



Innovative Programs in Telepsychiatry

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OBJECTIVES

- Setting the stage – understand the need for innovative telepsychiatry programs
- Describe Innovative Telepsychiatry Programs

WHY TELEHEALTH/TELEMEDICINE?



Pacific Northwest

- 27% of US land mass
- 4% of US population
- 1 in 4 residents lives in a rural community

Rural Communities

- Experiencing economic decline
- An aging population base

WHY TELEHEALTH/TELEMEDICINE?

Rural primary care providers:

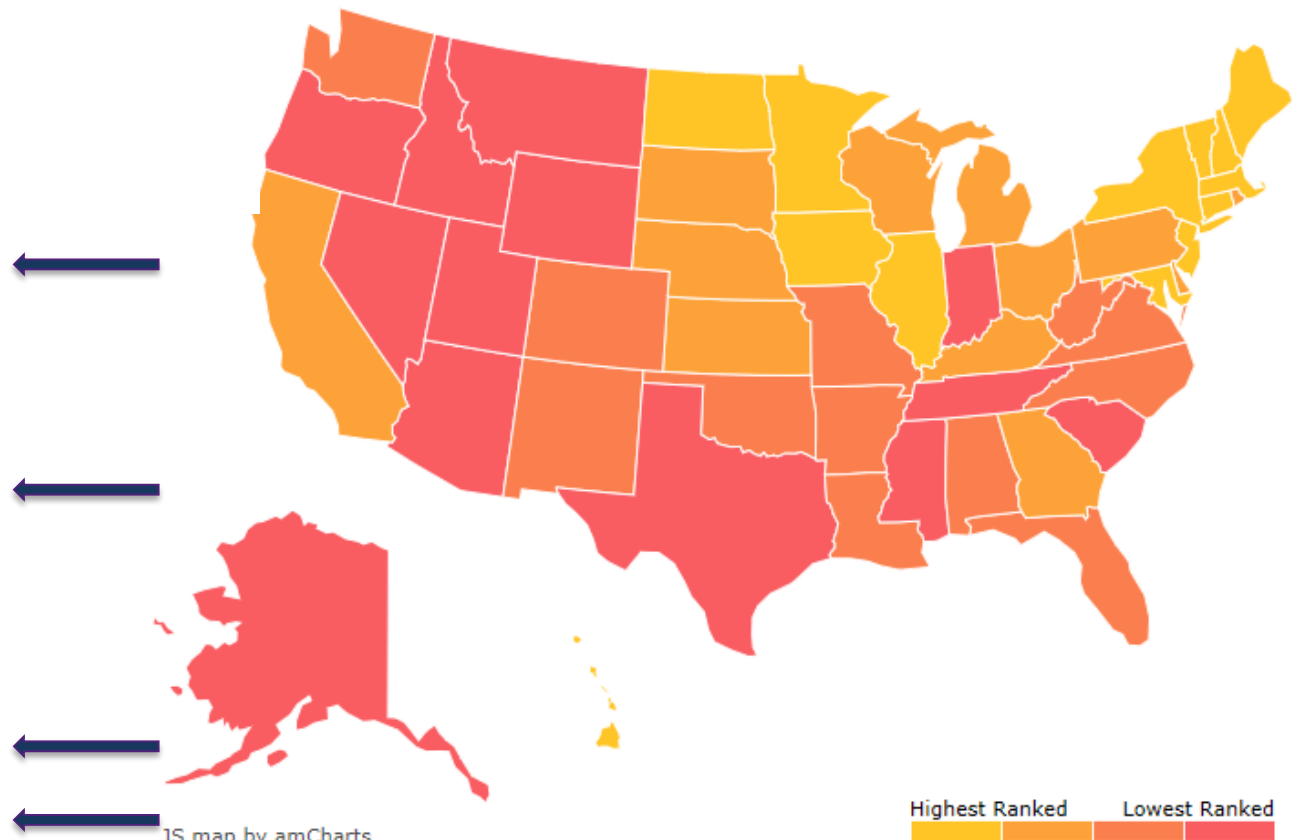
- ~27% of will retire in the next 10 years
- New grads less likely to go into primary care, esp in rural areas.
- Retention issues:
 - Low rates of job satisfaction
 - Professional isolation
 - Poor access to specialty referral networks
 - Lack of access to continuing medical education

Rural health care organizations:

- Need to give providers financial and quality-of-life incentives
- Financial challenges due to low population densities, few economies of scale, and high rates of fixed costs per service

