse and Mental Health Services Administration; US, United States.

1. National Alliance on Mental Illness. Mental Health Facts in America. Available at: <https://www.nami.org/NAMI/media/NAMI-Media/Infographics/GeneralMHFacts.pdf>. Accessed August 1, 2019.

2. Bishop TF et al. *Health Aff (Milwood)*. 2016;35(7):1271-7.

3. Association of American Medical Colleges. Active Physicians by Age and Specialty. December 2015. Available at: <https://www.aamc.org/data/workforce/reports/458494/1-4-chart.html>. Accessed August 1, 2019.

4. University of Michigan Behavioral Health Workforce Research Chart. Mapping Supply of U.S. Psychiatric Workforce. October 2018. Available at: <http://www.behavioralhealthworkforce.org/wp-content/uploads/2019/01/Y3-FA1-P2-Psych-Mapping-Full-Report-with-Appendix.pdf>. Accessed August 2, 2019.

5. Watanabe-Galloway S et al. *Rural Remote Health*. 2015;15(4):3392.

Telemedicine and Telepsychiatry

Telemedicine: process of providing health care from a distance through technology, often using videoconferencing¹



Telepsychiatry: provision of psychiatric care through electronic communication between psychiatrists and patients²

Synchronous: mental health care can be delivered in a live, interactive communication¹

Asynchronous: recordings of medical information can be sent to distant sites for later review¹

The APA has declared telepsychiatry* to have become a core tool of daily clinical practice³

*In the form of live interactive videoconferencing.³

APA, American Psychiatric Association.

1. American Psychiatric Association. What is Telepsychiatry? Available at: <https://www.psychiatry.org/patients-families/what-is-telepsychiatry>. Accessed October 2018.
2. Lauckner C, Whitten P. *J Behav Health Serv Res*. 2016;43(2):305-18.
3. Epstein Becker Green. 50-State Survey of Telemental/Telebehavioral Health (2017 Appendix). 2016. Available at: <https://www.ebglaw.com/content/uploads/2017/10/EPSTEIN-BECKER-GREEN-2017-APPENDIX-50-STATE-TELEMENTAL-HEALTH-SURVEY.pdf> Accessed August 2018

Telepsychiatry Usage Beyond Rural Areas

Telepsychiatry may mitigate workforce shortages in remote and underserved areas¹

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 individuals²



Though originally intended to serve patients in remote and inaccessible locations, telepsychiatry is being increasingly used to enhance access for urban patient populations as well³



Telepsychiatry can be flexible in the range of:³



Services offered



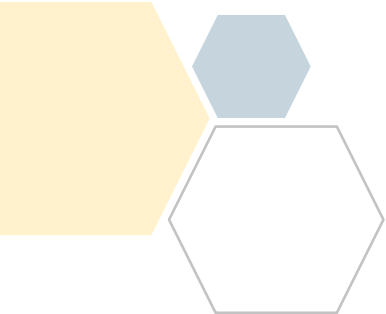
Service users



Points of delivery

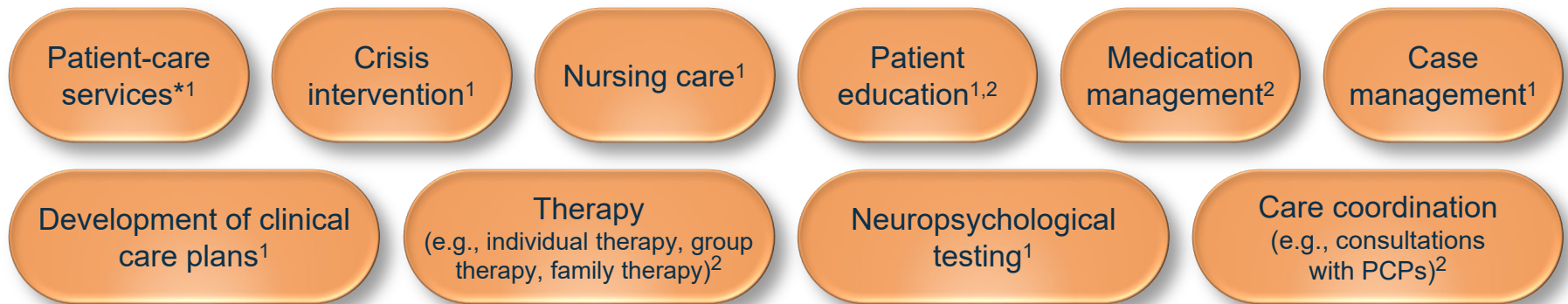
1. Saeed SA, et al. *N C Med J*. 2011;72(3):219-22.
2. Lauckner C, Whitten P. *J Behav Health Serv Res*. 2016;43(2):305-18.
3. Chakrabarti S. *World J Psychiatry*. 2015;5(3):286-304.

