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Introduction

Telepsychiatry is a proven medium for increasing psychiatric capacity at single facilities and across entire systems, and has been found to be as effective as in-person care. Through telepsychiatry, organizations can access psychiatric coverage without the recruiting, logistical and financial burdens that the onsite provision of those services would require.

Telepsychiatry increases efficiencies, adds value and improves care.

Today, outpatient, mobile and primary care telepsychiatry allow for community-based care that addresses behavioral health issues before they reach critical levels. Additionally, telepsychiatry is frequently used in acute care settings including emergency departments and inpatient units. For follow-up or maintenance care, online telepsychiatry appointments give individuals a convenient way to stay compliant and healthy.

Telepsychiatry is allowing more people than ever to access behavioral health care. Though there is yet to be a panacea to the complexities of managing behavioral health, telepsychiatry services are an integral part of the ultimate solution.
Telepsychiatry Basics

Telepsychiatry is a branch of telemedicine that allows for individuals to access psychiatric services and support through real-time videoconferencing.

Is Telepsychiatry Effective?

Telepsychiatry has been proven as an effective medium of care for essentially all populations and within all settings. For example:

According to the Department of Veteran’s Affairs (VA) annual telehealth report, they served 727,000 individuals and 92% were highly satisfied with the telehealth services they received. Services provided to veterans via their telemental health program reduced acute psychiatric VA bed days of care by 34% and hospital admissions by 31%.¹

A study of randomly selected psychiatric patients found that individuals rated telepsychiatry very highly. They indicated they were able to communicate as if physically present (92.9%), were comfortable with the service (95.2%), found the session to be as beneficial as an in-person meeting (84.5%) and would use the service again (98.8%).³

Most caregivers and individuals are satisfied with diagnostic assessments and treatment via telepsychiatry. A number of children and adolescents prefer telepsychiatry assessment over in-person assessments, especially those with autism spectrum disorder, social anxieties or a history of trauma.⁴ A pilot study done on the feasibility and efficacy of a telehealth version of facing your fears (FYF) intervention to treat individuals with autism spectrum disorder and significant anxiety symptoms found that 100% would refer the program to a friend and 90% of participants (parents and children) were highly satisfied with the program.⁵

North Carolina’s Statewide Program (NC-STeP)²

- Statewide initiative launched in 2013
- 26,669 telepsychiatry assessments since launch
- 2,816 overturned involuntary commitments since launch
- Cumulative cost savings of $15,066,000
How is Telepsychiatry Used?
- Treatment of major mental health disorders
- Loss and grief treatment
- Substance use treatment
- Evaluation of change of mental status or delirium
- Medical decision capacity evaluations
- Management of difficult behaviors
- Family therapy or intervention
- Treatment team meetings
- Medication management

Benefits of Telepsychiatry
- Increased access to specialists
- Reduced hospital admissions
- Reduced transport costs
- Reduced ED boarding
- Improved safety
- Decreased liability
- Reduced readmissions

Where is Telepsychiatry Being Used?
Today there are thousands of active telepsychiatry programs across all 50 states. These programs range in size from the VA’s large-scale program to state, system, community, organizational and individual provider programs. Settings where telepsychiatry is being delivered include:

- Emergency Departments
- Inpatient Units
- Outpatient Clinics
- Correctional Settings
- Primary Care Offices
- Universities and Schools
- Residential Programs
- Military Settings
- Skilled Nursing Facilities
- Mobile Crisis Units
- Substance Use Treatment Centers
- Accountable Care Organizations (ACOs)
- Federally Qualified Health Centers (FQHCs)
- In-home

Types of Telepsychiatry Providers
Types of telepsychiatry providers consist of psychiatrists holding an MD or DO and psychiatric mental health nurse practitioners. Both psychiatrists and psychiatric nurse practitioners assess, diagnose and treat those with mental and behavioral health disorders. Psychiatric nurse practitioners attend an additional two to four year program, after completion of a four year nursing program, to focus on mental and behavioral health. Psychiatric nurse practitioners are often a great, cost-effective choice for organizations due to high patient satisfaction and their collaborative approach to care.

Who is Appropriate for Telepsychiatry?
Research shows that telepsychiatry is clinically appropriate for nearly all patient populations, but it is important for individuals receiving care to be educated on telepsychiatry and consent to treatment through this medium. Direct-to-consumer telepsychiatry is not the right medium for individuals who are in a mental health crisis, but is ideal for mild or moderate concerns or those looking to maintain their mental wellness.
Telepsychiatry Triple Aim

1. Improving Consumer Experience
Telepsychiatry allows for individuals to access care quickly and conveniently making their experience with care better than ever. Studies of telepsychiatry find it to be an effective and often preferable form of care compared to in-person treatment. Individuals enjoy the convenience and choice offered by telepsychiatry, especially models that allow for them to access care from home or avoid driving long distances to see a specialist.

