Telepsychiatry: Importance, Opportunities and Challenges of Remote Care
Steven E. Locke, MD, Chief Medical Officer, iHope Network, Inc.

PART ONE
Introduction

What is the problem?
Access to mental health treatment is challenging for many and unequally distributed in the population. For many, MH treatment is inaccessible due to barriers such as geography, transportation, conflicting responsibilities (e.g., child or elder care), frailty or chronic medical conditions, stigma and cost.

Why telemedicine?
By providing easier access to care, telemedicine can overcome some of the disparities of care that characterize our inequitable health care system.

What is telemedicine?
Telemedicine is the remote delivery of medical care by clinicians using technology solutions, either in real-time, or using asynchronous “store and forward” methods to have a face to face encounter using audio and or video to create a virtual visit. In some implementations, home monitoring is used and incorporated into a care model such as the “medical home.” For many reasons, mental health treatment could be the poster child for practical applications of telemedicine to address problems of access. In such approaches, it has widely been referred to as telemental health.

The American Telemedicine Association (“ATA”), the leading international resource promoting the use of advanced remote medical technologies, defines telemedicine as the use of medical information exchanged from one site to another via electronic communications to improve a patient’s clinical health status and encompassing, among others:

- patient consultations via video conferencing
- transmission of still or video images
- e-health including patient portals
- remote monitoring of vital signs and other physiological parameters
- educational resources for professionals, patients and families
- consumer-focused wireless mobile applications (“m-health”)
- nursing call centers for care management

How to add telemedicine to your practice?
Telespsychiatry has been used for over 25 years but mostly in very limited and primarily rural applications. However, recent advances in secure video technology including greater access to broadband Internet, 4G cellular networks, and mobile computing platforms have put it within the reach of 80% of the population, and that availability is growing rapidly and is expected to reach over 90% within two years. Furthermore, for some populations at risk of mental illness such as adolescents and students, use of technology for communication and social interaction is the preferred method.

Opportunities and challenges
The cultural gap between some older clinicians less facile with technology creates both opportunities and challenges for broadening access to innovative treatment approaches. The treatment landscape is shifting rapidly with top-down leadership from CMS introducing a shift toward alternative payment models including value based payments and accountable care contracts that shift the risk to providers and their organizations and potentially reward better quality and efficiency of care. This landscape creates an opportunity to revisit the historical lack of public and private payer reimbursement for care provided remotely.

Practical issues in adding telemental health to your practice
Telemedicine and telepsychiatry practice present certain unique challenges that must be addressed in planning your expansion into telecare.

- Remote care requires that you have established practice policies, plans and resources so that you have clinically sound ways of responding to emergencies that may require urgent assessment and interventions of varying degrees of acuity, level of risk and safety. This increases when the care is at a greater distance or in an area where you have few or no clinical resources to contact in a crisis. Where would you send the patient in the event of an acute suicidal risk? How would the patient get there?

- Regulatory: these include issues such as the licensure requirements based on the location of the patient and the clinician, and includes regulations that vary state by state regarding cross-state practice of medicine. If a student who goes to school out of state wishes to continue under your care, you need to know the laws and regulations of that state and the reimbursement policies of the insurer under those conditions.

- Licensure: in some states, practicing medicine without a license where the patient is located using telecommunications can be a criminal offense. These regulations vary widely and can usually be found on the website of the state medical board. For example one of my patients is transferring to a college in Washington state (WA) in the fall. WA has one of the most liberal policies; a clinician licensed in another state can provide telemedicine care to a patient residing in WA without being required to obtain a WA license as long as the clinician is located outside the state and does not attempt to open an office in the state.

- Privacy: How can you ensure that the patient’s telecare is private? What if the patient lives in an apartment with roommates or other family members? Or sets up a session from Starbucks?

- Security: What assurances do you have that the clinical information you capture is secure and meets the standard requirements under HIPAA?

- Liability: Have you reviewed your potential exposure to lawsuits for negligence because in some jurisdiction the care you provide remotely is deemed to not meet the standard of care? For example, is the legal standard in-person, face to face care, and must the initial evaluation session be in-person, not merely face-to-face via video?

- Quality: How can you establish that the quality of care you provide using telemedicine meets the standard of care? What quality metrics do you collect?

- Safety: Do you have a written safety protocol that takes into account the most common, predictable adverse events that can occur? Have you sought consultation with
a telespsychiatry expert to have your protocol reviewed? (I did that by presenting our iHope Network teleCBT protocol and associated telecare practices and procedures to Harvard’s Psychiatry and the Law program to get their input). Other potential advisors to consider are your malpractice carrier, an expert consultant, or mental health attorney.

- **Collaborative care**: If you are only providing certain modalities of treatment, what will you do if the patient needs other treatment? What if the patient lives in an area where you do not have colleagues you can recommend or refer to? What if you are only providing therapy and the patient needs a psychopharmacology consultation at great distance from your practice?

