Learning Objectives

At the conclusion of this session, the participant will be able to:

• Understand how effective telepsychiatry can be for clients
• Identify regulatory requirements for Telepsychiatry
• Understand how telepsychiatry clinical guidelines can be adopted for the creation of a successful telepsychiatry service.
Outline

• Introductions
• History of Telepsychiatry
• Practice Approaches
• Clinical Guidelines
• Telepsychiatry Outcomes
• Administrative Considerations
• Workflow-Referrals Processes
• Legal and Regulatory Issues
• Reimbursement/Billing
• Q&A
Telepsychiatry

Telepsychiatry is the provision of mental healthcare at a distance via secure videoconferencing systems. This may include psychiatric:

• Consultations/evaluations
• Diagnosis/Treatment
• Therapy (individual-group-family)
• Medication management
History of Telepsychiatry

• First psychiatric consults University of Nebraska – late 50’s
• 60’s/70’s- NASA – Apollo Soyuz, & Disaster Relief
• 90’s-TM networks -USA, Canada and Australia
• 2000 onwards – Global expansion
• Move to fiber/more bandwidth
• Better reimbursement and sustainable financial model
• Web-based systems, cloud storage
• 2005 – Mobile and significant increase in consults
• 2017- 75% Health Systems report TM in place or planned
Telepsychiatrist 2018

Practice Approaches
• Telepsychiatry - Only
• Telepsychiatry - Part Time
• Telepsychiatry - Hybrid
Madeline- 85 yr
Resident in Assisted Living Community- 3 mo

Widow for 2 years
Became combative, confused, abusive
Poor appetite, irritable, weight loss
Disheveled appearance
Personality changes
Frequent ambulance transfers to ED
More confused and combative in ED
More sedatives
Condition not improving

Geriatrician piloted Telepsychiatry
Madeline seen in her residence
MSW presented with Madeline
Dx, plan and medication changes
Psychiatrist consistent consults x 4
Psychiatrist/Geriatrician consultation
Transferred to ED no longer required
Appearance improved, weight improved
No longer combative-back to her normal state
Communicating normally
TM system connected to children remotely
Common Uses of Telepsychiatry

- Emergency Departments, Inpatient, & Outpatient
- Senior Care (Skilled Nursing Facilities, Assisted Living, Home Care)
- Psychiatric Departments (expand internal capacity and recruit providers)
- Integrated into Primary Care
- Rehabilitation Centers
- Forensic-Corrections
- Judicial System/Travelers/Business/Vacation/College
- EAP
- Direct to Consumer
Triple Aim Promotes Telepsychiatry

- **VALUE**
  - Reduced per-capita costs

- **POPULATION**
  - Improved population health

- **QUALITY**
  - Better satisfaction & care experience
Telepsychiatry Outcomes

- People like it … high satisfaction ratings
- Many patients prefer Telepsychiatry
- Timely Access and Convenient
- Few clinical exclusions – refusal or physical danger
- Diagnosis & outcomes equivalent to in-person care
What is Unique about Telepsychiatry

- Collaboration - Patient, PCP and Psychiatrist
- Encourages intimate conversations
- Preferable in some clinical situations
  - Children/Youth
  - Paranoia
  - Anxiety
  - PTSD
  - Elderly/Disabled
Telepsychiatry Clinical Guidelines

- **Practice Guidelines for Telepsychiatry**, 2018 by the American Telemedicine Association and American Psychiatric Association
- **Practice Parameter Telepsychiatry (children/adolescents)**, 2015 by the American Telemedicine Association (www.americantelemed.org)
Administrative Steps

- Needs Assessment
- Determine service needed
- Negotiate contract
- Local Champion-Site Coordinator
- Agree workflow, service locations
- Launch meetings
  - Key contacts – Health facility and Telepsychiatrist/s
  - Workflow-Referrals, Patient Notes, Communications
  - TM system installed and training provided
  - Plan Start Date and CQI Process
1. Identify Key Contacts
2. Provide Contact Details
3. Agree Communication Plan
4. Emergency Plan
5. CQI Plan
6. Training
7. Agree pre-launch test/launch date
8. Agree back up plan
Administrative, Clinical and Technical Issues

