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TELEMEDICINE
1. Telepsychiatry term used in 1973 to describe consultation services from MGH to medical site in Boston
2. Fast growth has started since 1990’s with improvement of technology
3. Psychiatry programs are now used in multiple diverse setting like detention centers, community mental health clinics, schools, private practice

PURPOSE
• Increase access to psychiatric care
• It can provide evidence-based care that produces outcome superior to those that the patient can receive through usual community care
• Currently in State of Wyoming – 5(6) child and adolescent psychiatrists

CLINICAL CONSIDERATION
• Appropriateness for telepsychiatry-developmental level, autistic or developmentally impaired children, children suffering from psychotic disorders
• Parent’s( guardian’s) preferences
• Clinical support
• Lack of consent for treatment using telemedicine- contraindication
• Integration with local community services and resources

TELEMEDICINE SESSION
• 30 min session follow up visits
• Support staff - collateral information
• BP, HR, HT, WT, checking in and scheduling, lab work
• Conversation and observational skills
• Response to the treatment, side effects of medications, provide therapy
• May be use for consultation, new assessments, urgent and emergency care

PATIENTS’ RESPONSE
• Appreciative - specialized, evidence-based care, continuation of care
• Lower cost
• Limit travel time
• Limit absence from work, school
• More predictable hours of service
BENEFITS FOR PROVIDERS

• Close monitoring of the patient, response to treatment, possible side effects, every 2-4 weeks, unless needed to be seen earlier
• Limit travel time

PARENTS’ CONCERNS

• Equipment
• Face to face preference
• Patient – provider relationship
• Confidentiality
• Education about telemedicine procedure