

Telepsychiatry 101: Ask the Experts

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Speakers



M. McCray Ashby was born and raised in Cox's Creek, KY. He received his Bachelor of Science in Biology, graduating Summa Cum Laude, from Kentucky Wesleyan College in Owensboro, KY. Earning his Medical Doctorate in 2005 at the University of Louisville College of Medicine, he was awarded the S. Spafford Ackerly Award for Outstanding Performance in Psychiatry. In 2008, Dr. Ashby completed the Adult Psychiatry Residency Program at University of Louisville and the Child and Adolescent Psychiatry Fellowship in 2010. As a child and adolescent fellow, he was awarded the Mohammad Shafii, MD Award for Excellence.

Dr. Ashby is Board Certified by the American Board of Psychiatry and Neurology. He served as owner and practitioner of a private practice for 6 years. For the past four years, he has been employed with innovaTel Telepsychiatry. Dr. Ashby enjoys supporting and advocating the success of telepsychiatry to expand care to improve access to mental health services.



Speakers



Shauna Reitmeier serves as the Chief Executive Officer of Northwestern Mental Health Center, Inc. for a 6 rural and frontier county Community Mental Health Center in NW Minnesota and has over 20 years of administrative and clinical experience. She holds a Master of Social Work degree from the University of Michigan at Ann Arbor and had the opportunity prior to her current endeavor to work with the National Council for Behavioral Health providing technical assistance through the SAMHSA and HRSA's Center for Integrated Health Solutions demonstrating the integration of primary and behavioral healthcare across the nation. Most recently through the Excellence in Mental Health Act the NWMHC became a Certified Community Behavioral Health Clinic demonstrating a new service delivery and payment model of care for impacting overall health outcomes of individuals with behavioral health conditions.



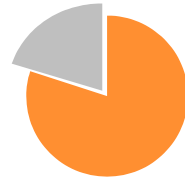
Growing Need for Mental Health Services



1 in 5

Adults in America experience some form of mental illness

24%



of state prisoners have "a recent history of a mental health condition"



Over \$193 billion in lost earnings per year as a result from serious mental illnesses



13.6 million adults in America live with serious mental illness

50%



of youth (ages 8-15) with a mental illness received no health services in the previous year



Suicide is the 3rd leading cause of death in youth (ages 10-24), and the 10th leading cause of deaths for adults in the America

60%



of adults with a mental illness received no mental health services in the previous year



The average delay between onset of mental health symptoms and intervention is 8-10 years



Source: National Alliance on Mental Illness (NAMI)

Is There Still A Psychiatric Shortage?



More than half of the U.S. counties have no mental health professionals*



The average nationwide distribution of psychiatrists is 8.9 psychiatrists per 100,000**



An average of 1,243 psychiatrists will complete graduate medical education each year from 2014-2017, with 6,032 psychiatrists over the next 4 years***



