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

Background Information

CRCBH

http://hsc.unm.edu/som/psychiatry/CRCBH