THE STATE OF MENTAL HEALTH IN AMERICA

Rank	State
27	Oklahoma
28	North Carolina
29	Colorado
30	Missouri
31	New Mexico
32	Florida
33	Virginia
34	Washington
35	West Virginia
36	Alabama
37	Arkansas
38	Louisiana
39	Arizona
40	Montana
41	South Carolina
42	Indiana
43	Texas
44	Utah
45	Tennessee
46	Wyoming
47	Alaska
48	Mississippi
49	Oregon
50	Idaho
51	Nevada

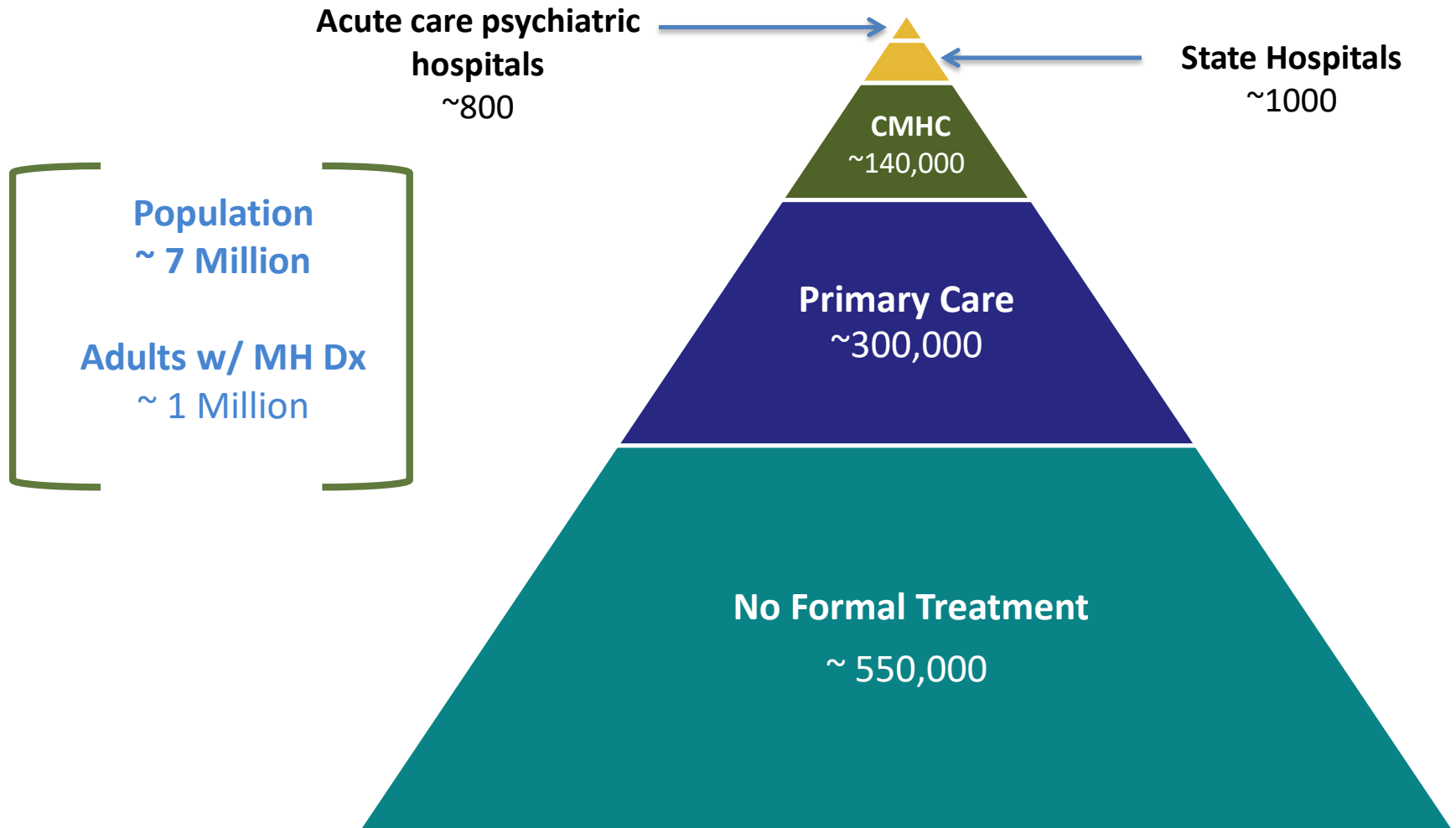


The overall ranking includes both adult and youth measures as well as prevalence and access to care measures.

