Telehealth Best Practices: How To Build A Successful, Sustainable Program

Tuesday, November 7, 2017 | 10:15 am – 11:30 am

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Agenda

I. The Expanding Telehealth Market

II. Michele Kelly-Thompson, Director of Clinical Services, Human Services Center

III. Lori Schmidt, Director of Behavioral Health, Health Partners

IV. Questions & Discussion
The Expanding Telehealth Market
The Current State Of The Telehealth Market

- The global telehealth market is estimated at $18.2 billion in 2016 – expected to reach $38 billion by 2022

- 70.5% of hospitals and health systems currently use a telemedicine service – up 54% since 2014

- 49% of physician practices currently use a telemedicine service

- About 15 million Americans received some medical care in 2016
# State Medicaid Coverage Of Telehealth

<table>
<thead>
<tr>
<th>Modality</th>
<th>Description</th>
<th>Number of states</th>
</tr>
</thead>
<tbody>
<tr>
<td>Live video (Synchronous)</td>
<td>Real-time interaction between a patient, caregiver, or provider with a provider using audiovisual technology.</td>
<td>48 states, the District of Columbia</td>
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<td>Store and forward (Asynchronous)</td>
<td>Secure transmission of data (e.g. x-rays) from a patient care site to specialists in another site for evaluation.</td>
<td>13 states</td>
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<td>Remote patient monitoring</td>
<td>Patient health and medical data (e.g. vital signs) are collected in one location and transmitted to a provider in another location. Often used for chronic disease management.</td>
<td>22 states</td>
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Why Is The Telehealth Market Growing?

- Consumer Access to Treatment
- Care Coordination
- Psychiatrist Shortage
- Scheduling Issues
- Geographic Issues
Telehealth Obstacles

- Need for more consumer education and awareness
- Consumer satisfaction
- Age and demographics

- Technology investment
- Security & Privacy
- Physical – Room Setup

- State licensing
- Federal and state limitations

- Rate Differences
- Billing Constraints
- Payor Limitations

Consumer Knowledge
Connectivity & Technology
Regulations
Billing & Reimbursement
Telehealth Issues For Consideration

- Keeping consumers engaged in the process
- Maintaining and monitoring clinical and financial outcomes
- Keeping continuity among provider organizations
- Determining the appropriate population/programs/services
- Giving consumers a choice in their care
- Determining the best model for telehealth delivery – partner or in-house
Michele Kelly-Thompson, Director of Clinical Services, Human Services Center
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2017 OPEN MINDS TECHNOLOGY & INFORMATICS INSTITUTE
November 7, 2017
Michele Kelly-Thompson, MA.
Director of Clinical Services

- Employed by the Human Services Center since 1987
- Has served in a variety of clinical/managerial roles including Director of Outpatient Services and Director of Children’s Services
- Has served as the Director of Clinical Services since July, 2004.
- Prior to joining HSC; work experience included inpatient psychiatric unit and state correctional settings.
- Bachelor of Arts and Master of Arts in Clinical Psychology from Edinboro University of Pennsylvania.
Human Services Center
Lawrence County, Pennsylvania
Human Services Center

- Located in New Castle, Pennsylvania
- Agency began in 1963 as Lawrence County Human Services
- Community Mental Health Center serving approximately 4000 individuals.
- Various Mental Health Treatment, Residential and Case management including Developmental Services (Supports Coordination and Early Intervention Service Coordination)
Why Telepsychiatry Services?

- Need more psychiatric time for children and adolescents
- Difficult to recruit Child and Adolescent Psychiatrists
- Current Psychiatrists were seeing children and adolescents to help with shortage.
- Psychiatrists experienced limited flexibility given the volume of need and available appointments.
Psychiatric Availability Issues

- Child/Adolescent psychiatric evaluation appointments were often in excess of a 2 month waiting period.
- Adult psychiatrists saw 221 adolescents in 6 months in order to reduce excessive wait to less than 30 days.
- Challenges with managing adult appointments related to cancellations and failed appointments were also part of the identified pattern.
“While telepsych has many clinical applications, for the purposes of HealthChoices, telepsych is limited to the following outpatient services:

- Psychiatric diagnostic evaluations
- Psychological Evaluations
- Pharmacological management
- Consultations (with patient/family)
- Psychotherapy
PA Telepsych Approval Process

- Documented endorsement of the county mental health program and the HealthChoices Behavioral Health Managed Care Organization.
- OMHSAS Appendix 1: *Request for Approval of Telepsych Program.*
- The regional Office Mental Health and Substance Abuse Services reviews request along with any comments or recommendations submits to the OMHSAS Telepsych Program Review Committee for approval.
HSC Process for Telepsych

Consent to receive telepsych services:

- Purpose and Benefits.
- Nature of Telepsychiatry Evaluation.
- Medical Information and Records.
- Confidentiality.
- Risks and Consequences.
- Rights.
What should I expect?