2. Improving Population Health
When individuals are able to access care easily, they are more likely to stay compliant and healthy. Managing an individual’s behavioral health is an important component to managing his or her overall wellness since mental and physical health are very closely linked. Empowering individuals with the tools they need to live healthier lives is the best way to improve a population’s health. Additionally, telepsychiatry programs can often be designed to target high-need populations. By making behavioral health services accessible through telemedicine, organizations are able to improve outcomes and the overall health of their populations.

3. Reducing Costs to the System
Telepsychiatry makes expanding the psychiatric capacity of a health system easier. With psychiatric care available on-demand or in scheduled blocks of time, hospitals and other organizations are able to keep costs down and consumer-throughput up. When individuals are able to access behavioral health care outside of a hospital setting, they are less likely to reach critical levels that require costly hospitalizations. For those individuals who do end up in a hospital, rapid access to psychiatric assessment means they aren’t boarding and are able to get to the most appropriate and least restrictive level of care quickly.
Value of Telepsychiatry

Community-Based Organizations

• Meet minimum psychiatry requirements with a consistent prescriber
• Improve and expand the relationship between psychiatry and other services including therapy
• Timely, reliable assessment and treatment for community mental health centers lacking psychiatric coverage

In-Home

• Makes mental health preventive care easier and more accessible
• Payers can build provider network
• More convenient mental health services help keep people out of more expensive levels of care

Emergency Departments

Direct Cost Avoidance + Indirect Cost Avoidance + Opportunity Cost Avoidance = Reimbursement Difference = Service Cost Difference = Value of ED Telepsych

- Reduce length of stay in ED via timely disposition
- Avoid inappropriate admissions from poor payers
- Avoid unnecessary transfer costs
- ED staff retention
- Hospital risk management
- EMTALA strategy to avoid diversion
- Use ED beds for medical encounters with better reimbursement
- Reimbursement for onsite services from all payers
- Telemedicine reimbursement from limited payers (professional fee & facility fee)
- Onsite Cost = salary, call coverage, or contract fees for local onsite psychiatrists
- Telepsych Cost = availability fee & fees per encounter

40% – The difference between the average physician reimbursement for an individual needing psychiatric vs. non-psychiatric care

$2400 – How much more the average individual needing psychiatric care costs a hospital

3.2x – The average wait time an individual needing psychiatric care waits in the ED

$2264 – The average loss of opportunity cost due to lack of bed turnover that individuals needing psychiatric care cost hospitals

2.2 – The average ED bed turnover prevented by psychiatric boarding
Why is Telepsychiatry Important?

Mental Health Landscape

Prevalence of Mental Health Concerns in the United States

- 1 in 5 Americans experience mental illness each year.\(^7\)
- 1 in 25 live with a serious mental illness (such as schizophrenia, major depression or bipolar disorder).\(^7\)
- Mood disorders are the third most common cause of hospitalization in the U.S. for people ages 18 to 44.\(^8\)
- Suicide is the 10th leading cause of death in the U.S., more common than homicide, and the 2nd leading cause of death for individuals aged 10-34.\(^9\)

Implications of Mental Health Concerns

- Serious mental illness costs the U.S. $193.2 billion in lost earnings per year.\(^10\)
- 37% of students with a mental health condition aged 14 to 21 drop out of school.\(^11\)
- Individuals with serious mental illness face an increased risk of chronic medical conditions and die, on average, 25 years earlier than other Americans.\(^11\)

Access to Mental Health Treatment

- 60% of adults with mental illness did not receive mental health services in the past year.\(^12\)
- 65% of children and adolescents with depression do not receive treatment.\(^13\)
- 20% of adults with a mental illness report that they are not able to receive the treatment they need even when seeking care due to barriers such as insurance, limited providers and a disconnect between primary care and behavioral health services.\(^14\)

National Shortage of Behavioral Health Providers

Nearly Every County in the U.S. (96%) has an Unmet Need for Mental Health Providers

- 60% of U.S. counties do not have access to psychiatric prescribers.\(^18\)
- 123 million Americans live in mental health professional shortage areas.
  - There are 5,000 federally designated “mental health professional shortage areas.” This is more than any other health professional shortage.\(^19\)

Psychiatry Providers are Poorly Distributed

- The U.S. has approximately 12.4 psychiatrists per 100,000 individuals. Psychiatrists are concentrated around urban centers and medical schools.\(^20\)
- 80% of rural counties do not have access to a psychiatrist compared to 27% of metropolitan counties.\(^21\)
- New England has three times as many psychiatrists (36.0 per 100,000) as the South Central U.S.\(^21\)

Psychiatry Providers are Aging

- Three in five psychiatrists are over the age of 55.\(^22\)
- One in four psychiatrists is over the age of 65.\(^23\)
  - If this group retires in the next five years, the U.S. will need 2100 new psychiatrists.\(^23\)

