Telepsychiatry in New Mexico

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Background

Telehealth is Effective and Efficient

- Increase access and close gaps in health disparities
- Share knowledge, experience and best practices
- Increase healthcare workforce
- Reductions in waiting time
- Reductions in time away from work
- Reductions in travel time
- Allows communities to keep and treat their patients rather than transferring them elsewhere
- Virtual Travel – Saves money, time and improve efficiency, avoid travel risks, achieve ***Carbon Credits***
- Enhances staff recruitment, retention and agency accreditation in communities due to the ability to provide a higher quality of care and greater opportunities for staff education
- Well-utilized and accepted by urban, rural, and culturally diverse communities

Goal

To improve access to behavioral health services in underserved areas of New Mexico

Strategies

- Increase clinical capacity
- Collaboration with NM telehealth community
- Increase telehealth infrastructure utilization
- Care coordination and primary care integration
- Expansion and support of NM Telebehavioral health networks
- Standardization management: Best Practices and Protocols
- Outcomes measures and quality assurance

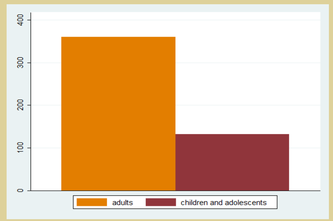
Components of CRCBH Telepsychiatry Model

- *Direct service:* Medication management, evaluation/clinical interview, therapy provided to consumer by provider via telehealth
- *Consultation*: Multiple providers from various sites may take part in a video case consultation with a provider/supervisor providing consultation. Enhanced participation by providing CEUs
- *Supervision*: Supervision to interns/residents and practitioners can be provided via telehealth. Ongoing work is being done in this area to support workforce development in NM and address patient liability concerns.
- *Training*: Providing training/education around a specific clinical issue or practice. Attendance is supported by providing CEUs

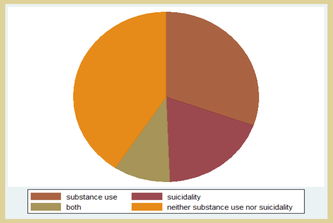
Direct Telepsychiatry Services

CRCBH provided 544 direct care visits across New Mexico from 2007-2008

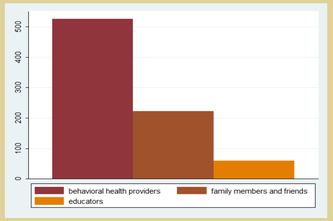
- Approximately one third of these visits were to children and adolescents



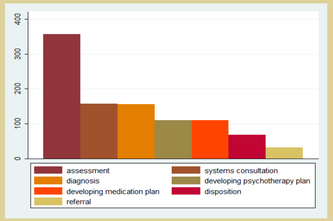
- A substantial number of these visits addresses concerns regarding suicidality or substance use



- Health providers, school personnel, and social supports often accompanied clients during these visits



- During these visits, a broad range of educational topics were addressed



Other uses of telepsychiatry

- 114 case consultations were conducted last year
- 30 CEU and CME certificates were issued to providers from rural communities who participated in trainings via telehealth
- CRCBH developed a pilot program to commence supervision for social workers in rural communities in order to develop workforce capacity
- Educational program developed through Child and Adolescent Psychiatry Fellowship to enhance the utilization of telepsychiatry among trainees

Future Directions

- Expanding schedule of training sessions and case consultations offered to educators and clinicians across the state
- Continue to expand the use of supervision to increase the number of independently licensed social workers across the state
- Develop new educational and clinical partnerships across the state
- Development of multi-method evaluations to track
  - Educational outcomes
  - Client satisfaction
  - Provider satisfaction
  - Access to care

Center for Rural and Community Behavioral Health

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