



Telepsychiatry

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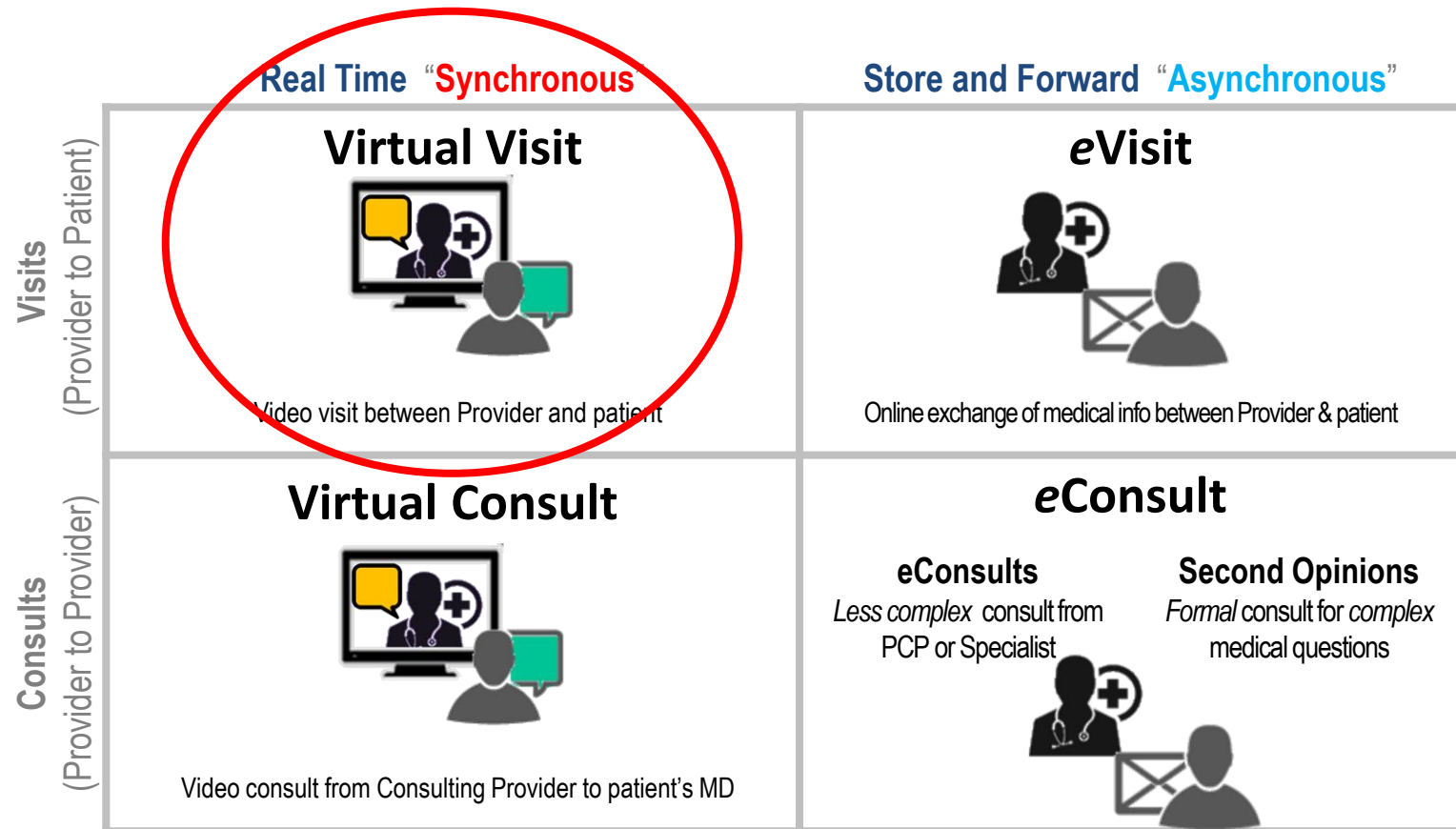
Disclosures

Neither I nor my spouse/partner has a relevant financial relationship with a commercial interest to disclose.

Overview

- Telepsychiatry is common practice since 'stay at home' public health emergency has compelled this mode of treating patients.
- The practice provides clear benefits to access, unclear negatives and involves new risks to clinicians.
- How telepsychiatry will be part of practice post-COVID is unclear.
- Be sure to understand your institutional, insurance carrier, licensing board, and other regulatory policies on telepsychiatry.

We are talking today about synchronous virtual visits between provider and patient



