ESTABLISHMENT OF TELEMENTAL HEALTH: A TOOLKIT
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Introduction
Mental health
• Is the foundation for individual well-being & effective functioning of a community.
• Ability to realize one’s own abilities & to cope with the normal stresses of life
• Ability to work productively & to make a contribution to a community
Mental illness
• Is a medical condition that disrupts a person’s thinking, feeling, mood, or ability to relate to others & daily functioning.
• Impact ranges from none, mild to significantly disabling impairment/ serious mental illness
Incidence in the US
• Nearly 60 million experience a mental health condition yearly
• One in four adults & one in ten children are affected
• 9.3 million adults experience SM & 42.5 million experience any mental illness
Burden of mental illness
• Neuropsychiatric disorders are leading cause of disability in the US
• The mental disorders accounts for 13.6% of total U.S. DALY’s Costs
• Direct & indirect costs, total costs exceed $300 billion/year
• Chronic, persistent mental illness costs $193.2 billion in lost earnings per year
Healthcare Gap
• 20% of children have mental health & those only 20% get treated
• Only 2/3 of the mentally ill seek help from professionals
• Of the 2/3 that seek help, 1/3 seek care from primary care providers who are often ill prepared to provide mental health services

Statement of Problem
• No prompt access to mental health services in many rural areas of California
• Patients may have limited resources to travel to the nearest city for mental health services
• Patients may prefer to have services delivered within their primary care setting

Objectives
• To increase patient accessibility to mental health services in a rural area in California where specialists are limited by designing a toolkit for establishing telemental health services in rural California.

Types of telemedicine
• Asynchronous: store and forward
• Synchronous: live interactive video
• Hybrid: combination of synchronous & asynchronous
• mHealth: mobile health

Hardware
• Can be integrated into the EMR program
• Available as desktops, personal computers, & mobile solutions

Evaluation
• Built on the Windows, Mac or Linux-based desktop or laptop
• Is downloaded to the computer system

Selection of equipment according to
• Technical needs, currency, efficiency, reliability, costs, safety and security

Equipment & systems

Resources
• American Teledmedicine Association
• The California Telehealth Resource Center (CTRC)
• The Center for Connected Health Policy (CCHP)
• HRSA’s grant, Distance learning and telemedicine grant, Community facilities direct loan & grant program
• Universal Service Administrative Company for connectivity costs
• Substance Abuse and Mental Health Services Administration

Licensee Policies
• No nation-wide compact license for healthcare personnel.
• Licensing is regulated at the state level & have different regulatory standards of licensees
• Most states the practitioner needs to be licensed at both the distant and originating site of telemedicine (Cited., 2014)
• Ten state board issue license to practice telemedicine across the state lines

Privacy and HIPPA
• Protecting patient information has two phases: initiation and maintenance.
• Initiating a set of safeguards requires a security risk analysis
• Ongoing risk management strategy

Telematical Health [TMH]
• Is a subspecialty of telemedicine for mental healthcare services
• Overcomes uneven distribution & shortage of infrastructural & human resources
• Is a bridge between the patient and the provider especially in rural and distant areas

Drive for Telemental Health
• Mental health workforce shortage
• Increased need for mental health services & reduction of health disparities
• Access medical services, economic viability & low service volume in rural settings
• Difficulties in recruiting & retaining health professionals in rural areas
• Stigma, cultural difference, & insufficient mental health infrastructure

Synthesis of evidence
• Effectiveness of TMH with randomized studies (Forthoff et al. 2013) (Epelée et al. 2006)
• Process outcomes after using TMH (Godskesen, Dankins & Peters, 2012) (Morland et al. 2014)
• Reduction of healthcare costs (Desltsch, Sze, Tombok, & Coutasasse, 2013)
• Acceptability (Shone, Brooks, Savin, Orton, Grisby & Mansion 2008)

Reimbursement Policies
• Inconsistent comprehensive reimbursement policies
• Lack of overall telehealth reimbursement policy
• Medicare only pays a geographical area outside of a Metropolitan Statistical Area (MSA) or a rural census tract for synchronous/live interactive video conference TMH & for asynchronous programs conducted in Alaska and Hawaii
• Medicaid payment is determined by each state. 46 states have some form of reimbursement for telehealth
• Private insurers payment:15 states have enacted reimbursement laws for telehealth service at par with services provided in person

Summary of implementing TMH
• Conducts health assessment
• Build evidence on how telehealth is an ideal solution
• Establish goals
• Identify and engage stakeholders & gatekeepers
• Choose model of practice
• Select type of telemental health & equipment
• Determine costs of implementation
• Explore and be familiar with reimbursement policies
• Establish policies, procedures & administrative protocols
• Evaluate & market TMH

Conclusion
• TMH can bridge mental healthcare gap in remote and underserved areas
• Reimbursement for TMH has improved
• In California the approval of the Bill AB415 and current available grants makes the establishment of TMH ever more feasible than before
• It is cost effective to establish and operate TMH
• TMH is ideal for all populations

References

Resources