

Dr. Eric Arzubi, MD



**Breaking Barriers,
Saving Lives:
The Power of
Telepsychiatry in
Suicide Prevention
and Mental Health Care**



2025

Breaking Barriers, Saving Lives

The Power of Telepsychiatry in Suicide Prevention and Mental Health Care

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A mom in rural Montana takes a day off work, pulls her kid out of school, drives 4 hours through winter weather for a 30-minute psychiatry appointment, then drives 4 hours back home.

Total Cost:

\$200 in gas

Lost wages

Missed school

8 hours of their lives





Same kid, same
psychiatrist, same quality
care – but the mom stays
at work, the kid stays in
school, and they connect
via video from their
kitchen table.

The Real Question

**The question isn't
whether telehealth is
as good as in-person
care.**

**The question is: Why
are we still making
people choose
between driving 4
hours or getting zero
care at all?**



The Numbers That Should Shock You

- **Only 5-7%** of all medical visits are telehealth (post-COVID decline)
- **36-40%** mental health telehealth adoption (better, but still means 60%+ are stuck with old models)
- **More than half** of U.S. counties have zero psychiatrists
- Alaska and rural communities: People still **fly monthly** to see providers or **travel hundreds of miles**.

WE'VE CREATED THIS FALSE CHOICE



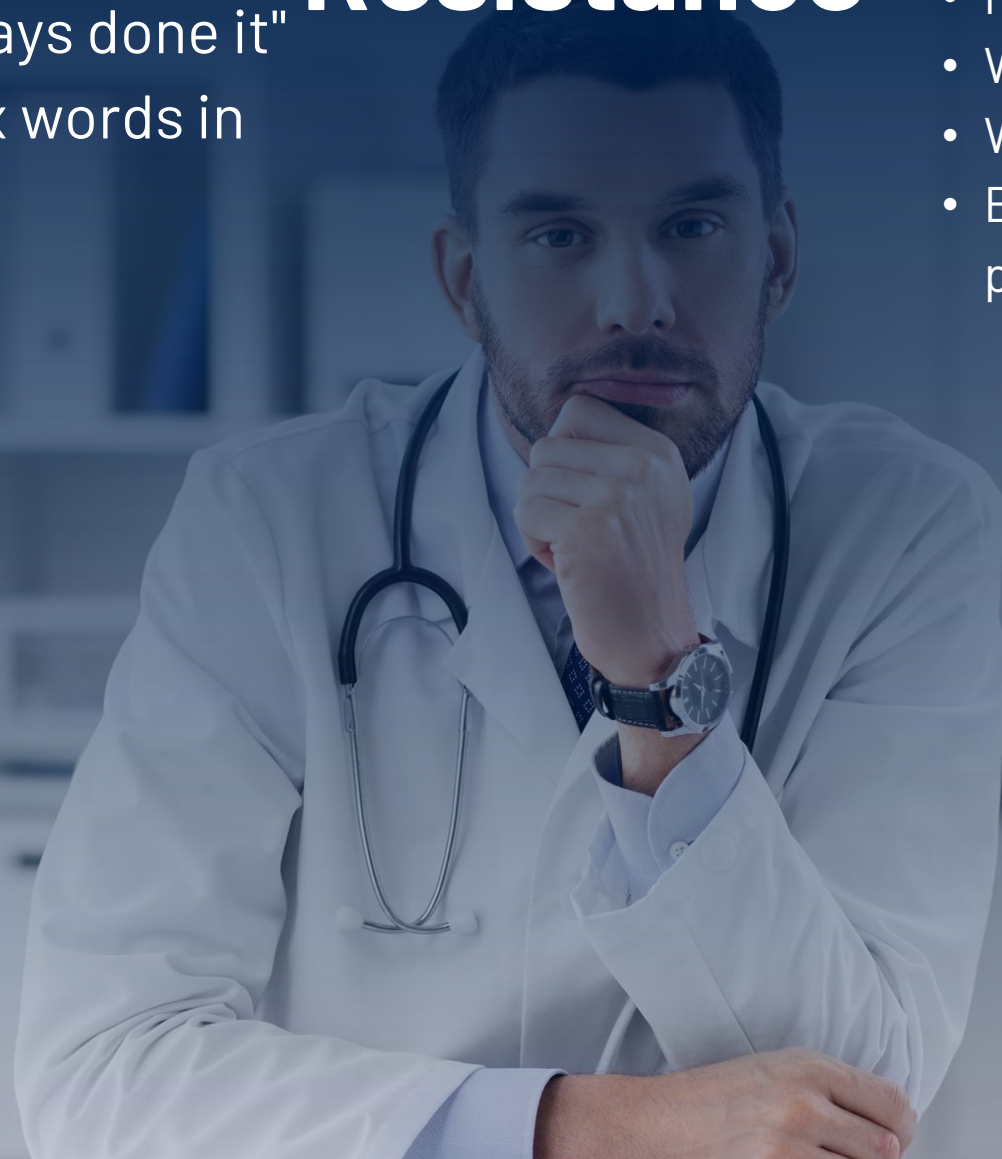
Wrong comparison

The real comparison is: **Telehealth vs. nothing at all**

Provider Resistance

"This is the way we've always done it"
– the most expensive six words in
healthcare

- Providers weren't trained in telehealth
- We're anxious about change
- We think in-person is "better"