The Connection Between Mental and Physical Health

Individuals with physical health problems often need mental health treatment in addition to taking care of their physical condition. Approximately 25% of individuals with cancer are diagnosed with depression\(^15\) while 45% of mental health disorders go undiagnosed in individuals with diabetes.\(^16\) Telemedicine providers can offer behavioral health resources so that individuals are empowered to comprehensively manage their own mental and physical health.\(^17\)
Child & Adolescent Psychiatrists are Rare
- There are approximately 8300 child and adolescent psychiatrists in the U.S.\(^{24}\)
- Over 15 million youth are in need of the special expertise of a child and adolescent psychiatrist.\(^{24}\)
  - That equates to one child and adolescent psychiatrist for every 7600 kids in need.\(^{24}\)

Psychiatric Boarding

Psychiatric boarding is when an individual in need of psychiatric care is detained, often in a hospital emergency department, while waiting for proper treatment.

There are numerous negative effects from psychiatric boarding. Individuals in a mental health crisis are not receiving the care they need, and many of them are being involuntarily detained until a psychiatric provider is available. This can lead to frustrated individuals who may be at an increased risk for harming themselves or others as they wait.

In order to combat psychiatric boarding, the Joint Commission on Accreditation of Healthcare Organizations (JACHO) approved revisions to standards addressing patient flow through the emergency department. These revisions highlight boarding as a safety risk and require hospitals to set goals for mitigating and managing the boarding of individuals needing psychiatric care. This requirement recommends that boarding times not exceed four hours, but many hospitals struggle to meet this target.\(^{25}\)

In another move to address the psychiatric boarding crisis, some states, including Washington, have ruled psychiatric boarding to be unconstitutional as individuals who are involuntarily committed have a right to timely and appropriate care.

Voluntary vs. Involuntary Commitments

Voluntary commitment is when an authorized medical officer believes that an individual will benefit from treatment in a mental health facility and the individual agrees to the admission. Involuntary commitment is a legal process through which an individual deemed by a qualified provider to have symptoms of a severe mental health disorder is ordered by a court into treatment.

A report released by the American College of Emergency Physicians found that 21% of individuals needing psychiatric care wait 2-5 days for an inpatient bed. They also found that 75% of emergency department physicians surveyed treat at least one individual per hour who needs hospitalization for mental health concerns. Only 16% of emergency departments surveyed have a psychiatrist on-call.\(^{26}\)

Because emergency departments are crowded with psychiatric patients waiting for care, individuals with other medical concerns face long wait-times and similar treatment delays. Psychiatric boarding is a significant drain on hospital and community resources as staff, and often first responders, are needed to observe detained individuals.
Why Does Psychiatric Boarding Happen?
There has been a national decrease in the number of psychiatric beds in recent years. National trends also show a large shortage of psychiatrists, especially specialty providers. One study found 60% of counties within the U.S. do not have access to psychiatric prescribers. Telepsychiatry is a solution that could alleviate some of these needs by increasing access to providers.

How Telepsychiatry Can Help
Telepsychiatry is a proven medium of care for increasing access to providers who may live in other parts of the country. It is also a way to better leverage the time of the existing psychiatric work force who could seamlessly transition between appointments at different locations without having to physically travel, as many of them now do.

While telepsychiatry is not able to create hospital beds, it is an advantageous way to bring psychiatric care where it is not readily available. Telepsychiatry can reduce the time individuals spend awaiting evaluation and treatment that ultimately has a significant impact on care, individual experience and the general healthcare system. Additionally, many telepsychiatry organizations also help with bed placement for individuals being evaluated.

Settings for Telepsychiatry

Emergency Departments
Telepsychiatry services in the emergency department improve department management and make better use of available beds. Telepsychiatry providers can conduct evaluations and aid the local healthcare team in properly diagnosing and caring for individuals in crisis. Timely access to psychiatric assessment has been proven to reduce length of stays, increase regulatory compliance, shorten wait times, improve satisfaction and help ensure individuals are receiving the most appropriate level of care.

Medical/Surgical Floors
Telepsychiatry providers can also serve medical or surgical floors as a consultation service to hospitalists or other physicians to provide expertise on the behavioral health concerns of individuals throughout the hospital. Telepsychiatry providers can be available for consultations with physicians, nurses, social workers and case managers, or to directly interview and assess individuals.

Inpatient Units
Telepsychiatry services can be used to support an inpatient medical setting for weekend rounding, on-demand response or after-hours admission services. Telepsychiatry providers are able to integrate into the onsite system of care and regularly collaborate with onsite staff.

