Creating a Successful Telepsychiatry Program

Best Practices for Designing and Implementing Telebehavioral Health

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Agenda

• Basics of Telepsychiatry- 5 minutes
• Models of Telepsychiatry- 10 minutes
• Implementing a Successful Program- 15 minutes
• Case Study and Clinical Perspective- 15 Minutes
• Question and Discussion- 15 minutes
Telepsychiatry
A medium for delivering psychiatric care through videoconferencing technology
Benefits of Telepsychiatry

Increased Access to Providers

- “96% of counties in the US has unmet need for prescribers.”

- Access to psychiatrists and other specialists who may not be local

Appropriate Care

- May get care, but from providers without a behavioral health expertise
  - “Studies indicate that PCPs recognize and diagnose less than half of mental disorders”¹

- May get overly restrictive care
  - ED directors report being overly cautious in their commitment decisions

- May wait for care until their issues escalate

- May wait unreasonable lengths of time to see a provider once they seek treatment

Cost Effectiveness

- Value of is far beyond fee-for-service
- Allows for treating consumers “where they are”
- Cuts costs for finding and retaining a provider
- Lowering hospital admissions
- Reducing all ED wait times
- Purchasing Technology is less of a barrier now
  - Online platforms are affordable
  - Grants for hardware
Effective Care

• Used to have to spend a lot of time convincing people of telepsychiatry’s efficacy
  – Now there is a wide array of literature on the topic

• One important study
  – VA’s Telemental Health Efficacy Surpasses Face to Face Encounters
    – “According to a large-scale outcome study of almost 100,000 users of the VA telepsychiatry program, patients' hospitalization utilization decreased by an average of 25% with the implementation of telepsychiatry.”

Additional Benefits

• Improved Accountability
• Improved Regulatory Compliance
• Risk Reduction and Improved Safety
• Improved Employee Retention
Models of Telepsychiatry
Consult Vs. Treatment Models

• Both categories are applications of telemedicine

• **Consult Models:** remote providers gives second opinion

• **Treatment Models:** remote provider takes ownership of a consumer
Routine Telepsychiatry Model

• A regular, remote provider supplements onsite care
• Usually scheduled sessions or blocks of time
• Access specialists and prescribers
• Remote provider can do pretty much anything an onsite provider would do
  – med management, assessment, treatment team meetings etc.
• A consistent provider who collaborates with the onsite team is key
• **Popular Settings**
  – CMHCs
  – Residential programs
  – Correctional facilities
  – Substance use disorder clinics
  – Nursing homes
  – Inpatient units
Crisis Telepsychiatry Model

- Rapid, on-demand access to a psychiatric professional
- Offer psychiatric assessment, admission and commitment decisions
- Requires a lot of infrastructure to have consistent, scalable responsiveness 24/7
- InSight specializes in crisis telepsychiatry - average 1 hour response time

Settings where this is popular:
- Hospital EDs
  - Many are aware of the issue of ED boarding and the ramifications that has for the patient, hospital and community when people are waiting 24+ hours for assessment and treatment
- Crisis Centers
  - Standalone or clinic or hospital affiliated
- Mobile Crisis Units
  - We just launched a new program where mobile crisis teams bring a telepsychiatrist in to consumers homes with them
  - Corrections
  - Residential programs
- Any setting where timely access to care is critical: cruise ships, corrections etc.
Consultation Liaison Model

• When on demand psychiatric care is needed, but not with as strong of a time crunch
• The individual is stable and receiving care, they just need a psychiatric perspective
• Generally used for assessment and less about building the type of provider-patient relationship that is done for the routine model
• InSight averages a 4-hour response time for these types of “as needed” requests
• Popular for:
  – Med/surg floors at hospitals
  – Non-emergent services
  – Assessment before deployment, work release etc.
Phone Consultation Model

• Doctor-to-Doctor consult or “curbside consult”
• Walks the line between telemedicine and standard practice
• Option to escalate to video
• Settings where this is popular:
  – Inpatient units (admissions and orders)
  – PCP or pediatric consultation
**Integrated Model**

- Initiatives for behavioral health integration
  - Treating people’s mind and body comprehensively
- A number of different models of BHI
- Adopting BHI and telemedicine can be a nice marriage
  - Maybe you can’t justify having a psychiatric perspective on site, but could benefit from having a psychiatrist on your team
- Someone there to consult on prescriptions, be available for treatment team meetings, clinical observation, etc.
- **Popular for:**
  - Primary Care Facilities
  - FQHCs
Asynchronous Model

• Some organizations do this with “store and forward” or telepsychiatry
  – Session is recorded (with permission) and reviewed by a prescriber later
In-Home Model

- One of the newest applications
- Has to be done appropriately
  - obviously not for crisis care
  - Lots of new logistical issues to address
- Option for facilities and providers who want to do appointments with their regular caseload virtually
- Developing opportunities to “shop” for a provider who fits your needs online
- Only need computer with webcam and a strong internet connection
  - Must be done in a secure, HIPAA-compliant platform

Popular For:
- Busy people
- Travelers
- Rural communities
- Teens going off to college
- People with difficulties getting to sessions
Blended Model

• Models can be mixed and matched
• Blended models enable consumer to potentially access the same provider in a variety of settings
  – Imagine: someone moving from a hospital, to a rehab facility to an outpatient clinic to an in-home care treatment model and being able to see the same provider that whole time
    • Technology is the way we can do this
• Enables more consistent and collaborative care across a system
  – A provider can “follow” a patient or at least better share info from one level to the next

• Popular For:
  – ACOs
  – Health Systems
  – Universities
  – Corrections
Best Practices for Launching a Successful Program
Understand Telehealth Regulations

• Reimbursement
  • Medicare – location must be a HPSA *and* non-MSA
  • Approved by TennCare
  • Private Payers – parity bill has been introduced in Tennessee

• Licensure
  – Many states require the provider to hold a license in the state they reside and the state they are providing services.
  – Tennessee is one of a few select states that do offer special telemedicine licenses

• Credentialing

• E-prescribing

• Other quirks?

