

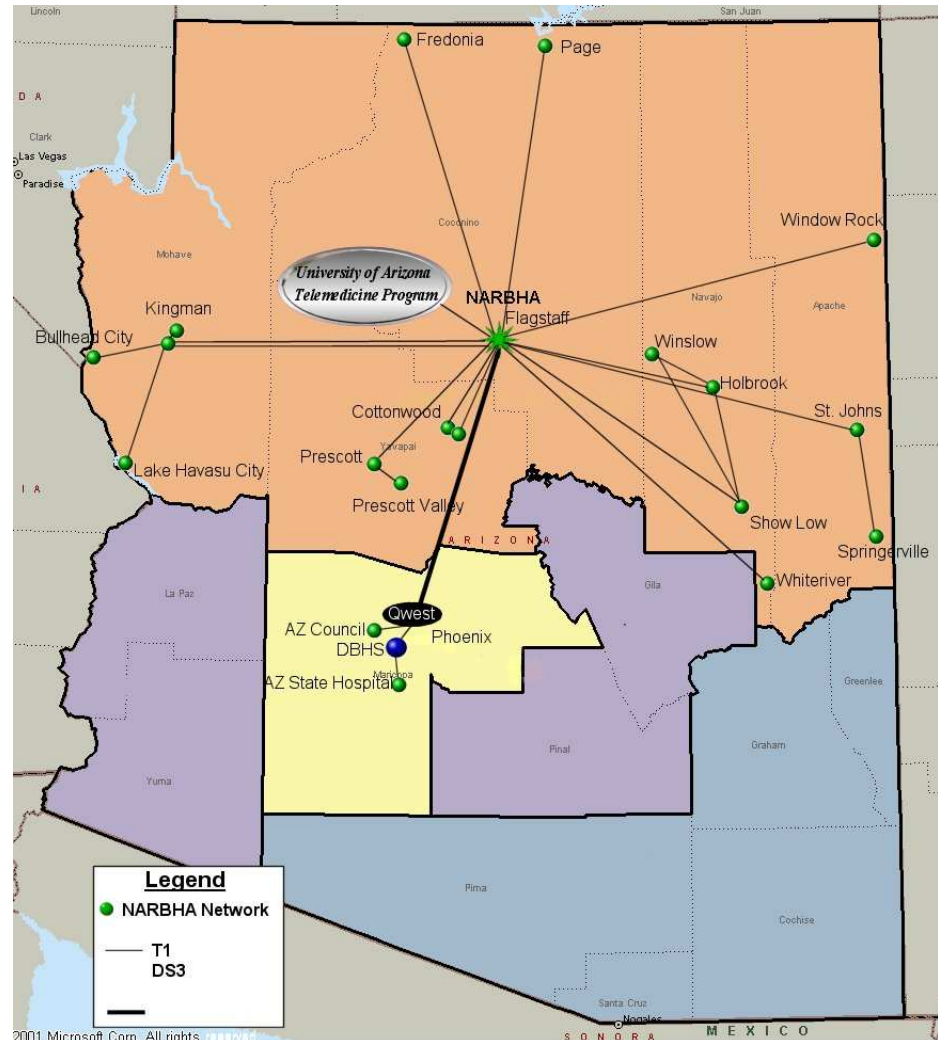
# **Telepsychiatry Client Satisfaction after 10 Years**

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NARBHA Medical Director of Telemedicine**

**Northern Arizona Regional  
Behavioral Health Authority**

# NARBHA Overview

- Nonprofit MCO, contracts with state
- Provides behavioral health services to Medicaid & SMI pops. in northern AZ thru local agencies
- Started telemedicine program 1996 to help cover large rural area
- Northern AZ is a Mental HPSA



# Telemedicine Savings

- NARBHA telemedicine saves over 8,000 miles of driving by psychiatric providers per month
- Saves over 140 hours per month of provider drive time, allowing 180 add'l patient sessions
- Saves \$19,790 per month in provider travel costs
- Saves 2.9 tons of CO<sub>2</sub> per month, 30.5 tons of CO<sub>2</sub> per year for docs alone

