

Telepsychiatry in American Indian Behavioral Health

Sara Gibson, MD

**Northern Arizona Regional
Behavioral Health Authority**



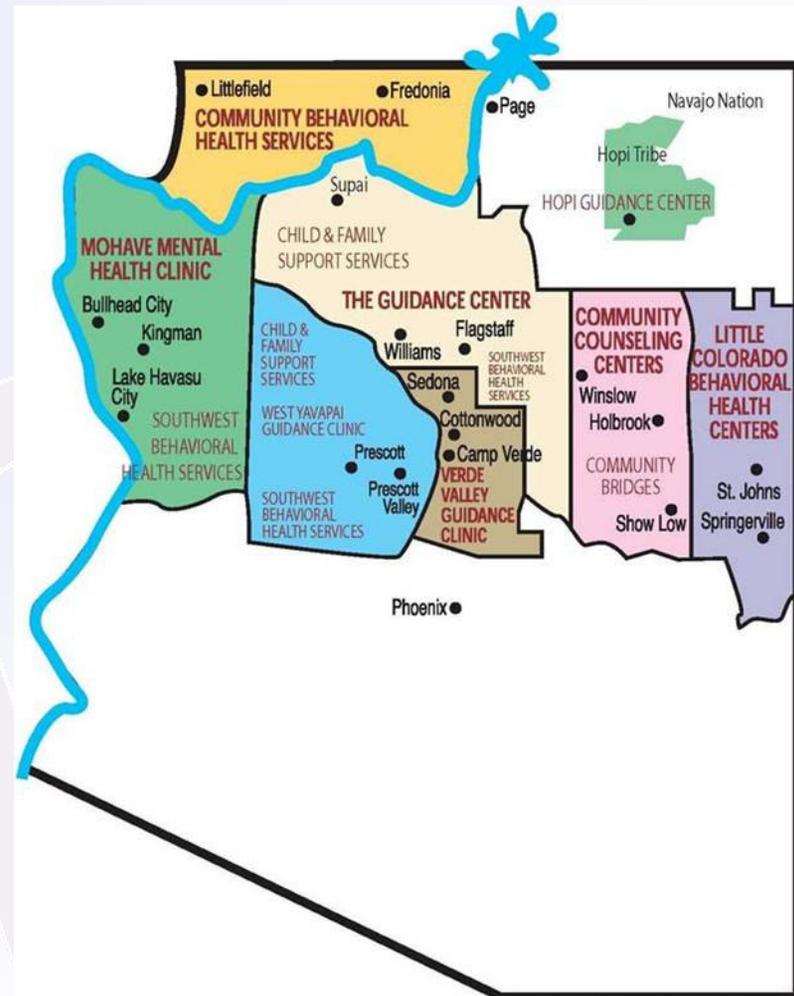
NARBHA Overview

- **Private, non-profit corporation**
- **Contracts with AZ Dept. of Health Services to serve Medicaid-eligible & SMI populations**
- **Monitors behavioral health services provided by community-based agencies**
- **Serves the 5 northern counties of AZ, including some tribal areas**
 - **62,000 square miles**
 - **Mental Health Professional Shortage Area**



Northern Arizona

- 62,000 sq. mi.
(~ size of NY + NJ)
- 54.4% of AZ area
- 2010 population:
723,926+ (11% of
AZ pop.)
- All a Mental HPSA





LCBHC Clinical Services

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- Sees patients from Flagstaff
- St. Johns is 147 miles away (2.5 hours one-way)
- Springerville is 176 miles (3 hours one-way)
- 100% of services via telemedicine since 1996
- 16 years of telemedicine—approx. 14,000 patient sessions





Terms and Definitions

- **Telehealth**
- **Telemedicine**
- **Telepsychiatry**
- **Telemental Health**
- **Telehealth = use of communication equipment to link health care practitioners and patients in different locations**
- **Telepsychiatry standard of care is interactive, real time videoconferencing that enables patients and health care providers at distant sites to interact “face-to-face”**



Why Telepsychiatry?



Access to Care

The need for behavioral health medical services often exceeds local supply.





Telepsychiatry Benefits

- **Psychiatric services available to areas of physician shortage**
- **Improved access to care (patients seen sooner & more frequently)**
- **Psychiatric providers see more patients with the time they would otherwise spend driving**
- **Patients treated in their own communities**
- **Increased physician continuity (attrition, locum tenens)**
- **Psychodynamic advantage**
- **Emergency assessments available immediately**



Telepsychiatry Benefits (cont.)

- **Specialty consults available**
- **Family involvement in treatment of inpatients**
- **More providers are available**
 - **Those licensed in AZ but living out of state can provide patient services**
- **Improved recruitment and retention of psychiatric providers**
 - **Can live where they choose**
 - **No travel burnout**
 - **Happier psychiatrists**





Telepsychiatry Benefits (cont.)