Digital revolution has changed our lives across the board

2015 United States

84% have internet access

73% own a computer

68% have a smartphone

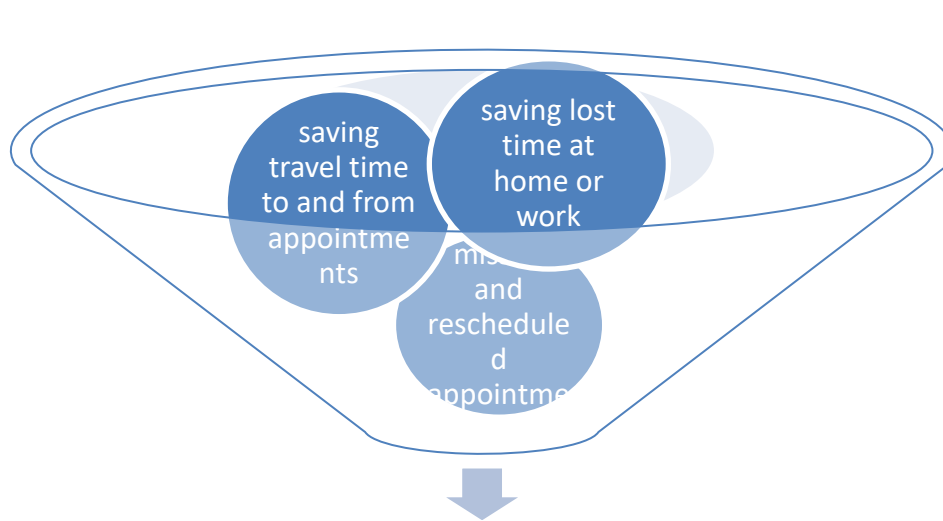
45% use a tablet computer

50+% adults online daily

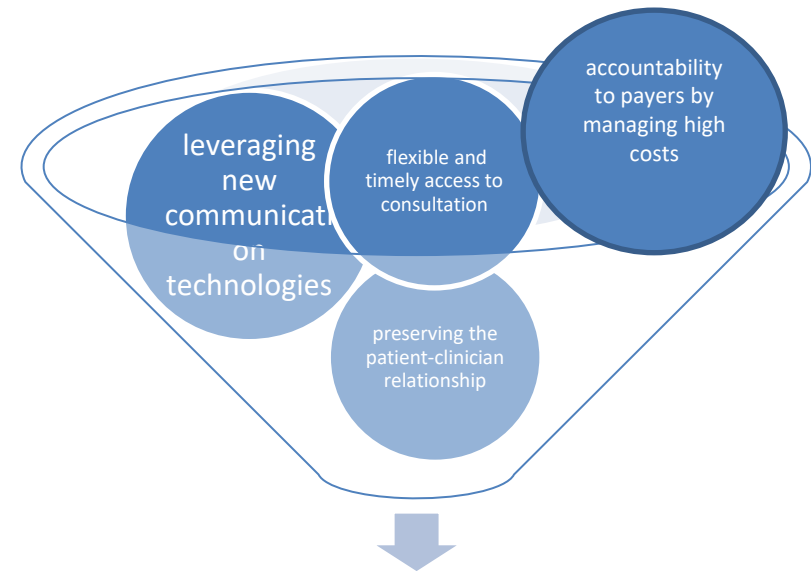
80+% age 18-29 'continuously'

Perrin A, Duggan M. Americans' Internet Access: 2000-2015. Pew Res Cent. 2015
Anderson BYM. Technology Device Ownership: 2015. Pew Res Cent

Pre-COVID telemedicine was considered novel way to address patient preferences with effective population health management considerations

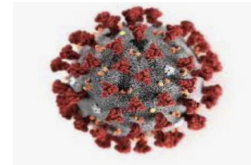


Convenience of
accessing health care
consultation from
home or office



Maximize patient-
reported outcomes of
care

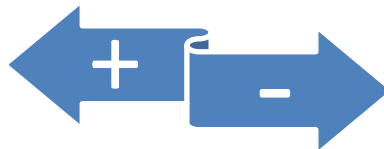
Scope and history: Telepsychiatry has expanded due to COVID



Suspended during the public health emergency

Risk: Telepsychiatry brings new complications and potential risks to clinicians as COVID/public health emergency waivers come to an end

Treatment: Telepsychiatry's future role in psychiatric treatment is unclear



Positives and Negatives: Telepsychiatry has many obvious positives for clinical care, but all the negatives are not so clear

COVID-19 has increased stress & demand for mental health services; Relaxed regulations permitted the expansion of telehealth

J.A. Chen, et al.

General Hospital Psychiatry 66 (2020) 89–95

Table 1

Changes in CMS telehealth regulations from March 6, 2020 until end of public health emergency.

Pre-outbreak	Changes post-outbreak
<ul style="list-style-type: none"> • Patient must live in designated location • Patient must travel to designated location (facility) to conduct telehealth • Medicare covered telehealth services for all patients, including those with Medicare Part D • Initial in-person evaluation required • Patient paid coinsurance 	<ul style="list-style-type: none"> • Any location • Any setting (including homes) • All medical services at in-person rate • No first in-person visit required • Cost-share waived

Table 2

Federal regulatory changes in response to the COVID-19 pandemic, effective until end of public health crisis.

Pre-outbreak	Changes post-outbreak
<ul style="list-style-type: none"> • Clinicians must use HIPAA-compliant live interactive audio and video software • Per Ryan Haight Act, prescriptions of controlled substances require in-person visit • DEA regulations allow controlled substance dispensing at a hospital, pharmacy, or other facility if the total number of dosage units of all controlled substances that the practitioner dispenses and distributes during that year [28] • Clozapine REMS required by FDA to manage known or potential risks to ensure that the benefits of the drug outweigh the risk of severe neutropenia. 	<ul style="list-style-type: none"> • Penalties for using some non-HIPAA compliant software waived "in connection with the good faith efforts to address the COVID-19 pandemic" • Ryan Haight Act relaxed (virtual visits are ok) • Lab testing could be suspended • Clozapine REMS requirement relaxed; FDA recommends weighing risks and benefits of having patient presenting in person for laboratory testing [29]

Advantages of VVs is clear. Do we know what is lost?

J.A. Chen, et al.