Primary Care Offices
Telepsychiatry providers can support primary care settings by giving consultations, participating in treatment team meetings, providing regularly scheduled telepsychiatry sessions, and more. Telepsychiatry providers can collaborate with primary care providers to ensure quality and continuity of care.
Behavioral Health Integration

Approximately 80% of individuals seeking mental health treatment in the United States go to either the emergency department or their primary care provider, and more than half of these individuals are ultimately treated by their primary care provider. One study estimates that primary care providers only recognize and identify half of all mental health disorders in their consumers. Of that, only half of those individuals are offered proper medication to treat their condition.

When mental and behavioral health concerns are identified, often the only care options available to individuals are in distant locations with long wait times for appointments. This makes behavioral health care costly, time-consuming and impractical. Integrating behavioral health care, including specialist services like child and adolescent psychiatry or substance abuse treatment into FQHCs, medical homes, community health clinics and primary care practices means that individuals can receive medical and behavioral health care in one centralized location. Doing this integration of behavioral health services through telehealth is a natural fit because it minimizes the logistical strains of co-locating physical and mental health services. Individuals can receive behavioral health care treatment in the familiar, convenient setting of their primary care office and benefit from having their patient records easily shared across their provider team. Having a relationship with telepsychiatry providers for consult can further empower PCPs with the support and information they need to effectively manage the full health of their patient population.

Residential Programs

Telepsychiatry is an important tool for residential programs. With access to specialists and the ability to consult or collaborate with telepsychiatry providers, onsite staff is able to offer better, more comprehensive care to their program residents without having to bring additional providers on location.

Partial Hospitalization Programs

Partial hospitalization allows individuals to return home in the evenings which causes less disruption in their day-to-day lives, and can also be used as a transition between inpatient care and returning home. Telepsychiatry providers can help to treat and monitor individuals receiving care in partial hospitalization programs. If the individual is in transition from an inpatient facility back home, there is the possibility they could see the same telepsychiatry provider they saw when receiving inpatient care.

Outpatient Clinics

With telepsychiatry, outpatient clinics can have access to consistent providers who serve a regular caseload of individuals. Telepsychiatry providers can conduct assessments, offer medication management, participate in treatment team meetings, provide supervision or act as medical leadership. Outpatient clinics, especially those that struggle to recruit and maintain providers, often rely on telepsychiatry to enhance their onsite services.

Mobile Crisis Units

Some communities have mobile crisis teams who respond to individuals in the community experiencing a mental health crisis. With access to telepsychiatry providers through technology, these teams are further empowered to manage crisis situations. Telehealth for mobile crisis allows individuals to be served by experts in their homes or other settings where a crisis may occur, that reduces the need for traveling to an emergency department.
Crisis Stabilization Units
Crisis stabilization units are small inpatient facilities for individuals experiencing a mental health crisis whose need cannot be met in other service settings. These units can utilize telepsychiatry to assess and treat individuals in a safe, secure environment that is less restrictive than a hospital.

Substance Use Treatment Centers
The increased prevalence of co-occurring substance use and mental health disorders leads to a higher demand for medication management services in addiction treatment programs. This population requires access to specialists they can often only receive through telepsychiatry.

Correctional Facilities
Telepsychiatry is well suited to address the needs of correctional facilities for scheduled care, medication management and immediate responses in times of psychiatric crisis. Correctional institutions seek ways to increase efficiency and lower costs while still providing high quality care, and telepsychiatry reduces transportation and supervision costs by providing timely psychiatric care and evaluation onsite.

Skilled Nursing Facilities
Faced with an aging population and an increasing prevalence of behavioral health issues including dementia and Alzheimer’s, a growing need to bring psychiatric assessment into skilled nursing facilities, independent living complexes and progressive continuum of care communities are rapidly developing. With telepsychiatry, residents can connect with a telepsychiatry provider for routine evaluation and care or emergency crisis intervention. With telepsychiatry, residents can also avoid a trip to the emergency department or the challenges of being transported to outpatient care appointments.

Universities
The shortage of mental health providers at colleges and universities can be supplemented with telepsychiatry. With access to specialists, prescribers and psychotherapy through telepsychiatry, college students are better prepared to handle whatever challenges they may face, without having to step off campus.

School-Based Programs
Many mental health concerns develop in adolescence, leading to an increased demand for mental health professionals in schools. School-based telepsychiatry programs are convenient for children and adolescents in need of treatment, parents and school officials as students have the opportunity to access care in a location well known to them. Additionally, school-based programs limit the amount of time students may need to take away from school to seek care.

Military Settings
Telepsychiatry allows active duty soldiers, veterans and their families to receive behavioral health care when they may otherwise have extremely long wait times or go completely without due to obstacles such as geographic distance and provider availability.

In-Home
Through the development of secure online behavioral health platforms, individuals are able to connect to behavioral health providers online from the comfort of their home. Ideal for individuals with limited mobility or busy schedules, this medium of care is helping more people access behavioral health care.

