



Mental Health through Telemedicine: An analysis of the benefits and barriers of Telemedicine

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Introduction

One in four adults, approximately 61.5 million Americans, experiences mental illness in any given year.¹ The need for additional access to mental health services is nearly universal throughout the country. The areas most affected by the shortage are those located in rural communities. As with other healthcare services, the lack of specialists in rural areas has forced organizations in these communities to look for much needed alternatives to provide specialty services. Telemedicine is an alternative path for providers to care for patients in a rural environment. Without the need for specialists to travel to these communities, additional time for direct patient care is allowed. Telemedicine use in rural United States increased by about 28 percent annually between 2004 and 2013, according to a 2016 JAMA paper by Ateev Mehrotra, a Harvard Medical School Associate Professor in the Department of Health Care Policy.² These areas serve to amplify the importance for comprehensive mental health services accessibility – especially since traditionally, those seeking assistance are among the nation’s most vulnerable populations. Even though behavioral health services are essential for these communities, patient acceptance of behavioral health services being provided through a Telemedicine format is still a barrier. Our study analyzes patient’s perception of behavioral health care through a Telemedicine platform.

Background

Crossing Rivers Health (CRH) is a 25 bed, critical access hospital located in Prairie du Chien, Wisconsin. CRH and their partners were faced with a lack of mental health providers located within their community to provide much needed mental health services. The Crossing Rivers Telehealth Consortium (CRTC) was formed between CRH, Crawford County Human Services and Richland County Health and Human Services. Consortium agencies constantly struggled to provide mental health services due to a lack of local psychiatrists and psychologists in the workforce. Prior to the Telemedicine funding, the two county agencies were contracting with mental health professionals located in Madison, Wisconsin – necessitating a 2.5-hour one-way commute. The five hours of drive time dramatically reduced provider availability on contracted

¹ Juanita Day, “May Programs Celebrate National Mental Health Month,” *The University Record*, May 1, 2017
<https://record.umich.edu/articles/may-programs-celebrate-national-mental-health-month-1>

²Dougherty, E. (2017). If You Build It. *Harvard Medicine Magazine*. Retrieved from
<http://magazine.hms.harvard.edu/rural-health/if-you-build-it>

days, and forced rural clinics to pay rates between \$160 and \$350 per hour even during commuting time. The target for this format is individuals (children and adults) whom have a need for mental health services in Crawford and Richland Counties. Through this consortium, the “Mental Health through Telemedicine” initiative was created to address this shortage.

The “Mental Health through Telemedicine” initiative was designed to address the availability of behavioral health services in our identified Health Professional Shortage Areas, utilizing an evidence-based Telemedicine model. In 2015, with the help of the Office of Rural Health Policy (ORHP), Rural Health Care Services Outreach Grant Program, obtained through Health Resources & Service Administration (HRSA), we have been able to provide mental and behavioral health needs to the residents within the targeted rural communities of Crawford County and Richland County, Wisconsin through a Telemedicine format.

Programs funded by ORHP have varied greatly and have brought care to at least two million rural citizens across the country who would otherwise not receive care or have access to care.³

Initially, the consortium was focused on hiring and sharing one full-time psychiatrist, but we soon discovered that the most efficient and effective way to provide Mental Health services while keeping costs to a minimum was to contract a third-party agency that already had licensed practitioners on staff. One of the main barriers we found when implementing the Telemedicine format was the limited availability of practitioners who were licensed in Wisconsin. Being able to contract with a third-party agency eliminated that barrier.

Survey Results

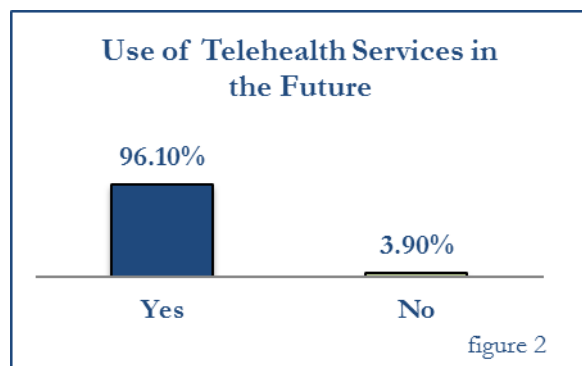
Data was obtained from voluntary surveys completed after a patient received Telemedicine services. Over a four-month period, 90 surveys were randomly collected from all three sites where services were offered.

The results from the survey showed evidence that patients were satisfied with the services they received through Telemedicine (figure 1). Due to the positive feedback, Consortium agencies will continue to be able to provide Mental Health services via Telemedicine. This alternative has been proven to reduce patient wait times for appointments, be more cost effective, as well as increasing availability because the providers won't have to commute long distances, and consortium agencies won't have to pay the provider for that time.



³<https://www.hrsa.gov/ruralhealth/programopportunities/fundingopportunities/default.aspx?id=c325b43e-a8ba-4368-ac25-363f6bab4115>

Prior to patients using Telemedicine services for the first time, there were concerns raised about confidentiality and how the process would work. The HIPAA compliant software used to provide Telemedicine services ensures that confidentiality will be maintained between the provider and the patient. As far as the process goes, the client telehealth visit is almost identical to a face to face prescriber visit in our behavioral health offices. The patient's check in, pre-nurse interview and vitals are completely mirrored. The difference is, the prescriber time is via the screen and the nurse has more face to face follow up with post-evaluation paperwork such as referrals, medication consent and education. This relationship with the RN is quite valued as typically the RN provides case management like support to the patient throughout the week as the psychiatrist or prescriber is not on site. The patient is reminded to refer to their treatment plan goals and strategies if concerns or problems arise that are able to be solved and well within the nurse's scope of practice



After the patient visit with their provider via Telemedicine, a vast majority stated they would use Telemedicine services in the future (figure 2).

Conclusion

With the help of the Rural Health Care Services Outreach Grant Program, the consortium agencies were able to provide Telemedicine services in these rural Health Professional Shortage Areas. Telemedicine services in rural areas were proven to be beneficial for Crossing Rivers Health, Crawford County Human Services and Richland County Health and Human Services. The consortium agencies were able to increase the availability of Mental Health services while reducing costs at the same time. The main barrier that consortium agencies faced was contracting licensed practitioners, but that was resolved once they contracted a third-party agency. Overall, the vast majority of patients were satisfied with meeting with their psychiatrist via Telemedicine services. They felt that they had privacy, confidentiality, and personal attention needed during their sessions. They were willing to use Telemedicine services in the future.