

*Data-Driven Justice Behavioral Health and Social Services Peer  
Engagement Group Call*





# TELEPSYCHIATRY & DIGITAL HEALTH: PRACTICE AND POLICY CONSIDERATIONS

Nathan Tatro, MA | Deputy Director, Digital  
Health | American Psychiatric Association



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# TELEPSYCHIATRY: POLICY LANDSCAPE ACROSS THE UNITED STATES



- Telepsychiatry isn't as new as we think
- APA has a Committee on Telepsychiatry and a Committee on Mental Health Information Technology
  - APA Telepsychiatry Toolkit
  - APA HIPAA and Health IT Security Primer
  - APA Mobile Apps (mHealth) Evaluation Model & Panel
  - APA Electronic Health Records (EHR) FAQs/Selection Assistance
  - CMS QPP/Payment Reform Toolkit
  - Best Practices in Videoconferencing-Based TMH
  - APA Telepsychiatry Blog/Vlog
- Address federal and state legislative and regulatory issues around telemedicine and the use of technology in psychiatry practice (pre-and-post COVID-19)
  - Electronic Prescribing (eRx)
  - Issues around controlled substances and health IT
    - Ryan Haight Act and EPCS
    - 42 CFR Part 2
  - Telemedicine parity in private and public payers
    - Synchronous vs. asynchronous telepsychiatry
  - Location & licensure

- Public health emergency declarations and timelines
- Licensure considerations
  - Medicare/Medicaid
  - State
- Electronic prescribing considerations
  - Ryan Haight Act & EPCS
- Privacy laws and HIPAA enforcement
  - Software selection
  - State privacy laws vs. HIPAA
  - Consenting
  - Definition of telehealth in general
- Established patients vs. first time patients

- 50+ pages with resources and videos—still growing
  - Coming soon: COVID & Disaster-related Telepsychiatry
- Among most viewed pages on psychiatry.org (including DSM-5, Annual Meeting)
  - Licensure issues
  - Legal/reimbursement issues
  - Adapting your practice; learning to do TMH
  - Ryan Haight Act
  - Telepsychiatry Practice “Guidelines”

# Clinical Outcomes



-  Clinical Outcomes
-  Donald M. Hilty, M.D.

Full Screen 

Telepsychiatry's evidence base is substantial and outcomes have been measured in the following areas: feasibility, validity, reliability, satisfaction, costs, and clinical outcomes.

Pre-requisites for good outcomes include:

- o Excellent clinicians
- o Program fitness in terms of organization, function, leadership, and the "right" members/workforce. Clinical, technical, and administrative teamwork makes this possible
- o Technology which allows good engagement, clarity, and is reliable; options for the

## History and Background

[History of Telepsychiatry](#)

[Advocacy Issues](#)

[Clinical Outcomes](#)

[Evidence Base](#)


[Feasibility and Effectiveness](#)

[Return on Investment](#)

 Toolkit

 Blog

 Updates

 Video Library



# ENGAGING PATIENTS IN TELEMENTAL HEALTH – BEST PRACTICES



- **What are the best practices and what is out there?**
- APA and ATA Developed a guidance document in 2017.
- **These guidelines focus on interactive videoconferencing based mental health services** (a.k.a., telemental health). The use of other technologies such as virtual reality, electronic mail, electronic health records, telephony, remote monitoring devices, chat rooms, or social networks are not a focus of this document except where these technologies interface with videoconferencing services.
- Administrative
  - Organization SOPs & responsibilities
  - Health professional SOPs & responsibilities
- Clinical
  - Not how to practice, diagnose etc.
  - How to conduct traditional practice in the context of TMH encounter
- Technical
  - Devices & equipment
  - Security & privacy
  - Minimum technical standards

# BEST PRACTICES IN TELEMENTAL HEALTH – ADMINISTRATIVE CONSIDERATIONS

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- Program development
- Legal and regulatory issues
  - **Licensure** and malpractice
  - Scope of practice
  - **Prescribing**
  - Informed consent
  - Billing and **reimbursement**
- Standard operating procedures/protocols
  - Roles, responsibilities, communication, and emergency procedures (clinically supervised and unsupervised situations)
  - Agreements around licensing, credentialing, training and identity authentication for patients and doctors adheres to local, state, national requirements

# BEST PRACTICES IN TELEMENTAL HEALTH – TECHNICAL CONSIDERATIONS

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- Videoconferencing platform requirements
- Integration of videoconferencing into other technology and systems
- Privacy, Security, HIPAA and privacy laws
- Physical location & room requirements

# BEST PRACTICES IN TELEMENTAL HEALTH – CLINICAL CONSIDERATIONS

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- Patient and setting selection
- Management of hybrid patient-provider relationships
- Ethical considerations
- Cultural issues
- Specific populations and settings
  - Child/adolescent populations
  - **Forensic and correctional**
  - Geriatric
  - Military, veteran, and other federal populations
  - **Substance use disorder (SUD) treatment**
  - Inpatient and residential settings
  - Primary care settings
  - Rural

