Telepsychiatry In Kentucky - 2017 Robert Caudill, M.D.

Associate Professor

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AN IMPOSSIBLE TASK?

- 45 minutes . . .
- Disclaimers
 - I speak for no one but me.
 Disclosures all on title slide
- Telemedicine Aficionado
 - See me later for more
 - and more, and more . . .



EXISTENTIAL QUESTIONS: "WHO AM I AND WHY AM I HERE?" Parents from Eastern Kentucky (Carcassonne/Blackey in Letcher County to be precise) – Father is buried there, brother and his wife live there now. Both parents, brother and his wife all teachers and EKU and UK alumni. Born in Owensboro Came to Louisville (Jeffersontown to be precise) at age 6 LETON MASON LEWIS OWEN GREEN Undergraduate in Bowling Green WKU CARTER UofL SOM BON RENCI MORGAN Some random comment about § HARD "Louisvillians and Kentuckians" BREATHITT PIKE OH GRAYSON UNCOLN KNOTI HOPKINS HART BUTLER MUHLEN BERG WELL CHRISTIAN PULASKI LAUREL ADAIR LESLIE WAREEN BARREN MET SELL LOGAN HARLAN KNOX WAYNE TRIGG TODD SIMP LAND/CLIN ALLEN BELI SON MONROE ALLOWA Conservation 2006 effective la conservation success

EXISTENTIAL QUESTIONS: "WHO AM I AND WHY AM I HERE?"

- Quick post residency bio:
 - Frankfort X 3 years
 - Southern Indiana X 2 years (start UofL faculty)
 - Seven Counties Services (now Centerstone Kentucky) to present (remain UofL faculty)
 - UofL Executive faculty 80/20 since 2009

EXISTENTIAL QUESTIONS: "WHO AM I AND WHY AM I HERE?" • Medical School - Computers and medicine • Undergrad foreign

language requirement

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EXISTENTIAL QUESTIONS: "WHO AM I AND WHY AM I HERE?" Medical School - Computers and medicine Undergrad foreign language requirement • Easily bored – repetitive tasks carbon copies and hand fatigue Primitive CPOE

EXISTENTIAL QUESTIONS: "WHO AM I AND WHY A<u>M I HERE?"</u>

- "Skype," the internet, and HD TVs
- 2001
- 2005 business plans and ERx
- 2009
 - ATA
- 2015 and beyond



BUZZ PHRASE FOR THE DAY

Behavioral Health integration into primary care settings







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About ECHO Locations Initiatives NM TeleECHO Clinics Updates Join the Movement

MetaECHO Superhubs



Project ECHO: A Revolution in Medical Education and Care Delivery

Project ECHO is a lifelong learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide bestpractice specialty care and reduce health disparities. The heart of the ECHO model[™] is its hub-and-spoke knowledge-sharing networks, led by expert teams who use multi-point videoconferencing to conduct virtual clinics with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their own communities.









PROJECT ECHO

- Breaks down walls between specialty and primary care.
- links expert specialist teams at academic 'hub' with primary care clinicians in local communities the 'spokes.'
- Together, they participate in weekly teleECHO[™] clinics, which are like virtual grand rounds, combined with mentoring and patient case presentations.
- Clinics are supported by basic, widely available teleconferencing technology.
- During teleECHO clinics, primary care clinicians from multiple sites present cases to the specialist teams and to each other, discuss new developments relating to their patients, and determine treatment.
- Specialists serve as mentors and colleagues, sharing medical knowledge and expertise with primary care clinicians.
- ECHO[®] creates ongoing learning communities where primary care clinicians receive support and develop skills needed to treat particular conditions such as hepatitis C or chronic pain. As a result, they can provide comprehensive, best-practice care to patients with complex health conditions, right where they live.

BUSINESS MODELS:

- Fee for Service
- Contract
- Retainer

 My approach – take proven concepts (usually developed on grants or other unsustainable means) and make them work in the market – as in WIN/WIN.

IMPLICATIONS OF NO-SHOWS AND DOWNTIME

- Comparisons between
 - CMHC in person
 - CMHC telemedicine
 - (scalability mitigates)
 - University clinic in person.
- Traditional model –

• Incentivizing

- Contract model carrots and sticks
- Asynchronous model TIVO life
- DTC we're making house calls again
 - Resident clinic pilot project

EMERGENCE OF OUT OF STATE TELEPSYCHIATRY "CALL CENTERS"

- A troubling past
 - Kentucky and Texas Coal and Oil
 - Net importer of services, exporter of talent
 - Physician friendly?
 - What happens at UofL
 - Education costs money gets paid regardless
 - When money stays it state it feeds programs in the state
- Licensure issues pros and cons

PSYCHIATRIC WORKFORCE CHALLENGES AND HOPE

• Exit forces

• ACA, EMR/EHR, Physician climate, Burnout

• Hope

- Leveraging time asynchrony
- Demographics, facts, and snowflakes
- Our recruitment philosophy at UofL
- Care teams and mid-level providers



RESIDENTS TO TRAIN THE NEXT GENERATION OF TELEHEALTH PROVIDERS?

• Why not?

- Working with millennials challenges and rewards
 - Approach to work/life balance
 - Have always had work hour restrictions
 - Time management and training
- Digital Natives vs. Digital Immigrants
 - (assimilated and non-assimilated).

WHO DO WE LOOK FOR?

Tech Savvy •Geeks •nerds •Hackers •super-users •metausers •Power-users



People skills •Touchy-feelies

- Psychobabblers
- Squishes
- •Bleeding heart •empathic

WHAT LIES AHEAD?

- We've got to fix medicine.
 - Doctors and plumbers
 - Who wants to be a doctor and why?
 - Hard to live on prestige with 200K of student loans
- The absurdity of place "Moving bits, not atoms (Negroponte)"
- Health Care 3.0?
 - ZDoggMD?
- What is eternal and what is not.



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