- **Insurance**: Have you reviewed your liability insurance coverage to be sure that it includes telemedicine? Both in state and out of state? What about outside the US? You should get a letter in writing by the underwriter that confirms your coverage.

- **Technology**: Some popular videoconferencing platforms such as Skype and FaceTime are not HIPAA compliant. You are at great risk for a costly HIPAA violation if you use these systems. Many people are using these non-compliant services at personal risk. You must execute a Business Associate Agreement (BAA) with the technology vendor. You must know how they protect the privacy and security of your patients and their data. It is not sufficient that the data be encrypted “end-to-end”; assuming that the videoconferencing technology vendor has the IP address of the patient, they must execute a BAA with the clinician that warrants their adherence to the standard HIPAA privacy and security requirements. If you use a vendor, like Apple (FaceTime) or Microsoft (Skype), without a BAA you are exposed to potential HIPAA violations and penalties.

To be continued...

Look for PART TWO in the September Newsletter

**RESOURCES**


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**MPS IS PLEASED TO WELCOME THE FOLLOWING NEW MEMBERS**

**General Membership:**
- Kathy Becher, MD
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- Jennifer Rose Gatchel, MD
- Catline Jacques, MD
- Alfredo Martija, MD
- John B. Roseman, MD
- Susan Londergan Springer, MD

**Resident Fellow Member:**
- Katherine Kosman, MD
- Sara Lozyniak, MD
- Gursharon Nijjar, MD
- Judith Puckett, MD

**Transfer In:**
- Michael Arena, MD
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Support: You and/or the patient may need some technical support. Some vendors who have offered free programs in the past have dropped their offerings. A few, however, remain. Many include step-by-step instructions for setting up telemedical connections available on the DHM intermediate care unit working with a wide variety of patients with severe and persistent mental illness are available. No managed care or after hours on-call. Median LOS about 200 days. Work with an excellent and personable group of psychiatrists.

Contact Anthony Vagnucci, MD, Chief of Psychiatry, Tewksbury Hospital, 978-851-7231 x2863, anthony.vagnucci@state.ma.us

Tewksbury Hospital

Half-time Psychiatrist (20 hours per week)

Excellent salary and fringe benefits, signing bonus and generous leave time for half-time psychiatrists. Positions available on a DMH intermediate care unit working with a wide variety of patients with severe and persistent mental illness are available. No managed care or after hours on-call. Median LOS about 200 days. Work with an excellent and personable group of psychiatrists.

Contact Anthony Vagnucci, MD, Chief of Psychiatry, Tewksbury Hospital, 978-851-7231 x2863, anthony.vagnucci@state.ma.us

BROCKTON MULTI-SERVICE CENTER (BMSC)

BROCKTON, MA

ATTENDING PSYCHIATRIST - (Full or Part-Time)

Practice Psychiatry seeks BC/BE Psychiatrist in a Joint Commission Accredited CMHC with comprehensive outpatient, inpatient, partial hospitalization and community consulting practice. Women and underrepresented minorities, especially those who speak Spanish, are encouraged to apply. Harvard Medical School appointments at the level of Instructor or Assistant Professor are available, commensurate with experience. Both full and half-time positions are available. Please contact Lorelle Pearson, MD, Director of Medical Affairs, to discuss the positions. Contact Dr. Pearson or apply to: Dr. Pearson, Polaris HealthCare Services, PO Box 4067, Taunton, MA 02780 or email to: bill@polarishealthcare.com.

Gould Farm is recruiting board-eligible/certified psychiatrists to work 1 day each week, 9am to 5:30pm. Office provided on site. This is an annual contract position. Full job description: http://gouldfarm.org/employment.htm. Please send resume and letter of interest to: hrg@gouldfarm.org or mail to: Gould Farm, Attn: Director of Human Resources/Consulting Psychiatrist, PO Box 157, Monterey, MA 01245. Website: www.gouldfarm.org

The Whitter Pavilion, a free standing psychiatric hospital in Haverhill, MA, is seeking a physician-leader to help innovate and lead the hospital's transformation towards accountable, team-based care.

• Competitive Salary
• Flexible Hours
• Teaching Opportunities

Contact: Jameson Pinette, Administrator
jpinette@whitterhealth.com (978) 556-6233
of Reg. in Medicine, and Mr. Kerstein provide a standard of care that the state medical board, as well as your own medical board, to determine if you can legally treat the out of state patient. You also need to check with your malpractice insurance carrier to be certain that you are covered for practice out of state.

Another issue involves your ability to deliver good clinical care and meet the standard of care at a distance. For example, how could you arrange for hospitalization in an emergency if your patient is in crisis? Utilizing telemedicine does not alter the standard of care to which you will be held – it is the same standard that would be applicable if the patient was seen in your office or hospital.

