INTEGRATED TELE-PSYCHIATRY IN COMMUNITY HEALTH CENTER'S:

CHALLENGES AND SUCCESSFUL MODELS

BAMBI MCQUADE JONES, DNP, FNP-C, MSN - CEO

JOHN J. WERNERT, MD, MHA – CONSULTING PSYCHIATRIST

RIGGS COMMUNITY HEALTH CENTER

LAFAYETTE, INDIANA

TODAY'S PRESENTATION

- HISTORICAL BACKGROUND
- DEFINITIONS OF "TELEHEALTH"
- SUMMARY OF STUDIES ON TELEPSYCHIATRY
- ADVANTAGES
- BARRIERS
- LEGAL AND REIMBURSEMENT ISSUES
- PRACTICE AND CLINICAL ISSUES
- RIGGS MODEL (2011 – PRESENT)
- FUTURE CONSIDERATIONS
- SUMMARY AND QUESTIONS

HISTORY AND GROWTH OF TELEMEDICINE

- 1950'S – ADVENT OF CLOSED-CIRCUIT TECHNOLOGY
  - KNOWN THEN AS "*DISTANCE-BASED MEDICAL SERVICES*"
- SET THE STAGE FOR TODAYS SYNCHRONOUS TELEMEDICINE SERVICES
- GROWTH NOW EXPONENTIAL: GLOBAL MARKET
  - 2010 - $8B
  - 2020 - $34B
- REASONS FOR RAPID GROWTH
  - AGING POPULATION
  - GROWING HEALTH ECONOMY
  - INCREASED PREVALENCE OF MULTI-SYSTEM/CHRONIC DISEASES
  - LOOSENING OF GOVERNMENT REGULATIONS
  - DEMAND FOR VALUE AND EVIDENCE BASED CARE
  - TECHNOLOGY COSTS CONTINUE TO DECLINE

TERMINOLOGY CAN BE CONFUSING

- TELEHEALTH
  - *TELEHEALTH (OR TELEMONITORING) IS THE USE OF TELECOMMUNICATIONS AND INFORMATION TECHNOLOGY TO PROVIDE ACCESS TO HEALTH ASSESSMENT, DIAGNOSIS, INTERVENTION, CONSULTATION, SUPERVISION AND INFORMATION ACROSS DISTANCE.*
  - *MHEALTH SOLUTIONS, MOBILE APPS*
- TELEMEDICINE
  - *TWO-WAY, REAL TIME INTERACTIVE COMMUNICATION BETWEEN PATIENT AND DISTANT PROVIDER*
  - *ALL REQUIREMENTS FOR A "MEDICAL VISIT."*
  - *HUB (PROVIDER LOCATION) /SPOKE (LOCATION OF THE MEDICAID PATIENT AT THE TIME THE SERVICE BEING FURNISHED)*
- TELEPRESENTERS
  - *CMS DEFINES A TELEPRESENTER AS A MEDICAL PROFESSIONAL AT THE ORIGINATING SITE THAT PRESENTS A PATIENT TO THE PHYSICIAN OR PRACTITIONER AT THE DISTANT SITE. A TELEPRESENTER IS NOT REQUIRED AS A CONDITION OF PAYMENT UNLESS A TELEPRESENTER IS MEDICALLY NECESSARY AS DETERMINED BY THE PHYSICIAN OR PRACTITIONER AT THE DISTANT SITE.*
- TELEPSYCHIATRY
  - *PSYCHIATRY-FOCUSED TELEMEDICINE*
  - *EVALUATE/TX/RX OR CONSULT OR COCM SUPERVISION*
- TELE-MENTAL HEALTH
  - *ASYNCHRONOUS OR "STORE AND FORWARD": TRANSFER OF DATA FROM ONE SITE TO ANOTHER THROUGH THE USE OF A CAMERA OR SIMILAR DEVICE THAT RECORDS (STORES) AN IMAGE THAT IS SENT (FORWARDED) VIA TELECOMMUNICATION TO ANOTHER SITE FOR CONSULTATION.*
- TELECOMMUTING
  - *CONTRACT VS FULLY EMPLOYED*

OUTCOMES OF TELEPSYCHIATRY USAGE STUDIES:

