Telepsychiatry: Ready to consider a different kind of practice?

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Practitioners, patients, and payers are racing to keep up with a rapidly evolving tool

Too few psychiatrists. A growing number of patients. A new federal law, technological advances, and a generational shift in the way people communicate. Add them together and you have the perfect environment for telepsychiatry—the remote practice of psychiatry by means of telemedicine—to take root (***Box 1***). Although telepsychiatry has, in various forms, been around since the 1950s,[1] only recently has it expanded into almost all areas of psychiatric practice.

Here are some observations from my daily work on why I see this method of delivering mental health care is poised to expand in 2015 and beyond. Does telepsychiatry make sense for you?

Lack of supply is a big driver

There are simply not enough psychiatrists where they are needed, which is the primary driver of the expansion of telepsychiatry. With 77% of counties in the United States reporting a shortage of psychiatrists[2] and the "graying" of the psychiatric workforce,[3] a more efficient way to make use of a psychiatrist's time is needed. Telepsychiatry eliminates travel time and allows psychiatrists to visit distant sites virtually.

The shortage of psychiatric practitioners that we see today is only going to become worse. The Patient Protection and Affordable Care Act of 2010 includes mental health care and substance abuse treatment among its 10 essential benefits; just as important, new rules arising from the Mental Health

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Parity and Addiction Equity Act of 2008 limit restrictions on access to mental health care when insurance provides such coverage.[4] These legislative initiatives likely will lead to increased demand for psychiatrists in all care settings—from outpatient consults to acute inpatient admissions.

Why so attractive an option?

The shortage of psychiatrists creates limitations on access to care. Fortunately, telemedicine has entered a new age, ushered in by widely available teleconferencing technology. Specialists from dermatology to surgery currently are using telemedicine; psychiatry is a good fit for telemedicine because of (1) the limited amount of "touch" required to make a psychiatric assessment, (2) significant improvements in video quality in recent years, and (3) a decrease in the stigma associated with visiting a psychiatrist.

A generation raised on the Internet is entering the health care marketplace. These consumers and clinicians are accustomed to using video for many daily activities, and they seek health information from the Web. Visiting a psychiatrist through teleconferencing isn't strange or alienating to this generation; their comfort with technology allows them to have intimate exchanges on video.

Subspecialty particulars

The earliest adopters, not surprisingly, are in areas where the strain of shortage has been felt most, with pediatric, geriatric, and correctional psychiatrists leading the way. In these fields, a substantial literature supports the use of telepsychiatry from a number of practice perspectives.

Pediatric psychiatry. The literature shows that children, families, and clinicians are, on the whole, satisfied with telepsychiatry.[5] Children and adolescents who have been shown to benefit from telepsychiatry include those with depression,[6] posttraumatic stress disorder, and eating disorders.[7] Based on a case series, some authors have asserted that telepsychiatry might be preferable to in-person treatment (***Box 2, page 36***).[8]

Box 1

An operational definition

Telepsychiatry: The use of medical information, exchanged from 1 site to another by means of electronic communication to improve a patient's health.

Source: American Telemedicine Association. What is telemedicine? http://www.americantelemed.org/about-telemedicine/what-is-telemedicine. Accessed February 10, 2015.

Geriatric psychiatry. Research shows that geriatric patients, who are most likely to feel threatened by new technology, accept telepsychiatry visits.[9] For psychiatrists treating geriatric patients, telepsychiatry can significantly lower costs by cutting commuting[10] and make more accessible for patients whose age makes them unable to drive.

Correctional psychiatry. Clinicians working in correctional psychiatry have been at the forefront of experimentation with telepsychiatry. The technology is a natural fit for this setting:

- Prisons often are located in remote locations.
- Psychiatrists can be reluctant to provide on-site services because of safety concerns.

With correctional telepsychiatry, not only are patient outcomes comparable with in-person psychiatry, but the cost of delivering care can be significantly lower.[11] With the U.S. Department of Justice reporting that 50% of inmates have a diagnosable mental disorder, including substance abuse,[12] the need for access to a psychiatrist in the correctional system is acute.

Telepsychiatry can confidently be provided in a number of settings:

- emergency rooms
- nursing homes
- offices of primary care physicians
- in-home care.

Clinical services in these settings have been offered, studied, and reviewed.[13]

Can confidentiality and security be assured?

As with any new medical tool, the risk and benefits must be weighed care-

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Clinical Point

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Telepsychiatry

Clinical Point

Problems with licensure, credentialing, privacy, security, and professional liability continue to be of concern in telepsychiatry

Box 2

Particular therapeutic benefit for young patients?

