Telepsychiatry Client Satisfaction after 10 Years

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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$_2$ per month, 30.5 tons of CO$_2$ 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 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 Telemedicine Patient Services, 2007

- Seriously Mentally Ill: 34%
- Substance Abuse: 2%
- General Mental Health: 31%
- Children: 33%

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

Results: Quality of Care vs. F2F

Not as good: 11 (14%)

Better: 7 (9%)

Same: 58 (77%)
80% of pts., given a choice between telemed and F2F, either had no preference or prefer telemed.
50% said their comfort level is not affected by the presence of a clinician in the room with them.

- More Comfortable: 32 (42%)
- Less Comfortable: 6 (8%)
- Doesn’t Matter: 39 (50%)

Surprising: only 42% are more comfortable and 8% are less so.

One pt. commented, “depends who it is!”
76% agree that a clinician in the room helps them feel there is a team contributing to their treatment.

Neutral: 15 (20%)
Strongly Agree: 18 (24%)
Agree: 40 (52%)
Disagree: 3 (4%)
(0% Strongly Disagreed)
77% agree that their telemed sessions now run more smoothly than their first sessions.

- **Strongly Agree:** 18 (24%)
- **Agree:** 40 (53%)
- **Neutral:** 17 (22%)
- **Strongly Disagree:** 1 (1%)

(0% Disagreed)
Now vs. First Sessions, cont.

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

- **Neutral:** 16 (21%)
- **Agree:** 40 (53%)
- **Strongly Agree:** 20 (26%)

(0% Disagreed or Strongly Disagreed)
71% agree that they are now more at ease using telemed than in their first sessions.

Neutral: 22 (29%)

Strongly Agree: 20 (26%)

Agree: 34 (45%)

(0% Disagreed or Strongly Disagreed)
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?

- Strongly Agree: 17 (22%)
- Agree: 32 (54%)
- Neutral: 26 (34%)
- Disagree: 1 (1%)

(0% Strongly Disagreed)
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

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- Download this presentation, survey & detailed results at www.rbha.net/survey.htm

- Thanks to Elizabeth Krupinski, PhD, of the AZ Telemedicine Program, U of A, for her assistance with the survey & results.