With the national shortage of behavioral health providers, particularly prescribers, individuals often have to wait weeks or even months for in-person appointments. For individuals living in underserved areas, these hard-to-get appointments are often prohibitively far away or inconvenient.

For people concerned about the stigma of seeking behavioral health services, telepsychiatry allows them to access care in a comfortable, private environment. Direct-to-consumer models of telepsychiatry allow individuals who had not sought care before to suddenly have options.
Models of Telepsychiatry

Scheduled Telepsychiatry Models

With scheduled telepsychiatry, a consistent provider or small group of providers routinely serves a regular caseload of individuals during scheduled hours. These providers can be available in blocks of time for anything onsite providers would do including assessments, medication management, treatment team meetings or supervision. Adult psychiatrists, child and adolescent psychiatrists, psychiatric nurse practitioners and all other levels of behavioral health professionals are typically available under this model. Scheduled services typically take place in community mental health centers, primary care offices, correctional facilities, nursing homes and colleges and universities.

It is important to integrate services into the existing model of care and to find the right fit between telepsychiatry providers and the partners they serve. Long-term provider-partner relationships that are based on accountability and mutual respect are important for success.

On-Demand Telepsychiatry Models

Typical on-demand telepsychiatry providers are available to evaluate individuals upon request. In order to access a telepsychiatry provider, support staff generally contact a call center to give preliminary demographic and clinical information to a live representative or via an online form. The call center then links the onsite staff with a telepsychiatry provider who can conduct a face-to-face interview with the individual via videoconferencing. After a psychiatric exam, the telepsychiatry provider collaborates with onsite resources to jointly determine appropriate disposition. On-demand providers can serve as a consultant or prescribe medication directly. On-demand services help every individual receive the least restrictive and most appropriate level of care. Documentation should be promptly returned to the hospital via secure electronic transmission immediately following each encounter.
Blended Telepsychiatry Models

Telepsychiatry models can be combined in order to design a custom telepsychiatry solution. A blended model of care throughout a community enables individuals to potentially access the same provider in a variety of settings; from the hospital to a rehabilitation facility, to an outpatient clinic to in-home follow-up. A wide system of care allows for more consistent and collaborative care across a health system. When designing a telepsychiatry program, identify ways to increase the likelihood of developing a wider system of care.

Other Uses for Telepsychiatry in Any Setting

Consults, Questions and Orders
Consultations can be used to help physicians, nurses, social workers and case managers to effectively manage the care of behavioral health individuals while streamlining operations and managing costs.

Rounding for Follow-Up Care
Telepsychiatry services can supplement behavioral health capacity by providing follow-up rounding to individuals who have already been evaluated but who are still awaiting placement.

First Responder Coverage of Communities
Enabled by technology, innovative crisis response programs are emerging with crisis responders and even police officers leveraging mobile devices, such as tablets, to connect directly with telepsychiatry providers while in the field. These programs are truly meeting individuals where they are and reducing costly and potentially unnecessary trips to the emergency department.

Medication Assisted Treatment Programs
Recently, the Department of Health and Human Services noted that healthcare providers can use connected care platforms to improve Medication Assisted Treatment (MAT) therapy for individuals with substance use disorder, especially in response to the opioid epidemic. With MAT, providers can treat individuals with a combination of behavioral health therapy and medication. Utilizing telehealth for MAT enables providers to reach more individuals, especially those with few options for care.

Collaborative Care
In recent years, the use of team-based approaches like the IMPACT (Improving Mood – Promoting Access to Collaborative Treatment) model have proven successful for a wide range of behavioral health conditions. With telepsychiatry, a team of providers can conveniently interact and seamlessly deliver care and/or consultation via televideo.
Payers are particularly invested in the expanded use of collaborative care models and are increasingly looking for creative ways to partner with telepsychiatry providers or practices leveraging telepsychiatry to achieve the greatest value in care. With the recent addition of collaborative care codes for reimbursement, providers will also be encouraged to incorporate more team-based treatments into care.

**Referring to Telepsychiatry**

With direct-to-consumer telepsychiatry, payers and health plans, employers and EAPs and primary care practices can expand their referral networks to get individuals seeking mental health treatment the appropriate care. With flexible scheduling and online appointments, individuals are able to more easily access providers to fit their needs.

**Payers and Health Plans**

By offering direct-to-consumer telepsychiatry, payers can reach underserved members as well as meet the needs of members who want on-demand access to care. With a telepsychiatry provider network, payers can support a wide array of services to promote comprehensive, whole person care that offers members more choices and control in their health care.

**Employers and EAPs**

With telepsychiatry, employees can have easy access to convenient treatment options. Online appointments allow busy professionals to access specialty services in a private and comfortable setting that fits best with their work schedule.