Yes, write the authors of a descriptive review and case studies of child and adolescent telepsychiatry in *Telemedicine Journal and e-Health*: "There is evidence that telepsychiatry is diagnostically valid, and that there is high patient and provider satisfaction."

Going a step further, the authors raise the possibility that telepsychiatry under the right circumstances trumps in-person care: "There is a valid case for arguing that in certain children and adolescents, telepsychiatry, as a consultation process, might actually be a superior method of psychiatric assessment to face-to-face consultation. Four factors stand out supporting this view. These are the novelty of the consultation, the capacity to provide direction, the extra distance involved (both psychological and physical), and the authenticity of the interaction."

Source: Reference 9

fully. The most obvious risk is to privacy. Telepsychiatry visits, like all patient encounters, must be secure and confidential. Given the growing suspicion among the public and professionals who use computers that all data are at risk, clinicians must take appropriate cautions and, at the same time, warn patients of the risks. Readily available videoconferencing software, such as Skype, does not provide the level of security that patients expect from health care providers.[14]

Other common concerns about telepsychiatry are stable access to videoconferencing and the safety from hackers of necessary hardware. Medical device companies have created hardware and software for use in telepsychiatry that provide a Health Insurance Portability and Accountability Act-compliant high-quality, stable, videoconferencing visit.

Do patients benefit?

Clinically, patients have fared well when they receive care through telepsychiatry. In some studies, however, clinicians have expressed some dissatisfaction with the technology[13]—understandable, given the value that psychiatry traditionally has put on sitting with the patient. As Knoedler[15] described it, making the switch to telepsychiatry from in-person contact can engender loneliness in some physicians; not only is patient contact shifted to videoconferencing, but the psychiatrist loses the supportive environment of a busy clinical practice. Knoedler also pointed out that, on the other hand, telepsychiatry offers practitioners the opportunity to evaluate and treat people who otherwise would not have mental health care.

Obstacles—practical, knotty ones

Reimbursement and licensing. These are 2 pressing problems of telepsychiatry, although recent policy developments will help expand telepsychiatry and make it more appealing to physicians:

- Medicare reimburses for telepsychiatry in non-metropolitan areas.
- In 41 states, Medicaid has included telepsychiatry as a benefit.[16]
- Nine states offer a specific medical license for practicing telepsychiatry[17] (in the remaining states, a full medical license must be obtained before one can provide telemedicine services).
- The Joint Commission has included language in its regulations that could expedite privileging of telepsychiatrists.[18]

Even with such advancements, problems with licensure, credentialing, privacy, security, confidentiality, informed consent, and professional liability remain.[19] I urge you to do your research on these key areas before plunging in.

Changes to models of care. The risk that telepsychiatry poses to various models of care has to be considered. Telepsychiatry is a dramatic innovation, but it should be used to support only high-quality, evidence-based care to which patients are entitled.[20] With new technology—as with new medications—use must be carefully monitored and scrutinized.

Although evidence of the value of telepsychiatry is growing, many methods of long-distance practice are still in their infancy. Data must be collected and poor outcomes assessed honestly to ensure that the "more-good-than-harm" mandate is met.

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Related Resources

- American Telemedicine Association. Practice guidelines for video-based online mental health services. http://www.americantelemed.org/docs/default-source/standards/practice-guidelines-for-video-based-online-mental-health-services.pdf?sfvrsn=6. Published May 2013. Accessed February 10, 2015.
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- University of Colorado Denver. Telemental Health Guide. http://www.tmhguide.org.

Clinical Point

Telepsychiatry allows physicians to choose where they live and work, and limits the number of their unreimbursed commutes

Good reasons to call this shift 'inevitable'

The future of telepsychiatry includes expansion into new areas of practice. The move to providing services to patients *where they happen to be*—at work or home—seems inevitable:

- In rural areas, practitioners can communicate with patients so that they are cared for in their homes, without the expense of transportation.
- Employers can invest in workplace health clinics that use telemedicine services to reduce absenteeism.
- For psychiatrists, the ability to provide services to patients across a wide region, from a single convenient location, and at lower cost is an attractive prospect.

To conclude: telepsychiatry holds potential to provide greater reimbursement and improved quality of life for psychiatrists *and* patients: It allows physicians to choose where they live and work, and limits the number of unreimbursed commutes, and gives patients access to psychiatric care locally, without disruptive travel and delays.

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Bottom Line

The exchange of medical information from 1 site to another by means of electronic communication has great potential to improve the health of patients and to alleviate the shortage of psychiatric practitioners across regions and settings. Pediatric, geriatric, and correctional psychiatry stand to benefit because of the nature of the patients and locations.