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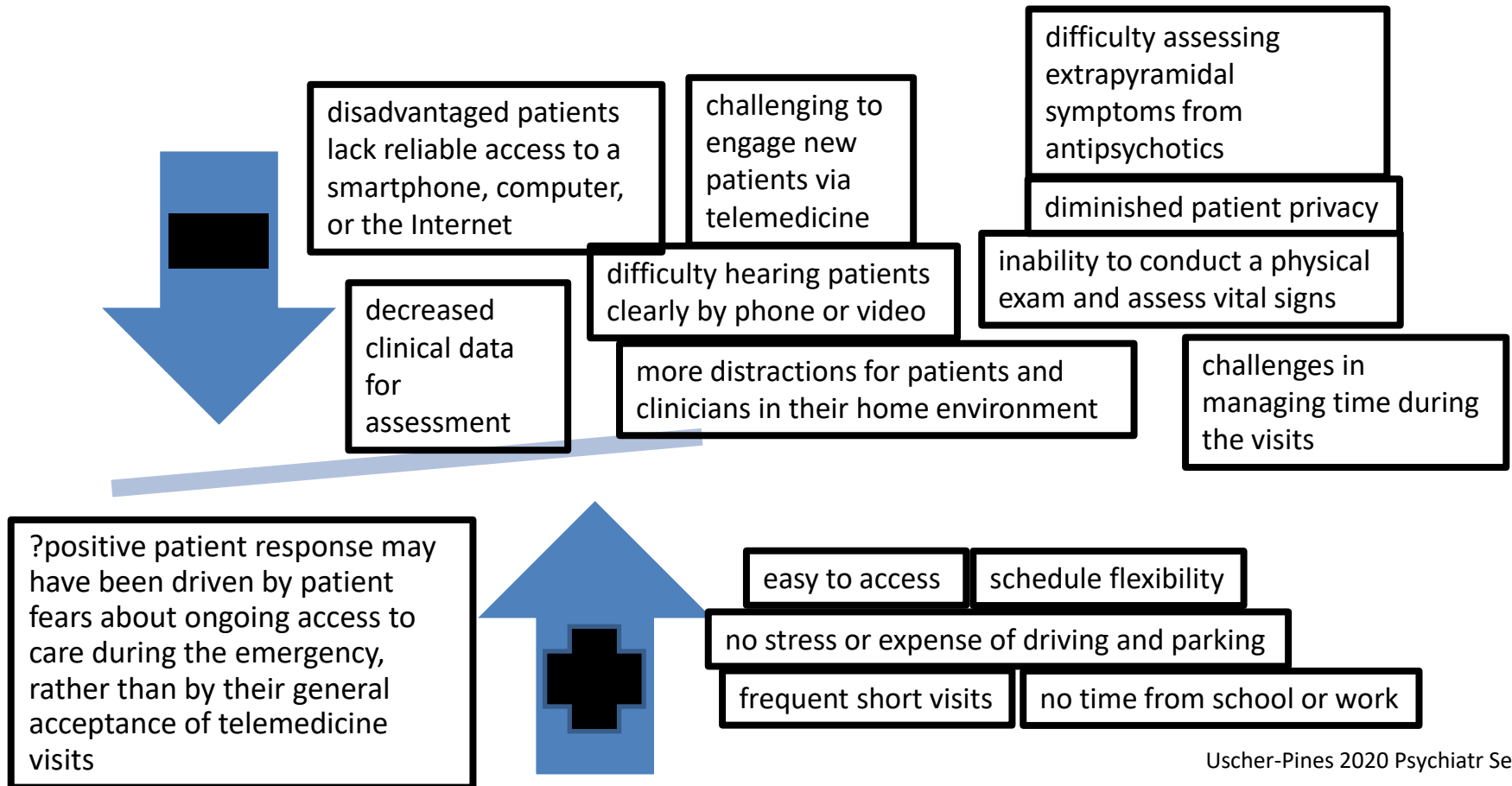
Table 3

Advantages and limitations of telepsychiatry as reported by Massachusetts General Hospital Department of Psychiatry clinicians.

Advantages	Limitations
<ul style="list-style-type: none">● Limits viral transmission● Protects patients and providers with underlying health conditions or who are immunocompromised● Minimizes productivity loss due to commuting● Enhances ease of scheduling● Increases privacy by eliminating the need to physically travel to a mental health clinic, thereby reducing exposure to stigmatizing attitudes and beliefs from others● Increases understanding of family and home dynamic● Decreases rate of no-shows● Increases access to care for patients suffering from conditions that interfere with their ability to leave home● Increases sense of personal safety for patients at risk for violence and behavioral dysregulation	<ul style="list-style-type: none">● Can increase disruptions during sessions due to home-life issues and technological glitches—freezing, delays, needing to reconnect● Can increase difficulty reading nonverbal communications (e.g., subtle changes in tone of voice, inflection, affect, and gaze)● Can increase effort required to establish rapport● Presents greater challenges for patients with auditory and visual impairments and migraines● Prevents physical examination for certain conditions (i.e., movement disorders, medication-induced extrapyramidal symptoms or tremors, neurocognitive disorders) and mental status examination markers● Prevents cardiac and metabolic monitoring for patients on certain antipsychotic medications, and autonomic monitoring for patients at risk for withdrawal or on stimulant medications.● Loss of sense of intimacy provided by closed-door office space● Difficulty using silence as an intervention● Loss of privacy and risk of self-disclosure by provider due to visibility of home environment● Exacerbates already present disparities and structural inequities for those unable to utilize technology

