

## Telemedicine gains popularity in behavioral health

### *JCAHO convening experts to discuss related accreditation issues*

For 10 years, Sara Gibson, MD, has been the only psychiatrist delivering services in rural Apache County, Arizona—a place she has only visited twice.

Yet the county, which hugs the New Mexico border, enjoys a continuity of care that many communities would envy. Instead of seeing a psychiatrist once a month or driving for hours, clients simply walk or drive a few blocks to the Little Colorado Behavioral Health Center for an appointment with Gibson, who lives in Flagstaff and sits many miles away in her office.

The arrangement is possible thanks to telemedicine, a technological phenomenon that is revolutionizing the way many behavioral health providers deliver care in rural America. And thanks to its growth in the past decade, the Joint Commission is calling on experts to help figure out how accreditation will fit into a virtual health care setting.

#### **Many problems, one solution**

For years, behavioral health providers have shared a host of common complaints. Psychiatrists are difficult to find and even harder to retain. Certain populations, particularly those in rural areas, receive sporadic or low-quality care because fewer practitioners are willing to live in their communities. Clients who are unable to travel long distances fail to show up for appointments, compromising the quality of their care and costing providers money.

But for those who are able to make it work, telemedicine has been an elegant solution to all of these problems. Using encrypted high-speed communication lines (such as a T1), video cameras, and television sets, therapists or other professionals can talk to clients remotely, giving the client the benefit of regular access to high-quality treatment.

And while the equipment is expensive, some organizations have been able to obtain federal grants

to pay for the necessary technology, while others report that the increased efficiency and higher client volume make up for the initial expense by bringing additional revenue.

Though some practitioners shy away from the idea of telemedicine, preferring personal contact instead, those who embrace its use say they like having regular hours and the opportunity to treat clients in need while still maintaining homes in their chosen communities.

Robert Wise, MD, vice president of the Joint Commission's Division of Standards and Survey Methods, points out that telemedicine often improves both quality and safety.

"The biggest issue in behavioral health care is the patient fails [to show up for] the appointment," he says. "And they often fail the appointment because of the distance they have to travel. If they have a 15-minute appointment, they have to drive 45 minutes there and wait a half an hour, you can imagine that a lot of people don't get [to] that appointment."

#### **Filling a void**

In Apache County, a well-liked part-time psychiatrist retired in the 1990s, leaving a void that was difficult to fill. The county talked about several solutions, such as hiring someone to fly in from Phoenix or putting clients on a bus to drive to a larger city.

"All of that was pretty lousy, because there wouldn't be continuing care," says Gibson, who was working for the Northern Arizona Regional Behavioral Health Authority (NARBHA), which oversees Little Colorado Behavioral Health Center in Apache County.

Inspired by university distance-learning courses, NARBHA had received a state grant to start a telemedicine service, so Gibson applied for the job—one of two times she has physically visited the county

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in 10 years (the other was for a "Meet Your Psychiatrist" open house).

"Everybody was really pretty scared to death," Gibson says. They weren't sure how clients who were used to her predecessor's warm, friendly style would feel about talking to a television.

But they needn't have worried.

"It's just been amazingly successful," Gibson says. "The patients feel like they're on the cutting edge of technology."

### How it works

Instead of taking time off from work, driving to a major city, and possibly paying for a hotel room, a client simply walks into the local clinic and talks to a crisis staff member. That staff member enrolls the client and gets him or her started in therapy with an onsite clinician.

If the staff determines that a psychiatrist is warranted, they schedule a telemedicine appointment with Gibson. The therapist sends the client's medical record, a comprehensive assessment, and the reason for the referral to Gibson in advance, either electronically (since the facility uses computerized medical records) or by fax or mail.

"Ideally, I've already gotten school records, whether they've been an inpatient, all their past history," says Gibson.

Unlike some telemedicine practitioners, Gibson does not conduct initial face-to-face meetings with the client. Rather, the therapist sits in on the session with the client for all appointments, following a team treatment model. They talk through the television,

Gibson explains the confidentiality protections, and the client signs a consent form agreeing to the telemedicine arrangement.

"They are all anxious initially, and I explain that it's normal because they're talking to a TV," says Gibson.

She generates an evaluation and prescribes medications if indicated—tasks she also can complete electronically, by fax, or mail.

### JCAHO's point of view

Although telemedicine has grown substantially in recent years, the Joint Commission's standards have not quite caught up. For that reason, Wise says the accreditor is bringing together a group of experts to address the issue. That project is in its infancy, however, and Wise did not yet have a timeline for any results from their work.

The current telemedicine requirements are about five years out of date, according to Wise, and issues such as encryption and quality of care "were actually not anticipated in the first set of standards," he says. "What has happened in the last five years is just an explosion of use."

In fact, a revised standard that takes effect on July 1 addresses telemedicine, but does not apply to behavioral health. It deals with the credentialing and privileging of a licensed independent practitioner (LIP) used in a telemedicine link between a hospital and an ambulatory care organization.

But in general, Wise stressed the positive potential of telemedicine in behavioral health, saying regular meetings over a technological link are an improvement over irregular face-to-face sessions.

"To be frank, with issues such as mental health, access to care is often the most significant piece of success," he says, adding, "People have been doing evaluations over the telephone for decades, so this is actually a huge improvement."

For some clients, telemedicine is actually preferable to face-to-face meetings, says Gibson.

"People who have been traumatized or abused feel

safe with that little bit of distance," she notes. Likewise, "The kids are all over it, they're very comfortable with it. This is their life, the TV and computers."

And beyond rural populations, telemedicine also has grown in specialized populations such as prisons or military bases, where access or staffing have traditionally presented challenges.

**How surveys work**

Despite the lag time between the development of standards and the growth of the field, the Joint Commission does still survey organizations offering telemedicine. Both NARBHA and Little Colorado are JCAHO-accredited, for example.

Although the Shared Visions—New Pathways survey format emphasizes walk-throughs and direct observation of client care, that's not really possible with an organization set up to deliver its services via telemedicine. Wise says surveyors talk to the organization about their decisions, processes, and whether they have thoughtfully made a trade-off for

being able to offer access.

"You're giving up having a face-to-face interview, you're doing it through a line, and what you're getting is access, which is incredibly important—especially once you've known the person," says Wise.

Though surveyors ask about the technology, they do not check it in great depth because that would most likely be beyond their scope of expertise, Wise says.

**The doctor's perspective**

Gibson believes her setup is ideal. The organization must be careful to correctly code its services for reimbursement, but that would be true in any scenario. And one added benefit is that clients appear to be more respectful of appointment times, which normalizes Gibson's life—when the TV is off at 5 P.M., she's off duty.

"I really am loyal to the county, and it really is a pleasure to live where I want to live and provide service to Apache County," she says. ■

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