- But we're not thinking about the patient. We're thinking about ourselves.





FRONTIER
PSYCHIATRY

Our Solution?

- 100% Telehealth from Day One
- Launched March 2020 (pre-COVID decision)
- Serving Montana, Idaho, Alaska
- **30 providers, 60 employees**
- **4,000+ patients monthly**
- **25,000 patients served to date**

"Import Expertise"

Strategy

Montana has:

1 perinatal psychiatrist → We import 2

1 addiction psychiatrist → We import 2

IN RURAL AMERICA, THE ONLY WAY TO SCALE ACCESS TO CARE IS TELEHEALTH.

WHAT'S THE ALTERNATIVE - PUT AN OFFICE IN EVERY TOWN IN MONTANA?

Our Published Research

JAMA Network Open Study

Our study of our own work

5,372 Montana Medicaid patients

Real data. Real outcomes from Frontier Psychiatry.

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Original Investigation | Psychiatry

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Medicaid Costs and Outcomes for Patients Treated in an Outpatient Telepsychiatry Clinic

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The Results That Changed Everything

- 38% lower hospitalization rates (274 vs. 443 per 1,000 patients)**
- 18% reduction in emergency department visits**
- Appointments within 72 hours vs. months of waiting**
- Cost-neutral to Medicaid – prevention pays for itself**
- We accept nearly all referrals regardless of condition severity**



EMERGENCY

What This Really Means

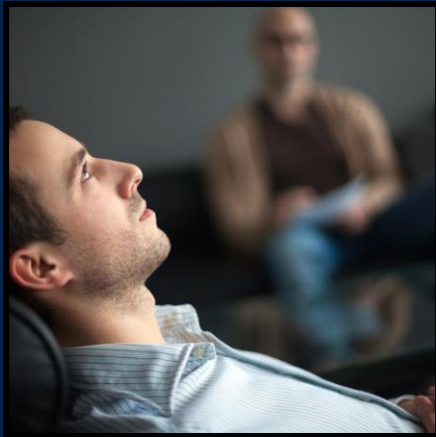
When you can't access care: Small problems become big crises

When you can access care immediately: Crises become manageable outpatient visits

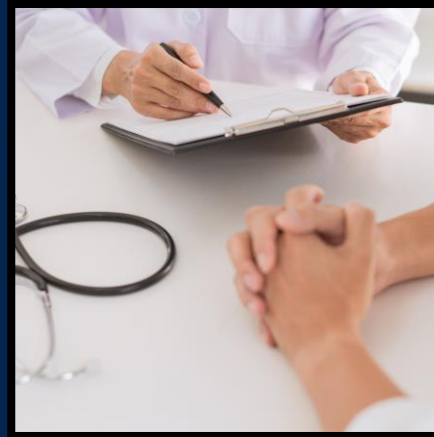
But Here's What's

Virtual care allows us to reach people everywhere, but healthcare is still local.