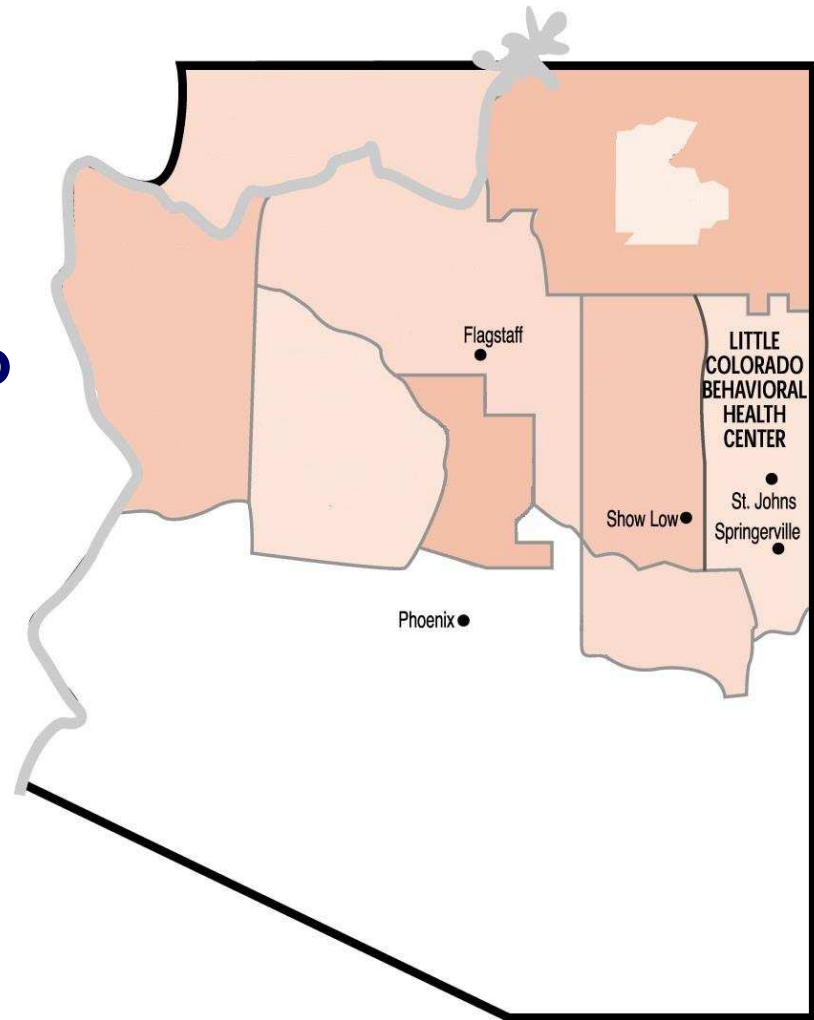


# Psychiatric Services

- **Complete psychiatric evaluations**
- **Medication management, follow-ups**
- **3-way inpatient staffings**
- **Emergency and commitment evaluations**
- **Title 36 commitment hearings**
- **Family involvement in treatment of patients placed out of home**
- **Specialty consultations**
- **ASL interpreter for psychiatric sessions**

# Apache County Telemedicine

- **11,000 sq. miles**
- **18,700 off-reservation residents**
- **Served by Little Colorado Behavioral Health Center, 2 locations:**
  - **St. Johns: 3 hours from Flagstaff**
  - **Springerville: 3:20 from Flagstaff**

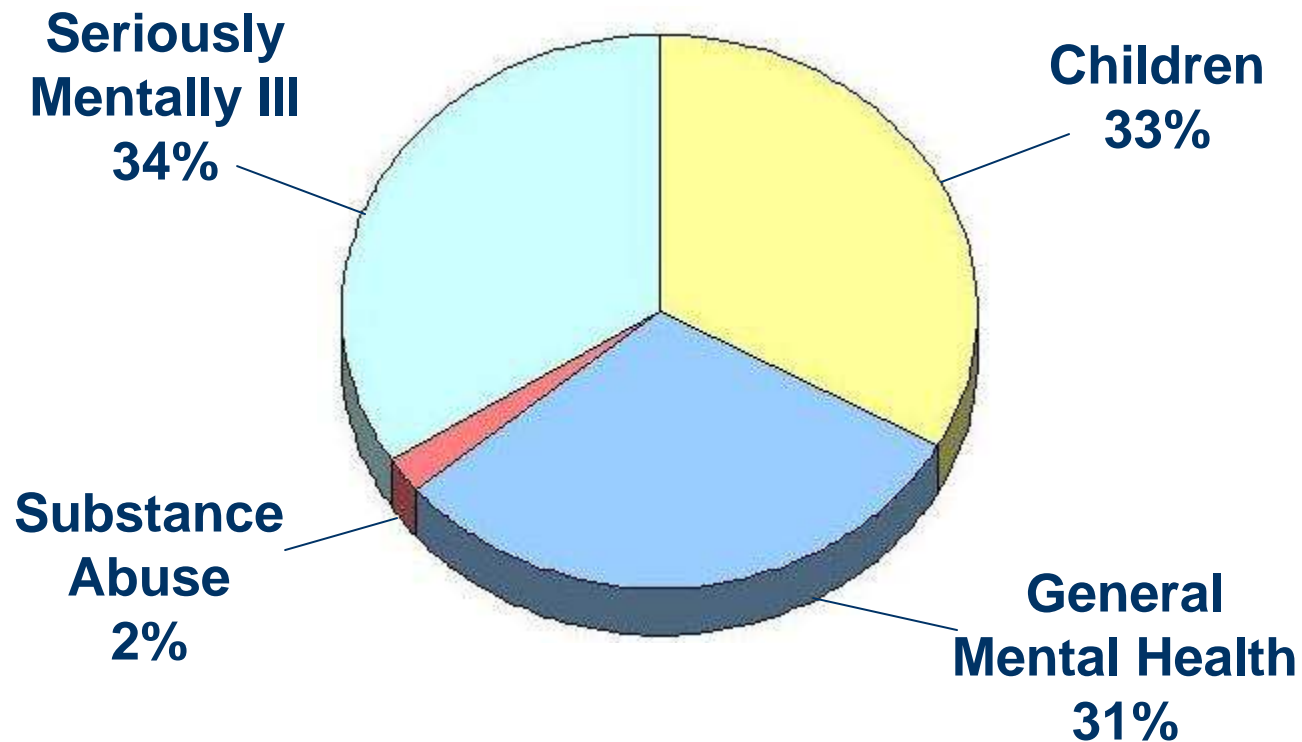


# **LCBHC Psychiatric Providers**

- **LCBHC replaced retiring local psychiatrist with telemedicine in 1996 when unable to recruit anyone to live locally or commute**
- **Psychiatric services now solely via telemed (pts. who refuse telemed can travel approx. 48 miles to nearest outpatient center)**
- **2 psychiatric providers based in Flagstaff & NY**
- **Total 5 days / week of telemedicine sessions**
- **Procedure is to have a clinician in the room with the patient during telemed sessions**