Potential Benefits of Telepsychiatry



The Flexibility of Telepsychiatry: Potential Range of Services

Telepsychiatry can provide a range of clinical services:



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



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

PCP, primary care physician.

1. Chakrabarti S. *World J Psychiatry*. 2015;5(3):286-304.
2. American Psychiatric Association. What is Telepsychiatry? Available at: <https://www.psychiatry.org/patients-families/what-is-telepsychiatry>. Accessed October 2018.
3. Saeed SA, et al. *N C Med J*. 2011;72(3):219-22.

The Flexibility of Telepsychiatry: Potential Recipients

Telepsychiatry services can be used for the treatment of:¹



Children



Adults



Elderly

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

Individuals in correctional facilities¹

Military personnel¹

Members of minority and ethnic populations¹

Patients with child or elder care responsibilities²

Patients who cannot take time off of work²

Patients who have limited mobility/travel capabilities³

1. Chakrabarti S. *World J Psychiatry*. 2015;5(3):286-304.

2. Chiron Health. Advantages of Telemedicine for Patients. Available at <https://chironhealth.com/definitive-guide-to-telemedicine/telemedicine-info-patients/advantages-telemedicine-patients/>. Accessed October 2018.

3. Modern Medicine Network. Physicians practice: Peter Antall. 5 Reasons to Practice Telehealth. Available at: <http://www.physicianspractice.com/health-it/5-reasons-practice-telehealth>. Accessed October 2018.

The Flexibility of Telepsychiatry: Potential Points of Delivery

Possible settings for delivery of telepsychiatry:



