In support of S.50 Telehealth Bill

- Approximately 1 in 5 adult experience mental illness in any given year
  - Although Vermont ranks near the top nationwide in terms of access to psychiatric care, nearly half of all mental only ill Vermonters have no access to treatment
  - Timely access to quality care is particularly challenging in low-income and rural communities
- Tele psychiatry offers opportunities for access to care where none currently exist
  - Recruiting and retaining skilled psychiatrists to Brattleboro and elsewhere in the state has been an ongoing challenge
  - Brattleboro Retreat has recently piloted a project using tele Psychiatry to provide inpatient treatment, where none would have existed before due to doctor shortages
  - Early results suggest the service is well accepted with a high rate of satisfaction among patients and staff
- Extensive research has investigated patients satisfaction, reliability, treatment outcomes, and cost effectiveness of tele Psychiatry
  - Satisfaction: Tele psychiatry participants are highly satisfied with the quality of care he received; this level of satisfaction is particularly high among rural participants
    - Ease of use and decreased burden of transportation
  - Provider satisfaction tends to be somewhat lower than patient satisfaction; this
    - Appears to be related to the lack of experience with tele health technology and provider concerns about perceived rapport with patients
    - As providers become more comfortable and familiar with technology, their level of satisfaction and confidence increases
  - Reliability: Tele psychiatry assessments are comparable to face to face in terms of reliability of assessment and accuracy of diagnosis
  - Outcomes: Treatment outcomes suggest that tele Psychiatry is as good and in some instances superior to face to face encounters
  - Cost effectiveness: tele psychiatry reduces direct and indirect cost and increases quality of life of participants

Based on a review of the available research, one can conclude that patients are highly satisfied with telepsychiatry. Quality of care and outcomes are comparable to face-to-face encounters. Tele psychiatry can be a cost effective approach to increasing access to treatment, where none may currently exist. The important consideration as it relates to this bill is not the difference between telepsychiatry and face to face health care encounters, but rather how telepsychiatry compares to no care at all, which is what nearly half of Vermonters with mental illness are currently faced with. In light of this, telepsychiatry represents a vital link in the system of care that aims to provide high quality, and timely psychiatric care to those in need.

Source: