

Televideo at the ehealth table?

Telemental health, telebehavioral health, telepsychology, telemedicine



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Maximizing televideo impact by pairing education and clinical service



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Behavioral Services Over Videoconferencing With Elders

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Objectives

- To review the rationale for geriatric telemental health
- To describe the successes and challenges in implementing clinical telemental health services to sites across Kansas

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Mental health concerns in elders

- The IOM committee conservatively estimated that approximately 1 in 5 older Americans have one or more mental health conditions or problems stemming from substance misuse or abuse
 - Depressive disorders
 - Dementia-related behavioral and psychiatric symptoms
 - Rates of accidental and intentional misuse of prescription medications are increasing
- Up to 80% of nursing home residents have diagnosable mental health concern

The Mental Health and Substance Use Workforce for Older Adults: In Whose Hands? IOM, 2012

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Morbidity and mortality (Charney et al., 2003)

- Untreated, and undertreated, mental health conditions in the elderly are associated with:
 - Disability and functional decline
 - Need for long-term care
 - Poorer quality of life
 - Mortality from comorbid medical conditions and suicide
 - Increased service utilization and demands on caregivers

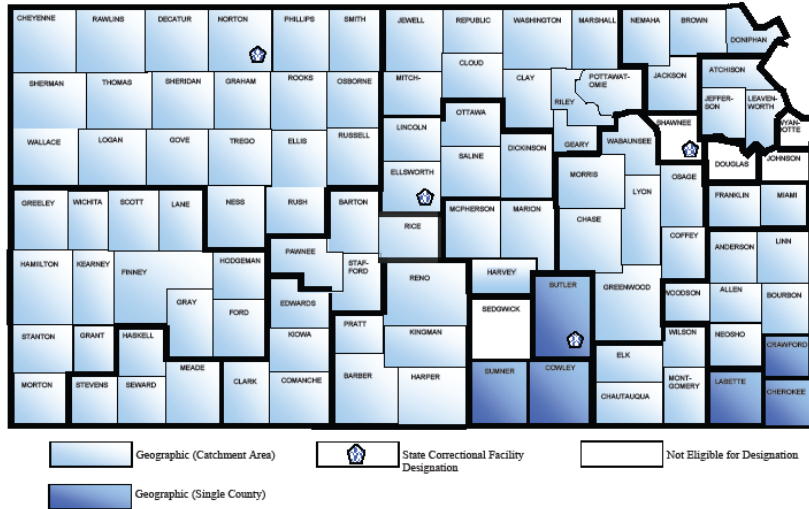
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Gaps to care for seniors, especially in rural areas

- Dearth of geriatric mental health specialists across all disciplines
- Limited training and support for primary care and other providers
- Transportation and mobility challenges, especially given high comorbidity in elders
- Stigma and cultural barriers to care, particularly in rural communities

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Kansas Department of Health and Environment
 Bureau of Community Health Systems
 Mental Health HPSAs as of May 2013



Televideo bridges gap between provider and patient



Telemedicine & elders

- Majority of telemedicine (real-time videoconferencing to deliver clinical services) and elders has focused on medical conditions
 - Stroke
 - Heart disease

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Telemental health and elders

- Concept discussed for over a decade but adoption has been very limited (Johnston & Jones, 2001; Tang, Chiu, Woo, Hjelm, & Hui, 2001)
- Overall feasibility of telepsychiatry to nursing homes (Rabinowitz, 2010)
- Acceptability on inpatient gero-psychiatric unit (Holden & Dew, 2008)
- Case reports of neuropsychology testing with elders (Hildebrand, Chow, Williams, Nelson, & Waas, 2004; Cullum, Weiner, Gehrmann, & Hynan, 2006)

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Kansas Telemedicine Model

- Goal—in communities that identify a need, use televideo to approximate face-to-face services
 - At rural clinics and now nursing homes, most CPT codes billable with the GT modifier
 - NOT BILLABLE AT ASSISTED LIVING
 - NOT BILLABLE AT HOME
- Telemedicine Center—approximately 3,800 consults/year across specialties and age groups
- Patient and family members at rural site (nursing home facility, rural clinic, or other facility)
- Telemedicine presenter who supports the patient at the distant site, often a nurse
- Telemedicine provider and trainees

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KS Telemental Health Consults to Adults over 60 years (5 providers), 2011- 2012

- MANY requests go unfilled due to lack of providers
- 29 unique patients complete 309 billed visits
 - 5 providers
 - 254 psychology televideo sessions
 - 55 psychiatry televideo sessions
- 100% of the patients were diagnoses and treated over televideo, not onsite
 - 90% female
 - Average age = 72 years (SD=8.2)
 - Ethnicity: 90% Caucasian, 1% Hispanic, 9% not listed
 - 100% rural, approximately 1/3 to frontier population (different time zone!)
 - Of 20 insured patients, 85% of consults have been reimbursed

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Satisfaction with telemental health services

- Nationally, almost all studies have focused on telepsychiatry, “satisfaction at 80% or more” across studies (Sheeran, Dealy, Rabinowitz, 2013)
- Kansas Telemedicine Single QI item, 2011-2012
 - OVERALL TELEMEDICINE PATIENTS, 93% “high or very high” satisfaction reported both among patients younger than 60 and patients older than 60
 - OVERALL TELEMENTAL HEALTH PATIENTS, 88% “high or very high” satisfaction reported among patients younger than 60 and 92% satisfaction among patients older than 60
 - Gap likely driven by provider more than patient age