# LCBHC Patient Services

## LCBHC Telemedicine Patient Services, 2007



# LCBHC Client Satisfaction

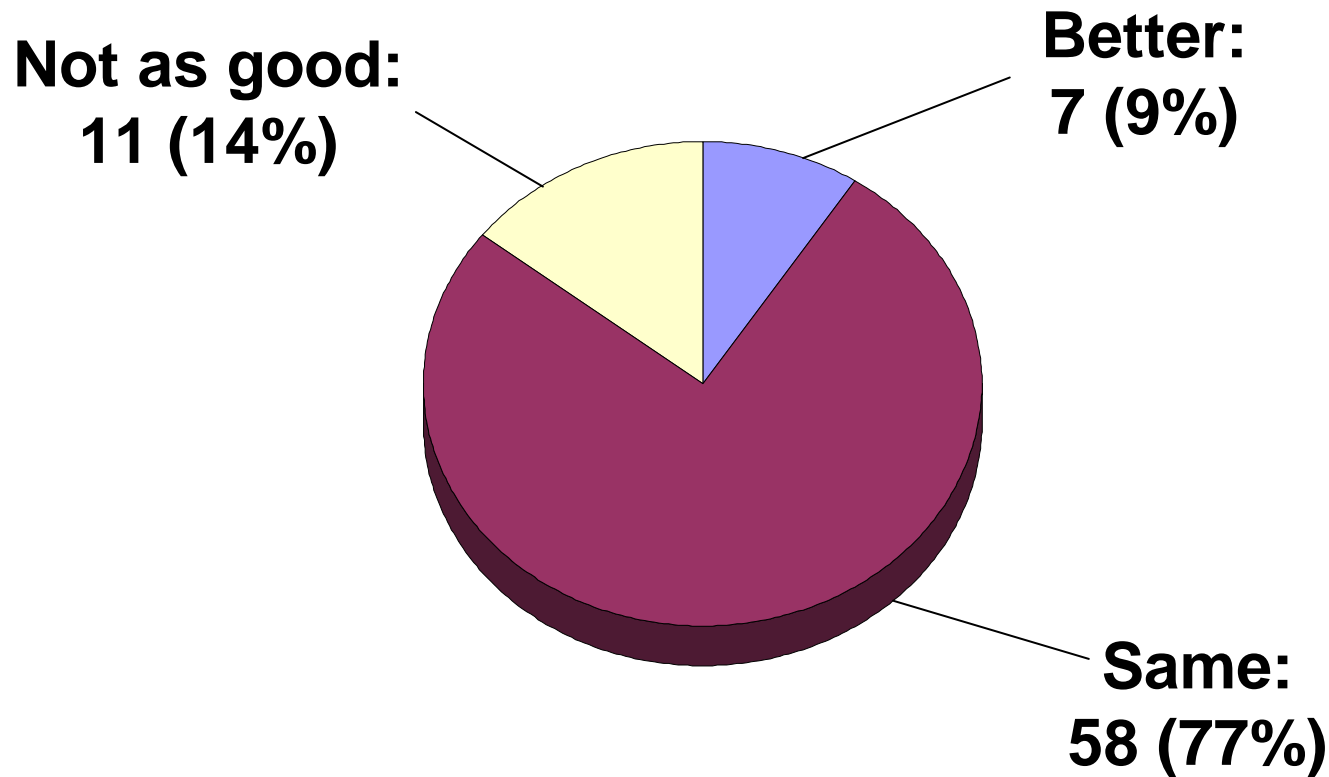
- **Survey conducted Dec. 2006 – March 2007 to cover approx. 90% of LCBHC telemedicine pts.**
- **Purpose: examine quality over a long time period with pts. who have exp'd telemedicine over several years or over multiple sessions**
- **LCBHC chosen for survey because:**
  - **psychiatric services solely via telemedicine for 10 years**
  - **covers over half of all network telepsychiatry patients**

# Survey Respondents

- **Optional survey given to 230 pts., 76 surveys returned (33% response rate)**
- **Results analyzed overall & by gender, age & number of telepsychiatry sessions exp'd**
- **47 females, 29 males**
- **77% ages 20–59 (11% under 20, 12% over 60)**
- **70% were telemed pts. for 2 years or less, 25% for 3–6 years, 5% for 7 years or more**
- **42% had >10 telemed sessions, 32% had 5–10 sessions, 26% had 0–4 sessions**

