TeleHealth:
Supporting Integrated Team-Based Care

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SUSTAINING INTEGRATED CARE FOR PERSONS WITH SERIOUS BEHAVIORAL HEALTH CONDITIONS

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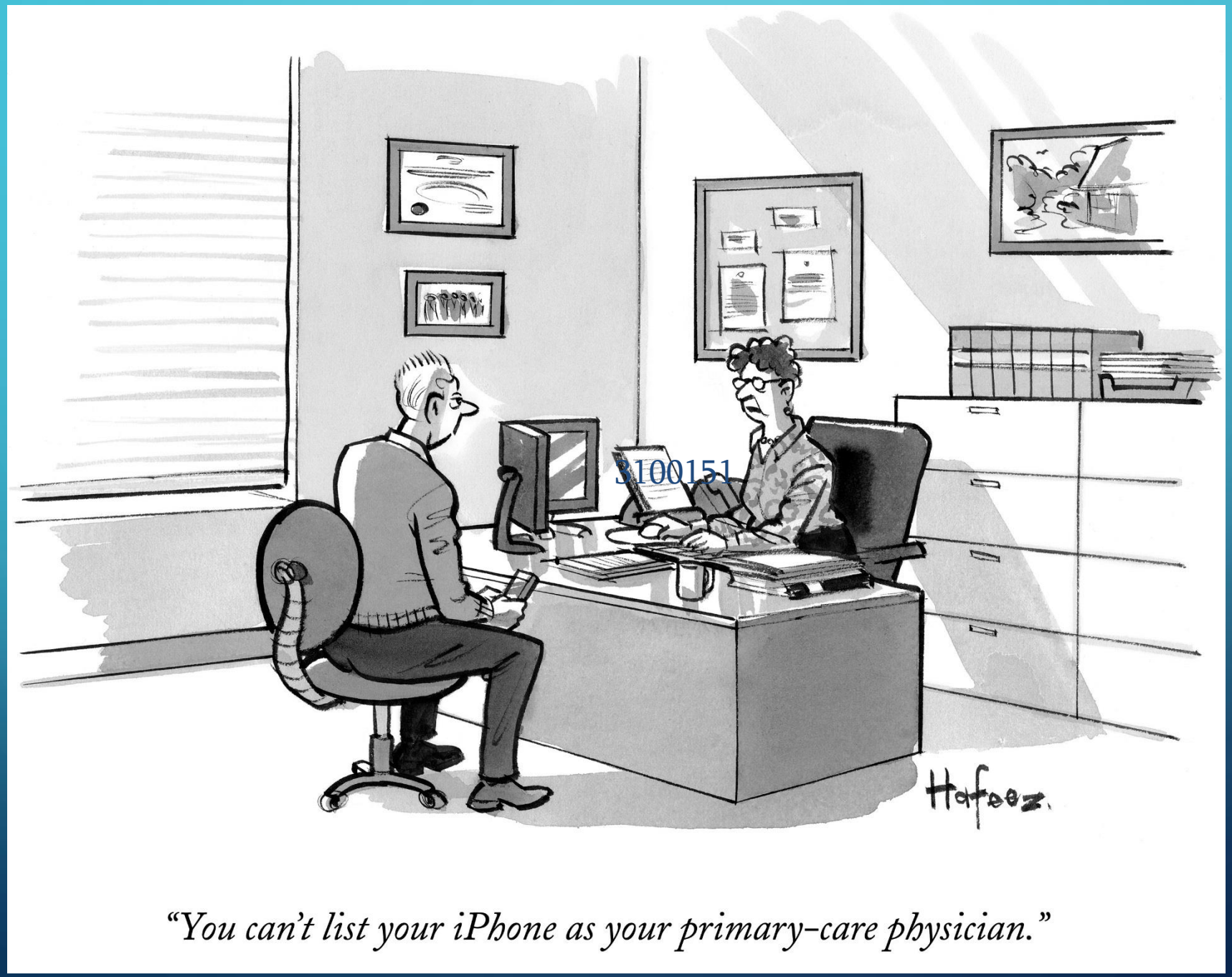
OBJECTIVES

- Understand the basics of how telehealth works
- Understand how telehealth is being used in Oregon
- Understand the keys to effective implementation



"You can't list your iPhone as your primary-care physician."

