Not Just Phoning It In: The Myths and Facts about Telepsychiatry

Jon Evans, InnovaTel Telepsychiatry
Kate Davidson, LCSW, National Council for Behavioral Health
Dr. Rick Lee, Central Minnesota Mental Health Center

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Bio

Jon Evans  
*President & CEO, Founding Partner, InnovaTel Telepsychiatry*

Jon has been employed in the behavioral healthcare field for over 30 years and has been involved with the provision of telepsychiatry for seven years. His career began at Hamot Institute for Behavioral Health where he was initially employed in the emergency department providing initial evaluations for patients presenting in the emergency room. During his tenure at Hamot IBH he worked in many departments including emergency/crisis intervention, outpatient therapy, Director of the Diagnostic and Evaluation Center (DEC) and the Director of the Adult Division, including inpatient behavioral health, substance abuse and geriatric units, outpatient services and the partial re-hospitalization programs. In addition, Mr. Evans served on the trauma rehabilitation team.

Jon left Hamot IBH in 1993 to become the founding president and CEO of Safe Harbor Behavioral Health. Safe Harbor was established to provide intensive outpatient services to patients with serious mental illness and to provide 24-hour-a-day crisis intervention services to anyone in Erie County, PA. In 2014, Jon helped found InnovaTel Telepsychiatry, delivering telepsychiatry services to clinics and consumers across the country.
Kate Davidson, LCSW, has an extensive background in behavioral health, juvenile and criminal justice, and child welfare. In her current position as the Clinical Advisor for the National Council for Behavioral Health’s Policy and Practice Improvement team, Ms. Davidson leads the technical assistance activities for the Care Transitions Network for People with Serious Mental Illness, a federally-funded four year initiative to reduce all-cause re-hospitalization rates for people with serious mental illness in New York State. Prior to coming to the National Council, Ms. Davidson was the Director of Clinic Services for a behavioral health organization in New York. During her tenure as Director of Clinic Services, she opened an integrated behavioral health and primary care clinic, led the initiative to incorporate a co-located mobile crisis team, implemented same-day access, and embedded care coordination into clinic services. Ms. Davidson also implemented a number of evidence-based models across New York City partnering with hospitals and the justice system to reduce recidivism and stabilize families experiencing behavioral health crisis.
Bio

Dr. Rick Lee
Executive Director, Central Minnesota Mental Health Center

Rick Lee, Ph.D., is the Executive Director of Central Minnesota Mental Health Center. CMMHC is a community mental health center serving four counties, with its main offices in St. Cloud, MN. CMMHC provides a broad array of services including outpatient mental and chemical health, psychiatry, rehabilitative, crisis and residential services to approximately 10,000 customers each year.

Conferred his doctorate in Clinical Psychology from Bowling Green State University in 1988, Dr. Lee has been a psychologist for 28 years. He has provided clinical services in a variety of settings over the years. Prior to coming to CMMHC in February 2016, he was the Clinical Director for another community mental health center for 13 years before becoming its CEO for 6 years. Operating in an administrative capacity for 20 years now, Dr. Lee is well acquainted with the challenges of recruiting and retaining psychiatry providers, particularly in rural settings.
Telepsychiatry Myths Debunked

Jon Evans, InnovaTel Telepsychiatry
Top Telepsychiatry Myths

There is no market for telepsychiatry.

Doctor visits need to happen in person.

Telepsychiatry technology is too complex.

Telepsychiatry just won’t work here.
MYTH #1: There is no market for telepsychiatry.

• Providers are too expensive.
• Telepsychiatry is for people who live in remote, rural locations.
• No compensation for telemedicine.
• The technology will cost too much.
MYTH #1: BUSTED
There IS a market for telepsychiatry.

- The actual cost per hour is approximately the same.
- The shortage of clinicians is significant in rural and metropolitan areas alike.
- Medicaid and Medicare reimburse for telemedicine as well as the majority of private payers.
- The cost of technology requirements is minimal at approx. $3,000 per room.
MYTH #2:
Doctor visits need to happen in person.

• Physical exams are required.
• Doctors are not real doctors.
• It’s impossible to have a physician relationship online.
• It will increase the risk of malpractice.
MYTH #2: BUSTED
Doctor visits can be done effectively with telepsychiatry.

- There is no requirement for a physical exam.
- Psychiatrists are fully accredited, trained, and licensed as required by regulations.
- Research has indicated a high level of patient engagement and satisfaction, outcomes are the same as traditional psychiatry.
- Malpractice rates are no higher.
MYTH #3:
Telehealth technology is too complex.

- Labs can’t be done online.
- It’s impossible to have a physician relationship online.
- Prescribing medications is problematic.
- It won’t work with my EHR.
- It’s not secure.
MYTH #3: BUSTED
Telehealth technology makes it simple to perform necessary tasks.

- Labs can be easily ordered through the electronic record.
- Electronic scripts can be ordered through the electronic record.
- We are currently operating in four different EHRs and have had no problems.
- We connect via an encrypted, HIPAA compliant link.
MYTH #4: Telepsychiatry won’t work here.

• It just won’t work for my practice.

• My patients won’t use it.

• I’m not “tech-savvy”.
MYTH #4: BUSTED
Telepsychiatry can and does work.

