



Psychiatrists Use of Telepsychiatry During COVID-19 Public Health Emergency

Survey Results



APA completed a survey of its membership in June 2020 and again in January 2021 to understand how psychiatrists use of telehealth in practice has changed over the course of the public health emergency due to coronavirus, COVID-19.

APA received almost 600 responses to the initial survey conducted in June 2020. The respondents received the follow-up survey in January with about 20 percent of the original participants participating in the follow-up. As was revealed in the first survey, the follow-up results continued to reflect trends in national research on telehealth that shows improved access to care, reduced no-show rates, and a high rate of patient satisfaction. The second survey built upon the results of the first by adding new questions, which revealed additional trends among members about their use of telehealth and how it has been influenced by broad regulatory changes across the country.

Respondents practice in a variety of settings, from community mental health centers to group and solo practice, inpatient private and public settings, and academic medical centers. The majority accept Medicare and private insurance, with about 40% of this subsample accepting Medicaid, 24% accepting Tricare, and about a 1/3rd identifying as self-pay only. In the first wave of surveying, a somewhat higher percentage of respondents reported accepting Medicaid and Tricare. 92% indicated that they currently accept the same type of insurance as they did before the PHE. The flexibilities offered by the changes to healthcare regulations have likely created a bridge for many patients and providers in ensuring a continuity of care.

Below are key findings that support the need to permanently lift certain telehealth restrictions to better meet the health needs of patients.

A major shift to the use of telehealth. As was reported following the first survey, prior to the public health emergency (PHE), most respondents were not using telehealth at all: 64% responded seeing zero percent of their patient caseload via telehealth. As of January 2021, 81% of respondents indicated that they continue to see between 75 - 100% of patients via telehealth, with 39% reporting that they have transitioned back to seeing at least some patients in-person (67% reported seeing between 1 - 25% of patients in-person). **This underscores that psychiatrists continue to rely on telehealth for treating psychiatric and substance use disorders, and that the regulatory changes made at the beginning of the PHE to increase access to these services continue to be essential for doctors and patients alike.**

In APA's first survey, the data showed that patient no-show rates dropped significantly as telehealth became the primary way of keeping appointments with their psychiatrists. Allowing patients to be seen in the home via telehealth likely contributes to this trend, as 94% of respondents in the second survey report that the patient is at their home (or a location of the patient's preference) during their telehealth appointment. Being able to be seen in the home contributes to patient satisfaction, which has remained consistent between the first and second surveys, with 90% of respondents reporting that patients who were seen for the first time via telehealth remain either "somewhat satisfied" or "Satisfied" with their care. This trends with nearly a decade of research in

telepsychiatry highlighting patient satisfaction with using telehealth for treatment. i In general, when patients a) keep their first appointment, they are more likely to keep subsequent appointments and b) when patients can use telehealth to be seen while at home, they are satisfied with treatment, they are more likely to continue with their course of therapy. Research suggests that this results in better medication compliance, fewer presentations to the emergency departments, fewer patient admissions to an inpatient unit, and fewer subsequent readmissions. ii This results in improved access, better outcomes overall, decreased cost and preserves limited community resources (e.g., too few psychiatric beds).

Finally, the second survey collected new data on our members, specifically around any new patients they began seeing during the PHE. 84% of respondents reported that they began seeing new patients via telehealth over the course of the pandemic, Presently, 64% of respondents are treating patients located in a different state from them, and almost ¾ of these psychiatrists were not treating patients across state lines via telehealth before the pandemic. The flexibilities around licensure enacted because of the PHE has increased access to psychiatrists nationwide.

Audio-only remains necessary option for patients who either lack access to technology or broadband access and/or the cognitive ability to use video platforms. A majority of respondents say that only between 1 - 25% of

their patients are able to only use telephone (and not live video) for a telehealth encounter. **Audio-only should be an option warranted by the patient’s condition and at the physician’s discretion.**

Note that the graph below illustrates respondents total use of both telephone-only and live audio-video, not either-or.

