CENTRA

Telepsychiatry

What is the demand for telepsych in Virginia?

The demand for telepsych is really a supply and demand issue in the US, as well as in VA. There is 1) the need for mental health care and 2) there is a shortage of providers.

1. **Need for mental health care**
    - 1 in 5 adults in America experiences some form of a mental illness (NAMI)
    - 60% of adults with a mental illness received no mental health services in the previous year (NAMI)
    - Suicide is the 3rd leading cause of death in youths ages 10-24, and the 10th leading cause of death for adults in the U.S (NAMI)
    - The average delay between onset of mental health symptoms and intervention is 8-10 years (NAMI)
    - Half of all lifetime cases of mental illness begin by age 14, and ¾ by age 24 (NIMH, 2005). **Early onset of child mental illness** is predictive of lower school achievement, increased burden on the welfare and juvenile justice system and ***an annual economic cost of $247 billion.*** (IOM, 2009). The need to intervene early is critical.
2. **There is a national shortage of psychiatrists, particularly in specialty areas such as child and adolescent psychiatry**. *See map of child psychiatrists in Virginia. Total distribution. An adequate supply: 47 or more per 100,000 children. Virginia has 13 overall, and some localities have no child psychiatrists.*

    Reasons for the shortage:

    - CSB and hospital staff reported that few psychiatrists are willing to take Medicaid patients due to low reimbursement.
    - Psychiatry, by contrast, is not a profit center for most hospitals, so such services sometimes are not given a high priority. As a general rule, mental health problems in the United States, their causes, cures and those who suffer from them, tend to be swept under the carpet. For these reasons, the dearth of psychiatrists is referred to as the "silent shortage."
    - On the inpatient side, additional psychiatric beds cannot be opened unless there are psychiatrists available and willing to staff them. On the outpatient side, it has been reported that a lack of psychiatrists affects licensed hospitals because individuals in need of psychiatric services cannot find them in the community and therefore turn to

emergency departments, which contributes to overcrowding and boarding, and decreasing bed availability.

What is Virginia's need for psychiatry services?

- Mental health and substance abuse needs ranked high on our 2016 Community Health Needs Assessment (CHNA) for Lynchburg and Farmville *(see attached).*
- The Healthy People 2020 goal for age adjusted suicide rates per 100,000 people is 10.2. In Campbell County, it is 20.4; Nelson 29.8 and Amelia 34 *(see attached).*
- There is a huge inpatient demand for beds; for example, in 2015 Centra's C&A unit turned away 1875 referrals for inpatient treatment and the adult psych unit turned away 2092 patients. Many of these children have intake appointments for psychiatry but the wait time is too long (average wait time nationwide for child psychiatry is 7.5 weeks). Children who are waiting 2-3 months to see a child psychiatrist don't just quietly wait. Their problems get worse and they deteriorate, ending up in the ED and admitted to the unit for problems that, had they been treated earlier, would have been far less costly. Adding more inpatient beds is not the only solution; we need to provide patients access to outpatient care before they show up in our local ED's in crisis.
- 69% of our children seen in Centra have Medicaid, and the no show rates for Medicaid nationwide is 40%. The no-shows are mainly due to transportation and appointments that are only available during the traditional work day. We need to meet the families where they are and improve access and medication compliance.

How is Centra using telepsych?

- Tele mental health consultation in surrounding ED's (Bedford, Farmville, Gretna). We have been using this for 6 years. Our CSB in Lynchburg can evaluate TDO's that present to the ED in Bedford or Gretna.
- Telepsych agreement with DePaul Community Resources (providing child psychiatry services to their foster care and adoption clients).
- Telepsych evals at Pathways recovery lodge (evaluating substance abuse clients with co-morbid psychiatric disorders)

Future uses:

- Offer telepsychiatry follow up for all students in local school districts (if schools are included as valid originating sites)
- Mobile e-health technologies for MH patients.
- Direct to patients (using home as an originating site).

