



NATIONAL COALITION *for* HOMELESS VETERANS

“Telemedicine - A Cost-Reducing Means of Delivering Psychotherapy to Rural Combat Veterans with PTSD”

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Quick Takeaways:

- Telemedicine through clinical videoteleconferencing (CVT) allows for face-to-face treatment of Posttraumatic Stress Disorder (PTSD) via communication using webcams.
- CVT treatment of PTSD is roughly as effective as traditional in-person PTSD treatment.
- CVT treatment of PTSD represents a cost savings over in-person PTSD treatment.

Study:

Researchers wished to understand the cost-effectiveness of CVT in comparison to traditional in-person PTSD treatment. They analyzed data from a previous study, which showed the non-inferior clinical effectiveness of CVT in comparison to in-person treatment. This allowed them to estimate the costs of CVT in relation to in-person treatment while controlling for the effectiveness of treatment.

Researchers estimated a per-session cost and total cost of each treatment, adjusted for inflation. The cost of personnel included a clerk and technician in addition to a therapist. For CVT, they also calculated equipment costs, which were amortized across the estimated life of the equipment and the expected amount of use, and included the cost of internet usage. In-person treatment costs used similar measures but did not include equipment costs, and instead calculated travel costs for personnel. A total cost per participant was calculated using the cost of each session with the total number of sessions each participant attended.

Findings:

Researchers found that CVT represented a significant cost savings over in-person treatment for PTSD. Per session, CVT saved \$713 over in-person treatment, and between \$703-\$710 when adjusting for effectiveness of treatment.

Conclusion:

Previous studies have shown that the clinical effectiveness of CVT in treating PTSD is similar to traditional in-person treatment. In this study, researchers found that CVT is much more cost effective per session than in-person treatment. They note that CVT represents access to treatment for veterans in rural or remote areas who may otherwise not be able to receive treatment, and that the alternative to CVT is often not in-person treatment but no treatment at all. While CVT would allow for more veterans to be treated than through traditional means, and with a higher overall cost, this does not account for the significant costs of, financial and otherwise, of untreated PTSD.

Further research is needed to understand the costs of widespread implementation of CVT, including varying equipment and installation costs in a variety of geographic areas.

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