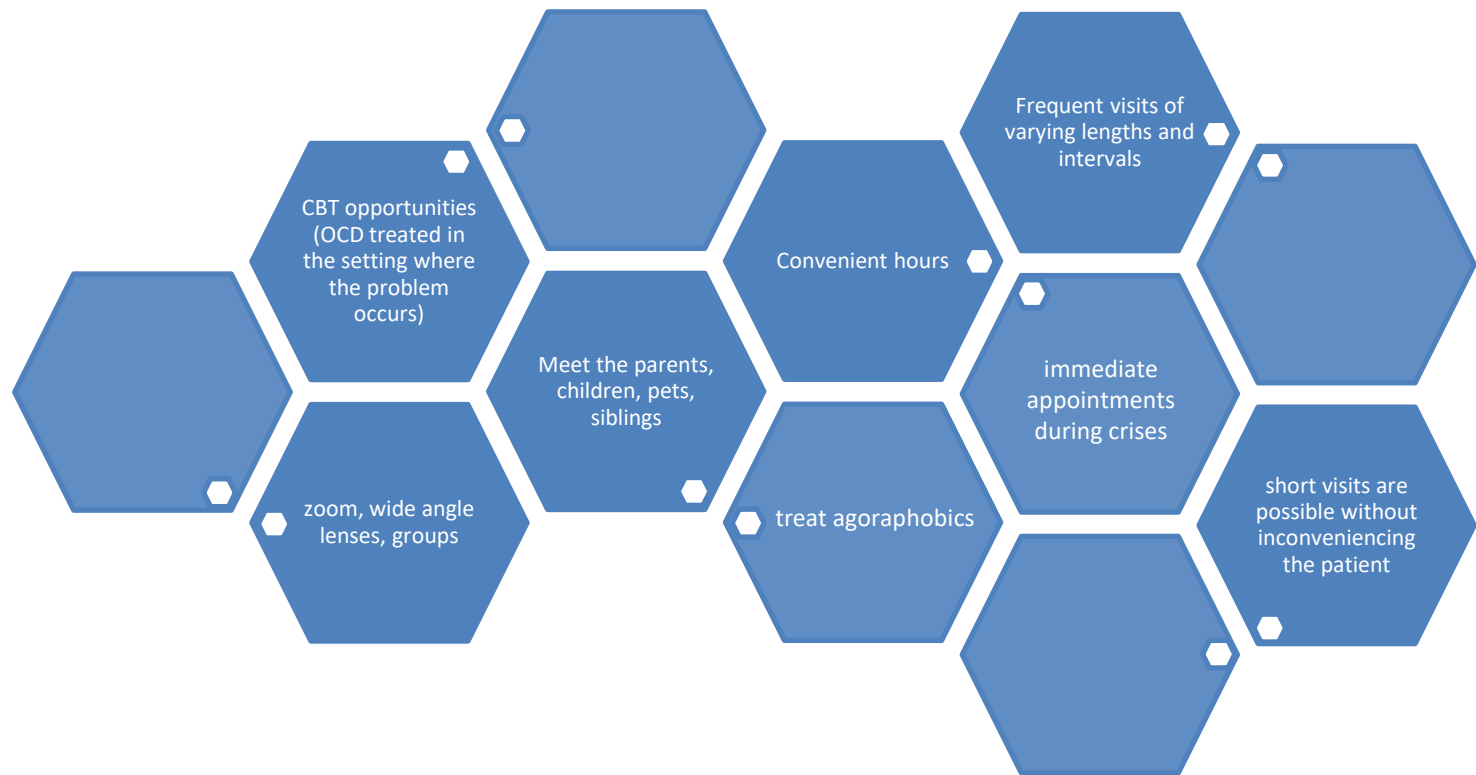
Advantages: Increase in access, decreases in morbidity and mortality from psychiatric illness, decrease in lost productivity due to treated illness, but also due to travel to appointments, improved use of clinician time (no-show reduction).