- **FEASIBILITY RATING:** OUTSTANDING.
- **VALIDITY RATING:** OUTSTANDING.
  - YOU CAN DO EVERYTHING AS YOU DO IN PERSON WITH ONLY MINOR EXCEPTIONS (E.G., SMELL ALCOHOL ON A PATIENT, CHECK FOR EXTRAPYRAMIDAL SIDE EFFECTS OR TREMOR – NEED TO TRAIN A NURSE ON THE OTHER END).
- **RELIABILITY RATING:** OUTSTANDING.
  - DIAGNOSES HAVE BEEN MADE RELIABLY, WITH GOOD INTER-RATER RELIABILITY, FOR A WIDE RANGE OF PSYCHIATRIC DISORDERS IN ALL AGES OF PATIENTS. SATISFACTION RATING: OUTSTANDING. IT IS EXTREMELY HIGH AMONG PATIENTS, PSYCHIATRISTS AND OTHER PROFESSIONALS. THIS EXTENDS TO ALL CLINICAL SERVICES, POPULATIONS, AND CONTEXTS.
- **COST AND COST-EFFECTIVENESS RATING:** SIMILAR TO GOOD.
  - ROBUST STUDIES HAVE NOT BEEN COMPLETED, BUT DESCRIPTIVE STUDIES CLEARLY INDICATE SAVINGS IN TIME, TRAVEL, AND MONEY TO PATIENTS AND PROVIDERS
- **CLINICAL MEASURES RATING:** INDIVIDUALLY ASSESSED BELOW.
  - INTERVIEWING, ASSESSMENT, COGNITIVE TESTING, AND OTHERS: OUTSTANDING.
  - DISORDERS INCLUDE DEPRESSION, ANXIETY, PSYCHOSIS, SUBSTANCE, COGNITIVE/ATTENTIONAL/BEHAVIORAL, PERSONALITY/BEHAVIORAL, AND MANY OTHERS: OUTSTANDING.
  - SETTINGS WELL STUDIED INCLUDE OUTPATIENT, PRIMARY CARE/MEDICAL: OUTSTANDING.
  - SETTINGS LESS WELL STUDIED INCLUDE EMERGENCY ROOMS, JAILS, INPATIENT UNITS AND SCHOOLS: SOMEWHAT ACCEPTABLE – SIMILAR TO IN-PERSON CARE.

ADVANTAGES

- EXPANDS ACCESS TO MUCH-NEEDED SERVICES, INCLUDING SUD
- BETTER PATIENT ENGAGEMENT AND RETENTION (MORE EFFECTIVE TX)
- MAXIMIZE PROVIDER EFFICIENCY (NO TRAVEL COSTS)
- PROMOTES INTEGRATION
- DECREASES RELIANCE ON OUTSIDE REFERRALS (CMHC'S)
- SUPPORTS PRIMARY CARE EDUCATION
- MEANINGFUL USE INCENTIVES

BARRIERS TO IMPLEMENTING TELEPSYCHIATRY

- "*CHANGE TOXICITY*" – TOO MUCH ALL AT ONCE (EMR + TELEMED)
- CLINICIAN "*TECHNOPHOBIA*"
- USER-FRIENDLY INTERFACE
- COST OF SECURE, DATA-ENCRYPTED SYSTEM
- HARDWARE – STATIC VS MOBILE
- POOR BROADBAND

Telemedicine Reimbursement

The 3 Types of Payers

Medicare

Medicare reimburses for telemedicine nationwide, but doesn't allow telemedicine from the patient's home.

Medicaid

48 state Medicaid programs cover telemedicine (CT & RI do not).

Private

The big 5 (United Healthcare, Aetna, Cigna, Humana, BCBS) all cover telemedicine, but coverage is policy-dependent.

eVisit

State Telehealth Laws and Medicaid Program Policies

DEFINITION

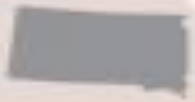
48 states and the District of Columbia have a definition for telehealth, telemedicine, or both

LOCATION

a few states have required a certain amount of distance between the provider and patient

In New Hampshire, Medicaid patients must be located in a rural area, as defined by Medicare

In South Dakota, an originating site and a distant site cannot be in the same community



MEDICAID REIMBURSEMENT

48 states & DC reimburse for live video through Medicaid

22 states reimburse for remote patient monitoring

2 offer reimbursement through their Department of Aging Services

13 states reimburse for store and forward

states rarely view email/phone/fax as acceptable forms of service delivery

31 states reimburse for a transmission/facility fee

CONSENT

29 states include some sort of informed consent

ONLINE PRESCRIBING

Internet/online questionnaires are not adequate; states may require a physical exam prior to a prescription

