



FLEX TIME

When COVID hit, Minnesota's psychiatrists made a rapid shift to telehealth. Opinions vary about its success.

BY ANDY STEINER

Until recently, psychiatry was largely an in-person profession. Most psychiatric appointments were one-on-one affairs, with psychiatrist and a patient alone in a room. When COVID arrived in the United states, psychiatrists and their support teams around the country had to shift rapidly to virtual practice. Patients needed care—and psychiatrists, if they wanted their practices to survive, needed to find a way to safely provide it.

In the years leading up to this seismic shift, many Minnesota mental health providers had been making plans to one day offer telemedicine visits as an option for patients who couldn't easily make it into the clinic. In some isolated rural commu-

nities, this already had been happening for decades, but resistance from insurers held up the process for many others.

Pressures from COVID-19 ultimately forced the decision, and governmental agencies and insurance companies relaxed regulations that had been limiting telehealth, ushering in a change that health care providers had been dreaming about for years, says Kaz Nelson, MD, associate professor and vice chair of education at the University of Minnesota's Department of Psychiatry and Behavioral Sciences.

"A lot of the regulations that were hard to move around were relaxed very rapidly by the federal body that enforces HIPAA," Nelson says. "When COVID happened,

basically they said right away, 'We're not going to enforce HIPAA right now. If you want to provide care using Google, Zoom, Facetime or Doxy on your cellphone or other video communication device, go ahead. We are not going to come after you for HIPAA violations.' When that happened, it really freed up systems to pivot very rapidly."

Minnesota Medicine talked to Minnesota psychiatrists—and a few other mental health insiders—about how the sudden shift to telehealth impacted their practices. Some gave this new way of working rave reviews, saying they plan on seeing patients remotely long after the pandemic is over or at least ebbing. Others talked about the shortcomings of virtual visits—and even more told of ways this new option will change their practices well into the future.

Was it hard to make the shift to telemedicine?

"It happened in our clinic very rapidly. Within a week we moved to almost all online care, except sometimes people have to come in for an injectable medicine. Most of our providers are working from home. You can even route calls from a clinic to someone's home. With a lot of effort, this

all came together. We also switched to providing inpatient psychiatry services using the same technology.”

KAZ NELSON, MD, UNIVERSITY OF MINNESOTA

“Suddenly, when COVID struck, the primary way of delivering care for us became video. We now offer between 70 and 80 percent of our outpatient services through video. We were well prepared for this. We flipped over within three weeks. Admittedly, I was a bit of a skeptic about how impactful televideo could be in mental health, but for us it’s worked wonderfully.”

TODD ARCHBOLD, CEO, PRAIRIECARE MEDICAL GROUP

“An important part of the telehealth story is to think about how clinicians and psychiatrists adapted to telehealth when COVID struck. We had to make the switch very quickly, within weeks. It’s clearly had an impact on our workforce. It is not something we were trained to do. It is not a style of service delivery that any of us had done before. But we switched everything over and kept working.”

JENNY BRITTON, DIRECTOR OF CHILDREN AND FAMILY SERVICES, WASHBURN CENTER FOR CHILDREN

Do you see any disadvantages to telepsychiatry?

“It is a very different experience doing a telepsychiatry appointment with someone who is an established patient you’ve seen for years. In those cases, it is as smooth as silk. But in the early stages, when you are just getting to know somebody, when the therapeutic rapport is getting established, it just doesn’t measure up to an in-person appointment.”

MARIE OLSETH, MD, DFAPA, OWNER, WEST END CONSULTATION GROUP

“We need to be able to see and hear to make it work well. Also, eye contact can be an issue with screen communication. Oftentimes, when you’re on a platform like Zoom, you’re looking at yourself rather than at the camera. People with a lot of experience with this have learned how to develop trust without locking eye contact.

If you haven’t developed that skill, you can struggle with interpreting people’s expressions or communication cues.”

KAZ NELSON

Many providers are discovering unexpected advantages to virtual visits. What do you like most about offering this option?

“I have some patients I’ve done telepsychiatry visits with when they’ve been on the road for work. When everything suddenly changed, it was easy for us to pick up and go with it. I’m grateful that we have this option during the pandemic.”

MARIE OLSETH

“There are going to be people who strongly advocate for inpatient care continuing—hospital leaders and administrators and providers who are interested in resuming normal operations. Me, personally, I have found this to be awesome. The amount it takes to drive in to work, all the energy it takes to go and provide care is eliminated by a Zoom link. Think of all the carbon that was being wasted. I honestly don’t miss the face-to-face at all. Working this way, I can meet my needs and my family’s needs so much more efficiently. I feel like I am balancing a thousand things all the time. You can give away my fancy desk: Someone else can have it. If they let me, I will always work from home. For me, it’s been quite an elegant solution.”