Telepsychiatry works best when we coordinate closely with:



Local Therapists



Primary Care Providers



Community Support Systems

Technology connects us globally.
Care coordination keeps us grounded locally.

We're Undervaluing Mental Health Care

We're pricing mental health care like it's a luxury service when it's actually the foundation of all health.

Mental health affects:

- Cardiovascular disease – depression doubles heart disease risk
- Diabetes management – anxiety makes blood sugar control nearly impossible
- Immune function – chronic stress suppresses immunity
- Chronic pain – the mind-body connection is measurable

The Economics Are All Wrong



- We reimburse mental health providers less than physical health providers
- We make people wait months for psychiatric care but expect same-day access for urgent care
- We've got the whole system backwards

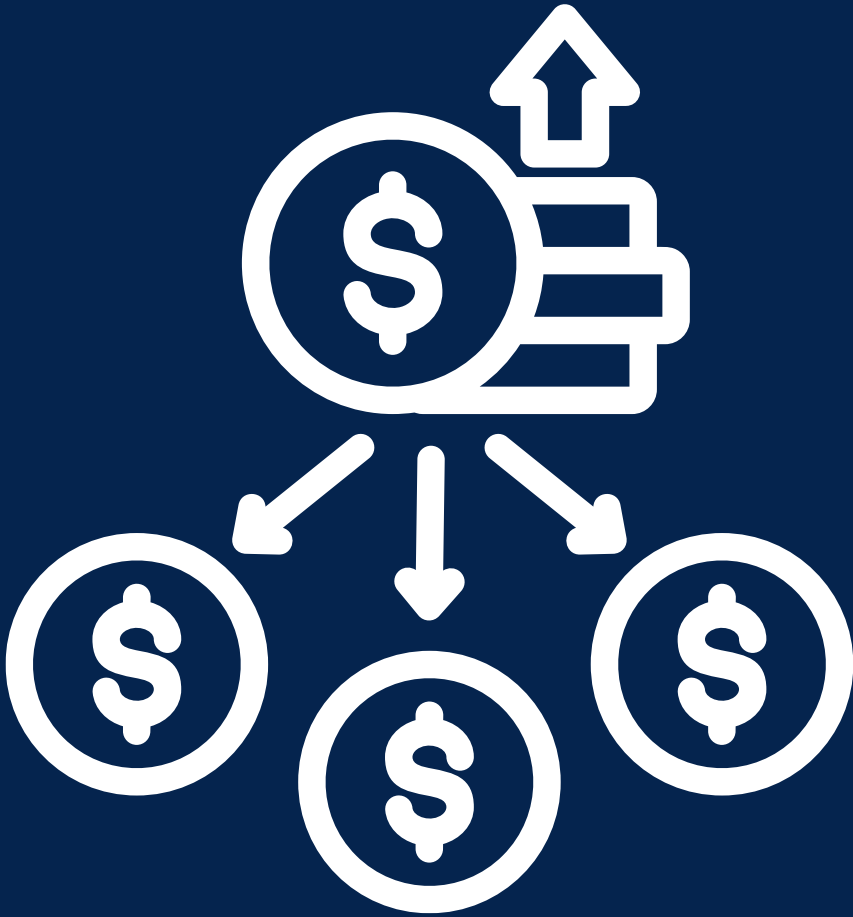
Mental Health IS Healthcare

When someone gets proper mental health care:

- Their diabetes gets better controlled
- Their heart disease risk drops
- They stop overusing emergency departments
- They return to work, contributing to the economy
- Their families stop living in crisis mode



The Real ROI



Every dollar spent on mental health
care saves \$4 in medical costs
– *World Health Organization*

But we're still treating it like an optional add-on instead of essential infrastructure

What We Should Be Getting



We should be getting bonuses for preventing medical crises, not fighting for parity

When you prevent someone from spiraling into psychiatric crisis, you're not just saving mental health costs. You're saving their job, their marriage, their kids' mental health, and probably their physical health too.