DEFINITIONS

- **TeleHealth: A collection of means or methods for enhancing health care, public health, and health education delivery and support using telecommunications technologies.**
- **Telemedicine: The remote delivery of health care services and clinical information using telecommunications technology.**
- **Telemental health is the provision of mental health care from a distance.**
- **Originating Site: Where the patient is.**
- **Distant Site: Where the provider is.**
- **Synchronous v. Asynchronous: Real time v. store and forward**

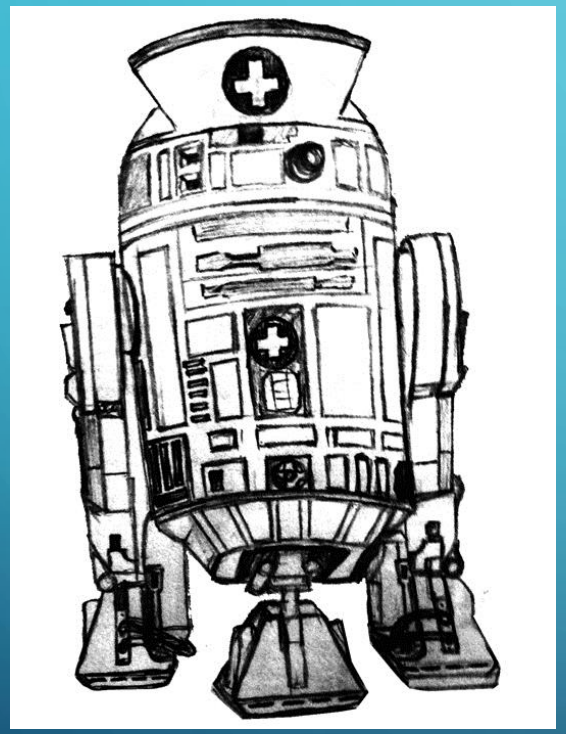
TELEMEDICINE SERVICES SUPPORTING INTEGRATED BEHAVIORAL HEALTH CARE

- Psychiatric services
- Crisis evaluation and care planning
- Mental health and substance use disorder treatment
- Patient information, self-management and recovery support
- Clinical training and case review, e.g. Project ECHO
- Clinical supervision
- Primary physical health care in behavioral health settings

TELEMENTAL HEALTH EVIDENCE AND STANDARDS

- ATA Evidence-Based Practice for Telemental health
  - Most studies specific to telepsychiatry services
  - Generally positive findings related to patient relationships, diagnosing and treatment
  - Provider experience with TMH and technical quality are variables.
  - A broad range of therapies have been studied.
- ATA Practice Guidelines **for** Video-Based Online Mental Health Services
- ATA Lexicon of Assessment and Outcome Measures for Telemental health