**Primary Care Practices**

With more primary care providers treating mental health concerns due to the shortage of psychiatry providers, referring to telepsychiatry can help alleviate the burden many may be feeling and ensures that individuals receive adequate assessment and treatment of mental health.

**Value-Based Care**

The fee-for-service model is slowly being replaced by value-based forms of reimbursement. Value-based care is a form of reimbursement that ties payments for delivery of care to quality of care provided and rewards organizations with efficiency and effectiveness. According to a survey done by OPEN MINDS, value-based reimbursement is gaining momentum and about one third of specialty provider organizations are participating in value-based reimbursement arrangements with payers.

Payers are encouraging practices to move away from the fee-for-service model and toward performance-based contracting. In essence, this is asking organizations to take additional risk with their patient population. Additionally, this will require them to leverage integrated care options and recognize the value of treating behavioral health in conjunction with physical health.
As organizations embrace this reality, they are finding that telepsychiatry effectively addresses fragmentation that often exists across the behavioral health continuum. Timely access to behavioral health services—whether emergent or ongoing—improves continuity of care and mitigates the need for higher cost interventions. Especially in multi-faceted cases with complex pharmacology, video consultations improve access to multi-disciplinary treatment teams and direct telepsychiatry interventions to improve monitoring and provide ongoing patient engagement.

**Care Across the Continuum**

The value of telepsychiatry is that it can bring unprecedented care to underserved communities. By making telehealth accessible to all people in all locations, telepsychiatry can significantly improve the behavioral health of an entire community.

In today’s connected world there is no reason that a community or a person should feel removed from behavioral health care services that could help address concerns early. Any location can connect to telehealth. Telehealth makes it easier for individuals to access care and stay connected to providers which means that people have more control and agency in their health and well-being.

A blended model of care throughout a community enables individuals to potentially access the same provider in a variety of settings; from the hospital to rehabilitation, to an outpatient clinic to in-home follow-up.

Telepsychiatry services can often be offered to any number of facilities without redundant infrastructure or program setup costs. By seamlessly transitioning to multiple facilities through televideo technology, an organization does not have to waste time or resources on providers traveling between sites and can leverage economies of scale to achieve operational efficiencies that are impossible with traditional coverage schedules. Telepsychiatry service can be utilized back to back at any facility set up with televideo equipment or internet access allowing for easy scalability and program expansion.

Health services are often siloed and information sharing is not the norm, but online telepsychiatry can be a game changer. An individual can potentially see the same provider regardless of setting or location, and their data can be accessed online and shared with other providers.
How to Establish and Maintain a Successful Telepsychiatry Program

Steps to Establish a Program

**Identify Pain Points**
Before considering implementation of a telepsychiatry program, it is important to identify organizational pain points and how telepsychiatry could help. Is the community lacking specialists such as child and adolescent providers? Is there a long wait time for individuals to receive mental health services? Is the organization looking to create a financially sustainable program and provide timely care?

**Consider the Organization’s Overall Strategic Priorities**
Assessing organizational goals is the key to creating a telepsychiatry strategy. Example questions may be:

- What is the vision for the next __# of years?
- How will progress toward goals be evaluated?
- How does telehealth fit in already or how could it?
- Who is responsible for tracking the telehealth industry within the organization?
- How will information be shared and applied across the organization?

**Consider the Regulatory and Legal Environment**
Examine applicable state regulation and rules, such as licensure, reimbursement, physician-patient relationship, prescribing and telemedicine specific legislation or regulation.

**Cultivate Stakeholder Buy In**
Something to consider in the early stages is who will be the champion in launching a program. Who needs to buy in before launching a successful program? Identify stakeholders early on and cultivate interest. Get buy in from existing psychiatrists, existing social workers/screeners, community resources, IT, medical affairs, the executive team and beyond.

**Tackle Provider Credentialing**
The credentialing process is complex for any provider, but adapting it for telepsychiatry adds new layers. Medical Affairs should be looped in as early as possible when considering telepsychiatry. Start by reviewing organization bylaws to see if any need to be modified to accommodate telepsychiatry providers. Most telepsychiatry programs undergo a credentialing process with the telemedicine provider and each site they plan to serve. This could include licensure, facility privileges and payer enrollment. Depending on a providers’ individual situation, credentialing can extend over multiple months and can feel a bit arduous and redundant but it is an important step in making sure appropriate care is being delivered.

**Design Workflows**
It is important to proactively design a system that works for the organization. Consider the following questions: When will telepsychiatry be used? 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 telepsychiatry provider? How will scheduling work?
Select Technology
Choosing the right equipment is important. It is a matter of what works for each organization’s needs. Pay attention to guidelines and best practices and consider the following questions: Do you need a mobile televideo unit? What internal support capacity do you have? Is interoperability important? How will you create a secure environment for sessions?

