The Colorado Health Foundation™



It's all Telemental

Behavioral Health was the Earliest Driver of Electronic Well-Being

A psychiatrist who works with Colorado Access clients from a home office in Evergreen wanted to demonstrate to her colleagues what telehealth meant to her practice and to her patients.

She got out a Colorado map and started adding up the miles between the 11 medical clinics where she “sees” patients via a video link from her home. It took her a while. The total? A whopping 33 hours of driving time would be required to go see her client list in person at those 11 clinics.

“And we have people who live in the metro area who are switching to a video counseling session to save themselves an hour and a half of roundtrip driving time every time they go out of their house,” said Rachel Dixon, director of telehealth programs for Colorado Access and its telehealth branch, AccessCare.

Behavioral health has long been the leader in developing telehealth connections in Colorado, from equal parts geographic necessity and style of practice. Mental health, emergency psychiatry and addiction treatment are even less accessible than medical care in Colorado’s rural and frontier counties. And when it comes to discussing intimate problems, video technology is often proving to be a comfort rather than a distraction for counselors and their patients across the state.

“Telemental health is really catching fire across organizations,” said Jay Shore, MD, chief medical officer for AccessCare and a researcher and teacher in telehealth at the University of Colorado Anschutz Medical Campus in Denver. “An overwhelming body of research in telemental health has been building since as early as 1959. There’s a high level of patient satisfaction.”

Health leaders look to the Colorado State Innovation Model grant to make telemental health widely available to even more patients. The federal SIM grant, meant to foster primary care providers' integration of physical and behavioral health services for patients, includes expansion of telehealth access among its primary goals.

"The growth in interest and demand is huge in just the last couple of years," Dixon said. "Now it's rare to talk to a provider who is not at least familiar with telemental health and how to get more services into the practice that way." Colorado Access, which is both an insurance plan provider and a Medicaid case manager, consults with primary practices on telehealth and links them with an identified supply of behavioral providers.

The main barrier right now, Dixon said, is in supply. "There's just a psychiatry shortage. It's a constant obstacle for everyone," she said.

Multiple categories of clients are growing comfortable with telemental health encounters, providers said. Younger clients who spend time with video on Skype, Facebook and other sites find video counseling quite natural. Elderly clients who are spared a long drive for an in-person visit can focus on their everyday state of health rather than be distracted by fatigue or irritation.

"Here's another example," Shore said. "Think of a traumatized female. I'm a big, loud guy. Some women who have had trauma with males might see video as a level of comfort. Patients adapt to it very quickly if done correctly."

Mind Springs, a large nonprofit mental health system on the Western Slope, has been adapting how to do it "correctly" for years, driven in large part by the sprawling territory it covers. The network includes 14 offices scattered in 23,000 square miles, with many of its psychiatrists preferring to live and work in mountain resort towns or along the Front Range.

The Mind Springs model until now has relied on remote patients coming into one of the 14 local offices to use a secure video connection to the remote psychiatrist or psychologist. Now it has added software systems that allow secure connections from the patient's home device. Mind Springs, formerly Colorado West, is also contracting with emergency rooms throughout Western Colorado to provide instant access to psychiatrists through the ER's computer and camera.

"So many ERs are not comfortable with handling psychiatric emergencies and psychiatric medications," said Michelle Hoy, Mind Springs executive vice president. "Having a consultation with a psychiatrist is huge."

How the telehealth option is presented to patients makes a big difference in whether they accept the format, Hoy said. If providers say, "This is all we've got," there is resistance, she noted. But if they emphasize quicker access to care, over a secure and high-definition TV link, acceptance rises quickly.

Even something as simple as a zoom in or out camera button for the patients to control makes them more comfortable, Hoy said. A small amount of control goes a long way. "We all want to look good. It's the little things that count.

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