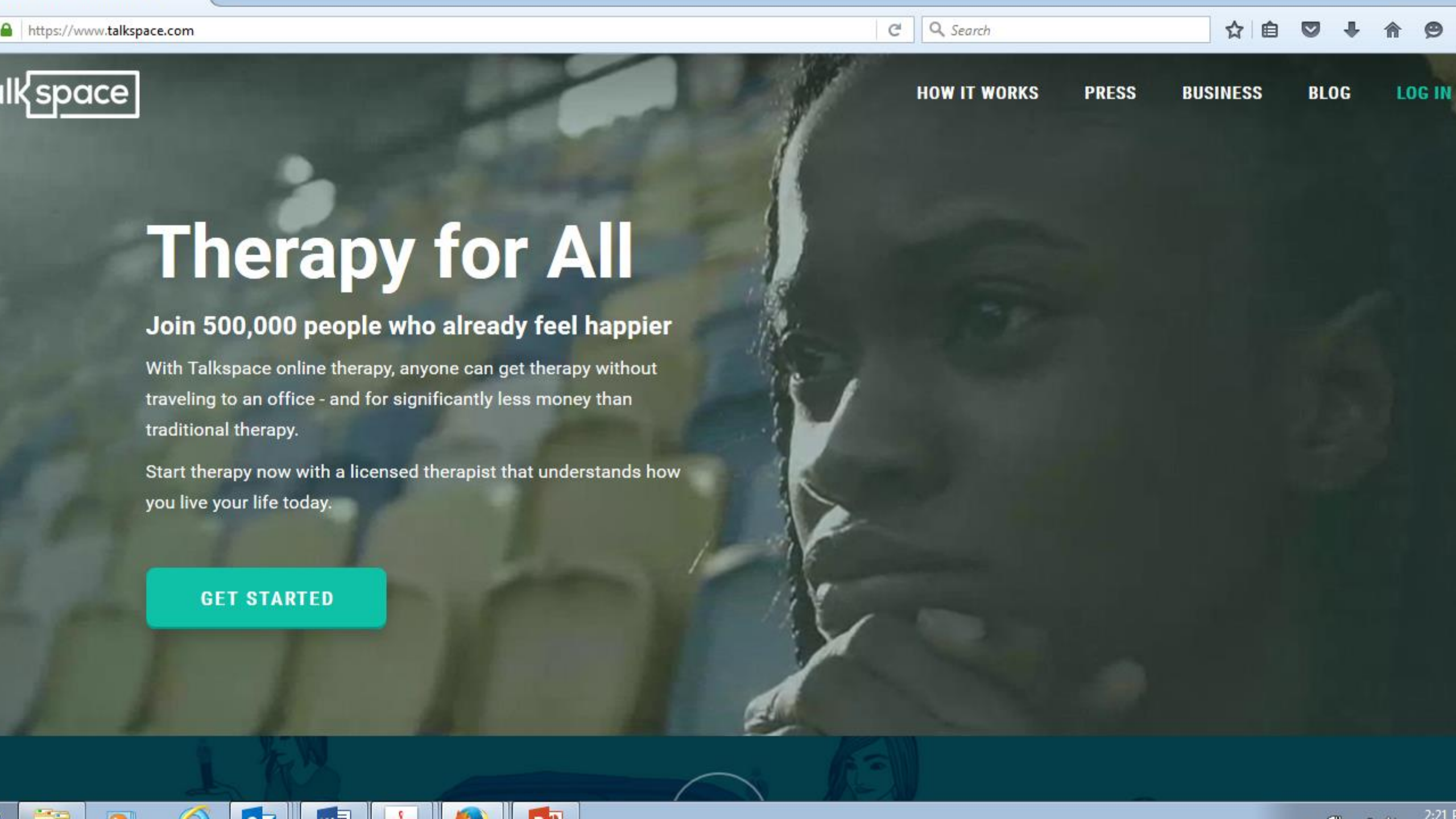
TELEHEALTH TECHNOLOGY: EQUIPMENT



It's not quite this.

But sometimes it's this