PRIVATE PAYER LAWS

34 states and the District of Columbia have active laws

CROSS STATE LICENSURE

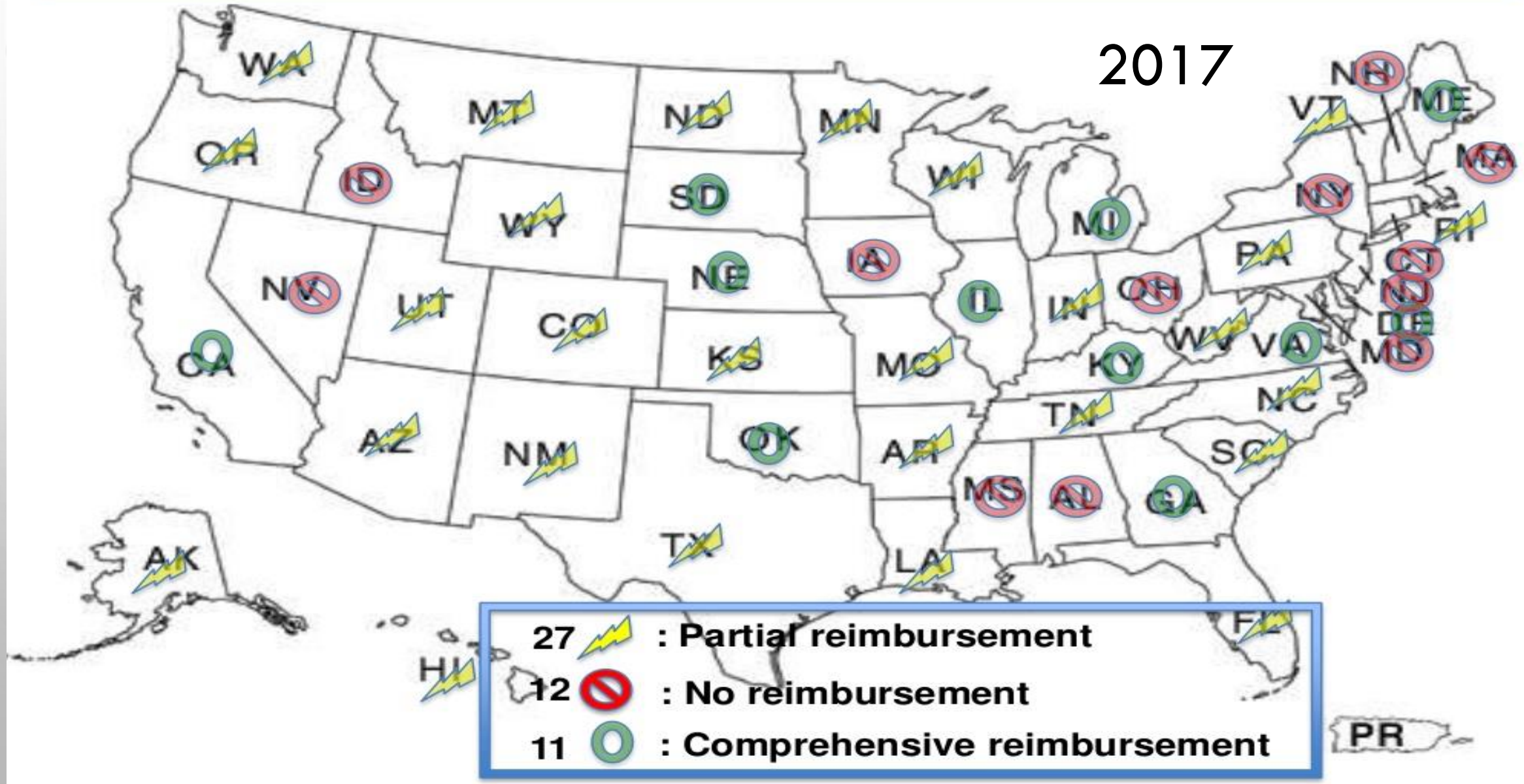
9 states issue special licenses or certificates for telehealth