KAZ NELSON

“In general, I can tell you that most of our patients have embraced telehealth. Over the past 15 years, we’re a public mental health clinic, traditionally about 50 percent of patients miss their appointments. They don’t have transportation. They forget. They aren’t motivated. With telehealth, we have a show rate between 85 and 90 percent.”

MICHAEL FARNSWORTH, MD, DFAPA, FORENSIC PSYCHIATRIST

There are some client populations that telepsychiatry just doesn’t seem work well for, like those enrolled in Assertive Community Treatment programs for people with serious and persistent mental illness or addiction. What’s been your experience so far?

“A lot of our patients don’t have a cell phone. They often don’t have a data plan or a computer or access to the internet. Then you throw that in with the level of paranoia they have. All of this technology can get frightening ... Most of my appointments are still in person. We are trying to see people outside. If they’ll come outside and talk to me, I’ll go and visit them. We’ll have our appointment on the sidewalk. We’re realizing that some people are falling apart that haven’t fallen apart in quite a while. There have been a number of people on my Ramsey County team that have been really stable and more working on recovery for years. I think that the level of isolation that this caused has really



impacted them. There are some people hospitalized that haven't been hospitalized in years. This technology didn't cut it for them, obviously."

STEVE HARKER MD, RAMSEY COUNTY/RADIAS HEALTH FORENSIC ACT TEAM PSYCHIATRIST

What do you think your practice will look like in the future?

"My practice will work a lot like it does today. The first patient might be in my office. The next patient might in a dedicated private space in another town where they could be interviewed via telehealth as if they were in their office. I see them on a high-definition screen that is installed over my desk at eye level. I might be seeing the next patient in my office. I'll just push the screen aside. One of the beauties of interactive high-definition telemedicine is it works well when you have a system that's developed and a program works. We have a system where patients understand it. We have staff dedicated to the model. When a patient comes into the clinic they are greeted at the front desk by the reception. They are brought back by a nurse's aide who does the prep work, takes their vitals."

MICHAEL FARNSWORTH

"There will eventually be a return to in-person practice. But telepsychiatry will be much more widely available. The benefit to come out of this is there will be that telepsychiatry will offer substantially more inclusion and accessibility. Now it is much more accessible in our toolkit. Now that we all have the tools, it will be much more present in our spectrum of practice moving forwards."

KAZ NELSON

"I see us evolving toward more of a flex clinic space where clinicians might have half meetings in person, half on video. There is going to be added logistical complexities for clinicians moving between in-person and televideo visits."

TODD ARCHBOLD



If you had to choose between seeing patients in person or online, which would you pick?

"Do I think it telemedicine an ideal way to practice psychiatry? No. I believe firmly the therapeutic relationship that happens is much more tangible, much stronger when you are in person. We have 1,000 friends on Facebook. We all have the opportunity to see people on a screen, but our opportunities to see people in person are decreasing. While I think it is a great option to use during this time of pandemic or when you can't see a doctor, I don't think it is ideal."

MARIE OLSETH

You're a telepsychiatry pioneer, developing remote links to patients who were physically isolated in remote areas of the state. What did telehealth look like in the early days?

"I was assigned the task of supervising the Minnesota Sex Offender Program in Moose Lake and St. Peter. Out of necessity, we had to develop a system to communicate between those two sites. We had early telehealth attempts to communicate and see some of the residents. In those early days, it was very primitive. It was a lot like when the astronauts landed on the moon and they bounced around and you could see their ghost images. The approach met

the need but it was not ideal. If the patient moved, their ghost image would slowly move with them. We just didn't have the bandwidth."

MICHAEL FARNSWORTH

Do you think comfort level with telepsychiatry is different for different generations?

"I had one teen patient who was really struggling with in-person appointments. Since we've moved to telehealth it's been a restart. It's given her some distance over the screen. It's what teens do. It takes some intensity out of the in-person experience."

RACHAEL KRAHN, PSYD, LP, ASSOCIATE CLINICAL DIRECTOR, WASHBURN CENTER FOR CHILDREN

"My opinion is this is the best thing since sliced bread. But many psychiatrists don't get what I'm saying. They say, 'How could you possibly care for a psychiatric inpatient over a screen?' People like me who have more experience and comfort with technology have found it easier to translate and have developed skills for interacting with people on this platform that are more innate vs. people who didn't have as much experience. I think it definitely may be a generational thing." MM

KAZ NELSON

Andy Steiner is a Twin Cities freelance writer.