

Telepsychiatry

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What is Telemedicine?

- the remote diagnosis and treatment of patients by means of telecommunications technology.

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Telemedicine is not a telephone conversation, email/instant messaging conversation, or fax; it typically involves the application of realtime videoconferencing or store and forward technology to provide or support health care delivery.

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Pros and Cons of Telemedicine

- Telemedicine may be advantageous for certain patients in certain situations and disadvantageous to other patients/situations.
- Pick From Available Choices

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Telemedicine is seen as a tool in medical practice, not a separate form of medicine.

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The **standard of care** is the same whether the patient is seen in-person, through telehealth or other methods of electronically enabled health care.

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There are no legal prohibitions to using technology in the practice of medicine, as long as the practice is done by a California licensed physician.

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Physicians need not reside in California, as long as they have a valid, current California license.

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In 1996, [Senate Bill 1665](#) (M. Thompson; Chap 864, Stats of 1996) enacted the "Telemedicine Development Act of 1996" which imposed several requirements governing the delivery of health care services through telemedicine and also made several changes to different sections of law, which are also related to telemedicine.

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SB1665, Telemedicine Development Act of 1996

- The act shall not be construed to alter the scope of practice of any health care provider or authorize the delivery of health care services in a setting, or in a manner, not otherwise authorized by law.

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SB1665, Telemedicine Development Act of 1996

- Exempts out-of-state practitioners, as defined, from the Medical Practice Act when consulting either within this state or across state

lines, with a licensed practitioner in California. Prohibits the out-of-state practitioner from having ultimate authority over the care or primary diagnosis of a patient in California.

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SB1665, Telemedicine Development Act of 1996

- Requires the practitioner to obtain verbal and written informed consent from the patient prior to delivering health care via telemedicine, and also requires that this signed written consent statement becomes part of the patient's medical record.

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SB1665, Telemedicine Development Act of 1996

- Provides that no health care service plan contract that is issued, amended, or renewed, on and after January 1, 1997, shall require face-to-face contract between a health care provider and patient for services appropriately provided through telemedicine, subject to all terms and conditions of the contract agreed upon.

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In 2011, AB 415 repealed existing law related to telemedicine and replaced this law with the Telehealth Advancement Act of 2011, which revises and updates existing law to facilitate the advancement of telehealth as a service delivery mode in managed care and the Medi-Cal program.

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AB 415, Telehealth Advancement Act of 2011

- Defines “Asynchronous store and forward” as the transmission of a patient’s medical information from an originating site to the health care provider at a distant site without the presence of the patient.

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AB 415, Telehealth Advancement Act of 2011

- Defines “Distant Site” as a site where a health care provider is located while providing services via a telecommunications system.

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AB 415, Telehealth Advancement Act of 2011

- Defines “Originating Site” as a site where a patient is located at the time health care services are provided via a telecommunications system or where the asynchronous store and forward transfer occurs.

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AB 415, Telehealth Advancement Act of 2011

- States that telehealth facilitates patient self-management and caregiver support for patients and includes synchronous interactions and asynchronous store and forward transfers

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AB 415, Telehealth Advancement Act of 2011

- States that this section shall not be construed to alter the scope of practice of any health care provider.

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AB 415, Telehealth Advancement Act of 2011

- Provides that all laws regarding the confidentiality of health care information and a patient’s rights to his or her medical information shall apply to telehealth interactions

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AB 415, Telehealth Advancement Act of 2011

- This bill also applies the Business and Professions Code Section to the laws relating to Health Care Service Plans and to the Insurance code and requires health care service plans and health insurance companies to adopt payment policies to compensate health care providers who provide covered health care services through telehealth. This bill also applies these requirements to the Medi-Cal managed care program.

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In 2015, AB 809 revised the informed consent requirements relating to the delivery of health care via telehealth by permitting consent to be made verbally or in writing, and by deleting the requirement that the health care provider who obtains the consent be at the originating site where the patient is physically located. This bill requires the health care provider to document the consent.

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Telepsychiatry

- There are not enough psychiatrists where they are needed.
- Shortage of psychiatric practitioners is predicted to become worse.
- Telepsychiatry eliminates travel time and allows psychiatrists to visit distant sites virtually.
- Subspecialities where telepsychiatry is used include pediatric psychiatry (possibly preferable to in person), geriatric psychiatry (more accessible for patients whose age makes them unable to drive), and correctional psychiatry (prisons often in remote locations and psychiatrists have safety concerns).

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Face to Face Evaluations Required for 5150

- SB 364 (2013) amended the LPS Act
- WIC 5008(a) now specifically includes telehealth as a way of providing face-to-face evaluations

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Cultural Aspects of Telepsychiatry

Based on article in

Journal of Telemedicine and Telecare 2006; 12: 116-121

by Jay H Shore, Daniel Savin, Douglas Novins and Spero M Manson

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DSM-IV Outline for Cultural Formulation

- The cultural background of the patient
- The cultural explanation of the patient's illness
- The cultural aspects relating to a patient's psychosocial environment
- The impact of cultural aspects on the patient-provider relationship
- The overall cultural formulation for the care

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Cultural Background of the Patient

- Includes previous exposure to technology and level of comfort with technology
- Can help to take extra time to explain the videoconferencing system and periodically check in with the patient

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Verbal and non-verbal communication

- If patient's cultural belief is it is discourteous to have too much direct eye contact, a more distant framing of provider's head, shoulders and upper torso diminishes the appearance of direct eye contact
- Providers should seek frequent reassurance about the patient's comfort with their style of communication and be willing to experiment with different styles.

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Establishing Trust and Rapport

- May be harder to achieve trust and rapport with telemedicine
- Some telepsychiatry programs depend on a local clinician to assist in the development of trust and rapport between the patient and the psychiatrist.
- Positive or negative feelings towards the system of care may be transferred to a provider working within that system.
- By its very nature, telepsychiatry generally involves interactions with multiple systems, each with its own culture.

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Confidentiality

- Patients likely to have concerns about confidentiality via videoconferencing include those who work in security related fields (law enforcement), those with negative system transference, and those who exhibit paranoid symptoms.
- On the other hand, some patients feel more comfortable expressing themselves remotely, at a distance from the provider

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Cultural differences due to location

- Most telepsychiatry services originate in large urban centers where providers are located and treatment is delivered to remote rural sites.
- Periodic visits to these rural sites can improve understanding of the local settings, the rural culture, and the local issues that confront the patient.

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Telepsychiatry in Emergency Rooms and Acute Facilities

- What counties are currently using or considering this?
- Pros and Cons?
- Problems and Suggestions

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Resources

- [California Telehealth Resource Center](#) CTRC, previously know as the California Telemedicine and eHealth Center, is the federally designated Telehealth Resource Center for California.
- The [American Telemedicine Association](#) is a national organization that provides advocacy for federal legislation and policy efforts as well as holds conferences and brings together nationwide experts on a variety of telehealth topics.
- Medi-Cal Provider Manual: Telehealth: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/mednetele_m01o03.doc

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Disability Rights California

- Legal Intake 1-800-776-5746. Tell them you are a County PRA to get expedited access to an attorney or advocate.
- Publications on a variety of topics
<https://www.disabilityrightsca.org/publications>
- DRC also has programs that Investigate Abuse or Neglect, Assist Regional Center Clients, Outreach to Underserved Communities, Provide Peer/Self Advocacy Instruction, Advise Social Security Recipients, Public Policy/Lobbying, and Legal Advice (with limited representation) to persons experiencing legal issues due to their disability
- California Office of Patients' Rights (916) 504-5810 to leave message.