USING TELEHEALTH IN PSYCHIATRIC PRACTICE

WELCOME TO THE INAUGURAL FRANZCP WEBINAR 29 AUGUST 2012

Using Telehealth in Psychiatric Practice
USING TELEHEALTH IN PSYCHIATRIC PRACTICE

SPEAKERS:

- Dr Lana Kossoff – Chair of Telehealth WP RANZCP and Moderator [on L plates]

- Dr Ken Fielke- Clinical Director of Country Health South Australia

- Dr Nigel Cord-Udy - Adelaide based General Psychiatrist

- Dr Prue Stone - Clinical Director for Rural and Remote Child and Adolescent Mental Health Service, Western Australia
OUTLINE OF WEBINAR

• Moderator will provide brief overview of webinar and orientation

• Dr Ken Fielke will discuss issues in the roll out of a State Wide Telehealth Program

• Dr Nigel Cord-Udy will focus on telepsychiatry in the private sector

• Dr Prue Stone will focus on the public sector and will highlight some of the issues when assessing families or groups of people

• Expert panel discussion for questions at end of presentations
• There are 114 psychiatrists enrolled to attend. The speakers can’t see or hear you so if you are having technical problems please contact Redback [the conference organisers] as per their instructions

• We will accept questions sent to my message box [bottom right hand corner of your screen] throughout the sessions but won’t be discussing them until the panel discussion at the end

• The speakers are on a land line so if their picture drops out you will still be able to hear them

• Each speaker’s face will be displayed when they are speaking and all 4 speakers will be visible to audience during question time
• Please keep the questions succinct and direct as there will be little opportunity for dialogue between question asker and speaker

• All questions will be transcribed and the speakers will email responses to questions that did not get raised on the day

• You will be able to provide feedback about the webinar in the exit survey questions at the conclusion of the session

• Should any participants experience issues joining or viewing the webinar, please call Redback for support on 1800 733 416
WHAT DO YOU MEAN IT’S A BIT MUDDY?
Since telemedicine is about communication with colleagues and patients across large distances, it should be possible for those involved in it to do the same with their experiences. Prof Peter YELLOWLESS 2003
Successfully developing telemedicine systems is primarily about effective change management. The literature suggests that certain principles are likely to increase the chances of success in developing a telemedicine system.

These are:
- telemedicine applications and sites should be selected **pragmatically**, rather than philosophically;
- **clinician** drivers and telemedicine users must own the systems;
- telemedicine management and support should follow **best-practice** business principles;
- the technology should be as **user-friendly** as possible;
- telemedicine users must be **well trained and supported**, both technically and professionally;
- telemedicine applications should be **evaluated and sustained** in a clinically appropriate and user-friendly manner;
- information about the development of telemedicine **must be shared**. If telemedicine is to realize its full potential, it must be properly evaluated and the results of any evaluations published, whether the results are positive or negative.  *(Source Peter Yellowlees 2003)*
Range of initiatives:

- Predominately CLINICAL
- Board Hearings
- Connecting families
- Case conferencing
- Professional support
- Clinical Supervision
- Education
- Psychotherapy
- Mental Health Act (July 1st 2010)
Dr Michael Biagent/Chris Lloyd 1996/97: Valid Telepsychiatry: “tele” yes, but what about psychiatry”
28 year old, married professional woman
Living approx 100 km from Adelaide
1st pregnancy
Phobic of hospitals, “pain” and needles
Unable to visit mother in hospital following her hysterectomy
Highly hypnotisable (Country GP obstetrician, skilled in hypnotherapy)
Referred via telepsychiatry (in first trimester)
?? “depressed” - “pregnancy management plan”
Video-hypnosis--the provision of specialized therapy via videoconferencing.

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Abstract

Hypnosis is not normally accessible to patients living in remote areas. We conducted a pilot study to evaluate the feasibility of providing hypnosis via videoconferencing, using ISDN at 384 kbit/s. Eleven of 15 patients invited to do so took part. Ten of the 11 stated that they were satisfied with the video-hypnosis session and all indicated that they would like to have further video-hypnosis sessions in the future. Sound quality and image quality were acceptable during nearly all sessions, in spite of some interference as a result of technical problems and weather conditions. The results suggest that hypnosis can be provided successfully via videoconferencing.
• $620 million initiative (PM Julia Gillard/Health Minister Nicola Roxon) linked with DTN
• $6,000 onboard incentive (Reduces each year to 2015) for first consult
• New item numbers: additional 50% rebate (288) for specialist, 35% for GPs
• Goals of 495,000 consults by July 2015
• Feb 2012: 10,594, 1700 doctors, 3% specialists
• 90% bulk billed
2012 Budget, the rules were tightened

- Incentive plan cut, reduced in time to 2014 cf
  - $4800 to July 1 2013
  - $3900 to July 1 2014
  - $3300 to July 1 2015
- On board incentive split into 2 instalments, initial and after 10th session
- 15 km minimum distance between specialist and patient location from 1 Nov 2012
- Cease funding Telehealth Support initiative from July 1 2013 (training / tools / guidelines etc)
TELEPSYCHIATRY TIPS