Center for Connected Health Policy

www.cchpca.org

March 2017

Medicaid Reimbursement Policy for Telemedicine across the US



MALPRACTICE COVERAGE – FTCA VS INDIVIDUAL

- PSYCHIATRIC CONSULTANTS PAID HOURLY OR ON CONTRACT SHOULD CARRY THEIR OWN MEDICAL MALPRACTICE
- EMPLOYED PSYCHIATRIST WOULD QUALIFY FOR FTCA COVERAGE
- FQHC SHOULD ALSO REVIEW PAL 2015-03 IN REGARD TO ONGOING CONCERN AFFECTING THE PROVISION OF FTCA COVERAGE AFFECTING TELEMEDICINE AND THE VARIOUS WAYS THAT TELEMEDICINE CONSULTS COULD POTENTIALLY AVOID THIS COVERAGE.
    - "FOR CONTRACT PROVIDERS, THE CONTRACT MUST BE BETWEEN THE HEALTH CENTER AND THE INDIVIDUAL PROVIDER. ALL PAYMENTS FOR SERVICE MUST BE FROM THE HEALTH CENTER TO THE INDIVIDUAL CONTRACT PROVIDER. A CONTRACT BETWEEN A DEEMED HEALTH CENTER AND A PROVIDER'S CORPORATION DOES NOT CONFER FTCA COVERAGE ON THE PROVIDER."

DOCUMENTATION – JUST LIKE ANY OTHER MH ENCOUNTER

- DOCUMENTATION OF THE TIME, DATE, SITE LOCATION
- DOCUMENTATION OF THE DURATION OF THE ENCOUNTER AND TIME SPENT FACE-TO-FACE WITH THE PATIENT IN INTERVIEW AND EXAMINATION
- CHIEF COMPLAINT OR REASON FOR ENCOUNTER
- REFERRAL SOURCE
- HISTORY OF PRESENT ILLNESS
- CURRENT TREATMENTS INCLUDING MEDICATIONS AND ONGOING THERAPIES
- MENTAL STATUS EXAMINATION
- DIAGNOSES
- TREATMENT PLAN

CREDENTIALING

- IF YOU HAVE MULTIPLE SITES, IT IS NO LONGER NECESSARY FOR A PSYCHIATRIST/MH PROVIDER TO UNDERGO A FULL CREDENTIALING PROCESS AT EVERY SITE WHERE THEY PROVIDE TELEPSYCHIATRY SERVICES (BIG ISSUE FOR HOSPITALS).
- ANY SITES WHICH HAVE AGREEMENTS WITH EACH OTHER TO PROVIDE TELEMEDICINE SERVICES HAVE BEEN ABLE, SINCE 2011, TO IMPLEMENT "PRIVILEGING BY PROXY" WHEREBY ONE HOSPITAL OR CLINIC IS ALLOWED TO RELY ON INFORMATION PROVIDED BY THE OTHER HOSPITAL/CLINIC IN MAKING CREDENTIALING DECISIONS FOR PHYSICIANS PROVIDING TELEMEDICINE SERVICES.
- INSURANCE CREDENTIALING PROCEEDS AS IF THE PROVIDER WAS "ON-SITE."

SUCCESSFUL MODEL – SPECIAL CONSIDERATIONS

- *1. THE PHYSICIAN IS CONTRACTED BY THE FQHC AND COMPENSATED FOR THE SERVICES BY THE FQHC UNDER A CONTRACTUAL ARRANGEMENT ("UNDER AGREEMENT"). 42 CFR 491.9*
- *2. THE SERVICES MUST BE "PHYSICIAN" SERVICES. 42 CFR 405.2412*
- *3. THE SERVICES RENDERED ARE COVERED BY THE MEDICAID PROGRAM AND THE HCPCS CODE REPRESENTING THE SERVICE IS PRESENT ON THE LIST OF RECOGNIZED ENCOUNTER CODES*
- *4. THE FQHC BILLS THE MEDICAID PROGRAM FOR THE SERVICE AND THE PHYSICIAN DOES NOT BILL FOR THE SERVICE*
- *5. EMR DOCUMENTATION AND EPRESCRIBING FOLLOWS SAME RULES AS ON-SITE SERVICES*