Risk Management Advice

1. Determine licensure requirements from your state medical board. For example, the medical board for the state where you practice may require an additional medical license to practice out of state.

2. Ensure compliance with all relevant state’s laws and guidelines related to telemedicine.

3. Engage in thoughtful patient selection. This is critically important.

4. Obtain and document informed consent.

5. Verify the patient’s location.

6. Have a plan to respond to technology failures.

7. Have a plan to respond to clinical failures.

8. Become familiar with the local resources.

9. Use technology to partially restore the lost abilities to evaluate and treat patients at a distance, but that by itself technology cannot completely restore all abilities.

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70th Annual Psychopharmacology Update
Saturday, October 22, 2016 MMS, Waltham, MA

Visit www.psychiatry-mps.org to register and view the detailed program brochure
Conclusion:
Telehealth, including telepsychiatry and telemental health, is growing rapidly. While it is still a wild frontier, with all the opportunities and danger associated with new worlds, there is broad acceptance that telemedicine is an important part of the future of healthcare. And that includes the future of psychiatry. If integrated, collaborative care is where psychiatry ought to be headed, technology is what will transport us to that future. That is how we go from treating a small portion of the population suffering from mental illness to a universal health approach capable of addressing the 80% of persons with mental disorders who never seek treatment. Hopefully this article provides a guide to encourage you to explore this new world.

RESOURCES
Blue Cross Blue Shield of Massachusetts Fee Schedule for Telemedicine. Available online at: https://www.bluecrossblueshield.com/ma/fee-schedules/telehealth


John MacIver, MD
November 18, 1923 – June 8, 2016

John MacIver, MD, aged 92, died of pulmonary fibrosis on June 8 at Broad Reach Rehabilitation Center in North Chatham. Dr. MacIver was born in Irvine, Scotland in 1923 and emigrated, the youngest of four children, with his family in 1927, and grew up in Dorchester.

Dr. MacIver attended Boston Latin School for middle and high school and matriculated at Harvard College, Class of 1945, studying philosophy. He was then drafted in 1943 into the 8th Armored Division at Fort Polk, La. After scoring at the top of his Bat-talion in a medical/dental school aptitude test, he was sent to Columbia University College of Physicians and Surgeons where he earned an MD in 1949.

After medical school, he specialized in Psychiatry in a residency at Yale University, where he also earned a Master’s Degree in Public Health in 1953, and pursued a fruitful and innovative career in corporate medicine, most lately at the United States Steel Corporation.

In 1972, Dr. MacIver opened a private practice in Hyannis, taking up residence at the family home in North Chatham. He found great fulfillment in the variety of clinical work he experienced on staff at Cape Cod Hospital as well as his leadership roles with the Massachusetts Medical Society and the Southeastern Massachusetts Psychiatric Corporation.

Husband of the late Shirley MacIver, MD, who he shared a happy and fulfilling marriage for 57 years until her death in 2007 from Alzheimer’s disease. Dr. MacIver is survived by two sons, John Robertson (Rob) and Janet Riggs of Voorhees, N.J.; Mathew and Husband of the late Shirley MacIver, MD, who he shared a happy and fulfilling marriage for 57 years until her death in 2007 from Alzheimer’s disease. Dr. MacIver is survived by two sons, John Robertson (Rob) and Janet Riggs of Voorhees, N.J.; Mathew and Janice Wilson of Newmarket, N.H., with whom for the past 7 years he had enjoyed a devoted and fulfilled relationship, extended by her loving care.

Attending Psychiatrists
Hospital Practice Psychiatry, Inc (HPP), a division of Polaris HealthCare Services, Inc., and in conjunction with the Southeast Area of the Massachusetts Department of Mental Health (DMHz), seeks Board Certified or Board Eligible psychiatrists for full time Attending Psychiatrist positions in general adult care psychiatric facilities. These facilities provide acute and continuing care treatment for DMHz-eligible patients. Candidates should have a commitment to a recovery-based model and community first. All facilities are Joint Commission Accredited (JCAHO) and are located in Brockton, Fall River, Pocasset and Taunton, Massachusetts.

As public sector acute and intermediate care facilities, HPP/Polaris psychiatrists do not experience the pressures of managed care. This includes the benefits of no time constrains for completing charting and completing the continuity of care. The facilities are non-profit and are dedicated to providing quality psychiatry to underserved communities.

The psychiatrist group is energetic, well trained, welcoming and very collegial. Most have trained in Boston-area psychiatric residency programs, including the Harvard/Cambridge Hospital, the Harvard/Longwood programs, Tufts University School of Medicine, and Boston College School of Medicine.

These outstanding opportunities offer competitive compensation packages and include an attractive employee benefit program. Night/weekend call is not required but is available for additional compensation if desired.

Interested candidates should send a Letter of Interest and CV to William Pariseau at: bill@polarishealthcare.com.