• Easy to See Challenges, Harder to See Solutions
  – We’ve been doing this for 15 years and work across the country. Telepsychiatry *is* possible!
Cultivate Community Buy-In

- Policy makers, other organizations, payer sources, grantors, referral sources, receiving facilities
  - Engage them early on
  - Surprises often result in negative emotional reactions
  - Challenge them to think about how they too can utilize telemedicine
Administrative, Clinical and Staff Buy-In

— Going to have resistance
  • people who don’t want to learn the new system
  • People who feel like their jobs are being threatened

— It takes work for everyone to communicate, meet one another, orient to telepsychiatry and feel invested in the program

— Clue in relevant stakeholders early on
  • IT, medical affairs, payer sources etc.
  • Facilitators
  • Providers
Select Your Partnering Organization

• Find a company that is a good fit for your needs is important
Select Your Provider(s)

- Define the profile of your ideal provider
  - Do you need a psychiatrist? Can an APN in collaboration with a psychiatrist work?
  - Do you need a certain subspecialty?
  - What personality or qualities would work best with your team?
  - Are their language or cultural factors?
  - Are their scheduling constraints?
- Identify non-starters
- Be ready to find a middle ground
Select Your Technology

- Do you need a mobile televideo unit?
- Will an online platform work?
- Is your platform HIPAA compliant?
- What internal support capacity do you have?
- Is interoperability important?
- How will you create a secure environment for sessions?
- Would you want the in-home sessions ever?
- Lots of reputable technology options
  - It's a matter of what works for your needs
    - Don't let your technology decision be solely driven by your IT department
      - Think about user experience
- Pay attention to guidelines and best practices
Before You Launch
Demystify the Technology

- Technology shouldn’t be the focus
- Conduct your orientation and training via televideo to get each side used to it
- Problems are generally just user error
Put Telepsychiatry in its Place

– Make sure all parties know why and how telepsychiatry is being used
– Support in-person care, not replace
Design Workflows

• Proactively design a system that works for your organization
  – Goal should be integration
• When will you use telepsychiatry? How?
• Who will take the records? How will they be sent?
• Who will be the facilitator?
  – What will they do?
  – How will they communicate with the remote provider?
• How will scheduling work?
Know Your Community

• Know the culture of the organization and its surrounding area

• Know the resources available
Know Your Team

• Get to know your remote providers and the operations team that supports telepsychiatry
• Know who to go to for questions
• What services/resources are available onsite?
Dr. Jim Varrell

Medical Director
Child/Adolescent & Adult Psychiatry, Autism Specialty
InSight Telepsychiatry Provider Spends Vacation Meeting Clients and Staff She Serves at West Michigan Mental Health Center

Dr. Jenys Allende, certified in psychiatry and neuropsychiatry, practices telepsychiatry from her home near Philadelphia at a mental health clinic in Northern Michigan. While telepsychiatry typically means providers don’t meet the people they work with face-to-face, Dr. Allende didn’t let that stop her from developing close relationships with the behavioral health providers and consumers at her office away from home.

Ludington, MI (PRWEB) October 31, 2013

Though her patients and colleagues at West Michigan Mental Health Center (WMCMH) in Ludington, MI may live far away from her home near Philadelphia, PA, telepsychiatrist Dr. Jenys Allende feels as close to them as if she lived around the corner.

Recently, Dr. Allende packed up her family and drove out to Ludington for a vacation that included a special visit to the center. She had planned the trip months in advance, incorporating several days’ worth of consults, consumer appointments, and opportunities to see and meet staff in-person for the first time. “Staff at WMCMH
Lesson 1. A Remote Provider Can be Effective

- Telepsychiatry is just connecting with another person through a different medium
  - It works
  - Providers have to learn how to project themselves through this medium
  - A remote connection can be even more effective in some cases
2. Select a Provider Who is a Good Fit for Your Organization

- Take the time to find the right person
  - Don’t get bogged down on the technology
    - Focus on services and people
  - Provider should be trained in communicating via telehealth

- Create a sustainable relationship
  - Employed provider models lend itself to that
  - Contractors or locums have lots of turnover which is ineffective
    - Consumers deserve consistent care from a stable provider team
3. Integrate your Remote Provider onto the Care Team

• During Orientation- Give an understanding of the typical standards at your site
  – What to do in an emergency?
  – What are clinical expectations?
  – Length of time for a typical evaluation?
  – What are the community resources?
  – How to get a lab report?
  – Which onsite person do you need to circle back with after an evaluation?

• Orient them as if they were onsite
Teach About the Wider Community Context

• What community resources are available?
• What cultural aspects should be considered?
  – Holidays, language, style, accents, interests, sports etc.
• Is the site on a farm? In an urban area? Etc.
Maintaining The Relationship

• Stay Connected Once you Launch
  – Put on email listserv
  – Send organizational newsletters
  – Invite to staff and treatment team meetings
  – Let them know if there has been a staff turnover

• Always Communicate!
  – It takes a little extra effort, but it is critically important
Questions?

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