Emergency services¹



Hospitals^{1,2}



Community settings¹



Extended care and assisted living^{1,3}



Correctional facilities¹



Schools
(e.g. K-12, universities,
special needs)³



Patient homes¹



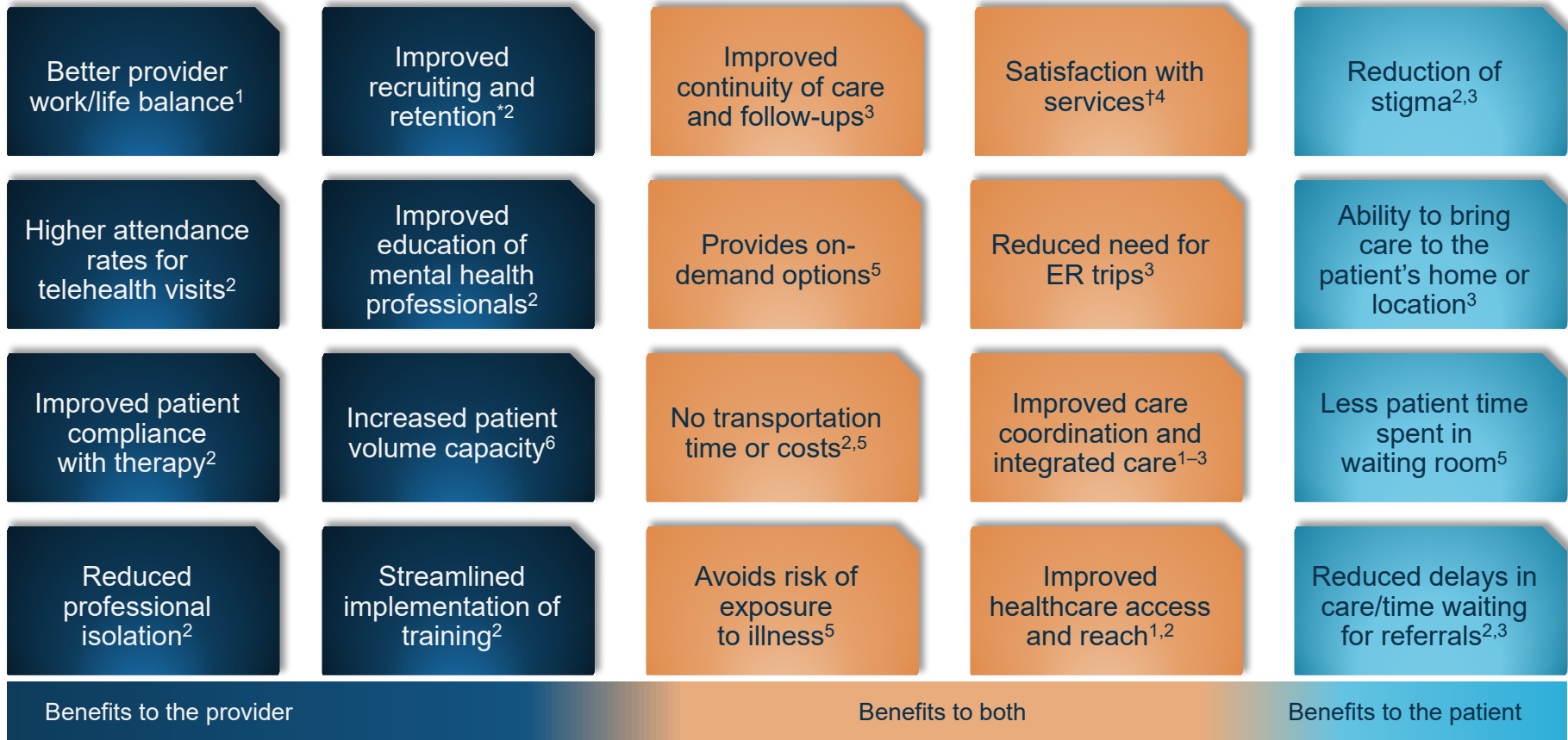
Primary care³

1. Chakrabarti S. *World J Psychiatry*. 2015;5(3):286-304.

2. American Psychiatric Association. What is Telepsychiatry? Available at: <https://www.psychiatry.org/patients-families/what-is-telepsychiatry>. Accessed October 2018.

3. Saeed SA, et al. *N C Med J*. 2011;72(3):219-22.

Potential Benefits of Telepsychiatry

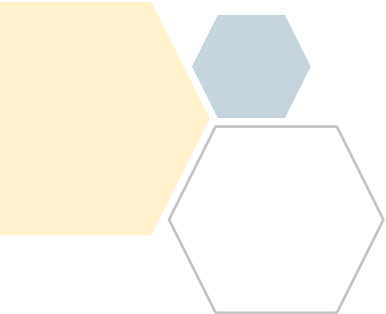


*Of mental health professionals in underserved or rural areas. †Patients and providers are generally satisfied with telepsychiatric services.

ER, emergency room.

1. Modern Medicine Network. Physicians practice: Peter Antall. 5 Reasons to Practice Telehealth. Available at: <http://www.physicianspractice.com/health-it/5-reasons-practice-telehealth>. Accessed October 2018.
2. Saeed SA, et al. *N C Med J*. 2011;72(3):219-22.
3. American Psychiatric Association. What is Telepsychiatry? Available at: <https://www.psychiatry.org/patients-families/what-is-telepsychiatry>. Accessed October 2018.
4. Hubley S, et al. *World J Psychiatry*. 2016;6(2):269-82.
5. Chiron Health. Advantages of Telemedicine for Patients. Available at https://chironhealth.com/definitive-guide-to-telemedicine/telemedicine-info-patients/advantages-telemedicine-patients_. Accessed October 2018.
6. Glueck DA. *Child Adolesc Psychiatr Clin N Am*. 2011;20(1):1-11.

Considerations for Implementation of Telepsychiatry



Guidelines and Toolkits

APA–ATA guidelines on videoconferencing-based telemental health include¹:

Administrative Considerations



- Program development
- Legal and regulatory issues
- Standard operating procedures and protocols

Technical Considerations



- Videoconferencing platform requirements
- Integration of videoconferencing into other technology and systems
- Physical locations and room requirements

Clinical Considerations



- Patient and setting selection
- Management of hybrid patient-provider relationships
- Ethical considerations
- Cultural issues
- Specific populations and settings

The online APA telepsychiatry toolkit includes information on:²

History and Background

Training

Legal and Reimbursement Issues

Technical Considerations

Practice and Clinical Issues





APA, American Psychiatric Association; ATA, American Telemedicine Association.

1. APA and ATA Guidelines: Best Practices in Videoconferencing-based Telemental Health. April 2018. <https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Telepsychiatry/APA-ATA-Best-Practices-in-Videoconferencing-Based-Telemental-Health.pdf>. Accessed June 27, 2019.

2. APA Telepsychiatry Toolkit. <https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit>. Accessed June 20, 2019.

APA–ATA Guidelines: Regulatory Concerns and Program Considerations

Providers should take the following regulatory concerns into consideration:

Practice Requirements 	Practice Obligations 	Before Initiating Services 
<p>Providers should hold an active license from the state in which the patient is present at the time of the session* as well as appropriate malpractice insurance</p>	<p>Standards should be equivalent to in-person care</p> <p>Providers must comply with federal and state guidelines regarding prescription of controlled substances, including the Ryan Haight Online Pharmacy Consumer Protection Act of 2008</p> <p>Written or verbal informed consent must be obtained in accordance with local, state, and national laws</p>	<p>Team should finalize SOPs</p> <p>Providers should assess patient’s telemental health needs</p> <p>Providers should familiarize themselves with provisions for managing mental health emergencies</p> <p>A “patient support person”, who can be contacted immediately if needed, should be identified</p>
Billing and Reimbursement  <p>Patients should be aware of charges before initiating services</p> <p>Coding should specify when services are rendered via telemental health</p>		

*Exceptions are licenses from within a federal system, an interstate license, or a compact/special telemedicine licensure.