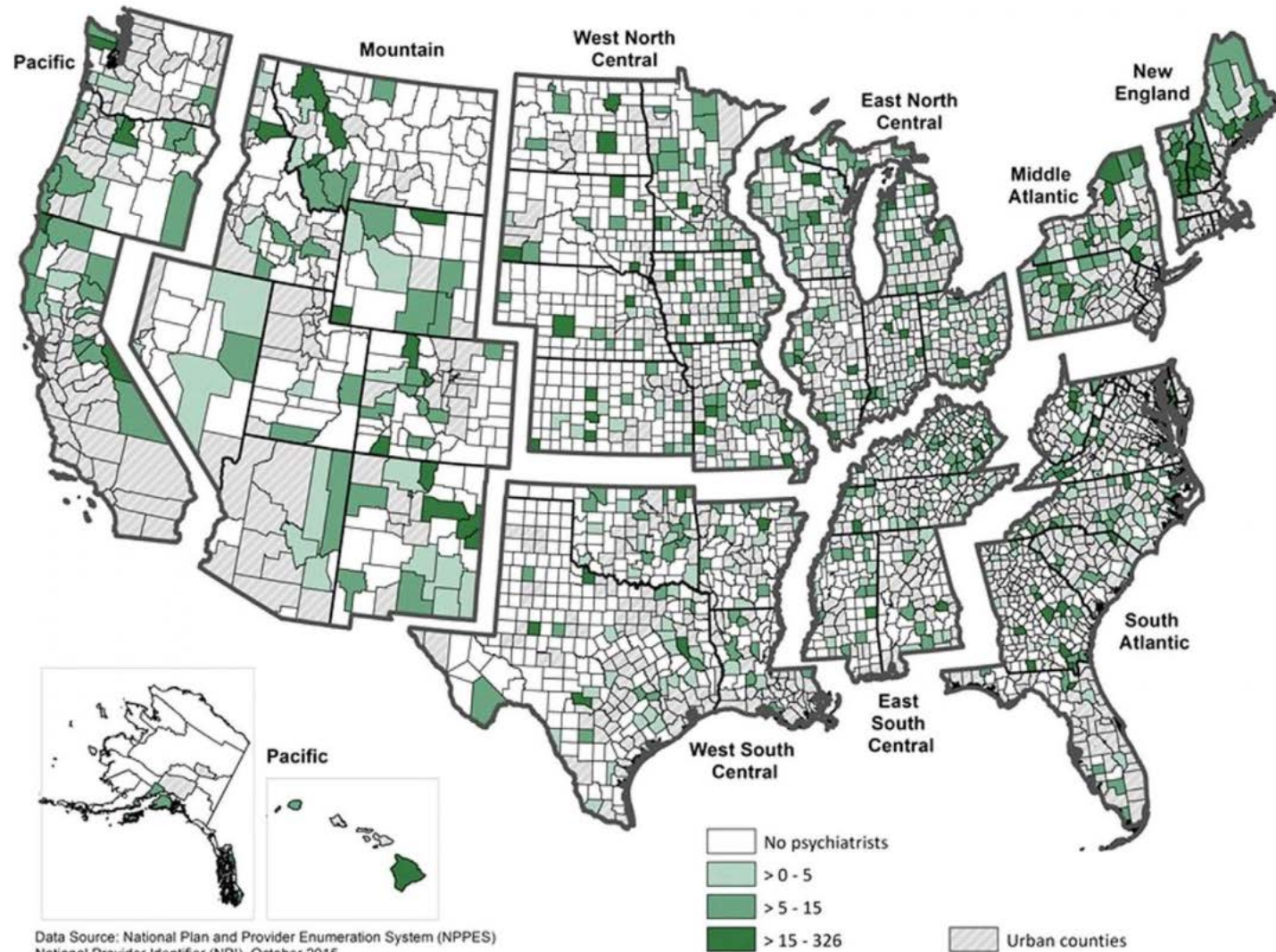
12,486 active psychiatrists (59% of total) are 55 and older, placing as the 3rd oldest specialty after pulmonology and oncology**

There is a potential that more psychiatrists will be leaving the specialty per year than entering



Latest data suggests that 40% of all private practicing psychiatrists are accepting cash only

Behavioral Health Workforce Facing Critical Challenges in Meeting Population Needs