What are the chief barriers to advancing telepsych in VA?

- **Barriers around prescribing**
  - State law requires establishment of a bonafide practitioner-patient relationship before prescribing Schedule I-V medications. The code requires that the practitioner: perform or has performed an appropriate examination of the patient, either physically or by the use of instrumentation and diagnostic equipment through which images and medical records may being transmitted electronically (§54.1-3303, VA drug laws for practitioners).

- Many psychiatric drugs are in the Schedule II-IV class, making use the use of an initial face-to-face eval a huge barrier to using telepsych, especially in serving remote areas of Virginia. For psychiatrists, the appropriate exam clause requiring use of "instrumentation and diagnostic equipment" is not "best practice." The psychiatrist is the "instrument" and physical exams are not performed on psychiatric clients even in a traditional in-person setting; so why are we making it mandatory with telepsych visits?

- **Barriers around originating sites**
  - Medicaid does not cover telepsych use with the home or school as a valid originating site (Commercial insurance has no restrictions around originating sites).

Why telepsych in the school setting?

- Performing telepsychiatry in the school or home setting allows parents to have their child evaluated without taking time off of work. Providing telepsychiatry in the schools should increase compliance with medication regimes for children.
- With the increasing challenges related to shortages in child and adolescent psychiatrists, it is critical to develop models of care that can maximize a full range of mental health services for all children and adolescents who need them.
- Schools are trusted partners in the community and that is where children are spending the majority of the day. There is a strong link between health and learning.
- By involving the school system, school nurse and parents, psychiatrists can provide a better consultation in a collaborative care model.
- Examples of successful school telepsych programs:
- --In Greene County PA, south of Pittsburgh, child psychiatrists provided medication management to sutdents with depression and ADHD, targeting especially those children with attendance issues due to their illnesses; after instituting telepsych attendance went from 75 to 96%.

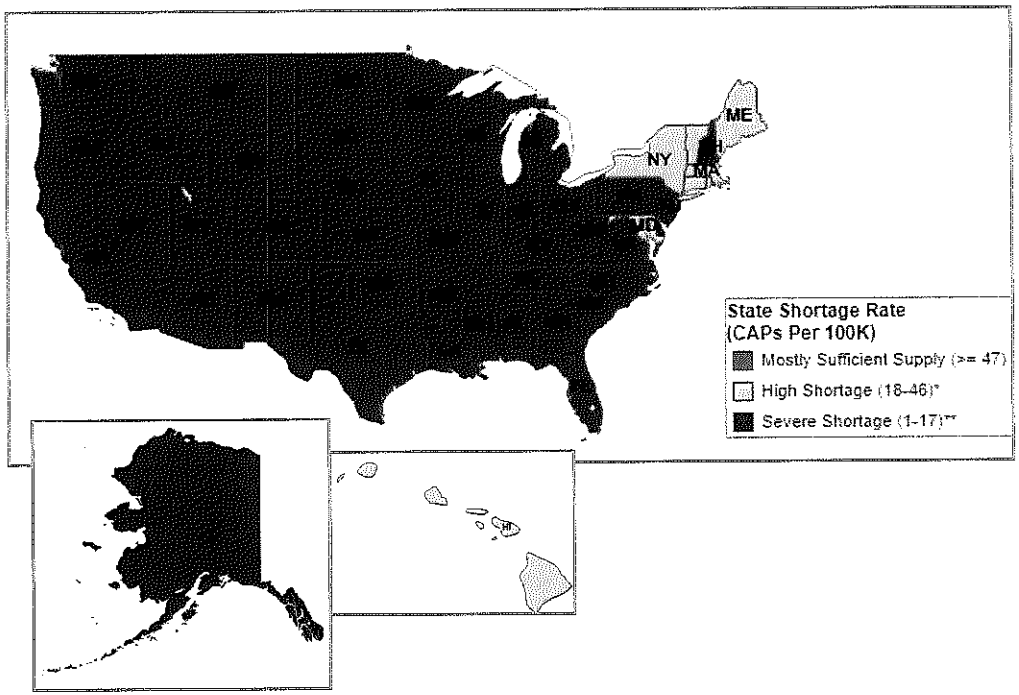
  --In Baltimore, The University of Maryland School MH program provides licensed clinicians in each of the schools it served, as well as provide medication management within the school setting.

