

# Take two pills and tune in tomorrow

Local psychiatrist consults with rural patients via teleconference.

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Jane (not her real name) lives in a remote part of northern Arizona. She's been diagnosed with clinical depression and post-traumatic stress disorder. Her mental illness had led to four suicide attempts, hospitalization and shock treatments. She could not function and was on disability.

Now in her 50s, Jane works as a professional in a health-related field.

"Now I'm totally functional, and I hold down a full-time job," she said. "I'm just doing great."

She credits her re-emergence to God, in large part. But she also lauds the work of her psychiatrist, Dr. Sara Gibson, who lives more than 160 miles away in Flagstaff but is readily accessible to Jane via a television screen.

Jane is one of the more than 400 people each month living in remote areas of northern Arizona who receive psychiatric treatment from the Northern Arizona Behavior Health Authority's telemedicine system.

## **COSTS OF MEDICAL TELECONFERENCING**

Connections between NARBHA and remote communities are made with firewalls to ensure security and confidentiality. The cost to install the lines is different in each community. For instance, a line from Show Low to Holbrook costs about \$1,650 a month, while a line in an urban center like Phoenix costs about \$240 a month. The cost to set up a site, currently, is about \$12,000. The federal government can reimburse NARBHA for most of these expenses.

The process involves a secure digital television line run between a remote community and NARBHA's base in Flagstaff. From Flagstaff, psychiatrists offer treatment via cameras and television to clients in those remote communities.

Nancy Rowe, NARBHA's telemedicine program manager, said the network started in 1996 after funding was secured from state tobacco taxes. In 1996, six sites in other parts of northern Arizona were put online.

Now there are more than 25 in all five counties of northern Arizona, and the system is able to connect with the statewide Regional Behavioral Health Authority, as well as the universities.

The network is entirely self-sustaining, and it exists primarily to facilitate doctor/client interaction, Rowe said.

The system also saves money in psychiatrist travel and time, because psychiatrists do not want to live in the remote communities they serve.

One study of the system, conducted in 2003, estimated that more than \$106,000 was saved in a six-month period, according to information on the regional group's Web site.

"And the patients don't have to drive," Rowe said. "They should expect to be seen in their own communities."

Rowe added that telemedicine has been effective at cutting down on clients missing appointments, primarily because clients don't have to drive long distances in order to make those appointments.

Before telemedicine, Jane said she would have to travel about an hour for appointments with her psychiatrist. Now she drives about five minutes to the nearest clinic for a visit.

Jane's visits with Gibson are down to once every six months. But recently, she had a medication change and is scheduled to see Gibson again in three months.

## **ONLY PSYCHIATRIST FOR APACHE COUNTY**

Gibson, who lives and works in Flagstaff, is the only psychiatrist for Apache County. She's only been to the clinics in the county she serves twice -- once to interview for the job, and once for a "meet-your-psychiatrist" open house.

She has about 150 clients.

"Telemedicine's just really exceeded what we thought it would be," Gibson said, adding that when she first heard of the concept, she thought it would be a compromise to actually having a psychiatrist living in the county to be served.

She said she was terrified about how telemedicine would be received.

"We were anticipating it would be a tough transition," Gibson said. "The concern was, 'Can you develop rapport over TV.'"

Jane explained her first experience with talking to a television with Gibson's image on it.

"It felt really, really weird, almost embarrassing," Jane said. "It probably took a couple of months to get used to it."

Once she began seeing Gibson via television, her condition began to improve.

"She was able to manage my symptoms with a combination of different medications," Jane said.



*Dr. Sara Gibson stands in her Flagstaff office with the television and camera she uses to conduct appointments with psychiatric patients in remote towns across northern Arizona. Pictured on the TV is Becky Yates, a nurse in Springerville, who sits in on the telemedicine appointments.*

Rowe said that, given the option of using telemedicine or seeing a psychiatrist in person, clients almost always prefer telemedicine. It provides a sense of safety for the client among other benefits.

It does not take long for clients or psychiatrists to forget they're not in the same room.

"And they're very happy with it," Rowe said.

### **ON THE WEB**

For more information about NARBHA's telemedicine program, visit **[www.rbha.net](http://www.rbha.net)**.

## **A HAPPY CUSTOMER**

Jane is one of those happy customers.

"I've received excellent care through telemedicine," Jane said. "I've been using the service as long as they've been doing it."

Rowe said an additional benefit is that the therapists and nurses at the locations are better able to team with the psychiatrist to provide a consistent plan of treatment.

"It's not very often you can get your therapist and psychiatrist in the same room," Gibson said.

Rowe said the program is planning for continued expansion. Possible future sites include Whiteriver, Fredonia, Littlefield and the American Indian reservations.

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