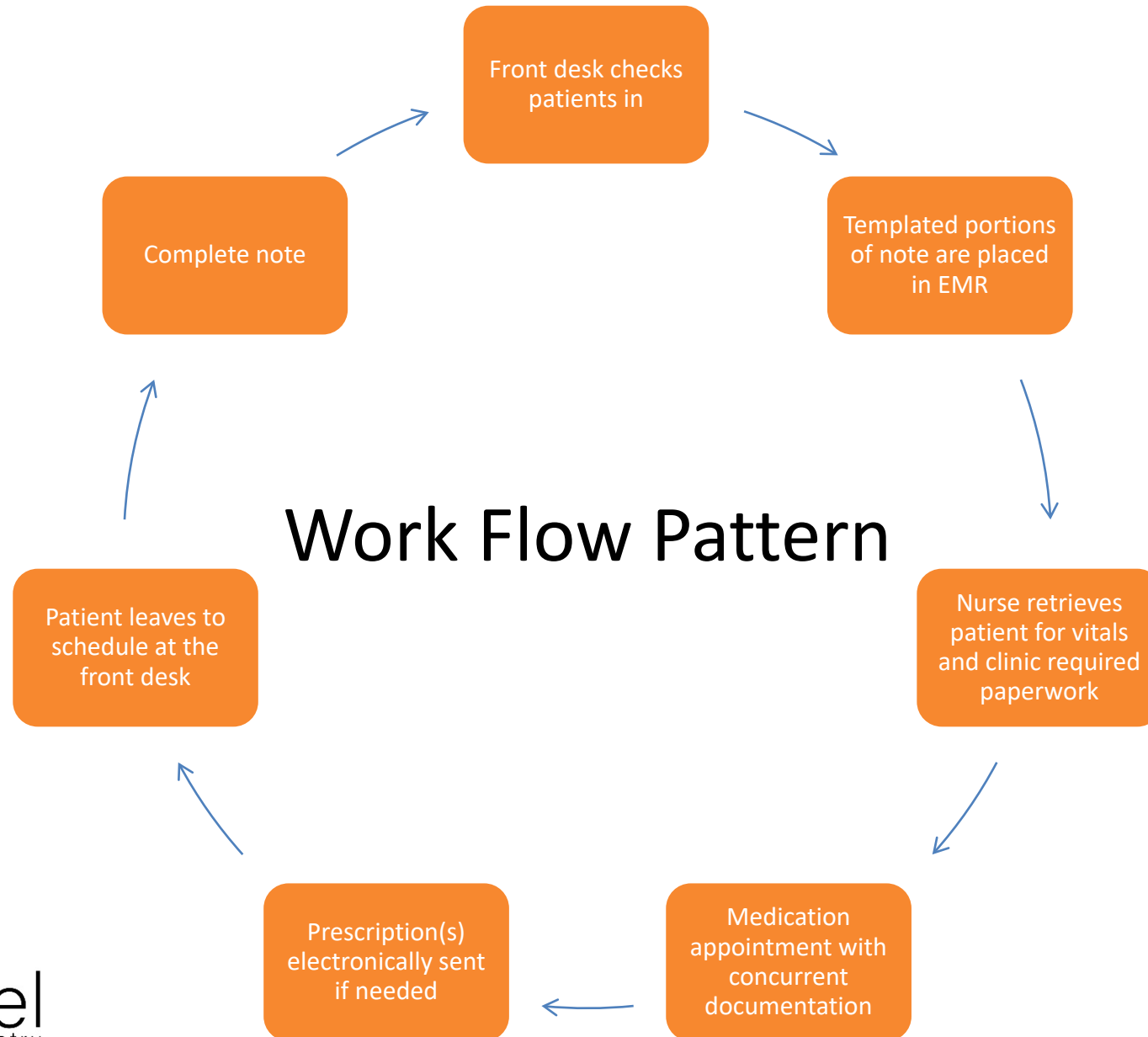
Data Source: National Plan and Provider Enumeration System (NPPES)
National Provider Identifier (NPI), October 2015
Map Date: July 2017

Why I Chose Telepsychiatry



Personal Concerns

- Patient care/ interaction via telepsychiatry
- Professional isolation
- Child & Adolescent Psychiatrist needed in my own community
- Loss of independence leaving private practice



WHY?

“Fell on our lap”

..Took the opportunity

Access in Rural/ Frontier Area

Started with Psychiatry

Great buy in right away, nursing support and training

Limited Psychotherapy (with further expansion)

Needs greater development and buy in, desire to meet face to face first then transition to telemedicine.

NWMHC Current Arrangements

- 3 different tele-psychiatry arrangements
 - 2 contracts for external psychiatrists
 - 1 employed APRN working from home
 - “Beam In” Our Offices, Jail, Skilled Nursing Facilities, Social Services
- Mobile Crisis Response with Emergency Department for Crisis Assessments
- Psychotherapy in co-located primary care clinics & “Code White” response



Technology Used

- Partnering requires proficiency in multiple platforms
 - Contract vendor platform



NWMHC primary platform



Legacy static system



County or state meetings



Implementation

Trouble Shooting

- Practice, Practice, Practice (What is not used does not create proficiency)
- Test, Test, Test (ensure connections can be made)

Workflow

- Customer Service (messaging is key!)
- Intake and consent
 - Minnesota Statutes 256B.0625 Subd. 46 (MH telemedicine)
 - Minnesota Rule 9505.0371 Subpart 10 (Telemedicine)
- Nursing support
- Education of patient
- Education of staff

Future Plans

Expand on Mobile Crisis

- Law Enforcement
- Other Emergency Department
- Within the individuals home

Increase use for Psychotherapy

- Primary Care
- Schools
- Homes

Rehabilitation/ Skill Building Services

Things to Consider



Receptiveness of existing providers

- ✓ Start with the staff that have an interest



Connectivity in remote areas



Meeting requirements when remote (crisis response, signing off on forms etc.)

MNWH



Northwestern Mental Health
The Path to Hope and Recovery

Thank You!



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