Policies and Procedures (including but not limited to):
- Roles, responsibilities (i.e., daytime and after-hours coverage), communication, and procedures around emergency issues.
- Licensing, credentialing, and training Providers – policies and procedures
- Awareness of Federal and State laws & Regulations regarding TM.
- A systematic quality improvement and performance management process that complies with any organizational, regulatory, or accrediting, requirements for outcomes management.
Technical Requirements

Videoconferencing Platform
• Integration into other IT systems
• Privacy, Security, HIPAA

Physical Location/Room Requirements
• Privacy – Patient and Provider ends
• Lighting and Camera placement
• Test before consults – audio and visual
Direct to Consumer Increasing

- Patients Requesting Now (Online Culture)
- Timely Access to Care
- Convenience (home, school or work)
- Shortage of psychiatrists
- Patient-Centered care (Patient, PCP & Psychiatrist)
- College/Business Travel/Vacation
- **Outcomes the Same as In-Person**
Privacy – Patient and Provider

Not Appropriate

Appropriate
Why Not More Widely Available

- Psychiatrists Used to Patients Coming to them
- Busy in-person schedules
- Resistance to Change
- Trained for In-Person Care
- Believe In-Person Better
- Reimbursement Issues
- Fitting into Workflow
Benefits to Senior Care Facilities

- Recruitment/Retention facilities MDs
- Less Disruption at Facilities
- Less Staff Turnover
- Less Complaints Family
- Better Quality Scores
- Avoid Unnecessary Ambulance Transfers
- Decreased Workman Compensation Claims
- Innovative Facility – Marketing
Telepsychiatry
Driving Digital Health

• **Current methods:** mainly real-time video similar interaction as in-person.
• **Future models:** 24/7, mobile, real-time & asynchronous, apps.
Adoption Increasing

- Widespread – USA, Canada, Australia
- VA – 2,000,000 Consults reported 2016
- Ontario Telemed Network - 67% of 300,000 Consults pa
- Corrections – Texas – 10,000/year from 2006 to Present
- Rehabilitation Centers (Opioid Epidemic)
- EAP Programs
- International Companies
- Health Systems Implementing Internally
- Government-DoD, VA, Global Health Organizations
VA Telemental Health Projects

- **2017**- Over 700k veterans treated – 2m consults
- Study of 99k Telepsychiatry patients from 2006-2010 showed a 25% reduction in hospitalizations
- **2018** VA New Rule allows Providers to use Telemedicine across State Lines- “Anywhere to Anywhere” Initiative.
Legal and Practical Challenges
“Disruption is the new normal.”
Modalities of Telehealth

- Videoconferencing (Real–Time)
- Remote Patient Monitoring
- Store and Forward Technology
- Mobile Health (mHealth)
Examples of Telehealth Use in Long-Term Care

Clinical Uses
- Patient-provider teleconferences
- Virtual ED Visits
- Telepsychiatry/Telebehavioral Health
- Remote Monitoring
- Wound Care

Non-Clinical Uses
- Education and Workforce Development
- Administrative meetings among telehealth networks, supervision, and presentations
- Healthcare system integration and management
Challenges of Telehealth

Telehealth

- Reimbursement
- Return on Investment
- Technology
- Regulatory Patchwork
- Licensure and Credentialing
- Privacy and Security
- Operational Considerations
Medicare FFS Telehealth

- Rural location (outside an MSA)
- Authorized originating site
- Eligible distant site practitioner
- Eligible interactive (real-time) audio and video telecommunications system
- Eligible service on the list of Medicare-covered codes
Rural Location: Medicare Telehealth Payment Eligibility Analyzer

https://datawarehouse.hrsa.gov/tools/analyzers/geo/Telehealth.aspx
Authorized Originating Sites