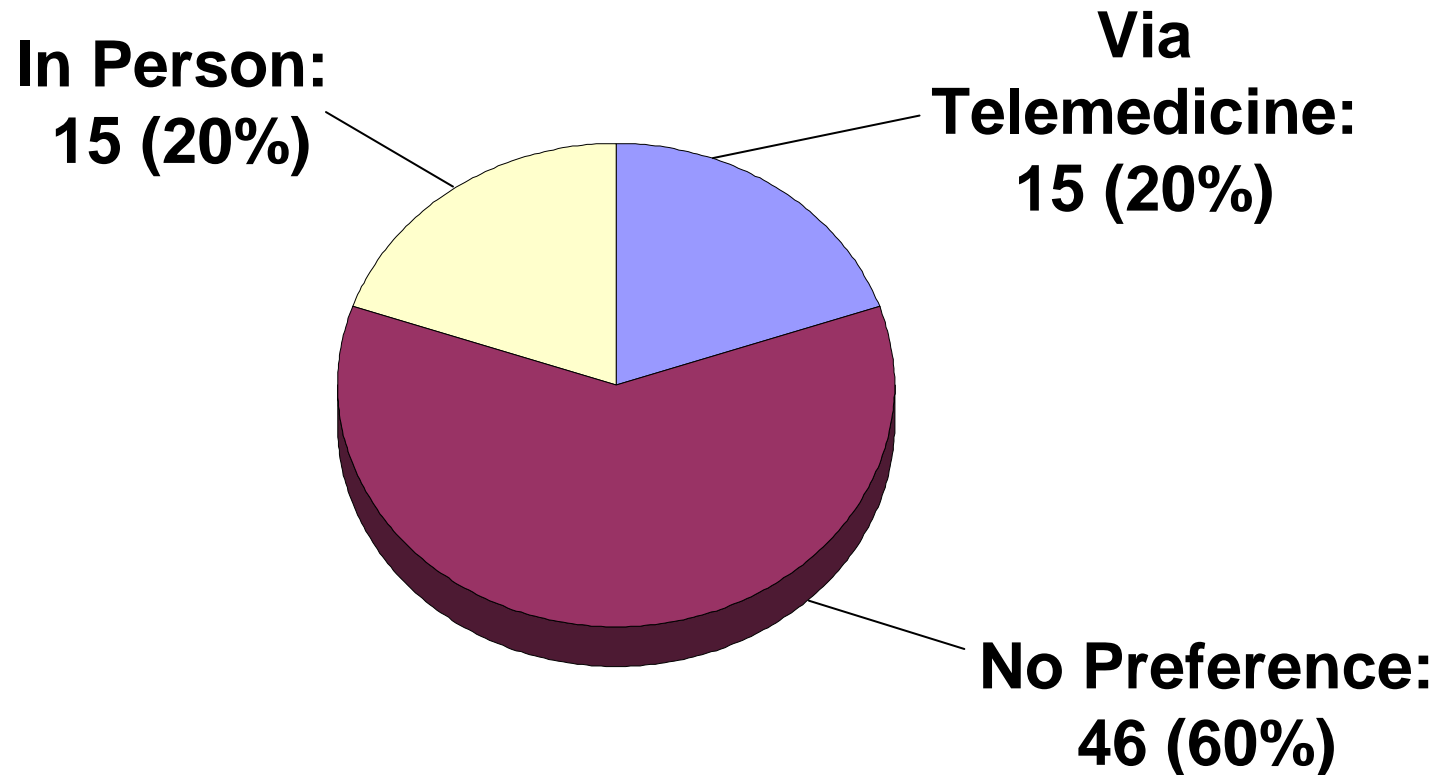
# Results: Quality of Care vs. F2F

86% said quality of medical care via telemedicine is same as or better than in person.



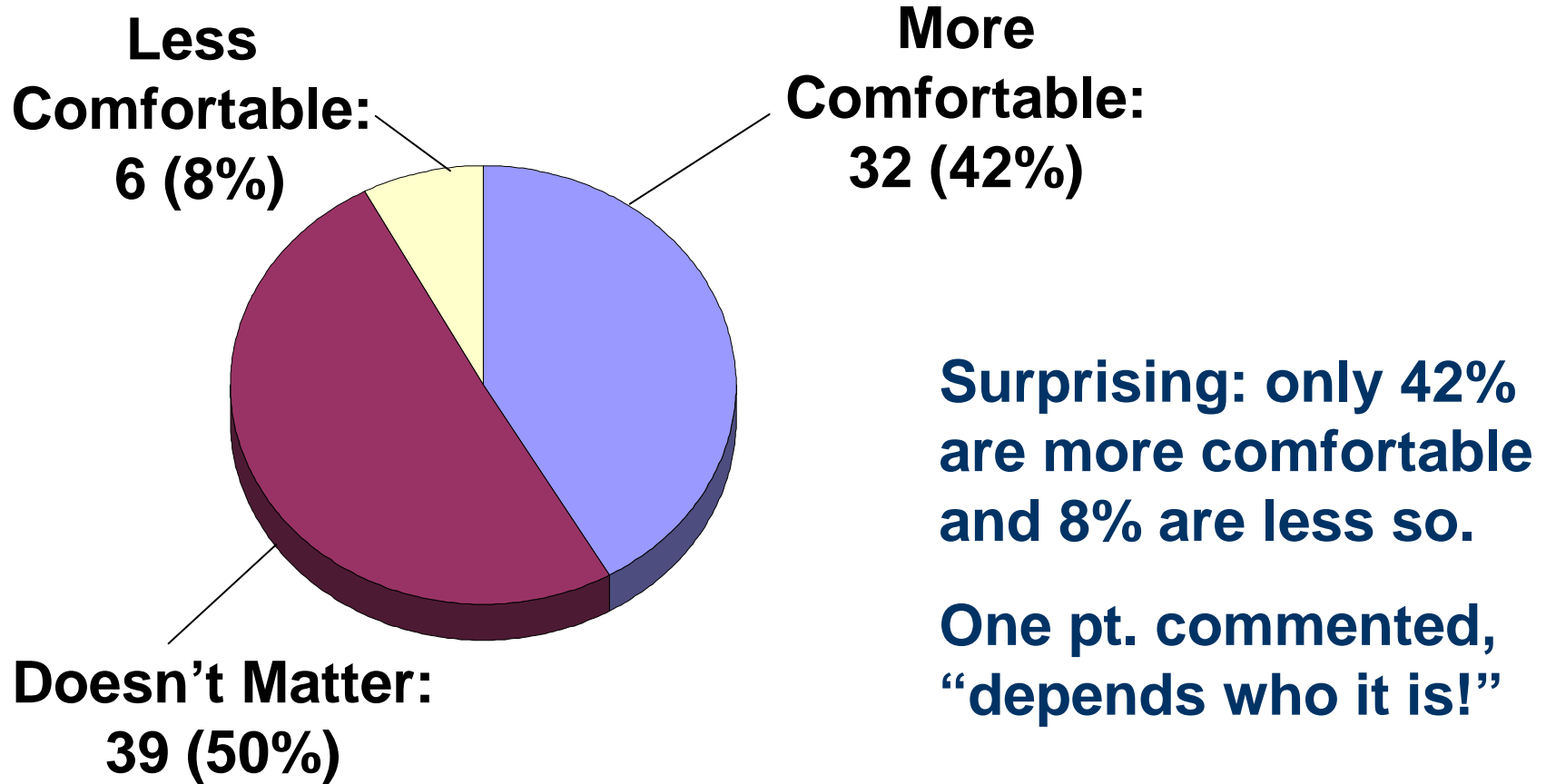
# Preference for Telemed vs. F2F

80% of pts., given a choice between telemed and F2F, either had no preference or prefer telemed.