Source: Mental Health America (2019)

<http://www.mentalhealthamerica.net/issues/ranking-states>

BEHAVIORAL HEALTH CARE IN WASHINGTON STATE







WASHINGTON STATE LAWS ADDRESSING TELEHEALTH REIMBURSEMENT


- **2015: SB5175** ✓
 - Defines telemedicine
 - Requires coverage parity, not payment parity
 - Allows for credential-by-proxy
 - Allows various patient locations excluding “home”
 - No rural requirements for patient location
 - Includes coverage for store-and-forward



WASHINGTON STATE LAWS ADDRESSING TELEHEALTH REIMBURSEMENT

- **2016: SB 6519** 
 - Allows various patient locations including “home”
 - Created Washington State Telemedicine Collaborative

**Washington State
Hospital Association**

Home Contact Search for... 

ABOUT WSHA ▾ OUR MEMBERS ▾ FOR PATIENTS ▾ GOVERNMENT AFFAIRS ▾ QUALITY & SAFETY ▾ EVENTS & RESOURCES ▾

WS.

Home / Government Affairs / Issues / Telehealth / Washington State Telehealth Collaborative

Washington State Telehealth Collaborative

Vision Statement

The Collaborative will advance excellence and innovation in telehealth for all Washington communities, improving access to high-quality, safe and affordable health care in Washington State.

Mission Statement

The Washington State Telehealth Collaborative will provide a forum to improve the health of Washington residents through the collaboration and sharing of knowledge and health resources statewide and increasing public awareness of telehealth as a delivery mechanism. The Collaborative seeks to enable development and delivery of technology-assisted programs that promote access, sustainability, utilization and affordability of Telehealth services.



Program Contact:


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Telehealth Collaborative
Program Manager
Operations Coordinator, UW
Medicine Telehealth Services
nlagrone@uw.edu

[Frequently Asked Questions about Telehealth: A Patient's Guide](#)

[Frequently Asked Questions about Telehealth: A Clinician's Guide](#)

While WSHA proudly hosts this website, the Telehealth Collaborative is an independent group, not affiliated with WSHA.

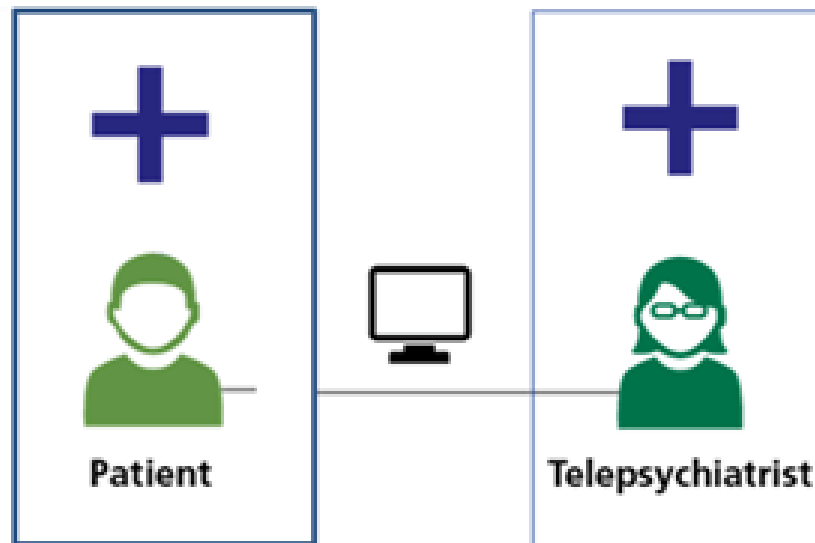
WASHINGTON STATE LAWS ADDRESSING TELEHEALTH REIMBURSEMENT

- **2017 – SB 5436** 
 - Defined originating site of “home” as “any location determined by the individual receiving the service.”
- **2019 – SB 5385**
 - Requires payment parity
 - Also removes the requirement that service provided through “store and forward” technology must have an associated office visit.
- **2019 – SB 5386**
 - Telehealth Training
- **2019 – SB 5387**
 - Credentialing for telehealth services

IS TELEPSYCHIATRY THE SOLUTION?