Summary: We have a demand for psychiatric care, especially in the C&A subspecialty. Long wait times for an initial appointment, and a lack of providers (especially in rural areas) are driving children in crisis to ED's and inpatient treatment. Yes, there is a shortage of providers; this is really a separate issue and a separate committee. We currently have the means to reduce no show rates by utilizing technology solutions like telepsych; however, the laws need to change in order for this to happen. If we intervene with children, we can improve the whole trajectory of their lives, lowering the $247 million dollar burden of untreated mental illness. Removing prescribing restrictions and originating site restrictions is one piece of the overall solution regarding improving access to mental health care for Virginians.

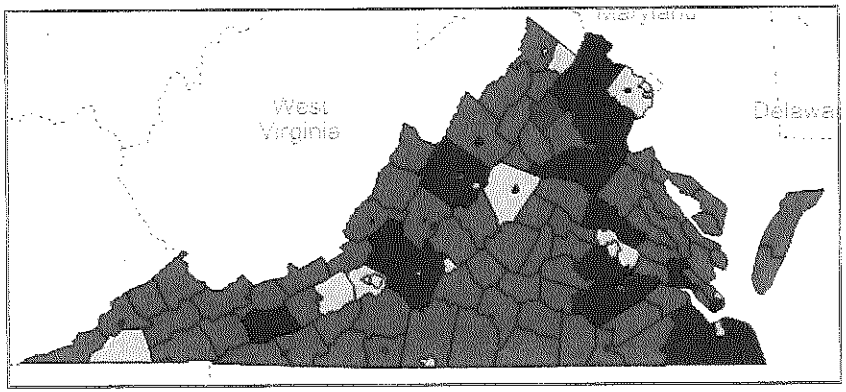
VIRGINIA

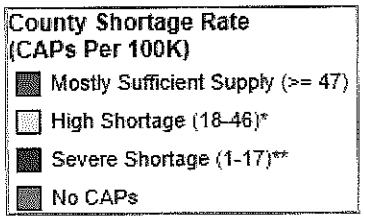
Child and Adolescent Psychiatrist (CAP) Workforce Distribution Map

Practicing Child and Adolescent Psychiatrists by State 2015
Rate per 100,000 children age 0-17

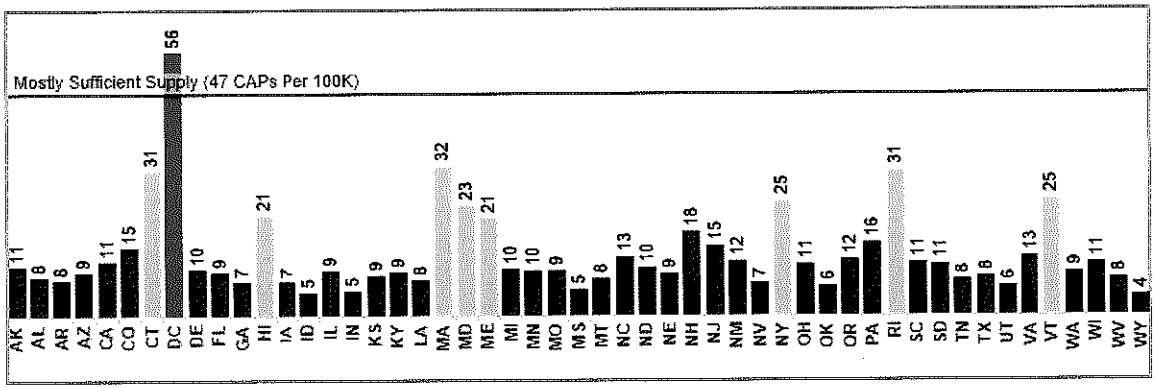


Practicing Child and Adolescent Psychiatrists by County 2015
Rate per 100,000 children age 0-17





State CAPs per 100,000 children age 0-17



*Council on Graduate Medical Education. Re-examination of the Academy of Physician Supply made in 1980 by the Graduate Medical Education National Advisory Committee for selected specialties, Bureau of Health Professions in support of activities of the Council on Graduate Medical Education. 1990. Cambridge, ABT Associates.

**Kim WJ, American Academy of Child and Adolescent Psychiatry Task Force on Workforce Needs. Child and adolescent psychiatry workforce: A critical shortage and national challenge. Acad Psychiatry. 2003;27:277–82.

Last Updated: March 2016

Total CAPs in Virginia: 236

Population age 0-17: 1,867,537

13 CAPs per 100,000 children

Average age of CAPs: 54

COUNTY	TOTAL CAPs	Population, Children Under 18
ACCOMACK	0	6,912
ALBEMARLE	9	21,921
ALEXANDRIA CITY	6	26,944
ALLEGHANY	0	3,017
AMELIA	0	2,707
AMHERST	0	6,351
APPOTTAMOX	0	3,350
ARLINGTON	10	38,936
AUGUSTA	1	14,428
BATH	0	731
BEDFORD	1	15,778
BLAND	0	1,109
BOTETOURT	1	6,641
BRISTOL CITY	0	3,429
BRUNSWICK	0	2,917
BUCHANAN	0	4,095
BUCKINGHAM	0	3,185
BUENA VISTA CITY	0	1,442
CAMPBELL	0	11,049
CAROLINE	0	6,990
CARROLL	0	5,711
CHARLES CITY COUNTY	0	1,112
CHARLOTTE	0	2,635
CHARLOTTESVILLE	9	7,135
CHESAPEAKE CITY	4	56,950
CHESTERFIELD	10	81,382
CLARKE	1	3,084
COLONIAL HEIGHTS CITY	0	4,093
COVINGTON CITY	0	1,303
CRAIG	0	1,012
CULPEPER	0	12,481
CUMBERLAND	0	2,066
DANVILLE CITY	3	9,452

COUNTY	TOTAL CAPs	Population, Children Under 18
DICKENSON	0	3,150
DINWIDDIE	1	5,645
EMPORIA CITY	0	1,299
ESSEX	0	2,225
FAIRFAX CITY	5	5,749
FAIRFAX COUNTY	55	271,244
FALLS CHURCH CITY	1	3,623
FAUQUIER	1	16,341
FLOYD	0	3,187
FLUVANNA	0	5,542
FRANKLIN CITY	0	2,236
FRANKLIN COUNTY	0	11,101
FREDERICK	0	19,398
FREDERICKSBURG CITY	0	5,758
GALAX CITY	0	1,679
GILES	0	3,489
GLOUCESTER	0	7,597
GOOCHLAND	0	4,189
GRAYSON	0	2,709
GREENE	0	4,617
GREENSVILLE	0	2,049
HALIFAX	0	7,309
HAMPTON CITY	2	29,730
HANOVER	2	23,150
HARRISONBURG	1	8,512
HENRICO	15	75,398
HENRY	0	10,329
HIGHLAND	0	299
HOPEWELL CITY	0	5,615
ISLE OF WIGHT	1	7,594
JAMES CITY	2	15,152
KING AND QUEEN	0	1,345
KING GEORGE	0	6,656
KING WILLIAM	0	3,803

COUNTY	TOTAL CAPs	Population, Children Under 18
LANCASTER	0	1,652
LEE	0	4,817
LOUDOUN	9	106,583
LEXINGTON CITY	0	901
LOUISA	0	7,198
LUNENBURG	0	2,329
LYNCHBURG CITY	4	15,599
MANASSAS CITY	1	11,349
MANASSAS PARK	0	3,774
MADISON	0	2,768
MARTINSVILLE CITY	0	3,195
MATHEWS	0	1,497
MECKLENBURG	0	5,961
MIDDLESEX	0	1,673
MONTGOMERY	5	15,567
NELSON	0	2,787
NEW KENT	0	4,175
NEWPORT NEWS	0	42,974
NORFOLK CITY	7	49,896
NORTHAMPTON	0	2,418
NORTHUMBERLAND	0	1,945
NORTON CITY	0	923
NOTTOWAY	0	3,174
ORANGE	1	7,685
PAGE	0	4,847
PATRICK	0	3,313
PETERSBURG CITY	0	7,217
PITTSYLVANIA	0	12,385
POQUOSON CITY	1	2,629
PORTSMOUTH CITY	7	22,579
POWHATAN	0	5,476
PRINCE EDWARD	0	3,804
PRINCE GEORGE	1	7,904

COUNTY	TOTAL CAPs	Population, Children Under 18
PRINCE WILLIAM	3	125,422
PULASKI	0	6,322
RAPPAHANNOCK	1	1,297
RADFORD CITY	0	2,346
RICHMOND CITY	13	39,919
RICHMOND COUNTY	1	1,525
ROANOKE CITY	7	21,357
ROANOKE COUNTY	7	19,442
ROCKBRIDGE	0	3,874
ROCKINGHAM	0	17,505
RUSSELL	0	5,512
SALEM CITY	2	5,069
SCOTT	1	4,226
SHENANDOAH	0	9,240
SMYTH	0	6,328
SOUTHAMPTON	0	3,429
SPOTSYLVANIA	3	33,160
STAFFORD	1	37,402
STAUNTON CITY	3	4,633
SUFFOLK CITY	3	21,739
SURRY	0	1,239
SUSSEX	0	1,879
TAZEWELL	0	8,497
VIRGINIA BEACH	9	102,886
WARREN	0	8,801
WASHINGTON	0	10,447
WAYNESBORO	2	5,091
WESTMORELAND	0	3,238
WILLIAMSBURG	0	1,552
WINCHESTER CITY	2	6,206
WISE	0	7,992
WYTHE	1	5,863
YORK	0	15,975

Lynchburg Region 2016 Community Health Needs Assessment

Indicator	Healthy People Target	Amherst	Appomattox	Campbell	Lynchburg	Nelson	Pittsylvania	Measure/Resource/ Measurement Period
Mental Health and Mental Disorders								
*Age-Adjusted Death Rate due to Suicide	**10.2**	**7.2**	**9.1**	**20.4**	**3.7**	**39.8**	**22.9**	(deaths/100,000 population) Virginia Department of Health, Division of Health Statistics/ 2013
Total Behavioral Health Hospitalization Discharges	**n/a**	**1,082.4**	**571.0**	737.3	**1,649.4**	847.8	**n/a**	(age-adjusted rate per 100,000) Va Health Information 2012 Alteryx, Inc.)

Farmville Region 2016 Community Health Needs Assessment

	Healthy People Target	Amelia	Buckingham	Charlotte	Cumberland	Lunenburg	Nottoway	Prince Edward	Measure/Resource/ Measurement Perio
Mental Health and Mental Disorders									
Age-Adjusted Death Rate due to Suicide*	10.2	34.0	22.6	28.5	18.2	19.5	4.2	7.8	(deaths/100,000 populatior Virginia Department of Health, Division of Health Statistics/2013
Age-Adjusted Rate Total Behav. Health Hospital Discharges	n/a	867.9	479.0	636.1	462.4	438.9	953.3	907.8	(age-adjusted rate per 100,000) Va Health Information/201 Alteryx, Inc./2012