Negatives and positives

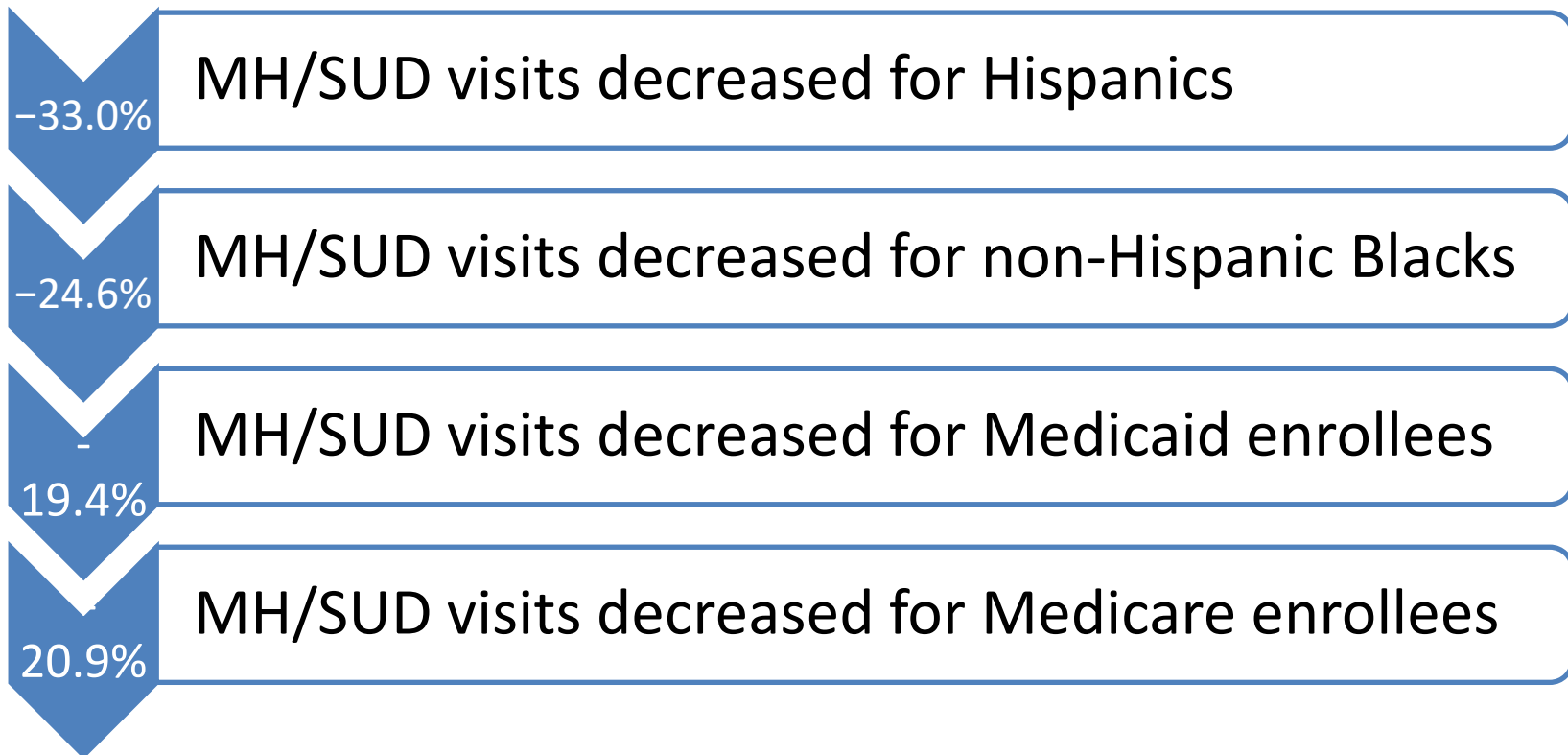


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Opportunities



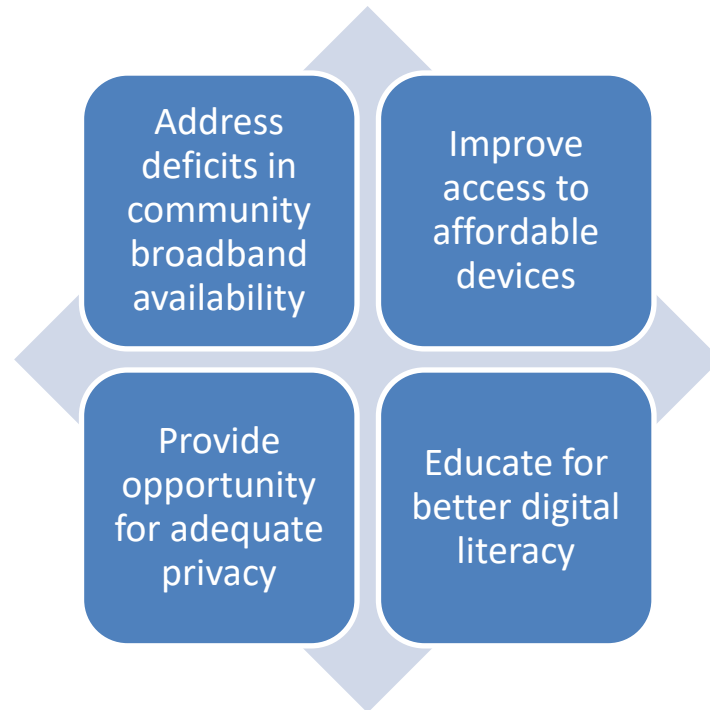
Mental Health and Substance Use Disorder visit volume increased 11.7% during the public health emergency, but a large MGB EHR study found care disparities by patient race/ethnicity and insurance



Yang 2020

The “digital divide” affects care for racial and ethnic minorities, economically disadvantaged and the elderly

These groups are already underserved and the disparity increased during the pandemic



Health care organizations must employ user friendly technology for varying capabilities

Busch 2021

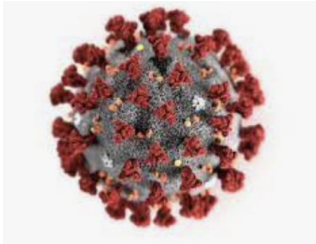
The shift seen during the pandemic will permanently alter how clinical practice is conducted, but there are many unknowns

The rapid increase in telemedicine during the pandemic was enabled by sweeping temporary changes in federal and state regulations and health plan reimbursement policies that reduced longstanding barriers.

Psychiatrist quote:

I get these threatening e-mails written in legalese, saying my malpractice won't cover me if my patient or I are not in Massachusetts. What are you supposed to do with that information when you have a patient in need?

COVID



POST COVID



Which temporary policies will be rolled back?

Which temporary policies will remain?

How long will strict physical distancing last?

Privacy: HIPAA Compliance - *Privacy and Security for PHI*

- Must meet the same requirements as one would need if the visits were in-person (protecting the information and satisfying all privacy requirements under HIPAA)
- Health Insurance Portability and Accountability Act (HIPAA) compliant videoconferencing system (VC system)
- Skype or FaceTime are encrypted services, and use standard Internet connections, but they are username based and allow direct call
- HHS waived penalties for good-faith use of non-HIPAA-compliant videoconferencing software during this emergency

Suspended during the public health emergency

Insurance coverage, finally. Will it remain? And for audio, too?

