COMMONWEALTH of VIRGINIA

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August 1, 2010

Senator R. Edward Houck
Member, Joint Commission on Health Care
900 East Main Street
P.O. Box 1322
Richmond, Virginia 23218

Dear Senator Houck:

The Department of Behavioral Health and Developmental Services (DBHDS) was pleased to receive your letter dated May 10, 2010 requesting an update on the use of telemedicine and telepsychiatry services across the DBHDS system of care. DBHDS last reported on the use of telepsychiatry in a September 2002 report to the Chairmen of the House Appropriations and Senate Finance Committees.

Telemedicine services, as it pertains to the delivery of health care services, means the use of interactive audio, video, or other electronic media used for the purpose of diagnosis, consultation, or treatment. It does not include the use of an audio only telephone, electronic mail message, or facsimile transmission.

The American Telemedicine Association (ATA) published Practice Guidelines and an evidence-based practice document in 2009 which confirm that mental health services are particularly well suited for the use of advanced technologies, supporting the enhancement of services in a cost-efficient manner to individuals and families otherwise excluded from the delivery of specialty care. The use of telepsychiatry historically has benefited several special populations including children and adolescents, aging adults, and rural populations, and those residing in underserved urban areas.

Points of delivery for telepsychiatric services have the potential for expansion beyond those currently used to include serving individuals in mental health centers, physician offices, nursing homes, jails and prisons, schools, and individual's homes. Clinical applications can include the use of telepsychiatry for pre-admission assessments, post-admission after care, medication management, case management, consultation, peer-support enhancement, and

emergency or crisis management. Telemedicine and telepsychiatry have also become a vital tool in the enhancement of collaboration between primary care and behavioral health care systems.

In Virginia, telepsychiatry or telemental health was first initiated in 1995 with a demonstration project in Southwestern Virginia funded by the federal Office of Rural Health Policy. The project, known as the Appal-Link Telepsychiatry Network, was one of the early telemedicine projects in the United States and was the only telemedicine project at the time dedicated solely to providing telepsychiatric services.

The project linked Southwestern Virginia Mental Health Institute (SWVMHI) with the six community services boards (CSBs) in its catchment area in far Southwestern Virginia. Seventeen of the cities involved in the project were designated as provider shortage areas at the time. The project led to the first Integrated Services Digital Network (ISDN) broadband availability in Southwestern Virginia and utilized state of the art videoconferencing equipment to provide telepsychiatry services from SWVMHI to multiple CSB locations. The Appal-Link project was also approved by the Department of Medical Assistance Services (DMAS) for Medicaid reimbursement of psychiatric consultations performed using the videoconferencing technology, one of the first projects in the U.S. to receive Medicaid reimbursement for telepsychiatry services.

From 1995-2001, the Appal-Link network provided a range of telepsychiatry services including aftercare medication clinics, joint treatment planning meetings between CSB and SWVMHI clinical staff, forensic evaluations, family support groups, as well as telepsychiatry services for the deaf and hard of hearing. Additional usage of the equipment supported long distance family visits otherwise not possible and commitment hearing testimonies from CSB and SWVMHI staff to be obtained from a distance.

Between 1995 and 2001, a total of 353 separate consumers with serious mental illness were provided aftercare telepsychiatry services via the network leading to a total of 2,951 separate aftercare telepsychiatry visits. Quality measures obtained at the time demonstrated that the services were rated highly by consumers in terms of satisfaction, enhanced continuity of care, and improved compliance with aftercare treatment.

In 2001, the project management team discontinued the aftercare telepsychiatry clinic services, though the network continues to be utilized for educational and planning activities between the Institute and CSBs. At that time some of the area CSBs were able to recruit additional psychiatrists reducing the need for telepsychiatry services. Additionally, cost issues became increasingly problematic as grant funding ended and the costs of maintaining the network and providing payment for the SWVMHI psychiatric hours became cost prohibitive.

Since 2001 the DBHDS-operated facilities have experienced numerous challenges in expanding the use of telemedicine and telepsychiatry. The Virginia Center for Behavioral Rehabilitation (VCBR) currently utilizes telemedicine technology from their site in Burkeville several times a month, at significant savings to the facility, in order to have a resident work with a physician at the Medical College of Virginia (MCV). In the absence of the technology, residents at that facility would be required to attend clinic visits in Richmond accompanied by

two staff for several hours per visit. The use of this technology also minimizes any inherent risks to transporting these individuals off facility grounds.

Telemedicine and telepsychiatric services are currently in operation at several CSBs. Several others are in the planning stages of development and addressing start up challenges related to funding and contract negotiations. The Harrisonburg-Rockingham Community Services Board is actively engaged in discussions with the University of Virginia School of Medicine's Office of Telemedicine. Predictably, use of advanced technology to support services has its greatest use in more rural areas in the Commonwealth such as Southwestern Virginia and the Tidewater region where 10 health departments and the Middle-Peninsula Northern Neck Community Services Board (MPNNCSB) have joined together to form the Northern Neck Middle Peninsula Telehealth Consortium. The CSB is currently working on obtaining grant funding to support their efforts to advance the project along with the consortium. In the Southwestern region implementation is as follows:

