Growing Network Readiness for Billable Telepsychiatry Services

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Introduction

• Telepsychiatry: using technology to provide mental health services from a distance
  – real-time
  – store-and-forward
  – remote patient monitoring
• Primary use at LVHN: Psychiatric Evaluation Service (PES)
• Compared with face-to-face care:
  – clinical outcomes and healthcare costs are equal or superior
  – high rates of patient satisfaction
• Provider satisfaction less clear due to various concerns
  – therapeutic rapport
  – inexperience with telepsychiatry
  – quality of care
  – negative perception of patient satisfaction

Problem Statement

We aim to gain a greater understanding of physician attitudes towards telepsychiatry at LVHN.

Methods

• Modified, previously-validated Robert Graham Center 2015 survey
  – Physician & Practice characteristics
  – Telepsychiatry use
  – Attitudes & Beliefs regarding telepsychiatry
• "Users": physicians who had used or referred patients for telepsychiatric care in the last 12 months
• Data analysis: descriptive statistics stratified by user status and department

Results

• Participants: 53 emergency physicians, 27 pediatricians, 26 family physicians, 24 internists, 13 psychiatrists
  – Users were slightly younger than nonusers (median age 42 versus 46) and had slightly fewer years of experience (median 9 years versus 15 years).
  – 30% reported telepsychiatry use in the past 12 months (figure 1)
  – 78% would use telepsychiatry to care for their patients
• Perceived benefits of telepsychiatry: improved access to care (78%), continuity of care (65%), and travel time (48%)
• Perceived barriers to telepsychiatry use: patient preference, lack of training, and strength of evidence base (figure 2)
  – 31% disliked loss of personal contact; 54% were not concerned about this
  – 68% felt patients prefer to see their doctors in person; more users agreed (71%) than nonusers (66%)
  – 65% felt patients receive better quality of care in person; 24% of users were unsure
  – 79% unsure if current Medicare rate is adequate; 90% of remaining felt it was inadequate
  – 68% disagreed that "Telepsychiatry is not an efficient use of my time."
• General lack of knowledge regarding telepsychiatry reimbursement, potential applications, and clinical benefits

Conclusions and Implications

• LVHN physicians may consider telepsychiatry time-efficient but not better than traditional care in terms of quality and patient satisfaction, which contradicts current evidence
• Many physicians lack general knowledge of telepsychiatry and its potential benefits, indicating need for provider education

References: