Telepsychiatry in the time of Covid-19

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Disclosures....
Telepsychiatry Drivers of Change

- Covid-19: Relaxed regulations, Safety of patients and providers, Changed attitudes
- Demographics – Gen Z and Millennials
- Technology – mobile devices
Telepsychiatry Modalities

- **Synchronous**: This includes real-time telephone or live audio-video interaction typically with a patient using a smartphone, tablet, or computer.
  - Direct to patient
  - Direct to patient, with presence of another provider for all or part of session
  - Provider to provider – Consultation/Collaboration for individuals or groups

- **Asynchronous**: This includes “store and forward” technology where messages, images, or data are collected at one point in time and interpreted or responded to later. Patient portals can facilitate this type of communication between provider and patient through secure messaging.

- **Remote patient monitoring**: This allows direct transmission of a patient’s clinical measurements from a distance (may or may not be in real time) to their healthcare provider - apps.
“If we had a massive pandemic tomorrow, all of us would be in serious trouble”

Anthony Fauci MD,
Director, National Institute of Allergy and Infectious Disease.
2008
Mental Health, Substance Use, and Suicidal Ideation During the COVID-19 Pandemic — United States, June 24–30, 2020

Weekly / August 14, 2020 / 69(32);1049–1057

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Summary

What is already known about this topic?

Communities have faced mental health challenges related to COVID-19–associated morbidity, mortality, and mitigation activities.

What is added by this report?

During June 24–30, 2020, U.S. adults reported considerably elevated adverse mental health conditions associated with COVID-19. Younger adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers reported having experienced disproportionately worse mental health outcomes, increased substance use, and elevated suicidal ideation.

What are the implications for public health practice?

The public health response to the COVID-19 pandemic should increase intervention and prevention efforts to address associated mental health conditions. Community-level efforts, including health communication strategies, should prioritize young adults, racial/ethnic minorities, essential workers, and unpaid adult caregivers.
Past Barriers to using Video Visits

1. Patient satisfaction/capacity
2. Technological
3. Regulatory (reimbursement, licensing, prescribing, HIPAA)
4. Provider attitudes
Covid-19 Relaxed Regulations

• Licensing – across state lines
• Reimbursement – geographic, telephony
• Prescribing – Ryan Haight controlled subs
• HIPAA/Security
Inter-generational Effects of Technology: Why Millennial Physicians May Be Less at Risk for Burnout Than Baby Boomers

Keisuke Nakagawa & Peter Yellowlees

*Current Psychiatry Reports* 22, Article number: 45 (2020)
<table>
<thead>
<tr>
<th>Characteristics</th>
<th>Traditionalists</th>
<th>Baby Boomers</th>
<th>Generation X</th>
<th>Millennials</th>
<th>Generation Z</th>
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Mobile Devices 2020

- 10 b smartphones in use – 3.5 b users, 7.9b broadband subs. 1.5b new sales per year.
- 67% internet access worldwide (China 99%) and 56% all website traffic (80% by 2025)
- USA 81% owners – 90% access via apps – 40% all online sales via phone. 204b app downloads globally. App store revenue $100b (76% games)
- Traffic youtube 70% mobile, twitter 68%. Top US apps Youtube 81% and Facebook 76%
- 14m jobs mobile industry – av user checks 58x per day
Major Clinical Issues

- Convenience, Safety and Satisfaction
- Interviewing style
- Power/Control
- Hybrid Care/relationship
- Virtual space – physical and psychological
- Home/car/community visits
- Teamwork
- “Zoom” fatigue
Patients who prefer telepsychiatry

- Youth/children
- Specific “stigma” disorders – VIP, ED, Baldness
- Chronic psychosis
- Anxious, traumatized, paranoid, avoidant
- Autism spectrum
- Groups and CBT Rx
Rapid Conversion of an Outpatient Psychiatric Clinic to a 100% Virtual Telepsychiatry Clinic in Response to COVID-19

Peter Yellowlees, M.B.B.S., M.D., Kosuke Nakagawa, M.D., Murat Pakyurek, M.D., Angel Hanson, Jerry Elder, Helen C. Koles, M.D.

