



NORTH DAKOTA  
**PSYCHIATRIC**  
SOCIETY

A District Branch of the  
American Psychiatric Association



March 15<sup>th</sup>, 2021

To: House Human Services Committee

Re: Support Bill SB 2179: fair reimbursement rates for telehealth services

Esteemed Chairman Weisz, members of the House Human Services Committee,

My name is Gabriela Balf, MD, MPH, I am a psychiatrist with Missouri River Health, a small private practice in Bismarck, ND, and a Clinical Associate Professor at UND School of Medicine. We see people of all ages, especially adolescents and young adults. I personally have practiced telepsychiatry for more than seven years; it is one of the subjects I teach and train students in.

One of the very few benefits this pandemic has brought to our state is the rapid expansion of telehealth services and its universal embracing by the patients. Our patients have expressed gratitude to have this service offered to them while at home, as this has meant, for them, huge relief regarding travel costs, time lost from work and lost wages accompanying their children or their elderly parents. I attached an audio testimony provided by the mother of one of my adolescents with PTSD.

<https://youtu.be/zHvVKDO1aQw>

Other examples: a 35-year-old woman patient from Bowman (insurance: Medicaid) with five children, had hard time coming to the office for a half hour follow up. I waived her fees several times and I saw her in the peace of her home, because I could not bill for a video appointment with her insurance. As I think of my disadvantaged patients, to whom my heart goes first, it would have been unsustainable to offer this service long-term.

I was able to check on my nursing home, wheelchair bound patient with Parkinson-related dementia, when her daughter went there and held up an ipad for a FaceTime visit. I had not seen her in a year because the daughter works full time, the nursing home has difficult time handling my patient, and taking her out of the environment once, two years ago, prompted such agitation that she had to be hospitalized.

Parents of adolescents with gender issues, PTSD, have been able to bring their kids in front of the computer a lot easier than getting them out of school for a “shrink” appointment.

On the other hand, I have to sustain my practice. Let me show you my expenses:

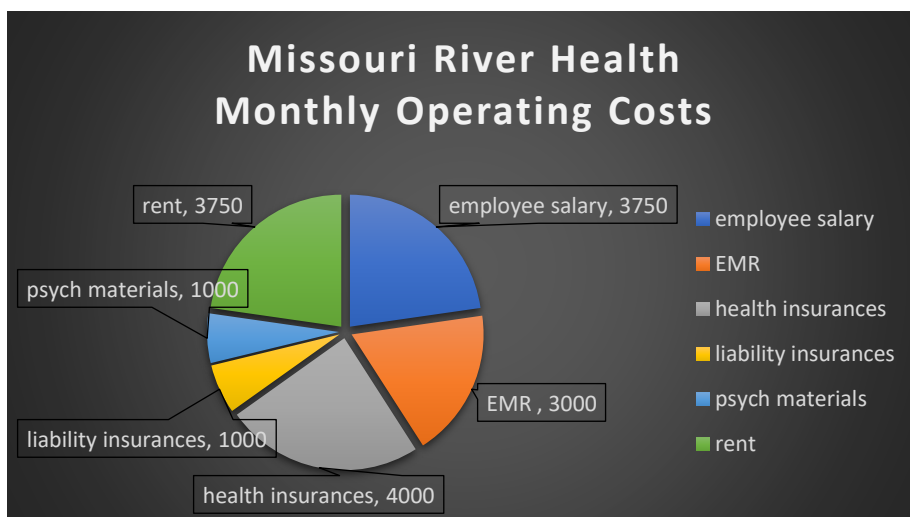


Fig. 1. The majority of operating costs are **not** contingent upon the physical presence of patients.

Besides coffee and tissues costs, there is no operating costs difference between a telehealth visit and an in-person visit.

Telehealth saves the system money indirectly: at least for mental health, the visits are equivalent to in-person appointments, suicides are averted, and unnecessary ED visits avoided<sup>1</sup> (some studies show the cost of an ED visit as \$1734 on average. Not in ND. If ambulance is involved, that cost is at least \$900 one way. If we find a bed in ND.)

The studies showing lesser costs and possibly increased spending only focused on **acute conditions** like respiratory infections, where liability drives up follow ups, etc.<sup>2</sup> **Longitudinal care for chronic conditions** like diabetes<sup>3</sup>, mental health<sup>4</sup>, etc., would not benefit from episodic interventions from a party that does not have access to your data, nor communicates with your personal clinicians. Hopefully, we will continue to evolve from the acute care medical model, to the prevention and thoughtful care model that leads to a long and healthy life.

Thank you for listening,  
Gabriela Balf-Soran, MD, MPH

Missouri River Health – psychiatrist  
Assoc Clin Prof UND School of Medicine  
ND Psychiatric Society Immediate Past-President

#### References:

1. Forte A, Sarli G, Polidori L, Lester D, Pompili M. The Role of New Technologies to Prevent Suicide in Adolescence: A Systematic Review of the Literature. Med Kaunas Lith 2021;57(2).
2. Ashwood JS, Mehrotra A, Cowling D, Uscher-Pines L. Direct-To-Consumer Telehealth May Increase Access To Care But Does Not Decrease Spending. Health Aff Proj Hope 2017;36(3):485–91.
3. Lu AD, Gunzburger E, Glorioso TJ, et al. Impact of Longitudinal Virtual Primary Care on Diabetes Quality of Care. J Gen Intern Med 2021;1–8.
4. Thomas N, McDonald C, de Boer K, Brand RM, Nedeljkovic M, Seabrook L. Review of the current empirical literature on using videoconferencing to deliver individual psychotherapies to adults with mental health problems. Psychol Psychother 2021;