TELEPSYCHIATRY IS EQUIVALENT CLINICALLY

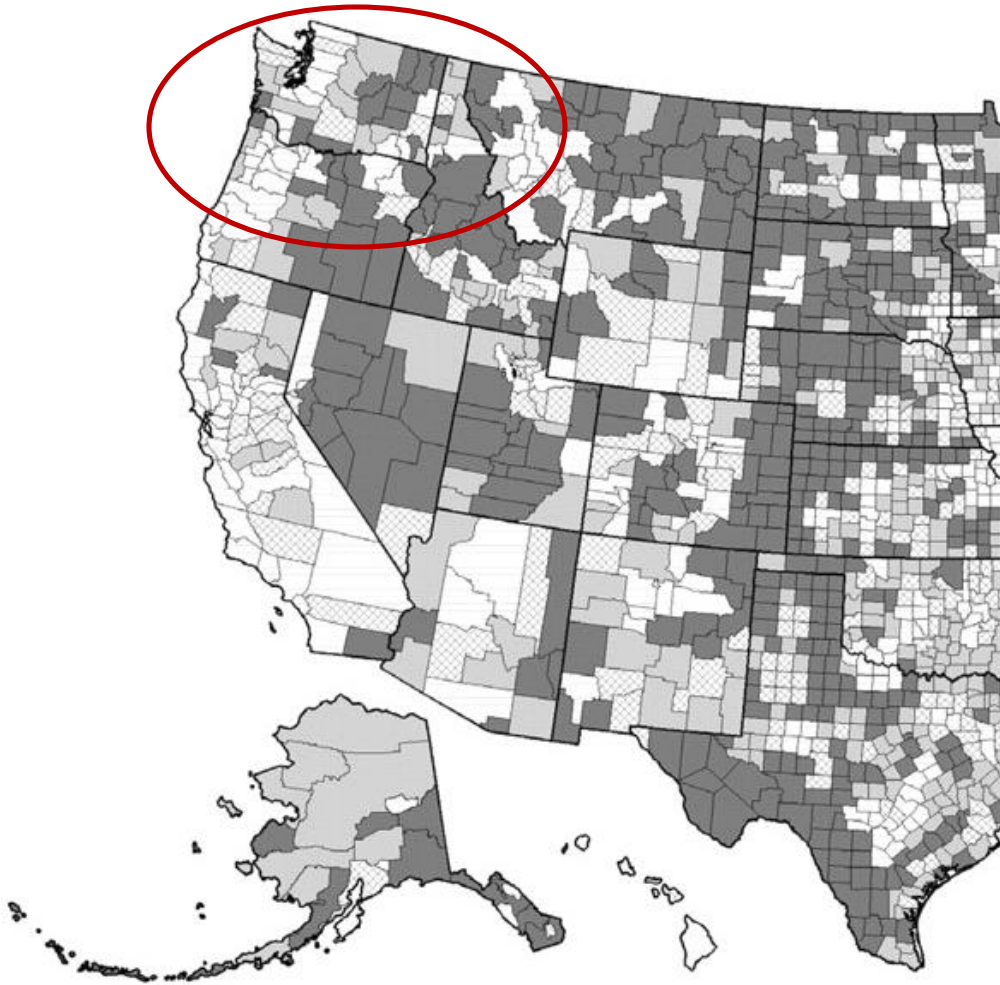
- Equivalent Satisfaction^{2,3}
- Diagnostic Reliability^{4,5}
- Pharmacotherapy Outcome⁶
- Psychotherapy Outcome⁷