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Abstract

In anticipation of a surge of COVID-19 cases in Northern California, the outpatient psychiatric clinic at UC Davis Health, in which 98% of visits initially occurred in person, was converted to a telepsychiatry clinic, with all visits changed to virtual appointments within 3 business days. The clinic had 73 virtual appointments on its first day after full conversion. This column describes the process, challenges, and lessons learned from this rapid conversion. Patients were generally grateful, providers learned rapidly how to work from home, and the clinic remained financially viable with no immediate losses.

HIGHLIGHTS

- The outpatient psychiatry clinic at UC Davis Health was converted to a completely virtual telepsychiatry clinic in 3 business days in anticipation of a surge of patients with COVID-19.
- Clinic staff called 850 patients to notify them that their appointment had been changed to a telepsychiatry consultation and prepared for a surge in telehealth visits.
- The clinic was able to maintain 100% of their patient load, with only minor delays in appointment scheduling.
Timeline of Events Related to COVID-19

Patient Visits by Type during Telepsychiatry Conversion

- **Decision made to start conversion; staff started calling patients**
- **California Governor Newsom orders statewide shelter-in-place**
- **Transition completed; all patients seen virtually**

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<th>Date</th>
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<th>Phone Visit</th>
<th>Video Visit (Epic MyChart, Zoom)</th>
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Fig. 1

In Person and Telepsychiatry Nurse Visits and Clozapine Shipments Pre-COVID vs during COVID-19 Restrictions
Video Visits Summary
Advantages for Providers

- **Time** Savings
- **Cost** Savings
- Less **Tiring**
- Improved **Quality** - home
- Better **Relationships** - hybrid
- Increased **Variety**
- Improved **Safety and Teamwork**
- **Geographic and Scheduling** Flexibility

Leads to Increased Independence, Autonomy, Work-Life Balance and Well-being
(Updated 5/1) Telepsychiatry and COVID-19

Update on Telehealth Restrictions in Response to COVID-19

*Updated May 1, 2020*

On March 6, 2020, the Coronavirus Preparedness and Response Supplemental Appropriations Act was signed into law. This statute gives the Secretary of Health and Human Services (HHS) the authority to waive geographic and originating site Medicare telehealth reimbursement restrictions for mental health services overall, during certain emergency periods.

CMS released guidance on March 17, 2020, that NOW allows patients to be seen via live videoconferencing in their homes, without having to travel to a qualifying "originating site" for Medicare telehealth encounters, regardless of geographic location. See below for new HIPAA information related to telehealth.

When conducting a telemedicine encounter, you will use the same CPT codes as if the encounter were in-person, but with the Place of Service (POS) that aligns with your specific encounter. So:

For new telepsychiatry encounters provided to patients under the waiver that would have been office visits, psychiatrists should consider their office as the place of service (POS) and use the place of service code 11, just as you did when you were seeing your patients in person. If you are providing inpatient care, you should use the place of service you would ordinarily use for that place even though you are not actually there. You should use the same CPT codes you would use for an in-person encounter, and on
Using Telehealth to Expand Access to Essential Health Services during the COVID-19 Pandemic

Updated June 10, 2020

Purpose of this Guidance
To describe the landscape of telehealth services and provide considerations for healthcare systems, practices, and providers using telehealth services to provide virtual care during and beyond the COVID-19 pandemic.

Background
Changes in the way that health care is delivered during this pandemic are needed to reduce staff exposure to ill persons, preserve personal protective equipment (PPE), and minimize the impact of patient surges on facilities. Healthcare systems have had to adjust the way they triage, evaluate, and care for patients using methods that do not rely on in-person services. Telehealth services help provide necessary care to patients while minimizing the transmission risk of SARS-CoV-2, the virus that causes COVID-19, to healthcare personnel (HCP) and patients.

While telehealth technology and its use are not new, widespread adoption
Summary

• Mobile devices, younger generations and covid-19 driving long term changes in psychiatric care delivery
• Hybrid care will be the “new normal”
• Telepsychiatry is good for our wellbeing
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