TELEHEALTH TECHNOLOGY: BEHAVIORAL HEALTH LOOKS MORE LIKE THIS: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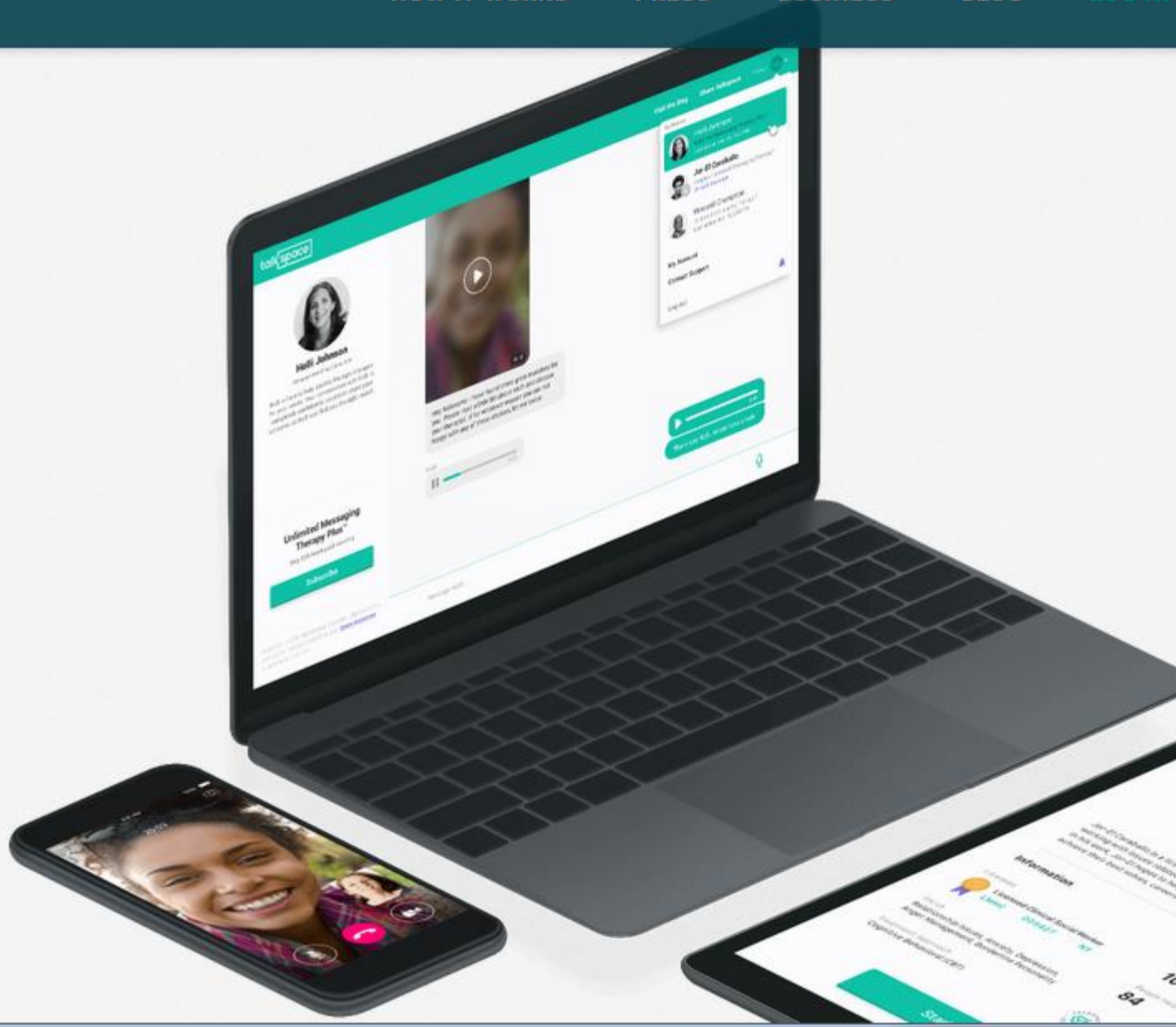