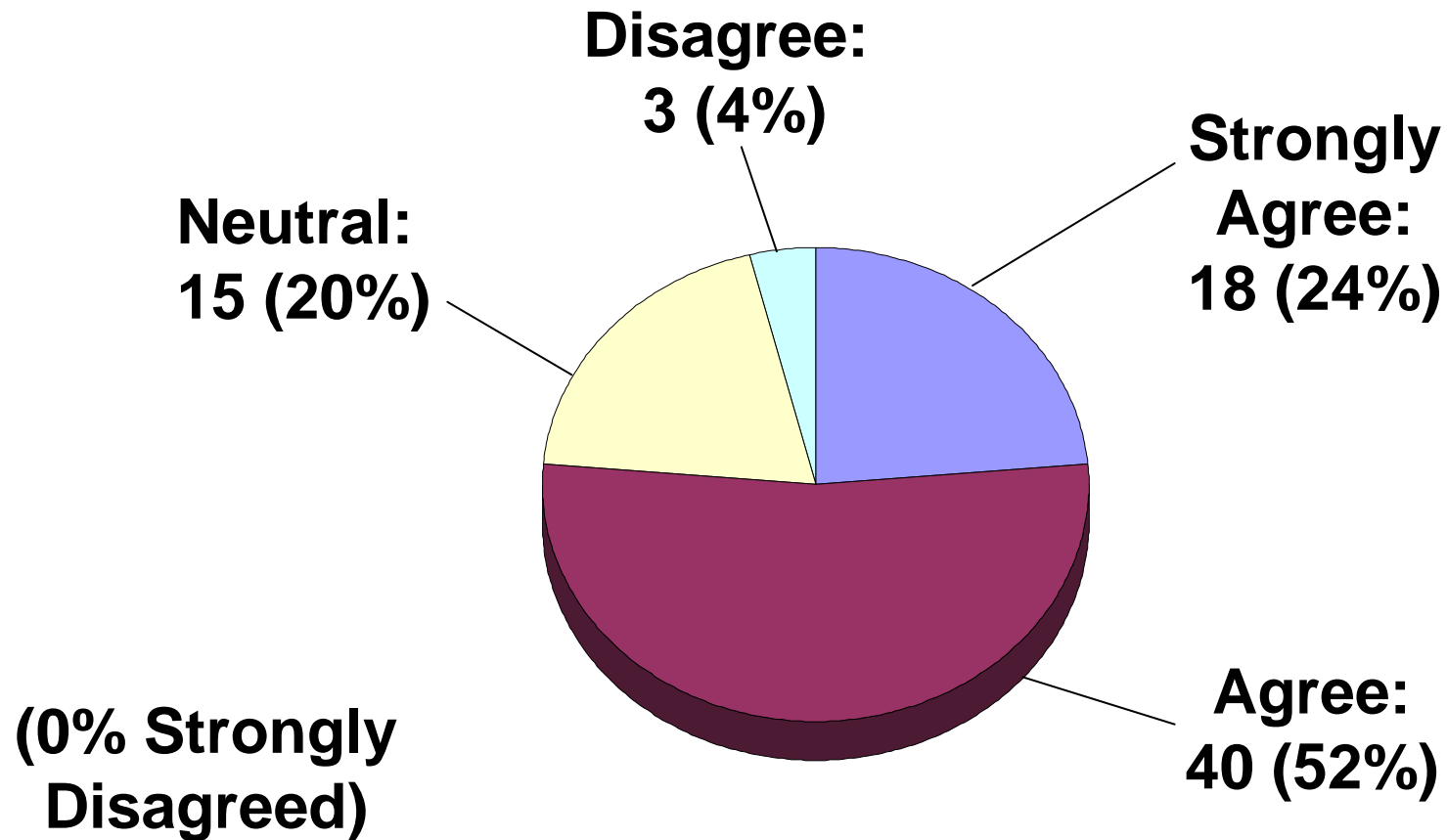
# Comfort w/ Clinician in Room

50% said their comfort level is not affected by the presence of a clinician in the room with them.