RIGGS CHC TELEPSYCHIATRY PROGRAM

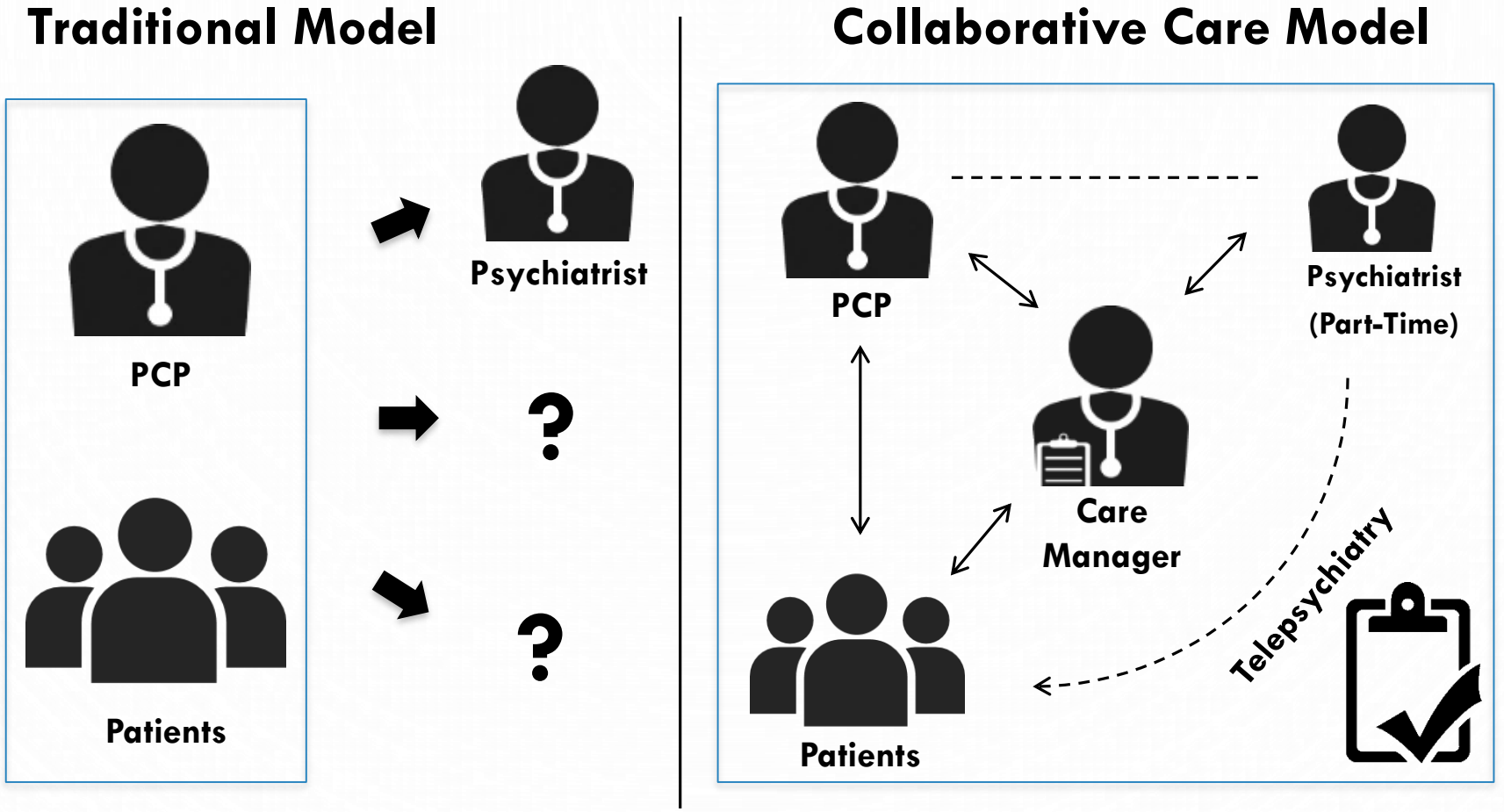
- STARTED 2011
- 2 THERAPIST (PEDS AND ADULT)/ONE LOCATION – DR. WERNERT ONSITE + REMOTE
- EQUIPMENT GRANT – 2 STATIONARY DESKTOPS
- PIGGYBACKED ON ARCHEON SECURE “VIDYO” SYSTEM
- NEXTGEN EMR
- PT’S SEEN CONCURRENTLY WITH THERAPIST/CM
- GREW TO 16 HOURS/MONTH
- CONTRACTED HOURLY – CONSIDERED TELECOMMUTING