TECHNOLOGY: CONNECTIVITY / NETWORK

- Networks must comply with HIPAA standards, i.e. secure and encrypted
- Meet minimum bandwidth and visual resolution standards.
- Connectivity should be tested prior to patient telehealth encounter
- Ideally network connectivity should be monitored continuously.
- Tech support should be readily available to address connectivity problems.

TELEHEALTH PROCESSES

- Detailed work flows aimed at maintaining or improving provider productivity
- Telehealth process should be similar to onsite encounters whenever possible.
- Patient orientation to telehealth prior to and at the time of the visit.
- Reliable and redundant process for provider communication with clinic staff.
- Telehealth provider documentation readily available to onsite providers.
- Process for evaluating patient and provider experience.

MONEY – WHO REALLY NEEDS IT?

- Who reimburses for Telehealth Services?
- Reimbursement comes from four primary sources
  - Medicare
  - Medicaid
  - Private plans
  - Self-insured employers

MEDICARE

- Medicare – Limited reimbursement policy
  - Via two-way video when patient is present (demonstration project in Alaska/Hawaii for store and forward)
  - Services delivered to originating site, in a HPSA, outside a Metropolitan Statistical Area (MSA)
  - Eligible Providers: Physicians, Nurse Practitioners, Physician Assistants, Nurse Midwives, Clinical Nurse Specialist, Clinical Psychologist/Social Worker, Registered Dietician

MEDICARE

- Specific Originating Sites
  - Provider Offices
  - Hospitals
  - Critical Access Hospitals (CAH)
  - Rural Health Clinics (RHC) (certified)
  - Federally Qualified Health Centers (FQHC)
  - Skilled Nursing Facilities
  - Community Mental Health Centers
  - Hospital/CAH based renal dialysis centers

MEDICARE

- Eligible Services
  - https://www.cms.gov/Outreach-and-Education/Medicare-Learning-Network-MLN/MLNProducts/downloads/telehealthsrvcsfctsht.pdf

What are we doing to change limited Medicare reimbursements?

- Working with CMS to make rule changes
- Working with Congress to require changes

MEDICAID

- Medicaid allows states to determine what and if they cover telehealth
- Medicaid.gov
  - Telemedicine is viewed as a cost-effective alternative to the more traditional face-to-face way of providing medical care (e.g., face-to-face consultations or examinations between provider and patient). As such, states have the option/flexibility to determine whether (or not) to cover telemedicine; what types of telemedicine to cover; where in the state it can be covered; how it is provided/covered; what types of telemedicine practitioners/providers may be covered/reimbursed, as long as such practitioners/providers are 'recognized' and qualified according to Medicaid statute/regulation; and how much to reimburse for telemedicine services, as long as such payments do not exceed Federal Upper Limits.

