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NJCCAP
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Telepsychiatry

Position Paper

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Telepsychiatry

Position Paper

Inadequate access to psychiatric care, even in a populous state such as New Jersey, is a critical public health issue worsening with each passing day.^{1,2,3} The National Institutes of Mental Health (NIMH) reports 26.2% of adults suffering from a diagnosable mental disorder.⁴ Less than one half of adults with serious mental illnesses in New Jersey are treated.⁵ Clinically significant mental impairments afflict 22.2% of adolescents aged 13 to 18.⁶

Untreated mental illness increases the risk of suicide, chronic medical conditions, substance abuse, shorter life expectancy, violence, victimization, unemployment, and homelessness.^{7,8,9,10,11} The economic burden to the state by inadequately treated mental health disorders include increased utilization of emergency services, social support services, and criminal justice services including an increased prison population.^{12,13,14} In the United States, mental disorders in children have an estimated total annual cost of \$247 billion.¹⁵ *Indirect* costs, largely from decreased productivity from adults related to time expended on issues related to the care of their mentally ill offspring, is estimated at \$79 billion.¹⁶

¹ Grading the States 2009: A report of America's Health Care System for Adults with Serious Mental Illness; Aron et al.; Arlington, VA: National Alliance on Mental Illness, 2009

² Mental Health Surveillance Among Children — United States 2005–2011; Perou et al.; CDC Supplements; May 17, 2013; 62(02);1-35

³ State of New Jersey Department of Human Services, Division of Medical Assistance & Health Services Newsletter; vol 23:21; December 2013 at <http://www.njha.com/media/292399/Telepsychiatrymemo.pdf>

⁴ NIMH The Numbers Count: Mental Disorders in America at <http://www.nimh.nih.gov>

⁵ NAMI State Advocacy 2010. State Statistics: New Jersey at <http://nami.org>

⁶ Lifetime Prevalence of Mental Disorders in U.S. Adolescents: Results from the National Comorbidity Survey Replication–Adolescent Supplement (NCS-A) Merikangas et al.; Journal of the American Academy of Child and Adolescent Psychiatry 1 October 2010 (49:10; 980-989)

⁷ National Institute of Health. Suicide in the U.S.: Statistics and Prevention at www.nimh.gov

⁸ Congruences in increased mortality rates, years of potential life lost, and causes of death among public mental health clients in eight states. Colton et al.; Preventing Chronic Disease: Public Health Research, Practice and Policy, 3(2), 1-14. April 2006

⁹ Kaplan & Sadock's Comprehensive Textbook of Psychiatry, 9th ed. Lippincott Williams & Wilkins. Philadelphia. 2009.

¹⁰ Long-term healthcare costs and functional outcomes associated with lack of remission in schizophrenia: A post-hoc analysis of a prospective observational study. Haynes et al.; BMC Psychiatry. Dec 5;12:222, 2012

¹¹ Life expectancy and cardiovascular mortality in persons with schizophrenia. Laursen et. al; Current Opinion in Psychiatry. 25(2):83--- 8, 2012

¹² Kaplan & Sadock's Comprehensive Textbook of Psychiatry, 9th ed. Lippincott Williams & Wilkins. Philadelphia. 2009.

¹³ Mental Health Problems of Prison and Jail Inmates; Glaze et al.; U.S. Department of Justice, Office of Justice Programs, Bureau of Justice Statistics: Washington, D.C. Sep 2006

¹⁴ Prisoners in 2008, Sabol et al.; U.S. Department of Justice, Bureau of Justice Statistics

¹⁵ Mental Health Surveillance Among Children — United States, 2005–2011; Perou et al.; CDC Supplements; May 17, 2013 / 62(02);1-35

¹⁶ US Department of Health and Human Services. Mental Health: A Report of the Surgeon General. Rockville, Md., U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration, Center for Mental Health Services, 1999, pp.408-409, 411.18

Background Information

Broadly defined, telemedicine may encompass any use of technology (such as fax, email, text, etc.) in the service of providing clinical care. However, in the context of this document, telemedicine refers to the definition set forth by the Center for Medicare & Medicaid Service (CMS) - the use of technology to facilitate real time interactive communication between a patient and a physician at different sites.¹⁷

Telepsychiatry is telemedicine applied in the service of mental health care. Psychiatry is particularly well suited for telemedicine - largely relying upon a good clinical history and visual observation with only infrequent need for examination by physical contact.¹⁸ While direct physician-patient contact is largely preferable, telepsychiatry, properly implemented, can ameliorate the under- and unserved mental health care needs of New Jersey by increasing access in a safe and cost-effective way without a significant sacrifice to quality of care.

Increased Access

Psychiatrists and other physicians are less common in remote areas. Patients may have to travel significant distances to the nearest mental health clinic or hospital. Being impoverished compounds the difficulty further, with the cost of travel, limited public transportation options, and loss of income from several hours of travel.