- **Danville- Pittsylvania Community Services (DPCS) -** The first CSB in the Commonwealth to fully utilize telepsychiatry for a range of services, not just for consultation. They began utilizing the technology five years ago and have focused its application on child and adolescent services. DPCS reports positive outcomes in quality of care, compliance, and customer satisfaction. One potential challenge identified for other programs is the current availability of Medicaid approved case managers to manage and facilitate the process.
- **Southside Community Services Board (SSCSB) -** Although SSCSB reports having used telepsychiatry in the treatment of adult clients in the past when they were without a psychiatrist capable of treating that population, they have since been able to employ adult providers and are utilizing the technology solely for treating children and adolescents at their three clinics. Although they report providing the service is more costly to the CSB, in the absence of it they would not be able to provide physician services at all for this population.
- **Cumberland Mountain Community Services (CMCS) -** At the Veterans clinic in Lebanon, Virginia, there are currently 120 veterans enrolled in a telepsychiatry project which is a joint venture between the CSB and the Salem Veterans Administration Medical Center. The psychiatrist at the CSB provides outpatient services to eligible veterans who might otherwise have to travel two or three hours each way to receive services. Additionally, a Center for Traumatic Stress (CTS) program is facilitated once a week using telepsychiatry equipment.
- **Dickenson County Behavioral Health Services (DCBHS) -** Dickenson County has been utilizing telepsychiatry for the past several years. Utilizing a single psychiatrist who is board certified in Virginia but located out of state, the CSB is able to utilize him to serve 27 individuals in clinics every other month. However, as DMAS changed its reimbursement guidelines last year, requiring the providing individual to be physically present in Virginia, the CSB now receives no reimbursement for this service and must bear the cost themselves.
- **Planning District 1 Behavioral Health Services (PD1 BHS**) - Planning District 1 BHS currently utilizes telepsychiatry to serve children and adolescents at their three locations, to support emergency assessments and crisis services, and to support

maintenance of follow-up care appointments in the event of inclement weather. Additionally, the CSB utilizes telepsychiatry in their weekly Suboxone clinic across all three locations. The CSB has also encountered the added financial burden of cost absorption when they were only able to employ a psychiatrist who was co-located in Tennessee and Virginia. As a direct result of reimbursement loss, the Board has limited its use of telepsychiatry.

- **Mount Rogers Community Services Board (MRCSB) -** MRCSB reports utilizing telepsychiatry for medications follow up and aftercare appointments.

In Health Planning Region II the only CSBs currently utilizing telemedicine and telepsychiatry are Fairfax- Falls Church CSB and Loudoun County CSB. In Fairfax- Falls Church, emergency services staff utilize the technology to evaluate individuals in detox programs, for crisis service admissions, and for medication management support. In Loudoun County, the psychiatrist utilizes telemedicine equipment to provide follow up for individuals housed at regional jails, and for assessment and consultation at distant facilities.

DBHDS-operated facilities and CSBs have unanimously expressed a desire for the addition of telepsychiatry services. Concerns over access to care for underserved populations such as children and adolescents or older adults, individuals who are lost to care due to transportation challenges and physical distance from services, and availability of providers remain challenges across the Commonwealth despite previous and concerted efforts to surmount them. Careful planning of telepsychiatry expansion and consistency in operations would no doubt reinforce Virginia's efforts to provide a more effective, efficient, and responsive service system to those with behavioral health and developmental challenges. Staff within CSBs and state offices willing to shepherd the development and implementation of telepsychiatry activities will be necessary to creating a path to success for advancing the use of telemedicine and telepsychiatry.

The question of obstacles to expansion requires a more detailed future analysis of the relevant variables in order to achieve a full understanding of the potential use of advancing technology and to begin to develop plans for surmounting them. Concerns over quality of patient and provider interactions, cultural adaptations, protected health information, and the need to work more effectively in partnership with other providers and agencies will all require attention in any future plans and may be addressed in the development of standardized operational guidelines.

It is the belief of the Department that the expansion of telemedicine and telepsychiatry will enhance opportunities to provide state-of-the-art access and services to individuals with behavioral health and developmental disabilities in a manner which has not been possible previously. A high quality system which connects providers and individuals across distance, program, and agency boundaries will allow us to better meet the needs of populations previously underserved including children and adolescents, aging adults, veterans, those in geographically dispersed or underserved areas, and those in programs without adequate provider levels or expertise such as jails and prisons.

Thank you for the opportunity to provide this update to the Joint Commission on Health Care. If you have any further questions or concerns, please feel free to contact me at (804) 786-3921 or jim.stewart@dbhds.virginia.gov.

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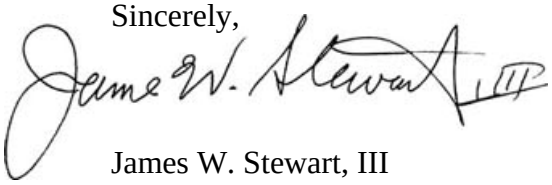

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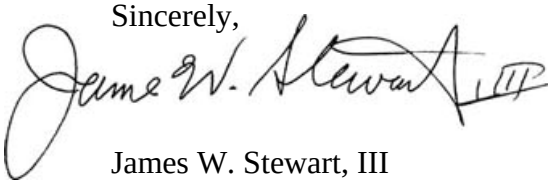

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