**TELEPSYCHIATRY ALONE DOES NOT SUFFICIENTLY
INCREASE CAPACITY AND REACH**



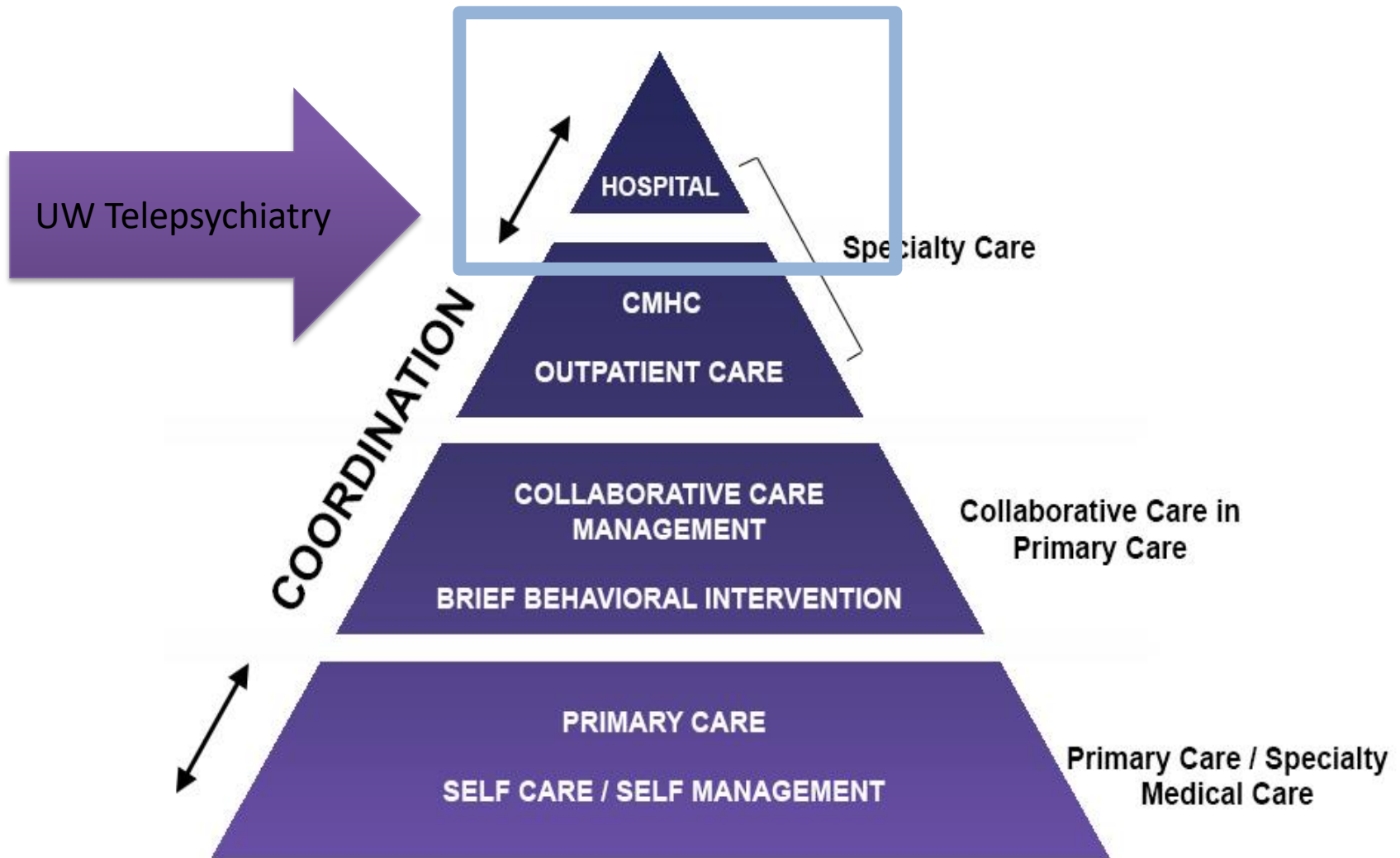
WASHINGTON WORKFORCE: LIMITED ACCESS TO SPECIALTY MENTAL HEALTH PROVIDERS



- In Washington only 1 psychiatrist for every 10,000 residents.
- Most counties without a psychiatrist or psychologist
- MH professionals concentrate in urban areas