MEDICAID

- Oregon Medicaid defines telemedicine as “the use of telephonic or electronic communications to transmit medical information from one site to another to improve a patient’s health status.” The rule does provide for the use of other types of transmission such as telephone, fax, or email when videoconferencing is not available

MEDICAID

- To be reimbursable
  - Two-way, real time interactive communication b/t patient and practitioner at the distant site
  - Providers must be licensed w/in the scope of their State Practice Act
  - Addiction and Mental Health Division (AMH) providers AMH must have an agency letter of approval, certification of Approval, or license issued by AMH, be providing covered services and be authorized to submit claims for telemedicine

PRIVATE INSURERS

- Coverage for telemedicine services:
- 1. The telemedicine definition encompasses different types of programs, services and delivery mechanisms for medically appropriate covered services within the patient's benefit package;
- 2. Patient consultations using telephone and online or e-mail are covered when billed services comply with the practice guidelines set forth by the Health Service Commission (HSC) and the applicable HSC approved code requirements, delivered consistent with the HSC practice guideline;
- 3. Patient consultations using videoconferencing, a synchronous (live two-way interactive) video transmission resulting in real time communication between a medical practitioner located in a distant site and the client being evaluated and located in an originating site, is covered when billed services comply with the billing requirements stated in below;
- 4. Telephonic codes may be used in lieu of videoconferencing codes, if videoconferencing equipment is not available.
- OAR 410-130-0610

PRIVATE INSURERS

- Telehealth Alliance of Oregon worked with the legislature to ensure private insurers were required to pay for telehealth services
- SB 24 (2009)
  - https://olis.leg.state.or.us/liz/2009R1/Downloads/MeasureDocument/SB0024/Enrolled
- SB 144 (2015)
  - https://olis.leg.state.or.us/liz/2015R1/Downloads/MeasureDocument/SB0144/Enrolled

PRIVATE INSURERS

- The bills specify that:
  - 1. The insurer may not discriminate between urban and rural.
  - 2. The originating site is where the patient is, be that healthcare facility, home school, workplace, etc.
  - 3. The telemedicine must be provided via two-way videoconferencing.
- An insurer must cover the telemedicine service if
  - 1. The plan provides coverage of the health service when provided in person by a health professional.
  - 2. The health service is medically necessary.
  - 3. The telemedicine services is determined to be safely and effectively provided using synchronous two-way interactive video conferencing according to generally accepted health care practices and standards.
  - 4. The application and technology used to provide the health service meet all standards required by state and federal laws governing the privacy and security of protected health information.

PRIVATE INSURERS

- Coverage of telemedicine services is subject to the following:
  1. The terms and conditions of the health benefit plan
  2. The reimbursement specified in the contract between the plan and the health professional
- The insurer is not required to reimburse a health professional for a telemedicine service if that service is not covered in their health plan, or health professional has not contracted with the plan.
- The Public Employees Benefit Board and the Oregon Educators Benefit Board are now required to reimburse for telemedicine services.

SELF INSURED GROUP HEALTH PLANS

- Regulated by the Employee Retirement Income Security Act (ERISA)
- Does not require that an employer provide health insurance to its employees or retirees, but it regulates the operation of a health benefit plan if an employer chooses to establish one;
- Recognize the value telemedicine can provide to both employers and employees;
- ERISA Industry Committee (ERIC) has developed an initiative that:
  - AVOID imposing additional requirements on providers that offer telehealth services that are not imposed on in-person visits;
  - AVOID restrictions that require patients to visit specific locations (e.g., "originating sites") in order to access telehealth services;
  - ADOPT technology-neutral requirements, permitting use of different types of technology platforms that are designed for telehealth;
  - ADOPT licensing policies that facilitate inter-state practice so providers, located in or out of the state, who deliver high-quality care, can serve patients located in that state; and
  - CONSIDER the needs of patients to have better access to care that can be provided via telehealth, either through a telehealth visit or remote monitoring of health conditions.

TELEHEALTH AND WORKFORCE

- Shortage of providers – across the professions and geographic areas
- Team based care – important to the success of future health care delivery system
- Delivering care where it is needed
- Telehealth is not THE solution to address workforce shortages

WHERE CAN I FIND ALL THIS INFORMATION?