- Improved staff efficiency, productivity, morale due to less travel time
- More training & CMEs for clinicians, staff, psychiatric providers
- Decreased professional isolation
- Better communication / camaraderie among staff, clinicians, providers
- Impromptu meetings can be connected at will





Telemedicine Quality of Care

Studies demonstrate that telepsychiatry is equivalent to FTF for:

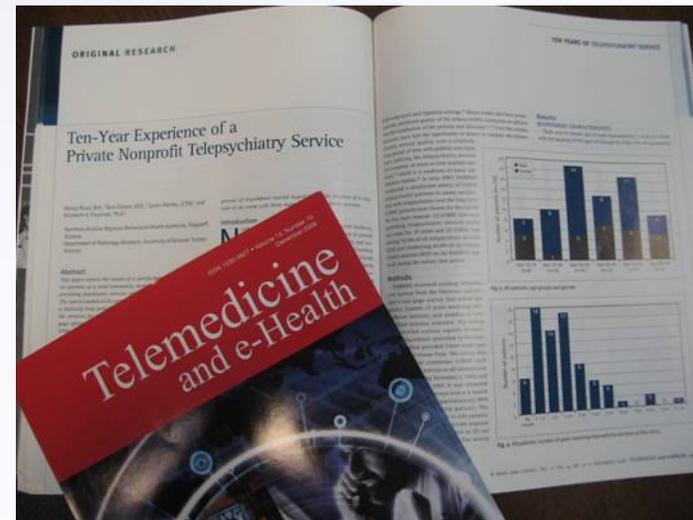
- **Assessment**
- **Diagnoses**
- **Therapeutic alliance**
- **Treatment adherence**
- **Clinical outcomes**





Acceptance

- 24+ patient satisfaction studies reviewed in literature; all overwhelmingly positive
- NARBHAnet acceptance 1998, 2006
 - Client satisfaction surveys
 - Family (of client) satisfaction surveys
 - Staff satisfaction surveys
 - Satisfaction over time





Systems and Models

Expert Pharmacotherapy

- Most requested
- Most appreciated telepsychiatry service

Child Psychiatry



Child's
drawing
of the
"TV doctor"



Telemedicine Clinical Challenges

- **Sensory deprivation**
 - **Smell (alcohol, hygiene, pheromones)**
 - **Touch (handshakes, therapeutic)**
 - **Visual impairment**
 - **Energy sense, “real presence,” auras**
- **Participant anxiety**
- **New paradigm of technology**
- **Coordination between two systems**



Rapport

- **Good rapport leads to therapeutic working alliance.**
- **There is evidence that patients quickly adapt and establish rapport with their teleprovider**
 - **Ghosh 1997**
 - **Simpson 2001**





Rapport

Minimize technological interface to improve rapport:

- ***High quality technology***
- **User-friendly**
- **Zoom to life-size**
- **Use solid blue background (affect recognition)**
- **Eye contact: Camera angle**
- **Live, interactive**
- **Avoid picture-in-picture at patient end**
- **Another human present at clinical site**





Doctor-Patient Relationship

- **Hilty et al., Primary Psychiatry, Sept 2002**
 - **Literature review thru 2001 reported no major impediments to the development of the doctor-patient relationship in terms of communication and satisfaction.**
 - **Variety of settings, patients, practice styles, sites complicate objective assessment of telepsychiatry's impact.**



Therapeutic Alliance

Due to high satisfaction by providers and increased access for patients, the opportunity exists for long term doctor patient relationship, increasing therapeutic alliance and improving patient outcomes.





American Indian

Shore JH, Brooks E, Savin D, Orton H, Grigsby J, Manson SM. American Indian and Alaska Native Programs, University of Colorado at Denver and HSC, Aurora, CO

“Acceptability of Telepsychiatry in American Indians.” Telemed J E Health 2008;14:461-465

- **53 American Indian Vietnam Veterans assessed both FTF and by telehealth**
- **Interviewers were also interviewed and compared to the corresponding participant.**



American Indian

- **Telepsychiatry well received & comparable to FTF**
 - **Patient comfort**
 - **Satisfaction**
 - **Cultural acceptance**
 - **Participants more satisfied than interviewers perceived**
 - **Found video acceptable & present opportunity to increase access**



Rural Cultural Competence

Yellowlees P, Marks S, Hilty D, Shore JH.