- Centers for Medicare and Medicaid Services expanded telemedicine to both rural and urban communities and allowed services to be delivered into patients' homes
- Medicare coverage expanded to audio-only telephone visits
- List of services and types of providers who could deliver telemedicine expanded
- Medicaid telemedicine coverage policies expanded
- Required commercial insurance parity for in-person versus telemedicine visits

Expanded during the public health emergency

Ryan Haight Law - 'strict regulations govern the prescription of controlled substances'

- The Ryan Haight Online Pharmacy Consumer Protection Act of 2008 was enacted to regulate the illegal distribution and dispensing of controlled substances by the means of the Internet.
- The Act requires at least one in-person medical evaluation of the patient before legal prescription of a controlled substance (buprenorphine, stimulants, benzodiazepines).

Suspended during the public health emergency

Practicing “without a license” is a serious offense

- The location of the ‘visit’ is where the patient is located. Do you have a license to practice in that state?
- Psychology rules may be stricter than psychiatry. Check the rules of the state boards before you provide service
- As part of the public health emergency, patient location was not a consideration

Suspended during the public health emergency

How far will the Interstate Medical Licensure Compact Expand?



MASSACHUSETTS
GENERAL HOSPITAL

PSYCHIATRY ACADEMY



imlcc.org as of 4-9-21

GO >

APPLY

RENEW

LOQ REAPPLY

ADD STATES

REDESIGNATE



NEWS

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FAQs

CONTACT

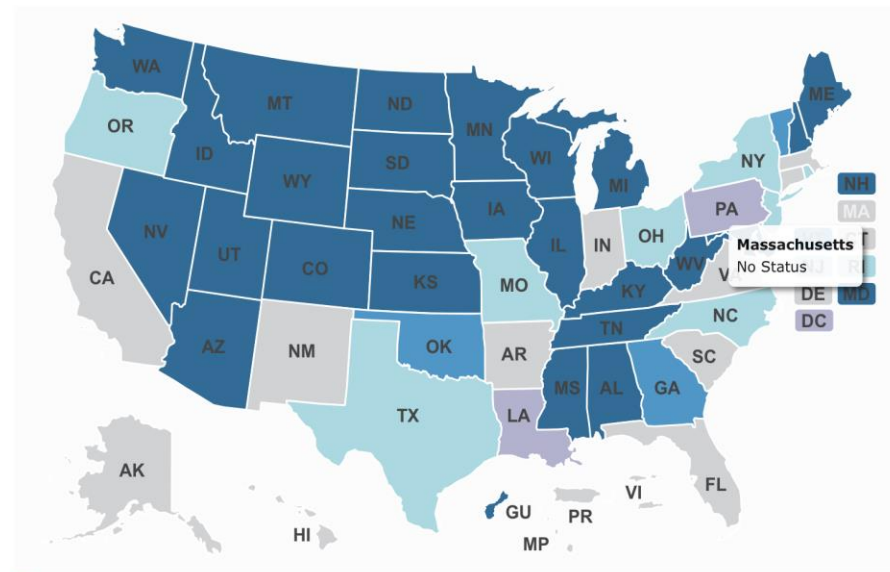
IMLC COMMISSION



An agreement among participating U.S. states to work together to significantly streamline the licensing process for physicians who want to practice in multiple states.