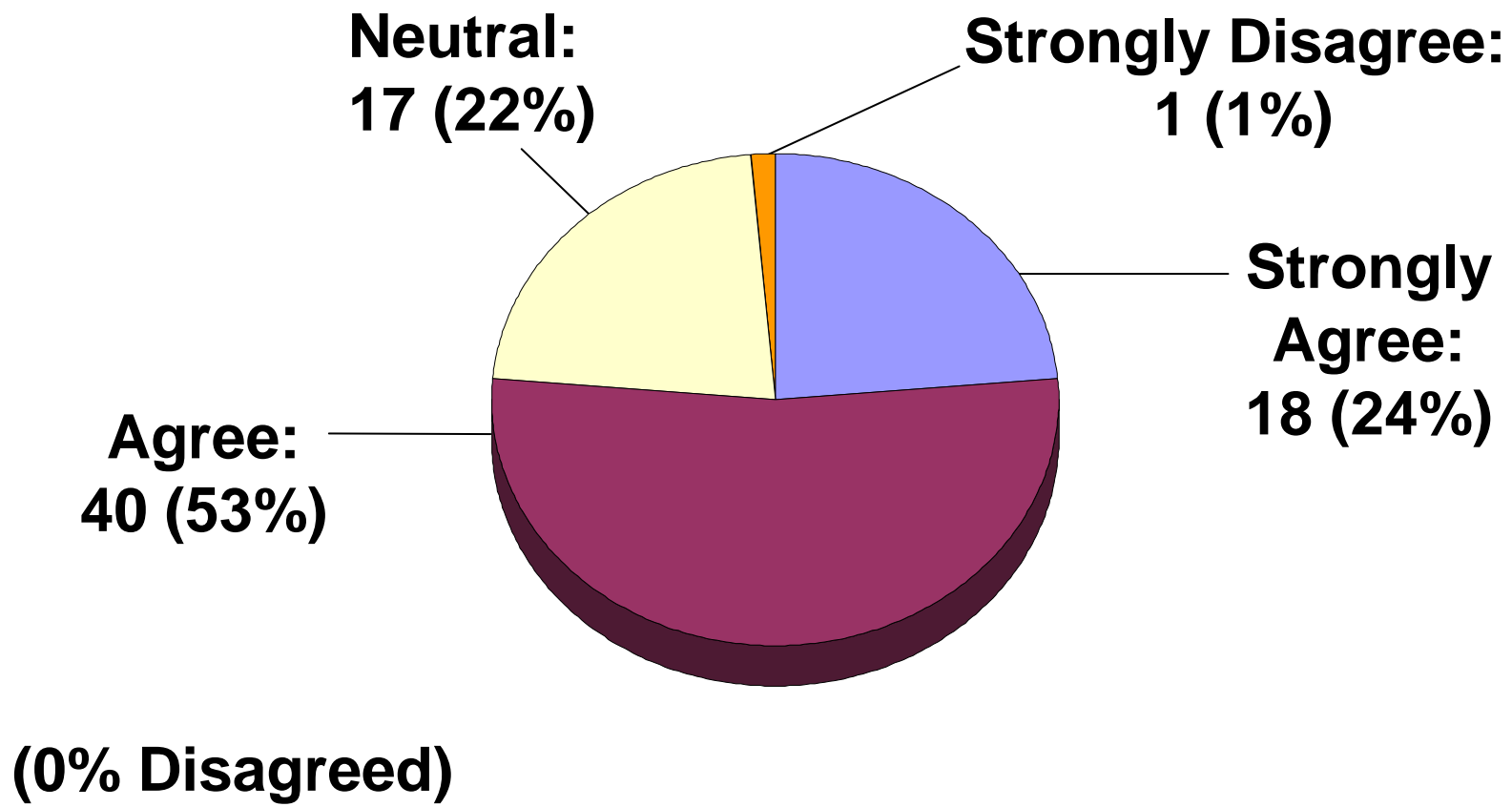
# Team Feeling with Clinician

**76% agree that a clinician in the room helps them feel there is a team contributing to their treatment.**



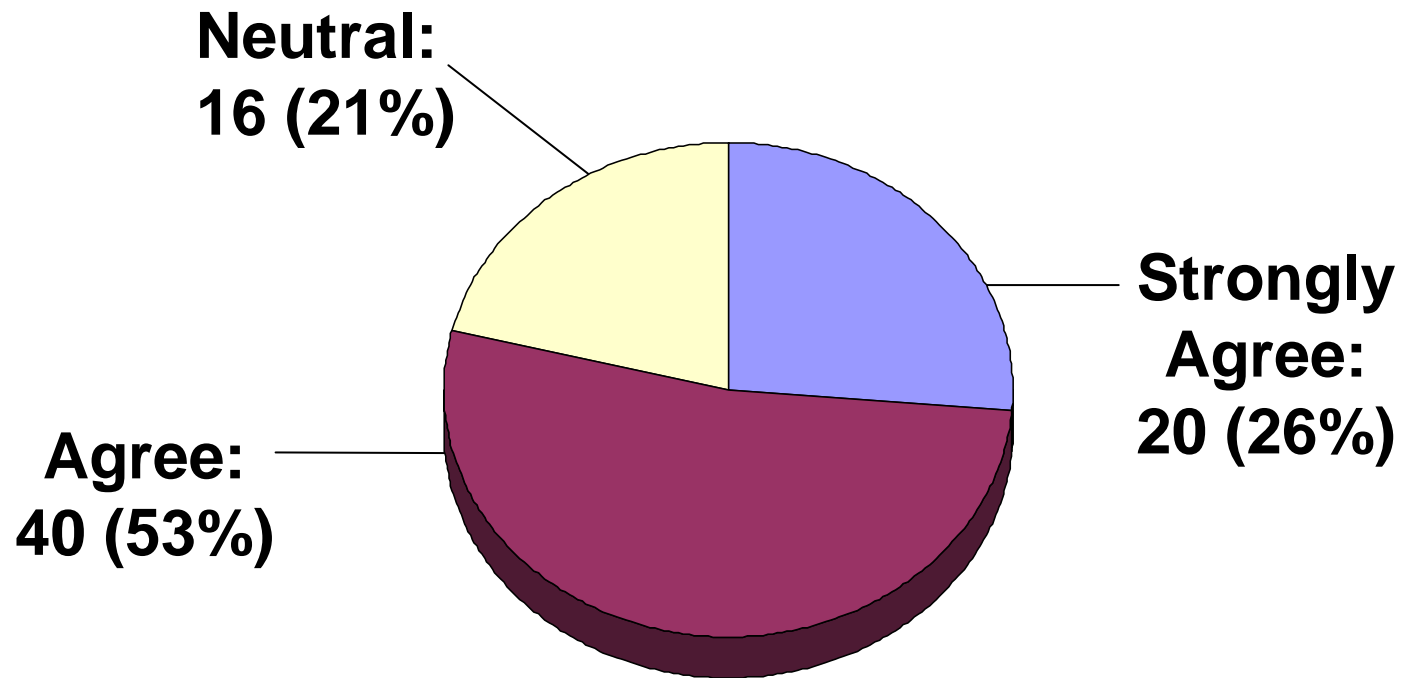
# Telemed Now vs. First Sessions

77% agree that their telemed sessions now run more smoothly than their first sessions.