Telehealth Alliance of Oregon

http://www.ortelehealth.org

American Telehealth Association

http://www.americantelemed.org/home

TELEPSYCHIATRY MODELS

- Patient assessment, diagnoses, treatment planning and prescribing
- Provider consultations
- Telephone consultations: OPAL-K
- Collaborative Care
- Clinical case review and education, e.g. Project ECHO
  - Adult psychiatry
  - Child and adolescent psychiatry
- Psychiatric Training, e.g. Aptius

TELEPSYCHIATRY TO ONE RURAL OREGON CLINIC

- The Clinic: Symmetry Care – a private, non-profit community mental health program in Burns, Oregon (formerly Harney County Behavioral Health)
- Harney County in South East Oregon, population 7, 146 and Burns is county seat with population 2,728
- No psychiatrists, psychologists of psychiatric nurse practitioners live in county
- Symmetry Care serves a predominately Medicaid population with a significant SPMI sub-population

SYMMETRY CARE: STATISTICS

- 272 patients enrolled in services
- 40 SMI patients (roughly 15% of total)
- 38 SMI patients using telepsychiatry
- 16 SMI patients enrolled in ACT
- Fidelity Wraparound service planning process available

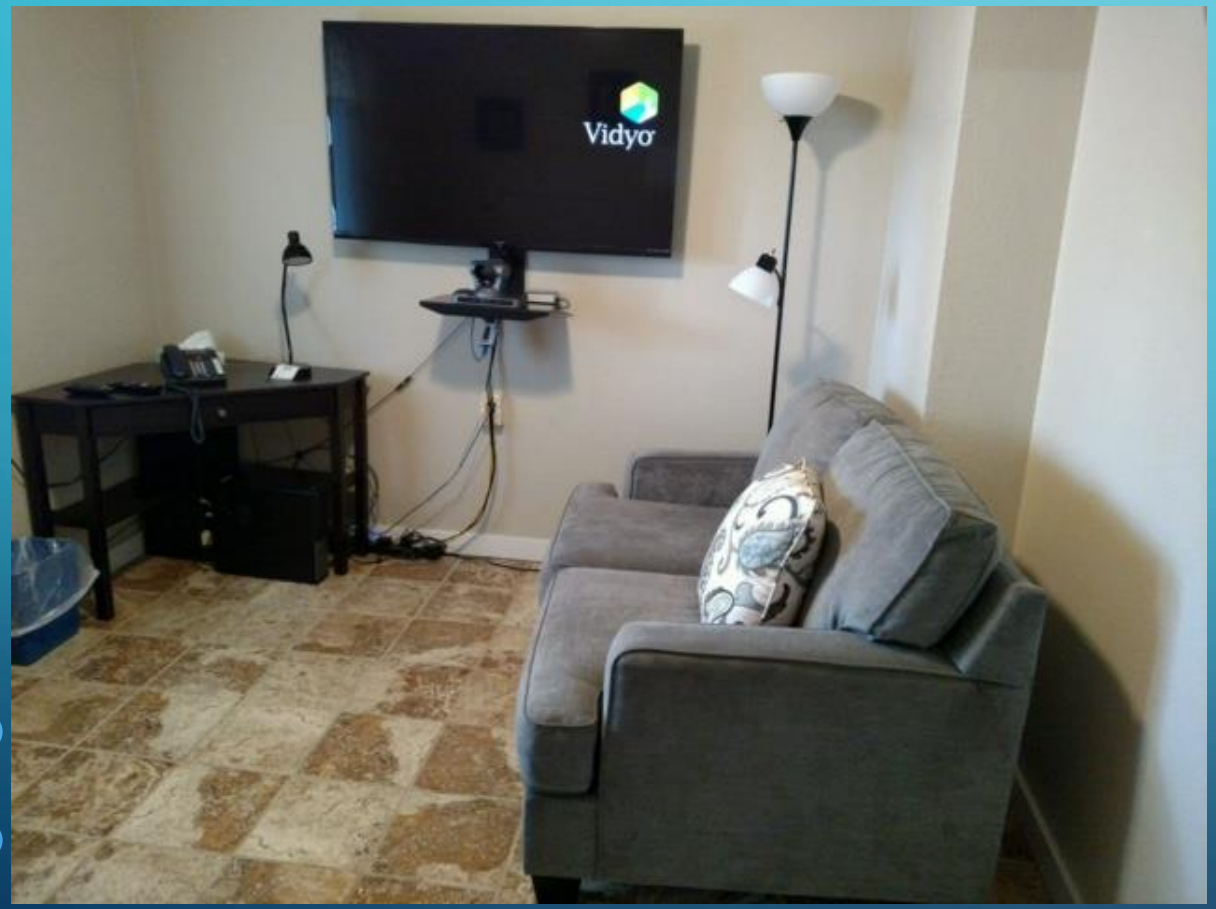
THE MODEL

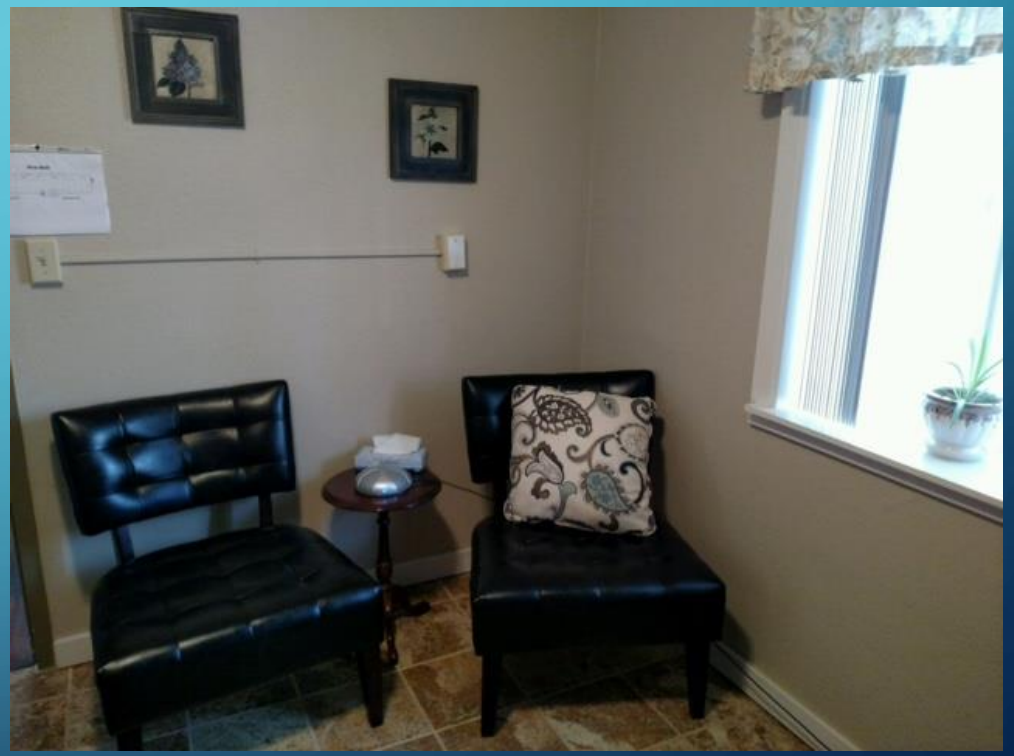
- Traditional psychiatric services using a team-based approach of a primary therapist, +/- skills trainers, +/- care coordinators with family involvement
- Initial 90 minute psychiatric evaluations/consultations followed by follow-up psychiatric appointments providing clinical oversight, medication management, and brief adjunctive individual and family therapy
- Communication with primary care and other medical providers as needed