APA, American Psychiatric Association; ATA, American Telemedicine Association; SOP, standard operating procedures/protocols.

APA and ATA Guidelines: Best Practices in Videoconferencing-based Telemental Health. April 2018. <https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Telepsychiatry/APA-ATA-Best-Practices-in-Videoconferencing-Based-Telemental-Health.pdf>. Accessed June 27, 2019.

Technology

Gold Standards for Videoconferencing



HIPAA-compliant*

Videoconferencing platforms and other integrated technologies must maintain compliance¹



Broadband internet

Use connections with transmission speeds ≥ 5 MB for optimal audio and video resolution¹



Security of PHI

3rd-party vendors should meet the FIPS 140-2 certified 256 bit standard^{1†}



Backup plan

Ensure ability to contact the patient in the event of a technical disruption²

Integrating Videoconferencing with Other Technologies



- Assess patients' use and preferences of other technologies and how these may affect the therapeutic relationship³
 - Use email, text, and instant messaging only for patients who maintain in-person follow-up appointments³
 - Devices and software should have the latest security patches, updates, antivirus, anti-malware, and firewalls⁴
 - Security features on devices, including passphrases and 2-factor authentication, are recommended⁴
- Be cautious of using social media, and always maintain professionalism³

*In some states HIPAA compliance alone is not sufficient; platforms and other technologies should also be compliant with set privacy state laws.²

†Peer-to-peer videoconferencing is not stored or intercepted by the company, and any recorded videoconferences are stored on your own HIPAA-compliant device or electronic record-keeping system.

APA, American Psychiatric Association; FIPS, Federal Information Processing Standard; HIPAA, Health Insurance Portability & Accountability Act; MB, megabyte; PHI, protected health information.

1. Telepsychiatry Toolkit; Platform & software requirements. APA. <https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit/platform-software-requirements>. Accessed June 25, 2019.

2. APA and ATA Guidelines: Best Practices in Videoconferencing-based Telemental Health. April 2018. <https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Telepsychiatry/APA-ATA-Best-Practices-in-Videoconferencing-Based-Telemental-Health.pdf>. Accessed June 27, 2019.

3. Telepsychiatry Toolkit; Technology and integration with other technologies. <https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit/telepsychiatry-integration-with-other-technologies> APA. Accessed June 25, 2019.

4. Telepsychiatry Toolkit; Security issues. APA. <https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit/security-issues>. Accessed June 25, 2019.

Web-side Manner

Hybrid Patient-Provider Relationships



- Telemental health sessions could be:
 - Part of a wider clinical relationship with an individual provider or team
 - An adjunct to in-person examinations or other integrated technologies
- Communication boundaries should be established, including typical response times, appropriateness of content shared, and emergency communication avenues

Patient Selection*



- Address any requirements for in-person examinations
- Be aware of geographic distance to emergency services or Patient Support Person
- Consider patients' cognitive capacity, medical history, and cooperativeness
- Maintain cultural competence and be aware of patients' comfort with technology
- Preserve patient autonomy, privacy, and consent processes; disclose that services can be discontinued

Beginning a Session



- Verify names/credentials of provider and patient
- Determine physical location of patient
- Establish contact information for providers during and between sessions
- Consider both rooms as examination rooms: verify privacy, maximize lighting/comfort
- Ensure that both cameras are placed at the same eye level, with clear facial visibility

*Providing telemental health with or without clinical supervision is always at the discretion of the provider.

APA, American Psychiatric Association; ATA, American Telemedicine Association.

APA and ATA Guidelines: Best Practices in Videoconferencing-based Telemental Health. April 2018. <https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Telepsychiatry/APA-ATA-Best-Practices-in-Videoconferencing-Based-Telemental-Health.pdf>. Accessed June 27, 2019.

Specific Populations



Primary Care
Setting



Rural



Geriatric



Forensic and
Correctional

Children and
Adolescents



Inpatient and
Residential
Setting



Military, Veteran,
and Federal



Substance use
Disorder
Treatment



APA, American Psychiatric Association; ATA, American Telemedicine Association.

APA and ATA Guidelines: Best Practices in Videoconferencing-based Telemental Health. April 2018. <https://www.psychiatry.org/File%20Library/Psychiatrists/Practice/Telepsychiatry/APA-ATA-Best-Practices-in-Videoconferencing-Based-Telemental-Health.pdf>. Accessed June 27, 2019.