## Now vs. First Sessions, cont.

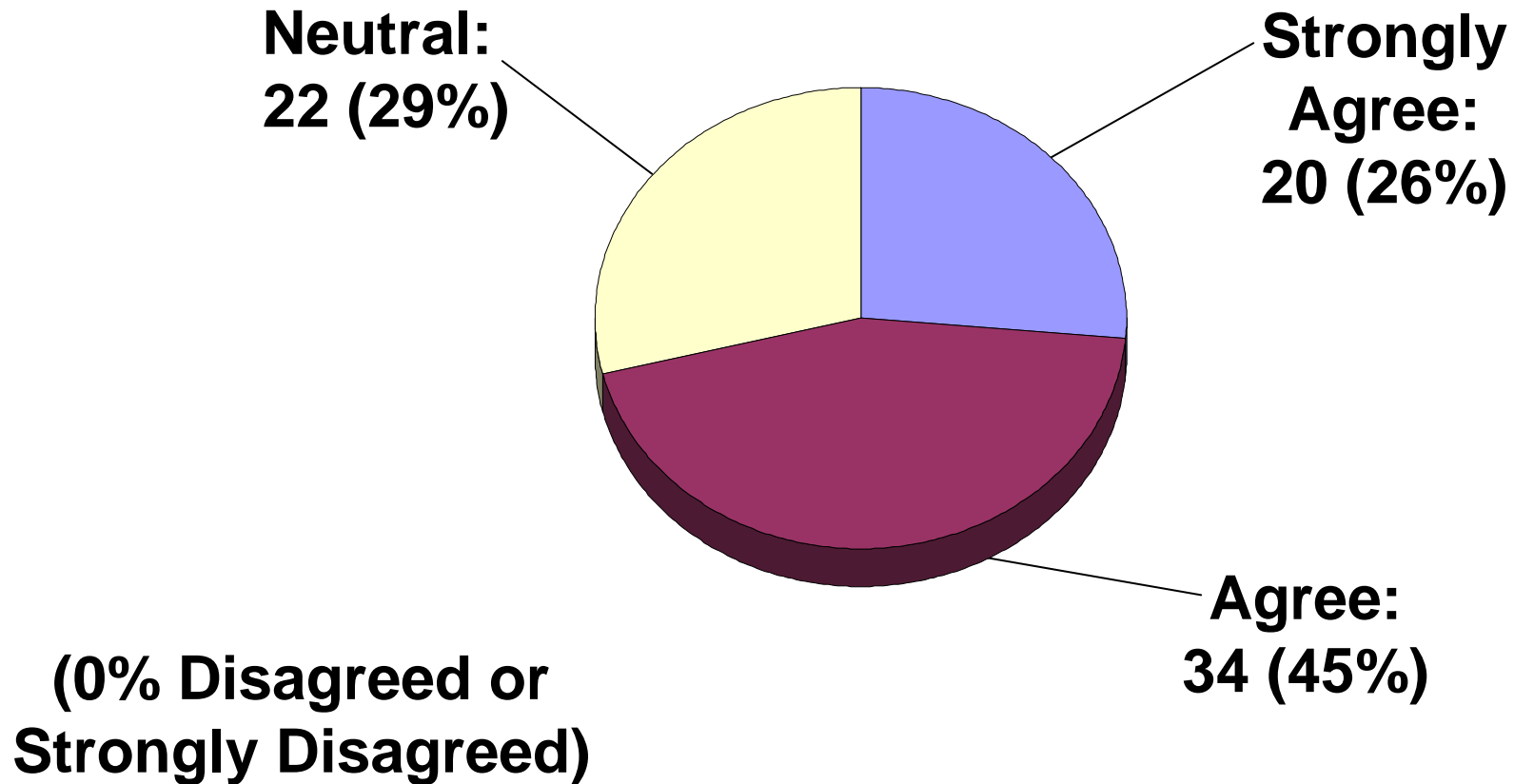
**79% agree that they are now more comfortable with the A/V equipment than in their first sessions.**