With current advances in consumer technology, telepsychiatry is highly effective in increasing access to underserved areas needing psychiatric care.^{19,20} Mental health clinics could be established in more locations or community resources could employ telepsychiatry to enlist the services of a psychiatrist hundreds of miles away.

Clinical Effectiveness & Safety

Quality of care does not suffer with properly implemented telepsychiatry programs - diagnosis, treatment recommendations, and clinical outcomes in telepsychiatry programs are comparable to traditional in person sessions.^{21,22,23,24,25,26} A large body of evidence over the past decade has not documented any increased harm

¹⁷ at <http://www.cms.gov> Accessed Jan 27, 2014.

¹⁸ American Telemedicine Association Practice Guidelines for Video-Conferencing Based Mental Health, October 2009

¹⁹ at <http://www.psychiatry.org/practice/professional-interests/underserved-communities/telepsychiatry>

²⁰ Telepsychiatry in the 21st Century: Transforming Healthcare with Technology. Stacie Deslich et al. *Perspectives in Health Information Management* (Summer 2013): 1-17

²¹ The effectiveness of telepsychiatry measured using the Health of the Nation Outcome Scale and the Mental Health Inventory. Kennedy et al.; *Journal of Telemed Telecare*. 2003;9(1):12-26.

²² Rural Telepsychiatry: The Future is Bright; Daughton et al; *Psychiatric Times*, Nov 2013

²³ Telepsychiatry: assessment of televideo psychiatric interview reliability with present and next-generation internet infrastructures. Yoshino et al.; *Acta Psychiatrica Scandinavica*. 2001;104(3):223-226

²⁴ Randomized clinical trial of telepsychiatry through videoconference versus face-to-face conventional psychiatric treatment; De Las Cuevas et al.; *Telemed Journal E Health*. 2006;12(3):341-350.

²⁵ Treatment outcomes in depression: comparison of remote treatment through telepsychiatry to in-person treatment; Ruskin et al.; *American Journal of Psychiatry*. 2004;161(8):1471-1476.

²⁶ Can telepsychiatry replace in-person psychiatric assessments? A review and meta-analysis of comparison studies; Hyler et al.; *CNS Spectrum* 2005;10(5):403Y413.

or risks for patients in telepsychiatry programs²⁸²⁹. Patients with psychotic disorders, even those with delusions regarding television and video images, have been effectively treated by telepsychiatry services.³⁰³¹

In children and adolescents, a population with even greater difficulties with inadequate mental health care coverage, numerous studies of programs, both new and established demonstrate diagnosis and treatment via telepsychiatry did not differ from face-to-face visits.³²³³³⁴

Patient and provider satisfaction, when measured in studies of telepsychiatry and tele mental health, are consistent.³⁵³⁶³⁷³⁸ High levels of satisfaction may improve program adoption and treatment adherence. Families involved in telepsychiatry program also are satisfied in the care their children receive.³⁹⁴⁰⁴¹⁴²

Cost Effectiveness

Telemedicine, in particular telepsychiatry, is a cost-efficient model for treatment.⁴³⁴⁴⁴⁵⁴⁶ Additional costs can be as basic as broadband service, a secure videoconferencing service, a web camera, and a computer. Poor

²⁷ Empirical evidence on the use and effectiveness of telepsychiatry via videoconferencing: implications for forensic and correctional psychiatry; Antonacci et al.; Behavioral Science Law. 2008;26(3):253-269.

²⁸ Is telepsychiatry equivalent to face-to-face psychiatry? Results from a randomized controlled equivalence trial; O'Reilly et al. Psychiatric Services 2007;58(6):836-43.

²⁹ Treatment outcomes in depression: comparison of remote treatment through telepsychiatry to in-person treatment. Ruskin et al.; The American Journal of Psychiatry. 2004;161(8):1471-6.

³⁰ The use of videoconferencing with patients with psychosis: a review of the literature. Sharp et al. Annals of General Psychiatry. 2011;10(1):14.

³¹ Telepsychiatry: psychiatric consultation through two-way television. A controlled study. Dongier et al.; Canadian Journal of Psychiatry. 1986;31(1):32-4.

³² Telepsychiatry with children and adolescents: Are patients comparable to those evaluated in usual outpatient care?; Myers et al.; Telemed J E Health. 2004;10(3):278-285.

³³ A randomized controlled trial of child psychiatric assessments conducted using videoconferencing; Elford et al.; J Telemed Telecare. 2000;6(2):73-82.

³⁴ Treating childhood depression over videoconferencing; Nelson et al.; Telemed Journal E Health. 2003;9(1):49-55.

³⁵ Videoconferencing in child and adolescent telepsychiatry: a systematic review of the literature; Pesamaa et al.; Journal Telemed Telecare. 2004;10(4): 187-192.