Potential Challenges of Telepsychiatry



Possible Barriers to Implementation of Telepsychiatry

Regulatory issues¹

Technological challenges^{*2-4}

Funding issues³

Legal and ethical concerns¹

Security and confidentiality concerns¹

Equipment startup costs/maintenance¹

Lack of proper provider training²

Concerns about ability to assess nonverbal cues²

Concerns about impact on clinical workflow²

Licensing process/requirements¹

Reimbursement requirements/restrictions^{†1,3}

Perceived lack of evidence on sustainability and benefits of integration¹

Provider skepticism/negative attitude^{‡1}

Restriction of Medicare beneficiaries to receive services in specific locations⁵

Concerns about impact on therapeutic alliance¹

*Examples include extensive log-in procedures, difficult to use technology, need for access to information technology (IT) support, etc²⁻⁴

†Limited/lack of reimbursement has been identified as one of the major reasons for the slow diffusion of telemedicine.³

‡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.¹

1. Chakrabarti S. *World J Psychiatry*. 2015;5(3):286-304.

2. Epstein Becker Green. 50-State Survey of Telemental/Telebehavioral Health (2016). 2016. Available at: <http://www.epsteinbeckergreen.net/Telemental/EPSTEIN-BECKER-GREEN-50-STATE-TELEMENTAL-HEALTH-SURVEY.pdf>. Accessed August 2018.

3. Lauckner C, Whitten P. *J Behav Health Serv Res*. 2016;43(2):305-18.

4. Glueck DA. *Child Adolesc Psychiatr Clin N Am*. 2011;20(1):1-11.

5. Palomares RS, et al. *J Child Adolesc Psychopharmacol*. 2016;26(3):252-9.

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 patient^{‡3}
- 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.

1. Epstein Becker Green. 50-State Survey of Telemental/Telebehavioral Health (2016). 2016. Available at: <http://www.epsteinbeckergreen.net/Telemental/EPSTEIN-BECKER-GREEN-50-STATE-TELEMENTAL-HEALTH-SURVEY.pdf>. Accessed August 2018.
2. Epstein Becker Green. 50-State Survey of Telemental/Telebehavioral Health (2017 Appendix). 2016. Available at: <https://www.ebglaw.com/content/uploads/2017/10/EPSTEIN-BECKER-GREEN-2017-APPENDIX-50-STATE-TELEMENTAL-HEALTH-SURVEY.pdf> Accessed August 2018.
3. Palomares RS, et al. *J Child Adolesc Psychopharmacol*. 2016;26(3):252-9.
4. Epstein Becker Green. TechHelath Perspectives. Davidsen, B. January 2018. Available at: <https://www.techhealthperspectives.com/2018/01/22/new-state-laws-allow-telehealth-prescriptions-for-controlled-substances-yet-regulatory-obstacles-still-remain/#>. Accessed October 2018.

Updates in Telehealth Guidelines During the COVID-19 Crisis



Medicare 1135 Waiver

- ❑ Under this new waiver, Medicare can pay for office, hospital, and other visits furnished via telehealth across the country (including in patient's residence) starting March 6, 2020 and for the duration of the COVID-19 Public Health Emergency
- ❑ Providers can include physicians, nurse practitioners, physician assistants, nurse midwives, certified nurse anesthetists, clinical psychologists, clinical social workers, registered dietitians, and nutrition professionals. Subject to state law.
- ❑ Medicare can pay for office visits furnished via telehealth in all areas of the country (not only rural areas) and in any setting, including in a patient's home.
- ❑ Telehealth visits are considered the same as in-person visits and are paid at the same rate as regular, in-person visits.
- ❑ Providers may reduce or waive cost-sharing for telehealth visits paid by federal health care programs.
- ❑ HHS will not enforce the established-relationship requirement that a patient must have seen the physician within the last three years.
- ❑ Providers must use an interactive audio and video telecommunications system that permits real-time communication between provider and patient.

Center for Medicare & Medicaid Services. Medicare Telemedicine Health Care Provider Fact Sheet, March 17, 2020 <https://www.cms.gov/newsroom/fact-sheets/medicare-telemedicine-health-care-provider-fact-sheet>. Accessed April 15, 2020.

Health Insurance Portability and Accountability Act (HIPAA)

“We are empowering medical providers to serve patients wherever they are during this national public health emergency. We are especially concerned about reaching those most at risk, including older persons with disabilities”

**– Roger Severino
Director - Office of Civil Rights**

- ❑ During the COVID-19 national emergency, the U.S. Health and Human Services (HHS) Office for Civil Rights (OCR) will not penalize covered providers for noncompliance with requirements under HIPAA when they serve patients with the good faith provision of telehealth.
- ❑ This applies to services provided via telehealth for any reason, regardless of whether the service pertains to the diagnosis and treatment of health conditions related to COVID-19.
- ❑ Covered health care providers may use applications that allow for video chats, including Apple Facetime, Facebook Messenger video chat, Google Hangouts video, Zoom, or Skype. Providers should **NOT** use public-facing communication services like Facebook Live, Twitch, or TikTok.
- ❑ HHS encourages providers to notify patients of the potential security risks of using these services, but notification is not required.
- ❑ OCR will not impose penalties against covered health care providers for the lack of a Business Associate Agreement (BAA) with video communication vendors or any other noncompliance with the HIPAA Rules that relates to the good-faith provision of telehealth services during the COVID-19 nationwide public health emergency.

