Psychiatry Update: Telehealth’s role in the Delivery of Behavior & Mental Health Services

Mary DeVany, gpTRAC

gpTRAC
• Telehealth Resource Center since 2007
  – Federally-designated
  – Funded out of the HRSA Office for the Advancement of Telehealth
  – 6 states:
    • ND, SD, NE, MN, IA, & WI
  – Housed within the University of Minnesota/IHI
    • Offices in both MN and SD
Telehealth?

A tool for enhancing health care, public health, and health education delivery and support, using electronic communication and information.

Definition: National Telehealth Resource Centers Consortium
Goals for telehealth:
• Improve access to care
• Utilize scarce resources more effectively
• Improve the quality of life/care

Telehealth as a “tool”:
• Modality in the provision of healthcare
• Not be viewed as a stand-alone service
• Incorporate into standard, daily practice
• Can improve resource utilization
  – Patients
  – Providers

What are the shortages?
• Mental/Behavioral Health
  – EVERYWHERE!
• Specialty Providers
  – Rural communities often don’t have volume to support
  – Sometimes “lack of interest” from providers
• ER/Trauma Services (including MH)
  – Support for rural facilities
Telepsychiatry, certainly!

But there’s more...
- Psychiatry specialty patient services
- Counseling
- Committal Screening
- Etc....

The Basics:

A REMINDER...

Reimbursement
- CMS
- State Medicaid
- Third party payers
- Private Pay
Medicare - Eligible Sites

- Physician/Practitioner Office
- Critical Access Hospital (CAH)
- Federally Qualified Health Center (FQHC)
- Hospital
- Rural Health Clinic
- Hospital-based or CAH-based Renal Dialysis Center (including satellites)
- Skilled Nursing Facility
- Community Mental Health Center

Eligible Providers

- CMS has identified these:
  - Physician (MD/DO)
  - Nurse practitioner
  - Physician assistant
  - Nurse midwife
  - Clinical nurse specialist
  - Clinical psychologist
  - Clinical social worker
  - Registered dietician/nutrition professional

Eligible Billing Codes

These change annually. Confirm eligibility of codes before initiating.
Prescribing

• Need to know states’ specifics:
  – Can you?
  – What if that patient is in a different state?
  – What do you need to watch out for?
• CTel has a report that provides more details on this.

What is Happening?

Examples:

North Carolina – NC STeP

• Initiated at Albemarle Hospital
• Goals:
  – Focused on ER patient visits
  – Reduce length of state in ER
  – Improve timely access to specialty care
  – Reduce recidivism by coordinating aftercare services
• Expanding Now:
  – State-wide Telepsychiatry Effort
Iowa – Abbe, Inc.

- Iowa-based community mental health service network (2010)
- Supported by Magellan
- Psychiatry
- Therapist evaluations
- Assessments in/between rural offices
- Crisis Services
- Triage ED use by high utilizers
- Improves collaboration and whole-person care.

Ohio – Community Health Center (Akron)

- Addiction Counseling
- Provided in their own home or place of work.
- Currently offering: Mental Health, AoD & Co-Occurring Disorders tx;
- Intent is to expand to E-Medicine

Veterans Affairs

- Is used to treat virtually every DSM (Diagnostic and Statistical Manual) diagnosis, including affective disorders, anxiety disorders/PTSD, psychotic disorders, and substance use disorders.
- Is employed to deliver virtually every treatment modality including individual therapies, group therapies, medication management, family therapy, couples therapy, cognitive behavior therapies, psychological testing, etc.
- Takes place at multiple sites of care including VA medical centers, VA Community Based Outpatient Clinics, non-VA healthcare facilities, student health centers, homeless shelters, supervised housing sites, and residence.
- Is delivered by clinicians from multiple mental health professions and specialties including psychiatrists, psychologists, advanced practice clinical nurse specialists, physician assistants, social workers, RNs, addiction specialists, vocational rehabilitation specialists, and trainees.

- As per Peter Shore, Psy.D. Program Manager, Web Services Office of Mental Health Services, VA Central Office VISN 20 Telemental Health Lead (Presentation: June 20, 2012)
Minnesota - SWMHC

- Southwest Mental Health Center
  - Providing services for many years
  - Connects both among their own locations (several rural communities) and into other networks
- Activities:
  - Telepsychiatry
  - Care conferences
  - Psychotherapy
  - Pre Commitment Screenings
  - Commitment Court Proceedings
  - Clinical Supervision
  - Licensure Supervision
  - Training

Arizona -

**Patient Satisfaction Survey:**

- 10-year telemedicine satisfaction survey to gauge long-term member satisfaction with psychiatric services provided via video
  - 96% expressed their belief that the quality of medical care via telemedicine is the same as or better than in person.
  - Given a choice between telemedicine and in-person services, 80% of respondents either have no preference or prefer telemedicine.

Health Systems:

- University of Iowa
- Mercy Health
- Gundersen Health
- Marshfield Clinic
- Mayo Clinic
- Avera Health
- University of Nebraska
- University of Missouri
- University of Oklahoma
- Others!!!
Independent Providers:

- Specialty clinics
- Telehealth-focused companies
- Physician groups/companies
  - Psychiatry/Psychology
- Others?

Mental/Behavioral Health Workforce

**ONE POINT:**
- Telehealth **CAN** help to redistribute current resources
  - Urban-based providers to rural-based patients
- Telehealth **CANNOT** create new providers
  - Can only stretch thin-resources (psychiatry/behavioral/mental health providers) so far, without breaking.

Where do patients go for care?
School-based Clinics

- Developing
- Many states have implemented
- Many states are considering
- Serving as a family’s “First Point of Care”
- Working through policy issues (allowing the school to be a site of service)

School-based Clinics

- Texas, North Carolina, Georgia, Nebraska (working on it...), others!
Work-Place Services

• Why?
  – Employers are looking for ways to provide services to their employees... more cost-effectively!!
  – Reduce time away from work, improve overall employee output
  – Reduce the cost of accessing care

Discoveries...

• Unique State-Specific Regulations:
  – Missouri: webcams, site approvals
  – Oklahoma: equipment standards, site inspections
  – Wisconsin: specific certification app for telehealth use in MH clinics
  – Iowa: mental health has been divided out from other Medicaid services (Magellan covered)

What is being done?

• Incentivize....?
  – States are mandating coverage of telehealth services
    • Parity: reimbursement should not be different if the service is provided utilizing telehealth technology.
  – Licensure
    • Push for multi-state coverage.
It is now an expectation

- Patients/Families
- Communities/Partner Facilities
- Graduates/In-coming Workforce
- Payers
  - Federal Government, etc.
- Healthcare Reform

What are you seeing?

- Do you know of services in your state?
- Do you have a unique program/solution to share?
- What are your state’s challenges?
- What issues have you encountered?
- What services are provided in your state?
- What service do you most wish was more widely available?

THANK YOU!

Contact Info:
Mary DeVany
medevany@gmail.com
888-239-7092 or 605-360-6279

www.gptrac.org
Be prepared for the not-so-distant future:

- Next-generation of telehealth services
- Accountable Care Organizations
- Patient-Centered Medical Home