³⁶ Evaluating satisfaction with a child and adolescent psychological telemedicine outreach service; Kopel et al.; Journal Telemed Telecare. 2001;7(suppl 2):35-40.

³⁷ Psychiatrists' satisfaction with telepsychiatry; Wagnild et al.; Telemed Journal E Health. 2006;12(5):546-551.

³⁸ Economic Evaluation in Telemedicine – Still Room for Improvement; Bergmo et al.; Journal of Telemed Telecare 16.5 (2010): 229-31

³⁹ Telepsychiatry with children and adolescents: Are patients comparable to those evaluated in usual outpatient care?; Myers et al.; Telemed J E Health. 2004;10(3):278-285.

⁴⁰ A randomized controlled trial of child psychiatric assessments conducted using videoconferencing; Elford et al.; J Telemed Telecare. 2000;6(2):73-82.

⁴¹ Child and adolescent telepsychiatry: utilization and satisfaction; Myers et al.; Telemed Journal E Health. 2008;14(2):131-137.

⁴² Feasibility, acceptability, and sustainability of telepsychiatry for children and adolescents; Myers et al.; Psychiatric Services. 2007;58(11):1493-1496.

⁴³ at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Delivery-Systems/Telemedicine.html>>

⁴⁴ Rural Telepsychiatry: The Future is Bright; Daughton et al; Psychiatric Times, Nov 2013

⁴⁵ Systematic review of cost effectiveness studies of telemedicine interventions; Whitten et al.; British Medical Journal 2002;324(7351):1434-1437

⁴⁶ Cost-effectiveness analysis of a rural telemedicine collaborative care intervention for depression; Pyne et al.; Archives of General Psychiatry. 2010;67(8):812-821.

access to medical services could delay treatment which may worsen prognosis. In remote areas, telemedicine reduces time to diagnosis.⁴⁷

Telepsychiatry programs limit costs by reducing hospital admissions and emergency room visits.^{48,49}

In recognition of the potential of telepsychiatry, the New Jersey Department of Human Services is reimbursing telepsychiatric services to directly address the shortage of mental health care access.⁵⁰

⁴⁷ Economic Evaluation in Telemedicine – Still Room for Improvement; Bergmo TS et al.; Journal of Telemedicine Telecare 16.5 (2010): 229-31. DOI: 10.1258/jtt.2010.009008

⁴⁸ Telehealth and Health Care Provider Shortages. American telemedicine Association Position Statement. American Telemedicine Association (2007).

⁴⁹ Acute Illness Care Patterns Change with Use of Telemedicine; McConnochie KM, et al.; Pediatrics 2009 123.6: 989–995

⁵⁰ State of New Jersey Department of Human Services, Division of Medical Assistance & Health Services Newsletter; vol 23:21; December 2013 at <http://www.njha.com/media/292399/Telepsychiatrymemo.pdf>

Recommendations

Recommendations by the New Jersey Psychiatric Association and the Regional Council of Child & Adolescent Psychiatrists:

1. Ensure a high minimum standard of care consistent with the guidelines set forth by the American Psychiatric Association (APA)⁵¹, the American Academy of Child and Adolescent Psychiatrists (AACAP)⁵² and the American Telemedicine Association (ATA)^{53,54} and the New Jersey Department of Human Services⁵⁵. These include, but are not limited to:
 - a. Maintain confidentiality and adhering to the standards set forth by HIPAA and HI-TECH,
 - b. Obtain consent from patients and/or guardians after being clearly informed of the nature of telepsychiatry services,
 - c. Establish proper procedures and training for staff at the site where the patient is located, including emergency protocols,
 - d. Require a currently valid New Jersey medical license and federal DEA registration from prescribing practitioners,
 - e. Sustain the bandwidth capacity (at least 384 Kbps) to maintain a high quality video link between the provider and patient, and
 - f. Meet all applicable federal and state regulations for the practice of medicine;
2. Increase broadband capability of rural or other underserved areas;
3. Improve reimbursement from government and commercial payers;
4. Update regulations of telemedicine including removal of outdated regulatory barriers;
5. Encourage use of telepsychiatry in underserved care centers with patients, physicians and other healthcare providers where direct physician-patient contact is not feasible.

⁵¹ American Psychiatric Association resource document 980021, April 1998

⁵² American Academy of Child and Adolescent Psychiatry. Practice parameters for Telepsychiatry with Children and Adolescents. *Journal of the American Academy of Child Adolescent Psychiatry*, 47:12, Dec 2008: 1468-1483.

⁵³ American Telemedicine Association Practice Guidelines for Video-Conferencing Based Mental Health, October 2009

⁵⁴ American Telemedicine Association Practice Guidelines for Video-Based Online Mental Health Services, May 2013

⁵⁵ State of New Jersey Department of Human Services, Division of Medical Assistance & Health Services Newsletter; vol 23:21; December 2013 at <http://www.njha.com/media/292399/Telepsychiatrymemo.pdf>