Health and Human Services. Notification of Enforcement Discretion for Telehealth Remote Communications During the COVID-19 Nationwide Public Health Emergency, March 30, 2020 <https://www.hhs.gov/hipaa/for-professionals/special-topics/emergency-preparedness/notification-enforcement-discretion-telehealth/index.html>. Accessed April 15, 2020.

Ryan Haight Act

- ❑ In response to the COVID-19 public health emergency, the Drug Enforcement Administration (DEA) has adopted policies for prescribing controlled substances via telemedicine for patients who have not had an in-person medical evaluation.
- ❑ DEA-registered practitioners in all areas of the United States may issue prescriptions for all schedule II-V controlled substances to patients for whom they have not conducted an in-person medical evaluation, provided all of the below criteria are met:
 - ❑ The prescription is issued for a legitimate medical purpose by a practitioner acting in the usual course of his/her professional practice;
 - ❑ The telemedicine communication is conducted using an audio-visual, real-time, two-way interactive communication system; and
 - ❑ The practitioner is acting in accordance with applicable Federal and State Laws
- ❑ Provided the above requirements are met, the practitioner may issue a prescription either electronically (schedules II-V) or by calling in an emergency schedule II prescription to the pharmacy, or by calling in a schedule III-V prescription to the pharmacy.

Drug Enforcement Administration. COVID-19 Information Page. April 15, 2020. <https://www.deadiversion.usdoj.gov/coronavirus.html>. Accessed April 15, 2020.

State Telemedicine Regulations

- ❑ Telemedicine regulations may vary by state.
- ❑ Individual state telemedicine guidelines should be consulted for both the provider's and patient's states, if different.

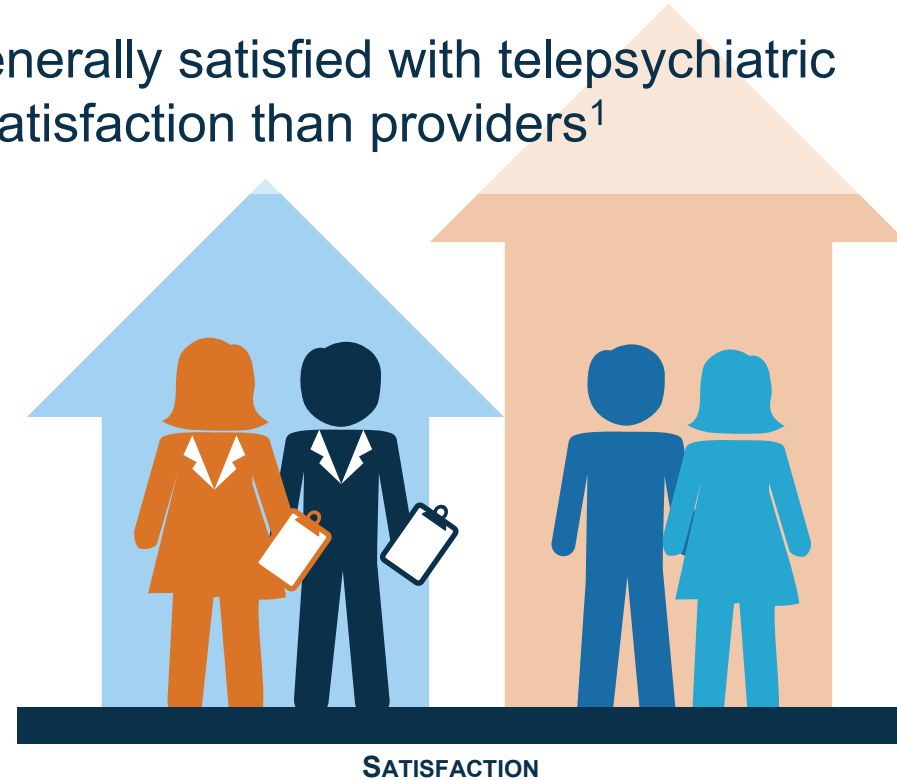
FSMB. Telemedicine Policies. 2019. http://www.fsmb.org/siteassets/advocacy/key-issues/telemedicine_policies_by_state.pdf. Accessed April 16, 2020

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 providers¹

This may be due to clinicians':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