**(0% Disagreed or Strongly Disagreed)**

## Now vs. First Sessions, cont.

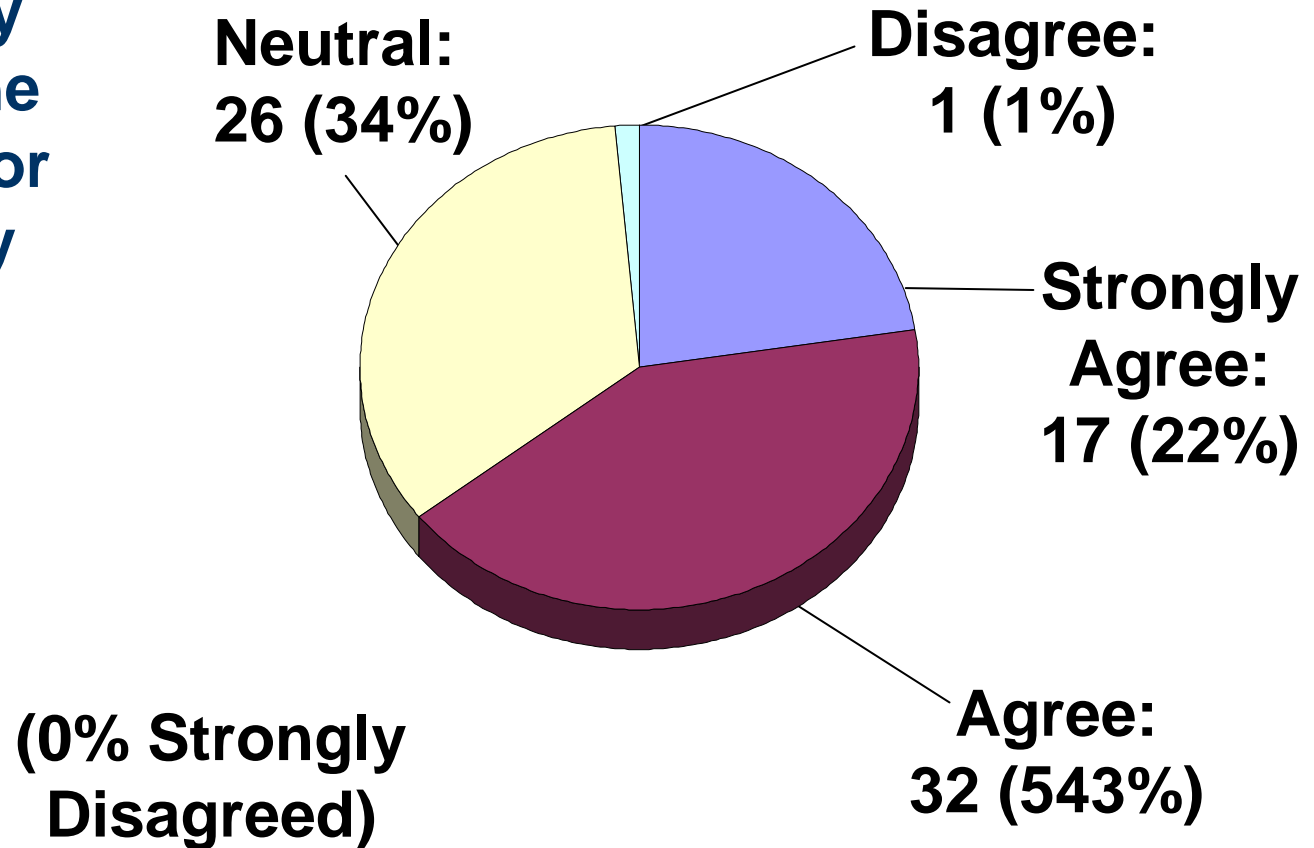
71% agree that they are now more at ease using telemed than in their first sessions.



## Now vs. First Sessions, cont.

65% agree that they now have fewer privacy/  
confidentiality worries than in their first sessions.

Because they  
don't trust the  
technology, or  
because they  
were not  
worried to  
begin with?



# Gender Differences

**Female pts. appear more accepting of the quality of medical care via telemed:**

- **82% of females rated telemed better than or same as F2F (vs. 66% of males).**
- **Only 9% of females (vs. 24% of males) rated telemed not as good as F2F.**
- **More males than females (28% vs. 15%) would prefer to see their provider F2F.**
- **Females were more likely to agree that a clinician in the room helped them feel there was a team contributing to their treatment.**

# Age Differences

- **Ages 20–49 had highest acceptance rates (90% to 95%).**
- **20s & 30s age groups reported least need to have a clinician in the room to help comfort level.**
- **50s age group is least positive toward telemed (47% prefer F2F)—may have to do with experience and comfort with computers/electronic media.**
- **Older pts. more likely to report increased comfort over time with telemed & A/V equipment—may be because younger pts. already have high comfort.**
- **Team feeling with a clinician in the room increased with age (38% for ages 10–19 to 100% in 60s).**

# Differences by # of Sessions

Generally, pts. who had experienced the most sessions rated telemed most positively.

- **>10 sessions: 25% prefer telemed**
- **5–10 sessions: 13% prefer telemed**
- **0–4 sessions: 20% prefer telemed**
- **Those with 5–10 sessions more likely than those with 0–4 sessions to agree that sessions now run more smoothly.**
- **>10 sessions group reported both higher & lower comfort levels with a clinician in the room—other groups much more likely to say “doesn’t matter”**

# Implications for Clinical Practice

- **Most pts. found telemed quality of care to be equal to or better than F2F, indicating telemed is a viable & valuable service.**
- **Surprising:**
  - **presence of clinician in the pt. room was judged neutral by half the pts. & less comfortable by small minority**
  - **yet clinician's presence helped most pts. feel they had a treatment team**
  - **further research needed on these 2 findings**

# Implications for Clinical Practice

## Presence of clinician in the pt. room: variables

- **Clinician relevance & necessity**
  - Improve treatment coherence vs.
  - Intrusive or confidentiality violation
- **Patient characteristics**
  - Paranoid
  - Ambivalent therapy relationship
  - Anxious: reassures or worsens anxiety

# Selected Patient Comments

- **“Telemed is an outstanding program. I feel it has been a great help to me.”**
- **“I feel that during my sessions Ellen is in the room physically.”**
- **“It is a great service. I enjoy talking with Ellen and Scott.”**
- **“I really like the service I get with Little Colorado Behavioral Health Center. They have always treated me well and professional.”**
- **“Works for me.”**

## Patient Comments, cont.

- **“Obviously very impersonal – but telemedicine has worked OK for us.”**
- **“Whether I see my Dr. in person or by the internet does not matter. I can speak freely with her regardless.”**
- **“Ellen and Becky are the greatest. I can tell them anything. I also know if I have a crisis, someone will be available to help me. I feel that I’ve made a lot of progress since I’ve started coming here.”**
- **“Having a clinician with me helps validate what was discussed.”**

# For More Information

- **Nancy Rowe**  
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- [www.rbha.net](http://www.rbha.net)
- Download this presentation, survey & detailed results at [www.rbha.net/survey.htm](http://www.rbha.net/survey.htm)
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