Set Up the Room
For both providers and onsite, the telepsychiatry encounters should be conducted in a clean, organized space. Both parties should be aware of what is visible within the parameters of the video image. An office backdrop setting with solid, neutral colored walls is best when possible. Additionally, be aware of lighting in the room and ensure there are no windows located behind the provider or consumer as that can distort video quality.

Plan for Documentation
When instituting a telepsychiatry program, it is essential to ensure telepsychiatry providers have all the tools they need to adequately document all clinical encounters. A best practice for documentation is to provide telepsychiatry providers with VPN access to use the same EMR that onsite staff use at the organization. This allows them to document directly during a session.

Train Providers
Provide adequate training to providers and ensure they understand telepsychiatry is meant to support in-person care, not replace. They should also understand that technology isn’t the main focus – the care given to individuals is. Introduce them to the team as well as the community where they are serving. Conduct orientation and training with a new telepsychiatry provider via televideo so each side can get used to what is required in advance. Typically, problems with technology are user error and can be avoided with training and practice. Work with the IT team to identify common issues early on so you don’t have to rely on them later.

Educate Staff, Community and Consumers
Educating everyone who will be involved is an important step when implementing a telepsychiatry program. Onsite staff should be aware of when telepsychiatry will be used and how. These team members can be integral in making sure telepsychiatry providers are aware of any non-verbal cues, particularly in the waiting room or during rounding. Additionally, the culture of a community can have a huge impact on individuals’ view of and comfort with the idea of telepsychiatry. It is important for onsite team members to educate individuals receiving care on the telepsychiatry experience, and for the onsite team members to educate telepsychiatry providers on the nuances of the community they are serving.

Once the telepsychiatry program has been launched, an organization can promote the program to ensure best practices are communicated and to showcase your organization’s commitment to innovation. This can be done via press releases, conferences and speaking engagements, journal submissions, handouts and other resources. Promoting the program can help get other organizations in the community to leverage telepsychiatry which can increase economies of scale and lead to healthier populations overall.
Focus on Telepsychiatry Outcome Metrics
Telehealth gives organizations and providers a chance to raise the bar when it comes to data tracking. The telehealth industry is seeing an increased focus on using technology to not only measure sessions and satisfaction, but also to determine the actual outcomes of care delivered through telepsychiatry. This focus on outcomes will help healthcare organizations be better positioned for value-based care success.

Design for Quality
Creating a comprehensive quality assurance program for providers is an important aspect of implementing a telepsychiatry program. Quality assurance programs often include measures of provider satisfaction, peer review, clinical chart review and internal evaluation based on provider fit within the organization. A truly comprehensive quality assurance program should put forth a series of processes aimed to assess and optimize the experiences of onsite and telepsychiatry providers. Providers should be reminded that participation in a quality assurance program helps protect their career, licenses, certifications and reputation in order to encourage participation.

Telemedicine Mergers and Acquisitions
Industry consolidation is occurring within every area of healthcare, including the telemedicine space which is seeing an increase due to its rapid growth and maturity. Notably, the first quarter of 2018 saw $156 billion in new deals across the healthcare industry following a record-breaking 2017 that was up 13% from the previous year.

Healthcare or telemedicine organizations engaging in mergers and acquisitions should use these opportunities to assess all areas of care delivery to identify opportunities for improvement. The best strategies will include a full evaluation of existing systems and vendors while working to ensure stability of programs during time of disruption for consistent quality care.

Considering Telepsychiatry During Transitional Eras
Nearly everywhere, healthcare practices are actively being consolidated. If this is happening at your organization, consider how telepsychiatry fits in. Are any of the other sites within a health system or network using telepsychiatry that you could layer into your location? Do you have a telepsychiatry program already that could be expanded to new sites? Are there lessons learned on either side that may be of use? Does your telepsychiatry partner have options to evolve alongside your organization? Communicate with your telepsychiatry partner and keep telepsychiatry front of mind during transitional periods, so you can potentially meet the mental health needs of additional individuals.

Questions to Consider
- When will telepsychiatry be utilized?
- What do organization bylaws say about telemedicine?
- What telemedicine-related regulation exists in applicable states?
- What level of provider (MD, DO, NP, etc.) is right for the program?
- What subspecialties would be ideal for the consumer population?
- What cultural factors should be considered when picking providers for the consumer population?
- What cultural and organizational information is important for a telepsychiatry provider to understand?
- Will the organization accept credentialing by proxy?
- Will a telepsychiatry provider be able to prescribe medication?
- How will the telepsychiatry provider stay connected to the onsite team?
- Will the same provider be able to see a consumer in multiple facilities?
• How can multiple locations to the same telepsychiatry providers be connected?
• Who “owns” a consumer?
• How will consumers be informed of telepsychiatry?
• Will in-home telepsychiatry be offered as an option?
• Is internet connectivity an issue for the consumer population?