- Offices of a Physician or Practitioner
- Hospitals
- Critical Access Hospitals
- Community Mental Health Centers
- Skilled Nursing Facilities
- Rural Health Clinics
- Federally Qualified Health Centers
- Hospital-Based or Critical Access Hospital-Based Renal Dialysis Centers (including satellites)
Eligible Practitioners

- Physicians (including doctor of medicine/osteopathy, dental surgery, podiatric medicine, optometry, and chiropractor (subject to limits in 42 C.F.R. § 410.22))
- Nurse practitioners
- Physician assistants
- Nurse-midwives
- Clinical nurse specialists
- Certified registered nurse anesthetists
- Clinical psychologists and clinical social workers (CPs and CSWs cannot bill for psychiatric diagnostic interview examinations with medical services or medical evaluation and management services; may not bill CPT codes 90792, 90833, 90836, and 90838)
- Registered dietitians or nutrition professionals
Interactive Audio/Video System

• Medicare requires:
  • an interactive, real-time, “synchronous” audio and video telecommunications system
  • that permits real-time communication
  • between the physician or practitioner (at the distant site) and the beneficiary (at the originating site).
  • Asynchronous “store and forward” technology only in Federal telemedicine demonstration programs in Alaska or Hawaii.
Eligible Services

<table>
<thead>
<tr>
<th>Eligible Services</th>
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**Telehealth Services**

**Target Audience:** Medicare Fee-for-Service Providers

The Medicare Table at the end of this document provides the complete listing for each hyperlink.

**CY 2018 Medicare Telehealth Services**

<table>
<thead>
<tr>
<th>Service</th>
<th>HCPCS/CPT Code</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telehealth consultations, emergency department or initial inpatient</td>
<td>HCPCS codes G0420-G0427</td>
</tr>
<tr>
<td>Follow-up inpatient telehealth consultations furnished to beneficiaries in hospitals or SNFs</td>
<td>HCPCS codes G0406-G0408</td>
</tr>
<tr>
<td>Office or other outpatient visits</td>
<td>CPT codes 99201-99215</td>
</tr>
<tr>
<td>Subsequent hospital care services, with the limitation of 1 telehealth visit every 3 days</td>
<td>CPT codes 99231-99233</td>
</tr>
<tr>
<td>Subsequent nursing facility care services, with the limitation of 1 telehealth visit every 30 days</td>
<td>CPT codes 99307-99310</td>
</tr>
<tr>
<td>Individual and group kidney disease education services</td>
<td>HCPCS codes G0420 and G0421</td>
</tr>
<tr>
<td>Individual and group diabetes self-management training services, with a minimum of 1 hour of in-person instruction to be furnished in the initial year training period to ensure effective injection training</td>
<td>HCPCS codes G0108 and G0109</td>
</tr>
<tr>
<td>Individual and group health and behavior assessment and intervention</td>
<td>CPT codes 96150-96154</td>
</tr>
<tr>
<td>Individual psychotherapy</td>
<td>CPT codes 90832-90834 and 90836-90838</td>
</tr>
<tr>
<td>Telehealth Pharmacologic Management</td>
<td>HCPCS code G0459</td>
</tr>
<tr>
<td>Psychiatric diagnostic interview examination</td>
<td>CPT codes 90781 and 90782</td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services included in the monthly capitation payment</td>
<td>CPT codes 90951, 90952, 90954, 90955, 90957, 90958, 90960, and 90961</td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients younger than 2 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents</td>
<td>CPT code 90963</td>
</tr>
<tr>
<td>End-Stage Renal Disease (ESRD)-related services for home dialysis per full month, for patients 2-11 years of age to include monitoring for the adequacy of nutrition, assessment of growth and development, and counseling of parents</td>
<td>CPT code 90964</td>
</tr>
</tbody>
</table>