THE PSYCHIATRIC CONSULTANT

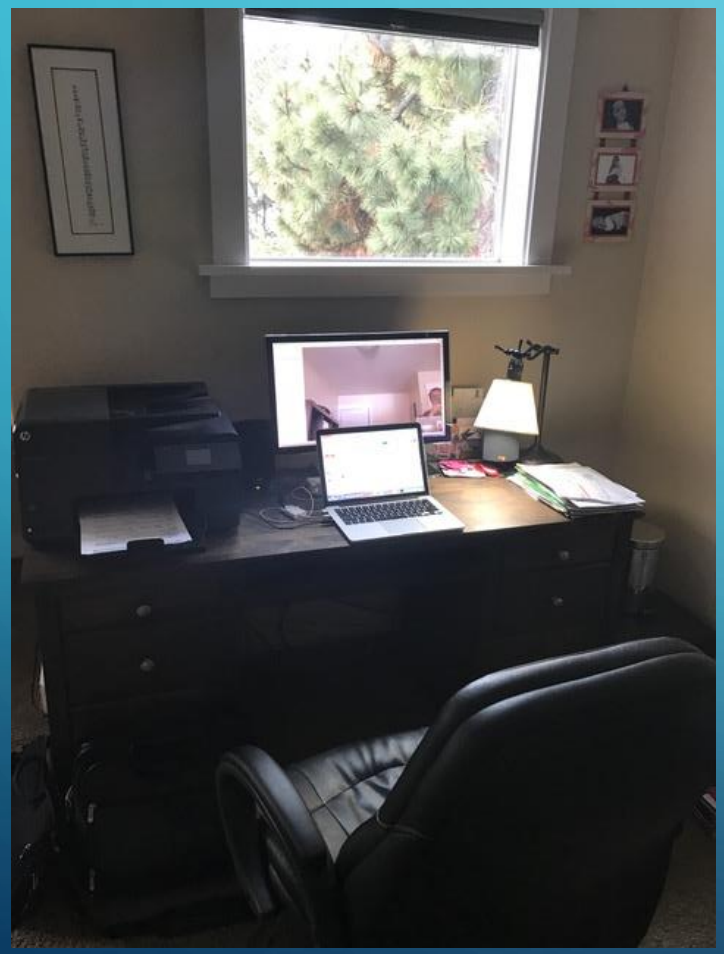
- Mike Franz, MD – board certified in child & adolescent psychiatry and general psychiatry
- Providing telepsychiatry services since 2009, first from home office in Portland and now in Bend since moving there in 2015
- Primarily pediatric population and young adults in transition (ages 4 – 25)
- Average 2 Friday afternoons of clinic time per month via telepsychiatry
- Average one full day visit on site for face-to-face interaction twice per year

TECHNOLOGY AND LOGISTICS: THE ORIGINATING SITE





TECHNOLOGY AND LOGISTICS: THE DISTANT SITE



TECHNOLOGY AND LOGISTICS CONTINUED

- Hardware:
  - Dr. Franz: MacBook and peripheral video monitor with external speakers
    - Built in HD camera in MacBook
  - Symmetry Care: Big screen flat monitor mounted on wall
    - HD camera with remote controlled directional movement and zooming (controlled by Dr. Franz)
    - Microphones on table between seats opposite monitor
- Software: Vidyo -- synchronous video and audio software, HIPAA compliant
  - Previously used Cisco product, VSee and FaceTime (and T1 line prior to my tenure)

TECHNOLOGY AND LOGISTICS CONTINUED

- EMR is *Credible*
  - Access remotely concurrently on 2nd monitor before, during and after appointments
  - Notes are dictated and sent encrypted electronically to transcriptionist at Symmetry
  - Notes later reviewed and signed on *Credible*
  - Same billing codes used as face-to-face appointments (90792, 99214, etc)

THE APPOINTMENT

- Clinical staff in room with patient during appointment (usually therapist)
- Vital signs (BP/P, weight, height) completed prior to appointment and read to me during appointment
- Prescriptions either mailed (if schedule II controlled or phoned/faxed)
  - Prefer to have prescriptions routed through SymmetryCare, especially refill requests
  - Refill requests then get faxed to me and I return to SC and then sent to pharmacy
- Labs ordered and mailed to SymmetryCare

CRISIS SERVICES

- Psychiatrist always “on call” but receive very few calls between appointments because of team-based model
- Hospitalization can be initiated through Harney District Hospital ED with staffing by Symmetry Care – seldom needed because of very intensive community based services
- Occasional consultation to PCPs/ED physicians when needed on my patients

LESSONS LEARNED

- Technology does not always work or work as well as we would like
  - Sometimes “pixelization” of video image, lack of focus, poor sound quality
  - Occasionally need to resort to telephone only
- Very important to have regular site visits for face-to-face interaction
  - With patients/families
  - With staff and to attend interdisciplinary consultation meetings
  - Builds trust and better understanding of community culture

LESSONS LEARNED CONTINUED

- Some things are lost without face-to-face interaction
  - Nuanced mental status exam
  - Ability to see the whole room and interpersonal dynamics
- Risk of being seen as “other” and not part of the community
- Deep sense of satisfaction providing needed services to a remote, rural population that might otherwise struggle to get psychiatric care
- Appreciation for getting to know another community and culture
- Enjoy the convenience of providing clinical services from home