



Virginia MIRC&lt; vamirc@mirc.virginia.gov&gt;

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## New MIRC Comment

1 message

Fri, Oct 11, 2013 at 10:27 AM

[REDACTED]

Reply-To: [REDACTED]  
To: vamirc@mirc.virginia.gov

**First Name** - Ernest**Last Name** - Robinson**Organization Name** - InSight Telepsychiatry

**Comment** - Thank you for accepting comments from the public about medicaid expansion. While, I understand that there will be many great comments submitted and that you cannot possibly include coverage for everything I ask that you take a look at your reimbursement for telehealth services. Currently Virginia mandates that all private insurers reimburse for telepsychiatry services, but our medicaid has a loop hole that is detrimental to the citizens of Virginia suffering from mental health. As a sales professional in the mental health field for the last 7 years I have seen first hand how access to timely mental health care can not only have a positive outcome on the persons mental health concerns but also increases their overall medical health and decreases their utilization of healthcare services. Currently Virginia medicaid will only reimburse for telepsychiatry services when it is provided by a psychiatrist who is located within the borders of Virginia during the patient-physician interaction. While I agree that the doctor should be licensed in Virginia it is preposterous to think their location has any bearing on the level of care they can provide. I study was done a few years ago that showed that of the all of the psychiatrists in Virginia 20% were located in what is considered NOVA. There were a total of 47 localities who did not have an adult psychiatrist and 87 localities who did not have a child psychiatrists [REDACTED]. If we dont have enough psychiatrists living here in the commonwealth as the study that is referenced shows how are these psychiatrist going to provide services via televideo to the localities? My company recruits nationally and I can tell you from experience the number of psychiatrists coming out of medical school are few and far between. I suggest you call UVA and MCV and ask them if we have enough psychiatrists coming out to handle the volumes of patients with mental illnesses. The Dept. Of Veterans Affairs published a study that showed access to telepsychiatry in outpatient facilities greatly reduced the frequency that those patients reached the ED for treatment. We all know the ED is the most costly place to treat a patient. Please consider opening up reimbursement to physicians who are licensed in Virginia but may reside in other states. This website [REDACTED] can provide numerous articles on other states who have taken this stance. Also, feel free to reach out to Dr. Karen Rheuban medical director for the office of telemedicine at UVA and I am sure she will replicate my thoughts. Thank you for all of your hard work.



VA's Telemental Health Efficacy Surpasses Face-to-Face Encounters 2012.pdf  
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# Clinical Psychiatry News digital network

News and Views that Matter to Psychiatrists

## VA's Telemental Health Efficacy Surpasses Face-to-Face Encounters

By: MITCHEL L. ZOLER, Clinical Psychiatry News Digital Network

05/07/12

PRINTER FRIENDLY

PHILADELPHIA – The rapidly growing telemental health program of the U.S. Veterans Affairs health care system delivered more effective mental health services to nearly 100,000 patients than standard, face-to-face encounters during 2007-2010, demonstrated by its slashing the rate of psychiatric hospitalizations.

"This is the first large-scale study to show that telemedicine dramatically reduced hospital admissions and total hospitalized days," Dr. Linda S. Godleski said May 6 at the annual meeting of the American Psychiatric Association. "The decreased hospitalization rate may be explained by increased access to services. Patients do not wait [to get mental health sessions] until they are completely decompensated" when mental health care services are more readily available by telemedicine, said Dr. Godleski, director of the national telemental health center for the Department of Veterans Affairs and a psychiatrist at Yale University in New Haven, Conn.

She and her associates reviewed 98,609 VA patients who required mental health services and were new to the agency's telemental health program during 2007-2010. They found that the telemental health patients had 24% fewer psychiatric hospital admissions during, on average, their first 6 months in the program, compared with their immediately preceding 6 months of care by conventional, face-to-face encounters with mental health clinicians, Dr. Godleski reported at the meeting and in a journal article by she and her associates (*Psychiatr. Serv.* 2012;63:383-5). The analysis also showed that the first 6 months of telemedicine management produced a 27% reduction in total days of psychiatric hospitalization for these patients during 2007-2010, compared with their management history during the 6 months before each patient entered the telemental health program.



These shifts were specific to patients who entered the telemental health program. During the same 4-year period, VA patients who did not switch to telemental health had no changes in their rate of psychiatric hospitalization or days hospitalized, she said.

**Dr. Linda S. Godleski**

In her talk, Dr. Godleski also described the rapid growth that VA telemental health had during 2003-2011. In 2003, 8,000 VA patients received mental health care via telemedicine in a total of 14,000

clinical encounters. Nine years later, in 2011, the numbers jumped to more than 55,000 patients treated in about 140,000 telemedical sessions. The 2011 rate more than doubled compared with 2008. Last year, the VA system provided telemental health at about 50 medical centers and about 530 remote VA sites throughout the United States.

The VA's telemental health program began in the early 2000s by delivering remote medication management, but today it offers essentially every facet of mental health care to the entire spectrum of mental health patients, Dr. Godleski said. In addition to medication management, today's services include individual therapy, couples therapy, group therapy, family therapy, behavior therapy, and psychological testing. Treated disorders include affective disorders, anxiety disorders, posttraumatic stress disorder, psychotic disorders, and substance abuse disorders. Sessions are delivered by psychiatrists, psychologists, advanced-practice nurse specialists, physician assistants, social workers, registered nurses, addiction specialists, vocational rehabilitation specialists, and trainees.

The results from prior VA studies proved that telemental health was noninferior to face-to-face encounters, leading to the burgeoning program. The only factor limiting growth of the current hub-and-spoke model is the availability of information technology for high-speed links to remote VA sites. The VA is uniquely suited to telemedicine because its structure precludes issues of reimbursement and professional licensing in different states, and the VA can easily transfer patient records between care-delivery sites through electronic medical records. Patients can freely choose between the convenience of telemedicine or traditional face-to-face mental health care, and in general patients opt for telemedicine, especially those under age 65, Dr. Godleski said. When resistance to wider telemedicine exists, it's usually from clinicians, she noted.\*

The next frontier is providing telemental health to patients at home or other patient-selected sites via personal computers and mobile phones. Having this option widely available and documenting its efficacy "will be a game changer," Dr. Godleski predicted.

Dr. Godleski said she had no relevant financial disclosures.

**\*CORRECTION: 5/7/12** This sentence originally misstated the age range of those who tend to opt for telemedicine.

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