

Telehealth Presents Diagnosing Challenges for Patients Who May Be Living with Tardive Dyskinesia (TD)¹



Tardive Dyskinesia is:

- An involuntary movement disorder associated with taking certain mental health medicines (antipsychotics) that are used to treat bipolar disorder, depression, schizophrenia, schizoaffective disorder.¹⁻⁴
- Characterized by uncontrollable, abnormal and repetitive movements of the face, torso and/or other body parts, which may be disruptive and negatively impact patients.^{3,4}
- A real, chronic condition that is unlikely to improve without treatment.⁵

Telehealth screening and diagnosis of drug-induced movement disorders, including TD, is difficult and may be even harder over the phone.⁸

- Screenings for movement disorders should include a physical assessment and visual examination of the body, and telehealth can place substantial limitations on a provider's ability to conduct a thorough physical examination.⁹
- The American Psychiatric Association's clinical guidelines for the treatment of schizophrenia recommend screening for TD at least every six months in high-risk patients, and at least every 12 months for others at risk of developing TD.¹⁰
- Preliminary data developed by Neurocrine Biosciences demonstrate the difficulty of telehealth assessment for movement disorders; in the observational survey (N=277), up to 91% of neurologists and 76% of psychiatrists reported not screening for TD when the visit was conducted via audio-telehealth during the study period of December 2020 - January 2021.⁸



Nearly **75%** of the
**~600,000 Americans
with TD** are
undiagnosed.^{5,6,7}

|| ...there may be particular instances where visual cues may help a practitioner's ability to assess and treat patients with mental health disorders, especially where...mental health medications are involved (for example, visual cues as to patient hygiene, or indicators of self-destructive behavior)¹² ... ||

– Centers for Medicare and Medicaid Services

While telehealth has been a lifeline for many patients during the COVID-19 pandemic, **telehealth should complement, not replace, face-to-face care.**

- In-person visits provide critical opportunities for doctors to notice any abnormal movements and behavioral changes that may otherwise be overlooked and for patients and their providers to determine the appropriateness of telehealth services.¹¹
- There is currently a lack of evidence regarding the impact of telehealth, and in particular audio-only telehealth, on access, quality of care, and outcomes, particularly for those living with serious

mental illnesses. Preliminary evidence suggests audio-only telehealth may exacerbate existing health disparities.⁹

Delivering healthcare and mental healthcare by telephone is not appropriate for every patient.

- Audio-only telehealth can be particularly challenging for people with complex needs such as serious mental illnesses or movement disorders.
- Policies that treat telemental health services, and audio-only delivery of services, as universally appropriate for people living with mental health conditions can lead to under- and misdiagnosis of patients living with TD.

Neurocrine recommends:

- Policies supporting in-person visits:¹⁰
 - Once every 6 months, for mental health services provided via telehealth for certain high-risk patients.
 - Once every 12 months for mental health services provided via telehealth for other patients.
- Audio-only services should be limited to circumstances when a patient would otherwise be unable to access care.
- Telehealth reimbursement policies should not unduly influence or incentivize certain modalities of care.
- Robust data collection and analysis should be conducted on the impact of:
 - Audio-only care delivery.
 - Continued reimbursement for all forms of telehealth at the same rate as in-person visits.
 - Telehealth on health equity and disparities.
 - Quality outcomes for all patients, especially for those individuals living with mental illnesses such as schizophrenia, bipolar disorder, and major depression.

¹ U.S. Department of Health and Human Services. (2021, January 27). Tardive Dyskinesia Information Page. National Institute of Neurological Disorders and Stroke. Retrieved April 29, 2022, from <https://www.ninds.nih.gov/Disorders/All-Disorders/Tardive-Dyskinesia-Information-Page> ² Caroff, S. N., Hurford, I., Lybrand, J., & Campbell, E. C. (2011). Movement disorders induced by antipsychotic drugs: implications of the CATIE schizophrenia trial. *Neurologic clinics*, 29(1), 127–viii. <https://doi.org/10.1016/j.ncl.2010.10.002> ³ American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders*. 5th ed. Arlington, VA: American Psychiatric Association; 2013 ⁴ Task Force on Tardive Dyskinesia. *Tardive Dyskinesia: A Task Force Report of the American Psychiatric Association*. American Psychiatric Association; Washington, DC; 1992 ⁵ Cloud LJ, Zutshi D, Factor SA. Tardive dyskinesia: therapeutic options for an increasingly common disorder *Neurotherapeutics*. 2014;11(1):166–176 ⁶ Data on file. Neurocrine Biosciences ⁷ Data on file. Neurocrine Biosciences ⁸ Bera R, Franey E, Martello K, Bron M, Yonan C. (2021, October 29–November 1). TeleSCOPE: a real-world study of telehealth for the detection and treatment of drug-induced movement disorders. [Poster 122]. *Psych Congress 2021*, San Antonio, TX. ⁹ Karimi, M., Lee, E. C., Couture, S. J., Gonzales, A., Grigorescu, V., Smith, S. R., De Lew, N., & Sommers, B. D. (n.d.). National Survey Trends in Telehealth Use in 2021: Disparities in Utilization and Audio vs. Video Services. Office of the Assistant Secretary for Planning and Evaluation (ASPE). Retrieved April 29, 2022, from <https://www.aspe.hhs.gov/reports/hps-analysis-telehealth-use-2021> ¹⁰ Keepers, G. A., Fochtman, L. J., Anzia, J. M., Benjamin, S., Lyness, J. M., Mojtabei, R., Servis, M., Walaszek, A., Buckley, P., Lenzenweger, M. F., Young, A. S., Degenhardt, A., Hong, S-H, Anzia, D. J., Benson, R. S., Craig, T. J., Crone, C., Hanson, A. L., Oldham, J. M., ... Shemo, J. P. D. (2021). The American Psychiatric Association Practice Guideline for the Treatment of Patients With Schizophrenia. <https://doi.org/10.1176/appi.ajp.2020.177901> ¹¹ El-Mallakh, R. S., Belnap, A., Iyer, S., Shah, C. (2021, June 15–19). Telepsychiatry for Assessing and Managing Tardive Dyskinesia: Expert Insights From a Cross-Disciplinary Virtual Treatment Panel. *CP/AACP Psychiatry Update Spring 2021*, Virtual. ¹² Centers for Medicare & Medicaid Services. (2021, November 19). Medicare Program; CY 2022 Payment Policies Under the Physician Fee Schedule and Other Changes to Part B Payment Policies; Medicare Shared Savings Program Requirements; Provider Enrollment Regulation Updates; and Provider and Supplier Prepayment and Post-Payment Medical Review Requirements. Federal Register. Retrieved April 29, 2022, from <https://www.federalregister.gov/documents/2021/11/19/2021-23972/medicare-program-cy-2022-payment-policies-under-the-physician-fee-schedule-and-other-changes-to-part>