Navigating Resistance to Implementation of Telepsychiatry Services

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Disclosures

• Dr. Cruz owns no stock or investments in any pharmaceutical companies, hospitals, clinics, or laboratories.
• Dr. Cruz has done research and is/has been on speaker bureaus for Novartis, Lilly, Astra Zeneca, Sunovion, Janssen, Merck.
• Dr. Cruz has no interests in Polycom or Cisco.
• He has patient care relationships with Kings View and WestCare.
Telepsychiatry 2.0

• The 1.0 version is fully implemented and in practice
• Definitions are dynamic, not static (just like the IP’s that transmit information)
• Network capability has been replaced with network integrity and infrastructure
Necessary elements

• Infrastructure
• Connectivity
• Telepsychiatry Model
• Service Delivery Model
• Hub Site
• Distal Site
• Policies and Procedures
• Reimbursement Model
Telepsychiatry model

Specialty

Support

Information

Technology
Service Delivery Models

- Consultation
- Direct Service
- Hybrid
Infrastructure Site

- On-site
- Co-located Site
- Bandwidth Access
- Protection
- Warranties
OPERATIONAL GUIDELINES FOR TELEPSYCHIATRY

Services will be provided at the following location:

DEFINITIONS
Remote Site Coordinator (RSC) - The person in the originating county (AKA: Network Subscriber) who will coordinate all Telepsychiatry appointments and clinical issues.

Hub Site Coordinator (HSC) - Westcare’s site coordinator (*******) who will coordinate all Telepsychiatry appointments with the Network Subscribers and clinical issues.

Network Subscriber - The agency, entity, and/or county that has contracted with Westcare to receive Telepsychiatry Services at one or more sites local to the subscriber.

Consumers - Those participants/patients that meet target population requirements identified by the Network subscriber and have agreed to be treated using the teleconferencing modality.

PROCEDURE
A. Initial request for services: Typical flow of consumer care shall proceed as follows:

1. A consumer/guardian requests services at the agency (“remote site”).
2. Agency provides a full intake assessment (psychosocial), as defined in the NAC and other applicable laws.
3. If it is determined that a psychiatric assessment is necessary and the consumer meets target population for this program, consumer is referred (with all the relevant information) to the Remote Site Coordinator (RSC) at the agency.
4. The RSC sends the referral packet to the HUB Site Coordinator (see section “E”) at least two days prior to initial appointment, if possible.
5. Remote Site Coordinator (*******) will schedule tentative appointment for the client; the finalized schedule will need to be completed 2 days prior to session and sent to HUB Site (Westcare).
6. The HUB Site Coordinator will then:
   a. Review submitted information.
   b. Create ******** chart.
   c. Approve the scheduling of appointments by RS.
7. The Remote Site calls the Hub Site via the teleconferencing equipment and the appointment begins. RS has a case manager (or other qualified staff person) present during the appointment.
8. At the end of the appointment, Psychiatrist will indicate to Remote Site case manager or coordinator and consumer when to return for a follow up appointment.
9. RSC will schedule the return appointment with the consumer.
10. The physician’s progress note is completed by the end of the business day and sent either electronically via secure means or faxed to the agency within 24 hours, and the original is placed in the chart at Westcare's Hub Site. A progressive physicians order along with copies of any prescriptions or lab orders will also be faxed/sent to the agency within 24 hours.
11. Medications are ordered in the following manner:
   a. Prescriptions will be electronically transmitted by the Hub Site to the pharmacy of the consumer’s choice.
   b. Security prescriptions are sent via courier (i.e., UPS) to the pharmacy of the consumer’s choice.
   c. When medication refills are needed, the consumer should contact their pharmacy they will then fax the doctor a written request for refill authorization. Please note: there is a 24-48 hour turn around time for refill authorizations.
12. Labs are ordered in the following manner:
   a. HSC will fax requests directly to the designated laboratory.
13. For ongoing consumers, unscheduled interventions may be handled over the phone, email, through teleconferencing, etc. during normal business hours, by coordinating with the Hub Site Coordinator.

B. Ongoing requests for services:

1. Consumers will receive ongoing services from the same psychiatrist whenever possible. Scheduling will be done with the consumer and the site coordinators.
2. Treatment team members can participate in meetings regarding consumers, using the teleconferencing modality or by telephone. Consultation is welcomed and will follow the needs of the consumer.
3. Participation of entire families is considered a component of all treatment whenever possible. Permission of the consumer must be obtained.

C. Financial Responsibilities

The Network Subscriber in accordance with Medicaid guidelines will obtain financial eligibility, share of cost, and liability.