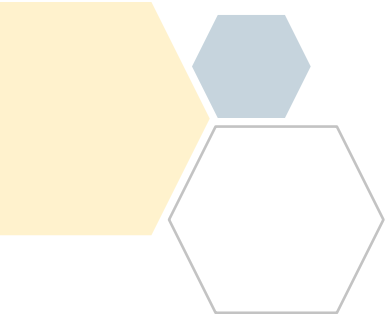


Providers may report lower alliance scores with telepsychiatry vs face-to-face patients, whereas patients do not report a difference¹

1. Hubley S, et al. *World J Psychiatry*. 2016;6(2):269-82.

2. Chakrabarti S. *World J Psychiatry*. 2015;5(3):286-304.

Outcomes From the Use of Telepsychiatry



Telepsychiatry in Action

The United States Department of Veteran's Affairs (VA) has taken a leadership role in telemental health innovation since the 1960s¹

2010

The VA established a National Telemental Health Center to:^{2,3}

- Unify the use of tele-mental health within the VA
- Help advance the field of telemedicine
- Ensure the availability of telehealth services nationwide
- Act as a resource for best practices

2016

133,500 veterans used telemental health services for a total of 427,000 encounters³

The VA announced the establishment of five Mental Health Telehealth Clinical Resource Centers across the country⁴

2018

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 facilities⁵

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:¹

Programs run through the VA typically benefit from having internal funding, which may be a key element to their success⁶

Psychiatric admissions decreased by

24%

Days of hospitalization decreased by

27%

1. Godelski L et al. *Psychiatric Services*. 2012;63(4):383-5.
2. Epstein Becker Green. 50-State Survey of Telemental/Telebehavioral Health (2016). 2016. Available at: <http://www.epsteinbeckergreen.net/Telemental/EPSTEIN-BECKER-GREEN-50-STATE-TELEMENTAL-HEALTH-SURVEY.pdf>. Accessed August 2018.
3. National Academies of Sciences, Engineering, and Medicine. 2018. *Evaluation of the Department of Veterans Affairs Mental Health Services*. Washington, DC: The National Academies Press.
4. Office of Public and Intergovernmental Affairs. "VA Announces Telemental Health Clinical Resource Centers During Telemedicine Association Gathering" May 16, 2016. Available at: <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=2789>. Accessed October 2018.
5. Office of Public and Intergovernmental Affairs. "VA Expands Telehealth by Allowing Health Care Providers to Treat Patients Across State Lines." May 11, 2018. Available at: <https://www.va.gov/opa/pressrel/pressrelease.cfm?id=4054>. Accessed October 2018.
6. Lauckner C, Whitten P. *J Behav Health Serv Res*. 2016;43(2):305-18

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

Depressive Disorders

RCTs have reported that treatment delivered by telepsychiatry is equivalent to face-to-face interventions on symptom reduction and other outcomes

Schizophrenia

Schizophrenia has been reliably diagnosed and assessed using telepsychiatry, and treatment results in improved clinical outcome and high rates of patient satisfaction

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

*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.

1. Chakrabarti S. *World J Psychiatry*. 2015;5(3):286-304.

2. American Psychiatric Association. What is Telepsychiatry? Available at: <https://www.psychiatry.org/patients-families/what-is-telepsychiatry>. Accessed October 2018.

Cost Effectiveness of Telepsychiatry

Examples of Costs Considered in Cost-effectiveness Analyses¹

Direct Costs

- Provider time
- Medical supplies
- Technology
- Reimbursement

Indirect Costs

- Clinic space
- Administrative support
- Transportation

- Most studies demonstrate that telepsychiatry reduces direct and indirect costs and increases quality of life adjusted years^{*1}
- 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 interventions¹
 - 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-effective²

*As compared to face-to-face interventions.

1. Hubley S, et al. *World J Psychiatry*. 2016;6(2):269-82.

2. Chakrabarti S. *World J Psychiatry*. 2015;5(3):286-304.

Future Paths for Telepsychiatry

Incorporating EMA and Analytics

Advanced predictive data analysis models may help determine risk of suicide or self harm¹



Automated Messaging

Automated text messaging can encourage patients to sustain engagement with therapy²

Asynchronous Care

Asynchronous telepsychiatry could increase efficiency of integrated behavioral healthcare models³



Reaching Refugees

Telepsychiatry may be effective in treating refugees living in resource-constrained areas*⁴



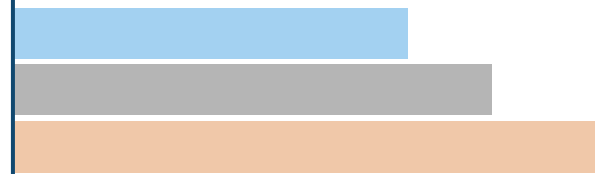
Virtual Reality

Virtual reality could be used to enhance teletherapy and could facilitate self-disclosure⁵



Measurement-based Care

Incorporating the systematic measurement of clinical outcomes into care may be used to enhance treatment^{†6}



*Hypothesis was based on studies indicating that telepsychiatry is equally effective as in-person therapy; more research is warranted to establish telepsychiatry in treating refugees.⁴

†The utility of measurement-based care in telepsychiatry is yet to be established.

