Rural Community Psychiatry
Northern Arizona Behavioral Health Authority
Sara Gibson, M.D.

- Psychiatrist, Medical Director of Telemedicine for NARBHA in Flagstaff, Arizona
- Sole psychiatrist for rural Apache County, Arizona, since December 1996
- Little Colorado Behavioral Health Clinic (LCBHC)
  - 160-180 miles from Flagstaff, St Johns and Springerville
- All psychiatric care has been over a confidential, secure videoconferencing system that we call “telemedicine”
Northern Arizona Behavioral Health Authority – NARBHA

- Non-profit, since 1967
- Arizona Department of Health Services
- Monitor behavioral health services in community based agencies
- Five counties; 62,000 sq miles
- Population 660,000 (12% AZ)
Five Counties

- Coconino
- Navajo
- Mohave
- Yavapai
- Apache
Northern Arizona

62,000 square miles

Approx. the size of New York plus New Jersey
Or Louisiana plus Massachusetts
Why Choose Rural Psychiatry?

LOCATION
► Small Town
► Health: Air, crime
► Family
► Seasons, Climate
► Recreation
► Bike! No Commute, More Time
Professional Advantages

- HPSA loan repayment
- Salary
- No Overhead

Benefits
Malpractice
Professional Opportunities

► Less Administrative time
► Full range of psychiatric skills, diverse
► Advancement, Medical Directorships
Professional Opportunities

- Help underserved
- Team treatment
- Others know patient
- Team leader
- Leadership to improve systems of care and treatment paradigms
Rural Psychiatrists

- Shortage is more acute
- PCPs fill in gaps, not AZ
- AHCCCS shifts Mental Health to the RBHAs
  - Stretches psychiatric resources
  - Less time for most complicated cases
  - Psychotherapy
Differences in Rural Medicine

- Living settings of patients
- Boundaries
  - Privacy of Clinician
  - “Grocery Store” medicine
  - Mental Health Clinic stigma
  - Community knowledge of patient
- Culture
- Religion
More Rural Differences

- Community investment in patient care
- Appreciation
- Clinical Teams for wraparound care
- Other Professionals
  - PCPs, pharmacists
  - Schools
  - Legal: JPO, police, probation
Long Term Community Care

- Immediate impact on patient not needed or expected, even by community
- Treatment options and patient presentation evolve over time
- ?Personality disorders?
- Mentors
- Medical Psychotherapy, relationships
Who are the Patients?

► Substance Abuse
  - Access to drugs, alcohol
  - Meth contamination
  - Community knowledge
Patients

► Seriously Mentally Ill
  ▪ **MYTH:** 1/3 inpatients, 1/3 outpatient
  ▪ Deinstitutionalization

► Community Integration
  ▪ Housing
  ▪ In home care
  ▪ Crisis
  ▪ Families, church

► Clinical vignettes
Patients

- General Mental Health
  - Community professionals
  - Co-workers
  - Co-workers’ families
Patients

- Kids
- Families
  - Brothers
  - Nuclear family
  - Extended family
- Long Term Outpatients
- Clinical Vignettes
Professional Issues

- Autonomy and leadership
  - local community
  - team treatment, clinic
  - RBHA involvement
    - Formulary
    - Placements
Challenges & Resolutions

- Isolation
  - Nonpsych
  - mentors

NARBHA has monthly Medical Practitioner meetings

- Set priorities
- Review best practices
- Provide support
- Training
CHALLENGE: Knowledge, Continuing Medical Education

Solution: University of Arizona Grand Rounds

- Weekly
- Free CME
- Telemed
- Live, Interactive
Challenge: Long Distances, Desirable Locales
Solution: Technology

- Rural Medicine Leads
- e-prescribing
- Electronic medical records
- **TELEMEDICINE: NARBHAnet**
  - State-of-the-art, internationally-recognized
  - Extensive experience
  - Coordinates statewide
Arizona RBHA Telemedicine – 73 Video Sites
NARBHA Clinical Telemedicine

- Direct patient care
  - Psych evaluations
  - Medication monitoring
  - Inpatient staffings (3-way)
    - State Hospital or other hospitals and residential treatment facilities in Phoenix and Tucson
    - Within NARBHAnet
  - Consultation
  - Cross coverage—emergency & commitment evaluations
Usages (cont.)

► Case management

► Family participation in client treatment

► Staff training, administrative meetings

► CME link with U of A: Psychiatric Grand Rounds weekly
NARBHA Clinical
Telemed 58%

- Dependent on system needs.
  - Peak 2004, steady since

- Eight medical practitioners scheduling 26 days, 548 patients per month.

- Est. medical provider-to-patient meetings over NARBHAnet
  - 40,000+ (Winter 2008)

- Sara Gibson MD
  - 11 years, 12,000 telemed sessions
Telemed Evaluation

- Quality
- Satisfaction
  - Patient
  - Clinicians, Staff
- Cost
- Access
Studies demonstrate that telepsychiatry is equivalent to FTF for:

- Assessment
- Diagnoses
- Therapeutic alliance
- Treatment adherence
- Clinical outcomes
LCBHC Client Satisfaction

- Survey conducted Dec. 2006 – March 2007
  - Approx 90% of LCBHC telemedicine pts.

- Purpose:
  - examine quality over a long time period with pts. who have exp’d telemedicine over several years or over multiple sessions

- LCBHC chosen for survey because:
  - psychiatric services solely via telemedicine for 10 years
  - covers over half of all network telepsychiatry patients
86% said quality of medical care via telemedicine is same as or better than in person.

