Psychiatrists Use of Telepsychiatry During COVID-19 Public Health Emergency

Policy Recommendations

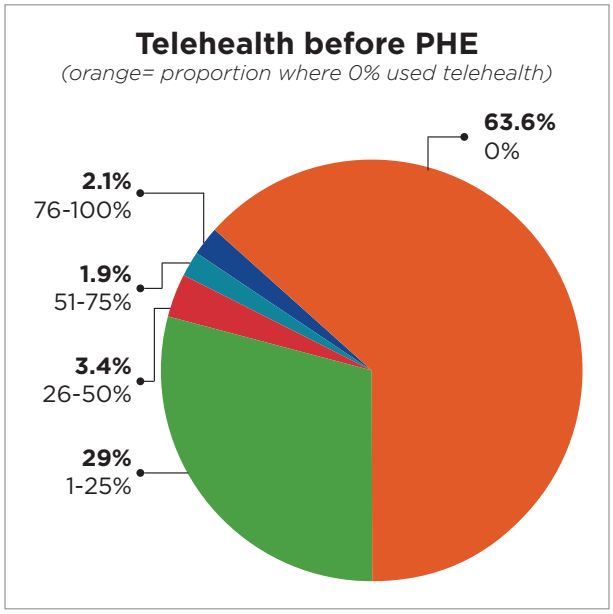
AMERICAN PSYCHIATRIC ASSOCIATION

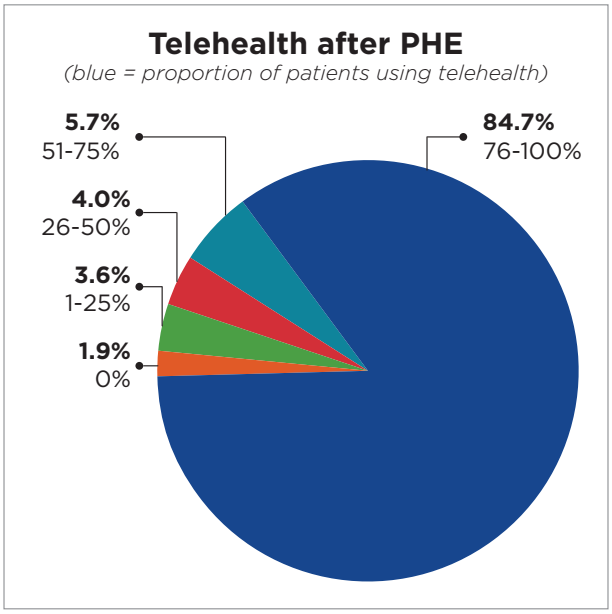
APA recently surveyed its membership in mid-May to understand the impact of easing telehealth regulations on practice during the time of coronavirus, COVID-19. Over 500 psychiatrists responded to the survey with results tracking national research on telehealth that shows improved access to care, reduced no-show rates, and a high rate of patient satisfaction.

Respondents practice in a variety of settings from community mental health centers to group and solo practice, inpatient private and public settings, and academic medical centers. The majority accept Medicare and private insurance, with about 50% accepting Medicaid, 35.6% accepting Tricare, and a smaller percentage accepting no insurance.

Below are key findings that support the need to permanently lift certain telehealth restrictions to better meet the health needs of patients.

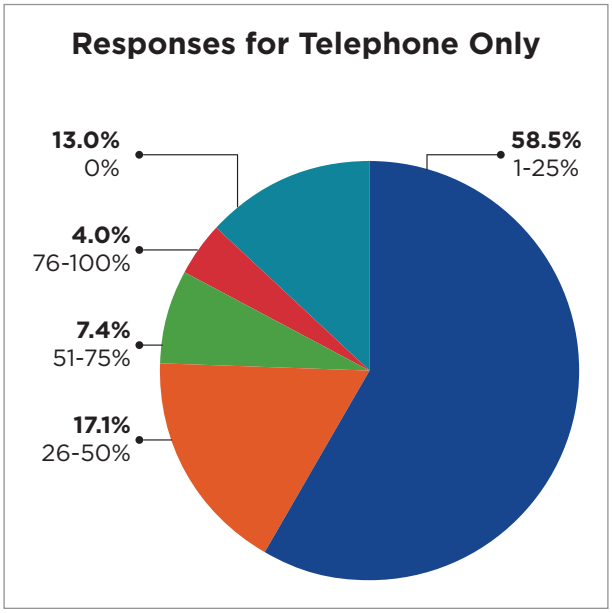
A major shift to the use of telehealth. Prior to the public health emergency (PHE), most respondents were not using telehealth at all: 64% responded seeing zero percent of their patient caseload via telehealth. Two months into the public health emergency, this number shifted dramatically to 85% of respondents seeing more than ¾ or all of their patients via telehealth. While the changes were necessary to comply with physical distancing and self-isolation mandates, this shows **that telehealth for treating psychiatric and substance use disorders can be adopted quickly, and efficiently, and that most barriers to doing so in the first place may have been regulatory in nature.**





The percentage of psychiatrists who reported ALL their patients kept their appointments increased from 9% to 32% from before to after their state declared an emergency due to COVID-19. Although there are still patients who do not show up for their appointments, this does suggest that without leaving home and traveling—regardless of distance—helps patients to keep their appointments. In conjunction with this, about 85% of respondents said that patients who were seen for the first time via telehealth were either somewhat satisfied or satisfied. This trends with nearly a decade of research in telepsychiatry highlighting patient satisfaction with using telehealth for treatment. [i] ***In general, when patients a) keep their first appointment, they are more likely to keep subsequent appointments and b) when patients are satisfied with treatment, they are more likely to continue with their course of therapy. Research suggests that this results in better medication compliance, fewer presentations to the emergency departments, fewer patient admissions to an inpatient unit, and fewer subsequent readmissions.*** [ii] This results in improved access, better outcomes overall, decreased cost and preserves limited community resources (e.g., too few psychiatric beds).

Audio-only is a necessary option for patients who either lack access to technology or broadband access and/or the cognitive ability to use video platforms. A majority of respondents say that only between 1 - 25% of their patients are able to only use telephone (and not live video) for a telehealth encounter. ***Audio-only should be an option warranted by the patient's condition and at the physician's discretion.***



Policy Recommendations:

As Federal and state officials and payers consider policy changes that have improved access to care during this pandemic, we make the following recommendations to ensure patients with mental health and substance use disorders continue to receive appropriate quality care.

1. Extend the telehealth waiver authority under COVID-19 beyond the emergency deceleration to study its impact.
2. Remove geographic restrictions for mental health and allowing the patients to be seen in the home.
3. The Drug Enforcement Administration should finalize regulations for Ryan Haight Act to allow for the prescribing of controlled substances via telehealth without a prior in-person exam.
4. Continue to pay telehealth services on par with in person visits.
5. Allow for the use of telephone (audio) only communications for evaluation and management and behavioral health services to patients with mental health and substance use disorders when it is in the patient's best interest, and should be paid at no less than an in person visit.
6. Maintain coverage and increased payment for the telephone evaluation and management services.
7. Remove frequency limitations for existing telehealth services in inpatient settings and nursing facilities.
8. Include all services on the expanded Medicare approved telehealth list including group psychotherapy.
9. Allow teaching physicians to provide direct supervision of medical residents remotely through telehealth.
10. Telehealth consultations should include any synchronous or asynchronous consultation with a patient by regular telephone, text, or videoconferencing.
11. The Federal government should fund research to understand the successes, challenges, barriers, innovations, safety, training needs, and workforce utilization of telehealth across the healthcare delivery landscape during the public health emergency.