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CHRONIC Act: Creating High-Quality Results and Outcomes Necessary to Improve Chronic Care Act

• Eliminates (2019) geographic restrictions on telestroke consultation services;
• Expands (2020) telehealth coverage for Medicare Advantage enrollees by allowing the plan to offer additional, clinically appropriate, telehealth benefits beyond the services that currently receive payment under Part B;
• Allows Accountable Care Organizations more flexibility to use telehealth services; and
• Adds (2019) the patient’s home and freestanding dialysis facilities, without geographic restriction, to the types of originating sites from which a beneficiary receiving dialysis can have a telehealth assessment with the nephrologist.
OIG: CMS Payments for Telehealth Services that Did Not Meet Medicare Requirements

69 Claims Met Requirements
24 Non-Rural Originating Site
7 Ineligible Institutional Provider
3 Unauthorized Originating Site
2 Unallowable Means of Communication
1 Non-Covered Service
1 Physician Outside US
NY Medicaid “Hub” and “Spoke” Model

- Originating Spoke (Patient)
- Originating Spoke (Patient)
- Originating Spoke (Patient)
- Originating Spoke (Patient)
- Distant Hub (Provider)
NY Medicaid “Originating Sites”  (eff. 7/11/2018)

- facilities licensed under Public Health Law Articles 28 and 40;
- facilities defined in Mental Hygiene Law § 1.03(6)
- certified and non-certified day and residential programs funded or operated by the office for people with developmental disabilities;
- private physician's or dentist's offices located within the state of New York;
- any type of adult care facility;
- public, private and charter elementary and secondary schools, school age child care programs, and child day care centers in New York;
- the patient's place of residence in New York or other temporary location located within or outside New York.
NY Medicaid-Eligible Telehealth Practitioners

physician
physician assistant
dentist
nurse practitioner
registered professional nurse
(when receiving patient-specific information by RPM)
podiatrist
optometrist
psychologist
social worker
speech language pathologist or audiologist
midwife

physical therapist
occupational therapist
certified diabetes educator
certified asthma educator
certified genetic counselor
hospital, including (eff. July 11, 2018) a residential health care facility serving special needs populations
home care services agency
hospice
any other provider as determined by DOH

Also, effective July 11, 2018,
• credentialed alcoholism and substance abuse counselor
• early intervention program services/coordination provider
• clinics licensed or certified under MHL Article 16 and OPWDD-funded or -operated certified and non-certified day and residential programs
• any other provider as determined by DOH, OMH, OASAS, or OPWDD
Medicaid Managed Care

• Medicaid managed care plans may cover telemedicine at their option and establish their own payment guidelines and structure. Source: NYS DOH Medicaid Update, Vo. 31, No. 3 (Mar. 2015)

• DOH MMC Model Contract (§ 15.12) requires MMC Contractor to cover:
  • services in the benefit package that are delivered by telehealth; and
  • Telepsychiatry Services delivered in accordance with OMH regulations
Commercial Insurance

- New York law:
  - Requires insurers issuing comprehensive hospital, medical or surgical coverage to make coverage via telemedicine or telehealth available for services covered under the policy. Ins. Law § 3221(k)(19)
  - Prohibits insurers and health plans from excluding from coverage a service delivered via telehealth if otherwise covered under the policy. Ins. Law § 3217-h, Pub. Health Law § 4406-g
Self-Pay

• Practitioner needs to:
  • adhere to the standard of care in accordance with community standards as with any medical services provided, including the use of professional judgment as to when services can be provided by telemedicine;
  • maintain documentation;
  • safeguard the privacy and security of health information as required by federal and state law.
Overlapping Agency Oversight

DOH, OMH, OASAS, and OPWDD to issue a single guidance document to:

- identify differences in regulations or policies issued by the agencies, including with respect to Medicaid reimbursement;
- assist consumers, providers, and health plans in understanding and facilitating the appropriate use of telehealth in addressing barriers to care.