D. Crisis Intervention

In the event of an emergency or life-threatening situation, the remote site’s standard crisis intervention plan should be initiated, up to and including dialing 911 if necessary.
E. Referral Packets

1. Referral Packets will be completed for each new consumer, and will include the following documents:
   a. Application for Service
   b. Consent for Treatment using Teleconferencing Equipment
   c. Authorization for Release of Information
      (to and from *******)
   d. Client’s face sheet
   e. Receipt of Notice of Privacy Practices
   f. Financial Information Form
   g. Intake Assessment (Psychosocial)
   h. Individualized Service Plan
   i. Treatment summary from clinician
   j. Progress Note (most recent to supplement the clinical summary)
   k. Psychiatric Medications Treatment Plan
   l. Physicians Orders (most recent)
   m. History or other applicable information (summarized reports are preferred)

F. Referral for Medication

Many consumers with severe mental disorders will benefit from medication treatment and should be referred for medication evaluation, unless the consumer is unwilling or the mental disorder is mild. The psychiatrist may request some brief clinical information to be used to prioritize appointments when a shortage of psychiatric resources develops. Assessment paperwork must be completed before the consumer is seen. This will facilitate the psychiatric evaluation and eliminate duplication of clinical interview questions.

G. Release of Information

A release of information will be needed to transfer documents from Network Subscriber to Westcare. An additional release will be needed that allows Westcare to release information to the Network Subscriber. For documents that are considered “third party” documents, a summary of relevant information from the referring staff will be helpful.

H. Medical Records

a. The RS and HS will maintain a FAX machine for transmitting PHI for use in Telepsychiatry that is in a secure, protected area.
   a. All Telemedicine information transmitted during the visit must become part of the consumer’s medical records.
   b. The RS and HS are responsible for maintaining their own medical record/chart of the client that documents their billable contacts and services provided and store the chart in a confidential area

RESPONSIBILITIES

Psychiatrists: Review and confirm information on Medical History Questionnaire; review assessment information and diagnosis; make note of all diagnostic changes in progress notes. Advise consumer of medication side effects and contraindications. Consult with Remote site staff and HUB site staff in order to provide continuity of care and professionalism. Provide prescriptions for psychotropic medications as needed. Provide psychiatric services via teleconferencing modality. Follow Medication Monitoring Plan per Westcare policy.

Site Coordinators: Organize consumers’ charts, appointments, and evaluations. Assist doctors with needs. Fax and post records and organize all statistical data. Facilitate all critical care issues with consumers, doctors and remote site providers.

Executive Director for Telepsychiatry: Assist with problem solving, consumer care, agreement questions (i.e., contract terms), compliance issues and facilitation of ongoing service provision and new subscribers. Supervise or facilitate all training at new sites, site visits and evaluation reviews. Submit all monthly statistical data to Executive Director for County.

Management of Information Systems (MIS) Coordinator: Assist with all trouble shooting issues and technology problems. Assist with installation of equipment and training of remote site staff on technology. Available during all normal business hours Monday - Friday 8:00 a.m. to 5:00 p.m.
Hub Site

Benefits
• Can be mobile
• Heavy reliance on provider engagement
• EHR/chart access
• Presumably greater access to global information

Pitfalls
• Can confuse patients
• Can be perceived as ‘cold’ and sterile
• Managing duplicate information
• Global systems not always available
Distal Site

**Benefits**
- Access
- Quality
- Standardization
- Intrinsic resources

**Drawbacks**
- Resources
- Quality Control can be difficult
- Sophistication of documentation
- Inertia
Patient

**Benefit**
- Privacy
- Consistency
- Expertise
- Longitudinality

**Concern**
- Confidentiality
- Single provider/choice
- Biases
- Familiarity
Types of Resistance

• Institutional
  – Perceptions vs misperceptions
  – Malpractice
  – HIPAA
• Individual
  – Competitive vs divisive
    – Patients: “weird”
  – Licensure
• Reimbursement
• Cost
  – Entry
  – Maintenance
Anecdotal Reports

- Delayed entry
- Impaired Patient
- Impaired Physician
- Impaired Staff (attitudinally)
- Impaired connectivity
  - Seagulls and Roof Lakes
Evidence-based Reports

• VA study:
  – Godleski, Darkins, and Peters 2012
• O’Reilly et al 2007
  – Controlled Equivalence Trial
• Ruskin et al 2004
  – Depression- satisfaction, drop-out rates
• Kennedy and Yellowlees 2003
  – Health of the Nation Outcome Scale, MHI
Interventions

1. Discussions with practitioners
2. Discussions with patients
3. Review of the Evidence Base
   1. Saeed, Bloch, and Diamond 2012
   2. Cruz, Leigh 2009
   3. Systematic Reviews (Garcia-Lizana 2010)
4. Paradigm shifts
Funding and Reimbursement

• Grant funding is becoming much more competitive
• Equipment costs have been decreasing
• CMS accepts telepsychiatry
• Most states accept telepsychiatry
• All rural designated areas reimburse
• There is a short video here