



<b>Title</b>	<b>Telehealth: Clinical Guidelines and Technological Standards for Telepsychiatry</b>
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## Aim

To propose clinical guidelines and technical standards that would foster optimal telepsychiatry use, and to examine certain economic, legal, ethical, human, and organizational factors to highlight their importance in implementing programs successfully.

## Conclusions and results

This is the first of 3 reports on different applications of telehealth (telepsychiatry, telerehabilitation, telepathology). In telepsychiatry, patients and mental health professionals communicate in real time via videoconferencing. Studies indicate that telepsychiatry can improve continuity in psychiatric care. In adult telepsychiatry, experts and the literature confirm that many clinical activities can successfully meet the needs of patients and families: patient assessment and diagnostic confirmation; medication review for nonemergent patients; development of clinical care plans; treatment followup and review; psychological assessment and therapy; psychological and neuropsychological testing; forensic evaluation; and certain psychiatric emergencies. Telepsychiatry is contraindicated for violent, unstable, or impulsive patients and those at immediate risk for suicide.

Little has been done to assess the economic aspects of telepsychiatry, and the quality of cost data is less than optimal. This analysis aims only at providing budgetary indications on investment and operating costs. The break-even point of this technology is tied to volume, and the suggested minimum of 7 consultations per week will need to be confirmed. The incremental cost estimate for telepsychiatric activities assumes 2 days per week, representing a weekly average of about 14 consultations. The room, equipment, and transmission lines could be used for other purposes, which would help offset the required initial investment. Given the deficiencies in information on quality and economic outcomes, the implementation of telepsychiatry should be followed by rigorous field assessments.

Because of patient/therapist discomfort with the distance and equipment, care providers need training to help smooth the transition for their patients. Legislation and guidelines are needed to ensure that only legally competent patients use the service, that consent is obtained, and that confidentiality is maintained.

Two aspects are discussed from an ethical standpoint: 1) the future prospect of increased access to specialized services in remote areas; and 2) the transformation of the traditional therapeutic relationship (face-to-face consultation). Telepsychiatry alone cannot be viewed as the solution to the problem of providing good coverage throughout the province.

## Recommendations

*Clinical guidelines:* To provide service “relatively equivalent” to conventional therapy, telepsychiatry must be supported by a central reservation system, a generic consultation tool, thorough record keeping, standard agreements between the service governing and delivery bodies, remuneration mechanisms, training for service providers, dispute resolution procedures, and staff coordination.

*Technological standards:* Effective services require consulting room standards (size, color, lighting, noise) and equipment standards (remote-control cameras, telephone and fax, the H.264 compression standard, and a 384-Kbps reserved-bandwidth connection).

## Methods

Literature search, expert interviews, equipment testing.

## Further research/reviews required

The expanded implementation of telepsychiatry should be accompanied by a rigorous ongoing assessment of cost, satisfaction, quality, and accessibility.