EMA, ecological momentary assessment.

1. Hilty DM et al. *Mhealth* 2017;3:34.

2. Aguilera A et al. *J Med Internet Res*. 2017;19:e148.

3. Yellowlees P et al. *Telemed eHealth*. 2018;24.

4. Hassan A & Sharif K. *Cureus*. 2019;11:e3984.

5. Baccon LA et al. *Cyberpsychol Behav Soc Netw*. 2019;22:158-65.

6. Scott K & Lewis CC. *Cogn Behav Pract*. 2015;22:49-59.

Telepsychiatry Resources

APA

Telepsychiatry Toolkit¹

Resources on various aspects of telepsychiatry.

PsychPRO²

Mental health data registry.

AMA

Telehealth Implementation Playbook³

12-step guide to introducing a digital health service in a clinical setting

PsychU

Resource Library⁴

Information on mental health care developments, including market trends, research studies, decision support tools, best practices, and more

ATA

Resources⁵

Tools, resources, and research to support telehealth initiatives

FSMB

Telemedicine Policies⁶

Board by board overview of state telemedicine policies

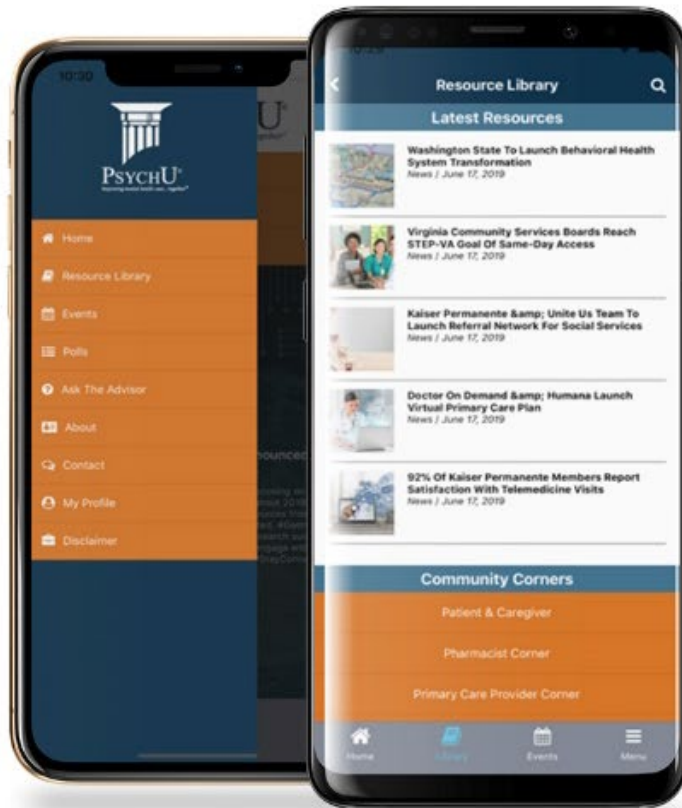
FSMB, Federation of State Medical Boards; AMA, American Medical Association; APA, American Psychiatric Association; ATA, American Telemedicine Association.

1. APA. Telepsychiatry Toolkit <https://www.psychiatry.org/psychiatrists/practice/telepsychiatry/toolkit>. Accessed April 16, 2020.
2. APA. PsychPro. <https://www.psychiatry.org/psychiatrists/registry/about-psychpro>. Accessed April 16, 2020
3. AMA. Telehealth Implementation Playbook. 2020. <https://www.ama-assn.org/system/files/2020-04/ama-telehealth-playbook.pdf>. Accessed April 16, 2020.

4. PsychU. Resource Library. <https://www.psychu.org/resource-library>. Accessed April 16, 2020.
5. ATA. Resources. <https://www.americantelemed.org/resource/>. Accessed April 16, 2020
6. FSMB. Telemedicine Policies. 2019. http://www.fsmb.org/siteassets/advocacy/key-issues/telemedicine_policies_by_state.pdf. Accessed April 16, 2020

Discussion

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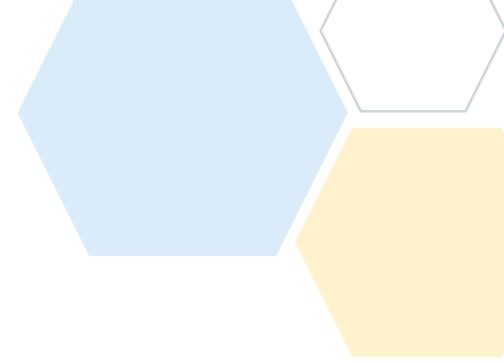


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