



# Telepsychiatry at UH-JABSOM

*Current and Future Opportunities*

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# History

- Developed to improve rural access for behavioral health care
- Established relationships and developed telepsychiatry “champions” at receive sites
- Telepsychiatry became seamless, similar to in-person clinics
- Current sites include:
  - Hilo (Hawai‘i)
  - Kaua‘i
  - Kona (Hawai‘i)
  - Lāhainā (Maui)
  - Lāna‘i
  - Leeward (O‘ahu)
  - Moloka‘i
  - Wailuku (Hawai‘i)
  - Waimea (Hawai‘i)



# Funding

- Pilot started with multi-year funding from federal and state sources
- Permanent program integrated through various revenue streams:
  - Contracts
  - Fee-for-service (alone, not sustainable)

Attending and staff expense		
Personnel	FTE	Expense
MD	2.25	381,582
Admin support	1	42,000
	Fringe	169,433
Travel		10,720
	Subtotal	603,735
Residency		
R2	0.54	29,634
R4	1	58,612
R5C	2	124,650
	Fringe	59,611
Travel		50,182
	Subtotal	322,689
	Total	926,424
Fee-for-service revenue		
QUEST	92%	
HMSA	7%	
Kaiser	1%	
QEXA	0.30%	



# Funding

- Capacity– Telepsychiatry in its current form addresses distance barriers, but not capacity nor provider workforce development



## Next steps

- Integrate behavioral health with primary care
- Develop process to increase capacity through multidisciplinary collaboration in the medical home
- Technology for virtual multidisciplinary support to the primary care provider
- Train the next generation of primary care physicians to increase wellness through early and multidisciplinary behavioral health interventions
- Change financial model from volume to wellness
- Develop new funding paradigms for the virtual multidisciplinary team supporting the primary care provider

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