Licensing

• To treat a patient in New York, the practitioner must be licensed in New York
  • Bordering state exception
  • Peer-to-peer consultation (Educ. Law § 6526(3))
  • Follow-up care
  • Other states impose varying requirements

• Most other office visit requirements apply, including
  • Accurate medical recordkeeping
  • Informed consent for any treatment or procedure.
  • Safeguard privacy (HIPAA and applicable state law)
Exception for VA Providers

• New regulation, 38 C.F.R. § 17.417 (5/11/2018) authorizes VA health care providers to treat beneficiaries through telehealth:
  • irrespective of the State, or of the location in a State, where the health care provider or the beneficiary is physically located;
  • notwithstanding any State laws, rules, licensure, registration, or certification requirements to the contrary.
Credentialing

- New York hospitals acting as originating (spoke) sites must ensure that all physicians at distant (hub) sites are appropriately credentialed and privileged. DOH Medicaid Update, Vo. 31, No. 3, Mar. 2015 at 19
- Public Health Law § 2805-u (2013) – allows originating hospital to rely on the credentialing and privileging decisions of the distant site hospital in granting or renewing privileges for a practitioner who is a member of the distant site’s clinical staff.
ePrescribing

Federal Ryan Haight Act
Federal law requires a valid prescription by a practitioner who has conducted at least one in-person examination, or a covering physician, to issue a controlled substance

New York Regulation 10 NYCRR § 80.63(d)
NYS regulation generally requires practitioner to conduct an examination of the patient before prescribing a controlled substance
Privacy and Security

Same privacy and security requirements as written clinical records:
• HIPAA Privacy and Security regulations, 45 C.F.R. Parts 160 and 164, including HITECH breach notification procedures
• State law requirements

Site-appropriate privacy at both ends
Calculating Return on Investment
Return on Investment

ROI represents the ratio of the benefit to the cost of the investment over a period of time

Benefits

- Incentives from Strategic Partners for Avoiding Costly Care Settings, Procedures, Events or Penalties
- FFS Payments due to Increased Referrals
- Facility Fee (where applicable)
- Cost Avoidance
  - Reduced ED Utilization, Readmissions
  - Savings on Transportation Costs
  - Increased Staff Efficiencies

Costs

- Investment in Technology Equipment
- Cost of Delivering Services
- Training Costs
- Oversight Costs
ROI for Long-Term Care Providers

Incentives from Strategic Partners
+ Increased Referrals due to Improved Quality
+ Originating Facility Fee (Where Applicable)
+ Cost Avoidance

ROI =

Investments in Information and Communications Technology and Equipment
+ Cost of Delivering Services
+ Training Costs
+ Oversight Costs
Case Studies
Reducing Hospital Transfers

Population
200-bed nursing home

Project Scope
6-month pilot funded through an innovation grant from Bronx Partners for Healthy Communities PPS

Process
Emergency physicians perform telemedicine consultations at NH’s request
When transfer is unavoidable, the physician communicates with hospital’s emergency physicians to streamline care, prevent unnecessary tests and decrease chances of admission.
Resident’s family can be included in the video encounter

Source: Crain’s Health Pulse (May 7, 2018).
Targeting Healthcare “Superusers”

Population:
135 clients with at least five chronic health conditions.

Reported Outcomes:
• 27% reduction in cost of care
• 32% reduction in acute and long-term care costs
• 45% reduction in hospitalizations.

Reducing Readmissions through Electronic Vital Sign Collection

 Reported Outcome:
 Decline in readmission rate from 26.3% to 10.4%.

 Source: LeadingAge CAST Telehealth Case Studies
Reducing Hospital Readmissions of High-Risk Cardiac Patients

Reported Outcome: Decline in readmission rates from 25-28% to 17% in Year 1 and 14% in Year 2.

Source: LeadingAge CAST Telehealth Case Studies