Diagnoses

- No diagnosis was excluded over televideo
- Presentations same as face-to-face clinics, but often higher acuity related to delays in treatment
- 87% psychology consults specify CBT approach
- 88% Mood disorder and/or symptoms of grief/loss
- 45% Anxiety disorder
- 20% Dementia/cognitive impairment
- 8% Schizophrenia or other thought disorder
- Substance abuse/misuse not captured well in our system

Telemental health considerations (see Grady, Myers, Nelson, 2011)

- EVOLVING PROTOCOLS ARE KEY
- The videoconferencing technology worked, yet ongoing tech support was important
- Physical space and access to the space
- Rapport and interviewing skills, shadowing
- Sessions
 - Adapt evidence-based strategies from onsite clinics
 - Sending materials ahead of session
 - Managing input from many informants
- Implementation of recommendations
- Back up plans
- Safety plans

Provider interviews

- Elders accommodate quickly to the telemedicine technology, many have “skyped” with their grandchildren and have a familiarity with videoconferencing
- Elders were overall accepting of the televideo delivery, most often citing preference not to travel and advantages of their support network attending appointments
- Check in with patients over time concerning overall physical environment (see, hear) as well as comfort (chair example)

Provider interviews

- Increased caregiver/family participation is viewed as the greatest benefits to use of the technology
- Many elder patients begin telemedicine on psychotropics, yet most have not had a comprehensive evidence-based assessment
- Many of the psychiatric consults focus on addressing appropriate medication dose/frequency and decreasing polypharmacy
- Collaborate with the rural champions before, during, and after the televideo interactions (more than just turning on the technology)
 - Maximize implementation of recommendations, including local referrals
 - Maximize patient outcome

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Professional considerations

- Need for administrative buy-in at the organizational and department levels
- Cultural and clinical competency with the population served
- Licensure, see e.passport
- Liability/malpractice insurance
- Reimbursement—telemedicine delivery is often reimbursed but within the context of overall challenges with reimbursement for mental health services

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Staff facilitators and barriers

- High need but also multiple responsibilities, diffuse responsibility for behavioral health considerations of elders
 - Example, disconnect between the nursing staff and the MDS data
 - Nursing interest but medical director only onsite monthly, engaging the medical directors has been challenging
- High staff turnover has been among the biggest challenges

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Family-Related Facilitators and Barriers

- Balance between privacy concerns and support of trusted personnel
- Decreased stigma and convenience
- Still family-related barriers to care
 - Time from work
 - Lack of access to follow-up on recommendations

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Kansas Behavioral health-related televideo interventions that include elders

- Smoking cessation over televideo (Richter)
- Psycho-oncology over televideo
 - General coping (Kriegel)
 - Weight management (Befort)
- Qigong and relaxation training pilot (Liu)
- Sleep lab and televideo coverage (Stevens)

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Mobile tablet-based videoconferencing & elders

- After hours coverage at nursing home facility using tablet to connect physician and nursing home staff (Nelson)
- Parenteral nutrition study, including management of depressive symptoms (Smith)

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Emerging guidance

- e.passport, interstate licensing related to telemedicine, Association of State and Provincial Psychology Boards (ASPPB)

<http://www.asppb.net/i4a/pages/index.cfm?pageid=3613>

- American Telemedicine Association guidelines
 - Videoconferencing guidelines (2009)
<http://www.americantelemed.org/practice/standards/ata-standards-guidelines/videoconferencing-based-telemental-health>
 - Online services guidelines approved and soon to be posted
- American Psychological Association guidelines, the public comment has closed and anticipate in the next year

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Resources

- Grady B., Myers K.M., Nelson E.L., Belz N., Bennett L., Carnahan L., Decker V.B., Holden D., Perry G., Rosenthal L., Rowe N., Spaulding R., Turvey C.L., White R., & Voyles D. (2011). Evidence-based practice for telemental health. *Telemed J E Health*. 17(2):131-48.
- Sheeran, T., Dealy, J., & Rabinowitz, T. (2013). Geriatric mental health. In K. Myers & C. Turvey (Eds.), pp. 171-195. *Telemental health: Clinical, technical and administrative foundations for evidence-based practice*. NY: Elsevier.
- Shore, J. H., & Manson, S. M. (2005). A developmental model for rural telepsychiatry. *Psychiatric Services*, 56(8), 976-980.
- van den Berg, N., Schumann, M. Kraft, K., & Hoffman, W. (2012). Telemedicine and telecare for older patients—a systematic review. *Maturitas*, 94-114.
- Telehealth Resource Centers,
<http://www.telehealthresourcecenter.org/>

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Telemental Health Guide www.tmhguide.org



- Psychologists are forming a new group at the American Psychological Association focused on the exciting array of technologies in behavioral health, including the technologies described today.
- The Society for Technology and Psychology goal is to encourage technologies across APA's research, practice, education, and service areas.
- If you're an APA member, we welcome you to review our information, share your input, and consider signing our petition at

www.stp-apa.net

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