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

Table 2. Studies of cost-effectiveness of telepsychiatry programs in US correctional facilities

<table>
<thead>
<tr>
<th>Author, year</th>
<th>Study design</th>
<th>Outcome of utilization of telepsychiatry</th>
<th>Methods by which savings were achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hyler &amp; Gangule, 2003</td>
<td>Literature review</td>
<td>Decrease in costs in some settings</td>
<td>Decreased provider travel, decreased use of other medical services</td>
</tr>
<tr>
<td>Harley, 2006</td>
<td>Prospective design</td>
<td>Savings of $18,000</td>
<td>Decreased provider travel, greater medication management</td>
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<tr>
<td>O’Reilly et al., 2007</td>
<td>Case-control design</td>
<td>Decreased costs from $315 to $266, a savings of $50 per visit</td>
<td>Decreased provider travel</td>
</tr>
<tr>
<td>Shore et al., 2007</td>
<td>Prospective test-retest design</td>
<td>Savings of $&gt;12,000</td>
<td>Decreased provider travel, decreased client travel</td>
</tr>
<tr>
<td>Johnston &amp; Solomon, 2008</td>
<td>Review of government documents</td>
<td>Savings of $50 per visit, or $4 million annually</td>
<td>Decreased inmate transportation costs, decreased provider travel</td>
</tr>
</tbody>
</table>
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