Participating States

Offers a voluntary, expedited pathway to licensure for physicians who qualify

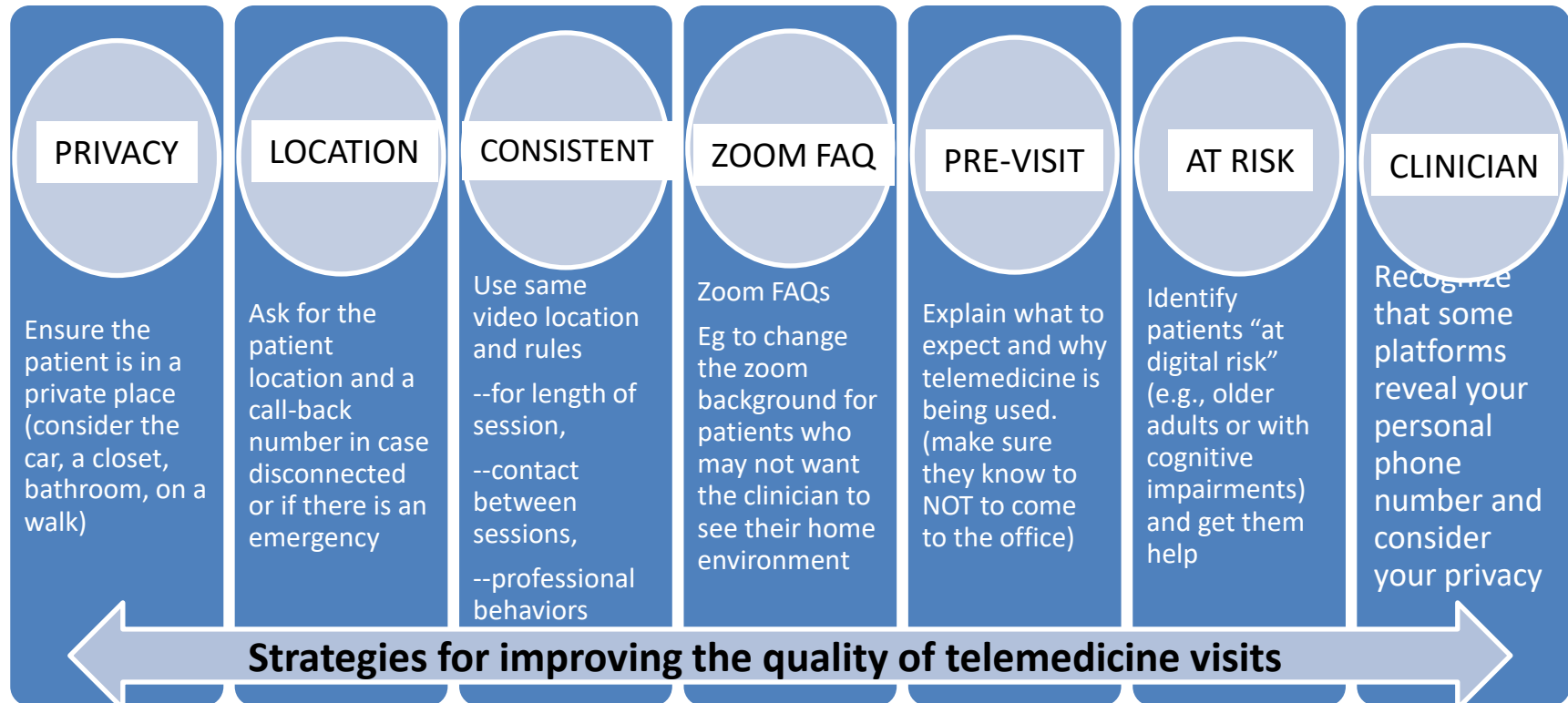


- = Compact Legislation Introduced
- = IMLC Member State serving as SPL processing applications and issuing licenses*
- = IMLC Member State non-SPL issuing licenses*
- = IMLC Passed; Implementation In Process or Delayed*

* Questions regarding the current status and extent of these states' and boards' participation in the IMLC should be directed to the [respective state boards](#).

SPL=state of principal licensure

Advice for psychiatrists who are offering telemedicine



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Additional Considerations.....

Informed *verbal consent* should occur in real time, but some states may require written consent

Credentialing may be required at the site you are connecting to (for example, providing consultations to a distant ER)

Make sure your *malpractice* carrier covers you as you 'travel' virtually to your patients

Tech Details

The American Telemedicine Association made specific recommendations for internet-based software programs

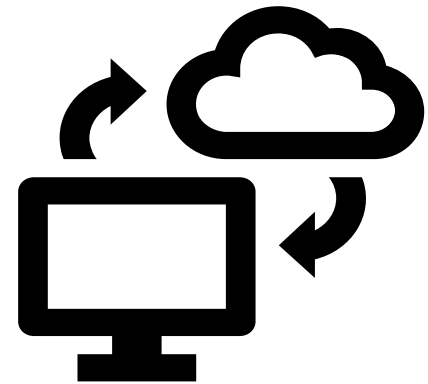
--bandwidth of 384 Kbps or higher in each of the downlink and uplink directions

--a minimum of 640 X 360 resolution at 30 frames per second

91% of Americans have access to adequate wired broadband speeds

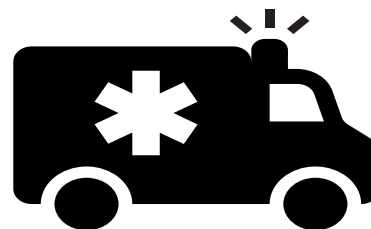
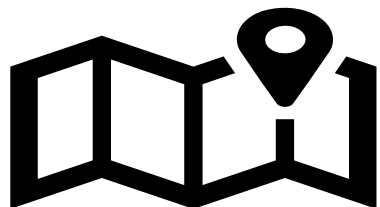
81% of Americans can access sufficiently fast mobile wireless broadband

Pre-testing the connection is advisable, and a back-up plan with voice-based telephone contact should be possible in the event of technology failure

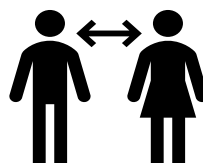


Safety

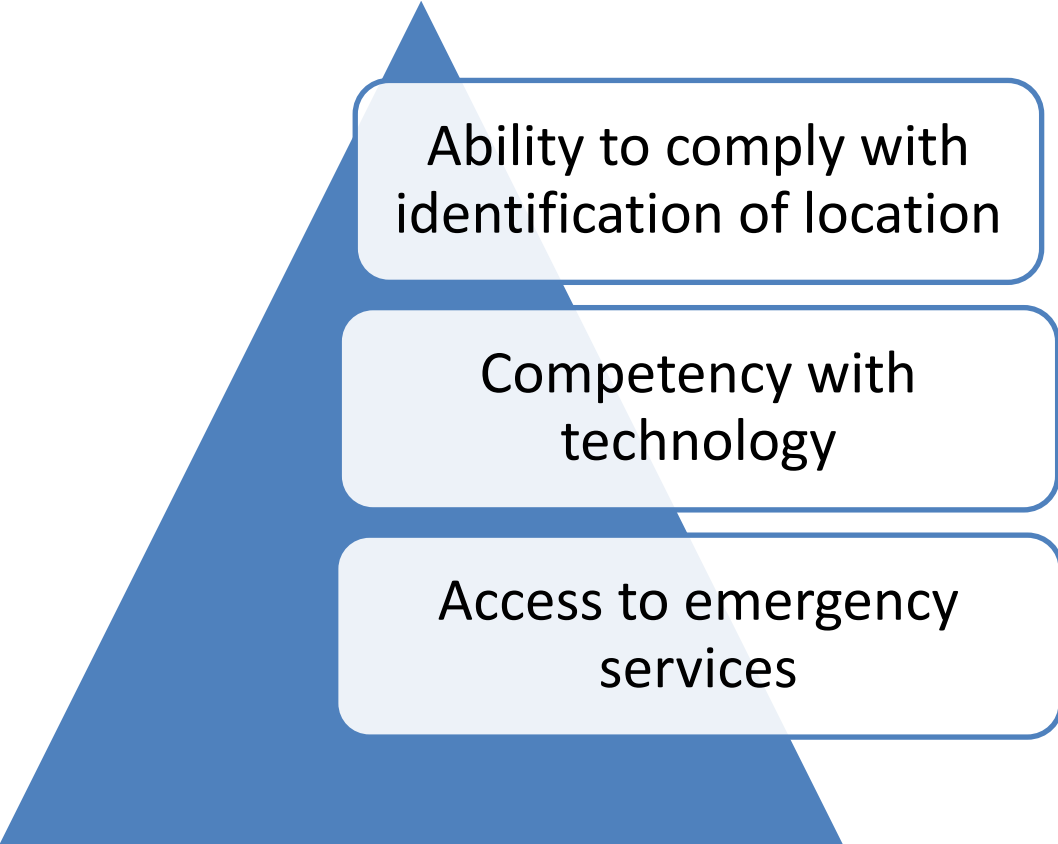
- Confirm *location of the patient* and dispatch emergency services to that location if necessary to ensure patient safety (and to make sure you have a license in that state)



