Innovative Programs in Telepsychiatry

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OBJECTIVES

• Setting the stage – understand the need for innovative telepsychiatry programs

• Describe Innovative Telepsychiatry Programs
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
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

WHY TELEHEALTH/TELEMEDICINE?
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

- Population: ~7 Million
- Adults w/ MH Dx: ~1 Million
- CMHC: ~140,000
- Primary Care: ~300,000
- No Formal Treatment: ~550,000
- Acute care psychiatric hospitals: ~800
- State Hospitals: ~1000

Adapted from Anna Ratzliff MD
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 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 Outcome\(^6\)
- Psychotherapy Outcome\(^7\)

TELEPSYCHIATRY ALONE DOES NOT SUFFICIENTLY INCREASE CAPACITY AND REACH

1. Wang, et Al., Arch Gen Psych 2005
2. Monnier, et Al., Psych Serv 2003
3. Rohland et Al., Psych Serv 2000
5. Ruskin, et Al., Psychiatric Serv 1998
In Washington only 1 psychiatrist for every 10,000 residents.

Most counties without a psychiatrist or psychologist

MH professionals concentrate in urban areas

Adapted from Anna Ratzliff MD
INNOVATION

Innovative Programs in Telepsychiatry
TELEPSYCH TO EXTEND MENTAL HEALTH CARE WITH LIMITED RESOURCES

- **UW Telepsychiatry**
- **HOSPITAL**
- **CMHC**
- **OUTPATIENT CARE**
- **COLLABORATIVE CARE MANAGEMENT**
- **BRIEF BEHAVIORAL INTERVENTION**
- **PRIMARY CARE**
- **SELF CARE / SELF MANAGEMENT**

Specialty Care

Collaborative Care in Primary Care

Primary Care / Specialty Medical Care

Adapted from Anna Ratzliff MD
TELEPSYCH TO EXTEND MENTAL HEALTH CARE WITH LIMITED RESOURCES

UW Pool of Psychiatrists

Adapted from Marc Avery MD
TELEPSYCH TO EXTEND MENTAL HEALTH CARE WITH LIMITED RESOURCES

UW Pool of Psychiatrists
UNIVERSITY OF WASHINGTON TELEPSYCHIATRY

Washington state Laws addressing telehealth reimbursement
TELEPSYCH TO EXTEND MENTAL HEALTH CARE WITH LIMITED RESOURCES

Adapted from Anna Ratzliff MD
**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
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

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**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**

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**Case Presentation Information and Submission Form**

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 to attend the PACC sessions. Please [Submit Case](#).
BENEFITS OF CASE CONSULT MODELS

LEVERAGING LIMITED SPECIALIST RESOURCES

Traditional Telemedicine

Specialist Manages Patient Remotely

Patients Reached with Specialty Knowledge & Expertise

ECHO Telehealth

Specialist Supports Community-Based Clinician

Patient Cases Presented

Additional Patients in Practice

“MULTIPLIER EFFECT”
“Telehealth Reimbursement Law”

It passed!!! Doesn’t cover ECHO programs…
QUESTIONS???