“Using e-Health to Enable Culturally Appropriate Mental Healthcare in Rural Areas.” *Telemed J E Health* 2008;14:486-491

- **Office of Rural Mental Health Research**
 - **ORMHR convened a workshop at NIMH with the Center for Reducing Health Disparities at UC Davis. Reviewed literature concerning culture and e-mental health, defined major issues and barriers to the provision of care in rural areas.**



Rural Cultural Competence

- Rural areas have increased barriers to culturally appropriate mental healthcare
- E-mental healthcare can reduce health disparities due to these barriers if take into account while planning:
 - Poverty
 - Ethnic minority populations
 - Geographical isolation
 - Specific cultural factors
 - Language
- **Need more research**



Rural Cultural Competence

- **Rural Issues**
 - **Firearms**
 - **Confidentiality & disclosures in small communities**
 - **Know local substance abuse issues & resources**



Patient Dynamics by Diagnosis

- **Basic Principle: Distance increases sense of safety, decreases olfactory flooding, prevents touch**
 - **Social anxiety**
 - **Agoraphobia**
 - **PTSD**
 - **Other anxiety (panic)**
 - **Psychosis**



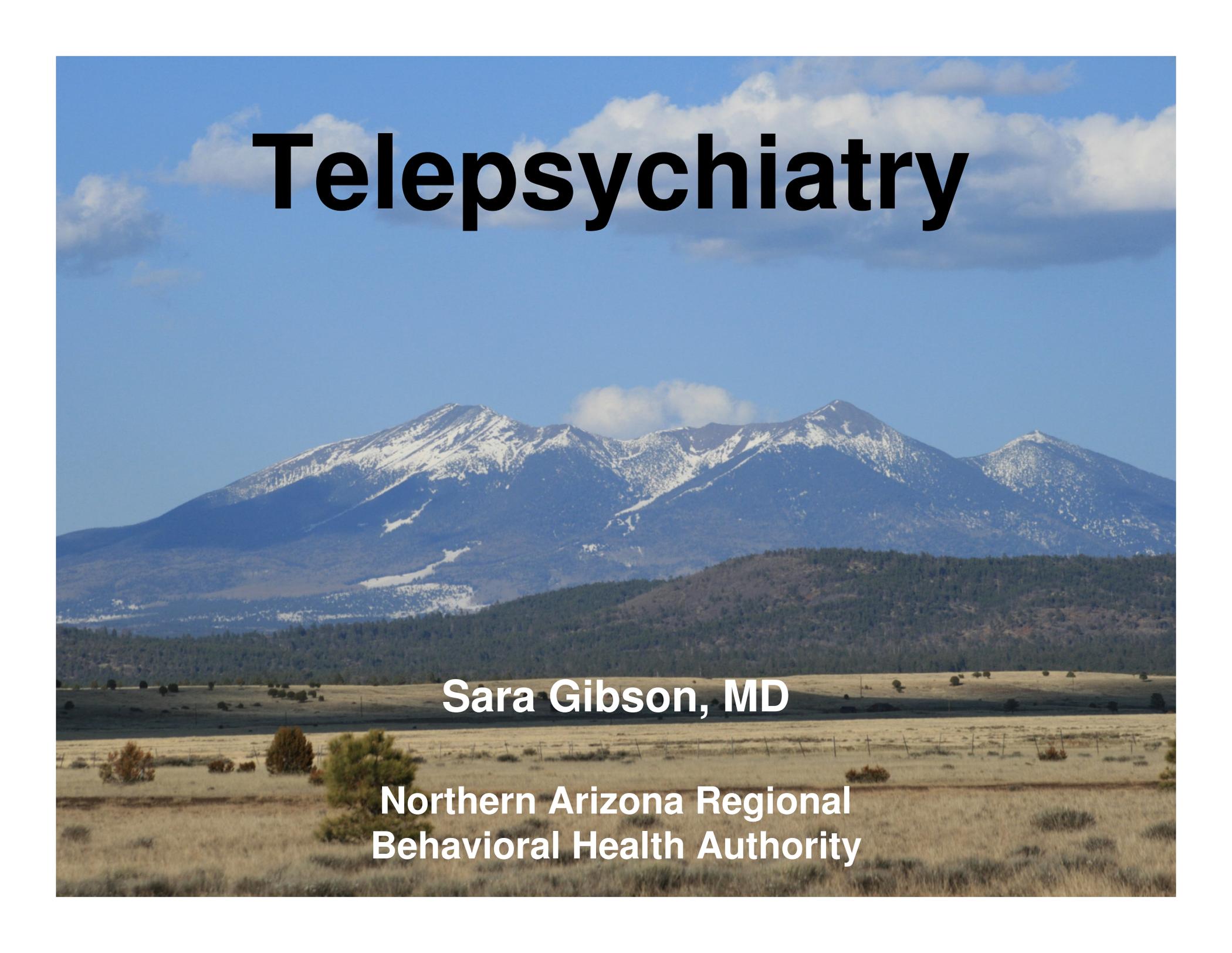


Clinical Protocols & Policies

Clinical Telemedicine Services Protocol

- **NARBHAnet website, www.rbha.net**
- **Clinical telemedicine policies**
- **Procedures, protocols**
- **Information**
- **AHCCCS (AZ Medicaid) and Medicare telemedicine allowable codes**

Telepsychiatry



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