

Position Statement on Telemedicine in Psychiatry

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“Policy documents are approved by the APA Assembly and Board of Trustees. . . These are . . . position statements that define APA official policy on specific subjects. . .” – *APA Operations Manual*

Issue:

There is a lack of access to psychiatrists in many areas of the country, especially in underserved areas, contributing to the inadequate availability of high-quality psychiatric care. This is particularly true for under resourced and marginalized communities including rural, low-income, low English proficiency, and LGBTQ+ populations. Telehealth (including audio-only when clinically indicated) increased during the COVID-19 pandemic. This expanded use revealed opportunities to increase access to and continuity of psychiatric care and exposed several barriers to further or sustained expansion. Telemedicine, including the use of video conferencing and audio-only care, became an essential strategy to improve health equity and increase access to high-quality psychiatric care.

APA Position:

Telemedicine in psychiatry (telepsychiatry) promotes health equity by increasing access to care and is therefore a critical component of the mental health delivery system when its use:

- 1. Includes any synchronous or asynchronous consultation with a patient or other practitioner by regular telephone, text, or videoconferencing;**
- 2. Is in the best interest of the patient, protects patient autonomy, confidentiality, and privacy;**
- 3. Encourages cultural humility including with efforts to understand the gestures, language, and cultural history of the patient;**
- 4. Identifies barriers (e.g. foreign language, or disability) that can affect telepsychiatry participation and provides appropriate workarounds (e.g. interpreters); and,**
- 5. Is consistent with APA policies on medical ethics and applicable governing law;**

Telemedicine in psychiatry should:

- 1. Allow persons with mental health and/or substance use disorders to be seen via audio and/or video in a non-clinical location with no in-person evaluation required, at the discretion of the treating psychiatrist;**

2. **Permit the use of audio-only communications for evaluation and management of patients with mental health and substance use disorders when it is in the patient’s best interest and is clinically appropriate at the discretion of the psychiatrist;**
3. **Consider both the psychiatrist and patient locations during a telepsychiatry session and include working with the patient to ensure appropriate privacy and safety;**
4. **Be reimbursed by all payers, public and private, for all covered psychiatric services at parity with in-person delivery, including for audio only visits;**
5. **Permit the prescribing of controlled substances without a prior in-person exam; and,**
6. **Include use for teaching physicians to provide direct supervision of medical residents, medical students, advance practice clinicians, and other trainees regardless of geographic location.**

Funding and regulation of telemedicine should include:

1. **Appropriation of funding to achieve universal broadband access to technology regardless of location;**
2. **HIPAA- and 42CFR Part 2 compliant technology standards;**
3. **Payer technology requirements that are no more stringent than HIPAA technology standards;**
4. **Mechanisms to reduce barriers to interstate telepsychiatry practice, such as full medical license reciprocity across the states; and**
5. **Federal funding for research and evaluation to understand the quality, barriers, safety, training needs, and appropriate use of telemedicine, including audio-only, and its impact on health equity across the healthcare delivery landscape.**

Authors:

Committee on Telepsychiatry
Council on Healthcare Systems and Financing
Council on Children, Adolescents and Their Families
Council on Geriatric Psychiatry
Council on Quality Care
Council on Minority Mental Health
Council on Addiction Psychiatry
Council on Advocacy and Government Relations
Caucus on College Mental Health
Workgroup on Telehealth and Audio Only Care