

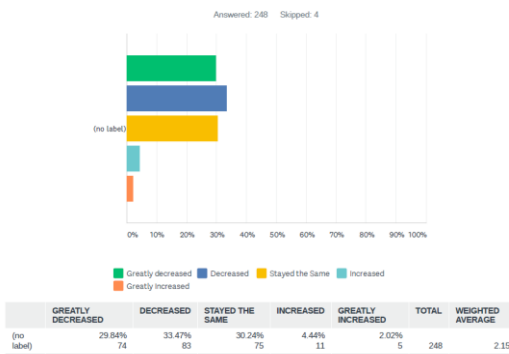
# Telehealth Use among Psychiatrist Members of the Massachusetts Psychiatric Society (MPS)

The Massachusetts Psychiatric Society (MPS) which represents the majority of psychiatrists in MA, conducted a survey on telehealth use during the Covid-19 state of emergency.

## March through early June 2020

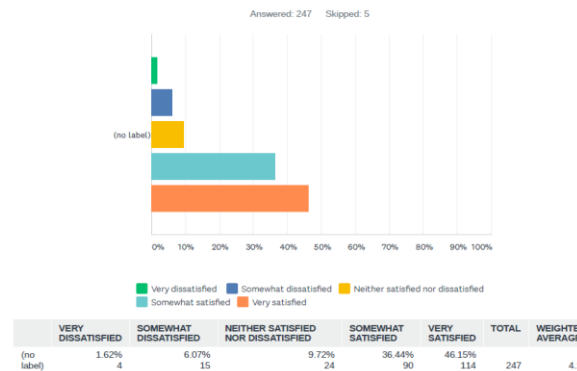
**No shows** Of the 250 respondents, a striking number, 94%, answered that Telehealth had resulted in improved (62.3%) or no change (32%) in no show rates for existing patients with only 5.5% of respondents indicating a negative response on no show rates.

Q1 Since the increased use of telehealth in the COVID-19 crisis, has your no-show rate...



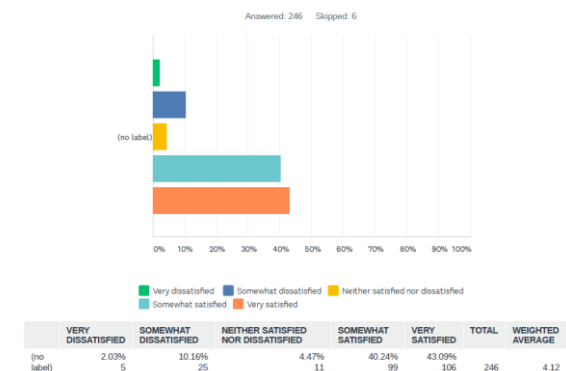
**Satisfactions/Providers** Consistent with this finding, 87% of providers reported that they were very satisfied or somewhat satisfied with telehealth, and 84% reported that patient feedback was positive regarding telehealth use for psychiatric treatment.

Q2 Has patient feedback from Telehealth been generally



**Only treatment** Eighty percent (80%) of providers indicated that they were seeing patients for whom telehealth was the only treatment option during the pandemic. Providers commented on enjoying a more intimate view of their patients' lives, families, and homes which patients likewise enjoyed sharing.

Q3 Has your experience with Telehealth been



**Platform Use** Most providers used a combination of audio and visual platforms or audio only (mostly telephone) depending on the needs of their patients, and 87% of providers used audio only as a platform for some patients. Providers used a variety of audio-visual platforms including:

- Zoom 70%
- Doxy.me 52%
- FaceTime 29%
- Doximity 17%
- Google Meet 9%
- Skype 7%

Several other platforms to a lesser extent

**Costs** Among those who indicated an investment of time and money, the median cost was \$600 and the median investment of hours was 13.5 hours at the time. Thirty four percent of respondents indicated that they did not incur additional costs, although in many cases these were individuals who were not self-employed, so any additional costs were borne by the employer. Some costs were attributable to new equipment outlays such as laptop computers, and others were noted to be ongoing including subscription prices for platforms and additional documentation time with the new method of providing patient care. Much of the time investment was attributable to learning the new system and relevant regulations.

**Barriers/Disadvantages to Telehealth Use** Providers indicated that barriers to telehealth use included:

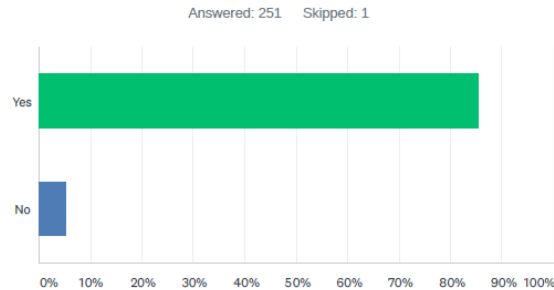
- Lack of patient access to telehealth platforms (52%)
- Lack of privacy on the patient side (46%)
- A less optimum experience than in-person visits due to inability to evaluate some aspects of the neurologic exam and mental status exam (50%)
- No provider barriers (37%)
- No patient barriers (31%),
- Connectivity issues (31%);
- Technology difficulties including less than optimal technology, no tech support, and screen time exhaustion (22%)
- Patient barriers \* (20%)
- Privacy on the provider side (10%)
- Provider reimbursement (8%)
- Cost 4%
- Medical licensure re patient out of state (3%)
- Documentation burdens (1%)

\* frequently noted for geriatric patients, including cognitive, physical and mental health issues e.g. lack of technical experience, visual impairments, discomfort using technology, anxiety due to technology use, paranoia, desire to not be viewed on camera.

**Continued use of telehealth beyond the Covid 19 Emergency**

Providers indicated a desire to continue to use telehealth (85%) with noted perceived future barriers including lack of party in payment, loss of flexible platform use such as limitations on telephone only, and non HIPPA compliant platforms.

Q9 Do you plan on continuing to use Telehealth after the State of Emergency for COVID-19 is lifted?



ANSWER CHOICES	RESPONSES	
Yes	85.26%	214
No	5.18%	13
TOTAL		251