Innovative Programs in Telepsychiatry

TELEPSYCH TO EXTEND MENTAL HEALTH CARE WITH LIMITED RESOURCES



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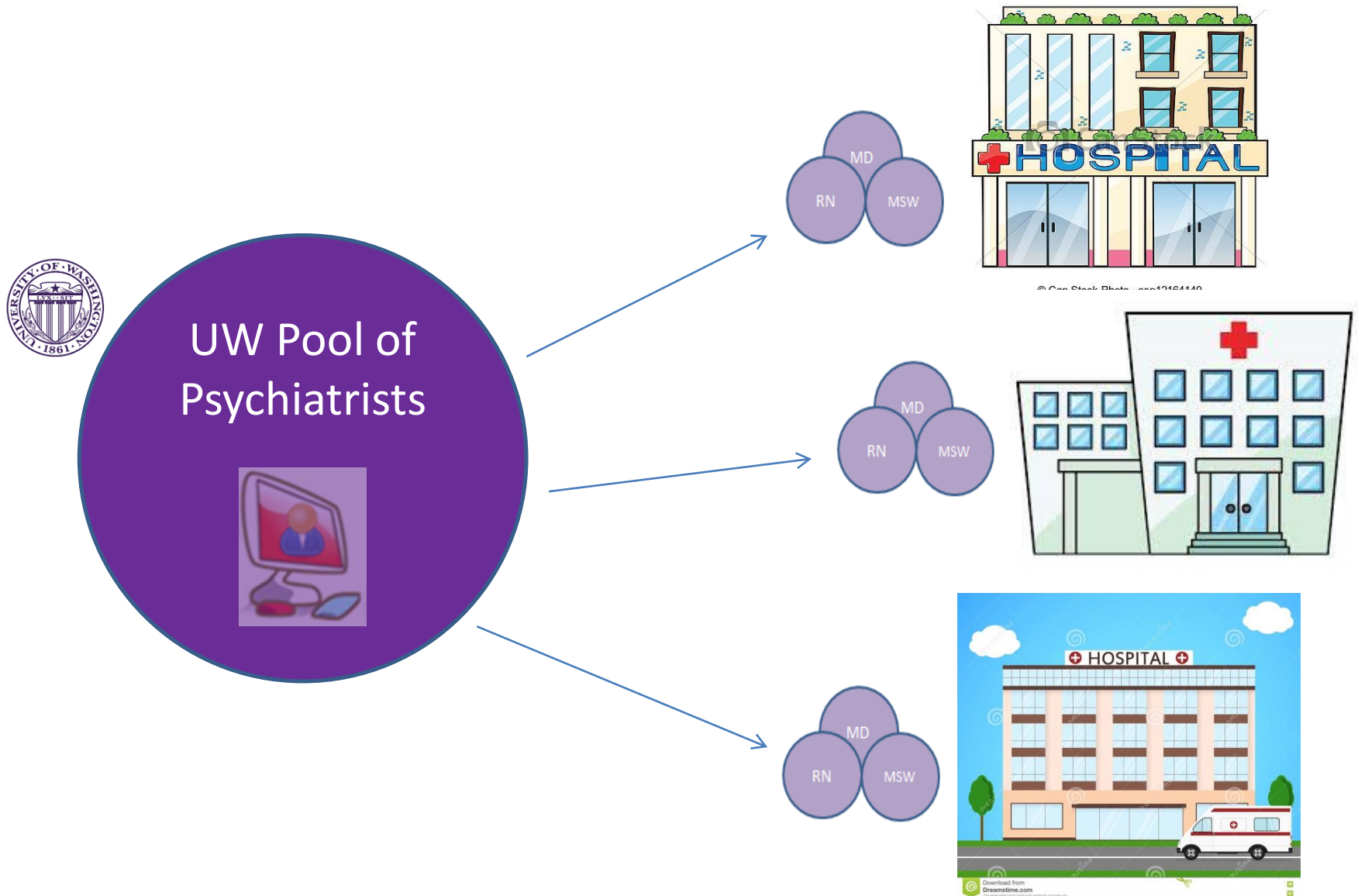