- Not as good: 11 (14%)
- Better: 7 (9%)
- Same: 58 (77%)
Preference for Telemed vs. F2F

80% of pts., given a choice between telemed and F2F, either had no preference or prefer telemed.

In Person: 15 (20%)
Via Telemedicine: 15 (20%)
No Preference: 46 (60%)
Telemedicine Savings
Per NARBHA Month
Psychiatric Providers Only

► Saves over 8,000 miles of MBHP driving

► Saves over 140 hours drive time
  ▪ allowing 180 additional patient sessions

► Saves $19,790 in travel costs

► Saves 2.9 tons of CO2 per month,

► 30.5 tons of CO2 per year
Telemedicine
Clinical Issues
Practice/Orientation

- Staff orientation and training
- Client orientation and preparation
- Informed consent forms (see handouts)
- Staff present with client?
- Prescriptions, samples
- Medical records, EMR
- Meeting agendas/materials
- Physical exams, vital signs, cogwheeling, skin color
- Primary care coordination
Provider Orientation

- All telemedicine providers receive orientation and training updates
  - Use of videoconferencing equipment
  - Obtain informed consent (forms required)
  - Orienting client to telemedicine
  - Allowable service codes
  - Ensuring confidentiality/privacy
  - Clinical record keeping
  - Medications
Clinical Issues

- The Doctor-Patient Relationship
- Evaluation vs. treatment
- Therapeutic alliance
- Imprinting
Make Technological interface Invisible

- User-friendly
- Zoom to life-size
- Use solid blue background
- High-quality technology
- Live, interactive
- Avoid picture-in-picture
- Have person present at clinical site
- Have computer available for email
Rapport Building

- Project body language and facial expression
- Eye contact
  - Natural camera angle
- Reassure regarding confidentiality
- Avoid videotaping
- Scan provider setting for patient, describe what you (and they) see
- Acknowledge difficulties
- Emphasize the positive
- Familiarize with equipment
Clinical Benefits

• Client pride in cutting-edge, “big-city” technology
• Increased professionalism in staff
• Focuses attention of participants
• More respect for appointment times
• Lower no-show rate
• Encapsulates time
• Increases continuity of care
• Promotes team approach
Clinical Benefits (cont.)

Patient-therapist bond

 Increased sense of distance & safety

  • Trauma and abuse victims
  • Paranoid, psychotic patients
  • Anxious patients
  • “More relaxed, can talk better”
Telemedicine Challenges

- Sensory deprivation
- Technical difficulties
- Reliance on local care system
- Medical Records
- Cost
- Coding
- Reimbursement
“In the seven years we have been working together on this I have only had one person not like it or want it. I most recently have had a comment that it makes them feel more comfortable to be themselves because the psychiatrist is not right in front of them physically.”
From a Staff Member

“Pros:
• Encourages team treatment for all psychiatric referrals
• Saves transportation and travel costs
• Convenient location for both staff and clients
• Allows clients to have access
• More resources than what this isolated area can offer
• Allows clients to see therapists and psychiatrists working together

• Cons: You don’t get to smell the clients, but the therapist has to.”
“I find it very useful and generally get good validation from you with my clients. Often hearing from you what I have been saying makes a difference. Also brainstorming what to do with a client is helpful.”
“I most appreciate that I get to be fully participating in the telemed sessions, taking notes and discussing events/observations with both the client and the doctor(s) – makes for a full circle, no unlinked treatment team stuff behind closed doors. When the clients have seen you or Ellen alone, I never get the gist of those contacts and often clients don't engage in counseling as fully.”
Quotes from Client Satisfaction Surveys

• “I appreciate and like what this facility is doing for me. My children even benefit from me doing better by coming to this site.”

• “It was different at first but is now more comfortable; seems to be very effective.”
Quotes from Client Satisfaction Surveys

• “Coming here has made a great difference in me and my children because I am able to get medication and counseling.”

• “This is a great way to cover the miles for us that live remote.”

• “I think this service is long overdue for this area! Thank you!”
From a Client & His Wife

► “I feel like we’re in this together.”

► “I feel like it’s very effective. I feel like you are right in the room with us.”
NARBHA Geographic Service Area (GSA)

Responsible Agencies RAs:

- Child & Family Support Services
- Community Behavioral Health Services
- Community Bridges
- Community Counseling Centers
- Office of Hopi Behavioral Health and Social Services
- Little Colorado Behavioral Health Centers
- Mohave Mental Health Clinic
- The Guidance Center
- Verde Valley Guidance Clinic
- West Yavapai Guidance Clinic
Flagstaff’s History & Culture

Monte Vista Hotel

Northern Arizona University
Flagstaff’s History & Culture

Heritage Square

Flagstaff Symphony
The Guidance Center
Flagstaff, Arizona
Verde Valley Guidance Clinic

Cottonwood, Arizona
West Yavapai Guidance Clinic
Prescott, Arizona
Community Behavioral Health Services (CBHS)
Page, Arizona
Mohave Mental Health Clinic
Lake Havasus, Arizona
Kingman, Arizona
Bullhead City, Arizona
Little Colorado Behavioral Health Clinic
St. Johns, Arizona
Office of Hopi Behavioral Health and Social Services
Second Mesa, Arizona
Northern Arizona

There's no place else like it!