- Maintain the same boundary considerations regarding length of session, contact between sessions, professional behaviors



Most patients are candidates for telepsychiatry



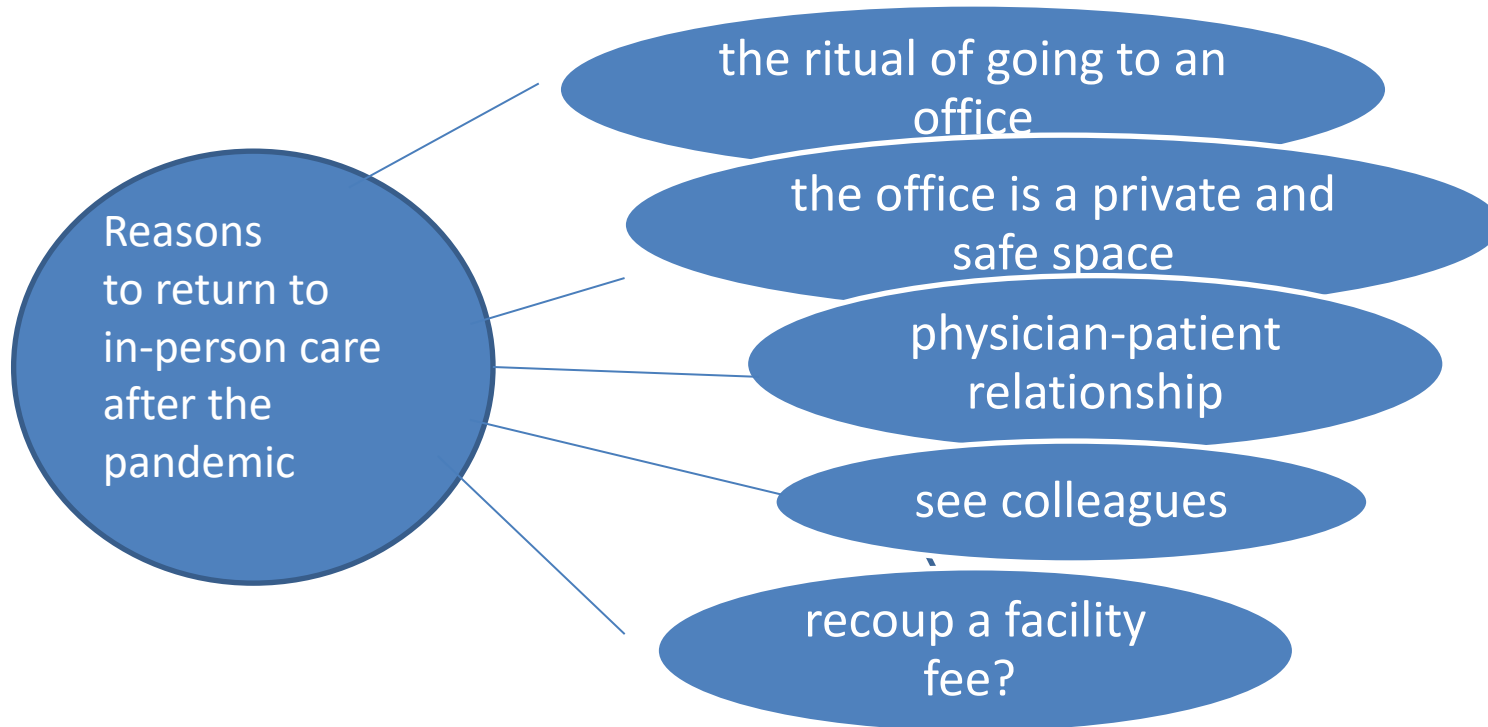
Ability to comply with
identification of location

Competency with
technology

Access to emergency
services

**Consider specific
clinical factors and
interindividual
needs when opting
for telepsychiatry**

Why go back to the office?



Uscher-Pines 2020 Psychiatr Serv **Suddenly Becoming a "Virtual Doctor": Experiences of Psychiatrists Transitioning to Telemedicine During the COVID-19 Pandemic**

Conclusion

- The practice provides clear benefits to access, unclear negatives and involves new risks to clinicians.
- How telepsychiatry will be part of practice post-COVID is unclear.
- Be sure to understand your institutional, insurance carrier, licensing board, and other regulatory policies on telepsychiatry.

Questions?
