

Telepsychiatry in Corrections

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August 2018*

Objectives

- Discuss the application of telemedicine for mental health services in jail settings
- Review effects of telemedicine on financial costs, access to care, and patient satisfaction
- Discuss practical limitations

Scope

- Half of inmates have some form of mental illness (including substance use disorders)
- Recidivism is higher among those without access to healthcare
- Untreated mental illness increases the risk of assaults in a corrections setting
 - 24% with mental illness have assaulted someone
 - Prisoners with mental illness are twice as likely to experience significant injury during assault

Challenges to Access

- Recruitment of physicians can be limited due to:
 - Safety concerns
 - Commute to rural locations
 - Opportunity costs (see more patients in office)
- Offsite transportation creates:
 - Additional cost
 - Community safety concerns

History

- Telemedicine services in corrections grew in popularity beginning in the mid-1990's
- 70% of telemedicine services are for mental health
- With improvements in technology entry barriers are greatly reduced

Technology

- Many systems use existing videoconferencing equipment
 - HIPAA compliance is necessary
 - IT should confirm the system is secure
 - Reliable internet is necessary
- With proper lighting and camera placement assessment is on par with face to face evaluation even using webcams

Software

- Is there an electronic medical record?
 - If not how will the physician access the chart?
- Is there electronic prescribing?
 - If not fax orders, then mail originals or give verbal & come to the facility to sign

The Team

- Inmate is typically accompanied by a mental health team member (nursing staff, or therapist)
- Security may need to be present for particularly disruptive individuals
- In addition to direct patient care, telemedicine equipment can also facilitate treatment team discussions

Patient Satisfaction

- Studies find patients equally satisfied with telepsychiatry in forensic settings when compared to face to face evals
 - Increased access cited as a positive
 - More comfortable discussing sexual abuse
 - Generally not bothered by confidentiality limitations (accompanying staff)
- Treatment outcomes are equivalent to face to face evaluation

Costs

- Startup could run several thousand dollars
- 7 studies found cost savings, 1 study found cost increase, & 3 found no difference
- Savings vary depending on the size of the population served
 - Estimated savings ~\$50 per visit

Savings Sources

- Transportation cost
- Physician travel
- Reduced use of other medical services
- Improved medication management

Author, year	Study design	Outcome of utilization of telepsychiatry	Methods by which savings were achieved
Hylar & Gangure, ⁴¹ 2003	Literature review	Decrease in costs in some settings	Decreased provider travel, decreased use of other medical services
Harley, ⁴³ 2006	Prospective design	Savings of \$18,000	Decreased provider travel, greater medication management
O'Reilly et al., ⁴⁸ 2007	Case-control design	Decreased costs from \$315 to \$265, a savings of \$50 per visit	Decreased provider travel
Shore et al., ⁴² 2007	Prospective test-retest design	Savings of > \$12,000	Decreased provider travel, decreased client travel
Johnston & Solomon, ²⁹ 2008	Review of government documents	Savings of \$850 per visit, or \$4 million annually	Decreased inmate transportation costs, decreased provider travel

Obstacles

- Technical challenges
- Lack of facility administration support
- Schedule II prescribing

Ryan Haight Act

- Aimed at reducing shipments of narcotics from overseas “pharmacies”
- Created ambiguity about telemedicine services writing schedule II (controlled substances) prescriptions without prior face to face eval
- Georgia’s Composite Medical Board ID’s schedule II prescribing without face to face eval as “unprofessional”

Finding a Provider

- Google “psychiatry telemedicine Georgia”
- Post classified on www.gapsychiatry.org

Reference

- Deslich, S. A., Thistlethwaite, T., & Coustasse, A. (2013). Telepsychiatry in Correctional Facilities: Using Technology to Improve Access and Decrease Costs of Mental Health Care in Underserved Populations. *The Permanente Journal*, 17(3), 80–86.
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