UW Pool of
Psychiatrists



Adapted from Marc Avery MD

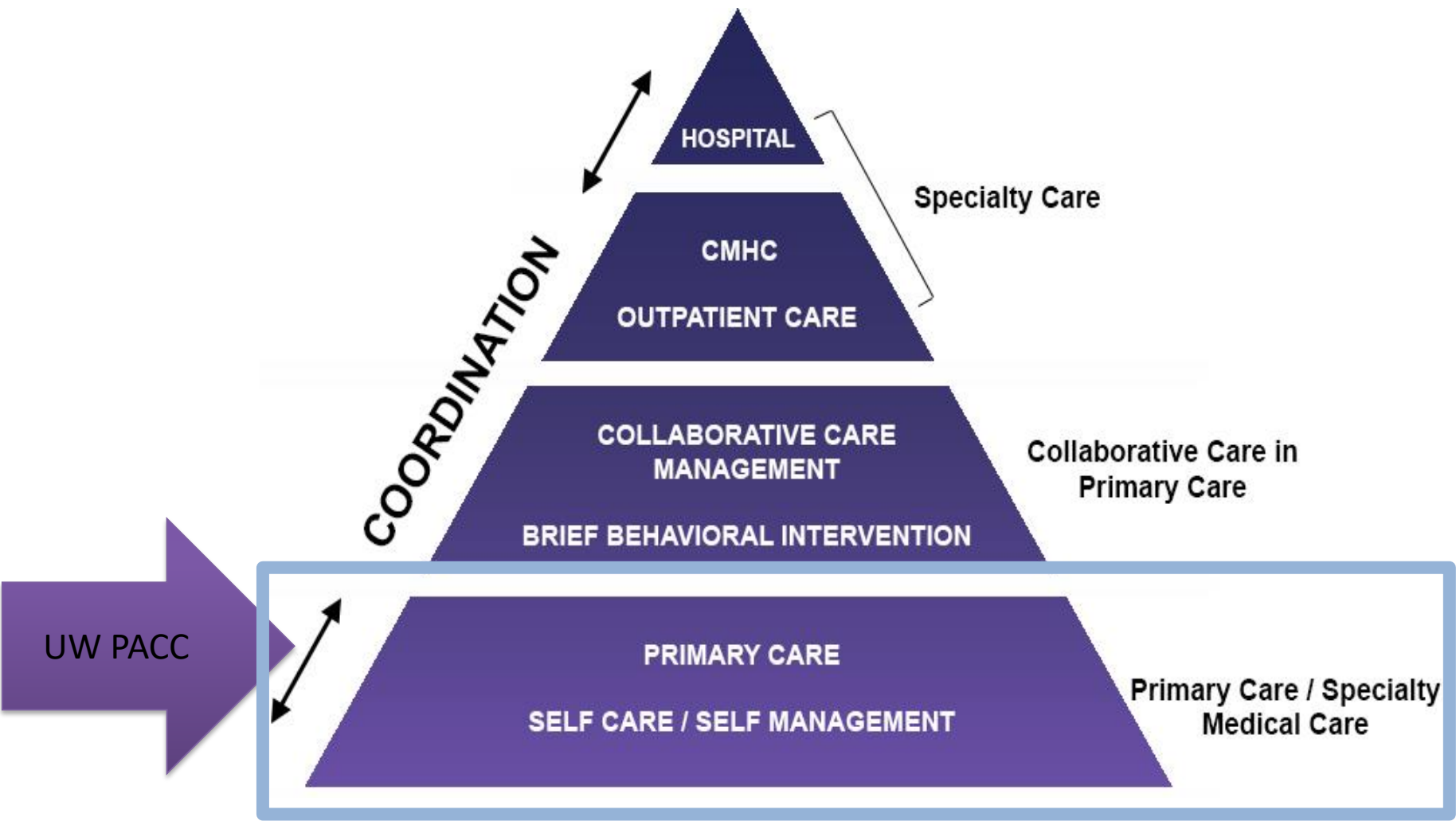
TELEPSYCH TO EXTEND MENTAL HEALTH CARE WITH LIMITED RESOURCES



UNIVERSITY OF WASHINGTON TELEPSYCHIATRY



TELEPSYCH TO EXTEND MENTAL HEALTH CARE WITH LIMITED RESOURCES



WHEN: Every Thursday 12:00-1:30pm PST

WHO: multi-site participant network of primary care providers, mental health or addictions providers, psychiatrists

WHAT:

- * Multi-disciplinary psychiatry & addictions “tele-mentoring”
- * Didactic: 20-30 minutes
- * Case presentations:
 - from community clinicians
 - de-identified cases
 - interactive consultations with inter-professional panel
 - written recommendations

COST: No cost; nominal fee for CME credits

GOALS:

- Expand the mental health and addictions care capacity of health care professionals in remote, underserved areas of Washington
- Offer telehealth resource support to build the confidence and skills of providers who care for patients with mental and behavioral health conditions
- Train UW fellows to deliver a regional peer learning and support network for treating mental health and addictions

SPONSOR: UW Integrated Care Training Program, funded and supported by the Washington State Legislature through the Safety-Net Hospital Assessment, working to expand access to psychiatric services throughout the State of Washington





UW PACC

Psychiatry and Addictions Case Conference

UW Medicine | Psychiatry and Behavioral Sciences

Weekly Email to
Participants

uwpacc@uw.edu

- Topic
- Speaker & Bio link
- Session Agenda link
- Session slides link
- Submit Case link
- Series schedule link
- CME Info
- Links to other series
and related education
- Connection instructions
- Registration link

Psychiatry and Addictions Case Conference (UW PACC)

Thursday, September 15, 12:00 PM - 1:30
PM PST

Alcohol Use Disorders Treatment - 12 Step Groups and 12 Step Facilitation

Speaker and Panelist: [Richard Ries, MD](#)

Panelist: [Mark Duncan, MD](#)

[Session Agenda](#)

[Save to My Outlook Calendar](#)

Case Presentation Information and Submission For

We encourage you to present a patient case to our panel of psychiatry and addictions medicine specialists. You will receive recommendations based on the information provided and the discussion. Even if you do not present a case, we encourage you



PACC sessions. Please

BENEFITS OF CASE CONSULT MODELS

LEVERAGING LIMITED SPECIALIST RESOURCES

Traditional Telemedicine



Specialist Manages Patient Remotely



Patients Reached with
Specialty Knowledge & Expertise



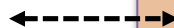
ECHO Telehealth



Specialist



Clinician



Patient Cases
Presented



Additional Patients
in Practice



Specialist Supports Community-Based Clinician

“MULTIPLIER EFFECT”