## Foundational Documents

- APA Web-based Telemental health Toolkit (2016)  
[https://www.psychiatry.org/psychiatrists/practice/telemental\\_health](https://www.psychiatry.org/psychiatrists/practice/telemental_health)
- Recupero, P., & Fisher, J. C. E. (2014). Resource Document on Telemental health and Related Technologies in Clinical Psychiatry.
- American Psychiatric Association. Telemental health via Videoconferencing. (1998)
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- Turvey C, Yellowlees P, Shore JH, Shore P. Delivering Online Video Based Mental Health Services. American Telemedicine Association Learning Center, 2014.  
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- [Turvey C](#), [Coleman M](#), [Dennison O](#), [Drude K](#), [Goldenson M](#), [Hirsch P](#), [Jueneman R](#), [Kramer GM](#), [Luxton DD](#), [Maheu MM](#), [Malik TS](#), [Mishkind MC](#), [Rabinowitz T](#), [Roberts LJ](#), [Sheeran T](#), [Shore JH](#), [Shore P](#), [van Heeswyk F](#), [Wregglesworth B](#), [Yellowlees P](#), [Zucker ML](#), [Krupinski EA](#), [Bernard J](#). (2013). ATA practice guidelines for video-based online mental health services. Telemedicine Journal and E Health, 19(9),722-30. doi: 10.1089/tmj.2013.9989
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## Key Reviews and Updates

- Hubley, S., Lynch, S. B., Schneck, C., Thomas, M., & Shore, J. (2016). Review of key telemental health outcomes. *World journal of psychiatry*, 6(2), 269.
- Bashshur, R. L., Shannon, G. W., Bashshur, N., & Yellowlees, P. M. (2016). The empirical evidence for telemedicine interventions in mental disorders. *Telemedicine and e-Health*, 22(2), 87-113.
- Hilty, D. M., Ferrer, D. C., Parish, M. B., Johnston, B., Callahan, E. J., & Yellowlees, P. M. (2013). The effectiveness of telemental health. *Telemedicine and e-Health*, 19(6), 444-454
- Shore, J. H. (2013). Telemental health: videoconferencing in the delivery of psychiatric care. *American Journal of Psychiatry*, 170(3), 256-262.

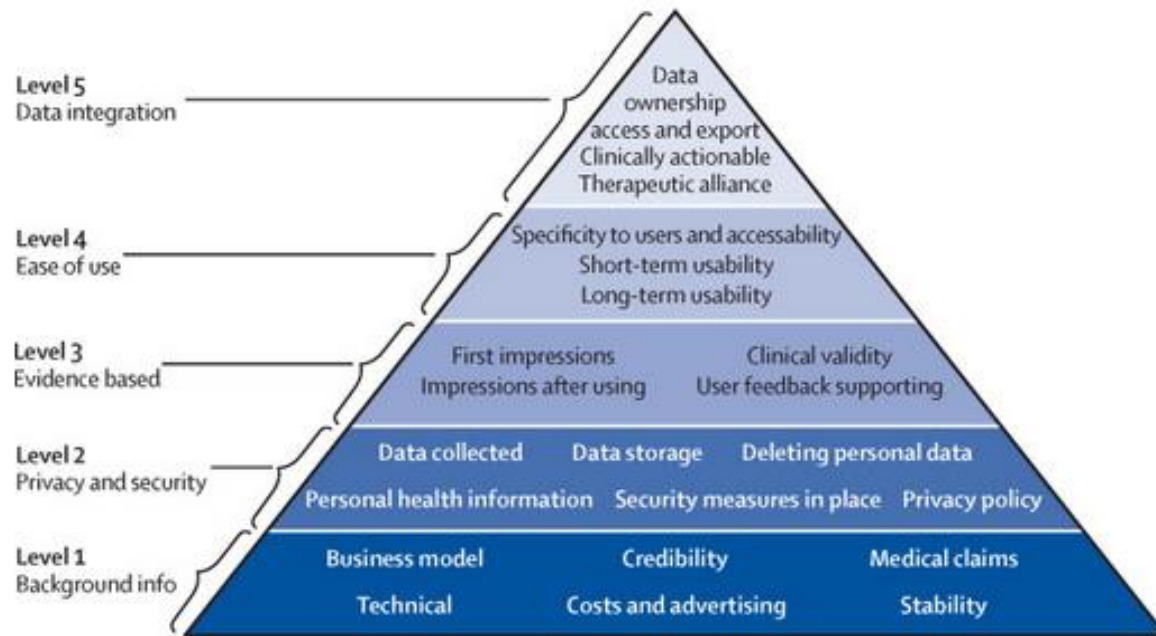


# REACHING PATIENTS WITH MOBILE HEALTH: CONSIDERATIONS WHEN USING APPS

1. Apps change often
2. Apps need to be matched with a specific patient
3. Apps need to be used in the right way
4. Apps need to be evaluated for risks and benefits
5. Evidence is rapidly changing and this cannot be captured by a static scores, regardless of what may be available on certain web sites.
6. “Top ten” and other hierarchical lists don’t make sense



# THE APA APP EVALUATION MODEL



Adapted from Torous, JB, Chan, DR, Gipson, SY-MT, et al. "A hierarchical framework for evaluation and informed decision-making regarding smartphone apps for clinical care. *Psychiatr Serv.* 2018; 69; 498-500

# APA'S FUTURE WORK IN MOBILE APPS

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- APA “App Advisor” & Expert Panel
- Why is it important to evaluate apps?
  - Highly subjective based on patient needs, patient population
  - Goodness-of-fit predicts usability and persistence of use

# DISCUSSION