• We have found telepsychiatry to be acceptable in virtually all clinics.
• Patient satisfaction surveys have indicated very high acceptance across all age and diagnostic categories.
• The technology is easy to set up and implement.
The Landscape For Telemedicine
Telepsychiatry Specialty Service Challenges

- Technology Specifications
- Recruiting
  - Reimbursement
  - State Licensing
  - Credentialing
- Unique Needs
- Geographic Limitations
The Value of Telepsychiatry

- Address Workforce Shortages
- Reduce Travel Costs
- Provide Care When, Where Needed
Principles of Effective Care

**Patient-Centered Care:** includes team based care with effective collaboration between PCPs/nurses/care managers and the telepsychiatrist;

**Population-Based Care:** behavioral health patients tracked in a registry to ensure no patients fail to connect to care;

**Measurement-Based Treatment to Target:** measurable goals and outcomes defined and tracked for each patient. Treatment plans are actively changed until the clinical goals are achieved;

**Evidenced-Based Care:** all treatments utilized are evidenced-based and practiced-based;

**Accountable Care:** providers are accountable and reimbursed for quality care, clinical outcomes and patient satisfaction, not simply volume or fee-for-service based compensation;

**Improvement of Clinical Outcomes:** this is for acute and chronic conditions through coordinated triage, population management, outcomes tracking and review of quarterly data.
Leadership, Expertise and Results

Bend the cost curve

- Value–based purchasing
- Shared savings/risk

Focus on complex high cost consumers

- Improved health outcomes:
  - ORS/SRS
  - PHQ-9
  - PSEQ
  - OASIS
  - GAD

Effective coordinated care

- Getting the right care at the right time
- Ease of access to care
- Timely access to care

- Value–based purchasing
- Shared savings/risk

Bend the cost curve
Telemedicine Policies and Regulations

Kate Davidson, LCSW, National Council for Behavioral Health
Medicare

Bundled Payments for Care Improvement Initiative (BPCI)

- Telehealth geographic area requirements waived.
- CMS monitoring and evaluating impact.

Medicaid

- **48 states** offer coverage for telehealth.

- **11** made telehealth more accessible.

- Only **2** increased restrictions.

States with Medicaid Coverage for Telehealth Services

Private Payers

- **29 states** have telemedicine parity laws.
- **8 state laws** enacted recently.
- **4 states** limit their parity laws.
States with Private Insurance Parity

American Telemedicine Association (ATA) “State Telemedicine Gaps Analysis Coverage and Reimbursement” (1/2016)
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Advantages and Constraints in Telepsychiatry Policy Trends

Advantages
- Effective, and efficient
- Addresses physical barriers

Constraints
- Reimbursement
- State Licensing
- Credentialing
Case Study: Putting Telepsychiatry to Use

Dr. Rick Lee, Central Minnesota Mental Health Center
CMMHC Background

- $20M non-profit community mental health center.
- Main office in St. Cloud, MN with smaller offices in 3 surrounding communities.
- Greater St. Cloud area has a population of about 110,000; the region we serve is largely exurban and rural.
- Appx. 300 staff who offer a continuum of outpatient mental and chemical health services.
- Serve about 10,000 individuals/year; roughly 3500 receive psychiatry services.
- Telepsychiatry already existed at CMMHC when I arrived.
The Dilemma of Psychiatry in Community Mental Health

- Gotta have it.

- Reimbursement challenges require striking a balance between what you must have and what you can afford to have.

- Community mental health generally lacks the highly profitable service lines that can make up that difference.
Administrative Headaches

- National shortage of psychiatry is especially acute outside of large metro areas.
- Recruitment of psychiatrists and NPs can be a very long and expensive process.
- Applicant pool in rural areas can be shallow.
- This was when I decided the best solution for that agency was to dive into telepsychiatry.
Telepsychiatry at CMMHC: The Results

**Administrative**
- Minimal concerns about turnover.
- Recruitment headaches substantially reduced.
- Minimal to no “personalities” to manage.
- All the procedural details are all worked out via contract, so individual provider idiosyncrasies are virtually absent.
- Providers are adaptable.

**Clinical**
- Clients overwhelmingly satisfied with/accepting of telepsych.
- No difference in cancel/no show rates.
- Very small number (N<10) clients who did not return after initial telepsych encounter.
- No data or anecdotal evidence on outcome differences between telepsychiatry and in-person services.
Telepsychiatry at CMMHC: Considerations for Implementation

**Administrative**
- Closing the financial gap.
- Making telepsychiatry providers a part of the “team.”
- Virtual office experience vs. in-person experience.

**Clinical**
- Nursing availability.
- Processing medication refill requests.
- Communication.
Telepsychiatry at CMMHC: The Takeaway

• The Executive Director loves it!
  – The biggest risk is resisting the urge to go all virtual!
• The staff really like it.
• The clients overwhelmingly like it.
Resources

• InnovaTel Telepsychiatry: [www.intelpsych.com](http://www.intelpsych.com)
• Central Minnesota Mental Health Center: [http://cmmhc.org/](http://cmmhc.org/)
• National Council for Behavioral Health: [www.thenationalcouncil.org](http://www.thenationalcouncil.org)
Questions?