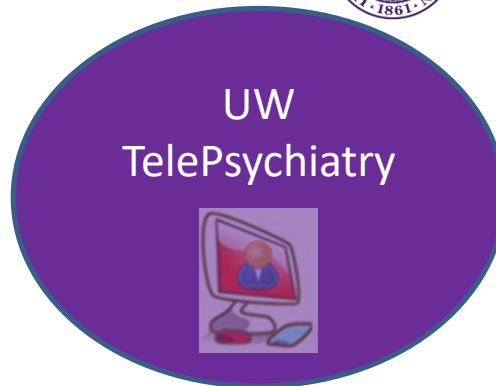
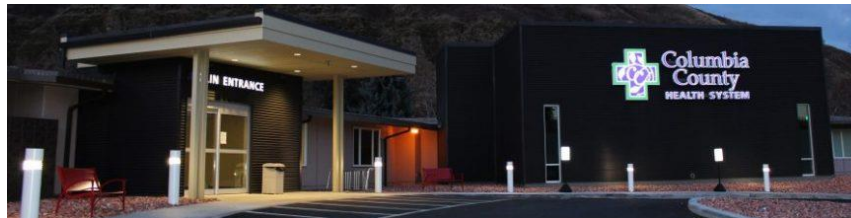
CHALLENGES FOR THE ECHO MODEL

“Telehealth Reimbursement Law”



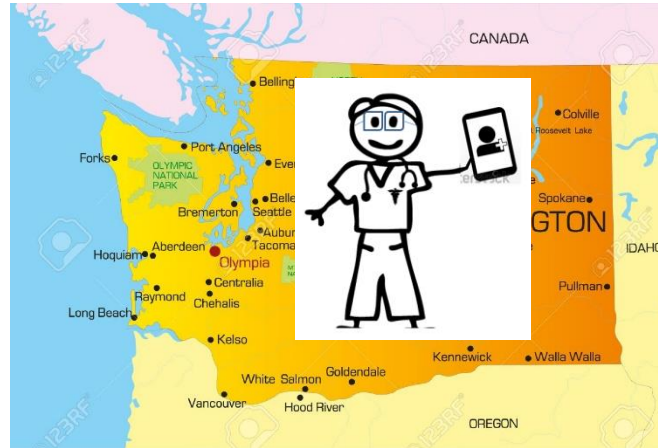
It passed!!! Doesn't cover ECHO programs...

UNIVERSITY OF WASHINGTON TELEPSYCHIATRY

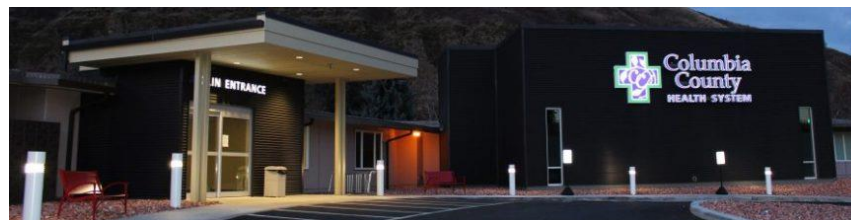


UW PACC
Psychiatry and Addictions Case Conference
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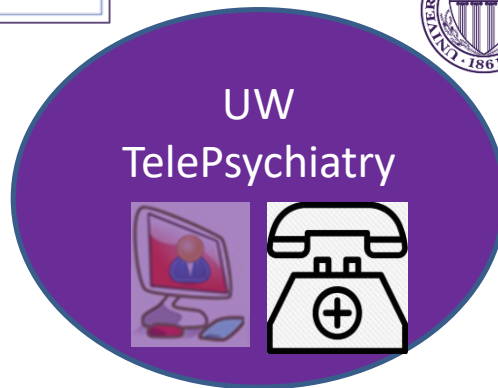
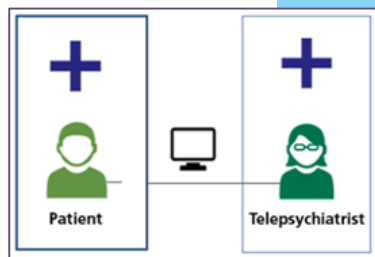
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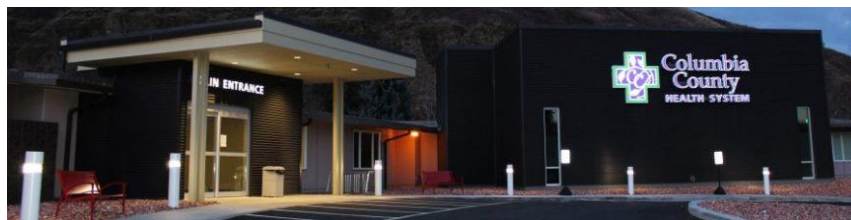
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QUESTIONS???