CALL
TO
ACTION



Healthcare Systems

- ✓ Stop comparing telehealth to in-person care
- ✓ Start comparing telehealth to no care
- ✓ Invest in provider training and comfort
- ✓ Build culture that supports remote teams
- ✓ Measure whole-person health improvements
- ✓ Stop treating mental health as a separate silo



Providers

- ✓ Get comfortable with technology
- ✓ Focus on patient-centered solutions
- ✓ Embrace innovation instead of resisting it
- ✓ Own the problem—it's ours to solve

Stop thinking about what makes us anxious. Think about the patient.



Policymakers

Our JAMA study handed you the best business case for mental health investment:

- 38% reduction in psychiatric hospitalizations
- 18% fewer emergency department visits
- **Cost-neutral to your budget** – prevention pays for itself
- **Published peer-reviewed evidence**

STOP TREATING MENTAL HEALTH AS A COST CENTER. IT'S A CRISIS PREVENTION SYSTEM.

CALL
TO
ACTION



Communities

- ✓ Demand better access to specialty care
- ✓ Advocate for telehealth options
- ✓ Support providers who are innovating
- ✓ Don't accept "that's just how it is"

The Choice We Actually Have

We can keep debating whether telehealth is "as good as" in-person care while people get zero care and our healthcare system hemorrhages money treating preventable crises.

OR

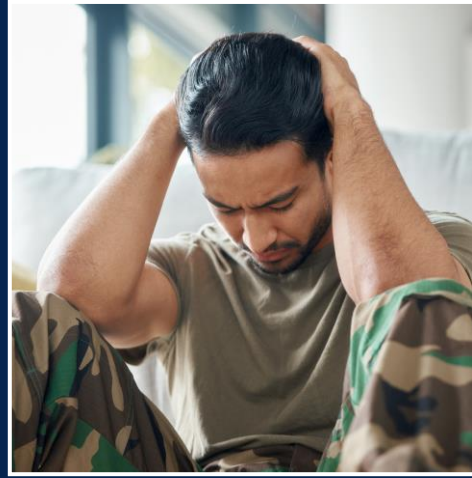
We can recognize that accessible mental health care is the foundation of all health.



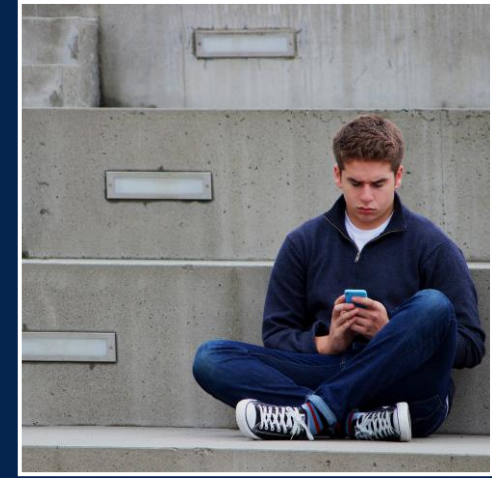
The Stakes



The mom in rural Montana shouldn't choose between work and her kid's mental health – because untreated mental health becomes untreated physical health.



The veteran in Alaska shouldn't fly to Anchorage for medication management – because his PTSD affects his diabetes, sleep, relationships, everything.



The teenager in rural Idaho shouldn't wait months for a psychiatrist – because adolescent depression affects their entire development.

What We Have



The Technology



The Evidence



Proof It Saves Money and Save Lives

What we need is the will to stop undervaluing mental health care and start recognizing it as the healthcare foundation it actually is.

Final Message

Stop comparing telehealth to in-person care.

Start recognizing immediate mental health access as the best investment in whole-person health.



**When we break down barriers to mental health care, we don't
just save minds – we save lives.**

Thank You

Breaking barriers, saving lives through telepsychiatry

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Key Statistics:

- **JAMA study: 5,372 patients, 38% reduction in hospitalizations, 18% fewer ED visits**
- **25,000 patients served**
- **Cost-neutral to Medicaid (\$464 vs. \$388 outpatient, offset by \$202 vs. \$261 inpatient costs)**
- **4,000+ patients monthly**
- **Coverage across 3 states**
- **Patients seen within 72 hours (vs. months of waiting)**
- **\$4 ROI for every \$1 invested (WHO data)**