Telepsychiatry

Position Paper

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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. The National Institutes of Mental Health (NIMH) reports 26.2% of adults suffering from a diagnosable mental disorder. Less than one half of adults with serious mental illnesses in New Jersey are treated. Clinically significant mental impairments afflict 22.2% of adolescents aged 13 to 18.

Untreated mental illness increases the risk of suicide, chronic medical conditions, substance abuse, shorter life expectancy, violence, victimization, unemployment, and homelessness. 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. In the United States, mental disorders in children have an estimated total annual cost of $247 billion. 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.

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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
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)
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
11 Life expectancy and cardiovascular mortality in persons with schizophrenia. Laursen et. al; Current Opinion in Psychiatry. 25(2):83—8, 2012
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
14Prisoners in 2008, Sabol et al.; U.S. Department of Justice, Bureau of Justice Statistics
15Mental Health Surveillance Among Children — United States, 2005–2011; Perou et al.; CDC Supplements; May 17, 2013 / 62(02);1-35
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.21,22,23-26 A large body of evidence over the past decade has not documented any increased harm

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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
22 Rural Telepsychiatry: The Future is Bright; Daughton et al; Psychiatric Times, Nov 2013
or risks for patients in telepsychiatry programs. Patients with psychotic disorders, even those with delusions regarding television and video images, have been effectively treated by telepsychiatry services.

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.

Patient and provider satisfaction, when measured in studies of telepsychiatry and tele mental health, are consistent. 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.

Cost Effectiveness

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

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

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

Telepsychiatry programs limit costs by reducing hospital admissions and emergency room visits.\textsuperscript{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.\textsuperscript{50}

\textsuperscript{49} Acute Illness Care Patterns Change with Use of Telemedicine; McConnochie KM, et al.; Pediatrics 2009 123.6: 989–995
\textsuperscript{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)\textsuperscript{51}, the American Academy of Child and Adolescent Psychiatrists (AACAP)\textsuperscript{52} and the American Telemedicine Association (ATA)\textsuperscript{53,54} and the New Jersey Department of Human Services\textsuperscript{55}. 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.

\textsuperscript{51} American Psychiatric Association resource document 980021, April 1998
\textsuperscript{53} American Telemedicine Association Practice Guidelines for Video-Conferencing Based Mental Health, October 2009
\textsuperscript{54} American Telemedicine Association Practice Guidelines for Video-Based Online Mental Health Services, May 2013
\textsuperscript{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