BY 2016

- REMOTE ONLY WITH QUARTERLY ON-SITE VISITS ('NEVER ON VACATION")
- SWITCHED TO TELEPRESENTERS (MA'S OR RN'S) IN ONE LOCATION
- LUNCH AND LEARNS FADED OUT
- EVERY 1ST AND 3RD THURSDAY - 3 HOURS OF CLINICAL, THEN 90 MINUTES OF CASE REVIEW/MANAGEMENT WITH THERAPISTS, THEN 4 HOURS CLINICAL IN AFTERNOON
- AVERAGE 13 -18 ENCOUNTERS/SESSION (SCHEDULE 24)
- 30% IE (90792) – 70 % FU (99212/99213) + (WITH G CODE MODIFIER)
- ALL DOCUMENTATION AND EPRESCRIBING THROUGH NEXTGEN
- SECURE VIDEOCONFERENCING WITH LIFESIZE APP
- MOVING TOWARDS COLLABORATIVE CARE MODEL
- INTEGRATED PHARMACOGENETICS TESTING

COLLABORATIVE CARE IS AN EVIDENCE-BASED SOLUTION THAT CAN INCREASE ACCESS

AMERICAN PSYCHIATRIC ASSOCIATION



FUTURE CONSIDERATIONS

- VIRTUAL TBC
- INTEGRATING EMR - DATA – TELEPSYCH – MOBILE APPS
  - GOODRX RIGHT TO PT'S PHONES
  - GENOMICS – PATIENTS KEEP AND USE THEIR OWN GENETIC INFORMATION
  - APPLE WATCH "NUDGES" 15 MILLION PEOPLE A DAY TOWARDS BEHAVIOR CHANGE
  - ARTIFICIALLY INTELLIGENT ALGORITHMS THAT PREDICT SUICIDALITY AT 90% ACCURACY
- VIRTUAL CBT
- COMPUTER BASED LEARNING
- ADDING MAT FOR OPIOID TREATMENT WITH VIRTUAL PHARMACIST
- VIRTUAL GROUP THERAPY
- AI – *WOEBOT, THE DIGITAL THERAPIST* – A CHATBOT ALREADY EMBEDDED IN FACEBOOK MESSENGER

SUMMARY - PRE-REQUISITES FOR GOOD OUTCOMES:

- SUPPORTIVE STAFF AND COLLABORATIVE CLINICIANS
- PROGRAM FITNESS IN TERMS OF ORGANIZATION, FUNCTION, LEADERSHIP, AND THE "RIGHT" MEMBERS/WORKFORCE. CLINICAL, TECHNICAL, AND ADMINISTRATIVE TEAMWORK MAKES THIS POSSIBLE
- TECHNOLOGY WHICH ALLOWS GOOD ENGAGEMENT, CLARITY, AND IS RELIABLE;
  - OPTIONS FOR THE CLINICIAN TO HAVE FAR END CAMERA CONTROL
  - GOOD BROADBAND/WIRELESS
- BILLING/CODING SPECIALIST THAT STAYS CURRENT WITH CHANGES
- ENSURE THE ABILITY TO TREAT INDIVIDUAL PATIENTS WITHIN THE STANDARD OF CARE
- PATIENCE

FINAL CONSIDERATIONS

- TELEMEDICINE APPLICATIONS SHOULD BE SELECTED PRAGMATICALLY, NOT PHILOSOPHICALLY
- CHOSE STAFF AND CONSULTANT WHO ENJOY THE WORK AND ARE ENTHUSIASTIC
- TELEMEDICINE USERS AND CLINICIANS MUST “OWN” THE SYSTEM
- TECHNOLOGY SHOULD BE AS USER-FRIENDLY AS POSSIBLE
- BUILD A FINANCIALLY SUSTAINABLE MODEL
- THOUGHTFUL RISK MANAGEMENT
- GO WITH LAPTOPS FOR MOBILITY IN CLINIC

RESOURCES:

- CENTER FOR CONNECTED HEALTH POLICY:
  - *HTTP://WWW.CCHPCA.ORG/TELEHEALTH-POLICY*
- TELEHEALTH INSTITUTE:
  - *HTPPS://TELEHEALTH.ORG/ETHICAL –STATEMENTS/*
- APA TELEPSYCHIATRY TOOLKIT:
  - *WWW.PSYCHIATRY.ORG/PSYCHIATRISTS/PRACTICE/TELEPSYCHIATRY*
- APA RESOURCE DOCUMENT ON TELEPSYCHIATRY
  - *RESOURCE-2014-TELEPSYCHIATRY-CLINICAL-PSYCHIATRY.PDF*
- AMERICAN TELEMEDICINE ASSOCIATION POLICY RESOURCES:
  - *HTTP://WWW.AMERICANTELEMED.ORG/POLICY-PAGE/STATE-POLICY-RESOURCE-CENTER*