Current Limitations to Telepsychiatry

Reimbursement
Currently, reimbursement for telepsychiatry depends on location and payer source. While reimbursement for telepsychiatry is regularly improving, the current reimbursement landscape is fractured and inconsistent among states that do or don’t reimburse for telehealth, or telepsychiatry at all. In order to make telepsychiatry more accessible, legislature must be updated consistently with the changing capabilities of this mode of care. For up to date reimbursement information, visit the American Telemedicine Association, Center for Telehealth and e-Health Law and Center for Connected Health Policy websites for resources.

Medicare
As of January 2019, if the facility in which you are receiving services is located within a health professional shortage area, Medicare will reimburse for telemedicine services. To find if your facility is located in a health professional shortage area, the Human Resources & Services Administration has a tool available on their website.11

Medicaid
When it comes to Medicaid, 48 states have legislated coverage as of January 2019. Some states require a provider to be physically located in the same state as the individual for reimbursement, and some states will only reimburse if the care received is considered “medically necessary.” There are issues with narrowly defined service sites as well, particularly by CMS.

Private Payer
As of January 2019, 39 states and the District of Columbia have legislated private payer coverage for telemedicine and four states have proposed a parity bill for private payer coverage.

Licensure
Telepsychiatry opens the door for providers to practice from nearly any private space and serve individuals in a variety of locations; however, providers must still make sure they are practicing within the scope of their license(s). The standard is that telepsychiatry providers must be licensed and abide by the laws and requirements associated with the state where the individual receiving care is located.

Since the licensure process varies in each state, it can take several months to more than a year to receive additional licenses. This tedious process often discourages providers from seeking additional licensure, which restricts access to qualified providers who would otherwise be working with individuals in need of health care. A part of the solution to this barrier for physicians is the Interstate Medical Licensure Compact.

Interstate Medical Licensure Compact for Physicians
The Interstate Medical Licensure Compact (IMLC) allows states to form agreements among individual state Medical and Osteopathic Boards in order to speed up the provider licensure process across multiple states. Currently, there are 24 states and one territory, and the 31 Medical and Osteopathic Boards in those states and territory, that are part of the compact. The IMLC aims to increase access to health care for individuals in underserved communities by allowing them to easily connect with providers using telemedicine.
The licensure application process is expedited by using existing information from providers previously submitted in their state of principal license. State medical boards that have enacted the IMLC continue to manage the licensure process, investigate complaints and refer providers for evaluation when appropriate. State legislators also still collect licensing fees associated with providers applying for and maintaining licensure in their respective states.

For up to date information on the IMLC, visit their website at imlcc.org.

**Advanced Practice Registered Nurse Compact**

Interstate licensure improvements are also in the works for Advanced Practice Registered Nurses. This Compact will be implemented when 10 states have enacted the legislation that would allow APRNs to hold one multistate license. APRNs with this licensure would be able to practice in participating compact states. Like the Interstate Medical Licensure Compact, the Advanced Practice Registered Nurse Compact will allow for increased use of tools and resources afforded by telemedicine to increase the reach of psychiatric providers nationwide and allow individuals to easily access medical experts.

To learn more about the APRN Compact and how to support it in your state, visit aprncompact.com.

**Credentialing**

Similarly, there is a lot of bureaucracy hindering the ability of providers to be credentialed at multiple sites in a timely manner. The process is fundamentally the same between organizations and systems. Many organizations encounter outdated bylaws and medical affairs processes that are no longer relevant. The Joint Commission of Healthcare Organizations (JCAHO) regulation and Centers for Medicare and Medicaid (CMS) changed their position on proxy credentialing in 2012, but it is underused by facilities to date. If the credentials at one organization were accepted by others of the same type, telepsychiatry programming could be implemented much faster and more people would be able to access that care with shorter wait times and more flexibility.

**Prescribing via Telehealth**

When prescribing medication via telehealth, it needs to be done appropriately. Be sure your organization is aware of the current regulatory landscape surrounding telemedicine prescribing and consider utilization of prescription databases.

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**In-Person vs. Face-to-Face Care**

In-person care is care delivered when both the individual and provider are physically in the same location. Face-to-face care is when both parties can see each other, but they are not necessarily in the same physical location. Therefore, telehealth is considered face-to-face care, but is not in-person.
Fitting Telepsychiatry into a Larger Strategy

Many of today’s health systems already use some form of telepsychiatry. While these strategies may have originated as more of a quick fix to address psychiatric professional shortages in some cases, healthcare organizations are continuing to consider how to extract greater organizational value from leveraging these models in the future.

Providers and communities are increasingly implementing processes and systems to address whole-person care, and telepsychiatry, working in tandem with other telehealth strategies, helps advance these movements and increase access to more holistic care.
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