PACT to the Future

Telepsychiatry in PACT?

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Disclosure

- No commercial relationships to disclose.
The Problem

- Workforce shortages limit the growth of PACT
- Many states address with use of physician assistants and nurse practitioners- helpful but not sufficient
- Telepsychiatry used in other settings to address psychiatry access issues
- Does tele psychiatry have a role in PACT?
Overview

Telepsychiatry in PACT?

What we “know”: brief review of literature

What we “hear”: real life examples

What we “think”: weigh the pro’s and con’s
...but first...

- How many work in PACT teams? As doc? other role?
- How many have experience using tele psych?
- How many practice in PACT using tele psych?
What we “know” ... so far

- Scarce information: telepsych >>> P/ACT and telepsych
- Chicago- Thresholds – starting telepsych with PACT for Chicago’s south side
- Delaware using telepsych for 2 full size PACT teams
- Minnesota using telepsych for one rural team
- Michigan using telepsych for at least one rural team
- Texas - programs in rural Texas connecting to docs via telepsych (~ once per week); PACT “like” teams
- New York/Georgia/North Carolina prohibit use of telepsych for PACT

- Others???
# Real Life Examples

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<thead>
<tr>
<th></th>
<th>Delaware</th>
<th>Minnesota</th>
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<tbody>
<tr>
<td><strong>Context</strong></td>
<td>In operation 2 years</td>
<td>“Variance” for one rural team</td>
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<td>2 teams – 100 clients each</td>
<td>State dollars</td>
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<td></td>
<td>Fee for service</td>
<td>Cost based, retrospective</td>
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<tr>
<td><strong>Daily team meetings/ family mtgs/home visits/ referrals</strong></td>
<td>IPad</td>
<td>IPad</td>
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<tr>
<td><strong>Psychiatry time</strong></td>
<td>2 teams of 100 clients each</td>
<td>1 team of ~35 clients</td>
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<tr>
<td></td>
<td>32 hours MD time per team</td>
<td>10 hours of MD time</td>
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<tr>
<td><strong>MD on site at least once?</strong></td>
<td>Recommended not req’d</td>
<td>Not req’d</td>
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<tr>
<td><strong>Cost comparison</strong></td>
<td>Higher but not prohibitively so</td>
<td>MD is contracted at same rate as face to face.</td>
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<td>Upfront technology cost</td>
<td>Upfront technology cost.</td>
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<tr>
<td><strong>Outcomes</strong></td>
<td>“not different from other teams in the state”</td>
<td>No pre/post</td>
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<tr>
<td><strong>Satisfaction staff/clients</strong></td>
<td>Initial skepticism</td>
<td>Initial skepticism</td>
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<tr>
<td></td>
<td>A few complaints (mom)</td>
<td>A few complaints; not the majority</td>
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<tr>
<td><strong>Fidelity</strong></td>
<td>TMACT</td>
<td>TMACT</td>
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What we “think”: AACP colleagues, others

- “Is contrary to the model of integrating psychiatrist in the team” – web based attendance inferior for both team leadership and patient care
- “Telepsych could be adjunct to pre-existing face to face relationships, perhaps, but not as a complete substitute”
- Requires PACT staff to be present: inefficient, changes dynamic of visit
- Disagree with NY decision to not allow telepsych in PACT teams
- “Has potential to be great or terrible”
- Is some care is better than no care?
- Virginia, other rural sites- lack of adequate band with or even adequate cellular network signal; issues regarding stability of mobile videoconferencing platforms
What we “think”- ethical considerations


- Provide competent, safe care
- Ensure informed consent
- Promote privacy and confidentiality
- Manage boundaries
- Encourage continuity of care
- Address health equity
Next steps

- Can the critical ingredients of PACT be preserved with the use of telepsychiatry?

- How should we measure?

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