- Greeted by a nurse who will prepare you for the visit with the psychiatrist.

- Seated in an office equipped with a computer monitor, small camera, speakers and microphone. Instead of having the psychiatrist seated in the room with you, you will be able to interact with him/her via the computer connection.

- Able to see him/her on the screen, hear him/her over the speakers, and be able to talk to him/her through the microphone. He/she will be able to see, hear and speak to you through the equipment in his/her off-site office.
What happens when the visit is finished?

- Able to pick up medications from your pharmacy, if the Doctor prescribes them for you (prescriptions will be sent electronically to your pharmacy).

- Asked to complete a brief satisfaction survey at the end of your visit.

- Provided with a follow-up appointment card.
Billing for Telepsych Services

- Telepsych Psychiatric Evaluations - CPT Code 90790 U1 GT
- Telepsych Medication Management - CPT Codes 99212 GT & 99213 GT
- Documentation of telepsych services in EHR.
Current Telepsych Use

- Began telepsychiatry June 29, 2015
- 1 Child and Adolescent Telepsychiatrist
- 20 hours per week
- 276 Active Patients
- 2035 telepsych services delivered 6/29/15-10/30/17
- $241,060 revenue
Telepsych Expansion

- Challenges with recruitment for onsite psychiatrists
- Expanding use of telepsych for adults effective November 10, 2017
- Initially will provide 16 hours per week with plan to increase as the number of patients in psychiatrist’s private practice decreases.
Benefits of Telepsychiatry

- Quality Care delivered by the psychiatrist
- Onsite staff work as a team with the psychiatrist to ensure positive experience
- Ability to gain from the expertise of psychiatrists with specialization such as Child & Adolescent training
- Satisfaction surveys completed at each visit
Human Services Center
Telepsychiatry Services
Lori Schmidt, Director of Behavioral Health, Health Partners
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22,500 employees

1,500,000 members

1,000,000 patients
Medical & dental clinics

1,700 physicians
50 primary care locations
55+ specialties
60+ dentists
22 locations
Hospitals

Regions
454-bed, level 1 trauma

Lakeview
97-bed, acute care

Hudson
25-bed, critical access

Westfields
25-bed, critical access

Methodist
426-bed, acute care

Amery
25-bed, critical access
Behavioral Health

Regions Hospital
100 Beds, ED Pod

Out Patient BH Clinics
7 locations

Therapists
63.22 FTE

MDs
10 FTE Psychiatrist
.8 FTE Dev Peds

APRN
8.0 FTE

Telehealth
1.4 FTE, 2 MDs (.6 and .8)
Why Tele-Psychiatry?

**Access Goals**
- 14 day new patient access
- Return visit capacity

**Availability**
- Difficulty in recruiting OP MDs
- Residents preference for IP
- Competing with others in our market for limited providers

**Patient Care**
- Provider turnover left patient with provider
- Access to quality providers quickly
- Ability to integrate provider into system of care
Next Steps

1. System Collaboration
2. Cost Analysis
3. Provider Search
4. Implementation
Cost Analysis

1. Compared to in-person psychiatry
2. Cost of equipment
Billing and Coding

1. Create Payer Grid
2. G-Code Modifier and Origination fee
3. Medicare Payment requires approved location
4. Credentialing, location of provider, type of provider

### Behavioral Health TeleHealth

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Implementation

Room
- Microphone
- Speakers
- 40-42” Display
- White noise
- Controlled lighting
- Paint colors

Support
- Rooming
- Vitals
- Paperwork
- IT Training
- Orientation
- EHR
- EPCS
...best provider experience that I ever had. Dr. addressed my needs and situation perfectly. I felt that I was listened too. That TV things works really slick! I real enjoyed that!
Next Steps

- Evaluate tele-psychiatry performance
  - Patient Satisfaction
  - Financial performance
- Potential to expand vs. continue to use as gap filler
Thank you.

Lori Schmidt, JD
Director of Behavioral Health Services
HealthPartners

Lori.m.Schmidt@healthpartners.com
Questions & Discussion
OPEN MINDS helps over 180,000 industry executives tackle business challenges, improve decision-making, and maximize organizational performance every day. See how our market intelligence can help your organization at www.openminds.com.