• Setting up
• Conducting a session

WEBSITES
• ACCRM: free to join “e – health community”
  www.ehealth.acrrm.org.au
• Medical Board of Australia guidelines
  www.medicalboard.gov.au
• RACGP guidelines
  www.racgp.org.au/telehealth
  www.racgp.org.au/standards/telehealth
• College of Medicare claiming
  www.mbsonline.gov.au/telehealth
• RANZCP initiatives – more information at the end of the session
CHALLENGES OF TELEPSYCHIATRY IN PRIVATE PRACTICE

NIGEL CORD-UDY
RURAL AND REMOTE VISITING PSYCHIATRIST
OVERVIEW

1. Philosophical
2. Historical
3. Skills and Training
4. Technical
5. Administration
• Why Bother?
  Equity of access to services
  Improved quality of service
  Greater support for country practitioners
  Likely future expectation of referers
HISTORICAL

1. Proven track record of Public sector telepsychiatry
2. Infrastructure and funding issues for previous private telepsychiatry with poor uptake
3. New funding model with incentives and commercial viability
4. Medical market unprepared hence long lead in time to respond
SKILLS AND TRAINING

1. Needed for clinicians and practice staff
2. Courses evolving
3. Literature and support from professional organisations
4. Should cover technical and practice management issues
5. My experience through public sector work
TECHNICAL CHALLENGES

1. Location e.g. home, office, 3rd party, mobile

2. Equipment key issues
   a) quality / reliability / security / flexibility
   b) at both ends, what are the GP’s installing
   c) affordability for volume expected, hard v’s soft ware
   d) capacity for upgrades/changes over time

3. My experiences; private hospital isdn equip, tech savvy GP clinic, rental/shared hardware options i.e. initial hybrid solution with eventual consolidation, not Skype
1. Clinical Model e.g. balance of 291 v’ s shared care v’ s comprehensive management
2. Referral process - information +/- triage, GP’ s expectations, Patient expectations
3. Booking coordination and time allocation
4. Consult coordination both ends, set up, operation and trouble shooting
5. Appropriateness of tele-consult, safety, acceptability, technical limitations e.g. 2D v’ s 3’ D
7. Billing.... Bulk Billing via email, post, onsite risks
   Accounts online, eftpos cards, post
USING TELEHEALTH IN PSYCHIATRIC PRACTICE

DR PRUE STONE
CLINICAL DIRECTOR WA COUNTRY HEALTH SERVICES, CHILD AND ADOLESCENT MENTAL HEALTH SERVICES
• All my telepsychiatry experience in the public sector, although I have explored the possibility of private sector work
• Therefore using video-conferencing units, not usually Skype (Scopia)
Western Australia
Area: 2.5 million km²
Pop: approx. 2 million
• WA is the largest state in Australia with an area of 2,500,000 sq km
• Population 2.1 million, concentrated in Perth
• Problem of equity of service
RURAL AND REMOTE CAMHS IN WA

- About 40+ FTE in variety of disciplines spread across 7 regions
- Mixture of small teams and lone practitioners
- Only one rurally based child and adolescent psychiatrist
- Some Fly in-Fly out - Not adequately formalised
MY EXPERIENCE

Over the last 12 plus years:

• Initially supervision
• Appointment to the Telepsychiatry Unit – known as Statewide Clinical and Service Enhancement Program – To provide CAMHS input
• Appointment as Clinical Director for Rural and remote CAMHS

Technology has improved immensely in that time
CLINICAL WORK

- Assessments – Children and adolescents and their families
- Reviews
- Some therapy – very little. Not with children
RANZCP TELEHEALTH WEBINAR

- Supervision, discussion of cases
- Case Review meetings
- Case Conferences
- Teaching - CAMHS Training Program: 16-weeks entirely by V/C
- Network Meetings
• Early – ISDN
• 2004 - Health Department upgraded its networking (Internet) capacity to incorporate video-conferencing. IP calls
• 2009 - Mental Health invested in small Multiple Conferencing Unit (Bridge). Now no cost. Previously had to pay external service to do same task
• Now much larger Multiple Conferencing Unit
• Bridge has enhanced the use of V/C exponentially – including provision of *secure virtual clinical rooms*

• We use high definition V/C units

• Application called Skopia, corporate version of Skype. Allows staff to connect into a V/C from their desks/homes. Psychiatrists using this. Suitable for 1-to-1
• Secured virtual clinical rooms
• Skype?
• Files/letters
• Sometimes students with permission
DISADVANTAGES/DIFFICULTIES

• Remarkably few

• Initial consultation face to face?

• I need someone at far end
  Administration support (Nb)
  Clinical support

Probably not if using Skype with 1 - 2 adults

Organising for prescribing
But occasionally there are difficulties…

In 12 years, I have hardly ever had to give up on a consultation
FOR MORE INFORMATION

- Please complete the exit survey questions at the conclusion of the webinar.
- For any further enquiries relating to Telehealth or the webinar, please contact Petra Crawshaw on 03 9601 4969 or by email at Petra.Crawshaw@ranzcp.org.